

NATIONAL HOMECARE COUNCIL

RE-POSITIONING AS THE INTEGRATED CARE COUNCIL

Discussion Paper for NHC Members

This paper concerns proposals for the National Homecare Council to reposition itself as a champion of integration and to change its brand, its image and its objectives to that end. In February a paper was tabled before the NHC Executive and it was agreed to pursue these objectives subject to the approval of our members.

1. **What's behind the proposal**

NHC Directors and Executive Committee members recognise that significant changes in policy and operational direction across NHS and Local Government focus on integration and, in consequence, NHC needs to adapt to respond to these challenges.

Integration is not new as a concept or as a means of working collaboratively, but it does seem to have been taken up by all UK administrations as the solution to the shortfalls in current provision, or indeed the inappropriateness of some services. The key to the unsustainability of the NHS currently, and seemingly agreed by all administrations, is the excess of inappropriate admissions which might have otherwise been avoided had a more coordinated response existed between agencies, and consequent delayed transfers to care exacerbated by insufficient range and choice of appropriate alternative service solutions and particularly emphasised because of the numbers involved as a result of rapidly rising older people populations.

Whilst none of this directly solves the under-funding crisis - the underlying problem – strong reliance is being placed on more integrated approaches that will assist the sustainability of the NHS longer term.

Our first discussions as a Council coincided with government's announcement of the £3.8 billion Better Care Fund (formerly Integration Transformation Fund) in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas. The August 2013 Spending Review established the £3.8 billion Fund "to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people" and the NHS will make available a further £200 million in 2014/15 to accelerate this transformation.

The BCF potentially goes some way to relieving existing and future budget pressures on those councils. We, the NHC, representing local authority members and other partners, need therefore to be seen as part of that movement as we will continue to want to demonstrate we are topical, relevant and offer good value.

At a practical level, a tool kit has also been developed to help commissioners understand the financial benefits of implementing integrated care. The model consists of two linked tools: a value case calculator and a benefits map. Each tool addresses a specific commissioning question.

See more at:

http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.V65XHSyT.dpuf

In Scotland, councils are working to a specific timetable to achieve integration by 2015. The pressure is on for them to work in tighter partnerships at locality level to ensure better use of NHS and local council provisions and better outcomes for end users. It is understood that governments in Northern Ireland and Wales are also driving an integration agenda and that, wherever services are provided, real change to reduce replication and inefficiencies across systems will be a government priority.

2. **Why NHC needs to 'reposition'**

The risks to NHC future may fall into several categories

(a) Supporting Members

We have an obligation to our members to provide relevant and topical support to aid them in their everyday operational challenges. There is some mutual dependency as we depend on a sustainable level of membership subscription to provide us with the income we need to carry on with this task. We believe by increasing our 'offer' to existing members and targeting new members such as the new clinical care commissioning groups and other health colleagues to demonstrate what we do, what expertise we can offer.

(b) Homecare

The focus of NHC's model of homecare is capable of review. Whilst there may always be a place for 'standard homecare', the focus is on re-ablement which fits into a wider spectrum of service responses. As such the role of homecare may not have been highly valued by our health colleagues, many of whom are unaware of the changes in homecare in recent years, but nevertheless are now prescribing a type of service that current homecare can't meet. The introduction of clinical commissioning groups has introduced a new dimension that supports a more integrated model of home care and home health care. Many of these cases are high-end and complex. In recent years, the focus has been on prevention with single agencies being responsible for service delivery. Increasingly, heavier packages of care provided by multi-agencies have been put in place - for instance those where medication regimes are key to the health gain of the client, or where more assertive re-ablement has been prescribed.

(c) Reputation and Reputational Risk

Failing to be perceived as advocates of innovative and visionary changes in homecare will undermine our attempts to support our membership and to rely on their on-going commitment to us. We will be failing members seeking support to develop a more integrated approach across all the services in their domain and we would fail to make ourselves attractive to any national group recruiting input or other form of representation. Given the fact that specific monies and practical models to support integration are now 'on offer' to the councils which are our members, it is timely to re-present ourselves as a different form of support, with a focus more in aligned to their major restructuring and re-budgeting priorities.

3. **What are the benefits to NHC as an entity, and to our members, and ultimately to end-users**

We keep members informed of national drives towards a more innovative improvement in care provision, which reflect both national and international realignment, as well as supporting the many local initiatives that are taking homecare into a more integrated model. By establishing ourselves as being pro-active in this field, we can tailor our offer to our members to help them align their own services into more integrated and multi-agency responses. This would certainly influence the content of conferences and other communication with members in the near future.

4. **How to proceed and implement change**

In these days of austerity, NHC's priority is to run a lean ship and we don't want to commit slender resources to expensive rebranding and marketing campaigns. Furthermore, we believe our desire to change is based on *substance* rather than symbolism.

(a) rebranding

to conserve funding, we suggest that the current logo is retained with words National Homecare Council being replaced in the same font and colour-way with **Integrated Care Council**; and with the strap line now being ... formerly the National Home Care Council

(b) relaunching

again financial restraints require this to be a soft launch but it can start with a page on the website and being used on our marketing and conference materials. The domains integratedcarecouncil.com/ .org/ .UK.net have already been secured.

(c) legal status of the Integrated Care Council

The National Homecare Council will carry on as it is with the same registration at Companies House and the same bank accounts and audit arrangements. It will remain the holding and trading company. The brand **Integrated Care Council** would be a valid subsidiary vehicle to identify a change of direction and it doesn't at this stage need to become a registered company.

5. **What the aims and immediate targets are**

The most immediate aim is to

- obtain full agreement from our membership the value and worth of re-positioning NHC in this way

6. **What are the longer term objectives**

Longer term our objectives are to

- become a more influential partner of choice and ensure that the NHC represents the best models of care and champions quality and inclusion for older people
- assure revenue streams to underpin our fiscal health and longevity
- become a champion for integration and an arbiter for good care at home services.