

16 November 2017		ITEM: 11
Health and Wellbeing Overview and Scrutiny Committee		
New Model of Care for Tilbury and Chadwell		
Wards and communities affected: Tilbury Riverside, Tilbury St. Chads, Chadwell St.Mary, East Tilbury and Thurrock Park		Key Decision: Non-Key
Report of: Ian Wake, Director of Public Health		
Accountable Director: Ian Wake, Director of Public Health		
This report is Public		

Executive Summary

This report serves as an introduction to the attached *The Case for Change, A New Model of Care for Tilbury and Chadwell* document. The document has been developed by Thurrock's Director of Public Health in conjunction with key stakeholder organisations across our local health and care system and has been informed by the analyses and recommendations set out in the Annual Report of The Director of Public Health (2016) and The Tilbury and Chadwell ACO Needs Assessment (2017).

The *Case for Change* Document sets out a new model of providing primary, community and mental health services, health improvement services and adult social care services to Tilbury and Chadwell residents in an integrated and person centred way.

In implementing the new model of care, set out in the *Case for Change* document, health and care providers seek to demonstrate 'proof of concept', with a view to replicating the model borough wide in order to form a new Accountable Care System for Thurrock.

1. Recommendation(s)

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee note and comment on the proposals set out in the *Case for Change* document, for transforming health and care services in Tilbury and Chadwell**
- 1.2 That the Health and Wellbeing Overview and Scrutiny Committee endorses the piloting of the New Model of Care with a view to creation of a borough wide Accountable Care System if shown to be successful.**

2. Introduction and Background

- 2.1 The Annual Report of The Director of Public Health (2016) aimed to address the fundamental question of what would make the Thurrock Health and Adult Social Care System more sustainable in financial and operational terms. The report made a series of high level conclusions including:
- That there was insufficient understanding at a system's level of how patients/clients flowed through the constituent elements within the system, i.e. between GP surgeries, community and mental health providers, hospital, adult social care services; and how clinical practice in each element impacted on demand on all other elements
 - That too many residents were accessing the most expensive elements of the system needlessly as a result of preventable A&E attendances, emergency hospital admissions and early entry into residential care because of adverse health events that were highly preventable
 - That inadequate capacity and variation in clinical quality in primary and community care was leading to preventable adverse health events that were driving excess demand and cost, particularly in terms of failing to adequately diagnose and care for people with long term health conditions
 - That the system was fragmented and confusing to patients and needed to integrate at both a service and financial governance level in order to improve
 - That there needed to be a period of 'double running' where investment was made in Primary and Community care which would release capacity and cost from secondary care and adult social care
- 2.2 Following presentation of the APHR at the November meeting of the Thurrock Joint Health and Wellbeing Board, key partners from Basildon Hospital University Trust (BTUH), North East London NHS Foundation Trust (NELFT), Essex Partnership University NHS Trust (EPUT), NHS Thurrock CCG and Thurrock Council agreed to collaborate to deliver an Accountable Care System (ACS) for Thurrock. It was agreed that the DPH would lead development a 'New Model of Care' based on the recommendations of the APHR (2016) and that this would be piloted in one of Thurrock CCG's four localities as a 'proof of concept' with a view to rolling out the model across the borough if shown to be successful in improving population health outcomes, integrating and improving care for residents and reducing avoidable hospital and adult social care demand.
- 2.3 There are various definitions and models of 'Accountable Care Organisations' throughout the UK, however their common theme is that one lead provider is given a budget for a defined population along with responsibility for delivering defined health outcomes for that population by working in an integrated way that seeks to keep the population as healthy as possible.

- 2.4 It was agreed that the first stage of the process would be for the DPH to lead development of a Tilbury and Chadwell locality needs assessment to inform the New Model of Care. This was completed and published in February 2017.
- 2.5 A governance structure to manage the process was also agreed and a new Accountable Care Partnership Executive Group formed with Director level representation from all of the key partner organisations.

3. Issues, Options and Analysis of Options

- 3.1 The accompanying “Case for Change” document sets out the vision for the New Model of Care for Tilbury and Chadwell to be tested as a ‘proof of concept’ for wider implementation of a borough wide Accountable Care System if shown to be successful.
- 3.2 The document is arranged into three main chapters (5,6 and 7) which set out a vision for transformation of health and care services aimed at three distinct population cohorts; those that are largely healthy but need improved access to episodic care provided by primary care; those with diagnosed and undiagnosed long term conditions; and those with high levels of health and care need.
- 3.3 Through chapters 5-7, The Case for Change Document discusses a series of actions and detailed business cases that partners need to take the radically enhance the capacity and quality of the primary care offer locally, systematically improve the diagnosis and treatment of residents with long term health conditions, and deliver a holistic, integrated health and care offer to those with high levels of health and care need.
- 3.4 The final chapter (8) discusses the next steps required to implement the New Model of Care, including evaluation and on-going governance arrangements.
- 3.5 Thurrock Council in association with NHS Thurrock CCG and other key NHS stakeholders is in the process of developing a business case for an Integrated Medical Centre for Tilbury and Chadwell. Subject to Cabinet approval and NHS partners’ governance processes, we expect this new facility to be open in 2020/21. The NMC for Tilbury and Chadwell precedes the opening of the IMC and will operate from the current estate in the locality until the IMC opens. However the integrated workforce modelling set out in the NMC Case for Change Document, and further workforce re-design that will be done by the three working groups set out in Chapter 8 will be used to inform the specification of the IMC, and we envisage that from 2020/21 a significant proportion of health and care services referenced in the NMC document will be delivered from the new IMC.

4. Reasons for Recommendation

- 4.1 Based on the detailed analyses contained within the APHR (2016), Tilbury and Chadwell ACO Needs Assessment, and New Model of Care *Case for Change* document, it is the view of the author and all key stakeholders that implementing the New Model of Care provides the best opportunity to transform health and care services locally in order to simplify and integrate care for residents and significantly improve population health outcomes.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 .The New Model of Care Document has been developed in partnership with all key stakeholders and in conjunction with a series of public meetings held with the community. It aims to address some of the key concerns raised by Tilbury and Chadwell residents, most specifically relating to the need to improve access and quality of local primary care services
- 5.2 Further consultation with residents on the New Model of Care document is planned including additional public engagement events and work with Thurrock Healthwatch.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 The New Model of Care implements the recommendations set out in the APHR (2016) and Tilbury and Chadwell ACO Needs Assessment (2017).
- 6.2 The New Model of Care assists implementation of key objectives of the Thurrock Joint Health and Wellbeing Strategy (2016-21) including:
- 2C – Build strong, well-connected communities
 - 3C – Reduce social isolation and loneliness
 - 3D – Improve the identification and treatment of depression, particularly in high risk groups
 - 4A – Create four integrated healthy living centres
 - 4B – When services are required, they are organised around the individual
 - 4C – Put people in control of their own care
 - 4D – Provide high quality GP and hospital care to Thurrock
 - 5B – Reduce the proportion of people who smoke
 - 5C – Significantly improve the identification and management of long term conditions
 - 5D – Prevent and treat cancer better

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Corporate Finance Officer

The NMC aims to deliver medium term health and care system financial sustainability by delivering services in a more cost effective way, and by reducing demand on the most expensive elements of our local health and care system by preventing unplanned hospital admissions and delaying entry into residential care. The Case for Change Document details a series of investments that will act as 'pump priming' funding to prevent serious adverse health events and increase the capacity and capability of primary care in order to realise these savings. A summary of agreed investments are set out in Chapter 8 of the document and include the pooling of the "£3 per head" Primary Care investment fund into Tilbury and Chadwell, investments from the Thurrock Better Care Fund and investments from the Public Health Grant. All other costs will be met by more efficient use of existing health and care resources. We envisage that by integrating health and care services, we will be able to provide more a more effective and efficient offer to residents from the same financial envelope.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister

The Health and Social Care Act 2012 amends the Local government and Public Involvement in Health Act 2007, to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). The Act supports the principle of local clinical leadership and democratically elected leaders working together to deliver the best health and care services based on the best evidence of local needs. The purpose is to improve the health and wellbeing of the local community and reduce inequalities for all ages. The Care Act 2014 bolsters and reinforces the initiative creating overlapping duties upon local authorities to promote the integration of care and support with health services. Accordingly, the Principal Solicitor notes the contents of the reports and there appear to be no external legal implications arising from them

7.3 Diversity and Equality

Implications verified by: **Rebecca Price**
Community Development Officer

The New Model of Care sets out a series of coordinated programmes of work that will improve health and wellbeing in the Tilbury and Chadwell locality by addressing the wider determinants of health, improving healthy lifestyles, improving the capability and capacity of community and primary care and diagnosing and better managing physical and mental long term health conditions in the community. Residents of Tilbury and Chadwell currently experience some of the worst health outcomes in Thurrock and England, and as such the actions set out in The New Model of Care, will help to address health inequalities within the borough.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

The Case for Change – A New Model of Care for Tilbury and Chadwell

9. Appendices to the report

None

Report Author:

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