

ISLE OF ANGLESEY COUNTY COUNCIL	
Report to	Executive Committee
Date	13 January, 2014
Subject	Establishing an Integrated Delivery Board with Betsi Cadwaldr Universtiy Health Board and Public Health Wales for social care provision
Portfolio Holder(s)	Councillor Kenneth Hughes
Lead Officer(s)	Gwen Carrington, Director of Community
Contact Officer	Gwen Carrington, Director of Community
Nature and reason for reporting	
<ol style="list-style-type: none"> 1. Secure endorsement to establish an Integrated Delivery Board within the Council's governing arrangements. 2. Agree to the recommendation that 2 elected members are nominated to sit on the Board. 3. Agree to the timescale with the expectation that the Board is operational by April 2014. 	

A – Introduction / Background / Issues

The Isle of Anglesey received financial support from the European Social Fund during 2011 to support the delivery of integrated working with health services.

Following a review of progress during October 2012 it was believed that it would be desirable to strengthen the local strategic and managerial infrastructure. A workshop for Senior Officers from BCUHB and Public Health Wales was arranged for March 2012.

The workshop commended the initiative and nominated officers to progress the proposal which would need formal endorsement by the respective agencies.

B - Considerations

There is a proposal to establish a "County Fora" in each County. However, the proposed Integrated Delivery Board sets a higher expectation. The Board sets a clear expectation of shared management of joint initiatives with clear reporting arrangements within the Local Authority. It is maintained that this will improve our ability to drive on the change agenda with improved accountability within the agreed priority areas.

C – Implications and Impacts		
1	Finance / Section 151	
2	Legal / Monitoring Officer	
3	Human Resources	
4	Property Services (see notes – separate document)	
5	Information and Communications Technology (ICT)	
6	Equality (see notes – separate document)	
7	Anti-poverty and Social (see notes – separate document)	
8	Communication (see notes – separate document)	
9	Consultation (see notes – separate document)	
10	Economic	
11	Environmental (see notes – separate document)	
12	Crime and Disorder (see notes – separate document)	
13	Outcome Agreements	

CH - Summary

The attached documentation has been accepted by the Senior Leadership Group for the Isle of Anglesey, BCUHB and Public Health Wales.

The report highlights the identified aims and intentions along with priorities and specific work streams.

Reference is made to the Integrated Board within the Council's draft Corporate Plan.

D - Recommendation

R1. Establish the Board, which will include two elected members, to be operational from the 1st April 2014

R2. For the Board to agree its work programme which will come within the Council's governance arrangements

Name of author of report: Gwen Carrington
Job Title: Director of Community
Date: 6 January, 2014

Appendices:**Background papers**

ISLE OF ANGLESEY COUNTY COUNCIL	
COMMITTEE:	Council Executive
DATE:	13.1.2014
TITLE OF REPORT:	Proposed establishment of Health and Social Care Integrated Delivery Board for Anglesey
PURPOSE OF THE REPORT:	To seek the approval of the Executive for Anglesey County Council to establish a joint Health and Social Care Integrated Delivery Board for Anglesey
REPORT BY:	Gwen Carrington, Director of Community
CORPORATE DIRECTOR:	Director of Community

Purpose:

It is believed that the health and care needs of the people of the Isle of Anglesey can be better served by the improved integration of services between health and local authority services.

In order to facilitate this process, and provide a sound governance structure, it is proposed to establish an Integrated Delivery Board to inform both service development and quality assurance processes.

1. Background:

An application for funding through the European Social Fund was submitted by the Isle of Anglesey County Council and Betsi Cadwaladr University Health Board during January 2010 and was subsequently secured (October 2011) to support “The Delivering Collaboration Improvement Framework Project”. The primary aim of the project is to drive forward service transformation and improve public sector delivery through joint working, integration and pooling of resources by developing a robust integrated Governance Framework. The proposed framework aims to break down organisational boundaries, make the best use of scarce resources and pool budgets and other resources for the benefit of the citizens on Anglesey.

A key aspect of the project is to develop service frameworks between health and social care and to underpin them with formal agreements (such as formal commissioning arrangements, jointly funded projects, Section 33 agreements etc. for pooling of resources or integration of services).

A Project Board was established during 2012 to act as the primary body for the oversight, planning and monitoring of project. This will include key officers from a range of partners.

A workshop was held on the 15th March, 2013, with strategic leads and managers from BCUHB and the Isle of Anglesey Council Senior Management Team. Areas in particular relation to partnerships, locality development and perceived priority areas were discussed (inclusive of political and policy drivers for health and social care).

The shared vision following this workshop for the Isle of Anglesey's residents was:

- To live healthy, fulfilled, safe and active lives
- To thrive, flourish and be prosperous
- To determine their own health, social care and wellbeing (mental and physical)
- To have ownership and responsibility for their health, social care and wellbeing
- To live in powerful, vibrant and resilient communities

With a shared mission to focus on:

- transforming the quality of life in our localities
- to make a positive difference to people's lives
- by providing a whole pathway of services
- to improve the health and wellbeing of the population
- and break the cycle of dependency on statutory services

The main recommendation of this workshop was the proposed development of an Integrated Delivery Board for Community Health and Care services on Anglesey.

This briefing paper details the proposed overview to develop such a Delivery Board – inclusive of the case for change.

2. Aims and Objectives:

The aims and objectives of developing an Integrated Delivery Board collaborative for Community Health and Care services on the Island is to work towards delivery of 'single services'. This includes improved alignment of business plans, budgets and organisational cultures. The proposed Board will include consideration of innovative approaches to pooled budget frameworks for Anglesey to make best use of the resources available. This proposal will focus on partnerships for a clear purpose – partnerships that are fruitful and deliver frameworks for integration that place the citizen at the centre of everything that we do.

In essence we believe that the Project Board will support:

1. Improvements in services for the people of the Isle of Anglesey
2. Deliver frameworks for integrated services underpinned by formal agreements on a greater scale
3. Provide leadership and better use of resources
4. Be people-centered to make a difference
5. Streamline resources and reduce bureaucracy
6. Provide an exemplar across Wales to share learning

Specifically, the Integrated Delivery Board for Community Health and Care for Anglesey will:

- Tackle the urgent issues and opportunities arising from NHS and local authority service reconfiguration.
- Recommend action which would unblock barriers to strategic development and operational service delivery, troubleshooting where necessary
- Understand the financial environment of each partner organisation and seek opportunities to maximise efficiencies
- Consider alignment/pooling of budgets and other resources
- Take forward joint workforce initiatives in support of strategic change

3. Drivers (Operational and Strategic)

3.1 Policy and direction: The drivers for change are well rehearsed, and are noted within “Together for Health and Sustainable Social Services – Delivering Local Integrated Care”. It is proposed that the Integrated Delivery Board for Community Health and Care services on the Island will focus on transforming our services to ensure resources are most appropriately aligned and deployed to meet the needs of the people of Anglesey. This means strengthening the planning and co-ordination of care and support, with both organisations working closely together to develop a truly integrated health and social care system that provides people-centred and whole-person care.

The health and social care system faces a number of challenges in particular relation to integration, which are widely attributed to:

- Increase in people with long term conditions (adults and children), multiple morbidities and an ageing population.
- Fragmented care.
- Public health pressures.
- Widening health inequalities.
- Reduced finances with increased expectation and demand.

3.2 Social Services and Wellbeing (Wales) Bill

The bill places a clear expectation that health and social services will be further integrated, including the facilitation of opportunities for pooled budgets and utilisation of other flexibilities within the National Assistance Act (1970) and the NHS Health Act (2006).

Particular reference is made within the drafted bill for additional proposed ministerial powers that could drive the growth of partnership working in Wales, through the clarification of the legislation in respect of partnership working. Ministers will be provided with powers to mandate the creation of partnerships where there is a case to do so. Clear reference is made, for example for the case to develop integrated service provision in relation to services for families and older people with complex needs.

The proposal to develop an Integrated Delivery Board for Community Health and Care services on Anglesey is clearly seen as the first step in addressing these areas. This approach is firmly embedded within the policy document “Sustainable Social Services”.

The ministerial position for statutory agencies is clear: *“Our first priority is to ensure that resources are used in a more joined up way as this will make better use of the capacity that exists”*.

The policy document also highlights the importance of developing more integration of health and social services for children, young people, and frail older people, and in respect of re-ablement services. Joining up in this way will help break down barriers that can often get in the way of providing services, and drive out duplication.

3.3 Setting the Direction (*Locality Team development*)

In *Setting the Direction* the development of locality working was seen as the cornerstone of the new model for primary and community care. Based on populations of between 30,000 and 60,000, more than sixty locality networks have been established across Wales to plan, co-ordinate and ensure delivery of services to meet the needs of people living in the local community. The proposed structure of an Integrated Delivery Board for Community Health

and Care services will complement and strengthen the policy direction of localities as identified within “*Setting the Direction*”.

The long-established Model Mon Community Care Development Team on the Isle of Anglesey evolved into the Locality Development Team during 2011 and includes representation from strategic and operational Service Managers in Primary, Community Health and Social Care Services along with Medrwn Mon on behalf of the Third Sector. The role of the locality team (Model Mon) is to:

- Oversee the implementation of *operational* changes and joint working models at County level affecting both BCU and local authorities, complementing the focus of Locality Leadership Teams
- Promoting and delivering *at operational level* the early intervention/prevention programme across BCUHB and Anglesey Council - especially those inextricably linked to the delivery of integrated services
- Provide a clear, equitable accountability line for Health, Social Care and 3rd sector agencies on the Island in relation to *operational* management and delivery of services.
- Agree local *operational* measures which will evidence achievement of improved health and social care outcomes for the population of Anglesey.

4. Demography and trends (*Managing demand & Local Need*)

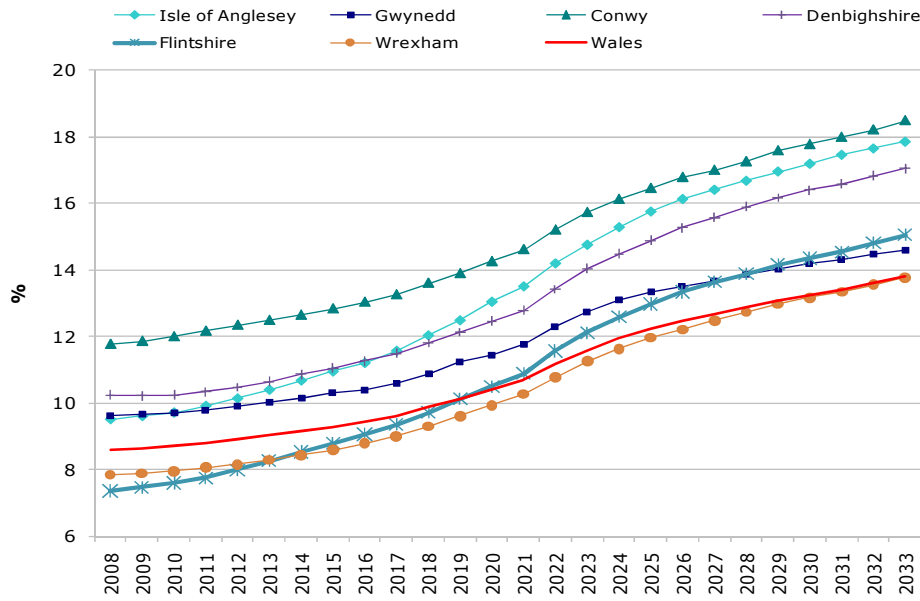
The number of people aged 16-64 in North Wales is projected to fall by 6% from 2008 to 2033, whereas the 65+ population for North Wales is projected to rise by 60% over the same time period. There will, therefore, be more people over 65 for every adult of working age in the future. (Executive Director of Public Health report, 2012

<http://howis.wales.nhs.uk/sitesplus/documents/861/FINAL%20PHW%20Older%20People%20Annual%20Report%20-%20English.pdf>)

- The resident population of Anglesey is projected to increase by 4% from 2006 to 2031.
- In 2009 19.5% of children were said to be living in poverty on the Isle of Anglesey
- 21.9% of the total population of the Isle of Anglesey was aged 65+ in 2010, compared with 18.6% in Wales as a whole. This is the third highest proportion of people aged 65+ across all local authorities in Wales.
- The rate for children and young people reported as disabled according to Disability Discrimination Act definitions is 7.3% of the 0-18 population which gives an estimated total of 1027 children with disabilities in 2012.

The table below demonstrates the projected population % of people over 75 years of age residing in each of the 6 counties of North Wales. There is a recognised need for a joint approach to planning and delivering older people`s services, in particular within Anglesey where the projected % increase is set to double from 9% to a staggering 18% by 2033.

Projected population, 2008-2033, % aged 75 and over
 Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government



Population aged 65 and over in Anglesey, by age, projected to 2030

	<i>Numbers</i>				
	2012	2015	2020	2025	2030
People aged 65-69	5,260	5,480	4,780	4,830	5,080
People aged 70-74	3,880	4,450	5,140	4,520	4,580
People aged 75-79	2,920	3,270	3,970	4,630	4,090
People aged 80-84	2,080	2,150	2,710	3,350	3,960
People aged 85 & over	2,070	2,290	2,640	3,380	4,420

Source: Welsh Government Statistical Unit / Daffodil

Crown copyright 2010

Morbidity and long term condition levels are indicated by hospital admission rates. Anglesey has the highest rate across North Wales of all inpatient admissions for persons aged under 75 years, both those which are planned - including surgery and admissions for investigation or treatment - and those which are emergency or unplanned.

Emergency hospital admissions aged rates for people under 75 for the Isle of Anglesey are the highest across North Wales and higher than the Wales rate. Elective hospital admission rates in Anglesey for people aged under 75 are higher than the average for North Wales and Wales. Seven of the nine Middle Super Output Areas in Anglesey have statistically significantly higher rates than Wales as a whole.

5. Managing Services Together

The changing structure of the population means more pressure and greater demands on a range of services e.g. health care, residential services, housing, welfare and other services used by the population. This requires collective action and early intervention to empower and support people (Anglesey Integrated Plan 2012).

Since public finances are limited, effective engagement with our service users and communities is of paramount importance to ensure that resources are targeted effectively to tailor services to meet their needs.

A number of joint projects are already being worked on, and include:

- Single Point of Access project
- Community Equipment Stores
- Children with disability service
- Adult Mental Health
- Health and Social Care Support Workers
- Integrated Family Support Service/Team
- Intermediate Care
- Telecare/Telehealth

These initiatives testify a strong tradition of engagement and collaboration. Nevertheless it is evident that further benefits could be secured by greater strategic alignment and improved governance of these individual work streams.

6. Recognising Priority Areas: Prioritisation Framework.

It is vital that decisions to prioritise services are not based on intuitive methods, incomplete information or conflict with NHS and Social Care strategic goals. It is important that the impact on health and social care is explicit when decisions are made to provide resources for some areas and not others.

Any prioritisation framework must therefore provide a robust, transparent and fair process to:

- increase public and patient confidence;
- be operationally more efficient;
- align resources to agreed strategies and policies that improve the overall health and wellbeing of the population and improve the quality of services;
- ensure competing needs are given a fair hearing;
- provide better value for money and budget allocation requirements;
- add legitimacy to decision making;
- meet the requirements of good corporate governance;
- be underpinned by a sound evidence base wherever possible;
- inform and promote appropriate planning to meet future needs.

Services will need to be reviewed and developed to make sure that they meet shared specifications and quality standards. The Integrated Delivery Board would provide a platform for such an approach and would include within its remit the delivery of health and social care services on the island including priorities for any new developments.

7. Proposal

As a consequence of the drivers and to meet the challenges detailed above we propose that an Integrated Delivery Board be established to assist in the development of Community Health and Care Services on Anglesey.

The Proposal is developed in more detail below and we are confident that it will provide a clear way forward to work towards formally integrating service delivery between Anglesey County Council and BCUHB. The establishment of an Integrated Delivery Board for Community Health and Social Care services on Anglesey will provide executive and leadership input to oversee the process, governance and performance of a truly integrated health and social care service. We propose that the board will be operational from Spring 2014 onwards.

Accountability:

The Integrated Delivery Board will be accountable to the BCUHB Board and democratic processes within the Local Authority. Nevertheless membership of the Delivery Board should have sufficient authority to commit their organisations to a particular course of action informed by knowledge of priorities and agreed strategic direction.

The Integrated Delivery Board for Community Health and Care on Anglesey will take on the role of “county fora”. Key duties and responsibility of this strategic group will be to shape, agree, measure and monitor strategic health and social care development at County level ensuring a focus on an integrated experience for patients/service users including:

- Being the vehicle to oversee implementation of joint and integrated services
- Providing the joint governance arrangement for agreed integrated services
- Driving change and transformation of services, including joint priorities identified in the Integrated Plan

The Delivery Board propose to ensure strategic alignment with the work of the LSB to transform public services through development of integrated service frameworks underpinned by formal agreements.

In line with organisations that have efficient procedures for measuring, managing and reviewing health improvement, and developing measurable outcomes for their population, the Delivery Board will have features that include:

- A belief that Health and Social Care improvement is integrated with the BCUHB/ Isle of Anglesey County Council business and service planning cycles.
- Constructive use of audit or scrutiny function with partners to review and influence important local decisions and to jointly tackle health and social care inequalities.
- Clear communication process in relation to strategy and performance that is transparent within the organisation, to stakeholders, and to the population we serve.
- A balanced performance management framework for health and social care improvement, as well as shared outcome measures.
- The ability to reflect on current practice in managing the partnership’s performance, and be mature enough to identify the areas of good progress and those where development is needed.

Links to other partnerships, e.g. LSB, HSCWB, CYPP, will be made based on the topic area (i.e. integration of aspects of children`s services via CYPP, Joint initiatives for primary prevention via HSCWB, Partnership Agreements via LSB etc).

Governance Arrangements:

The Delivery Board will mitigate risks through:

- **Strategic Risk:** Provide assurances that any priority area is based on clear evidence for change (including National Policy/Strategic direction). Accountable officers will ensure projects are supported *in principle* within their respective organisations, with a view of mitigating any risk in relation to ownership at Organisational level (i.e. Board/ democratic process)
- **Operational Risk:** Identification of financial risks to either organisation as a direct result to proposed plans (including risk in implementing planned innovation, HR issues, Cultural change, and potential risk to reputation).
- **Reporting Risk:** clear two way communications between proposed Delivery Board, Locality Teams and operational groups in relation to sharing information and identifying clinical/organisational/operational risks when implementing proposed innovation.
- **Compliance Risk:** The Delivery Board will provide strategic overview in particular relation to legal and regulatory risks of any proposed innovation for integration. The Delivery Board will provide assurances to their respective agencies and LSB that risks are controlled in direct relation to professional governance issues.
- **Specific Projects:** The Delivery Board will provide the governance arrangements in specific relation to the projects/work streams for integrated working such as:
 - Model Mon – Locality Leadership team
 - Single Point of Access
 - Mental Health County Model - Section 33
 - Learning Disability – integration of services.
 - Children with Disability Services Section 33
 - Further exploration in relation to roll-out of Generic Workers
 - Co-location / integration of health and social care teams

Proposed Membership:

Senior Manager Public Health Wales
Assistant Director Community Partnership Development BCUHB
Corporate Director Community Isle of Anglesey
2 Local Authority Members (to be confirmed)
Lead of Community CPG (BCUHB) (to be confirmed)
Nominated representative and Chair of GP's
Chair of the Model Mon / Locality Leadership Team

8. Recommendations

That the BCUHB Board and Isle of Anglesey County Council Democratic Process approve in principle the proposal to develop an Integrated Delivery Board for Community Health and Care services on the Isle of Anglesey.

- R1. Establish the Board, which will include two elected members, to be operational from the 1st April 2014
- R2. For the Board to agree its work programme which will come within the Council's governance arrangements.

Appendix 1: Membership of Board responsible for setting up the proposed Integrated Delivery Board

Appendix 2: Accountability Framework Diagram

Appendix 1: Board responsible for setting up the proposed Integrated Delivery Board

The members of the Board to be responsible for establishing the proposed Integrated Delivery Board are as follows:

Name	Designation	Agency
Gwen Carrington	Director of Community	Isle of Anglesey County Council
Trystan Pritchard	Senior Manager	Gwynedd and Ynys Môn Partnerships
Anwen Huws	Head of Children's Services	Isle of Anglesey County Council
Gareth Llwyd	Business Support Unit Manager	Isle of Anglesey County Council
Emily Whall	Collaboration Improvement Officer, ESF DCIF Project	Isle of Anglesey County Council
Wyn Thomas	Assistant Director, Community Partnership Development	BCUHB
Dr Stephen MacVicar	GP Locality Lead, Locality Leadership Team (Model Môn)	BCUHB
Eleri Lloyd	Partnership Development and Improvement Manager	BCUHB
Sarah Andrews	Principal in Public Health	Public Health Wales
Catherine Robinson	Professor of Social Policy Research Head of Social Sciences	Bangor University

Appendix 2: Accountability Framework

