HEALTH AND WELLBEING BOARD

31 January 2017

Title:	**Update on the work of the Integrated Care Partnership for Barking & Dagenham, Havering and Redbridge**
Report of the Strategic Director of Service Development & Integration	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
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Summary:

Following the completion of a Strategic Outline Case for the transformation of health and social care services across Barking & Dagenham, Havering and Redbridge, partners have begun to establish the required new governance that will lead the system. This is a development of the Democratic & Clinical Oversight Group which led the development of the Strategic Outline Case, forming an Integrated Care Partnership. Joint commissioning, joint system oversight and a new locality structure are the key components of the proposed new way forward for managing health and care in the three boroughs.

This update sets out progress on these matters for Board members' information. The report incorporates the update from the Integrated Care Subgroup of the Health & Wellbeing Board, which is doing the work on the Board's behalf to take forward the BHR proposals for the residents of Barking & Dagenham.

Recommendation(s)

The Health & Wellbeing Board is recommended to note the progress in establishing the new partnership arrangements for the health and social care system for Barking & Dagenham, Havering and Redbridge, and the work being undertaken by the Board's Integrated Care Subgroup on the establishment of the locality model.

Reason(s)

The establishment of the Integrated Care Partnership is a significant step forward for shaping the partnership work across the health and care system in Barking & Dagenham, Havering and Redbridge, and exerting democratic and clinical leadership. Whilst in its infancy, these arrangements will strengthen over time to drive joint working on the improvement and sustainability of local health and care services, and the health of the population.

1 Introduction and Background

1.1 Over the past year, the local authorities, Clinical Commissioning Groups and health provider trusts across Barking and Dagenham, Havering and Redbridge (BHR) have worked together to develop a strategic outline case for the development of an Accountable Care System (ACS). The programme was led by the BHR Democratic and Clinical Oversight Group, comprising Leaders, Cabinet Members, clinicians, non-executives and other senior leaders from across the system.

1.2 The output from this programme is the Barking and Dagenham, Havering and Redbridge Summary Outline Strategic Outline Case for an Accountable Care System. This document brings together the priorities for the local health and care system, across population health improvement, the quality of local health and care services, and the financial challenge facing the system. A summary can be read at http://modgov/documents/s104563/Appendix%20D%20-%20NEL%20STP%20BHR%20SOC%20Summary.pdf

1.3 The SOC identifies a vision for BHR, which is 'To accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services'. Beneath are a set of aims, including:

- Enabling and empowering people to live healthy lifestyles, with access to preventative care, the ability to live independently and manage their own health and wellbeing.
- Organising care around patient needs with a single point of access and provided locally where possible
- Integration between agencies to remove boundaries and work as seamlessly and collaboratively as possible.

1.4 An extensive review of the BHR population was carried out during the first half of 2016, led by the Director of Public Health for Redbridge, which outlined the context in which health and social care operates and has provided a robust understanding of our challenges to a level of detail not previously available. Each borough faces its own distinctive problems and there is considerable variation across the patch.

1.5 The variation between the three boroughs means that through working on a combined footprint, there is an opportunity to pool resources and redirect additional support to places where they are needed most. Demographic change is an important driver of demand for health and wellbeing services. BHR's population has been increasing rapidly and is projected to rise for the next two decades. The current system will struggle to respond to the overall projected increase of between 19% and 28% by 2031. BHR needs a new approach to preventing ill-health and targeting people who are more likely to require health and social care in the future.

1.6 The Directors of Finance from BHRUT and NELFT, supported by PwC, led a review of the BHR financial position for the SOC which showed the health and care economy faces a considerable financial challenge over the five years from 2016/17 to 2020/21. There are many reasons for this, including:

- The existing challenge: At the end of 2015/16, the health and care organisations within Barking, Havering and Redbridge had a combined financial challenge of £44m.

- Demand for services is increasing: This is a result of a growing population, which is aging, meaning that health and care needs are becoming more complex.
- Costs of provision of health and care services are rising more rapidly than general inflation: Costs are growing more rapidly than allocations from government (which, in terms of the NHS, are linked to national inflation forecasts). These are driven by wages (i.e. the impact of the National Living Wage) as well as specific pressures on drug and litigation expenditure.
- Allocations for social care are forecast to reduce: While NHS allocations are expected to increase over the five-year period, there are planned reductions in social care and public health allocations for the three local authorities, which are critical to the boroughs balancing their budgets over the medium term.

1.7 There was also extensive engagement and consultation as part of the programme, including residents, staff and the third sector. Over 3000 residents were surveyed by phone by Ipsos MORI and 750 staff were surveyed. The findings from the surveys emphasised the current complexity of the system and the need for change.

1.8 Findings from the voluntary sector engagement included the importance of delivering holistic health and social care around key population groups such as those who are frail, complex cases, and a wider programme of prevention to support our population to live longer, healthier lives.

1.9 The SOC process drew on both national and international evidence to identify best practice, signalling priority service and pathway areas that need to change across BHR.

1.10 The SOC identified that the existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand. With future pressure from rapid demographic changes including population growth, rising levels of long term conditions and variable levels of deprivation, the SOC recommended a new model of service delivery supported by more effective joint strategic commissioning arrangements. However, in response to the Strategic Outline Case and the pressing priorities currently being dealt with by the organisations in the system, the Democratic & Clinical Oversight Group has resolved that at this stage the BHR system does not support a direct move to an Accountable Care Organisation.

From ACO to ACP – Where we are and next steps

1.11 In the absence, therefore, of a decision to propose the creation of a new organisational form for the local health and care system, there has been a shift in emphasis from an Accountable Care Organisation to an Accountable Care Partnership (ACP) or System, reflecting the shift away from a new organisational form for health and social care delivery. However, there remains significant ambition in the plans to improve the integrated delivery of care closer to home, tackle entrenched population health challenges, and achieve financial stability for the health and care system.

1.12 Discussions remain underway at London level about devolution and what the potential package of options will be for devolving control of health and care to London and its sub regional partnerships. Any devolution asks will be framed as a London-wide approach which local areas can then draw upon, so no devolution is possible until a London-wide agreement has been reached. Work is still ongoing around finalising what these ‘asks’ will be.

2 Forming the Integrated Care Partnership

2.1 The ACO programme has recognised these developments and has also taken stock of the significant progress that has been made in developing the basis for further partnership working. It has also has identified immediate steps that can be taken in the coming months to progress the work around health devolution and further integration. These include the establishment of the Integrated Care Partnership, based around the membership and terms of reference of the former Democratic & Clinical Oversight Group, but with the emphasis on being the new system leadership group for delivery of the programme set out in the Strategic Outline Case.

2.2 The Integrated Care Partnership Board has met a number of times, chaired by Cllr Maureen Worby, and continues to have political, non-executive and senior clinical and executive participation from the BHR health and local government agencies. It has set in train moves to further consolidate the strong partnership with a formal Joint Commissioning Board and a System Delivery and Performance Board. The initial emphasis within individual boroughs is on developing the locality model which will be the fundamental underpinning of all health and care activity across BHR.

2.3 The governance of the Integrated Care Partnership, in its current iteration, is outlined in the diagram at **Appendix A**.

Developing the Joint Commissioning Board

2.4 The supporting Joint Commissioning Board is also being scoped, and workshop discussions are expected in February 2017 to get the right representation and initial work programme scoped. Reporting to the ICP, the Joint Commissioning Board will:

- Bring local authorities and CCGs together to strategically commission services
- Develop strategies that enable the shift in emphasis of commissioning towards services that prevent harmful behaviours or conditions
- Work with localities to develop the new service model
- Develop contracts that incentivise improvement in population outcomes
- Encourage links with the third sector who are already committed to developing innovative prevention activities

Developing the System Delivery & Performance Board

2.5 The report on the Barking and Dagenham CCG Operating Plan 2017/19, elsewhere on this agenda, gives some information about the development of the System Delivery & Performance Board. The first tasks of this Board are currently being scoped, but among them will be delivering an initial System Delivery Plan, including a financial plan, by 28 February 2017. This will shape how immediate financial savings can be made by NHS providers. It is recognised by all participants that a wider set of priorities are envisaged for this Board, and the performance responsibilities of the Board remain critical, but the initial emphasis is on agreeing savings plans, with a longer-term vision to remain on wider system performance and transformation.

Developing Localities

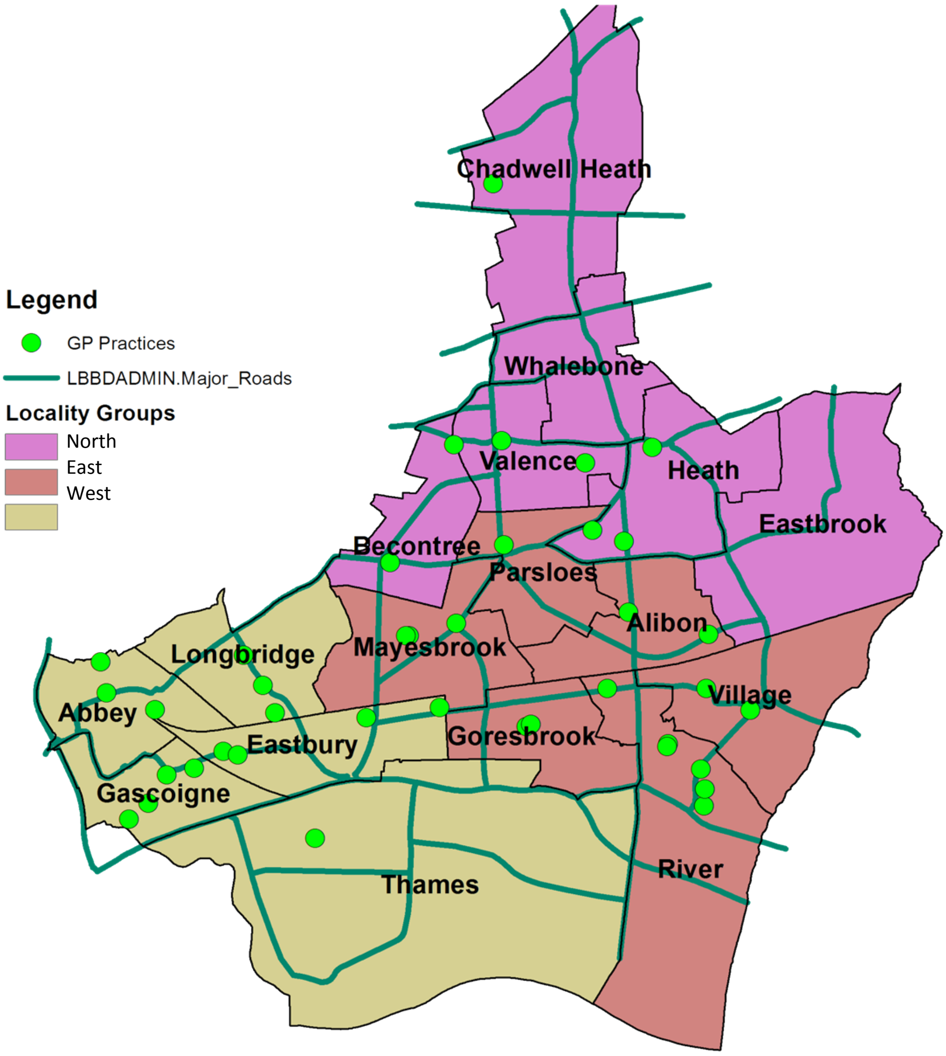
2.6 Locality working across the three boroughs forms the major body of work, and first discussions at the Integrated Care Partnership are being lined up for each borough to present their initial plans for locality pilots. A locality based delivery model is built around the key principle of organisations working together to manage common resources to improve the health and wellbeing of a geographically defined population. Prevention will be the bedrock of the model, with a focus on early intervention and support at the point where it is the most beneficial to individual, family or community.

2.7 This dovetails with the Council's transformation proposals to move from six clusters in adult services to three localities forming the main delivery mechanism for a wider range of services. It remains the case that a fourth locality will be brought on stream some time towards 2020/21 as population growth makes it viable. The Council is in the process of reconfiguring its social care services and has just completed a staff consultation which will include a degree of centralisation of some services, such as a central business unit and assessment services, to ensure greatest efficiency and, crucially, enhancing the extent to which social workers on the ground have a greater proportion of clinical/face to face time with service users. NELFT are in the process of scoping a similar approach to realign their services to the three localities.

2.8 Locality boundaries have been agreed and partners are working to develop a key suite of supporting information. This will enable key decisions around workforce requirements to be made in line with need, alongside informing the operational model. This information will include a map of the services currently provided across the system and 'locality profiles' being developed by Public Health. Some initial thought has already been given to the different services that could be provided at locality, borough and system level to ensure economies of scale and improve service delivery.

2.9 The existing Integrated Care Subgroup of the Health and Wellbeing Board has been reinvigorated to oversee this locality development. With a refreshed membership, this group includes leads from the Council, Clinical Commissioning Group, NELFT, primary care, and BHRUT. At a workshop in December, the ICSG members discussed their commitment to develop the locality model, confident that by April 2017, based on the work already underway, primary care, NELFT and Council social care services will be reconfigured into a model that will support the delivery of health and care in the three localities in the borough.

2.10 The localities, prior to the anticipated creation of the fourth locality, are as in the diagram on the following page:



3 Next steps and priorities

3.1 For the BHR system, acting on the analysis set out in the Strategic Outline Case, the priorities are to establish the mechanics of the new governance, including the Joint Commissioning Board and the System Delivery & Performance Board, and to ensure that all boroughs have fast-track locality development underway and are beginning to reshape services. A review of all governance structures has been initiated to ensure that there is good use of time and resources in servicing the new forums that are being created. Similarly, establishing the communication routes and processes so that a wider group of people can engage in the developments taking place across BHR is recognised as being of importance.

3.2 Given that this update has concentrated on the establishment of the new partnership governance for health and care in BHR, it is important to emphasise that it represents no change to the decision-making processes of the statutory partners. Decisions taken by and within the new partnership infrastructure, until a clear decision is taken to the contrary by each partner, will be those for which each agency has already given delegated authority to their delegates to the meeting. Where matters are reserved to, for example, Cabinet or the Health & Wellbeing Board, appropriate reports and decisions will still be required by those bodies before the partnership can proceed.