

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2013-14**

**COMMUNITY & CHILDREN'S SERVICES
SCRUTINY COMMITTEE**

5TH NOVEMBER 2013

**REPORT OF THE GROUP DIRECTOR,
COMMUNITY & CHILDREN'S SERVICES**

Agenda Item 4

**SOCIAL SERVICES AND HEALTH
– PROMOTING INTEGRATED
SERVICES**

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1. PURPOSE OF THE REPORT

To advise Scrutiny Committee of the recent publication of Welsh Government initiatives to promote the integration of Social Services and Health Services in Wales and a brief summary of our current position and proposed response to these initiatives.

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Note the contents of this report
- 2.2 Note the contents of the Welsh Government Policy statement "**Delivering Local Health Care**" – **Accelerating the pace of change**
- 2.3 Note the contents of the Welsh Government Consultation document "**A Framework for Delivering Health and Social Care for Older People with Complex Needs**" and confirms the Council's approach to formulating an appropriate response

3. BACKGROUND

- 3.1 The Council has responded positively to two important Welsh Government policy initiatives:
 - (a) **Sustainable Social Services – Framework for Action** – April 2013 which set out a vision for social services focussed on the needs of the service user with emphasis on prevention and collaboration. This document is the foundation on which the Welsh Government has built its Social Services and Wellbeing Bill now before the Welsh Assembly.
 - (b) **Setting the Direction : Primary & Community Services Strategic Delivery Programme** – July 2010 which described a commitment to delivery of primary and community care services integrated with Social Services at a local level

- 3.2 In response to these Policy initiatives, front line services, with the exception of Learning Disability services, in Adult Services in Rhondda Cynon Taf were reviewed and reorganised to deliver greater focus on improved information provision at point of first contact, strengthened short term support where needed and long term care & support where necessary.
- 3.3 These changes were implemented in early 2013/14 and places the Council in a good position to take the next steps in providing more integrated, localised services for adults, particularly for older people with complex needs.
- 3.4 We also indicated at the time of the Review that in Phase II of our work, we would be working with Cwm Taf Health Board (the Health Commissioner) and ABMU Health Board (the Health Provider) to review how Learning Disability services should be configured to match the aspirations of "Setting the Direction" and "Sustainable Social Services". This is part of the Group's Business Plan for 2013/14.
- 3.5 However Welsh Government have determined that the pace of integration needs to be increased, particularly in Older People's Services, and have recently published two policy documents on the subject to which the Council needs to consider its response.
- 3.6 There is little doubt this additional urgency results from the experience of the demand pressures on the NHS and Social Services systems last winter.
- 3.7 The new Policy documents are ;-
- (a) **"Delivering Local Health Care" – Accelerating the pace of change** – which requires Local Health Boards to meet a range of largely health led targets over the course of the next 3 years.
 - (b) **"A Framework for Delivering Health and Social Care for Older People with Complex Needs"** - which is a Consultation document on proposals to establish a "Health & Social Care Integration Partnership", the establishment of shared health & social services outcome measures and the development of integrated pathways for Older people which would include targets for pooled budgets and joint appointments
- 3.8 In addition to these new requirements, the Health Minister has required each Local Health Board, in partnership with their respective Local Authorities, to urgently submit a set of Local Authority/Local Health Board joint arrangements currently in place in a template created by ABMU Health Board. A copy of this is attached as Appendix A.
- 3.9 Additionally, on 15th August 2013, the Welsh Government Director for Social Services and Integration (a role which now incorporates "Integration" in its title) at the Welsh Government issued a letter requiring Local Authorities and the Health Service to work with Welsh Government, under statutory direction, to implement a new Assessment process for Older People. Two representatives from each Local Health Board footprint will be expected to meet weekly in September to complete the design for presentation to all

LHB's and LA's in the third week in October with implementation in December. This is an interesting challenge.

- 3.10 All of these new initiatives come at a time when Welsh Government are in the process of considering the Social Services and Wellbeing Bill which, in itself heralds, changes in the delivery of Social Services in the future. The full consequences of implementation of the Social Services and Wellbeing Bill are yet to be fully understood as much of the detail will be in the form of regulations, which have yet to be placed before the Welsh Assembly.

4. **THE ISSUES**

4.1 Prior to the Welsh Government's latest initiatives, staff from Cwm Taf Local Health Board, Merthyr Tydfil Council and Rhondda Cynon Taf Council had been working with the Oxford Brookes Institute of Public Care (IPC) to provide a framework for us to take forward the integration agenda across the Cwm Taf footprint.

4.2 Very helpfully their report, entitled "*Integrated Service Management Arrangements Review*", is now available to us in responding to the demands of Welsh Government on this Agenda.

4.3 The conclusions and advice of IPC were as follows

- *Progress has been made in integration of services at a locality level in recent years, and this can be taken further. It is recommended that partners respond to the national integration agenda and growing evidence of the impact of integration on outcomes, by working together to take forward their integration arrangements at both a locality and organisational level.*
- *Partners should build further integrated arrangements which focus on 3 priority targets:*
 - *Better outcomes for people, e.g. living independently at home with maximum choice and control.*
 - *More efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time.*
 - *Improved access to, experience of, and satisfaction with, health and social care services.*
- *This further work on integration between partners should be based on and informed by the 16 principles drawn up by IPC and agreed in consultation.*

Focus	Trajectory	Style	Leadership
<i>1. User focused</i>	<i>6. Based on shared purpose</i>	<i>10. Inclusive</i>	<i>13. Leadership</i>
<i>2. Centred on outcomes</i>	<i>7. Avoid a focus on structure</i>	<i>11. Take time to develop</i>	<i>14. Provider relationships & roles</i>
<i>3. Agreed care pathways</i>	<i>8. Supportive culture</i>	<i>12. Avoid the dominance of any one partner</i>	<i>15. Beware limitations</i>
<i>4. Team-based</i>	<i>9. Actively driven</i>		<i>16. Beware fragmentation</i>
<i>5. Locally rooted</i>			

- *Partners should commit to the extension of the existing approach to integration – which is one of ever closer collaboration between independent agencies, without moving for the present, to full structural integration.*
- *An 'integrated locality collaboration and investment plan' should be created, overseen by the 'Setting the Direction' collaborative, which in turn would report to the Collaboration Board. The plan should be informed by its initial work on a joint vision from 2011 and the principles referred to above.*

4.4 In essence, the IPC work has validated the appropriateness of our work so far, warns us against simply seeking structural solutions to the development of integrated services and advises us to press on with integration but on a carefully considered “bottom up” approach.

4.5 It would be our intention to use the findings of this research in constructing our response to the Welsh Government and in approaching Phase II of our Review of Learning Disability services.

Response to “Delivering Local Health Care” – Accelerating the pace of change

4.6 This document is not a Consultative document so the Council will not be making a formal response to it but will be assisting Cwm Taf LHB, where we are able to do so, in meeting a set of actions required of them which are detailed below.

4.7 The intention of the document is to:-

- Improve health and wellbeing by an increased focus on prevention and rapid intervention
- Provide improved support for older people and people with long term conditions
- Strengthen locally led service planning and delivery
- Deliver co-ordinated care, focused and designed around people

4.8 The Council would be entirely supportive of these aims.

4.9 **In improving Health & Wellbeing**, the following actions are required;-

- LHB's to develop a locality level assessment of population need. Locality network plans to be updated to include specific action to respond to this assessment. **By September 2103**
- On line Health Check programme will be in place **By December 2013**
- LHB's in two selected areas (including Cwm Taf) to take action to ensure there is a review of smoking prevalence, hypertension and cholesterol with agreed targets **By December 2013**

4.10 In improving access to Local Care the following actions are required:-

- The National Urgent and Emergency Care Board's Out of Hours subgroup will develop proposals on out of hour services, including a national NHS telephone service to access urgent care, information and advice
By July 2013
- LHB's to include within their integrated business plans how they will develop local care services. This will include detailed workforce plans to support the sustained introduction of new and enhanced role and new models of care **By October 2013**
- Welsh Government , working with the NHS will complete a review of the GMS contract (essentially the GP's contract) and make recommendations for changes to the contract to enable GP's to drive the changes needed in the local care system **By December 2013**

4.11 In supporting people with long term conditions the following actions are required:-

- LHB's and partners to agree individual care plans, proportionate to need, for people with long term conditions **By March 2016**
- Welsh Government, LHB's and the third sector to implement the actions in the "*Framework for Self Care*" **As per Framework**

4.12 In improving care for older people the following action is required:-

- LHB's, LA's and the third sector will confirm the local frailty model for their area, ensuring full implementation by March 2015 **By October 2013**

Locality networks

4.13 In Cwm Taf there are 4 Localities i.e. Merthyr Tydfil, Rhondda, Cynon & Taf. Locality networks are being expected to reach a level of maturity described in "*Setting the Direction*" whereby they have:-

- assessed local needs,
- facilitated all parts of the NHS to work better together with social services, Third sector and local communities
- made commissioning decisions about local resources to meet local needs

4.14 Welsh Government have devised a Maturity Matrix against which development will be measured. This is attached as Appendix B.

4.15 **Welsh Government require Accountability Agreements** to be agreed between each Locality Network and the LHB and incorporate following actions:-

- LHB and Locality Networks to assess the level of maturity of each locality network and agree a development plan to achieve full maturity by March 2015 **By October 2013**
- LHB and partners to establish accountability agreements for each locality network, clearly setting out the roles and responsibilities for all partners **By October 2013**
- LHB's supported by Welsh Government, will develop an agreed approach for locality networks to share savings achieved through new models of working in the community. This will feature as part of the new financial regime. **By October 2013**

Integrated Health & Social Care

- 4.16 Welsh Government will issue for consultation a National framework for Integrating Health and Social Care **By July 2013**
- 4.17 This document was issued by Welsh Government in July and is the subject of the next section of this report

Implications for the Council

- 4.18 Although the Council is not tasked specifically in responding to Welsh Government, Council staff will need to be involved in assisting the LHB in delivering:-
- Locality level assessment of population need
 - Engagement in the review of smoking prevalence
 - Development of local workforce plans
 - Development of individual care plans for people with long term conditions
 - Development of a local frailty model

Response to "A Framework for Delivering Health and Social Care for Older People with Complex Needs"

- 4.19 This document is a Consultation document and requires a response to be made by 31st October 2013
- 4.20 It is proposed that the response from the Council should be:-
- Based on the outcome of the Oxford Brookes Institute of Public Care (IPC) research "Integrated Service Management Arrangements Review" (June 2013)
 - Made jointly, if possible, with Merthyr Tydfil Council and Cwm Taf LHB

4.21 By way of introduction, the Consultation document identifies integration for people needing care and support as,

“My care is planned by me with people working together to understand me, my family and carer(s), giving me control, and bringing together services to achieve the outcomes important to me”

4.22 It suggests care delivery

“must be aimed at achieving improved user and patient care through better co-ordination of services. Integration requires a combined set of methods, models and processes that seek to bring about this improved co-ordination”

4.23 It also suggests that the essential elements to improve integration are;-

- Service providers take down the barriers that have prevented effective collaboration through better co-ordination
- Shape the service around a common understanding of the outcomes important to the individual
- The recipient will have a greater say and more control over the care received.

4.24 The Consultation document makes the case for change and sets out principles to which an integrated service should aspire:-

- Planned and managed system
- Focus on preventative interventions
- Locates and link services in community settings with smooth transition between elements and specialist services
- Creates integrated pathways that cross easily organisations and sector boundaries
- Captures once and address all needs of the service user
- Balanced set of services operating where necessary 24 hours per day
- Full engagement of secondary care
- Enables service users to take part in developing their care plan with a named single point of contact
- Enables carers to take part in developing their care plan
- Initiates joint action where young carers are indentified
- Must be a strong commitment to develop services to increase the voice of users and the community
- Development of the idea of co-production with the Community to develop social networks and social enterprise
- Must be a real commitment to constant monitoring and improvement with safe and clear governance arrangements

4.25 The consultation document is also very clear that structural change is not on the Welsh Government Agenda. It states,

“In making the necessary changes, a decision has been made that at this point reforms to structures are ruled out, but change there must be.”

- 4.26 It makes reference to work carried out by the Kings Fund (March 2013) “*making integrated care happen at scale and pace: Lessons from Experience*” and suggests a set of 16 principles that need to be taken account of in considering integrating services. They very much mirror the work of IPC indicated in Section 4.3

The core planning issues

- 1: *our common cause – why we are doing this?*
- 2: *our shared narrative - why integrated care matters*
- 3: *our persuasive vision – what it will achieve*
- 4: *shared leadership – how we are going to do this?*
- 5: *how to build true partnership*
- 6: *what services and user groups offer the biggest benefits?*
- 7: *how to build from the bottom up and the top down*
- 8: *how to pool resources*
- 9: *how to use commissioning, contracting, money and the independent sector to create integration*
- 10: *how to avoid the wrong sort of integration*
- 11: *how to support and empower users to take more control*
- 12: *how to share information safely*
- 13: *how to use the workforce effectively*
- 14: *how to set objectives and measure progress*
- 15: *how to avoid being unrealistic about the costs*
- 16: *how to build this into a strategy*

- 4.27 Finally the Consultation document sets out a set of actions required of “Local Partners”, which presumably includes the Council, LHB and third sector organisations which will be itemised below.

Action Plan required by Welsh Government

- 4.28 Local partners must assess their current situation and action required, both at footprint and locality/cluster level, against the 16 issues in the box above, and define local action required. By end of December 2013**

- 4.29 All local partners must sign off and publish a Statement of Intent on Integrated Care. By end of January 2014**

- 4.30 The Consultation document advises us that the Statement of Intention on Integrated care must include the baseline assessment required above and set out clearly how:

- they will build an appropriate workforce across all partners as an early opportunity to enhance the citizen’s experience;
- they will ensure a relentless focus on delivering locality based citizen centred, co-produced services, focusing upon the pivotal role of primary care services in delivering person centred care.

- they will maintain robust local partnership arrangements that reflect a willingness to delegate responsibilities;
 - they will provide leadership and commitment at all levels and across all sectors, with explicit governance and accountability arrangements;
 - a single commissioning plan will operate across partners, moving over time to a consistent approach across Wales;
 - collaborative resource management will be managed through options such as a financial governance framework; joint commissioning plans and intentions; pooled and/or integrated budgets.
 - how pooled budget arrangements will be extended, stating first what these currently are.
- 4.31 The Welsh Government intend to use the baseline assessments in the Statement of Intent as a means of reviewing progress in delivering the requirements in the Consultation document.
- 4.32 **Partners should ensure that local planning mechanisms reflect the requirement that collaborative planning at local level is based upon a citizen-centred model that allows older people in Wales to have a voice and to retain control of their life.**
By September 2014
- 4.33 **Partners need to have developed within mainstream services for older people how integrated services for older people with complex needs, designed in line with this Framework, will be embedded.**
By December 2014
- 4.34 Welsh Government provide a further Maturity Matrix included as Appendix C which introduces the concept of the “Health & Social Care Integration Partnership” to oversee the development of collaborative service planning and delivery of integrated services.
- 4.35 Finally, Welsh Government provide a set of 12 Performance Indicators which they intend to use to, in their terms, measure progress. Comment about these are included below.

Implications for the Council

- 4.36 The Council has been committed to the Integration agenda for some time. Its work on reconfiguring Adult Services into Localities, the establishment of multi agency reablement services, improved hospital discharge arrangements and targeted short term interventions have all be part of this process.
- 4.37 The work which has been carried out by IPC across the Cwm Taf region also demonstrates the careful thought which is needed to be given to delivering successful outcomes, validates progress made so far and is consistent with the direction of travel set by Welsh Government

- 4.38 The Welsh Government Consultation document encourages us to establish these arrangements on a more formalised footing and provide evidence of collaborative commitment to services for Older People with complex needs
- 4.39 We have been successful in winning European Funding to appoint a time-limited Regional programme officer to assist us in meeting the targets set out in the Consultation document. The interviews for this post takes place in the third week of August.
- 4.40 The only areas of potential contention are:-
- the extent to which Welsh Government is pressing for the use of targets for Pooled budgets as a measure of successful Collaborative working. In our response we will be seeking to clarify what Welsh Government actually mean by the use of the term. Issues of accountability and governance remain significant hurdles to overcome, particularly when applied at times of austerity and budget cuts.
 - The creation of yet more performance Indicators for us to be reported and monitored on. We would seek to minimise any extension of performance management arrangements.
- 4.41 I am formulating our response to the consultation, it would be appropriate for the Council to be supportive of direction of travel given the changes we have already initiated but pointing out our concerns in relation to paragraph 4.40, but consistent with the principles set out in paragraph 4.20.

LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

COMMUNITY AND CHILDREN'S SERVICES SCRUTINY COMMITTEE

5TH NOVEMBER 2013

REPORT OF THE GROUP DIRECTOR COMMUNITY AND CHILDREN'S SERVICES

Item: Social Services and Health – Promoting Integrated Services

1.

Background Papers

- Welsh Government Policy statement “Delivering Local Health Care” – Accelerating the pace of change
- Welsh Government Consultation Document “A Framework for Delivering Health and Social Care for Older People with Complex Needs”
- Sustainable Social Services – Framework for Action – April 2013
- Setting the Direction: Primary & Community Services Strategic Delivery Programme – July 2010

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JOINT LOCALITY/LOCAL AUTHORITY SCHEMES

No.	Scheme	LA Position	Cwm Taf Position
1.	Step Down Beds	<p>Merthyr Tydfil –</p> <p>Thomastown House has integrated its service with Cwm Taf HB in order to facilitate hospital discharge and prepare vulnerable individuals to return to the community.</p> <p>Development of a step down re-ablement service within Bargoed House which consists of four rehabilitation beds which facilitates hospital discharge and move on is also being considered.</p> <p>Rhondda Cynon Taf –</p> <p>RCT currently fund two step up down beds for reablement would need further discussion with LHB about funding if further beds needed.</p>	<p>Cwm Taf –</p> <p>Cwm Taf HB commissioned five step down beds and two crisis beds within Thomastown House Mental Health Hostel. Access is across the region.</p>
2.	Discharge to Assess	<p>Merthyr Tydfil – Patients following MDT as it determines and identifies the need and care category of the service user. Assessments are conducted prior to move on. The position of the Local Authority is to prioritise returning people to their own home/community and to avoid placements directly into residential settings from hospital wherever possible.</p> <p>Rhondda Cynon Taf –</p> <p>The pathways to the integrated Intermediate care and Reablement (IC&R) service provide for this type of service, further discussion with the LHB suggested to look at if there is a need to extend beyond IC&R.</p>	
3.	Community Resource Team (CRT)	<p>Merthyr Tydfil –</p> <p>The Council's Initial Response Team is co-located with Health</p>	Cwm Taf Health board fund the

No.	Scheme	LA Position	Cwm Taf Position
		<p>colleagues and provides a free 6 week response for assessment and rehabilitation of patients discharged from hospital. This integrated service response includes Occupational Therapist and community support. CRT has direct access to the provision of assistive technology, the use of which is incorporated into assessment plans, with a focus on the maximisation of independence.</p> <p>Rhondda Cynon Taf –</p> <p>The IC&R service is an integrated one and there is no charge for the service, it has good links to the Support@home scheme. Telecare is offered free of charge to people using the IC&R service and an officer is in post to promote the wider use of assistive technologies.</p>	<p>Support@home service that is in place across Cwm Taf region.</p> <p>Cwm Taf Health Board explores assistive technology opportunities as part of the assessment process prior to hospital discharge.</p>
4.	Inter Team Working	<p>Merthyr Tydfil –</p> <p>The development of the local One Stop Shop centre is on-going and work is set to commence on the 19th of August 2013. This initiative will bring multi-disciplinary teams together to provide a single point of access.</p> <p>Keir Hardie Health Park provides for integration of the Dementia Team, Initial Response, Community Mental Health team and the Psychiatry of Old Age team. It also houses Third sector representation in Gofal and Age concern. Learning Disability and EMI day services for adults alongside the equipment demonstration smart house are also provided in this location. This enables effective partnership working across sectors and teams, to deliver a streamlined and high quality service.</p> <p>Merthyr Tydfil & Rhondda Cynon Taf</p> <p>The work being taken forward to support the Multi Agency Safeguarding Hub will further strengthen our integrated approach and will include Police, Probation, Education and other</p>	

No.	Scheme	LA Position	Cwm Taf Position
		<p>partners as necessary.</p> <p>Our CMHT's and Learning Disability teams are co-located. The Cwm Taf out of hours service is located in a RCT communications hub for out of hours, lifeline, home care and will be joined by the Social services Emergency duty team in September which supports RCT, Merthyr and Bridgend.</p>	
5.	Reducing Longer Lengths of Stay	<p>Merthyr Tydfil & Rhondda Cynon Taf –</p> <p>The Re-ablement service is integrated with Initial Response team (short term intervention service in RCT) and allows direct discharges to be made from hospital back to the community without the need for social work assessment. This significantly reduces the delay in hospital discharge. The team is integrated with Cwm Taf Health Board colleagues.</p>	Cwm Taf are exploring options regarding hospital discharge into primary care for older People across the region.
6.	Improving flow across patient pathway interface with Community /Primary care within the medical wards at PCH / RGH.	<p>Merthyr Tydfil –</p> <p>The Discharge liaison Nurse is an integral member of the Residential Placement Panel. This supports communication and early discharge from hospital and helps to address DTOC issues.</p> <p>Rhondda Cynon Taf –</p> <p>A discharge Liason Nurse work within the IC&R service and provides good inreach into the hospital and supports prevention of hospital admission. However discussions needed to ensure that this is permanently based within the team</p>	The Institute of Public Care at Oxford Brookes University (IPC) have completed a review of arrangements supporting health and social care integration for the Cwm Taf locality partners of Merthyr Tydfil County Borough Council, Rhondda Cynon Taf County Borough Council and Cwm Taf Health Board
7.	Choice of Accommodation policy	<p>Merthyr Tydfil –</p> <p>Choice protocol has been developed in conjunction with Health. Social Service's training has been undertaken within the wider care management teams.</p>	Processes are currently being developed for implementation

No.	Scheme	LA Position	Cwm Taf Position
		<p>Rhondda Cynon Taf –</p> <p>Date for implementation of the policy now been agreed with the LHB all RCT staff trained and aware of process and responsibilities</p>	
8.	Capacity Planning in local authority	<p>Merthyr Tydfil –</p> <p>Two new residential homes are set to open in September 2013. All domiciliary Care Contracts have recently been retenders. All Supported Accommodation Services were retendered in 2012 alongside a rightsizing exercise to determine levels of need.</p> <p>The Ty Cwm Extra Care development opened in July 2012 and is currently fully occupied. The scheme has been future proofed as part of the design. The scheme has facilitated discharge from hospital and step down from residential settings. It has also prevented escalation of need to residential/hospital/institutionalized care.</p> <p>An Adult Placement scheme across the South East Wales region is now in place and offers an additional choice of respite provision alongside long term placement and short term seasonal support which helps to reduce the instances of high cost out of county placements.</p> <p>Rhondda Cynon Taf –</p> <p>RCT has recently implemented a revised operating model which focuses on early intervention and reablement. Looking to expand IC&R resources to respond to both Community and hospital demand.</p> <p>Wish to consider with LHB need for and joint commissioning of interim beds within care homes.</p>	

No.	Scheme	LA Position	Cwm Taf Position
		Recently commissioned two tenancy and wellbeing schemes using a supported living model with a total of 33 units. Looking to continue to increase EMI capacity within the market	

Other issues / Questions

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Appendix B

Welsh Government – “Delivering Local Health Care”

Locality network maturity matrix

<ul style="list-style-type: none"> • Devolved budgets in place; • Robust governance and accountability arrangements in place; • Hard evidence to demonstrate the delivery of agreed outcomes. 	<p>4 Advanced</p>
<ul style="list-style-type: none"> • Each leadership team has agreed key service priorities and action plans based on local need; • Operating procedures and protocols are in place; • Ongoing scaling up service re-design. 	<p>3 Performing</p>
<ul style="list-style-type: none"> • Configuration, core principles and key deliverables agreed with all partners; • Locality network leadership team terms of reference, functions and lines of accountability and communication agreed; • A performance framework in place. 	<p>2 Developing</p>
<ul style="list-style-type: none"> • Discussions with local partners commenced to develop and agree core principles; • Development of core information at a locality network level; • Agreement on role, accountabilities and contractual arrangements of key locality network leadership team members, including lead manager and clinician. 	<p>1 Establishing</p>

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