

The LGA's work on integrated care and support

Purpose of report

For discussion and direction.

Summary

This report seeks the Community Wellbeing Board's views on the direction of the LGAs work on integrated care and support. It also includes an update on progress to date.

Recommendations

That the Board:

- i. **notes** progress over the last 11 months;
- ii. **discusses** the current direction and proposed areas of focus for the coming year; and
- iii. **agrees** any further work required

Action

As directed by the Board, officers will respond to any points raised and build this into the forward work plan.

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Background

1. In June 2012 the Community Wellbeing Board agreed that integrated care should be a key priority for the LGA's work. The overarching objectives agreed were:
 - 1.1 To build and develop strong relationships with NHS England (NHSE), [then the NHS Commissioning Board], working on key areas of importance to local government;
 - 1.2 To join up workstreams between the Department of Health (DH), NHS England, Public Health England (PHE) and other key partners nationally;
 - 1.3 To influence a shift of investment of resources, taking a whole-place approach to health and social care improvement of service-user outcomes, with local government and Health and Wellbeing Boards taking a pivotal role;
 - 1.4 To support and increase joint and integrated commissioning and integrated provision of services by working together with all partners including CCGs, NHSE, PHE and others; and
 - 1.5 To influence a long term shift of resources and structures to a more joined-up system for health and social care with other local services.

Update on progress to date

2. Relationships have been built with key partners nationally on integrated care. This includes:
 - 2.1 A concordat agreement and with NHSE and LGA;
 - 2.2 Joint conference between LGA and NHSE on integrated care in October 2012;
 - 2.3 Several meetings between chief executives and chairs of both LGA and NHSE;
 - 2.4 Established a joint 'Integrated Care and Support Working Group' (ICSWG) to align our work on integrated care – made up of LGA, NHSE, Monitor, ADASS, Department of Health, ADCS and Public Health England. This collaborative working group is supported by a steering group made up of senior representatives from each partner organisation. The working group oversees four task and finish groups who are taking forward the specific work under four key themes: Narrative; Case for Change; Barriers and Enablers, and; Tools and Support;
 - 2.5 Lead members have attended regular meetings with the Minister of State for Care and Support and other national partners on integrated care; and
 - 2.6 The Health Transition Task Group (HTTG) which is attended by senior members of organisations including CCGs, council Chief Executives and Directors, NHS England, PHE, and the NHS Confederation amongst others. The HTTG has continued to provide advice on a range of issues relating to integration including: CCG authorisation, commissioning support and the development of the Concordat between the LGA and NHSE.

3. So far the main outputs of the collaborative working group have been:
 - 3.1 A resource sheet on integrated care commissioned by the LGA and supported by the national partners;
 - 3.2 A 'health and care integration group' on Knowledge Hub to share resources and promote good practice, set up by the LGA and supported by the national partners; and
 - 3.3 The ICSWG group have also agreed to help shape, support and where possible co-produce certain work that the Minister of State for Care and Support is keen to see developed:
 - 3.3.1 A 'Common Purpose Framework' which will provide a clear message to the system about the ICSWG's 'common purpose' and a progress update on work already planned/delivered through the working group and task and finish groups;
 - 3.3.2 A measurement tool for integrated care and support, which is intended to be useful both nationally and locally. DH are aware of the LGA's lines on this; and
 - 3.3.3 Support for integrated care 'Pioneers' – Norman Lamb (Minister of State for Care and Support), is keen to see the development of a package of support to help local areas achieve integrated care and support at scale and pace which enables all local authorities to be able to share the learning.

Case for Change: LGA whole system modelling project

4. The LGA has worked with NHSE, DH and other partners in developing a value case for integrated care and toolkit of resources and models of integration. They will support local areas to identify how the various whole system models and interventions will improve the journey and experience of individuals within the health and care system, and reduce cost to the system as a whole.
5. We will produce :
 - 5.1 8-12 short 'value case' summaries of the different whole system models and interventions of integrated care and support, based on existing evidence and literature;
 - 5.2 A toolkit to help local areas understand the impact of different interventions or whole system models of integrated care, and support on outcomes, cost, activity and individual journey through the system. It is intended that this will be informed by at least 2-3 workshops with representatives of local systems and tested and refined with a small number of local areas; and
 - 5.3 A report to summarise the findings and implications for local areas and promote the toolkit.
6. The timetable for delivery is the end of July for the value case summaries and December for the toolkit and final report.

7. It is proposed that the work will be steered and supported by the national partners on the 'Case for Change' Task and Finish Group. This group will also continue to work on building the wider value case for change.

Common Purpose Framework

8. The Common Purpose Framework is a document that the Minister of State for Care and Support has taken a keen interest in developing. It is intended to be signed by all the national partners to signal how we will work together and the expectations from local areas.
9. The document will be used to launch the selection process for the Pioneers, the Narrative and make a range of other commitments on integrated care.
10. Lead Members have had the opportunity to comment on various iterations of the Common Purpose Framework. Our intention is that it will be launched in early/mid-May by the Minister of State for Care and Support (at the time of writing the launch date is 14 May).

Narrative

11. The Narrative for integrated care has been developed by National Voices, and is intended to help to provide a common set of statements across the health and care system.
12. The focus of the Narrative is to provide person-centred co-ordinated care which means: "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".
13. The intention is that the LGA will sign up to the Narrative which will be launched along with the Common Purpose Framework in early/mid-May. Lead Members have commented on drafts and cleared it.
14. The Think Local Act Personal (TLAP) Programme Board has been involved in shaping the Narrative and have agreed to sign up to it. There is also an agreement that NHSE will sign up to TLAP's 'Making it Real' initiative to support local areas in using the Narrative locally, and to ensure individuals are at the heart of commissioning and provision plans locally.

Pioneers

15. The Minister is planning to make an announcement about the 'expressions of interest' on the Pioneers at the same time as the Common Purpose Framework launch in early/mid-May. The purpose of the Pioneers is to provide targeted support for a number of pioneering areas over a period of three to five years with a key aim of mainstreaming integrated care across the country. The proposed plan is also to align as closely as possible with the Community Budget's 'Public Service Transformation Network'.

16. After three to five years, the national partners are proposing that there would be an expectation that the Pioneers would:
 - 16.1 Be regarded as exemplars in:
 - 16.1.1 Delivering improved outcomes for patients and service users;
 - 16.1.2 Realising savings/efficiencies for re-investment; and
 - 16.1.3 Tackling local cultural and behavioural barriers;
 - 16.2 Have used the Narrative of what good, person-centred coordinated care and support looks and feels like for individual patients and service users, to inform the design and shape of their services;
 - 16.3 Have demonstrated a range of approaches and models across a range of settings, (including rural and urban) and involving a variety of services in whole system innovation;
 - 16.4 Have demonstrated the ability to make rapid progress;
 - 16.5 Have tested radical options, managing the risk of failure;
 - 16.6 Have overcome the barriers to delivering coordinated care and support, particularly for those who would benefit most such as intensive users of services, who repeatedly cross organisational boundaries and who are disproportionately vulnerable; and
 - 16.7 Have improved the evidence base and understanding of what works in integrated care.
17. It is proposed that the national partners will work together to provide tailored support to the Pioneer areas, aligned with the support that will be provided through the Public Service Transformation Network for Community Budget areas. The intention is that there will be no pump priming of the areas, which will clearly signal that the intention is to mainstream integrated care across the country. There will also be an expectation that the Pioneers will share the learning, with support from the national partners.

Governance and implementation

18. Most commentators agree that the national collaborative working group (ICSWG) needs to shift towards being steered by those who are responsible for delivery. It has therefore been proposed that an '**Integrated Care Implementation Group**' should be set up to oversee and steer the work of the national partners including the Integrated Care and Support Working Group and the related task and finish groups: Narrative, Case for Change, Barriers and Enablers, Tools and Support.
19. The proposed aims of this Group are as follows:
 - 19.1 To capture and sustain a shared understanding of successful integration programmes across localities;
 - 19.2 To provide a reference group and expertise on integrated health and care;
 - 19.3 To bring together the work of the community budget network and the support offered to pioneer sites to maximise support for localities;

- 19.4 To provide authoritative briefings for national partners and Government on progress with integration at scale and pace, and to identify useful action in common to accelerate progress;
- 19.5 To work closely with allied programmes including sector led improvement, peer review, efficiency and system leadership to ensure that localities are offered effective support;
- 19.6 To contribute to evaluative research and organisational development undertaken by others in the field and to assist in sharing insight and learning.
- 20. The proposed membership of the Group would include the LGA chief executive along with leaders from local areas including CCGs, NHSE local area teams, council chief executives and directors and a few national partners.
- 21. It is proposed that the Group will be supported by Andrew Webster, Associate Director – Integrated Health and Care, LGA, by DH secondees to Community Budget Network, and the Integrated Care Working Group as required.
- 22. The group will meet monthly, and sponsor regional events and activities.

Update on the Health Transition Task Group (HTTG)

- 23. The key role of the HTTG is to provide an informal advisory forum for the LGA, DH, PHE and partners at which they can discuss and agree action on the wide range of issues relating to health and social care reform. The March Community Wellbeing Board agreed that the HTTG should continue to provide strategic advice, reporting to the Community Wellbeing Board as appropriate. Since the last Community Wellbeing Board meeting, the group has been active in the following key areas:
 - 23.1 Public Health – funding, PHE, emergency planning;
 - 23.2 Children's Health – Programme Partnership;
 - 23.3 Winterbourne View Concordat;
 - 23.4 Long term conditions – NHSE Domain 2;
 - 23.5 Commissioning Support Service Strategy;
 - 23.6 Sector led improvement proposals;
 - 23.7 Adult Social Care and Dilnot;
 - 23.8 Health and wellbeing Boards and system leadership; and
 - 23.9 Integrated care
- 24. In addition to the existing key stakeholder members, there is now strong CCG representation on the Group, including Johnny Marshall, Chair of NHS Clinical Commissioners.