

14 June 2018		ITEM: 6
Health and Wellbeing Overview and Scrutiny Committee		
For Thurrock in Thurrock – New Models of Care across health and social care		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Roger Harris, Corporate Director of Adults, Housing and Health		
Accountable Assistant Director: Tania Sitch (Integrated Care Director) and Les Billingham, Assistant Director for Adult Social Care and Community Development		
Accountable Director: Roger Harris, Corporate Director of Adults, Housing and Health		
This report is public		

Executive Summary

Transformation of the existing health and social care system is a must in order to ensure sustainability and ensure all available resources are used to greatest effect. Last year HOSC received a report from the Director of Public Health entitled “The Case for Change” – this report demonstrates the work undertaken to date.

The New Models of Care innovation site in Tilbury and Chadwell was launched as part of phase 2 of Thurrock’s transformation programme in collaboration with local health partners and the voluntary and community sector. The new programme has been named Better Care Together Thurrock. The programme focuses on four interlinked areas:

- The development of a new Primary Care Workforce – to address the shortages of GP’s and improve the Primary Care offer.
- Improved identification and early treatment of people with Long Term Conditions.
- The redesign of the health and social care workforce and all community based solutions.
- The development of four Integrated Medical Centres to ensure that we have 21st Century local facilities.

The outcomes built into the project are improved access to services, a single point of contact, earlier identification of long term conditions such as COPD and improved health outcomes across a range of measures.

Finally, to oversee all of our integration plans the partners have formed “Thurrock Integrated Care Alliance (TICA)” to act as the umbrella body to take our integration plans forward.

1. Recommendation:

1.1 For the Health and Wellbeing Overview and Scrutiny Committee to comment on progress with delivering the New Models of Care programme.

2. Introduction and Background

2.1 Ian Wake, Thurrock's Director of Public Health, presented a very compelling case for change to HOSC in September 2017. The case for change set out a new model of care for Tilbury and Chadwell. The document followed on from a detailed needs assessment for the area and stemmed from the publication of the 'Annual report of the Director of Public Health' (2016). The document set out the financial challenges faced in the future for the health and social care system and for the health challenges facing the population of Tilbury and Chadwell. The case for change demonstrated a key issue is the rising and unsustainable demand for emergency care within the most expensive part of the system ie. acute hospitals. The paper sets out that investment in the quality and capacity of Primary, Community and Mental Health care will have a positive impact on reducing demand and improving the outcomes for people. This paper sets out the way forward and is the driver for the New Models of care Programme.

2.2 The "New Models of Care" programme established a steering group to oversee the design of the transformation and develop of the new offer and has had continuous and positive representation from:

- a. Thurrock Council Adult Social Care;
- b. Essex Partnership University Trust (EPUT);
- c. North East London NHS Foundation Trust (NELFT);
- d. Basildon and Thurrock University Hospital (BTUH);
- e. Thurrock Clinical Commissioning Group (CCG);
- f. GPs and Practice managers representing the 8 current practices in Tilbury; and
- g. Community and voluntary sector – Thurrock CVS, Healthwatch and the Thurrock Coalition

2.3 The steering group reports to the Thurrock Integrated Care Alliance (TICA). This has senior representation from all partners listed in 2.2 above. The Alliance aims to bring together all partners and agree how we will work together in a meaningful way to deliver improved outcomes for the people of Thurrock, overseeing all the various transformation programmes.

2.4 The main work streams the steering group are working to are

- **Engagement and communication:** including Public, Staff and stakeholders. This is key to ensure this transformation is a success. An engagement officer is being recruited to ensure engagement takes place with the people of Tilbury and Chadwell as co-production and engagement is paramount.

- **Outcome based commissioning and reporting:** this will challenge the current commissioning and contracting arrangements to make them fit for purpose and will review the number of contracts and total value/where the money goes. This group includes all commissioners of health, social care and the voluntary sector. Changing the way we manage contracts will be essential to enable partners to work together and focus on the right things.
- **Development of a new workforce in primary care** – to support the 8 practices in Tilbury and Chadwell a team is being recruited to and will be hosted by NELFT. The team will include new roles including a Paramedic Practitioner, Physician’s Assistant, Pharmacist and Physiotherapists etc. this team will support practices to ensure GP’s are used where most needed and will lead to reduced waiting times and people seeing the right person first time.
- **Implement an integrated workforce** – following a Theory of Change methodology being used, this workstream will bring together the health, mental health, social care and voluntary sector workforce together to ensure residents receive more coordinated care and a more personal response. This includes:
 - Well-being teams development – including health teams (NELFT/EPUT).
These are staff-led teams providing an alternative delivery model and includes a new approach to domiciliary care. This will lead to more time with people and more flexibility in the way care is delivered and a much improved coordinated response.
 - Community led social work support – this team will carry out social work functions in the community and is a staff led approach which will improve ways of working. As with the above it reduces bureaucracy, increases time spent with people and improves the person’s experience.
 - Review of roles will reduce duplication of care across health and social care teams and will look at HR, Estates, Information Governance and many other aspects.
- **Improving the diagnosis and treatment of people with Long Term Conditions** – The New Model of Care Strategy identified

that there were thousands of patients in Tilbury and Chadwell with existing long term conditions including high blood pressure, diabetes, coronary heart disease, depression and stroke who had not been diagnosed and were not, therefore, having their conditions treated or managed effectively. Both inadequate diagnosis and management was leading to preventable serious health events such as heart attacks and strokes placing avoidable demands on the health and social care system. A series of 13 programmes have been devised to improve the identification and treatment including a stretched Quality and Outcome Framework (QOF); using IT systems to improve the call and re-call arrangements; a pro-active hypertension case-finding programme and better targeting of NHS Health Check programmes.

- **Evaluation** – Public Health England and the University of Birmingham are working jointly to ensure any evaluation is robust and focuses on outcomes for the people of Tilbury and Chadwell and the benefits and impacts to the system.
- **TEC Technology Enabled Care** - this programme looks at how technology can enrich the lives of residents and improve efficiencies to the system so resources are used where they have the best impact.

2.5 The New Models of Care Programme is starting to get recognition nationally and being seen as an exemplar of good practice. The programme recently won two highly commended awards from LARIA – Local Area Research & Intelligence Association, award. These awards are national and recognise organisations which have undertaken pieces of research/intelligence that have really driven decision-making and led to better population outcomes.

2.6 The steering group continues to work on all the above work streams with robust project management. There are differing timeframes for each of the work streams depending on the level of change needed but people will start to see changes from now.

3. **Issues, Options and Analysis of Options**

Why do we need to transform?

3.1 There are a number of factors driving the need for transformation across the health and care system. These include:

- An ageing population – with people living for more years but with a greater number of years in poorer health;
- Increased complexity of cases for both older people and working age adults – in the recent ADASS financial survey over 90% of authorities reported that costs and demand pressures in Learning Disabilities was putting considerable strain on their budgets;
- Insufficient capacity across the system – the figures in Appendix 1 show the shortfall in GPs but this is becoming an increasing problem in the care sectors;
- In extremely fragile provider market – particularly domiciliary care. Three domiciliary care providers have handed back contracts or had their contracts terminated in the past three years in Thurrock;
- A health and care system designed to react to rather than prevent ill-health; and
- Difficulty retaining and recruiting social care staff – carers in particular and for Thurrock we have such a diverse and dynamic local economy this is a particular problem.

3.2 The factors driving the need for health and social care transformation require a very different approach to be taken – one that focuses on prevention and early intervention and more generally on promoting wellbeing. The current system has predominantly focused on responding to need and waiting until individuals reach crisis point. To successfully overcome current challenges, transformation must redesign the foundations upon which the health and care system is based – for example:

- A focus on strengths not on need – reducing dependency;
- Empowering individuals to take control of their own lives;
- Targeting interventions so that they prevent crisis;
- The importance of outcomes as opposed to process;
- The need to reduce duplication, bureaucracy and process to ensure the majority of resource is focused on providing support;

- The importance of technology to enable improved outcomes; and
- The importance of a solution and outcome focus not of a service and prescription model.

3.3 Whilst the transformation of the health and care system is extremely complex and constantly evolving, there is already evidence that the approach being taken in Thurrock is having an impact. In addition to a number of case studies captured to demonstrate impact, the 2016 Annual Director of Public Health report stated that data *'suggests prevention and early intervention programmes such as Local Area Coordination, Stronger Together and Living Well in Thurrock are having a positive impact on reducing demand for statutory care packages....'* Whilst this is positive and evidence that the Transformation Programme is shifting the system towards prevention and early intervention, there is a need to acknowledge that when individuals do enter the system, they often have a greater degree of complexity and therefore cost.

3.4 The New Models of Care is building on the achievements to date including the following innovation. These were detailed in a report to HOSC presented in March 2018 :

- **Local Area Coordination** - a borough wide team supporting people in their local communities.
- **Social Prescribing** - working in GP practices to address non-medical presentations.
- **Thurrock First** – launched in October 2017 an integrated single point of access across health and social care.
- **Micro-Enterprises** – over 30 small, local business established to support the care system.
- **Chichester Close** – opened in autumn 2017, supported living units for adults with Learning Disabilities.
- **21st Century Care Home** – a new facility in South Ockendon designed to offer a new model of residential care.

3.5 Integrated Medical Centres – The Council, along with its health

partners, signed a “Memorandum of Understanding” in 2017 which committed all partners to the development of four Integrated Medical Centres in Thurrock. The original idea behind the IMC’s was to strengthen the capacity and capability of primary care in Thurrock. With the proposed transfer of services from Orsett Hospital (which is still subject to a final decision following the public consultation) this provided an opportunity to expand their remit and offer a wider range of services to local people. The planning for all four IMC’s is well underway. Tilbury / Chadwell IMC is most advanced and a design team are working on detailed drawings with a view to submitting planning permission later this year and a joint Business Case being submitted to various NHS bodies and the Council at the same time. Subject to receiving the required approvals, work on site should start in the Spring of 2019 with building works taking 18 months.

4. Reasons for Recommendation

- 4.1 To update the Committee and ensure its input on progress made to date and on future system wide transformation under the New Models of Care (Better care Together Thurrock) Programme.

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

- 5.1 Thurrock residents were consulted on and informed a set of principles that underpin any health and care transformation activity. Additionally, Thurrock residents – including users of services, carers, and representative organisations – are involved in shaping many of the pieces of work incorporated within the transformation programme. As part of this, the Council works with user-led organisation Thurrock Coalition to ensure plans are developed in conjunction with users of services and their representatives.

Furthermore a resource has been made available and is funded by all partners involved, to employ an engagement worker/sin Tilbury and Chadwell to ensure services and other solutions are co designed and owned by citizens.

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

6.1 The New Models of Care transformation programme will contribute to the delivery of the Council's vision and priorities in particular:

People – a borough where people of all ages are proud to work and play, live and stay

- High quality, consistent and accessible public services which are right first time
- Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
- Communities are empowered to make choices and be safer and stronger together

7. Implications

7.1 Financial

Implications verified by: **Jo Freeman**
Management Accountant
Social Care &
Commissioning

The new Models of Care Transformation Programme is delivered within existing budgets and through the successful bidding of government funding grants. The Programme is designed to help to meet the challenges faced by Adult Social Care and to therefore ensure as best as possible that the Department is able to meet demand and operate within its budget.

7.2 Legal

Implications verified by: **Sarah Okafor**
Barrister (Consultant)

On behalf of the AD of Law I have read in full the contents of this report, and there appears to be no external legal implications arising from it. The aims and objectives of the programme will operate within the range of legislative statutory frameworks that govern ASC and Local Government functions.

7.3 Diversity and Equality

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

Service users and residents across all protected groups may be impacted by the new Models of Care Programme. The most positive implication increases choice and control over the type of solution individuals receive. Positive implications also relate to preventing and delaying service need and a focus on delivering outcomes. Failure to fully implement the programme could have negative impacts – for example a reduction in services offered or how they are offered and restrictions about the type and accessibility of services available. This could lead to higher levels of dependency and complexity of cases. Implementation of the Living Well in Thurrock Programme aims to address inequality in service provision and increase the scale and the scope of the positive benefits outlined.

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):

- Living Well in Thurrock: Adult Social Care Transformation Programme, Health and Wellbeing Overview and Scrutiny Committee, 17 January 2018

- New Model of Care for Tilbury and Chadwell, Health and Wellbeing Overview and Scrutiny Committee, 16 November 2017

9. Appendices to the report

Appendix 1 – Extract from Case for Change showing Primary Care Shortfall and Capacity challenges.

Report Author

Tania Sitch
Integrated Care Director

Adults, Housing and Health / NELFT