

HILLINGDON HEALTH AND CARE PARTNERS - DELIVERING HILLINGDON'S INTEGRATED CARE SYSTEM

Board Member	Councillor Philip Corthorne
Organisation	Hillingdon CCG and Hillingdon Health and Care Partners (HHCP)
Officer Contact(s)	Joe Nguyen, Hillingdon CCG Keith Spencer, Hillingdon Health and Care Partners
Papers with report	Appendix 1 – Integrated Care System Update

1. HEADLINES

Summary	<ul style="list-style-type: none"> • Our co-research activities with patients, residents and front-line staff (professionals) across health and care have identified 3 key themes of 1) Connected, 2) Collaborative and 3) Open to define and drive our Integrated Care System work locally in Hillingdon. • We have developed an overarching 'Hillingdon Whole System Plan' that defines what an integrated health and care system would look like, including a 5-year system financial approach for Hillingdon CCG and Hillingdon Health and Care Partners (which includes Hillingdon 4 All, Hillingdon Primary Care Confederation, Central North West London Foundation Trust and The Hillingdon Hospital Foundation Trust). • Current development is focused on 18+ but will widen to whole population (including Children's and Young People and Transitions) in April 2019. • Our current focus is on five key priorities that will improve urgent care performance in the system – and potentially deliver up £10m to the system for re-investment and closing our collective deficit across our partnership. In April 2019, we will further develop integrated plans for Self Care, Prevention & Early Intervention, Children & Young People including Transitions, Mental Health and Learning Disabilities – working alongside London Borough of Hillingdon to provide improved person-centred care and support. • Designing and 'prototyping' new 'Neighbourhood' and locality based model of integrated care – led by residents, patients, carers and primary care – building on multi-disciplinary working with community, mental health, secondary care and social care – this builds on our current work with our Care Connection Teams, Community Mental Health Teams and Children's & Young People Locality models. This will help us prioritise our health and care resources to the local needs of those neighbourhoods – led by the residents and primary care in those areas. • Strengthened our current HHCP governance structure to help
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	<p>all partnership organisation sign-up and move more rapidly from ideas to benefits realisation.</p> <ul style="list-style-type: none"> • Seeing to move to a single Integrated Care Contract incrementally over the next 3 years to reduce administration burden and provide clarity on outcomes for population cohorts and prioritisation of resources across health and care partners to deliver better outcomes for neighbourhoods, families and individual residents.
Contribution to our strategies	This contributes to the Health and Wellbeing Strategy, Hillingdon CCG Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP).
Financial Cost	There is currently no additional financial cost and burden to the London Borough of Hillingdon, Hillingdon CCG and Hillingdon Health and Care Partners – this forms part of our annual operating plans.
Relevant Ward(s)	All

2. RECOMMENDATION

That the Health and Wellbeing Board review and feedback on the Hillingdon Health and Care approach, emerging model of care and work plan for 2018/19.

3. SUPPORTING INFORMATION

Integrated Care System Update

1. The appendix provides the Health and Wellbeing Board with additional information on:
 - a. Highlight report update;
 - b. High-level population health data – sourced from the CCG Whole Systems Integrated Care database;
 - c. Emerging model of care – co-designed with resident and patient feedback and by operational professionals and clinical input; and
 - d. Key benefits – which will be further developed in granularity as part of our business case development work.

Financial Implications

There are financial implications which will be further published with the development of our business case for the 5 priority areas. The emerging strategic financial approach for the partnership is focused on value-based commissioning and delivery – which focuses on optimising resources, processes and digital opportunities to deliver better outcomes for patients, families and carers through integration of resources and reducing non-value-added activity. We are able to do this by consolidating the resources across all partners to redesign our care and delivery model that is lean and effective.

4. RESIDENT BENEFIT & CONSULTATION

The benefit or impact upon Hillingdon residents, service users and communities?

Our proposed approach to developing our Integrated Care system is focused on residents, families, neighbourhoods and front-line staff and professionals.

Consultation carried out or required

There has been consultation on the approach as part of the Hillingdon CCG Public and Patient Engagement committee and also co-developed with over 200 health and care professionals across the Hillingdon Health and Care partnerships. We have also initiated our co-production and co-research activities by undertaking 30 ethnographic interviews with residents and front-line professionals across health and social care services and support. The summarised themes are set out in the following table and informs our design principles and methodology:

Theme	Residents	Professionals
1. Connected	<ul style="list-style-type: none"> • A system that sees multiple dimension of need (physical, psychological, emotional, social) - concurrently, through multi-skilled individuals or teams • Fewer handovers, journeys and appointments • Professionals are connected and 'know my story' • Streamlining transitions: from hospital to community; from children's to adult services 	<ul style="list-style-type: none"> • System interoperability (shared care records and plans) • Space, time and resource to connect professionals and organisations • Quick access to experts and expertise • Knowledge about local community options • Simplified and smarter IT systems that reduce workload rather than add to it
2. Collaborative	<ul style="list-style-type: none"> • Treating people as sources of value and support; more listening, respect and compassion • Fostering partnerships and reciprocal relationships • Patients and carers seen as partners, affording them greater control and means to be effective • Investing in building volunteer capacity and activating community assets and resources 	<ul style="list-style-type: none"> • Better collaboration with commissioners and service users to make improvements • Encouraging the involvement of staff from all levels in service improvement and redesign • Inverting hierarchies and celebrating team-work • Collaborative relationships between GPs and acute; and in neighbourhoods - with voluntary sector organisations and across professionals in NHS and LA
3. Open	<ul style="list-style-type: none"> • Better and quick access to advice, support and information across medical, social and wellbeing • Transparency and access to 	<ul style="list-style-type: none"> • A learning system • Less rigid and more adaptable to local needs and assets • Encourages colleagues from across the system to learn

	<p>records and data</p> <ul style="list-style-type: none"> • Diversity of available options aligned to needs and preferences of population, rather than single option with long waiting list (or available 'while you wait') • Early intervention for MH and behavioural issues in schools and community organisations 	<p>together, shadow and innovate together</p> <ul style="list-style-type: none"> • Fosters 'can do' culture - permission to improve and offer care and compassion to patients
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5. BACKGROUND PAPERS

NIL.