

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

SOCIAL CARE INTEGRATION – AN UPDATE

29 MAY 2013

1 Purpose

- 1.1 The report updates the Health and Wellbeing Board (HWB) on local and national developments in health and social care integration since the Board's last meeting in February.
- 1.2 A summary of recent national publications is included with the implications for North Yorkshire and seeking HWB support in principle to submit a bid to become a pioneer area for integration.

2 Background

- 2.1 At its February meeting the HWB received a presentation from Andrew Cozens who had been commissioned to consider the most appropriate way to progress integration at scale and pace in the complex North Yorkshire health and social care economy.
- 2.2 After interviewing key stakeholders and reviewing emerging best practice nationally, the recommendation to the Board was that an overall framework for integrated health and social care be developed and agreed by both the North Yorkshire and York HWBs. The framework would set priority groups, approaches and benefits and then allow local integrated services to be developed within the overall framework.
- 2.3 This recommendation was strongly supported by the HWB.

3 Progress

- 3.1 A working group has been established to develop the framework and held an initial meeting on 10 April 2013. A summary of the first meeting is attached as Appendix 1. A well attended full day workshop was held on 15 May. It is intended that the Framework will be completed for consideration by both HWBs in September.
- 3.2 Andrew Cozens who is facilitating this work will be in attendance at the HWB meeting to report on progress.
- 3.3 A senior officer group (the Integrated Commissioning Board) has been established as an informal sub-group of the HWB to drive this work forward.

4 National developments

4.1 Over the past few months increasing attention has been paid to integration at a national level.

4.2 On 14 May a framework document “Integrated Care and Support: Our Shared Commitment” was published by the National Collaboration for Integrated Care and Support. This set out the Government’s plan to integrate health and social care for all by 2018, with projects in every part of the country by 2015.

4.3 Key points of the national framework include:

- Not a prescription for structural change of central blueprint.
- Commitment to remove legal and practical barriers to integration identified by a set of “pioneer areas”.
- First wave of 10 sites to be appointed in September 2013.
- National partners to the initiative: ADASS; ADCS; CQC; DH; LGA; Monitor; PHE; SCIE and TLAP in conjunction with National Voices. Others e.g. NHS Confederation, SOLACE coming forward as well.
- Likely to lead to an overhaul of payment by results. Monitor and NHS England have launched a review of the NHS payment system – the system under which NHS commissioners pay hospitals on the basis of volumes of treatments, which has been criticised for sucking resources into the acute sector.
- Will develop new indicators of progress on co-ordinating care and support.
- First ever definition of what people say good integrated care and support looks and feels like – work by National Voices.
- Integrated Care and Support Exchange Team to provide support and advice to the pioneers and other areas on overcoming barriers to integration.
- Benefits to people, but also efficiency and financial benefits – more work needed to establish the potential for savings with more certainty.
- CCGs were required to set aside 2% of their annual funding in 2013/14 for non-recruitment expenditure; DH encourages them to consider using this to support innovative approaches to integrated care and support.

4.4 There are many definitions of integration (one literature review identified 175). The definition that is being adopted nationally is a person centred statement of what people say good integrated care looks and feels like. This work was

led by National Voices, a national coalition of health and social care charities, working together to strengthen the voice of patients, people who use services, carers, their families and the voluntary organisations that work for them.

4.5 The definition of integrated care is:

‘Person Centred Coordinated Care’ – where people are able to say: “I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me”.

4.6 At the same time the Care and Support Minister is inviting expressions of interest from local areas to become integration “pioneers” as a means of driving forward change at scale and pace, from which the rest of the country can benefit. Appendix 2 gives further details.

4.7 Consideration is being given to whether a North Yorkshire application will be made and the HWB is asked to confirm in principle its support for a bid.

4.8 The programme is likely to be oversubscribed but there will be further waves.

5 Conclusion

5.1 The government’s emphasis on integration is welcome. Evidence shows that connecting services improves quality and patients’ experiences. The potential for joined up working across local authority and NHS services has yet to be fully exploited.

5.2 The HWB has a key system leadership role to promote integration.

5.3 The vision for integrated care has now been set out nationally with a call for organisations to take urgent and sustained action to make integrated care and support happen.

5.4 The development of a framework in North Yorkshire is ambitious but entirely consistent with the approach set out in the national framework and could provide a model for other complex systems with multiple organisations who do not have coterminous boundaries.

5.5 Good progress is being made in the development of the framework with all statutory commissioning organisations well engaged. Further consideration is needed to how to involve the public and a wider set of stakeholder organisations.

6 Recommendations

6.1 HWB members are invited to:

1. Discuss the report and note progress in developing a framework that will be presented to both NY and York HWBs in September.
2. HWB is asked to support in principle the development of a bid to become a pioneer area.

Appendix 1 - North Yorkshire & York Integration Framework Group – summary of first meeting.

Appendix 2 – Letter inviting expressions of interest for health and social care integration ‘pioneers’.

Report Author:

Helen Taylor

Corporate Director - Health and Adult Services

North Yorkshire & York Integration Framework Group

Summary of first meeting

Attendance: senior representatives from:
 North Yorkshire County Council (Children and Young People Services, Health and Adult Services)
 York City Council
 Harrogate and rural District CCG
 Hambleton, Richmondshire and Whitby CCG
 Airedale, Wharfedale and Craven CCG
 Scarborough and Ryedale CCG
 Vale of York CCG

It was agreed to confirm the invitation to the NHS England Area Team(s) to join.

The Group is a short-life working group to produce the Integration Framework for North Yorkshire and York, for adoption by the two Health and Wellbeing Boards. It was agreed that Helen Taylor will chair it and Andrew Cozens will facilitate.

Terms of reference were agreed, with the main purpose being:

- To develop, and secure agreement for, a general framework for North Yorkshire and York to support the integration of health and social care services for key patient and service user groups by commissioners in health and social care
- Within that framework to agree general principles for governance; the development of benefit and business cases; setting priorities; agreeing timetables; commissioning roles and responsibilities; performance reporting and evaluation.

The Group discussed an **outline for the framework** including:

- Governance
- The questions to which an integrated approach is the answer
- Ends and intended benefits
- Givens and scope for flexibility
- Principles
- Outline guidance on approaches to issues raised through integration

The framework will be accompanied by an **implementation plan** covering the anticipated pattern of local priorities, models and timetable.

The Group will start to populate the framework in a workshop session on 15 May, with a wider range of participants.

Timetable: it is intended that the Framework will be completed for consideration by both Health and Wellbeing Boards in September, with an update provided for May meetings. Two further meetings are scheduled for June and July.

Helen Taylor
 Corporate Director, Health and Adult Services, North Yorkshire County Council

Gateway Reference Number: 00079

LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

To:

Local authority chief executives
Chairs of Health and Wellbeing Boards
CCG clinical leads
Provider CEOs across the social care and health system – public, private and voluntary

Dear colleagues,

The Government is encouraging all areas to develop their own reforms to public services. This approach involves all services and builds on experience from the community budget pilots supported by the Department for Communities and Local Government. A collaborative of national partners¹ has now set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England over the coming years. ***Integrated Care and Support: Our Shared Commitment*** published today, signals how this national partnership will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integration for the benefit of patients, people who use services, and local communities.

All localities need to develop plans for integration. There is no blueprint. While elements of different models will be transferable, every locality is unique and needs to develop its own model of integration to suit the needs of local people. But we know that delivering better coordinated care and support, centred on the individual, is difficult and that there are barriers at national and local level that are getting in the way.

The national partnership is therefore inviting expressions of interest from local areas to become integration 'pioneers' as a means of driving forward change at scale and pace, from which the rest of the country can benefit. We are looking for pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required. The local area could comprise of the area covered by a particular CCG or local authority, or a larger footprint in which different authorities and health bodies work together to enable integrated services. What is important is that it would be at a scale at which a real difference can be made.

¹ Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

We will provide tailored support to pioneers. In return, we expect them to be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

National partner organisations are already working to clarify the scope and extent of the freedoms and flexibilities in the system. These will allow localities to innovate and develop their chosen models for integrated care and support. We will seek to address at local level any additional barriers that emerge as pioneers and other local areas push forward on integrated care and support, and we will assess whether any rules should be changed at the national level, as a result.

The attached annex sets out our vision for pioneers, the criteria and process for selecting them, and the offer of support from national partners, helping us succeed together in meeting our shared aspirations. As we want to enable and encourage local innovation², we would be interested to receive expressions of interest from commissioners and providers. This includes any that might not yet have all of the prerequisites in place but nevertheless have innovative ideas and proposals worthy of further consideration. Any gaps against the criteria could be addressed during the process of pioneer selection for inclusion in the first, or subsequent, cohorts.

If you would like to be considered to become a pioneer, please send an expression of interest, addressing the required criteria on no more than 10 pages, to pioneers@dh.gsi.gov.uk by 28 June 2013. This is the first call for expressions of interest, and we expect there will be further calls in future years as momentum builds and progress is made across England.

We are working closely with the Department for Communities and Local Government and the Public Service Transformation Network – a multi-agency organisation with secondees from across national and local government and local public services - to ensure that the health and social care pioneers programme is closely aligned and integrated with support that the Network will provide to local public services. If you have already submitted an expression of interest to work with the Network and wish also to be considered as a health and social care pioneer, please send an expression of interest. We will work with the Network to ensure that we take account of this as part of the pioneer selection process.

If you have any queries, please contact us at pioneers@dh.gsi.gov.uk.

We look forward to receiving your proposals.

² Innovation: “An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.” **Innovation, Health and Wealth (2011)**

Pioneers in integrated care and support: Selection criteria, process and national support offer

1. Introduction

In our joint publication today, ***Integrated Care and Support: Our Shared Commitment***, a collaboration of national partners³ has set out an ambitious vision of making person-centred coordinated care and support the norm across England over the coming years. We have signalled how we will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better person-centred, coordinated care for the benefit of patients and people who use services, their carers and their local communities more generally.

For the most ambitious and visionary localities, we will provide additional bespoke expertise, support and constructive challenge through a range of national and international experts to help such pioneers realise their aspirations on integrated care. This approach builds on the community budget pilots, which provided insights into co-designing integrated health and care at scale and pace. The pioneer programme will link directly with the development of a Public Service Transformation Network extending across government and participating localities.

We want everyone to innovate and we have highlighted in our publication today the freedoms and flexibilities in the system. We will seek to address at local level any additional barriers that emerge as pioneers push forward and we will assess whether any rules should be changed at the national level, as a result.

We aim to stimulate successive cohorts of pioneers, supporting them for up to five years. In return, we expect them to contribute to accelerated learning across the system.

³ Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

2. Our expectations from pioneers

Within five years, we expect pioneers to:

→ **be regarded as exemplars:**

- deliver improved outcomes, including better experiences for patients and people who use services
- tackle local cultural and organisational barriers
- realise savings and efficiencies for re-investment

→ **have used the Narrative developed for us by National Voices, in association with *Making it Real*, to help shape good, person-centred coordinated care and support for individuals in their area**

→ **have demonstrated a range of approaches and models involving whole system transformation** across a range of settings

→ **have demonstrated the scope to make rapid progress**

→ **have tested radical options**, including new reimbursement models and taking the risk of 'failure to integrate' in some cases

→ **have overcome the barriers to delivering coordinated care and support**

→ **have accelerated learning across the system to all localities**

→ **have improved the robustness of the evidence base** to support and build the value case for integrated care and support

3. Selection criteria

Against this background, we are requesting expressions of interest from areas that wish to become pioneers. We will announce the first of these in late summer 2013.

We will not be prescriptive about the specific models for local adoption; it will be for localities to decide, based on their own judgements and circumstances. However, to be selected as a pioneer, we would expect a locality to satisfy six key criteria:

Primary criterion	Supporting considerations
<p>Articulate a clear vision of its own innovative approaches to integrated care and support</p>	<p>This should include how it will:</p> <ul style="list-style-type: none"> • adopt the Narrative developed by National Voices, aligned with <i>Making it Real</i>; • integrate around, and deliver better outcomes, including experiences for, individuals, families, carers and communities; • align with outcome frameworks; and • identify potential financial efficiencies for reinvestment; and identify potential measures of success.
<p>Plan for <i>whole system</i> integration</p>	<p>This should encompass mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate, across their local areas.</p> <p>The plan should include how the locality will deliver greater prevention of ill health and deterioration of health and personalisation through better integrated care and support.</p> <p>The plan should include those who would benefit most from person-centred, coordinated care and support, such as intensive users of services who repeatedly cross organisational boundaries or who are disproportionately vulnerable.</p> <p>It should also take into account how public services should be integrated with the unpaid contributions of families and communities.</p>

<p>Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area</p>	<p>This should include local executive and political leadership, staff groups, including clinicians, patient groups, people who use the services, carers and families.</p> <p>Areas will also need to demonstrate robust governance structures, including for information sharing, to sustain the approach, as well as a robust plan for engaging local Healthwatch, people who use the services, all staff groups and the public in local service reform.</p> <p><u>The involvement and support of Health and Wellbeing Boards</u> (as a minimum, by the end of the selection process) will be an <u>essential prerequisite</u> for any area to become a pioneer.</p>
<p>Demonstrate the capability and expertise to deliver successfully a public sector transformation project <i>at scale and pace</i></p>	<p>This might be evidenced by:</p> <ul style="list-style-type: none"> • a proven track record in this area, strong local leadership and accountability; and/or • demonstrable and robust plans to address key local barriers to integrated care and support; and • risk management mitigation strategies, to maximise the likelihood of the area delivering its vision for integrated care and support across its locality.
<p>Commit to sharing lessons on integrated care and support across the system</p>	<p>This would be expected to include involvement in peer to-peer (including clinicians) promotion, dissemination and learning networks.</p>
<p>Demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence</p>	<p>This will include:</p> <ul style="list-style-type: none"> • plans that have taken account of the latest available evidence; • understanding of the potential impact on the relevant local

	<p>providers and intended outcomes;</p> <ul style="list-style-type: none">• a commitment to work with national partners in co-producing, testing and refining new measurements of people's experience of integrated care and support across sectors; and• a commitment to participate actively in a systematic evaluation of progress and impact over time
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4. Selection process

The selection process will be fair and transparent, whilst avoiding unnecessary bureaucracy. It will involve the following steps:

- Potential pioneers have six weeks to develop and return their Expressions of Interest, addressing the selection criteria above and not exceeding 10 pages in length. Expressions of interest can be submitted as joint applications, such as from a CCG and its local authority.
- In early July, the national partnership organisations will undertake an initial review of the Expressions of Interest. We will draw on additional sources of information, including the perspectives of local representatives of people who use services; information provided through the NHS planning round; information from CQC; any relevant information from Monitor and National Trust Development Authority; the recent ADASS/NHS Confederation survey of local authorities; and the selection of the new phase of community budget sites being run by the Department for Communities and Local Government as part of the wider Public Service Transformation Network.
- In mid-July, a Selection Panel made up of representatives from the national partners, three UK and three international experts will consider the Expressions of Interest and any additional information. The Panel will be chaired by Jennifer Dixon, Chief Executive of the Nuffield Trust (other panel members are being confirmed). The Panel will select any areas that meet the evaluation criteria in full or sift in any prospective candidates subject to receiving further information and clarification. National partners will obtain any additional information that might be necessary for the Panel to reach its view.
- The Selection Panel will make final recommendations to the national partners by the end of August, for their approval.

- The first cohort of pioneers will be announced in September 2013.

5. National support for pioneers

During the process of selection, national partners will discuss with pioneers their specific needs and proposed models of integration, and tailor their support accordingly. Based on what the system more generally has told us it needs from national organisations, the support that we envisage providing specifically to pioneers could include some or all of the following:

Capability Need	Support available
Changing the strategic/executive level culture	Organisational development Priority setting Action Learning sets Workshops, including peer-to-peer and champion support
Developing local payment systems	Payment design Contract design and models Cost collection Risk underwriting
Understanding the framework of rules on choice, competition and procurement	Clarification of rules and how integrated solutions can comply with them
Workforce flexibility	Employment law advice Workforce development
Public and professional opinion and engagement	Implementation of the Narrative National political support Engagement expertise
Analysis and evidence	Data and service audits Analytical support Financial modelling and health economics expertise to build the value case Evaluation expertise

In addition, we will:

- provide a dedicated 'account manager' as the main day-to-day point of contact with each pioneer to help them access the specialist support they need;

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- draw together the current learning from literature and sites where integrated care has already been successfully adopted and other related initiatives, such as Year of Care implementer sites; and
- connect the pioneer sites through a strong community of practitioners to enable rapid and real time sharing of best and emerging practice across the pioneers, as well as more generally across the rest of the country.

Please submit your applications to pioneers@dh.gsi.gov.uk by 28th June 2013
If you have any queries or questions about the process these can also be submitted to pioneers@dh.gsi.gov.uk