

# EXTERNAL SERVICES SELECT COMMITTEE - HILLINGDON HEALTH AND CARE PARTNERS (HHCP) UPDATE

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Caroline Morison, Managing Director, HHCP
<b>Papers with report</b>	None
<b>Ward</b>	n/a

## HEADLINES

To enable the Committee to receive an update on the progress and future plans of place-based care in Hillingdon.

**RECOMMENDATION: That the update be noted.**

## SUPPORTING INFORMATION

### Integrating care – context

Across the NHS and social care there is a continuing local and national focus on joining up health and care services to put people and their needs at the centre of how we structure and provide care. Often, the way that regulatory frameworks, organisations and funding flows are set up make it harder for us to align care, resource, information and delivery than we would like. This can cause gaps in services or duplication and means that our residents aren't always able to easily access the right care in the right setting at the right time.

### National policy

The NHS Long Term Plan (January 2019) set out the direction of travel towards 'Integrated Care Systems' (ICSs) that bring together health and care through strategic partnerships and address the barriers to joining up services and support. The integration white paper (February 2021) provided further detail on the importance of 'Place' including the use of joint strategic needs analyses and joint health and wellbeing strategies to drive population health improvements.

Across North West London (NWL) there has been a shadow ICS in place since 2020, including a partnership board with representation from health and local authorities. The ICS is led by Dr Penny Dash (Chair) and Rob Hurd (Chief Executive) and will become a statutory body after legislation currently planned for July.

The integration white paper (February 2022) provided further shaping of national guidance including: governance arrangements (place governance to be agreed by spring 2023); leadership (a single person to be accountable for delivery of the local plans and outcomes); pooling of budgets; and development of digital and workforce plans at place supported by the ICS.

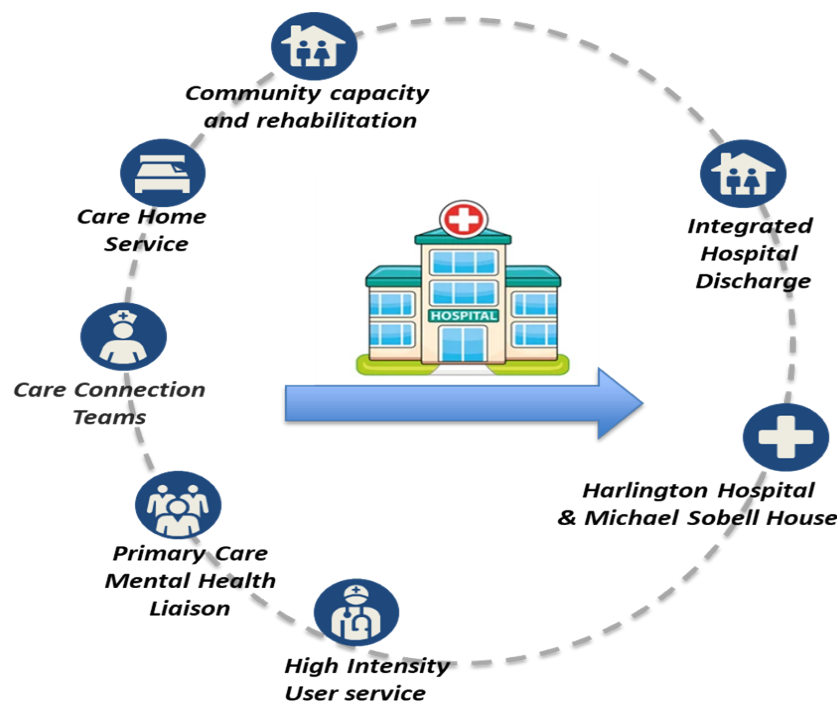
In Hillingdon, we are incorporating the national and NWL ICS developments into a roadmap for place-based care to ensure that we maintain the pace and momentum from the strong progress that we have made to date.

## Place-based care in Hillingdon

In Hillingdon, the development of integrated working at 'place' has been primarily through the existing alliance of The Hillingdon Hospitals' NHS Foundation Trust, Central and North West London NHS Foundation Trust, The Confederation (General Practice) and H4All (collaboration of third sector organisations) - collectively Hillingdon Health and Care Partners (HHCP) - alongside London Borough of Hillingdon and NWL CCG.

Partners have, to date, used an 'alliance agreement' to underpin shared resources, information sharing and the use of partnership investments with agreed benefits and outcomes.

The initial focus of HHCP was to reduce the need for residents to use emergency or unplanned care services through providing proactive care and case management, working with patients and carers to address immediate clinical and wellbeing needs.



We have evaluated these services extensively and demonstrated their positive impacts on patient and carer experience and outcomes. Both the care homes team and high intensity user (HIU) services have been shortlisted for national awards with the HIU service ultimately winning. However, we also continue to review and refresh models to reflect changing needs, ensuring that we make best use of the skills, knowledge and experience of our teams.

In addition to our services, our established partnership and integrated working provided significant benefit through the Covid pandemic where we were able to quickly and effectively coordinate our response. This included adapting and refocusing services to support infection prevention control and delivery of vaccinations, as well as flexing capacity and criteria to support patients to access care in the safest place.

As the partnership has developed further, and in line with national policy, we are now developing our plans to deliver place-based care in Hillingdon.

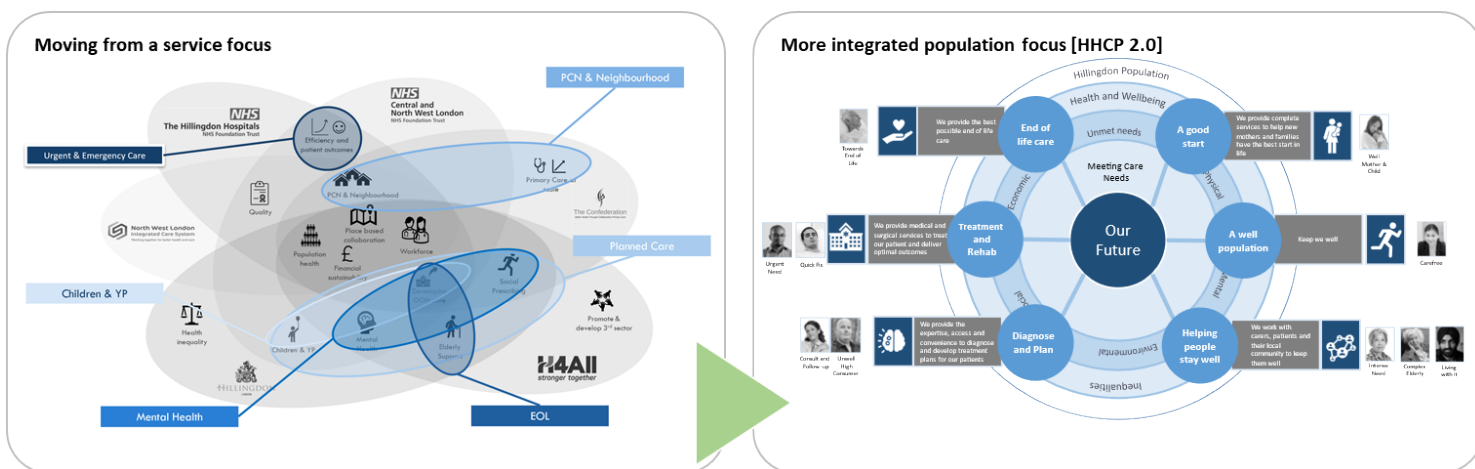
## Where we are now

To enable our shift in focus to population health and place-based care HHCP and London Borough of Hillingdon have worked together to refresh the Joint Health and Wellbeing Strategy for Hillingdon and establish shared governance through the co-chairing and revised membership of the Health and Wellbeing Board. The 6 priorities in the Joint Health and Wellbeing Strategy (JHWBS) are aligned to and delivered through the six HHCP transformation programmes:

1	<b>PCN &amp; Neighbourhood</b>	To deliver localised health and social care tailored to the needs of local residents
2	<b>Emergency and Urgent Care</b>	Reducing the need for our residents to use acute emergency care services by case managing those at greatest risk of admission, embedding same day emergency care and frailty pathways and joining up community and social care to support people to return to their homes as soon as medically appropriate
3	<b>Planned Care</b>	To reduce unnecessary hospital visits and stays, through better diagnosis and treatment out of hospital.
4	<b>Mental Health</b>	To improve the lives of people with Mental Health, Learning Disabilities and Autism to ensure they live longer healthier lives
5	<b>Children and Young People</b>	To support children, young people and their families to have the best start in life
6	<b>End of Life Care</b>	To provide high quality integrated, proactive and personalised care and support for residents reaching end of life and their carers and families

We have also aligned our s75/Better Care Fund arrangements to support the pooling of resources across these areas.

These programmes will transform the way we deliver our services from pathway driven to person-centred and needs based:



Our neighbourhood development workstream is the foundation for population health delivery in Hillingdon through our 6 neighbourhoods. We will bring together our health provision data at

neighbourhood level with the refreshed joint strategic needs analysis and insight from ongoing community engagement across health and local authority initiatives to inform our prioritisation and planning.

In addition to our population workstreams, we are bringing together programmes of work across our key enabling areas, digital, workforce and estates and are also developing our approach to resident engagement and involvement.

As part of the new hospital programme, we continue to work together with the redevelopment team to ensure that the models of care and assumptions reflected in the business cases align with our transformation plans. This has been recognised by the national team and local planners supporting assurance of deliverability of the new build.

### **Next steps**

As we move towards place-based working, we are building a roadmap that sets out how we will evolve over the next 3-5 years including:

- Developing HHCP alongside the ICS/ICB/Place transition including clarity on governance, accountability and resource;
- Designing and delivering our fully integrated models of care;
- Aligning our 'place' plan with our partner and collaborative strategies; and
- Quantifying the resource and capacity required to deliver our transformation programmes.

The roadmap is being developed in partnership along with the NWL ICS to ensure that place-based care in Hillingdon continues to move at pace and deliver the improvements to health and care outcomes to which we have committed.