REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	5 November 2015
Subject:	**INFORMATION REPORT** **Whole Systems Integrated Care Update Report**
Responsible Officer:	Javina Sehgal, Chief Operating Officer, Harrow CCG.
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary and recommendations

Partners in Harrow continue to make good progress in implementing whole systems integrated care across Harrow. As one of the North West London Collaboration of CCGs, Harrow continues to lead as one of the national NHS Integrated Care Pioneer Partnerships Programme.

The key priority for 2015/16 is the roll out of Virtual Wards, which have been developed to provide additional anticipatory support for people over 65 years of age with one or more long term condition.

Recommendations:

The Health and Wellbeing Board is requested to

1. Note the progress being made to develop better support arrangements for over 65s with one or more long term condition/s as part of the Harrow-wide WSIC Early Adopter Project

2. Endorse the continuing development of Harrow-wide WSIC Pioneer Partnership proposals for our area by a partnership of local organisations,

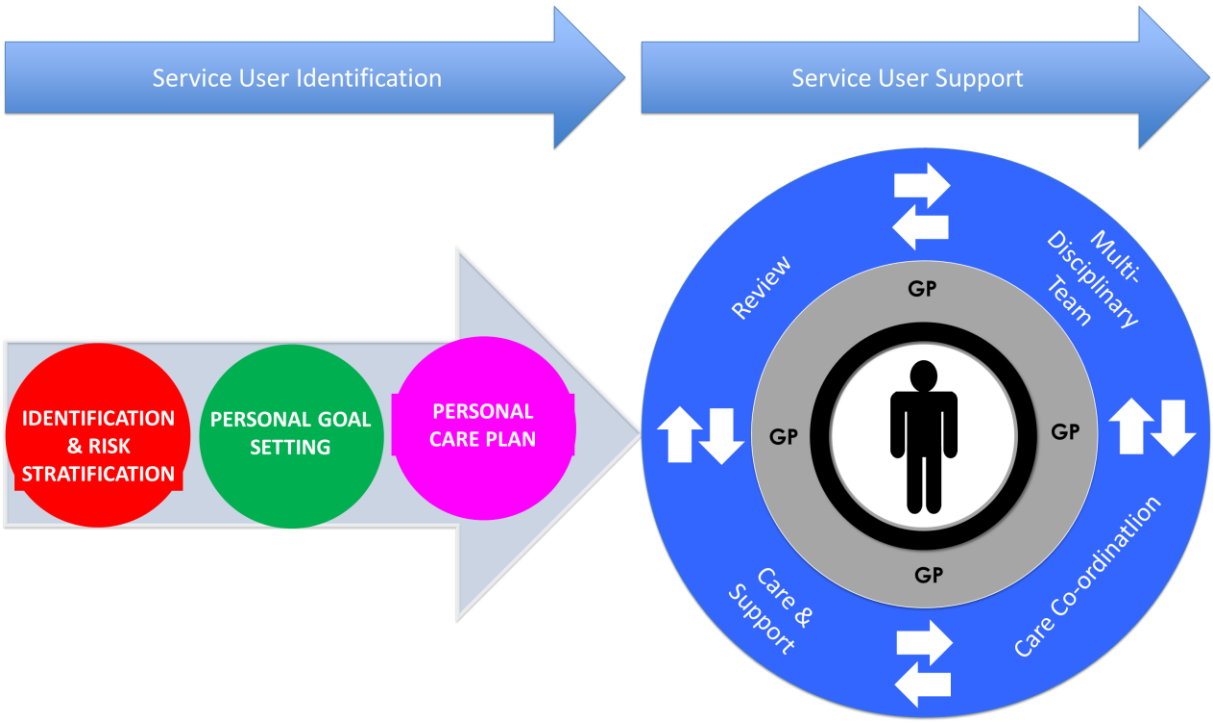
Section 2 – Report

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 provide integrated and proactive care to people with complex needs (particularly those with multiple long term conditions.

Partners across Harrow, including Harrow Council, Harrow CCG, primary care, secondary care and community services have worked together to develop a shared model of integrated care. It is a person centred model where initially focus is given to identifying those patients who will benefit most from support – over 65s with one or more long term condition. To support the identification of patients who will most benefit from support a risk stratification tool is used as set out in diagram below.



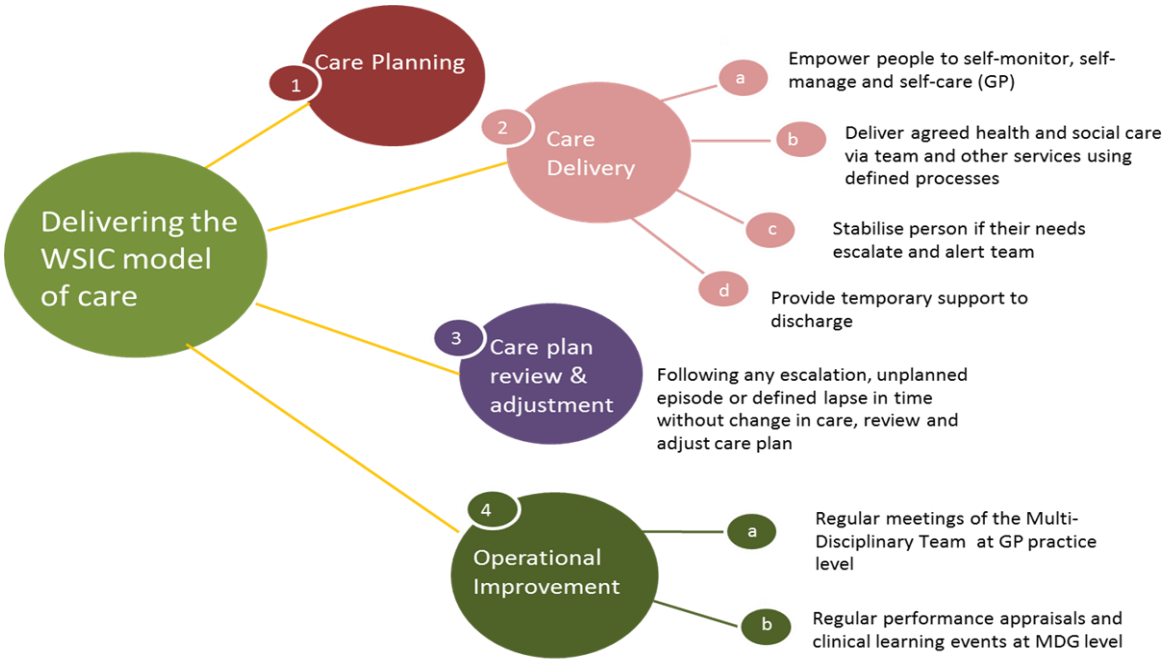
Once identified patients are offered the opportunity to develop and agree a personal care plan with their GP. To help GPs and patients develop meaningful care plans focus will be given to the agreement of “i statements”, which are things which if achieved will make a tangible difference in a person’s quality of life.

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.

Once the care plan is agreed then support is provided for the patient through a multi-disciplinary team operating at a sub network level, which is made up of representatives from a range of different organisations including social care, district nursing, GP practices and other community organisations.

The diagram below provides an overview of the support that will be provided to the patient once the patient has been identified and the care plan agreed.



Good progress has been made with the roll out of the new model and by March 31 2015 more than 9000 care plans had been developed and agreed with patients with one or more long term condition; since then a further 2000 care plans have been agreed.

At last count approximately 800 surveys have been received, and continue to be received on a daily basis. This indicates approximately a 23% response rate. The majority of respondents were aged 65 or over (66%) key highlights include:

- 81% of respondents agreed with the statement “I have regular comprehensive reviews of my medicines”;

- 77% of respondents agreed with the statement “I have regular reviews of my care and treatment, and my care and support plan”;
- 68% of respondents agreed with the statement “I have systems in place to get help at an early stage to avoid a crisis”;
- 61% said they were more confident to manage their own health.

Virtual Wards

The next stage in the implementation of whole systems integrated care is the development and roll out of virtual wards.

The purpose of the virtual ward is:

- to put patients, carers and service users at the centre of the health and social care systems;
- to provide integrated, urgent, **anticipatory** care for people in Harrow aged 65 years of age and above with one or more long term conditions;
- to reduce their likelihood of unnecessary or avoidable hospital admission / re-admission or attendance at A&E;
- to reduce the number of unnecessary or avoidable visits to GP surgeries where these could be better managed at patients’ homes or in the community;
- to improve the health and well being of patients by reducing the risk of patient deterioration in condition and by improving patient outcomes.

It will do this through **anticipatory** network-based case management (a ‘virtual ward’) a part of a wider programme of care commissioned by Harrow CCG.

The virtual ward will provide **anticipatory** care for high risk people who are most likely to ‘trip into’ hospital or the STARRS service and so prevent crises from emerging.

The intention is that for these patients an enhanced primary care workforce will be put in place to provide high intensity case management and review, overseen by a Senior Nurse Case Manager and with consultant-led support for clinical decision making.

Currently the new Virtual Ward model is being pilot trialled in by GP practices in the East of the borough, who together form Peer Group 6. The trial is going well, and so plans are now being developed to roll out the model borough wide.

Participants in the Virtual Ward project include providers from primary, secondary, social and community care.

Section 3 – Further Information

None

Section 4 – Financial Implications

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.

The plans for collaborative working are in line with NHS Five Year Forward view which lays out plans for collaborative and integrated working to resolve system wide financial and quality issues.

Section 5 - 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

Section 6 – Council Priorities

The vision of the Harrow Health and Wellbeing Board is
To help all in Harrow to start, live, work and age well concentrating particularly on those with the greatest need.

By this we mean:

- Start well – we want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
- Live well – we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods

- Work well – we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
- Age well – we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The Whole Systems Integrated Care Programme will play a significant part in supporting the borough-wide approach to living well, working well and ageing well.

Ward Councillors notified: No

Section 7 - Contact Details and Background Papers

Contact: Dylan Champion – Assistant Chief Operating Officer (Interim), Harrow CCG

Background Papers: N/A