Barking & Dagenham

Borough Partnership

Roadmap to an Integrated Care System

May 2021

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Barking & Dagenham

NHS
Barking, Havering and Redbridge University Hospitals
NHS Trust

Together First CIC
Barking & Dagenham Federation

NELFT NHS
NHS Foundation Trust

BD COLLECTIVE

Introduction

The Barking and Dagenham Delivery Group has been meeting since 2019.

The Group initially focused on three key priorities:

1. LD and autism
2. MMR vaccine uptake
3. Hospital discharge

Membership

- Local authority: Social Care, Public Health and ComSol
- BHR Clinical Commissioning Group
- Health Providers: BHRUT, NELFT, Together First CIC, PCNs
- Voluntary, Community and Social Sector: BD Collective, Community Resources, HealthWatch BD, Carers of B&D

What we have achieved together so far

Current Successes

- B&D Covid-19 Vaccination Programme (including health & social care staff, housebound/care homes and specialist clinics for homeless, refugees, LD/SMI and faith)
- Delivering enhanced primary care to B&D care homes, including geriatric and social care input into MDT
- MMR catch-up campaign
- ComSol and IAPT: co-location and integration of IAPT with council services
- Implemented new Social Prescribing Model
- Primary care, NELFT and social care collaboration in Integrated Case Management
- BD CAN, the partnership between LBBD and the BD Collective to respond to vulnerable residents
- BD Connect

In Development

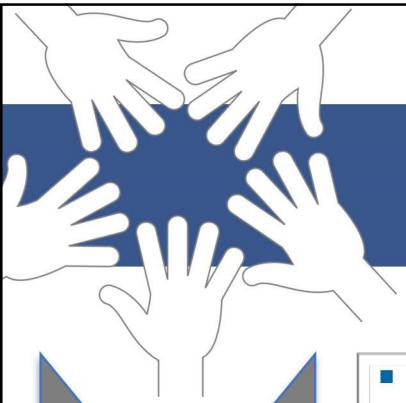
- Mental health transformation programme for adults and older people
- Barking Riverside new models of care
- Primary care active signposting
- Supporting system working to improve discharge process
- Community hubs and emerging neighbourhoods model
- BD Collective VCSE Networks:
  - Re-imagining Adult Social Care
  - Early help for families
  - Youth
  - Food
- Borough-wide Social Isolation Strategy

Looking Back, Looking Ahead

In November 2020, the partnership commissioned a facilitated session to reflect on the working of the Delivery Board over the last 12 months and to look forward to how the Partnership should work differently in the future.

The session was attended by 27 members preceded by interviews of 18 members of the group and also a short questionnaire administered to group members before the meeting.

The outputs of this session have supported the Delivery Board to consider its development approach to achieving the partnership aspirations for future working.



Our Ambitions

Purpose

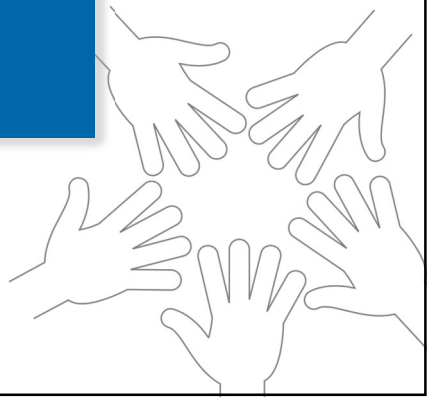
- Improve the population health and healthcare
- Tackle inequalities in outcomes and access across all Primary Care Networks in the borough
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development
- Join up services to support people to live well
- Making Every Contact Count (MECC)

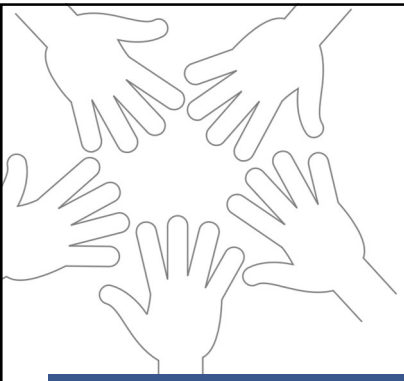
Vision

- To build a strong Borough Partnership in Barking and Dagenham to enable more decisions to be taken at a local level, with the system taking responsibility only for things where there is a clear need to work on a larger footprint.
- To bring together resources from across the statutory and non-statutory sectors to translate them into action that will have real impact on health and wellbeing issues in the borough.
- To ensure an effective resident and patient voice in order to secure grounded and practical change that makes a difference for local people.
- To create a place-based network of community assets, including community hubs in order that every resident has a place to go, a place to do and a place to connect

“ We see the Borough Partnership as the Barking and Dagenham engine room for leveraging our collaborative expertise to influence system working across NEL and unlock barriers to the delivery of improvements in B&D.

Our ability to make informed decisions around health and care will support the partnership in tackling wider issues around inequalities, prevention and the art of the possible. ”





Partnership Goals

1. **To transition the Delivery Group into a Borough Partnership Board** which focuses system leadership on bringing about a real impact on pressing health and wellbeing issues locally.

2. To take forward the **development of integrated place-based care** through collective planning, collaborative approaches and joint commissioning with a focus on broader determinant of health, wellbeing and wider demographics **around prevention** to deliver improved outcomes for local people.

3. **To reflect the patient journey to inform decision-making** where all partners recognise the importance of joining the dots, including the role of the wider civil society (ie community, including social sector and faith) in journeying with people and working out what they need.

4. **To create an enabling framework that strengthens existing partnership working** and professional and clinical leadership in strategy development, alignment of local services delivery and decision making in the interest of local people.

5. **Make better use of collaborative resources and transparency** around what is available in provider service and move towards budgetary oversight.

6. **Set up transparent governance structure and reporting route** to the BHR Integrated Care Partnership Board (ICPB) and links to existing or new bodies eg B&D Health and Wellbeing Board, proposed statutory NEL Integrated Care System (ICS).

Our Success Criteria for Next Two Years

Collaborative arrangements with other partners in ICS

Engagement with patients carers and local communities

Strong borough Leadership

Integration of services across PCNs

Transparent governance arrangements

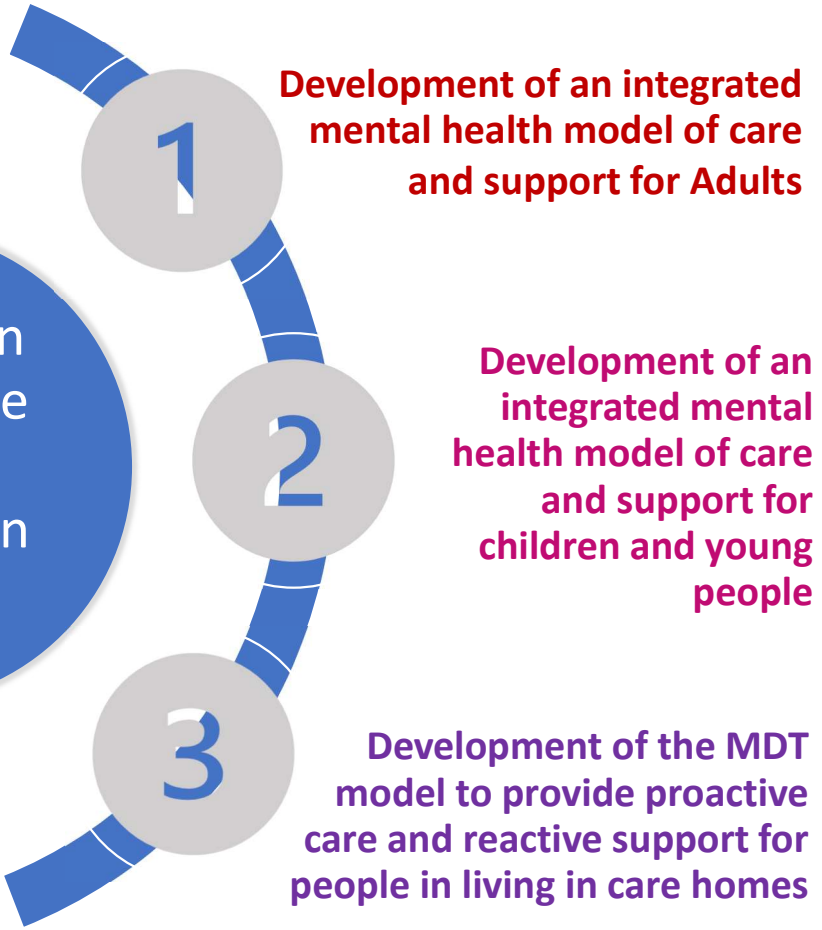
Clear and credible plans

Integration and Service Priorities 2021/22

The partnership has identified a number of areas for development and agreed three which it wishes to focus on in 2021/22 to in order to test impact and new ways of working.

A pipeline of further projects is being compiled for the partnership to consider throughout the year.

We will be seeking to understand where the BHR transformation programmes can support us with the delivery of our goals.



Alignment with joint Health & Wellbeing Strategy:

1 & 2 - Building Resilience - Outcome 5) improve physical and mental wellbeing.

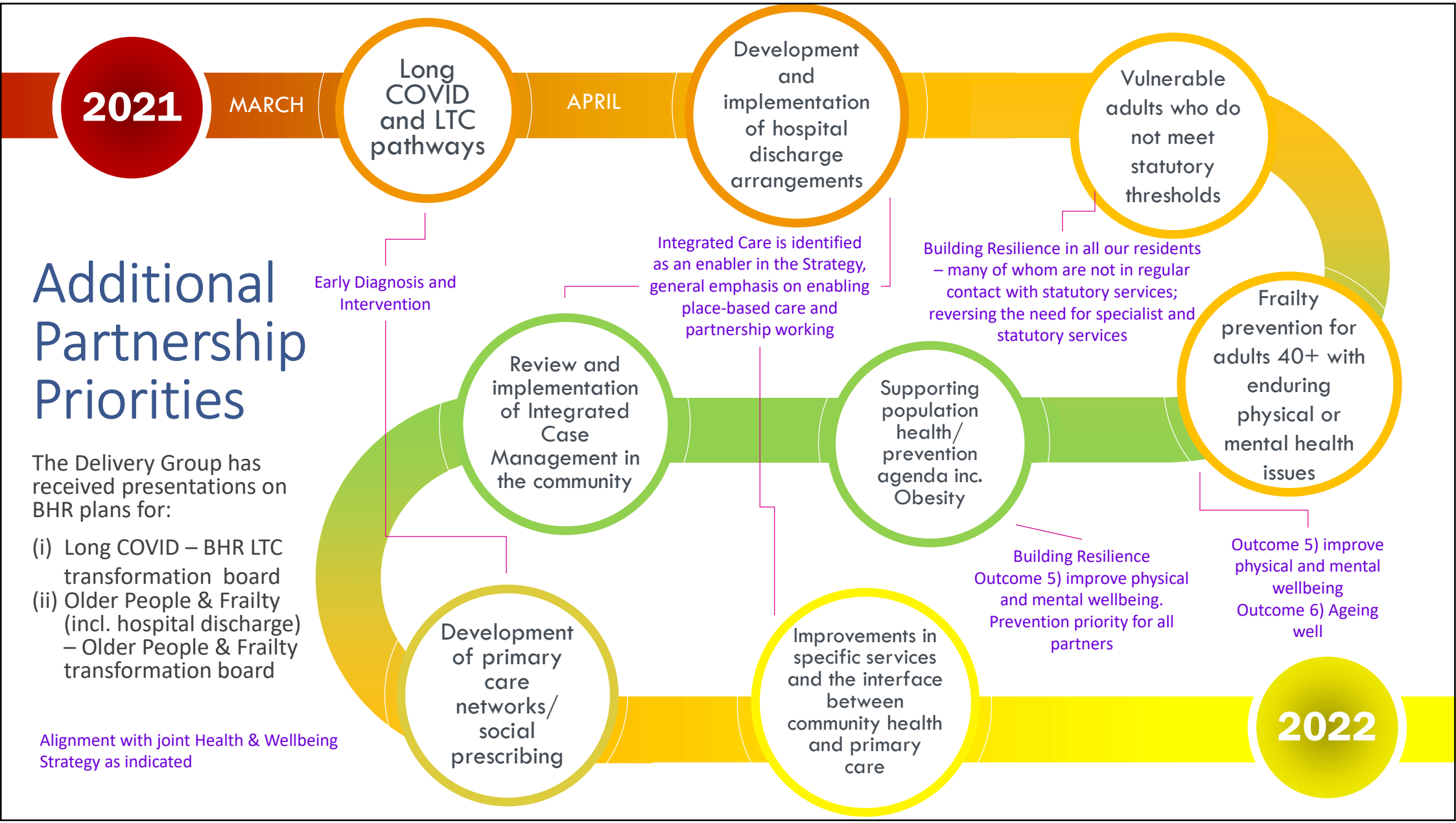
3 - Integrated Care is identified as an enabler in the Strategy, general emphasis on enabling place-based care and partnership working

Additional Partnership Priorities

The Delivery Group has received presentations on BHR plans for:

(i) Long COVID – BHR LTC transformation board
(ii) Older People & Frailty (incl. hospital discharge) – Older People & Frailty transformation board

Alignment with joint Health & Wellbeing Strategy as indicated



Integration and Service - Priority 1

Objective	Deliverables	Governance
To develop an integrated mental health model of care and support to build long term resilience that improves outcomes and experience for adults	▪ Development of PCMH network in B&D to increase capacity of mental health / SMI in the community ▪ Launch first tranche of place-based, integrated community in [Confirm PCNs] ▪ Develop unifying training based on Open Dialogue for staff across key partners to work as one team and deliver more holistic, coordinated care ▪ Deliver evidence based interventions focussing on CBT for psychosis and introducing new clinical roles ▪ Establish new roles for people with lived experience to support recovery ▪ Commission social sector organisations for community resilience building initiatives ▪ Establish a system to effectively engage leaders, staff, service users and the social sector	Board sponsor: - Melody Williams - Locality Steering Group - Sangita Lall (Chair) Representatives from: - NELFT - Local Authority Commissioning, Mental Health Services, Adult Social Care, ComSol - PCNs - Service users - Social sector - CCG - Drugs service

Progress To Date

PRIORITY 1

- **Joint posts primary care and community mental health services** - we have had a good engagement from all 6 PCN Clinical Directors and are looking to establish 6 posts, one for each PCN. Partners are currently working through the finer details of funding, recruitment and contracts
- **Neighbourhood team** - there is a plan to have the first neighbourhood team in place by October/ November around 2 PCNs
- **Service User Engagement** - we have a service user on the steering group and we will have service user involvement on all the locality task and finish groups. A presentation is planned for the local service user forum in the next few weeks and a workshop is planned for the service user and staff workshop for June/July.
- **Staff engagement** - there have been 3 road shows for NELFT B&D staff, including medical staff. A NELFT workshop has been held for B&D operational leads with plans to expand to all staff involved and then a service user and staff workshop as mentioned above.

PRIORITIES 2 & 3

- Plans are in the process of development

Development Fund

- It is anticipated that a significant proportion of the development fund will be targeted to organisational development and other enablers of change
- A specification has been drawn up to commission some external support to support the partnership in producing an organisational development plan that covers board and MDT development, building on the needs identified to date and best practice as set out in the Kings Fund report on developing place-based partnerships
- Some funding may be required for analytics and project management support which are likely to fall out of the OD plan

Further Development Areas

We anticipate that further development will be needed to:

- Harness our collective use and analysis of information management/business intelligence data to inform improved decision making and achieve optimal health and care outcomes
- Draw upon the knowledge, skills, experience and agility of the Social Sector, including faith, in forging a preventative approach to health & care
- Set out how the Partnership will tackle health inequalities


Split the delivery priority for mental health into adults and children and convert additional priorities for consideration into Board pipeline
Reflected in revised priorities
Further develop the organisational development plan
Included as part of presentation to inform transitional arrangements
Clarify the data/BI requirement and plan
Included in presentation to inform a stronger outcomes approach
Raise the profile of innovation in the roadmap
To be considered as part of the organisational development plan
you said
we did
Develop a prevention plan
Build in a robust prevention offer
Develop a strong partnership between statutory services and the social sector
Build a culture of equality between all partners
Develop the commissioning approach
Greater board oversight of Better Care Fund Planning

Strengthening the voice of the social sector

Proposal

As a valuable strategic partner, the borough partnership would wish to draw on the knowledge, skills, experience and agility of the VCSE in forging a preventative approach to health & care by:

- **Developing the partnership strategy that gives agency to communities**
- **Empowering communities to develop their own solutions (preventing escalation/crisis)**
- **Piloting new approaches that are transferable and replicable**
- **Reaching every part of the community**

- The **development of local referral pathways** across the Partnership to:
  - Engage with **the social sector via the BD Collective** as part of the wider health and care sector/agenda
  - Ensure the voices of **people with lived experience** are included, involving all ethnicities, diversities and faiths across borough, to broker meaningful insights or discussions into developing equitable and accessible models of care
- Ensuring both VCSE organisations and members of the community are engaged as **co-designers and co-producers** of care and provision in their area

Options

Development of a clinical and stakeholder engagement strategy to reflect the care journey/person centred design with a focus around co-production and a strengthened role for the VCSE sector through PCNs working with the BD Collective Networks and the emerging Community Hubs/Neighbourhoods strategy

Data Sharing to Realise Impactful Benefits

Proposal

Harness our collective use and analysis of business intelligence data to inform improved decision making and achieve optimal health and care outcomes

- Map and identify **local intelligence** available from each organisations to collaborate and share connected data to **shape prioritisation** model, evidence solution provision and inform decision making whereby successful outcomes can be measured across the borough.
- Review **information governance requirements** around data sharing, including sensitive information, setting up appropriate protocols and written agreements as required.
- That the data is presented in a form that can be interpreted or **analysed** to identify the **"art of the possible"** in fuelling real **innovation** and **addressing inequalities and prevention** across the borough landscape
- **Captures transition** from childhood to adulthood related information and other relevant data sets to inform future planning requirements.

Options

- Each representative organisation undertake a data mapping exercise as outlined and for shared, collective use.
- As part of the review of the CEG contract, develop a strategy whereby health data can be shared, at the appropriate level for each delivery organisation. Where there may be a cost implication, and the results is deemed to be of value to the Borough Partnership, to allocate funding towards this.

Organisational Development - building relationships across ICS

With Neighbouring Borough Partnerships

- Exploring synergies and aligned priorities across borough boundaries to share learning and inform possibility of joint approaches
- How continuity of care can be delivered between boroughs
- Encourage multi-borough working, not necessarily tri-borough approach

Across BHR/NEL

- Explore how balance can be achieved around individual borough vs. wider place-based priorities
- Confirm transitional arrangements from local to borough led level and to confirm mandate around this
- What is the ask of the ICP and around prevention and early intervention
- Confirm relationship with the Transformation Board especially where there exists shared values around priority areas eg Mental Health
- Confirm what data the ICP hold that can be shared to inform local need and, any plans for interoperability

Requirements of ICP

- Asks of Transformation Board in relation to our priority areas
- Information – how can the ICP support access to patients information across a pathway of care
- Data sharing and opportunities we can do better with more sharing – example of BD Connect
- Digital integration – example care home, pilots