



**BHR Integrated Care Partnership**

Better care, better lives, together

# Establishing Borough Partnerships in Barking and Dagenham, Havering and Redbridge

## *Guide*

July 2020



## Developing Borough Partnerships

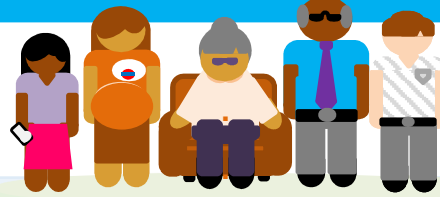
Borough Partnerships are a key element of the BHR Integrated Care Partnership bringing together delivery of health and care services around the needs of local people. This will include input around the wider determinants of health, at a community/place based level.

One of the key aspirations for the BHR, is to support people to improve their physical and mental wellbeing before they deteriorate and require significant and/or long term, high costs interventions, supporting them to maintain a healthy life expectancy for as long as possible. We want to direct people to the right service and support that they need, first time, aiming to achieve the very best value for local people from every interaction that they have with health and care, local authority or community and voluntary sector staff across the system.

This pack sets out guidance to support the establishment of Borough Partnership Boards in each of the three BHR boroughs, to ensure that they are comprehensive, focussed on delivery, and that there is some consistency where appropriate across the three.

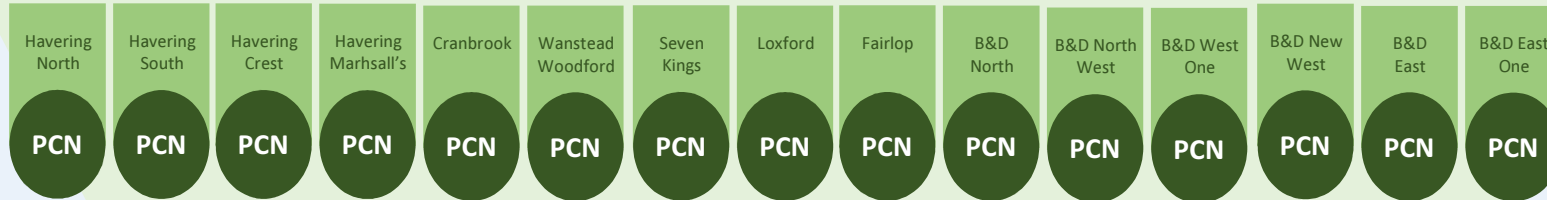
Borough Partnership Boards will be led by the respective Local Authority Chief Executives in each area, who will also link them into the work of the Wellbeing Boards to deliver the aspirations of more integrated care, closer to home, supporting local people to remain well for as long as possible, and drawing in support for the wider determinants of health (e.g. housing, debt management, employment) as required.

# What will the BHR System look like in April 2021?



Co-production & Engagement

Our patients, residents and local communities



Community Based Care

**Partners at all levels of the BHR system:**

- London Borough Barking and Dagenham
- London Borough Havering
- London Borough Redbridge
- BHRUT
- NELFT
- Primary Care Networks x15
- GP Federations x3
- Community and voluntary sector
- PELC
- Others e.g. Barts Health, police, housing etc.

Delivery and Improvement

*Partners at all levels of the BHR system*

BOROUGH PARTNERSHIPS

Barking and Dagenham Borough Partnership

Havering Borough Partnership

Redbridge Borough Partnership

Planning and Co-ordination

BHR TRANSFORMATION BOARDS

Children and Young People, Mental Health, Planned Care, Unplanned Care, Cancer, Primary Care, Long Term Conditions, Older People/ Frailty, LD and Autism

Supported by key enablers; workforce, digital, finance, estates

Integrated Care Executive Group; Commissioners and Providers

Integrated Care Partnership Board; with Health and Care Cabinet



Oversight and Assurance

North East London ICS and single North East London CCG

BHR SYSTEM (80%)

NEL (20%)

## BHR System - Outline Operating Model

	Role and Activities	Population
<p><b>Primary Care Networks/localities</b></p> <p>CO-ORDINATES DELIVERY OF CARE FOR LOCAL RESIDENTS</p> 	<ul style="list-style-type: none"> <li>Targeted interventions aimed at individuals and families who have increased risk of developing needs, where the provision of services, resources or facilities may restore independence, slow down or reduce any further deterioration or prevent other needs developing</li> <li>Focused interventions aimed at maximising independence and minimising the effect of disability or deterioration for residents with established or complex health problems</li> <li>Through multi-disciplinary and multi-agency working, provides the ability to better manage or coordinate the care of individuals</li> <li>Form partnerships with community groups to support and develop interventions that fill gaps in care</li> <li>Empower and prepare residents to manage their care</li> <li>Residents will be at the centre of care and will be equal partners in the design, delivery and monitoring of services</li> <li>Deliver at scale services which serve populations larger than individual GP practices</li> <li>Lead on improvement of quality and performance across partners</li> </ul>	31-106k
<p><b>Borough partnerships</b></p> <p>LEADS PLANNING AND DELIVERY FOR LOCAL POPULATION</p> <p>Delegate</p>	<ul style="list-style-type: none"> <li>Shapes and ensures delivery of health and care transformation plans including implementation of new models of care and pathways tailored to local population within framework set by BHR system</li> <li>Enhanced sharing of data to undertake population care management of demand and early intervention</li> <li>Removes barriers and shifts resources to produce greater value and better outcomes</li> <li>Supports the development of PCN/localities and mobilise community resources to meet the needs of residents</li> <li>Delivers at scale services which serve borough wide population</li> <li>Focus on wider determinants of health and care including housing, business, leisure and employment</li> <li>Escalate issues and risks to BHR system for resolution or wider learning</li> </ul>	200-300k
<p><b>BHR</b></p> <p>SETS SERVICE AND FINANCIAL STRATEGY</p> <p>Delegate</p> 	<ul style="list-style-type: none"> <li>Overall responsibility for how BHR system works in practice</li> <li>Overall strategy development supported by Health and Care Cabinet and Transformation Boards</li> <li>Set outcomes framework, quality and performance standards</li> <li>Receives full NHS allocation for BHR and develops financial strategy, resource allocation to boroughs, collective risk management approaches within NEL framework</li> <li>Assures borough partnerships and their delivery of effective, efficient care and support</li> <li>Custodian of partnership approach – involvement of all partners including wider community, clinical engagement and co-production</li> <li>Ensures BHR system efficiency through new commissioning and payment models</li> <li>Cross cutting BHR wide programmes where need to work together e.g. workforce</li> </ul>	800k

# Developing Borough Partnerships in BHR

Borough partnerships are in stages of development in Barking and Dagenham, Havering and Redbridge.



There will need to be a degree of commonality across each borough so local structures deliver the functions set out in the operating model and are responsible for delegated resources, albeit they might operate differently. This will need to be worked through building on the experience of local developing arrangements. In principle we need to:

- Support collaboration and pooling resources where it makes sense for local areas and communities and explore opportunities to work together within existing and new governance arrangements.
- Be open to pooling resources across partners at a borough level in line with our respective priorities and delivery arrangements.
- Be open to new ways of commissioning and delivering services at a borough level.
- Support the allocation of prevention resources to support joint, strategic commissioning across the partnership.

## Role of Health and Wellbeing Boards

HWBBs continue to be a critical part of the system infrastructure as statutory bodies. In determining their future contribution in addition to their statutory functions, we can be informed by the Kings Fund Report (2019):

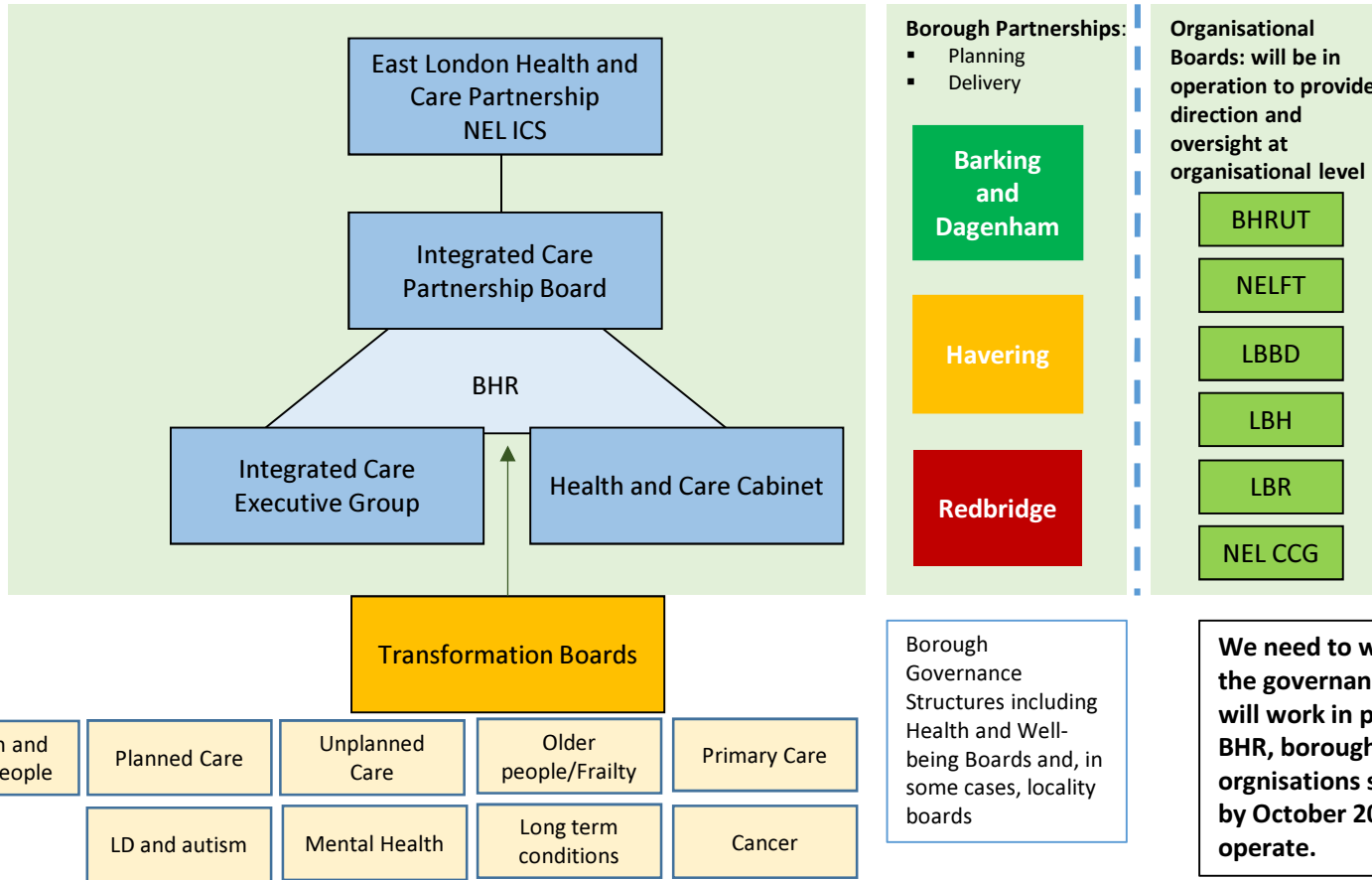
- The promised statutory guidance on ICS development should reinforce the positive role of local government, citing examples of where local government is already engaging and the benefits of this engagement
- The current role and functions of HWBBs should be reviewed and refreshed, and consideration should be given to whether any changes would improve their effectiveness, for example, by strengthening NHS membership and giving boards more powers over budgets and decision-making, subject to local agreement.
- Local authorities can learn from the experience of their colleagues in the first wave of ICSs by making sure they are working together effectively to offer a strong local government contribution to the ICS in their area, based on a clear vision for the health and wellbeing outcomes for their local population.

Within the BHR system, we will work with HWBBs to collectively consider these areas with a view to developing a model for their potential future roles. This could be as the core future governance of borough partnerships incorporating an extended role in decision-making and accountability to residents.

# Future Outline Governance Arrangements for Shared Decision Making

Existing three BHR system structures will be developed to be responsible for BHR system and strategy development:

- meet in public
  - joint decision making
- NHS, Local Authorities, commissioners and providers. All three bodies will need revised membership, terms of reference, operating guidelines by 2021. In order to formally delegate functions and resources, ICPB may be committee of NEL CCG. ICPB may in turn delegate to borough level using tools e.g. section 75s. Will need to be degree of commonality in each borough to enable delegation.



**Borough Partnerships:**

- Planning
- Delivery

Barking and Dagenham

Havering

Redbridge

**Organisational Boards: will be in operation to provide direction and oversight at organisational level**

BHRUT

NELFT

LBBD

LBH

LBR

NEL CCG

Borough Governance Structures including Health and Well-being Boards and, in some cases, locality boards

**We need to work though how the governance arrangements will work in practice across BHR, borough and individual organisations so we are clearer by October 2020 how this will operate.**

# Approach to developing Community Based Care in BHR through Borough Partnerships

It's been agreed that the focus of borough partnerships post Covid should be on the development of community based care models.

## Current Position (June – July)

Priority to address ongoing challenges of responding to COVID19 in the community. Work focussing on discharges, care homes and shielded population (task and finish pieces of work overseen by SOCG). Plus outbreak management/test and trace. Lessons learnt for how we work as a partnership are informing planning for the next phase of community based care development



## Model for Community Based Care (CBC)

Now need to build on community services response and pre-Covid work to develop a CBC model which provides coherent support for local residents.

## What?

### Build on Previous Work:

- Devolution Business Case
- OP Frailty Model
- LTC pathways
- Developing Primary Care Networks
- Social Prescribing

Future model for BHR covering: community services, social care, primary care, mental health, mobilising community assets, working with the voluntary sector, residents and user co-production.

Including complex care, children and the healthy

Focus on prevention, tackling inequalities, meeting needs of most vulnerable, linking physical and mental health plus broader areas which impact on health and well-being (e.g. housing, employment).

## How?

Main vehicles are the three Borough Partnerships (B&D, Havering and Redbridge), whose role will be to design, plan and deliver for all local populations across local partners within a BHR framework including outcomes and enablers. Overseen by SOCG and then ICEG/ICPB.

## When?

Model developed at Borough level by October for more formal engagement and sign up including implementation plan.