

Westminster Health & Wellbeing Board

Date:	16 November 2017
Classification:	General Release
Title:	Next steps with Integrated Health and Social Care in Westminster
Report of:	Cllr Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Pursell, Chairman, Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and wellbeing
Financial Summary:	N/A
Report Author and Contact Details:	Dylan Champion, Head of Health Partnerships, WCC (dchampion@westminster.gov.uk) Chris Neill, Deputy Managing Director, Central London CCG (chrisneill@nhs.net) Jayne Liddle, Assistant Director Whole Systems, West London CCG (Jayne.Liddle@nw.london.nhs.uk)

1. EXECUTIVE SUMMARY

- 1.1 At its meeting on 13 July the Health and Wellbeing Board considered the draft Primary Care Strategy produced by Central London CCG and the local GP federation, Central London Healthcare (CLH). The strategy described outline plans for transformation beyond primary care able to deliver the final step in achieving the Central Government ambition of delivering integrated health and social care by 2020. The Board requested that the City Council be fully engaged in developing these plans further and since July Central London CCG (CL CCG) and West London CCG (WL CCG) have been working together to develop that thinking.
- 1.2 Since July, considerable work has been undertaken to develop this work further and this report provides an overview. In particular, each CCG has presented and had approved by its Governing Body its Integrated and Accountable Care Strategy. Kensington and Chelsea Health and Wellbeing Board has also

considered and given its support to the West London Integrated and Accountable Care Strategy.

- 1.3 In combination, this work and these strategies represent an exciting step change in the work to deliver better health and social care outcomes for Westminster residents and to achieve the Leader's Vision for Westminster and the Central Government Vision for integrated health and social care. The CCGs are looking to fully engage the Council and all partners in the development of more integrated, locally based services available in the community to support residents. The Council is therefore being approached as an equal partner in the development of these plans and its commitment is important to making this work.
- 1.4 Underpinning both strategies is a people focussed model of care, aimed at reducing the fragmentation of service delivery, improving outcomes, providing better care in the community and delivering the best value for money. This is encapsulated in the accountable care principles of 'one system, one budget, better outcomes'.
- 1.5 Driving both is also a commitment to deliver a common set of health and social care outcomes for residents whether they live in the south of the borough, the north, or in Kensington and Chelsea, and also a commitment that both approaches will align with and contribute to the London-wide work to establish a common outcomes framework and consistently high quality health and social care outcomes for all London residents. This is a particular issue for Westminster as approximately 50,000 residents who live in the Queens Park and Paddington area fall within the jurisdiction of the West London CCG while the remainder of Westminster residents fall within the jurisdiction of the Central London CCG. In addition, a significant number of residents will also utilise the services of GPs and other health providers in other neighbouring boroughs.
- 1.6 The proposals set out in both strategies are ambitious and will result in a very different health and social care system in Westminster from April 2019. The changes will only be successful if they are delivered with the full support of the Health and Wellbeing Board, the Council, both CCGs and key partners in Westminster. These initial proposals are presented to the Health and Wellbeing Board for consideration and endorsement and providing the direction of travel is endorsed, progress and key decisions required will be presented to each future meeting of the Health and Wellbeing Board.

2. RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board is asked to endorse the Central London Accountable Care Commissioning Strategy attached as appendix 1.
- 2.2 The Health and Wellbeing Board is asked to endorse the West London Integrated Care Strategy attached as appendix 2.

- 2.3 The Health and Wellbeing Board is asked to recognise and require the need for a whole system solution which will ensure that all Westminster residents whether they live in the north of the borough or the south receive a high quality and consistent health and social care service.
- 2.4 The Health and Wellbeing Board will play the lead role in shaping and overseeing the delivery of both strategies, receiving regular updates and providing endorsement to proceed following the achievement of key milestones.

3. BACKGROUND

- 3.1 In response to the Central Government vision to deliver integrated health and social care by 2020, WCC, health commissioners and local partners have for a number of years been working to improve joint working between health and social care services in order to deliver better outcomes for residents. In particular:
- Tri-Borough partners have produced and submitted 3 Better Care Fund Plans setting out how work will take place to deliver more integrated working between the CCGs and local authorities
 - In November 2016, partners produced the NW London Sustainability and Transformation Plan
 - In the first quarter of 2017, the Westminster Health and Wellbeing Board agreed a Joint Health and Wellbeing Strategy 2017-21.
- 3.2 This work culminated in the development and agreement of a shared vision, which was set out in the Joint Health and Wellbeing Strategy. That vision is that:
- “all people in Westminster are enabled to be well, stay well and live well supported by a collaborative and cohesive health and care system”.***
- 3.3 At its meeting in July, the Health and Wellbeing Board considered the draft Primary Care Strategy, which had been produced by CL CCG and CLH. It welcomed the strategy and requested that the outline plans for transformation beyond primary care be further developed into a comprehensive local response to the Central Government requirement for integrated health and social care by 2020, and that this be presented to the Board in November 2017.
- 3.4 Since then considerable work has taken place and in accordance with guidance from NHS England, CL CCG and WL CCG have produced draft Integrated Care Strategies. These are attached as appendix 1 and appendix 2.
- 3.5 It is important to note that whilst both strategy documents describe, to some extent, the different local starting points of both programmes of work, the aims and objectives are common across both and this is the first in a series of updates to the Health and Wellbeing Board which reflects early thinking to date before further work is done and brought forward for discussion and consideration.

Case for Change

3.6 Underpinning both strategies is a compelling case for change:

- Westminster is a borough of significant health inequality and this must be addressed: as the number 96 bus crosses the borough, life expectancy for men increases from 76 years old on the Harrow Road, to 89 years old in Knightsbridge and Belgravia, before falling again to 83 years on in the south of the Borough;
- By 2021, there will be a £1.4b shortfall in the resources to deliver existing levels of health and social care in North West London and partners in Westminster need to make their contribution to closing this gap by transforming local health and social care services;
- The existing health and social care system is fragmented, with duplicated effort and complicated pathways. There are 45 GP practice, 2 community trusts, 1 main mental health trust, over 50 providers of care services and within the BCF Section 75 Agreement alone, over 100 contracts;
- There are significant skill shortages, but at the same time considerable evidence that the skills available are not being utilised efficiently or effectively
- There is considerable opportunity to increase resident and patient satisfaction with health and social care services in order to achieve the City's ambition to be a World Class City.

Central London CCG Integrated and Accountable Care Strategy

3.7 Working with the Council, CL CCG have developed ambitious plans to establish a collaborative and cohesive health and care system in Westminster by 2020 and ensure that as a system, Westminster responds positively to the direction set in the NHSE Five Year Forward View and the ambition set in its own Sustainability and Transformation Plan.

Proposed Care Model

3.8 While more work is required to develop the care model to deliver integrated health and social care and an ambitious programme of engagement and co-design is planned to achieve this it is envisaged that the new model will be underpinned by the concept of:

'One system, One budget, Better outcomes'

3.9 The strategy also commits partners to a set of guiding principles:

- ✓ **Resident-focussed** – we expect all our residents to be supported by a single health and social care team, using a single assessment and support process, supported by a single care plan if necessary

- ✓ **Community-focussed** – the care system will by default provide support in the community and make use of hospital or other bedded care only when necessary
- ✓ **Geographically relevant** – the approach to care must recognise the unique geography of Westminster and provide tailored solutions for people living in the north, centre, and south of the borough
- ✓ **Collaborative** – local approaches to care must be co-designed with local people and a wide range of local interest groups
- ✓ **Preventative** – the care model will focus on prevention and self-help, giving residents power over their own choices, health, and wellbeing

3.10 These principles are supported by the following approach to the delivery of care:

- tackling the root causes of inequalities that affect health and wellbeing;
- focussing on the way that local people want to live their lives and experience services where they need them;
- prioritising the prevention of ill health, as well as providing high-quality services when these are needed;
- supporting, through our commissioning, better coordination of care;
- moving much more of the focus of support into the community, closer to people’s homes;
- improving local networks of care, with the right level of expertise available in the community; and
- looking to the future – including embracing new technologies and digital developments and continually adapting our services and the way people can access them.

What residents will see?

3.11 From a resident perspective, both strategy documents focus on improving access to and the provision of out of hospital and community services. As the CLCCG strategy sets out, this is because:

- this is where care is most fragmented and the benefits of integration for local people are greatest;
- this is where many types of care can be wrapped around primary care and tailored to each community’s specific needs;
- this is where holistic care can focus on the long-term support of people in their own surroundings;
- this is where care can best encourage prevention, self-care, and the wider wellbeing agenda; and
- the flow of local people into hospital care involves a much wider area and must therefore be brought into an integrated system with a larger group of partners.

3.12 Delivering this approach will mean moving away from the existing arrangements whereby the CCG and the Council let and manage a large number of individual contracts to a range of NHS, private and community providers to support a health

and social care system where often there are many and complex patient or resident pathways which span a number of different organisations.

- 3.13 What should replace it is an arrangement which will involve a more consolidated approach to commissioning whereby a far greater range of out of hospital will be delivered through a single, outcomes based contract by a new organisation responsible for a greater proportion of residents health and social care needs and more able to provide more appropriate, integrated and responsive care.
- 3.14 On a practical basis, commissioning partners (the CCGs and City Council) will need to work with the providers of local care, including local trusts and primary care and others, to work towards integrating services on the ground. Ultimately residents will see an integrated community health and social care team made up team members with a range of different skills and expertise supporting a population grouping of between 40 and 60,000 people. Central to the team will be groups of GP practices who will work together in 'Primary Care Homes', or hubs.

Scope of new proposals

- 3.15 A key issue for commissioning partners will be agreeing the scope of the new proposals.
- 3.16 In the draft Commissioning Strategy, CL CCG have identified all existing out of hospital spend (with the exception of core GP contracts) as within scope of the new proposals. This includes spend on the Community Independence Service (where the existing contract comes to an end in July 2018) and the Community Nursing Services (where the existing contract comes to an end in March 2019). In addition, spend on out of hours and urgent care services and community mental health and learning disability services will initially be placed within scope. In total, the annual value of these contracts is in the region of £122m per year.
- 3.17 In parallel, the Council will also need to consider which of its services it places within scope of the new arrangements. These could include all elements of adults, children's and public health services but in reality it is likely the Council will wish to or be required to retain some of these functions, including safeguarding and others required by statute. The current net spend on Adults, Children and Public Health services by the Council is in the region £147m per year. Of this approximately 75% will be spent on residents within the jurisdiction of CL CCG and 25% within the jurisdiction on WL CCG.
- 3.18 For all parties, the next stage in the development of the proposals set out in this paper and the attachments will be further work to define the scope, outcomes, programme plan and approach. This will be developed by early in the New Year.

Key milestones

- 3.19 Within the Commissioning Strategy, an ambitious timescale is set out for designing and delivering the new arrangements. If the Commissioning Strategy is endorsed by key stakeholders and all goes to plan, a detailed Business Plan will be presented to the Council, CCG and NHSE in June 2018, with a view (if agreed) to identifying a preferred provider by November 2018 and beginning new arrangements in April 2019.

Engagement and co-design

- 3.20 Key to the success of the programme will be comprehensive engagement and co-design and the involvement of all key partners in the development of a Care Model to inform the procurement and agreement of an outcomes framework to measure the effectiveness of the new arrangements. Supporting and overseeing this work will be the Westminster Integrated Care Partnership Board, which has recently been formed and is made up of a range of providers, key stakeholders and patient representatives. It is anticipated that the Health and Wellbeing Board will play a key role in overseeing this work and will receive an update on progress at its January meeting.

West London CCG Integrated Care Strategy

- 3.21 In theme, timeframe, delivery model and in its focus on integrated local services, the two strategies presented are common. The aim of the WL CCG Integrated Care Strategy is over the next two years to focus on how people work together at a local level to support people better to live independently. The strategy builds on the innovative work that has taken place over the past two years in developing My Care My Way (MCMW) service and more recently the Community Living Well (CLW) service.

Proposed Care Model

- 3.22 The aim of the strategy is to have established a network of fully integrated Community Teams serving the whole population's health and care needs by April 2019 and elements of this in place sooner where possible. The Integrated Community Team will be responsible for the delivery of a single set of outcomes including:
- Proactive care to maintain good health
 - Diseases well managed
 - Care tailored to local need
 - Reduced health inequalities
 - Residents able to live independently at home but not isolated.
 - Acute flow reduction
 - Value for money from each intervention
- 3.23 Each community team will support a local population and a key element will be groups of GP practices who will work together as part of a 'Primary Care Home', or hub.

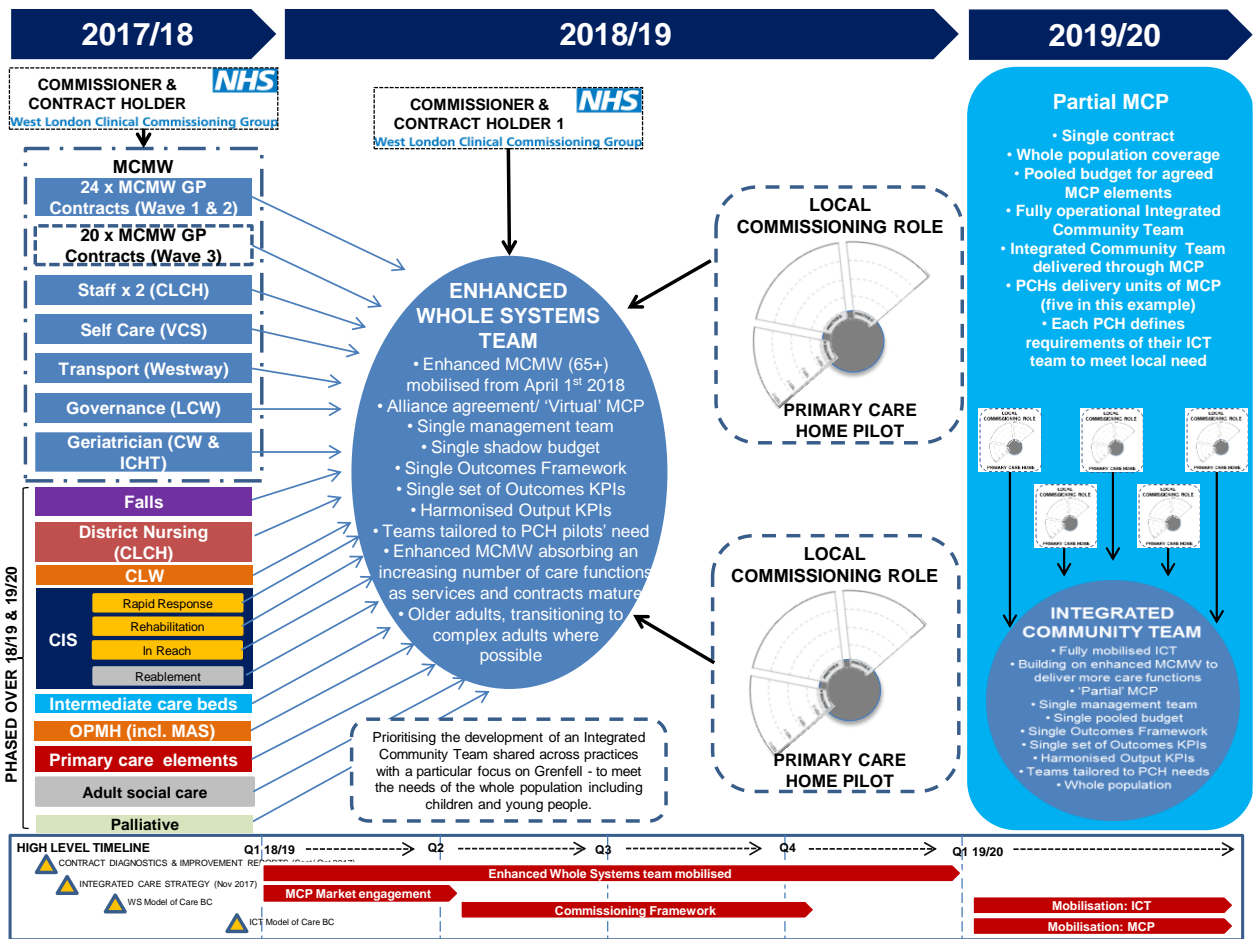
What residents should see?

3.24 What Westminster residents should see is a service and approach very similar to that being developed by CL CCG. Within each Integrated Community Team will be a similar mix of skills and expertise and also a much more integrated approach to care and support than is delivered today with fewer care plans and fewer organisations delivering care.

Scope of new proposals

3.25 The diagram below provides an overview of the proposed scope of the WL CCG proposals.

3.26



Key milestones

3.27 In common with the CL CCG timetable, the WL CCG strategy aims to achieve major transformational change by April 2019 and key to this is an extensive programme of co-design and the development of a detailed business case by April 2018 and a procurement process. This should result in the identification of a preferred bidder around about November 2018 and the mobilisation of a new contractual arrangement from April 2019.

- 3.28 In parallel to this process some practical changes to existing arrangements are also planned during 2018. These will be delivered through existing providers and commissioners working together through an alliance or collaborative arrangement.

Co-design and engagement

- 3.29 Central to the West London approach is an extensive programme of co-design and user and engagement and to provide a focus for this work an Accountable Care Reference Group and an Alliance Leadership Group has been established to shape the proposals. These groups will oversee an extensive programme of work looking at each element within the scope of the new model.

Non co-terminus boundaries: WCC, CL CCG and WL CCG

- 3.30 A key issue for the Health and Wellbeing Board is that approximately 75% of Westminster residents (34 GP practices) have their health needs commissioned by CL CCG and 25% by WL CCG WCC (11 GP Practices). This means that there is risk that residents could receive different levels of service and different approaches to service delivery depending on where in the borough they live. In addition, for the Council, it could mean that it will have to work with two different health providers rather than one.
- 3.31 Each commissioner (CL CCG, WLCCG, WCC and NHSE) recognises the importance of Westminster residents receiving a high quality and consistent level of service and also ensuring that Westminster City Council and other partners are able to operate effectively and efficiently in any future scenario. To this end all partners have committed to addressing this issue and consideration of potential solutions will form a key element of future business cases and ongoing work. All partners have also given a commitment to achieving a common set of London wide health and social care outcome targets for all residents.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising directly from this report. Detailed financial implications will be assessed as part of developing and considering the business case required in order to take implementation proposals forward.

5. LEGAL IMPLICATIONS

- 5.1 The proposals set out in this paper are likely to have a significant impact on the existing contractual arrangements for providing health and social care services in the borough and at this time careful consideration will be required of the legal implications. In addition, in considering options for the future delivery of services the Council will need to ensure that it is able to continue to fulfil its statutory obligations.

6. EQUALITIES IMPLICATIONS

- 6.1 Considering the impact of these proposals on Westminster residents will form a key part in developing and considering the business case and making future decisions about these services. The challenges of providing a consistent level of service across the borough has also been highlighted as a key risk. In any case for a proposal of this type a full equality impact assessment (EIA) would form a key part of the development process and it is proposed that the Health and Wellbeing Board plays the key role in considering this and overseeing it for the programme.

Background papers:

Westminster Joint Health and Wellbeing Strategy 2017-21
Integration and Better Care Fund Plan 2017/18
NWL Sustainability and Transformation Plan
NHSE: Five Year Forward View

LIST OF APPENDICES:

APPENDIX 1: Central London CCG Integrated and Accountable Care Strategy

APPENDIX 2: West London CCG Integrated Care Strategy

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Dylan Champion

Interim Head of Health Partnerships

Email: dchampion@westminster.gov.uk