To:	The Board
For meeting on:	28 May 2014
Agenda item:	5
Report by:	Charlotte Goldman, Policy Adviser
Report for:	Discussion

TITLE: **Integrated care – Programme update and workshop proposal**

Summary:

This paper provides a summary of the work Monitor has undertaken, and plans to undertake, with regard to its duty in the Health and Social Care Act 2012 (the 2012 Act) to enable the delivery of integrated care. This programme of work, led by the Strategy and Policy team, includes activities across a range of Monitor's functions as well as work with national partners and frontline organisations externally. Monitor has initially been fulfilling its duties mainly through reactively addressing issues relating to stopping integrated care activities being blocked and providing flexibility for new care models to emerge. However, more recently it has also been looking ahead to the issues facing local areas and taking a more proactive stance to support them in taking their plans forward.

Recommendations:

The Board is asked to note the integrated care work programme and comment on the suggestions for the content and approach for a workshop on 25 June 2014, as set out in this paper.

Public Sector Equality Duty:

Monitor has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Exempt information:

None of this report is exempt under the Freedom of Information Act 2000.

Integrated care – Programme update and workshop proposal

A. Background

1. Enabling the delivery of integrated care is one of Monitor's duties as set out in the 2012 Act. Many people have complex care needs and must access health and social care services across several providers and settings and by a number of professionals without appropriate co-ordination or a holistic perspective. This is a problem within and across different NHS services as well as between the NHS and social care. Our definition of "person-centred, co-ordinated care" reflects the tone of Monitor's Corporate Strategy. It is supported by an underlying 'narrative'[1] from an individual's perspective about meeting their needs and is underpinned by a number of 'I' statements that articulate this in more detail, e.g. "I only need to tell my story once".[2]

2. There are therefore opportunities to promote the interests of patients and service users by ensuring that health and care services are coordinated and meet their needs. The evidence base for improved patient outcomes and financial savings is limited. However, it is clear that, logically (and based on some promising international examples), patient experience should improve service user, carer and family outcomes and that reducing gaps and inefficiencies in care can offer opportunities for savings.

3. This paper sets out the work that Monitor's integrated care team has done, and continues to do (alongside examples), to actively fulfil Monitor's integrated care duty and reflect our corporate values.

B. Fulfilling Monitor's integrated care duty

4. Through a number of our regulatory levers, we work, including with others, to remove barriers, consider how to enable integrated care provision, including stopping blocking activities, and actively support the sector. In doing so, we reflect a number of our corporate values. For example: working with national partners as part of the Integrated Care and Support Collaborative to set the strategic direction for integrated care and support the sector in addressing barriers; actively supporting and enabling localities to take forward their plans for integrated care, e.g. around the payment system and competition rules; and acting as one team through a matrix model that ensures all Monitor teams understand relevant policy issues, make links between our projects, align messaging and provide support to local areas.

5. This paper sets out our work to: a) ensure providers do not block attempts at integrating care; b) enable flexibility for new care models; and c) support the sector in taking forward their agreed plans. In each case, we provide context for the issue and examples of work in that area.

a) Ensuring that the sector doesn't block efforts to integrate care

6. While we wish to leave appropriate room for providers and commissioners to lead in developing integrated care, sometimes, despite the best efforts of local bodies, others may block attempts at local integration. In such cases, Monitor may step in to ensure that any unreasonable detrimental action is addressed, including where, e.g. competition rules are cited as reasons for such behaviour.

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[1] *"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me".*

[2] Commissioned from and developed by National Voices, 2013

Issue	Examples of work undertaken
Providers would be in breach of their provider licence if they were to take actions that could reasonably be regarded as detrimental to delivering care in an integrated way.	We are developing guidance to help the sector understand how to meet the requirements of this licence condition and understand what sorts of behaviours are expected with regards to the delivery of integrated care and what might constitute a breach (to be published this winter).
There is a widely perceived conflict between integration and choice and competition, which some believe promotes service fragmentation.	We believe that integrated services that seek to provide the best care for patients will raise very few competition issues. We are therefore working to dispel myths in this area through, e.g. competition supplementary guidance, our frequently asked questions, webinars and informal advice to the sector.

b) Providing flexibility for new models to emerge

7. Integrated care can take a number of forms from the structural to non-structural, e.g. mergers, joint ventures, alliances, clinical networks, virtual teams and joint working arrangements. It can be across healthcare organisations (primary, community, secondary care), across health and social care organisations or even more co-ordination within a single body. No single approach is deemed most appropriate; local areas are free to design an approach best suited to the needs of their populations and circumstances of their area (within the rules and regulations). We do not yet know what works at scale, but we want to provide flexibility for new models of care to emerge and encourage provider innovation.

Issue	Examples of work undertaken
Concerns have been raised by the sector that Monitor is unlikely to assess for and authorise trusts that take, or wish to take, an integrated approach to delivering services across health and social care for NHS foundation trust status.	Our assessment process can accommodate new organisational forms, such as Integrated Care Organisations (ICOs),subject to legislative barriers around social care funding. The Assessment team researched the relevant issues and risks in response to Hounslow & Richmond Community NHS Trust's plan to take on adult social care responsibilities from Richmond and Hounslow local authority and become an ICO. It found no initial insurmountable issues, although the plan has stalled due to local community issues.
The current payment system is often cited as a barrier to the delivery of more integrated care, notably because it is felt to encourage: • episodic care that leads to fragmentation; and • high volumes of activity in acute settings rather than prevention in the community.	We have expanded the flexibility to adjust approaches to payment and encourage a shift to more integrated service delivery. In the short-term, local variations in the 2014/15 national tariff allow for innovative payment approaches , such as the Year of Care approach, outcomes-based capitation for frail populations and whole pathway currencies. We are also carrying out work to link patient datasets to inform the calculation of prices under new payment designs. This will help to create

	local shared electronic health records for frontline care co-ordination, establish a baseline assessment of population resource consumption and identify patient populations to focus integrated care efforts.
Troubled local health economies (LHEs) provide an opportunity for Monitor to ensure that redesigned services meet the needs of patients.	We are providing advice and challenge to Monitor teams investigating troubled providers and LHEs to establish if and how more integrated care can help ensure sustainable essential services, e.g. Milton Keynes & Bedfordshire and Tameside. We will develop guidance to support this going forward.
We would like to increase the currently limited evidence base for what works.	We are working with national partners[3] as part of the Integrated Care and Support Collaborative to ensure that integrated care is made a reality. We set a clear direction through *Integrated Care and Support: Our Shared Commitment* (May 2013) which announced our intention to promote innovation and experimentation among localities in designing and delivering pioneering integrated care services. We were involved in the selection of fourteen pioneers that were chosen for their innovative approaches and commitment to continual learning and spreading of best practice. In addition, we have been involved in programmes aiming to build momentum around designing new models of integrated care. This includes contributing to the Better Care Fund (including the support package and links with broader strategic planning for 2015/16), encouraging high value care models through the NHS Accelerate programme and the Secretary of State's No One Left Alone policy.

c) Supporting local areas in their plans to make integrated care the norm

8. We, along with our national partners, aim to help ensure better outcomes for users and the system by creating the conditions nationally for person-centred co-ordinated care to thrive locally. In doing so, we have developed a wide programme of support for the integrated care pioneers and other leading edge economies, e.g. around the rules that we enforce that may affect their plans and help on areas of technical knowledge (such as the payment system, procurement, patient choice and competition rules). We intend to collect and share the knowledge generated, which will also inform our ongoing work on enabling integrated care.

[3] Such as the Department of Health, NHS England, Public Health England and the Local Government Association

Issue	Examples of work undertaken
Local organisations cite perceived and real barriers at both the national and local levels that can get in the way of delivering integrated care and improving the user experience.	We have provided support on developing new payment system approaches, e.g. support to the Somerset Symphony project on the design of an Alliance Contracting model, including financial risk sharing, and a roundtable with NHS England to provide advice on key design considerations. We continue to provide informal advice on competition concerns, by explaining the risks of planned approaches and what information we would likely assess if a complaint were investigated e.g. when advising Greenwich about whether they could restrict a tender to GPs only. We are helping to improve access to required support through a senior sponsorship scheme for the pioneers through Toby Lambert and Catherine Pollard in Worcestershire and Cornwall respectively.

C. Proposals for a Board workshop

9. There has been a request for a 90 minutes workshop on integrated care at the June Board meeting. The purpose of this workshop is to increase the corporate profile of Monitor's integrated care work programme, inform Monitor's Board members about the work we have done and plan to undertake in this area, including the links to our Corporate Strategy and values; and explore opportunities for better connecting our integrated care projects to other areas of work internally and externally.

10. The following list outlines suggested areas for a facilitated Board discussion, on which Board members are asked to provide comment:

    - What we mean by integrated care;
    - How integrated care relates to each objective in our Corporate Strategy, including how our work is connected to other Monitor projects;
    - How our work on integrated care reflects our corporate values;
    - Utilising our regulatory levers to enable integrated care and supporting the development of new care models, including whether we are carrying out the right actions within an appropriate timeframe;
    - Linking our work to improvements in care outcomes for patients and service users, for example through our new clinical and patient engagement function; and
    - Using our learning to influence political thinking in this area.

11. Is the Board content with the proposed areas for discussion at the workshop in June?

Charlotte Goldman
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