SCRUTINY COORDINATING COMMITTEE **5 SEPTEMBER 2023**

TASK AND FINISH WORKING GROUP: INTEGRATED CARE

1. Purpose of Report

1.1 The purpose of this report is to establish background information, set the scene and set out an approach for a task and finish group looking at integrated care in Sunderland.

2. Background

2.1 The Health and Wellbeing Scrutiny Work Programming session held on 6 June 2023 provided Members, officers and partners with the opportunity to discuss a variety of scrutiny topics, compiling a shortlist of potential issues for task and finish work during the coming year.

2.2 The first of these topics will be to investigate the notion of a trauma informed city. The task and finish working group will aim to conduct a focused, clearly scoped, and time-limited piece of work with clear objectives.

3. Context to the Issues

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Integrated Care

3.1 Integrated Care Systems (ICSs) have existed in one form or another since 2016, but for most of this time have operated as informal partnerships using soft power and influence to achieve their objectives. Following the passage of the 2022 Health and Care Act, ICSs were formalised as legal entities with statutory powers and responsibilities. Statutory ICSs comprise two key components:

- **integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area
- **integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area.

3.2 Integrated care has four main aims that are undertaken through integrated care boards and integrated care partnerships, as follows:

- improving outcomes in population health and health care
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

Integrated Care Boards

3.3 The primary function of ICB is to allocate the NHS budget and commission services for the population, taking over the role previously held by clinical commissioning groups (CCGs) and some of the direct commissioning functions of NHS England. The ICB is directly accountable to NHS England for NHS spend and performance within the system.

3.4 Each ICB must prepare a five-year system plan setting out how they will meet the health needs of their population. This plan must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area.

3.5 The ICB operates as a unitary board, with membership including (at a minimum); a chair, chief executive officer, and at least three other members drawn from NHS trusts and foundation trusts, general practice and local authorities in the area. In addition, at least one member must have knowledge and expertise in mental health services. ICBs have discretion to decide on additional members locally. Each ICB must also ensure that patients and communities are involved in the planning and commissioning of services.

3.6 ICBs must not appoint any individuals to their board whose membership could reasonably be regarded as undermining the independence of the health service. This requirement is intended to ensure that private sector organisations do not exert undue influence and that their participation is to the benefit of the system, reflecting sensitivities around private sector involvement in the NHS.

Integrated Care Partnerships

3.7 The ICP is a statutory joint committee of the ICB and local authorities in the area. It brings together a broad set of system partners to support partnership working and develop an 'integrated care strategy', a plan to address the wider health care, public health and social care needs of the population. This strategy must build on local joint strategic needs assessments and health and wellbeing strategies and must be developed with the involvement of local communities and Healthwatch. As previously highlighted the ICB is required to have regard to this plan when making decisions.

The Principles of Integrated Care

3.8 The Local Government Association outlined six principles to integrated care outlining that working at national, regional, system, place or neighbourhood level, effective partnership working on health, care and wellbeing should have the following elements:

- collaborative leadership – developing a vision, culture and values to support transformation;
- subsidiarity - decision-making as close to communities as possible;
- building on existing, successful local arrangements – all areas should be enabled to develop their own neighbourhood, place and system level approaches according to what is appropriate for them;
- a person-centred and co-productive approach – care and support planned and delivered with individuals;
- a preventative, assets-based and population-health management approach – maximising health and wellbeing, independence, and self-care in or as close to people's homes as possible;
- achieving best value - all partners working together to ensure that the delivery of care and support represents the best value.

What does delivering integrated care mean?

3.9 People benefit from care that is person-centred and co-ordinated within healthcare settings, across mental and physical health and across health and social care. For

care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.

3.10 A person's care may be provided by several different health and social care professionals, across different providers. As a result people can experience health and social care services that are fragmented, difficult to access and not based around their (or their carers') needs. However, good integrated care can reduce:

- confusion
- repetition
- delay
- duplication and gaps in service delivery
- people getting lost in the system

3.11 Delivering integrated care is essential to improving outcomes for people who use health and social care services. Reducing gaps and inefficiencies in care should also be able to offer some opportunities for financial savings.

4. Title of the Working Group

4.1 The title of the review is suggested as 'Integrated Care in Sunderland'.

5. Overall Aim of the Working Group

5.1 To look at the effective integration of health care, public health and housing services in Sunderland and how this provides a more holistic approach which promotes effective working at a neighbourhood level.

6. Proposed Terms of Reference for the Working Group

6.1 The following Terms of Reference for the working group are proposed:-

(a) To understand how integrated care operates across Sunderland including the roles of the Integrated Care Board, Health and Wellbeing Board, NHS Foundation Trust and Local Authority;

(b) To explore and confirm the best way for the Health and Wellbeing Scrutiny Committee to engage and add value to the ICB and local communities;

(c) To look at how integrated care works at the neighbourhood level and engages with communities and service users;

(d) To consider the challenges and barriers to integrated care in Sunderland; and

(e) To explore how integrated care supports discharge and admission prevention from the hospital setting.

7. Gathering the Evidence

7.1 The task and finish working group will gather evidence from a number of sources and this will be coordinated, on behalf of Members, by the scrutiny officer. Every

effort will be made to involve Members in the research, data collection techniques will include a combination of the following:

- Desktop research;
- Use of secondary research e.g. surveys, questionnaires;
- Evidence presented by key stakeholders;
- Evidence from members of the public at meetings or focus groups;
- Site visits.

7.2 The review will gather evidence from a variety of sources. The main evidence will come from information provided by council officers and external partners potentially to include, though not exhaustive, the following:

(a) Relevant Cabinet Portfolio Holder(s);
(b) Director of Adult Services and Chief Operating Officer Sunderland Care and Support;
(c) Executive Director of Health, Housing and Communities;
(d) NHS Foundation Trust;
(e) Sunderland ICB;
(f) Sunderland Health and Wellbeing Board;
(g) .

8. Scope of the Review

8.1 The review will consider, as part of the review process, the following issues related to integrated care:

- What is integrated care?
- What are the benefits of integrated care?
- What services are covered by integrated care?
- How is integrated care operated across Sunderland?
- What is the effectiveness of an integrated care approach at the local level?
- How are new integrated care approaches benefitting service users?
- How is integrated care performance monitored?
- How do we ensure that the Health and Wellbeing Scrutiny Committee is engaging in the most effective way with the ICB to understand, support and develop integrated care across Sunderland?
- What challenges and barriers are there to this kind of approach?
- What impact does integrated care have on hospital discharge and admission prevention?

8.2 As the review investigation develops Members need to remain focused on the key terms of reference to ensure the review is conducted within the time constraints, as well as being robust and based on the evidence and research gathered.

9. Timescales

9.1 Attached for Members information is a draft timetable (**Appendix 1**) for the piece of work which outlines the focused process for this working group. Members of the working group will be invited to attend all the meetings. The timetable will be

developed and amended where appropriate, in line with the terms of reference, as the task and finish working group undertake the review.

10. Membership of the Working Group

10.1 In order to conduct the task and finish project it is suggested that the membership of the working group should consist of no more than 6 Members drawn from the Health and Wellbeing Scrutiny Committee.

10.2 The Chair of the working group can be decided by either the Health and Wellbeing Scrutiny Committee or be left to be determined by the Membership of the Working Group.

11. Recommendations

11.1 That the working group agrees the title of the review as 'Integrated Care in Sunderland'.

11.2 That Members agree the terms of reference for the task and finish working group.

11.3 That membership of the working group is agreed by the Committee and consideration given to the appointment of Chair for the working group.

12. Background Papers

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APPENDIX 1

Timeline	Review Task	Aims & Objectives	Methodology	Contributors
Session 1	Setting the Scene	To provide the working group with an overview and understanding of integrated care	Working Group Meeting	Representatives from Sunderland City Council and Sunderland ICB.
Session 2	The Neighbourhood Level	To investigate how the integrated care approach is being developed at the neighbourhood level with local services, communities and service users	Working Group Meeting	TBC
Session 3	Challenges and Barriers to Integrated Care	To explore the challenges and barriers to the effective integration of services as well as the opportunities and benefits to this approach.	Working Group Meeting	TBC
Session 4	Hospital Discharge and Admission Prevention	To look at how an integrated approach can support improvements in discharge and admission prevention and the work that is taking place currently.	Working Group Meeting	TBC
Session 5	Reflection of evidence and development of draft report and findings.	A look at all the evidence gathered and the development of a draft report	Working Group Meeting	Working Group Scrutiny Officer