

15 March 2017	ITEM: 9
Health and Wellbeing Overview and Scrutiny Committee	
An Accountable Care Organisation for The Tilbury Locality and Update on Development of Thurrock Integrated Healthy Living Centres	
Wards and communities affected: All	Key Decision: Key
Report of: Ian Wake, Director of Public Health	
Accountable Head of Service: N/A	
Accountable Director: Ian Wake, Director of Public Health	
This report is Public	

Executive Summary

The Health and Social Care system in Thurrock and more widely across Essex remains in a state of challenge. Demand for acute hospital services both in terms of A&E attendances and emergency hospital admissions is increasing and is both operationally and financially unsustainable. Equally, the Adult Social Care provider market is fragile and current capacity is struggling to meet demand.

Thurrock remains one of the most “under-doctored” areas in England in terms of the ratio between GPs and patients and there is an unacceptable level of variation in the clinical care of patients with long term conditions between different GP practice populations.

The Annual Report of The Director of Public Health (2016) considered health and social care system sustainability in Thurrock and concluded that fragmentation within constituent parts of the system and inadequate capacity and quality of Primary Care is leading to preventable serious health events within our population and is a key underlying driver of system unsustainability.

This report details progress on two initiatives designed to address the current issues in our local Health and Social Care system; Development of an Accountable Care Organisation for the Tilbury Locality and Development of four Integrated Healthy Living Centres in Thurrock.

1. Recommendation(s)

- 1.1 That the Health and Wellbeing Overview and Scrutiny Committee note the contents of this report.**

- 1.2 That HOSC supports the work of DPH in conjunction with the Council's key partners to develop and pilot an Accountable Care Organisation approach of integrated working, for the Tilbury Locality
- 1.3 That HOSC continues to support the on-going work to develop the four Integrated Healthy Living Centres.

2. Introduction and Background

- 2.1 This report provides an update to HOSC on two major work programmes to improve the health and social care services of Thurrock and attempt to make the local health and care system financially and operationally sustainable by reducing demand on hospital and adult social care services;
 - 1) Development of an Out of Hospital 'Accountable Care Organisation' for the Tilbury Locality
 - 2) Progress on work to develop Integrated Healthy Living Centres in Tilbury and Purfleet
- 2.2 Following production and publication of the Annual Report of the Thurrock Director of Public Health (APHR) in November 2016, the three local NHS Foundation Trusts and Thurrock Council Adult Social Care's Provider Arm expressed an interest in working collaboratively to pilot a new approach to delivering health and care in the Tilbury locality of Thurrock, in order to address some of the issues highlighted in the APHR. As such they contracted the Thurrock DPH for two days a week for three months to lead development of a business case in collaboration with all key partners, setting out a new way of delivering integrated health and care through an 'Accountable Care Organisation' structure that aimed to reduce demand on acute and residential care settings and improve the health and well-being of the population of the Tilbury Locality. It was agreed that if shown to be successful, the approach would be rolled out across the borough.
- 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 HOSC members will be aware of the council and NHS Thurrock CCG's ambition to create four new Integrated Healthy Living Centres bringing together services that address the wider determinants of health such as employment support, programmes that strengthen community and social health, mental health improvement services, public health programmes,

Primary Care and some hospital services such as diagnostics and outpatient clinics.

3. Issues, Options and Analysis of Options

Development of an Accountable Care Organisation Business Case for The Tilbury Locality

- 3.1 A steering group has been formed with Director level representation from Basildon and Thurrock University Hospital NHS Trust (BTUH), South Essex Partnership NHS Trust (SEPT), North Essex Foundation NHS Trust (NELFT), Thurrock Council Adult Social Care, NHS Thurrock CCG and Thurrock Council Public Health. The group has met twice and agreed that the first stage of the project would be to refresh the Tilbury Locality Needs Assessment. This has been completed on schedule and a copy is attached in the Appendix.
- 3.2 The needs assessment considered the capacity and quality of hospital, adult social care services, community services, mental health services and primary care in the Tilbury locality, and how activity in each service impacted on the system as a whole. It also considered the community assets within the locality. The Tilbury Locality is defined as the four wards of Tilbury St. Chads; Tilbury Riverside and Thurrock Park; Chadwell St. Mary; and East Tilbury. The population considered within the needs assessment was that registered to the eight GP practices located within those four wards.
- 3.3 The needs assessment made a series of conclusions in terms of current issues that needed to be addressed by the new Accountable Care Organisation. In summary these were:
- The need to further upscale community preventative activity as set out in the Council's "Living Well in Thurrock" strategy to delay the need for both community homecare and residential care services.
 - The need to address the issue of delayed transfers of care that are increasing and wasting health and social care system resources by keeping residents in hospital when they don't need to be there
 - The need to improve referrals from some GP practices to the council's RRAS service
 - The need to address variable and inadequate long term condition management in Primary Care as this is leading to avoidable hospital admissions and serious and preventable health events such as strokes and heart attacks.
 - The need to address fragmentation in referral pathways between GP surgeries, mental health service providers and community health services which also leading to residents with long term conditions not always getting the best possible care to keep them well

- The need to improve diagnosis of patients with un-diagnosed long term conditions, particularly high blood pressure, diabetes and heart disease, who are not getting the treatment they need to stay well
- The need to address poor mental health within the population of the Tilbury locality.
- That too many patients are presenting at A&E with relatively minor clinical conditions that could be treated elsewhere within the community
- That inadequate capacity within GP surgeries (un-doctoring) is a major driver of many of the current challenges faced by health and care system in the Tilbury Locality, and that urgent reform and a new model of primary care is required to improve the health of Tilbury Locality residents.

3.4 The report made a series of conclusions on inadequacies of the way current health and care services are commissioned and provided, and the detrimental effect this has on the health of the population. In summary these were that;

- The money and the patients are in the most expensive part of the Health and Social Care system - hospitals, for example because of avoidable hospital admissions and delayed hospital discharges
- Inadequate quality in Primary Care, Community Care and Adult Social Care services keeps the money and the people in the most expensive part of the system.
- Solving this quality issue will address financial sustainability, and as a system we need to start with addressing quality, not with addressing hospital overspends
- Solving the quality issue requires integrating both the system and the money held within different organisational budgets
- That we require a period of “double running” to solve the problem, i.e. investment in Primary, Community and Adult Social Care whilst continuing to invest in hospital services.

3.5 The DPH is currently working with partners to develop a new system wide ‘integrated workforce model’ to address the fundamental system issues set out in 3.3 and 3.4. This work will be set out in a business case at the end of March 2017.

3.6 The Public Health Team in conjunction with key stakeholders is also developing individual business cases on ‘quick wins’ to address some of the issues set out in 3.3. These include:

- A programme to diagnose and treat the thousands of Tilbury locality residents with undiagnosed high blood pressure
- A ‘stretched QOF’ that will provide further funding/resources to GP practices that will allow to treat 100% of their patients with high blood pressure, COPD and Atrial Fibrillation. (The current national QOF scheme only rewards GP practices to treat up to 80% of these groups of patients).
- A programme to increase the uptake of the flu vaccination

- A roll out at pace of our newly commissioned MedeAnalytics Integrated Data Solution that links patient/client records between providers and will assist GP practices to identify patients with Long Term Conditions who have not received adequate care and call them in for review.
- A workforce skills audit of GP practice staff and implementation of the mixed skills workforce model set out in the national report “Making Time in General Practice” to increase existing capacity within individual practices.
- Implementation at pace of the WebGP and Social Prescribing programmes within General Practice to free up capacity and begin to address under doctoring/nursing

Development of Integrated Healthy Living Centres (IHLCs)

- 3.7 Progress in terms of implementing this project has been slower than expected, largely because of the complexity of current NHS commissioning arrangements and the need to secure agreement from multiple stakeholders.
- 3.8 To address this, the Council and NHS Thurrock CCG have appointed a team of consultants from Currie and Brown to move the project forward to a point where a business case can be presented to Cabinet seeking approval to borrow the required capital for construction to start and setting how revenue will be recouped from NHS providers to repay the loan.
- 3.9 Currie and Brown have also been tasked with leading development of a detailed clinical service specification, setting out which services will be provided from each building and how integrated workforce and IT systems within each IHLC will operate.
- 3.10 In parallel, BTUH have been working with the Health Planning Consultancy *Essentia* who are undertaking a detailed piece of work to ascertain which diagnostic and outpatient services can be moved from the hospital into the IHLCs
- 3.11 It is expected that a final Business Case will be ready later in the year.

4. Reasons for Recommendation

- 4.1 Without fundamental reform of our local health and social care system, demographic changes in the population will make it unsustainable to operate.

4.2 The failures in the current system as outlined in this report are leading to unnecessary and preventable serious health events within our population.

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

5.1 The Integrated Healthy Living Centre programme has already been subject to extensive consultation at public meetings and with all key stakeholders. This remains on-going.

5.2 The development of the Accountable Care Organisation Business Case is being undertaken in consultation with all key NHS, social care and third sector stakeholders. Further consultation is planned with the community once a draft business case is nearer completion.

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

6.1 Both programmes contribute to Goal D of the Thurrock Health and Wellbeing Strategy 2016-2021

7. Implications

7.1 Financial

There are no immediate financial implications for the council with regard to either project set out in this paper at this stage, as they are both in business case development phases. Once developed, detailed financial implications will be set out within each business case. However it is worth noting that the aim of both programmes is to improve the health of the population and prevent serious health events; actions that in themselves should reduce demand on Adult Social Care services and deliver future savings.

Implications verified by: **Laura Last**
Corporate Finance

7.2 Legal

This report is for noting and as such there are no specific legal implications

Implications verified by: **Roger Harris**
Director of Adults, Housing and Health

7.3 **Diversity and Equality**

The proposed approach for the Tilbury Locality, as well as the creation of Thurrock Integrated Health Living Centres, both aim to improve access to services that will reduce health inequalities whilst supporting improved well being.

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

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

N/A

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 Annual Report of The Director of Public Health (2016)
<https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information>
- Needs Assessment to Support Development of an Accountable Care Organisation for Tilbury (February 2017).

9. **Appendices to the report**

N/A

Report Author:

Ian Wake

Director of Public Health