



**Tower Hamlets
Clinical Commissioning Group**

Integrated Care Update

Jane Milligan, Chief Officer, Tower Hamlets CCG

Dr Navina Evans, Director of Operations and Deputy CEO, East London NHS Foundation Trust

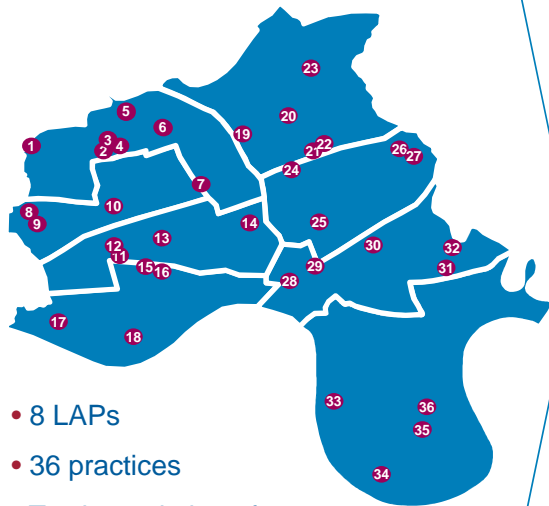
Karen Breen, Managing Director, The Royal London and Mile End Hospitals

29th September 2015



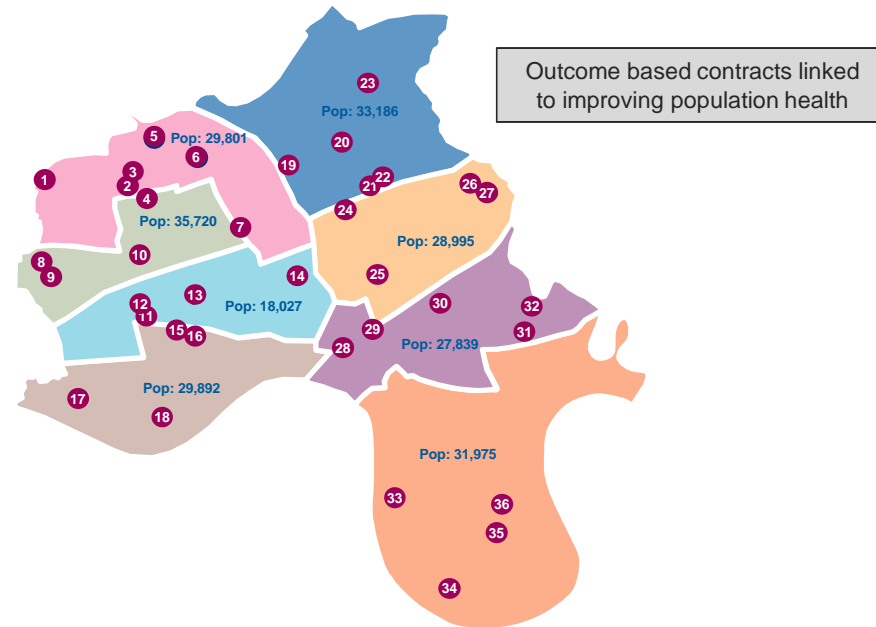
Primary Care Trust legacy: Primary care networks

Tower Hamlets before networks



- 8 LAPs
- 36 practices
- Total population of ~245,000
- Practice list sizes of 3,000 to 11,000

8 Networks¹ were formed in the borough during 2009



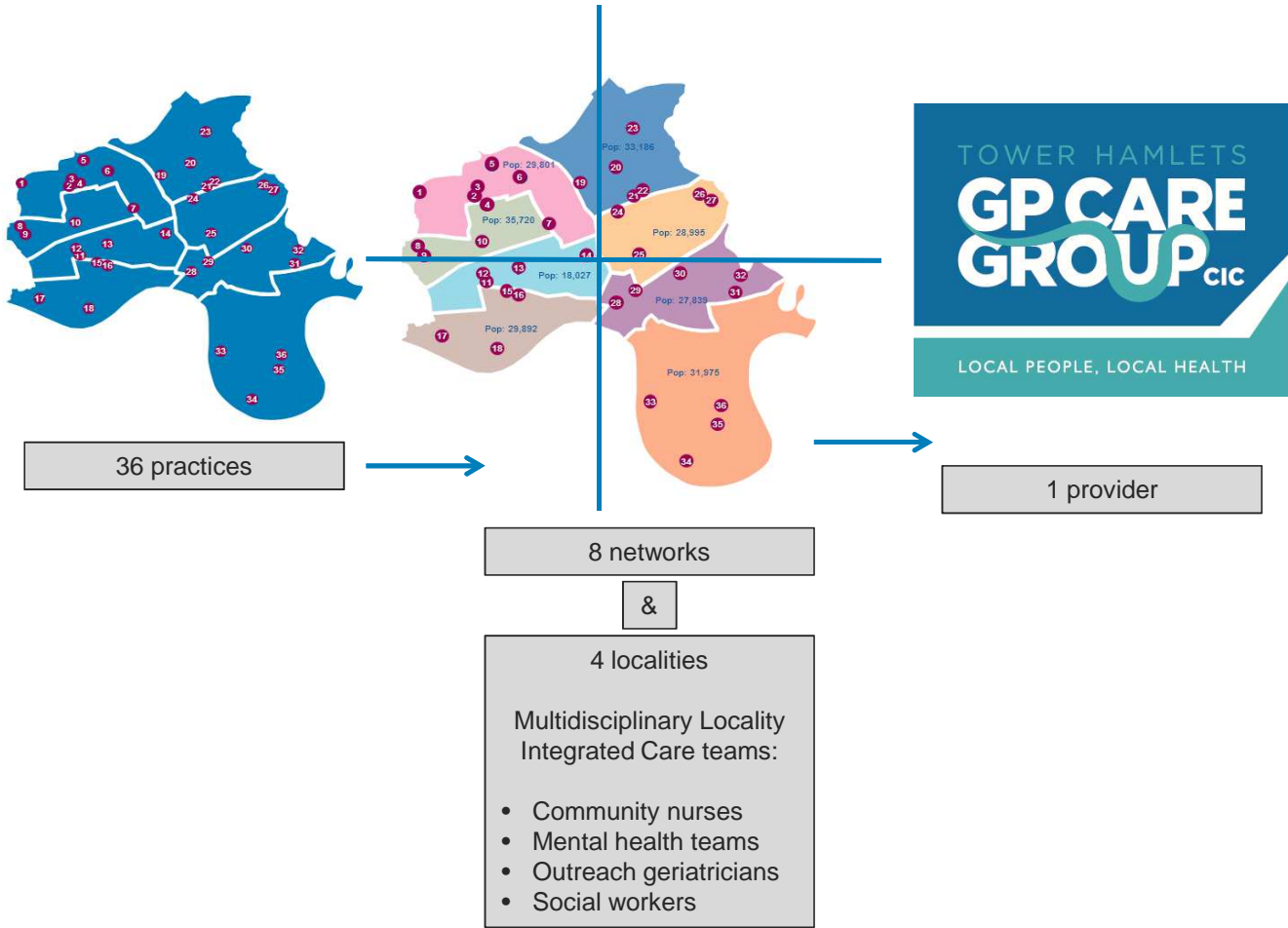
Why networks?

- Focus on **population health** across a geography
- Collaborative relationships with **wide range of partners** (e.g. Borough, schools, charities)
- Sufficient **scale for** specialisation of staff, ability to access rare skills and ensure access, resources (e.g. equipment)
- Integration with **estates** plan



Tower Hamlets
Clinical Commissioning Group

Creation of one provider

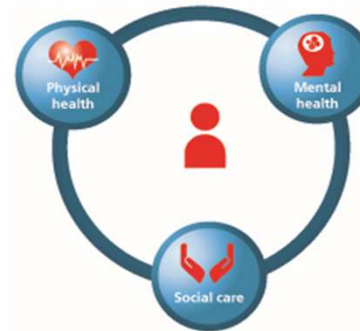


NHS
Tower Hamlets
Clinical Commissioning Group

Integrated Care Programme



We want to deliver at scale and pace to achieve radical transformation across WELC



By shaping the local health economy around the patient

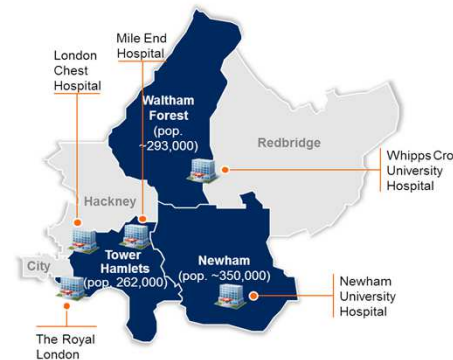
- Using National Voices principles to embed patient-centred care focusing on patients needs and preferences
- Proactively manage people's care, responding rapidly to crises, avoiding emergency admissions and residential care where possible
- Ensuring most effective use of care resources and avoiding duplication

By changing behaviours across the system

- Supporting staff to work together across organisational boundaries
- Helping people to feel empowered and supporting self care
- Enabling people to stay socially active and live independently
- Aligning our commissioning intentions across health and social care

By developing the provider landscape

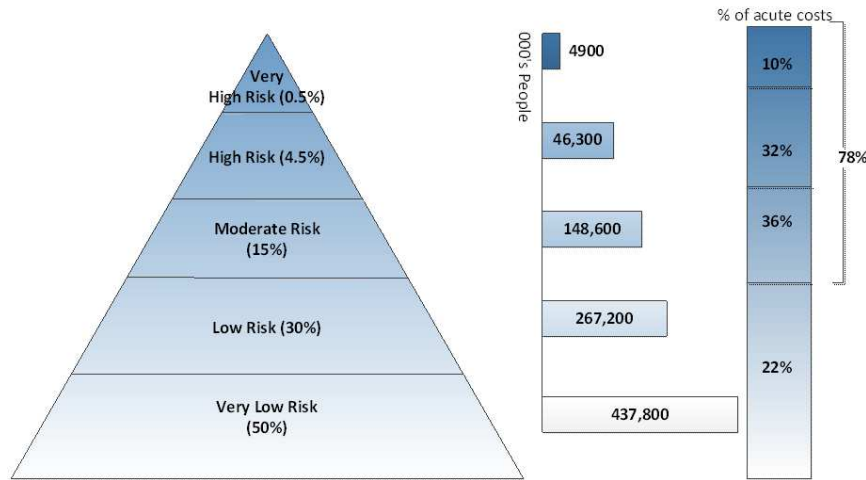
- Taking a whole system approach to change, using technology to deliver effective and timely care
- Aligning incentives and payment structures for providers to take ownership for system-wide outcomes
- Developing system wide performance measures and feedback mechanisms to support continuous improvement



NHS
Tower Hamlets
Clinical Commissioning Group

Key building blocks of the programme

Who are we targeting for integrated care ?



Using risk stratification to proactively identify 20% of population most at risk of a hospital admission and commission some/all of services below for this group

Commissioners moving to focus on outcomes for population health, new models of care (the integration function/provider alliances) and reforming financial incentives (capitation and payment on outcomes)

WELC will provide nine key interventions for its population underpinned by five components and enablers

	Areas of interventions	Essential components	Enablers		
Joint health, social care and mental health approach	Self-care	Self-care, behaviour, and expectation management	Information sharing platform	Patient engagement	
	Care coordination	Care planning	Evidence-based pathways & care packages (e.g. last years of life, diabetes, COPD, CHD, falls, alcohol and substance misuse)	Joint health & social care assessment	Joint decision making and accountability
		Health and social care navigation			
		Case management			
	Ensuring people are in the most appropriate setting of care	Specialist input in the community	Creation of new roles within the workforce: • Case manager • Hybrid health & social worker • Health & social care coordinator • Discharge coordinator based in acute wards	Organisation of practices into networks	Clinical leadership and culture development
		Discharge support for mental health patients from secondary to primary care			
		Rapid response with short team reablement			
		Mental health liaison (RAID)			
		Discharge support from acute to community			Information sharing and decision support
				Aligned incentives and reimbursement models	



The Integration Function

- Developed in 2013/14 as a way of assuring the CCG that providers are able to work together in delivery of integrated care
- Arranged around a number of key principles:
 - Clinical governance and shared standard operating procedures
 - Clear joint work on operations, pathways, SOPs and resilience
 - Joint communications and engagement
 - High quality and shared data and reporting
 - Development of shared care record

Tower Hamlets Integrated Provider Partnership (THIPP)

Tower Hamlets Integrated Provider Partnership (THIPP)



Barts Health NHS Trust
East London NHS Foundation Trust

Four partners



Partners came together in 2013 initiated by the CCG to develop the integrator function

- THGPCG Care Group - Primary care
- Barts Health – Community Services and Acute Care
- East London Foundation Trust – Acute Mental Health
- London Borough of Tower Hamlets - Social Care & Public Health

Work underway to develop further links with housing, education and third sector through the development of a Stakeholder Council and wider partnerships.

One vision

- To work together in a partnership that delivers innovative, integrated and seamless care to patients, carers and their families
- Care will be patient focused, co-ordinated and will make a real positive difference to users that receive it
- Appropriate services will be provided in the right way, in the right place and at the right time
- Provide services in the homes of patients and service users (when possible) and in community, hospital or other locations (when necessary)

Partnership delivery

- Community based specialist support
- Integrated health and social care teams
- Existing examples of good partnership working
- Strong desire for quality improvement
- Commitment to the WEL Integrated Care programme

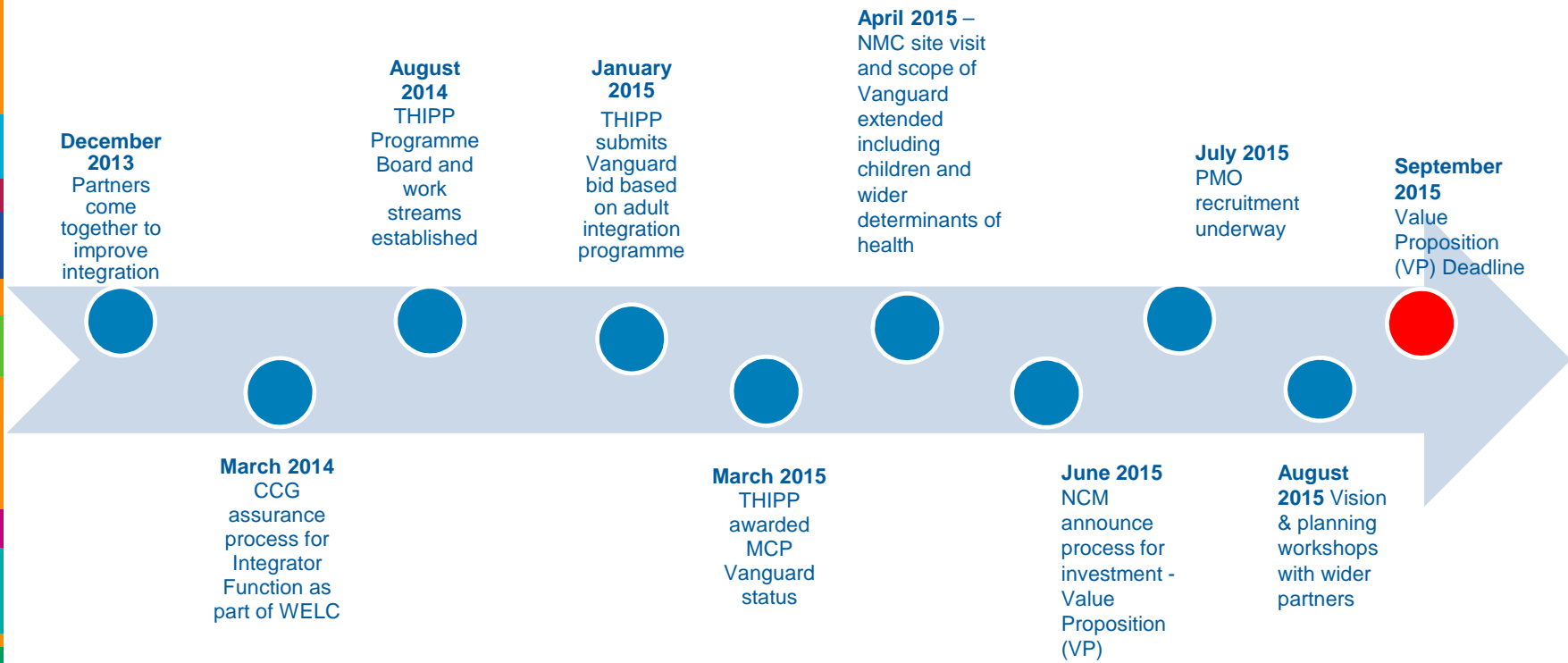
Developed programmes of work

- THIPP awarded Vanguard status to progress the established programme of work to deliver integration / deliver new models of care for the residents of Tower Hamlets
- THIPP collectively bidding to run Tower Hamlets Community Health Services
- THGPCG successful in Prime Ministers Challenge Fund to improve primary care access



Tower Hamlets
Clinical Commissioning Group

THIPP journey so far...



Outcomes and incentives

Components of the integrated care capitated budget

Payment design features

A per capita amount for a defined population and agreed level of care - 'scope and scale'

Gain/loss sharing mechanisms

Payment for outcomes mechanisms

The contractual framework

Implementation infrastructure

Provider partnerships

Finance and quality data collection and reporting

Finance and payments-contract monitoring

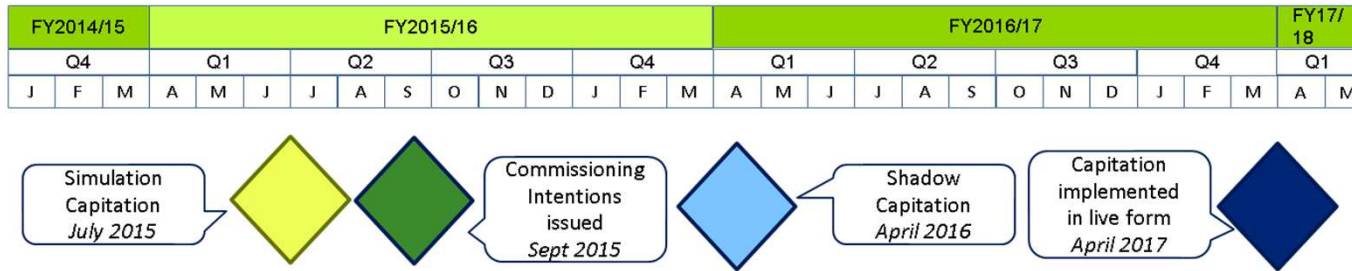
5



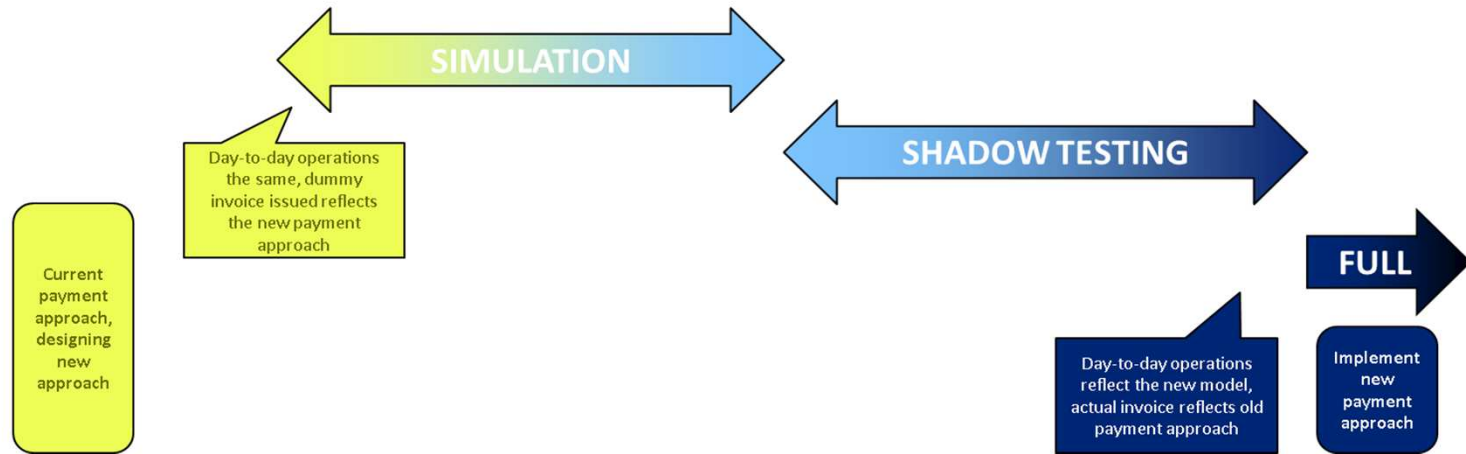
Tower Hamlets
Clinical Commissioning Group

Timescales

WELC timescale for implementing capitation



What do we mean by shadow testing?



Tower Hamlets
Clinical Commissioning Group

Thank you
Questions?