



A Roadmap for Integrated Health and Social Care

Health and Wellbeing Board

Wednesday 20 January 2016



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Islington Vision

Working together to deliver better care with the people of Islington

1 of the first 14 CCGs awarded National Pioneer Status in 2013

We have been at the forefront of designing and developing integrated care in order to meet the needs of our local population.

The Health and Wellbeing Board is responsible and is the overall lead in the System for developing integration strategy.

Islington Integrated Care Board (established 2013)

The Integrated Care Board holds responsibility for operational planning and development of integrated services within the borough.

Representation includes:

- Islington CCG and General Practice
- Local Authority and Health Watch
- Whittington Health NHS Trust,
- Camden and Islington Foundation Trust,
- User / patient representatives

All programmes are aligned to 4 main outcomes:

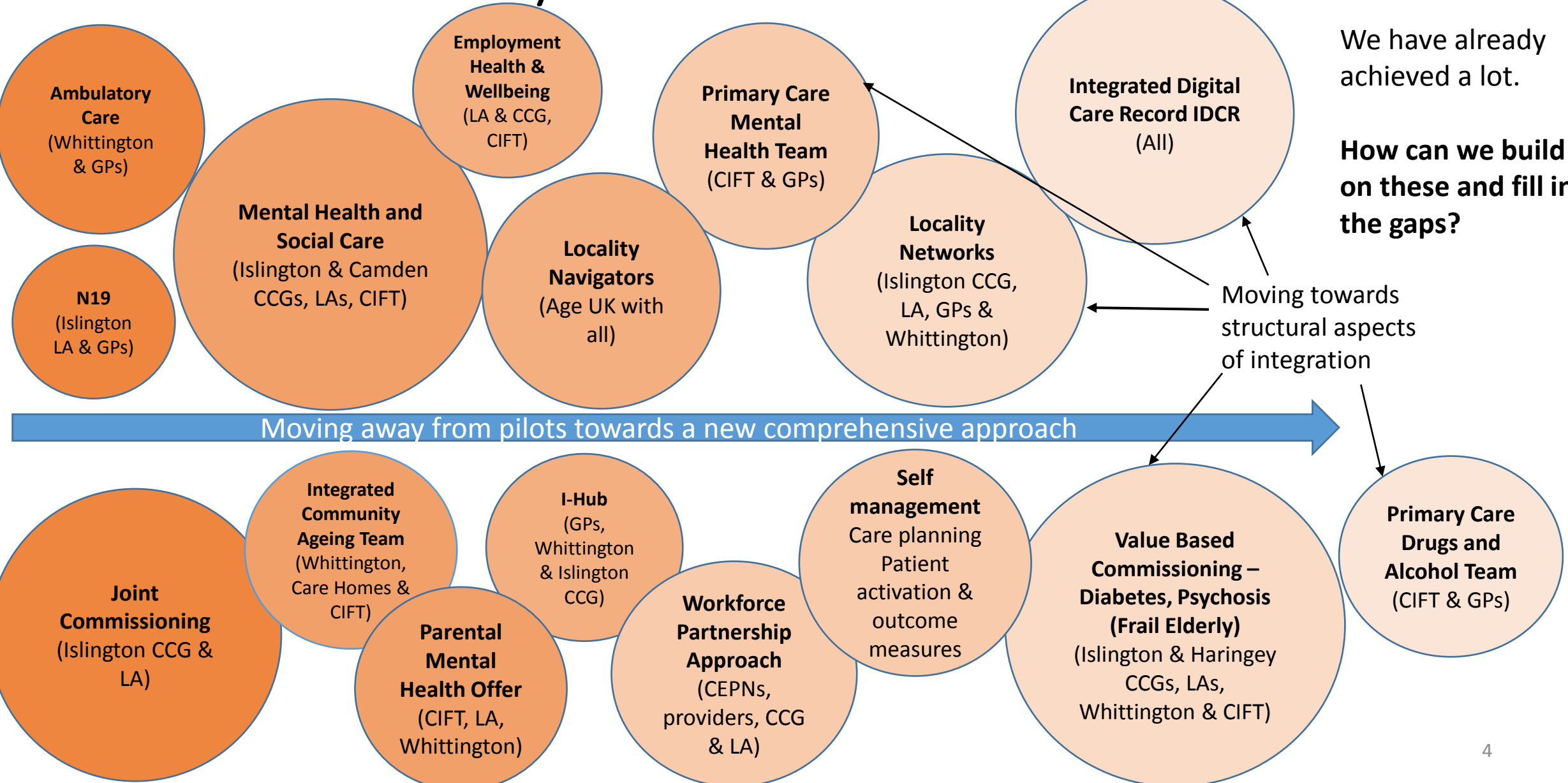
1. An improved patient / user experience
2. Improved health and care outcomes for our local population
3. A sustainable health and care system
4. A system that can manage growing demand



What have we already achieved?

We have already achieved a lot.

How can we build on these and fill in the gaps?





Islington and Haringey – Working together

The Sponsor Board

Islington CCG, Islington LA, Haringey CCG, Haringey Council, Whittington Health and Camden and Islington Foundation Trust have agreed to pursue service delivery improvements achievable through integration:

“We are aiming for a population based model that links Whittington Health, our ICO, with our patients, voluntary and community organisations, mental health services, social care and primary care services, in one seamless system. The model will be driven by our local communities and primary care, with a strong focus on prevention aligned to population based outcomes.” (Vanguard proposal Feb 2015)

We have:

- A shared commitment to improve outcomes of care and maximise the efficiency of services, both individually and together.
- Experience to date that has already demonstrated the benefit of delivering more holistic and integrated care centred on the individual.
- Our service users frequently say they want better coordinated care and for professionals to support them as a whole person.
- A clear understanding that this commitment does not preclude the continuation of our positive relationships and working arrangements with other boroughs or further development of these now and in the future.

Work In Progress - The Challenge for Islington

Age group	Mostly healthy		One long term condition		Multiple long term conditions		Cancer		SMI		Learning disability		Dementia		Total					
<16*	£863		£26,178														£1,531		£935	
	34,385	£29,662	96		£2,513		102		£156		34,583		£32,331							
16-69	£744		£2,345		£4,972		£10,008		£10,234		£49,694		£8,140		£1,428					
	148,350	£110,397	16,516	£38,725	6,587	£32,749	682	£6,825	2,665	£27,274	687	£34,140	78	£635	175,565	£250,745				
70+	£2,786		£2,871		£7,708		£21,562		£15,470		£22,564		£20,328		£6,638					
	3,296	£9,184	3,415	£9,805	5,638	£43,456	403	£8,690	336	£5,198	42	£948	721	£14,657	13,851	£91,937				
TOTAL	£802		£2,435		£6,234		£14,299		£10,820		£48,131		£19,138		£1,674					
	186,031	£149,243	19,931	£48,530	12,225	£76,206	1,085	£15,515	3,001	£32,472	729	£35,087	799	£15,292	223,999	£375,013				

Sources: Islington's GP PH Dataset, 2012; NOMIS, 2015; Estimated costs from Monitor's Ready Reckoner tool, 2015

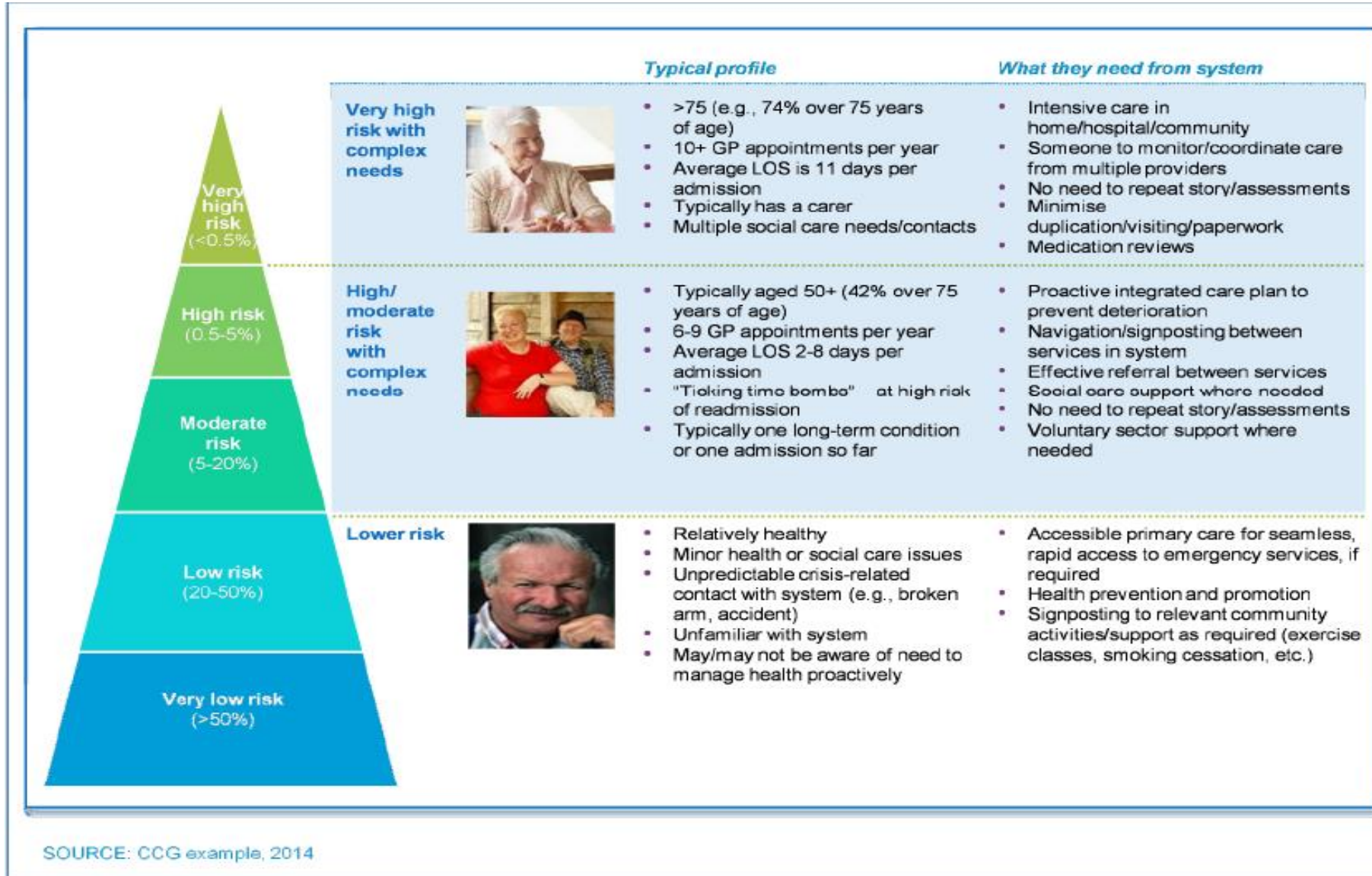
Notes: Figures on children with long term conditions are not comprehensive, so should be treated with caution. Severe physical disabilities could not be included in the model, due to the difference in data source. Costs of patients who are socially excluded are not available, due to the nature of the group.

KEY

Cost per person	
Number of people	Cost of segment (in £1000s)

Population segments and cost estimates if all people in segments were treated (health and social care)

Work in Progress - Population Risk Stratification



Risk stratification models can be used to stratify the population by predicting the probability of a significant event.

The most common event that these tools predict is that of an Emergency admission in the next year.

Understanding who is in each risk strata enables an understanding of their requirements from the health and care system as a whole.

NB figure is illustrative of concept – Islington in process of developing a local picture



Work in Progress - Islington and Haringey Financial position

The annual spend on health and care for Islington and Haringey, within our local care system, in 2014/15 was:

Islington	Haringey	Total
£505 million	£492.5 million	£997.5 million

This total spend includes:

- Total spend for Islington and Haringey CCGs
- Total spend for Islington and Haringey Local Authorities on both adult and child services
- NHS England spend on primary care in Islington and Haringey

Exclusions are:

- NHS England Specialist Commissioning Spend
- Primary care dental or ophthalmology spend
- Research and deanery funding / investment

Indicative Financial Reductions required in the next 2-3 years:

Year	Percentage Reduction
2015/16	6.6%
2016/17	5.9%
2017/18	5.5%
Total	12.2%

These indicative figures for 2015/16 to 2017/18 include:

- Anticipated QIPP requirements for Islington and Haringey CCGs
- Anticipated savings required by Islington and Haringey LAs (20%)
- NHS provider cost improvement plans and cost pressures for Whittington Health, UCLH, North Middlesex and Royal Free (excluding Mental Health providers)

- These indicative figures were calculated based on information available November 2015.
- This financial information will be **updated during January 2016** as commissioner, provider and local authority financial forecasts are further developed in line with national planning guidance and allocations – **it is expected that the challenge will increase** in line with the NCL wide increased financial challenge.
- The required financial reductions are expected to continue to decrease to 2020/21 in line with planning for the next five years.



Our integration work fits with National Drivers

Policy

Five Year Forward View

The Care Act

Prevention Focus

Mental Health Tariff

Financial Balance

National Planning Guidance

Comprehensive Spending Review

Enablers

New models of Care

Right Care and Value Based
Commissioning

Pioneers and Vanguard

Mental Health Parity of Esteem

Sustainability and Transformation
Plans

Devolution

Better Care Fund

London Health Programmes

Central Transformation Fund

Outcomes

Improved Public Health and
Wellbeing

Holistic care achieving individual
Person Centred Outcomes

Transformational Change delivering
Financial Sustainability

Greater health and care system wide
Value

Collaboration to deliver coordinated,
quality care to patients and carers

Greater local autonomy and
engagement to meet local needs

'Delivering the Forward View: National Planning Guidance 2016/17 – 2020/21'

Comprehensive Spending Review

- **Integration of health and social care** by 2020/21;
- **NHSE spending to increase by £8 billion** (real terms) by 2020/21;
- The **cut to local authority core** funding is now estimated at **-24%**;
- Councils given a new ability to raise a **2% council tax 'precept'**, ring-fenced for adult social care, (an estimated £1.5m in Islington in 2016-17);
- **Maintaining the Better Care Fund** at current mandated levels, from 2017 this will **increase by £1.5 billion by 2019-20**;
- **Additional £600 million** to be made available **for mental health care**;
- No protection for **public health**, which will see a **-3.9% real terms cut** over the next five years.

Sustainability and Transformation Plan (STP) 2016/17 – 2020/21

A **five year place-based plan** for North Central London (NCL) footprint which is:

- An **integrated system wide plan** to deliver transformational change, improve quality and safety and achieve system wide financial balance;
- To be agreed and developed across CCG commissioners, NHS providers incl. primary and specialised care, Local Authorities incl. social care, prevention, the third sector and public, patients and carers;
- To **demonstrate an ambitious and clear vision**, established robust partnerships, leadership and governance, programme planning of milestones and implementation actions to deliver to these.

Operational Plan 2016/17

Detailed CCG plan for 2016/17, demonstrating delivery as year one of the STP, the Five Year Forward View, NHS Mandate, NHS Constitution milestones as incorporated within national priorities and nine 'must dos';

- **Reconciled finance and activity for 2016/17** jointly with provider plans in line with contracts;

Funding 2016/17 onwards

- Increased funding aligned to national priorities and planning guidance; A **Central Transformation Fund**; funding for provider deficit, extra uplifts for primary, specialised and mental health care;
- **To benefit from central transformation funds it is essential for us to demonstrate system wide transformational plans with clear leadership and deliverables.**



North Central London Collaboration

Since April 2015, the 5 CCGs in North Central London (NCL) have been working on a plan for collaboration

This work identified a cumulative **'do-nothing' financial challenge of £891m to 2019/20** (for the CCGs, social care and the four acute trusts). This is currently being developed further.

We do not plan to 'do-nothing'.

Improving health and care outcomes for our population is essential and collaboration can help us to address this.

NCL are now working collaboratively to target savings and improve outcomes in the following four areas as priorities:

1. Transforming urgent and emergency care
2. Transforming care for those with severe and enduring mental illness (SEMI)
3. Primary care transformation: developing an enhanced offer for primary care
4. Optimising use of the estate

North Central London have successfully secured support for piloting devolution of estates

This will be the first of its kind and will enable us to work as a whole system, examining and establishing the benefits that estate devolution could bring. This could establish how collaborative planning and utilisation of estate could deliver significant benefits

- Improving use of resource, including provision of new housing;
- Joining up delivery of integrated health and care services, potentially linking to schools, leisure, employment and others;
- Improving the environment and its impact on population wellbeing;

This could be a powerful enabler to the delivery of integrated health and social care alongside integration with other public services, housing provision, employment opportunities and more



Local Collaboration

To truly deliver integration we are collaborating at various other local levels as outlined in our achievements so far. We need to establish how work together across:

Different segments of the population

- Based on needs
- Based on risk stratification
- Based on improving equality

Different elements of our system

- Physical and Mental Health
- Social Care and Health
- Housing, drugs and alcohol, employment and the wider system
- Primary, secondary and tertiary care

Different Geographical Footprints

- Geographically small locality areas
- Islington level / Borough level
- Islington and Camden
- Islington and Haringey

Through the development of the **Vanguard bid in February 2015** it was agreed that there was a benefit in us working across Islington and Haringey to deliver integration.

Members of the Sponsor Board

- Islington Local Authority
- Islington CCG
- Haringey LA
- Haringey CCG
- Whittington Health NHS Trust
- Camden and Islington NHS Foundation Trust

Transformation Retreat – November 2015

- All organisations on the Sponsor Board
- Health Watch
- Other providers; North Middlesex Hospital Trust, University College London Hospitals Trust, Barnet, Enfield and Haringey Trust, GP Federations, Age UK



Organisational Forms to deliver a model of care

Potential system models include an Accountable Care Organisations (ACOs), where responsibility for health and care from prevention to acute / in-patient care is provided by a consortium of partners or a single organisation. Another example would be a looser alliance of providers, funded to work together to achieve outcomes e.g. Value Based Commissioning (Diabetes, Psychosis, Frailty) and Lead provider model for advocacy.

In order to develop a model that delivers to the needs of our population we need to learn from others but also assess what would deliver the most effective solution for Islington and Islington and Haringey.

Northumberland ACO

- Establishing a Special purpose vehicle organisation (VPC)
- Will hold the CCG budget and primary care budget
- Joint governance includes foundation trust
- Prioritises population health needs and out of hospital care
- Starting April 2017

Salford Together

- Vanguard to create an Integrated Care Organisation (ICO)
- Includes CCG, Council, Acute trust, Mental health trust, working with GP provider consortium
- Salford Royal lead responsibility to meet health and social care needs of the population – direct service delivery and contracts with others
- Adult social care and mental health service to transfer to the trust 2016/17

Mid Nottinghamshire Better Together

- NHS providers developing a formal alliance (horizontal integration)
- To deliver primary, community, acute, mental health and social care within a single outcomes-based capitation contract
- Undertaking a most capable provider commissioner process with provider alliance capability assessment process

Barking & Dagenham, Havering and Redbridge

- Joint proposal to run a devolved health and social care budget – Integrated Care Coalition (ICC)
- Three local boroughs, CCGs, acute and mental health trust
- Deliver greater focus on prevention, primary care, integration with social care, housing, education and public health
- 3 year development plan to full delivery



Issues, Risks and Opportunities for Integrated Care

Integration is not an objective or end point in itself. It is a **tool / model** that we can utilise and develop locally when and where this **will be of benefit to the health and wellbeing of our population**. Any models of integration need to improve the quality, capacity and sustainability of the services we provide and **engage and empower people in Islington** in managing their own health and care.

Issues to consider

- Separate legal entities are currently commissioning care.
- This will not be a one model final solution but a continual process of development and change.
- NCL Sustainability & Transformation Plan and ensuring a pragmatic response to this.
- Ensuring a fit from the very local to one which supports and benefits from North Central London and London wide collaboration.
- The engagement of primary care through Federations

Risks to be aware of

- Current separation of funding arrangements and mechanism.
- Requires a significant cultural change across all organisations, including staff and population behavioural change.
- There have been significant failures in integration models developed elsewhere and we need to avoid similar pitfalls.
- Ability to deliver effectively to a plan through separate organisations.
- The provider market environment and galvanising joint working.

Opportunities

- To develop a locally designed model rather than implement a model designed elsewhere.
- Ability to bid early for national transformation funding.
- Delivery of the benefits of integration, both improving outcomes and value for money.
- Working with wider system partners in Islington such as Fire, Education and others.
- Further development of clinical and service user leadership.
- Enable a targeted approach to supporting our residents to achieve a better quality of life.¹⁴

Components of Integrated Care



Our Components of Integrated Care	Our progress to date
An agreed vision of delivering care that offers better value for local people	Agreed in our Vanguard application at a high level
Population approach to planning and delivering integrated care	In development through risk stratification approach (by May 2016)
Outcomes based models of commissioning that improve quality and safety; prevent illness and improve the health wellbeing of our local population	VBC Diabetes (April 2016), VBC Psychosis (2016/17), Review wider application (by April 2016)
A financially sustainable model with aligned incentives and payments including population based budgets	Current progress through joint commissioning and Better Care Fund and further development within the STP (by June 2016)
A collaborative, flexible, innovative, delivery-focussed culture	Engagement and organisational development programme (2016/17)
Strong clinical leadership	The 1st Clinical and Professional Integration Workshop (29 Jan 2016) working with our already established clinical leads across Islington and Haringey
Community engagement and patient involvement	We already have a clear focus on engagement and co-production and this will continue to be essential to this development
Clear governance arrangements	Review governance to meet the needs of the programme and align with current governing structures including the HWBB, Integrated Care Board and Sponsor Board with clear roles and responsibilities (by June 2016)
A form which brings together constituent providers in a common purpose	Options development in line with priority areas for integration, outcomes and deliverables (2016/17)
Shared IT and information	Contract signed for our Integrated Digital Care Record (IDCR) and implementation started in Islington
A workforce enabled and empowered to deliver integrated care across health and social care	Islington Community Education Provider Network (CEPN) - 2014. A collaborative of health and social care organisations developing educational opportunities, skills and role development, to establish a workforce to deliver integrated care. Working jointly with Haringey CEPN where this delivers benefits across boroughs.



Sponsor Board Integration Principles

The Sponsor Board proposed they would work to the following principles in the progression this work. We will;

- Build on what Islington and Haringey have already been developing through Value Based Commissioning (VBC), the benefits achieved through this and extrapolate this further.
- Explore those areas where we can deliver better outcomes for people by working together rather than apart.
- Address the specific needs of the Islington and Haringey population and create ways of working together to deliver holistic health and social care.
- Establish ways of delivering better outcomes and more integrated pathways of care, building on formats and mechanisms we already have in place e.g. sections 75s.
- Create ways of working together to deliver a sustainable health and care system.
- Focus on delivery first and look to organisational forms that may help us to do this as this becomes necessary.
- Look for opportunities for funding transformational change wherever this may be available and it fits with the aims of the new model of care.
- Examine whether an alternative governance arrangement and/or piloting a model of ‘devolution’ may support our delivery of integrated, outcomes based health and care.

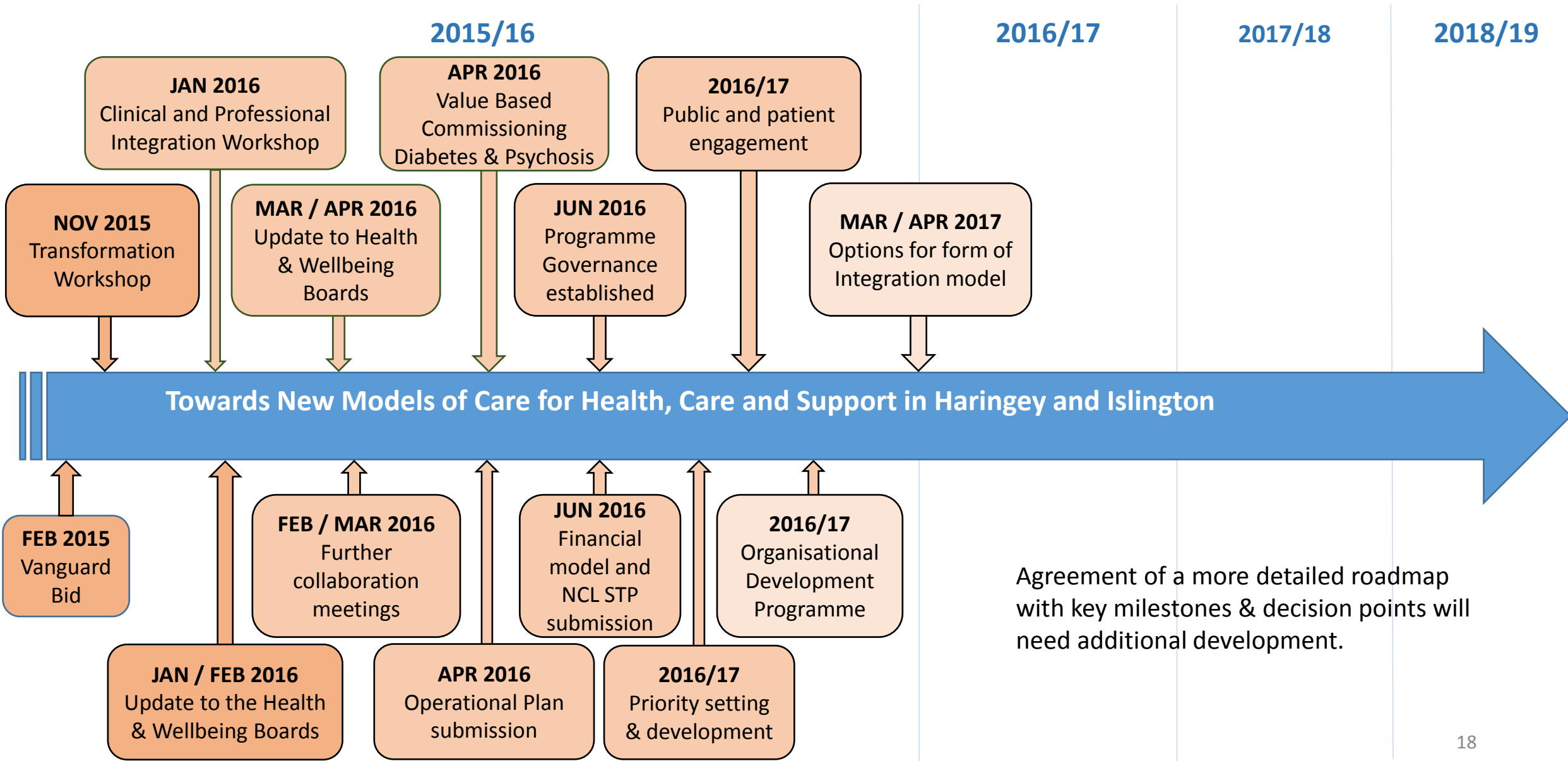


Programme / Governance Structure

General Principles

- **Health and Wellbeing Board undertaking a role to oversee the programme** – To be discussed further as outlined on the final slide
- **Informed involvement across all constituent organisations through Governing Bodies and Boards** – Ensuring agreement of strategic vision for Islington
- **Clinical leadership** - Any new model will need to be co-produced with and owned by clinicians to guarantee success. Strong clinical oversight will also be required to ensure safe and robust system design. It is therefore recommended that all levels of the programme structure should have clinical representation where possible.
- **Co-production and public engagement** - Service user ownership and support is also an essential component of any new model's success and therefore all opportunities for co-production with service users and our population should be explored to guarantee a sustainable and bottom up model.
- **Robust programme management arrangements including an core executive committee and project management group** - responsible for delivering programme activity, delivery and evaluation of progress.
- **Work stream groups focusing on our priority areas** – To be established to build on our achievements to date, examination of risk within different population segments and priority areas for improvement such as the Integrated Digital Care Record.
- **Making good use of resources** – across both borough's programme structures; governance arrangements and reference groups exist with a variety of purposes; expertise and resources. Wherever these existing forums and resources can be utilised for the purpose of this work they should be to ensure good use of resource to prevent unnecessary bureaucracy.

Timeline for Delivery – Next Steps



Agreement of a more detailed roadmap with key milestones & decision points will need additional development.



Health and Wellbeing Board – Discussion Points

1. How should the role of the Health and Wellbeing Board (HWBB) be embedded in this work?

2. What are the mechanisms that will ensure real time engagement and involvement?

3. How should the governance and reporting mechanisms of the HWBB be modified, to take account of this collaborative work with neighbouring CCGs and Local Authorities?

4. What are the opportunities and complexities in taking this forward?

5. Do the HWBB wish to receive updates in-between Board meetings?