Healthy London Partnership

Supporting integration ambitions in London

London Health and Care Strategic Partnership Board

26 January 2018

Public Health England

NHS

LONDON COUNCILS

SUPPORTED BY
MAYOR OF LONDON

Context

We have continued to work with partners at different spatial levels to support health and care integration

This has led to a focus on:

- Developing a picture of integration efforts underway across London
- Enabling spreading and sharing of learning between emerging health and care systems
- Identifying common support needs, irrespective of the pace, priority or ambition of different local partnerships.
- Developing an approach to accountable care in London

Since the SPB was formally established in May 2017:

- Principles and a framework for accountable care have been developed through the Strategic Partnership Board
- The devolution MoU has been signed and a launch event took place in December 2017. This event included an integration break out session which enabled wider partners to discuss integration ambitions and support needs.
- The Health and Care Systems Working Group has met monthly. Sessions have taken a workshop format, and focussed on different enablers to integration. This included a regulation workshop on 10 January 2018.
- Refined approaches to ACSs have emerged from NHS England
- SEL STP have submitted an Expression of Interest for inclusion in the national ACS Wave 2 cohort

This paper aims to:

1. Provide an update on the **London approach to health and care systems.**

2. Provide an update on the **developing support offer for integration**, including:
   - A summary of feedback received from health and care partners at the devolution launch event;
   - A summary of the working group sessions, including an overview of the regulation workshop;
   - An overview of the developing support offer.
   - A potential approach to strengthening local government engagement and co-development

01

London approach to health and care systems

Partners are developing consistent terminology to assist discussions*

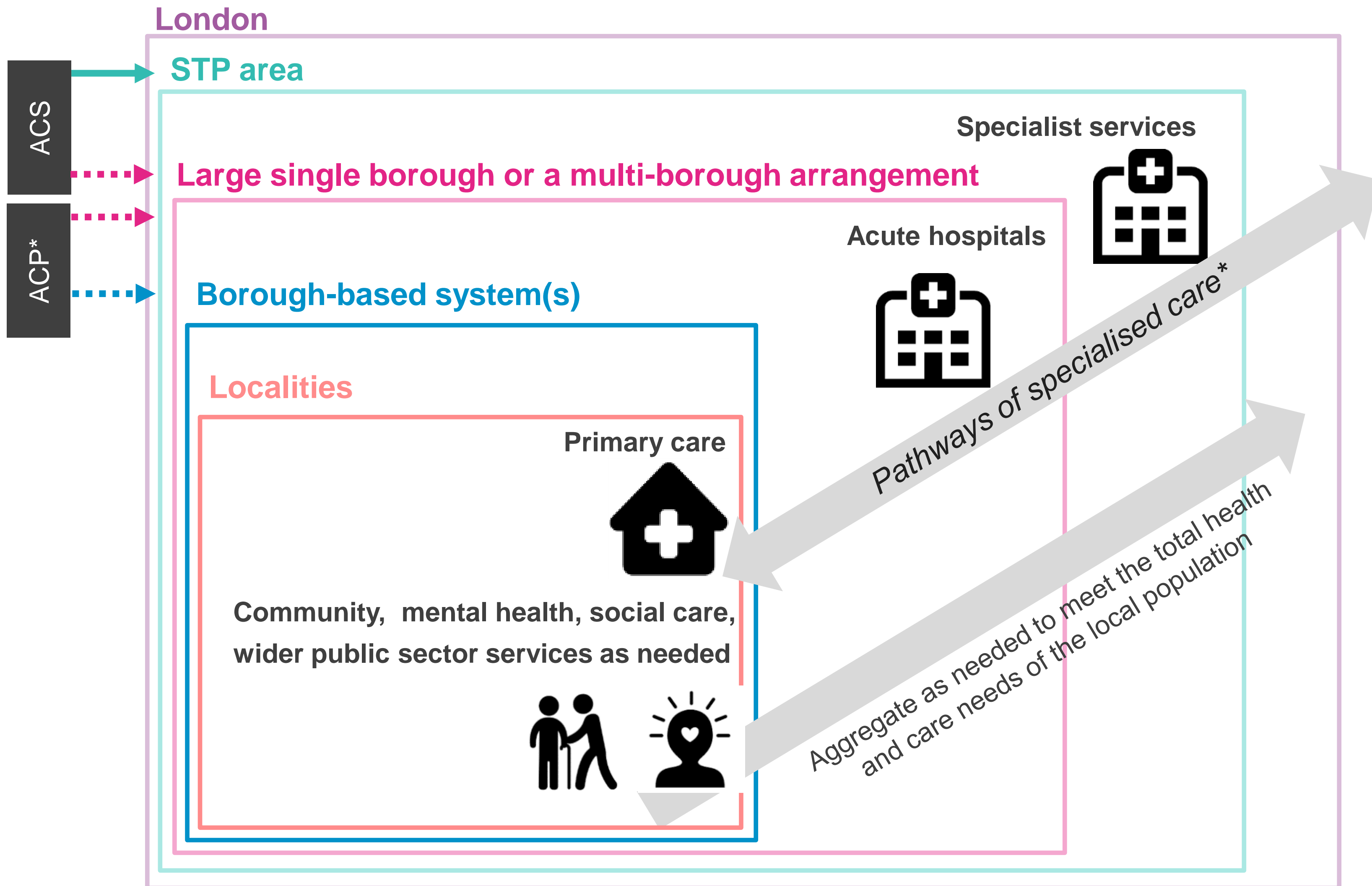
Structural arrangements		Care model
Health and care systems	**Accountable Care System (ACS)**	**Integration**
Health and care systems suggests **a certain scale of integrated working**, and systems would include a **number of partners with different roles**.	Involves all health and care partners with responsibility for the health and care needs of a population, with these partners taking **collective responsibility for the total* health and care needs of their population**.	Integration could be **any kind of joining up of services or health and care staff** : • **'Horizontal integration'** is between providers operating at the same level or part of the pathway. • **'Vertical integration'** is between providers working at different levels or parts of the pathway.
Accountable Care Organisations (ACOs)	**Accountable Care Partnerships (ACPs)**	**New care models (NCMs)**
Either one merged/lead provider or multiple providers in a formal legal structure who come together to take the accountability for total population needs. Commissioners are involved in the initial development of ACOs but over time take on more of an assurance role.	Refers to partners taking **shared accountability for their population, built from a community-based model** but typically on a smaller geography and with narrower scope e.g. a vertically integrated* provider led partnership or an MCP or PACS-type arrangement.	NCMs are models of care which focus on **how health and care needs can best be met by a partnership of organisations**. The primary objective of NCMs was to dissolve the boundaries between constituent parts of the system. Examples are **Multi-speciality Community Providers (MCPs) and Integrated Primary and Acute Care Systems (PACS) models.**

Spatial levels within London

Localities	Boroughs	Multi-borough/ 'sub-system'	STP
The 'locality' describes a **population of 30,000-70,000 defined by geography**. In some cases, local areas prefer this population to be supported by a tailored delivery system.	The area **defined by a local authority boundary i.e. resident population**. Primary, community, social, some mental health care and public health and wider determinants are typically managed at this level. CCG and local authority boundaries are broadly (typically 95%+) co-terminus however, **rarely with secondary care providers**.	Some areas are developing models of care delivery that respond to local needs, under the umbrella of consistent standards, and with an approach to managing system-wide risk. This is typically **across 2-4 boroughs** and includes acute services, **enabling 70%+ of care needs to now be met within the** system. Population typically>0.5m.	Sustainability and Transformation Plans (STPs) are local partnership 'structures' to support the move towards **place-based planning,** Across England, each STP brings together an average of five CCGs, covering populations of ca. **1 to 2m.** **The 5YFV Next Steps document** recognises that some areas may want to go further to work collaboratively in **Accountable Care Systems (ACSs).**

The terminology is designed to support consistency of language but it is recognised that there needs to be flexibility in the way in which these terms are applied.

Within London every STP area is taking a borough-based approach to integration – with aggregation as needed



- The core principle is of starting in a place with a defined population and building out from a primary and community care-based model.
- Within each level, the partners, priorities, care model, governance and accountability arrangements must be clearly defined. Arrangements will need to be aligned between different spatial levels, but preserving the principle of subsidiarity.
- Decisions about the most appropriate spatial level for an ACP or ACS should be taken by local rather than regional partners

*For some pathways of care (i.e. specialised care) an ACP-like entity may cross-cut a number of these spatial levels.

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Health and care partnerships are developing at varying spatial levels

NWL (~2.0m)

Locality or single borough level (~50k to ~300k)

- The 8 boroughs are developing integrated arrangements, with most developed plans in Hillingdon, H&F, Ealing, Central London and West London.
- Hillingdon is the most advanced within the STP. The **Hillingdon model (Hillingdon Heath Care Partners)** comprises a single GP confederation, voluntary sector federation, community and acute providers. The service for >65s care is live, and is an integrated model across primary, community and acute care, built around care connection teams.

Systems across multiple-boroughs (~~300k+)

- NWL are locally building upon work of **WSIC,** which was established as part of **Integrated Care Pioneer (ICP)** programme and included information sharing and extensive patient and carer engagement.
- NWL have agreed accountable care **'ingredients for success'** and are aiming to take similar approaches to governance, risk sharing, population budgets and co-developed outcome measures across the STP.
- A major focus of support is for system and behaviour change including encouraging a social movement across NWL.

NCL (~1.4m)

Locality or single borough level (~50k to ~300k)

- NCL are implementing **Community Health Integration Networks (CHINs) at locality level (~50k --80k)** with two CHINs per borough
- CHINs seek to better **integrate core and community health and social services via a virtual / physical care model** comprising MDTs for an identified patient cohort
- CHINs also include services provided by the **voluntary and community sector** further enhancing ambitions to address wider determinants of health.

Systems across multiple-boroughs (~~300k+)

- Further integration will be established via the **Haringey and Islington Wellbeing Partnership -** comprising NHS and LA commissioners, and primary, community and acute providers
- Individual borough Health and Wellbeing Boards (HWBs) now operate as a joint committee.
- **The CCGs have implemented an integrated management team.**
- The **STP is developing a roadmap** to put in place **a Health Information Exchange** and a **focus on population health management.**
- A key **strategic focus for the STP** is the **development of primary care at scale**

NEL (~1.9m)

Locality or single borough level (~50k to ~300k)

- **'One Hackney' –** a model of care for >75 population cohort built upon a strong and broad partnership between general practice, community, mental health, acute and social care. The partnership also includes Hackney voluntary and community sector. The partnership is funded via pooled BCF monies. The model is delivered via four locality-based quadrants.
- **Tower Hamlets** - Tower Hamlets MCP established via alliance contract with primary, community, acute and mental health providers to serve whole population. Care model includes emphasis on **social prescribing**.

Systems across multiple-boroughs (~~300k+)

- **BHR–** an **Integrated Care Coalition** spanning multiple boroughs based upon established locality populations within each borough of ~50k to ~70k
- **Locality level models integrate health and social care services** with strategic planning aligned via borough HWB strategies and via multi-borough devolution pilot area
- **WELC** – builds on work established via ICP programme to deliver **greater integration and coordination of primary, community and acute services in Tower Hamlets, Waltham Forest and Newham**.

SWL (~1.5m)

Locality or single borough level (~50k to ~300k)

- **Croydon** – Seeking to build upon **'One Croydon Alliance'** and locally-developed outcomes framework – Personal Outcomes Improvement – to drive transformation. Alliance agreement (1+9) signed in April 2017 with shared principles and governance
- SWL are looking to build upon success of **Sutton care home vanguard** which **served a population of ~195k** and expand to other boroughs
- Additional SWL plans to develop locality-level (50k population) models that are aligned to general practices and provide an accessible, proactive and preventive care model via multi-disciplinary teams.

Systems across multiple-boroughs (~~300k+)

- SWL are looking to develop four health and care partnership areas: **Kingston and Richmond, Sutton, Croydon and Merton/Wandsworth**

SEL (~1.7m)

Locality or single borough level (~50k to ~300k)

- **6 borough-based systems** each looking to enhance integrated, collaborative care delivery by operating as a system of **Local Care Networks** (LCNs)
- **Bromley** are introducing an **Alliance Contract** to promote service integration. Several other boroughs have developed/ are developing **MoUs** that typically cover all local commissioners and providers
- **Bexley Care** integrates adult social care, community care and mental health services within the borough. Collaboration is supported by aligned budgets and risk/ reward share mechanisms

Systems across multiple-boroughs (~~300k+)

- **The South London Mental Health and Community Partnership,** formed of the three mental health trusts in South London, has been given responsibility for the majority of the South London specialist mental health budget and has identified a number of opportunities
- The **Southwark and Lambeth Strategic Partnership** has a number of transformation programmes LCNs, local care records, mind & body, children & young people's health, & data & informatics.
- **King's Health Partners** is supporting these and other care integration initiatives
- **STP** has engaged CREDO to undertake a piece of system within systems design work pan- SEL

The ACS principles for London are broadly aligned to the developing national criteria for ACSs

The current criteria used nationally for judging systems ready to become ACSs

Effective leadership and relationships	• Strong leadership team, with mature relationships across the NHS and local government • Effective collective decision-making that does not rely solely on consensus • Clinicians involved in the decision-making, including primary care • Evidence that leaders share a vision of what they're trying to achieve
Track record of delivery	• Evidence of tangible progress towards delivering *Next Steps on the Five Year Forward View* especially: redesign of UEC system, better access to primary care, improved mental health and cancer services • Leading the pack on delivery of constitutional standards, especially A&E and cancer 62 day • Ability to carry out decisions that are made, with the right capability to execute on priorities
Strong financial management	• Demonstrated ability to deliver financial balance across the system • Where financial balance is not immediately achievable, control totals are being achieved and there is a compelling system-wide plan for returning to balance and/or resolving historic debt • ACS ready to take on shared control total; effectively manages collective risk and incentivisation of priorities
Coherent and defined population	• A meaningful geographical footprint with patient flows of at least 0.5m • 'Core' providers in the area provide ~70%+ of the care for their resident population • Where possible, is contiguous with local government boundaries • Where it does not overlap, is able to work with an overarching STP through an effective operating model
Care redesign	• System has persuasive plans for integrating providers vertically (primary care, social care & hospitals) and collaborating horizontally (between hospitals) • Widespread involvement of primary/community care, with GP practices collaborating through incipient networks • Commitment to population health approaches, with new care models that draw on the best vanguard learning

Seven draft principles for ACSs in London (considered by the SPB in September 2017)

These principles are consistent with the national view but build on the priorities identified by health and care partners in London

1. **Put Londoners first**, with collaborative working enabling partners to better understand and meet the total health and care needs of their population.
2. **Focus on keeping Londoners healthy**, with prevention being a fundamental part of the shared vision and population health management capabilities embedded.
3. **All parties with a role in improving the health and care of the population will be involved in the ACS**, and will be committed to partnership working across organisational boundaries at every level. This will include 'horizontal integration' of providers and integration with primary and community care – either virtually or more formally.
4. **Partners will take collective responsibility for the total health and care needs of their population**, and for demonstrating shared outcomes which show tangible improvements for their local communities.
5. Ensure that partners are collectively meeting needs and adapting to changes through **an agreed financial arrangement that enables collective management of resources** (e.g. through a system control total) and risk to be shared.
6. **Formalise local partnerships**, through collective governance and decision-making*.
7. Arrangements **maintain all the fundamental rights of Londoners**, including patient choice.

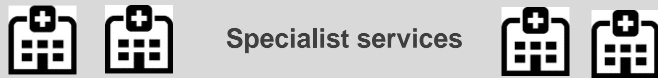
* *These do not necessarily require changes to organisational form. Priority approaches would include closer partnership working*

Three models of accountable care are emerging within a London framework

1

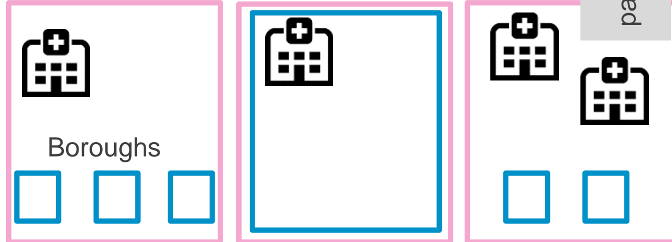
Systems within a system (e.g. Barking & Dagenham, Havering and Redbridge within North East London)

STP: common outcome measures, incentives, data/analytics, specialised commissioning



ACS - includes acute providers. Dial up/down specific outcomes and associated payments, commission most services

Care pathways e.g. cancer



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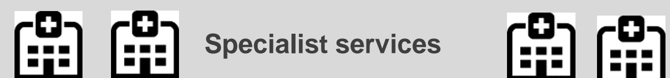
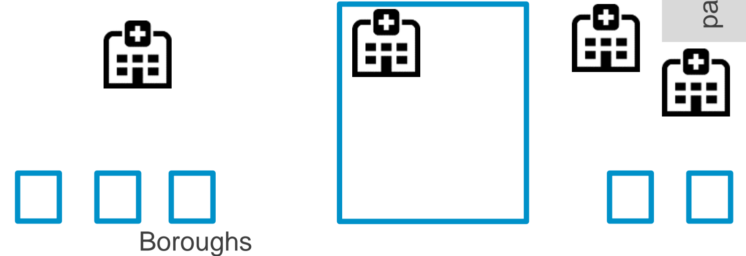
Borough-level partnerships (which could include ACPs) with **STP enabling strategic coherence** (e.g. Hillingdon and NWL; South East London)

STP/ACS: commission all but primary/community-based services



Care pathways e.g. cancer

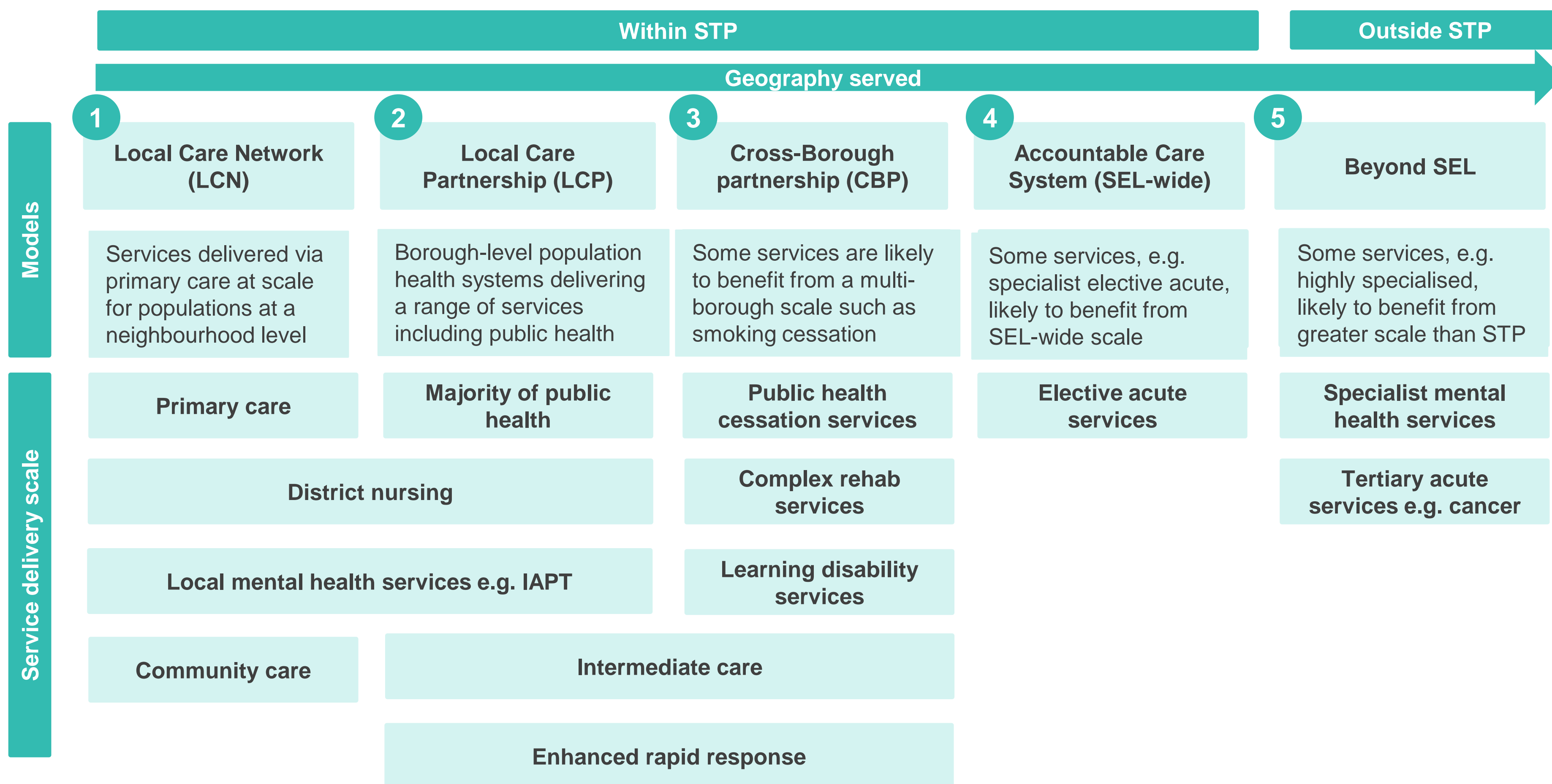


3

Complex providers (not a distinct ACS model but reflects a need to address complex provider footprints e.g. GSTT/Barts/Imperial)

An an illustrative example, the South East London (SEL) STP are considering an approach to accountable care

- The SEL partnership are **considering a 'system within systems' approach to accountable care,** that builds on integration work already underway at a local level
- The SEL region is complex and the needs of the diverse **population are served by multiple and overlapping providers** – *only a third of provider income from SEL CCGs.*
- The proposed approach considers **four different partnership models that operate within the STP** footprint at **different spatial levels** and deliver services across increasingly larger geographies. Partnership a broader geography than the STP are also being considered as part of the model.



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The developing support offer

Systems in London have previously accessed support from a number of sources

<table>
<tr><th colspan="3">National, regional and sub-regional systems support</th></tr>
<tr><th>National</th><th>London</th><th>STP</th></tr>
<tr>
<td>NHS England
• Lead Provider Framework initiative to support emergent ACS’
• Other initiatives to improve digital architecture including work on population health analytics</td>
<td>London Health Board and Strategic Partnership Board
• Devolution pilot support
• Health and care systems working group
• Integration oversight including payments, commissioning models, regulation
• Leading on devolution MoU commitments</td>
<td rowspan="4">• Strategic coherence of integration within STP
• Bespoke support provided within each STP in relation to enablers e.g. workforce
• STP contribution to local and regional support and development</td>
</tr>
<tr>
<td rowspan="3">NHS England and NHS Improvement
• Support for specific sites including ‘vanguards’ across multiple regions in relation to multiple accountable care
• Supporting the 8+2 ACS wave 1 cohort via structured support programme</td>
<td>London Information and Technology Board
• London Digital Infrastructure; ‘As is’ BI; population health management; and future state BI</td>
</tr>
<tr>
<td>Healthy London Partnership
• Programmes addressing accountable care including prevention, cancer; primary care and UEC</td>
</tr>
<tr>
<td>Office of London CCGs
• CCG Chairs and Trust Medical Directors meeting and development of principles</td>
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Local and regional partners have described some of the core requirements of a future support offer

Illustrative support requirements

Leadership and Governance	Finance and efficiency	Service transformation	System design – commissioning and oversight	Population health management enablers - workforce and analytics

Evaluation and measurement

Communications and public engagement

Illustrative output(s) or product(s)

Leadership and Governance	Finance and efficiency	Service transformation	System design – commissioning and oversight	Population health management enablers - workforce and analytics
• Development of collaborative partnerships and system leadership that enables horizontal- and vertical-integration using organisational development approach. • Development of governance that facilitates development of locally-appropriate organisational form.	• Collate existing work to develop new payment approaches that may seek to: improve integration; care coordination and quality; and incentivise prevention and early intervention • Developed financial framework that outlines common approach to modelling, risk stratification, risk management and investment approach	• Established case for change outlining ways to address priority areas e.g. primary care • Identified and measurable population outcomes • Outline public engagement approach to inform service design	• Outline of transitional approach to tactical commissioning, retention of competition and oversight	**Workforce** • Agreed approach to the flexible deployment of resources across a system **Analytics** • Developed BI approach to enable pop health and financial data sharing and management

These span a range of technical and relational enablers and align to elements of the national support package for emergent health and care systems. Feedback from partners has broadly identified three important requirements for the support offer:

- The improvement landscape in London can be congested and difficult to navigate. There needs to be clarity regarding how support can be accessed and resources to help local systems navigate that support infrastructure
- Resources need to be accessible at a number of geographic levels – including boroughs, multi-borough systems and STPs - from national and regional bodies.
- The support offer must recognise the differential support needs of these different spatial level but strategic coherence is also required
- The need to retain a 'once for London' approach where appropriate e.g. business intelligence

The support offer needs to respond flexibly to the diverse needs of systems at different geographic levels

Spatial level of integration	Delivery	Governance and strategic coherence	Support
A **Locality/borough** Each borough in London is developing more integrated arrangements. The borough level is particularly key for primary, community and social care and wider determinants of health.	Local delivery	Arrangements will be governed locally with the STP providing strategic coherence.	A B C Flexible and permissive support can be accessed through the **Health and Care Systems Working Group.** B C HLP with partners including NHSE (London) could provide **structured regional support to support ACS development**. The scope and detail of this support offer needs to be further developed via STP leads.
B **Multi-borough** In some cases work has been developing organically across borough boundaries. This is taking different forms, such as: • Developing 'whole-system' arrangements (e.g. BHR). • Developing pathways of care which span multiple boroughs/STPs (e.g. specialised services).			
C **STP** The five London STPs are working collaboratively to achieve the aims set out in their five year plans. *Potential ACS footprint**	Each STP has collated some central resource for delivering pan-STP workstreams.	• Each STP is governed by a partnership board. • The Transformation Executive could provide forum to enable strategic coherence across STPs	
Pan-London It is recognised that: • There is some need for strategic coherence across London; • In some cases, best value for Londoners will be achieved by doing things 'once for London' (e.g. business intelligence).	HLP will be the delivery vehicle for pan-London programmes with a partnership element and will support the London Health and Care Strategic Partnership Board (SPB), working in partnership with NHS England (London region).	• The SPB will provide strategic leadership and oversight of pan-London work. • The London Health Board will provide political leadership and oversight.	HLP will be supported by pan-London partners. For example, through NHS England (London region), HLP will be able to engage with the national ACS conversations to support integration work.

**National Accountable Care Systems (ACSs) are either co-terminus with the STP or there is an ambition to spread the ACS approach across the entire STP. The London approach needs to be developed through local discussions coordinated through the STP leadership - it may be that ACSs are co-terminus with the STP or cover a smaller spatial footprint.*

There is an opportunity to strengthen local authority engagement and co-development

- Local government are critical partners in integration:
  - Social care is an integral part of a whole-system approach
  - The challenges facing health and social care require closer local working, both to improve Londoners experience of health and care and deliver efficient and sustainable systems.
  - BCF planning in 2017 demonstrated widespread appetite for moving towards more unified commissioning, underpinned by a vision for integration.
  - Locality and borough-based primary, community and social care plans are dependent on close working between all partners
  - It is important that broad local government colleagues are partners in the development of multi-borough or STP integration plans
  - To date, this engagement has been variable

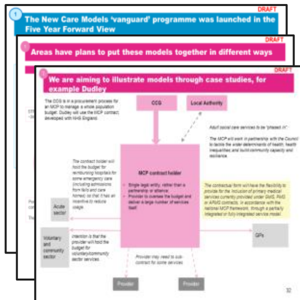
- We are currently testing whether there is appetite for a London Councils-led support to work with STPs to strengthen local government leadership and influence in the development of integration plans, including where these cross borough boundaries.
- London Councils could work in partnership with borough leads across London over the coming months to identify any opportunities to strengthen local government engagement and leadership in building models of integrated health and care.

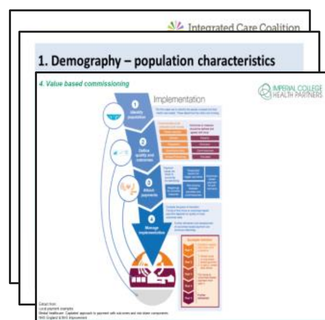
Appendix:

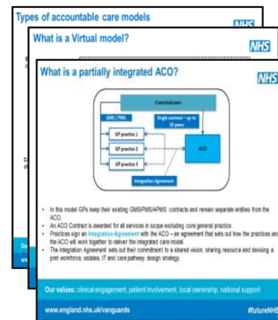
Update on Health and Care Systems Working Group and Regulation Workshop

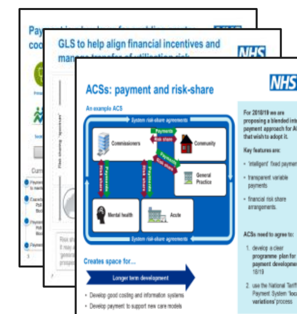
The working group have examined issues common to integration irrespective of system size or organisational form

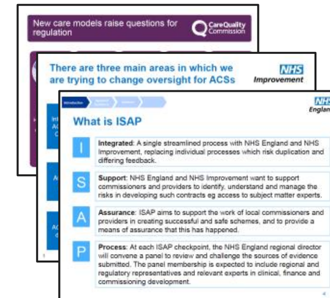
July 2017 → September 2017 → October 2017 → November 2017 → January 2018











Sharing of learning and best practice from national and London health and care partners

Building a picture of integration	Population health and developing system outcomes	Primary care in an Accountable Care Organisation (ACO)	The accountable care payment approach	Regulation
Provided an overview of integration work and shared learning from vanguards about a range of accountable care enablers and structural approaches	• Used learning from BHR – a devolution pilot area – to examine development of broader outcomes framework to support systems approaches • Imperial College Health Partners (an AHSN) shared their learning about designing an outcomes framework drawing upon international evidence	• The various approaches used to engage primary care in national work to develop the MCP care model and ACO contract • Included an overview of the virtually-, partially- and fully-integrated ACO and provided London partners the opportunity to test and challenge the various structural options	• An overview of national work to develop a payment approach for ACOs and ACSs • The new payment approach attempts to encourage a population health approach where systems are incentivised to focus on managing outcomes and improving the way that risk is distributed and managed collectively	• Overview of national work: regulation workstream of ACS programme, Integrated Support and Assurance process and place-based reviews undertaken by CQC. • High level discussion of regulatory challenges to system-working.

The recent regulation workshop brought together local, regional and national partners to explore how to better support integration

- Commissioners, providers, local government and STPs came together to explore the ways in which NHSE, NHSI and the CQC are adapting their own regulatory approaches and pragmatically identifying ways to work together more effectively
- The session outlined several emerging themes that illustrate the how we can potentially begin to work with the ALBs to develop the regulatory approach for London and recognises the complexities of the patient flows and provider footprints:

Conversations are at an early stage	London is likely to need a different approach	Regulators are eager to work together	Regulators want to co-develop solutions with local systems	Changes need to be achieved within existing legal framework
At local, regional and national level, conversations about adapting the regulatory approach to accommodate greater integration are at a developmental stage	The national oversight work happening with ACS is hard to translate directly to a London context given the scale and complexities	NHSI & NHSE are committed to speaking with one voice. Regulators are eager to work together more collaboratively and effectively. This is illustrated by several joint pieces of work.	There is a strong appetite within the regulatory bodies to work with systems, including those in London, to address complex challenges and test new ways of working	While the existing legal responsibilities of NHSE, NHSI and CQC remain, some decisions could be made more locally

- NHSE, NHSI and the CQC are developing an integrated regulatory approach and this includes discussions within London, particularly between NHSE and NHSI
- A more integrated regulatory approach will develop from the CQC place-based reviews, the national ACS programme and conversations within London systems. This will aim to focus on system measures, more coordinated approaches to oversight and understanding the readiness of a system to enable decisions to be made at a more local level.