



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

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 (as amended), (items not considered unless the agenda is open to inspection at least five days in advance of the meeting) was that the report had to be circulated to partners prior to publication.

Title:	Designing an Integrated Care Partnership and Reviewing the purpose and functioning of the Health and Wellbeing Board
Date of Meeting:	29th January 2019
Report of:	Rob Persey, Executive Director of Health & Social Care and Wendy Carberry, Managing Director South CCG
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Wards Affected:	ALL
FOR GENERAL RELEASE	
Executive Summary	
<p>Purpose of the paper is to provide clarity on a practical level and in lay person terms about progress to date on integrating health and social care and outline the proposed next steps to both design a partnership delivery model and review the current functioning of the Health and Wellbeing Board to provide the required governance and oversight of strategic and system performance at the local level. This supports the strategic policy direction to integrate health and social care services by 2020. In setting out a way forward we need to recognise the level of change since we first set out on this journey. Most recently has been the</p>	



publication of the NHS Long term Plan and additionally we continue to await the publication of the Green Paper on adult social care which we now expect to contain further proposals for social care and health integration. Our developing approach will therefore need to take account of this evolving change agenda. The benefits of a more integrated approach to delivering health and care in the city include:

- Working on and delivering a joined up health and wellbeing strategy to improve outcomes for our population with a particular focus upon reducing inequalities across the city.
- Determining through the local democratic machinery how we want to influence the balance of resources across the system e.g. between acute sector and preventative approaches delivered at primary and community level.
- Having an influence within the evolving Integrated Care System across Sussex on how an Integrated Brighton and Hove Health and Social Care Partnership (known in national terminology as an Integrated Care Partnership (ICP) can be established. This will focus upon key Council and NHS bodies, along with relevant stakeholders from the voluntary and community sector and other local providers, working closer together to deliver joined up services focussed upon specific patient/service user/population cohorts to benefit our local community.
- Seeking support to review the current working arrangements of the HWB, bringing back a number of options in the summer. The preferred option, once selected, will require a new governance framework and this will be developed and presented to the HWB in the autumn. This proposed timing is consistent with the timescale required in the NHS long term plan for the submission of a five year plan for the development of Integrated Care Systems.

It is important to remember through this period of change that the HWB will continue to carry out its core statutory responsibilities and we recognise also that the CCG must continue to fulfil its statutory duty under existing legislation. However with immediate effect the HWB will support progress on more integrated working with appropriate oversight of and accountability for; key performance indicators monitoring delivery of the Health and Wellbeing Strategy, alignment of relevant budgets, joint governance of the Better Care Fund (BCF), developing a shared medium term financial strategy and agreeing shared commissioning intentions.

Glossary of Terms

Central and East Sussex Commissioning Alliance - The Alliance is a new way of working across the 8 CCGs in Sussex. It is not a formal merger of the organisations and each CCG retains its individual sovereignty.

BSUH – Brighton & Sussex University Hospitals NHS Trust which covers both the Royal County and Princess Royal sites



DToC – Delayed Transfers of Care

HWB – Health & Wellbeing Board

ICP – Integrated Care Partnership – same as below

IHSCP - Integrated Brighton & Hove Health & Social Care Partnership
(terminology to avoid possible confusion with the ICP acronym locally)

ICS Integrated Care System

KPIs – Key Performance Indicators

NHSE – National Health Service England

SCFT – Sussex Community Foundation Trust

SECAmB – South East Coast Ambulance service

SPFT – Sussex Partnership Foundation Trust

STP – Sustainability and Transformation Partnership

VCS – Voluntary and Community Sector

1. Decisions, recommendations and any options

1.1 That the Board agrees to the following:

- 1.1.1 Note the latest changes in the national policy landscape, including the NHS long term planning guidance that supports the NHS Long term Plan, and the awaited Green paper on Adult Social Care whilst addressing the local strategic case for change for integrated health and social care services.
- 1.1.2 Note progress that has been made so far with developing our joint services that positively impact upon the patient/service user experience.
- 1.1.3 Approve senior officers across a range of key partners to negotiate and influence within their constitutional remit the design of an appropriate Integrated Health and Social Care Partnership for Brighton and Hove, meeting the national design requirements for an Integrated Care Partnership (ICP) within a broader Integrated Care System (ICS), and bring a proposal back to the HWB in summer 2019.

- 1.1.4 Establish a Policy Panel with one representative from each Group to be nominated by the Group Leader to review future purpose and membership of the Health and Wellbeing Board with options to be brought back for consideration in summer 2019.(If this is agreed the Terms of Reference and membership will be brought to the March Board for approval)
- 1.1.5 In this transition period reaffirm the HWB's ongoing accountability for its statutory responsibilities and remit to include:
- The development and publication of the Joint Strategic Needs Assessment for our population
 - Agreement of a medium term Health and Social Care Strategy (joint draft health and wellbeing strategy currently being consulted upon)
 - Working with the CCG to develop agreed health and social care budgets within the 4 -5 year financial planning horizons due in the Autumn to achieve appropriate alignment to deliver the Health and Social Care Strategy
 - An annual high level review of health and social care performance against relevant and meaningful KPIs including patient feedback and customer experience to inform future HWB strategic policy.
 - An annual review of strategic service delivery and commissioning priorities, governance and strategic management and delivery arrangements at city-wide and regional levels in order to inform adjustment to national and regional priorities.

2. Relevant information

- 2.1.1 Whilst it is clear that the national direction of travel in support of integrated health and social care services remains unchanged further recently announced delays to the publication of the Green Paper on the future funding of Adult Social Care continues to present significant challenges to the planning of future funding of the system locally. However, as this report is in its final drafting the NHS Long Term Plan has just been published and this will need to be fully understood to ensure our approach is fully supportive. The direction of travel set out in the NHS Long Term Plan also acknowledges that existing legislation is not consistent with the evolving landscape and will at some stage require change.
- 2.1.2 With a financial backdrop of resource challenges for both the Council and the NHS driven in part by increasing demand upon health and care services it must be remembered the statutory social care responsibilities councils hold for both Children and Adults. The council has a statutory duty to assess people to determine eligibility for a range of services ensuring there is a

sustainable market to provide these. Equally under safeguarding duties the Council must work to ensure that vulnerable people are protected from harm investigating wherever this may not be the case. This understanding is important as a balance to the increasing national media perception that adult social care exists primarily to support NHS performance. The Council also delivers a number of important statutory Public Health functions as part of the health and care system. The Council is a partner in a valued and important mutual relationship with health colleagues and other stakeholders and the need for a sustained mutual respect is paramount recognising our separate statutory duties under existing legislation.

- 2.1.3 The role of the Council in improving the health and wellbeing is critically important. The Minister for Health and Social Care has recently announced that prevention is key to improving the health and care in the country, the public health role of the Council being just one important example. In March we will provide a further paper to the Board explaining how we will be working with health colleagues on the financial challenges that face us both while also keeping the prevention focus in the city. In addition the Joint Strategic Needs Assessment that is also coming to the Board today, the Joint Health & Wellbeing Strategy, coming in March, reflects key health inequalities and our response to them.
- 2.1.4 As Board members are aware, the Brighton & Hove CCG is now part of a wider Collaborative of CCGs that covers the Sussex and East Surrey STP footprint. Each CCG is still an entity in its own right and Brighton and Hove CCG maintains its own sovereignty within this wider grouping of the Central Sussex and East Surrey CCGs. However, our local CCG will also be subject to change as it operates with this broader Collaborative and as the development of an Integrated Care System evolves. The impact of these strategic and organisational changes will continue to impact on our collective agenda.
- 2.2.1 The Board will be aware of the system pressures that have been ongoing throughout the year. The sustained focus on delayed transfers of care and supporting people back to their home where it is most suitable has delivered a positive performance trajectory over the past two years. However performance of the system is still not where we need it to be and whilst we actively progress to a more integrated future, we will need to implement actions in the short term. Both the NHS and the Council, which is subject to a different statutory financial control framework, will need to be aware of the respective financial management responsibilities through this period of limited resources and increasing demand.
- 2.2.2 At a strategic and system leadership level progress on delivering some of the integration intentions stated in the November 2017 HWB paper has been slower over the past year than would have been initially hoped, two examples being progress toward joint budget alignment and design of a joint commissioning team across the Council and CCG. Key reasons for this include:

- Budget and demand challenges through 2018/19 upon both the Council and CCG
- The health demands and financial challenges, including the commissioning reform agenda, which have understandably spread available CCG resource wider than the local Brighton and Hove footprint.
- The direction of travel anticipated but only recently published on the NHS Long term Plan
- The awaited Green paper on the future of Adult Social Care

2.2.3 However, there is a balance here and it is important to note from both the Council, CCG and other NHS providers the good joint work that has flourished over the past year and must not stand still. The following are only a few examples of the work that has been achieved and delivering an improved service to patients and service users:

- Joint commissioning examples include the Advocacy services, mental health provision and the Ageing Well service which have all highlighted shared and joint working.
- BSUH hospital social work teams redesigned and working very effectively with BSUH and SCFT, enabling improving better patient experience and organisational efficiency. This can be quantified in the improved DToC performance now compared to two years ago. We are also making progress on annualised budget planning.
- Mental health working with SPFT has seen improvements although DTOC here remains a challenge to be met by the whole system
- Adult Social Care West District and CCG Cluster 6 have established more formal integrated working, whilst the East District Adult Social team are building relationships on a less formal basis with GP practices and community services, both of which demonstrate improved patient experience for our residents.
- Across the system with the support of the Policy Panel established under the HWB we have produced a draft joint Health & Wellbeing Strategy which will be provide a policy framework for the Board, including a forward agenda / plan and 4 yearly structure with the policy drivers, performance and finance etc. The Health and Wellbeing Strategy is currently being consulted upon and will be brought back to the Board meeting in March 2019.

2.2.4 NHS provider performance overall has been improving. This improvement has been supported and achieved by partners working together through, for example, the focus of the A&E Delivery Board. However it is important to recognise we still face seasonal pressures and the above improvements are only a few of the positive initiatives in place. We are committed to do more across the system. For example we are exploring an independent 'hospital to home' review to shine a light on what else may need to be done, when and by whom. We should continue to identify those areas where closer working would provide real benefit pending us being clear on the ultimate direction of travel which continues to develop.

- 2.3.1 Following from the presentation this Board received in November 2018, these changes have identified that there is a need to have a partnership of existing organisations working differently across the city and more widely. Nationally there is a drive to introduce Integrated Care Partnerships with flexibility to be designed and operate upon locally determined footprints. In Brighton and Hove our preferred version of this will be the Integrated Health and Social Care Partnership, a proposed new working arrangement across the Council, CCG, Primary Care and key NHS providers including BSUH, SCFT and SPFT. Though explicitly not a new organisation, this partnership of existing organisations would need to create and have a shared vision so there is a common understanding of what we are doing and to ensure that we keep to this shared focus rather than reverting to the needs of our own organisations. Having a shared vision will support our drive for continued to improvement in our population health outcomes for our residents through looking at and improving our service delivery models. In practical terms a new partnership approach offers the opportunity for organisations to work differently, one example possibly being more multi-disciplinary teams working together out of different locations with a focus on specific patient cohorts.
- 2.3.2 The form of Integrated Care Partnerships will need to be part of the overall Integrated Care System which is still evolving and thus the form and coverage of individual Integrated Care Partnerships have still to be formulated.
- 2.3.3 As boundaries of health and care delivery are not rigid, we would also need to engage with the wider Collaborative especially our adjacent county councils, East Sussex and West Sussex, who share our boundaries whilst recognising that all councils have independent democratic accountability.
- 2.3.4 We need to explore and clarify the type and level of engagement we would seek to support the design of an Integrated Care Partnership to meet our strategic priorities and how service delivery is then commissioned. Part of the exploration would seek to clarify the ongoing relationship we would have with each potential partner after such Integrated Care Partnerships have been formulated and designed. However it is clear the end result of this process is to achieve a locally designed service delivery model for integrated health and social care as being driven by the national policy. It will be primarily a construct of existing council services (including Families, Children and Learning, as well as Public Health and Adult Social Care) with BSUH, SCFT, SPFT and the CCG focussing upon primary and community services including pharmacy. There will be close engagement (exact details still to be defined) with other related provider services e.g. care homes and SECamb and our VCS. However, there are critical stages to progress before reaching this position and therefore dialogue will be necessary to work jointly with our local CCG and broader NHS colleagues on how the developing Integrated Care System and individual Integrated Care Partnerships will be formulated and established. The overall accountability and governance model will also need to evolve as it is fundamentally different from the existing statutory framework.

- 2.3.5 In addition to the groups mentioned above, it is important not to lose sight of the need to maintain our ongoing engagement with Healthwatch and our safeguarding leads for Children and Adults. To have critical friend and voice of the consumer at the Board is fundamental and also part of the Health and Social Care Act. The Independent Chairs of safeguarding have also added their voice to the Board which we have all benefited from. One further role we need to enhance is that of reengaging with NHSE who in addition to having a quality oversight role also commission services in our area which our local CCG do not provide.
- 2.5 Through this review and the development of the ICP there will need to be an increased focus upon population health approaches focusing on specific patient cohorts, eligible service users through to promoting preventative approaches. Its links to the Board and its oversight, need to clearly distinguish between this and the HWB review.
- 2.6 A key building block to support this work will be the Joint Health & Wellbeing Strategy which can be used as a driver to provide the framework for the Board, its future agenda and work plan. It will provide a 4 yearly structure with the policy drivers, local priorities and clear links to finance and performance with an annual framework for formal review.
- As illustrated above, there is a clear need to review the remit and functions of our existing HWB. While the statutory functions of any Health & Wellbeing Board (and its minimum legal representation) are small there will be a need to reflect the differences of the partnership of organisations as described above and also the Board. There will also need to be clarity on how an appropriate separation is established between democratic representation, policy formulation and accountability and governance. A partnership will be about the form of commissioning, delivery against performance targets and financial management whilst recognising broader governance and accountability requirements. We would suggest the Board review is about the:
 - Establishing the strategic role of the Board
 - The form and responsibility for governance, financial and performance accountability of the ICP recognising that there are likely to be developing requirements from the centre on accountability, reporting and effective governance
 - Monitoring delivery of the Health and Wellbeing Strategy including oversight of some key policy drivers, e.g.: over time what shift and how delivered resources balance from acute to prevention

We are asking for permission to undertake engagement with our partners and come back for formal agreement. There is much that can be considered here as beyond the current guidance which has been written to enable local flexibility to meet local need. For example:

- Meeting frequency (if quarterly could suggest how this might work e.g. a planned cycle of activity)

- Representation – we have discussed already Partnership members on HWB – explore benefits of going much wider into Chamber of Commerce, Police, and wider VCS etc.

Following our conversations an options paper back to the Board in July with a range of options. These should include the future direction of the Board with suggested revised Terms of Reference, the support for the Board including a rolling plan of reporting that ensure it has a strategic focus whilst supporting the broader accountability and governance framework which is agreed. Part of the future decision on the options in the summer will materially impact upon need for and purpose of a new Adult Social Care Committee and any subcommittee requirements. It needs to be noted that the HWB is a council committee and any changes to the HWB will need to go through the approval process including approval of full council and CCG Governing Body.

3. Important considerations and implications

3.1 Legal:

The proposals in this report are asking for exploration of a number of options which will need to be considered as they are progressed.

Lawyer consulted: Elizabeth Culbert Date: 21/1/19

3.2 Finance:

An Integrated Care Partnership requires a joined up process for future budget planning in relation to primary and community care, public health and social care. This will ensure that the Council and CCG have an open, transparent and integrated approach to agreeing the financial priorities and delivering the best value services for both organisations. This will require both organisations to align their budget timetables. The financial risks for both organisations will need to be evaluated and detailed within medium term financial planning and updated regularly within the relevant financial governance arrangements.

Finance Officer consulted: Sophie Warburton Date: 23/01/19

3.3 Equalities:

There are no equality implications identified at this time. The proposals in this report are asking for exploration of a number of options. Once the outcome of the Integrated Care Partnership redesign is known, and any changes to Health and Wellbeing board are agreed, it would be beneficial to review this again to identify if there are any equality implications in the new approach.

Equalities Officer consulted: Anna Spragg Date: 23/01/19



