CS/15/12

Health and Wellbeing Scrutiny Committee
People's Scrutiny Committee

Integration Spotlight Review

June 2015

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1. Recommendations and pledges

The spotlight review asks the Health and Wellbeing scrutiny Committee and Cabinet to endorse and take action against the recommendations below, and to send a copy of this report to all relevant agencies. The recommendations and pledges below were written at the spotlight review by the attendees asking their organisation or others to undertake.

Agency	Outcome	Achieved by?
Clinical Commissioning Groups	Ensure better communication	⇒ talk to their partners ⇒ more open sessions for people without appointments ⇒ campaign more forcefully to educate people about wasted (stored) prescriptions
	Work together for better outcomes	⇒ continue to work with social care through challenges and commit to pooled budgets ⇒ safe care in the community and no neglect in isolation
Social Care Commissioning	Improve Partner working	⇒ continue to build relationships with health organisations ⇒ integrate within Devon County Council as well as with partners e.g. education , Clinical Commissioning Groups
	Maintain and develop frontline services	⇒ support day centres ⇒ continue to expand choices or options for users
Health and Wellbeing Board	Take ownership of strategic direction	⇒ be the system leaders for integration, receiving regular joint updates on integration, service redesign and infrastructure ⇒ survey service user satisfaction ⇒ be more visible and interact more with other elements of the system ⇒ ensure all communities receive equitable services despite rural isolation
Scrutiny	Be informed to support policy development as a critical friend	⇒ continue to learn about integration to help inform decisions in the future ⇒ ask the right questions with a focus on preventative solutions ⇒ integrate task groups across committees ⇒ Support integration agenda ⇒ improve communication
Health Watch	Work effectively to champion service users	⇒ not to duplicate work that is already being undertaken ⇒ ensure the patient/service user voice is listened to and acted upon ⇒ expand on their work to engage end users and feed back to commissioners ⇒ support voluntary organisations to be part of the integration discussion

2. Introduction

2.1. The LGA and CfPS invited councils to help shape an exciting national ambition for council scrutiny to add value to local Health and Social Care integration programmes, arguably the greatest priority facing health and social care policy. Three councils (Devon, South Tyneside and Wiltshire) are hosting local 'inquiry days', bringing together council scrutiny, health and wellbeing boards, clinical commissioning groups and local Healthwatch to:

- ✓ consider the current and future role and contribution of council scrutiny in assessing local approaches to integration of healthcare and social care services;
- ✓ identify opportunities and barriers that help or hinder council scrutiny to influence integration and to suggest how integration could be improved locally;
- ✓ share learning with council scrutiny, health and wellbeing boards and other partners to promote the proactive, valuable role of scrutiny;
- ✓ road test and refine shared tools for discussing the service impact of integration and proposals for service redesign.

2.2. The Health and Wellbeing scrutiny committee and the People scrutiny committee at Devon County Council welcomed the opportunity presented by the Centre for Public Scrutiny to consider the integration agenda further. This is particularly timely with the convergence of the Better Care Fund, the cuts to funding for public bodies, the new operating model developed by Devon County Council and the challenges brought about by the local programmes of transforming community services from the CCGs.

2.3. It is important to state that this piece of work was not set to review the extent of integration locally but to understand the principles behind integration and set future actions to inform all parties further.

2.4. The local mandate for this piece of work was set many months ago at a seminar hosted jointly by scrutiny and CCG colleagues to discuss new working arrangements. The challenge was set to define the roles between organisations under new arrangements. In particular a GP asked for a half page diagram and no more to summarise the relationships and in particular the inter-relation, between with a clear steer to who would deal with what.

2.5. In dialogue with the Centre for Public Scrutiny the following anticipated outcomes were developed:

- ✓ To develop a Rich picture diagram of who does what and how partners fit together.
- ✓ Clarity for all partners over responsibilities and identification of 'key connectors' in partner bodies
- ✓ Improved working relationships between partners. Whilst relationships have generally been good, there is always room for improvement and improved planning would avoid duplication and lead to the best use of resources.
- ✓ Improve Councillors understanding of measures that the CCGs and Social Care will put in place to develop future provision. This will help to set a baseline from which scrutiny and partners can continue to build on, and evaluate future developments against.
- ✓ Development of an action plan including shared tools to continue to monitor and evaluate the service impact of integration and re-design.

3. Integration of Health and Social Care

3.1 Integrated delivery of services is being sought by patients, who do not mind who commissions, tenders for, or delivers which specific bit of their care. They would like seamless care regardless. It also makes sense to commissioners and providers, including the voluntary sector. The Health and Social Care Act 2012 requires health and wellbeing boards to drive integration of health and social care, while up-streaming intervention. The Five Year View of NHS England commands cross-party support, regardless of outcomes in the General Election of May. New models of care are being built around providers in the spirit of integration. Integration is to be the norm by 2018 and is a national priority and headline. The 'what' is not open to debate, but discussions are taking place around the 'how' – the level at which it happens and the degree. Integrated commissioning seems the hardest to tackle – budgets are separate, there are different cultures; there are complex issues. However this is an exciting agenda to embark on and patients and service users have been asking for this.

3.2 Integration in the local context means that the service is person centred, simple to access and comprehensive with systems and processes in place for sharing information, strategies, plans and services with a focus on local prevention. Health and social care are being coordinated to support the individual and holistic needs of service users. The NEW Devon and South Devon and Torbay CCGs and Devon County Council are central to integration. Partners need to be working together for the same outcome and to manage any unintended consequences. It is imperative for partners to work out how to pool budgets to work together to enable integration and to achieve national priorities with teams working more together. This is more than about service variations, changes or closures. It is a framework for how health and social care is delivered in seamless ways to achieve the best outcomes for patients and their families.

3.3 There is clearly the need to work towards parity of esteem across physical and mental health needs and services. To aim not only for the absence of disease but the wider wellbeing of people. As well as considering how to get health care sorted out, there may be ancillary issues such as who is going to walk the dog, or cut the grass, or clean the windows, while a person might be recovering from intervention. A wider package for the whole person needs to be put in place. Integration will enable that to happen and bring different organisations, providers, their patient records, budgets and services together for the patient – and their family and carers.

3.4 Notable successes include shared integration and knowledge; robust partnerships at all levels; identification of what is being provided; pre-op assessments and planned discharges; as well as virtual wards, pilots and multi-disciplinary teams. But they happen in some areas; there is not consistent progress.

3.5 It is important to note that there is a significant difference between integrated commissioning and integrated delivery. In Devon operational delivery arrangements have been in place for several years between Adult Social Care and NHS providers.

4. Understanding Integration locally

4.1 Councillors were asked in advance of the Spotlight Review what their knowledge and aspirations were for the Integration Agenda. Only one Councillor felt well versed in the integration agenda and had clarity over the role of the Better Care Fund. Other respondents had concerns about funding, either that it would cost the authority more or reservations about the financial impact upon other services. Several Councillors did not feel that they had enough in-depth knowledge to comment at this stage. This is an important lesson for scrutiny as to date several briefing sessions have been set up to extend member's knowledge.

4.2 Members were comparatively consistent in their anticipation of the main challenges, with concerns again about the synchronicity of pooling budgets, the co-ordination of staff and questions over how to identify and assess patients. A main challenge was also identified over making changes to processes and resistance that may be encountered.

4.3 Councillors did remain optimistic that if integration was successful that significant benefits could be achieved including shifting the focus to preventative care, treating people where they would prefer to be and increasing recovery times.

Benefits of Integration

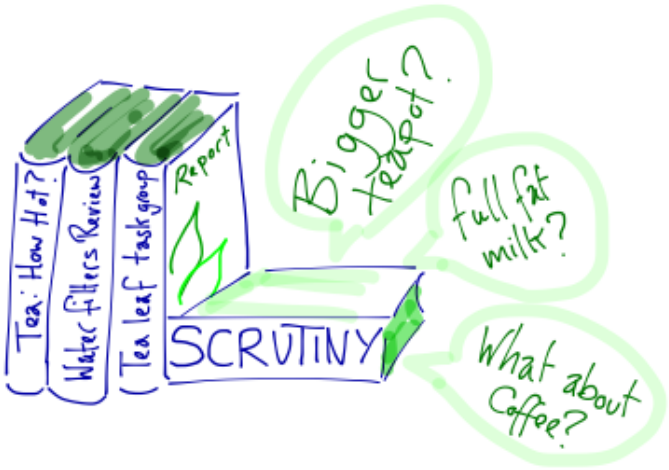
The benefits could be huge and ought to prevent people from needing acute hospital treatment. In my area there are a lot of vulnerable lonely elderly people: lack of exercise, poor diet, depression can soon bring about acute conditions, or early signs of dementia go unrecognised. People who can receive social and/or clinical day care usually lead a better lifestyle.

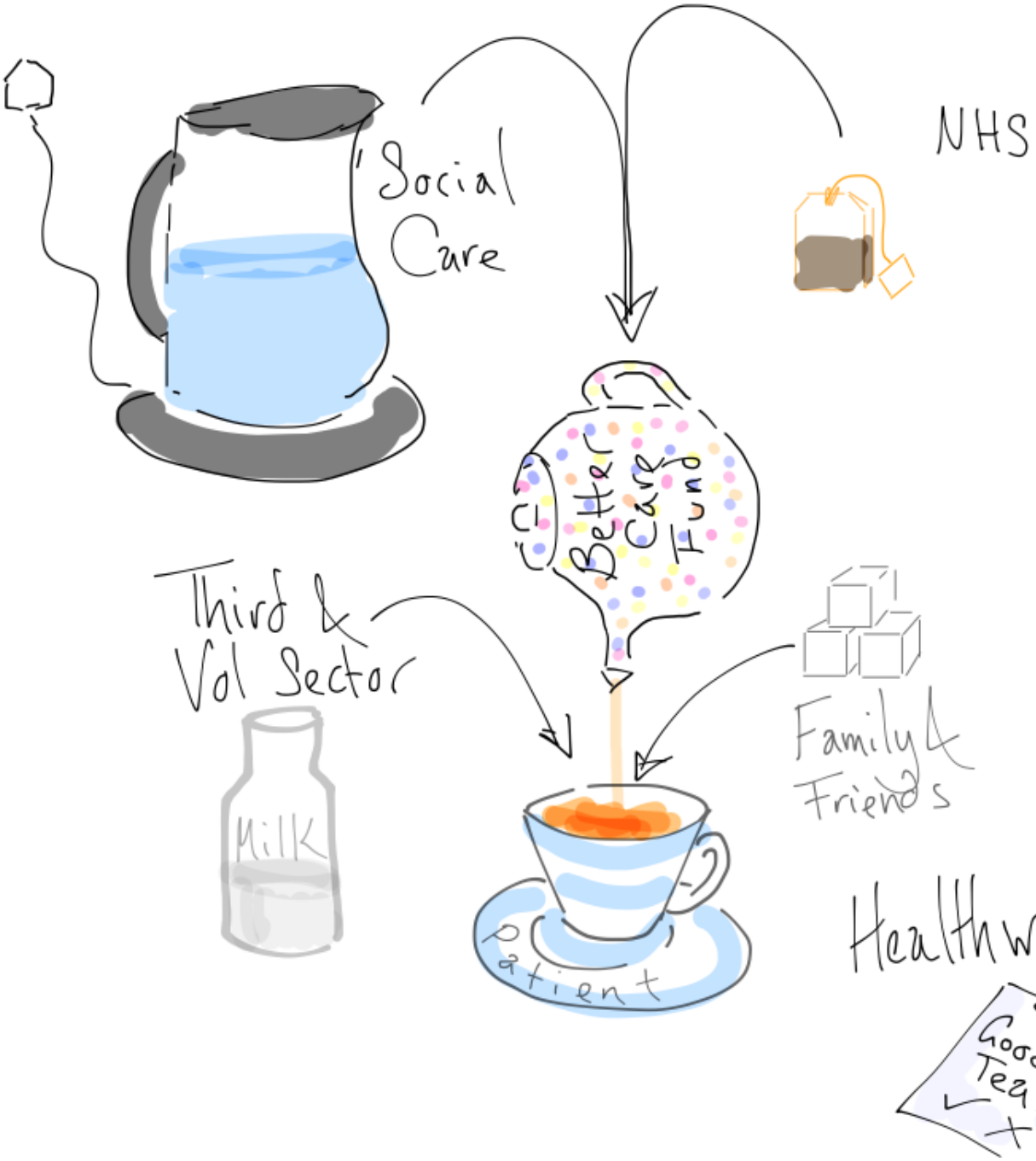
Devon County Councillor

4.4 The spotlight review had as an outcome the formulation of a simple, easy to understand diagram to explain the constituent roles of the major organisations and functions within integration. The Spotlight review asked participants to have a go at drawing a picture in ten minutes that helped to elucidate the complexities of the system and summarised what integration aims to achieve.

4.5 There were several different diagrams that have been combined over the page, around the analogy given by the chairman in her introduction. She said that what we were all trying to do was make a cup of tea for a patient, but no single organisation can do that alone. All pictures placed the patient, or service user being at the heart of diagram.

What does integration look like?





5. LGA 5 key tests

Part of the purpose of the Spotlight Review was to evaluate the effectiveness of the 5 key tests that the Local Government Association has developed. These tests are aimed at helping local authorities measure the success of integration; they are for scrutiny and others to ask to local organisations. The spotlight review broke into smaller groups and considered the questions and sub-questions (see appendix 1 for a complete list). The spotlight review's responses are detailed below:

LGA question	Spotlight review response
1. Do the proposals promote a person centred approach?	⇒ too many repetitive questions ⇒ there should be an equality reference in the questions
2. To what extent are they rooted in local accountability?	⇒ repetition in questions ⇒ questions could be more succinct and concise ⇒ questions refer to 'they' when it should be clear that it refers to the proposal ⇒ questions 2,3,6,7 could be combined
3. Are the proposals evidence based?	⇒ Are the questions sufficiently specific to integration? the group felt that as practitioners they could answer a lot of the questions now and that they did not focus on the future enough
4. Do the proposals promote a place-based community budgeting approach?	⇒ liked the questions ⇒ is the JS&A reflecting geographical difference in Devon? ⇒ are they local enough? ⇒ rural Vs urban ⇒ provision of transport and access to hubs ⇒ performance indicators - did it go far enough?
5. Will they make a difference?	⇒ questions are a bit vague ⇒ how will it be measured? ⇒ what are the outcomes? ⇒ 'to what extent' is too vague ⇒ reference to 'they' instead of the proposal ⇒ definitions – how will you define 'quality' and by what measure ⇒ didn't feel that Scrutiny had to worry about cost and productivity but was rather the role of the CCGs ⇒ Negative statements could be made more positive - could Scrutiny promote health quality? ⇒ many of the questions focused on integrated delivery and not other areas such as commissioning. certain initiatives don't have a direct impact on socials care but focus more on structure.

6. Conclusion and Action Plan for scrutiny

The Integration agenda will pose challenges for Health and Social Care as it is a radical change in the way that services are thought about. These changes will also be reflected in the structures and democratic institutions that support and challenge the way services are delivered. To be successful this model requires a true commitment to partnership working. Scrutiny, Healthwatch and The Health and Wellbeing Board must adapt their thinking to enable this to happen.

Action	By when?	Lead
Continue to learn about Integration to help inform decisions in the future. This could be in the form of briefings or information to members, but must be equal between committees	Programme in place Sept 2015	Both committees
Continue regular dialogue between committees	In place for Sept 2015	Chairs
Collate good practice and share learning	ongoing	Both committees
Gather information from relevant health and social care partners to continue to move the agenda forward		

7. Membership

The spotlight review was chaired by Councillor Sara Randall Johnson, Chair of the People scrutiny committee and attended by

Councillor Richard Westlake	**Chair of Health and Wellbeing Scrutiny Committee**
Councillor Sara Randall Johnson	Chair of People's Scrutiny
Debo Sellis	Health and Wellbeing scrutiny committee
Emma Morse	Health and Wellbeing scrutiny committee
Paul Diviani	Health and Wellbeing scrutiny committee
Deborah Fontana	People's scrutiny committee
Christine Channon	People's scrutiny committee
Margaret Squires	People's scrutiny committee
Richard Hosking	People's scrutiny committee
Alistair Dewhirst	People's scrutiny committee

8. Contact

For comments or further information regarding this report please contact
Camilla de Bernhardt, Scrutiny Officer Camilla.de.bernhardt@devon.gov.uk
01392 38314

9. Sources of evidence

Expert Witnesses

The spotlight review heard testimony from a number of people and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Name	Role	Organisation
Tina Henry	Consultant in Public Health	Devon County Council
Tracey Polak	Assistant Director/Consultant in Public Health	Devon County Council
David Rogers	Vice Chair	Health Watch Devon
Sallie Ecroyd	Communications Manager	South Devon and Torbay CCG
Solveig Sansom	Head of Commissioning for Integration	South Devon and Torbay CCG
Fiona Phelps	Commissioning Manager	NEW Devon CCG
Sally Parker	Communications Manager	NEW Devon CCG
Mary Palmer	Senior Commissioning Manager	Social Care Commissioning
Diana Crump	CEO	Living Options Devon
Elli Pang		

Appendix 1: LGA Consultation Draft

Shared principles for redesigning the local health and care landscape

Introduction and rationale

There is widespread cross-party and cross-sectoral support for the need to redesign the health and care landscape to meet the growing demographic and financial challenges. The benefits of integrated care include improvements in service quality and patient experiences and satisfaction, as well as a reduction in pressure on NHS acute services and residential adult social care.

The Better Care Fund attempts to significantly escalate the scale and pace of local integration initiatives by redirecting existing NHS and local government resources into integrated information, commissioning and delivery of health and social care. The aims of the Better Care Fund are not new: What is new is the growing imperative to use integration as the primary means of delivering long-term financial sustainability of health and social care services and to drive a greater investment in services and support that reduces hospital admissions.

The Five Year Forward View developed by NHS England, Public Health England, Monitor, The Trust Development Agency, Health Education England and the Care Quality Commission, emphasises the compelling need to transform services. It outlines five new models of care that will integrate community and acute services, health and social care to provide more effective and sustainable services, closer to the community and more effective in meeting the needs of a changing population.

Integration will lead to care and support being available in different ways and in different settings. Health and wellbeing boards and the political, clinical, professional and community leaders of whom they are comprised will need to have honest conversations with all local stakeholders – patients, carers, citizens and providers – on how greater integration will impact on the commissioning and provision of local services. The increasing proportion of resources going to community-based interventions, prevention, social support and primary care will have an impact on existing NHS and social care providers.

In the Investing in our Nation's Future: First 100 Days of the New Government the LGA has called for all local system leaders to promote shared principles or key tests for health and social care redesign to support local consultation.

Purpose of shared principles

This document builds on previous work by NHS England's Planning and Delivering Service Changes for Patients (http://www.england.nhs.uk/wp-content/uploads/2013/12/plan-del-serv-chge1.pdf) which offered good practice guidance to health commissioners on developing proposals for major service changes and configuration. Our five key principles are for use by the whole system. It aims to provide local system leaders – local authorities,

health and wellbeing boards, CCGs, NHS and care providers and patients and the public - with a rational and framework underpinned by shared principles to ensure that plans for service redesign meet a number of fundamental requirements in order to assure themselves, their partners and their communities that proposals are focused on improving services and improving health and wellbeing outcomes. It also emphasises the need to co-create and co-design new services in partnership with local service users and the community.

The shared principles in summary

The principles are intended to provide a consistent and rational framework within which to test that proposals are person-centred, locally appropriate, evidence based and focused on whole-system effectiveness. Fundamentally, they aim to provide answer the following questions.

- Do the proposals promote a person-centred approach?
- To what extent are they rooted in local accountability?
- Are they evidence-based?
- Do they support a community budgeting, place-based approach?
- Will they make a difference?

Five key tests in detail

1. Do the proposals promote a person centred approach?

- Do they ensure that care is planned with individuals, to put them (and their carers) in control and deliver the best outcomes?
- Are they focused around people's needs and likely to achieve the desired outcome?
- To what extent do they ensure that services and planning address all the needs and aspirations of individual?
- Do the proposals ensure that systems and support are in place for individuals to receive help at an early stage to avoid unplanned admissions?
- Do the proposals ensure that care is planned with individuals, to put them, their families and their carers in control and deliver the best outcomes?
- Will they provide individuals with one point of contact who helps them get services and help in a coordinated way?
- Will they ensure that individuals have the right information at the right time in order to make the right decisions?
- Will they ensure that all individuals have a single agreed plan, which is regularly reviewed?
- Do they ensure that systems are in place for individuals to get help at an early stage to avoid emergency interventions?
- Will the proposals meet the equality duty and provide integrated personalised care for hard to reach groups?

2. To what extent are they rooted in local accountability?

- Does the public understand and supports the vision for the service redesign and the case for change? Do they have a clear idea of how the changes address local priorities and achieve better health outcomes?

- Has community and patient engagement been built into all stages of the redesign process?
- Have the proposals been co-designed and co-created with existing users of services, their carers and others that could be benefit from services? To what extent have the plans change as a result of engagement with service users?
- To what extent is there accountability to local elected representatives, through the health and wellbeing board and the overview and scrutiny committee?
- To what extent do the proposals ensure shared system-wide accountability to the CCG, the council, the relevant overview and scrutiny committee(s), the health and wellbeing board, and the boards of provider trusts?
- Will there be opportunities for patients, service users, their carers and the public to design and shape the development of commissioning plans and services?
- How will you demonstrate to patients and the community that their views and needs have influenced the proposals? Is feedback built into the process of change in order to ensure contributors to consultation receive updates on the proposals and their implementation?

3. Are the proposals evidence based?

- To what extent do the proposals draw on evidence of the joint strategic needs assessment regarding the key health and wellbeing challenges facing the local system now and in the future?
- To what extent do the proposals meet the shared objectives and priorities set out in the joint health and wellbeing strategy?
- Do the proposals draw on evidence from existing local services and commissioning plans on effective practice?
- Do they build on and adapt existing national evidence, regulations and good practice from the UK and elsewhere?
- To what extent do they draw on the existing clinical evidence base and from social care?
- To what extent do the proposals draw on evidence from people with lived experience and service users?
- To what extent do the proposals draw on evidence from health and social care scrutiny, councillors and the third sector?
- To what extent does the evidence suggest that the proposals represent value for money?

4. Do the proposals promote a place-based community budgeting approach?

- To what extent are the proposals based on a shared system-wide understanding of the key health and wellbeing challenges?
- Do the proposals draw on and extend existing place-based commissioning and provision?
- Do the proposals maximise resource pooling towards addressing shared objectives?

- Do the proposals effectively align existing plans, draw on a common performance indicator set and use shared financial modelling and assumptions?
- To what extent will the proposals reduce duplication, address gaps in services and access to services? Do the proposals maximise the pooling of resources?
- Do the proposals promote a shared understanding between partners of the reform agenda and promote a shared local vision for meeting future challenges?
- Have the joint commissioners provided a map of system-wide change and the ambition for the area's health and social care integration?
- How is place defined? How well is the Joint Strategic Needs Assessment reflecting the geographical and demographic differences within the local authority area? How do we reconcile conflicting or different needs across the local authority area?

5. Will they make a difference?

- To what extent will the proposals improve users' experience of health and social care services?
- How will the impact of the changes be measured, based on the experience of service users and the community?
- To what extent will the proposals improve health and wellbeing outcomes and reduce health inequalities? In particular, to what extent will they reduce demand for hospital admission and residential services?
- How will the proposals improve service quality?
- To what extent will the proposals improve safety of patients, staff and the community?
- To what extent will the proposals have an impact on cost and productivity?
- Do the proposals include high impact interventions? If so, is there a system-wide understanding of how the impact will be experienced, and by which services and service users?
- How will you know that the proposals have made a difference? What are your timescale and key checkpoints for evaluation along the way?
- How will you identify and mitigate risks across the system and to individual sectors and organisations?