



**Brighton & Hove
City Council**

HEALTH & WELLBEING BOARD ADDENDUM

5.00PM, WEDNESDAY, 12 JUNE 2013

COUNCIL CHAMBER, HOVE TOWN HALL

ADDENDUM

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Subject:	Clinical Commissioning Group (CCG) Prospectus		
Date of Meeting:	12 June 2013		
Report of:	The Director of Public Health		
Contact Officer:	Name:	Giles Rossington	Tel: 29-1038
	Email:	Giles.rossington@brighton-hove.gov.uk	
Ward(s) affected:	All		

FOR GENERAL RELEASE

Note: The special circumstances for non-compliance with Council Procedure Rule 3, Access to Information Procedure Rule 5 and Section 100B(4) of the Local Government Act 1972 (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) were that the draft prospectus only became available from the CCG after the papers had been published. Deferring this item to the next scheduled HWB meeting would result in too great a delay in publishing the CCG prospectus.

1. SUMMARY AND POLICY CONTEXT:

- 1.1 Clinical Commissioning Groups (CCGs) are each required to publish a 'prospectus' in 2013. Guidance to CCGs from NHS England defines the prospectus as "a very short guide which explains to your local community what the CCG is, and the ambitions you have for your local population's health services". CCGs have considerable latitude in terms of designing local prospectuses.
- 1.2 NHS England guidance obliges CCGs to obtain the approval of their local Health & Wellbeing Board(s) before publishing their prospectus.
- 1.3 The draft Brighton & Hove CCG is included as **Appendix 1** to this report.

2. RECOMMENDATIONS:

- 2.1 That HWB members consider and comment on the CCG prospectus (**Appendix 1**)
- 2.2 That HWB members endorse the publication of the prospectus.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 CCGs are required to publish a 'prospectus', explaining to local people what they do and what their strategic priorities are. NHS England guidance to CCGs makes it clear that they must seek local HWB approval before publishing a prospectus – essentially so that the HWB has an opportunity to ensure that CCG prospectuses are properly focused on the priorities embodied in the local Joint Health & Wellbeing Strategy.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 None undertaken.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications arising from this report.

Finance Officer Consulted: Name Michelle Herrington Date: 10/06/13

Legal Implications:

- 5.2 There are no legal implications arising from this report. As set out in the body of the report, NHS England have issued guidance which requires CCG's to seek agreement to the Prospectus by the local Health and Wellbeing Board.

*Lawyer Consulted: Elizabeth Culbert Date:
10/06/13*

Equalities Implications:

- 5.3 The CCG prospectus is intended to enable members of the public to better understand the functions and priorities of the CCG. However, some groups of people may struggle to access information via the prospectus and members may wish to ascertain what additional steps the CCG has taken to communicate with 'hard to reach' groups.

Sustainability Implications:

- 5.4 None directly

Crime & Disorder Implications:

- 5.5 None directly

Risk and Opportunity Management Implications:

- 5.6 The CCG prospectus is intended to enable members of the public to better understand the functions and priorities of the CCG. The prospectus therefore

needs to be easily accessible, accurate and informative in order to maximise the opportunities to engage the local community.

Public Health Implications:

- 5.7 None directly

Corporate / Citywide Implications:

- 5.8 The CCG's strategic plans, as set out in the prospectus, should support the ambitions of the city Joint Health & Wellbeing Strategy.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The HWB has the option of declining to endorse the CCG prospectus or of requesting additions/amendments. In particular, it should consider these actions if the CCG prospectus does not focus on the jointly agreed JHWS priorities. However, the draft CCG prospectus does include a focus on the JHWS priorities, so it is recommended that the draft be endorsed.

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 HWB approval for the CCG prospectus is required before the CCG can begin its preparations for publication.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft CCG prospectus

Documents in Members' Rooms

None

Background Documents

1. Letter to CCG Clinical Leads from Dame Barbara Hakin, NHS England Chief Operating Officer, 29 April 2013. Gateway Reference Number 00048.

Page One: Front Cover

[Logo]

Brighton and Hove Clinical Commissioning Group

Prospectus 2013-14

A short guide to our work and ethos

Getting brighter and healthier

Welcome from the Board

Welcome to the Brighton and Hove Clinical Commissioning Group (CCG).

This prospectus aims to introduce you to the CCG and help you understand who we are, what we do and how you can work with us to help make healthcare in Brighton and Hove the best it can be.

We are a group of doctors and nurses who are responsible for commissioning and organising high-quality, accessible healthcare services for everyone in our city. Our commissioning role is supported by health managers and lay members help us consider the views of local people.

The CCG makes sure that the budget for healthcare in Brighton and Hove is spent wisely and effectively on a range of services which are outlined later in this document.

We are local, professional and focused on what people here really need. Because the CCG is run by doctors and nurses, we are well-placed to understand what people in Brighton and Hove require from their health service.

All of us are proud to live and work in such a vibrant and diverse city and we strive to meet the needs of all our communities. The CCG is committed to working side-by-side with local people and there are a number of ways of letting us know what needs improving, or what works well and should be replicated across the city.

We represent the 47 GP practices in the city, all of which are members of the CCG. We also work particularly closely with Brighton and Hove City Council, NHS England and our friends and colleagues across the local voluntary sector.

This document is a short guide to the Clinical Commissioning Group. You can find out more about us on our website and by talking to your local GP practice.

Dr Xavier Nalletamby
Chair

[\[Add photo\]](#)

Dr Christa Beesley
Accountable Officer

[\[Add photo\]](#)

What we do

We are responsible for shaping and designing the healthcare services that people in Brighton and Hove need, then selecting the best providers to run them. The services we commission include those that:

- Are available in an emergency, including A&E and ambulance services for life-threatening injuries and illnesses, and urgent care services for common but sometimes worrying conditions or injuries;
- Support people with long-term conditions, such as diabetes, dementia and heart disease, in receiving continued care;
- Help those who have been through a trauma or serious illness get back on their feet through rehabilitation services;
- Treat children when they become ill or get hurt;
- Support people with learning difficulties;
- Give those with mental health needs the relevant treatment and support;
- Treat infectious diseases and stop them from spreading;
- Provide care and treatment to manage the conditions which develop as we get older and support those who need care at the end of their lives;
- Help those wanting to start a family to conceive;
- Support expectant mothers preparing to give birth and support them through the birth itself.

Although we do not commission primary care services, the CCG supports GP practices in Brighton and Hove and their doctors and nurses to deliver the best care possible for their patients.

We are also responsible for making sure healthcare services are safe and effective. We monitor the quality of our three main NHS Trust providers (Brighton and Sussex University Hospitals NHS Trust, Sussex Partnership NHS Foundation Trust and Sussex Community Trust) to ensure that the care we commission is of a consistently high standard.

What our partners do

Brighton and Hove City Council

- Healthy living
- Support for alcohol, substance and smoking addiction
- Sexual health
- Health visitors and family centres

<http://www.brighton-hove.gov.uk/>

NHS England

- GPs
- Pharmacies
- Dentists
- Opticians
- Highly specialised services
e.g. intensive care units

<http://www.england.nhs.uk>

Health in Brighton and Hove

Our City

Brighton and Hove covers a geographical area of approximately 34 square miles, encompassing nearly 300,000 people from all walks of life and remarkable, diverse communities.

Our population is unusually distributed:

- Relatively large numbers of people aged between 20 and 44;
- Fewer children and people over 65 than nationally;
- But a large number of people over 85 who are likely to need regular access to healthcare.

Life expectancy is 77.7 years for males and 83.2 years for females.

The city has a student population of around 34,000 and receives 8 million visitors each year.

Health Priorities

We require a wide range of services to make sure everyone who uses healthcare in our city has access to the care they need to stay well and lead healthy lives.

The healthcare areas identified as key priorities for Brighton and Hove CCG are:

- Emergency care
- Mental health
- Dementia
- Diabetes
- Circulatory illnesses
- Cancer and tumours

In partnership with Brighton and Hove City Council, we have identified the following joint priorities:

- Dementia
- Cancer
- Healthy weight
- Smoking
- Emotional well-being

Services that support those with drug, alcohol and smoking addictions and programmes to encourage people to lead healthy lives are provided by the City Council. We work particularly closely with them to give you complete, appropriate care.

[ADD MAP]

Future Need

Our aim is to focus on keeping people healthy, with higher quality, more accessible care available when required.

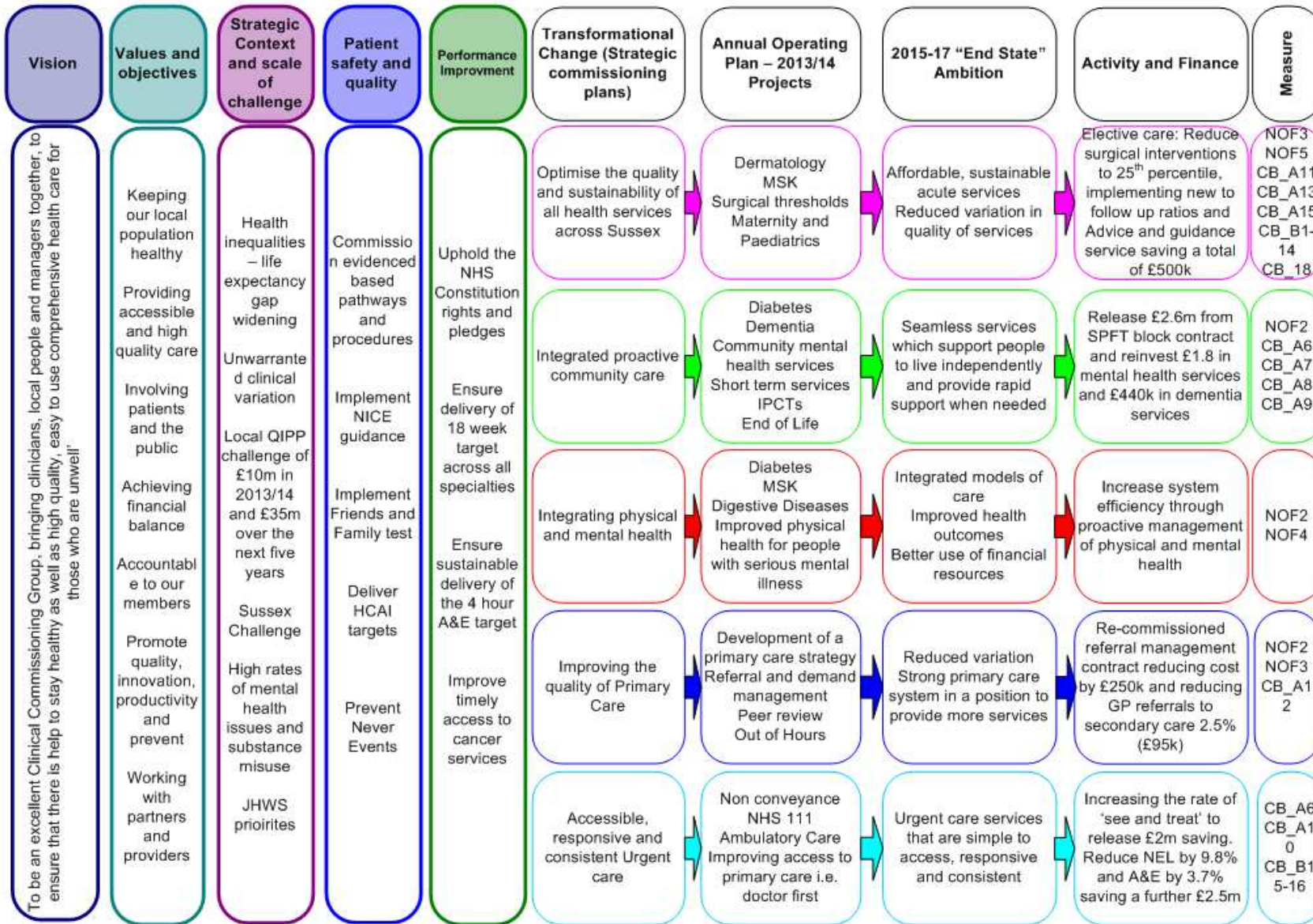
New health challenges will emerge in a population that is growing year-on-year. The greatest increases will be seen in:

- 25-34 year olds
- 50-59 year olds
- Children under 15

As a city, we need to work together to continue narrowing the gap in life expectancy between males and females.

There is also a gap in mortality rates between the most affluent and most deprived areas of Brighton and Hove. This gap has been widening in recent years and we will be working to make sure that everyone, regardless of background, has access to the healthcare services they need.

Need short introduction – is this an overview of the Strategic Commissioning Plan?



Get involved

We are committed to working side-by-side with local people to make decisions about healthcare in the city. Whoever you are and whatever your state of health, we want to hear from you – even if you only use the health service occasionally.

Some of the key ways of talking to us are outlined below but they are complemented by numerous opportunities to get involved through community and voluntary groups and by the everyday interactions you have as patients with your doctors and nurses.

Patient Participation Groups (PPGs)

PPGs are run locally by volunteer patients and Practice Managers. They contribute ideas, feedback and suggestions directly to their practices. Their role can involve anything from conducting patient surveys to giving their views on the services their practice should offer.

There is a cross-city network of PPG members so people can get involved in healthcare beyond their GP practice and work with us to commission effective and responsive services. We also have PPG representatives on our three Local Member Groups for the East, West and Central areas of the city.

If you are interested in joining your local PPG, please contact your practice directly.

Healthwatch Brighton and Hove

Healthwatch is an independent health watchdog for the city and provides a number of important functions, including:

- Helping local people get involved in the commissioning and monitoring of services;
- Providing advice on accessing healthcare;
- Making recommendations on how health and care services can be improved;
- Offering an Independent Complaints Advocacy Service for anyone who wants to resolve a complaint about NHS healthcare.

A city-wide health forum will be set up in partnership with Healthwatch. It will include neighbourhood and community groups and it will take into account complaints data to help inform our commissioning plans.

For further information about Healthwatch Brighton and Hove, please visit their website at <http://www.healthwatchbrightonandhove.co.uk/>

Public Board meetings and events

We hold a full public Board meeting every two months, when people in the city are invited to attend and discuss healthcare with each other and with key CCG staff. Attendees can submit in advance the questions they would like addressed at the meeting.

We also have a programme of public events where people can hear about our progress and priorities and help shape our commissioning activities. These events take place every two months and include themed discussions and open questions so that people are informed about local health services and can give us feedback.

Public meeting dates are listed on our website along with related minutes and papers.

High-quality care

Everyone in Brighton and Hove has the right to expect high-quality healthcare, so clinical quality and patient safety are at the heart of what we do. We want to make sure people using health services in Brighton and Hove have a positive experience of care and are treated in a safe environment.

As local doctors and nurses, we understand the significance the NHS plays in the daily lives of many people. We are committed to driving small, measurable improvements to your health service and are here to look after you from your first steps to your last days.

The Clinical Commissioning Group is committed to:

- Upholding the values of the NHS Constitution, promoting patient rights and addressing their concerns along with those of our colleagues and providers;
- Engaging people in the city in decision-making about care and services;
- Working closely with the City Council to make sure our city-wide focus is on prevention rather than just treatment;
- Investing in services based on need and evidence of effectiveness;
- Increasing the integration of and cooperation between services, so they can be delivered together;
- Improving access to services and providing care out of the hospital, closer to people's homes where possible;
- Putting mental health on an equal footing with physical health;
- Reducing inequalities in health, access to services and patient experience;
- Taking a robust zero tolerance approach to MRSA infection and any lapse in care that could have been avoided by following best practice;
- Setting long-term targets and planning ahead to address continuously the healthcare needs of the city;
- Working with our partners to ensure high-quality care is delivered across the city.

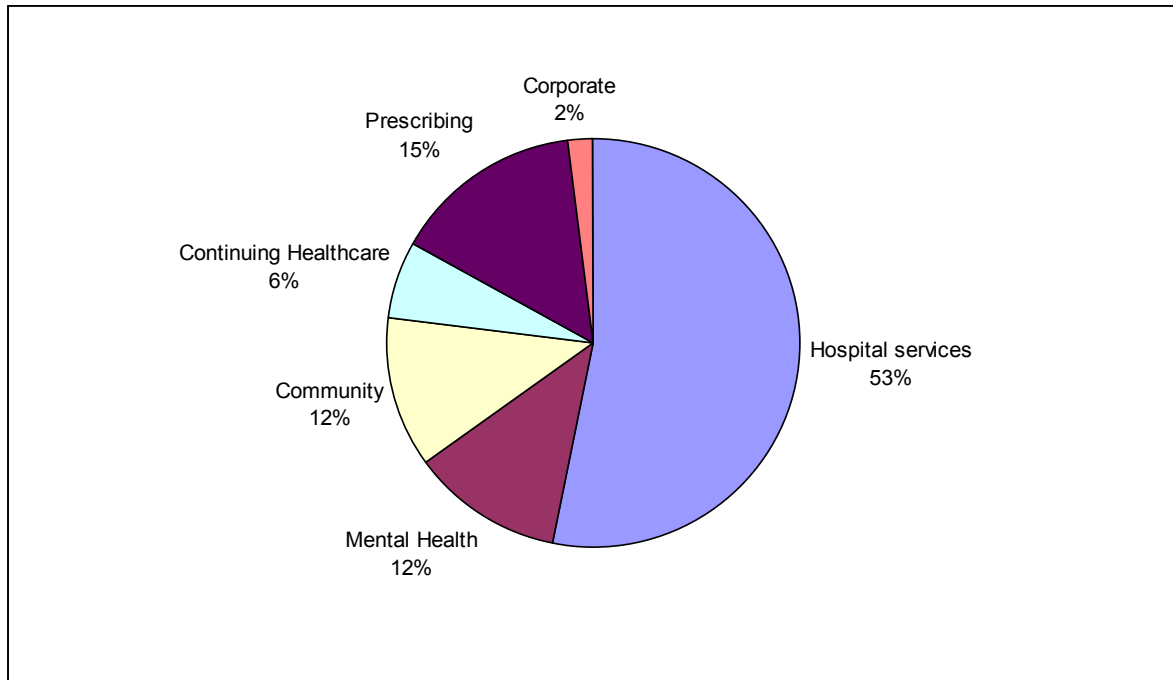
If you would like further information, please read our Annual Operating Plan and Strategic Commissioning Plan which can be found on our website **(need to add link)**.

Managing our resources

We carefully balance our priorities to make sure that the budget for healthcare in Brighton and Hove is spent wisely and effectively. This represents £360 million of public money from the Department of Health that is used to commission high-quality services that are available when people in the city need them.

Brighton and Hove CCG has an underlying surplus and a strong track record of assisting elements of the local health system that carry deficits. We set stretching savings targets above the national average and meet them through ideal usage of CCG resources.

The following pie chart shows a breakdown of our planned spending for 2013-14:



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INTEGRATED CARE PILOT

The DH have called on Local Health Economies to put themselves forward as “pioneers” of integration – ie pilot innovative integrated care solutions involving health and social care, third sector etc (copy of letter attached). Discussions with key partners in the City suggested that we would be keen to put ourselves forward in Brighton and Hove and further discussions with the Council would suggest that integrating support around the needs of homeless people in the City is a priority for us all. Therefore we have invited key stakeholders to a meeting on 19th June where we can scope out in more detail what an integrated service might look like across statutory services, primary care, the third sector etc and obtain partner agencies commitment to being part of this proposal. We need to have an expression of interest back to the DH by 28th June so it doesn’t give us much time to turn things around. One of the criteria is that we have endorsement from the H&WB Board to this as an area of focus so therefore it would be really good if we could have a brief discussion at next weeks meeting just to say we are planning this and be able to say in the bid that its with the backing of the H&WB.

LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

To:

Local authority chief executives
Chairs of Health and Wellbeing Boards
CCG clinical leads
Provider CEOs across the social care and health system – public, private and voluntary

Dear colleagues,

The Government is encouraging all areas to develop their own reforms to public services. This approach involves all services and builds on experience from the community budget pilots supported by the Department for Communities and Local Government. A collaborative of national partners¹ has now set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England over the coming years. ***Integrated Care and Support: Our Shared Commitment*** published today, signals how this national partnership will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integration for the benefit of patients, people who use services, and local communities.

All localities need to develop plans for integration. There is no blueprint. While elements of different models will be transferable, every locality is unique and needs to develop its own model of integration to suit the needs of local people. But we know that delivering better coordinated care and support, centred on the individual, is difficult and that there are barriers at national and local level that are getting in the way.

The national partnership is therefore inviting expressions of interest from local areas to become integration 'pioneers' as a means of driving forward change at scale and pace, from which the rest of the country can benefit. We are looking for pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required. The local area could comprise of the area covered by a particular CCG or local authority, or a larger footprint in which different authorities and health bodies work together to enable integrated services. What is important is that it would be at a scale at which a real difference can be made.

¹ Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

We will provide tailored support to pioneers. In return, we expect them to be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

National partner organisations are already working to clarify the scope and extent of the freedoms and flexibilities in the system. These will allow localities to innovate and develop their chosen models for integrated care and support. We will seek to address at local level any additional barriers that emerge as pioneers and other local areas push forward on integrated care and support, and we will assess whether any rules should be changed at the national level, as a result.

The attached annex sets out our vision for pioneers, the criteria and process for selecting them, and the offer of support from national partners, helping us succeed together in meeting our shared aspirations. As we want to enable and encourage local innovation², we would be interested to receive expressions of interest from commissioners and providers. This includes any that might not yet have all of the prerequisites in place but nevertheless have innovative ideas and proposals worthy of further consideration. Any gaps against the criteria could be addressed during the process of pioneer selection for inclusion in the first, or subsequent, cohorts.

If you would like to be considered to become a pioneer, please send an expression of interest, addressing the required criteria on no more than 10 pages, to pioneers@dh.gsi.gov.uk by 28 June 2013. This is the first call for expressions of interest, and we expect there will be further calls in future years as momentum builds and progress is made across England.

We are working closely with the Department for Communities and Local Government and the Public Service Transformation Network – a multi-agency organisation with secondees from across national and local government and local public services - to ensure that the health and social care pioneers programme is closely aligned and integrated with support that the Network will provide to local public services. If you have already submitted an expression of interest to work with the Network and wish also to be considered as a health and social care pioneer, please send an expression of interest. We will work with the Network to ensure that we take account of this as part of the pioneer selection process.

If you have any queries, please contact us at pioneers@dh.gsi.gov.uk.

We look forward to receiving your proposals.

² Innovation: “An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.” **Innovation, Health and Wealth (2011)**

Pioneers in integrated care and support: Selection criteria, process and national support offer

1. Introduction

In our joint publication today, ***Integrated Care and Support: Our Shared Commitment***, a collaboration of national partners³ has set out an ambitious vision of making person-centred coordinated care and support the norm across England over the coming years. We have signalled how we will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better person-centred, coordinated care for the benefit of patients and people who use services, their carers and their local communities more generally.

For the most ambitious and visionary localities, we will provide additional bespoke expertise, support and constructive challenge through a range of national and international experts to help such pioneers realise their aspirations on integrated care. This approach builds on the community budget pilots, which provided insights into co-designing integrated health and care at scale and pace. The pioneer programme will link directly with the development of a Public Service Transformation Network extending across government and participating localities.

We want everyone to innovate and we have highlighted in our publication today the freedoms and flexibilities in the system. We will seek to address at local level any additional barriers that emerge as pioneers push forward and we will assess whether any rules should be changed at the national level, as a result.

We aim to stimulate successive cohorts of pioneers, supporting them for up to five years. In return, we expect them to contribute to accelerated learning across the system.

³ Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

2. Our expectations from pioneers

Within five years, we expect pioneers to:

- **be regarded as exemplars:**
 - deliver improved outcomes, including better experiences for patients and people who use services
 - tackle local cultural and organisational barriers
 - realise savings and efficiencies for re-investment

- **have used the Narrative developed for us by National Voices, in association with *Making it Real*, to help shape good, person-centred coordinated care and support for individuals in their area**

- **have demonstrated a range of approaches and models involving whole system transformation across a range of settings**

- **have demonstrated the scope to make rapid progress**

- **have tested radical options**, including new reimbursement models and taking the risk of 'failure to integrate' in some cases

- **have overcome the barriers to delivering coordinated care and support**

- **have accelerated learning across the system to all localities**

- **have improved the robustness of the evidence base** to support and build the value case for integrated care and support

3. Selection criteria

Against this background, we are requesting expressions of interest from areas that wish to become pioneers. We will announce the first of these in late summer 2013.

We will not be prescriptive about the specific models for local adoption; it will be for localities to decide, based on their own judgements and circumstances. However, to be selected as a pioneer, we would expect a locality to satisfy six key criteria:

Primary criterion	Supporting considerations
<p>Articulate a clear vision of its own innovative approaches to integrated care and support</p>	<p>This should include how it will:</p> <ul style="list-style-type: none"> • adopt the Narrative developed by National Voices, aligned with <i>Making it Real</i>; • integrate around, and deliver better outcomes, including experiences for, individuals, families, carers and communities; • align with outcome frameworks; and • identify potential financial efficiencies for reinvestment; and identify potential measures of success.
<p>Plan for <i>whole system</i> integration</p>	<p>This should encompass mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate, across their local areas.</p> <p>The plan should include how the locality will deliver greater prevention of ill health and deterioration of health and personalisation through better integrated care and support.</p> <p>The plan should include those who would benefit most from person-centred, coordinated care and support, such as intensive users of services who repeatedly cross organisational boundaries or who are disproportionately vulnerable.</p> <p>It should also take into account how public services should be integrated with the unpaid contributions of families and communities.</p>

<p>Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area</p>	<p>This should include local executive and political leadership, staff groups, including clinicians, patient groups, people who use the services, carers and families.</p> <p>Areas will also need to demonstrate robust governance structures, including for information sharing, to sustain the approach, as well as a robust plan for engaging local Healthwatch, people who use the services, all staff groups and the public in local service reform.</p> <p><u>The involvement and support of Health and Wellbeing Boards</u> (as a minimum, by the end of the selection process) will be an <u>essential prerequisite</u> for any area to become a pioneer.</p>
<p>Demonstrate the capability and expertise to deliver successfully a public sector transformation project <i>at scale and pace</i></p>	<p>This might be evidenced by:</p> <ul style="list-style-type: none"> • a proven track record in this area, strong local leadership and accountability; and/or • demonstrable and robust plans to address key local barriers to integrated care and support; and • risk management mitigation strategies, to maximise the likelihood of the area delivering its vision for integrated care and support across its locality.
<p>Commit to sharing lessons on integrated care and support across the system</p>	<p>This would be expected to include involvement in peer to-peer (including clinicians) promotion, dissemination and learning networks.</p>
<p>Demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence</p>	<p>This will include:</p> <ul style="list-style-type: none"> • plans that have taken account of the latest available evidence; • understanding of the potential impact on the relevant local

	<p>providers and intended outcomes;</p> <ul style="list-style-type: none"> • a commitment to work with national partners in co-producing, testing and refining new measurements of people’s experience of integrated care and support across sectors; and • a commitment to participate actively in a systematic evaluation of progress and impact over time
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4. Selection process

The selection process will be fair and transparent, whilst avoiding unnecessary bureaucracy. It will involve the following steps:

- Potential pioneers have six weeks to develop and return their Expressions of Interest, addressing the selection criteria above and not exceeding 10 pages in length. Expressions of interest can be submitted as joint applications, such as from a CCG and its local authority.
- In early July, the national partnership organisations will undertake an initial review of the Expressions of Interest. We will draw on additional sources of information, including the perspectives of local representatives of people who use services; information provided through the NHS planning round; information from CQC; any relevant information from Monitor and National Trust Development Authority; the recent ADASS/NHS Confederation survey of local authorities; and the selection of the new phase of community budget sites being run by the Department for Communities and Local Government as part of the wider Public Service Transformation Network.
- In mid-July, a Selection Panel made up of representatives from the national partners, three UK and three international experts will consider the Expressions of Interest and any additional information. The Panel will be chaired by Jennifer Dixon, Chief Executive of the Nuffield Trust (other panel members are being confirmed). The Panel will select any areas that meet the evaluation criteria in full or sift in any prospective candidates subject to receiving further information and clarification. National partners will obtain any additional information that might be necessary for the Panel to reach its view.
- The Selection Panel will make final recommendations to the national partners by the end of August, for their approval.

- The first cohort of pioneers will be announced in September 2013.

5. National support for pioneers

During the process of selection, national partners will discuss with pioneers their specific needs and proposed models of integration, and tailor their support accordingly. Based on what the system more generally has told us it needs from national organisations, the support that we envisage providing specifically to pioneers could include some or all of the following:

Capability Need	Support available
Changing the strategic/executive level culture	Organisational development Priority setting Action Learning sets Workshops, including peer-to-peer and champion support
Developing local payment systems	Payment design Contract design and models Cost collection Risk underwriting
Understanding the framework of rules on choice, competition and procurement	Clarification of rules and how integrated solutions can comply with them
Workforce flexibility	Employment law advice Workforce development
Public and professional opinion and engagement	Implementation of the Narrative National political support Engagement expertise
Analysis and evidence	Data and service audits Analytical support Financial modelling and health economics expertise to build the value case Evaluation expertise

In addition, we will:

- provide a dedicated ‘account manager’ as the main day-to-day point of contact with each pioneer to help them access the specialist support they need;

Gateway Reference Number: 00079

- draw together the current learning from literature and sites where integrated care has already been successfully adopted and other related initiatives, such as Year of Care implementer sites; and
- connect the pioneer sites through a strong community of practitioners to enable rapid and real time sharing of best and emerging practice across the pioneers, as well as more generally across the rest of the country.

Please submit your applications to pioneers@dh.gsi.gov.uk by 28th June 2013
If you have any queries or questions about the process these can also be submitted to pioneers@dh.gsi.gov.uk

