

REPORT TO:	CABINET 20 JANUARY 2020
SUBJECT:	Health and Social Care Integration and South West London
LEAD OFFICER:	Guy Van Dichele, Executive Director of Health, Wellbeing and Adults Rachel Soni, Director of Integration & Innovation
CABINET MEMBER:	Councillor Jane Avis, Cabinet Member for Families, Health & Social Care
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/ AMBITIOUS FOR CROYDON

*This report provides an overview of the current status of health and social care integration and the relationship of Croydon as our place and with South West London as our sub-region. The integration of health and social care addresses Outcome 1 of the Corporate Plan: supporting **People to live long, happy, healthy and independent lives.** The One Croydon Health and Care Plan published in the summer of 2019 delivers the eight Health and Wellbeing Strategy Priorities.*

FINANCIAL IMPACT

There are no direct financial implications of this report. However, any costs associated with recommendations taken forward will be absorbed within approved resources or additional investment sought.

FORWARD PLAN KEY DECISION REFERENCE NO.: N/A

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

1. RECOMMENDATIONS

The Cabinet is recommended to

- 1.1 Note the current status and progress in relation to the integration of health and social care and the developments locally and sub-regionally in South West London as a result of the NHS Long Term Plan.
- 1.2 Note and agree the next steps for One Croydon's journey to health and social care integration.
- 1.3 Agree any actions arising from the equality analysis.

2 EXECUTIVE SUMMARY

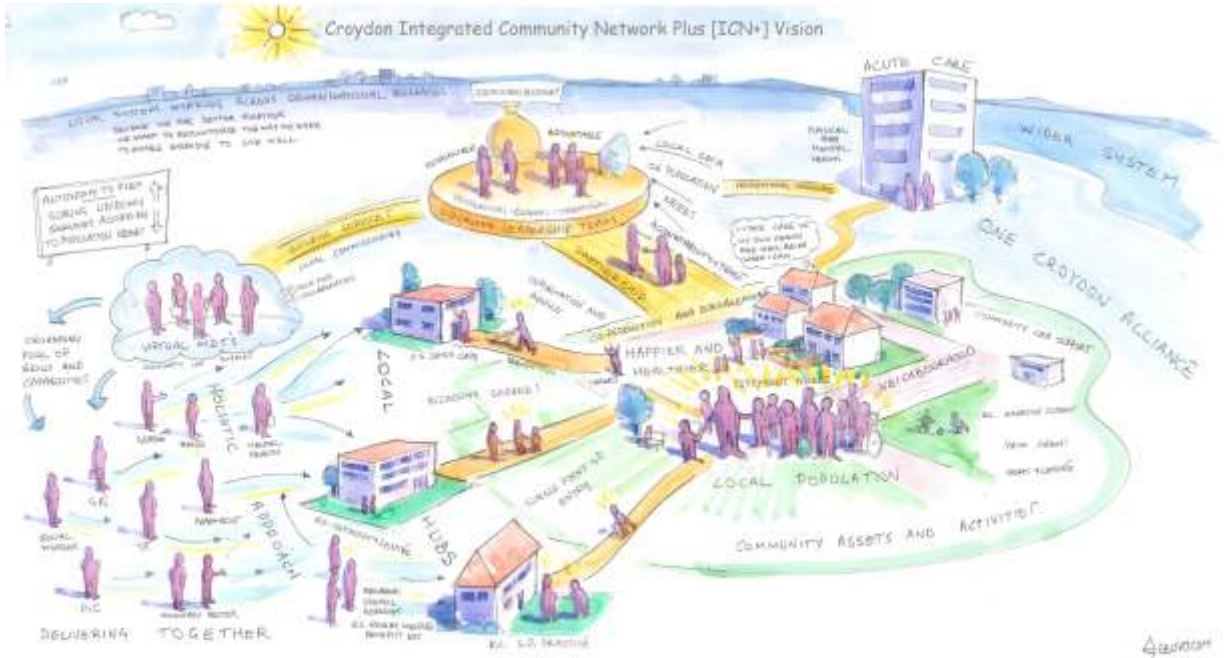
- 2.1 The purpose of this report is to update Cabinet on the current status of Health and Social Care integration in Croydon and seek approval for the next steps through the vehicle of the One Croydon Alliance with its six member organisations, Croydon Council, Croydon Clinical Commissioning Group (CCG), Croydon Health Services NHS Trust, South London and Maudsley NHS Trust, Age UK Croydon and Croydon GP Collaborative.
- 2.2 One Croydon has published its five year Health and Care Plan in summer 2019 which will deliver the Health and Wellbeing Board priorities. The NHS Long Term Plan was published in January 2019 setting out how the NHS landscape is required to change with the mergers of Clinical Commissioning Groups and the formation of sub-regional Integrated Care Systems by April 2021. Croydon is part of the South West London sub-regional footprint and the system has applied to NHS England to receive ICS status in the first round in 2020. The Corporate Plan commits to expanding the scope of One Croydon from the over 65s age group to the whole Croydon population and this report sets out the progress and next steps to achieving this, which includes increasing scope process, governance arrangements, contracting structures, alliance partner updates and system planning. Section 9.0 includes detail on the next steps.

3 PROGRESS WITH HEALTH AND SOCIAL CARE INTEGRATION

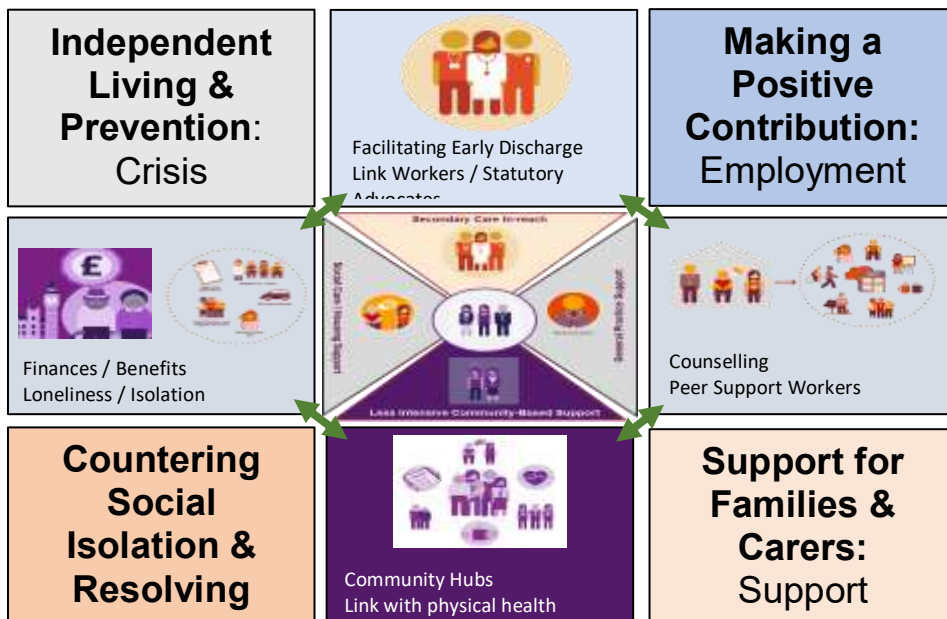
- 3.1 **Service Integration for the over 65s:** The last 12 months has seen progress in embedding the integrated provision arising from the system business case agreed in 2017. The LIFE service and the Integrated Community Network (ICN) service models have been live for two years. There is high demand on these services and there are new customer journey's in place for discharge from hospital, providing reablement and rehabilitation services for people and rapid clinical response services. The multi-disciplinary teams work in a co-ordinated way proactively identifying people with health and social care needs aiming to support them to remain independent. In addition, investment in our local voluntary groups and social prescribing has taken place and a roll out of telemedicine in most of our care homes in Croydon. There is a sustained reduction in emergency admissions to Croydon University Hospital of older people, there is now reduced length of stay for those who were staying the longest in our acute services. There is a cost to social care to prevent admissions and also to maintain independence at home and spend on social care for older people is rising.
- 3.2 **Outcomes:** The original outcomes framework has been populated and an updated whole population framework has been developed and baselined. The One Croydon Alliance is establishing more effective use of this framework and regular monitoring. Further engagement with the wider population including under 65s is required.
- 3.3 **Investment and Further Transformation:** Investment remains at the same level agreed in the system business case in 2017. The Economic Review in November 2018 highlighted gaps in funding of key activity, predominantly in adult social care, which will require addressing in revised or new business

cases. Further business cases which will set out the service model and benefits analysis are planned in the near future, for example:

- Integrated Community Networks Plus (whole adult population) – this will further develop integrated working in localities, with a pilot due to commence in Thornton health in early 2020.

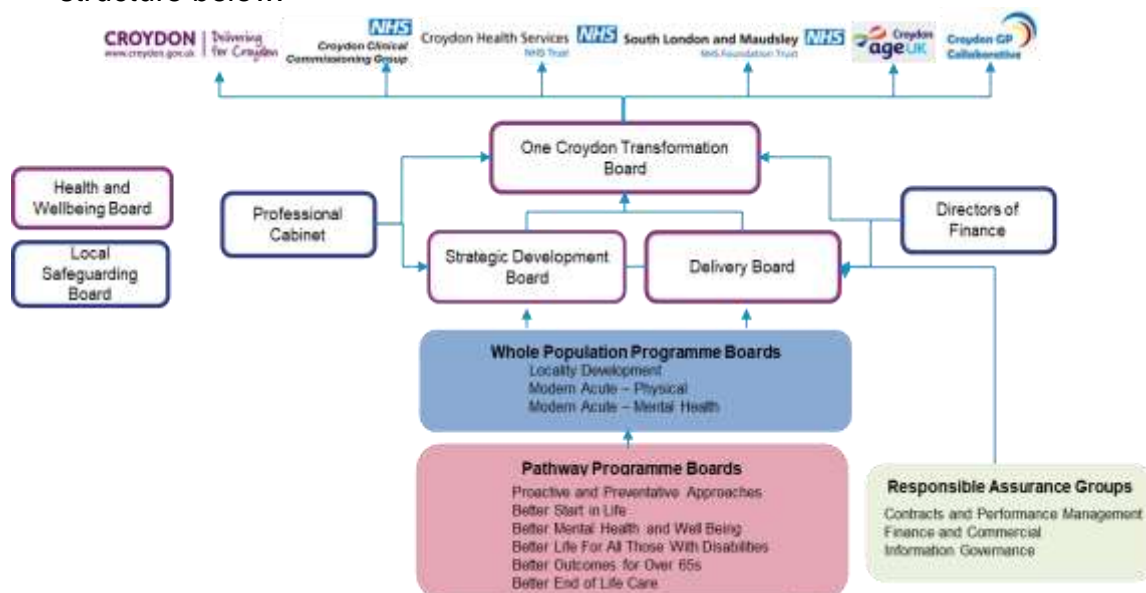


- Mental Health Adult Community Transformation – this work transforms the community provision available to people with mental health needs, such as enhanced primary care and support for people in crisis.



4 GOVERNANCE

4.1 **Locally - One Croydon:** The current governance of One Croydon is a Chief Officer meeting named Croydon Transformation Board (CTB), with unanimous voting rights for each partner. It is independently chaired which is to be reviewed prior to January 2020. The proposal is to translate the CTB into the new Health and Care Board in April 2020, which will have a key strategic relationship with the Croydon Health and Wellbeing Board, which sits above the structure below.



4.2 There are then two senior boards reporting to Croydon Transformation Board managing development and delivery – The Strategic Development Board chaired by the Executive Director of Health Wellbeing and Adults in the Council and the Delivery Board chaired by the Borough Director in South London and Maudsley NHS Trust. These boards are populated with executive directors and directors. The proposal is to merge these boards into one strategic board and define the agenda's accordingly.

4.3 There are three Programme Boards currently establishing populated with directors / operations and programme leads to drive the design and delivery of the health and care plan.

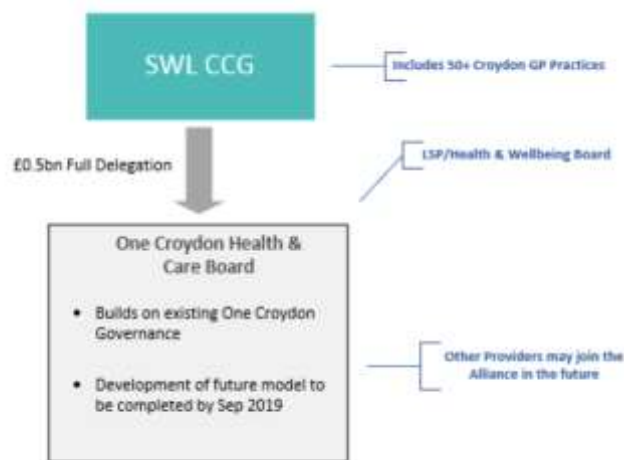
- Locality Development
- Modern Acute (Physical)
- Modern Acute (Mental Health)

4.4 The pink boards in the diagram above represent stakeholder pathway/customer journey groups where specialist design relating to the client groups take place. The proactive and preventative board operates across the whole population and has a role in holding the pathway boards to account for prevention design throughout their programmes (to be merged with the strategic board).

4.5 **Croydon Health Services and Clinical Commissioning Group governance:** The two organisations plan to have:

- CHS Trust Board
- SWL CCG Governing Body
- CHS/CCG Committee In Common

4.6 **South West London Governance:** There is a monthly SWL Programme Board with an independent chair. The SWL CCG Governing Body will delegate to the Croydon Health and Care Board. There is a SWL Governance Design Group of which for Croydon, Guy Van Dichele and Mike Bell (Chair of CHS) are members. The role of Health and wellbeing Boards is being considered there.



5 RECENT DEVELOPMENTS

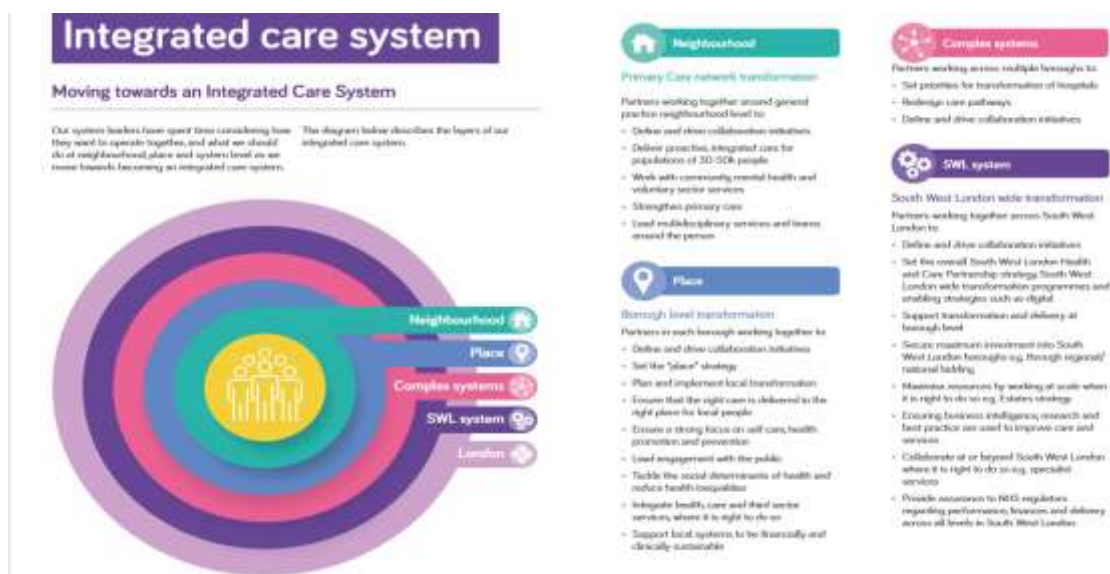
5.1 NHS Structural Changes:

5.1.1 **CCG/CHS Alignment:** Croydon Clinical Commissioning Group and Croydon Health Services have been through a process to align their organisations over the last six months. They have established one senior management team, with Matthew Kershaw appointed and commenced on 1 October as the local Croydon health place based leader. He is also the Chief Executive of CHS. This is the first of this kind nationally. This brings the commissioner and the provider much closer together, although through existing legislation a merger is not legal and must retain separate boards but will manage together through a committee in common. The other key joint appointments are Elaine Clancy – Chief Nurse, Josh Potter – Director of Strategy and Transformation and Mike Sexton – Managing Director and Director of Finance.

5.1.2 **5.1.3 CCG Mergers:** The NHS long term plan requires CCG's to merge across the sub-regional footprints. Local agreement was required and the recent vote to progress this by all six South West London (SWL) areas has now concluded and therefore Croydon CCG will merge with the other five SWL CCG's from April 2020. In the interim Sarah Blow, the existing Accountable Officer for the other five CCG's has taken up the role for Croydon upon the departure of the

previous Croydon CCG Accountable Officer in October. Sarah Blow will then be the permanent Accountable Officer for the Merged CCG from April 2020.

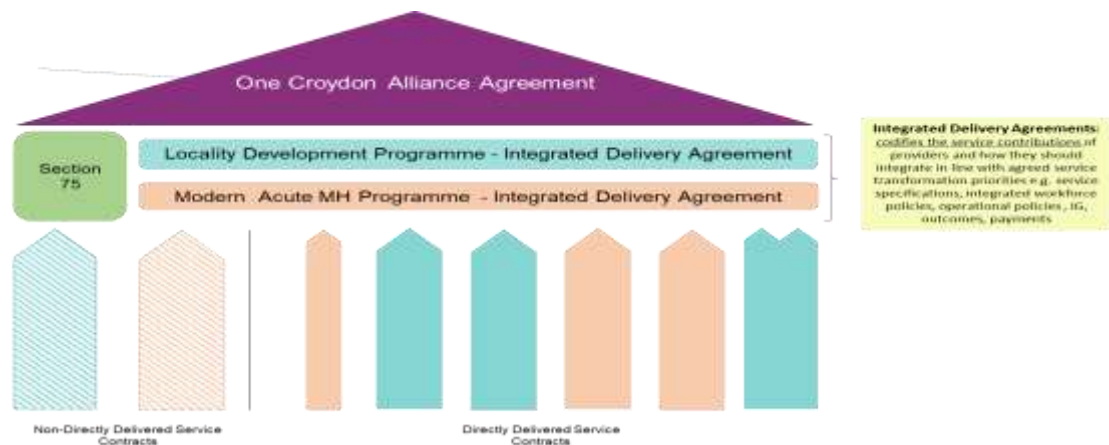
- 5.1.3 **South West London Delegation:** There is planned to be full delegation to place. Croydon is planned to establish a health and care board which will receive delegation of the budget and responsibilities from SWL CCG. It is planned the One Croydon partners will be voting partners on the Health and Care Board.
- 5.1.4 **Integrated Care System (ICS):** The NHS Long term Plan established ICS's on sub-regional footprints. South West London (SWL) will be our ICS and would have about 40 organisations in it as partners. SWL have applied in the first round to NHS England to receive 'ICS Status'. As a system we have completed a maturity assessment with five domains; 1 - System Leadership, Partnerships and Change Capability; Domain 2 - System Architecture and Strong Financial Management and Planning; Domain 3 - Integrated Care Models; Domain 4 - Track Record of Delivery; Domain 5 - Coherent and defined population. For each domain there are four levels of assessment—emerging, developing, maturing, and thriving. SWL submitted an assessment of between developing and maturing to NHS England. The Accountable Officer for the SWL CCG will also be the Chief Officer of the ICS when it comes into form. It should be noted ICSs will not be an entity in the short term. The following diagram shows the system at its different geographical 'levels'.



6 FURTHERING INTEGRATION FOR THE WHOLE POPULATION

- 6.1 The Mental Health Programme Board has been designing the adult community transformation Programme with a key feature being enhanced primary care, improved customer journey's, crisis care that is not in hospital and enhanced stepdown provision, housing availability and housing support. This development work has paused to review the model and investment requirements and is being considered by the joint commissioner across the CCG and Council.

- 6.2 The development of Integrated Children's Services locality working with health, police and the voluntary sector is being explored and progressed. A strategic lead was appointed to work on developing the One Croydon approach for Children's and two workshops have taken place across the system to develop the model of working. The localities programme for early help is advancing as well as plans for a multi-disciplinary Family Safeguarding pilot. The Executive Director of Children, Families and Education joined the One Croydon Transformation Board in November 2019.
- 6.3 The localities development board is now established as one of the core One Croydon governance boards, the Executive Director of Localities in the Council is the joint SRO with the Director of Strategy and Transformation in the CCG. The board is now overseeing the development of whole population locality working across partners, the piloting of Integrated Community Networks+ and the current integrated service provision.
- 6.4 The whole population health and care plan for Croydon was published in September 2019 setting out the vision, finances and expected programme delivery to achieve the eight priorities of the Croydon Health and Wellbeing Strategy and the NHS Long Term Plan.
- 6.5 **Contracting Structure for whole population:** The 10 year Alliance Agreement binds the partners into the relationship, behaviours and ways of working together and sets out the principles and objectives of the partnership. This is working well and there have been no formal disputes or enactment of the voting rights to date. There is an integrated contract arrangement called a SOM that binds the partners who are either commissioning or providing services within the scope of One Croydon in relation to service specification and financial aspects. It is proposed to build on these successful existing arrangements and vary the existing alliance agreement as required and can add or remove necessary partners as we progress the partnership and deepen integration. There is not recommended to be a lead provider model or any sub alliances as this does not fit with current local direction of travel. There will still need to be integrated contracting arrangements, moving the SOM onto an Integrated Delivery Agreement to agree service specifications and finances and there is the aim to move to a single Section 75 arrangement between the statutory bodies. There is commitment from all partners to progress to having some shadow budget arrangements in place for 2020/21. The diagram below demonstrates an option being explored for our future contracting structure as an interim or longer term arrangement.



7 ONE CROYDON PARTNER UPDATES

- 7.1 **GP Collaborative:** The Croydon GP Collaborative is the federation of the 52 GP practices in Croydon. All but two of our GP practices are included members in the collaborative. A new chair is recently appointed as well as a recent appointment of the collaborative's first Chief Executive. The GP collaborative is able to take on contracts across GPs, provide two way communication flow and is very involved in supporting the development of Primary Care Networks, of which nine have now formed in Croydon. Each of those has a clinical director.
- 7.2 **Age UK Croydon and The Voluntary Sector:** Age UK Croydon is the voluntary sector provider member of the Alliance. There is a need to establish fuller voluntary and community sector representation in the Alliance rather than provider presence alone, and the Croydon Transformation Board (CTB) has requested a proposal to be brought to board on how this may operate in future, giving consideration to the council commissioned infrastructure organisations roles and the role of Healthwatch. The Age UK Croydon Chair and Chief Executive are developing this with other members of CTB. Voluntary sector presence and voting rights has been a positive influence to date.
- 7.3 **South London and Maudsley:** The mental health Trust have recently restructured on a borough basis. The Trust works across Lambeth, Lewisham, Southwark and Croydon and previously were arranged in clinical speciality departments. SLaM are also transforming their community mental health services and this is part of the wider adult community transformation.

8 SYSTEM PLANNING

- 8.1 One Croydon partners have committed to planning together. This has taken various forms in addition to the core One Croydon governance boards:
- Development and publication of the whole population One Croydon Health and Care Plan in September 2019
 - Planning together workshops since October 2019 on all priority programmes being delivered across the partners for health and social care for all ages

- Joint Commissioning Intentions for the Council and CCG in Sept 2019
- Workshops on our enablers: IT/Digital, estates and workforce
- Weekly finance planning meetings of the Heads of Finance since October 2019
- Monthly Directors of Finance meetings ongoing for two+ years
- CQOB – monthly cost and quality oversight board for CHS, CCG and Council to share financial indicators, programme delivery and risks for the last 6 months
- Commitment to progressing work for shadow budget (s) for 2020/21
- Commitment to system business cases.

9 NEXT STEPS

9.1 The Croydon Transformation Board has agreed the following next steps for the development of the alliance, which includes expansion of scope to the whole population and contracting mechanisms:

Next Step:	How:	When:
1. Completion of readiness assessment to bring new areas into scope: e.g. mental health and children's transformation.	Readiness assessment has been drafted. One Croydon Governance Boards to consider. Utilise process set out in the Alliance Agreement to increase scope – i.e. by business case as and when ready.	Q4 2019/20 – readiness assessment
2. Agree process for selecting new and future members of the alliance.	As set out in the alliance agreement. Consider wider voluntary sector representation.	Q4 2019/20
3. Agree future contractual format between commissioners and providers – options include Services Operation Manual and Integrated delivery Agreements	Drafting of Integrated Delivery Agreement and agreement to contract providers for their part of integrated service, including budget and funding source.	Q4 2019/20
4. Develop a single Section 75 agreement between statutory bodies for service specifications and finances	Review existing Section 75s and agree future set to be included and agree through governance	Q4 2019/20
5. Establish revised local governance and the governance with South West	Completion of design group at SWL and CTB and to agree new local governance arrangements	Q4 2019/20

London and secure the delegation process		
6. A) Pilot Integrated Community Networks + in Thornton Heath B) Evaluate pilot and take authority to proceed to roll out through One Croydon governance	ICN+ pilot service model drafted. Financial modelling to be agreed and pilot commence. Test aligned budgets and shadow arrangements, including integrated management and new contracting format through the pilot.	Q4 2019/20 Q2 2020/21
7. Develop Alliance integrated workforce strategy	Council Workforce Strategy and NHS People Plan to be utilised as foundation. Strategic Development Board to progress.	Q4 2019/20 and Q1 2020/21

9.2 The above actions will be progressed through the Strategic Development Board and will be reported to Croydon Transformation Board bi-monthly.

9.3 Further engagement design will be developed and delivered to inform, consult and engage the public, service users, patients and their carers in co-production, service design and feedback. The existing monthly over 65s service user reference group is planned to be replicated for other groups and the ICN+ programme has established a Thornton Health public reference group to support the co-design and evaluation of the pilot, engaging Healthwatch to support this.

10 CONSULTATION

10.1 A range of engagement and information and communication has taken place with our residents. There was significant engagement and one larger event for the One Croydon Health and Care Plan on 20th November 2019 which provided a range of input from the public into the plan published in summer 2019. There were 166 attendees at the event. Of the 99 participants who completed the feedback form:

- 97% felt the event was valuable
- 98% felt their contribution was listened to
- 58% felt confident that the priorities will make a positive difference to health and care in Croydon
- 72% felt they know more about the health and care partnership than they did before the event.
- The majority stayed for the entire event, other than the school children.

10.2 The participant make up was as follows:

- Croydon residents - 61
- Staff from partner organisations (CHS, SLAM etc.) – 43
- Stakeholders – 39
- 23 children from Tudor Academy primary school (attended morning only)
- Please see link to the video of the event: <https://youtu.be/g4kvp-TwaNQ>

10.3 There is a monthly over 65 year olds group that has been meeting for over two years and provides invaluable input into the models of care, progress review, testing and critically reviewing communications and materials and design of our pathways and customer journey's.

10.4 Healthwatch have conducted reviews into the current integrated service delivery and fed this back into service design and governance.

10.5 The new Integrated Community Networks + (ICN+) model of care has established a Thornton Health residents reference group, to support the co-design of the ICN+ model and engage and involve people and obtain feedback on needs and current proposals. Healthwatch have been involved in this.

10.6 The localities development work is designed through robust analysis of population data and local need and evidence base for successful models of care.

10.7 The direct payment policy was consulted on during the Summer 2019. The consultation arrangements included two online surveys, one for residents and local organisations and one for staff, that were promoted through the Council's Get Involved website. Fifty five residents, one organisation and three staff responded to the online surveys. In addition to the online survey, workshops and other engagement events were held with staff, partner and residents groups including: The Direct Payments Service User Group; the Learning Disabilities Partnership Board; the BME Forum; a Carers and Carers' organisations workshop; the Dementia Alliance; Croydon Adults Social Services Users Panel (CASSUP); the Autism Partnership Board; Age UK staff workshop, and; Council staff meetings and training events.

10.8 Almost all respondents supported the proposed policy and approach with enthusiasm. The main focus of the responses was much less about the policy itself and more about its implementation. The new policy signed off in September 2019.

11 PRE-DECISION SCRUTINY

11.1 This report has not been to scrutiny. Updates on One Croydon have regularly been to Health and Social Care Scrutiny and is on the forward plan.

12 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 12.1 There are no direct financial implications arising from this report. Any costs associated with recommendations taken forward will need to be absorbed within approved resources or additional investment sought before the recommendations can be implemented. The strategy for the integration of health and social care is to unlock the power of our communities and ensure proactive and preventative approaches to working with our residents. The local and sub-regional system therefore requires appropriate investment plans in primary, community and social care to divert people away from unnecessary acute care and support people to remain independent at home, supported in the community to lead active, healthy and independent lives for as long as possible. There is therefore a current impact on social care spending in that it takes time to release funds from acute provision. It is therefore important that further plans for integration address the balance of investment and that costs are shared appropriately between members of the One Croydon alliance.
- 12.2 There are financial and non financial risks associated with not forming proper and adequate governance for One Croydon health and social care integration, for example robust governance is required to receive delegation from South West London and important to establish local influence in decision making for Croydon at a place level.
- 12.3 **Future savings/efficiencies:** The development of system business cases is required to ensure investment and disinvestment plans are developed, approved and implemented. The nature of the One Croydon programmes requires a shift from acute to primary, community and social care and the relevant investment will be required to ensure a sustainable health and care system for residents to access. The council and system partners have a range of efficiency programmes in place to manage demand, find suitable creative alternatives to acute care and support people in localities in the right place at the right time.

Approved by: *Josephine Lyseight* Head of Finance/nominated deputy

13 LEGAL CONSIDERATIONS

- 13.1 The Director of Law and Governance comments that there are no additional legal considerations arising directly from the recommendations beyond those already set out in the body of this report.

Approved by Sean Murphy, Director of Law and Governance and Deputy Monitoring Officer.

14 HUMAN RESOURCES IMPACT

- 14.1 There is a need to develop the integrated workforce and ensure multi-disciplinary working that wraps support, services and care around the individual. There will be implications for staffing and wider workforce as

integration progresses. The relevant staff engagement and consultation will be completed at each stage of development.

Sue Morman, Director of Human Resources

15 EQUALITIES IMPACT

15.1 There is an equality impact assessment for the Health and Care Plan, which was completed and approved in January 2019, and made the following conclusion:

A full equality analysis will not be required. Health inequalities disproportionately affect vulnerable groups as well as groups that share protected characteristics. As such we will need to ensure the high level priority areas of work will help the Borough address wider determinants to prevent and reduce health inequalities and increase life expectancy for all communities. We will also need to ensure work with partners and key stakeholders is inclusive. As such further analysis/equality analysis may need to be undertaken as part of any decision-making processes and detailed action plans developed to achieve each of the priority areas and goals in the health and care plan.

15.2 In working towards extending our partnership to the whole population, we will:

- focus on prevention and proactive care – we want to support local people before things become a problem and encourage residents to be more proactive in their own health
- unlock the power of communities by making the most of communities' assets and skills – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities
- put services back into the heart of the community - make sure local people have access to integrated services that are tailored to the needs of local communities – locality matters

15.3 Our goals over the next ten years are to:

- improve healthy life expectancy
- reduce the life expectancy gap

15.4 This will help the council to meet its Equality objective to 'reduce differences in life expectancy between communities'.

15.5 The HCP plan therefore focuses on taking action at different levels and addressing all wider determinants to prevent and reduce inequalities. Working in partnership with stakeholders and the community, groups more at-risk of being affected by inequalities have been identified and will be at the centre of all the decision-making processes and action plans developed to achieve the goals of this plan.

Approved by: *Yvonne Okiyo* – Equalities Manager

16 ENVIRONMENTAL IMPACT

16.1 There are no specific environmental impacts arising from this report.

17 CRIME AND DISORDER REDUCTION IMPACT

17.1 There are no specific crime and disorder impacts arising from this report.

18 REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

18.1 The report requests Cabinet to note the progress and agree the next steps for health and social care integration in order to proceed with the delivery of the Health and wellbeing Strategy priorities and Health and Care plan implementation.

19 OPTIONS CONSIDERED AND REJECTED

19.1 Options for the development of One Croydon have been considered:

19.1.1 The creation of Sub Alliances within One Croydon has been discounted for different areas of development, for example Adult Mental Health and Children's transformation. The rationale being to ensure integration and sufficient focus, in that mental health should be integral to all parts of delivery and strategic development for example.

19.1.2 The creation of a lead provider in the One Croydon system was considered and discounted due the need to potentially need to develop new organisational form, TUPE large volumes of staff and does not fit with the current partnership model and direction of travel locally. The funding and charging of health and social care is also very different at this time. Health services are free at the point of delivery and social care is means tested and charged for.

19.1.3 The Health and Wellbeing Board role has been considered and is considered critical as a strategic body that should sit alongside the Health and Care Board.

19.1.4 The move to immediate pooled budgets across the system has been considered and the proposal is to develop and test shadow arrangements during 2020/2021 to ensure this is developed in a considered way and risks appropriately managed.

19.1.5 The maintenance of all the existing boards in the governance structure has been carefully considered and reviewed and the rationale to merge some of the boards is clear to ensure a balance of time to work in partnership and time in meetings is right.

20 DATA PROTECTION IMPLICATIONS

20.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

No.

20.2 HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?

No.

Approved by Sean Murphy, Director of Law and Governance and Deputy Monitoring Officer.

CONTACT OFFICER: Rachel Soni Director of Integration and Innovation

APPENDICES TO THIS REPORT: None

BACKGROUND PAPERS: None