Cabinet

17 March 2021

County Durham Health and Social Care Integration update

Ordinary Decision

Report of Corporate Management Team

Jane Robinson, Corporate Director of Adult and Health Services

Councillor Lucy Hovvels, Cabinet Portfolio Holder for Adult and Health Services

Electoral division(s) affected:

Countywide.

Purpose of the Report

1 To provide an update on the integration of health and social care in County Durham, and to seek support for the proposed next steps to further embed integrated arrangements within the County.

Executive summary

2 Cabinet and North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (CCG) Governing Bodies received and agreed reports in April 2018; March 2019 and October 2019 which set out a pathway for further and closer integration of health and social care in County Durham including:

(a) an Integrated Governance Framework which was implemented in 2018;

(b) an Integrated delivery model for community services which went live on 1 October 2018 and;

(c) an Integrated Strategic Commissioning Function which went live on the 1 April 2020.

3 The integrated governance arrangements agreed in 2018, embodied by the Integrated Care Board, have served the purpose of implementing the integrated community and commissioning arrangements. These arrangements will continue to evolve to reflect the integration that takes place within the County and need to be able to support ongoing changes to the provision of integrated services in the future. The current structures are set out at Appendix 2.

4 Whilst significant progress has been made with integrating health and social care services across the County, the Chief Officers representing the membership of County Durham Care Partnership recognise that further integration, with a continued focus on improving services for residents across the County, including those for children and young people, will provide more opportunities to improve outcomes at a local level – and will place the County in a strong position to be able to support wider changes across the health and social care system in future.

5 The response to COViD-19 has emphasised the importance of services being joined up across the County. Throughout the pandemic there has been a shared response across partners, working collectively on population health management and reducing health inequalities in our local communities. It is essential that the learning and joint working from the response to COViD-19 is taken forward as part of the next steps of integrating services more closely over the coming months and years.

6 To ensure County Durham is in as strong a position as possible to maximise the opportunities that will arise from the proposed NHS Bill and major changes to the CCG from April 2022, and as we recover from COViD-19, the next phase of integration needs to focus on further embedding the arrangements that have been established, strengthening decision making and accountability and enabling further opportunities to integrate services to be identified and developed.

7 To facilitate the next steps of our integration, it is proposed to focus on the following key areas:

(a) enhance the governance arrangements that are in place and establish the 'County Durham Care Partnership Executive' to support the delivery of shared aspects of the statutory functions of the Council and CCG;

(b) create opportunities within the refreshed governance arrangements to bring together Elected Members; CCG Governing Body Members and Trust Non-Executive Directors with a focus on population health and inequalities, linking closely to and strengthening the Health and Well-Being Board.

Recommendation(s)

8 Cabinet is recommended to:

(a) note the progress made in integrating Health and Social Care;

(b) note that this report is also being presented to the NHS County Durham CCG Governing Body;

(c) support the implementation of the governance arrangements outlined at Appendix 3 including the creation of both the Forum and the County

Durham Care Partnership Executive for health and social care organisations in County Durham;

(d) approve the Memorandum of Understanding at Appendix 4;

(e) receive further reports if there are any proposals to change the current formal decision-making structures, delegations, and protocols.

Background

9 In County Durham, there has been a strong and long-standing track record of effective partnerships and integrated working which has underpinned our approach to integrating community services and strategic commissioning, as outlined in reports to both the CCG and Cabinet in April 2018; March 2019 and October 2019.

10 The approach to health and social care integration in County Durham has realised a number of benefits including:

(a) A reduction in admissions to hospital and delayed transfer of care, with performance consistently being amongst the best in the country.

(b) An increase in the number of people with a combined personal health budget and direct payment to meet their complex health and social care needs giving them greater choice and control over their care and support. This integrated approach has had a positive impact on how people are supported, two short examples are set out below.

- The Council and CCG have worked together to support a family with a young child with complex disabilities, to develop a unique living and bathing solution for the family which has transformed family life. As part of this an innovative solution was developed jointly to enable the family to stay together when they had to move out of the house, whilst renovations took place, ordinarily the option would be for the young child to be placed in a hospice rather than stay with their family. The family already have a significant Personal Health Budget which has greatly improved their quality of life. The Council and CCG staff are now working together to put in place a personal education budget for the child.
- The Council and CCG are developing a system to enable children and young people with an Education, Health and Care Plan to have a Personal Health Budget, Personal Education Budget and Social Care direct payment (or any mix thereof) as one payment, which is then monitored once rather than multiple times.

(c) Continuing Health Care has seen significant changes in its processes since March 2020 and the introduction of different hospital discharge practices using an integrated approach. To assist patient flow and get patients to the next place of care safely and efficiently the Discharge Management Team and Social Care Staff have jointly moved all but the most complex clients to the next place of care using a trusted assessor

model. This is better for the patient who is not delayed in a hospital setting and susceptible to any acquired infections.

(d) Feedback from a range of stakeholder and patient reference groups which have been held over the last two years where people report that their care and support feels more joined up. This has been achieved through the integrated delivery of services across County Durham involving the Council, County Durham and Darlington Foundation Trust and the CCG. This was also evidenced through comments made as part of the recent SEND inspection and the Mental Health and Learning Disability Partnership case management reviews.

(e) Clear improvements in outcomes for people with Learning Disabilities and autism including a significant reduction in the waiting times for an autism diagnosis Pre-COViD-19 the reduction in waiting time for assessment went from an average wait of 24 months to an average wait of 2 months (through the first wave of COVID the service was stood down due the nature of the face-to-face diagnostic assessment process).

(f) Officers have worked together with people who use services to engage them in the review of services, to act as a critical friend. Working with Investing in Children and Rollercoaster a Children's Advisory Board has been formed. The members of the Advisory Board hold formal paid roles to work with us in planning and reviewing services. People with learning disabilities and autism are employed to offer expert by experience support into Care, Education and Treatment Reviews.

(g) A shared approach has been taken to the delivery of flexible local services e.g., transport and housing with support. Through integrated arrangements health and social care needs are being considered holistically in the current review of accommodation services. This is not historically something in which the NHS would have been involved. Detailed data is being shared across health and social care to understand the holistic needs of individuals and to inform the future delivery of more joined up care i.e., alternatives to permanent residential/nursing care which will improve independence.

(h) A shared approach to commissioning decisions, with financial savings delivered across both health and social care. As a system investment has been made in the implementation of Healthcall which has improved the quality of care and the skills of those working in care homes and reduced admissions to hospital from care homes by 10%. This has also improved relationships with care homes providers who have valued the investment in technologies which support their businesses to deliver effective care.

(i) Through the integration of commissioning a joint approach to the procurement of domiciliary care services removing perverse incentives for providers to give priority to either health or social care clients, reducing transactional costs and duplication.

(j) A shared approach to commissioning care homes, has included the development of multi-agency mutual aid arrangements to support care

homes during the pandemic. This has enabled continuity of service for a number of services users with complex learning disabilities and challenging behaviours without having to move residents and continued care for older people with complex health needs.

(k) An integrated community hub which was established through the pandemic to support frail and vulnerable residents. This approach will reduce duplication and minimise the numbers of people involved in families lives offering a more efficient and effective delivery for people. The longer-term proposals for a more integrated system will support system wide buy in to change transform the early help workforce and will reduce parallel conversations about health and social / welfare. The proposals within this report will enhance and strengthen the work to date by enabling a system wide integrated approach to:

- Using population health management to effectively understand the multi-faceted needs of our communities and targeting our interventions together through the County Durham community wellbeing hubs
- Continuing to embed a mental health pathway into the community hub to ensure that people can gain access to appropriate services in a timely and non-stigmatising way. Tees, Esk and Wear Valleys NHS Trust have also provided a level of supervision and support into the hub to help the staff working there.
- Taking a more holistic approach (mental, physical, social & welfare assessment/dialogue) by working with people so they can help themselves as much as possible within the context of their lives.
- Shifting our collective approach to working with people and families within their communities. By developing local community connector roles and teams who can deliver earlier help, with the voluntary and community sector at the heart and digital options based on learning from the pandemic.
- Developing multi-disciplinary one stop shops operating at a community level.

(l) As a result of the clear shift of resources from acute services to community-based care, an out of hospital diabetes model with most people's care now managed outside of hospital, has been developed. As a result of how effective the model has been admissions in Durham are much lower than the rate for England, despite having higher rates of people with diabetes in County Durham. The model has a focus on diabetes prevention with County Durham colleagues across Health and Social Care developed a local programme focussed on diabetes prevention.

(m) Improved health outcomes across whole populations e.g., there is now evidence of a reduction in smoking in pregnancy and smoking at time of delivery which has reduced from 19.1% to the current (provisional) figure for Q2 2020/21 of 15.7%.

(n) An improved approach to prevention with a focus on joined up and very local community based and owned solutions. Examples include:

- Shared IT access with GPs using System One to enable an exchange of information and reduced duplication of records with Community Services.

- Using the Healthcall System to target resources and reduce un-necessary visits, avoiding duplication between GPs, care home staff and Community Services (HSJ Awards Winner 2021).

- Implementation of Social Prescribing Link Workers across the County and an agreed single voluntary sector support organisation to provide governance and oversight.

- Increased funding for our voluntary and community sector (VCS) across Health and Social Care with a single contract for delivery through a lead voluntary sector organisation.

(o) There are a range of examples of how we have been able to maximise the impact of the "County Durham pound" by using collective resources more efficiently. An integrated approach has enabled a range of new investments or developments examples of which are set out below.

- Absorbed a 4% increase in demand in Community Services equivalent to approximately £2million cost.
- Invested an additional £2.9million in therapy services based on invest to save and evidence of strong partnership working linked to integrated health and care delivery via the Teams Around the Patients.
- Created Community Specialist Practitioners to work in care homes drawn from existing resources.
- Invested in a range of VCS services as a result of integrated commissioning in Mental Health and Learning Disability Services.
- Invested in the full roll out of Kooth, an on-line counselling and support service for young people.
- Developed an intensive support team that has supported care homes that are struggling from either a quality or staffing perspective.
- Invested in two autism diagnostic centres across the county, in Sedgefield and Stanley.
- Joint increased investment in Durham Deafened Support to provide help to people living with hearing loss.
- Increased investment in our VCS Local Infrastructure Organisation to ensure sustainability and growth in this sector supporting the development if a VCS connector model.

(p) A reference group for Shotley Bridge has been established jointly, which is helping to support the progress towards redevelopment.

(q) Many of the examples above have reduced duplication across the system, making it easier to navigate for both the public and staff.

11 As a local system there is a significant opportunity to continue to improve the health and well-being of the local County Durham population by working in an increasingly integrated way to maximise our collective impact.

Current position

12 In County Durham our integrated approach has been beneficial in responding to the COViD-19 pandemic. This has been evident in the way we have respond to and supported our most vulnerable residents. There are still clear inequalities across our population and improving the health and well-being of our communities needs a renewed and shared focus.

13 So that the integration of our health and social care services continues to develop, it is important that the leadership and management of the statutory functions and those services that support our statutory functions of the Council and CCGs are as streamlined as possible. It is also important that strategic decision making is in place that can provide a focus on outcomes for residents across the County, considering the resources that are available within both organisations.

14 Cabinet will also be aware of the proposed changes to CCGs. NHS England published proposals in late 2021 which would abolish CCGs in their current form from April 2022. Commissioning responsibilities would be held by an Integrated Care System (ICS) working across the North East and North Cumbria. The ICS would then delegate responsibilities to "place" level. Place will usually be defined by local authority boundaries. Consequently, integrated health and care structures need to be well enough established to inspire the confidence of partners and the ICS. This would enable decisions about priorities, outcomes, and funding to be delegated to place level partnerships.

15 The proposed changes to CCGs are still under discussion. Legislation is likely to be introduced into Parliament in Spring 2021 with shadow arrangements in Autumn 2021.

16 It is therefore timely to review and further strengthen governance and accountability to ensure further integration maximises the opportunities that exist to improve the services and outcomes for residents across County Durham, and to focus on embedding work on population health management, further including work on integrating children's services and developing long term plans to address health inequalities.

17 The current governance arrangements agreed by the CCG and Cabinet in April 2018 have been a key driver for system change through the Integrated Care Board. The success of the County Durham Care Partnership and the commitment of partners puts us in a strong position for the next phase of integration.

18 It is not proposed to change the statutory decision-making functions or roles of the Council or CCG. However, through delegation arrangements the County Durham Care Partnership may be allowed to make decisions on behalf of partners and the ICS. When possible, posts will be aligned to the County Durham Care Partnership work programme.

19 It is important that any revised arrangements enable the council to deliver its statutory adult social care responsibilities. For the CCG, as a clinically led

organisation, it is also essential that the voice of clinical leaders remains strong and central to decision-making and the development of integrated working.

20 It is likely that local government and the NHS will face significant challenges over the coming years and it is important that our system is as well placed as it can be to provide improved outcomes for local residents whilst ensuring our approach across County Durham reflects the principles of integration – which have and are likely to continue to be a focus of how we respond to COViD-19 and financial challenges and the Chief Officers of both organisations are confident that by working in a collaborative, strong and integrated way this will offer the best opportunity to ensure the current and future needs of the County Durham population are met effectively.

Proposals

21 The proposed County Durham Care Partnership is attached at Appendix 3. A proposed Memorandum of Understanding is attached at Appendix 4.

22 The key features of the proposals are:

(a) A strong link with the Health and Wellbeing Board and Cabinet and a recognition of the role of Scrutiny Committee.

(b) Links between the Partnership to the partners governance structures.

(c) Creation of a forum to bring together councillors, Trust Non-Executive Board members and CCG Governing Body members.

(d) Introduction of a Partnership Executive of senior staff and partners to reach shared commissioning decisions and promote provider collaboration.

(e) Bringing people together in thematic partnerships to concentrate on delivering better outcomes for residents and patients.

(f) Focusing the partners on collaboration to improve pathways, reduce duplication and share resources.

(g) Streamlining and strengthening structures in advance of expected changes in the NHS.

23 Subject to Cabinet and CCG Governing Body approval the new structures would be implemented from 1 April 2021. Work will continue after that date to refine the arrangements. This will include the support available to the Partnership Executive and the alignment of staff and resources.

24 Any changes to delegation levels would come back to Cabinet and CCG Governing Body for agreement prior to implementation.

25 As part of the transition to the new arrangements, the supporting management arrangements beneath the Partnership Executive will be reviewed to ensure the appropriate level of support is in place.

26 This will include a review of the role, remit, and terms of reference of the current Integrated Care Board. Any proposals for governance changes that alter the

current decision making or delegation levels would come back to the CCGs Governing Body and Cabinet for agreement prior to implementation.

27 The proposals are made in the context of the principle agreed within the report to the CCG and Cabinet in March 2019, that both the CCG and Council would retain their statutory responsibilities and decision-making processes. However, Cabinet will note that CCGs are likely to change if the NHS England proposals are enacted.

Conclusion

28 Since April 2018, considerable progress has been made in moving forward with the integration of health and social care in County Durham.

29 Benefits of this integrated approach that we have seen to date are set out in detail earlier in this report. However, through the strengthening of our local integration arrangements, we can maximise the collective ability of both the CCG and Council to improve the health inequalities faced by our population and to improve the health and well-being of all County Durham residents.

30 It is essential that we recognise, support, and formalise through the governance arrangements the role of Governing Body members, elected members and clinicians in shaping the direction of travel particularly in terms of tackling the challenge of health inequalities which will be an important element going forward.

31 There are likely to be major changes to CCGs starting in Autumn 2021 and leading to the abolition of CCGs in April 2022. To continue to benefit from integration and retain decision making at a place level it is timely to strengthen our partnership structures.

Background papers

- Cabinet report October 2019. County Durham Health and Social Care Plan – Integrated Strategic Commissioning Function.
- Cabinet report March 2019. County Durham Health and Social Care Plan Update.
- Cabinet report April 2018. Developing a Health and Social Care Plan for County Durham.

Other useful documents

- None

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Appendix 1: Implications

Legal Implications

In recent years, there have been a number of legislative and policy developments to assist the development of integrated health and social care. This report sets out how the local authority and CCGs are discharging their respective statutory duties to promote the integration of care under the Health and Social Care Act 2012 and the Care Act 2014.

Finance

The proposals support the commitment of the council and partners to make best use of resources through integration.

Consultation

Not applicable.

Equality and Diversity / Public Sector Equality Duty

Equality and diversity have been considered in the development of the proposals. Any changes to services will be subject to impact assessments.

Climate Change

Not applicable.

Human Rights

Human rights are not affected by the recommendations in this report.

Crime and Disorder

Not applicable.

Staffing

Staffing implications will be considered carefully with advice from HR in both the Council and CCG and appropriate processes will be followed when staff are aligned to work programmes.

Accommodation

No Issues at this stage.

Risk

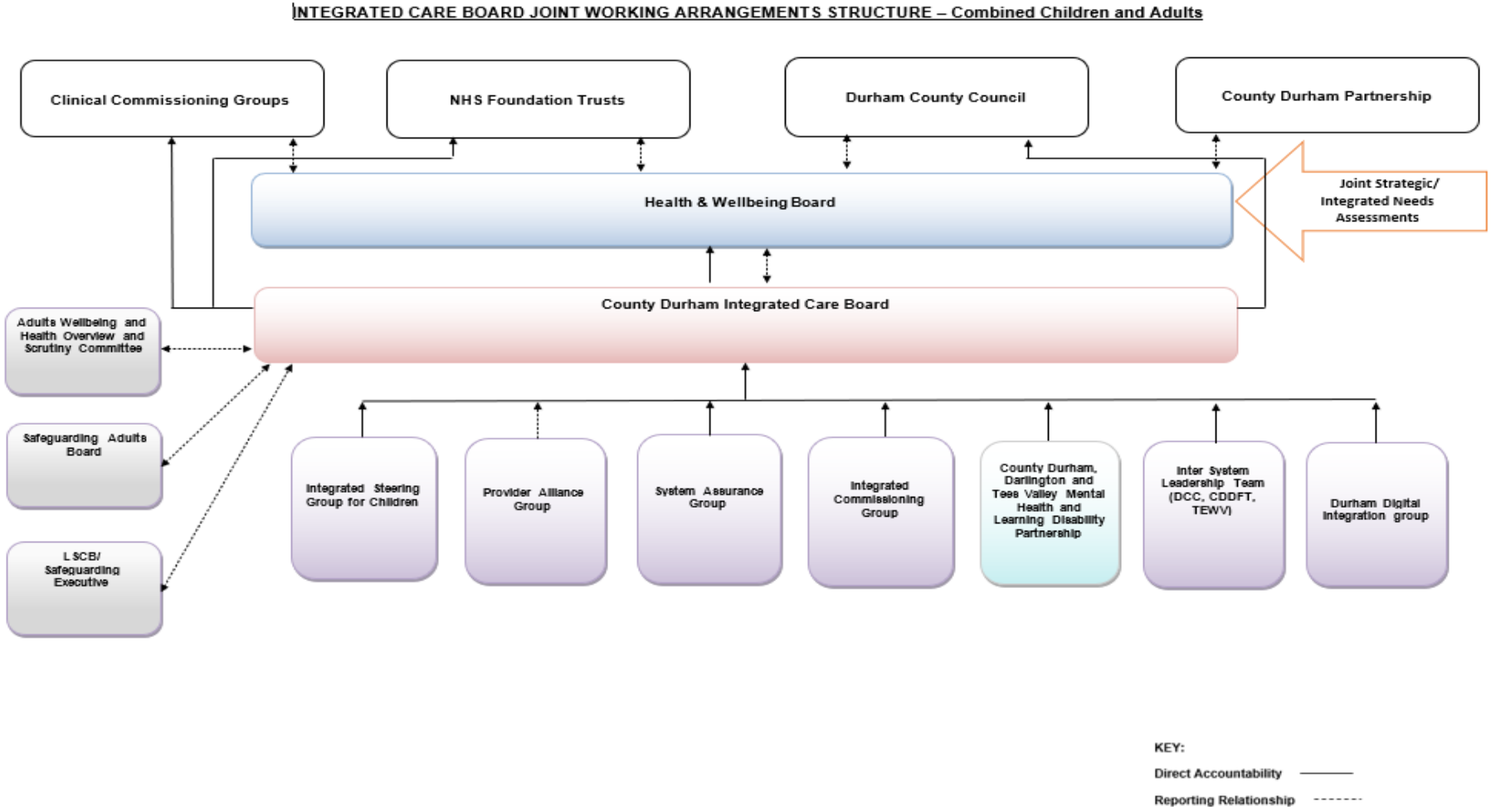
A risk share agreement is in place which will be refreshed as part of the governance review.

Procurement

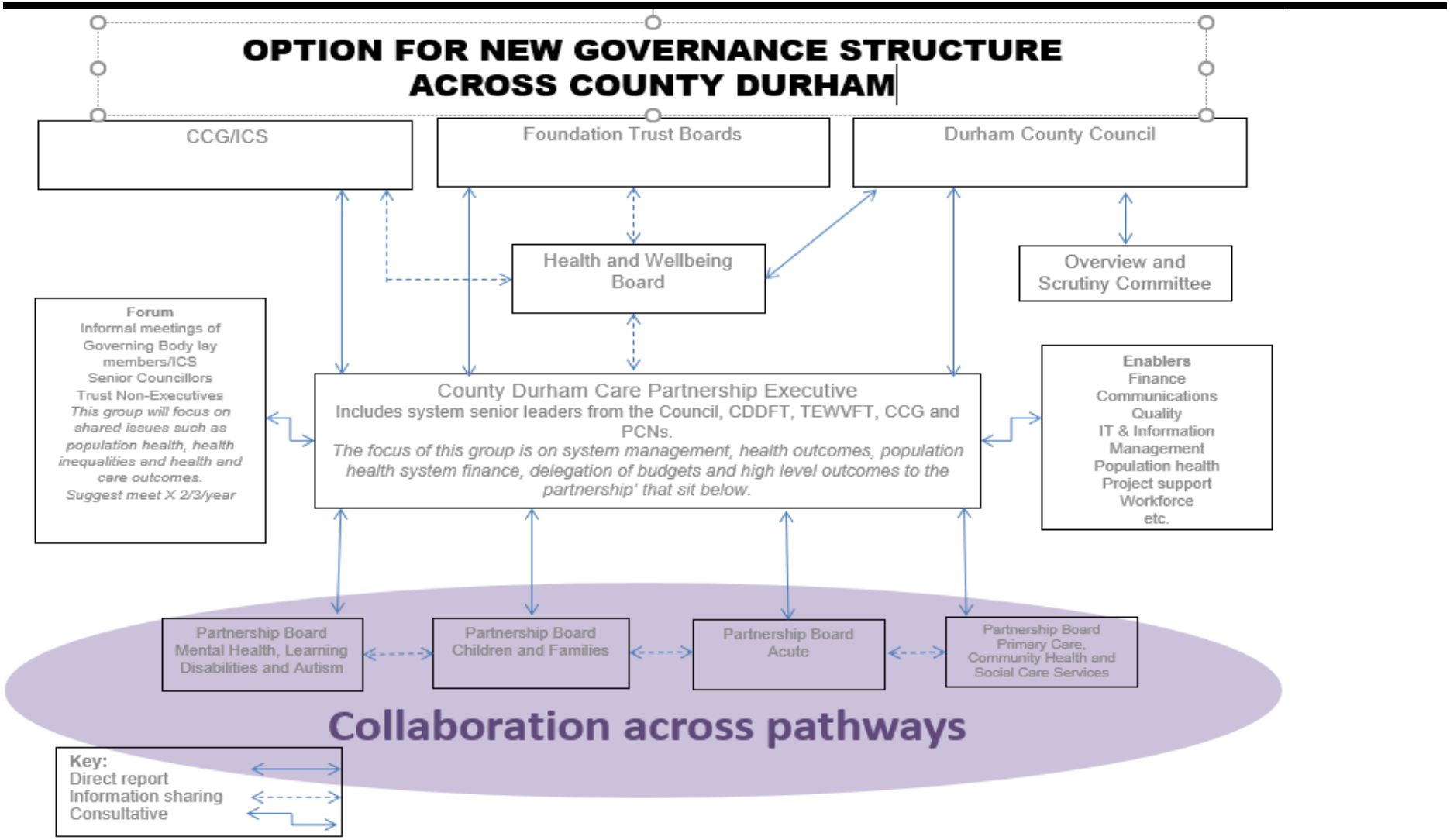
No issues at this stage.

Appendix 2: Current governance structure

Last update 18.11.20



Appendix 3: Proposed governance structure



County Durham
Care Partnership

Memorandum of Understanding

MEMORANDUM OF UNDERSTANDING

Date: December 2020

Introduction

The purpose of this Memorandum of Understanding (MoU) is to establish a framework for the discharge of delegated statutory duties, budgets, and outcomes between the following organisations with regard to integrated care in County Durham:

- Durham County Council (DCC)
- County Durham Clinical Commissioning Group (CDCCG)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Harrogate and District NHS Foundation Trust (HDFT)
- Primary Care Networks (PCNs)

Context

1. With the implementation of the Care Act 2014 and various government initiatives across the health and care system since 2013, there has been a commitment from statutory organisations in County Durham to progress the integrated care agenda. The need to formalise these has been highlighted by the NHS England report "Next Steps in Integrated Care" 2020

2. It is now widely acknowledged that a new approach is needed to work towards greater levels of integration to bring positive benefits in terms of improving people's health, wellbeing and experience of care, particularly in wrapping services around people's needs and shifting the focus to keeping people well and happy at home, with reduced demand for hospital and other health and care services.

3. The aim of this MoU is to guide our work at "place" and strengthen our arrangements so that the County Durham Care Partnership (CDCP) will be able to:

    - Discharge statutory functions delegated by the Integrated Care System and partners.
    - Allocate and manage budgets delegated by the Integrated care System and partners.
    - Through the supporting partnerships, deliver better outcomes for residents.

4. This version of the MoU is an updated version of that agreed in April 2017 to reflect the changing landscape and the development of the Strategic Integrated Commissioning Approach across County Durham.
5. **Schedule 1** sets out our approach to Strategic Integrated Commissioning.

Shared Vison

6. Our vision for integrated care is:

   To bring together health and social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham

   Our commitment to the people of County Durham is to:

   - *Deliver the right care to you by teams working together.*
   - *Help you and those in your community lead a healthy life.*
   - *Build on existing teams already working together to help you stay well and remain independent.*
   - *Provide improved services closer to your home.*
   - *Offer a range of services working alongside GP practices which meet your needs.*

7. We will work together to develop a single comprehensive system delivery plan for health and care across County Durham which covers the whole life course. This plan will set out the key objectives for delivery and improvement across County Durham.

Structures and Governance

8. Our structures and governance are described in detail below.

Partnership Executive

9. The Partnership Executive will replace the Integrated Care Board and the System Advisory Group. It will take on as many of the current CCG responsibilities and budget as possible. The Partnership Executive:

   - Is responsible for discharging the statutory duties delegated or identified by partners relating to social care and health assessment, commissioning, provision, quality and safety, finance, and performance reporting. This includes the delegation from the ICS of those activities which are currently the statutory duty of the CCG.
   - Is answerable to the partner organisations and will engage with the ICS and any ICP style arrangements on behalf of partners.
   - Will negotiate delegated budgets with the ICS.
   - Will set medium, and long-term milestones based on a realistic vision and measurable goals.
   - Will agree joint strategies, objectives, and priorities for approval by the partner organisations
   - Will work together to align priorities and overcome cultural and performance challenges.

- Will agree and prioritise high level population health and care outcomes based on Public Health evidence and establish a shared performance management and benefits realisation framework.
- Will agree a budget, shared financial plan and financial framework and a way of sharing any efficiency gains.
- Will have a specific responsibility to develop leadership across disciplines and sectors.
- Will allocate resources to the Partnership Boards and others to deliver the prioritised outcomes, approve the Partnership Boards Transformation Plans, hold the Partnership Boards accountable for this delivery and take action when outcomes are not delivered.
- Will promote the County Durham Care Partnership to partners, external organisations and residents.

The Partnership Executive will:

- Lead the social care and health system and by example create a culture of collaboration, openness and joint working and ensure that the Partnership Boards and partner organisations work in the same way.
- Build commitment ensuring that integration is shared and rooted deeper within organisations at tactical and operational levels.
- Exercise the strategic management of the social care and health system respecting the different legislative and regulatory frameworks of partners.
- Agree, and periodically review, principles and protocols which underpin integration.
- Resolve differences between partners.
- Facilitate mutual support between partners when needed.
- Engage with representative bodies across County Durham with an interest in social care and health.
- Ensure that the Partnership Boards co-design services with those who receive services.
- Prefer to integrate senior posts and pool resources as the opportunity arises.

The Partnership Executive will:

- Be led, initially, by the Chief Officers and move towards an integrated senior post which incorporates the responsibilities for social care and commissioning delegated to the Executive by the partners.
- Have as members Chief Officers of the Council, Chief Executives of the Trusts, the CCG Accountable Officer and Chief Officers of the CCG. The Director of Integrated Community Services will attend as the norm.
- Be supported by a core team of other staff
- Draw on the expertise set out in the “enablers" box.
- Be advised when requested by members of the Partnership Boards.

The Partnership Boards

10. The Partnership Boards will build on our existing joint working groups and partnerships for acute services, children's and young people's services, mental health and learning disabilities and adult social care, primary care and community services. The Partnership Boards will:
    - Be answerable to the Partnership Executive.
    - Be responsible for the delivery of the outcomes determined by the Partnership Executive.
    - Be accountable for the best use of the resources allocated to them by the Partnership Executive.
    - Adopt a shared performance management and benefits realisation framework.
    - Share accountability for the successful delivery of outcomes and resolve challenges jointly.
    - Resolve issues between themselves and hold each other accountable.
    - Agree between partners the most effective and efficient way to deliver the outcomes regardless of organisational boundaries based on the partnership's principles.
    - Agree lead partners on the delivery of outcomes and activity.
    - Deploy resources jointly to deliver outcomes.
    - Promote partnership working within operational teams.
    - Co-operate with other Partnership Boards.

The Partnership Boards will:

- Take a lead their area of work with collaboration, openness and joint working.
- Agree shared Transformation Plans and projects to facilitate integration.
- Share resources to deliver the Transformation Plans.
- Involve residents and the voluntary sector in service development and improvement.
- Develop services which address the needs of localities and PCN areas taking account of the needs of the population, the geography and distribution of facilities, gaps in services and strengths.
- Share efficiency gains to further the overall aims of the partnership.
- Operate on an "open book" basis.
- Share good practice and innovation.

The Partnership Boards will:

- Have as members representatives of partners of enough seniority or experience to commit organisations within the bounds of delegated authority.
- Include advisers with financial, clinical, quality and safety, digital, communications and estates expertise.
- Be supported by an integrated Project Management Team.
- Link, via their members, with other groups within the system. For example, the Primary, Community and Social Care Partnership will link into the Primary Care Network Clinical Directors Group and co-produce improvements with them.
- Integrate posts when the opportunity allows across the partnership.

The Partnership Forum

11. The Partnership Forum will bring together, in an informal setting, CCG Governing Body Lay Members, Councillors and Trust Non-Executive Directors, Healthwatch, the voluntary sector and other partners 3 times per year to focus on shared issues. These can range from health inequalities, the needs of particular groups, developments in national or regional policies and their impact locally and to foster a better understanding of each organisation. The forum will encourage the Executive and Partnership Boards to integrate services and highlight areas where the system is working well or may need to re-consider our approach. The Forum may wish to have themed meetings covering each Partnership or a particular condition or geographical area.

The Enablers

12. The proposed governance arrangements will only work if the “Enablers” adopt a co-operative approach. It is not proposed to have a formal “Enablers Group”. However, it is expected that the expertise mentioned in the “Enablers” box meet regularly and work together to support the Executive and Partnership Boards. It is anticipated that over time, shared plans on digital and IT management and estates will be developed.

13. All MoU signatory organisations are an integral part of the governance structure and are represented at all levels of decision-making.

14. The governance structure is based on the principle that decisions will be taken by the relevant partner organisation(s) at the most appropriate level.

15. Partners are committed to delegating functions to the Executive Partnership and exercising oversight. It is acknowledged that individual partner organisations will retain their responsibility for their statutory duties and governance.

Guiding Principles

16. The following guiding principles underpin the work of the County Durham Care Partnership:

    - Partners are all of equal status and will work collaboratively and support each other in the spirit and intention of this MoU.
    - Partners will be open and transparent and act in good faith towards each other.
    - Partners will commit resources appropriately to support the delivery of the agreed objectives.
    - Partners will demonstrate a willingness to put the needs of the public before the needs of individual organisations.
    - All partners recognise and acknowledge that integration is an interactive and iterative process.
    - The CDCP will review its progress at regular intervals with the aim of challenging the level of ambition to enhance the integrated offer further.

Objectives

17. Partners agree the following objectives of development, commissioning and delivery of integrated care:

    - To commission and deliver integrated care at “place” as part of a reformed Integrated Care System.
    - To delegate budget and responsibility to the Partnership Executive.
    - A whole system approach, moving from fragmented to integrated care, with a willingness to put the needs of the public before the needs of individual organisations.
    - Person-focused to promote wellbeing, prevention and independence.
    - Providing the right care and support, in the right place, at the right time, by the right person.
    - Delivering a sustainable health and social care system within existing resources, using a multidisciplinary team approach.
    - A system built on trust, not only between leaders and organisations but also with local people and communities.
    - Supporting and developing staff to develop a shared culture, behaviours and ownership.
    - Everyone’s contribution matters – from local people, frontline teams, healthcare practitioners, providers, voluntary and community sector leaders and board members.
    - The integrated model will be developed to link with the wider system including housing, employment, the environment, voluntary and community facilities, in order to align priorities for the benefit of local communities. This evolving partnership approach will involve primary care being at the centre of patient activity and taking a proactive role in the commissioning of both NHS and integrated service provision.

18. Partners have agreed and developed a set of standards which represent the ambition to deliver the vision, based on four key principles:

    - Prevention
    - Proactive care
    - Responsive and accessible care
    - Coordinated approach

19. The anticipated outcomes of successful delivery of the vision are shown in **Schedule 2**.

Sharing information

20. The partners agree that they will share all information relevant to delivery of the vision for integrated care in an honest, open and timely manner.

21. The CDCP will consent to an information-sharing agreement, which will allow the partners to manage their relationships and the flow of information between them

in a confidential manner and with the best interest of the client (service user, patient and carer) at its core.

22. The partners have developed an approach to risk sharing which forms the basis of any future formal agreements. This will be reviewed as required and does not negate the need for risks to be reflected in individual partner organisations risk management systems as well as the CDCP risk register.

Conflicts of Interest

23. The partners agree that they will:

- Disclose to each other the full particulars of any real or apparent conflict of interest which may arise in connection with this MoU.
- Not allow themselves to be placed in a position of conflict of interest or duty with regard to any of their obligations under this MoU.
- Use their best endeavours to ensure that all associated partners also comply with the guiding principles and aims when acting in connection with this MoU.

Term and Termination

24. This MoU will commence on the date of signature of the partners and shall continue for an initial period of one year, to be reviewed at least annually.

25. This MoU, including the Schedules, may only be varied by written agreement of all the signatory organisations.

26. This MoU is not intended to be legally binding and no legal obligations or legal rights will arise between the partners from this MoU. The partners enter into the MoU intending to honour all their mutual obligations.

27. In the event of a partner leaving the CDCP the following will apply:

- The relevant partner will notify the other signatory organisations in writing
- This MoU will be amended as appropriate
- The annual review date for this MoU will be revised accordingly

Signatories

Signature _____

Date _____

John Hewitt, Interim Chief Executive, Durham County Council

_____

_____

Signature _____

Date _____

Neil O'Brien, Accountable Officer County Durham Clinical Commissioning Group

Signature _____

Date _____

Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust

Signature _____

Date _____

Brent Kilmurray, Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust

Signature _____

Date _____

Steve Russell, Chief Executive, Harrogate and District NHS Foundation Trust

Signature _____

Date _____

Primary Care Network Lead, County Durham

Schedule 1

Development of the Strategic Integrated Commissioning Function

The inclusion of local government in integrated care systems represents a significant opportunity to include social care, public health and wider population health, bringing the relevant skills that they have. The NHS cannot do this alone. Generally, local government has a more direct relationship with its citizens and has a different understanding of insight. Bringing these skills together with the work already done in the NHS will only increase capacity, capability and understanding in the system overall.

https://www.kingsfund.org.uk/publications/joined-up-listening-integrated-care-and-patient-insight

Introduction

1. We have agreed to develop this annexe to the Memorandum of Understanding to help strengthen our joint working arrangements and to support the development of our Strategic Integrated Commissioning Function. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.
2. This is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between the Partners who have entered into this Memorandum intending to honour all their obligations under it.
3. It is based on an ethos that the partnership is for the people of County Durham; it does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Council. Instead, it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

Background

4. The focus for partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.
5. Nationally the agenda is shifting to promote integrated commissioning across larger footprints, however, systems are being allowed to put forward local solutions, which align to this agenda and are being allowed to proceed if they can demonstrate they have a clear plan in place and are already in the process of implementation.
6. The proposed direction of travel to develop a Health and Social Care Plan for County Durham has been agreed, including the integration of commissioning functions; the Integrated Commissioning Group has been developing options for an Integrated Strategic Commissioning function
7. This is likely to include the commissioning of community-based services for children and adults across the County. Acute (hospital based) and other health care commissioning would sit outside of this model, being undertaken by CCGs at a regional/sub-regional level.

8. This will allow commissioners to shape the provider market in County Durham, whilst recognising that other health care and acute commissioning will best serve the local population if it is undertaken by the CCGs at scale. This can be across a number of CCGs or for other more specialist areas at a North East level.

    - All acute activity will be commissioned sub regionally except for that delivered by CDDFT where the CCGs are the lead commissioners, and this will be commissioned locally with the following exceptions:
        - Critical care – this will be commissioned regionally/sub regionally
        - Pathology and radiology – this will be commissioned regionally/sub regionally
        - Genetic testing – this will be commissioned regionally
    - Medical pathways will be largely commissioned locally or in some cases at an ICP level or with collaboration on the outcomes required across the ICP.
    - There will be collaboration between providers and commissioners on the commissioning of surgical pathways at an ICP or ICS level.
    - Emergency ambulances and PTS services will be commissioned at a regional level, but transport services specific to Durham will be commissioned locally.

Principles

9. The following have been proposed as working principles upon which a new model for Integrated Commissioning will be developed and have been agreed by Cabinet and Governing Body:
    - Function will capture all ages i.e., commissioning for Children and Adults across the whole life course.
    - Whilst the initial focus is on Community Services it is acknowledged in line with national policy, that the direction of travel is for more hospital-based services to be provided in the Community.
    - Any model will need to work with existing and emerging elements on a potential Hub and Spoke model i.e., links with Primary Care Networks (including Teams Around Patients), the Mental Health and Learning Disability Partnership and the five CCGs operating across the Tees Valley.
    - Joint Management arrangements will be required reporting to the Corporate Director of Adult and Health Services and the Chief Officer, Durham CCGs.
    - Any integrated team will follow the same approach adopted within the Community Services model where staff retain their employment status with their own organisation and associated Terms and Conditions.
    - Durham County Council will host an Integrated Function giving opportunities to explore support to CCGs, for example in terms of legal support.
    - Existing connections with Primary Care will be enhanced to ensure the local influence of clinical leads across the Primary Care Network is maximised
    - Both Durham County Council and the Clinical Commissioning Groups will retain their statutory responsibilities and decision-making processes.

Local Place Based Partnerships

10. Local partnerships arrangements bring together the Council, voluntary and community groups, and NHS commissioners and providers (including Primary Care), to take responsibility for the cost and quality of care for the whole population.

11. These ways of working reflect local priorities and relationships and provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

12. Our partnership approach is geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice.

Governance

13. The Partnership Executive is the key decision-making body and with membership including leaders from all organisations in the system, will be in a position to act as a forum where whole-system challenges can be addressed, and solutions identified and initiated.

14. Durham County Council is not subject to NHS financial controls and its associated arrangements for managing financial risk, however, through this Memorandum, they agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. Democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers

15. Partners understand no decision shall be made to make changes to services in County Durham or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

Financial Framework

16. All partners are ready to work together, manage risk together, and support each other when required. Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

17. Partners commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised in the event of the emergence of financial risk outside plans.

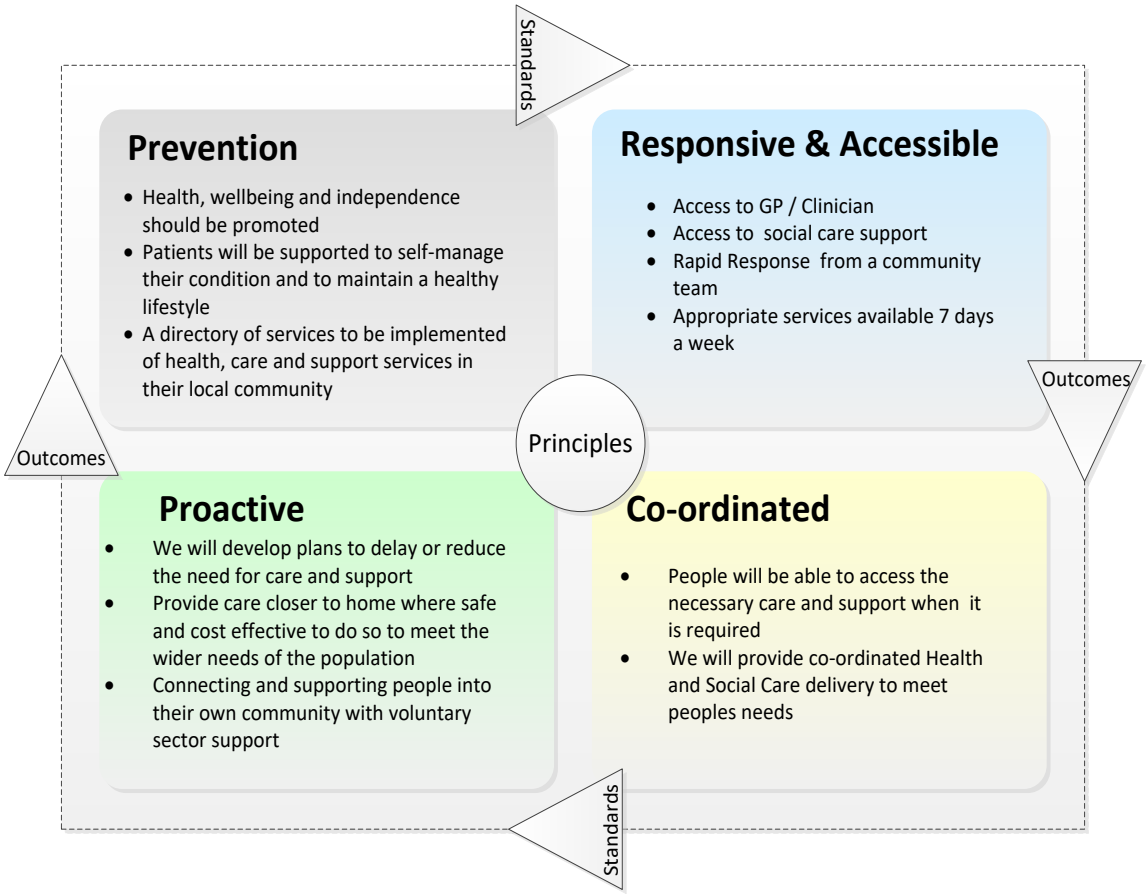
18. A set of financial principles have been agreed and confirm we will:

    - Aim to live within our means, i.e., the resources that we have available to provide services
    - Develop a County Durham system response to the financial challenges we face
    - Develop payment and risk share models that support a system response rather than work against it.

19. Partners agree to adopt an open-book approach to financial plans and risks leading to the agreement of fully aligned operational plans.

20. A detailed financial risk share agreement will be developed as part of the Strategic Integrated Commissioning Function and will be agreed by all partners.

Schedule 2


Standards
Prevention
Health, wellbeing and independence should be promoted
Patients will be supported to self-manage their condition and to maintain a healthy lifestyle
A directory of services to be implemented of health, care and support services in their local community
Responsive & Accessible
Access to GP / Clinician
Access to social care support
Rapid Response from a community team
Appropriate services available 7 days a week
Outcomes
Outcomes
Principles
Proactive
We will develop plans to delay or reduce the need for care and support
Provide care closer to home where safe and cost effective to do so to meet the wider needs of the population
Connecting and supporting people into their own community with voluntary sector support
Co-ordinated
People will be able to access the necessary care and support when it is required
We will provide co-ordinated Health and Social Care delivery to meet peoples needs
Standards