

PLYMOUTH CITY COUNCIL

Subject: Integrated Care System Development
Committee: Health and Wellbeing Board
Date: 4th October 2018
Cabinet Member: Cllr Ian Tuffin
CMT Member: Carole Burgoyne, Strategic Director for People
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Ref:
Key Decision: No
Part: I

Purpose of the report:

This paper has been developed to create the opportunity for discussion and contribution from partners, stakeholders and communities as we work together on strengthening our existing partnership arrangements in designing and developing the next stage of our health and care integration journey.

Health and Wellbeing Board members will note previous updates and discussions on partnership working across Devon, Plymouth and Torbay as part of the Sustainability and Transformation Partnership (STP) and the emerging Integrated Care System (ICS) in Devon.

The purpose of this discussion paper is to:

- (i) Highlight the two-year STP report which has been recently published, providing the opportunity to reflect on the progress across Devon, Plymouth and Torbay over the past two years against our shared ambition
- (ii) Update on recent national developments in relation to Integrated Care Systems and local work on developing a strategy for our system
- (iii) Invite members to consider how they can be involved in the system development and design work over the Autumn in relation to the emerging ICS in Devon

Corporate Plan

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

N/A

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Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

N/A

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No – N/A

Recommendations and Reasons for recommended action:

- (i) The Health and Wellbeing Board note the update.
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Alternative options considered and rejected:

Published work / information:

http://www.devonstp.org.uk/about-the-stp/plan/stp-two-year-report-05-07-2018_page_01/

Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Integrated Care System Development

A discussion paper

I. Introduction

This paper has been developed to create the opportunity for discussion and contribution from partners, stakeholders and communities as we work together on strengthening our existing partnership arrangements in designing and developing the next stage of our health and care integration journey.

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An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population. The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Health and care delivery models are becoming more aligned and this will mean services are increasingly organised around the needs of individuals and not organisational boundaries. There is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored.

2. The Sustainability and Transformation Partnership in Devon

Since December 2016, partners in the health and care system across Devon have been working with a shared purpose to create a clinically and financially sustainable health and care system that will improve the health, wellbeing and care of the population

Our four strategic priorities are:

- Enable more people to be health and stay healthy
- Enhance self-care and community resilience
- Integrate and improve community services and care in people's homes
- Deliver modern, safe and sustainable services

It remains an ambition in Devon to move towards fully integrating health and care services, organised around needs of individuals. Our aspirations for the Devon system are emerging from the STP process and are built on solid foundations of collaborative working and integration. We have recently reflected on our progress over the past two years (published in the two-year STP report¹ in July 2018) and used this as an opportunity to reflect on our strategy for our system, as we consider what the future of integrated care in Devon needs focus on.

¹ <http://www.devonstp.org.uk/wp-content/uploads/2018/07/STP-two-year-report-05.07.2018.pdf>

3. Integrated Care Systems – national thinking

ICSs are those in which commissioners, NHS providers and Local Authorities, working closely with GP networks and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they work together for the benefit of local populations and improved outcomes.

Nationally, there is emergent thinking about how integrated care systems are agile in their ability to join up care provision and commissioning at both very local level in neighbourhoods and towns, place and at wider system levels.

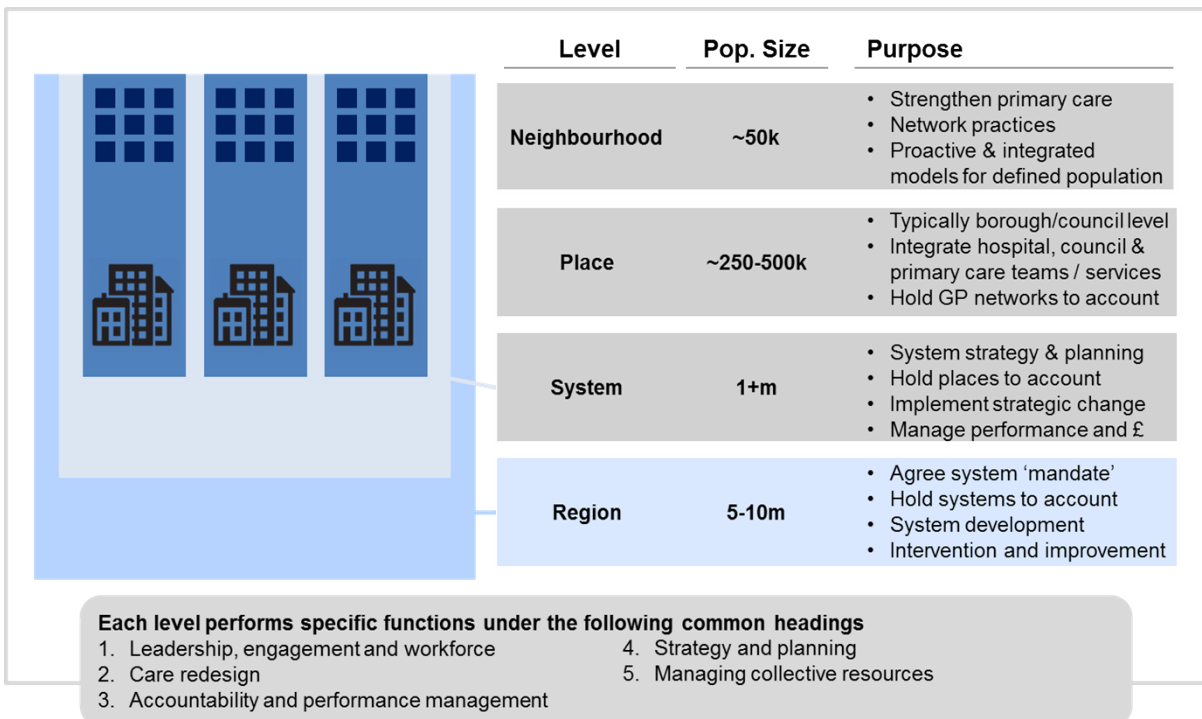


Figure 1 – Slide from presentation to STP Leads (June 2018)

From the emerging national framework in Figure 1, there is a strong emphasis of focusing the clinical and professional integration of care and how people experience care at a very local level (neighbourhood) and primary care is at the core of this. There are further opportunities from integrating networks of primary care and community health and social care services with hospitals and wider local authority functions at “place” and at system level opportunity to strategically plan for meeting the needs of populations, and deploying collective resources to meet these, addressing inequalities and ensuring efficiency and effectiveness in management and operational processes. The role of commissioning in integrated care systems is still evolving but will inevitably have to be able to operate effectively at all levels to maximise the benefits to our population and have a focus on primary care as a cornerstone of our care system.

Our experiences tell us that working together and integrating care at a very local level is important because it means we can be responsive to local needs, deliver rapidly to meet local and national priorities, ensuring that local voices are heard in developing ways of working and caring for people, leading to strong ownership of outcomes and good use of local assets and resources.

It is our ambition and intent that the benefits that we have reaped from working together locally, such as delivering innovative changes at pace to enhance care for the local population, are supported and enhanced with the advantages of being part of a wider Devon system and the resilience, sharing of good practice, and economies of scale that this has to offer. Historically, we have drawn much strength from our diversity, particularly in primary care, which has been able to develop local responses to specific issues. We want to build on this strength going forward, developing our local multi-agency delivery teams in parallel to designing our future ICS commissioning arrangements at scale.

A core element of the emerging approach is the development of integrated strategic commissioning, which can act across health and social care, and take on delegated commissioning from NHS England for primary care and increasingly specialised commissioning. The three Local Authorities (Devon County Council, Plymouth City Council and Torbay Council) have been active in approach to date; sharing elements of commissioning, collaborating in our shared geographies and delegating significant investment into joint commissioning arrangements with each CCG through section 75 agreements/ risk share agreements. A future strategic commissioner will need to recognise these existing joint arrangements, and align them with our other clinical commissioning arrangements.

NHS England have advised us to continue to act as a system and work through the arrangements and possibility for taking on more of the regulatory functions from next year, subject to having a single local NHS commissioning body in place. NEW Devon CCG and South Devon and Torbay CCG have been working on aligning their resources and executive teams to ensure that local health commissioning is more consistent and there is a sound basis to become both more integrated with Local Authorities and to take on enhanced responsibilities from NHS England. The two CCGs have been operating with boards in common since autumn 2017 and a joint executive structure since April 2018. By the end of the summer, the CCGs' workforce will have been more formally aligned in a single structure to support this executive team and the CCGs are working through a formal process of applying to become one CCG from April 2019.

4. Developing the Devon System

To effectively evolve our current partnership arrangements to meet the needs of our population for the future, partners, stakeholders and communities are involved in system design and development work to create a high performing and sustainable integrated care system. Recent work by system partners (including representatives from NHS, Local Authorities, Public health, Primary care, Clinical and Professional leads and other system stakeholders) has led to the development of a draft ICS strategy on a page as set out in Appendix I. Further work, as part of the overall system design and development plan, is needed to widen participation, engagement and dialogue with communities in these developments, and design the operating model for the integrated care system, including development at neighbourhood and place level. Members of the Health and Wellbeing are invited to discuss involvement in this design work over the coming months, in particular partnership working with the other two health and wellbeing boards in the Devon system to support the development of the integrated care system.