

<b>Committee(s):</b>	<b>Date(s):</b>
Health and Wellbeing Board	30 <sup>th</sup> May 2014
<b>Subject:</b> Integrated Care Review and Development of One City Model	<b>Public</b>
<b>Report of:</b> Assistant Director People, Department of Community and Children's Services	<b>For Decision</b>

### Summary

As part of the development work required to support improved integration between Adult Social Care, local health commissioners and providers, City Of London Community and Children Services commissioned Tricordant Ltd to carry out a review of current arrangements and invite them to make recommendations regarding the implementation of a proposed model.

The review was carried out in 2 stages;

1. A stocktake of current activity, data, pathways and provision of care.
2. The development of a 'One City Model' involving the engagement of key partners and agencies in the development of this model.

The work undertaken was built on the evidence already available to Tricordant via their previous stocktake carried out for City and Hackney CCG and London Borough of Hackney.

The process involved consultation with all the key agencies involved in the CoL Health and Social Care landscape including the City and Hackney CCG, Tower Hamlets CCG, Neaman Practice, CoL Adult Social Care and Public Health, Barts Health, Homerton University Hospital , University College London Hospital and Healthwatch.

Tricordant have completed their review and the attached report at Appendix 1 sets out in detail their findings and recommendations. The steering group endorsed the findings and recommendations in the report at its meeting on the 16<sup>th</sup> May.

Members are invited to review the full report however there is an Executive Summary in the report which captures the key findings and all the recommendations.

The headline recommendations are focused on the implementation of 3 specific work programmes;

- To conduct an options appraisal on the options for community health

services and Integrated Care support to the Neaman Practice.

- Work with the neighbouring CCGs of Tower Hamlets and Islington on the commissioning of appropriate services and resolve cross-boundary issues creating risk of service or pathway interruption.
- Review and align arrangements within the Adult Social Care team to interface with all relevant provider partners

### **Recommendation(s)**

Members are asked to:

- Note the contents of the Tricordant report at Appendix 1 and agree that Officers should progress the implementation of the recommendations.

## **Main Report**

### **Background**

1. The review has built on the body of knowledge around integrated care already established within the Corporation, particularly in relation to the Better Care Fund plan. The report from Tricordant was commissioned to develop a City model that builds on the strengths and foundations being laid in neighbouring Integrated Care systems.
2. The City has no acute hospital dedicated to its geography with The Royal London and University College Hospital being the closest major providers. The Homerton Hospital, which is commissioned by City and Hackney CCG is an infrequent provider for City residents. The Homerton, however, is technically the provider of community health services to the City but in reality those residents registered with GP's other than those in the Neaman practice will receive community services from the provider aligned to their nearest acute hospital.
3. The Tricordant report highlights that this is an example of the complexity and complication of services within the City and the review has sought to understand the feasibility of developing a City specific model of health and care available to all residents.

### **Options**

4. The Tricordant report notes that a One City model is feasible as a relationship and management model. It proposes to reduce complications and potential service interruptions caused by organisational handovers and also builds on the integrated care work being developed by commissioning and provider

organisations in neighbouring areas through which City residents are already being served. The new model would formalise arrangements and in particular ensure smooth handovers and clearly navigated pathways for residents.

5. It is anticipated that the proposed course of action can be implemented through re-direction of existing or planned resources. Potential benefits and financial consequences will be investigated in the implementation workstreams.

## Proposals

6. The recommendations proposed by the report are:
  - 6.1 To conduct an options appraisal with the Neaman practice and the City and Hackney CCG, working with providers, on the options for community health services and Integrated Care support to the Practice, in order to inform CHS commissioning for the Neaman practice in 2015/16.
  - 6.2 In partnership with neighbouring CCGs in Tower Hamlets and Islington:
    - 6.2.1 To develop the commissioning case for realignment of Community and Adult/OPMH Mental Health Services in support of the Neaman practice
    - 6.2.2 To address the “grey areas” of cross- LA boundary commissioning and clinical governance risk caused inadvertently by PCT legacy contracts for Community Health Services.
    - 6.2.3 To explore with the City and Hackney CCG the designation of a City of London Health commissioning resource to align specifically with arrangements for CoL residents.
  - 6.3 To review and align arrangements in the CoL ASC team to:
    - 6.3.1 Explore and design the ASC team role to coordinate health and social care pathways on behalf of all City residents.
    - 6.3.2 Enable a whole-City view of residents through a Population Care Coordination team/mechanism (“air traffic control”) for exchange of regular and up-dated information on City residents who are active recipients of health and/or social, including support commissioned from the Community and Voluntary Sector, and from local intelligence.
    - 6.3.3 To work with GP and provider partners to design and commission Care Navigation roles (x2) to provide 7 day support to the GP practices covering City of London residents.
    - 6.3.4 To ensure active ASC team engagement and participation in the Multi- Disciplinary Teams forming around relevant GP Practice clusters – preferably through named relationships.
    - 6.3.5 To ensure there are clear referral mechanisms in place for Royal London and UCL Hospitals Rapid Response and Discharge Management teams to enable admission avoidance and discharges from hospitals.

## **Corporate & Strategic Implications**

7. The implementation of the recommendations aligns with the requirements set out in the Better Care Fund and the Care Bill. The need to reduce the frequency of admissions into hospitals, improve the discharge processes so that they are timely and responsive and, the need to have community health and social care services that are person centred are all fundamental strategic requirements which, if not in place, could compromise the health and wellbeing of residents and impact on the reputation of the City of London.

## **Conclusion**

8. The review carried out by Tricordant has identified that the implementation phase will need to be developed across 3 work streams;
  - a. To conduct an options appraisal on the options for community health services and Integrated Care support to the Neaman Practice.
  - b. Work with the neighbouring CCGs of Tower Hamlets and Islington on the commissioning of appropriate services and resolve cross-boundary issues creating risk of service or pathway interruption.
  - c. Review and align arrangements within the Adult Social Care team to interface with all relevant provider partners
9. Officers will progress the implementation of these recommendations in order to realise the ambitions set out in the Better Care Fund plan, thereby enabling an improved and more effective integrated health and social care system for the residents of the City of London.

## **Appendices**

- Appendix 1 – Tricordant Final Report on Integrated Care in the City of London – A One City Model

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