**CITY OF PLYMOUTH**

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| **Subject:** | Establishing Health and Social Care Integration Board |
| **Committee:** | Cabinet |
| **Date:** | 11 August 2009 |
| **Cabinet Member:** | Councillor Dr. Salter |
| **CMT Member:** | Director for Community Services |
| **Author:** | Carole Burgoyne, Director for Community Services |
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| **Ref:** | |
| **Part:** | I |

**Executive Summary:**

This report seeks Cabinet's support to end the shadow status of the Health and Social Care Integration Board and establish it formally in accordance with the attached report.

It proposes the underlying principles, scope and priorities that both organisations will adopt as a framework to secure an integrated approach to improving the health and wellbeing of the people of Plymouth.

There have been a number of key collaborations and experiments, the learning from which underpins the content of this report: they include an Integrated Care Commission at the most senior level, a pilot integrated team in Devonport, collaborative projects to enhance out-of-hospital care, joint approaches to commissioning, and, not least, the establishment of a shadow Board to provide overall accountability and governance. This has created a platform of understanding and increased trust on which it is proposed we will now build a set of more formally integrated organisational arrangements.

**Corporate Plan 2009-2012:**

Establishing an Adult Health and Social Care Integration Board will contribute to the delivery of Corporate Improvement Priority 3 which is 'Helping people to live independently'. It is aiming to provide joint working arrangements between health and social care and make it easier for service users to access advice, help and assessment processes.

**Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land**

There are no immediate financial implications from the establishment of the Board, but as work progresses there will be opportunities for efficiencies in facilities and IT through co-location of staff across Health and Adult Social Care.

**Other Implications: e.g. Section 17 Community Safety, Health and Safety, Risk Management, Equalities Impact Assessment, etc.**

These areas will be addressed as the programme is developed and implemented.

**Recommendations & Reasons for recommended action:**

1. That Cabinet agree the proposal and formally approve the establishment of the Health and Social Care Integration Board, and
2. That the Cabinet Member for Adult Health & Social Care is delegated responsibility to sign a formal Memorandum of Understanding on behalf of both partner organisations at the next meeting of the Board.

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**Alternative options considered and reasons for recommended action:**

No alternative options have been considered at this stage.

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**Background papers:**
Direction of Travel of Adult Social Care and Health Services – Cabinet report 16 December 2008
Draft Proposals for Partnership (Version 1.3) July 2009

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**Sign off:**

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| Fin | CoSF AC910 001 (JB) | Leg | LT1039 | HR | | Corp Prop | | IT | | Strat Proc | |
| Originating SMT Member Carole Burgoyne | | | | | | | | | | | |

## 1.0 Context

A paper was presented to Cabinet in December 2008 setting out the direction of travel for Plymouth Adult Social Care and Health Services. It sought support to set up a shadow Partnership Board to improve joint working and integration with the NHS Plymouth.

The report described how the Government White Paper, 'Our health, our care, our say', which had been published in January 2006, had set out a new direction for the whole health and social care system. This was alongside a number of other government papers, which had placed a greater emphasis on the personalisation agenda and transforming the way in which services are delivered.

1.1 Our overall approach for the city is consistent with national policy requirements, including the *Putting People First* concordat, the drive for "world class" commissioning in the NHS, and the personalisation of health and social care. We will also seek to realise the seven outcomes specified in *Our Health, Our Care, Our Say* and we will monitor our own performance against these.

The emerging evidence (local, national and international) suggests strongly that fully integrated services, readily accessible at local level and linked to Primary Health Care, are a key component in producing these overall outcomes. This will be the central theme of future commissioning. As a consequence, our approach to the NHS policy of *Transforming Community Services* is to seek to bring together the Provider services of NHS Plymouth and the Council's Adult Social Care. This can be a strong foundation for the personalised care which we are both expected to provide, maximising opportunities for individuals to commission their own care and support.

1.2 The Cabinet member for Adult Health and Social Care has been chairing the Shadow Board since it was established and it has met on a regular basis. At the shadow Health and Social Care Integration Board meeting in July 2009 a draft proposal was presented by the Director of Community Services and the Chief Executive of NHS Plymouth to end the shadow arrangements and establish the Board formally in accordance with the report. The shadow Board supported the proposals and tasked the lead officers to take the proposal to the City Council Cabinet and to the NHS Executive Board for approval. The draft proposal is attached.

1.3 It is recommended that this proposal is accepted and the report should become the basis of a formal Memorandum of Understanding to be signed on behalf of both partner organisations following approval from Cabinet and NHS Plymouth Board.

1.4 It is important that this work is developed in conjunction with work being undertaken through the Children's Trust and the Directors for Community Services and Children's Services will be required to ensure appropriate links are made in areas that impact on both service areas.

1.5 This work will also need to link together the support services across the two organisations and there is a proposal that work is undertaken to establish a Public Sector Board across the Local Strategic Partnership to progress more efficient working and use of buildings, ICT and other support services. This will be subject to a separate report when further work has been undertaken.

# Draft Proposals for Partnership (Version 1.3)
July 2009

Report of the Director of Community Services, Plymouth City Council
and the Chief Executive of NHS Plymouth

*An integrated approach to health and wellbeing will require a step change in the relationship between local NHS organisations, local government, other relevant statutory services, employers, third sector and independent sector providers. We want to ensure synergy between the development of vibrant primary and community care services and the 'Putting People First' transformation programme led by local government. We will provide support to those organisations that wish to go further in integrating health and social care services.*

(NHS Next Steps Review, 2008)

**Outcomes for Joe;**

**Easier access,**
**Quicker responses,**
**Simpler to get decisions**
**Fewer errors,**

**Joe in control.**

**Recommendations:**

1. **This final draft Report should be considered and approved subject to any amendments**
2. **The Health and Social Care Integration Board should now end its "shadow" status and be established formally in accordance with this report**
3. **This report should become the basis of a formal Memorandum of Understanding to be signed on behalf of both partner organisations at the next meeting of the Board.**

**Introduction – the journey so far**

This report proposes the underlying principles, scope and priorities that both organisations will adopt as a framework to secure an integrated approach to improving the health and wellbeing of the people of Plymouth. Both partners recognise their obligation to cooperate in the most effective way to overcome the historical fragmentation of policy and provision, which has resulted in services which are currently: fragmented and inequitable; duplicated across health and social care; and difficult to access and navigate.

In the two years of preliminary work which have led to this proposal, we have been driven by the desire to focus any change on the overarching objective of improving care for the individual. We have invented "Joe" to embody this, and have settled some simple common-sense outcomes to convey the core vision (see front cover). We believe that these can only become a reality, and only be sustained, through integrating appropriate functions of our organisations at every level: corporate, strategic, operational, and practice.

There have been several key collaborations and experiments, the learning from which underpins the content of this report: they include an Integrated Care Commission at the most senior level, a pilot integrated team in Devonport, collaborative projects to enhance out-of-hospital care, joint approaches to commissioning, and, not least, the establishment of a shadow Board to provide overall accountability and governance. This has created a platform of understanding and increased trust which on which we will now build a set of more formally integrated organisational arrangements.

The framework proposed here primarily aims to ensure that everyone can now understand the necessary changes, and focus on implementing them. However, detailed Agreements will be necessary along the way. These Agreements will be made under s75 of the National Health Service Act 2006, ie using the "flexibilities" created originally under s31 of the Health Act 1999, and will include *inter alia* all matters pertaining to finance, and to the efficiency savings we expect to achieve from the start.

**Vision**

Integrated Care means advanced arrangements for joint working between health and social care, and any integrated service should therefore:

- be easy for service users to access for advice and help
- offer the maximum opportunity for self-determination, choice and control for individuals
- have the simplest processes for assessment and decision making
- enable the swiftest delivery of whatever help is needed, with no needless delays and buck passing
- have the least risk of errors and the highest quality clinical and personal outcomes
- be cost effective

A key element of the future vision is decentralisation of service delivery to the six localities of the city designated by the Local Strategic Partnership. This is where public engagement can be made a reality, and key stakeholders from all services and sectors (inc Primary Health Care) can inter-relate more readily and respond to community needs more directly. This defines for us a *principle of subsidiarity*: services and developments should be made accessible locally unless it is impractical or inefficient to do so

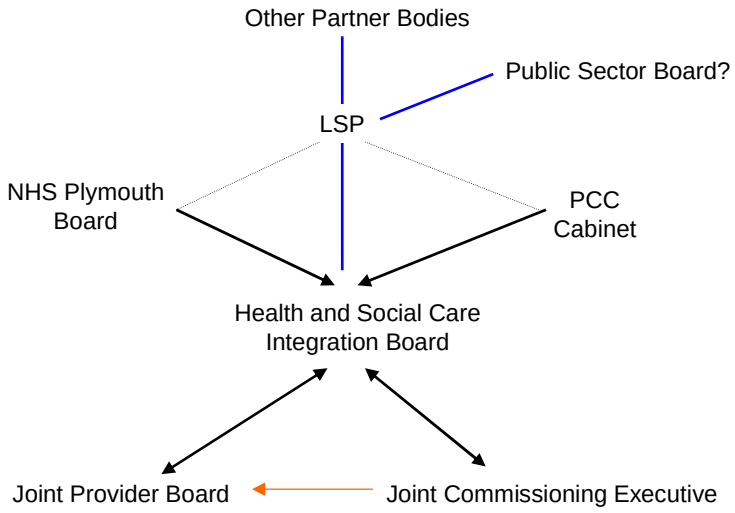
Our overall approach for the city is consistent with national policy requirements, including the *Putting People First* concordat, the drive for "world class" commissioning in the NHS, and the personalisation of health and social care. We will also seek to realise the seven outcomes specified in *Our Health, Our Care, Our Say* and we will monitor our own performance against these:

1. Improved Health & Wellbeing
2. Improved quality of Life
3. Making a Positive Contribution
4. Increased Choice & Control
5. Freedom from Discrimination & Harassment
6. Economic Wellbeing
7. Maintaining Dignity & Self Respect

To oversee and ensure this, we will now formally establish Governance arrangements in the form of a joint ***Health and Social Care Integration Board***, *which will operate under powers delegated by the two statutory partners*, who retain ultimate accountability individually. This will replace the shadow Board which was formed in December 2008. A constitution and terms of reference will need to be agreed forthwith. This will include responsibility to establish a separate Board which will be accountable for the governance of integrated health and social care Provision, and relationships with primary health care services.

The Health & Social Care Integration Board will make links with, and be influenced by, the Local Strategic Partnership. In due course it is expected that a "Public Sector Board" also linked to the LSP will come into existence, through which we also expect to achieve efficiencies for health and social care in the joint use of land and buildings, information technology, and support services generally.

In outline, the new Governance framework will be:




**Shaping the future of care together**

NHS Plymouth and the City Council each have a core responsibility to identify the needs of the city and to use available resources to address them effectively. We must also undertake a regular Joint Strategic Needs Assessment.

Building on experiences over the last few years, which have included a number of joint appointments and informal coordination of plans, we will now commit ourselves formally:

- to unite around the outcomes we are jointly seeking,
- to approve all strategic plans jointly,
- to set collective annual priorities and goals, and
- to pool resources where appropriate when commissioning services to meet the needs identified.

Under the direction of the Integration Board, we will establish a ***Joint Commissioning Executive***, led jointly by the council's Director of Community Services and the Chief Executive of NHS Plymouth. This is to replace the Integrated Care Commission. It will be responsible initially for implementing our overall approach, including the development of integrated commissioning, and then for securing the agreed outcomes in the longer term.

At the strategic level, commissioning is the process by which together we will ensure better health and well-being, better care and best value for the citizens of Plymouth. Our commitment is to:

- develop plans that are based on good evidence of needs and effectiveness, with a focus on reducing health inequalities and improving health outcomes
- engage service users, health and social care staff and other stakeholders in forming plans that meet local needs and priorities
- stimulate the market to ensure that services are available to meet demands and achieve good outcomes

- invest our collective resources to increase choice, drive continuous improvement and innovation, and secure gains in health and well-being

- evaluate critically the impact of our investment decisions

The emerging evidence (local, national and international) suggests strongly that fully integrated services, readily accessible at local level and linked to Primary Health Care, are a key component in producing these overall outcomes. This will be the central theme of future commissioning. As a consequence, our approach to the NHS policy of *Transforming Community Services* is to seek to bring together the Provider services of NHS Plymouth and the Council's Adult Social Care. This can be a strong foundation for the personalised care which we are both expected to provide, maximising opportunities for individuals to commission their own care and support.

We recognise that a change of this magnitude will require an early investment: we will commission a time-limited Integrated Care Transformation Team which will have the skills, resources and credibility to drive forward the delivery of our vision.

**Governance of integrated Provider Services**

The vision being developed for *Transforming Community Services* entails:

- city-wide, universal advice and information services, also able to commission simple services directly – a one-stop shop
- a new integrated personal and proactive service for people with more complex care needs in six localities, each with a single jointly appointed Manager and linked to local primary healthcare services, which will provide high quality, seamless and tailor-made care and services in people's homes and in the local community
- some additional specialist provision to support the six localities, and to facilitate hospital discharges

Providers will be required to embed key principles into services. They must:

- eradicate needless delay;
- deliver evidence-based, high quality clinical and professional care, providing cost effective outcomes for individuals and the tax payer;
- be proactive in supporting self determination and independence – for example through the use of individual budgets, direct payments, self care, and self directed support,
- work in partnership with the independent and community organisations to facilitate access to community based services to support individual's well-being - reducing dependence on statutory services, and
- be free from discrimination;

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Commissioners will test all provision for quality and efficiency through a formal "contestability framework" which, over time, may reshape the pattern of provision. Initially, an ***Integrated Provider Service*** is envisaged, covering all community services for adults and older people - including Mental Health and Learning Disability, which have for some years been provided on a joint basis. ***A Joint Provider Board*** will be put in place as soon as possible, with equal representation from the city council members and non-executive directors of NHS Plymouth, and representation from primary health care. As the Board's constitution and terms of reference are considered, arrangements will have to comply with NHS guidance, and also ensure proper accountability for the city council and its staff. However, in due course, the Board may wish to consider options for a more radical or more independent form of organisation. These would need to be ratified by the two partner organisations.

We are clear that we must start with a new top management appointment, accountable to the new Board, to lead this integrated service through a single management structure. This will involve a series of new joint appointments or secondments to cement a leadership team for the service; and common policies will operate. Commissioners will expect the service to co-locate staff in shortest possible timescale into the six localities; and to bring IT systems together to create a single integrated information system in due course.

**Integrating care services in the localities**

Whilst the idea of six localities suggests a strictly geographical approach, we expect the first line of cooperation to be based on team work around GP surgeries, ie the individual's GP registration will determine how locality services will be accessed. For the public, their GP is most commonly the first point of call with health and care problems, and is generally available on a neighbourhood basis: it therefore makes best sense to build community support from this established foundation. This is expected to work readily for most people within most of the localities. But it is acknowledged that for a small proportion of people who live at a distance from their GP it will be impractical, and individual alternative arrangements for care and support will be made, ie by the Locality Team nearest to where they live.

The core underlying principles are that services should:

- Be simple to access
- Eradicate needless delay
- Be delivered close to people's homes
- Deliver evidence based, safe, high quality professional and clinical care

It should be noted, however, that we do not need to integrate all services: this would be disproportionate to the care most people need. There are many people who have straight forward needs for care or treatment that will continue to be provided by, for example, locally based community nursing services, primary care, or adult social care without the need for a multi-disciplinary approach. A system of triage will determine this. We know nevertheless that 80% of health and social care is consumed by 20% of the population: the purpose of integration is to make the services needed by the 20% of people with complex needs more effective via a joined up and co-ordinated response to their needs from local professionals. Approval has been given to develop proposals to pilot the approach in two of the localities, Plympton and Plymstock. We have already tested multi-disciplinary working in a pilot Integrated Team in Devonport which is being formally evaluated, and its experiences are being built into the plans for the pilot of the mainstream integrated service in Plympton and Plymstock. With further monitoring and evaluation during the next pilot phase, lessons will be learned which will underpin implementation across the city.

Locality services will be principally required to improve outcomes for the public, and performance will be monitored against key national and local targets which will be set annually by the Joint Commissioning Executive and be binding on all Providers, including the new Integrated Provider Board.