

# Southend-on-Sea Borough Council

Department of the Chief Executive

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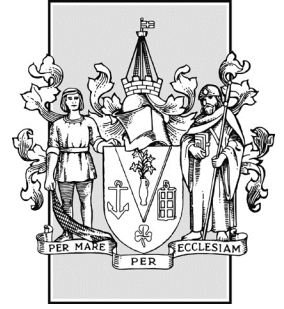
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## HEALTH & WELLBEING BOARD - WEDNESDAY, 21ST MARCH, 2018

Please find enclosed, for consideration at the next meeting of the Health & Wellbeing Board taking place on Wednesday, 21st March, 2018, the following report(s) that were unavailable when the agenda was printed.

### Agenda No    Item

9.     Localities (Pages 1 - 4)

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# Southend Health & Wellbeing Board

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Agenda  
Item N

## Joint Report of

Simon Leftley, Corporate Director for People, SBC  
Margaret Hathaway, Interim Accountable Officer, Southend and Castle Point  
& Rochford CCGs

to

## Health & Wellbeing Board

on

21 March 2018

## Report prepared by:

Nick Faint, Integration Programme Manager, SBC  
Ashley King, Interim Programme Director, Southend and Castle Point & Rochford  
CCGs

X	For discussion		For information only		Approval required
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### The Development of Localities

Part 1 (Public Agenda Item)

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## 1 Purpose of Report

The purpose of this report is to;

- 1.1 Provide Health & Wellbeing Board (HWB) with a briefing and update regarding the formation of Localities for health & social care in Southend on Sea (Southend).

## 2 Recommendations

HWB are asked to;

- 2.1 Discuss and note the progress made towards developing Localities in Southend.

## 3 Background

- 3.1 The vision for the Locality approach is that a Locality is the central place where integrated health and social care interventions are delivered and co-ordinated, this represents a shift away from the hospital and into the community.
- 3.2 Each Locality will utilise existing (or new) NHS / Council estate to provide primary, community and social care services working in a multi-disciplinary team environment and a complex care service for a risk stratified cohort of patients and carers.

- 3.3 The Mid and South Essex Sustainability and Transformation Partnership (STP) are currently consulting on plans to reconfigure the acute health service provision across the footprint. The reconfiguration of the acute services assumes that the community infrastructure (Localities) is in place to accommodate the realignment of health and care services within the STP.
- 3.4 The development of Localities and integrated services are aligned to other transformational activities within both Southend, South East Essex and the wider Essex systems. For example; the commissioning of an integrated care co-ordination service and a dementia navigator service; the children's community paediatrics service and an Essex wide mental health service.

### **Progress made**

- 3.5 In May 2016 the HWB agreed the formation of four Localities in Southend, namely; West, West Central, East Central; and East. Each of these would incorporate the vision outlined above in para 3.1 – 3.4. Throughout the course of 16/17 operational teams were set up across the four agreed localities. Integrated health and care services were commissioned, for example care co-ordination. A dementia navigator service was recommissioned with in-house resource and locality based multi-disciplinary teams (MDTs) were commenced.

Alongside Southend Borough Council (SBC) and Southend CCG resource Essex Partnership NHS Foundation Trust (EPUT) committed resource to moving the process forward and galvanising the operational element of the system.

Community assets to support the Locality culture development were (and continue to be) mapped, Social care workers were aligned to Localities and assigned to GP practices. The challenge for community nurses is slightly different but EPUT have taken great steps towards aligning both community and specialist nurses to each Locality.

Domiciliary Care provision was re-tendered by SBC (May 2017) with new providers of care being appointed according to Localities.

Primary Care provision was reviewed with the Locality agenda at the centre and additional services are shortly to be commissioned which includes extended access and triaging.

Planned activity for the remainder of 17/18 and quarter 1 of 18/19 includes a Health and Wellbeing day on 27<sup>th</sup> April 2018 for East Locality with the event being based at Asda's shopping precinct.

- 3.6 In March 2017 the HWB commissioned a report by Better Care Fund (BCF) Support to review activity, progress and to identify areas where the Southend system were most challenged. The report was presented to HWB in June 2017 with the following areas identified as challenges for the Southend system; (1) understanding the opportunity available in terms of financial positions; (2) jointly agreed understanding of what an integrated care model might look like; (3) organisational form; and (4) having a clear governance structure to lead and determine the direction for Localities.

- 3.7 In January 2018 a workshop with HWB was convened through which the challenges highlighted in 3.6 were discussed. During this meeting it was agreed; that system partners would seek to work together more closely on a geography that covered the South East Essex (SEE) footprint; that a business planning process would be developed to deliver a business plan for each of the eight Localities in SEE; and that our timeline for developing the plans would be aligned to the STP timeline for decision making.
- 3.8 As noted in 3.7 it was agreed that system partners would work more closely together on a geography aligned to a SEE system. It was agreed by all system partners that the development of our Localities would benefit from this approach for reasons that the health providers for Southend work across the SEE footprint as do the CCGs and there would be initiatives led by partners that would benefit system partners that could be done on a 'do once' basis.

It was agreed by HWB that whilst there would be similarities across each Locality the development of Localities should be driven by the needs of each.

It was recognised by system partners that the Local Authority contribution to the Locality development could, potentially, be different. Each Local Authority had diverse ranges of populations with differing needs. Each Local Authority had different resource available that could contribute to the development of Localities. It was agreed that the plan needed to reflect this aspect.

### **Addressing the key challenges**

- 3.9 In February 2018 a workshop was held for system leaders across SEE to focus on the development of a suite of outcomes that would direct the development of each Locality. A consensus was reached regarding the definition of an outcome and an outcomes framework which was 'all age' related, used a common language and was relatable to the 'person'.

A three tier approach was developed for the outcomes framework; (1) Domains; (2) Outcomes; and (3) Indicators.

Domains were agreed as an area or theme which brings together issues that are important across SEE. Outcomes were agreed as a way through which a more friendly narrative could be used and indicators were agreed as being locally specific and the way through which outcomes will be measured.

The following 4 domains were agreed; (1) Health and Wellbeing, linked to population health outcomes, prevention, independence and lifestyle factors; (2) Care Quality and Experience, linked to positive personal experience, safe and effective care, and partnership development between people and community assets; (3) Sustainability, focusing on the impact of the integrated and collaborative working on financial and clinical sustainability of the community and the system; and (4) Transformation Drivers, measures that will help to drive improvements and change in the other outcome areas, in particular changing clinical and people culture.

- 3.10 On 15<sup>th</sup> March a workshop was held with system leaders to help define the core elements of an integrated health and care model. The workshop was externally

facilitated and at time of drafting this report the workshop had not taken place. A verbal brief will be provided

3.11 A significant amount of work has been undertaken to progress the development of Southend Localities. At an operational level staff have begun to work more closely together and to jointly identify areas within which they could work more closely. At a senior leadership level system partners have jointly agreed to progress and support the development of the Locality approach.

3.12 The next steps that need to be taken to develop the Locality approach are crucial to ensure Localities continue to evolve robustly and at pace. The timeline for next steps is outlined below;

- March 2018
  - ✓ Single articulation of the Outcome Framework;
  - ✓ Consensus and agreement to core elements of an integrated health and care model;
- April 2018
  - ✓ Continued iterations of Locality diagnostics;
  - ✓ Estates and service model alignment;
  - ✓ Initial oversight partnership discussions;
- May 2018
  - ✓ Estate and service model workshops;
  - ✓ Oversight arrangements launched;
- June 2018
  - ✓ Wider engagement on model;
  - ✓ Locality implementation plans designed;
  - ✓ HWB agreement and sign off to the Locality plan.
- July 2018
  - ✓ Wider governance discussions aligned to STP decision making process

## **4 Reasons for Recommendations**

4.1 As part of its governance role, HWB has oversight of the Locality approach.

## **5 Financial / Resource Implications**

5.1 None at this stage

## **6 Legal Implications**

6.1 None at this stage

## **7 Equality & Diversity**

7.1 The Locality approach should result in more efficient and effective provision for vulnerable people of all ages.

## **8 Appendices**

8.1 Nil.