

Southend Health & Wellbeing Board

Joint Report of
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to
Health & Wellbeing Board

on
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CCGs

Agenda
Item No.

6

X	For discussion	For information only	Approval required
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The Development of Localities – Update report

Part 1 (Public Agenda Item)

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 care co-ordination service for a risk stratified cohort of patients and carers.

- 3.3 The Mid and South Essex Sustainability and Transformation Partnership (STP) have consulted on plans to reconfigure the acute health service provision across the mid and south Essex geography. The reconfiguration of the acute services assumes that the community infrastructure (Localities) is in place to deliver a strength based approach service delivery and able 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 2016 / 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.

The activity (at an operational level) for the remainder of 2017 / 18 and quarter 1 of 2018 / 19 continued to progress at pace and included a Health and Wellbeing day on 27th April 2018 for East Locality.

- 3.6 In March 2017 the HWB commissioned a report by NHS England's Better Care Fund (BCF) Support team 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.

Alignment with Primary Care

3.9 The development and transformation of primary care is key to Localities so that service provision can be truly integrated. The STP has commissioned the development of a primary care strategy and the challenge for Southend will be to deliver the strategy in Southend aligned to the Locality approach.

Addressing the key challenges

3.10 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.

3.11 On 15th March a workshop was held with system leaders to define the core elements of an integrated health and care model. The core elements agreed were

- Person centered;
- Local Community and family (social, physical and community assets);
- Prevention focused;
- Supportive of self-management;
- Multi-disciplinary Team orientated;
- Primary Care focused;
- Population Health management driven;
- Aligned to the voluntary sector;
- Easy to navigate;

3.12 On 24th April a follow up workshop was held with a specialist artist who helped facilitate a session with senior leaders which helped to further define the model. A first draft has been received, feedback has been provided and the next steps are to develop the next iteration of the SEE integrated health and care model.

3.13 Having agreed to work with SEE partners to strategically develop Localities HWB further agreed to incorporate a SEE Locality Steering Group which would be responsible for the strategic direction and delivery of Localities. The first Steering Group was held on 18th May. Purpose, Terms of Reference (ToR) and delivery (including outcomes framework and integrated health and care model) were discussed with each partner understanding their responsibility within this forum. The next meeting is planned for 20th July where ToRs and a delivery structure will be discussed and agreed.

3.14 The Steering Group also tasked a sub group to meet and discuss the options to support and guide the detailed delivery of the Locality development. The sub group met on 15th June and scoped a delivery structure for Locality delivery. The Steering Group will meet on 20th July to discuss and agree the recommended approach.

3.15 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.

3.16 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;

- Quarter 2 - 3 2018 / 19
 - ✓ Continued iterations of Locality diagnostics;
 - ✓ Estates and service model alignment;
 - ✓ Estate and service model workshops;
 - ✓ Wider engagement on model;
 - ✓ Locality implementation plans designed;
 - ✓ HWB agreement and sign off to the Locality plan.
 - ✓ 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.