

# Southend Health & Wellbeing Board

## Joint Report of

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to

## Health & Wellbeing Board

on

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CCGs

X	For discussion	For information only	Approval required
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### Locality Strategy Living Well in Thriving Communities

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 Endorse the principles of the Locality Strategy (Living Well in Thriving Communities) developed across South East Essex (SEE);
- 2.2 Agree the principles of collaborative working as described within the paper particularly the continued evolution of the SEE Locality Partnership;
- 2.3 Agree the principles of shared resource to ensure the successful delivery of integrated models of care that have been developed through a Locality approach;
- 2.4 Note the strong focus of this work on Southend Localities and alignment with Southend 2050; and

- 2.5 Agree that the SEE Locality Partnership can sign off the final amendments of the Living Well in Thriving Communities.

### **3 Background**

- 3.1 The vision for the Locality is that it is the central place where integrated health and social care interventions are delivered and co-ordinated.
- 3.2 Each Locality will utilise locally based assets to support residents and patients whilst integrated primary, community and social care services work in a multi-disciplinary team environment.
- 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 that supports both local residents, communities and services.
- 3.4 The development of Localities and integrated services are aligned to other transformational activities within both Southend, SEE 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 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 Council 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.

- 3.6 In March 2017 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 was 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 SEE footprint; that a Locality Strategy would be

developed for each of the eight Localities in SEE; and that our timeline for developing the plans would be aligned to the STP timeline for implementation.

- 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.

- 3.9 The decision to work across SEE's multiple health and care commissioning boundaries has resulted in a need to re-articulate the vision, core objectives and principles to ensure all partners are using the same language, with the same interpretation, and towards the same end point.
- 3.10 As such, key system leaders have been working to collectively define the model of care that we aspire to and agree an approach to implementation that focuses on bottom-up design principles and the empowerment of the public and frontline staff.

## **Principles**

- 3.11 The principles of the Locality Strategy is to;

3.11.1 Provide a central point of reference that for all key stakeholders, binds them together through a joint ambition that demonstrates the strength of the SEE partnership;

3.11.2 Outline the approach that we will adopt across SEE to deliver new models of integrated care, with a focus on individuals, prevention, strength based approaches and community resilience;

3.11.3 To provide a framework for the creation of a business plan for each of the SEE Localities that will support not only the operational development but the strategic development of Localities

3.12 Work on this is well developed and an umbrella Locality Strategy is nearing completion. This has been developed through engagement with front-line staff involved in the development of integrated working at locality level and senior leaders within the SEE system;

3.13 In the strategy, we set out a clear and bold vision that includes:

- A focus on the **importance of place/localities** as a unit of planning
  - A **commitment to integrating services** around the needs of individuals and communities
  - Placing a strong **emphasis on prevention**
  - Collectively defining and agreeing a single set of **outcomes**
  - An expectation that **collaboration** (rather than competition) will be the norm
  - Enabling and encouraging **local teams and professionals to have greater flexibility** so that they can be driven by people's needs, not organisational or professional silos, and
  - An explicit requirement to **look closer at formalising the working arrangements** in place across the south east Essex system
- 3.14 This will be supported by locality level needs assessments and development plans that will need to be owned by system partners.
- 3.15 This is a fundamental change to how the system has operated historically and will require cultural change amongst staff working within the system, and the population which they serve.

### **Southend 2050**

- 3.16 Whilst work progress within a SEE footprint it is important to understand that a strong focus is required for the development of Southend Localities. There will be subtle and significant differences in each Locality as they develop. For example the model required within Southend East Central will have a strong focus on mental health, alcohol and substance misuse and health inequality. This focus will be different to the model developed across Rayleigh and Benfleet, for example.
- 3.17 During the course of 2018 Southend Council has led a conversation with all stakeholders which will help shape plans for the borough and its identity over the coming years. By the end of 2018 it is expected that a shared ambition will have been developed that will have been developed by our local communities.
- 3.18 The development of Southend 2050 is key to the evolution of the localities in Southend. There is huge and diverse asset within Southend and Localities will only be a success if assets are engaged in a way that supports a strength based approach.
- 3.19 The evolution of Southend 2050 will be aligned to the evolution of the Locality Strategy.

### **Alignment with Primary Care**

- 3.20 The development and transformation of primary care is key to Localities so that service provision can be truly integrated. Local delivery plans for the agreed primary care strategy have been agreed and the challenge for Southend will be to deliver the plans in Southend aligned to the Locality Strategy.

### **Addressing the key challenges**

#### Outcomes

3.21 In early 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.

#### Integrated health and care model

3.22 Since Mid-March 2018 both operational and senior leaders, both commissioners and providers, have been working towards developing an integrated health and care model. The agreed model will enable commissioners to articulate better, and more consistently, their requirements whilst allowing providers to respond with enhanced provision.

3.23 The agreed model is;

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

#### Oversight

3.24 Having agreed to work with SEE partners to strategically develop Localities HWB further agreed to incorporate the SEE Locality Partnership which would be responsible for the strategic direction and delivery of Localities.

3.25 This Partnership will feed into the various organisations governance channels through the individuals present where necessary. Within Southend it has the formal status of a sub-group of their Health and Wellbeing Board.

3.25.1

**Next Steps**

3.26 The development of the Locality Strategy has been a significant period in time for the forming of partnerships. It has challenged system thinking and encouraged organisations to work better together.

3.27 Cultural change will underpin the successful implementation of the Locality Strategy and the approach for implementation will need to be iterative in its nature and flexible to the changing requirements of the system.

3.28 It is proposed that the priorities for the SEE Locality Partnership over the next six months are;

3.28.1 Develop a Memorandum of Understanding that underpins the collaborative approach described, and

3.28.2 Explore the ambition of each partner in regards to the continued evolution of the SEE Locality Partnership

3.29 In order to ensure the programme receives the impetus it needs the following has been identified as some key steps to be taken over the following six months, at the end of which more detailed locality specific plans are intended to be in place.

October	November	December	January	February	March
Develop two (1 ECC & 1 SBC) Locality Diagnostics & Implementation Plans			Develop final six (3 ECC & 3 SBC) Locality Diagnostics & Implementation Plans		
Working Group Implementation Plan Dev't	Roll-out of Implementation plan for creation of multi-agency teams				
Development of Multi-Agency approach to Communications, Engagement and Co-Production					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Stakeholder Event – Model Launch</div>					
Finalise South East Essex Outcomes Framework					
Progress development of Memorandum of Understanding and Ambition for SEE Locality Partnership					

**4 Reasons for Recommendations**

4.1 As part of its governance role, HWB has oversight for the development of the Locality Strategy.

**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.