Harrow Integrated Care Delivery Programme
18th June 2019

The Strategic and Operational Delivery of Integrated Care in Harrow

Harrow Council LONDON

NHS Harrow Clinical Commissioning Group

HARROW COMMUNITY ACTION

NHS London North West Healthcare NHS Trust

St Luke's HOSPICE

HarrowHealth CIC

NHS Central London Community Healthcare NHS Trust

NHS Central and North West London NHS Foundation Trust

Agenda

Chairs: Dr Genevieve Small, Chair Harrow CCG and Sean Harriss, Chief Executive Harrow Council.

Item	Time	Lead
1. Introductions	17.30 -17.35	Chairs
2. Objectives and Expected Outputs of Meeting	17.35 -17.40	Chairs
3. Context • Why ? • Integrated Care – Key Elements • Context for Integrated Care • Strategy / Vision for Delivering Integrated Care • Overarching Plan • Key Milestones – Development Programme • Principles and Values	17.40 -17.50	Programme Team
4. Roadmap for Harrow	17.50 -18.05	Jo Paul
5. ICP operating model and governance structure	18.05 -18.20	Javina Sehgal
6. Harrow ICP Provider Structure and Mechanism for delivery	18.20 -18.40	Taf Mugwagwa
7. Allocation of resources from July 2019 - April 2021	18.40 -19.05	Taf Mugwagwa
6. High Level Delivery Plan 2019 / 20	19.05 -19.20	Javina Sehgal
7. Commitment and Close	19.20 -19.30	Chairs

Objectives and Expected Outputs

Objectives and Outputs:

- Context shared and agreed
- Agreed ICP Vision/Strategy
- Commitment to the ICP Roadmap to 2021
- Commitment to the ICP operating model and governance structure to deliver place-based care & Alignment to the NWL context
- Agreed Provider Structure and mechanism for delivery
- Discussion of allocation of resources from July - April 2021
- Development of supporting culture for integration in each partner organisation (Operating Principles and Values)

Why ?

Key Elements of Integrated Care

Improving population health by tackling the causes of illness and the wider determinants of health

Key elements:

- Population Health – places and populations rather than organisations
- Joint working between health care, social care and Voluntary/3rd Sector organisations
- Collaboration not competition
- Public involvement
- Capitated budgets
- Longer term contracts
- Outcomes based

“Integrated accountable care should be seen as a different way of thinking about planning and delivering care based on people – not buildings or organisations; based on outcomes – not procedures or activity”. NWL CCGs

Context for Integrated Care in Harrow

The NHS Long Term Plan (January 2019)

- Service integration delivered locally through collaborative arrangements between different providers, including local 'alliance' contracts or by designating a provider responsibility for the integration of services for a population.

Primary Care Networks

- 30,000 to 50,000 population
- 6 Networks in Harrow
- Seven new service specifications are being developed from 2020/21 onwards:
  - Structured medication review and optimisation
  - Enhanced care in care homes
  - Anticipatory care
  - Personalised care
  - Early cancer diagnosis
  - CVD prevention and diagnosis (from 21/22)
  - Tackling neighbourhood inequalities (from 21/22)

North West London Health and Care (STP)

- Develop into North West London Integrated Care System
- A single CCG - leaner, more strategic organisation that supports providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.
- Early adoption proposed from April 2020

Commissioning Capability Programme (CCP)

- NHSE Programme delivered by PWC/Optum
- Local Harrow System Leaders entered into a collaborative process
- Purpose:
  - To support the development of a coherent, sustainable, and efficient strategy that aligns all its operations to the achievement of clear and measurable goals
  - Focus on the key elements of a sustainable financial recovery plan, governance arrangements that are both robust and lean are an essential enabler for all organisations in the development
- Managing and Influencing

The vision for integrated care in Harrow

I would like to experience a single seamless service and that helps me to manage my health and wellbeing, recognises that my family and carers matter, and anticipates and responds to my needs from assessment through to support.

We will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing and anticipates and responds to their needs in the right place and at the right time.

Strategy for Delivering Integrated Care in Harrow

As a person, I would like to experience a single seamless service that helps me to manage my health and wellbeing, recognises that my family and carers matter, and anticipates and responds to my needs from assessment through to support.

As professionals, we will work together with pride to deliver a high-quality, value-for-money, joined-up health and care service, that supports our population to manage their health and wellbeing, and anticipates and that responds to their needs in the right place and at the right time. We will do this by:

Securing the foundations for integrated care : the development of Primary Care Networks (30 – 50,000 population) as the foundation and bedrock for the development of integrated care. Wrapping extended mutliagency and multidisciplinary team based care around these for their local population in partnership with local community, health and care providers.

Defining the care model : Dissolving the traditional boundaries between health and care services and identifying care based on the needs of our population and rolling this out to all residents in Harrow. In corporating the wider determinants of health to ensure a quality driven approach to care delivery that focuses on prevention, citizen empowerment and support for self-care, to free restricted resources to target those with the most complex needs.

Securing the delivery infrastructure : Primary and Community workforce will be strengthened and remodelled with multiagency roles working to a new culture delivering care in partnership, digital transformation and estates solutions for both how we work with each other and how we provide care for patients.

Taking a population based approach: To increasingly focus on an outcomes based approach in the commissioning and delivery of out of hospital services across partnerships to align delivery, reduce health inequalities and unwarranted variation in outcomes in the services our local population access.

Aligned contracting approach across Harrow (health and care) to deliver integrated care: To ensure the strong delivery a consistent population health approach through the commissioning of all services in Harrow realising the opportunities presented in development to wider system transformation.

Provider Mobilisation :- delivery of a transformation programme to implement a model that enables our health and care providers to provide joined up care services as assessed by the ISAP and PHR tool. Realignment of Community Education Provider Networks (CEPN) to support training and roles for out of hospital services.

All underpinned by a strong patient , public and wider stakeholder communication and engagement strategy to ensure:

Excellent patient experience, equitable access and high quality health and care outcomes for everyone in Harrow.

A happy multiagency workforce across primary and community equipped with the skills they need to deliver high quality care services.

A financially balanced health care system, where increased investment made in primary care results in a demonstrable reduction in hospital

Overarching Plan

Key Milestones – Development Programme

- MoU signed: May 2017
- Programme core team recruited and Governance: September 2017
- Visioning Session with Sponsors: December 2017
- Population Segmentation sign-off: February 2017 (Gateway 1)
- Outcomes Framework sign-off: July 2018 (Gateway 2)
- Models of care:
  - LQIIP workshops (LSBU): June – July 2018
  - Dementia workstream – Improvement work: October 2018 – Date
  - Care Homes workstream – Improvement work: September 2018 – Date
  - Mostly Healthy workstream – Social Prescribing: November 2018 – Date
  - Prototyping:
    - Frailty and Last Phase of Life (Jan 2019 – Date)
    - Care Homes (February 2019 – Date)
- Transition from development to delivery: April – June 2019
- PCN Development – 1st July 2019

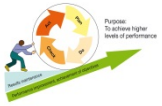
Principles / Values for Harrow Integrated Care

People-focused and holistic

We hold people at the heart of everything we do; listening and attending to peoples' physical, emotional and social wellbeing wherever they are supporting equality and diversity and care in ways that work for them.

Co-production and Co-design

Underpins the way that we work and the models of care that we develop as partners across the health and care economy (collaborating and consultation).



Resilient Leadership and Communities

Resilient and committed leadership to support when the going gets tough, recognising local organisational challenges and building sustainable services to support communities moving forwards.

Trust and Relationships

Based on trust we deliver outcomes through taking accountability and responsibility with excellent communication. As a team we are greater than the sum of our individual parts.

Empowering and enabling proactive care

We build staff and people's, carers' and families' awareness, skills and motivation to enable people to support themselves to better manage their health and care before they reach a crisis.

Professional Excellence and Continuous Learning

We value, invest in and nurture our professional , personal and partners skills continuously learning and drawing from evidence so that we can provide people with the best care possible.

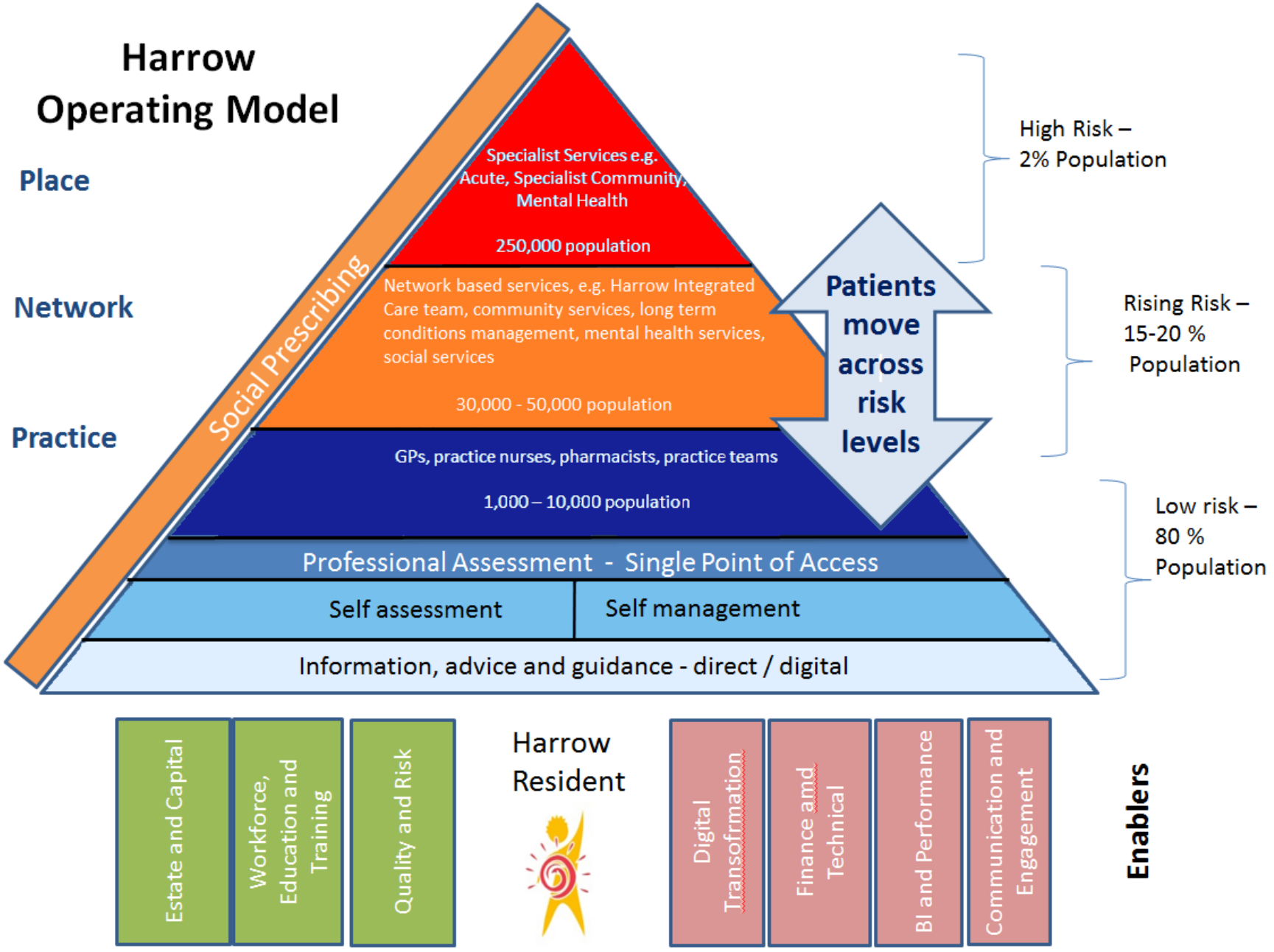
Moving Forward: Roadmap 19/20

	Q2	Q3	Q4
	65+ Population - 33,625 Mostly Healthy 9,519 Dementia - 1,513 1 + LTC - 22,172 L. Disability - 64 SEMI - 357 **Total Population - 33,725 (ytd)**		**18 - 64 Population - 113,964** Mostly Healthy - 111,708 SEMI - 1,317 L.Disability - 641 Dementia - 298 **Total Population - 147,689 (ytd)**
Provider Delivery	Rapid Response and DN integrated working with HIC SPA solution to be finalisaed Trigger tool to all GPs FInalise Care Homes Model Alliance agreement and structure to be agreed between Providers. Prevention and self care models rolled out for mostly healthy adults (incl. Social Prescribing) Provider Risk/Gain shares to be developed in preparation for 2020/21	Frailty model for 65+ delivered to all localities/PCNs Trigger tool to other professionals	PCMH Teams live across localities/PCNs for 18-64s Frailty model extended to all adults in Harrow (18+) Post-diagnosis dementia care and carer support available for all adults with dementia and their carers Soft lauch of Integrated Planned Care services for MSK and Cardiology.
Commissioning	Notice to providers re: contracts for 20/21 to be sent to providers by 30th Sept 2019/20 indicative budget for 2020/21 to be provided to providers Expecetation on in-year deliverables to be provided.	CCG QIPP to be developed confirming 2020/21 deliverables for ICP.	
Joint	Sign off approach and delivery plan Joint agreement of integrated models for Planned Care services - MSK and Cardiology to be agreed. Agreement of provider appetite to be jointly agreed with local commissioners for 2020/21 and 2021/22		Joint assessment of 2019/20 delivery.

Moving Forward: Roadmap 20/21

	2020			
	Q1	Q2	Q3	Q4
	18 - 64 Population LTC - 22,094 MSK - N/A Diabetes - 7,870 Cardiology - 14,224 **Total Population - 169,783 (ytd)**	**18 - 64 Population LTC - 14,706** All other LTC - 14,706 **Total Population - 184,489 (ytd)**		**0 - 17 Population - 52,884** **Total Population - 237,373 (ytd)**
Provider Delivery	Integrated management of all conditions for adults with Learning Difficulties Implement Integrated Planned Care services for MSK and Cardiology.	Older Adults MH Management of LTCs in the community for all 18+ Intensive facilitation and training to 26 further care homes		ICP contracted to deliver integrated services to the whole population of Harrow All non-urgent children and young people's conditions managed in the community incl. LD and MH
Commissioning		Notice to providers re: contracts for 21/22 to be sent to providers by 30th Sept		Single contract awarded to ICP to deliver integrated services to the whole population of Harrow
Joint	Agreement of provider appetite to be jointly agreed with local commissioners for 2021/22			

Harrow Operating Model



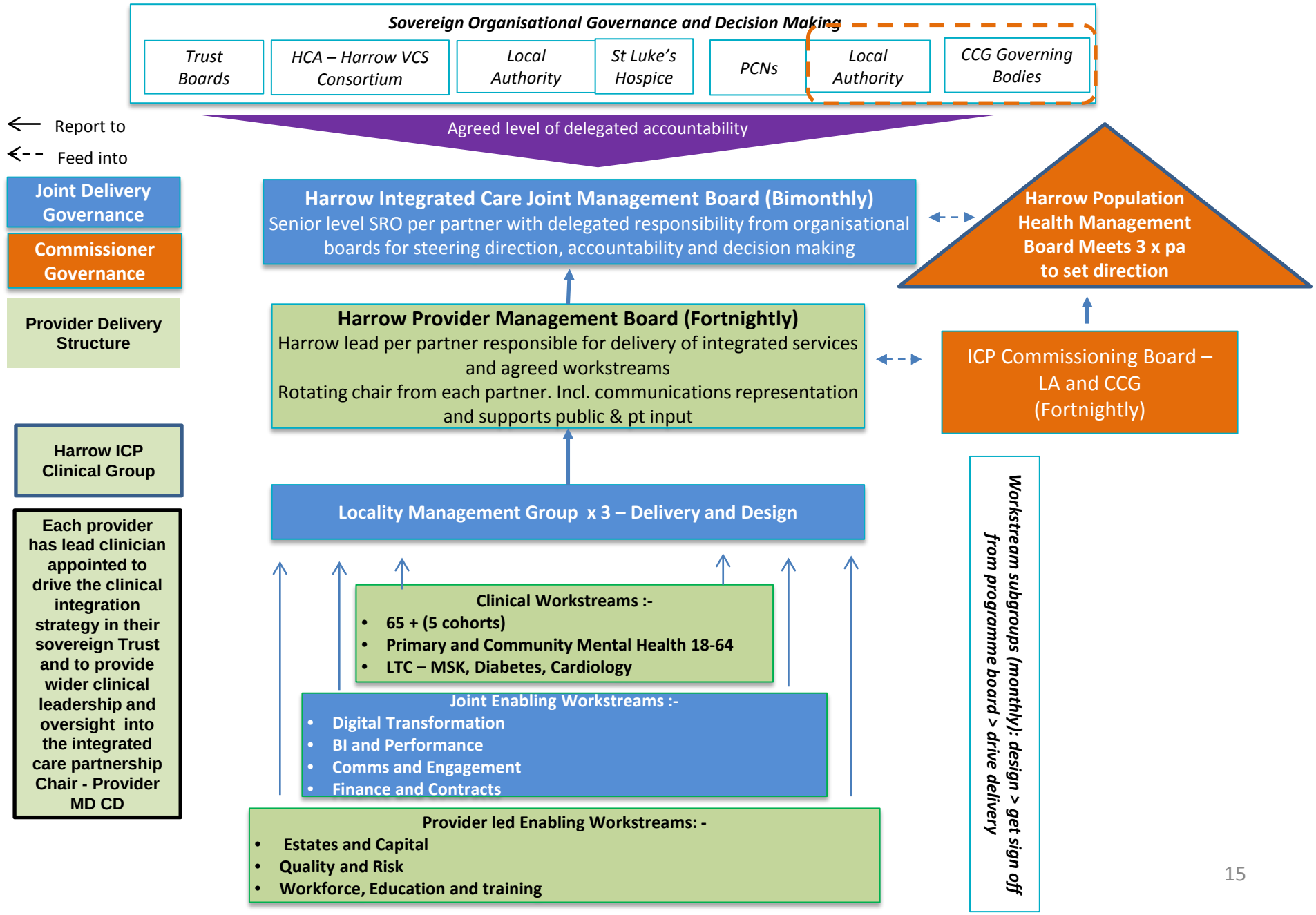
Estate and Capital | Workforce, Education and Training | Quality and Risk

Harrow Resident

Digital Transofrmation | Finance amd Technical | BI and Performance | Communication and Engagement

Enablers

Harrow Integrated Care Delivery Programme: Delineated Governance Structure



Moving Forward – Scaling up 65 + (draft following meeting 29th May)

Harrow Provider Management Board
(rotating chair - Provider Partner CLCH, Harrow Health, Local Authority etc) – mtg monthly

Locality 1 Management Group (aligned to 2 PCN's) (Fortnightly meeting with standard operating agenda)	Locality 2 Management Group (aligned to 2 PCN's) (Fortnightly meeting with standard operating agenda)	Locality 3 Management Group (aligned to 2 PCN's) (Fortnightly meeting with standard operating agenda)
Provider Partners CLCH – Team Lead LA – Team Manager Harrow Health – Operational Lead HCA rep (Providers to add additional partners)	**Provider Partners** CLCH – Team Lead LA – Team Manager Harrow Health – Operational Lead HCA rep (Providers to add additional partners)	**Provider Partners** CLCH – Team Lead LA – Team Manager Harrow Health – Operational Lead HCA Rep (Providers to add additional partners)

Key :-

Provider

Joint

ENABLING SUBGROUPS

- Digital Transformation
- Communication and Engagement
- BI / Performance
- Finance and Contracts
- Workforce / Education and Training
- Quality and Risk
- Estates and Capital

Allocation of Resources 1 of 3

- Back in April 2019 the ICP Development Programme team presented the paper '*Proposal for Transition Development to Delivery for Integrated Care in Harrow*'
- The provider network recognises that, moving forward into business-as-usual with pace and scale, the current structure needs to change to be supportive of the new delivery model
- The current programme core team is funded until the end of June 2019 (£146k) and then conclude their work on the programme.
- The provider network acknowledges going forward there will be need for continued programme support in the delivery of integrated care in Harrow.
- The proposal is to extend some of the core team roles up to 20/21 to facilitate setting up the new structure and to allow for safe transition and hand-over but with a greater emphasis on partners allocating leads for clinical and enabling workstreams and adopting integration into Business as Usual.
- To take this work forward the provider network chairs have developed the following programme resource proposal for sign off:

Allocation of Resources 2 of 3

Programme Integrator Roles and Non-Pay Costs

£158.5K

- Cash releasing
- Bare minimum programme management support
- Bare minimum administrative and communications costs

Programme and Clinical Director Leadership

£96.5K

- In kind, cash releasing or hybrid
- Roles to oversee whole programme and ensure the health and care management of all Harrow's population groups. Provide oversight and ensure the alignment of the workstreams and work programmes to 2021

Backfill

£22.5K

- **Cash releasing, minimal sum**
- **For engagement of clinicians in design/new ways of working**
- **Expected that clinician engagement for delivery is BAU and will be funded in kind by partners – including primary care, consultants etc.**
- **This has been a key issue to get engagement of clinicians**

Clinical Leads

£62.5K

- In Kind
- Clinical Leads (to incl. PCN Leads) required to provide regular and on-going clinical expertise for the delivery and design of new and integrated models of care. Requirements to be confirmed and assigned to the various workstreams as required (as part of the re-configuration of the programme structure)
- Joint

Allocation of Resources 3 of 3

Service Mobilisation Leads ***£165K***	**•In Kind** **•Service Mobilisation/Corporate Workstream Leads required to lead one area of work to be delivered (e.g. a corporate workstream or a model of care)**
Corporate Workstream Leads ***£42K***	•In kind, cash releasing or hybrid •It is recommended that all partners provide a lead for one of the four joint corporate workstreams over the next 21 months until full population health and care is BAU •Joint
Academic Partner Support (ICHP) ***70 days*** ***(total from members)***	•It is recommended that partner organisations agree and allocate days from their ICHP contribution to support the delivery of integrated care in Harrow (ICHP have outlined services that can be provided) •Joint
Integrated Training and Education roles ***£46K***	•In kind, cash releasing or hybrid •There is a proposal that the Community Education Primary and Community Network takes a lead role in co-ordinate and oversee training for ICP moving forward. This is either through contribution or if possible in kind. The proposal here is just for Frailty

High level Delivery Objectives

Provider Alliance

- Confirming Governance Structure – incl CRO and SRO for ICP Harrow moving forwards
- Appoint leads for Clinical and Enabling workstreams from July 2019
  - Refresh ToRs (membership, workplan and deliverables)
- Developing a multi-specialty community provider alliance (agreement) contract – July 2019
- Roll out the tested models of care for the five 65+ population cohorts to all the Primary Care Networks in Harrow – July 2019
- Evaluation of the new models of care being rolled-out – ongoing with delivery
- Shadow-form operation of the provider alliance for 5 cohorts (Frailty) – October 2019
- 18+ model extension from pilot above for frailty/LPoL, care homes, mostly healthy and dementia – January 2019
- Designing, developing and testing new model of care for LTC (MSK, Cardiology and Diabetes – September 2019), LD (Local Authority led – September 2019)

Commissioner

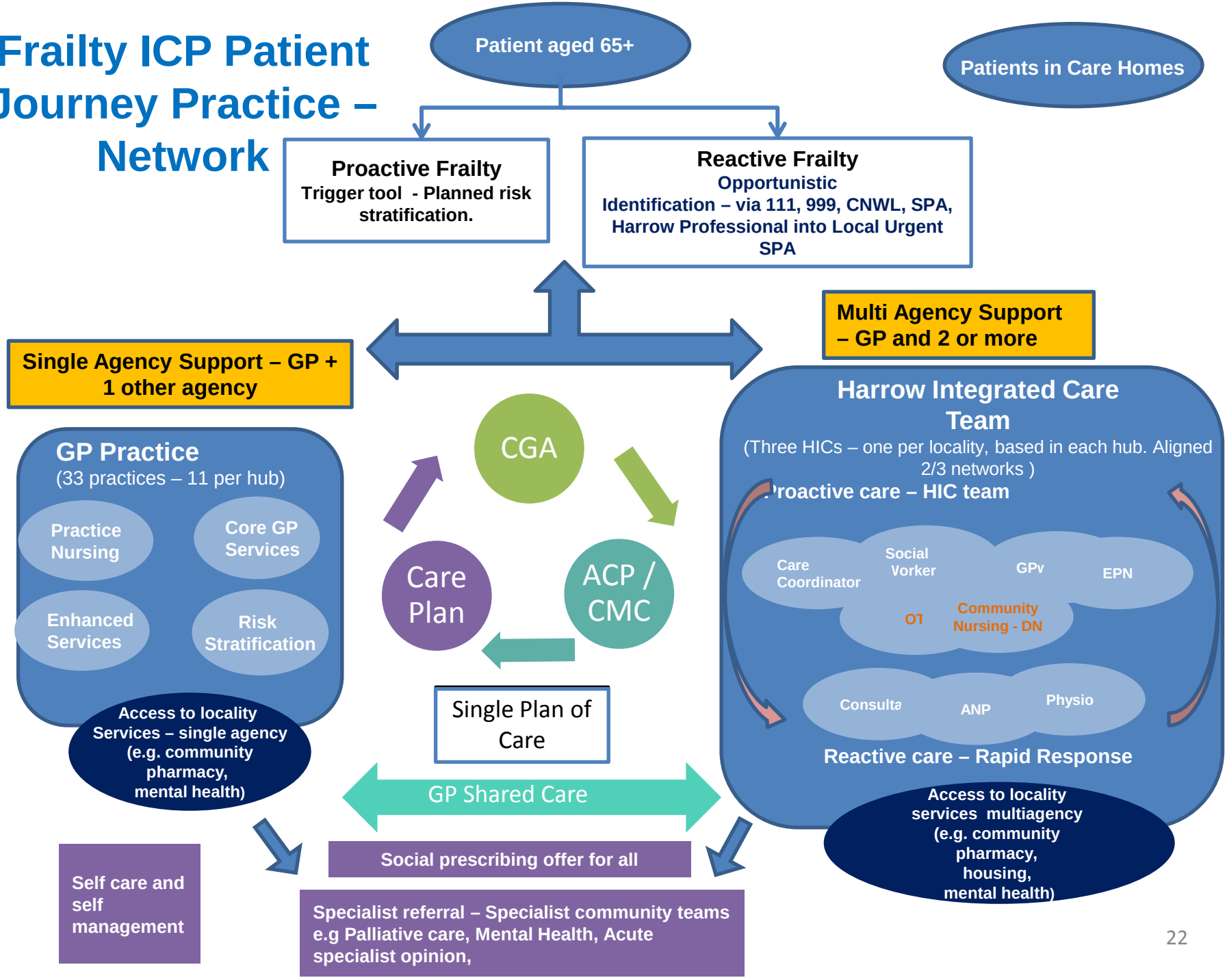
- Alignment of current or end-of-term service contracts into integrated care contracts or contract variations – on-going from July 2019
- Development of service specification(s) for integrated care reflecting Harrow Integrated Care Outcomes Framework – August 2019 (Frailty), October 2019 (PCMH), January 2020 (LTC)

Joint

- Continued work to build relationships and trust in the system
- Appoint leads for Clinical and Enabling workstreams from July 2019
  - Refresh ToRs (membership, workplan and deliverables)
    - Frailty
    - Comms and Engagement
    - Digital Transformation
    - Finance and Contracts

APPENDICES

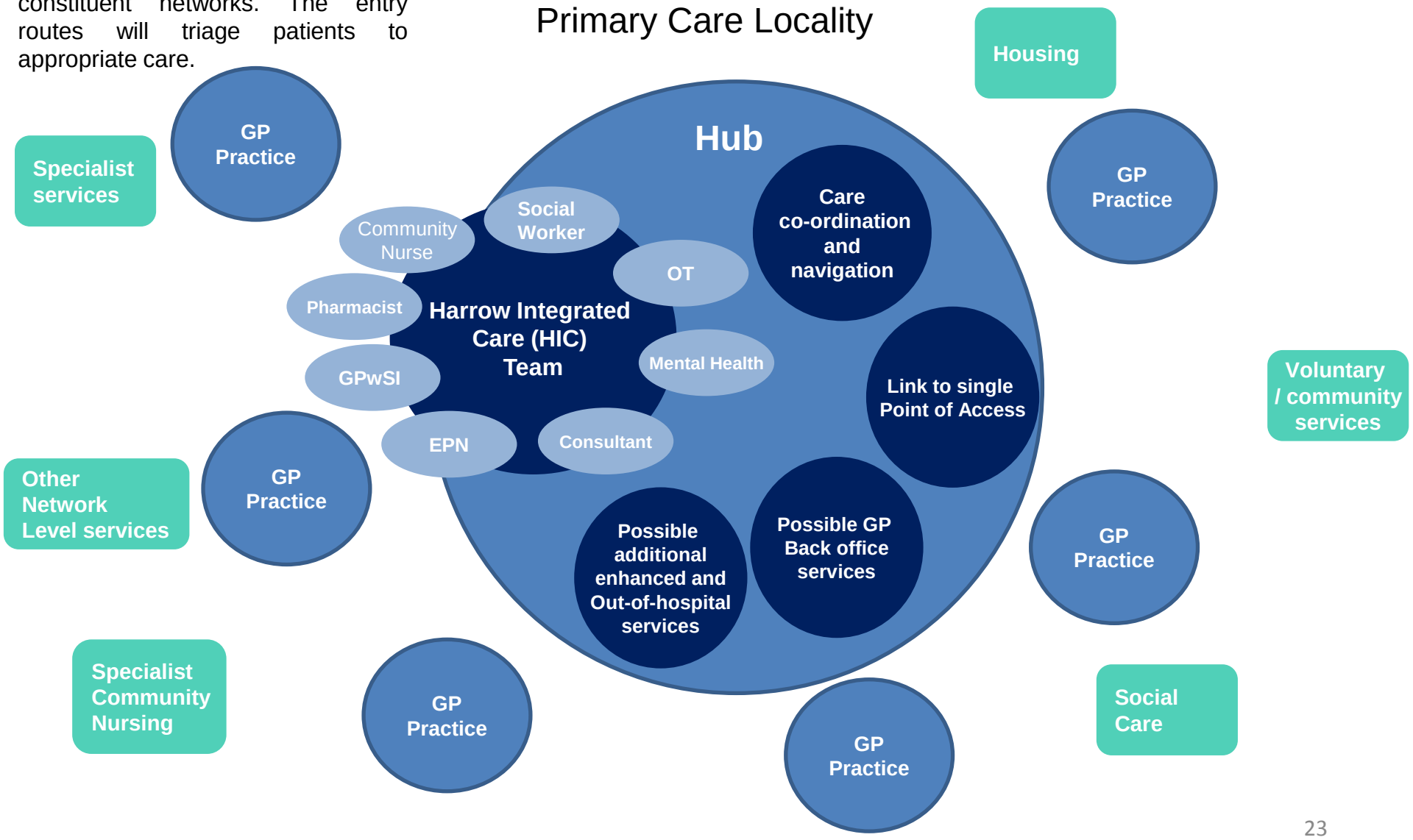
Frailty ICP Patient Journey Practice – Network



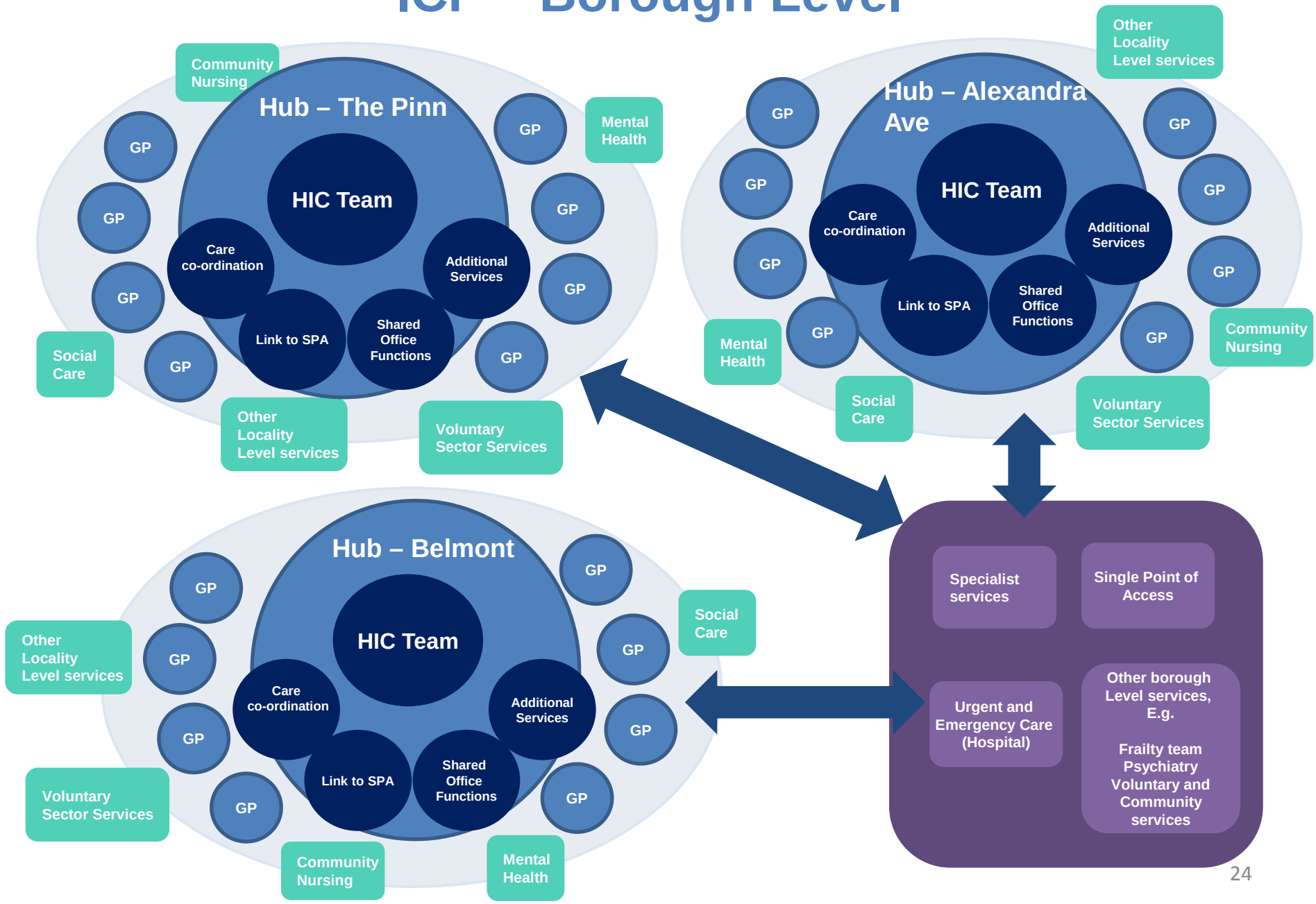
Model of Care for 65+ Frailty and 18+ Last Phase of Life Patients

Primary care within the hub will be population based and derived from the collective patient lists of constituent networks. The entry routes will triage patients to appropriate care.

There will be a focus on coordinated working between practices and hubs with care coordinators guiding patients through the system.



ICP – Borough Level



Allocation of Resources – Detail

Harrow Integrated Care Delivery - Proposed Budget 2019/20			
1. Minimum ICP Core Project Support Integrator Team - Funded by Contribution - ICP Alliance Partners			
Pay		**WTE**	**Q2-Q4 Sub Totals**
ICP Programme Delivery Lead (System Integrator/PMO)	Band 8c	1	72,101
Information Analyst	Band 7	1	44,989
Programme Admin Support	Band 5	1	31,861
Sub-Total			**148,951**
Non-Pay			
Expenses / Meeting Costs	-	-	7,200
Communications	-	-	2,250
Sub total Non-Pay			**9,450**
Running Sub Total			**158,401**
2. Minimum ICP Core Leadership Integrator Team - Funded by In Kind - ICP Alliance Partners			
Pay		**WTE**	**Q2-Q4 Sub Totals**
ICP System Integration Programme Director	Band 8d	0.6	51,388
Integrated Care Clinical Director	TBC	0.4	45,000
Sub-Total			**96,388**
Running Sub Total			**254,789**
3. Potential Requirement Backfill Budget for Clinical Engagement - GP's , Consultants etc Funded by Contribution - All ICP Partners			
Non-Pay			**Q2-Q4 Sub Totals**
Backfill			22,500
Running Sub Total			**277,289**
4. Expected ICP Clinical and Workstream Lead requirements 2019/20 - Funded by in Kind - All ICP Partners			
Pay		**WTE**	**Q2-Q4 Sub Totals**
ICP Clinical Lead	Consultant	0.2	25,468
ICP Clinical Lead (GP/PCN)	GP	0.2	22,500
ICP Clinical Lead (Community)	Band 8c	0.2	14,420
Service Mobilisation Leads (5 Service Delivery Areas - 3 days a week each DA)	Band 8a	2.4	123,959
ICP Corporate Workstream Leads (4 provider workstreams - 1 day a week each)	Band 8a	0.8	41,320
Sub-Total			**227,666**
Running Sub Total			**504,955**
5. Expected Integrated Training requirements 2019/20 (Frailty) - Funded by Contribution - ICP Alliance Partners			
Pay		**WTE**	**Q2-Q4 Sub Totals**
Education and Training Facilitator (Frailty)	GP	0.3	33,750
Training and Education Admin Support (Frailty)	Band 4	0.5	12,553
Sub-Total			**46,303**
Running Sub Total			**551,258**
6. Expected ICP Workstream Lead requirements 2019/20 - Funded by in Kind contribution - All ICP Partners			
Pay			**Q2-Q4 Sub Totals**
ICP Corporate Workstream Leads (4 joint workstreams - 1 day a week each)	Band 8a	0.8	41,320
Running Sub Total Joint			**41,320**
6. Potential ICHP Partner support - from ICHP Members - LNWUHT, CLCH, CNWL ? CCG - Funded All ICHP member Partners			
Pay			**Q2-Q4 Sub Totals**
ICHP Support (50 days @ £470/day) to be agreed			23,449
Running Sub total Joint			**64,769**
Grand Total			**616,027**
Alliance Partners Funding by Contribution			158,401
Alliance Partners Funding In Kind			142,691
Joint Partners Funding by Contribution			22,500
Joint Partners Funding In Kind			292,435