Executive Summary

Proactive Care is a model of care based on national and international evidence of best practice, which aims to achieve whole system health and social care integration, in order to support and deliver better outcomes for customers/patients.

The responsibility for local implementation is with Clinical Commissioning Groups as set out in the Health and Social Care Act, but cannot be achieved without local authorities as key partners. The aim is to shift the balance of care from urgent response and hospitalisation to prevention and self care.

Recommendation

The Committee is asked to:

a) Support the approach to Proactive Care across West Sussex; and

b) Identify any particular elements of the Proactive Care Programme for the Committee to monitor or scrutinise further.

1. Introduction and Background:

1.1 The aim of Proactive Care is to support better customer/patient outcomes. This report outlines the strategic direction of Proactive Care across West Sussex and the emerging localised Proactive Care models. Proactive care highlights how strategic policy and the localised models embrace shifts in culture and community service delivery, acknowledging the significant economic and demographic challenges.

1.2 International and national experience suggests that integrating health and social care services can deliver better patient/customer-focused care. National examples include Torbay, South Hampshire and North West London Health Authorities.

1.3 The Health and Social Care Bill (2011), The NHS Operating Plan (2011) and the development of Integrated Strategic/ Transformational plans in Coastal West Sussex Federation and Crawley Clinical Commissioning Group (CCG) and Horsham & Mid Sussex CCG provide an opportunity for integrated proactive care models to be developed strategically as well as reflecting localism for West Sussex communities. West Sussex County Council Health and Wellbeing Board endorsed Proactive Care in January 2012.
2. **What is Proactive Care?**

2.1 Proactive Care aims to achieve system change by collaborative whole-system health and social care integration that is wrapped around identified patients and customers to achieve improved outcomes, and to support challenging financial times and demographic pressures in West Sussex.

2.2 The goals set out by NHS Sussex cite the need to reduce acute admissions by 15%, reduce delayed transfers of care and shift the balance of care from crisis intervention to independent living, empowering patients and customers and reducing the financial burden of costly long-term care.

2.3 The benefits realisation of Proactive Care to customers, patients, carers and staff is supported by increased integration, a reduction in duplication and identifying one system that aligns with individual pathways of care.

**Developing models of Proactive Care**

2.4 The paper, ‘Proactively caring’, developed by Dr Katie Armstrong under the “Sussex Together” programme, outlines the vision for Sussex. The Proactive Care programmes set up in the north and south of the county are supported by the Executive Director for Health and Social Care and his team, bringing together Executive Sponsorship Boards for each CCG, which include Adults’ Services and NHS Provider Trusts. The aim is to develop community-based Proactive Care, to keep the population independent and well, and to support people in their own homes.

2.5 The Proactive Care programmes will put in place a number of Multi-Disciplinary Care Teams across the north and south of the county, with “pioneer sites” established from Autumn 2012. These sites will transform and reshape community care by integrating separate services from health and social care under new leadership. They will operate with new Single Points of Access; work to revised pathways supported by a common assessment process; and will include single patient records and the sharing of data. It is anticipated that this will bring together health and social care provision in a structured way to support individuals at risk of escalating ill health and potential admission to hospital.

2.6.1 In the north, work completed to date includes professional and customer workshops, the development of a draft Proactive Care model, a draft integrated commissioning delivery plan and an outline paper recommending the approach to multi-disciplinary working before the first formal Executive Sponsors meeting on 19 June 2012.

2.6.2 In the south, professional and customer engagement has also fed into Proactive Care design, which has already been endorsed by the Executive Sponsors of the programme, and active engagement is taking place operationally.

2.6.3 A large number of dependent initiatives, some currently underway in the health and social care spheres and some still to be defined, will link to a phased Multi-Disciplinary Care Team delivery cycle over the next two years. Examples of key dependent initiatives are Risk Stratification being run by the
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NHS, Adults’ Services Process Redesign, the Social Care Transition Beds Project, and the Intermediate Care Review. The outcome of this latter review, led by the Joint Commissioning Unit, is likely to inform and shape the following priorities for change.

➢ Agree a definition of intermediate care across health and social care, specifying what is included and how it relates to proactive care.
➢ Simplify pathways and streamline referral processes, developing an effective single point of access with proactive care.
➢ Develop standardised operating procedures for community beds.
➢ Develop a small number of joint key performance indicators to measure outcomes.
➢ Strengthen links with mental health and include the dementia crisis team in the range of services.

2.7 Coastal West Sussex Federation, Crawley CCG and Horsham & Mid Sussex CCG have set up Proactive Care programmes with support from West Sussex County Council providing some change leadership and programme management for each organisation. This has allowed for localism, integration and cooperation to remain central to the programme(s), with whole system leadership provided by the Health and Social Care Executive Director, which allows consistency and strategic alignment. Customer and patient involvement/experience is a central factor of each programme in terms of developing localised models with a number of customer workshops already taking place to help inform and shape recommended design.

3. Conclusion

3.1 Currently there is intense focus across health and social care to develop successful models of Proactive Care within programmes supported by West Sussex County Council. The programmes aim to reshape community service provision and challenge barriers to integration and cooperation within the context of the current financial climate with a central focus on shifting the balance of care from dependence to independence and wellness.

4. Equality - Customer Focus Appraisal

4.1 A Customer Focus Appraisal is not required as this is an information report.

5. Resource Implications and Value for Money

5.1 The Proactive Care programme will require pump priming investment which is likely to be supported via the NHS Funds for Social Care as approved by the Joint Commissioning Board.

5.2 Value for money will be achieved by health and social care through integrated service provision, putting independent living and health and wellbeing at the heart of service delivery and outcome measures as suggested above. It is anticipated that this will not only lead to improved quality of care and of life, but once established, there should be a transfer of care from the acute setting into more appropriate community services, in
itself likely to lead to better value for money and assist in managing the pressures of demographic change. Short-term savings from the programme form part of Sussex Together, but in the medium term it is anticipated that Proactive care will enable rising demands to be met more appropriately.

5.3 Financial impacts will be monitored across all organisations as the programme rolls out

6. **Risk Management Implications**

6.1 A risk register will be created to ensure that all risks are captured, mitigations are in place and that monitoring is performed regularly.

6.2 However, given that Proactive care reflects better organisation of existing provision, developed in a phased manner, rather than major changes in personnel or individual provider, it is anticipated that the initial operational risk profile will be similar to current provision, though these should decrease as the service rolls out.

6.3 Initial financial risk rests with the NHS Sussex Together programme, though in due course, failure of the programme to achieve more appropriate care provision will place budgets of all major health and social care under pressure as demands continue to rise.

7. **Crime and Disorder Act Implications**

Not Applicable

8. **Human Rights Act Implications**

8.1 Proactive Care developments are expected to benefit social care customers and patients of health care services by delivering better health and social care integration thereby protecting the rights outlined in the Human Rights Act, in particular Articles 2 – a Right to Life, Article 14 - a Right to enjoy all rights without discrimination and Article 8, the right to respect for private family life, home and correspondence.

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**Appendix** – Proactively caring

**Background Papers** - None