



Health and Well Being Board
3 July 2013

**Report from Acting Director of Adult
Social Care**

**North West London Health and Social Care Pioneer
Expression of Interest**

1. Introduction

1.1 This paper sets out the:

- The national context for the health and social care integration, including the Pioneer programme
- A summary of what is already happening in terms of integration in North West London and, more importantly, in Brent
- An overview of the Expression of Interest, prior to the final document being circulated on 28 June.

1.2 The aim of the paper is to give the Health and Well Being Board an opportunity to:

- Discuss health and social care integration in Brent, particularly in light of the Pioneer bid
- Start the process of developing a shared vision for health and social care in Brent
- Agreeing what the role of the Board will be in leading this and its role in overseeing implementation.

2. National Context: Health and Social care Integration

2.1 In May 2013, 'Integrated Care and Support – Our Shared Commitment' was published. This is a document which was agreed and signed by Department of Health, NHS England, Monitor, LGA, ADASS and Public Health England. The document set out a shared vision for health and social care integration which was co-developed by National Voices engaging with patients, service users and carers. The focal point of this vision was building care and support around the individual:

"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me."

- 2.2 The document also clearly sets out the shared expectation of all signatories that localities will adopt the shared vision for integrated care and support, working to make it the norm within the next five years. However, it is less explicit about how this will be delivered and instead focuses on examples of good practice, recognising that there is no single answer to integration. It proposes a variable geometry approach to implementation: the government's role is to create a sustained national collaborative programme to seek solutions that local areas will develop to implement local solutions.
- 2.3 One key way in which government is seeking to energise this renewed focus on integration is the Pioneer programme. (Overview of Pioneer selection criteria attached at Appendix 1).
- 2.4 Pioneer sites will be provided with additional expertise, support and constructive challenge to help them realise their aspirations on integrated care. This opportunity to be selected as a national pioneer site would be a natural continuation and enhancement of local borough based initiatives on integrated health and social care but could also bring some additional benefits. Expressions of Interest need to be submitted to the Department of Health by 28 June.

3. Health and Social Care Integration in North West London and Brent

- 3.1 There is already a strong track record of integrated ways of working across the health and social care localities of NWL. Councils and CCG's across North West London have been leading the way nationally in relation to integration of health and social care ranging from the development of fully integrated to the tri-Borough's work with their health partners on Community Budgets Pilot sites to the key project that underpins the development of the North West London Pioneer expression of interest: Integrated Care Pathway (ICP) pilots.
- 3.2 Brent has not implemented the ICP as quickly as other Boroughs in North West London. The Council and the CCG share concerns about whether or not it will deliver the savings targets and change it is supposed to. However, there is also a significant opportunity to refocus and speed up implementation to ensure that the Multi-Disciplinary Group meetings (MDGs) are more closely linked to the key issues in the health and social care system, particularly the need to reduce delays in A&E and reduce demand for non-elective secondary care admissions.
- 3.3 However, there are also a number of specific projects and services in Brent that are focused on delivering improved outcomes for the people of Brent, but require health and social care providers to work together, including:
- *Single Point of Access project.* This is a health led project to reduce unnecessary admissions and to improve the quality of discharges. At the moment the focus is on A&E and reducing unnecessary admissions by putting a GP and social worker into A&E. In the future it will build on the current joint working for discharge (e.g. Hospital Occupational therapists

doing the social care reablement goal setting) to develop an integrated discharge health and social care pathway with a single discharge plan

- *Enhanced Reablement Service (ERS)* – this service was implemented to bridge the gap between Social Care Reablement and Health funded Community Rehabilitation. Currently, these services are aligned, but not integrated, reducing the quality of outcomes. Based on the success of the ERS pilot, the CCG and the Council are looking to jointly commission across the full spectrum of these services
- *Short Term Assessment, Reablement and Rehabilitation Services (STARRS)*. This is a long standing health service, which has a priority referral mechanism into social care. The STARRS team is made up of Occupational Therapists, Nurses and Physiotherapists who take referrals primarily from GPs to see people in the community at short notice to avoid hospital admissions. There is a need to fully integrate this service with social care.

3.4 In other words, there is a strong platform of joint working on which to build through a more strategic and shared local vision for health and social care integration.

4. Overview of the Expression of Interest (prior to the final document being circulated on 28 June)

4.1 Feedback suggests that most localities in England are considering or actively pursuing an Expression of Interest (Eoi), which means that any Eoi needs to be genuinely innovative, and also replicable – so that Department of Health can see the benefits for the rest of the country.

4.2 This, along with the work already done in North West London, means that an Eoi for North West London makes sense. There are concerns about this approach (concerns about being swallowed up into either a health dominated bid, or a north west London dominated bid), which have been identified and stressed throughout the process of developing the Eoi, but there are also clear benefits if it fully reflects the two levels:

- i. North West London to tackle regional, systemic issues, and
- ii. Brent, to develop genuinely local care and support that reflects the population and the current service position.

4.3 The key benefits are set out below:

- A whole system approach with an explicit agreement to sharing the benefits for the good for the people of Brent
- A whole system bid across a number of boroughs and CCG's with differing models of integrated care will enable learning about what works to be shared

- It will allow stakeholders to leverage Central Government support in co-designing the Whole System approach across North West London
- It will provide additional expertise, support and constructive challenge
- As a whole systems bid it will also include the acute hospital trusts across the sector. Patient flows across North West London mean that patients attend hospitals across borough boundaries thus strengthening the case to look at integration across the sector
- There is a potential for freeing up NHS acute hospital budgets to reinvest in local community services.

4.4 The EOI will be very high level. It will be no more than 10 pages long and yet it will need to describe the complete transformation of the North West London health and social care economy. However, a number of key elements frame the bid, these elements are a direct response to the barriers to integration that have been experienced in previous integration projects in NWL:

- Population based approach – focusing on the population as a whole, rather than on health patients and social care customers, responding to their needs on a risk stratification model, for example, 20% of people use 75% of health and social care budget, how do we design integrated services to manage this
- GP network development – developing options for establishing GP as centre of care network, developing organisational models and contractual arrangements between practices and applying technology to facilitate this
- Provider network development - aligning and/or integrating a range of services with GP networks, ensuring their organisational forms are fit for purpose
- Information governance and infrastructure – identifying and implementing models that can enable integrated commissioning and service delivery and overcome some of the challenges identified, particularly data sharing
- Commissioner governance - developing and establishing the necessary governance arrangements, and the contractual and legal agreements between commissioners to enable pooled funding or capitated budgets.

5. Conclusions

5.1 The Pioneer process came at short notice with a tight deadline. However, it has created an opportunity for health and social care partners, and the Health and Well Being Board in particular. The key role of the Health and Well Being Board in driving health and social care integration is reflected in the Eoi.

5.2 Therefore, the Board is asked to comment on the contents of the paper and Pioneer bid (when it is circulated on 28 June) to outline its view on:

- the importance of health and social care integration to Brent, and the Pioneer bid in particular
- how it will lead the development of a shared vision in Brent to ensure we can clearly articulate this in the development of the Pioneer project
- agree what the role of the Board will be in leading this and its role in overseeing implementation.

Appendix 1: Pioneer site expression of interest – Criteria for selection

1. Articulate a clear vision of its own innovative approach to integrated care and support

- Adopting the narrative of National Voices aligned with Making it Real
- Delivery focused on better outcomes and experiences
- Potential financial efficiencies for reinvestment have been identified and potential measures of success

2. Plan for Whole System integration

- Involvement of other public services such as education, housing, the community and voluntary sectors
- Focus on greater prevention of ill health and deterioration of health, and personalisation
- A model for how unpaid contributions of families and communities are part of coordinated services

3. Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders

- The involvement and support of Health and Well Being Boards is an essential prerequisite
- Local executive and political, staff groups including clinicians, patients groups, people who use services and carers/families must support our approach

4. Demonstrate capability and expertise to delivery public sector transformation at scale and pace

- Proven track record in this area
- Robust plans to tackle barriers to integration

5. Commit to sharing lessons on integrated care and support across the system

- Involvement in peer to-peer (including clinicians) promotion, dissemination and learning networks

6. A vision and approach that are based on robust understanding of the evidence

- Plans that take account of latest evidence and a commitment to test and co-produce new measurements of experience of care and support