

## Pioneer Expression of Interest: Integrated Care and Support in Solihull



### To the People of Solihull,

We understand the responsibility that our organisations need to have to help shape and deliver a better model of health and social care, for the people of Solihull. As leaders of our organisations, we commit to work together, in partnership with the people of Solihull, to create and deliver a health and care system that we can all be proud of; with better outcomes, reduced inequality and you at the centre.

We will work within the framework of the National Voices narrative for coordinated care, aligned to the 'Making it Real' programme, so that in five years time, you will be able to say:-

"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."

Yours sincerely

Dr Anand Chitnis  
Clinical Chair, Solihull CCG

Dr Patrick Brooke  
Chief Officer, Solihull CCG

Mark Rogers  
Chief Executive, Solihull Metropolitan  
Borough Council

Dr Stephen Munday  
Director of Public Health, Solihull  
Metropolitan Borough Council

Dr Mark Newbold  
Chief Executive, Heart of England NHS  
Foundation Trust

John Short  
Chief Executive, Birmingham and Solihull  
Mental Health NHS Foundation Trust

Lisa Thompson  
Managing Director, Solihull Hospital and  
Solihull Community Services

Ian James  
Director for Adult Social Care, Solihull  
Metropolitan Borough Council

Sam Mills  
Chair, Healthwatch Solihull

Anne Hastings  
Age UK Solihull on behalf of the Community and Voluntary Sector

Annette Brandstatter & Christine Logan  
Representing Experts by Experience

Cllr Bob Sleight  
Chair of Solihull Health and Wellbeing  
Board

Solihull Health and Wellbeing Board has committed to sponsoring this programme. We welcome the commitment that the Chief Executive Officers from each of their respective organisations bring.

## Introduction

### Our Partnership

- People not patients
- Communities not organisations
- Lives not services

The metropolitan borough of Solihull comprises a community of 206,000 with close geographical alignment of key health and care partners. It has its own local authority, with which our community and voluntary sector work closely together within a Compact Agreement, a single acute foundation health trust with a local district general hospital and vertically integrated community services, a mental health foundation trust and a single clinical commissioning group, representing all 32 of its GP practices.

Solihull has been through a significant transformational health and social care journey over the last seven years, from the establishment of a Health and Social Care Trust; its dissolution under the Transforming Community Services Programme and the subsequent development of a vertically integrated acute and community model. Along this journey we have built significant positive working relationships across a broad base of partners, which has seen the development of many of the building blocks of an integrated health and care system, including several programmes which have achieved national recognition, such as a Jointly Managed Risk Agreement between Solihull CCG and Heart of England NHS Foundation Trust rather than a tariff-based contract, 'Connecting Communities', 'Improving Access to Psychological Therapies (IAPT)' and 'Long Term Conditions Virtual Wards'.

Recent changes of leadership in key parts of the health and social care system have reinvigorated the partnership approach and we have huge ambition to build on our successes, learn from our shared experiences and use them to develop a new model of community based care and support.

Our strengths have mostly been built on 'service by service' development rather than 'whole system' integration and we have re-committed to our partnership not just as a reflection of our enthusiasm to become a Pioneer, but to form a solid platform from which to launch a five year whole system work programme (Diagram 1), to deliver better outcomes for people in Solihull, through:-

- Integrated Care and Support
- Engagement and co-production
- A genuine commissioning partnership with our citizens, underpinned by;
- An Integrated Partnership Compact Agreement (IPCA)

We are committed to becoming the first multi-organisational partnership to sign up to 'Making it Real', ensuring public engagement and accountability from the start.

### Our Governance

A recent workshop with all key partners helped us to identify the potential risks, risk management and governance arrangements that will be built into an Integrated Partnership Compact Agreement (IPCA). This will shortly be signed off by key partners. We recognise it will need to be endorsed by each agency's governance arrangements, and this will be built into our Integrated Care Programme Plan.

The partnership, which is sponsored by Solihull Health and Wellbeing Board, has the full support of the Leader and Deputy Leader of Solihull Metropolitan Borough Council and Chairs and Chief Executive Officers (CEOs) of the following statutory organisations:

- Healthwatch Solihull
- Heart of England NHS Foundation Trust
- Birmingham and Solihull Mental Health Foundation Trust
- Solihull Metropolitan Borough Council including the Director of Adult Social Care and the Public Health Director
- Solihull Clinical Commissioning Group

Other key partners include:

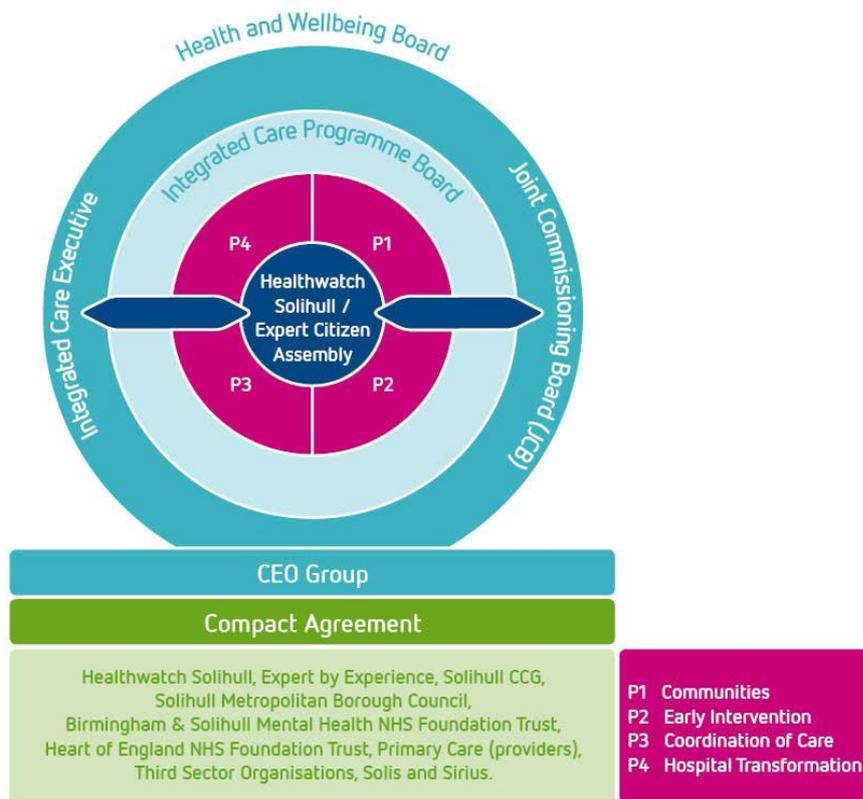
- The Community and Voluntary Sector mandated by Solihull Health and Wellbeing Board, through Age UK Solihull
- Experts by Experience, a strand of the 'Making it Real' programme signed up to within Solihull Metropolitan Borough Council
- Primary Care Providers
- West Midlands Police
- NHS England

Early discussions have taken place with the local strategic housing lead, to identify the benefits to the community of their engagement in the partnership. Further partnership opportunities have been identified and will be developed with Community Safety, Fire Service and the local Chamber of Commerce.

Initial Programme Management is through a jointly funded Programme Manager, Programme Coordinator and an Integrated Care Project Group which meets weekly. This comprises very senior or senior representatives of partners including Healthwatch, Community and Voluntary Sector and Experts by Experience. In addition, an Integrated Care Executive, comprising the Chief Executive Officers of the statutory partners has been established to oversee the programme. This is a clear indication of the level of commitment and ownership and the profile of the programme.

Solihull Health and Wellbeing Board has overall responsibility for ensuring programme progress and delivery and has adopted integrated care as one of its top three priorities.

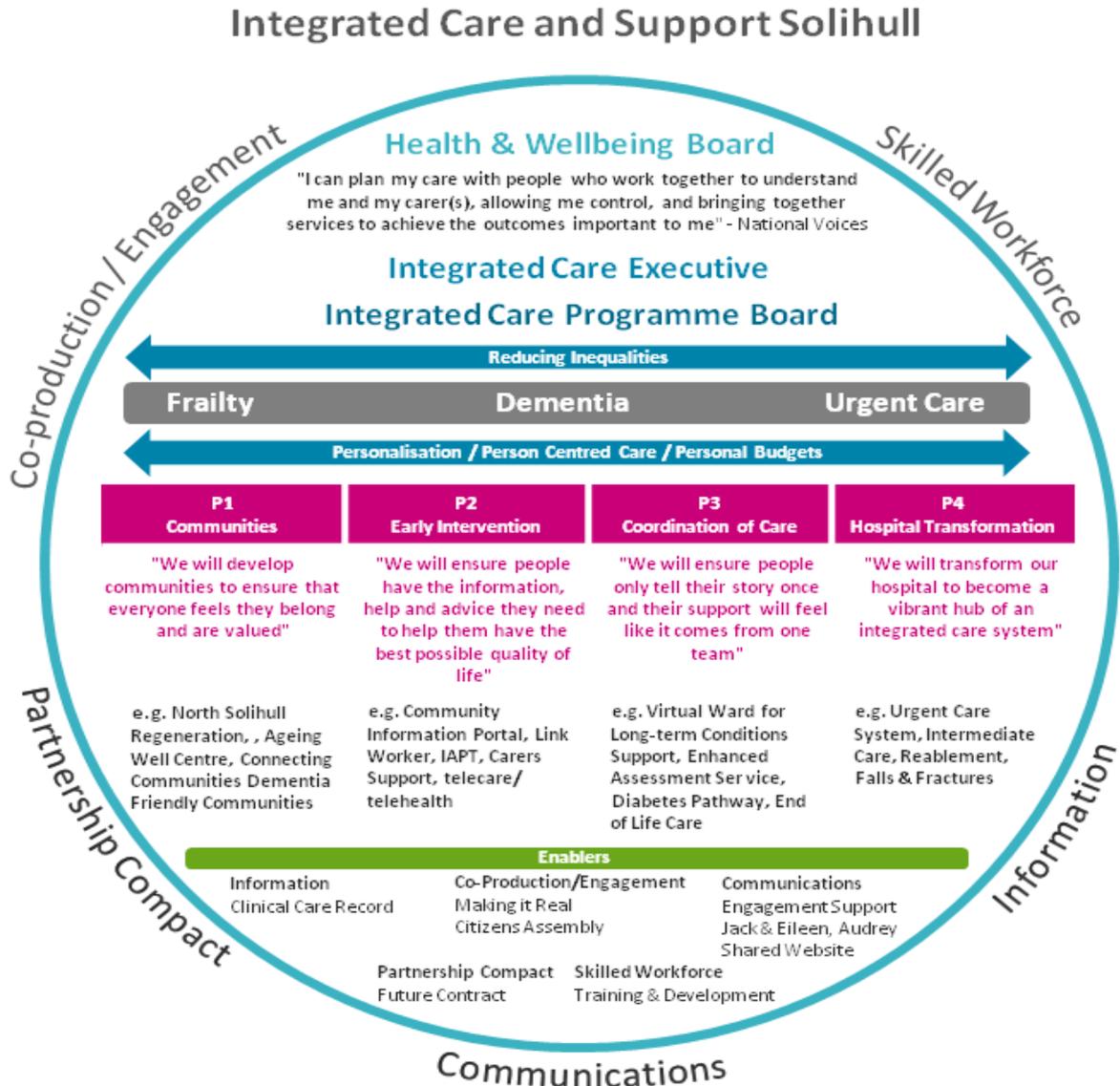
### Diagram 1 – Governance arrangements



## Our Five Year Programme

Diagram 2 – Our proposed five year work programme

The diagram below illustrates our proposed five year Integrated Programme of Work and shows examples of projects which may fall under the Integrated Care Programme. This is a work in progress and will be developed further in the coming months.



# 1. Our Vision

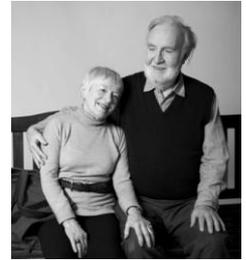
*"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me" – National Voices*

*"I want a life, not a set of services" - local "I" statement (draft)*

We want to change the experience of people like 'Jack and Eileen' and Audrey. See below.

## About Jack and Eileen

Jack and Eileen are a fictional elderly couple living in Hobs Moat, central Solihull. Like many elderly couples in Solihull, they sometimes struggle with life as they lose their mobility and independence. The couple's stoicism, again typical of many older people, means despite their deteriorating health, they do not want to bother the doctor or ask for the help they need.



To watch Jack and Eileen's story [click here](#) or go to <http://vimeo.com/67634088>.

## A real story as shared by her carer: Audrey (name changed)

*Audrey is 90 years old and lives alone in Solihull, she is frail and often falls. Audrey has no close relatives apart from a nephew, Jack, who is a full-time carer for his wife who has Dementia. Audrey's cat 'Snowy' is the most important thing remaining in her life. She relies on the support of three formal carers who visit three times a day for 30 minutes at a time. Audrey needs a knee replacement; her first operation was cancelled the day before it was due which put her into crisis because of the arrangements she had made for Snowy and anxiety about her admission. She understands the need for the operation but wants to return home to recover with Snowy as soon as possible. To achieve this she will need a night sitter – currently not routinely available, or face respite care, which is not what she wants.*

*Audrey's story is still in progress and her carer tells us that "Audrey is one example of how we need to change and find ways to enable people like Audrey to live the life they want into the future."*

Our community needs care which is personalised, preventative, proactive and joined up. By integrating health and care services, we can improve the lives of people like Jack, Eileen and Audrey, helping them to remain happy, independent and active for longer.

## Our Priorities

Building upon the successes of our previous partnership and engagement work, we have been able to identify three priority areas we believe will have the greatest benefit and impact for our community. These areas have been agreed by all partners and have an overarching aim of reducing inequalities.



Within these areas we have identified four specific workstreams which we believe will make a difference (refer back to diagram 2).

<b>Communities:</b>	"We will develop communities to ensure that everyone feels they belong and are valued."
<b>Early Intervention:</b>	"We will ensure people have the information, help and advice they need to help them have the best possible quality of life."
<b>Coordination of Care:</b>	"We will ensure people only tell their story once and their support will feel like it comes from one team."
<b>Hospital Transformation:</b>	"We will transform our hospital to become a vibrant hub of an integrated care system."

## Foundations to Build Upon

We carry forward a number of key elements of previous integrated work that provide us with a strong and robust foundation for success. They include:

- A Compact Agreement between all Birmingham and Solihull health and social care partners since 2011
- Successful bid in 2010/11 by Heart of England NHS Foundation Trust to run Solihull Community Services, the basis of which was 'to bring Solihull Hospital back to the community of Solihull' and the hospital to become the hub of a vibrant integrated care system.
- A 'Jointly Managed Risk Agreement' between Heart of England NHS Foundation Trust and Solihull CCG, in place since 2012/13, demonstrating that we are working together to support health promotion rather than activity.
- Solihull Frailty Board has been in existence for four years and the model which has developed has been widely adopted outside of Solihull.
- Development of a set of Integrated Outcome Measures for Older People between Heart of England NHS Foundation Trust and Solihull Metropolitan Borough Council, which incorporates the National Health and Social Care Outcomes Framework and measures system efficiency. This has undergone public consultation and has been adopted by Solihull CCG. The outcomes work informed the joint investment plan for specific resources allocated to health and social care to support appropriate discharge from hospital, admission avoidance or re-admission.
- Established Long Term Conditions Virtual Wards, Rapid Response Care in a Crisis and Intermediate Care Service, which integrates mental health, physical health and social care services, supporting people with complex needs. These services have the confidence of, and are actively supported by, primary care.
- Solihull Community Services teams are locality based. Their approach uses best-practice, based on risk stratification, multi-disciplinary and inter-agency working, including primary, secondary, mental, community and voluntary sector healthcare, with the co-ordination of care through joint assessments and single care plans.
- Shared IT systems are in place between 75% of primary care practices, community health services and the Marie Curie Hospice. A solution to integrate the Heart of England NHS Foundation Trust IT system is under development.

Previous action plans linked to the existing work streams will be revised and the above foundation work will be reviewed and developed further to ensure fitness for the future or supported to move forward at scale and pace.

## New Plans in Development

- Development of a new diabetes pathway which will be co-produced with people who have diabetes. Whilst Solihull performs above average in managing people with diabetes, we have agreed an outline business case, working with Diabetes UK, to integrate the way our primary, community and acute care teams deliver services.
- Review of existing COPD pathway with primary, community and acute services in partnership with neighbouring CCGs.
- The opportunity of the iMpower research, which targets the relationship between GPs and Adult Social Care and the use of community support or link workers in GP practices, to offer early intervention, advice, information and sign-posting.
- We are exploring with Solihull Metropolitan Borough Council how their web portal (currently under development) can become a whole community portal.
- We have agreed funding to relocate our equipment store and create an independent living/ageing well centre. We are working with mental health services to create a 'one stop' memory clinic service within this area of development.
- In recent weeks a further opportunity aimed at early intervention with those experiencing a mental health crisis has been identified by our local policing unit commander, based upon a report by Lord Victor Adebawale, Chief Executive of Turning Point, into the handling of mental ill health incidents by the Metropolitan Police (published 10 May 2013). The report highlighted that the police will typically identify 10-12% of people in custody as suffering from mental ill health. This means that in the West Midlands, the police may be arresting as many as 10,000 people a year, who are unwell. A dialogue around these issues is now underway between the Mental Health Trust and the Police, which will draw in other partners as it develops.

## Making it Real

In order to demonstrate our commitment and accountability to the public and in line with the National Voices and 'Making it Real' principles, we asked each of the Chief Executive Officers of the partner organisations and the Experts by Experience to produce three "I" statements, reflecting the priorities they hoped to achieve through the partnership and integrated care and support. Our plan is to use these "I" statements and our past successes to develop our integrated care and support programme.

Our local Healthwatch, together with the 'Making it Real' Experts by Experience are in the process of undertaking an exercise to develop and distill these "I" statements, to give us a local accountability framework in line with the seven National Voices headings. Following this we will undertake a wider engagement and consultation exercise in the community, to ensure we are sufficiently reflecting the things that our citizens think are important in terms of their health and support needs, including how, when and where they can gain access at every level.

We have initiated contact with the National Lead and Director of the Think Local Act Personal Programme (TLAP), in relation to working with them on developing a multi-organisational 'Making it Real' model of partnership working. They have confirmed they are very keen to work with us to support its development and potentially showcase it as an example of good practice.

TLAP Co-chair, Clenton Farquharson has stated "We welcome the innovative approach being developed in Solihull to bring together a local consortium from across the sector to sign up to 'Making it Real'. This approach should ensure that the "I" statements developed by people who use services, carers and families remain at the heart of all the consortium's plans. TLAP are keen to hear about progress and will share any learning from developing this model with other areas across the country".

Our local Outcomes Framework aligns with the NHS and Social Care Outcomes Frameworks of Improving People's Experience of Integrated Care. We will need to build on the baseline data from NHS and Social Care to develop local measurements of people's experience of integrated care and support, in preparation for the implementation of the national measurement tools for this outcome (DoH currently developing, expected by the end of 2013).

Our work will be underpinned by a continuous engagement and co-production process. We have an ambition to develop a commissioning partnership with the community through a Community or Citizens Assembly.

The high level ownership and visibility of this programme, together with its robust governance and accountability framework will ensure progress and delivery, as will our accountability to the public through Healthwatch, the Experts by Experience group, Community and Voluntary Sector and Solihull Health and Wellbeing Board.

## Financial Resourcing and Modelling

Solihull CCG and Solihull Metropolitan Borough Council have jointly set aside £1.5m in transformation funding. They will be looking to grow this through other partners' commitments and alternative sources of funding i.e. through submission of bids for monies that support innovative ways of working. Potential financial efficiencies for reinvestment have been identified, such as the 'Jointly Managed Risk Agreement' with Heart of England NHS Foundation Trust and shared transformation resources on a return on investment basis, to provide community alternatives which offer better value for money. The potential to release resources has been identified for investment at scale in primary care for screening, case finding and advice and signposting services. This will be included in our long-term financial plan that is currently being developed.

## 2. Our Plan for Whole System Integration

*"I have as much control of planning my care and support as I want. I can decide the kind of support I need and how to receive it" – National Voices*

*"I want to plan my support" – local "I" statement (draft)*

Our programme design and governance arrangements encompass all the essential elements identified in this criterion, but in addition we will be working closely with a number of neighbourhood groups linked to Solihull Public Health, Solihull Metropolitan Borough Council neighbourhood services and 'Connecting Communities' groups, to ensure our work programme aligns and delivers seamlessly to the public.

## Influence and Involvement

Linked to this is our clear commitment to ensure a more coordinated approach to involvement, engagement, co-production and feedback. Healthwatch and our local Experts by Experience tell us, and this is supported by research evidence, that people who take the time to share their views are somewhat sceptical about doing so again if they do not see what impact their views have had or receive any feedback about how an initiative will be taken forward. Also, we know that people get tired of being asked similar questions by different bodies over and over without seeing any or little change.

As part of our project group we have, through Solihull Metropolitan Borough Council, secured a specific Lead Officer for communications and public relations support who, in liaison with NHS communications, Healthwatch, Experts by Experience, Community and Voluntary Sector colleagues is developing a Communications and Engagement Plan to ensure that our work is visible and transparent. The Communications and Engagement Plan will incorporate a robust section on engagement, influence and co-production – this will be further developed in the work the national TLAP office is interested in undertaking with us.

## Co-ordination and Navigation of Care

Based on our successful Long Term Conditions Virtual Ward model which targets, through a risk stratification process, those who are most vulnerable and in need of coordination of care, we plan to substantially increase the number of people we will support, by lowering the risk threshold currently in place. We will develop a tiered approach to assisting people, from low level signposting and advice, through care navigation, to more complex coordination of care

### Carers Support

*"Most carers 'care' from a deep repository of love. But we must not take that care for granted. It comes at significant personal cost, while saving the country a large amount of money that we could otherwise not afford. We therefore need to ensure that our carers are themselves 'cared for' so they can stay the course and still enjoy a fulfilling life of their own" – John Rouse (Director General, Department of Health)*

*"I've hardly been out of the house for seven years!" - quote from a person caring for her close relative who has dementia*

John Rouse recently published a set of challenges regarding carers support:-

<b>To Health and Wellbeing Boards:</b>	Are the needs of carers and the importance of their role properly reflected in the Health and Well Being Strategy?
<b>To Local Healthwatch(s):</b>	Is the carer's voice prominent enough in your emerging structures and work programmes?
<b>To Local Authorities:</b>	Is the value of carers properly recognised in preventative strategies and in financial allocations?
<b>To Clinical Commissioning Groups (CCGs):</b>	Are you making sure that all GPs are proactively concerned about the health needs of the carer, as well as the 'cared for'?

We know from local users of services and those who care for them, that flexible and personalised support for carers is an essential part of maintaining someone in their own home or community. Carers support is an under-developed area in Solihull and by building on the current Carers Strategy and work previously identified by the Solihull Frailty Board, resources have been earmarked to provide significant impetus to this area. This will focus on the development of carers support, including personalised respite and carer education and training. The continuing inclusion of the 'Making it Real' Experts by Experience and other carer support groups will enable this to be a truly co-produced set of support services.

## 3. Our Commitment to Integrated Care and Support across the Community

*"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS)" – National Voices*

*"I want services to flow despite needing different professionals or agencies to support me" – local "I" statement (draft)*

## Ownership and Accountability

We are able to demonstrate political and board level ownership, as well as ownership by groups representing individuals and the Community and Voluntary Sector through our previously described governance and partnership arrangements. Solihull Health and Wellbeing Board received a paper outlining the Pioneer opportunity and early thinking regarding our approach and accepted overall accountability for the programme. At a subsequent Development Session they defined integrated care and support as one of their top three priorities. Solihull CCG endorsed the programme and its approach at their Governing Body Meeting in June. A paper will go to the next Solihull Joint Commissioning Board and to the Solihull Healthier Communities Scrutiny Board.

In the short timeframe it has not been possible to secure endorsement by the governance mechanisms of all partner organisations, however it is anticipated that there will be unanimous endorsement, if only through the existing ownership by each organisations' Chief Executive Officers and Chairs. We do not underestimate the challenge this may present to some non-executives or governors, or indeed members of our collective workforce, but we are confident that the focus on people, underpinned by our local "I" statements, will secure their support. Chief Executive Officers will need to undertake further communication and work within their organisations to develop awareness and understanding of the opportunities, risks, core principles and accountabilities upon which the partnership is built and will deliver.

## Engagement of our Staff

We recognise that clinical ownership and leadership is critical to success and we will be developing an Expert Forum, to engage them and other colleagues, including representatives from the community. The Expert Forum will, we hope, form the nucleus of our Community or Citizens Assembly. We are aware of some local perceptions relating to the dissolution of the former integrated Health and Social Care Trust and this new refocused integrated work programme, so a specific strand of our communication plan will be aimed at all staff groups, utilising existing communication mechanisms such as core briefings, staff newsletters and magazines. We have already and will continue to emphasise that this partnership is about people and relationships **not** structures. However we recognise that if we get our delivery plan right there will be some redesign in the future, as communities rather than buildings will be our main vehicle of delivery.

## Information Sharing

An equally challenging area is that of information systems. Over the years there have been many attempts nationally and locally to develop a universally integrated IT system and health services have taken significant steps to integrate IT in recent years. In the Birmingham and Solihull area, all CCGs, Local Authorities and Hospitals have committed to the development of an integrated Central Care Record, which is now in implementation.

As previously stated, we are working with Solihull Metropolitan Borough Council to explore how the public information web portal they are in the process of developing could be expanded to become a community portal, linked with the 32 GP practices as well as potentially to other publicly accessible places, such as libraries and shopping centres.

All partners involved in the project group have been given access to a secure collaborative website, developed and funded at this stage by Solihull CCG. The site includes a number of relevant and informative reference documents, such as a project activity plan, minutes of meetings, background papers and of course our "I" statements. Solihull Health and Wellbeing Board colleagues have also been given access, so that they can follow the activity and progress in a timely way. This does not replace any of the formal governance and reporting mechanisms, but it does complement them.

## 4. Our Capability and Expertise to Deliver Successfully at Scale and Pace

*"When something was planned and agreed to it happened without me having to chase around for it" – National Voices*

*"I want my views and the views of my carer to be listened to, heard and acted upon" – local "I" statement (draft)*

We have significant local experience on which to base a vigorous partnership approach at scale and pace. Whilst structural integration between 2006 and 2011 did not deliver the anticipated benefits, it was successful in building relationships that have endured and valuable lessons learnt from being a Care Trust have enabled significant progress in integrated planning and service delivery (e.g. long term conditions virtual wards, dementia pathway, IAPT service, Jack and Eileen story). This has given us the experience and confidence to launch our new approach. We have achieved some considerable progress in terms of governance and engagement in a very short space of time.

There is a new dynamic in the Integrated Care Executive Group, brought about through new leadership which has strengthened the appetite and commitment to ensuring successful delivery of integrated care and support that really makes a difference to people's lives. On 6 June 2013, an Integrated Care Partnership Workshop was held and attended by Chief Executive Officers and representatives of other partners. It was co-facilitated by the Programme Manager and colleagues from Price Waterhouse Cooper, who have been working with the health and care agencies to further develop a multi-agency Risk Sharing Agreement, to support the contractual arrangements linked to integrated services. Feedback on their work led to discussions regarding learning and risks and how best to avoid them or navigate through them into the future and helped to outline the potential future model for the programme management and accountability. This will be further developed in the coming weeks and months.

Solihull CCG and Heart of England NHS Foundation Trust have been working within learning sets for many years, initially with The University of Birmingham Health Services Management Centre, and more recently with the Kings Fund, as part of a group of pioneering communities collectively known as 'The Kaiser Club' (after Kaiser Permanente). Before the Pioneer opportunity was announced, Solihull CCG, Heart of England NHS Foundation Trust and Solihull Metropolitan Borough Council subscribed to ongoing membership of the Kings Fund Learning Network into developing and implementing integrated care within the communities represented. As part of this membership, several members of the partnership engaged in a telephone conference with a Kings Fund colleague regarding the support they might be able to offer us. This will be clarified and confirmed within the next few weeks, but it is likely to include support for development with primary care, establishing the Expert Forum and with urgent care system redesign.

We will continue to utilise the support available from Price Waterhouse Cooper to develop underpinning mechanisms for integrated services as well as learning from their substantial experience of working with other communities across the country.

The Integrated Partnership Compact Agreement will underpin the accountability arrangements and clearly set out the key principles and priorities of the programme of work, as well as the commitment of resources to deliver.

In addition, the strength of the endorsement of the “I” statements and signing up to ‘Making it Real’ principles, together with the ownership by Solihull Health and Wellbeing Board, has generated a very visible level of public scrutiny and accountability that cannot be underestimated. The interest of the national TLAP office in our approach and their desire to work with us to help inform national guidance on a multi organisational ‘Making It Real’ sign-up will give us nowhere to hide in terms of delivering on our intentions!

## 5. Our Commitment to Shared Learning across the System

*“I am told about the other services that are available to someone in my circumstances, including support organisations” – National Voices*

*“I have more confidence in health and social care services because I am regularly involved or asked about my experiences” – local “I” statement” (draft)*

Membership and involvement in a number of learning networks, previous and current, demonstrates our commitment to continuous improvement, shared learning and our willingness to take on board the lessons not only from our own experience but also from others and use them to make step changes and improvements in the way we support not only the most vulnerable members of our community, but all our citizens. There are other examples of this, such as our work with the University of Birmingham Health Services Management Centre and several links to academic institutions (which we intend to consolidate and coordinate more visibly and effectively). Our CCG is regarded locally as leading the redesign of care for frailty, dementia, end of life care, falls and care homes work. Furthermore, we are planning to develop a core Experts Reference Group/Learning Network comprising lead GPs, Consultants, Social Care Workers, Experts by Experience, Community and Voluntary Sector, Mental Health, Police Force, Housing and other agency representatives who will be responsible for being a resource for their colleagues and for cascading the learning. This will be supported by the project group, TLAP and the Kings Fund through the Learning Network, bringing in a range of guest speakers to inspire and maintain motivation as well as a conduit for hearing about local progress, impact and benefits of changes to the way we deliver care and support services.

We want to work within a framework of honesty and transparency and to this end we will continue to positively engage with others to share our journey including the rocky, pot-holed and unmapped roads!

## 6. Our Commitment to Evidence Based Delivery

We have stated our commitment to learn from established evidence-based best practice as well as from the feedback we will receive from our local Experts and community. We have already identified and clearly stated that our programme of work may well ask organisations to commit resources for the benefit of the wider community which may not immediately be of benefit to their own organisation. We welcome a national overview and evaluation and the opportunity to strengthen and develop in any way we can our integrated care and support delivery programme.

The real test of our effectiveness will come through our partnership with the public. The central pillar of engagement and co-production supported by a multi-agency sign-up to ‘Making It Real’, together with the engagement with the Community and Voluntary Sector and Healthwatch, will ensure that we have a continuous process of feedback on what is working and what needs to change. This, together with our visibility via our Communications and Engagement Plan and governance through Solihull Health and Wellbeing Board, will subject us to a level of public scrutiny and accountability not previously seen in Solihull and we fundamentally believe this will be our main driver to ensure we focus on people not patients, communities not organisations and lives not services.

*“Integration is a vitally important aspect of the experience of health and social care for millions of people. It has perhaps the greatest relevance for the most vulnerable and those with the most complex and long term needs” – NHS Future Forum*