# INTEGRATION SUMMIT 7ᵀᴴ & 8ᵀᴴ APRIL

Welcome & Introduction – Councillor Isobel Seccombe (Leader of Warwickshire County Council)

Cllr Isobel Seccombe welcomed attendees to the Integration Summit. The Summit brings together the Health and Wellbeing Board (HWB) and the HWB Executive Team to consider how we operate differently to drive integration, streamline the health and care system and potentially realise savings across the system. Cllr Seccombe urged the group to leave issues around money and localism behind in order to focus on what integration would look like by 2020.

It is recognised that we have gaps between our communities; this is our chance to decide what we can do together and break the mould to do it differently. Perceptions of integration are different for all of us, this is an opportunity to share those perceptions to reach a common conclusion. There is a need to consider principles for working together and how we share risk together. Risk sharing isn't something we can contemplate in silos any longer, we need to understand cause and effect and impact across the system and consider sustainability in the priorities we agree.

Whilst integration is not easy, Coventry and Warwickshire are well placed nationally, we have a natural footprint and relationships which are improving enormously. We are a family, while family relationships are not always easy we are bound together to improve the lives of our residents. Cllr Seccombe thanked the group for coming together. A list of attendees can be found at the back of this document.
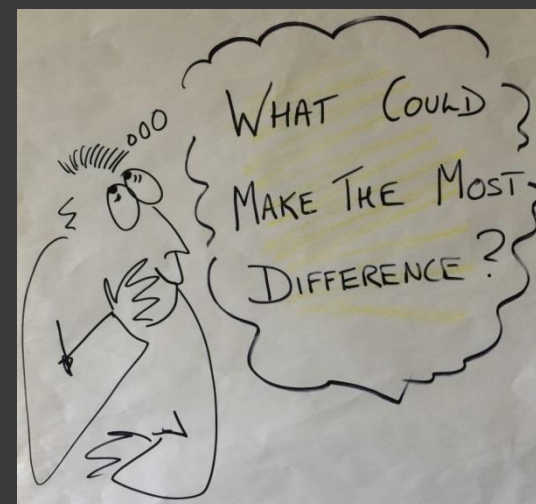
# Welcome & Introduction – Chris Lawrence-Pietroni (The King's Fund)

Chris Lawrence-Pietroni of the King's Fund echoed Cllr Seccombe's views on Coventry and Warwickshire as a family, as with all families there are uplifting conversations and difficult conversations to have, the aspiration is to provide a forum for those conversations by bringing us together as a whole system to consider the Coventry and Warwickshire Health and Care system and the residents, patients, citizens and peoples who are the benefiters and contributors to that system.

Today is about generating ideas, questions, themes and issues that you feel are relevant, there will be input from colleagues to show how things stand and what we know about the challenges ahead and Chris Ham, Chief Executive of the King's Fund will explore learning from other places and what that can offer to us in Coventry and Warwickshire. This will generate the agenda for tomorrow which will be an opportunity to address that content and thinking in more detail.

All the presentations given at the summit can be accessed here:
https://docs.google.com/presentation/d/1sqe
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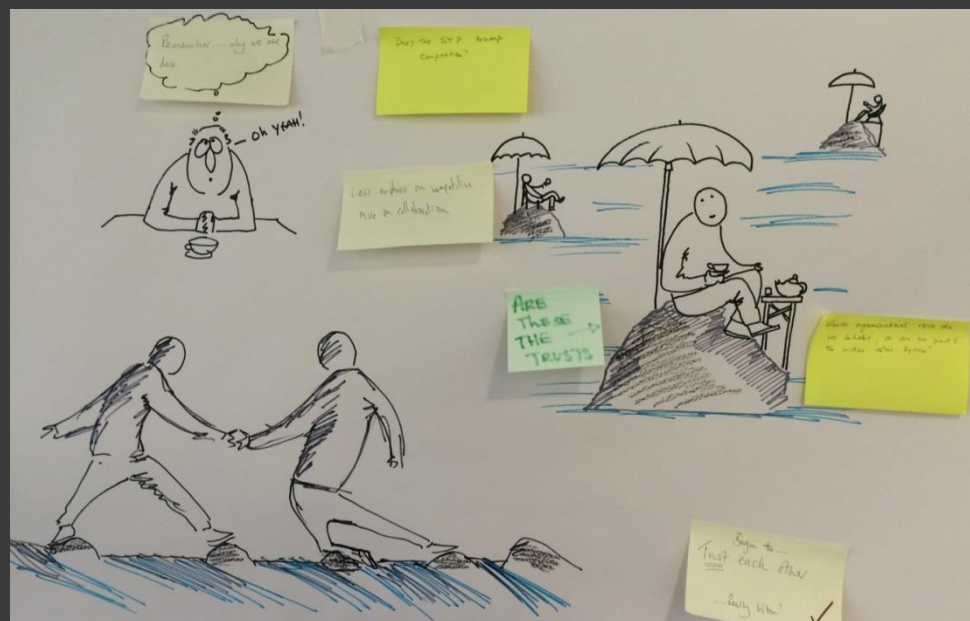
Coventry and Warwickshire STP Programme - David Moon (Chief Finance & Strategy Officer - University Hospitals Coventry & Warwickshire NHS Trust)

David Moon presented the current position of work on the Sustainability and Transformation Plan (STP). Nationally three questions have been asked which need to be addressed by the STP:

- How will you close the health and wellbeing gap?
- How will you drive transformation to close the care and quality gap?
- How will you close the finance and efficiency gap?

The final submission date for the STP is 30th June 2016 however it is anticipated that this is the starting point of work that will continue over the length of this parliament.

Four main project areas have been established:

- Frailty
- Mental health
- Children (Maternity and Paediatrics)
- Musculoskeletal
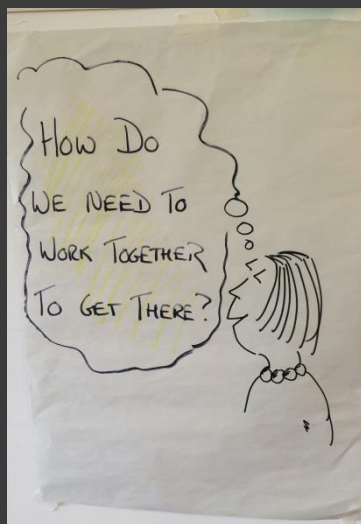
Issues to be addressed at Chief Executive level have been identified for consideration:

- Are we being bold enough?
- Don't want to throw away work already underway.
- Clinicians need to be fully engaged/lead.
- Money and politics.
- We have some fixed points.
- Need to take the public with us - healthcare and pathways need to change.
- No one has signed any contracts yet.
- Don't let historic issues get in the way.
- We have to think and act differently.
- Multi-speciality Community Providers (MCP).
- Do we have the head space?
- 7 Day Services.
- Need to deliver core standards.

John Dixon (Strategic Director People Group - Warwickshire County Council)

John Dixon reflected the progress made over the last 12 months of both the HWB and the HWB Executive Team which was established in March 2015 and brought together senior officers to drive the integration of services across Warwickshire. John emphasised the complexity of the system(s) that we currently work within highlighting the wider HWB landscape.
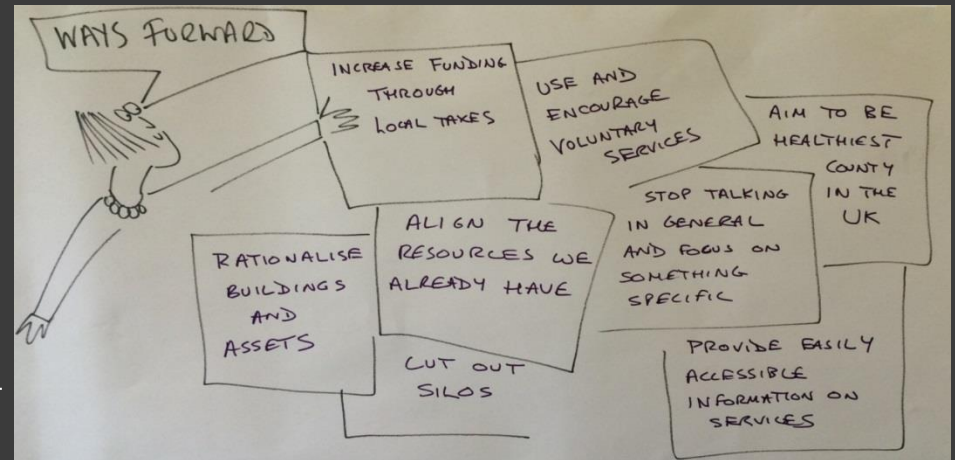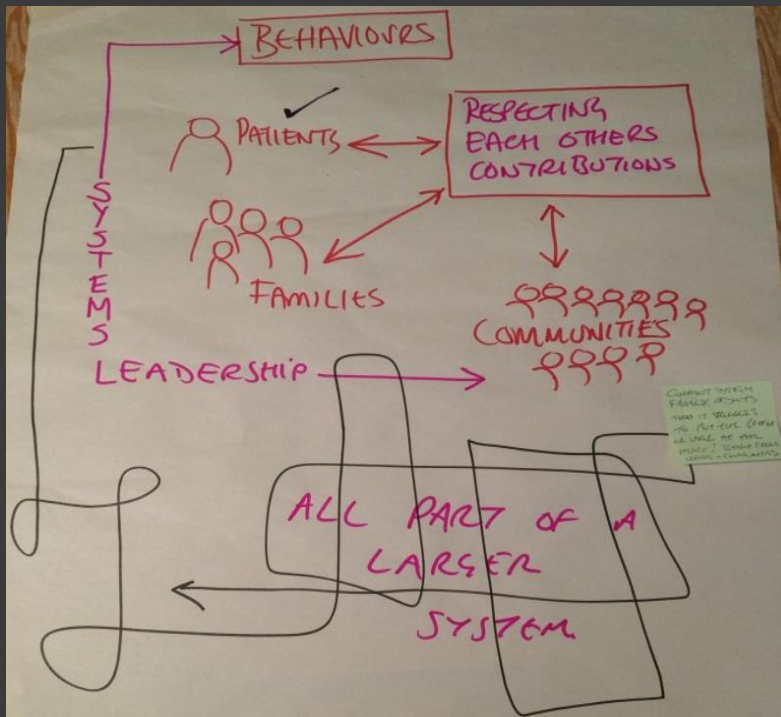
John also reminded delegates of system leadership behaviours agreed by the HWB Executive Team:

- Focussing on outcomes and results rather than processes
- Basing work on strong but honest relationships
- Allowing for experimentation - and therefore allowing for risk
- Being willing to genuinely listen to others and see their point of view
- Being able to adapt, going with 'good enough' solutions and building on them rather than waiting until you have the perfect solution

There is a huge appetite for integrated working, it is hoped that we will work towards a plan to deliver place based commissioning as a system.

Setting the Local Context: Health and Care Demands - Dr John Linnane (Director of Public Health - Warwickshire County Council)

Dr John Linnane presented to the group about the local health and care demands faced in Warwickshire. The situation in Warwickshire has improved economically; fewer people are claiming benefits now than before the recession. We are faced with an ageing population; life expectancy in Warwickshire is better than the regional and national average however our later years are not always of the quality that we would like. Whilst life expectancy has improved, there remain inequalities and variation between sexes. Warwickshire's Joint Strategic Needs Assessment (JSNA) has identified 5 key priorities which have been ratified by the HWB.

There is an increasing pressure on Health and Care services. There are just under 60,000 carers across Warwickshire, 11% of those identify themselves as significant carers, 1 in 5 are providing over 50 hours of care per week.

Housing composition is changing, people are living independently for longer which is positive, increasingly children are living at home for longer and there is an increase in the number of people living in rented accommodation. Social Care is moving towards personalisation and away from regulation.

There are big opportunities to improve the quality of our lives within a context of living longer, particularly around chronic illness and the preventative agenda which is seen as key.

Vulnerable young people
- Looked after children
- Educational attainment of disadvantaged children
- Vulnerable Children

Mental wellbeing
- Mental Health (Adults & Children)
- Dementia

Long-term conditions
- Cancer
- Cardiovascular disease

Physical wellbeing
- Weight management
- Smoking/ Smoking in pregnancy
- Substance misuse & alcohol

Carers
- Young carers and adult carers

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

Chris Ham discussed the national state regarding integration. Across the country health, local authority and 3rd Sector organisations are coming together which can provide experience to learn from. Many key leaders in terms of this integration are here today who will have a direct impact on our success in these terms. We are now 6 years in to austerity, it is recognised that the Council is more affected by this than the NHS; however the NHS is also facing great pressures.

A key question is whether in the face of this a fortress mentality is adopted or we say 'we're all in this together'. The results of discussions at this event will have a significant bearing on the citizens of Coventry and Warwickshire. There are a lot of drivers from the government which encourage a fortress mentality with national bodies such as the Care Quality Commissioning (CQC) which can perpetuate silo working, the provider line and commissioner line are treated separately. Similar silos are seen in other public services. Integrated working is not the easy thing to do as systems aren't designed to make us work together and realise that we're in this together.

There is a need to find a 'Made In Coventry and Warwickshire' solution and consider what that would look like and how we should work separately and together under austerity to deliver for citizens. Consideration is needed as to what care models are needed in the future given demographic changes, it's not about doing more of the same as services are not fit for an increasingly ageing population.

Chris Ham shared a personal experience of his 95 year old mother in-law who lives at home in London. She is a frequent user of Health and Care services, carers visit her home 4 times a day, usually individual contacts are excellent, where she is let down is that they don't join up. For example when discharged from hospital the follow up care is lacking. Her experience of a fragmented system is typical in many places. How do we do better by joining up the resources and expertise we've got? New care models can address this.

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

The NHS 5 Year Forward View stresses a strong principle of taking prevention seriously. With regards to primary care, it is known that GPs are under growing pressure as is social care, for example in the city of Leicester there are 25 GP vacancies out of 150 posts which is having an impact on patients, hospitals and other parts of the system, Primary Care is a key foundation which is crumbling. How do we move from fragmentation to care centred around people, particularly those with complex needs? How do we do that to incorporate thinking about population health?

There is a plethora of initiatives such as vanguards, new care models and variations on the theme of integrated care. The King's Fund is supporting new care models across England, examples of which were discussed.

Northumberland

History in Northumberland is based on a high performing NHS Foundation Trust which is responsible for a lot. Integration with GPs and the Foundation Trust is proceeding relatively slowly but beginning to occur. There is a High Risk Patient Programme, which has been running since 2012, working to integrate GP, community, specialist and social care services in primary care localities which has reduced non-elective admissions to hospital. Efforts are underway to establish an Accountable Care Organisation (ACO). ACOs are a way of describing networking of care providers who collaborate around the needs of the population. The King's Fund are supporting Northumberland define the health and wellbeing outcomes that are appropriate for the ACO for their population.

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

Isle of White

There is a streamlined, simple system on the Isle of White consisting of one NHS Trust, one Council and one Clinical Commissioning Group (CCG). Their focus is not on treatment but on the health and wellbeing of the population. The HWB has a leadership role, Chris Ham questioned what is the role of the HWB in Warwickshire?

On the Isle of White there is also a Joint Commissioning Board, a Joint Provider Board and a board responsible for the transformation programme. Emphasis has been placed on a 'one island £' approach which echoes that used in Canterbury, New Zealand. This is used as a rallying cry to encourage organisations to think as though they have one system and one budget, the council has been a leader and partner in galvanising that.

Morecambe Bay

Providers and commissioners in Morecambe Bay are working with local authorities and GP federations to develop an Accountable Care System (ACS), as opposed to an ACO. Whilst it may seem pedantic, language is important. The desire is to create an alliance and a collaboration of providers with an ambition to think about what the budget would be for their population, do away with payment by results and state that as an ACS they will take responsibility for this pot of money.

Salford

There are discussions in Salford regarding forming an ACS integrating hospital, community and social care services; this is not the finished article however progress is beginning as they have agreed to work together.

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

Place-based Systems of Care

Place based working has been explored by local government for some time and there is therefore learning to be shared with the NHS as this is seen to be the way forward. Chris Ham discussed the paper 'Place-based systems of care – a way forward for the NHS in England' published by the King's Fund in November 2015. The paper sets out that there is a better alternative to fortress mentality, despite systems being designed to encourage this. It does not set out a blueprint for what that might look like as this has to be developed and applied differently in different areas.
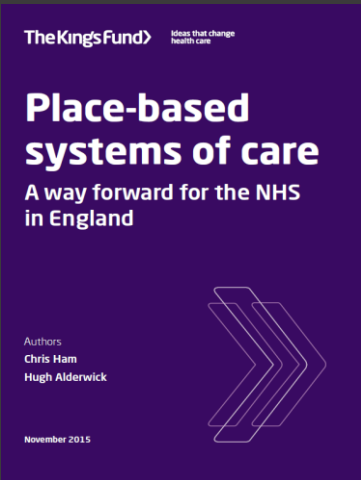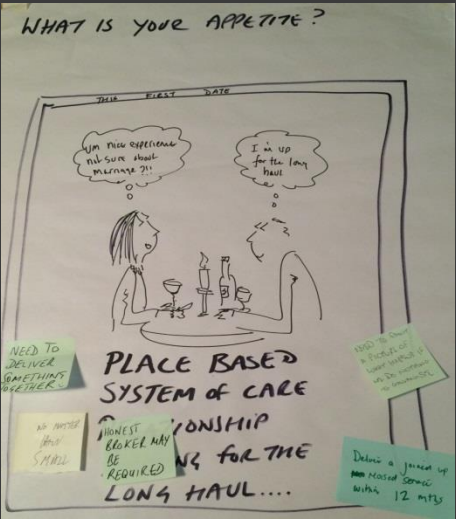
The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

Place-based Systems of Care

The following 10 design principles are suggested:

- Define the population group served and the boundary of the system.
- Identify the right partners and services that need to be involved.
- Develop a shared vision and objectives reflecting the local context and the needs and wants of the public.
- Identify the right leaders to be involved in managing the system and develop a new form of system leadership.
- Agree how conflicts will be resolved and what will happen when people fail to play by the agreed system rules.
- Develop a sustainable financing model for the system across three different levels
  - The combined resources available to achieve the aims of the system.
  - The way that these resources will flow down to providers.
  - The way that these resources are allocated between providers and the way that costs, risks and rewards will be shared.
- Create a dedicated team to manage the work of the system.
- Develop 'systems within systems' to focus on different parts of the group's objectives.
- Develop a single set of measures to understand progress and use these for development.
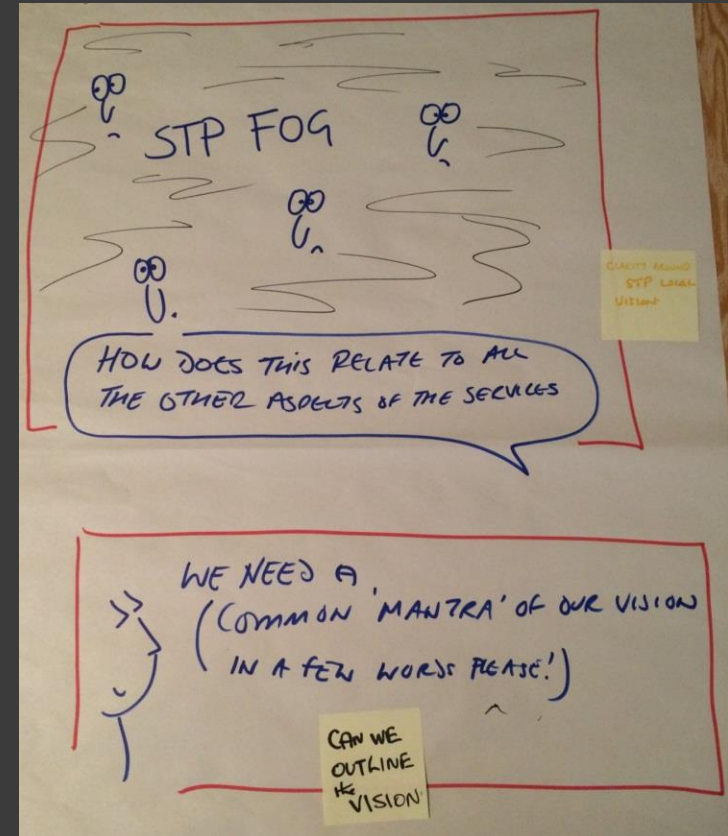
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Sustainability and Transformation Plan (STP)

The STP is a game changer, both for the NHS and its partners. There is an opportunity to position the HWB as a key leadership board in the context of the STP. There is some work to do around governance, for instance if place based commissioning is to be carried out seriously, how much sovereignty are partners willing to cede to a shared board? If we're to take decisions together this majority decisions may be necessary.

It is recognised that conflicts will occur in terms of system leadership development, even happy families don't see eye to eye all the time. There is a need to plan for conflicts, which can be productive when not left to fester and get in the way of partnership working, conflict resolution is needed.

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)
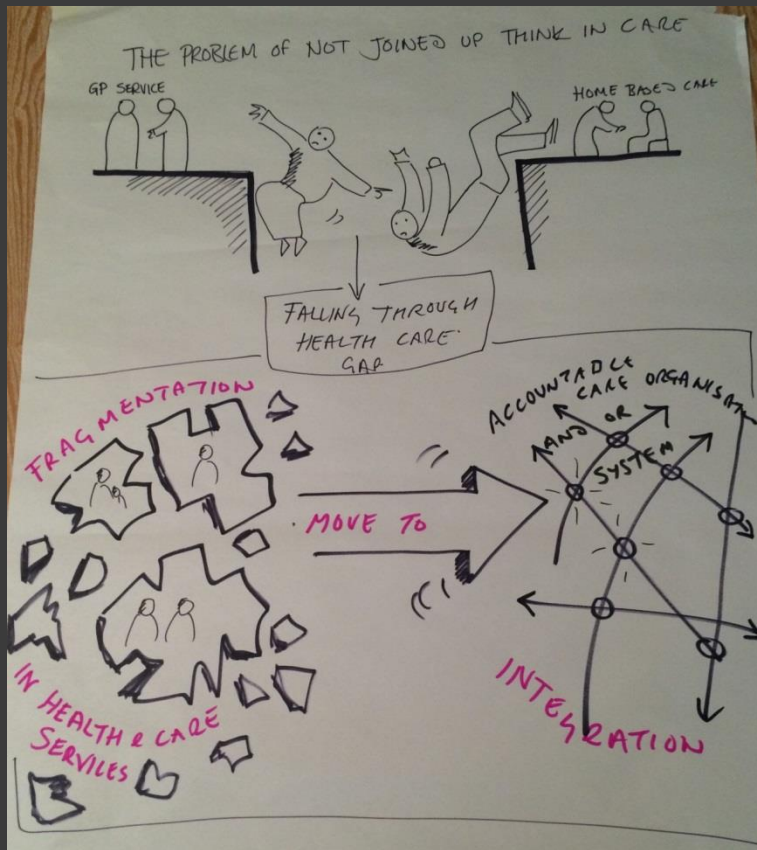
ACO's

Ideally ACO's involve pooling budgets, sharing responsibility and integrating care models but there are challenges to moving in that direction. What does this mean for commissioners to support development of ACO's? Integrated commissioning is needed for integrated provision which will involve CCGs and councils coming together, potentially using longer contracts based on capitated budgets and not micro commissioning.

It is difficult to see integration being achieved by 2020 without radical shifts in commissioning practice. Discussions can descend in to technical challenges, for example what form do we need to create an ACO? While questions such as this are important, strong relationships are needed.

The changing health and care landscape and emerging good practice in integrated commissioning - Chris Ham (Chief Executive - The King's Fund)

One challenge for Coventry and Warwickshire is for individual organisational behaviours to change to reflect the agreements reached when discussing whole system working. Issues such as risk sharing will involve organisations taking pain for the broader gain of residents, there needs to be a willingness to push the boundaries of the rules to act together rather than using the rules as a reason not to progress. The appetite locally is seen to be strong, momentum needs to be built quickly rather than spending time designing the perfect solution.

Layering of different elements on different footprints is important, particularly to engage with GPs. There is a need to think of operational delivery as well as strategy and find a way to have a system control total of all the resources in the health and care system. A model can then be built which shares the pleasure and pain which that will produce, it is recognised that there will be pain initially with benefits later on, investing in prevention is an example of this. While the end goal may be an ACS, the question is how to get there, which will require trust.
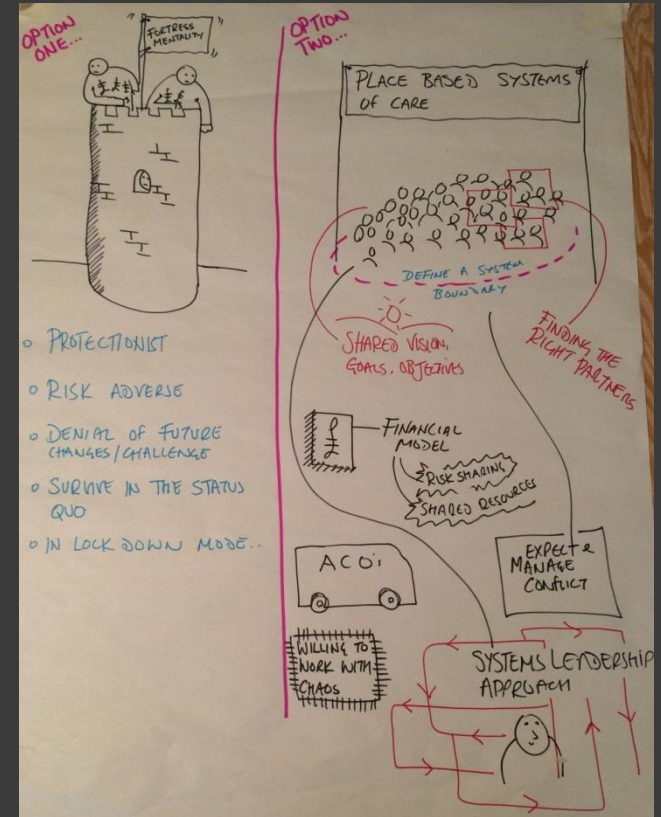
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The Role of the HWB

Chris Ham asked the group to consider the following points regarding the HWB:

- What part should you play in providing place based leadership?
- Are the right people sitting around the table?
- Does the board have the support it needs?
- Is there an appetite for taking on the role that is emerging for the HWB in the Isle of Wight and that is under discussion elsewhere?
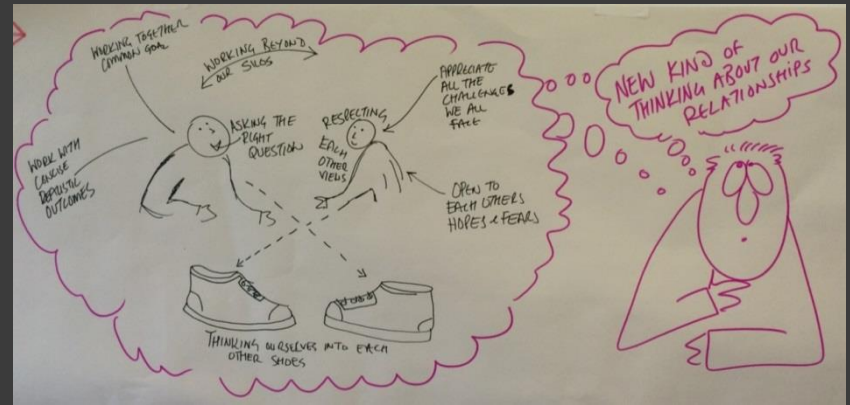
System Leadership

Psychologist, Michael West, who works on system leadership has defined 5 preconditions for effective collaboration:

- Frequent personal contact to build understanding and trust.
- A commitment to working together for the long term.
- A shared purpose and vision for the population you are serving .
- An inability to surface and resolve conflicts, not letting them fester.
- An ability to behave altruistically towards partners.

Behaving altruistically towards partners can be powerful in building a culture of trust and to build the relationships that are needed; this needs to happen alongside transactional work.

Group Discussions – Key Points

- There are elephants in the room that need to be discussed; you don't eat an elephant in one sitting.

- Central government understand your job description might not align with system working, they're open to hear from you to change legislation to remove the barriers.

- The status quo is not an option.

- There is a need to find a way to have a system control total of all the resources in the health and care system. It is then about a model which shares the pain and the pleasure that will come, pain early on, pleasure comes later.

- We will not achieve integrated provision without integrated commissioning. A more strategic, larger footprint approach to commissioning is needed with CCGs and councils coming together using longer contracts based on capitated budgets, not micro commissioning. Integration by 2020 cannot be achieved without radical shifts in commissioning.
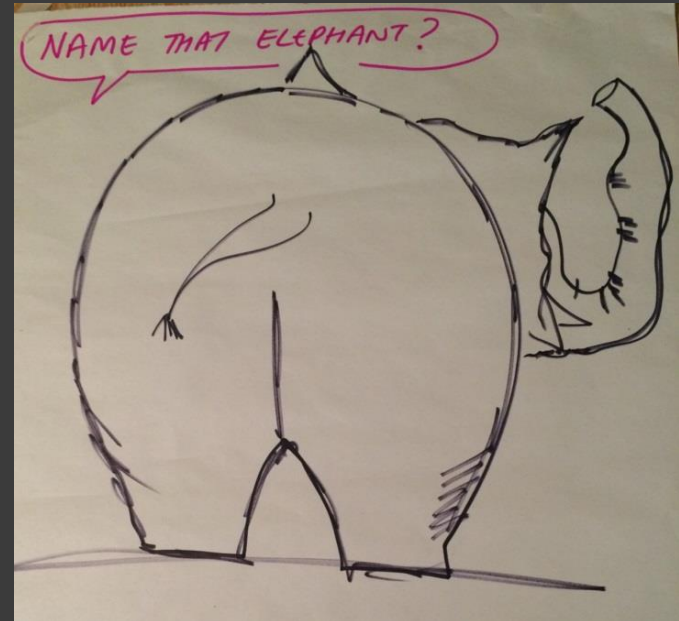

- Behaving altruistically - if you can give something to your partner without expecting something in return this can be powerful in building a culture of trust and the relationships that are needed.

- Compromise is something we're prepared to do if it meets the needs of our population.

Group Discussions – Key Points

- We need to understand cause and effect and impact, we need sustainability around the things we need to prioritise.

- We're the leaders in this system, what can we do to deliver change at pace?

- Issue of loyalty – we have to move away from individual organisational loyalty towards a system loyalty.
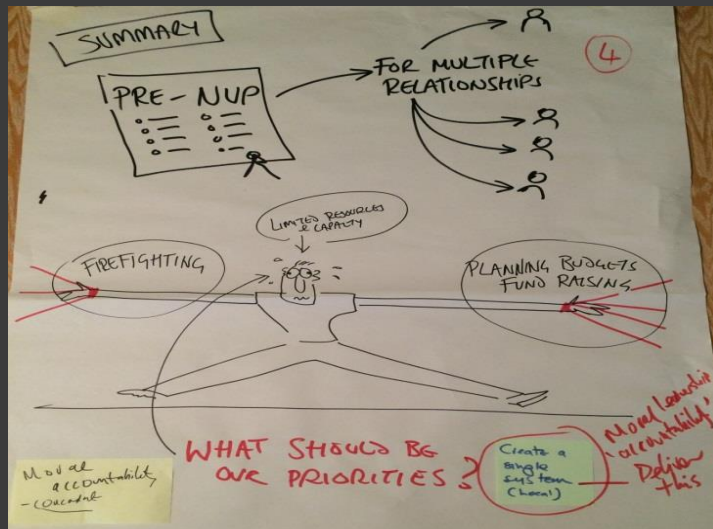
- Important to support people to navigate the system.

- One real challenge is we need the public to change their behaviour, lifestyle and exercise programmes. The number of bad years in people's lives is increasing, the challenge for all of us is that public message. People don't want to be lectured or preached to, they want to be involved, we're in this together.

- To improve frailty a key is to make the new offer the one that you would choose. The principle is to join up what we already have to make a better offer for the public.

- 'Take me to the beans principle' - if you ask anyone in the supermarket, they take you to the beans, this is how we need to work together in the system.

- Self-care - sometimes doing it for yourself is actually much preferable because you're in control which is immeasurable in terms of outcomes.

- How do we bring the public with us?

Coventry & Warwickshire HWB Alliance Concordat

- We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people and communities at the heart of everything that we do.

- We will share responsibility to transform our services whilst making £200m savings and efficiencies across Coventry and Warwickshire over the next five years.

To achieve this we will work in alliance with each other operating with mutual respect and mutual accountability.

Coventry & Warwickshire HWB Alliance Concordat Principles

- We will be bold, brave and challenging in the service of the people of Coventry and Warwickshire.

- We will align, share and pool resources, budgets and accountabilities where it improves outcomes for the public.

- We will focus on benefits to the public as a whole rather than organisational interests.

- We will only take decisions that impact on other parts of the system after consultation.

- We will streamline system governance to enable decisions to be taken at scale and pace.

- We will design a system that is easy for everyone to understand and use.
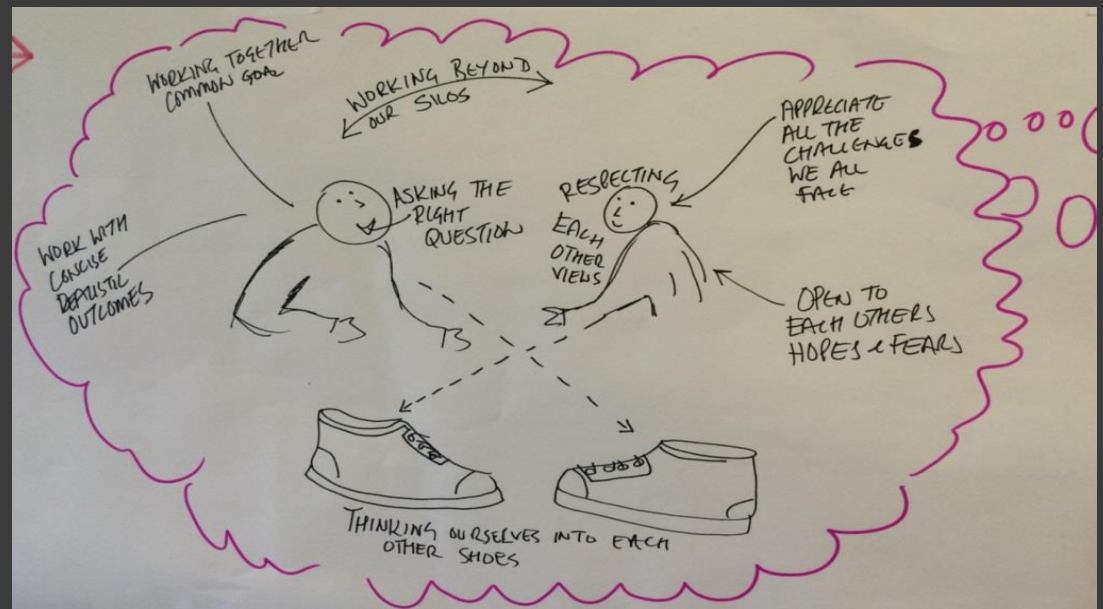
System Leadership Workstreams

Three areas of shared interest and priority have been identified to test and embed a system leadership approach across Coventry and Warwickshire.

- Frailty (including end of life care)
- Workforce (including carers and communities as a workforce resource)
- Communities (including self care and the role of citizens and the third sector)

The workstreams provide an opportunity to learn about how to lead change collectively. As the workstreams develop they are likely to surface the systematic issues, patterns, obstacles and opportunities that impact on working across organisational and system boundaries in Coventry and Warwickshire. The learning generated from these groups offers a useful, practical resource for embedding system leadership across a range of shared priority areas.

System Leadership Workstreams

The underpinning aims of focussing on these three areas are as follows:

- To make progress together on an area of work that matters to the whole system.
- To embed system leadership and collective relationships across our organisations and systems of care, beyond the senior leaders group.
- To generate learning about system themes, issues and behaviours and to capture knowledge about what supports and what gets in the way of a shared system approach. The learning from this knowledge capture element will be transferred into other areas of system leadership
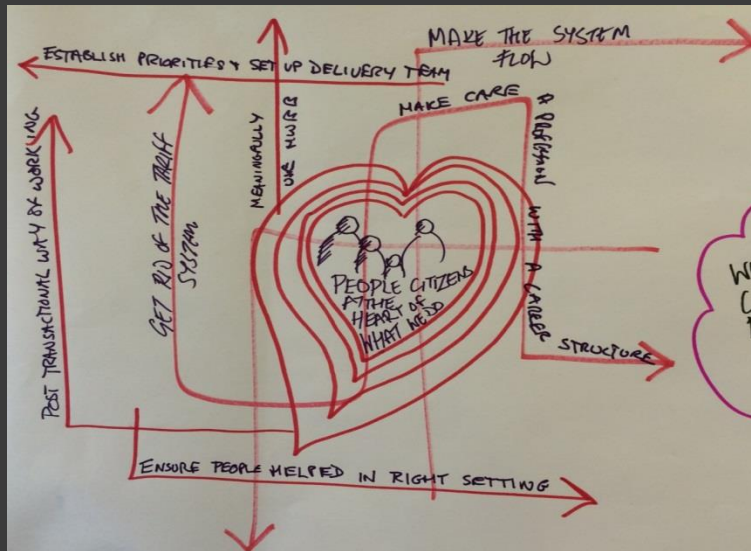
A key focus of the workstream groups will therefore be to reflect on the experience of working collectively and to review learning about both the workstream issue and emerging system themes. Building on work with the King's Fund team so far and including the Integration Summit, The King's Fund will support the three workstream groups to progress their shared work and to help generate transferrable learning to other areas of shared, system challenge.

Frailty Workstream - Draft Scope and Key Messages

This workstream proposed to join up and improve services to people who are frail and vulnerable. This means creating a better offer for the public to enable them to make the right choice.

- Need a common definition of frailty.

- Make the new offer the one that you would choose .

- One Governing Body.

- Place based planning for Frailty – Build local services in communities with pathways built bottom up.

- Produce an excellent STP plan – tying up existing joint work using the STP.

- Agree best practice and IMPLEMENT.

- Joined up communications message.

- Consistent system wide outcomes framework – Pain, Food & Cleanliness – top 3 priorities for staying at home!

- Wherever someone turns in the system they will find the help they need – 'take me to the baked beans' principle.

Communities and Self-Care Workstream Draft Scope and Key Messages

This workstream proposes to encourage self-care and de-mystify and simplify the system. Do we enable people to make good decisions for themselves? The challenge for all of us is the key health message – how do we as individuals and communities have responsibility for our own health and wellbeing?

- There is widespread lack of knowledge of what is available in our communities and what others do.

- We need to empower people and communities.

- How do we enable the average person to take responsibility and take decisions.

- We need improved web based information.

- Social Prescribing as a future model.

- Being in control of your own care can be immeasurable in terms of outcomes.

- 'Listen to the noise' – Mid-Staffordshire.

- One stop shops / single point of entry.

- Not insisting on our own branding, need to have this understood by all sectors.

- Engage better with communities / localities / GPs.

Workforce Workstream Draft Scope and Key Messages
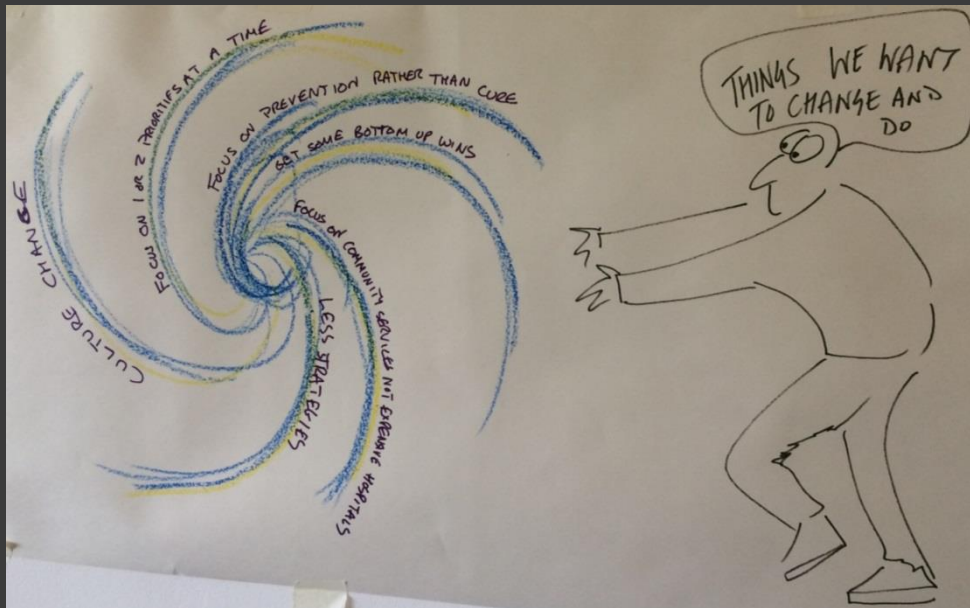
This workstream proposes to take an integrated system wide approach to nurturing and developing a vibrant health and care workforce.

- Role of carers
  - Incentives
  - Shared carers strategy
  - What do people need
  - Single commissioning approach

- GPs and Primary Care
  - Practice Nurses
  - Pharmacy
  - Healthcare Assistants
  - Recruitment / Vacancies

- Integrated home care support workforce
  - Career progression
  - Carers accreditation
  - Young Carers / transitions

- Young carers
  - Schools / choices
  - Apprentices and career advise

- Integrating health and social care needs to be -
  - Holistic
  - Aspirational towards a single workforce and shared workforce culture

- Single workforce
  - Messages to staff community
  - Shared system loyalty
  - Is capacity and activity in the right place
  - Workforce review including 'community as a workforce'
  - Build on the exiting pilots

- Shared culture
  - Relationships – people starting to know each other
  - Shared training and development
  - Shared problem solving
  - Shared location
  - Shared IT

We are the Leaders in this system.

What will we do to deliver change at pace?

Thank you for attending Warwickshire's Integration Summit –
Cllr Isobel Seccombe – Chair of the Health and Wellbeing Board

Attendance

Name	Position	Organisation
Cllr Isobel Seccombe	Leader of The Council	Warwickshire County Council
Jim Graham	Chief Executive	Warwickshire County Council
Cllr John Beaumont	Elected Member – Health & Wellbeing Board	Warwickshire County Council
Cllr Les Caborn	Cabinet Member Portfolio Holder – Health	Warwickshire County Council
Cllr Josie Compton	Cabinet Member Portfolio Holder – Social Care & Support	Warwickshire County Council
Dr Adrian Canale-Parola	Chairman	Coventry & Rugby CCG
Clare Hollingworth	Chief Finance Officer	Coventry & Rugby CCG
Dr David Spraggett	Chairman	South Warwickshire CCG
Gillian Entwistle	Chief Officer	South Warwickshire CCG
Deryth Stevens	Chairman	Warwickshire North CCG
Andrea Green	Chief Officer	Warwickshire North CCG
Adam Norburn	Executive Director	Rugby Borough Council
Cllr Derek Poole	Deputy Leader RBC Portfolio Holder Health, Community Safety, Equality & Diversity	Rugby Borough Council
Cllr Neil Phillips	Portfolio Holder – Health & Environment	Nuneaton & Bedworth Borough Council
Jerry Hutchinson	Chief Executive	North Warwickshire Borough Council

Attendance

Name	Position	Organisation
Cllr Margaret Bell	Spokesperson for Health Wellbeing and Leisure	North Warwickshire Borough Council
Cllr Moira-Ann Grainger	Health & Community Protection Portfolio Holder	Warwick District Council
Dr Eric Wood	Deputy Police and Crime Commissioner	Warwickshire - Police and Crime Commissioner
Karen Manners	Deputy Chief Constable	Warwickshire Police
John Dixon	Strategic Director – People Group	Warwickshire County Council
Chris Lewington	Head of Strategic Commissioning	Warwickshire County Council
John Linnane	Director of Public Health	Warwickshire County Council
Kath Kelly	Chief Executive (Acting)	George Eliot Hospital
Stuart Annan	Chairman	George Eliot Hospital
Glen Burley	Chief Executive	South Warwickshire NHS Foundation Trust
Russell Hardy	Chairman	South Warwickshire NHS Foundation Trust
Andy Meehan	Chairman	University Hospitals Coventry & Warwickshire NHS Trust
David Moon	Chief Finance & Strategy Officer	University Hospitals Coventry & Warwickshire NHS Trust
Rebecca Southall	Director of Corporate Affairs	University Hospitals Coventry & Warwickshire NHS Trust
Jagtar Singh OBE	Chairman	Coventry & Warwickshire Partnership Trust

Attendance

Name	Position	Organisation
Mike Williams	Non-Executive Director	Coventry & Warwickshire Partnership Trust
Paul Tolley	Chief Executive	Community and Voluntary Action - Warwickshire
David Williams	Director - Operations and Delivery	NHS England
Chris Bain	Chief Executive	Healthwatch Warwickshire
Phil Robson	Chairman	Healthwatch Warwickshire
Tim Morris	Managing Director	South Warwickshire GP Federation
Jon Moll	Director	South Warwickshire GP Federation
Gereint Stoneman	Health & Wellbeing Delivery Manager	Warwickshire County Council
Graham Palmer	Project Support - Better Together Programme	Warwickshire County Council
Julie Quinn	PA to John Dixon/Support	Warwickshire County Council
Speakers/Facilitators :		
Chris Ham	Chief Executive	The King's Fund
Chris Lawrence-Pietroni	Associate	The King's Fund
Allison Trimble	Senior Consultant - Leadership	The King's Fund
Bill Crooks	Graphic Illustrator	Mosaic Creative