

Phil Norrey  
Chief Executive

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To: The Chair and Members of the  
Health and Adult Care Scrutiny  
Committee

County Hall  
Topsham Road  
Exeter  
Devon  
EX2 4QD

(See below)

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Your ref :  
Our ref :

Date : 14 March 2018  
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

## **HEALTH AND ADULT CARE SCRUTINY COMMITTEE**

Thursday, 22nd March, 2018

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY  
Chief Executive

### **AGENDA**

3 Items Requiring Urgent Attention (Pages 1 - 8)

Items which in the opinion of the Chair should be considered at the meeting as matters of urgency.

In accordance with the Scrutiny Procedure Rules, 5 Members of the Council (Cllrs Connett, Way, Dewhirst, Greenslade and Brazil) have invoked the call-in procedure in relation to the decision of the Cabinet (Minute 148 of the 14 March 2018) in relation to Health and Care Integration in Devon.

This is on the grounds of Governance "and that the governance for the new proposals was a weakness. In addition, there has been a lack of consultation with the public regarding the proposals. Also the reference in the report concerning some implementation from April 2018 gives inadequate time for scrutiny through the normal committee timetable".

A copy of the Cabinet Report (ACS/18/81) is also attached.

*Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.*

### **Membership**

Councillors S Randall-Johnson (Chair), N Way (Vice-Chair), H Ackland, J Berry, P Crabb, R Gilbert, B Greenslade, R Peart, S Russell, P Sanders, R Scott, J Trail, P Twiss, C Whitton, C Wright, J Yabsley and P Diviani

### **Declaration of Interests**

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

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Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/>, indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

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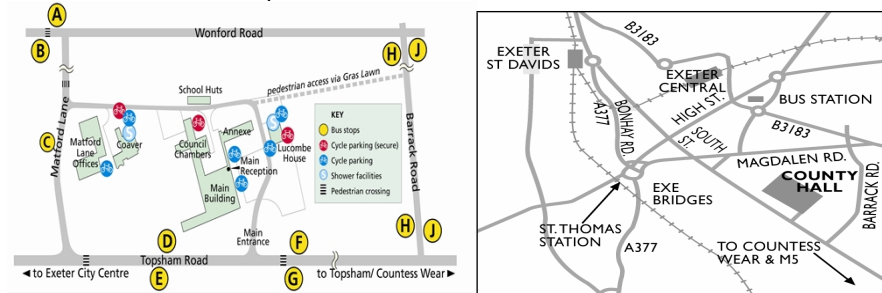
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**NB**   Denotes bus stops

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## HEALTH AND CARE INTEGRATION IN DEVON

### Report of the Chief Executive

#### Recommendation

1. To note the key features of an emerging Devon Integrated Care System being a single Integrated Strategic Commissioner, a number of Local Care Partnerships, a Mental Health Care Partnership and shared NHS corporate services.
2. To consider the proposed arrangements in Devon as set out in para 3 and to report to the Appointments and Remuneration Committee as necessary.
3. To approve the co-location of NHS and DCC staff within the Integrated Strategic Commissioner, subject to agreement of the business case.
4. To invite Health and Care Scrutiny to include Integrated Care System governance in its work programme.

#### 1. National Context

1.1. There has long been a national policy driver towards the integration of health and social care with successive governments using the term without prescribing a solution or answer. The key national initiatives since 1999 and legislative requirements are laid out below. Rather than requiring a top down structural change, there have been a range of national policy directives and inducements to achieve integration including:

- Requiring local authorities and NHS partners to work together in Sustainability and Transformation Partnerships
- Encouraging joint governance through structures such as Health and Wellbeing Boards
- Introducing pooled budgets that requires joint decision making such as the Better Care Fund
- Developing a Five Year Forward View for the NHS encouraging New Models of Care and a pioneer programme to test their effectiveness

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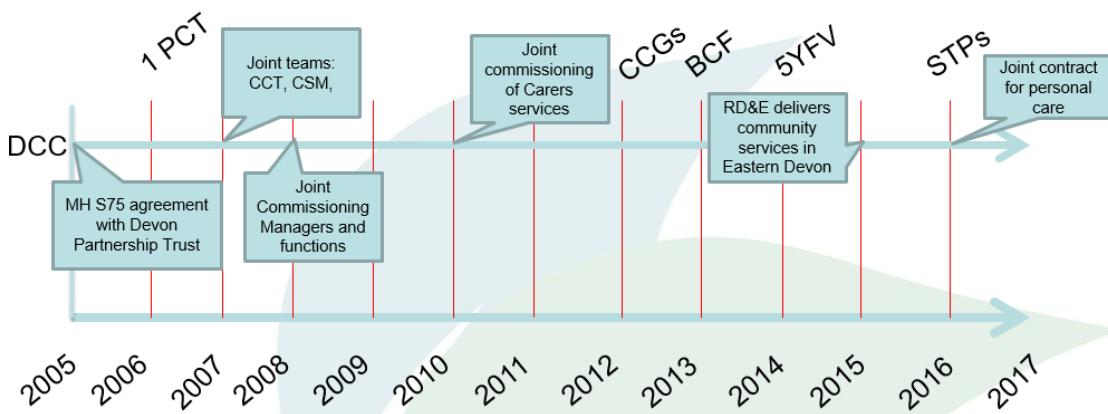
Current government policy is to encourage local health and care systems to focus services on the individual without the need for top-down structural change imposed from the centre.

- 1.2. In 2016 the Local Government Association, the Association of Directors of Adult Social Services, the NHS Confederation of Providers and NHS Clinical Commissioners published a vision for the integration of adult social care (Stepping Up to the Place) and made a shared commitment, focussing on:
  - Local systems to embed integration as ‘business as usual’
  - A collective approach to achieving integration by 2020
  - Consensus and action on the barriers to making integration happen
  - Dialogue with national policy makers on ensuring integration is effective
  - Ongoing testing and evaluation to develop the evidence base

## 2. Local Devon Context

- 2.1. Within this national context, Devon has been developing its integrated working and there is much in place already.

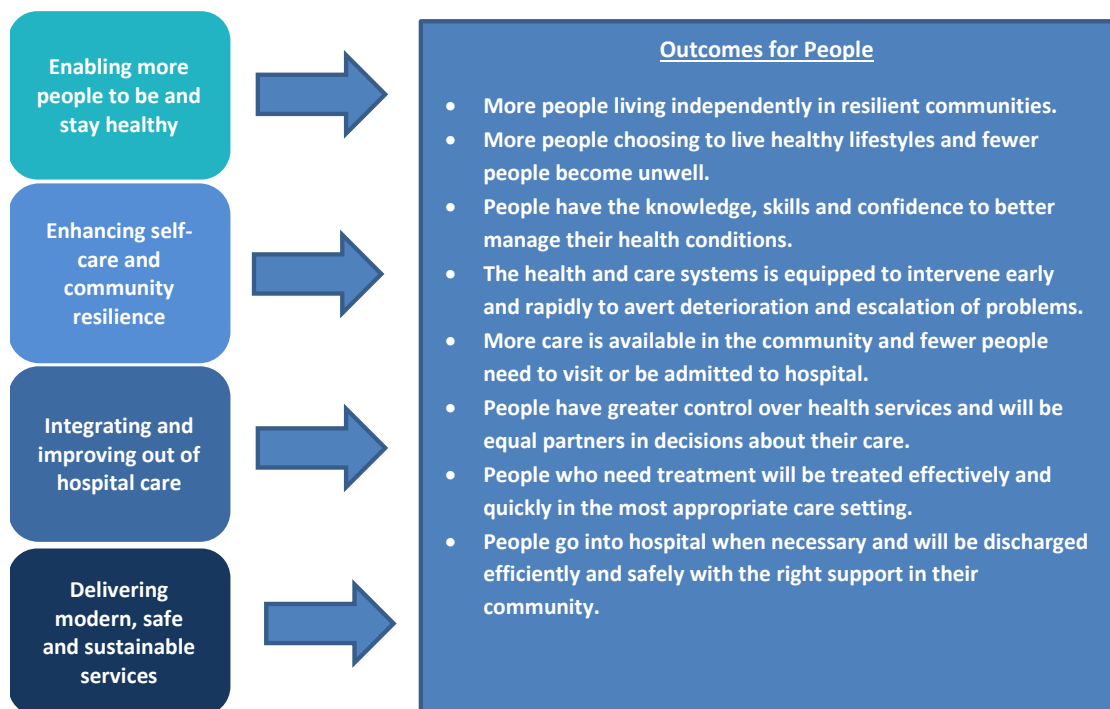
The further development of proposals for an Integrated Care System in Devon is the latest phase in an ongoing journey towards a fully integrated health and care system across wider Devon and the timeline below indicates development since 2005:



In the Devon County Council area, we:

- Entered into a Section 75 agreement for the provision of services to working age adults with mental health needs in 2004 with Devon Partnership Trust. Note: A Section 75 partnership agreement details arrangements between local authorities and the NHS for pooling resources and delegating certain NHS and local authority functions to other partners.
- Agreed co-location and co-management of community health and social care services in 2007
- Established joint commissioning management posts and functions from 2008
- Began the joint commissioning of services from 2010, with a range of shared contractual frameworks e.g. services to carers, personal care services
- Have furthered this approach by agreeing lead responsibilities on common functions e.g. market management
- Introduced the joint governance of pooled budgets, including of the Better Care Fund from 2015

2.2. We are now working together around a common set of objectives and outcomes:



Since December 2016, partners in the health and care system (via the sustainability and Transformation Partnership (STP)) across Devon have been working with a shared purpose to create a sustainable health and care system that will improve the health, wellbeing and care of the population. This report aims to set out the way forward to bring about further health and care integration in Devon. It is to be noted that there is no proposed changes to the formal governance of health and Care in Devon as proposed.

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- 2.3 To support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration, partners in Devon are planning to further develop partnership working across health and care through the establishment of an Integrated Care System (ICS). An ICS are those in which commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations (*NHS 2018/19 Planning Guidance Para 5.2*). This goes alongside the statutory duty of the local authority to co-operate with NHS partners and collaboration and partnership are key features and components of an ICS approach

The NHS planning guidance 2018/19 is also clear that public engagement is essential and as systems make shifts towards more integrated care, we expect them to involve and engage with patients and the public, their democratic representatives and other community partners (*Para 5.10*).

- 2.4 The ICS is not an Accountable Care Organisation (ACO) which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services and the local authority will remain responsible for all its existing statutory obligations. NHS statutory obligations also remain unchanged.

The approach has potential to:

- Greatly enhance how health and social care services are commissioned and delivered to those living in our communities.
- Result in services that are far more joined up, less confusing and better coordinated especially for primary, secondary and social care.
- Oversee – but not control the use of the annual healthcare budget (£1.5 billion) and social care budget (£227 million) across Devon.
- It will also reduce the administration involved in managing these services.

The development of an Integrated Care System in Devon mirrors the approach being taken nationally.

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS and social care;
- Supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.



## **3 Integrating the Health and Care system in Devon**

- 3.1 ICSs bring together aspects of health and social care, enabling organisations to share services, budgets, staff and resources where appropriate to best meet the needs of the populations they serve.

In each ICS, the commissioners and providers of acute hospital and community services, primary care, mental health and social care will work increasingly in partnership to plan, finance and run services.

Staff are currently working across organisations, on behalf of the people they jointly serve, to plan for these changes.

The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

Working in partnership across a wide range of services, people will be helped to stay healthy, receive more support and treatment at home rather than having to go into hospital and see their GP more quickly.

If people do need to be admitted to hospital, they will be supported to get home more quickly with the support they need.

An ICS is not the creation of a new organisation, but rather a new way of partnership working. This is known as integrated care and will mean health and care organisations working more closely together than ever before to the benefit of our population.

With NHS and Local Authorities now working more closely together than ever, we should give our doctors, nurses and social care staff the best chance of success.

- 3.2 In Devon we have agreed the following:

**(i) A single integrated strategic commissioner**

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning and the three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this.

The first step of this will see the county's two Clinical Commissioning Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.
- Set strategic direction for the healthcare services
- Co-commission services

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- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – where this is in the best interests of population health and well-being.

## **(ii) A number of local care partnerships and integrated mental health**

Local care partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon.

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

## **(iii) Shared corporate services across Devon for the NHS**

This will see key corporate services (such as IT, finance and HR) in all NHS organisations moved into a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies.

## **4. Proposed Arrangements in Devon**

- 4.1. To support the development of integrated strategic commissioning, local authorities and NHS in Devon have been exploring how plans and resources can start to align better. This will allow joint influence and more effective deployment of skills and resources.

It is expected that each area evolves its plans into one of an ICS or Integrated Health and Care system as described. Locally the ambition is that we commence this enhanced model of partnership working from April 2018 where possible.

This mirrors national direction which sees integration of the role of the Secretary of State for health and social care. Recent national planning guidance for 2018/19 provides clear direction on this.

NEW Devon CCG and South Devon and Torbay CCG have been aligning their resources and executive teams to ensure that local health commissioning is more streamlined and in a good position to become more integrated with both local authorities and health commissioning currently being undertaken at regional level (primary care and specialised commissioning by NHSE). Consultation on a single CCG executive structure is currently underway and due to be concluded at the end of February 2018 with implementation as soon as possible thereafter.

- 4.2. To support the development of integrated commissioning at strategic commissioner level, it is proposed that there is a senior leadership team which includes joint appointments between local authorities and the NHS. In particular for Devon County Council:

Three positions jointly funded by DCC and CCGs at Executive Team Level.

The current posts impacted by this are:

- (1) Head of Adult Commissioning and Health
  - Currently DCC funded
- (2) Joint Strategy Director
  - Currently NHS funded
- (3) Joint Commissioning (South Devon)
  - Currently joint funded by NHS and DCC

This will be cost neutral and detailed arrangements for the new joint posts are still subject to consultations within the CCG and DCC.

- 4.3. There is also an ambition for co-location of teams, based in the Exeter area. Options for this are currently being explored with a view to making a decision about location in the spring of 2018. This is very timely as the current lease arrangements with NEW Devon CCG at County Hall end in August of this year.
- 4.4. Additionally, joint arrangements with Plymouth City Council and Torbay Council at strategic commissioning level are also being explored, and interfaces at Local Care Partnerships level will need to be agreed.

Through the joint arrangements it brings greater involvement of the council in the broader decisions for health and wellbeing of our population, and confirming these arrangements will allow us to work more effectively together.

## **5. Governance**

- 5.1. As outlined, there is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these new integrated arrangements will need to be explored. Similarly, the role of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. It is recommended that Cabinet invites Health and Care Scrutiny to consider this issue to inform future decision making. For the avoidance of doubt there will be no change to existing arrangements of governance or accountability from 1 April 2018.

## **6. Conclusions**

- 6.1. Devon is already well placed to deliver on national policy around integration. Changes will be incremental and constructing a broad consensus will be an essential part in the success of any ICS.

Phil Norrey  
Chief Executive

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**Electoral Divisions:** All

Cabinet Member for Adult Social Care and Health Services  
Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

## LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

*Contact for Enquiries:*      *Tim Golby*  
*Tel No: 01392 383000*      *Room: A109*

<u>BACKGROUND PAPER</u>	<u>DATE</u>	<u>FILE REFERENCE</u>
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*Nil*