

## BOARD MEETING

19 March 2009  
Item no 09/03/23

### Integrated Care Organisation – application to become a national pilot

#### 1. Introduction/ Summary of Scheme/Report

This report outlines the proposal from Durham Dales PBC cluster which has been submitted to the Department of Health (DH) for inclusion in the national pilot programme for integrated care organisations (ICOs) and which has been successful in passing to stage 2 of the evaluation process. A decision on whether it is included in the final 20 pilot schemes will be made by the end of March 2009 and, if successful, the programme will run for 2 years beginning in 2009-10 with evaluation of the project taking place in Year 3. This project is work in progress and there are several areas that require further work prior to completion.

#### 2. Implications and Risks

<i>Will there be a significant impact on patients or patient care?</i>	<i>Improved patient care</i>
<i>Are there any financial or legal implications to implementing this item?</i>	<i>Better use of commissioning resources.</i>
<i>Will there be an impact on Equality, Diversity or Human Rights?</i>	<i>No</i>
<i>Does this item form an essential part of quality or performance standards e.g. Healthcare Commission, NHS Litigation Authority? If yes, detail which standard.</i>	<i>No</i>

#### 3. Recommendation

The board is requested to:

- i. to agree the strategic aims and objectives of the ICO proposal,
- ii. to support the ongoing application for the programme to be a national ICO pilot,
- iii. to agree to the proposed governance arrangements in principle and proposals for collaborative working between NHS County Durham, Durham Dales PBC cluster and the partner organisations involved in the project,
- iv. to note that additional manpower will be required for the programme office and this will be supported through non-recurrent funding,
- v. to note the need for and agree provision of additional dedicated support from PCT officers in enabling functions,
- vi. to note the proposed next steps and to agree the development of a more

- detailed action plan,
- vii. to note and agree to the project signing up to and complying with the site agreement,
  - viii. seek approval from each board of the partner organisations.

**4. Submitted by**

**Author:** Louise Okello  
**Title:** Assistant Director, PBC & systems management  
NHS County Durham  
**Sponsoring Director:** Carole Harder, Director of Community Health Services  
**Date:** March 2009

**5. Purpose of the Paper**

Information Sharing  Development/discussion  Decision/action

## **Durham Dales Integrated Care Organisation Proposal**

### **1. Introduction**

This report outlines the proposal from Durham Dales PBC cluster which has been submitted to the Department of Health (DH) for inclusion in the national pilot programme for integrated care organisations (ICOs) and which has been successful in passing to stage 2 of the evaluation process. A decision on whether it is included in the final 20 pilot schemes will be made by the end of March 2009 and, if successful, the programme will run for 2 years beginning in 2009-10 with evaluation of the project taking place in Year 3. This project is work in progress and there are several areas that require further work prior to completion.

### **2. Implications and risks**

The proposal has been developed from the commissioning intentions identified by the 12 Dales cluster practices which were based on their perception of the health and social care needs of the registered patient population, informed by public health statistics and recommendations.

The proposal will need to be further developed taking into account the PCT's strategic aims and objectives.

The project has been "future proofed" in as much as any proposals can take into account any decisions on future hospital acute services as they will have significant impact on the services outlined in the proposal. It is anticipated that the project will inform the scope, scale and phasing of service changes affecting the population served by the Durham Dales cluster practices.

The final application to DH in November 2008 included documented support at chief executive level from all partner organisations. It is essential for its success that support continues at this level during the lifetime of the project and that active involvement of the organisations is evident throughout. Success of the project will also depend on dedicated programme management support and input from PCT commissioning officers particularly from the enabling functions to support with public patient involvement, quality assurance, data collection and evaluation. There is also likely to be the need to commission external support on a consultancy basis particularly in the pre-planning stages of the project to support with the development of evaluation metrics and the definition of outcome measures and also to explore the most appropriate governance arrangements.

The project will also require significant levels of clinical and social care engagement and involvement both from practice based commissioners as well as front line staff working either in health or social care within the cluster.

Funding from DH to the successful pilots covers local programme management arrangements, support to provide data to the evaluation, and release of professional/clinical time. A bid for non-recurrent funding has also been submitted to the PCT to cover the cost of programme management support and clinical back fill.

### **3. Recommendations**

The board is asked to support the following recommendations:

- i. to agree the strategic aims and objectives of the ICO proposal
- ii. to support the ongoing application for the programme to be a national ICO pilot
- iii. to agree to the proposed governance arrangements in principle and proposals for collaborative working between NHS County Durham, Durham Dales PBC cluster and the partner organisations involved in the project
- iv. to note that additional manpower will be required for the programme office and this will be supported through non-recurrent funding
- v. to note the need for and agree provision of additional dedicated support from PCT officers in enabling functions
- vi. to note the proposed next steps and to agree the development of a more detailed action plan
- vii. to note and agree to the project signing up to and complying with the site agreement.
- viii. seek approval from each board of the partner organisations

### **4. Author and sponsor director**

Author: Lou Okello  
Title: AD, PBC & systems management

Director: Cameron Ward  
Title: Director of Systems Management  
Date: January 2009

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## **Mission**

The integrated care pilot programme presents a distinctive leadership opportunity for clinicians, working in a mature relationship with colleagues from other sectors, to shape and test new models of integrated care and achieve a sustainable step change in the quality of patient care and outcomes for service users and carers.

DH (2008) Integrated Care Organisation Prospectus  
<http://www.dh.gov.uk/en/Healthcare/IntegratedCare/index.htm>

## **Executive summary**

This report outlines the proposal from Durham Dales PBC cluster which has been submitted to the Department of Health for inclusion in the national pilot programme for Integrated Care Organisations (ICOs) and which has been successful in passing to stage 2 of the evaluation process. A decision on whether it is included in the final 20 pilot schemes will be made by the end of March 2009 and, if successful, the programme will run for 2 years beginning in 2009-10 with evaluation taking place in Year 3.

The completed application pro-forma is included as Appendix 2.

The proposal describes a multi agency approach to the delivery of health and social care characterised by the 6 partner organisations operating as a managed network rather than as a single provider entity. The success of this approach will be built on shared strategic aims and objectives, providing for patient centred delivery resulting from robust channels of communication and effective information sharing.

The programme board will agree a phased implementation of prioritised service changes over the 2 year project period. A robust governance framework will be developed in line with national guidance and with reference to each partner organisation's own governance arrangements and existing best practice.

## **Introduction**

There is evidence to suggest that integration can deliver better quality of care to individual patients and service users and more economic care to communities. The imperative for improved integration was underlined in the recently published *NHS Next Stage Review* and *Primary and Community Care Strategy (PCCS)*, and in the concordat *Putting People First*.

The Dales PBC cluster's commissioning intentions for inclusion in the annual operational plan (AOP) identified areas both of health and social care service delivery that were failing to adequately meet the needs of the local patient population. This was largely as a result of significant levels of deprivation, geographical remoteness or a combination of both. Proposed changes to community health services resulting from the reorganisation of Provider Services, coupled with the implications of "Seizing the Future" have the potential to exacerbate some of these inequalities.

It is with this in mind that the proposal has been prepared and a framework for collaborative work towards possible solutions has been developed in partnership with the following organisations:

- Durham Dales practice based commissioning cluster
- Durham County Council (social services provider)
- County Durham & Darlington NHS Foundation Trust (secondary care provider)
- Tees, Esk & Wear Valley NHS Foundation Trust (mental health trust provider)
- County Durham and Darlington Community Health Services hosted by NHS Darlington
- North East Ambulance Services

Whilst support for the project has been agreed the roles, responsibilities and governance arrangements for all parties will require more detailed consideration and the early meetings of the programme board will be expected to make these issues its initial priorities.

## **Background**

NHS County Durham is a large geographical area covering 500,000 population and has high levels of deprivation, poor health and a large rural area. The Durham Dales cluster has a fairly stable population of about 87,000 but covers an area of 540 square miles. This includes some small areas of urbanisation in Bishop Auckland, Barnard Castle, Crook and Willington but also includes many rural areas within Wear Valley and Teesdale. The Wear Valley sub-cluster accounts for 62,000 of the patients and it includes all of the larger towns apart from Barnard Castle and Middleton-in-Teesdale. The remaining 25,000 are in the Teesdale area which is predominantly rural. Large rural areas bring different issues and challenges to those of cities and major towns.

A brief impact assessment has been undertaken on the initial programme proposal. It is expected that as the programme is implemented, detailed impact assessments will be undertaken on each element during the planning stage by a named public health professional who will work with the project team. Initial scoping recognises that the proposal has taken account of:

- the known health inequalities in the Durham Dales area
- the challenges presented by a rural population in relation to transport and access issues
- the health impact of fuel poverty and the importance of addressing this
- the importance of early intervention and primary prevention
- the importance of improving methods for involving and contacting “easy to overlook” sections of the population
- opportunities to develop more local services e.g., GP ward in Bishop Auckland General Hospital, integrated emergency care directorate in line with the urgent care strategy, taking account of proposed changes by the Foundation Trust and also the improvement of services at the two community hospitals
- increased opportunities to develop patient self care
- developing more robust patient and carer involvement methods

- the need to develop more local mental health services, both increased access to psychological therapies and services for diagnosing and treating dementia.

This initial scoping suggests that the proposal if implemented will seek to reduce health inequalities in the Durham Dales area. Further impact assessments using a recognised toolkit will be required as the programme develops.

## **Objectives & Outcomes**

### **The specific objectives of the pilot programme are to:**

- establish a number of clinically-led pilots spanning health or health and social care and beyond
- create an effective learning and support network for the pilot sites in order to accelerate their development
- establish a rigorous evaluation of the programme as a whole, which adds to the current evidence base and identifies what benefits can be achieved by integrated working
- disseminate and share widely the emerging learning from the pilot sites so as to encourage spread and adoption of benefits in the wider health and care community
- establish a knowledge base to support PCTs and Local Authorities in their commissioning and performance management of integrated care models, and to inform individuals in their choice of providers where appropriate

### **Expected outcomes of the pilot programme include:**

At a **local** level within the pilot sites, the desired outcomes are to achieve (for a specified target population):

- improved quality of care, health, equity and economy, at a faster rate than in comparable populations
- improved patient and user satisfaction, reported outcomes and quality of life
- improved partnerships in care provision
- better use of scarce resources and more effective and economic delivery systems
- improved relationships, governance, risk management and innovation in specific delivery systems

At a **national** level, the desired outcomes are:

- a compelling addition to the evidence base about what improvements in quality and outcomes can be achieved through integration, through an evaluation of the whole programme
- an appetite and process for sharing and implementing improvements widely across health and social care and beyond

It is accepted that some of these desired outcomes that may not be achieved within the timescale of the pilot period and further assessment may be necessary.

With these broad pilot scheme objectives and outcomes in mind the specific expectations of the project are:

**1. Prevention of disease**

- through timescale of the pilot period and further assessment may be
- through vascular screening, obesity management and early detection of diabetes
- through our fuel poverty initiative

**2. Reduced emergency admissions and reduced A&E attendances**

- GP front-end A/E in the acute hospital
- an integrated emergency care directorate
- development of a GP-run ward at our local hospital

**3. Improved access to services for patients**

- increasing the number of services in GP surgeries and other community settings
- increasing the number of services in our community hospitals
- improved rural transport

**4. Reduction in health inequalities**

- be involved in the regional rural health strategy and apply it to Teesdale and Weardale
- focus on our areas of high deprivation in Wear Valley
- reduce health inequalities through screening programmes, in particular, focusing on vascular screening
- reduce the winter deaths index through the fuel poverty scheme
- improve transport in rural areas through the development of community hospital and GP surgeries
- through better management of long term conditions in our general practices

## **5. Greater patient involvement**

- work with the patient participation groups in each of the general practices
- improve consultation and involvement of patients on service development and in the quality assessment of our services locally

## **6. More cost effective services**

- reduce A&E attendances
- reduce emergency admissions
- develop community hospital tariff
- reduce costs associated with services delivered in general practices and other community settings

Further detail on the rationale and measurements associated with these outcomes are included in the full proposal document (appendix 2)

## **Governance arrangements**

Governance structures will take account of and link into partner organisations' existing governance arrangements. An ICO partnership programme board has been established and will be accountable to each partner organisation's executive body.

The Partnership Board includes senior representatives from each ICO organisation. The governance framework for the partnership board will include:

- Measures to manage conflicts of interest
- clarity of roles/responsibilities
- scheme of delegation
- accountability arrangements
- managing any ambiguities and obtaining best value
- responsibility for Steering and overseeing the work of thematic and cross cutting working groups
- monitoring the milestones of the ICO development process (using the gateway Review agreement framework)
- resolving conflicts and recommending (subject to Partner approval) commissioning plans and funding implications via the PBC Cluster to the PCT
- potential responsibility for a delegated budget

Terms of reference will be set so as to ensure probity without stifling innovation.

Support for the ICO has already been secured at CEO level from all partner organisations, this will be underpinned by the signing of a Memorandum of Understanding ensuring their full engagement. ICO Partner organisations will collaborate with each other as part of a managed network.

Accountability for commissioning and procurement of services will sit with the PCT which will act as sponsor to the ICO and will provide funding towards the costs of the programme office.

The ICO programme partnership board will either be responsible for designing local service specifications and/or pathways of care or for designing new models of care within existing contractual arrangements. Where the ICO board is proposing to enhance or remodel existing services, responsibility for implementation, staffing and patient safety will remain with the provider partner organisations.

Procurement of new services will continue to be undertaken by the PCT, the ICO could be one of a number of “any willing providers”

The ICO partnership programme Board will be supported by a Programme Management Office (PMO), including a clinical, a PCT and a project lead. They will be supported by Project Managers, administrative and system support staff. The Clinical Lead is also the Chair of the Board. The PMO will be responsible for managing the workstreams and reporting progress and recommendations to the Board.

Each area of service delivery or cross cutting initiative will be led by a partner organisation with the Board member for that organisation having overall responsibility.

Working groups will either look at cross cutting issues or be thematically focussed. Cross cutting theme working groups will assure the programme board in relation to matters of finance and quality assurance. Other working groups will look at key outcome areas of the project including: urgent care, mental health, transport, moving services closer to home, fuel poverty, GP led ward and social care services. It is proposed that these working groups will comprise appropriate clinical and social care representation from front line operational staff and will be responsible for delivering the projects set by the programme board.

A key challenge to the ICO will be to develop a joint approach in order to specify and test the information governance issues resulting from sharing patient / client based records between the partner organisations. Mechanisms will be established in accordance with Caldicott Guardian requirements and each organisations data protection registration will be reviewed to ensure that all processes are fully compliant with each of the principles of data protection.

An integrated risk assessment of all dimensions of the project will be undertaken and the programme will adopt the PCTs risk management policies. Risk mitigation and contingency planning will be carried out. Any new information systems will be compliant with national requirements and their use will be based on identified best practice. Advice will be assured by involvement of senior staff from the information departments of all partner organisations with a specific information panel being part of the project structure.

### **Working arrangements**

Project management will be based on LEAN methodologies requiring a project board and technical, user and business teams as described above. Detailed scope and terms of reference will be established by the board and the project will be managed

against a milestone based plan with full project review at each agreed major milestone stage

### **Clinical leadership**

The ICO projects will be led by clinical leaders from each of the (clinical) partner organisations. The project will be led by Dr Stewart Findlay who is currently the chair of the Durham Dales practice based commissioning cluster. The ICO is the highest priority project for the cluster over the next three years. The PCT currently fund the PBC chair for four clinical sessions per week. At least one clinical session per week will be devoted to working on the ICO. There will be a monthly meeting of the programme board. Each partner organisation will provide a suitably senior representative who will have delegated responsibility to make decisions or feed back through the organisation's own governance arrangements as required.

Clinical expertise will be funded on an ad hoc basis, looking at specific aspects of our project. The clinical lead for the PBC cluster will be the PBC chair and involvement of clinical champions will be sought in each clinical area of the project as well as GPs from each of our general practices.

Summary of proposed clinical leadership from partner organisations:

- Robert Aitken, Medical Director, County Durham & Darlington Foundation Trust
- Chris Fisher, Medical Director, Mental Health Trust
- Will Richardson, Medical Director, Community Trust
- Stewart Findlay, PBC Chair Durham Dales PCT

### **Next Steps**

The Proposal has been passed to stage 2 of the DoH's evaluation process. The milestones for the period leading to the final selection and award of pilot programme involvement are:

First meeting of project board	Thursday 15 Jan 09
agree roles & responsibilities	
project management arrangements	
discuss DoH questions for clarification (See Appendix 3)	
identify arrangements for public involvement	
identify workstreams and project sub group structure	
Presentation to clinical reference group	Fri 16 Jan 09
Department of Health coaching event (all Stage 2 proposals)	Tues/Wed 20/21
January 2009 attended by S Findlay, J Johnson & L Okello	
Written responses to DoH's questions	Friday 6 Feb 09
Site visit by evaluation panel	To be confirmed (2–18 Mar 09)

Organisation of a stakeholder event to include public involvement (TBA)

Preparation of briefing paper for partner organisations to seek approval and sign up from their executive group (this paper) February 2009

The discussions leading to final submission will include the outcomes of stakeholder events and will assist in the preparation of cross cutting and thematic work streams.

To finalise the detail of the governance arrangements and terms of reference for the component parts of the programme management structure.

To define outcome measures and develop performance management and evaluation metrics.

To develop a communication strategy to be implemented across all partner organisations to ensure maximum engagement as part of a robust change management methodology.

To quantify and define the nature and scope of support requirements to the project both short term and long term derived either from NHS County Durham, partner organisations or external agencies and to be assured that partner organisations are aware of and in full support of those requirements.

To quantify and source any additional funding which may be needed to support these arrangements.

## **Recommendations**

The board is asked to support the following recommendations:

- i. to agree the strategic aims and objectives of the ICO proposal
- ii. to support the ongoing application for the programme to be a national ICO pilot
- iii. to agree to the proposed governance arrangements in principle and proposals for collaborative working between NHS County Durham, Durham Dales PBC cluster and the partner organisations involved in the project
- iv. to note that additional manpower will be required for the programme office and this will be supported through non-recurrent funding
- v. to note the need for and agree provision of additional dedicated support from PCT officers in enabling functions
- vi. to note the proposed next steps and to agree the development of a more detailed action plan
- vii. to note and agree to the project signing up to and complying with the site agreement set out in appendix 4 to this report
- viii. seek approval from each board of the partner organisations

## **Author**

Lou Okello, Assistant Director, PBC & systems management

## **Sponsoring Director**

Cameron Ward, Director of Systems Management  
January 2009