

Health and Wellbeing Board

7 September 2016

Joint Report of the Chair of the York, Easingwold and Selby Integration and Transformation Board and the Director of Adult Social Care, City of York Council.

Update from the Integration and Transformation Board

Summary

1. This report summarises discussions that have taken place at the Integration and Transformation Board.

Background

2. At the May 2016 meeting of Health and Wellbeing Board it was agreed to establish an Integration and Transformation Board as a sub board, accountable to the York Health and Wellbeing Board for the area of York. It is also accountable to North Yorkshire's Health and Wellbeing Board for the area of Easingwold and Selby.
3. The Integration and Transformation Board (ITB) has been set up to bring together local leaders to develop a vision and single transformation plan for the local footprint. This plan will inform the larger footprint Sustainability and Transformation Plan (STP) for Humber Coast and Vale and will reflect a bottom up approach to transformation. It takes a community focussed, asset based approach – building upon people's strengths and abilities, rather than being reliant upon traditional statutory services. It is developing actions from the whole system and identifying projects that involve activities that directly interface with one another to enable a focus on breaking down professional, organisational and cultural barriers that impede progress towards integration. The local plan will become an integral part of the Health and Wellbeing Board's (HWBB) vision and strategy and will both reflect and inform discussions at the larger geographical footprint.

Main/Key Issues to be Considered

4. Since its conception in March 2016, multi-agency discussions, including a workshop, have taken place to create the conditions locally that will allow us to develop the single plan for the health and social care economy plan.
5. Early meetings naturally focused on defining purpose, terms of reference and the behaviours required, to form a different relationship between partners, so that we are able to shape a radically different offer for local people.
6. Through these meetings a very strong consensus, has developed amongst local system leaders, about the need to work differently in future. They recognise the need to improve outcomes and meet rising expectations within a difficult historical financial context locally, exacerbated by increasing demographic, population and cost pressures. In essence, we need to bring about a paradigm shift, changing expectations, thinking and behaviours of local people and partners, fundamentally changing the nature of our relationships. There is a need to reshape the way we commission services, the way services are organised and the relationship between different parts of the system. This has implications for the whole architecture supporting the health and social care economy.
7. The Integration and Transformation Board have identified an immediate priority to agree a joint commissioning strategy to: reduce duplication of activity, maximise efficiency and therefore value for money, develop co-ordinated services that integrate seamlessly around the customer and effectively utilise evidence, intelligence and data to identify need. This Joint Commissioning Strategy should cover the same timeframe as the new Joint Health and Wellbeing Strategy. The Joint Commissioning Strategy must also support the separate but linked priorities of local authorities and NHS organisations in the area, in addition to the delivery of the local ITB Plan (STP)
8. Although the ITB have asked for lead commissioners to take this forward additional support is required to help get the views of all stakeholders, gather and analyse financial and non-financial data and signpost us to good practice developed elsewhere. This is a vital piece of work that will need to be completed to enable planning for 2017/18 financial year.

9. A Joint Commissioning Plan should ideally be produced after agreeing a joint commissioning strategy. This plan would incorporate the linked priorities of commissioners and grow the pooled budget. The thinking so far is that any joint commissioning plan is needed should be reviewed annually, following refresh of the Joint Strategic Needs Assessment (JSNA) but roll over to cover at least 18 months to see projects through a standard procurement cycle.
10. Discussions have taken place at ITB and HWBB Development sessions about the need to set up a Joint Commissioning Board/Forum. It is proposed that this should report to the HWBB not ITB, as some commissioning activity may take place outside remit of ITB. A Joint Commissioning Board would provide a multi agency partnership forum able to carry out detailed appraisal of options for reshaping provision (one of the first proposals to be presented to the Integration and Transformation Board, to change the way the system supports people with care and support needs is the Archway Proposal). This involves the development of a community base model and a shift in resources to deliver better outcomes, closer to home. As a first step it has been agreed with the NHS Vale of York Clinical Commissioning Group and North Yorkshire County Council the need to develop a Joint Commissioning Strategy, following which we would then consider development of a joint commissioning plan and greater pooling of resources (development of a Joint Commissioning Board will improve partnership working, integration and planning in the future).
11. A review of local authority and NHS Commissioning arrangements, should logically explore opportunities for creating some form of shared or joint resource. The final form will depend upon the model of health and social care integration adopted in York and North Yorkshire.
12. On 28th July 2016, a Better Care Fund (BCF) plan for 2016/17 was submitted to NHSE. The difficulties in concluding negotiations around this plan are well documented and there has been an acceptance by all partners of a need to grow the BCF, both in scope and pooled funding. The Integration and Transformation Board has direct responsibility to managing this programme and growing the pooled budget. At the ITB initial thoughts were to include Continuing Health Care, mental health services and Integrated Personal Budgets within the bigger pool, at the earliest opportunity with work with reviews beginning this year.

13. On 15 August 2016 confirmation was received from NHS England (NHSE) that the BCF plan for 2016/17 had been approved following assessment against the BCF assurance process. A formal letter of approval will be sent. Work is taking place, involving the council and NHS Vale of York Clinical Commissioning Group (CCG) to update and renegotiate the Section 75 Agreement. Crucially this agreement needs to set out risk management principles, risk sharing arrangements linked to a detailed breakdown of funding and savings.
14. A multi agency BCF Task Group has been set up to support and challenge delivery of the programme and widen involvement in the programme. This group will report on an exception basis to the Integration and Transformation Board, as well as help produce the quarterly report for the Health and Wellbeing Board. The group will also support production of the quarterly monitoring report required to be submitted to NHS England for the York HWBB.
15. A facilitated workshop is being organised for the September meeting of the Integration and Transformation Board; to create a better understanding of the separate activities of key partners, achieve better alignment, aiming towards the production of a shared high level plan of activities for the whole system.
16. The ITB have already recognised that this transformation programme is drawing on increasing reserves of existing resources and the need to invest in addition dedicated capacity is essential if we are to keep building momentum. Agreement has been reached to fund a new programme manager post to support the work of the Integration and Transformation Board.

Consultation

17. These issues summarised in this report have been subject to discussion and agreement involving a wide range of partner organisations with York and North Yorkshire.

Options

18. There are no options provided in this report.

Strategic/Operational Plans

19. The plans produced by the ITB will build on the strategic plans of all partner organisations, including the CCG and City of York

Council. The plan will also need to align to the Sustainability and Transformation Plan for the area and the York's renewed Joint Health and Wellbeing Strategy.

Implications

20. The health and social care system in York is under severe pressure. The work of the Integration and transformation Board is critical to developing approaches across the different parts of the system to develop sustainable solutions.

The creation and appointment of a dedicated Programme Manager post is essential to maintain momentum and provide much needed support to all partners.

Risk Management

21. The establishment of an Integration and Transformation Board provides a platform for local system leaders to meet with a focus on delivery. The Board will identify and lead breakthrough projects that will help break through organisational and professional barriers and bring about culture change. These projects probably represent the biggest risks to the system and to single agencies.
22. Integrated solutions, co-produced with local people, in a spirit of shared enterprise will provide a model of risk management on the largest scale. All partners need to recognise that decisions made in this forum will impact on the whole system, as will the consequences of success or failure.

Recommendations

23. The Health and Wellbeing Board are asked to:
 - I. Note the progress being made
 - II. Support the work being done to develop a joint commissioning strategy
 - III. Consider the comments around the need for a Joint Commissioning Board
 - IV. Receive a further report on the Section 75 Agreement at its next meeting

Reason: to keep the HWBB updated on progress being made by the Integration and Transformation Board.

Contact Details

Author:

Tom Cray
Senior Strategic
Commissioning Lead
Health and Wellbeing
City of York Council
01904 554070

Chief Officer Responsible for the report:

Martin Farran
Director of Adult Social Care
City of York Council
01904 554045

Report
Approved



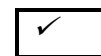
Date 24.08.2016

Specialist Implications Officer(s)

Ewan King,
Director,
Social Care Institute for
Excellence

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

None

Glossary

BCF – Better Care Fund

CCG – NHS Vale of York Clinical Commissioning Group

HWBB – Health and Wellbeing Board

ITB – Integration and Transformation Board

JSNA – Joint Strategic Needs Assessment

NHS – National Health Service

NHSE – NHS England

STP – Sustainability and Transformation Plan