

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 3 July 2014

Subject: Update on Whole Systems Integrated Care Programme

Responsible Officer: Paul Najsarek, Interim Head of Paid Service and Corporate Director, Community Health & Wellbeing

Rob Larkman, Chief Officer, NHS Harrow CCG

Public: Yes

Wards affected: All.

Enclosures: N/a

Section 1 – Summary and Recommendations

Partners across the Borough are working together to develop and deliver a single approach to integrated health and social care which builds upon the strengths of the existing Better Care Fund Plan and the Harrow Whole Systems Integrated Care (WSIC) Programme. The next stages of this work are the development of an 'Early Adopter' Plan to improve support for older people with more than one long term condition, and the parallel development and delivery of a single borough-wide Health and Social Care Transformation Programme.

Recommendations:

The Health and Wellbeing Board is requested to

1. Endorse the development of a single borough-wide health and social care transformation programme, and agree to receive detailed report/s in regard to this by October 2014.
2. Note the progress being made to develop better support arrangements for over 75s with one or more long term condition/s as part of the Harrow-wide WSIC Early Adopter Project
3. Endorse the continuing development of Harrow-wide WSIC Early Adopter proposals for our area by a partnership of local organisations, including health and social care commissioners, providers, third sector organisations and service users.

Section 2 – Report

Background

Partners in Harrow have been working together to develop more joined up health and social care systems in order to deliver better health and social care outcomes for Harrow residents and to make best use of available resources.

The Harrow-wide vision for whole systems integrated care is to improve the quality of health and social care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community.

Guiding principles

To deliver this vision, partners have agreed a series of guiding principles to inform this work. They are as follows.

- 'One strategic plan' for integrated health and social care in Harrow, allowing for locally sensitive delivery
- Benefits - quality and financial for residents and partners
- Genuine partnership
- Clear shared governance and business cases for shared work
- User/patient/community engagement
- Shared approach to investment of resources for community and social services
- Partners recognise and fund the capacity needed to make the changes happen across Harrow in a rationalised manner that allows resources to be optimally deployed to the residents.
- Localism - services should be delivered by localities, designed to be specific to the particular needs of those localities.

Better Care Fund

In line with national policy, work has taken place in Harrow to develop a Better Care Fund (BCF) plan. The initial plan proposal was agreed at the Health and Wellbeing Board (H+WBB) meeting of 19 March, 2014.

The BCF submission is a document which must be produced by the Council and the CCG, on behalf of the borough, and submitted to the Department of Health (DoH)/NHS England. It sets out how partner organisations will work together to deliver Health and Social Care integration within the borough, and also how funds allocated by NHS England for Harrow will be utilised to support this.

The Better Care Fund plan identified ten areas where work to deliver integrated health and social care is taking place, and a number of other areas where efficiency savings might be delivered through joint working.

The initial allocation of funding for 2015/16 to support integrated health and social care aims as agreed at the H+WB Board on 19 March was £14.373 million, comprising £13.183 million revenue and £1.190 million capital funds.

The Health and Wellbeing Board will oversee the monitoring of the BCF in the context of broader plans for service transformation.

The Harrow BCF proposal was submitted to the DoH on 30 March 2014. A national assurance process has taken place, following which all councils have been asked to submit more detailed information. At the time of writing, the guidance and format for this has not been forthcoming.

However, we understand that more information has been sought on the following.

- Clarity on how existing resources can be redirected
- The level of efficiency savings that will be delivered;

- Specific outcomes to be delivered
- Performance management and monitoring arrangements.

Harrow Whole Systems Integrated Care (WSIC) Programme

For three years, health and social care partners in Harrow have been working on the Integrated Care Pilot (ICP), which focuses on improving outcomes for people with diabetes, and for those over the age of 75 years. On Thursday 1 May the ICP Board received an update report on the WSIC programme. This report stated the following.

- 88% of patients agreed or strongly agreed they were ‘involved in discussions and decisions as much as they want to be’
- 8,739 care plans had been produced since the beginning of the pilot in order to deliver better services for those people within the pilot
- Six multi-disciplinary groups (MDG) have been established in specific geographical areas within the borough to support the programme. Professionals from a range of different health and social care organisations are represented
- In 2014/15, six new care coordinator posts will be established to support the operation of the programme and to provide additional support and coordination to those service users with the most complex requirements
- 2014/15 would be the last year of the pilot. Work is required to more fully operationalise the approach from April 2015. This will be done through the programme below.

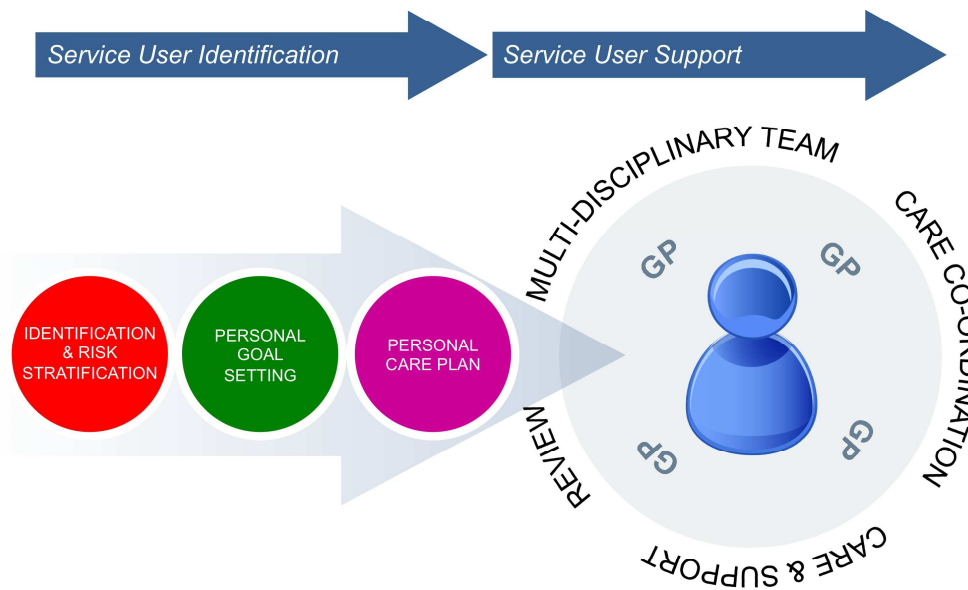
The Harrow WSIC Early Adopter Project is part of the NWL Pioneer Integrated Care Programme, one of fourteen pioneer programmes nationally, identified by the Department of Health to accelerate the integration of health and social care and to develop good practice across the country.

The first phase of this work was completed on Friday 30 May with the submission of an outline plan. This work involved over 120 participants, including service users, carers, lay partners, staff members, GPs, providers and commissioners from across the borough, working together to:

- identify a population cohort to focus on,
- develop a model of care, and also
- agree how to work together.

Work was overseen by a steering group made up of key commissioners, providers, a lay partner and a representative from Harrow HealthWatch.

It is proposed that the Harrow WSIC Early Adopter Project will focus on improving quality of life outcomes for older people aged 75 or over with one or more long term condition. The diagram below sets out the proposed care model, which envisages two key stages for service users and is similar to the existing care pathway that has been developed as part of the Harrow WSIC Programme.



The anticipated advantages of this approach are as follows.

- The support the service user receives will be tailored to meet their own personal goals
- Support should be more streamlined, better coordinated and provided 'closer to home'.
- The service user should feel more in control of the support they receive.

The success of the new arrangements will be measured using i-statements, as set out below, which focus on quality of life and quality of care measures for each service users.

i - statements

- All my needs as a person were assessed and taken into account.
- My carer/family had their needs looked at and were given support to care for me.
- I was supported to set and achieve my own goals.
- Taken together, my care and support helped me live the life I want to the best of my ability.
- I was in control of planning my care and support.
- I could decide the kind of support I needed and how to receive it.

Work will take place over the summer in order that detailed plans can be presented to the Health and Wellbeing Board and the governing bodies of each participating organisation in October. Depending on the outcomes of this work and the decisions of the H+WB Board and organisational leaders, work will continue to prepare for the introduction of the new arrangements during 2015/16.

Development of 'one strategic plan' for integrated health and social care in Harrow

A key conclusion from the above work streams is that there would be real benefits in developing a single strategic plan for health and social care integration in Harrow, underpinned by the existing Harrow Health and Wellbeing Strategy. Supporting the three year plan will be a single Harrow-wide approach to delivery and decision-making, with clear boundaries established between those areas of the plan which are exclusive to the council or the CCG.

The advantages of this approach are that it will

- Provide one overview of partnership work
- Better coordinate new thinking/projects
- Provide assurance that there is focus on all priority areas and that resources are not been targeted towards one priority area at the expense of another
- Enable better alignment of council and CCG financial and strategic priorities in accordance with their budget and planning cycles
- Simplify for local residents the plans in place to make change happen

It is anticipated that a first draft of the 'one strategic plan' for integrated health and social care in Harrow will be presented to a meeting of the Health and Wellbeing Board later in the summer.

Financial Implications/Comments

All health and social care partners face significant financial challenges over the next five years. There are no specific proposals in this report. As proposals are developed the financial implications for relevant organisations will be identified to enable decisions to be made by the respective governance processes.

Legal Implications/Comments

The Department of Health has issued directions setting out conditions relating to the submission of Better Care Fund plans and the resulting payments*. The Council and the CCG will work together to ensure compliance with the directions issued.

The Care Act 2014 places on local authorities a requirement to carry out their care and support functions with the aim of integrating services with those provided by the NHS and any other health related services such as in some situations housing provision. Development of a single Health and Social Care integration Plan will play a key part in achieving this.

*The National Health Service Commissioning Board (Payments to Local Authorities) Directions 2014

Risk Management Implications

All partners within the borough recognize that the continuation of existing working arrangements for delivering health and social care services is unsustainable given the anticipated demographic changes and the cross economy financial challenges. Improved sustainability and better outcomes can be achieved through a more integrated approach.

Drawing together all related health and social care initiatives within a single plan will enable more effective management of the risks associated with this activity.

Equalities implications

Partners in Harrow are committed to a comprehensive approach to health and social care integration across the borough, which takes account of the specific needs and requirements of each population group. Presently, it is anticipated that the Early Adopter Project will focus specifically on over 75s with one or more long term condition. Consideration will be given to ensuring that this is not to the detriment of other population groups. As part of the development of detailed proposals a full equality impact assessment will be undertaken

Corporate Priorities

This work will make a significant contribution to the local health and care economy, and the achievement of the new corporate priorities for Harrow (below).

- Making a difference to the vulnerable.
- Making a difference to families.
- Making a difference to communities.
- Making a difference to businesses.

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 24 June 2014		
Name: Sharon Clarke	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 24 June 2014		

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact: Dylan Champion, Programme Manager
Hugh Evans, Head of Commissioning and Partnerships, LBH

Background Papers:

- The National Health Service Commissioning Board (Payments to Local Authorities) Directions 2014
- Care Act 2013 – section 3