

<p>Non-Executive Report of the:</p> <p>Health and Adults Scrutiny Sub-Committee</p> <p>12 March 2020</p>	
<p>Report of: Denise Radley, Corporate Director Health, Adults & Communities</p>	<p>Classification: Unrestricted</p>
<p>Report Title: Health & Social Care Integration Update</p>	

Originating Officer(s)	Warwick Tomsett, Joint Divisional Director Integrated Commissioning
Wards affected	All wards

Executive Summary

This paper updates the Health and Adults Overview and Scrutiny Sub-Committee on the background to and progress of health and social care integration in the borough as well as proposals for the future direction of travel. Including:

- The national policy context;
- The local journey so far, including changes to the borough-based partnership Tower Hamlets Together and local governance arrangements;
- An overview of developments within the North East London Sustainability & Transformation Partnership (STP) arising from the NHS Long Term Plan;
- A summary of successful service transformation to deliver integrated health & social care in Tower Hamlets;
- Future developments for enhancing integrated health & social care delivery in the borough;

Recommendations:

The Health and Adults Overview and Scrutiny Sub-committee is recommended to:

1. Note and comment upon the progress to date of integrating the health and social care system in Tower Hamlets;
2. Note and comment upon the future developments for enhancing integrated health and social care delivery in the borough;
3. Note and comment upon the council's approach to the developing North East London Integrated Care System.

1. REASONS FOR THE DECISIONS

- 1.1 In the context of a rapidly changing national and regional NHS landscape, the Health and Adults Scrutiny Sub-Committee should consider the impact of this on the Council's strategic objective to ensure people access joined-up services when they need them and feel healthier and more independent.

2. ALTERNATIVE OPTIONS

- 2.1 N/A

3. DETAILS OF THE REPORT

National Background

- 3.1 The drive to integrate health and social care services by facilitating the joint planning and delivery of services across the NHS and local government is longstanding. In principle, integrating health and social care is seen as a way of organising services so that they are better coordinated around the needs of individuals rather thereby reducing fragmentation, improving outcomes and achieving cost savings.
- 3.2 Some mechanisms to enable health and social care integration have been used for some time, such as section 75 agreements, but in recent years legislation has established a range of new statutory duties for Clinical Commissioning Groups (CCGs) and local authorities to accelerate health and social care integration. Most significant amongst these are the Health and Social Care Act 2012 and Care Act 2014.
- 3.3 Since the introduction of the 2012 Act, national NHS strategy has evolved at a rapid pace driven by the need to adapt to the challenges of growing demand pressures and historically below average funding settlements. NHS England has introduced range initiatives that have included health and social care integration as a primary or ancillary aim. Foremost amongst these have been:
 - **Better Care Fund (BCF):** Launched in 2013 this programme spans both the NHS and local authorities and seeks to integrate health and care services through specific projects with ring-fenced funding;

- **The NHS Five Year Forward View:** Published in 2014, the 5YFV set out plans to address three major challenges: the health & wellbeing gap (i.e. increasing the focus on prevention and health inequalities), the care & quality gap (i.e. reshaping service delivery) and the funding & efficiency gap (i.e. improving productivity);
- **New Models of Care:** In 2016 NHS England invited individual organisations and partnerships to apply to become ‘vanguards’ and develop blueprints for how the health and care system might realise the objectives of the 5YFV through new approaches to service design and delivery. 50 of these were established nationally, including in Tower Hamlets;
- **Sustainability & Transformation Partnerships (STPs):** Also in 2016, NHS commissioners and providers formed new, non-statutory partnerships spanning multiple CCGs, provider footprints and local government boundaries. These Sustainability & Transformation Partnerships (STPs) were created to improve ‘system-wide’ coordination and plan more collectively across different organisations. STPs have no current basis in law and are based on partnership working¹;
- **London Health and Social Care Devolution:** From 2017, a London Estates Board has brought together London and national partners to support the release of capital from surplus NHS estate and land to be reinvested in the city’s health and care system. This will speed up decision-making and ensure improvements happen much faster than the current five to 10-year average time to develop NHS estates. Money from the sale of NHS-owned assets will be available for much-needed primary and community care and wider public services in the capital;
- **The NHS Long Term Plan:** Published in January 2019, the LTP builds on the 5YFV and provides a roadmap on how the NHS will develop over the course of the next 10 years. At its core the LTP sets out how the NHS will seek to overcome the perceived deficiencies resulting from the 2012 Act, most specifically replacing the emphasis on competition as a key design principle of the health system, with one that promotes collaboration between providers and commissioners. A number of new structures will emerge out of the LTP, including Integrated Care Systems (ICSs) and Primary Care Networks (PCNs);
- **Integrated Care Systems (ICS):** A central feature of the new, collaborative landscape envisioned by the LTP is Integrated Care Systems (ICSs). ICSs are to be established everywhere in England by

¹ 44 STPs were established in England, with Tower Hamlets falling into the East London Health & Care Partnership (ELHCP). ELHCP comprises 8 London Boroughs (Tower Hamlets, Waltham Forest, Newham, Redbridge, Havering, Barking & Dagenham, Hackney, City of London), 7 CCGs (Tower Hamlets, Waltham Forest, Newham, Redbridge, Havering, Barking & Dagenham, City & Hackney) x providers (

April 2021 and are an evolution of STPs, often covering the same geographic areas. At a structural level ICSs will lead to the formal merging of CCGs in their areas into a single entity, creating more strategic commissioning groups covering populations of over 1 million people and blurring the commissioner/provider split. The ICSs will drive the delivery of the triple integration across primary care and specialist care, physical and mental health and health and social care;

- **Primary Care Networks:** Another key structural feature of the LTP are Primary Care Networks (PCNs). These will bring General Practices together to work at scale, improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system. Since 1 July 2019, all except a handful of GP practices in England have come together in around 1,300 geographical networks covering populations of approximately 30–50,000 patients. In Tower Hamlets, 8 PCNs will cover the same geographic areas as the long-established GP Networks.

Local background

- 3.4 The history of health and social care integration in Tower Hamlets long precedes the 2012 and 2014 Acts, with various key components for an integrated system already established, such as the General Practice Networks. Because of this, the borough has been seen as a leader in the field of integration, but the new legislative and policy landscape has required partners to adapt to overcome new challenges and take advantage of new opportunities.
- 3.5 In recognition of its leading role in integration, in 2013 Tower Hamlets became one of twenty-five NHS England 'Integrated Care Pioneers'. Underpinning this was the borough's Integrated Provider Partnership (THIPP), which brought together NHS provider organisations, commissioners and local authorities sitting in the Barts NHS Trust footprint. The aim of the Pioneer programme was to deliver greater integrated working through a range of agreed projects, such as Care Co-ordination, Rapid Response and Discharge Management.
- 3.6 The THIPP programme developed into a successful bid to become a 'New Model of Care' pilot through the national Vanguard programme in 2015, which set out the partnerships transformation intentions to redesign and integrate community health services across four areas: Universal, Adults, Children and Whole Population Health & Wellbeing.
- 3.7 The Vanguard re-shaped the way care is delivered in the borough, with more people supported in the community and an emphasis on supporting people to self-care. A particular achievement was the reduction in emergency admissions and Did Not Attend (DNA) rates which had been a major issue. In addition, there was a shift towards outcomes-based contracts for community-based health services to focus more clearly on patient needs.

- 3.8 In 2016 a new Community Health Services Contract started in Tower Hamlets, provided by a consortium of local NHS providers (ELFT, Barts and primary care) and overseen by the GP Care Group. This 'Alliance Partnership' aims to provide more efficient, effective and seamless community health services for residents and is delivered across four 'Locality' footprints covering different parts of the borough. Whilst Adult Social Care is not formally part of this contract, Adult Social Care services have been re-aligned to operate on the same geographies and the council is a member of the Alliance Partnership Board.

Tower Hamlets Together (THT)

- 3.9 Keen to build on the benefits of its Vanguard status, in 2016 health and social care leaders in Tower Hamlets established a more permanent structure to ensure the effective and ongoing development of health and social care integration in the borough. Tower Hamlets Together (THT) is a borough-based partnership that brings together the Council, CCG, Barts Health NHS Trust, East London NHS Foundation Trust, Tower Hamlets GP Care Group and the local Voluntary and Community Sector.
- 3.10 THT is overseen by a board made up of senior colleagues from the respective partner organisations and since summer 2019 has had an Independent Chair, Amy Gibbs. The board is accountable to the Tower Hamlets Health & Wellbeing Board and is responsible for maintaining strategic oversight of integration in Tower Hamlets by keeping system performance under review, actively identifying and pursuing new opportunities for closer working and ensuring collaborative problem solving to any system issues.
- 3.11 THT partners have a shared vision to transform people's health and lives in Tower Hamlets by reducing inequalities and reorganising services to match people's needs. To make this a reality, THT has set out four main priorities for action:
- 1. Develop the partnership:** Embed the integrated commissioning arrangements, develop new governance arrangements and work through the links into the other levels of the North East London Integrated Care System (ICS);
 - 2. Deliver on health priorities and inequalities:** Help to deliver the Tower Hamlets Health & Wellbeing Strategy, ensuring a population health approach is embedded through the THT workstreams;
 - 3. Design care around people:** Develop the locality team model, work towards joint assessment and delivery processes for the moderately complex population, maximise digital and tech opportunities, deliver a new model of Urgent Treatment Centre and improve A&E performance, including getting people out of hospital quicker;
 - 4. Develop our teams and infrastructure:** Support the Locality health & Wellbeing Committees to increase their capacity & capability, develop

plans for infrastructure improvements and develop an integrated workforce strategy across partner organisations.

3.12 To oversee the progress of these priorities a number of subordinate groups sit beneath the THT Board (see structure chart in appendix), including:

- Lifecourse Workstreams – ‘Born Well, Growing Well’, ‘Living Well’ and ‘Promoting Independence’ which take a targeted approach to their population cohort, including the promotion of health & wellbeing, and overseeing service redesign, transformation & innovation opportunities in health & social care service delivery;
- Locality Health & Wellbeing Committees – local collaborative leadership forums that cover each of the four ‘Localities’ in the borough (North East, North West, South East and South West) and are attended by representatives from every system partner. The aim is to build local relationships, develop a systemic view of local assets and needs, and problem solve on a geographic basis;
- Enabler Workstreams – ‘Estates’, ‘Workforce and Organisational Development’, ‘JSNA and Systems Intelligence’, and ‘Communications and Quality & Learning.’ These support joint planning around key supporting priorities that are crucial to successful health and social care integration. For example, the Workforce and OD workstream is developing an integrated workforce strategy for THT across health and social care and the Estates workstream is coordinating the investment of CIL and S.106 monies into required physical infrastructure;
- Alliance Board – brings together representatives from all the NHS providers who are party to the community health services contract as the ‘Alliance Partnership’ with the council also in attendance;
- Urgent Care Working Group - brings together partners to improve the quality and productivity of urgent and emergency care.

3.13 Running in parallel to the development of the THT borough-based partnership, the NHS is undergoing a reorganisation of its structures to meet the requirements of the recently published Long Term Plan. This involves the creation of a North East London Integrated Care System (ICS) led by Jane Milligan, which covers the same seven borough footprint as the STP - Tower Hamlets, Waltham Forest, Newham, Redbridge, Havering, Barking & Dagenham, Hackney, City of London. By 2021 this ICS will merge each of these borough CCGs into a single CCG.

3.14 Within the ICS, the NHS has created three distinct ‘local systems’ which broadly cover the respective footprints of the three major acute trusts serving North East London. These ‘local systems’ are described as City & Hackney, Barking, Havering & Redbridge (BHR) and Waltham Forest, Newham & Tower Hamlets (WEL). This makes North East London distinctive as no other area in England has a middle tier level based on ‘local systems’ as bridge

between the ICS and borough/place-based partnerships.

- 3.15 In practice, WEL means that the CCGs of Tower Hamlets, Newham and Waltham Forest have streamlined their governance and management arrangements under a single Managing Director, Selina Douglas, with certain health commissioning activity taking place at the tri-borough level. When the ICS legally assumes its role as a single CCG for North East London, it is expected that it will formally delegate responsibilities for specific health functions back down to the 'local systems' (e.g. WEL) and the borough-based partnerships (e.g. THT), retaining only a strategic leadership and assurance role for itself.
- 3.16 Neither the council nor THT has been asked to formally agree to the changes in the wider landscape as they are very much driven by the requirements of NHS England. Health and social care partners in Tower Hamlets are clear that collaboration across a whole range of different geographies is to be supported when better outcomes can be achieved. However, the rapid pace of change in the NHS does present challenges, especially in relation to the integration of social care services with NHS services.
- 3.17 Because social care functions are the responsibility of individual local authorities with their own democratic accountabilities and cannot easily be organised at the multi-borough level, the respective roles of THT and WEL need to be carefully developed so they are complementary and mutually reinforcing. As the formal decisions are taken about where specific functions/delegations sit in the new NHS structures across North East London, the principal of subsidiarity should be a key consideration so that borough-based partnerships can play their fullest role in the delivery of an integrated system.

Achievements to date

- 3.18 With the vision and governance in place, THT has implemented important changes to enable the delivery of integrated health and social care services in Tower Hamlets, including major changes to both the commissioning approach and operational delivery.
- 3.19 At the strategic level, THT has overseen or facilitated a number of key developments:
- During 2018 the council and CCG appointed a Joint Director of Integrated Commissioning with oversight of an integrated commissioning service, bringing together commissioners from both Adult Social Care and various health services such as community and mental health. This has not only established a culture of more integrated working across different organisations, but also created opportunities to develop system-wide commissioning intentions and priorities;
 - At the end of 2019 the Joint Commissioning Executive (JCE) had its strategic responsibilities folded into the THT Board and its more operational

responsibilities allocated to the appropriate Lifecourse Workstream group. By doing this the partnership aims to promote greater commissioner/provider collaboration by enhancing the system oversight of financial planning and use of resources;

- The Whole Systems Dataset is a ground-breaking programme linking a wide range of council (wider determinant) datasets with health data. This programme is now at an analytic stage and is enabling a fine grained understanding of the population segments underpinning our Lifecourse workstreams and Locality Health and Wellbeing Boards. This supports our drive towards population health by reviewing a whole population dataset providing rich data about the needs of our community;
- The partnership has co-produced a series of 'I' statements with local residents that articulate their aspirations for improving health and wellbeing. These 'I' statements are broken down across five domains 'Wider Determinants of Health', 'Healthy Lives', 'Quality of Life', 'Quality of Care & Support' and 'Integrated Health & Care System' and each 'I' statement is underpinned by a range of metrics. These are increasingly being used by commissioners and providers to develop and plan services, helping to build a consistent, system wide approach.

3.20 Operationally, there have been a multitude of changes brought about under the leadership of THT and some highlights include:

- Adult Social Care have re-organised their teams into four localities to align with community health services and better enable integrated working at the neighbourhood level. For example, homecare providers within the SE locality are working alongside District Nurse Leads and GP Multi-Disciplinary teams to provide higher quality patient care. Further work is being undertaken to roll this model out to the other localities;
- Collaboration between Admission Avoidance & Discharge Services to support older people to leave hospital quicker has reduced the average length of hospital stay and there has been a dramatic fall in the number of patients ending up needing long-term care. A successful pilot run in 2015-16 has now led to a formal care pathway within the admission avoidance and discharge service being established;
- The Children's Integrated Commissioning team supported Look Ahead (one of the commissioned Young People's Supported Housing Providers) and Step Forward to collaborate to provide a drop-in counselling support service at one of the supported housing schemes to unpick the barriers preventing vulnerable young people accessing mental health & wellbeing services. Through bringing the service to young people and building trusting relationships with them in their homes, the project has been very successful at reaching those who typically don't access such services, like young men;
- The Asthma and Wheeze Project has sought to significantly reduce non-elective admissions of children and young people with Asthma and Wheeze

to the Royal London Hospital. As a system, the primary and secondary drivers for admissions were mapped and the need to commission an intervention that provided both a clinical and non-clinical response was agreed. From the interventions delivered, non-elective admissions have reduced and clinical metrics as well as self-reported wellbeing have improved and the project has been shortlisted for an LGC Award;

- Commissioning a fully integrated Child and Adolescent Mental Health Services (CAMHS), by expanding the current S.75 agreement between Tower Hamlets Council and Tower Hamlets CCG is now under way. A fully integrated service will benefit from pooled resources, as well as streamlined and more robust contract, governance and monitoring arrangements and will improve the holistic service provided to vulnerable children and young people;
- Since 2017, shared resources through the Better Care Fund and Improved Better Care Fund have been used to enable significant improvements in integration - our BCF Plan for 2019-20 has a pooled annual resource of £53.78m. Delivery highlights include:
 - Developing joint funding of 'early help for adults' services such as Linkage Plus and a new integrated information and advice offer;
 - Improving the performance of the Reablement service (measured as the proportion of older people, 65+ who were still at home 91 days after discharge from hospital into reablement/rehabilitation services) with rates increasing from 70.35% in 2017/18 to 87.18% last year. The CQC has also rated the service 'Good';
 - Embedding a 'Home First' culture and working to review the residential admissions process, which has seen the number of residents aged 65+ of placed in homes fall year on year from 91 in 2018/18 to 87 last year, putting Tower Hamlets ahead of target.

Future developments and priorities

- 3.21 As noted earlier in the report, the NHS landscape continues to develop rapidly. The specific responsibilities undertaken at the ICS, 'local system' (e.g. WEL), borough and PCN levels are currently being worked through. Taking account of these new structures, THT is refining its governance arrangements and re-focussing its activity to ensure the borough-based partnership remains the main locus for integration in Tower Hamlets.
- 3.22 The council will need to continue to engage in the development of WEL and the ICS, particularly as the commissioner-provider relationship in the NHS evolves, with new provider models potentially emerging and NHS Trusts assuming an increasingly active role in the management of system resources. The council's approach to the ongoing ICS development is shaped by the following five key principles:

1. **A “local by default” model of planning and delivery** building on a presumption that the main driver for health and social care integration should be the borough-based partnership;
2. **Establishment of pooled/aligned funding arrangements at a borough level** allowing for focused NHS and local authority investment in shared priorities such as prevention;
3. **Renaming PCNs as ‘Local Care Networks’ and ensuring that these synergise with our locality model** by taking a broader view of integration at the neighborhood level which incorporates social care and the voluntary and community sector and provides a clear role for the council in leading their development;
4. **Borough-based partnerships to be co-chaired by a Local Authority Leader or Chief Executive** with defined roles and responsibilities and two-way lines of responsibility between the ICS and the Borough-based Partnership Board;
5. **Clarifying the role for the Health and Wellbeing Board and its relationship to the developing ICS** to ensure its continuing inclusion and ability to provide democratic oversight.

3.23 To support this, work is ongoing to further enhance integrated commissioning arrangements across the Council and CCG, which are a critical foundation for improving the range and quality of integrated health and social care services available in the borough. The key components of this include:

- Further integration of commissioning portfolios and the co-location of borough-based CCG staff to Mulberry Place;
- A joint contracts register and alignment of procurement boards to streamline the assurance and decision making process;
- Joint approaches to contract and market management to simplify the landscape for providers;
- Joint approaches to co-production so that resident and service user voice are intrinsic to service design and delivery;
- Joint development (including with providers) of a system workforce strategy that identifies gaps and needs for staff recruitment, retention and the potential for innovative new roles;
- A project to identify potential aligned budget areas in both the Council and the CCG to give commissioners an improved view of the available resource across the different organisations. These proposals will be complete by mid-2020, and will be brought back to Cabinet in a separate paper.

3.24 Over the course of the next year THT will be overseeing the development and implementation of some key integrated services as part of our Integrated Community Health and Care Plan, delivered in the community to prevent the need for residents to attend hospital, most significantly:

- A new integrated information and advice offer across health & social care which will bring together health, welfare and social care information and advice provision under a single offer. This will provide early help to residents and adult carers through up-to-date content on a digital portal and telephone-based triage/information service that will function as the adult social care front door, supported by outreach in the community;
- Further embedding home care into locality-based health and social care arrangements. In particular, looking into opportunities for home care to be part of shared assessments and care planning arrangements, as well as considering alternative workforce models, such that roles and responsibilities across the services are better defined and co-ordinated;
- Further integrating the LBTH Reablement and NHS rehabilitation services so there is a clear offer for both short-term and long term support for residents within the borough, with health and social care staff working side-by-side in single teams;
- Brand new primary care network mental health teams will be established to provide wraparound support for people with varying levels of need, including those with longer-term and complex requirements; and will be tailored to meet the needs of local populations.
- A key focus for the THT Board will be embedding integrated practice across health and social care workforce through:
 1. Improving and embedding our MDT approach for residents with complex needs;
 2. Developing a consistent case management approach across the borough;
 3. Implementing a single assessor process for the complex cohort.

4. EQUALITIES IMPLICATIONS

4.1 Equalities implications will be considered in the more specific planning and delivery stages of integrated care development required to fulfil some of this report's intentions.

5. OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.

5.2 None.

6. COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This report provides an overview on the progress to date of health and social care integration within the borough. There are no direct financial implications of the recommendations of the report. As integration work progresses further, financial implications will be considered as necessary.

6.2 One of the largest areas of financial integration to date has been through the Better Care Fund (BCF). For 2019-20 the Better Care Fund (BCF) agreement pools resources totalling £53.8m across the council and Tower Hamlets CCG (THCCG). The BCF includes the Improved Better Care Fund grant, the Winter Pressures grant and the Disabled Facilities Grant, which are directly received by the council from central government and total £18.4m. The council also receives as part of the BCF, funding from THCCG totalling £8.9m, primarily to support the minimum adult social care allocation required from THCCG as part of the BCF national guidelines. This funding is used to support a range of activities and services across social care that provide improved outcomes for both health and social care. These include a shared community equipment service, the council's reablement service and supporting provision of a 7-day hospital social work team. It has been confirmed that the BCF will continue for 2020-21, however the policy framework supporting this has not yet been released. Once released, the financial implications of this will be fully considered.

6.3 Work is underway to identify potential budgets that could be aligned or pooled across the council and THCCG to support further integration and understanding of the resources available to commissioners. As part of this work risk and gain share options will need to be considered for any budgets that are pooled, to ensure financial risks to both organisations are fully understood and mitigated as far as possible.

7. COMMENTS OF LEGAL SERVICES

7.1 Sections 244-247 of the National Health Service Act 2006 govern the council's health scrutiny function. The council has the power to review and

scrutinise matters relating to the planning, provision and operation of the health service in the area, in addition to its own health functions.

- 7.2 Section 2B of the National Health Service Act 2006 (the 2006 Act) places a duty on the council to take steps for improving the health of the people in its area. Section 3 of the Care Act 2014 places a further duty on the council to undertake its duties in respect of the provision of care and support with a view to ensuring integration with health provision, where this would promote the wellbeing of its residents or reduce inequality. There is a mirror duty in section 14Z1 of the 2006 Act, which requires the CCG to exercise its functions with a view to securing integration, where this would improve the quality of services in its area or reduce inequality. Such arrangements are governed by section 75 of the 2006 Act, which empowers the Council and health partners to pool budgets and resources in furtherance of their health functions.
- 7.3 It is important to ensure that as processes become increasingly integrated, effective governance is in place to comply with procurement and other regulatory frameworks.

Linked Reports, Appendices and Background Documents

Linked Report

- None.

Appendices

- THT Vision Document

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- None.

Officer contact details for documents:

N/A