

PLYMOUTH CITY COUNCIL

Subject:	Integrated Commissioning and Integrated Delivery- Next Steps
Committee:	Health and Adult Social Care Overview and Scrutiny Committee
Date:	20 March 2019
Cabinet Member:	Councillor Tuffin (Cabinet Member for Health and Adult Social Care)
CMT Member:	Craig McArdle (Strategic Director for People)
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Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

Plymouth has a long and established record of cooperation and collaboration with a formal commitment to integration being set down by the Plymouth Health and Wellbeing Board in 2013, based around Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

Since then there has been some significant progress and notable achievements towards achieving this aim. NEW Devon CCG and Plymouth City Council (PCC) formed an integrated commissioning function in April 2015 as part of their single commissioning approach. An integrated fund is in place with risk and benefit sharing agreements. Integrated planning and governance arrangements between the two organisations are in place.

Commissioners, informed and supported by clinicians and public health experts, have collectively developed an integrated commissioning approach through the development of four Integrated Commissioning Strategies, which direct all commissioning activity and deliver the Healthy City element of the Plymouth and South West Devon Joint Local Plan. This means our commissioners work across health and social care system. They have been co-located to enable closer working and delivery for a number of years. Also, in April 2015, the Local Authority transferred 173 Adult Social Care staff to Livewell Southwest (LWSW) to develop an integrated community health and care provider with a single point of access, locality-based services and improved discharge pathways from secondary care.

In July Cabinet approved Plymouth's Health and Wellbeing Strategic Commissioning Intentions 2018-20 which set out the next stages in Plymouth's Integration journey including the development of an Integrated Care Partnership.

This report sets out the next stages in the development of the Integrated Health and Wellbeing Programme in relation to Integrated Commissioning and Integrated Delivery.

The Integrated Commissioning paper sets out the next stages in the development of our arrangements with the CCG. This proposes the establishment of an Integrated Commissioning Executive and Joint leadership of integrated commissioning teams at a place based level. The paper also proposes an STP wide role for Population Health and Wellbeing. The Integrated Care Partnership sets out the approach to be taken in delivering our published Commissioning Intentions in relation to Community Health, Adult Social Care and Mental Health services, and sets out an opportunity to align to the re-procurement of the Mayflower Primary Care contract.

Recommendations and Reasons for recommended action:

Plymouth Health and Adult Social Care Overview and Scrutiny Committee are asked to note the progress in delivering Integrated Commissioning and Delivery and to use these developments to inform its future work programme.

Report Title:
Next Steps in the Development of Integrated Commissioning and Integrated Delivery.

Section One- Development of Integrated Commissioning
Summary of the direction of travel for integrating commissioning between NHS Devon CCG, Devon, Plymouth and Torbay Local Authorities in 2019/20.

1. Background

Over the last 2 years Local Authorities and NHS organisations across Devon, Plymouth and Torbay have been working to develop more effective ways of delivering integrated health, care and well-being services whilst also making best use of public resources. Collaborative arrangements are continuing to develop between partner organisations, both commissioning organisations and providers of services, to improve population health and enable access to modern, safe and sustainable services. Effective collaboration between organisations will also enable progress towards working as a self-improving system with increased maturity and delegated regulatory functions.

Integrating how the local NHS and the Local Authorities undertake their respective commissioning responsibilities is seen as a key component of:

- supporting increased collaboration,
- enabling the delivery of integrated services,
- making the most effective use of available funding
- and developing the means of self-improvement as a system.

This paper describes the planned arrangements for how Devon, Plymouth and Torbay Local Authorities and the NHS Clinical Commissioning Groups will operate to integrate commissioning through 2019/20.

2. Process to Date

A number of related work streams have been taking place over recent months involving a wide range of staff from partner organisations. For example,

- Intelligence leads from public health, social care and NHS have developed a common outcomes framework and been planning how to share knowledge, analyse data and provide integrated intelligence to inform planning, prioritisation and decision making.
- Staff with a role in planning in either Local Authorities or NHS CCGs have reviewed the current planning processes and begun designing how these can be adapted to facilitate a more integrated approach.
- Commissioning staff, including Heads of Service, senior officers and executives, have undertaken work to design joint processes, teams and meeting structures and, through doing so, have also increased their understanding of different ways of working and started developing a shared culture.

The proposed arrangements developed through this collaborative process take into account of the current position of the organisations, acknowledge and retain clear accountability and are designed in such a way as to enable implementation without significant re-organisation or disruption, whilst retaining the flexibility for further development.

3. Merger of the Devon CCGs

The merger of Northern, Eastern and Western Devon CCG and South Devon & Torbay CCG is an important step in the journey to create a single strategic commissioner for Devon as part of the CCG's ambition to better integrate health and care services to benefit our local communities. Together with delegated commissioning of primary care, the merger will enable the single NHS commissioner to work consistently and coherently with all local authorities across wider Devon as well as with local partners within each area.

From 1 April 2019, NHS Devon CCG will become a new statutory organisation serving a patient population of nearly 1.2 million people with a budget of more than £1.8 billion. The CCG will comprise a membership of 131 GP practices across Devon, Plymouth and Torbay and will be chaired by a GP with member representation as a core part of its governing body. Through its membership and staff, NHS Devon CCG will work with local communities and partner organisations to improve people's health and make sure they are able to receive high quality, local services.

4. Integrated Commissioning Arrangements

In summary the arrangements will consist of:

1. An Integrated Commissioning Executive who will lead strategic planning, resource allocation and incentivising the system to make progress on joint priorities, development of joint funding arrangements between the NHS and each local authority to support integrated commissioning and review progress against planned outcomes, service quality and cost effectiveness.
2. Joint leadership of integrated commissioning teams with responsibility for commissioning health, care and well-being services for the local population of different communities in the geographical areas across Devon, Plymouth and Torbay as well as supporting commissioning programmes across wider Devon for services or care groups where this will be more effective and efficient.

The following section provides a brief outline of the executive and team function. A detailed description is provided on the accompanying power point slides.

4.1 Integrated Commissioning Executive – Function

The Integrated Commissioning Executive meeting will provide a mechanism for joint planning and shared decision making by the relevant responsible senior officers who have the authority to act in accordance with the decision making framework of each partner organisation. It will be a meeting of executives rather than a joint committee of the statutory organisations or a new additional organisation. Each partner organisation will continue its own internal executive functions & meetings to manage the business of that organisation.

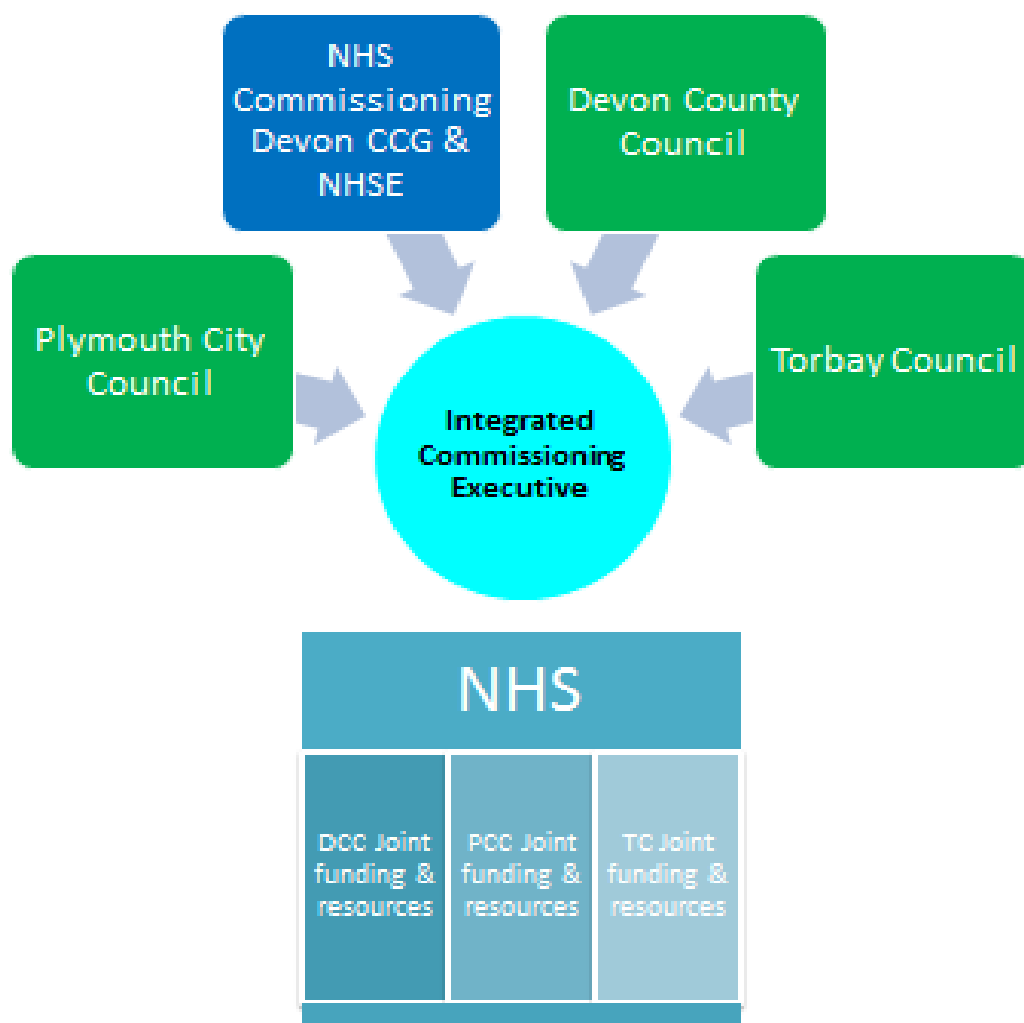


Diagram illustrating how executives / senior officers acting on behalf of the statutory organisations will operate through the integrated commissioning executive meeting.

The Integrated Commissioning Executive, through leadership of the commissioning process, will have a role in contributing to policy formulation or development of long term plans. However the responsibility for deciding and approving policies or long term plans rests with the appropriate bodies of respective organisations i.e. the Cabinets or Health & Well Being Boards of Local Authorities, CCG Governing Body and collectively through system governance mechanisms where statutory organisations are represented by leaders and chief executives i.e. STP Collaborative Board. The integrated commissioning executive will agree joint strategies or actions to implement agreed policies or long term plans, prioritising and deploying resources in accordance with the decision making frameworks of individual organisations, and reviewing impact and progress.

Membership

The Integrated Commissioning Executive meeting will be a meeting of ‘decision makers’, with authority held by individual executives who will operate within the respective schemes of delegation and remain accountable through the governance mechanisms of their individual organisations.

Membership will comprise those senior officers with responsibility for commissioning services and managing resources on behalf of their organisations including those jointly deployed through pooled fund arrangements. Therefore it is proposed that the core membership will include:

- Devon CCG Accountable Officer
- Local Authority Directors from Devon, Plymouth and Torbay with DASS responsibility
- Devon CCG Director of Commissioning

Other relevant Devon CCG Executives, CCG clinical membership representative, Local Authority Officers and System Leadership roles will attend and inform decision making according to the agenda. In terms of the latter, it is proposed that an additional system role is created to provide dedicated leadership capacity for Population Health and Well Being with the role to be undertaken by a Director of Public Health on rotational basis in a part time capacity.

Directors of Children's Services will be invited to attend as needed to enable whole population planning and alignment of the priorities of local children and young people's plans with the wider Devon whole system plan or where improvement in service delivery requires action at executive level across services for adults and children.

4.2 Integrated Commissioning Team Function

The integrated commissioning teams will:

- i. Develop local plans to support the system wide priorities in addressing the needs of the population and service delivery requirements that are specific to the local area.
- ii. Work with partners, providers and the local population to design appropriate support and services that improve the experience of users and efficiency of service provision.
- iii. Create the conditions to enable partners to deliver integrated care services for individuals and to support the development of healthy communities.
- iv. Review the quality of service, progress on outcomes for the local population and financial productivity and performance.

The teams will include commissioning staff from both NHS Devon CCG and each Local Authority, managed through joint leadership arrangements. This will not require staff to transfer employment between partner organisations. The teams will manage the deployment of joint funds in accordance the agreements made at Executive level between the CCG and each local authority. It will commission services to promote well-being and prevention and deliver integrated health and care services including primary and secondary care, physical and mental health for the local population. The integrated teams will also identify when it is appropriate or likely to be more effective and efficient for staff to operate collectively with other teams and providers working across wider Devon.

5. Implementation and Review

The integrated commissioning arrangements as set out will commence in April 2019. The work programme 2019/20 will include aspects of both delivery and further development. Key tasks include:

- Delivery of the Operating plan for 2019/20 and supporting development of a Long Term Plan for wider Devon
- Agreeing a commissioning finance plan including allocation against priorities, resource distribution and incentives
- Delivery of commissioning plans, transformation schemes and reviewing the impact of these
- Creating the conditions to enable local partnership development inc. finance, performance, delivery of Integrated Care Model, local & system transformation
- Continue developing commissioning capabilities, including planning cycle, outcomes framework, intelligence, change capability
- Determine future approach with relevant providers to integrated or delegated Commissioning arrangements, e.g. commissioning individual care and support packages to service level commissioning and delivery.

The Integrated Commissioning Executive will review the effectiveness of the arrangements operating during 2019/20 and draw learning to inform how these should be further developed. In addition, adaptation of the planning processes will also take account of the ongoing work to develop a system

governance framework that supports effective collaboration and democratic accountability including collaboration between the three Local Authority Health & Well Being Boards and Scrutiny Committees. The planned integrated commissioning arrangements are deliberately flexible, maintaining the agility to adapt and take opportunities for further development as required for future years.

Section Two- Development of Integrated Delivery through the Integrated Care Partnership

1) Introduction

In 2018 NHS NEW Devon CCG and Plymouth City Council published their strategic ambitions for delivering Integrated Care in the Plymouth System. These intentions set out a number of priorities, including commissioning an Integrated Care Partnership (ICP) for Adults and Older People. Since the original paper was produced the ambitions around an ICP have evolved, in line with the developing Integrated Care Model, Primary Care Networks and the Long Term Plan.

2) Background and Context

2.1) Strategic Direction

In 2014, Plymouth's Health and Wellbeing Board articulated a vision based around three pillars of integration: Integrated Commissioning, Integrated Health and Care Services and an Integrated System of Health and Wellbeing.

In 2015, Plymouth took the first step in delivering Integrated Health and Social Care Services with the Council's Adult Social Care service transferring to Livewell Southwest (LSW) to create an Integrated Community Health and Social Care partnership. Since then, LSW and University Hospital Plymouth (UHP) have worked very closely together to manage people's care from an acute setting back into the community.

Plymouth's Strategic Health and Wellbeing System Commissioning Intentions 2018-20 articulated that, in order to ensure joined-up whole person care and to take the next step towards an Integrated Health and Care Service, an Integrated Care Partnership (ICP) for adults and older people would be commissioned. The intention was for the ICP to eventually bring together Core Community Health, Adult Social Care, Acute, Local Mental Health Services and, potentially, certain Primary Care Services.

However, in recent months the scope of the ICP has changed and Commissioners are no longer looking to integrate acute services at this time. This is as a result of the need to strengthen and focus on Community Services shaping these around emerging Primary Care Networks and the network of Wellbeing Hubs. However alignment of Community and Acute Services remain an ongoing priority as does integrating pathways of care between the two settings.

2.2) Devon STP Integrated Care Model for integrated out of hospital care

In parallel to Plymouth Commissioning Intentions, the Devon STP has developed a blueprint for an Integrated Care Model (ICM) for integrated out of hospital care. The aims of the ICM are to:

- Promote health through integration.
- Empower communities to take active roles in their health and wellbeing.
- Locality-based care model design and implementation.
- Shift resources closer to home, or in people's own homes.
- Health and social care integration.

Locally there are some initiatives already underway in in the Western locality:

- Prevention of need and/or demand
 - Wellbeing hubs in Plymouth
 - Social prescribing in Plymouth; Life Chances bid including social prescribing across Devon
 - Supporting primary care in the implementation of the frailty index as per core contract
- Integration of services and improved pathways of care:
 - Single lead provider for end of life care co-ordination
 - Improving Revision of the D2A services in the locality
 - Commencement of the community diabetes delivery plan
 - Integration of respiratory services (five key areas)
 - Embedding the acute assessment unit as a core service
 - Leg ulcer procurement
 - Mental health initiatives including IAPT and the Crisis Cafe
 - Enhanced care in care homes
- Medicines optimisation initiatives including repeat prescription hub and pain management improvements

Despite this progress, community and primary care services remain challenged with high levels of demand, as evidenced by increased attendances and admissions at University Hospital Plymouth. There is a need to make a further step change and achieve greater integration across the community, including ensuring the integration of physical and mental health to deliver fully on the ambition of parity of esteem. As such the local emerging Integrated Care Model recommends integrated community services wrapped around primary care so that care is delivered in a more timely and seamless way closer to peoples' homes.

2.3) Primary Care

Within the Western System, especially Plymouth, Primary Care remains fragile with a high number of G.P vacancies. However the recent guidance around Primary Care Networks and the five year deal for Primary Care sets out a clear framework for greater integration of community health services and general practice.

At the same time the need for NHS England to re-procure the Mayflower practice, following failure to find a long term provider through previous processes, has provided an opportunity to ensure greater alignment between primary care and community services and deliver on the vision within the Long Term Plan.

2.4) Mental Health

The original intentions signalled the intention to ensure locally responsive mental health services and the recent Complex Lives Contract has further strengthened this approach. The Long Term Plan has

also signalled community mental health teams being aligned with primary care networks. Integrating physical and mental health at a local level thus remains a priority. However there is also a need to ensure sustainable and clinically safe mental health services across the wider Devon STP and there remains a need for mental health services to be managed collaboratively across the wider Devon system.

3) Proposed Commissioning Approach

Community Health and Social Care (Plymouth) Services and Mental Health Services are presently delivered by Livewell Southwest through two separate Contracts. The proposal would be to bring these separate services together into a single integrated contact with the services then wrapped around Primary Care Networks and Wellbeing Hubs. This would have the advantages of bringing together physical and mental health thereby supporting parity of esteem as well as strengthening primary care and ensuring care is delivered closer to home. The need for NHSE to re-procure the Mayflower practice, following failure to find a long term provider through previous processes, has prompted consideration of aligning this primary care contract to the ICP. Commissioners are now discussing these proposals with the market and this engagement will feed through into the final procurement strategy.