BHR Integrated Care Partnership

Better care, better lives, together for all

Havering Borough Partnership

DRAFT 2021/22 ROADMAP

May 2021

A place based partnership that will form the foundation of the BHR Integrated Care Partnership, and wider North East London Integrated Care System

Introduction

- This Roadmap is based on conversations with leaders from across the Borough undertaken by NHS Elect and an initial meeting of the Havering Partnership held on May 24th (with a subsequent meeting of Primary Care Network (PCN) Clinical Directors to complete further work on joint priority setting on 1st June)

- It sets out our plans to develop a place based partnership, the foundation of an Integrated Care Partnership, in Havering

- We are referring to the Havering Partnership as the Havering Borough Partnership - HBP

- This is a first draft and we recognise that this is an emergent process – we have tried to make our plan detailed enough to help us move forward with some early work but flexible enough to allow our work to adapt and grow as we learn together in 2021/22

Approach

- This slide pack articulates what needs to be in place for the Havering Borough Partnership to be effective, however, the means to get these things in place will be developed in partnership
- It sets out the early thinking from our inaugural meeting on May 24th and the PCN leaders meeting on 1st June and aims to describe how we get from where we are now to where we want to be
- It draws on the Kings Fund report that identified the principles that make such partnerships effective
- It is also concerned with local issues, plans and the needs of local governance
- Partners will further contribute to the development of this road map as the year progresses

Systems, places, neighbourhoods

- **Neighbourhoods** (populations circa 30,000 to 50,000 people*): served by GP practices, NHS community services, social care and other providers to deliver co-ordinated and proactive services, through primary care networks (PCNs).
- **Places** (populations circa 250,000 to 500,000 people*): served by a set of health and care providers in a town or district, connecting PCNs to broader services, including those provided by local councils, community hospitals or voluntary organisations. ***The HBP!***
- **Systems** (populations circa 1 million to 3 million people*): in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale.

* Numbers vary from area to area, and may be larger or smaller than those presented here.

Key functions of a place based partnership

- Understanding and working with communities
  - Developing an in depth knowledge of local needs
  - Connecting with communities
- Joining up and coordinating services around people's needs
  - Jointly planning and coordinating services
  - Driving service transformation
- Addressing social and economic factors that influence health and well being
  - Collectively focusing on wider determinants of health
  - Mobilising local communities and building community leadership
- Supporting quality and sustainability of local services
  - Making best use of financial resources
  - Supporting local workforce development
  - Driving improvement through local oversight of quality and performance

These functions are where there is greatest potential to add value over and above the contributions of individual organisations or entire systems

In Havering Borough Partnership we have considered these functions and how they can best be delivered locally and begun to describe this in our roadmap

Progress so far

- It is our intention for the Havering Health and Wellbeing Board to provide the strategic oversight of the Havering Borough Partnership, and it will take decisions based within its remit. The HWB will meet formally every quarter. The Havering Borough Partnership will meeting monthly in the months that there is no HWB. Membership of both groups will be the same.
- We have reviewed membership to ensure that all key partners are around the table; Primary Care Network Clinical Directors are now key members. However more needs to be done to establish named partners and to ensure all voices are heard (e.g. the voluntary sector and residents)
- The Havering Borough Partnership Design Group (HBPDG) was established to support this and has completed some excellent early work. The Design Group aims to:
  - Improve the system through a range of initiatives supported by integrated approaches
  - Adopt strategies that are preventative in their nature, seeking to work across PCNs and wider partners through a joint approach
  - Work through 4 key workstreams focused on priorities identified last year (each with its own governance) to support the delivery of Place Based Care
- The Design Group offers a means of changing and improving outcomes for individuals but it's focus over the last year has been diverted to the COVID response and its resources are stretched
- However, we can use the resources already dedicated to the Design Group to support the work of the Partnership

Steps in the development of this Roadmap

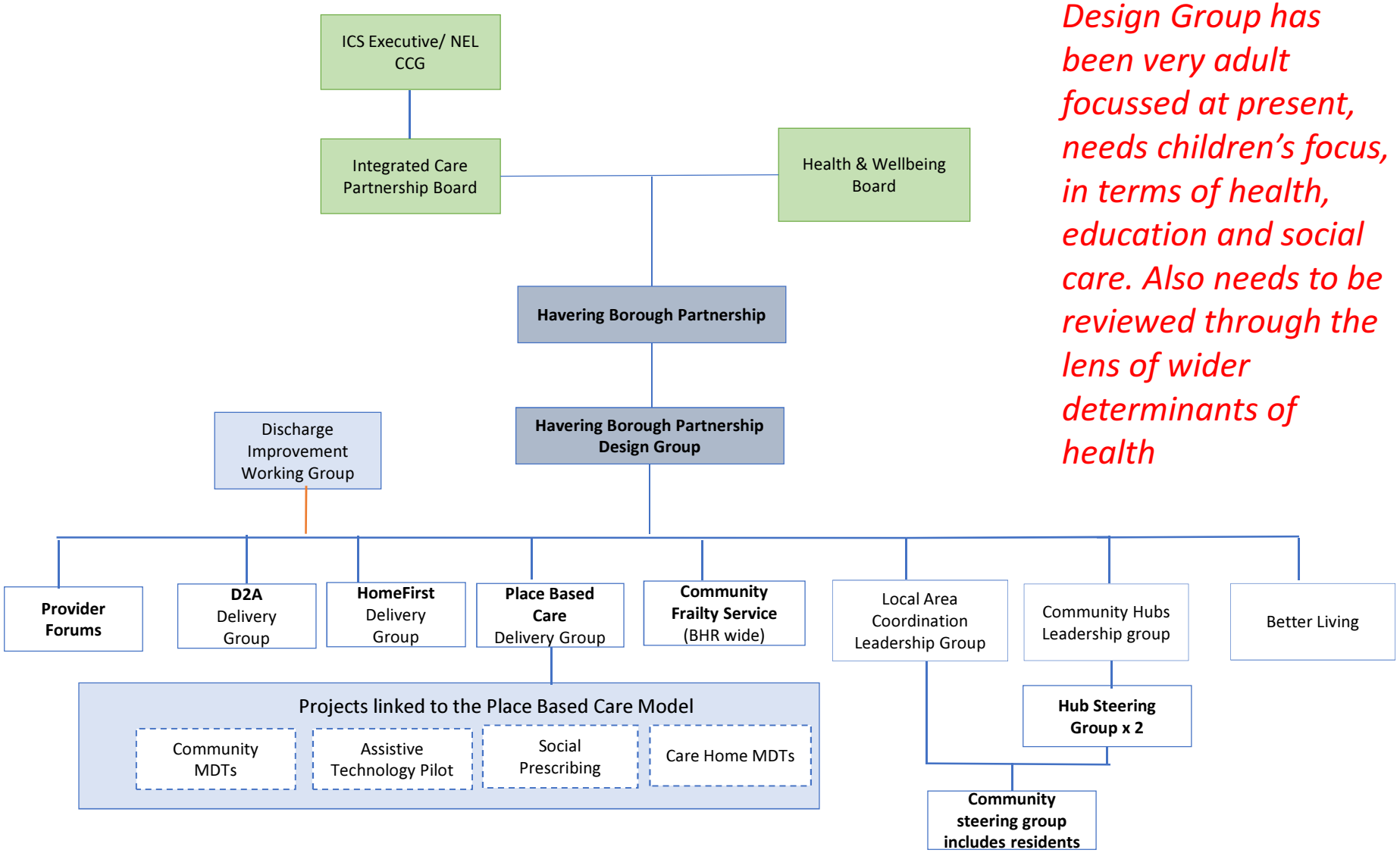
Process and meetings that have supported development of the Havering Borough Partnership Roadmap		
Key meeting	**Purpose**	**Leads**
Interviews with key leads to discuss priorities and thoughts on the detail of the Borough Partnership areas of focus / Roadmap detail	Discuss with key Havering leads their thoughts on; - Vision for / purpose of the Havering Borough Partnership - Potential key priority areas - How each member can get involved/ contribute	▪ Cllr Jason Frost ▪ Dr A Imran ▪ Dr N Kullar ▪ Dr J Gupta ▪ Dr. G Singh ▪ Dr J O Moore ▪ Dr N Rao ▪ Dr I Quigley ▪ Dr S Symon ▪ Carol White ▪ Mark Ansell
BHR level session to share thinking / learning on draft roadmaps	Share the thinking and learning around governance and key priorities / elements of your respective Partnership within the wider context of BHR, and this session will also give us some time to start to think about what value BHR and NEL can add to the Borough Partnerships, and where key work/programmes etc. should sit over time as the Borough Partnerships evolve.	▪ John Green ▪ Laura Neilson ▪ Mark Ansell ▪ PCN CDs – Dr Jwala Gupta, Dr Kullar ▪ Dr Dan Weaver / Urvashi Bhagat ▪ Carol White ▪ Sarah See
Havering session to review the more detailed Borough Partnership Roadmap and agree a final draft	Session to pull together all of our discussions on the Havering Borough Partnership to develop a final draft of our Roadmap ahead of submission to the Integrated Care Partnership at the end of May followed by a PCN session in earlyJune	All Havering Borough Partnership members, facilitated by Caroline Dove from NHS Elect followed by PCN Clinical Directors meeting

Governance

Our proposed approach is to:

1. **Set up the Havering Borough Partnership as the leadership group**
   - Drawing on HWB membership and other interested parties
   - This will be the lead decision-making body
   - It will set agendas for the
2. **Havering HWB to continue to make decisions that are within its terms of reference.**
   - Consider and make suggestion as necessary to terms of reference for the Havering Borough Partnership
   - Make decisions which are within the terms of reference for HWB
3. **Use an expanded version of the Havering Partnership Design Group to implement the programme including:**
   - Establish a programme plan of comprehensive activity to simultaneously:
     - Develop the Partnership
     - Implement change to the system driven by the Partnership

Governance



We recognise that the Design Group has been very adult focussed at present, needs children's focus, in terms of health, education and social care. Also needs to be reviewed through the lens of wider determinants of health

8 key principles

A series of principles for local health and care leaders to help guide them in these efforts

1. **Start from purpose, with a shared local vision**
2. **Build a new relationship with communities**
3. **Invest in building multi-agency partnerships**
4. **Build up from what already exists locally**
5. **Focus on relationships between systems, places and neighbourhoods**
6. **Nurture joined-up resource management**
7. **Strengthen the role of providers at place**
8. **Embed effective place-based leadership**

1 *Principle one: Start from purpose, with a shared local vision*

- HBP will be centred around a clear, shared understanding of vison and purpose and what the partnership is trying to achieve for local people and communities.
- We will co-create the objectives and priorities for the place with a broad range of local partners and stakeholders in order to create a sense of common purpose that binds the partnership together.
- This has been developed and agreed within the Partnership and is set out at slide 24, below

2 *Principle two: Build a new relationship with communities*

- Attempts to build a different relationship with communities are likely to have the greatest impact when they are based on a shared way of working across all of the services operating in a place, rather than being something that one organisation pursues in isolation
- We need to have 'different conversations' with residents/patients; and support local people to step into community leadership roles such as health champions, dementia friends, autism friends and other roles
- E.g. the Wigan Deal emphasises 'working with' rather than 'doing to' local people, drawing on the strengths and assets of individuals and communities to improve outcomes.

We will agree how we are going to do this as a Partnership – it is a long term objective and will need commitment and time. **We will build relationships that support ongoing discussion with local people around service improvement and transformation.**

2 Developing an in-depth understanding of local needs

- This involves bringing together data, particularly ‘real time’ data and insights from different agencies
- We need to build a rounded picture of the needs and strengths of different communities at a very local, granular level.
- Place-based partnerships can draw on information that already exists – for example, in JSNAs – and build on this by bringing together data and insights from a wider range of sources, including from direct engagement with local communities.
- These insights can be used to shape priorities for the place and articulate a collectively agreed ambition for the health of local people, as well as track the impact of our proposed priorities and workstreams on outcomes.

3 *Principle three: Invest in building multi-agency partnerships*

- The membership of HPB will be explicit and clear and include:
  - Local government – DASS; DPH; DCS; Housing; Regeneration; Commissioners;
  - NHS organisations – NELFT reps; BHRUT; CCG
  - VCS organisations – how and who?
  - Social care provider reps – care homes; home care; others?
  - Communities themselves – how and who?
  - Primary Care Networks – represented by leads.
  - Healthwatch;
- Partnerships involving a broad range of agencies and sectors are able to draw on a wider range of levers to influence health outcomes.

3 Decision making within the partnership

- We will determine how decisions are going to be made and ensure decisions are recorded and shared
- We will agree our process for collective decision-making and have a clear ‘disagree and commit’ approach – so that once a decision is made and agreed it will be backed by all partners
- We will always be mindful of the tensions between place decision making and organisational decision making processes
  - It could be helpful to make the pathway clear in organisational decision making in relation to the work of HBP

4 *Principle four: Build up from what already exists locally*

- Wherever possible, we will ensure our Partnership builds on pre-existing agendas, relationships and structures, and helps embed these into a coherent place-based way of working.
- For Havering, this means building on the work already started by the Design Group, establish the Havering Borough Partnership, and embed the Health and Wellbeing Board as providing the strategic leadership for the partnership
- It also means understanding what is going on now so that initiatives are sympathetic and we do not duplicate efforts

5 *Principle five: Focus on relationships between systems, places and neighbourhoods*

- We will establish how the HBP relates to surrounding places and to partnerships at other geographical levels (including BHR and NEL and the local PCNs) to ensure that all our activities are complementary.
- As part of this, we will agree who does what and ensure that decisions are devolved to be made as close as possible to local communities, and that activities are only be led at scale where there is good reason to do so.

Statutory developments understood

- ICS NHS body – will be responsible for NHS strategic planning and allocation decisions, and accountable to NHS England for NHS spending and performance within its boundaries. Key responsibilities of the ICS NHS body will include:
  - securing the provision of health services to meet the needs of the population by taking on the commissioning functions that currently reside with clinical commissioning groups (CCGs) alongside some of those that currently reside with NHS England
  - developing a plan to meet the health needs of the population
  - setting out the strategic direction for the system
  - developing a capital plan for NHS providers within the geography.

- ICS health and care partnership will be responsible for bringing together a wider set of system partners to promote partnership arrangements and develop a plan to address the broader health, public health and social care needs of the population (the ICS NHS body and local authorities will be required to 'have regard to' this plan when making decisions). Membership will be determined locally but alongside local government and NHS organisations is likely to include representatives of local VCS organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.
- Subject to the successful passage of a health and care bill through parliament, it is intended that these proposals will be implemented in April 2022.

6 *Principle six: Nurture joined-up resource management*

- The Havering Partnership will not be a legal entity able to hold a budget and so we need to think creatively about how our aspirations can be realised.
- We see this as one of the biggest challenges to address right now – we will only be able to deliver on our ambitious work programme if we can align the right resources behind the Partnership to drive and deliver our plans.
- So far, we have:
  - Recruited to a Programme Manager role in LBH, funded by CCG, specifically to oversee road map delivery
  - Supported development so far through the LBH Joint Commissioning Unit – Integration and Partnerships team
  - Identified CCG resources to help deliver agreed projects
- We need to do more urgently here

7 *Principle seven: Strengthen the role of providers at place*

- We see the importance of all health and care providers being closely engaged in place-based working and are delighted that a range of providers attended our inaugural meeting (including from primary care, care homes, the home care market the voluntary sector, mental health providers and the local acute Trust).
- There was huge support for the aspirations of the Partnership and commitment to collaborative working to deliver more integrated services and to improve population health.

8 *Principle eight: Embed effective place-based leadership*

- Effective leadership is critical to achieving the opportunities of the HBP and requires a leadership mindset that is supportive of collaboration – a ‘system first’ approach
- We must harness the power of the multi-agency leadership team that will co-ordinate change at place level, and work across different levels within HBP.
- We plan to undertake a specific OD programme to develop the ethos of shared leadership across Havering

8 Jointly planning and co-ordinating services

- Successful improvement at a Borough level is predicated upon planning and delivery between services across the NHS, local government, VCS and independent sector services in order to deliver better co-ordinated and personalised care and to avoid duplication and inefficiency.
- Our plans involve joining up community-based services, including primary care, community health services, social care and some community mental health services in a model centred around localities or PCNs.
- The involvement of local government and other partners creates opportunities to extend the scope of collaboration beyond NHS and primarily adult social care – for example, to connect with children's education and social care more effectively, and local housing teams, schools, police, employment and welfare services, and regeneration.

Our collective vision for the Havering Partnership

The vision of the Havering Partnership is to pool our collective resources to create person centred, seamless care and support designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:

1. Developing joined up support and services that prevent people becoming ill – this covers a whole range of activities aimed at building more resilient communities and better 'health literacy' which are largely undertaken by non-health partners, including school readiness, employment, housing etc
2. Ensuring that when people do need advice it is easy to access and seamless between different agencies – joining up services between the NHS and voluntary sector to enable a swift and comprehensive response
3. Ensuring that services for people who are ill are high quality and can be accessed without delay

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How we want to work together to deliver this vision

There needs to be urgent work on putting 'enablers' in place to help realise our vision and see real change delivered 'on the ground'. We have identified the following areas identified for early focus :

1. **Good governance and accountability** – we need to set up robust governance and accountability structures to enable us to deliver this vision. This will not be a 'quick win'.
2. **Adequate resourcing** – the PMO support needs to be increased and we need to fund GP time to increase clinical input. We can't draw from existing resources as everyone is so stretched and we definitely need more than a single project manager to deliver this huge agenda!
3. **Good data** – we need good data to inform our decision-making and measure the impact of our work. As part of this we need to establish data sharing and systems access agreements.
4. **Shared accommodation** – practically, we should work swiftly to identify accommodation to support the colocation of services through shared accommodation wherever possible, as this offers huge benefits to staff and patients.
5. **A culture of collaboration and change supported at the most senior level** – we need to be setting the right culture across Havering where people are encouraged to collaborate rather than compete and where opportunities to create joint services and joint posts are sought out and supported.
6. **Patient/resident voice** – we need to ensure the patient/resident voice is central to our discussions and decision-making and that, in 12 months' time residents feel included and involved, and we have a clear picture of how people experience services and are engaged (let's measure this from the beginning!). As part of this we can get input from local councilors and organisations such as HealthWatch.
7. **Practical arrangements** – we need clarity on the meeting schedule and membership of the Partnership and links to the wider system e.g. fire service/education etc.

Establishing Partnership behaviours

As part of this, we have begun to think about Partnership behaviours and will seek to finalise these within Q1, early suggestions here are for us to:

- Seek to understand pressures on other parts of the system
- Enable participation and views outside of board meetings
- Avoid creating ‘route maps of blame’
- Try not to make assumptions about other parts of the system – use dialogue to clarify – pick up the phone ☺
- Hold meetings of key players focused on relationships and team building, recognising the importance of great team working and strong trust to underpin delivery of our challenging work programme

Emerging priorities 1

We agreed as a Partnership that we will identify early priority areas for joint work together in Q1 and Q2 2021/22 and learn by doing work together in these area.

At the Partnership launch members discussed the possibility of focusing on **social inclusion** as the first priority, with a request for this option to be developed further by the PCN leaders in their meeting the following week. Overall, the HBP members agreed that a focus on social inclusion in some form would be worthwhile topic and enable the Partnership to test how to work together to best effect.

The following possible future priorities were suggested:

1. How to use our role as anchor institutions to build community resilience and increase employment opportunities
2. Healthy living, diet and exercise
3. CYP mental health – expand the offer of recovery and support
4. Covid recovery – get the community view on the repercussions of Covid for Havering
5. The structural determinants of ill health – pollution, housing, transport links etc
6. Mapping the services that we have and building links
7. Comms and engagement – building on Covid successes in terms of community messaging and agree how to involve the end user voice in how services are shaped (and create systems to measure this)

A common theme of growing resilience in the community beyond the work with frail, vulnerable people underpinned many of the suggested priority areas.

Emerging priorities 2

The PCN Clinical Directors built on the initial conversations of the HBP and, based on both sets of discussions, our first year priority areas for the HBP are as follows:

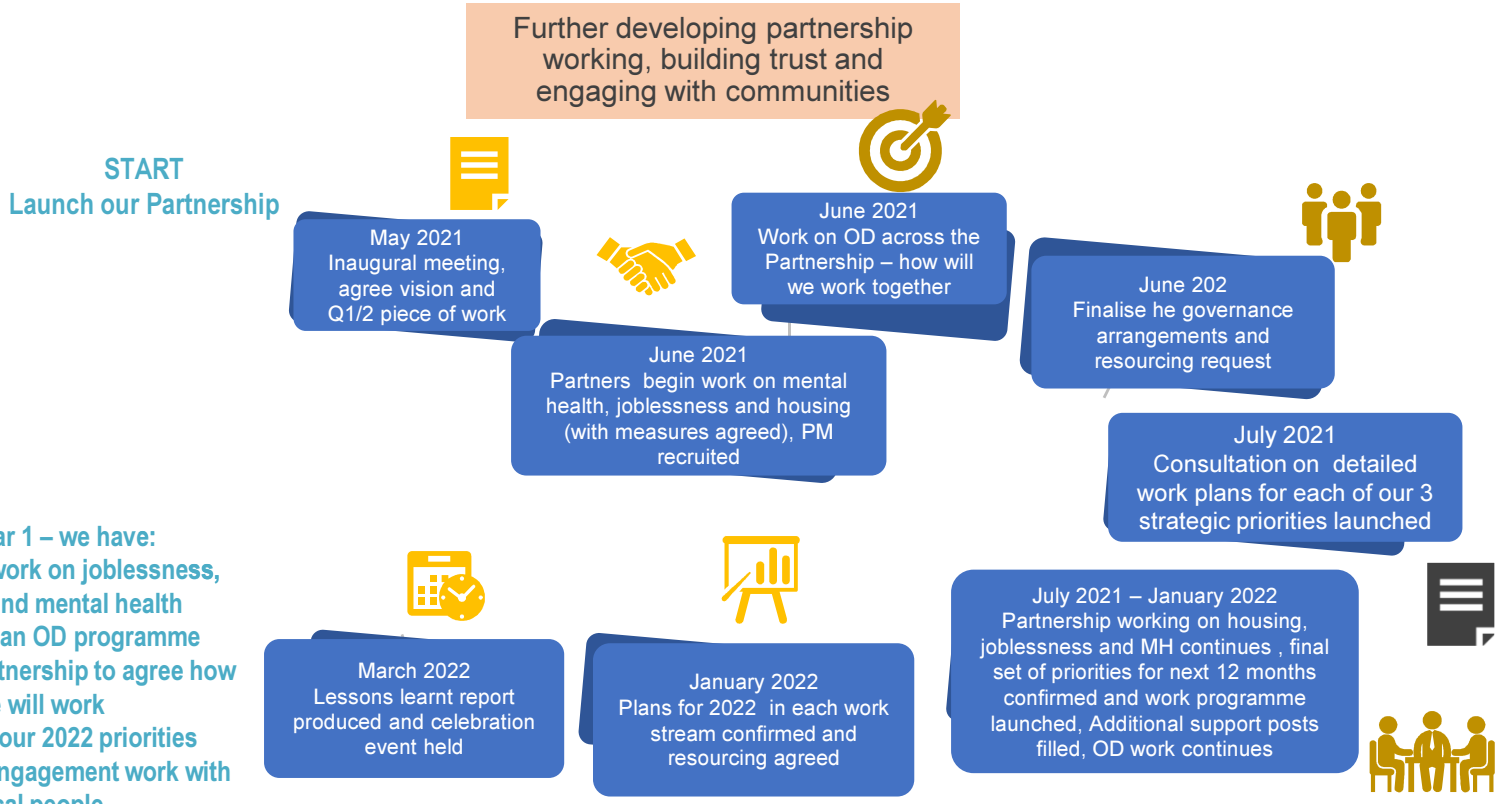
- Mental health – we will work with NELFT and the community groups to understand how the HBP can add most value here to support the existing transformation work
- Housing – supporting a focus on housing as a key determinant of health and well-being – there could be a joint focus on providing affordable housing for NHS / Key workers
- Joblessness – this links to our plans around our work as anchor organisations in improving individual and community life chances / supporting the broader council economic recovery priorities

These 3 priorities will all support the overarching theme of addressing social inclusion and building community resilience in Havering and, in the context of COVID, all areas where we have seen significant additional demand arise

Havering Borough Partnership – outline roadmap

Based on the inaugural meeting of the Partnership, in 2021 our priority plans are to:

- Undertake early work on housing, joblessness and mental health (including social prescribing and our role as anchor organisations)
- Agree how we will work together through a focused OD programme
- Engage with local people and wider partners to agree our next set of priorities
- Identify a resourcing plan and secure funding and appoint (or second) people to work on the Partnership priorities (including more clinician time)



Asks of the BHR Integrated Care Partnership / NEL Integrated Care System

- Resource to operationalise our Roadmap in 2021/22 (details of the requirement is set out in the next slide)
- Timely information/data – we need support to understand population health and where to focus our efforts and to measure the impact of our workstreams
- Understanding of what's working well elsewhere – sharing best practice on 'the what' and 'the how'
- Work to create a shared understanding of what will be delivered at each level of the Partnership /system, and what the expectations are of Borough Partnerships

Outline resourcing requirements

Based on the outline plans created at our inaugural meeting, we think we will need the following resources to build on the Design Group work and deliver our vision and ambitions:

1. A full time senior project manager to lead the who Partnership work programme – funded already and in post shortly
2. 2 full time project managers to support the mental health, joblessness and housing programmes of work – not yet funded
3. A data analyst to ensure we have the data required both to inform our planning and to measure our impact – not yet funded
4. Funding to backfill GPs to increase the role and scope of the PCN CDs and drive more change through the PCNs
5. A community engagement specialist to support our work with local residents (and lead the work on anchor organisations)
6. Resources to support the delivery of a consultation programme
7. Funding for an Partnership wide OD programme

We estimate that the additional cost for these resources in 2021/22 is around £270K. We would equally welcome secondments from people already working in the system to fill the posts described in points 2, 3 and 5.

Proposal / next steps

As the next steps for the HBP we will:

- Share this roadmap with the members of the HBP to check that it reflects their understanding of the agreements reached and they support the content
- Secure sign-off of these plans and our initial priority areas from BHR/NEL teams and work with these teams to refine our plans and secure resources to deliver these
- Begin work in line with the roadmap and principles described above to deliver a Havering-wide programme of work that is visible and delivered incrementally
- Begin to organise our existing resources to develop a robust governance structure and to plan OD and community engagement work