

Health and Care Integration in Islington

Health & Wellbeing Board – March 2019

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Health & Care Integration in Islington – Our Ambitions

We want to build a **broad place based approach** which maximises the opportunities presented by collaboration between health partners and the local authority including and beyond Adult Social Care in order to ensure Islington residents are as well and independent as possible and leading fulfilling lives. This will:

- Focus on **prevention and early intervention**
- Represent an **all age** approach, recognising that people are part of families and communities and rely on all of the assets and resources in the place where they live.
- Build on the existing work in primary care in a more joined up and **holistic** way recognising that health behaviours, good quality housing and employment, as well as use of community services and assets have more impact on people's health and wellbeing than good quality clinical care.

We know that **people are experts in their own lives**. Providing joined up high quality advice, support and universal services that keep people independent and able to care for themselves and their families will be at the heart of what we do.

- We will take a **strengths based** approach to ensure that what matters to people drives what we do
- We will support people at home and in their communities with high quality, consistent care when needed.
- We will make best use of all of the assets in a place, whether that be the budget, the multi-agency workforce, buildings, leisure and recreation facilities or the local voluntary and community offer.
- We will aim to co-locate and integrate the workforce where possible.

This place based approach and integration across care pathways will require a very different way of managing resources

- We want to explore new models of joint commissioning that will enable better understanding of our combined investments and resources and a process for agreeing how we use those resource to meet need and improve health and wellbeing outcomes
- During 2019/20 we want to make more joint investment proposals that will support the delivery of Islington's ambitions

Islington's Locality Programme 2019 – supporting integration

Islington
Borough vision

Building a **fairer Islington** through:
Helping residents live **healthier, happier and more independent lives** –
and reducing health inequalities
Making Islington the best place to grow up
Creating a **safe and cohesive Borough**
Delivering an inclusive economy, supporting people into work and helping them with the **cost of living**

Locality
Working

We want to create a step forward in how well we prevent issues arising and nip them in the bud early, through more integrated services and more resilient communities

This means:

- **A simpler, more joined up** local system that offers the right support at the right time that manages growth in demand and to reduce duplication in the system
- **Integrated multi-disciplinary teams** from across the public sector working together on the same geography and tackling issues **holistically**, focused on **relationship building and getting to the root causes**
- A workforce who feel contented to each other and able to **work flexibly**, better able to meet people's needs
- A new system **partnership with the voluntary sector** to co-ordinate local activity, networks and opportunities – so that we make the best use of the **strengths and assets of our communities**

Enabled by

A strategic and innovative focus on **culture and behavior** among staff and residents
A joint approach to the **shared public estate** with services delivered from fewer, better buildings,
enabling estate rationalisation and new housing

Integrated data systems

A **mature approach to finance**, risk and reward across the local system
More joined up and strengthened strategies, joint commissioning and decision making

- Prototyping in the North of the borough
- Strengthening and building on existing joint commissioning decision making and arrangements
- Building on strong joint delivery partnerships to strengthen integration across health and care services and other council services, such as the early years Bright Start offer
- Developing a One Public Estate approach
- Strengthening our partnership with the VCS

What next for Pooled Budgets and Section 75?

Conversations about strengthening joint commissioning arrangement and oversight have been going on for a while now and since the recent Inter-great event and the NHS Long Term plan some solid options have arisen.

The NHS 10 year plan sets out 4 possible options pooled budgets:

- ✓ voluntary budget pooling between a council and CCG for some or all of their responsibilities;
- ✓ individual service user budget pooling through personal health and social care budgets;
- the Salford model where the local authority has asked the NHS to oversee a pooled budget for all adult health and care services with a joint commissioning team; or
- the model where the CCG and local authority ask the chief executive of NHS England to designate the council chief executive or director of adult social care as the CCG accountable officer.

- We already do significant amounts of 1 and 2
- Options 3 & 4 would require major organisational shift and long term planning
- However we think that a 5th option could be very workable in Islington, and that we could get on with it:

Creating a joint body that would allow us to:

- *understand our total resources in the context of population outcomes*
- *And enable us to make the joint recommendations we need to deliver on our ambitions to be agreed through the individual organisations decision making routes*
- *This will be the CCG and Local Authority initially working together as Commissioners in a joint commissioning board or similar*

Our current approach



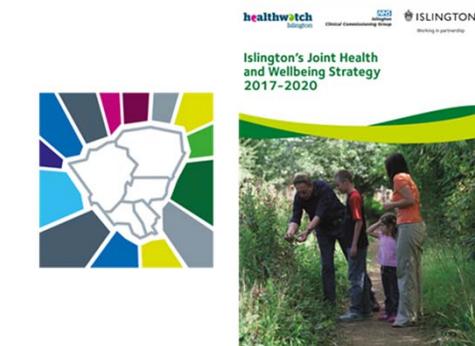
Health & Care Integration in Islington – History & Context

• Long standing history of positive collaboration

- Long-standing history of effective partnership across the NHS and LBI, including well embedded joint commissioning, delivery partnerships and a strong and collaborative Public Health department
- National recognition for integration – pioneer site & recent pilot for integrated personal commissioning
- Trust between partners – with ability to challenge when needed
- Effective integrated service development via Haringey & Islington Wellbeing partnership
- Strategic collaboration in the context of the North London Partners' STP
- Willingness & commitment to work as a mature “local system” – recognising the need to mitigate pressures faced by partners

• Developments nationally & locally signal change

- Budgets under increased pressure for CCG and LBI with substantial savings programmes to achieve – hitherto deployment and monitoring of investment has overly focused on transactional activities
- Commissioners not consistently clear about expected outcomes for residents and the services that should be prioritised
- Integrated Care Systems need to be able to deliver overarching strategic objectives but must take account of and value local relationships and local delivery
- Local Government concern about the pending Green Paper and uncertainty over any long-term social care funding settlement
- Organisational restructures & change in long-standing personnel potentially risk loss of historic memory and stressors in relationship management



Health & Care Integration in Islington 2017-18 – Our current joint investment

Islington Pooled Budgets 2017/18

Host	Pooled Budgets 2017/18	Gross Expenditure	Islington Council Contribution	Islington CCG Contribution	Camden & Islington NHS Foundation Trust Contribution	Whittington Hospital NHS Trust Contribution	Total Contributions
		£'000	£'000	£'000	£'000	£'000	£'000
LBI	Learning Disabilities Pooled Fund	33,263	(28,851)	(4,411)	-	-	(33,263)
LBI	Intermediate Care Pooled Fund	6,695	(1,987)	(4,594)	-	(114)	(6,695)
LBI	Integrated Community Equipment Services Pooled Fund	1,353	(903)	(450)	-	-	(1,353)
LBI	Mental Health Commissioning Adult Mental Health Care	4,648	(2,461)	(2,187)	-	-	(4,648)
LBI	Carers Pooled Fund	923	(828)	(95)	-	-	(923)
LBI	MHCOP Pooled Fund	5,828	(3,332)	(2,496)	-	-	(5,828)
C&I NHS	Mental Health Care Trust Pooled Fund	13,393	(3,229)	-	(10,164)	-	(13,393)
CCG	Better Care Fund	24,874	(8,790)	(16,084)	-	-	(24,874)
	Totals	90,977	(50,382)	(30,317)	(10,164)	(114)	(90,977)

Section 75 Partnerships 2017-18 – Adult Commissioning Achievements

Learning Disability

- A deep dive review of the way ILDP operates was carried out and a number of recommendations presented which recommended new ways of working with the 'vital few' and 'long tail' clients
- A dynamic purchasing system was developed for a range of services for people with a learning disability and autism to increase their independence through more personalised models of support.
- 8 people were discharged from hospital through the Transforming Care Programme and are now living back in the community.

Mental Health

- New contracts were awarded for supported accommodation and the crisis house service, which have a greater focus on outcomes and step-up and down through the recovery pathway
- Roll out of Practice Based Mental Health Services to provide greater access to mental health specialist services and a low stigma environment
- Developed bespoke psychological therapies service for people with long-term physical health conditions (diabetes and Chronic Obstructive Pulmonary Disease)
- Expansion of specialist perinatal services for people with severe mental illness across NCL

Intermediate Care & Older Adults

- Discharge to assess approach successfully implemented during winter 2017/18
- The RADAR process was established to monitor the quality of care provided in care homes and other settings was established between MDT partners.
- Work with CHIN areas to better support people with long term conditions: North CHIN established a MDT to focus on people with moderate frailty.
- Islington is a national demonstrator site for PHB's and a trial was set up. Support for the scheme has been provided through peer coaching and Age UK schemes to support recipients of PHB's.

Support for Informal Carers

- Islington Carers Hub (ICH) now has access to the adult social care case note system, which has led to a 21% increase in carers assessments being completed and direct payments more rapidly issued.
- ICH has embedded itself within local (mainly VCS) services that do not necessarily have a commissioning relationship with either the Council or CCG e.g. the Octopus Network of Community Centres.
- ICH also continues to work in hospitals in particular training of Junior Doctors – building the knowledge of carers issues, 16 carers have supported this initiative.
- Carers accessing ICH services has increased by 17% in a single quarter.

Section 75 Partnerships 2017-18 – Children's Commissioning

Achievements in 2017-18

- Asthma in Schools and Children's Centres Programme – 95% coverage across Islington.
- Integrated Care packages of support and integrated budgets with education and social care with shared support planning for children with complex needs.
- Paediatric nurse led clinics developed in all 3 CHIN localities providing clinical input for Long Term Conditions.
- Development of in hours crisis care protocol and increased clinical capacity providing urgent (within 24 hrs) and priority (5 working days) response to children and young people in mental health crisis.
- Personalised Care Demonstrator site to implement integrated personal budgets for looked after children with mental health needs.
- Implementation of SEND reforms and shared implementation of Education Health and Care Plan processes in line with statutory timescales.
- Development of Young Carers Strategy.

Ambitions for 2018-19

- Redesign of Emotional Health and Well Being services: including co located single point of access, digital and online counselling and therapeutic Support (KOOH), support for self management and social prescribing delivered in community settings.
- Development of Intensive Positive Behaviour Support Service to support CYP and parents and carers with behaviours that challenge to prevent family breakdown.
- Development of multi-agency paediatric networks, including Early Help, based around CHINs across primary care, community and acute services.
- Development of out of hours mental health crisis service for children and young people across NCL.
- Development of all age pathways for children & young people and adults with disabilities.
- Self Management programme for CYP with Asthma 14 – 17 years old co produced and co facilitated with young people with lived experience of Asthma.
- Embedding of Transforming Care Programme for young people with learning disabilities and autism with mental health issues and or behaviour that challenges; to prevent unnecessary hospital admission or residential placements.

Section 75 Partnerships 2017-18 – Whittington Health

Integrated Locality Team Working

- Improvements in efficiency since the Adult Social Care Access Team moved to Contact Islington has enabled an integrated approach to referrals.
- North and South integrated community teams continue to be co-located with Whittington Health's REACH community rehab services. Co-location enables staff to work together to enable increasing numbers of people to remain in their own homes and independent for as long as possible.

Developing the locality-based model with GPs

- Locality-based multi-disciplinary team working within GP localities has supported the development of coordinated care plans enabling better management of people's well-being within a community setting focusing on those most at risk of hospital admission or early entry in to long term care.
- There are now 12 Integrated Networks running across Islington with 97% of GP practices. In 2017/18 a total of 1666 patients were discussed via the Integrated Networks.

Care Closer to Home – reducing the time people have to spend in hospital

- 'Discharge to assess' (D2A) is a new approach to hospital discharge which supports people who are medically ready to be discharged from hospital to get home more quickly by having their social care needs assessed at home rather than on the ward.
- D2A pathways have been operational in Islington for patients from UCLH and Whittington throughout winter 2017/18, supported by a single point of access team and have led to a significant reduction in unnecessary hospital stays.

Delayed Transfers of Care (DTOC)

- Whilst Islington's individual performance has remained consistent across the period at 9.2 delays per 100,000 patients, comparatively, our performance has declined slightly. Work to increase D2A, improve reablement & strengthen the local care market continues to support improved performance.
- Improving both DTOC performance and length of stay in hospital for our residents continues to be an absolute priority going forwards both at an operational and strategic level.

Avoiding Hospital Admission

- Evidence shows that older people 'decompensate' and lose their independence during an extended hospital stay. Hospitals are an unfamiliar environment and patients lose their routine impacting on their ability to keep active and maintain muscle strength. There is a continued focus on supporting and caring for people at home in line with current clinical best evidence if they do not need an admission for acute medical care.



In partnership with



"The successful delivery of [D2A] has meant ... fewer people in the borough waiting in hospital unnecessarily. This is better for patients and frees up much needed bed spaces in the hospital. These initial positive results are in no small part down to the excellent collaborative working between health and social care partners, which will underpin the ongoing work to further refine and improve the pathways."

Dr Suzanne Roberts, In Patient Therapy Manager at Whittington Hospital, and clinical lead for the D2A project.

Section 75 Partnerships 2017-18 – C&I Foundation Trust

Key Highlights & Achievements

- The trust achieved a good rating in its comprehensive CQC inspection planned during December 2017.
- The section 75 agreement has delivered services within the available budget.
- A Section 75 review that has taken place jointly between LBI and C&I and preferred option of remodeled, strengthened Section 75 agreement with enhanced partnership working and a joined up approach.
- Improved Safeguarding practice noted within CQC Inspection
- Improvements in mandatory training and in particular safeguarding areas
- **Challenges**
- Implementing and embedding the enhanced S75 partnership between LBI & C&I.
- Further embedding Safeguarding practice through the Safeguarding Hub within C&I and enhanced partnership working between organisations
- Development of a technological solution to Safeguarding recording and reporting that will remove duplication
- Delivery of key LBI objectives through the S75 through enhanced partnership working
- Managing finances and demand within budget

C& I CQC Inspection – December 2017

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↘ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Wards for older people with mental health problems	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018
Community-based mental health services for adults of working age	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Mental health crisis services and health-based places of safety	Requires improvement ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Community-based mental health services for older people	Good ↔ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↔ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018
Community mental health services for people with a learning disability or autism	Good ↔ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018
Substance misuse services	Good ↑ Mar 2018	Good ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018	Outstanding ↑ Mar 2018

↑ = Improved as before

Islington Inter-great Simulation Event – January 2019

The Inter-Great Simulation



Welcome to Broxley

The *Inter-Great* simulation is set in a large metropolitan city in England. About a quarter of the population live in a section of the city comprising four unitary boroughs – Broxley, Eldon, Lansdown and Tolbury – often referred to as the Central 'BELT'. The major focus will be on the integrated care system recently established in the Borough of Broxley.

- We're more than ready to begin talking about Islington
- We need to get working on a Joint Strategic Resource Assessment to enable more strategic commissioning
- We should get on with developing new partnership arrangements for strengthening joint commissioning
- We still need to reflect on the implications arising from the new NHS Long Term Plan for Integrated Care Systems and Health Commissioning

Analysis of our current approach

We have built a strong foundation for integration:

- strong joint commissioning
- strong integrated services
- good relationships across the system
- a shared ambition for the future

But we don't have a forum for making agreeing joint proposals.

- This precludes us from understanding the whole health and care economy, the wider system & all of the inherent interdependencies
- We are not working towards a single population outcomes framework
- We don't have sight of total performance or total spend
- We don't have a joint delivery strategy to realise our vision

A strong start but, it won't be enough to deliver on the scale of our ambition

Delivering our ambition & strengthening integration

Next Steps



What next for pooled budgets and Section 75?

Conversations about governance have been going on for a while now and since the recent Inter-great event and the NHS Long Term plan some solid options have arisen.

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To explore the development of a Joint Strategic Investment Executive to enable us to make recommendations and support our respective organisations to manage more of our money together to get the best outcomes for local residents

Building stronger delivery partnerships

In Islington providers are already working together to develop a more joined up and strategic approach to the delivery of services. Work to strengthen our existing delivery Section 75s are supporting this.

However, there is a broader ambition for collaboration with more depth and breadth.

These discussions are:

- Being led by Islington's health and care providers
- Building on strong bi-lateral partnerships which are already in place
- Involving Adult Social Care, Children's Services, Camden & Islington Mental Health Trust, Islington GP Federation, Whittington Hospital, University College Hospital, Adult Social Care providers and the voluntary sector

What's next?

- **Getting on with the work to deliver localities**
- **Continuing work to propose a framework for stronger provider collaboration**
- **Developing a proposal about what an investment executive or similar body might do in Islington**
- **Developing a proposal for how to undertake a Joint Strategic Resource Assessment**
 - to understand the totality of resources available to us as a local partnership
 - align with our local joint strategic needs assessment
 - to enable the development of a medium to long term Islington joint investment strategy
- **Beginning a series of discussions with local leaders about how we take these proposals forward.**