

Report for:	Cabinet – 14th July 2015
Title:	Health and Care Integration Programme Update
Report Authorised by:	Zina Etheridge – Deputy Chief Executive, Haringey Council and Sarah Price – Chief Officer, Haringey CCG
Lead Officer:	Paul Wilmette, Joint Integration Programme Manager

1 Describe the issue under consideration

- 1.1 This paper provides an update on progress on the Health and Care Integration (HACI) Programme report brought to Cabinet on the 14th October 2014. This update focuses on scoping and progress with greater detail around the Better Care Fund (BCF).
- 1.2 This paper also outlines the approach being taken to align the governance of the Health and Care Integration Programme and Priority 2 of the Corporate Plan.

2 Cabinet Member introduction

- 2.1 Supporting everyone to be healthy and have a high quality of life for as long as possible is a core aim for the Council and its partners. Integrating health and social care so that care is person centred, joined up and meets their needs is central to that vision. The establishment of the health and social care programme was an important step towards delivering that integration. The high level vision and approach is now agreed, with implementation of the initial focus areas well under way. Recent initiatives to align the Health and Care Integration Programme with the council's priorities and in particular, Priority two will ensure maximum benefit.

3 Recommendations

- 3.1 Cabinet is asked to note progress made to date
- 3.2 Approve the approach taken to aligning the Health and Care Integration Programme with the council's approach to delivering its Priorities.
- 3.3 Note the strategic implications of the wider Health and Social Care Integration agenda and that officers will work with CCG colleagues to explore further

opportunities for integration, including further opportunities for pooled budgets, in line with the Health and Care Integration programme.

4 Alternative options considered

- 4.1 Do nothing with respect to aligning HACI and Priority 2 governance.: Keeping the Priority 2 governance separate was considered but the efficiencies gained by streamlining governance were considered too great to delay.

5 Background information

Overview

- 5.1 The Health and Social Care Integration Programme was established in October 2014 to build on the strong relationship between the CCG and the Council to support Haringey in meeting its vision for Integrated Care, i.e.:
- We want people in Haringey to be healthier and to have a higher quality of life for longer.
 - We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible. This means:
 - The individual's perspective should be at the heart of any discussions about integrated care
 - When planning and providing integrated care services the individual's perspective should be the organising principle of service delivery
- 5.2 The programme fits well with the Corporate plan and the intent to implement a whole borough vision embedding the principles of prevention, early intervention and community resilience. There is strong alignment to the visions set for Priority 1 and Priority 2:
- "We will work together with families to ensure that every child in Haringey has the very best start in life, including world class education."
 - "We will support people to live healthy, long and fulfilling lives with control over what is important to them."



Governance

5.3 The current HACI governance model and programme structure and the approach planned for Priority 2 can be found in Appendix A

5.4 The breadth of the ambition is such that delivery requires clear levels of specialist and detailed oversight and steer. To ensure the appropriate people are involved, the governance structure consists of three layers:

- Strategic
 - Set the vision and ambition for Haringey
 - Provide guidance and strategic direction
 - Make strategic decisions (impacting vision and direction of travel) within the agreed scope and principles
- Steering
 - Have the ultimate oversight of the Delivery Programme
 - Steer the Programme and associated projects
 - Ensure progress remains on track to achieve the agreed vision and goals set out
 - Make management decisions (enabling the programmes and projects to continue) within the agreed scope and principles
- Operational
 - Manage and direct projects (at an operational level)
 - Agree proposals for operationalisation of the plan developed through the projects
 - Ensure the projects are on track and progressing as expected
 - Make operational project decisions, within the agreed scope and plan, enabling the project to continue to deliver



- 5.5 This layered governance structure aligns with the proposed governance approach for managing the Corporate Plan priorities within the council.
- 5.6 The alignment with the Priority 2 governance structure has been achieved in a way that leaves the governance for the HACI programme unchanged to ensure that the momentum and relationships with partner organisations is maintained.
- 5.7 The only new meeting to be established will be the internal Priority 2 Board; agreement will be sought at the next Health and Wellbeing Board to act as the external partnership board for Priority 2.
- 5.8 Consideration is being given as to how best to incorporate the cross cutting themes to ensure decision making and information sharing happen in the most effective way.

HACI Scope

- 5.9 The programme has agreed three key themes, integrated care for adults, children, and mental health and wellbeing. These themes align with the outcomes set out in Haringey's Health and Wellbeing Strategy, the Council's Corporate Plan and the 5 year strategy for CCGs in North Central London.
- 5.10 Within each theme, a number of projects / programmes have been identified to deliver the agreed integrated care vision for that theme. Additionally, the Integration Programme includes cross cutting themes in the areas of technology and finance that will enable and support integrated commissioning and service delivery
- 5.11 The vision for the HACI Adults' theme is to join up and co-ordinate health and care services in a way that:
- enables residents to be as healthy as possible for as long as possible
 - enable residents to feel more supported by the community to be healthier and to live independently for longer
 - ensures support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
 - there are convenient and easily accessible services available where people live
 - ensures people are treated as quickly and safely as possible so they can return home and return to independence
 - ensures residents assessed as needing formal care and / or health support will receive responsive, safe and high quality services
 - jointly commissioned services are based on outcomes rather than activity
 - all vulnerable adults will be safeguarded from abuse



5.12 The benefits of the Adults' theme are expected to be:

- Increased joint working leading to more efficient and responsive service delivery
- More people will have healthy lifestyles
- More residents will be engaged in employment, physical activity, sports and in volunteering
- A reduction in the number of people feeling isolated
- Individuals enabled to do things for themselves
- Good and timely information
- Increased community capacity
- Reduction in non-elective admissions
- Reduction in permanent admissions to residential/nursing homes
- Increase in the proportion of older people still at home 91 days after discharge
- Reduced delayed transfers of care
- Improved GP patient survey results
- Decrease in falls injuries

5.13 Projects/programmes underway in the Adults' theme are:

- Better Care Fund: encompassing actions to tackle health; for the first year, focusing on integrated service for frail older people (65+) to enable people to live independently. Projects within the BCF Plan include:
 - Design, develop and implement multi-disciplinary locality teams
 - Review Rapid Response service
 - Review Dementia Day Centre
 - Review and redesign Reablement Service
 - Review of Step Down Service
 - Review of home from hospital funding
 - Procure and monitor Neighbourhood connects
 - Monitor Palliative Care contract
 - Design, develop and implement approach to IT Interoperability
 - Design, develop and deliver a Workforce Development programme for 7 day working
- Value Based Commissioning: establishing models and approaches to commission services based on values / outcomes rather than activity; working in partnership with Enfield CCG.

- Working Age Adults: revising the approach taken to providing support to working age adults who have difficulty in maintaining their health and wellbeing with transition of young people to adulthood as a particular focus.

5.14 The vision for the Childrens' theme is: By implementing an integrated approach for commissioning and service delivery we will enable every child and young person to have the best start in life, with high quality education. To deliver this:

- We will work with children, young people and families in a joined up way to co-produce solutions
- We will develop prevention, early intervention and targeted early help from conception to 25 years, so that children and families can thrive in their communities, with improved outcomes
- We will work together to reduce the need for more specialist support and seek to deliver provision in family and community settings wherever possible

5.15 The benefits of the Childrens' theme are expected to be:

- Improved family and community resilience, with greater choice and control
- Thriving children, young people and families
- Strong partnerships making effective use of all resources, with an increased emphasis on early interventions & coordinated working

5.16 Projects/programmes underway in the Childrens' theme are:

- SEND reforms Programme: implementing the changes set out in the Children and Families Act regarding special educational needs and disabilities (SEND) which came into effect from September 2014. Projects within SEND include:
 - Local offer
 - ECH Plan and assessment
 - Personal Budgets
 - Preparing for adulthood
 - Mediation
 - Joint Commissioning
 - Workforce development
 - ICT and IG
 - Communications and engagement
- Early Help Project: Providing input into the Childrens project considering the range of provision often described as prevention, early intervention and targeted early help, which may be delivered by universal services or by commissioned services. The governance for this project will be via the Priority 1 "Best start in Life Board".



5.17 Transformation of Children and Young People Mental Health services: review of tier 1 to 4 services

5.18 The vision for the Mental Health and Wellbeing theme is “All residents Haringey are able to fulfil their mental health and wellbeing potential. Initial activities are focused on establishing a more joined up approach; where services are managed around the individual and where the person is able to live independently at home or locally in the community. Our priorities are:

- Promoting mental health and wellbeing and preventing mental ill health across all ages
- Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood
- Improving mental health outcomes of adults and older people by focusing on the three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa
- Commissioning and delivering an integrated enablement model which uses individuals, families and communities’ assets as an approach to support those living with mental illness to lead fulfilling lives

5.19 The benefits of the Mental Health and Wellbeing theme are expected to be:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm and die by suicide
- Fewer people will experience stigma and discrimination

5.20 Projects/programmes underway in the Mental Health theme are:

- Mental Health Strategic Framework: setting the strategic direction and implementation approach for integrated mental health services in Haringey. This project will specify a delivery plan from which a series of projects will be defined.
- Mental Health Enablement Model currently contains two projects looking at the accommodation and employment needs of people with mental ill health.



Plan and Budget

5.21 For the programmes and projects underway the plans are developed at a high level and the programme is now fleshing out the detail so we better understand the risks and budget.

5.22 Based on the current information it is expected that Integration projects already underway have the necessary agreement and approval of their requirements for resources and funding.

5.23 The table below indicates which projects have confirmed resourcing and budget. Where projects do not have confirmed resourcing and budget or need additional support, requests will be made to Integration Programme Steering Group for approval after the scoping has been completed.

Theme	Projects	Resources confirmed	Budget agreed	Comments
Adults	Better Care Fund Projects	✓	✓	Confirmed for 2014/15 and 2015/16
	Value Based Commissioning Project	✓	✓	Confirmed for the development of the Business Case.
	Working Age Adults	<input type="checkbox"/>	<input type="checkbox"/>	Project currently being defined.
Children	SEND Reforms Programme	✓	✓	A Programme Manager has been recruited 2 days a week. A new Joint Commissioner to represent the health aspects is in place.
	Transforming CAHMS services	✓	✓	Project Manager in place. Review under way with options appraisal for future arrangements due in September.
Mental Health and Wellbeing	Housing and support for people with MH	✓	✓	Covering the development of pathways only.
	Employment and support for people with MH	✓	✓	Project manager in place, with the project to be managed together with the Housing project.
	MH Framework	✓	✓	Commissioning Leads driving the development. Additional resources will be required for implementation
Enablers	Interoperability IT	<input type="checkbox"/>	<input type="checkbox"/>	Project currently being defined.

	Integrated Financial Management	<input type="checkbox"/>	<input type="checkbox"/>	Project currently being defined.
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Better Care Fund

Overview

5.24 The Haringey Better Care Fund (BCF) Plan was submitted on the 19th September 2014. Following a national assurance process the Haringey BCF plan was formally approved by NHS England on 7th January 2015. The BCF is expected to deliver 705 fewer emergency hospital admissions over 2015/16. 415 out of the 705 fewer emergency hospital admissions will be monitored by NHS England and subject to the pay for performance element of the BCF Plan. £1.26m has been held back as a contingency fund in the event that the whole 705 emergency hospital admissions target is not met.

5.25 In order to deliver a reduction in the performance related target, the initial focus of the Haringey BCF is on services for older people (65+), as the group most at risk of an emergency hospital admission. Haringey CCG and LBH have approved plans for the use of the £22m BCF budget (2015/16) to review and deliver 19 services organised into four schemes:

Scheme	Service	2015/16
Scheme 1: Admission Avoidance	Locality Team	£ 11,825,548
	MDT	£ 89,000
	Lymphedema	£ 48,000
	Rapid Response	£ 250,000
	Overnight District Nursing Service	£ 150,000
	Dementia Day Centre	£ 475,000
	Recovery College	£ 675,000
	Falls Prevention	£ 80,000
Scheme 2: Effective Hospital Discharge	Reablement	£ 3,142,905
	Step Down	£ 625,000
	Home From Hospital	£ 139,749
Scheme 3: Promoting Independence	Neighbourhood Connects	£ 215,000
	Palliative Care	£ 300,000
	Supported Self-Management (Generic)	£ 52,000
	Supported Self-Management (Diabetes)	£ 64,600
Scheme 4: Integration	Interoperable IT	£ 22,333
	Workforce Development	£ 780,536



Enablers	Disabled Facilities	£ 949,000
	Care Act Responsibilities	£ 879,000
	Contingency	£ 1,236,502
	TOTAL	£ 21,999,173

5.26 Each scheme has a specific perspective on the integration of health and social care services to prevent emergency hospital admissions in older people:

- Scheme 1 will deliver services that will prevent health conditions from escalating to a crisis where emergency services are needed.
- Scheme 2 will deliver services that will facilitate discharge from hospital as quickly, safely and effectively as possible
- Scheme 3 will deliver services that build community capacity to reduce isolation and improve health and wellbeing
- Scheme 4 will deliver services that support the implementation of the first three schemes.

5.27 The BCF services undergo a business case/service review process to ensure that BCF investment is being used on evidence based services that will deliver improvements to public and service user outcomes in the most effective and cost effective way.

Benefits expected

5.28 The Haringey BCF will be assessed against six outcome measures in 2015/16 and has set trajectories as part of the national assurance process:

Target	Increase/Decrease	Number	Saving
Emergency Admission Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population	3.4% Decrease	705	£1,248,000
Care Homes Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	1.8% Decrease	2	£101,000
Reablement Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	1.7% Increase	6	£600
Delayed Transfers	1.7% Decrease	0	



Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+)			
Patient Survey In the last 6 months, has the Service User received enough support from local services (not just health) to manage their long term health condition(s)? (Measure biannually)	1.2% Increase	N/A	
Falls Injuries due to falls in people aged 65 and over, per 100,000 people	4% Decrease	10	To be confirmed

5.29 As well as these outcome measures Haringey has surveyed over 200 local people and service users and has summarised their priorities into seven public and service user outcomes. Integrated services will (be):

1. **Easy to access**, through a single point of access
2. **Well managed** and provided by competent professionals and staff
3. **Person Centred** and personalised to the experiences and views of people who use them
4. **Provide good and timely information**, from a variety of sources including the voluntary and community sector
5. **Enable individuals to do things for themselves** through prevention , self-management and reablement
6. **Work together as one team**, including the patient/service user, with clear and constant communication
7. **Promote wellbeing and reduce loneliness** through community capacity building.

5.30 Services will be expected to demonstrate progress against these public defined outcomes and will be supported by public health to use the most effective method for measurement.

5.31 A case study of ‘Harry Gray’ has been developed to demonstrate how the proposed service changes will impact on service users. The case study was based on a live case known to services and which identified a number of issues and gaps in the outcomes would be improved by the Haringey BCF (see appendix B).

Progress to date

5.32 The BCF has necessitated the development and implementation of a significant amount of programme planning and management including plan submissions, assurance processes, progress reports, stakeholder engagement, finance and



performance frameworks and governance structures. A number of these processes and structures are now in place to oversee the first year of BCF delivery, from 1st April 2015.

5.33 Out of the 19 BCF services, three are new and the remaining 16 are either existing services or are further developed from existing services. The three new services are the locality team and the two supported self-management projects.

5.34 Locality teams are multi-disciplinary teams comprising of professionals working across primary care, community health care, social care and mental health providing care that is co-ordinated and oriented towards enabling people to maintain their health, independence and wellbeing. Professionals working within the locality team will undertake care co-ordination. Care co-ordination involves the identification of people most at risk of a non-elective/emergency hospital admission and supports them to remain well and independent, and to prevent a hospital admission. Professionals within the locality team will develop and implement a care plan setting out the integrated package of support needed, either from self-care or from safe and effective services. Professionals undertaking care co-ordination will be working as 'care co-ordinators' however will be retaining their specific job title and specialism and incorporating the key tasks to their role.

5.35 As part of the development of the locality team model we have rolled out several pieces of work that are being used to inform the development of the model in Haringey including:

- Multi-Disciplinary Team (MDT) teleconferences – a team of professionals discuss older patients who have attended A&E more than once in the last 6 months or have been recently discharged from hospital. The aim is to reduce further emergency attendances through improved communication between professionals and co-ordination of patient care across hospital and community settings.
- Unplanned admissions enhanced service – a scheme run by NHS England that pays GP practices to risk stratify their practice population, identify the top 2% at risk of an unplanned hospital admissions, identify a lead GP in the practice who then develops a basic care plan with the patient and records it on their IT system.
- GP collaborative care co-ordination projects – Between £50-60k of funding was provided to the four GP collaboratives by Haringey CCG as a quality premium to facilitate their further involvement in care planning targeting patients over 75 years old.
- Locality team test and learn pilot – the pilot was developed with the north east GP collaborative linking a nascent multi-disciplinary care co-ordination team with two to three GP practices to develop learning about the identification of the cohort, the role of the care co-ordinator and the processes of care co-ordination.



- 5.36 These projects are being managed by the Integration Implementation Group as part of the BCF governance process.
- 5.37 The evaluation of the locality team test and learn pilot includes the following components:
1. Patient surveys will compare patient reported experience of care and quality of life before and after the pilot projects. This is linked to the BCF public and service user defined outcomes.
 2. Medical and social care use will be tracked using the patient's number.
 3. Patient demographic information will be used to assess equity of access to the services,
 4. An internet based staff survey will capture the experiences of staff involved in the pilots
- 5.38 The evidence from the test and learn pilot and the other local projects combined with national evidence of effectiveness, determined by public health, was used to develop the Haringey locality team model and business case. The locality team business case has been agreed and will be implemented across all of Haringey during 2015/16.
- 5.39 The two self-management projects include the following elements: a chronic disease self-management service, similar to an expert patient programme, which is generic for one project and diabetes specific for the other; a diabetes web based self-management tool; a diabetes DVD and workbook support package; and programme capacity building to sustain the programme going forward. Service specifications are being developed and these services will be commissioned, to start delivery in 2015/16. These services will be overseen by the Promoting Independence Group as part of the BCF governance.
- 5.40 The remaining 16 services are going through a similar cycle of review, communication and engagement with relevant stakeholders for the service, development of a business case/commissioning plan and service specification, developing a performance framework, regular monitoring, and identifying opportunities for the service to be further integrated within the health and social care system. This work will be continuing over 2015/16.

6 Comments of the Chief Finance Officer and financial implications

- 6.1 The prescribed Better Care Fund for 15/16 for Haringey is £16.5m revenue funding and a further £1.6m capital funding. In addition the London Borough of Haringey has chosen to create a joint budget for the integrated locality teams by adding a further £4m funding for social work, care management and occupational therapy making an overall Better Care Fund of £22m. It should be noted that none of this is new funding and it is mainly funding existing and ongoing services of high importance to local health and social care provisions. The introduction of the Better Care Fund requires

the local authority and the NHS to work more closely together and jointly manage the BCF budget to achieve the desired outcomes.

- 6.2 In June the Cabinet and the CCG governing body agreed to enter into a section 75 agreement which gives additional assurance around financial governance of the Better Care Fund.
- 6.3 This report also outlines a number of new further initiatives that are expected to deliver improved outcomes for local residents. Small amounts of funding are in place to cover the early work for these projects.
- 6.4 Once further work is identified above these start up costs funding will have to be identified by one or other of the partners. Since both the Council and the NHS are currently experiencing a high level of budgetary pressure the amount of funding available will be extremely limited so a degree of prioritisation will probably be required.

7 Comments of the Assistant Director of Corporate Governance and legal implications

- 7.1 The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives.
- 7.2 Under Section 3 of the Care Act 2014 (Promoting integration of care and support with health services etc), Sections 25 and 26 of the Children and Families Act 2014 (Education, health and care provision: integration and joint commissioning), Sections 13N and 14Z1 of the NHS Act 2006 (14Z1 Duty as to promoting integration) and Sections 75 of the National Health Services (NHS) Act 2006 (as amended) (arrangements between NHS bodies and local authorities for the delegation of functions), the Council and the Haringey CCG have the duties/powers to promote integrated commissioning

8 Equalities and Community Cohesion Comments

- 8.1 The proposed Health and Care Integration Programme is designed to provide health and social care services that produce better outcomes and a better experience for all local people. As a result it serves the interests of all protected groups, whose health and wellbeing it promotes, and is aligned with the Council's commitment to equalities.
- 8.2 Equality impact assessments will be carried out as part of the project planning and delivery process.

9 Equalities and Community Cohesion Comments

- 9.1 The proposed Health and Care Integration Programme is designed to provide health and social care services that produce better outcomes and a better experience for all



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9.2 Equality impact assessments will be carried out as part of the project planning and delivery process.

10 Head of Procurement Comments

10.1 N/A There are no direct procurement implications arising out of this report however as and when the projects identify procurement requirements the appropriate processes will be followed.

11 Policy Implication

11.1 Integration of health and social care is a national policy arising from the Better Care Fund and Care Act Implementation and this programme of work complements and add value to work under this remit.

12 Reasons for Decision

12.1 The proposed governance process provides clarity as to how the Council's Priority 2 and Health and Care Integration objectives will be governed and delivered.

13 Use of Appendices

Appendix A: Governance Model and Programme Structure
Appendix B: Better Care Fund case study