

Annex A: Update on Integration

Introduction

1. The Health and Wellbeing Board brings together the NHS, public health, adult social care and children's services, including elected representatives and Healthwatch, to plan how best to meet the needs of our local population and tackle local inequalities in health. A key component of our joint approach is to develop integrated services and integrated approaches to commissioning services. Integration is not an end in itself; it is a significant element of our strategic approach to improving health, addressing health inequalities and meeting needs within the resources that we have available.
2. We expect that by joining services up for our population, removing duplication and ensuring that the way in which services are delivered is designed around the needs of the person we will make better use of our limited resources and will have a greater impact on the health and wellbeing of the people living in our area.
3. This paper updates on a range of work taking place across the system to ensure that we are developing services in a joined up way.

Part 1

Update on integrated commissioning

4. To support the ambition to commission health and wellbeing services across the Vale of York population, a number of workshops have been held with partners over recent months. As a result of this joint working, an outline vision for integration has been produced which describes the ambition for designing, commissioning and delivering services collaboratively for our communities. Partners across health and social care have identified a number of key principles for working together in this way including a focus on:

- reducing dependency and encouraging self care through signposting, information sharing and help and advice which supports people to make informed choices and to stay independent and well;
 - prioritising health and wellbeing alongside services which support people when in need;
 - ensuring that information and services support and complement the development of dementia friendly communities;
 - services which deliver defined outcomes designed collaboratively with service users, and partners including providers, commissioners, the voluntary sector and communities; and
 - supporting the sharing of information between agencies where it helps to provide more co-ordinated support and care for those at a higher level of need.
5. An Integrated Commissioning Executive (ICE) with senior membership from City of York Council, Vale of York Clinical Commissioning Group and North Yorkshire County Council has recently been established to co-ordinate a consistent approach to commissioning services which deliver these principles. Whilst further work is ongoing to finalise the shared work programme for ICE, initial priorities have already been highlighted around the continued development of the Integrated Care pilots, rehabilitation, reablement and intermediate care services.

Part 2

Provider Alliance Board update

6. The Five Year Forward View, published in October 2014 (the “Forward View”), sets out a clear goal that “the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.”
7. The Provider Alliance was established to enable participants to work collectively across traditional health and social care boundaries as the most efficient way of delivering safe, seamless and cost-effective out of hospital services for local people.

8. In general terms the Alliance affords the opportunity for Commissioners to move away from organising multiple contracts with many different providers, each dealing with an element of a patient pathway, towards identifying key outcomes which the Alliance can deliver by all providers working together to provide in a single, seamless pathway.
9. The membership of the Alliance includes representatives from the following organisations:
 - City of York Council
 - Vale of York CCG
 - York Foundation Trust
 - CAVA GP Confederation
 - SHIELD GP confederation
 - Nimbus GP confederation
 - North Yorkshire County Council
 - Tees, Esk and Wear Valleys NHS FT
 - York CVS
 - Selby District Association for Voluntary services
10. An independent Chair; Mr George Wood has been appointed.
11. The Alliance has worked to map services provided by each provider to the localities covered by Vale of York CCG
12. An outline work programme has been agreed and initially the Alliance will focus on how providers working together can develop the current care hubs from their existing position, and create a single, but flexible model for out of hospital care for the whole patch which encompasses all the best elements of these current 'tests of change'.
13. In addition the Alliance will sponsor a work stream on 'Last Year of Life' (as opposed to 'End of Life') which all agree has the potential to deliver more appropriate, higher quality care to patients which may avoid unnecessary treatments and hospital admissions.

Part 3

Better Care Fund update brief

Update on current funding

14. The Better Care Fund (BCF) is a nationally agreed process to 'pool' elements of Health and Social Care Budgets to help Health and Wellbeing Board (HWB) areas integrate and improve services which support local wellbeing priorities. The mechanics of how the fund works and how budget allocations are made have been devised on a national scale using standard formulas. The performance of the fund is also measured through some nationally agreed performance metrics namely:
 - To reduce Non Elective admissions to hospital by a locally agreed amount
 - To reduce the permanent number of admissions to residential and nursing care homes for residents aged 65 and over, by a locally agreed amount, including maintain existing capacity in social care
 - To increase the number of residents (aged 65 and over) who were still at home 91 days after discharge from hospital into rehabilitation/reablement services by a locally agreed amount
 - To reduce the numbers of delayed transfers of care from hospital, by a locally agreed amount

15. In order to fund the initiatives which will help deliver the ambitions of the BCF a pooled budget had been agreed between NHS Vale of York Clinical Commissioning Group (CCG) and City of York Council (CYC). For Financial Year 15/16 this initial pooled budget amounted to £12.127M, with the majority of the fund (£11.176M) coming from the CCG. It is important to note that the funding for the BCF is effectively not new money as it comprises of various elements of existing funding channelled via the CCG, including that previously provided under a section 256 agreement from NHS England and other existing allocations, either as a pass through of statutory funding (e.g. Disability Facilities Grant) or as a direct transfer from the CCG. Throughout the planning, design and implementation of the BCF in York it was recognised that this funding allocation could cause additional pressures across the system and had the potential to impact on financial performance throughout the year.

16. Since the submission of the BCF plan, there has not been the level of progress expected in many areas, with some elements of the plan under-performing against trajectory and other areas still not in the implementation and delivery phase. The key issues were highlighted in the report to the Health and Wellbeing Board in July. The current financial position of the CCG, coupled with a lack of tangible evidence to show a return on investment in the BCF pooled budget, has resulted in a position where the CCG and City of York Council are jointly reviewing all future funding commitments to consider and agree how the financial risks can best be mitigated. The aim is to agree an approach that is based on shared priorities and that fully considers the impact of decisions not to invest in specific services, maximising the ability of the system to prevent hospital admission and helping people to live independently in the community. We will maintain a focus on reducing dependency and ensuring sufficient future capacity across the system.

Additional National Support

17. In recognition of the challenges faced by York in mobilising the full range of the submitted BCF plan, additional resource has been funded by NHS England (at no cost to the CCG or CYC) to help move our current plan forward, with a view to identifying and realising additional benefits from our plan this financial year. This support will remain in place until March 2016 and a joint delivery plan has been agreed between CCG and CYC colleagues to make sure the impact of this resource is maximised.
18. Additional resource is also being identified to help further develop our current BCF Performance Dashboard into a wider Whole System Performance Dashboard, which will more accurately capture and monitor performance across all elements of our health and social care economy.

Part 4

System Leaders Board update

Introduction

19. An incredible amount of work has taken place over the last few years across the organisations who are leading the local health and social care system, working in partnership to tackle the collective challenges to commission and provide services that meet public expectations, that deliver high quality care and support, that represent value for money and effective use of public resources and that deliver against an ambitious national policy agenda.
20. The challenges that face us now are unprecedented; across the entire spectrum of our areas of operation our teams and communities are dealing with ever-increasing pressure, both on the way in which we provide services today and the requirements for how we need to provide them in the future. It is widely acknowledged that doing “more of the same” will not be enough to achieve recovery in the short term or to develop sustainable services in the longer term. We need to take more radical short term action that is likely to be difficult for our teams and communities in order to recover our financial and performance position. We will also need to creatively and boldly redesign the way in which services are provided in the future to ensure their sustainability and viability and to ensure that they are able to deal effectively with these pressures on an ongoing basis.
21. Key factors behind this position now and in the future include:
 - Financial pressures both immediate and long term within the context of likely ongoing austerity
 - Challenging performance issues across the system
 - A workforce that needs to be able to meet the future demands of the population
 - Cultural challenges including low historic levels of trust and the existence of silos that mitigate against joined-up working
 - Increasing burden of disease including through lifestyle choices

- Demographic challenges with an ageing and growing population, including the impact of positive developments in health meaning more people with complex needs are living both into adulthood and older age
 - Pressures on quality and experience of services
 - Rising public expectations and messages in the media
 - National policy imperatives driving closer joint working, including but not limited to the Care Act, the NHS Five Year Forward View and the Children and Families Act.
22. Various joint partnership groups have been established over the last few years to tackle specific issues across providers and commissioners, and between health and social care. These have included formal statutory partnerships such as Health and Wellbeing Boards and Children's Trusts, executive committees established in order to conduct business jointly such as Collaborative Transformation Board and Joint Commissioning Groups, smaller working groups on specific projects and a range of other approaches to partnership working.
23. While we have developed a firm basis for partnership working, the complexity of this agenda and the mounting pressures outlined above highlight a need for clear, unified leadership and collective coordination of actions for making rapid progress against our most critical issues. We have the opportunity to align the efforts of our teams and to make change happen at pace across our whole system. The chief executives and chief officers of the statutory organisations across the populations in and around York and Scarborough are now establishing collective working arrangements to tackle these issues in concert, through operating as a System Leaders Board.

Establishment of the System Leaders Board

24. The chief executives and chief officers of City of York Council, North Yorkshire County Council, NHS Scarborough and Ryedale Clinical Commissioning Group, Tees, Esk and Wear Valleys NHS Foundation Trust, NHS Vale of York Clinical Commissioning Group and York Teaching Hospital NHS Foundation Trust have established themselves as a System Leaders Board, committed to:

- working together as partners;
- setting direction for their teams to address collective priorities;
- unblocking barriers to support effective action; and
- holding each other to account for delivery.

25. This will align our teams to:

- drive rapid recovery against immediate financial and performance challenges; and
- take bold action to achieve ambitious long-term transformation of services that ensures sustainability

26. The System Leaders Board will meet for the first time in October and will agree its vision and ways of working from there. It is anticipated that the board will want to operate as a single leadership team for the health and care system, managing the priorities of the individual organisations within a wider set of ambitions for the system on behalf of local people, communities and taxpayers.

27. Subject to agreement, the System Leaders Board will support progress against the following areas of partnership working:

- achievement of short term recovery against financial and performance challenges;
- clear delivery of transformational changes to the ways in which services are delivered and configured to ensure long term sustainability;
- maintenance of financial and performance challenges in the longer term;
- development of a framework which at senior leader level endorses the whole system approach that can unblock barriers as and when identified;
- delivery of models of integration between sectors;
- development of efficient ways of working that improve outcomes and are value for money through a collective system approach;
- working together as partners and being able to hold to account and provide challenge to each other in an open and transparent way; and
- identification and communication of short and long term challenges

Governance

28. The establishment of the System Leaders Board does not alter existing governance arrangements within statutory structures. It exists to unblock and facilitate existing work, giving clear, aligned direction to system-wide activity. Reporting lines through to member Boards, Governing Bodies, Committees and the Health and Wellbeing Boards remain as established.
29. In practice this means that the formal accountabilities for the delivery of work back through to committees and boards within statutory organisations all remain in place. If it is proposed that this arrangement should be amended then this will need to be agreed through the relevant responsible committee.
30. Subject to further agreement, the Board will support progress against the priority work areas identified that are being taken forward through a number of other system-wide boards and groups including:
 - Provider Alliance Board
 - *Long term focus: transforming joint delivery of integrated community services across providers*
 - Integrated Commissioning Executive (ICE)
 - *Long term focus: integrating commissioning across health and social care*
 - System Resilience Group (SRG)
 - *Short term focus: recovering performance against key targets*
 - Financial Turnaround Board (FTB)
 - *Short and long term focus: ensuring collective system financial pressures are managed including in-year positions and the impact of longer term financial settlements including the Comprehensive Spending Review.*
 - A variety of Enabling Workstream Boards
 - *To ensure the infrastructure of the sectors and the development work within them in terms of workforce development, organisational development, ICT and systems, information management, communications and legal*

31. Arrangements across the North Yorkshire area will need to coordinate with the nearest equivalent arrangements being established locally, in a way that minimises duplication. In particular it will be important to ensure good read across between the System Leaders Board and the North Yorkshire Delivery Board, and between the Integrated Commissioning Executive (York / Scarborough) and the North Yorkshire Commissioner Forum.
32. Similarly the Ambitions for Health Board in Scarborough and Ryedale provides system leadership for elements of the agenda that are specific to that locality, and is expected to coordinate its actions with the System Leaders Board across the wider geography.