

Adult Health and Scrutiny Panel

Additional Information on MTFs Proposal 6 – ‘New Models of Care’

MTFS Proposal – New Models of Care: Proposed savings £1.4m in 2018/19.

Adult Health and Scrutiny Panel have requested additional information on the MTFs Proposal on ‘New Models of Care’. The proposal provides that:

Proposal:

There are potentially savings achievable across Priority 2 from moving to an integrated model of delivery.

The largest element of this will be savings made through integration with (i) Haringey CCG, (ii) Wellbeing Partnership with Islington Council and CCG and (iii) additional savings across North Central London cluster.

There are additional potential savings as a result of proposals to redesign adult social care through (i) further reductions in new packages of care through a more preventative approach linked into primary care and community services (ii) further staff reductions as part of the service redesign, including through more integrated ways of working. This would include at services provided currently through Adults Social Care, Public Health and the Clinical Commissioning Group.

Rationale:

These proposals are at an early stage of development. Nonetheless, other authorities in London have been developing collaborative partnerships with neighbours or with health partners and these have indicated scope for doing things better together and saving money through having more resource overall to use flexibly and innovatively. The savings proposed for Haringey draw from those achieved in models elsewhere.

Information requested by the Adult and Health Scrutiny Panel:

That additional information, on New Models of Care, is made available for consideration by the Overview and Scrutiny Committee before final budget scrutiny recommendations are agreed. This should include narrative on the range/type of savings proposed, including staffing, to demonstrate how savings of £1.4 million would be achieved.

New Models of Care – Additional Information

As described the MTFs proposal around New Models of Care are at an early stage, however the work we have been progressing with partners and evidence from other authorities provides us with confidence that by working differently and in partnership we can deliver the £1.4m savings proposed. Any proposals will be worked up in more detail and decisions taken through the appropriate democratic governance processes.

The following provides some additional narrative in regards to the proposals and some early illustrations of where we have been progressing developments that will help shape our final options to deliver the savings;

Integrated Target Operating Framework:

To provide the framework, vision and context to shape developments and deliver priority 2 of the corporate plan – Healthy, Long and Fulfilling Lives, we have been developing an Integrated Target Operating Model (see **See Appendix 1**) with partner’s which sets out the principles and ways of working together to inform and steer greater health and care integration. The approach seeks to address the budget and demand challenges through the development of integrated health and care pathways that promote individuals independence and thereby reduce the demand and cost for longer term complex services. This work has been informed by service users and carers, national evidence and sector experts (including professor John Bolton), which has initially helped develop strong foundations and is being jointly and innovatively developed across Adult Social Services, Public Health and Haringey CCG.

The outcome of these developments has led to agreement across partners and stakeholders on keys stages and opportunities at which integrated or joined up care can help people to remain more independent, reducing the need for more complex and costly services. These are reflective of the P2 objectives and are focused around prevention at all stages, a stronger community offer, proactive support when people are at risk of losing their independence and responsive high quality services for those who are very vulnerable.

This approach will support developing new models of care (as outlined below), particularly for those people at risk of losing their independence.

Adult Social Care – Next Step Service Redesign

Aligned to this thinking there are opportunities for services in Adult Social Care to be further redesigned to improve support to vulnerable people by creating services that support people at an earlier stage and help them to remain independent for longer. Any changes to the service structures will be implemented in stages, with our partners, and linked to the evidence provided within the Integrated Target Operating Model.

It will build on the learning from pilot projects across different service areas, such as our Reablement and Reviews Teams. The evidence from these pilots suggest there is further potential to reduce the costs of care packages, mostly as a result of reducing long-term packages or providing alternative forms of support, e.g. Reablement.

The change required to realise these benefits will be achieved by having a commonly understood way of working (internally and with partners) and a workforce that is well informed, well motivated, well skilled and well managed.

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Estimated efficiencies will be delivered by identifying opportunities to reduce headcount where appropriate (although at this stage no options have been identified), changing the skills mix in teams and/or merging roles and structures with partner organisations, in addition to supporting the potential to reduce demand for complex, long term care services.

Haringey & Islington Wellbeing Partnership:

Alongside and complementary to this work we have agreed with health and care partners across Haringey and Islington key areas to work together to manage cost pressures across the Boroughs.

This partnership has been established to speed up the transformation of health and care system across Haringey and Islington, supporting residents to achieve healthier, happier and longer lives, and to deliver value and financial sustainability for all partners.

The current Wellbeing partner organisations are:

- Haringey Council,
- Islington Council
- Whittington Health, Camden & Islington NHS Foundation Trust,
- Barnet, Enfield & Haringey Mental Health NHS Trust (New partner as from June 2016)
- Islington Clinical Commissioning Group, Haringey Clinical Commissioning Group
- UCL Partners
- Haringey GP Federation, Islington GP Federation (new joiners August 2016)

The Wellbeing Partnership has agreed and is developing business plans in the following areas:

- Joined up models of care across the Boroughs (known as an Accountable Care Partnership model)
- A model of care that supports independence in frail older people with health and social care needs
- A new model of care for people with learning disabilities
- A re-designed musculoskeletal care pathway
- A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease.
- Mental Health: Recovery and Enablement
- Children’s Services

The following takes a number of these as an example, with an early indication of where the financial benefits may be achieved for Adult Social Care:

Integrated model of care for people with learning disabilities

The approach is designed to develop models of care for people with Learning Disabilities across Haringey and Islington to improve health and care outcomes and manage costs in line with existing and future budgets. The current investment across Haringey and Islington is c£63million for around 2000 people (both adults and children). Haringey’s proportion of this is c£30million (of which £1.9m is staffing costs, £24.4million is externally commissioned services and £4.6 In-House services), for c1100 people.

The opportunities to deliver the efficiencies required, that are being explored with partners, are likely to focus on budgets associated with delivering services across the boroughs; reducing the number of people requiring more complex care where appropriate; and developing more cost effective ways of supporting people of all ages with a learning disability.

A model of care that improves the prevention, identification and management of diabetes and cardiovascular disease (CVD).

Work across Haringey and Islington on cardiovascular disease and diabetes identification, prevention and management also has the potential to produce savings for adult social care. These savings would be generated through a reduction in future demand on adult social care, primarily through a reduction in number of people having strokes (which are related to CVD and Diabetes). This will be achieved by looking at all the ways we can support people earlier who may be at risk of having a stroke and CVD including prevention, continuing work on increased detection and better management of high blood pressure, 1 of the key risk factors.

A simple model of potential savings is being developed but the following provides an indication of how this will be modelled (Also see an illustration of this in **Appendix 2**):

- At present the rate of new stroke per year in Haringey (as measured by hospital admissions) is 159 per 100 000 people, and equates to 251 strokes a year in Haringey.
- This rate of strokes is 50% higher than the London average, and 23% higher than a similar neighbouring borough like Islington.
- If we were able to reduce our rate of strokes to Islington levels we would have 41 less people having strokes per year. If we were able to reduce our rates of stroke to London levels we would have 84 less people having strokes per year.
- Public Health tells us that the chance of each stroke resulting in moderate or severe disability is c38%.
- Therefore a reduction to Islington levels could result in 16 less cases of severe or moderate disability from stroke each year.
- If we assume that 50% of these people will need social care funded care we can begin to model the savings to adult social care.

North Central London (NCL): Sustainability and Transformation Plans (STP):

On a larger footprint we are also working across North Central London to develop sustainability and transformation plans (STPs). North Central London (NCL) comprises five London Boroughs & Clinical Commissioning Groups (CCGs): Barnet, Camden, Enfield, Haringey and Islington. Approximately 1.45m live in the 5 boroughs and we spend c. £2.5bn on health and c. £800m on adult and children's social care and public health.

The plans are only in draft form at this time but the vision for NCL is to be a place with the best possible health and wellbeing, where no one gets left behind. In order to deliver this vision, there is a programme of transformation in development, with 4 areas of focus that will be designed to result in improved outcomes and experience for the local population, increased quality of services and savings. These areas are:

- 1. Prevention:** Joint efforts on prevention and early intervention to improve health and wellbeing outcomes for the whole population.
- 2. Service transformation:** To meet the changing needs of the population transform the way that we deliver services together.
- 3. Productivity:** Focus on identifying areas to drive down unit costs, remove unnecessary costs and achieve efficiencies, including working together across organisations to identify opportunities to deliver better productivity at scale.
- 4. Enablers:** Build capacity in digital, workforce, estates and new commissioning and delivery models to enable transformation.

New Models of Care: Conclusion

The MTFs proposal with regards to New Models of Care is not fully developed and agreed at this stage but will be in line with the timescales to deliver £1.4m savings in 2018/19. Any proposals will be worked up in more detail and decisions taken through the appropriate democratic governance processes.

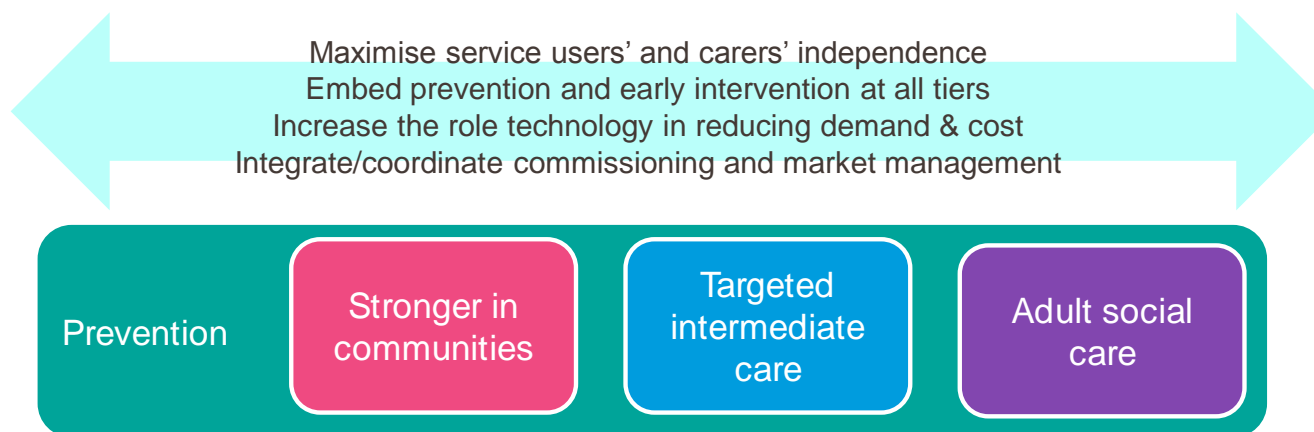
However at this stage developments within Haringey that inform our models of social care delivery, such as the Integrated Target Operating Model; the Wellbeing Partnership with Islington, including the Learning Disabilities and Cardiovascular work streams; and the developing Sustainability and Transformation Plans across North Central London, provide the foundations, partnerships and the assurance that, working differently together, we can develop ‘New Models of Care’ that will improve the life experience and outcomes of people in Haringey and generate the savings requirements outlined.

Appendix 1

An integrated target operating model of health & care



The Integrated Target Operating Model has generated a clear, shared view across health and care partners about how the system needs to work differently. These have been captured in ‘I and How’ statements that reflect both the user & carer experience and the service design, informed by wide engagement. We are also working up proposals in six opportunity areas.



Opportunity Areas:

1. Integration of prevention commissioning
2. Developing ‘community hubs’ and the community-based support
3. Developing and integrating provision of information
4. Integrating out of hospital services
5. Redesigning adult social care services
6. New Models of Care for Learning Disabilities with Islington

Appendix 2

Illustrative Savings Opportunities: Stroke (Diabetes & CVD)

