

## **Southend Health and Wellbeing Board 03<sup>rd</sup> September 2014**

### **Appendix 2 – Integration Pioneer Update**

#### **1. Introduction**

On 16<sup>th</sup> January 2014 local health and social care partners met to discuss a high level approach to future integration. Since this meeting the Partners, via the Joint Executive Group (JEG) have regularly met to; (a) form a firm foundation to the partnership (b) provide a Governance structure to the Pioneer programme; and (c) provide operational direction to the Pioneer programme.

This paper provides a summary of the activity to date within the identified areas for development, namely; (a) Prevention and Engagement; (b) Commissioning; (c) Service Delivery; and (d) Information Sharing.

The overarching aim of the JEG is to ensure that Southend is the healthiest town in England by 2020 for all residents from birth to old age. We aim to do this by taking a broad spectrum approach encompassing health, social care, leisure, schools and regulatory services such as licensing for alcohol outlets.

The members of the JEG are:

Southend on Sea Borough Council  
Southend Clinical Commissioning Group  
Southend University Hospital NHS Foundation Trust  
South Essex Partnership University NHS Foundation Trust

#### **2. Update on Areas of Development**

The Board are requested to note the following updates;

##### **Joint Commissioning, Service Delivery and Information Sharing**

Workstream leads have been appointed and have been in post since early June 2014.

A work stream brief, for each area, which sets the vision, deliverables, analyses the risks and describes the outcomes has been signed off by the JEG.

##### **Joint Commissioning**

The agenda for integrated commissioning is driven by evidence of effective partnership working across health and social care which has, over recent time, been

reflected in formal agreements between the two parties both to commission and to provide joint services.

The Pioneer programme has developed a Memorandum of Understanding that is built on a set of principles that will guide and direct the shape of future joint commissioning arrangements. The Memorandum of Understanding is a signed agreement between Southend-on-Sea Borough Council and Southend Clinical Commissioning Group. The Memorandum is annexed to this update for the Board to note.

Further the Joint Commissioning workstream has developed a programme of activity that encourages joint working across Southend, this programme includes projects such as; developing a joint commissioning strategy for elderly and frail people and supporting the CCG to shape the delivery of health personal budgets

In practice the Joint Strategic Needs Assessments for both adult social care and childrens services, which are reported to the Health and Wellbeing Board, analyse need and demand for health and social care services and shape the range of Commissioning Strategies which describe the Council's ambition to improve services. In addition, note will always be taken in these strategies of the needs and wishes of patients and service users, and their carers. At the same time the challenge to provide a stable and affordable market for delivery of health and social care services involves collaboration with service providers as part of the process of review of service provision..

At a broader level integrated commissioning seeks to create a sustainable health and social care system which delivers high quality care in the most appropriate setting, improves the health and well-being of the population and achieves value for money.

## **Operations**

The priority for the operations workstream is the delivery of a pilot GP hub in the Southend area. This represents significant development towards the delivery of BCF ambitions and is also aligned with the current NHS England Primary Care strategy.

The GP Hub stems from the fact that Primary care is people's entry point for the prevention and treatment of illness. It already includes a rich diversity of professionals ranging from GP's, nurse practitioners, nurses, opticians and pharmacists through to allied health professionals and social care workers. Primary Care is at the heart of the wider health and social care system.

Advances in technology and changing demographics mean that, with the right premises and the correct skill mix, more care can be delivered in a primary care setting. People who have historically gone to hospitals to receive their care will no longer need to make hospitals their first port of call.

Southend's plan for that the 'GP Hub' is that it will act as early adopter and catalyst for improvement that will deliver 7-day services across the whole system from which the following outcomes and benefits will be accelerated

The premises from which the GP hub will be configured and services delivered has been identified. The proposed site offers a number of opportunities to configure health and social care services around the individual – putting them at the centre of their care and in control. The site hosts 14,000 patients, offering a good opportunity to target a larger population group.

The GP hub will incorporate a number of initiatives aligned to the Better Care Fund, the Pioneer Programme, Resilience Programmes and the SUHFT recovery plan. The target operating model will ensure that functional integration of system partners is developed and tested, for example:

- a) Seven- day working
- b) Discharge to assess
- c) Single point of access / referral
- d) Risk stratification for people with long term conditions
- e) High intensity, pro-active care with own primary care physician
- f) Identification of Carers and referral pathway
- g) Case management and co-ordination
- h) Integrated care records
- i) Whole system Care Planning
- j) Enhanced MDT's (adults)
- k) Enhanced working with care homes
- l) Intermediate Care, Re-ablement and Rehabilitation
- m) Rapid response - Crisis prevention
- n) Falls prevention
- o) Better use of Telecare /Telehealth
- p) Promotion of self-care management
- q) Enhancement of on-site pharmacy services

The GP Hub will be operational by December 2014 although a phased approach is planned to ensure safety in service delivery.

### **Information Sharing**

Since Clinical Commissioning Groups were established as part of the health reforms, there have been greater restrictions on how patient data can be shared between NHS and social services. This has limited local health and social care organisations' ability to effectively plan patient care.

Southend's pioneer programme has been pursuing ways to improve data sharing between NHS and social services locally in order to identify individuals who would be

deemed as 'high-risk' of an emergency admission to hospital, and better plan their care to avoid this.

This work has culminated in an application for an amendment (section 251) to the regulations that govern information sharing between partners.

The application has been submitted to the Health Research Authority's Confidentiality Advisory Group, and we are expecting the group to make a firm decision on the application in October 2014.

An appropriate technological solution has been established to ensure that system partners can begin sharing data once the application is approved. A rigorous public and stakeholder communication and engagement strategy will also be implemented to support this change.

### **3. Governance**

Southends' Health and Wellbeing Board monitors high level progress and receives regular progress reports.

The Health and Wellbeing Board sets the strategic direction for BCF and has tasked the JEG to monitor progress. The JEG reports on progress to the Health and Wellbeing Board.

Each organisation will monitor its own delivery through its internal organisational Boards.

Given the scale and complexity of change needed the partnership has adopted a structured programme approach. This includes consideration and mitigation of risks to the project to ensure progression at scale and pace.

A programme manager has been appointed and the full programme management structure is in the process of being finalised.

### **4. Next Steps**

The Board is asked to note the update within this paper.

It is proposed that a regular detailed progress report is brought to subsequent Health and Wellbeing Boards.

Simon Leftley  
Corporate Director for People  
Southend Borough Council

Melanie Craig  
Chief Operating Officer  
Southend CCG

**A STAGED APPROACH TO THE INTEGRATION OF HEALTH AND SOCIAL CARE SERVICES COMMISSIONING IN SOUTHEND**

**Memorandum of Understanding**

**Between**

**Southend on Sea Borough Council**

**And**

**NHS Southend Clinical Commissioning Group**

**August 2014**

ANNEX 1 – Memorandum of Understanding

Document Reference Information

<b>Version</b>	<b>FINAL</b>
<b>Status</b>	<b>AGREED</b>
<b>Author</b>	<b>Peter Lister</b>
<b>Ratified By and Date</b>	<b>Signed by Simon Leftley and Melanie Craig on date of signature</b> <b>For noting at JEG meeting on 10.9.14</b>
<b>Date Effective</b>	<b>From date of signature and to 30.9.16.</b>
<b>Date of Next Formal Review</b>	<b>6 months from date of signature</b>
<b>Target Audience</b>	<b>Members of the Joint Executive Group</b> <b>Southend CCG Governing Body</b> <b>Staff employed in teams which may form an integrated commissioning service in Southend</b>

**AGREED**

## **1. THE PARTIES**

1.1. The Parties to this Memorandum of Understanding (MoU) are:

- Southend Borough Council
- NHS Southend Clinical Commissioning Group

## **2. PURPOSE**

2.1. This Memorandum defines the circumstances under which Southend on Sea Borough Council and NHS Southend Clinical Commissioning Group, will work together as joint commissioners of social care and health services, to develop an integrated approach to commissioning services. This Memorandum is noted by the Joint Executive Group as the basis for whole system commissioning of provider services across the health and social care economy in Southend.

2.2. Nothing in this Memorandum impacts on the statutory duties and responsibilities of the parties, or to their reporting responsibilities and their separate accountabilities. This Memorandum does not place additional legal responsibilities on any party, nor does it imply any transfer of responsibility between the parties except initially between Southend on Sea Borough Council and Southend Clinical Commissioning Group in terms of an agreement to jointly fund a post that will eventually provide leadership and direction across commissioning, for both health and social care. Where integration of health and social care commissioning requires any transfer of responsibility, this will be governed by formal arrangements either under s256 or s75 which will then replace this Memorandum. At this stage, risks and benefits of changes in sovereignty will have to be carefully assessed as will the process for and impact of engagement and consultation with staff teams.

2.3. Southend on Sea Borough Council and NHS Southend Clinical Commissioning Group warrant that they have the power to enter into this Memorandum of Understanding through it being formally signed by:

- For Southend on Sea Borough Council – Simon Leftley – Corporate Director People Group
- For NHS Southend Clinical Commissioning Group – Melanie Craig, Chief Operating Officer

2.4. The parties to this agreement enter into the agreement intending to honour all of their obligations, and to work collaboratively to resolve issues as they arise, through established networks and through governance provided by the Joint Executive Group (JEG) and hence by the Health and Wellbeing Board.

## **3. BACKGROUND & INTRODUCTION**

3.1. The integration of health and social care commissioning, and both vertical and horizontal integration of service delivery, are issues which health and social care organisations have been addressing for a number of years, most recently through the lead provided by Health and Wellbeing Boards. During the second half of 2013/14 the establishment of the Pioneer Programme (of which Southend is a part), provided further impetus to the programme of integration, as did the joint work on planning for and delivering, the change programme within the Better Care Fund, from February 2014.

3.2. A Strategic Alliance comprising Southend Borough Council, Southend Clinical Commissioning Group, Southend University Hospital Foundation NHS Trust and the South Essex Partnership Foundation NHS Trust, preceded the Joint Executive Group with the same membership, to which was added representation from the voluntary and community sector. The Strategic Alliance set out an overarching commitment to the vision of a transformational programme to deliver a step change in health and social care in Southend. Key elements of this commitment were to achieve better outcomes through integration and an agreement to manage risk collectively.

3.3. Southend was awarded Pioneer Status in November 2013 with the expectation that progress in integration across health and social care would be delivered at scale and pace, building on what has already been achieved

3.4. Further impetus has been given to the intention to integrate commissioning services, by the cessation of the Central Eastern Commissioning Support Unit which previously provided mental health and learning disability, children's and maternity commissioning. The Council and the Clinical Commissioning Group have committed to delivering high quality collaborative and integrated commissioning services over time and to recognise the opportunity to further develop the key relationship with the provider market, including the Foundation Trusts and the voluntary and independent sectors.

3.5. The requirements placed on an integrated commissioning service include on-going planning for and implementation of Joint Investment Plans for 2014/15, including planning for and delivering the Better Care Fund. At the time of signing this Memorandum, these are set out in the report on "Reablement and Transferring Social Care Monies" to the NHS Southend CCG Governing Body meeting on 28.5.14. and as reported to Health and Wellbeing Board on 18.6.14 within the Southend Health System Strategic Plan 2014/19. These requirements will also include the priorities described in joint commissioning strategies, in the Councils Commissioning Programme and in the Council's People Group Medium Term Financial Strategy. Account will also be taken of existing s256 and s75 agreements.

3.6. This Memorandum of Understanding, will then provide the platform upon which it is intended to develop a longer term relationship, to deliver integrated commissioning and services and to act as the cornerstone of future opportunities to work together as the benefits of an integrated commissioning service become apparent.

3.7. The parties accept that further changes may be required to the terms of this Memorandum of Understanding and that the relationship between the parties may change, for a variety of reasons. Such changes will be governed through the two parties' governance arrangements and reported to JEG.

#### **4. THE PROPOSAL**

4.1. A staged approach to implementation of a fully integrated commissioning service is proposed. This will build on the evidence of good practice in both health and social care commissioning teams in Southend, and on lessons learnt at each stage of the journey towards a fully integrated commissioning service. This approach will also draw on good practice elsewhere including from other local authorities within the Pioneer Programme.

4.2. By 29.8.14. - the first stage will build on existing work programmes to create joint commissioning arrangements. For mental health and learning disability services this will be achieved through the reassurance provided to the JEG, by the Mental Health and Learning Disability Commissioning Group (MHLDCG). Similar processes will be established in relation to frail elderly and physical disability services, to children's services and to maternity services. During the period of this Memorandum, account will be taken of other opportunities for integrated commissioning by the parties formal agreement through the JEG. The Pioneer Programme will support the work of each of these groups to ensure a single coherent view about joint commissioning intentions, approach and structure through the Pioneer Programme Integrated Commissioning Workstream Group (PPICWG). The PPICWG will also be the mechanism for providing reassurance about the sufficiency of the commissioning resource available to deliver joint commissioning intentions and strategies. This stage includes agreement to joint commissioning plans and to annual programmes of prioritised activity. The annual programme of commissioning activity will be linked to the level of resource invested in the joint commissioning service by both parties. The parties to the Memorandum will formally agree a structure to, and the content of, joint commissioning plans and programmes, through the Joint Executive Group.

4.3. By 26.9.14. – the second stage will see consideration of a set of options for an integrated commissioning structure initially spanning health, and adults and children's social care, with clear criteria and appraisal of the options, for consideration and agreement to a preferred model by Corporate Director People Group and Chief Operating Officer.

4.4. By 26.12.14 - the third stage will see the development of synergies as virtual teams are formed to deliver commissioning priorities and as learning and development opportunities and requirements are identified. Joint commissioning in line with joint commissioning strategies and priorities, will shape the creation of virtual teams from which a model of integrated working can be established. The preferred model will be determined from a number of options and the preferred model will be the outcome from a clear set of criteria for its evaluation. The programme of work of the PPICWG will clarify how this model will be developed. This will be in line with the Workstream Brief agreed by JEG on 16.7.14. Account will also be taken of the outcomes from recruitment to vacant posts and the skill mix which this brings to joint commissioning.

4.5. By 31.3.15 - the fourth stage will address issues about new accountabilities, sovereignty and resource sharing, leading to formal agreement to the implementation of a fully integrated commissioning service. In addition, by 31.3.15., the proposal is to have agreement about the service and budget areas which will be included in pooled budget arrangements. This will set out how commissioning decisions will be made and how benefit and risk will be shared whilst retaining separate statutory responsibilities for health and social care services.

4.6. Ongoing – throughout these stages the parties agree to jointly appoint to vacancies within the health and social care commissioning team structures, as those structures are jointly agreed. This will include the joint appointment to a new post of Head of Integrated Care within the CCG as well as to other vacancies within both the health and social care commissioning teams, during the period to 30.9.16. This joint approach extends from agreement to job descriptions and profiles, to interview and appointment to posts. Timescales for recruitment activity will be agreed between the parties to this agreement and reported to JEG.

4.7. The parties' signature to this Memorandum denotes agreement to the proposal to seek a staged process for integrating health and social care commissioning in Southend.

4.8. At the stage that the parties agree to a model for an integrated commissioning service in Southend, formal processes of engagement and consultation will begin in line with policy and practice within both organisations.

## **5. PERIOD OF OPERATION**

5.1 This Memorandum of Understanding will commence on the date of signature by the parties to this agreement. The implementation of the agreement will span a period up to 30.9.16 during which the Council will commit to investment from within resources transferred to social care from health (Health Transfer Funding), to meet the cost of a Head of Integrated Care, to lead and develop integrated commissioning in Southend. An extension to this Memorandum may be granted or entered into at any time during the period of operation, by agreement of the parties to this Memorandum of Understanding. This agreement will be reviewed in line with the staged implementation of an integrated commissioning service and with a formal review commissioned by the Joint Executive Group in April 2016 to allow consideration to future funding arrangements for the Integrated Commissioning Service, beyond September 2016. The decision on future funding will be made by the parties to this agreement.

5.2 Either party may terminate this Memorandum by giving at least 6 months' notice in writing.

5.3 Any change of status of either party, including change in control or accountability, shall automatically lead to formal consideration by both parties, to termination of this Agreement.

## **6 AGREED PRINCIPLES UNDERPINNING THE JOURNEY TO AN INTEGRATED COMMISSIONING SERVICE**

6.1 This Memorandum of Understanding is designed to provide a high level commitment to a single vision for integrated commissioning and to collaborative working. To maximise the success of an integrated model of working, parties to this agreement agree the following principles and guidelines:

- Create a single coherent view about integrated commissioning intentions, approach and structure
- Scope what is and what is not, to be within an integrated commissioning service for Southend over a period of time, with a clear and agreed rationale for what is to be kept separate and what that may mean in terms of collaborative working
- Build a model of integrated commissioning on collaboration and co-production, which recognises the requirements both of those who commission and of those whose services are commissioned
- Commit to a sustainable integrated service that is resilient to future shifts in organisational structure and accountabilities which are outside the control of parties to this Memorandum
- Ensure openness and transparency of intentions and information relating to service and financial plans, activity and budgets, including NHS Southend Clinical Commissioning Group's Quality, Innovation, Productivity and Prevention Programme and Southend on Sea Borough Council's Medium Term Financial Strategy

ANNEX 1 – Memorandum of Understanding

- Commit to resourcing a continuing level of investment in the management and administration of health and social care commissioning structures throughout the period of this agreement subject to national changes and requirements.
- Ensure that the level of investment in the commissioning structure is commensurate with the service requirements expressed in commissioning strategies and intentions and an agreed annual programme
- Commit to resourcing the implementation of commissioning strategies and intentions and the associated investment in service provision, subject to an assessment from joint review of outcomes delivered
- Develop a common understanding and use of language about the journey toward, and the achievement of, an integrated commissioning service, which is understood by both commissioners and providers
- Develop ways of working which promote trust and respect for the work of colleagues and partners and recognise, and work collaboratively to resolve, barriers to integrated working
- Ensure objectivity and fairness throughout the process of commissioning and de-commissioning, building strategies and market interventions on an evidence base with a focus on what best meets the needs of citizens whether patients, service users or carers.
- Recognise that models of integrated commissioning span the health and social care economy and that benefits need to be felt by all partners, including providers.
- Provide clarity about risk and mitigation, recognising the risk to all partners, including providers

These principles will be kept under regular review by the JEG.

**SIGNED BY:**

For Southend on Sea Borough Council – Simon Leftley – Corporate Director People Group:

Date:

For NHS Southend Clinical Commissioning Group – Melanie Craig – Chief Operating Officer:

Date: