

## HEALTH & WELLBEING BOARD

**Subject Heading:**

Integrated Care Partnership update

**Board Lead:**

Andrew Blake-Herbert, Chief Executive  
Barbara Nicholls, Director, Adult Social Care and Health  
Tim Aldridge, Director, Children Services

**Report Author and contact details:**

Keith Cheesman, Head of Integration  
[Keith.Cheesman@Havering.gov.uk](mailto:Keith.Cheesman@Havering.gov.uk)  
t. 01708 4337421

**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

### SUMMARY

The purpose of this report is to provide the Health and Wellbeing Board with a brief update on the progress being made through the Barking, Havering and Redbridge Integrated Care Partnership towards Locality working in Havering and the current activity to review Accountable Care System model of care.

### RECOMMENDATIONS

1. To note the progress and to agree to receive further regular reports.

**REPORT DETAIL**

## **1 Integrated Care Partnership Board Review of Accountable Care**

The Integrated Care Partnership Board (ICPB) has considered reviews of both the Provider aspect of Accountable Care and of the future for Joint Commissioning, presented and discussed at its July workshop.

The Joint Commissioning presentation focussed on three phases and begins to provide clarity of what they mean for various system partners.

- Phase 1: Design September 2017 – March 2018
- Phase 2: Preparation & Testing (Shadow) April 2018 – March 2019
- Phase 3: Delivery (Accountable Care) April 2019 – March 2020

The Joint Commissioning Board plan sets out to balance:

- the need to set ambitious pace, but equally not to overcommit given other pressures and complexities faced by partners;
- the commitment to allow providers to shape the collaboration that defines the Accountable Care System for the future, whilst not ceding the importance of providing commissioner leadership into that process;
- the need to give some shape and vision to the end result, but being equally mindful that it needs to be shaped based on experience of operating shadow arrangements, and exploring important legal and contractual matters.

ICPB has subsequently received more detailed proposals around the intention to test three areas of joint commissioning and Accountable Care style provision through pilots.

The three areas are:

### **Proposition 1: Intermediate Care**

To create a seamless intermediate care tier of services (from services currently commissioned separately by Local Authorities and CCGs) with a joint set of person-based outcomes, delivered by an Alliance of providers

### **Proposition 2: Special Educational Needs & Disabilities**

To develop more integrated approaches to commissioning of therapies and mental health interventions for children and young people with SEND, across the health and social care boundaries and across the BHR partnership.

### **Proposition 3: Diabetes Prevention & Management**

To establish a comprehensive integrated system with clear pathways for prevention and management of diabetes across the BHR landscape by interlinking services that are currently commissioned independently by local authorities and CCGs. In addition to improving the current quality of care to improve patient outcomes, it will also lead to savings due to preventing / delaying onset of diabetes, reduced A&E attendances and hospital admissions due to diabetes related complications as well as for CVD which occurs at much higher rates for those with diabetes.

The collective of providers – BHRUT, NELFT, GPs and Local Authorities – have also started to prepare to respond as an alliance to the commissioning intentions set out. It is expected that clear commissioning intentions are given to the provider alliance by early December for the alliance to respond to. In time, and as confidence builds, the alliance is expected to expand to include wider elements of social care provision such as home care and possibly residential care, as well as the voluntary sector. Ultimately, the provider alliance will need to take on a proportion of commissioning, leaving only the strategic commissioning with the commissioners.

## **2 Havering Localities**

Work continues with partners across the Local Authority, NHS, local Pharmacies and Voluntary Sector to make changes to the way our local health and care services work together. We have been looking find the best ways of joining up services and are developing approaches built on the needs of local communities.

### **2.1 Children and Families**

The pilot in the Gooshays and Heaton areas within 2-3 schools and the GP surgery is underway, seeking to ensure that any intervention should have measurable outcomes such as a change in negative behaviour patterns e.g. school attendance, behaviour issues and emotional concerns. The expected benefit will be to reduce referral to children's social care.

Further to this, steps are being taken to merge a range of areas of work to develop a more holistic and cohesive approach to offering early help.

In order to ensure there is a sustainable future beyond the pilot stage of the locality work, the localities work will be brought into the mainstream area of Early Help, under the existing Early Help Partnership board. This will bring together the existing strands on early years integration and children's centres, troubled families and the maturity matrix, and the review of education services (behaviour support and attendance).

Oversight of the merged approach is likely to be through the Early Help Partnership board. The aim is to reconfigure the shape and delivery of Early Help, and organise on a three-locality basis, developing a 'hub' for each locality, and to enable working in a more integrated way with other services.



## 2.2 Adults

For our Adult services, we are aiming to provide a more seamless 'virtual team' approach, drawing the right support from a range of options, dependent upon need. The model is centred on the Intermediate Care Tier, the suite of services from across NHS and local authority which seeks to provide up to six weeks of care and support to help people get back on their feet and to live independently following a hospital stay or a change in their physical ability through, perhaps through a fall or bout of illness. The Adults localities model seeks to ensure the links with the Council's Housing, Employment and Skills and Leisure teams, as well as GPs, Pharmacies, community groups and home care providers is clear.

Workshops continue to develop the mode and define the infrastructure requirements. Modelling and detailed design of a new Intermediate Care Tier begins in the next few weeks. It will draw together Reablement, Rehabilitation, Community Treatment Team, Voluntary Sector services and build a connected, single approach to support people in their own homes, to reduce unnecessary admissions to hospital and accelerate discharge if admission was necessary.

### IMPLICATIONS AND RISKS

#### **Financial implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

#### **Legal implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

#### **Human Resources implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

#### **Equalities implications and risks:**

Any significant decisions arising from this report have or will be subject to normal governance processes within the relevant organisation.

### BACKGROUND PAPERS

None