BHRPartnership
Better care, better lives, together

Development of Localities in Havering

Havering Over 50s Forum

11th April 2017

- **Barbara Nicholls,** Director of Adult Social Care, London Borough of Havering
- **Alan Steward**, Chief Operating Officer, NHS Havering Clinical Commissioning Group






Introduction

Our health and wellbeing system is facing significant challenges. The existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand as a result of pressure from population growth, rising levels of long term conditions, variable levels of deprivation, and a constrained financial situation. **The status quo is therefore simply not an option.**

Following being named as a Devolution pilot in December 2015, BHR partners developed a **Strategic Outline case** which set out the key system challenges and explored the benefits/options for future partnership working to address these.

The recommendations are now being progressed including strengthening health and care by exploring the establishment of a **'locality' model of place based** care aiming to provide more seamless, high quality care based upon need, closer to people's homes.

Where we are as a system

The Challenge

The quality and financial pressures facing BHR over the next 5 years are substantial.
In addition we have

- a growing and aging population;
- reductions in social care and public health allocations.
- the increasing cost of providing health and care services.

The Solution

A locality/place based care model would give us:

- Health and Care partnerships delivering more joined up, seamless care to local people
- For people with self-limiting conditions it builds and forms part of a more coherent and effective network of urgent care
- For people with care needs, it will provide a broader range of services in the community that are more joined up between GP, social care and community service providers and the acute trust
- For a small number of very dependant people it provides wrap around extensive care services
- Empowering patients to self-mange their conditions

How to get there

Each Barking and Dagenham, Havering and Redbridge borough is in the process of testing the development of the locality model.

We hope that the local delivery model will

- ensure we are able to deliver care closer to home,
- integrate local health and wellbeing services
- build strong sustainable communities across BHR

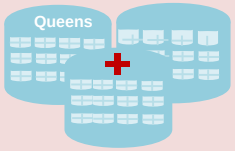
In order to transform lives and strengthen communities across BHR, we must come together as a system and begin implementation of the locality delivery model.

BHR locality model

Hospitals

Planned care will be supported for early discharge enabling shorter length of stay in hospitals

Goodmayes hospital



Hospital clinicians spend more time in the locality and outside of the hospital

Urgent and emergency care attendances will be re-directed back into the locality model where appropriate

Locality delivery model

Managing demand;
New referral pathways to acute; experienced GP A&E triage rotation; Consultant advice; Teleheath

Mental Health

Pharmacy

Community services

Optometry

CAMHS

Social care

Voluntary Sector

Care navigation

MASH
Multi Agency
Safeguarding Hub

Care coordination

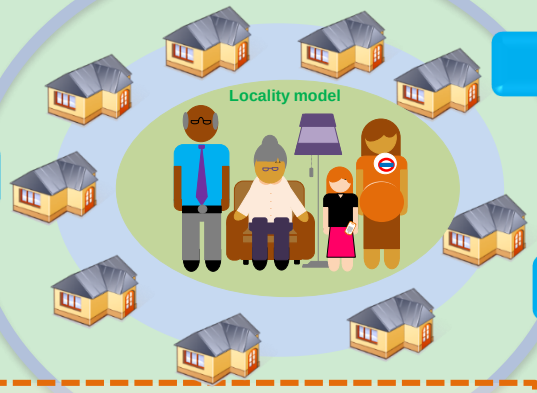
Health Visitors

GP Hubs

Childrens'
Centres

Community Nursing

Public Health messages and training
Need to align with demographic changes



Locality model

A geographically aligned community of care with a minimum population of 50,000 supported by a network of 8-15 GP practices

Population segmentation of:
- Children
- Chronic elderly

Services provided by Community Hubs:
- GP / community nursing walk-in clinics
- Health and wellbeing programmes
- Employment support
- Housing support
- Healthy living prevention activities
- Education (adults and schools)
- Welfare and housing support
- Work and skills support

New agile workforce model

Physician Associates

Triage access to primary care; upskill reception staff

GPwSI

Clinical Pharmacist

Home Visiting Team

Specialist Nursing

Enabled by:
- Strong and more joined up IT platforms
- A single communication strategy and message, so everyone in the ACO knows who the patient should be referred to and who they have already seen
- Educating the population to empower them to be responsible for their own care
- Preventative care programmes – home adaptation and healthy lifestyle
- Educating the population so they are aware of how the health system works, and who they should go to, rather than turning up at A&E

Contributors to the design of the locality model:

GPs

Local authority members

Voluntary sector

Clinicians (NELFT and BHRUT)

We have spoken with almost 8,000 people who work in health and care, or live, in Barking and Dagenham, Havering and Redbridge; the outputs of these conversations and surveys have fed into the development of the locality model.

What would the new locality model give us?

It is expected that the locality model could deliver a large number of potential benefits, including:

- ✓ Improved outcomes for our population
- ✓ Better use of resources and providers working together to address the needs of a defined population
- ✓ Trusted assessor agreements may begin to develop through relationships born of co-location
- ✓ Recruitment and retention may also be improved through better use of resources and directing people to the right service, first time, meaning that staff feel less overwhelmed by the volume of activity. There will also be greater opportunity for multidisciplinary working and shared learning, and with the possible creation of new workforce roles to ensure that those with the right skills are seeing the right people, more opportunity for staff to progress in their careers
- ✓ Increased clinical time with patients (through better use of resources as noted above)
- ✓ Address the key health and wellbeing, care and quality and financial and productivity issues currently facing the Havering and the wider BHR and north east London system as a whole

Summary of progress to date

- **Localities and supporting information:** Locality boundaries have been agreed and partners are working to develop a key suite of supporting information at locality level

- **Leadership to take this forward**: A 'Havering Locality Design Group' has been established up to April 2017 to take forward development of the locality model.

- **Co-design of the model**: Partners in Havering are committed to co-designing the model with the residents of Havering, our staff, the community and voluntary sector and other stakeholders, and as such we have started a programme of engagement with the above mentioned groups involving face to face meetings, surveys, workshops and developing communications material. This engagement will be ongoing through the development of the locality model process.

- **Embedding quality and continuous evaluation:** We will take development of the locality model forward in Havering via the PDSA (Plan, Do, Study, Act) approach, starting small and building big

We recognise that this is not going to be a straightforward process but a lot of the changes required are within our capacity. We intend to push against artificial barriers and deliver a high quality, personalised service that makes best use of the resources available to us. 'Making every contact count' is a key concept and will be embedded in locality development in Havering.

What does this mean for the community and voluntary sector?

The locality model and closer ways of working are aimed at improving services in Havering, but they also respond to the constrained financial environment in which we are all operating. New ways of working are about doing things differently with the resources available to us, to ensure that we use these to their greatest advantage.

These new ways of working provide the opportunity to work more closely with the community and voluntary sector; we want to know your ideas around how we can do this, including how we can stimulate the market, allow the community and voluntary sector to continue to develop and grow, and support the prevention agenda. Opportunities already identified include a social prescribing pilot which we intend to test through the locality model.

We intend to map the services available/service provision at locality level currently so that we have a baseline of what is already available which we can map against 'need' to identify any gaps in service provision and take steps to address these. This mapping will also need to include the community and voluntary services that you provide.

Going forward we want an open and continuing dialogue with you to ensure that the service model that we develop is co-designed and continuously being developed and improved.

We attended the Havering Community and Voluntary Sector forum in March and a Barking and Dagenham, Havering and Redbridge Community and Voluntary Sector workshop will be held on Monday 24th April to further discuss the locality model and ways of closer working to improve services.

Adults services

Vision

We will aim to provide support to people based on what they need, as opposed to a set menu of services. The intention will be to provide rapid, response needs based support framed around the '3 conversations model' which will be short term and provide positive outcomes for our service users.

This will feel like a seamless, joined up service and will deliver better outcomes for our service users. It will aim to prevent the need for further, more intensive services later in life and reduce repeated need for outpatient referrals and multiple usage of urgent and emergency care.

It is anticipated that our staff will find that this model works better for them, presenting a more joined up service that gives them the freedom to address the key issues for their service users and, with stronger inter-professional relationships and understanding and less 'chasing' of other services, affords them more face to face time with their service users. It will simplify the ability for cross-referral between different services, connect services that offer wider understanding of the person's needs such as housing, employment and skills and specialist support such as for domestic violence, substance misuse and voluntary sector advice and support services.

Service users will experience a simple process with their needs at its core, they will receive the right support and information first time, without multiple hand overs between providers. Ideally, they will only tell their story once and services will gain permission to share their information appropriately across the range of partner organisations to enable support to be most effective.

Proposed way forward

We are proposing to build upon the plans already in train to create a comprehensive and connected 'intermediate care tier' in Havering.

There are a wide range of intermediate care services in Havering including Community rehab beds, rehab support in peoples homes, reablement etc. The current provision is complex, includes duplication, and can be confusing to navigate for both health and care staff and those accessing the services. By connecting these services we can create a system that provides a comprehensive intermediate care offer closer to peoples homes (i.e. at locality level), designed to support them to remain independent for as long as possible and reduce the demand/requirement to access urgent and emergency care services.

We intend to develop a 'hub' model as a centre of excellent/trusted service for both service users/patients and staff; this could be developed around the 'three conversations' principle, with a focus on what people need and directing them to the right support information first time as opposed to immediately offering them a set menu with eligibility criteria that they might not meet. This would support them before they reach crisis point.

We intend to map out a typical journey for people currently using these services/access urgent and emergency care and review how we can improve on this journey by working more closely together and focusing on the areas highlighted in the key principles e.g. what a person needs as opposed to offering a set menu of services.

Public Health are developing locality profiles which will be used to determine the level of 'need' within each area against which the locality model will weight provision of services from the 'core offer' being developed.

Key next steps

- ✓ Review the '3 conversations model' policy once received from Essex with a view to how we can adapt this to support the Havering locality model
- ✓ Identify key areas of 'need' via the locality profiles
- ✓ Undertake a service and resource mapping exercise and define 'core' service offer
- ✓ Map current service pathways
- ✓ Test working with GPs with special interests, supported by Geriatricians and specialist acute advice
- ✓ Workshops with stakeholders to determine how the new model will look in practice
- ✓ Initiate internal briefings/engagement with affected staff
- ✓ Engagement with key stakeholders to co-design the model
- ✓ Test the proposed new model in practice
- ✓ Make changes as required based on the review
- ✓ Continue to review progress and improve the service as required

Summary of the discussion and next steps

- What are your thoughts on the proposal? Does it make sense?
- How do you think that we can work more closely with the over 50s forum in Havering to enhance the proposed changes and deliver better outcomes for our population?
- What practical next steps can we undertake to take this forward?
- Do you have any further questions?