

TITLE OF REPORT: Integrating Health and Care in Gateshead
REPORT OF: Gateshead Health and Care System Board

Purpose of the Report

1. The report provides an update from local system leaders on progress in taking forward the integration of health and care in Gateshead, building upon the recommendations agreed by the Board on 8th September 2017 and a 'report-out' from a week-long workshop to Board members on 20th July.
2. The report describes current thinking in taking forward a Gateshead 'place' based approach to integration and seeks the views and continued support of the Health and Wellbeing Board.

Background

3. A report was brought to the September 2017 and April 2018 Board meetings which set out the thinking of the health and care system leaders in Gateshead about the opportunities for integrating health and care services with the explicit aim of improving the health and wellbeing outcomes of Gateshead residents.
4. It was reported to the Board that there is whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet three core objectives:
 - (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
 - (ii) To support the development of integrated care and treatment for people with complicated long-term health conditions, social problems or disabilities.
 - (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.
5. The report described a shared vision and proposals for taking this work forward which were endorsed by the Board and led to a week-long workshop in June to develop our emerging ideas further. The outcomes from the workshop were presented to Board members at a report-out session before its July meeting and a commitment was made to bring a progress update back to the Board in the Autumn.
6. This progress update:
 - takes stock of where are now as a system;
 - considers some key issues that have been identified from our recent work and how they are being addressed;
 - sets out some next steps which have been identified

A Gateshead 'Place' based approach to Health and Care that supports the 'Thrive' agenda

7. A key outcome from the June workshop was the commitment to pursue a 'primacy of place' approach in taking forward health and care integration in Gateshead. This means that, as far as possible, integrated planning (commissioning and provision) of services takes place at a Gateshead Place level with services being provided as close to peoples' homes as possible whilst ensuring quality and safe care that is responsive to peoples' needs. In short, Gateshead System designed, locally delivered, health and care.
8. It also means that we recognise the importance of local people, local politicians and local professionals being directly involved in shaping health and care services in Gateshead as well as decisions about the future of those services.
9. Our place-based approach has implications for our relationship with wider footprints/ 'collaborative areas' at Integrated Care System (ICS) level and Integrated Care Partnership (ICP) North level that include Gateshead. As a local system, we have made it clear that we see the role of the ICS/ICP as being to support our journey and local working arrangements across health and social care. This is best represented by the inverted 'pyramid' diagram at Appendix 1 where local place is placed at the top, followed by the ICP layer and then the ICS layer at sub-regional and regional levels.
10. This means that we need a clear, shared and consistent narrative on what we are seeking to achieve for the benefit of local people so that our local 'ask' from the ICP/ICS is clear. We have continued to develop this since our workshop through the various strands of work underway and through key themes, such as the link to Gateshead's Thrive agenda.
11. It is also clear that there are opportunities to address some of the key enablers to integration at a broader footprint such as workforce, IT etc. that local areas can shape further to progress their ambitions and plans (see below).
12. Finally, enabling decisions to be made as close to 'place' as possible will strengthen local democratic accountability in developing and implementing new models of care going forward. As leaders of place with a population focus, local government also has a key role in shaping an environment that creates the conditions which facilitate good health across the life-course - housing, economy, employment etc.

Integrated Planning (Commissioners and Providers Working Together replacing the Commissioner v Provider split) / Getting the most from the Gateshead £

13. A key element of our narrative is that we are determined to plan and deliver health and care differently for the people of Gateshead. The development of integrated health and care planning is complex, challenging and multi-faceted. At the same time, it provides a unique opportunity to shape, guide and bring together our health and care system in pursuit of a common set of key outcomes that are owned collectively by local health and care partners and by local people. This means a step change in our approach:
 - No purchaser provider split in Gateshead – partners are bound together in interests of the Gateshead population;
 - Outcomes focused strategic planning;

- Being prepared to make some radical changes;
 - Resources are wrapped around health and care pathways rather than organisations;
 - Perverse incentives are removed.
 - A system designed to remove as many barriers to joint working as we can.
14. It also provides us with an opportunity to jointly address key challenges facing our local health and care economy, whilst also making the most of opportunities to do things differently through our joint working arrangements. This means:
- We aim for all health and care to be in scope (through a phased approach);
 - Joint planning and delivery system for Gateshead;
 - Starting with planning for 2019-20.
15. We believe that by working together at a system leadership level in Gateshead, we can develop solutions which best meet the needs of the population and ensure best use of the “Gateshead public pound”. NHS Partners also recognise that it is not possible to “fix” the NHS financial position, without addressing the social care financial position.
16. As part of this, we also recognise that the voluntary and community sector continues to face financial challenges and that it does not have easy access to funding to maximise its contribution to the health, care and wellbeing of local communities. In practice, many voluntary organisations operate on a mix of funding sources that include contract, grant and income generation. To gain the best from the sector in a redrawn future environment for health and social care, a similarly diverse offer of funding opportunities will need to be available.
17. A Gateshead Plan is being developed to capture the key components of our approach. It is not a strategy – it will set out the narrative/story about why we have come together as organisations and how that will shape our approach going forward. It will include:
- how we see our relationships with each other, with local people and with broader collaborative areas;
 - a direction of travel for the medium and longer term, whilst also having a focus on what can be done now in the short term i.e. from 2019/20 onwards (see below);
 - the financial position across the system – financial pressures and our approach to savings/efficiencies proposals from a whole system perspective for 2019/20;
 - details of system demand, encompassing health and social care demand growth;
 - plans for key priority areas for 2019/20 (see below);
 - plans for transformation programmes of work (see below);
 - expected priority areas of the NHS Plan (Cancer; Cardiovascular & Respiratory; Mental health; and Learning Disability and Autism) and the Government’s Green Paper on adult social care.

2019/20 Approach to Budget /Service Planning

18. There is a collective desire to see what can be done now to begin to align and jointly shape our budgetary and planning arrangements – i.e. for the 2019/20 round. This

has been the subject of discussion with Directors of Finance across our system and through the Thursday afternoon System Group.

19. This means reviewing our planning / budget cycles and processes to align with a joint system approach to be agreed (e.g. currently, health and social care are on different timeline schedules, with NHS partners required to adhere to central planning guidance requirements). It also means looking at how health and care system partners can input, in practical terms, to each other's budget planning arrangements so that there is a better understanding as a system of our collective pressures and proposals to address them/mitigate their impact etc.

System-level finance:

20. Both the CCG and Council have shared medium-term financial projections and the next step will be to confirm available resources to meet health and care needs for 2019/20. This is currently being worked through. Consideration will also be given to the scope for resources to be moved between organisations to mitigate pressures across the health and care system for the benefit of local people in 2019/20.
21. It is also proposed that organisations share potential savings/efficiencies plans as they are being developed so that there is an opportunity to consider system wide impacts.

System demand:

22. The Council's medium term financial strategy sets out details of social care demand growth over the medium term. Health partners are working together to provide a similar, corresponding picture for health care over the medium term which can then be shared and discussed from a whole system perspective, informed by Gateshead's Joint Strategic Needs Assessment.

System Priority Areas 2019/20:

23. Discussions to-date have identified three priority areas to be considered as part of our system planning arrangements for 2019/20:
 - Children and young people's mental health and wellbeing
 - Frailty
 - People with multiple, complex needs
24. There are existing working arrangements in place for each of these areas and lead officers have been tasked to set out a system view on what needs to be done/ what can be done in 2019/20. This will cover how an integrated system approach can be progressed, as well as linkages to the system 'Outcomes Wheel' (see appendix 2). The outcomes from this work will then feed into the Gateshead Plan that is being developed.

System Behaviours:

25. Discussions have identified the need for a better way of having conversations regarding the contracting round – contracts/volumes etc. As a first step, arrangements are being made to get appropriate people together to have a conversation on an approach to contracting for 2019/20, including associated behaviours. This work stems from key principles identified during the workshop

week around behaviours needed to support our new ways of working. They included:

- Ensuring that the behaviors of all staff align to our system values
- Working together based on trust with a focus on what is best for local people
- Planning health and care together
- Delivering health and care together
- Moving away from a transactional approach to contracting
- Joint problem solving
- No blame approach
- Working together to improve services, mitigate our risks and reduce our costs
- Using our money and people wisely and well
- Breaking down barriers between health and care
- Keeping the momentum going

10 Transformation Areas

26. During the Gateshead System workshop week, it was agreed to oversee a number of transformation programmes. The rationale for doing this was:

- To share our transformation capacity, especially people;
- To align our current and future transformation activity to our joint planning arrangements;
- To avoid duplication and unintended consequences
- To reduce meetings covering the same activities
- To provide direction in working to deliver the outcomes framework
- To resolve any barriers/issues to taking work forward
- To reduce the 'burden' of 'over consultation' on patients and carers
- To mitigate our financial challenges, manage demand and enhance service quality and safety.

27. We were clear that:

- We wanted to act together to mitigate our financial challenges;
- We would concentrate on high value, system wide transformation activity;
- It is important to link transformation activity, finance and service planning.

28. To ensure our work programme is manageable and our oversight effective, we have made the distinction between:

- i. Transformation programmes which aim to change services across the system and have implications for more than one partner;
- ii. Bi-lateral discussions between partners;
- iii. Service developments which are predominantly about improving the internal operations of one partner;
- iv. Operational and transactional matters which highlight individual cases or minor changes.

29. The following transformation programmes have been identified and have now been included as part of the Group's work programme:

- Deciding Together, Delivering Together

- Children and Young Peoples' emotional health and wellbeing
- Frequent attenders
- Residents with multiple and complex needs
- Community Services
- Falls
- Frailty
- End of Life Care
- Intermediate Care
- Community Model for Learning Disabilities

30. Work is also underway to scope other potential opportunities for 2019/20 by getting the right people together across the system including CCG clinical leads, provider organisation staff etc.

31. The leads for the transformation areas have been asked to consider the following questions:

- What can be done differently to join up our approach across the system for the benefit of local patients/ service users?
- Is there anything that can be done to differently to reduce cost within the system in the short and longer term?
- Is Gateshead an outlier currently and, if so, what can/is being done to address this?

Moving the lens from an organisational focus to a system focus – reporting on quality, performance, finance/planning

32. It has been recognised that there needs to be a greater focus on reviewing quality/ performance/ finance/ planning at a system level i.e. moving the lens from a focus on individual organisations to a focus on the system as a whole. Work is underway to identify where most value can be gained from this approach and how this can be put in place.

A Relationship based on Trust - MoU

33. A memorandum of understanding is being developed to capture our new working relationships, building upon the existing memorandum of agreement in place for Gateshead Care Partnership. The draft MoU will describe the arrangements around which we will work together for the benefit of local people, within available resources. Key components include:

- An extended partnership membership, reflecting a whole system approach;
- An MoU based on trust – not a non-legally binding document;
- A statement of commitment from partnership members – to play a significant, active and ongoing contribution to enhancing the health, care and wellbeing of local people in a way that is locally sustainable;
- It does not replace the legal frameworks or responsibilities of our organisations;
- Nothing in the MoU will prevent organisations from meeting their statutory responsibilities;
- Decision making would be based upon a consensus approach, with a voting arrangement in place as a backstop measure only.

Role of Voluntary and Community Sector (VCS)

34. The contribution of the VCS (small, medium and large sized voluntary and community organisations) is recognised by the local system, of which they are a key part, whether or not they provide contracted health and care services. The presence of VCS organisations within local communities, the trust they earn by being rooted in and for the community and the opportunities they provide for social activity creates the conditions for wellbeing that are important in ensuring people receive the care they need. In this way, they are well placed to be an agent of positive change within a Gateshead place based health and care system.
35. The voluntary and community sector provides a means to link with and involve older people, BAME communities, people with physical or learning disabilities, people with drug and alcohol problems, with mental health issues and individuals or families trying to manage on low or no incomes.
36. It is also recognised that although the voluntary and community sector can bring much in the way of provision that can indirectly support health and care services, there are also established voluntary and community organisations that do deliver contracted health and care services. Locality based VCS delivery partnerships/ consortia, such as Blue Stone Consortium, can be a useful way for VCS organisations to engage with and deliver contracts to support health and care in Gateshead. The consortium is represented at the weekly Gateshead system meetings.
37. HealthWatch Gateshead has a particular role to play as the independent champion for people using health and social care services in Gateshead. As well as helping people to find out about services and listening to what people think of services, HealthWatch Gateshead has a key role to play in helping system partners to understand what people want to meet their health and care needs and how this can be done in a way that is sustainable for the local system as a whole.
38. We recognise, however, that we need a better understanding across the local system of how the VCS, and the significant potential it represents, can best shape and contribute to future place-based work for the benefit of local people.

Enablers – in particular, Workforce and IT

39. There are a number of important enablers to health and care integration and prominent amongst these include our workforce and information technology.

Workforce

40. It is widely recognised that there is a pressing need to address health and care workforce challenges and that this needs to be a system wide solution between social care and health, given the interface between both the clients/patients who use services and the people who work in delivering social and health care in the public sector, the voluntary sector and the independent care sector.
41. Recruitment and retention of a comprehensive social care work force, paid a fair wage for the work they do has to be a high priority. There is an urgent need to address the negativity and “stigma” associated with a job within the care sector. There are also particular challenges relating to attracting and retaining NHS staff within the north east which is impacting upon GP primary care, nursing and

secondary care. More broadly, there is a need to address the likely impact of Brexit, given the number of people from outside the UK who work in this field.

42. As many of the challenges we are facing are similar to those experienced across the north east, there are opportunities to address some of these issues across a broader footprint (regional level). At a Gateshead place level, the need to develop an integrated People Strategy has been identified which will look to ensure that the approach being taken in Gateshead builds upon and adds value to the work taking place at a NE level.

Information Technology (IT)

43. There is already a significant piece of work taking place at a regional level through the development of the Great North Care Record - a new way of sharing medical information across the North East and North Cumbria by health and social care practitioners. It means that it will be possible to share key information about peoples' health such as diagnoses, medications, details of hospitals admissions and treatments between different healthcare services including hospitals, out of hours and ambulance services. The programme is a collaborative piece of work including local NHS, social care, academia, local charities and third sector providers.
44. There is also scope for local integrated data sets using population segmentation to support predictive care planning at different levels e.g. borough level, practice level and individual patient level, linked to clinical and financial data. This can help to target patients and service users through a system wide approach. As we develop our IT systems locally, we will need to make the most of these emerging opportunities.

Communications & Engagement

45. It is essential that decisions on local health and care services are not only understood by local people but have their active involvement. This means:
- Public engagement - telling our story and enabling people to shape our future direction;
 - Understanding peoples' needs and how we can work together to address them;
 - Testing out with people and evolving proposals in the light of their input;
 - Gateshead people being able to relate to a single health and care system that seeks to meet their needs within available resources and in a way that is consistent with the Thrive agenda.
46. There is also a need to communicate and engage with our staff in taking forward different strands of work. A key part of the transformation programmes outlined in this report, for instance, is the engagement and involvement of clinicians and staff.

National Consultations

47. We have also taken the opportunity individually and collectively through national consultations to make the case for local place-based approaches to health and care and to put forward the thinking that underpins our approach in Gateshead e.g. the LGA Green Paper on Adult Social Care; developing the long-term plan for the NHS etc. Consideration is currently being given to the national consultation on an Integrated Care Provider Contract.

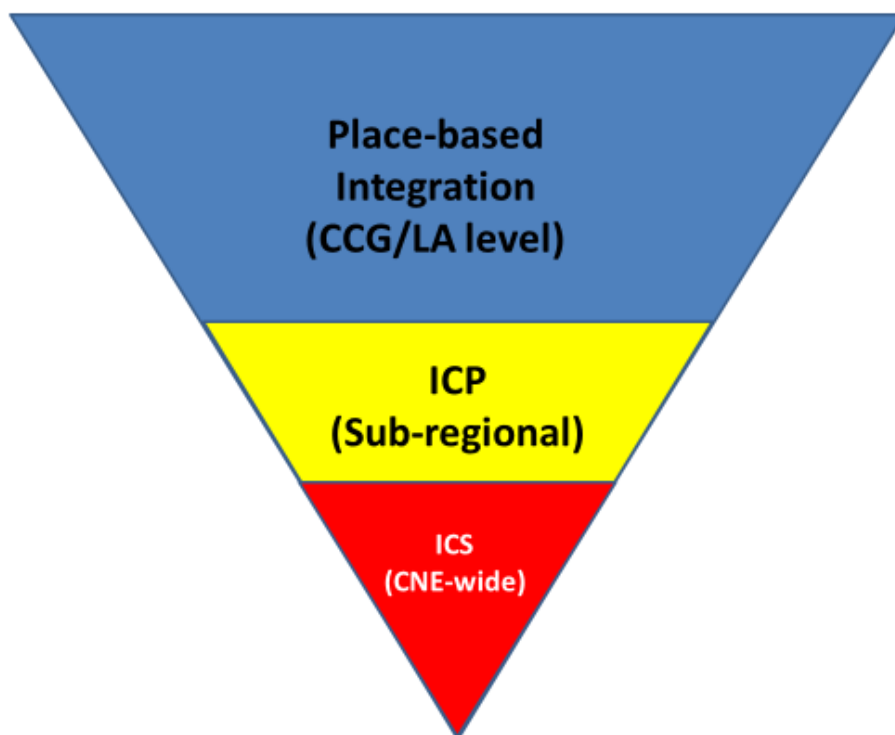
Recommendations

48. The Board is asked to:

- (i) Consider the progress update set out in this report and the issues which have been identified;
- (ii) Receive further update reports as required.

Contact: John Costello (0191) 4332065 and Gateshead Health and Care System Representatives

Gateshead 'Primacy of Place' based approach to health and care integration



GATESHEAD CARE PARTNERSHIP FRAMEWORK FOR BETTER OUTCOMES

