SCRUTINY COORDINATING COMMITTEE **3 OCTOBER 2023**

TASK AND FINISH WORKING GROUP: INTEGRATING SERVICES AT THE NEIGHBOURHOOD LEVEL

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 the integration of healthcare services at the local level 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 look at how effectively public health and health care services are being integrated to provide an approach that focuses on the effective working at the neighbourhood level. 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 is a worldwide trend in health care reforms and new organisational arrangements focusing on more coordinated and integrated forms of care provision. It is care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes.

3.2 Integrated care systems (ICSs) are partnerships that bring together NHS organisations, local authorities (including public health and adult social care) and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. There are 42 ICSs across England, covering populations of around 500,000 to 3 million people.

3.3 Statutory ICSs comprise two key components as follows:
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.

3.4 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.

Neighbourhoods at the centre of integrated care

3.9 In health terms it can often make sense to think of natural communities such as an estate, ward or village. The Chief Executive of NHS England and NHS Improvement, Amanda Pritchard, has also highlighted the potential to intervene at an earlier stage with home adaptations and tackling fuel poverty to prevent hospital admission rates. This is re-iterated within the NHS Long Term Plan with a commitment to community-centred approaches.

3.10 The neighbourhood approach may at first appear to be outside the day-to-day workings of many NHS providers. However, the pandemic and cost-of-living crisis has provided an impetus to reach new communities and further develop social capital, it is this neighbourhood level which has brought together populations and created new services addressing unmet need.

3.11 Neighbourhood working can offer a number of benefits including:

- reducing demand on the health and care system,
- developing community resilience; and
- enabling retention through delivering new models of care.

3.12 Neighbourhood working and development is not a new agenda to local government, but builds on councillors' existing knowledge, experience and understanding. A neighbourhood scale can make sense to key partners with examples of work taking place across the country looking at how health and social care wraps itself around specific neighbourhoods with input from local people. There are examples of neighbourhood health recently with the vaccine rollout and the importance of local knowledge and trust, assisting with economies of scale for implementation and development.

3.13 At the neighbourhood level there should be closer working with the wider community including schools, local government, the third sector and public health specialists, to ensure holistic, joined-up care.

.4. Title of the Working Group

4.1 The title of the review is suggested as 'Integrating Care at the Neighbourhood Level in Sunderland'.

5. Overall Aim of the Working Group

5.1 To look at the neighbourhood level approach to adult health provision and how the integration of health and social care services can provide a more holistic approach which promotes effective working and outcomes at the 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 gain an understanding of the types of healthcare provision that is currently taking place at the area and neighbourhood levels;

(b) To consider the challenges and opportunities in integrating services at the neighbourhood level;

(c) To explore the role of the voluntary sector and other partners in the provision and delivery of services at the neighbourhood level;

(d) To look at how the outcomes of neighbourhood level interventions are measured and monitored; and

(e) To explore the potential of how a digital offer to local residents will enable access to health and social interventions across the local area.

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) Area Arrangements Strategic Manager;
(h) Public Health Specialists;
(i) Voluntary Sector Alliance.

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 is the effectiveness of an integrated care approach at the local level?
- What types of health services are being delivered at the neighbourhood level?
- How do
- How are new integrated care approaches benefitting service users?
- What types of services and activities are provided by the voluntary sector and other partners?
- How are outcomes and performance around activities monitored?
- How will evaluations on neighbourhood health activities be highlighted to Commissioners?
- What is the potential long-term future for neighbourhood health services?
- What challenges and barriers are there to this kind of approach?
- How are services promoted and accessed in local communities?
- What is the digital offer and how will this benefit neighbourhood health?

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

Putting neighbourhoods at the heart of integrated care – Toby Lewis (HSJ)

Contact Officer: **Nigel Cummings (0191 561 1006)**
nigel.cummings@sunderland.gov.uk

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	Neighbourhood Level	To visit a number of neighbourhood initiatives that are supporting an integrated approach support health outcomes.	Site Visits	TBC
Session 4	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 5	Outcomes and the Digital Offer	To look at the effectiveness of neighbourhood health and outline the potential of the digital offer.	Working Group Meeting	TBC
Session 6	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