

Report for: Adults and Health Scrutiny Panel on 29th September 2016

Item number:

Title: An Integrated Target Operating Model to enable Adults in Haringey to live healthy, long and fulfilling lives

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Ward(s) affected: All

Report for Key/

1. The purpose of this report

This paper provides summary information to support a follow-up scrutiny discussion (following an all Members Learning and Development Session on 21st September 2016) to contribute to the development of new ways of working, through an Integrated Target Operating Model that will; enable Adults in Haringey to live healthy, long and fulfilling lives by maximising their independence and support the future financial sustainability of health and care services in the Borough.

The paper and the corresponding presentation (**Appendix 1**) will ensure that members of the Adults and Health Scrutiny Panel have a clear understanding of the developments to date, including:

- The challenges facing Adult Social Services, Public Health and Health Services
- What our service users, carers, their representative groups, our staff and partners have told us we should be focusing on to maximise peoples independence in the Borough.
- How we are responding to these challenges and opportunities, and the 'next steps' we are proposing that will:
 - Seek to maximise the independence of Haringey's residents
 - Help us manage demand for more complex and costly health and social care services

This then provides an opportunity at the Adults and Health Scrutiny Panel on 29th September 2016 for members to:

- Help shape and test our direction of travel, highlight key areas of importance and identify any areas for additional focus.
- Explore the best way to involve the Adults and Health Scrutiny Panel in future developments as the work evolves.

2. Background information

The following provides a summary of the vision, challenges, work to date and next steps in the development of the Haringey's integrated target operating model. Additional detail is provided in **Appendix 1**, in the form of a presentation that will be used to inform discussions at the Adults and Health Scrutiny Panel on 29th September 2016.

3. The Vision

Our vision for all adults in Haringey, and the guiding principle for all service transformation (as agreed by Cabinet on 16th June 2015), places an emphasis on the values which promote and maximizes an individual's independence, dignity, choice and control, shifting away from institutional care towards community and home based solutions.

This approach is embodied by Priority 2 of the Corporate Plan, which seeks to 'empower all adults to live healthy long and fulfilling lives', and is underpinned by the following objectives:

- 1) A borough where the healthier choice is the easier choice
- 2) Strong communities where all residents are healthier and live independent fulfilling lives
- 3) Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
- 4) Residents assessed as needing formal care and /or health support will receive responsive high quality services
- 5) All vulnerable adults will be safeguarded from abuse

These objectives and corporate priorities have a strong whole population Public Health focus but also inform the future operating model for adult social care.

4. The Challenge

The funding and demand challenges facing Haringey's adult social care services are severe. An increasing and ageing demographic base is causing long-term demand pressures for adult social care services, and at the same time Government funding to the local authority continues to shrink year on year.

In addition Haringey's population faces levels of deprivation and health inequalities that are more comparable to the profile of inner-city than suburban areas, yet Haringey has a comparatively smaller funding base to spend on adult care services than neighbouring inner city boroughs.

Adult social care accounts for around 30% of all that Haringey Council currently spends and have savings targets of £24m by 2018/19, with a programme of work in place to address this. However the rate of finding savings cannot keep pace with the expected demand pressures from demographic change that

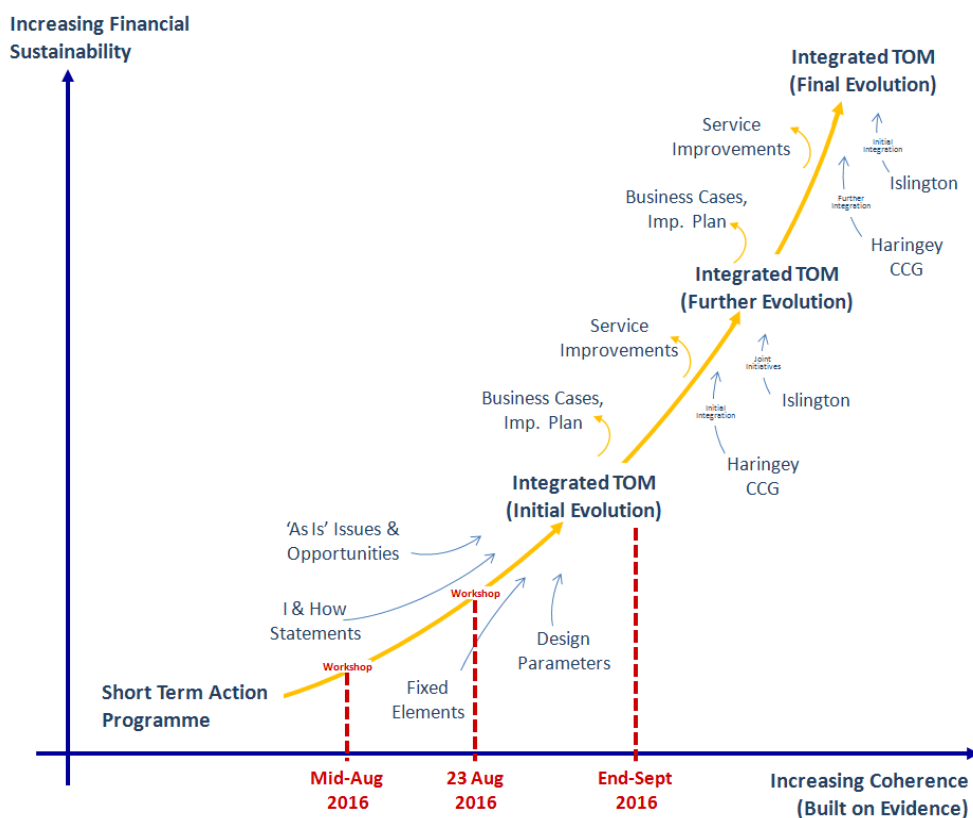
Haringey faces in the short to medium term. Even after all of the £24m savings measures, Haringey's funding gap for adult services would still be around £22.3m in 2018/19 if the proposals and actions outlined in this paper were not in development.

Added to this the challenges faced by other partners, including Haringey CCG who have a predicted financial gap of £12.6m in 2016/17, a transformational, joined up medium to long term plan is required to address the issues.

5. Developing an Integrated Target Operating Model

To deliver our vision of maximising independence, managing future demand pressures, whilst meeting the level of financial efficiencies we need to achieve financial sustainability, we have agreed a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG.

The road-map to the achievement of this is set out in our Integrated Target Operating Model ('ITOM') - which as it evolves will support progressively greater integration between all services to deliver the step change required.



To inform this we have worked with service users, carers, staff and our partners to ensure that we are clear about our current offer (the 'As Is') and what people may want for the future (the 'I statements') and how these may be delivered.

These provide a set of person centred, meaningful and readily understood statements to ensure all developments are focused around the outcomes that enable people to remain independent. **See Appendix 2**

To provide a clear framework all developments have been centred on the five objectives of Haringey Councils Corporate Plan, Priority 2 - *Healthy Long and Fulfilling Lives*. This provides a coherent link between our Public Health prevention opportunities (at primary, secondary and tertiary levels) and our health and social care community support, early intervention and responsive high quality service intervention options, underpinned by the need to safeguard those people who are most vulnerable in our communities.

6. **Developing the 'To Be' – The 1st Phase of the Integrated Target Operating Model**

Based on our vision, our understating of the challenges, our current service offer (the 'As Is') and what people are telling us is important in terms of maintaining their independence (the I Statements), we have worked with stakeholders to identify opportunities that will help us shape our new ways of working and inform the first phase of our Integrated Target Operating Model.

The options are currently draft as we continue to test and develop:

- **Integrated Commissioning:** Review of commissioned primary, secondary and tertiary prevention services across the investment landscape to:
 - Rationalise contracts and improve VfM - by achieving greater economies of scale, reduce clienting and commissioning costs
 - Establish their overall VfM in achieving their contractual requirements and delivering the outcomes we require, refocusing these as necessary
- **Develop Community Hubs:**
 - Phased transfer of front door activity from Adult Social Care closer to the community
 - Embedding Assistive Technology within the first point of contact and throughout the customer journey
- **Re-Designed Service Model:** Restructuring Adult Social Services to create a more effective, efficient and flexible workforce. This will be achieved by implementing a clear performance management framework and simplifying systems and reorganising service delivery.
- **Information Integration:** Ensuring that the right information is available at the right time and in the right place to enable citizens, service users and carers to:
 - Help themselves effectively
 - Be aware of their own health any emerging or existing conditions so they can take steps to manage these

It includes the provision of tools to enable the receipt of self-directed support
The Project will build on work undertaken to date, with consideration also given to the future of Haricare

- **Models of Care for People with LD:** Developing 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
- **Integrated Out of Hospital Project:** Bringing together all new and existing out of hospital services, this project aims to take these forward - improve their coordination, capacity and quality, maximising independence and overall value for money. The key focus will be older people / frail and pre-frail adults and it is anticipated that the following services will be part of this:
 - **Primary Care:** Locality Teams , Mental Health and Primary Care Hubs, Mental Health Navigators
 - **Intermediate Care Services:** Bed Based Intermediate Care, Step Down, Reablement, Cavell (Bridge Ward), Rapid Response
 - **Hospital Services:** Home from Hospital, North Middlesex at Home, Discharge to Assess, Integrated Discharge Team, 7-day week working

7. Next Steps:

Member Learning & Development Session (21st September 2016)

- To help shape and develop thinking to date

Adults & Health Scrutiny Panel (29th September):

- Panel to provide further detailed reflections on developments to test and shape the integrated target operating model.

Project next steps:

Obtaining 'sign off' for each Project to progress to scoping stage, this will include:

- Service user, carer and representative group involvement in co-design and co-production
- Joint work with our partners, particularly Haringey CCG and Islington
- Close working with service providers, community and voluntary sector

8. Contribution to strategic outcomes:

The whole approach is focused on the Priority 2 objective to empower all adults to live healthy long and fulfilling lives and to deliver the associated objectives:

1. A borough where the healthier choice is the easier choice
2. Strong communities where all residents are healthier and live independent

fulfilling lives

3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
4. Residents assessed as needing formal care and /or health support will receive responsive high quality services
5. All vulnerable adults will be safeguarded from abuse

9. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities):

Finance and Procurement

The report outlines plans for developing a Target Operating Model (TOM) for Adults Social Care. Such a TOM would be expected to produce service efficiencies and cost savings through the streamlining of processes. At present the financial benefits have not been quantified, but these will emerge as the plan develops.

There are expected to be some costs associated with developing the TOM, through temporary additional resource in the Adults Transformation Team or elsewhere in the service. Such funding requests have been managed so far through the presentation of business cases to the Corporate Director of Resources, who has delegated authority to release funds from the corporate Transformation Reserve.

This report is not seeking a decision on the allocation of additional resources in support of this initiative.

Legal

There are no legal implications arising from the report.

Equality

The operating model proposes some major changes to the way in which adult social care services are delivered. This will impact those currently in receipt of services and changes to the delivery of services is also likely to have an impact for staff too. A high level EQIA has been completed and has identified the need for a structured programme of consultation with staff, and engagement and communication with service users as the detail of the service changes are

developed. Specific EQIA's will need to be developed for each of the detailed proposals which sit underneath the framework.

10. Use of Appendices:

Appendix 1: ITOM Members Learning & Development Presentation

Appendix 2: ITOM Objectives & How Statements

11. Local Government (Access to Information) Act 1985:

N/A