

## CABINET MEETING – 13 FEBRUARY 2013

### EXECUTIVE SUMMARY SHEET – PART I

**Title of Report:**

The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy

**Author(s):** Report of the Director of Health Housing and Adults Services

**Purpose of Report:** The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to approve the Health and Wellbeing Strategy.

**Description of Decision:**

Cabinet is recommended to;

- I. Recommend Council to establish the Health and Wellbeing Board as a Council Committee
- II. Recommend Council to approve the terms of reference of the Health and Wellbeing Board
- III. Approve the Health and Wellbeing Strategy.
- IV. Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

**Is the decision consistent with the Budget/Policy Framework?** **Yes**

**If not, Council approval is required to change the Budget/Policy Framework**

**Suggested reason(s) for Decision:**

- I. The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.

**Alternative options to be considered and recommended to be rejected:**

There are no alternative options to be considered as this is a statutory responsibility.

**Impacts considered and documented:**

Equality ☐ Y ☐ Privacy ☐ Y ☐ Sustainability ☐ Y ☐ Crime and Disorder ☐ Y ☐

**Is this a “Key Decision” as defined in the Constitution?** **Yes**

**Is it included in the Forward Plan?** **Yes**

**Scrutiny Committee**

Health, Housing and Adult Services Scrutiny Panel; and the Public Health, Wellness and Culture Scrutiny Panel

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**REPORT OF EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES**

**The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy**

**Health and Wellbeing Board 25th January 2013**

**1.0 Purpose of the Report**

- 1.1 The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to approve the Health and Wellbeing Strategy.

**2.0 Description of the Decision (Recommendations)**

- 2.1 Cabinet is recommended to:
- Recommend Council to establish the Health and Wellbeing Board as a Council Committee
  - Recommend Council to approve the terms of reference of the Health and Wellbeing Board
  - Approve the Health and Wellbeing Strategy.
  - Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

**3.0 Introduction/Background**

- 3.1 The Health and Social Care Act gives the local authority responsibility for 5 key areas of development –
- To establish a Health and Wellbeing Board
  - To complete a Joint Strategic Needs Assessment
  - To produce a Joint Health and Wellbeing Strategy
  - To set up a local Health Watch
  - To transition public health responsibilities.
- 3.2 The Shadow Health and Wellbeing Board has overseen the production of a Joint Strategic Needs Assessment (JSNA) and draft Health and Wellbeing Strategy, has provided a forum for discussing integrating commissioning plans with the Clinical Commissioning Group and Health and Social Care providers, and has overseen the commissioning of the local HealthWatch. This provides sound foundations for the transition into full Board to meet the requirements of the Health and Social Care Act.
- 3.3 It is proposed that the principles of the terms of reference for the Shadow Health and Wellbeing Board are carried forward and become the terms of reference for the Full Board, through incorporation in the Council's

constitution. However, as the national regulations have yet to be published it is proposed that the final wording be delegated to the Leader of the Council and Chief Executive to approve on publication. The draft proposed amendments are at Appendix 1.

#### **4.0 Establishing the Health and Wellbeing Board**

- 4.1 The Health and Social Care Act states that each local authority must establish a Health and Wellbeing Board (HWBB) for its area by April 2013. The Act states that the HWBB will be a committee of the local authority. It has a statutory minimum membership which brings together key NHS, public health and social care leaders in each local authority area to work in partnership.
- 4.2 In order to establish the Health and Wellbeing Board as a Council Committee, it is necessary to set out the Board's terms of reference and rules of procedure in the Council Constitution. The proposed new sections of the constitution are attached at Appendix 2
- 4.3 The Health and Wellbeing Board will not have a scrutiny function, which will be retained by the Health and Wellbeing Scrutiny Committee.

#### **5.0 The Health and Wellbeing Strategy**

- 5.1 The Health and Wellbeing Board is required to produce and adopt a joint Health and Wellbeing Strategy (HWBS) that covers NHS, social care, public health and potentially other wider health determinants such as housing by April 2013. In Sunderland the process of developing a HWBS was delegated by the Shadow Health and Wellbeing Board to a working group consisting of representatives across the Health and Social Care System and happened over a period of a year from January 2012.
- 5.2 The development of the HWBS comes in the context of large scale change to the way public services are being delivered and in an environment of reducing resources. Although a challenge, the changing environment also offers an opportunity to fundamentally review and improve the way agencies work with residents and communities in the future, and there is a growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering. Consideration will need to be given to our relationship with communities and how services can be delivered in the future to make best use of all resources in order to achieve better outcomes.
- 5.3 In order to meet the challenges outlined above, the HWBS has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland. The Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how we engage with our communities to

empower them to take control over the decisions affecting their health and wellbeing.

- 5.4 The HWBS (attached as Appendix 3) aims to describe the three main components of an assets based approach to health and wellbeing, namely:
- Design Principles – those ways of working which must underpin all commissioning decisions and ultimately ways of working for which the Board holds responsibility – including consideration of the Clinical Commissioning Group's commissioning plans
  - Assets – the core assets which can be built upon in Sunderland to impact on the health and wellbeing of residents
  - Strategic Objectives – the ultimate goals of the strategy which will focus the development of high level actions and commissioning plans that will follow.
- 5.5 To develop the broad acceptance of the strategy further into formal approval, the HWBS is being taken to the Boards and management organisations of partners throughout the whole health and social care system for review and for them to sign up to the three elements outlined above. Cabinet are recommended to approve the Health and Wellbeing Strategy.

## **6.0 Reasons for the Decision**

- 6.1 The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and wellbeing Strategy are requirements of the Health and Social Care Act.

## **7.0 Alternative Options**

- 7.1 There are no alternative options to be considered as this is a statutory responsibility.

## **8.0 Impact Analysis**

**Equalities** – The establishment of a Health and Wellbeing Board and the approval of a HWBS will positively impact on the health and wellbeing of the residents in Sunderland as it moves to achieve the vision of Best Possible Health and Wellbeing for Sunderland....by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

**Crime and Disorder** – The successful implementation of the Health and wellbeing strategy will reduce the impact of bad health behaviours including drug and alcohol use which will have a significant impact on crime and disorder.

**Privacy** – there are no privacy impacts identified.

**Sustainability** – the implementation of the Health and Wellbeing strategy will provide long term and sustainable improvements around health for the people of Sunderland.

## **9.0 Relevant Considerations/Consultations**

- 9.1 The shadow Health and Wellbeing Board and the Clinical Commissioning Group have both reviewed and approved the strategy as it stands.

## **10.0 Recommendations**

- 10.1 Cabinet is recommended to;
- Recommend Council to establish the Health and Wellbeing Board as a Council Committee
  - Recommend Council to approve the terms of reference of the Health and Wellbeing Board
  - Approve the Health and Wellbeing Strategy
  - Delegate the updating of the procedure rules to the Leader of the Council and Chief Executive on publication of the regulations.

## **11.0 Background Papers**

Healthy lives, healthy people : our strategy for public health in England <a href="http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/">http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/</a>	DH 2010
Health and Social Care Act 2012 <a href="http://www.dh.gov.uk/health/2012/06/act-explained/">http://www.dh.gov.uk/health/2012/06/act-explained/</a>	DH 2012
Healthy lives, healthy people : improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016 <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358</a>	DH 2012
Fair Society, Healthy Lives <a href="http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf">http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf</a>	Professor Michael Marmot February 2010

## **12.0 List of Appendices**

- **Appendix 1 – Sunderland Health and Wellbeing Board Procedure Rules**
- **Appendix 2 – Amendments to the Council Constitution**
- **Appendix 3 – Sunderland Health and Wellbeing Strategy**

## **Sunderland Health and Wellbeing Board Procedure Rules**

### **NOTE**

The information required to finalise these rules is not available at present. Government has indicated that regulations will be introduced early in 2013 based on consultation feedback – it is anticipated the regulations will;

- Enable a Health and Wellbeing Board to establish sub-committees and delegate functions to them
- Provide consistency between the treatment of HWBBs as a committee and its sub-committees in relation to;
  - Modifications in respect of disqualifications (so that officers and others are not prevented from sitting on the Board)
  - The disapplication of the political proportionality requirements
  - Modifications or disapplication of voting restrictions (to give voting rights to those statutory members of the Board who are not members of the council and to additional members the council or the Board may choose to appoint to the Board)
  - The application of the standards regime (at present CCG reps are potentially excluded from discussions held by the boards if the local authority standards regime applies to board members)
  - The continued application of the transparency provisions in relation to public admission to meetings and access to papers

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## Amendments to the Council Constitution

### Article 12 – The Sunderland Health and Wellbeing Board

#### 12.01 The Health and Wellbeing Board

The Council will appoint a Health and Wellbeing Board to be known as the Sunderland Health and Wellbeing Board to discharge the functions set out in Section 194 of the Health and Social Care Act 2012.

#### 12.02 Composition

Membership of the Sunderland Health and Wellbeing Board will be:

Leader of the Council (Chair)
Cabinet Secretary (Vice Chair)
Health Housing and Adults Services Portfolio Holder
Public Health and Wellness Portfolio Holder
Children and Young People Portfolio Holder
Opposition Member
Executive Director of Health, Housing and Adults
Executive Director for Children's Services
Director of Public Health
<b>Clinical Commissioning Group</b>
Chair Clinical Commissioning Group
Member Clinical Commissioning Group
<b>HealthWatch</b>
HealthWatch representative (to be confirmed by HealthWatch on commissioning)
<b>NHS CB Local Area Team</b>
Chief Executive of the NHS CB Local Area Team (or representative)

#### 12.03 Role of the Board

The Sunderland Health and Wellbeing Board ('the Board') will have the following statutory roles and functions under Section 194 of the Health and Social Care Act 2012:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a joint high-level health and wellbeing strategy that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled budgets
- To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.

The following will be the additional responsibilities of the board:

- To oversee significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.
- To coordinate partners to improve outcomes, but recognising that it is the responsibility of the Board's constituent bodies to ensure these priorities are taken through their own governance arrangements.
- To prioritise and monitor implementation against the Objectives identified in the Health and Wellbeing Strategy and refresh as required;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators the Board requires, through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- To ensure that activities promote a positive image of the City, the Partnership and the local community;
- To support and influence service developments and change that will enhance the general well being of the City;

#### **12.04 Specific functions**

In carrying out its role the Board may

- Establish sub-committees and task groups
- Commission and receive reports from its sub-committees and task groups to take up additional work on research of policies, service improvement and local needs;
- Invite appropriate representatives and bodies to give evidence.

# SUNDERLAND'S JOINT HEALTH AND WELLBEING STRATEGY

## VISION

### **Best Possible Health and Wellbeing for Sunderland**

**....by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.**

Faced with reducing public resources and increasing demand and expectations many current ways of delivering services are recognised as no longer appropriate. Large scale changes to the way public services are being delivered are well under way. Although challenging, the changing environment offers an opportunity to fundamentally review and improve the way agencies will work with residents and communities in the future. There is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

Consideration will need to be given to relationships between agencies and the communities they serve and how services can be delivered in the future to make best use of all resources in order to achieve better health and wellbeing outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to enjoy much better health and wellbeing, with less reliance on the public sector in the longer term. This involves being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address local needs. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives to bring about better health and wellbeing outcomes that matter to them, their families and communities.

The Health and Wellbeing Strategy, Community Resilience Plan and the Strengthening Families approach are together aiming to achieve the transition to a new way of working and at the same time achieve improved outcomes for the people of Sunderland.

## DESIGN PRINCIPLES

We have established a set of design principles that will underpin our new approach to health and wellbeing and upon which action planning and ultimately commissioning throughout the health and social care system will be built. These design principles are:

- **Strengthening community assets**

Empowering individuals, families and communities, increasing their capacity and involving them in co-producing services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family's and their community's needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.

- **Prevention**

Using local intelligence and experience to identify risks to health and wellbeing effectively and to work within communities to prevent people developing problems

- **Early intervention – actively seeking to identify and tackle issues before they get worse**

We know that early intervention with children, young people and adults can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage can prevent them escalating into more problematic and complex needs.

- **Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards**

The conditions in which people are born, grow, live, work and age are responsible for the (avoidable) differences in people's health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill.

Health inequalities exist within Sunderland itself, and between Sunderland and England. These health inequalities are often related to obesity, alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.

- **Promoting independence and self care – enabling individuals to make effective choices for themselves and their families**

The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to function effectively without the need for recurring agency support.

- **Joint Working – shaping and managing cost effective interventions through integrated services**

Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities.

- **Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient**

Differences in people's health result from differences in the opportunities that people are able to take advantage of during their lives. Action on the wider impacts of health requires action across all the social determinants of health. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identifies six key objectives to reduce health inequalities caused by these determinants. These are:

- Give every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Ill health prevention
- Create and develop healthy and sustainable places and communities.

To see a sustainable improvement in life expectancy for all of the population, including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.

- **Lifecourse – ensuring appropriate action throughout an individual's life with a focus on early years and families**

Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people's lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience.

## ASSETS

There are community and individual assets that we share and that need to be developed, nurtured and supported including:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change
- the networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community.

There are interdependencies between these and a number of strategic assets which come together to make Sunderland unique – these should be built on where they exist and be improved and developed where they are weaker or missing. These are:

- **Strong and stable family and community relationships**

Sunderland is characterised by low movement of people – families and communities are relatively stable and as such there is potential to use local informal support networks to promote healthier choices and healthy lifestyles

- **The coast and countryside and a passion for sport and activity**

Sunderland has an attractive coast and easy-to-reach countryside and urban green spaces that provide opportunities for promoting an active lifestyle. The city's passion for sport and exercise should be nurtured and developed to ensure broader involvement with more wide reaching health impacts.

- **Potential for Sunderland's employers to offer swift access to a large proportion of the workforce and understanding of different communities**

The economy in Sunderland is characterised by a small number of large employers employing the majority of the workforce. By developing relationships with these employers we can tap into their understanding of the communities in which they operate and the people they employ to promote healthy workplaces and healthy lifestyles.

- **A vast number of contacts with residents through daily provision of a wide range of services**

Sunderland's many organisations and support groups are in touch with residents across the whole range of service delivery. Hard-wiring health improvement into these day-to-day contacts will reinforce and bring support to those people who need it so that every contact is a health contact.

- **At the leading edge of putting new technology to work in the public interest**

Sunderland is at the leading edge of using new technologies and making sure that the whole city can make best use of this resource. There exists great potential to use new technologies to enable people to take more control over their own health and wellbeing through technological solutions and by improving information sharing.

- **A huge variety of local organisations, partnerships and networks with a strong track record of effective delivery**

We are starting from a strong position whereby there has been a long history of joint working to deliver real changes. We will build on this to ensure that the achievement of better health outcomes involves individuals, communities and providers.

The following Strategic Objectives describe how we will achieve our vision for health and wellbeing. Detailed action plans will be developed for each. Each strategic objective utilises one or more of the assets and applies all of the design principles.

## **STRATEGIC OBJECTIVES**

### **1. Promoting understanding between communities and organisations**

- **Communities being able to understand what they can expect of service providers and what other organisations can offer**
- **Making best use of local intelligence to identify emerging risks to health and wellbeing**
- **Harnessing individuals, communities and service providers views to inform and challenge provision**
- **Understanding the strengths and diversity of our communities and reflecting this in our commissioning**

If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.

If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.

## **2. Ensuring that children and young people have the best start in life**

- **Encouraging parents and carers of children to access early years opportunities**
- **Supporting children and families throughout the whole of a child's journey, including the transition into adulthood**

Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.

To ensure a positive future for our children and young people there needs to be effective joint working across agencies to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.

## **3. Supporting and motivating everyone to take responsibility for their health and that of others**

- **Encouraging people to take the first steps towards healthy lifestyles**
- **Making healthy lifestyle choices easy**
- **Promoting and sustaining interest in healthy lifestyle options**
- **Raising self-esteem, confidence and emotional health and wellbeing**

The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this affect on ourselves as well as the effect we can have on those around us. However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing easy access to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.



#### **4. Supporting everyone to contribute**

- **Work together to get people fit for work**
- **Understanding the health barriers to employment and training, and supporting people to overcome them**
- **Actively working with local businesses to ensure a healthy workforce**
- **Supporting those who don't work to contribute in other ways**

Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:

- Distress, anxiety and depression that may also impact upon other family members
- Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise.
- Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem.

So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.

For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteer roles.

#### **5. Supporting people with long-term conditions and their carers:**

- **Supporting self-management of long-term conditions**
- **Providing excellent integrated services to support those with long-term conditions and their carers**
- **Support a good death for everyone**

We realise that those people with long term conditions can be experts in their own care because they understand better than anyone the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their condition where this is possible. We

will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.

## **6. Supporting individuals and their families to recover from ill-health and crisis:**

- **Supporting individuals and families to have emotional resilience and control over their life**
- **Providing excellent integrated services to support people to recover from ill health and crisis**
- **Winning the trust of individuals and families who require support**

Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best service pathways that will facilitate rehabilitation by working together through a mixture of appropriate integrated services.