

## Health and Wellbeing Board

25 May 2018

### Developing a Health and Social Care Plan for County Durham



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#### Joint report of:

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#### Purpose of the Report

- 1 To provide the Health and Wellbeing Board with an update on the integration of health and social care services in County Durham.
- 2 To outline the direction of travel to develop a Health and Social Care Plan for County Durham which includes integration of commissioning functions and governance for the management of the integrated provider model of health and social care in local communities.

#### Background

- 3 The Health and Wellbeing Board agreed to receive six monthly update reports in relation to health and social care integration. The last report was presented to the Health and Wellbeing Board in November 2017.
- 4 Integration has been a key policy driver for many years within health and social care. Most recently, the Five-Year Forward View and the Care Act 2014 outlined the need to design and implement services around individuals and their communities, to further enhance pathways and joint service provision across health and social care.
- 5 In February 2018, the NHS England (NHSE) 2018/19 planning guidance was clear in articulating the expectation that Integrated Care Systems would need to develop to enhance the quality of health and social care.
- 6 In County Durham, there is a strong track record of integrated working based on effective partnerships. This has led to the development of a number of examples of integrated services such as Intermediate Care plus, the 0-19 pathway and Mental Health and Learning Disability Services, which have been an integrated approach between Tees, Esk and Wear Valley NHS Trust (TEWV) and Durham County Council for several years.

- 7 Additionally, a range of services have been jointly commissioned locally between the Council and Clinical Commissioning Groups (CCGs) i.e. Community Equipment, Carers' Services, Social Prescribing and the post diagnosis Autism Service.
- 8 There is a real opportunity to build on this to define how we want health and social care services to be shaped and delivered across the County to further improve the outcomes for local people. This could be achieved by:
- Using collective resources more efficiently and maximising the impact of the Durham pound to benefit our communities.
  - Minimising duplication.
  - Improved focus on joined up solutions.
  - Maximising the skills available across the wider health and social care workforce.
- 9 The wider benefits of an integrated approach for local residents include:
- Faster improvements in care with improved outcomes for local people through an agreed performance system.
  - Improved health outcomes across whole populations.
  - An improved approach to prevention resulting in the management of avoidable demand and reduction in unwarranted variations in health and/or care.
  - Less duplication and fragmentation across the system providing an easier system to navigate for patients, service users and staff.
- 10 The NHS locally have already begun to integrate their commissioning and delivery functions where that makes sense to do so. Two examples locally include:
- (a) The five CCGs across Durham, Darlington and Teesside have a unique partnership with TEWV called the Accountable Care Partnership, which focusses on integrated NHS commissioning in relation to learning disabilities and mental health.
- (b) The same CCGs across Durham, Darlington and Teesside are working together to ensure more effective use of their staffing resource and capacity in order to reduce duplication and to commission services across patient pathways and across partner provider trust areas.
- 11 This way of NHS integrated working makes best use of resources, of the skills and expertise of staff and allows any savings made to be reinvested into front line patient care.

- 12 To underpin and further develop the integration of services across the health and social care system in County Durham, the post of Director of Integration was established in January 2017 for a two-year period. This role has been instrumental in developing a Memorandum of Understanding for the County Durham Accountable Care Network and implementing Teams Around the Patients (TAP's) as a model, across both CCG areas.
- 13 The Accountable Care Network (ACN) is a group of organisations, which are not formally enshrined but work as a network to deliver joined up care, ensuring that delivery is efficient, of a high quality and meets the needs of the population.
- 14 The ACN is not a standalone organisation, as each organisation retains its own governance and accountability. The work of the ACN is overseen by the Integration Board and reports regularly to the Health and Wellbeing Board.
- 15 Durham Dales, Easington and Sedgefield (DDES) and North Durham (ND) Clinical Commissioning Groups recently signalled their intention to procure an alternative integrated model for the existing NHS Community Services currently provided by County Durham and Darlington NHS Foundation Trust.
- 16 A new specification has been developed, which places integration at its centre, which is supported by the Council. This will require NHS community services to be managed alongside adult social care services. Agreement has been reached to have a combined and integrated management board (IMB) with direct service delivery of NHS community and adult social care services being overseen by a Chief Officer on behalf of all partners.
- 17 The Chief Officer would be employed on behalf of the whole system, to lead and manage NHS and Adult Social Care Services direct service delivery through a newly formed role of Director of Integrated Community Services. This role will replace the existing short-term arrangements in place. Working on behalf of all organisations in County Durham, the Director of Integrated Community Services will ensure that service provision and development is truly integrated.
- 18 There will be an integrated senior management team with senior officers responsible for community and adult social care services reporting to the Chief Officer. The Chief Officer will in turn report to respective organisational governance arrangements to ensure that service delivery is in line with relevant regulatory standards. Staff working within the system will however retain their current employment arrangements with their existing employers.

### **Teams Around Patients (TAP) Model**

- 19 This model acknowledges that more care should be delivered in a community setting and at home through better integration of provision by a range of staff delivering care that supports more complex patients with a greater focus on prevention and independence.

- 20 TAPs are operational across the DDES CCG area and design work is currently underway in North Durham, following successful appointments to a new clinical leadership model.
- 21 A performance framework to monitor the effectiveness of the model is in place. The priorities for the TAPs are aligned to reducing hospital and long-term care admissions, reducing delayed transfers of care and preventing deterioration in the health and wellbeing of older people.
- 22 Budgets in respect of staffing resources have already been specified to enable the TAPs to configure services and to workforce plan for their teams. This will ensure that services are always delivered in line with local needs and that there is transparency on utilisation of the service budgets.
- 23 There are wider benefits to operating this integrated model, which includes local primary care providers working alongside the council and voluntary sector to commission services pertinent to the local population.

## **Challenges**

- 24 Despite the work to date to integrate Health and Social Care a number of key challenges are faced by the system both locally and nationally, these include:

### **(a) Care Quality:**

There are significant health inequalities in the County and the quality of care can be impacted on by problems with recruitment across a number of areas i.e. nursing care. Furthermore recruiting GPs within Primary Care is an ongoing challenge. The CCGs are looking at how best to use the available GP resource to make sure as many GPs as possible remain in primary care, the CCGs are also involved in a number of initiatives to increase the number of GPs which includes international recruitment. NHS providers are also involved in using innovative approaches to encourage nursing colleagues to work in County Durham as well as liaising with nurse education centres to attract newly qualified staff.

### **(b) Demographics:**

In recent years, we have experienced major demographic changes across County Durham. The number of people over 65 has increased by 24.2% since 2001, representing nearly one fifth of the local population. This has resulted in increased demand on health and social care where services are already facing pressure, requiring organisations to focus on managing demand and prevention.

### **(c) Finances:**

Capped funding allocations and broader budgetary pressures, linked to rising demand mean the system will not be able to provide the same breadth or high quality services unless we can find new ways to deliver care for the local population.

#### **(d) The System:**

Although there are excellent relationships across the system, there are also challenges. The division of the Sustainable and Transformation Partnerships (STP) into two-footprints cutting across County Durham and the varying level of engagement for Local Authorities within the STP process has been challenging. There are now plans in place to bring the STP footprint for Cumbria and the North East together for planning purposes. The NHS in County Durham needs to continue to plan at scale for how the needs of our population are met for health services where our population use services across a wider footprint than County Durham.

#### **Meeting the Challenges**

- 25 To assist in the development of a Health and Social Care Plan for County Durham, we engaged Price Waterhouse Coopers (PWC) given their experience in working on this agenda, to support us. The remit of this work focused on commissioning arrangements and system governance by:
- (a) Reviewing the current state of integration plans.
  - (b) Developing options for future commissioning models.
  - (c) Reviewing existing governance arrangements and making recommendations for the future.

#### **Reviewing the current state of Integration plans**

- 26 The overall conclusion drawn was that clear progress has been made and that partnership working to date provides a strong foundation for the further integration of services in County Durham. The work underway to procure the community contract with the associated development of a comprehensive specification was commented upon as positive and provided evidence of collaboration and the local systems ambition.
- 27 Recognition was also given to the challenges the system faces, specifically demographics, and health inequalities, which require a new approach.
- 28 Acknowledgement was made of the shared desire and need to formalise existing alliances and partnerships to enable long-term, significant, change for the system.
- 29 To move forward the system needs to develop a clear strategy to bind together all the good work already underway and articulate future ambitions. This needs to progress quickly to enable County Durham to feed into the wider Health and Care agenda across the North East & Cumbria from a position of strength.
- 30 Whilst Durham county Council's Children's Services are members of the Integration Board in County Durham the programme until recently, has been mainly focussed on the adult agenda. Following recommendations made

through the SEND inspection of the Local Area, the children's agenda has received additional consideration and an Integrated Children's Group is now established. The Corporate Director of Children and Young People's Services is currently reviewing existing governance arrangements to ensure there is an integrated governance arrangement for children. This will result in plans for children that will clearly articulate the ambition for integration.

### **Options for future commissioning models**

- 31 Nationally the agenda is shifting to promote integrated commissioning across larger footprints, typically aligned to STPs. However, systems are being allowed to put forward local solutions, which align to this agenda, but are only being allowed to proceed if they can demonstrate they have a clear plan in place and are already in the process of implementation. It is therefore increasingly important that we look at a solution for County Durham.
- 32 As the NHS is also facing significant financial pressures, CCGs are looking at how they continue as local statutory organisations but use their collective commissioning capacity and resources to plan and deliver at scale to ensure increased efficiency. The two County Durham CCGs are working closely with the CCGs in the Tees Valley, Darlington, Sunderland and South Tyneside on common issues and in relation to common patient flows across these areas.
- 33 The CCGs are working to ensure that where possible there is no duplication in planning, delivery or operational activity in the NHS commissioning system. This work will be coordinated and aligned with the County Durham place based integrated delivery and commissioning proposed in this report. In closer working with other CCGs, the County Durham CCGs will remain statutorily responsible for meeting the health needs of the County Durham population.
- 34 PWC held workshops with key officers to share models and thinking around options for the development of a joint strategic commissioning function for County Durham. This included consideration of models adopted elsewhere in the country i.e. Salford, Tameside, Northumbria, Oldham and Manchester.
- 35 Based on this work, an agreement was reached in principle that exploring a Joint Strategic Commissioning Function would make sense for County Durham. This could potentially 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.
- 36 This was the preferred option because with a potential integrated fund of this significant size, commissioners will be able 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.

- 37 Commissioning has a key role to play in developing integrated services and the ongoing separation between Health and Social Care systems is a major obstacle to achieving better outcomes for local people.
- 38 The typical features of a joint strategic commissioning function would be:
- (a) A joint team of staff who would remain employed by their current employer on existing terms and conditions but within a single management structure overseen by a joint commissioning board.
  - (b) Some of the NHS staff working into the Joint Strategic Commissioning Function may work both at a place-based level in County Durham and as required at scale with other CCGs to ensure the best use of resource and that, the health needs of County Durham residents are met effectively.
  - (c) A pooled budget would be developed for local services. This would include a comprehensive risk analysis for the partner organisations, which also identifies actions to mitigate risk.
  - (d) Retained accountability for commissioning decisions by Cabinet and CCG governing bodies.
  - (e) Focused on determining and measuring outcomes, population health management and using longer-term contracts.

### **Future Governance arrangements**

- 39 As a County, we have already developed various successful integrated initiatives, which have required joint governance arrangements. For example, joint teams have successfully governed integrated contracts for adult mental health and learning disabilities, commissioning care under a cooperation agreement and S75.
- 40 In addition, there is a Memorandum of Understanding (MoU) in place for the Accountable Care Network (ACN), which seeks to align the efforts of all organisations in Durham. However, new working arrangements as outlined above will be supported by a more formalised governance structure.
- 41 A review will take place of the current MOU and a formal partnership agreement will compliment it. Agreement has been reached to have a combined and Integrated Care Board (ICB), which will be responsible for driving service development with partners to ensure there is system integration.
- 42 The ICB will be a key decision making authority for the new strategic model of care. As membership will include leaders from all organisations in the system, the ICB will be in a position to act as a forum where whole-system challenges can be addressed, and solutions identified and initiated. In this way, the board will play a crucial role in the success of the new model of care, enabling swift

and decisive leadership across multiple organisations, including both providers and commissioners.

- 43 The new NHS Community Contract will commence in October 2018 overseen by the Integrated Care Board and related groups, which will manage the mobilisation period in advance of October.
- 44 A proposed new model of governance would include three main elements:
- (a) A senior decision making body i.e. Integrated Care Board with representation from all organisations (both commissioner and provider).
  - (b) A Provider Board, which oversees the delivery of community based services and delivers care for our residents. Membership of this Board will be comprised of leaders from the relevant NHS organisations and the Council as a social care and public health provider alongside other providers in the county where there is an interface with community services.
  - (c) A commissioning function bringing together the CCGs and the Council via a Joint Commissioning Board.
- 45 In addition to the above, a number of other groups will meet to oversee elements of business relevant to whole system delivery.
- 46 Within this Governance structure, it should be noted that each organisation would retain its own scheme of delegation with the various strands of integrated services e.g. integrated direct service delivery and integrated commissioning reporting to their respective Executive Bodies.
- 47 However, it is clear that there is ambition across the public sector to take the model further and to devolve decision making to an overarching body that operates on behalf of all partners. This would require separate governance arrangements and a dedicated budget pooled from all partners for the various elements of activity. Whilst this is not the model outlined in this report, it is the aspiration of the partners to explore this option in more detail and will be covered in future reports.

## **Conclusion and potential next steps**

- 48 This paper sets out a proposed direction of travel in developing a Health and Social Care Plan for County Durham through the creation of a new Joint Strategic Commissioning Function and the development of new governance structures.
- 49 The County Durham Integrated Care Board will undertake a review of its membership to ensure it is representative of the respective Governing Bodies of partner organisations.
- 50 Building on the strong partnership work to date, we have the opportunity to develop a clear Health and Social Care Plan for County Durham, which

shapes a future service model to meet local challenges and improve outcomes for local people.

- 51 Subject to support, the next steps would include the establishment of a Task and Finish group, reporting to the current Integration Board and Health and Wellbeing Board. This group would be responsible for the development of:
- (a) A detailed plan to build and implement a joint strategic commissioning function; from defining the vision, scope and structure through to the development of a commissioning strategy, outcomes framework and financial plan.
  - (b) A Governance Plan, detailing how the system will be governed and what bodies need to be adapted or created as part of that.
  - (c) The inclusion of children's health and social care in the developing plans.

### **Recommendations**

- 52 The Health and Wellbeing Board is recommended to:
- (a) Note the content of the report and the work to date on Integration of Health and Social Care Services.
  - (b) Note that the report has been presented to Cabinet, and CCG Executive and Governing Bodies.
  - (c) Support the intention to develop a Health and Social Care Plan for County Durham through the development of a Joint Strategic Commissioning Function and Integrated Governance arrangements.
  - (d) Receive further updates.

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## **Appendix 1: Implications**

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**Finance** – Existing and future financial challenges facing the NHS, local government and public health, indicate that working in more integrated way is of most benefit to achieving better outcomes for local people. Part of the next steps in developing a Joint Strategic Commissioning Function will be to develop the financial strategy and plan, which will consider risks and mitigations and will be subject of a further report.

**Staffing** – A critical element of delivering an integrated model of care will depend upon a suitably trained and skilled workforce. Staff would work within the integrated arrangements whilst retaining their current employment arrangements.

**Risk** – If revised governance arrangements are not achieved this is likely to result in services aimed at improving results for patients, life expectancy and quality of life not being delivered efficiently and effectively.

**Equality and Diversity / Public Sector Equality Duty** – Equality Impact Assessments will be completed as required through this process in line with duties.

**Accommodation** – No direct implications.

**Crime and Disorder** – No direct implications.

**Human Rights** – No direct implications.

**Consultation** – Proposals are not considered to require consultation.

**Procurement** – No direct implications.

**Disability Issues** – No implications at this stage.

**Legal Implications** – There are a number of key legislative and policy developments/initiatives that have led the way and contributed to Integration of Health and Social Care. All changes must be compliant with legal requirements.