Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 25 APRIL 2017

Subject Heading:	Integrated Care Partnership
CMT Lead:	Barbara Nicholls, Director Adult Social Care & Health
Report Author and contact details:	Keith Cheesman, keith.cheesman@havering.gov.uk 01708 433 742
Policy context:	This paper describes the work underway which will support the delivery of all four strategic priorities of the Health and Wellbeing Board, to promote and protect the health of the community, work with those at risk and intervene early to improve outcomes, to provide the right health and social care advice at the right time at the right place and to improve the quality of services and user experience.

SUMMARY

This report provides an update on the progress being made with the development of the Integrated Care Partnership arrangements, especially the Havering Localities. It also describes the link with the development of Integrated Localities teams as part of the project within the Community Services Integration Programme.

RECOMMENDATIONS

The Committee is asked to:

1. Note the contents of this report.

This report is for information only. Members are asked to consider and note this update.

REPORT DETAIL

Background

Our health and wellbeing system is facing significant challenges. The existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand as a result of pressure from population growth, rising levels of long term conditions, variable levels of deprivation, and a constrained financial situation.

As a result of Devolution opportunities from central government and our subsequent development of a Strategic Outline Case for Barking and Dagenham, Havering and Redbridge (BHR), there is a much clearer picture of what can be done together to address these challenges. This work was previously referred to as the development of an Accountable Care Organisation.

The Integrated Care Partnership was formed as part of that work to become the leadership group, comprising senior political and clinical leaders from across the BHR partnership (see Appendix A).

Havering Localities

The development of a locality model of care is being explored which presents the opportunity of a more intelligent way of delivering health and care, built around a defined population rather than around institutions, with a focus on delivering better outcomes.

Locality boundaries have been agreed and partners are working to develop a key suite of supporting information to enable key decisions around workforce requirements in line with need to be made alongside informing the operational model. These are set out in Appendix B.

Work to map the services currently provided across the system is underway and 'locality profiles' are being developed by Public Health. High level locality activity and population profiles have been produced.

A 'Havering Locality Design Group' has been established up to April 2017 (when terms of reference and membership will be reviewed) to take forward development of the locality model. This group includes leads from; Havering Local Authority, Havering Clinical Commissioning Group, NELFT, The Local Pharmaceutical Committee, Havering Healthwatch and the Havering Community and Voluntary Sector Compact. Further details about this group are set out in Appendix A.

Services will be co-designed with local people and delivered closer to them. What this means in practice is local health and care services along with community and voluntary sector, and other services such as housing etc., working together as a

virtual team with the primary aim of improving the quality of life and circumstances of a person. The intention is to focus on what a person needs, rather than offering a set menu of services with criteria that the person may not meet.

In Havering, scoping is underway to define what this model could look like, and plan to involve stakeholders including the community and voluntary sector, GPs, patients, and health and care staff in the development of the proposals going forward. The design needs to ensure that the strong relationships that already exist across Havering between different organisations are built upon to facilitate closer working.

Havering Localities Design

The design principles and core design of the localities model for both Children's and Adults arrangements is much further advanced. It is expected that the locality model could deliver a large number of potential benefits, including:

- Improved outcomes for the local population
- Better use of resources and providers working together to address the needs of a defined population
- Trusted assessor agreements may begin to develop through relationships born of co-location
- Recruitment and retention may also be improved through better use of resources and directing people to the right service, first time, meaning that staff feel less overwhelmed by the volume of activity. There will also be greater opportunity for multidisciplinary working and shared learning, and with the possible creation of new workforce roles to ensure that those with the right skills are seeing the right people, more opportunity for staff to progress in their careers
- Increased clinical time with patients and service users (through better use of resources as noted above)
- Address the key health and wellbeing, care and quality and financial and productivity issues currently facing the Havering and the wider BHR and north east London system as a whole

Childrens Locality Model

The children's model focusses on children's emotional wellbeing, drawing in schools and GP's around earlier identification and intervention of issues.
It will take a whole family approach, rather than an individual one. Those looking to access the service will do so through a single access point, where their case will be quickly triaged by a virtual "multi-disciplinary team" who will assign a key worker to their case, dependent upon their individual needs. That key worker will then ensure the family have the support and information they need. It will feel more seamless and joined up, delivering better outcomes for our service users. It will focus on emotional health and wellbeing, building resilience in children and families, marking a move away from tiered services with strict criteria. It will aim to be much more preventative, avoiding the need for more intensive services later in life.

One of the key benefits of the children's model is the reduced duplication within the system, including the number of times that people have to repeat their 'story' and the number of times that they are assessed for similar services. This will not only be a better experience for those using the services, but will reduce the burden of

administrative duties on front line staff, increasing the amount of clinical time that they have with their service users and patients.

Adults Services

The adult's model is centred on a new 'intermediate care' tier of services which will seek to create a more seamless 'urgent' care offer for those who need urgent support. This will reduce duplication across the borough and create a more seamless service that makes best use of our resources. It is intended that services move from a position where a set menu of services is offered to address high levels of need, to a position that focuses on an individual's strengths and assets, as well as their networks (such as families and friends) as being integral within the care and support planning process, thereby reducing the level of support that may be needed from Adult Social Care. . The model again seeks to ensure a reduced duplication within the system, including the number of times that people have to repeat their 'story'

Integrated Localities Project

The Community Services Integration Programme (CSIP) has previously provided this Committee with insight to the Integrated Localities development underway in Adult Social Care.

There are clear connections and overlaps between the Integrated Localities work within this programme and the Havering Localities development; these are being explored in detail currently with a view to bring the two together as soon as possible, using the project as the delivery vehicle for the Havering Localities changes. There are some logistical implications expected in terms of how staff work and are located, but there is no fixed or defined view at this point as what changes might be required to existing plans or arrangements. The ground work already completed in bringing the Adult Social Care community teams together with the North East London Foundation NHS Trust (NELFT) community services teams will enable the new model to be built on that platform.

Feedback from the staff affected by the first phase – the co-location – is generally very favourable. The quality of referrals and handovers between the teams has improved, there is more interaction between the teams and relationships are improved.

There are a few areas that need further attention and the focus in this next phase will be on a review of therapy roles across organisations, improved communication and further reduction of duplication. There will also be further training and improvements in the access to each other's IT systems.

Both the Front Door redesign and Intermediate Care (IC) are also part of the CSI Programme's scope, so there are clear benefits in bringing the scope of these together with the Havering Localities delivery. As described above, the Havering Localities design for the Adults model embeds Intermediate Care to the heart of its design.

Intermediate Care Tier

Typically, IC services are those short-term treatment or rehabilitative community based services designed to promote independence, reduce the length of time you might be in hospital unnecessarily, or help you to avoid unnecessary admissions to hospital. If a person has care and support needs that do not need 'acute' hospital based medical support they are likely to be supported with intermediate care. These might be services such as Reablement which the Council commissions or rehabilitation, some community treatment via community matrons. These will be 'free' to use for up to six weeks and many people will not have a continuing need for care after these interventions.

IMPLICATIONS AND RISKS

Financial implications and risks:
There are no financial implications arising directly from this report at this stage. As the models develop, appropriate consideration will be given to any implications arising by each of the organisations involved.

Legal implications and risks:
There are no legal implications arising directly from this report at this stage.

Human Resources implications and risks:
There are potentially human resources implications arising directly from this report regarding the localities model and how it may impact on existing staff. The service will need review the position as the model develops and may need to consult with staff both informally and possibly formally under the organisational change management procedure.

Equalities implications and risks:
The Havering Localities model provides an opportunity to transform care so that people are provided with better, more integrated care and support. It encompasses a range of existing services that will be brought together to become more accessible and more coordinated. The design work so far does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

It is expected that an Equalities Assessment will be carried out for the component parts of each of the models once the design phase is concluded. It is expected that the design and development will continue to include a range of representation of public and service user interests.

BACKGROUND PAPERS

None

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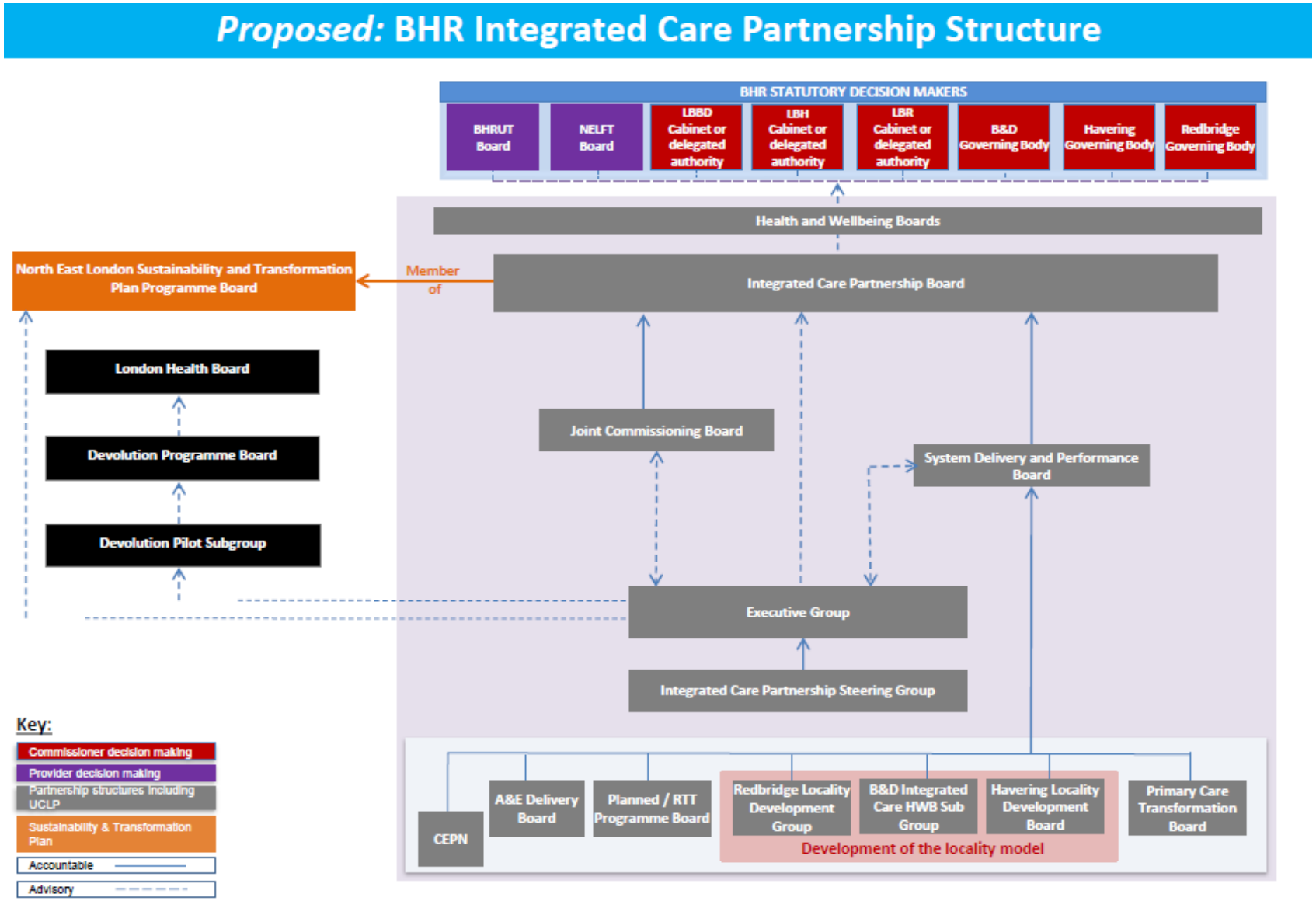
Appendix A – Governance Overview

The current governance structure and composition for the Integrated Care Partnership are as follows.



Meeting	Description/remit	Attendees

Health Overview & Scrutiny Committee, 19 April 2017

Integrated Care Partnership	The remit of this group is in discussion, and attendees are being confirmed, where attendees are proposed you will see their names in the box to the right. *Proposed: Joint Committee for Health and Social Care with a remit including commissioning, transformation (including oversight of the development of the locality model in BHR) and system performance for the BHR health and social care economy.*	• London Borough of Barking and Dagenham: HWB chair Maureen Worby; Social Care Stat officer to be confirmed • London Borough of Havering: Cllr Wendy Brice-Thompson; Cllr Ramsey; Social Care Stat officer to be confirmed • London Borough of Redbridge: HWB chair Mark Santos; Cllr Jas Atwal; Social Care Stat officer to be confirmed • BHRUT: Chair Maureen Dalziel; Matthew Hopkins; Dr Nadeem Moghal • NELFT: John Brouder; Chair; Caroline Allum • BHR CCGs: Conor Burke; Dr Waseem Mohi; Dr Atul Aggerwal; Dr Anil Mehta; Kash Pandya; Richard Coleman; Steve Ryan
Joint Commissioning Board	The membership and remit of this group is currently in development. It is anticipated that this group will be established in 2017	
System Delivery and Performance Board	The membership and remit of this group is currently in development. It is anticipated that this group will be established in 2017	
Executive Group	The Executive is a partnership group that was established to oversee the development and submission of the Strategic Outline Case. Its remit includes ensuring that system level programme management requirements are in place to meet delivery needs. It is comprised of Executive leaders from across the BHR system and reports to the Integrated Care Partnership Group.	• BHR Clinical Commissioning Groups: Conor Burke • BHRUT: Matthew Hopkins • London Borough of Redbridge: Andy Donald • London Borough of Havering: Andrew Blake-Herbert • London Borough of Barking and Dagenham Chris Naylor • NELFT: John Brouder
Integrated Care Partnership Steering Group	The ICP Steering Group is a partnership group established to coordinate delivery of the Integrated Care Programme. The group will be responsible for: • supporting the Executive Group to coordinate the overall programme • supporting shared learning between localities It is comprised of partners from across the BHR system and will report to the Executive Group. Partners within the group are accountable to their respective organisations and are responsible for disseminating information as appropriate.	Jane Gateley, Director of Strategic Delivery (Chair); Basirat Sadiq, Divisional Manager for Specialist Medicine Division (BHRUT); Jacqui Van Rossum, NELFT Managing Director; Anne Bristow, Deputy Chief Executive and Strategic Director for service development and/or Mark Tyson, Commissioning Director, Adults Care and Support –Service Development and Integration; Caroline Maclean, Operational Director of Adult Social Services (DASS) LBR; Barbara Nicholls, Assistant Director for Adult Commissioning and Social Care LBH; Kirsty Boettcher, –Deputy Director of Strategic Delivery; James Gregory, Senior Project Lead; Emily Plane, Strategic Delivery Project Manager

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Appendix A - continued

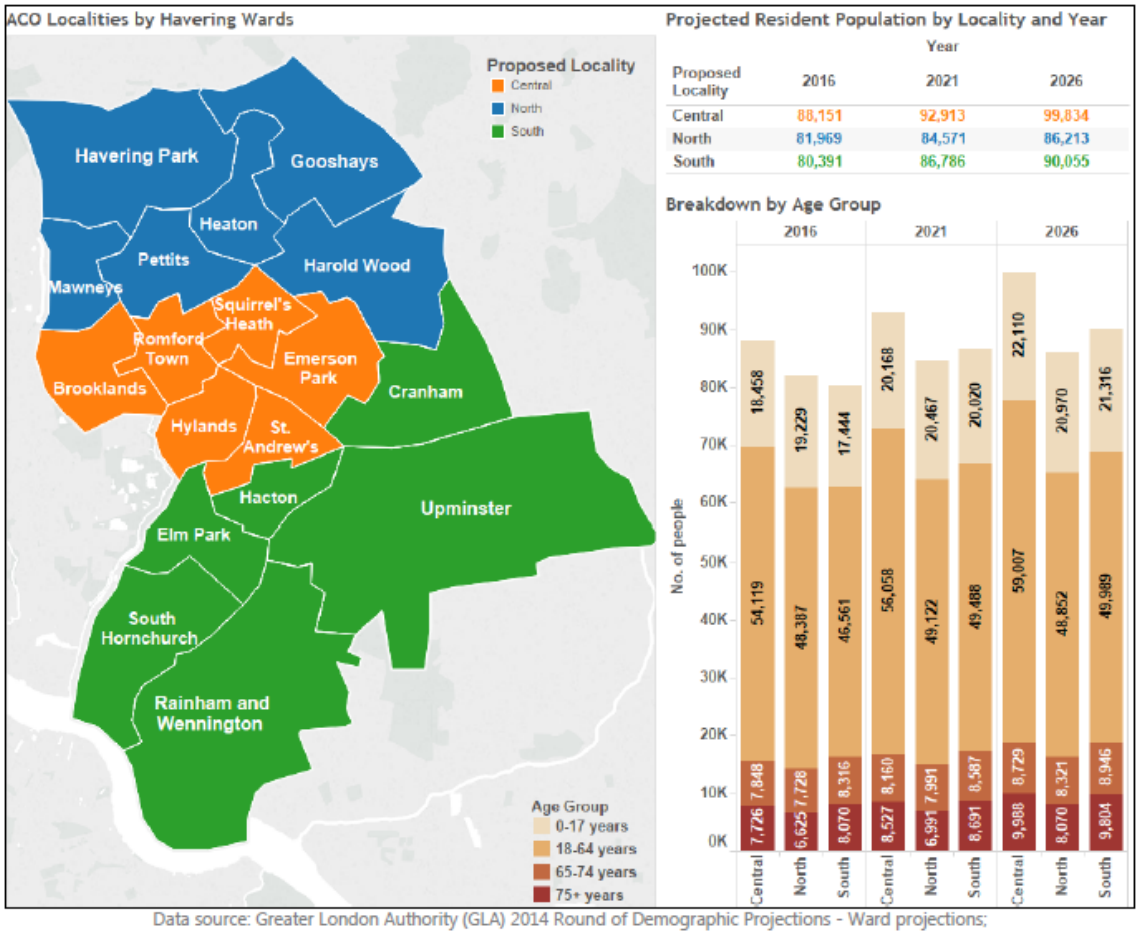
Havering Locality Design Group

Members are drawn from the eight participating organisations who are collaborating on the development of the Accountable Care Organisation across Barking & Dagenham, Havering and Redbridge in addition to partners key to the development of the locality model in Havering

Healthwatch Havering	Anne-Marie Dean and Ian Buckmaster
London Borough of Havering	Barbara Nicholls
NELFT	Carol White
Havering CCG Clinical Lead	Dr Ann Baldwin
London Borough of Havering	Tim Aldridge
BHRUT	Mairead McCormick
BHRUT	Elizabeth Sargeant
London Borough of Havering	Keith Cheesman
Havering Community and Voluntary Sector Compact	Tony Bloomfield
GP Provider lead	▪ Dr Gupta; Interest in Children / paediatrics ▪ Dr R Chowdry; Interest in Urgent care (particularly frequent attenders) ▪ Dr S Symon; Interest in Pathways (planned care)
Local Pharmaceutical Committee	Marc Krishek
Havering CCG	Alan Steward
BHR CCGs	Emily Plane

Appendix B – Localities Map and Population Breakdown / Growth

Proposed Havering ACO localities, by ward and estimated resident population of all ages, children (aged 0-17 years), adults (aged 18-64 years) and older adults (aged 75+ years) for this year (2016), and in five years (2021) & ten years (2026)



Data source: Greater London Authority (GLA) 2014 Round of Demographic Projections - Ward projections; SHLAA-based; short term migration assumption; Capped Household Size model (for projected population data)