



**BHR Integrated Care Partnership**  
Better care, better lives, together

# BHR Integrated Care Partnership

## What does the move to a single NEL CCG mean for BHR?

August 2020



## What does the move to a single CCG mean for BHR? Our Story

BHR Partners across health and care have been working together for a number of years as trailblazers in integrated care and partnership working, with significant achievements:

- The response to COVID-19 brought health and care partners together in an unprecedented way to deal with the challenges faced. We are proud of what we achieved to care for our residents in this period at such a difficult time. We are now working on our recovery together.
- Pre Covid we have delivered a significant amount of transformational change. Changes to service models led to a sustained reduction in elective activity (5% fewer GP referrals last year) and a reduction in non-elective admissions for those aged 65+ (4% fewer), supporting more people in the community without the need for acute care. Another example of our successful collaborative working is our award winning primary care led diabetes scheme. All of this was achieved through the strengthened voice of primary care, partnership working, and a consistent approach across BHR.
- We produced a five year financial recovery plan agreed across the NHS (it is the only of its type in London).

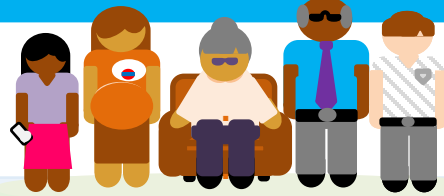
Recognising that the only way we can deal with the significant on-going challenges to health and care is to work together, we want to build on our achievements and deliver more for the people we serve.

The move to a single north east London CCG, with the majority of resources focussed at a BHR level will support us to achieve delivery of our key ambition to improve the delivery of care to, and outcomes for local people. The BHR Integrated Care Partnership is being developed to be fully up and running by April 2021. It is not the creation of a new organisation in BHR but will mean services working together across current organisational boundaries, joining up health and social care, physical and mental health services, primary care and hospitals.

For a resident, they will see more joined up, planned care. With all services working together on the same plan, with the same information. People will be helped to stay more healthy, receiving more treatment and support at home rather than go to hospital if it is not necessary. If people do need to go to hospital, they will be helped to get home quickly with the right support. We will improve the standard and consistency of services across the area.

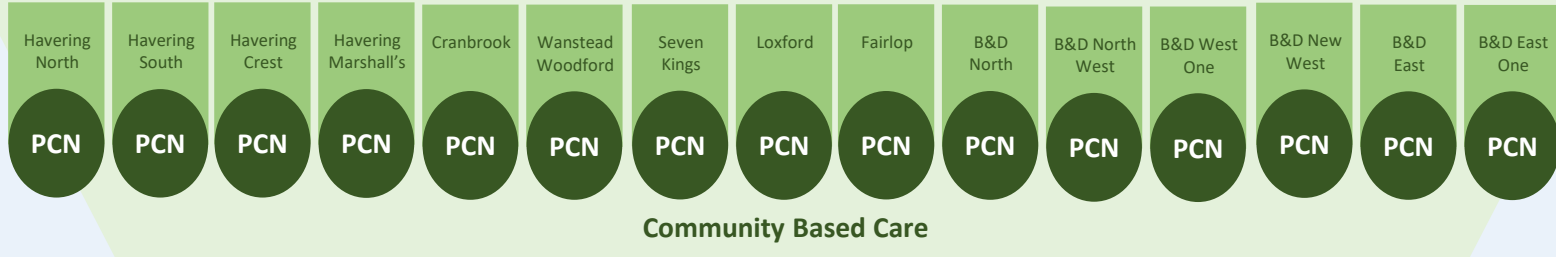
The following page illustrates how this model will work in practice, in relation to existing organisations and partnerships.

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



Co-production & Engagement

Our patients, residents and local communities



**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**



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%)