KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: **25th August 2016**

TITLE OF PAPER: **Update on Integration of Health and Social Care in Kirklees**

1. Purpose of paper

This paper sets out the current position and potential areas for the next stage of our journey to fuller integration of health and social care commissioning. Options for developing greater integration of operational delivery (for example between the Council and Locala or with primary care) will be the subject of a further paper. Integration of operational delivery works most effectively when it is complemented by integrated commissioning.

2. Background

The Joint Health and Wellbeing Strategy sets out a clear direction of travel to more integrated commissioning and delivery of health, social care and public health. There is a long and strong history of joint working across the 2 CCGs in Kirklees and Kirklees Council, and between these organisations and others in the region. This joint working spans a wide range of activity and includes both formal and informal arrangements.

National planning guidance makes it clear that 'every area to have an agreed plan by March 2017 for better integrating health and social care'. This plan needs to set out how we will achieve better integration of health and social care (the detail of which awaits national guidance) by 2020. This plan will need to reflect the vision and principles set out in the Joint Health and Wellbeing Strategy, and reflect the emerging Sustainability and Transformation Plan for Kirklees and West Yorkshire.

Ambition

Over recent months there has been extensive national debate about integration. Two reports have been published recently which provide useful summaries of what needs to be put in place to ensure integration of health and social care is as successful as possible. The LGA, NHS Confederation, Association of Directors of Adult Social Services and NHS Clinical Commissioner published 'Stepping up to the place' in May 2016. The key actions are summarised in Appendix 1. This builds on an earlier report by the Kings Fund on developing place-based systems of care[i].

'Stepping up to the place' recognises that many places around the country are already demonstrating the potential to do things differently. Some examples of what we are doing in Kirklees are set out below. The report signatories are clear that 'it is time to change gear' and that 'the status quo is no longer an option, and everyone must innovate and transform on a scale and at a pace not yet seen'. Having reviewed the available evidence, they set out 10 key components of integrating care (see Appendix 1).

They propose that local leaders focus, not on organisational structures, but on a number of fundamental questions which are common to all areas embarking on integration, including;

- Are local political, clinical, commissioning and community leaders clear on why and how integration will improve their citizens' health and wellbeing, and how their shared commitment will support transformation locally, irrespective of national requirements and imperatives?

- Is our vision grounded in promoting wellness, supporting citizens and the whole community to be more able to lead happy, safe, independent, fulfilled lives? Does it include appropriate allocation of resources to support them in this way?
- Do governance structures have the appropriate accountability and authority to take decisions on integrated planning, commissioning and oversight?
- Are all system leaders authentically committed to taking responsibility for decisions about service change to improve health outcomes beyond their own organisational boundaries?
- Are local leaders able to ensure that resources are directed to their shared priorities, and are sustainable in the long term? Do legal and reporting requirements allow this freedom and flexibility?

Principles

Local experience has already highlighted a number of principles that should inform our approach.

Integration and the associated joint working arrangements are not an end in themselves. They exist to achieve a number of objectives including a more joined up approach for the public or for providers, greater resilience in the system for a given capacity, better access to a diverse range of skills, reduced duplication/costs and to accelerate transformation and learning across the system.

This means that it is important to consider the arrangements on an issue-by-issue basis. For example, there is little value in North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council working together to jointly commission in-patient care as there is very limited common ground given that it is delivered by different acute trusts in each CCG footprint and Kirklees Council has no commissioning responsibilities for inpatient care.

By contrast, the Healthy Child Programme involves a number of areas of activity (health visiting, school nursing, Tier 2 and 3 CAMHS etc.) that will most benefit local children if they are developed and delivered in a co-ordinated way. This requires the current commissioners (NKCCG, GHCCG and Kirklees Council) to work together and this is best facilitated by one organisation taking a lead, in this case, Kirklees Council with a supporting pooled budget.

The same is true of direct service delivery, an integrated approach to delivering community based health and social care services makes sense – but not integrating around inpatient hospital services.

Joint working across organisations relies on the same principles as matrix management approaches within organisations.

Joint working arrangements also need to be supported by the appropriate formal governance arrangements. If these are established properly, then they support effective joint working and provide clarity about the role and accountability of each partner. There is also recognition that existing capacity is already extremely stretched and we have a responsibility to our staff not to increase workload unduly but expecting 'similar but different' approaches when providing reports etc. into our governance arrangements.

One approach that is already working successfully in a number of areas is where partners delegate decision making for specific areas of responsibility, and the associated budget, to a formally constituted joint body/committee.

Equally important are the behaviours and attitudes that individuals and organisations display. These can include clear declarations of interest, transparency, all parties feeling that an individual is acting in their collective interests, good levels of engagement by individuals across all organisations and a commitment to the spirit of joint working.

These behaviours and attitudes build confidence and mean that, if potential conflicts do arise, they are readily dealt with.

Current position

The Council and both CCGs have recently begun mapping the formal joint working arrangements in the following areas:

- Lead Commissioning arrangements where one organisation is taking formal responsibility for commissioning services on behalf of other organisations
- Pooled fund arrangements where there is a Section 75 pooled fund agreement in place or being developed
- Governance arrangements where one organisation has responsibility for managing the arrangements necessary for the partners to meet their statutory responsibilities
- Joint posts where one organisation is employing a post which is jointly funded to manage a programme of work on behalf of partners.

This work is still in development. Appendix 2 shows the functions we have already identified and provides a sense of the current scale of the joint working in these areas that is already in. These arrangements have proved successful to date, particularly in a context of financial pressure, capacity gaps to drive transformation and the need to maintain organisational resilience.

On a West Yorkshire footprint, there are also a number of arrangements within the NHS that are bringing organisations together and the CCGs have recently agreed to delegate some of their responsibilities upwards and create a single joint committee of all 11.

There are also a range of emerging areas that will need to be developed in due course, for example, commissioning for the proposed wellness service and health-related worklessness, intelligence, research governance, schools as commissioners and there will undoubtedly be others.

In addition to these arrangements there are also a range of examples of joint service delivery (see Appendix 3). The focus of strengthening our integrated service delivery will include locality working, which is being piloted in Batley and Spen, a single point of contact for community based health and social care, and intermediate care services.

Developing Future Joint Working Arrangements

Whilst there is not likely to be, at least in the near future, a move to large scale mandated re-organisation with the NHS, there is an emergent, and accelerating, trend of organisations sharing staff teams and creating joint ventures. There is no universal model and the arrangements in Kirklees are probably more extensive than the norm.

There is likely to be further guidance in the Autumn on the national planning requirement to have a plan for better integrating health and social care by March 2017.

This plan needs to set out how we will achieve better integration of health and social care (the detail of which awaits national guidance) by 2020. This plan will also need to reflect the vision and principles set out in the Joint Health and Wellbeing Strategy, and reflect the emerging Sustainability and Transformation Plan for Kirklees and West Yorkshire.

It will be important that this plan is clear about the purpose of integration, the outcomes that will be achieved and avoids falling into the trap of focusing on organisational form rather than

function. Local clinical and political leadership will be an important element of this.

For the purpose of this paper, these arrangements are most likely to be about place shaping within Kirklees, whilst recognising that there will be value in developing similar arrangements with organisations outside Kirklees where there are shared interests.

3. Proposal

1. Agree a roadmap for developing the March 2017 plan and the subsequent journey to integration, drawing on the principles set out above and the national evidence and guidance.
2. Continue to identify tactical opportunities for joint working (e.g. pooled fund for people with a learning disability, co-location of continuing health care staff alongside social workers, unified approach to supporting care homes etc).
3. In the shorter term, as vacancies arise, consider developing joint working arrangements on a case-by-case basis. Where there are capacity gaps or a need to get greater focus and traction on issues, consideration should be given to re-arranging existing portfolios of work to enable this and to reduce duplication of input/effort.
4. Focus on removing the practical barriers to joint working arrangements such as use of IT, office space etc. Recent HSCIC approval for an N3 connection will assist this this.

4. Financial Implications

The high-level financial implications will be identified through the process of developing the Integration Plan by March 2017. Each specific proposal will also identify the detailed financial implications of moving towards a more integrated approach.

5. Sign off

Richard Parry, Director for Commissioning, Public Health and Adult Social Care

Carol McKenna, Chief Officer, Greater Huddersfield CCG

7. Recommendations

That the Board

1. Comment on the progress to date with joint arrangements.
2. Comment on and endorse the proposed approach to the further development of integrated health and social care commissioning
3. Identify further opportunities for improving integration and joint working.

8. Contact Officer

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[i] Place-based systems of care: A way forward for the NHS in England. The Kings Fund. November 2015 link

Appendix 1

Stepping up to the place
The key to successful health and care integration

May 2016

link

What do we need to make integration happen?

Shared commitments:

1. A shared commitment to improving local people's health and wellbeing using approaches which focus on what is the best outcome for citizens and communities.
2. Services and the system are designed around the individual and the outcomes important to them, and developed with people who use or provide services and their communities.
3. Everyone – leaders, practitioners and citizens – is committed to making changes and taking responsibility for their own contribution to improving health and wellbeing.
4. A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.

Shared leadership and accountability:

5. Locally accountable governance arrangements encompassing community, political, clinical and professional leadership which transcend organisational boundaries are collaborative, and where decisions are taken at the most appropriate local level.
6. Locally appropriate governance arrangements which, by local agreement by all partners and through health and wellbeing boards, take account of other governance such as combined authorities, devolved arrangements or NHS planning requirements.
7. A clear vision, over the longer term, for achieving better health and wellbeing for all, alongside integrated activity, for which leadership can be held to account by citizens.

Shared systems:

8. Common information and technology – at individual and population level – shared between all relevant agencies and individuals, and use of digital technologies.
9. Long-term payment and commissioning models – including jointly identifying and sharing risk, with a focus on independence and wellbeing for people and sector sustainability.
10. Integrated workforce planning and development, based on the needs and assets of the community, and supporting multi-disciplinary approaches.

Appendix 2: Current lead commissioning, pooled fund, governance arrangements and joint posts

Issue/Stream	Lead org	On behalf of	C/dale CCG	GH CCG	NK CCG	W/field CCG	Kirklees Council	West Yorkshire
Lead Commissioning arrangements								
MYHT	Wakefield CCG	All CCG associates	X	X	X	X		X
Locala	GHCCG			X	X			
CHFT	GHCCG	All CCG associates	X	X	X	X		X
111/WYUC (YAS & LCD)	GHCCG	23 CCGs in Y&H	X	X	X	X		X
Community Equipment	Kirklees Council	KC & 2 CCGs		X	X		X	
VCS commissioning (Community partnerships)	Kirklees Council	KC & 2 CCGs		X	X		X	
Continuing Healthcare – home care (Rachel Barratt)	Kirklees Council	2 CCGs		X	X			
CAMHS/Transformation Plan	NKCCG/Kirklees Council	KC & 2 CCGs		X	X		X	
Adult social care partnership commissioning board support	Kirklees Council	KC & 2 CCGs		X	X		X	
Pooled fund arrangements:								
Healthy Child Programme	Kirklees Council	KC & 2 CCGs Police		X	X		X	
BCF (includes KICES)	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Governance:								
Health and Wellbeing Board	Kirklees Council	KC & 2 CCGs		X	X		X	
Health Protection Board	Kirklees Council	KC & 2 CCGs		X	X		X	
Safeguarding Adults Board	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Children's Safeguarding Board	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Calderdale and Kirklees Child Death	Shared – chair	KSCB	X	X			X	

Overview Panel	alternates between Calderdale and Kirklees. Panel accountable separately to CSCB & KSCB	CSCB						

Joint posts:									
Function	**Employing Organisation**	**Works on behalf of**	**C/dale CCG**	**GH CCG**	**NK CCG**	**W/field CCG**	**Kirklees Council**	**Wakefield Council**	**West Yorkshire**
Chief Officer	Kirklees Council				X		X		
Chief Operating Officer	WCCG				X	X			
Children's Health	NKCCG			X	X				
Continuing Healthcare	NKCCG			X	X				
Mental Health Care	GHCCG			X	X				
Learning Disability	GHCCG			X	X				
CAMHS	NKCCG			X	X		X		
Older People	Kirklees Council			X	X		X		
PDSI	Kirklees Council			X	X		X		
KICES	Kirklees Council			X	X		X		
Infection Prevention And Control	Kirklees/Wakefield Council			X	X	X	X	X	
Contracting - 999, NHS111 & WYUC	GHCCG	999&111 - 23 Y&H CCGs WYUC - 10 WYCCGs	X	X	X	X			X
Contracting & Procurement	GHCCG			X	X	X			
IFR	GHCCG			X	X				
Pharmacy									
Medicines Management	NKCCG			X	X				

Joint posts:									
Area Prescribing Committee	GHCCG	+Bradford CCGs	X	X	X	X			
Quality/Safety	GHCCG		X	X	X				
Safeguarding	GHCCG	+CCCG		X	X				
Serious Incidents	GHCCG		X	X	X	X			
Business Intelligence	NKCCG		X	X	X				
IM&T	CCCG		X	X	X	X			
Comms	NKCCG			X	X				
Information Governance	CCCG		X	X	X				
Equality & Diversity	CCCG		X	X	X	X			
HR	CHFT		X	X	X				

Appendix 3: Current examples of service delivery joint working

Integrated Community Care Teams

Locala and the Council have been working closely together for a number of years to develop Integrated Community Care Teams (ICCTs), bringing together health & social care services. The model was initially implemented on a 'pilot' basis with a full review/audit taking place in 2014 which helped shape the further development of an integrated model.

The early stages of implementation of the ICCTs was managed through a joint programme management structure with key people from across Locala & Adult Social Care. Whilst a great deal has been achieved in terms of delivering services in a more co-ordinated way and minimising duplication there is still work to be done to improve, including the operation of the Integrated Night team which is made up of nursing and social care staff delivering unplanned and some planned interventions.

This work in now being led by the Integration Board, which has officers from the Council, CCGs, Locala and South West Yorkshire Trust. The aim is to further develop ICCTs, linking the Care Closer to Home contract, and the Council's Early Intervention & Prevention programme. The current focus is on developing a 'pilot' locality team in Batley and Spen.

Reablement service

Council staff work alongside physiotherapists and OTs to support people for a period of up to six weeks to relearn daily living skills and regain abilities and confidence in their own home. The aim is to reduce avoidable hospital admissions, support timely discharges and prevent re-admissions.

Intermediate care

Based in Moorlands Grange, Netherton and Ings Grove, Mirfield the intermediate care services is delivered by Council and Locala staff following an assessment by a health or social worker at home or in hospital people who have mobility, dietary or emotional needs and who need support to help them regain or adapt their day-to-day living skills. The aim is to make sure that people who would otherwise be admitted to hospital, or who need to be in hospital for a long time, remain as independent as possible, reducing or delaying the need for long-term care.

Hospital avoidance team

Based in each of the main hospital sites the Hospital Avoidance Team work with emergency department staff and community nurses to ensure people presenting at A&E have a pathway to services to avoid admission (where medically appropriate) after treatment/ exploratory tests. Social care assessments are also available seven days a week to support discharge from hospital and intermediate care.

Mobile response service

The Mobile Response service supports Carephone users by providing an alternative response to Telecare alerts when Carephone officers are unable to get in touch with family or named emergency contacts, or where family are unable to respond. Operating 24/7, responders intervene in circumstances where it is considered that the request for help does not require any of the emergency services to attend.

Kirklees Integrated Community Equipment Service

The service is jointly commissioned by the Council and both CCGs and provides a truly integrated approach to ensuring frontline staff from across health and social care can ensure their clients are getting the equipment they need as quickly as possible.