

<b>Meeting:</b>	<b>Health and wellbeing board</b>
<b>Meeting date:</b>	<b>Monday 14 October 2019</b>
<b>Title of report:</b>	<b>Integrated Care System and One Herefordshire</b>
<b>Report by:</b>	<b>Director of adults and communities</b> <b>Director of strategy and transformation (NHS Herefordshire Clinical Commissioning Group and One Herefordshire)</b>

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards)

## **Purpose and summary**

To provide an update and overview of the developing Integrated Care System and One Herefordshire. National Health Service England (NHSE) requires that this plan must involve and ideally be agreed with community providers, primary care providers, and the new Clinical Directors of Primary Care Networks. It should also be subject to dedicated discussion at all health and wellbeing boards.

## **Recommendation(s)**

That:

- (a) the health and wellbeing board determine its own role in taking forward the priorities; and**
- (b) the board identify any items for inclusion in its future work-programme.**

## Alternative options

1. The health and wellbeing board may identify additional and alternative approaches to delivering the desired outcomes or may make recommendations to relevant bodies regarding actions to improve integration.

## Key considerations

2. This paper and the attached background presentation provides an overview of the current plans for the Herefordshire and Worcestershire Sustainability Transformation Partnership (STP), One Herefordshire and the Integration plan delivered by the Better Care Fund Plan (BCF).
3. The evolving landscape of STPs and integration has been cemented by the NHS Long Term Plan ([www.england.nhs.uk/long-term-plan/](http://www.england.nhs.uk/long-term-plan/)) where the key five themes include:
  - a new service model for the 21st Century;
  - people will get more control over their own health and personalised care when they need it;
  - local NHS organisations will increasingly focus on population health and fulfilling their duties in reducing health inequalities whilst moving to Integrated Care Systems everywhere;
  - digitally-enabled primary and outpatient care will go mainstream across the NHS; and
  - reducing pressure on emergency hospital services
4. The new service model for the 21<sup>st</sup> Century describes a change for General Practice (GP), moving to Primary Care Networks (PCNs) to deliver care to populations of 30-50k. In Herefordshire this would result in five PCNs across four localities (two PCNs in Hereford city). The plan commits funding to the networks for additional resources to support the vision to improve population health, support self-care and reduce the length of stay in hospitals by providing more support in locality areas.
5. STPs have been evolving over the past few years, and developed across Herefordshire and Worcestershire based on an NHS Clinical Commissioning Group (CCG) footprint area. The next step is STPs transitioning into Integrated Care Systems (ICS) across the country by April 2021. This will involve a shift of decision making to a partnership approach across commissioners and providers of health and social care to drive integrated care delivery, better utilise resources, improve population health and reduce inequalities.
6. Key changes are also emerging for CCGs, to streamline commissioning arrangements which could typically involve a single CCG for each ICS/STP area. CCGs will become leaner and more strategic, and will support providers to partner with councils and other organisation on population health, inequalities and service redesign.
7. The priorities in the NHS Long Term Plan are areas are being worked upon, both within the Herefordshire and Worcestershire STP and the work of One Herefordshire. As a minimum, system plans should focus on four things:
  - meeting the new funding guarantees for primary medical and community health services;
  - supporting the development of their Primary Care Networks (PCN);

- improving the responsiveness of community health crisis response services to deliver the services within two hours of referral, and reablement care within two days of referral; and
  - creating a phased plan of the specific service improvements and impacts they will enable primary and community services to achieve, year by year, taking account of the national phasing of the new five-year GP contract.
8. During 2019/20 the Herefordshire and Worcestershire STP will be transitioning into the new ways of working, and developing to absorb NHSE/NHSI responsibilities as these are devolved. This includes developing partnership forums that enable us to work through a partnership approach whilst recognising that accountability and responsibility of individual organisations won't change.
  9. As part of the development of STPs into ICSs the local 'place' will need to be developed, as the NHS seeks to engage in a meaningful manner with the council and local communities to address wider wellbeing, population outcomes and inequalities. This concept of 'place' is best described as being coterminous with health and wellbeing board boundaries, making One Herefordshire our local vehicle to drive this forward. This will include supporting the development of PCNs at more local level, as well as working with the council and local communities to address wider wellbeing.
  10. One Herefordshire is our place based partnership, and we are currently developing our five year integration plan. Our vision is for Herefordshire to be a county of healthy individuals living within healthy communities:
    - Herefordshire residents will be supported and enabled to keep themselves well at home;
    - when needed they will have joined up care and support, underpinned by specialist expertise, delivered in the best place by the most appropriate people; and
    - our services will be clinically and financially sustainable, working in partnership to make best use of the 'Herefordshire pound' within the Herefordshire and Worcestershire Integrated Care System (ICS).
  11. There are a number of priority areas that are being developed within One Herefordshire for the next two years and these are:

#### **Year 1 Priorities**

- Community resilience
- Integrated primary, community and mental health services
- Urgent care, including frailty, dementia and end of life
- Elective care: musculoskeletal, ophthalmology, dermatology and outpatient redesign
- Digital and population health management

#### **Year 2 Priorities**

- Prevention
- Psychological interventions
- Complex mental health needs
- Back office and infrastructure

- Estates
12. The Better Care Fund (BCF) and Integration plan is an integral part to the delivery of the One Herefordshire programme. The plan was refreshed last year to provide an overview of the key areas of focus for partners. The BCF plan has been agreed with the CCG for 2019/20 and that BCF, IBCF and Winter Pressures funding for 2020/21 was confirmed in the budget.
  13. The quarterly performance report for BCF shows that delayed transfers of care (DToc) and the urgent care system remains a challenge for health and social care, this includes providing the appropriate level of support to keep people at home and admissions into care homes.

## Community impact

14. The changes described are aligned and integral to delivering the NHS Long Term Plan and by providing services at a locality level also supports the council's corporate objective to 'enable residents to live safe, healthy and independent lives.'
15. The plans are intended to move our health and social care system to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal care setting will support communities to remain within their own homes and reduce the need for hospitalisation and long term care. This will support our objectives of building community resilience and tackling health inequalities.
16. One Herefordshire recognises 'Talk Community', the community plan that the adults and communities directorate, as a critical underpinning component of One Herefordshire and its 5 year strategy. It will support One Herefordshire partners in improving wider wellbeing and population outcomes, as well as addressing their statutory duties around health inequalities. Citizens have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by councils, to take steps to improve the health of the local community.

## Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows: A public authority must, in the exercise of its functions, have due regard to the need to -
  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. The STP is developing a more joined up approach to its equality duties, and has an STP equality work stream which is developing a robust and uniform approach to equality impact assessment across Herefordshire and Worcestershire.

19. The council and CCG are committed to equality and diversity using the public sector equality duty (Equality Act 2010) to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. All equality considerations are taken into account.
20. It is not envisaged that the recommendations in this report will negatively disadvantage the following nine groups with protected characteristics: age, disability, gender, reassignment, marriage and civil partnerships, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
21. The BCF programme aims to deliver better outcomes for older and disabled people and supports the council in proactively delivering its equality duty under the act. This is through improving the health and wellbeing of people in Herefordshire by enabling them to take greater control over their own homes and communities. There are no negative impacts for looked after children or with respect to the council's corporate parenting role.

## **Resource implications**

22. The One Herefordshire five year 'integration' plan is currently in development, and will demonstrate how we will work collectively to use our resources more efficiently.
23. The BCF is considered within this programme of work. As noted above, the BCF plan has been agreed with the CCG for 2019/20 and that BCF, IBCF and Winter Pressures funding for 2020/21 was confirmed in the budget. The BCF has clear national conditions and metrics on the funding and allocations of the budget.
24. Additional funding has been committed by the Department of Health to support the development of the PCNs, increasing resources across the networks for a number of professional roles.

## **Legal implications**

25. Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. Specifically functions of the board relevant to this report are to: encourage those who arrange the provision of any health or social care services in Herefordshire to work in an integrated manner for the purpose of advancing the health and wellbeing of the people of Herefordshire:
  - encourage those who arrange for the provision of any health related services in Herefordshire to work closely with the health and wellbeing board;
  - encourage the close working of those providing health or social care services with those who arrange for the provision of health related services in Herefordshire; and
  - review whether the commissioning plans and arrangements for the NHS, public health and social care (including Better Care Fund submissions) are in line with and have given due regard to the health and wellbeing strategy.
26. There are no specific legal implications in the recommendations of the report.

## **Risk management**

27. There are a number of risks associated with the changes described and these will be managed through the One Herefordshire executive body (the One Herefordshire Health

and Care Partnership), the Integrated Care Alliance Board and within the council via the directorate and/or corporate risk register.

Risk / opportunity	Mitigation
STP and NHS undertaking timely and appropriate engagement with stakeholders and key partners on key issues. Often due to conflicting priorities this can result in limited time for consultation/engagement on key issues.	Where possible the local transformational programme and timescales is being carefully scoped to ensure full engagement/consultation is undertaken.
The STP focusses on a Herefordshire and Worcestershire integrated care system model rather than placed based solutions.	Development of the place based model through One Herefordshire will ensure that local people continue to receive the appropriate level of care. It will also ensure care is more joined up for service users, and that we are supporting prevention and wider wellbeing.
Unable to recruit to the planned posts to deliver the PCN model, in the context of local and national workforce challenges.	Recruitment campaign is underway and this will continue until posts are filled. Portfolio careers and shared roles across organisations will support recruitment.
Planning guidance for the BCF is delayed further resulting in lack of assurance of future funding and uncertainty of the future programme and funding for BCF	Council officers continue to work with local health partners to develop a local health and social care integration plan to mitigate where possible.

## Consultees

28. There is a national requirement to engage with the public and stakeholders on the NHS Long Term Plan (LTP). The engagement process is set out to seek views and comments on the local priority areas in the LTP. Engagement activity, face-to-face and through online survey is ongoing and is being undertaken by Healthwatch Herefordshire (on behalf of Healthwatch Herefordshire and Worcestershire) and STP engagement teams. Feedback from this engagement was published on the STP website in July/August 2019 and Herefordshire council's adults and wellbeing scrutiny committee will be considering this plan in October.
29. There has not been a need to undertake consultation on this paper as there are no specific service change proposals to be consulted on. Any changes resulting from implementation of specific areas of the presentation will be consulted on fully with the Council and other key stakeholders.

## Appendices

Appendix 1 Integrated Care Systems and One Herefordshire presentation (agenda page 143)

## Background papers

None