North East London Health & Care Partnership

Community Collaborative

Overview Highlight Report

June 2023

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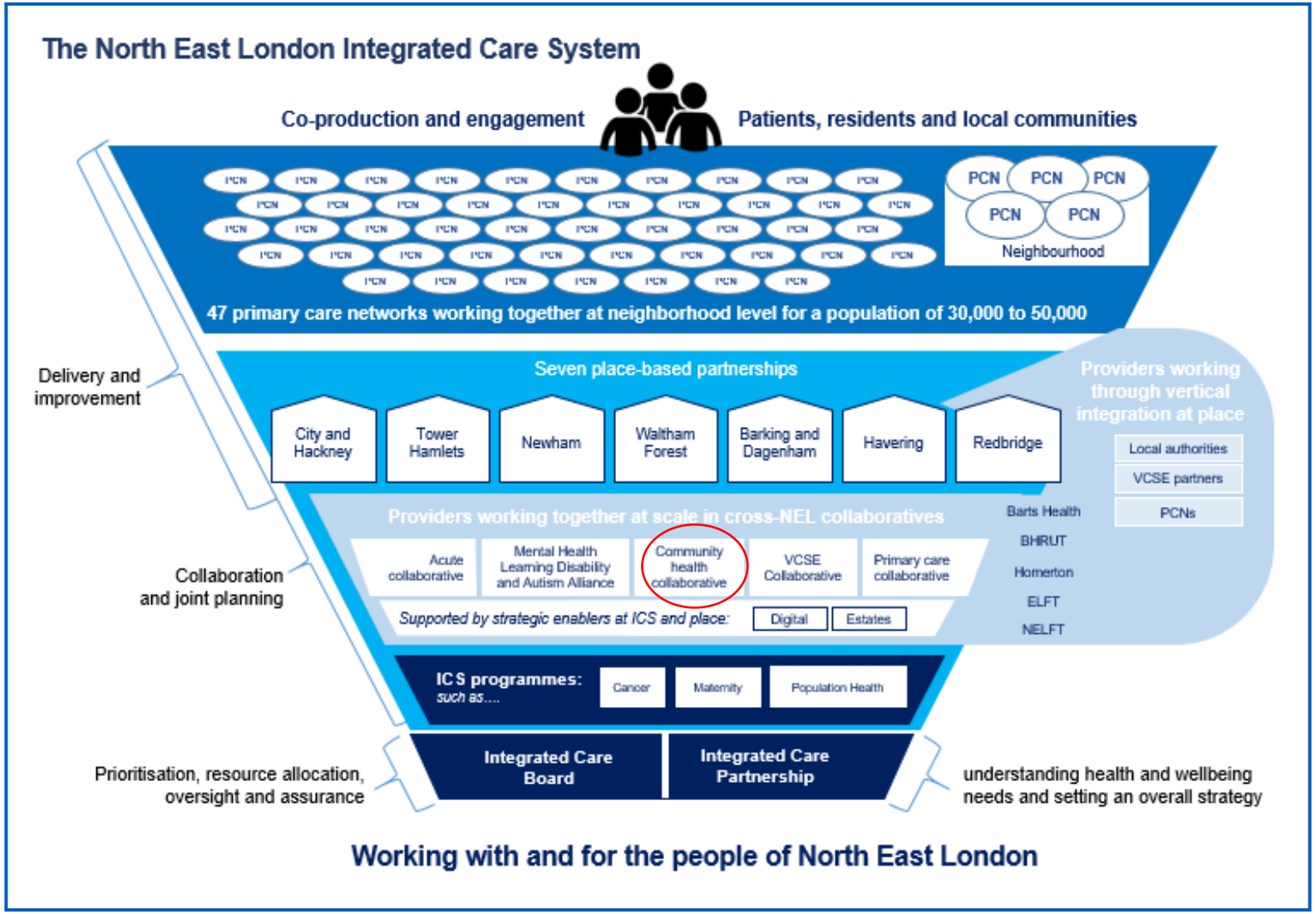
NEL Context Community Collaborative

NEL Community Collaborative sits alongside four other NEL collaboratives (acute care, primary care, mental health, and Voluntary Community Social Enterprises (VCSE) organisations) within NEL's integrated care system.

The collaboratives will work at scale across multiple places, with a shared purpose and effective decision-making arrangements, to:

- reduce unwarranted variation and inequality in health outcomes, access to services and experience; and
- improve resilience by, for example, providing mutual aid.



NEL Community Collaborative Purpose

Operating Plan deliverables

- The Community Collaborative is a collaboration of Providers including system NHS Community Provider, Voluntary Sector, Clinical Leads etc. to tackle and deliver services to address inequalities in the community.

- The Community Collaborative has been established to support a partnership approach to reducing variation in community health services, and identify opportunities to share learning across partners alongside other system-wide ambitions.

- The main focus of Community Collaborative is also to improve system resilience.

- By taking a partnership approach, we have agreed on the principles, initial workplan and strategic aims for the collaborative and are now transitioning from development to implementation of the operating model for the NEL Community Collaborative. Workshops have taken place with providers to explore key principles.

- The current community programme of work has evolved, and throughout its developmental phase, there has been a continuation of key programmes e.g. Virtual wards, long covid recovery, urgent community response, community waiting lists baselines and other aspects of the Community Health Service (CHS) national operating plan.

- The Collaborative Programme Board (CPB) directly oversees a number of projects and programmes within Community Healthcare in North East London. Of these projects reporting into CPB, some form a programme of work that is managed or delivered directly by NEL-wide ICB staff resources whilst others are delivered within Place with ICB resources reporting on this work either within NEL or to NHSE. The Board reports into a Collaborative Steering Committee where key strategic decisions are made in partnership with ICS leads.

Principles

Through relationships across health and social care partners, this will increase collaboration, enhance partnership working and innovation to share best clinical and professional practices with each other and deliver high quality services.

The primary relationship of Community Health Service (CHS) Providers is with “Place”:

- In the NEL context this means place level
- This reflects the model of service delivery, which is in a patient’s own home or very close to it and which requires close collaboration with acute care, primary care, social care and children's’ services

Collaboration across all CHS providers at an ICS level should be focused on:

- Areas where there are clear population health needs that are best supported at an ICS or multi-borough level, including multi-borough work with local authority partners where agreed with partners
- Achieving common standards (agreed with partners) to reduce unwarranted variations and address inequalities in health outcomes, access to services and experience, this would include advice and encouragement to adopt effective digital technologies
- Improving resilience by, for example, providing mutual aid to support fragile services

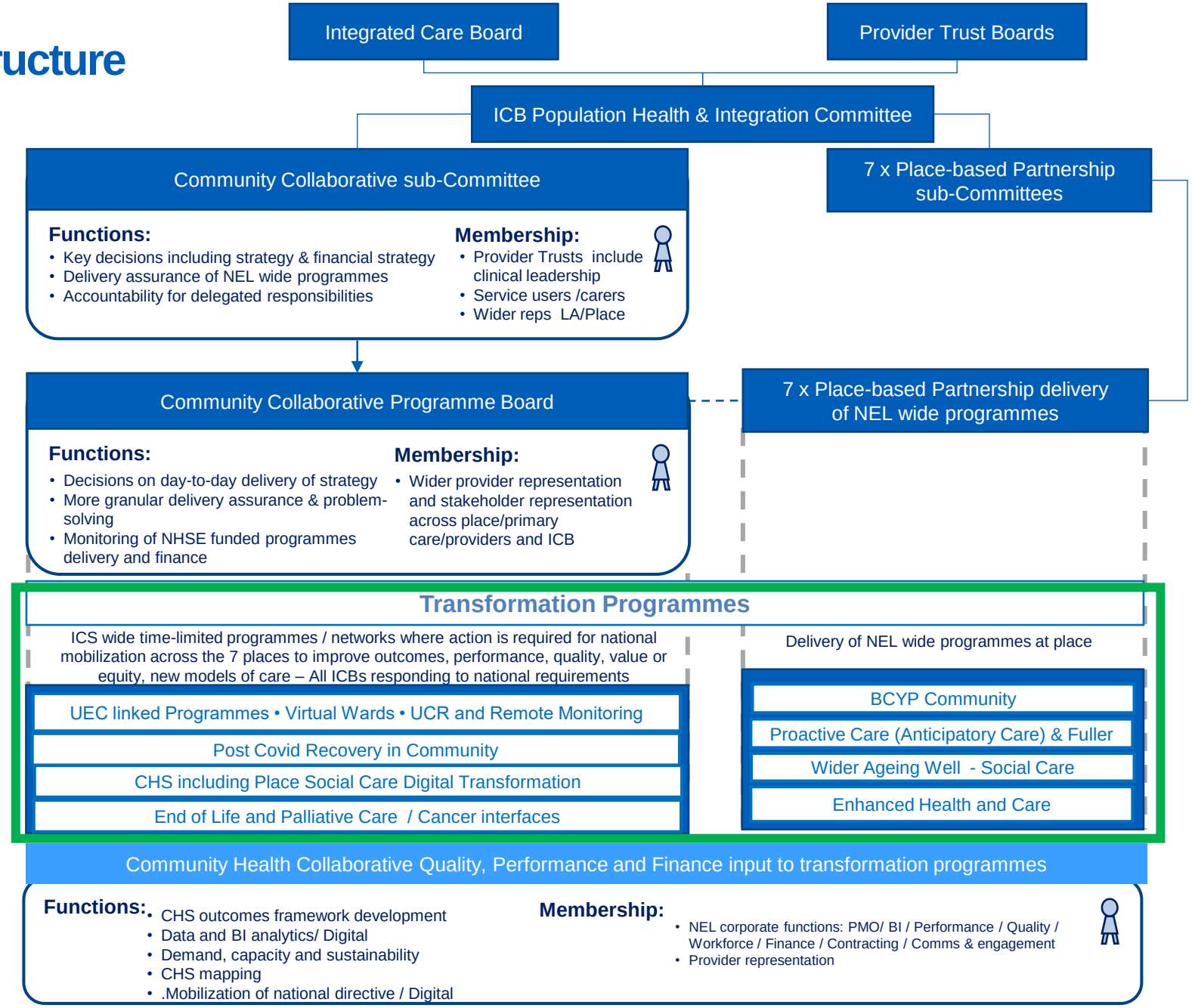
Delivery & Initial governance structure

Common ways of working governing our approach:

- **Commitment to resident engagement and co-production** at all levels
- **Clinical Leadership** - Relevant clinical leadership at all levels
- **Output / delivery & impact focused** Forward plans & PMO approach and clearly agreed strategy or ToR held for all projects /programmes/ task and finish groups
- **Test and Scale** – Joined up working to test and scale
- **Matrix** working core both vertical and horizontal
- **Data** Using Population health management to underpin delivery – currently in development community dashboard for NEL with key data sets

Key things to note

- **Around 20+ million SDF budget** Ageing Well, Long Covid, Virtual Wards, Digital other ad-hoc in-year etc.
- **Community Contracts** – 400+million, 50 providers
- **Interfaces** – Planned Care, Primary Care, VCS, Acute
- **Enablers** – Collaborative Digital Strategy key to development of services in addition to this is data demand and capacity, waiting lists etc.



Ongoing National CHS LTP priority commitments across 2023/24 – Operating Plan Links

Putting people in control of their own care through more personalisation

(Government Mandate to the NHS, 22/23)

Growth and development of integrated neighbourhood teams to support our most vulnerable and complex patients to stay at home and access care in the community

(Fuller Stocktake)

Deliver an additional 2,500 Virtual Ward (VW) beds, effectively utilised both in terms of addressing the right patient cohort and optimising referrals.

(NHS Winter Letter)

Actively consider establishing an Acute Respiratory Infection (ARI) hub to support same day assessment

(NHS Winter Letter)

Putting in place a community-based falls response service in all systems for people i.e. who have fallen at home including care homes

(NHS Winter Letter)

Ensuring that patients receive personalised care tailored to their individual needs

(NHS Standard Contract 22/23)

Comply with the new statutory duty for ICBs to commission palliative and end of life care services in response to population needs, drawing upon NHSE statutory guidance.

(Palliative and end of life care: Statutory guidance for integrated care boards (ICBs))

Shift more care to the community, including safe and convenient care at home or close to home, through developing the capacity and capability of community health services, integrated neighbourhood teams and new models of care

(NHS England operating framework)

Strengthen the hands of the people we serve through the comprehensive model of personalised care including supporting people to have increased choice and control over their care based on what matters to them as well

(NHS England operating framework)

Priority Workplan for Community 23/24

Operating Plan deliverables

- Delivering a reduction in CHS waiting times to pre-covid pandemic levels or better
- Delivery of the Ageing Well Programme working with partner organisations (UCR, Proactive Care/ Anticipatory Care, Wider Ageing Well initiatives Inc. Enhanced Care Homes)
- Delivery of Virtual Wards aspiration and links to wider UEC delivery plans
- Oversight of Covid pathways as these move into BAU where relevant (Pulse Oximetry, Long Covid, remote monitoring)

Service quality and resilience

- Making best use of community bed capacity and improving resilience to winter / Covid pressures
- Work with Workforce Leads from the ICS to address common recruitment and retention issues through innovative employment and training approaches
- Increase resilience in fragile services e.g. dietetics
- Babies, Children and Young People(BCYP) services interfaces including the development of new pathways

Strategy and development

- Develop a vision and strategy for CHS within the ICS and agree a CHS Outcomes Framework
- CHS Deep Dive
- Engage in end-to-end pathway planning through clinical networks and other provider collaboratives

NEL Community Collaborative Further work

Governance

- The Community Collaborative Operating Model is currently being implemented.

Review of key areas of work

- The initial 2023-24, workplan has been developed and continues to evolve to deliver the requirements set out by NHSE (further details included on the following slide and in *Appendix A*).
- However, a number of key areas that continue to be in discussion and remains in progress. These include:
  - Agreeing the scope for the Collaborative (CHS) partners as it matures to deliver transformation across community services and the resources required to allow effective delivery
  - Clarification of the accountability for current community based care programmes
  - Scope of the Collaborative in future strategy and planning rounds
  - Improve transparency of resource availability and allocation across collaboratives / place
  - Further clarification of the roles and responsibilities of the resources at ICB/Collaboratives and Place and the interdependencies between the teams, functions and other Programmes of work across the ICB

NB. There are identified dependencies with place/collaboratives and clinical networks that may affect initial workplan as the system develops

Community Collaborative Current Priority Work Areas

- Continue to strengthen governance process
- Develop co-production with providers and voluntary sector
- Strengthen patient leadership and service user inclusion
- Virtual wards stock take and deep dive
- Digital solutions for virtual ward operations
- Babies, Childrens and Young People, Speech and Language Therapy waiting times review
- Develop scope for community services mapping exercise