

Item No. 9.	Classification: Open	Date: 26 March 2018	Meeting Name: Health and Wellbeing Board
Report title:		Five year forward view – Integrated planning and delivery group (IPDG) progress and next steps	
Ward(s) or groups affected:		All wards	
From:		Councillor Richard Livingstone, Adult Care and Financial Inclusion	

RECOMMENDATION(S)

That the Health and Wellbeing Board:

1. Notes progress from the integrated planning and delivery group (IPDG) and that work will continue to develop a framework for further progressing integration across health and care in Southwark, with a report back in summer 2018;
2. Agrees that, in the light the IPDG work, a review of the terms of reference for the Health and Wellbeing Board (HWBB) commence to ensure continued fitness for purpose, with review outcomes reported to HWBB in summer 2018.

SUMMARY

3. The IPDG was a one year task and finish group set up by senior leaders of the Southwark Clinical Commissioning Group (CCG) and Southwark Council in February 2017. Its purpose was to explore opportunities for integration across health and care in Southwark, including governance options, informed by learning from elsewhere. Key achievements include:
 - putting in place a *Southwark's Bridges to Health and Wellbeing* segmentation approach to commissioning and planning of activity which genuinely focuses on populations rather than services across health and social care;
 - using learning from elsewhere to inform the initial steps towards a framework for integration;
 - improved understand of baseline governance arrangements upon which to develop future plans;
 - a deeper understanding of the values, culture and organisational design features that can assist with integration plans locally.
4. Outputs from the IPDG will be taken forward to develop a framework for progressing integration, across the whole system of health and care, including commissioners and providers together, in Southwark. Plans will be developed for how such a framework can be delivered by 2020. It is anticipated that these plans be brought to the HWBB for further review later in 2018.

BACKGROUND INFORMATION

5. Southwark Council and the CCG are committed to improving the health and wellbeing of residents in Southwark. Across Southwark there is a strong commitment to improving the health and wellbeing of our residents. Outcomes are generally good and many people in Southwark have told us how they are benefitting from the enormous opportunities that living in central London offers – whether that's by taking up new employment opportunities created through local economic growth, spending time with families and friends in our award winning parks and open spaces, getting the most from world class health and education provision or taking up free access to swim and gym use in new and refurbished leisure centres.
6. There is an ongoing shared ambition for the very best outcomes for all Southwark residents, directly tackling health inequalities and ensuring that we use our collective resources to best effect. In 2016 the Council and CCG set out a shared "Southwark Five Year Forward View (FYFV)" for health and social care to 2020/21. This sets out a clear framework for improving the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more co-ordinated care and experience better outcomes.
7. The FYFV (and Southwark Council Plan) is therefore a key starting point for progressing plans for integration across health and social care. Supporting this ambition requires a greater alignment of commissioning budgets and contracting arrangements alongside a focus on specific populations, especially vulnerable groups, putting greater emphasis on the outcomes achieved and people's experiences attached to improved services.
8. Given the ambition - and also in recognition of the need to create space for wider conversation on how best to further progress integration across health and care in Southwark - in February 2017 the IPDG was set up.
9. The purpose of the IPDG was to explore opportunities for integration across health and care in Southwark, including governance options, informed by learning from elsewhere. Terms of reference for IPDG are set out at Appendix 1.
10. The IPDG involved senior representatives across the Council and CCG with a primary objective to maximise the biggest, most important and most immediate opportunities to align commissioning activities. Working collaboratively, the group sought to achieve this by:
 - progressing the integration between the Council and CCG, and delivering on plans that achieve alignment of resources to develop a whole-system approach to a high quality public health and care system in Southwark that is financially sustainable for 2018/19 and into future years;
 - adding value to delivery of the financial challenge both organisations face in 2017-18 (complementing, not duplicating, the budget recovery board in the Council and the associated budget monitoring boards in the CCG).

11. A target date of March 2018 was set for the conclusion of the work and for progress to be reported back to the HWBB. Ongoing progress on the work of IPDG was presented to HWBB in July and November 2017 and again in January 2018. This report now sets out the highlights of the outputs from the IPDG.

IPDG progress and highlights

12. In terms of progressing integration, the Council and the CCG have undertaken joint work in developing an integrated approach to outcome based commissioning, ultimately adapting the “Bridges to Health” population segmentation model which has been operating in ‘trailblazer’ areas for integration such as Stockport to reflect the unique demographics of Southwark, and our determination to ensure that the model is an holistic rather than clinical model. The adapted model is *Southwark’s Bridges to Health and Wellbeing*. It genuinely focuses on populations rather than services and there are segments dedicated to children and young people rather than being grouped with maternity.
13. IPDG oversaw the adaptation and implementation of the segmentation model to make it Southwark’s Bridges to Health and Wellbeing model. The model and approach were previously presented to the HWBB in November 2017 and January 2018.
14. The group has also identified two priority ‘segments’ of the population where officers recommend that effort could be focused – these being children and young people and adult community-based care. Further plans will be developed in 2018/19, taking into account the criteria for selection, before arriving at a firm recommendation for the selected priority segments.
15. A further key focus of the work on integration was to establish appropriate governance arrangements for decision making and resourcing purposes. To inform this work, the group carried out learning from elsewhere, looking at plans developed in places such as Stockport, Torbay, NE Lincolnshire and East Sussex; the latter being visited by Council and CCG representatives in November 2017.
16. The Council and CCG representatives visited the East Sussex Better Together (ESBT) partnership on 24 November. The ESBT Alliance is a formal partnership between East Sussex County Council (ESCC), Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), Hastings and Rother Clinical Commissioning Group (HR CCG), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT). It covers a population of circa 370,000, within the county of East Sussex which has a total population of 547,800.
17. The ESBT began in August 2014 with an initial 150 week whole-system transformation programme designed to invest to best effect a health and social care spend of circa £850 million (rising to £1 billion with income). To date ESBT have put in place integrated health and social care teams, a health and social care connect single point of access and improvements to urgent, out of hours and primary care services. The programme concluded in June 2017 and transitioned to ‘business as usual’ to embed the new ways of working as the norm. The next phase of the work is to develop a new model of accountable

care to deliver the ESBT vision of sustainable integrated care by 2020/21.

18. The learning from elsewhere has assisted officers in designing the framework for progressing integration locally and putting in place specific plans around governance, budgets and service re-design.
19. Alongside learning from elsewhere, work was undertaken on clarifying existing local governance arrangements across the Council and CCG, in so far as it related to areas of integration. By clarifying existing arrangements the purpose was to give each organisation a stronger foundation from which to build arrangements going forward. This work highlighted the key strategic position of the HWBB, which has representation from the Council, CCG and VCS and is thus in principle able to provide collective direction via its decision making processes.
20. Sitting alongside any development work on organisational design, governance and systems of decision making, is the crucial issue of values and culture. Work has therefore been progressed through the IPDG on collectively understanding the behaviours and values that will assist us in developing a shared sense of culture moving forward.
21. To underpin both the segmentation and broader integration work, a data integration exercise has been underway to match NHS and council records. Specifically, this is about having an NHS number which acts as a unique identifier across organisations to maintain a seamless and fully up to date health record against an individual. Work has progressed well. There is an 81% match in records now in place across adult social care and 95% match in children's social care.
22. The Council and CCG already have respective budget planning and monitoring processes in place. The IPDG was therefore not set up in any way to duplicate that work or work with regards budget recovery in adult social care. The purpose of IPDG was however to add value to ongoing resource discussions by maintaining a level of oversight on such issues and ensuring there was space for broader discussion on contextual resourcing matters. The intent being to create a greater level of understanding on common issues and so better informing decision making as further integration proposals come forward. This aspect of the work of IPDG remains very much work in progress, not least as both organisations continue to face challenging resource environments in the immediate and short term.
23. Part of developing a framework for further progressing integration will therefore involve how both organisations create a greater level of transparency and understanding about each other's budgets to better support identifying opportunities for integration projects and programmes.

Next steps

24. Outputs from the IPDG will be taken forward to develop a framework for progressing integration, across the whole system of health and care, including commissioners and providers together, in Southwark. Plans will be developed for how such a framework can be delivered by 2020. It is anticipated that these plans be brought to the HWBB for further review later in 2018.

25. In the light of the findings of the work from IPDG agreement is sought to commence a review of the terms of reference for the HWBB. This is so that they remain fit for purpose and create the infrastructure for the delivery of further integration in future years. The outcomes of this review should be completed in time for the newly elected Council and 2018/19 administrative cycle and reported back to HWBB in summer 2018.

Policy implications

26. In 2016, the CCG and Council agreed a FYFV for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark.
27. Taken together, these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

Community impact statement

28. The public sector equality duty requires public bodies to consider all individuals when carrying out their day to day work, in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
29. This report provides an update on the work undertaken by the IPDG and how the outputs of this work should inform onward development of a framework for further progressing integration across health and care in Southwark. The aim of this joint work is to further improve the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more coordinated care and experience better outcomes. Overall this is about improving quality and value so that people in Southwark have access to the best quality health and social care within the resource envelope available for the borough.

Resource implications

30. There are no financial implications from this report. The recommendation to commence a review of the terms of reference for the Health and Wellbeing Board will need to be considered as part of the Council and CCG normal budget planning and governance processes.

Legal implications

31. There are no legal implications arising from this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Five Year Forward View – a local vision for health and social care: 2016/17 to 2020/21	160 Tooley Street, London SE1 2QH	Stephen Gaskell Stephen.gaskell@southwark.gov.uk
Link: (Copy and paste into browser) http://www.southwarkccg.nhs.uk/news-and-publications/publications/policies-strategies-registers/Documents/Southwark%20Five%20Year%20Forward%20View.pdf		
Southwark Council Plan 2014-2018 (summer refresh, 2016)	160 Tooley Street, London SE1 2QH	Stephen Gaskell Stephen.gaskell@southwark.gov.uk
https://www.southwark.gov.uk/council-and-democracy/fairer-future/council-plan		

APPENDICES

No.	Title
Appendix 1	Integrated Planning and Delivery Group (IPDG) – terms of reference

AUDIT TRAIL

Cabinet Member	Councillor Richard Livingstone, Adult Care and Financial Inclusion		
Lead Officer	Kevin Fenton, Director of Health and Wellbeing Ross Graves, Managing Director, Southwark CCG David Quirke-Thornton, Strategic Director Children’s and Adults’ Services		
Report Author	Stephen Gaskell, Head of Chief Executive’s Office Mark Kewley, Director of Transformation (CCG)		
Version	Final		
Dated	16 March 2018		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		Comments Sought	Comments Included
Director of Law and Democracy		No	No
Strategic Director of Finance and Governance		No	No
Cabinet Member		Yes	Yes
Date final report sent to Constitutional Team			16 March 2018