13 July 2022	Item: 16 Decision: 110619

Cabinet

Adult Integrated Care Strategy

Wards and communities affected: All	**Key Decision:** Key

Report of: Councillor Deborah Huelin, Cabinet Member for Adults and Health

Accountable Assistant Directors: Les Billingham, Assistant Director of Adult Social Care and Community Development

Ewelina Sorbjan, Assistant Director of Housing

Rita Thakaria, Thurrock Partnership Director

Jo Broadbent, Director of Public Health

Accountable Director: Ian Wake, Corporate Director of Adults, Housing and Health

This report is public

Executive Summary

This report introduces *Better Care Together Thurrock - The Case for Further Change* – Thurrock's new adults' Integrated Care Strategy.

Better Care Together Thurrock - The Case for Further Change sets out ambitious and detailed plans for transforming Thurrock's health, care, housing and wellbeing services and provides a blue-print for service integration to form one place-based and integrated care system, designed to deliver *'better outcomes for individuals that take place close to home and make the best use of health and care resources'*.

The Strategy is the mechanism by which goals 1 and 3 of the refreshed Health and Wellbeing Strategy will be delivered.

1. Recommendation

1.1 That Cabinet agree *Better Care Together Thurrock – The Case for Further Change.*

2. Introduction and Background

2.1 Over the last 30 years, the operating model for health and care has evolved to focus on that of delivering discrete services and interventions, determined in advance, designed to address pre specified needs and conditions. This has

resulted in a health and care system that waits until people are in crisis, have significant need or are sufficiently ill before acting. Siloed pathways and processes have evolved that underpin a fragmented system. The unique strengths and assets of the resident themselves, their friends and their community are too often side lined, with professionals alone determining what people are entitled to and what services they will receive.

2.2 Many residents have complex needs and face multiple challenges that overlap. For example, there is clear evidence about the strong correlation between mental ill health, housing, debt, addiction, and social isolation.

2.3 Paradoxically, the more complex a resident's needs are, and the greater their need is for help, the more difficult it is for them to access a solution because the system is designed in a way that requires them to navigate an often-bewildering service landscape of multiple teams and services, all with different thresholds, referral criteria, and waiting times. We call this the *need paradox.* Different services within the system often fail to talk to one another. This has resulted in a system that fails see 'the whole person', often falling short of delivering what residents actually require to improve their wellbeing and adopting an inflexible 'tick box' mentality.

2.4 Thurrock recognised the *need paradox* a number of years ago – starting on its transformation journey in 2011 when the 'Commission of Enquiry into Cooperation between Housing, Health and Social Care in South Essex' (the Enquiry) identified the need for the health and care system to shift to a position where it focused on improving wellbeing and did not respond solely to pre-determined deficits. The shift that ensued included promoting what the community had to offer and acted as a catalyst for a person-centred and person-driven culture.

2.5 Since 2011, significant transformation of our local health and care system has already been delivered. A partnership with between the NHS, Council and the third sector, known as Stronger Together Thurrock, was formed and has been responsible for shifting the existing system to a position where community strengths and assets are seen as fundamental to the overall aim of enabling people to 'live their version of a good life'. Key initiatives such as Local Area Coordination - where Thurrock was an early adopter, Micro Enterprises and Community Led Support were introduced. This gave people real choice, recognising that people did not just want their 'care' or 'health' needs to be met, but most importantly wanted to continue to enjoy the aspects of life that made it worth living – whatever their circumstances.

2.6 In 2017, the then Director of Public Health wrote *'The Case for Change – A New Model of Care'* setting out three key programmes of work to improve the access and quality of primary care, improve long-term condition case finding and clinical management, and pilot a holistic model of home care through *Wellbeing Teams.* The *Case for Change* was able to build on some of the initiatives already in place. This included Local Area Coordination, Social Prescribing, Asset Based Community Development, and Thurrock First – our

integrated health and care single point of access. The *Case for Change* also enabled join up with other planned system-change initiatives, thus enabling an entire change programme for the health and care system to evolve.

3. Better Care Together Thurrock - The Case for Further Change

3.1 Following the testing of and learning from initiatives stemming from the 2017 '*Case for Change'*, *Better Care Together Thurrock – The* Case for Further Change' is a strategy that sets out a hugely ambitious and collective plan to radically transform, improve and integrate health, care, housing, and third sector services and an approach, aimed at the Borough's adult population and designed to improve their wellbeing. The Strategy sits under the refreshed Thurrock Joint Health and Wellbeing Strategy as it is responsible for delivering or contributing to the delivery of its high-level goals and objectives related to transformation and integration of health, care, wellbeing and housing services – in particular responsibility for delivering goals 1 and 3.

3.2 The Strategy has been developed through a process led by the Corporate Director of Adults, Housing and Health of extensive consultation and collaboration with NHS, housing, adult social care and third sector partners, and more broadly through resident engagement.

3.3 The Strategy's overarching goal is to achieve *'better outcomes for individuals that take place close to home and make the best use of health and care resources*. The ten chapters within the strategy set out how this will be achieved and describe the shape of the future health and care system. The main strategy is in effect, six individual strategies in one document (Chapters 4 to 9) that deal with transformation of different elements of the system.

Chapter	**Title**
1	Introducing Thurrock
2	Our Vision, Aims, Principles and Values
3	Our Integrated Wellbeing Model
4	Community Engagement and Empowerment – Leveraging the Power of People
5	Transforming Primary Care
6	Improved Health and Wellbeing through Population Health Management
7	Integrated Care and Support in the Community
8	Integrated Support in the Home
9	Reimagining Supported Living, Residential and Intermediate Care
10	Making it Happen: Integrated Governance, Delivery and Commissioning

3.4 The Strategy describes an overall model of integrated care – with the constituent elements described in detail within each of the chapters above based on a *Human Learning Systems* (HLS) approach set out in Chapter 2. In adopting an HLS approach, the Strategy aims to transform radically the

way that public service is delivered. Where historically, multiple fragmented teams of professionals were constrained to delivering pre-determined interventions in silos, in the future they will work collaboratively with each other and residents to co-design bespoke and integrated solutions that solve residents' problems. Over time, new 'blended roles' will be creating with the ability to deliver functions such as housing, addictions and mental health historically separated between different teams and organisations. Bureaucracy, assessment and onward referral will be kept to an absolute minimum, freeing up more time, capacity and resources to deliver front line care.

3.5 Importantly, the Strategy aims to reduce the number of 'front doors' people have to go through to access the support they require – developing a response that provides integrated solutions that can span functions. The Strategy also aims to strike a balance between what the community can offer, and what the individual can do for themselves, ensuring that services are not always seen as the default first option.

3.6 At the heart of our model sits transformed Primary Care Networks (PCN) (Chapter 5) and an Integrated Locality Network of Community Support (Chapter 7) that wraps around it. Through four new Integrated Locality Networks based around PCN geography, professionals historically fragmented into distinct teams and functions across the NHS, Adult Social Care, Housing and the voluntary sector will collaborate together to build relationships with residents and design strengths-based solutions to meet their needs. This builds on the already highly successful approach of our Community Led Support Teams and their community-based 'Talking Shops'.

3.7 Plans to transform care from reactive to proactive and preventative through Population Health Management approaches and better use of data and intelligence are set out in Chapter 6. Integrated Care and Support at Home is delivered via a new Health and Wellbeing Teams model set out in Chapter 8 that brokers support from the Integrated Locality Network, and also encompasses reablement and proactive hospital discharge planning. A new vision for Residential and Intermediate Care is set out in Chapter 9, and like Wellbeing Teams, the model also encompasses clinical in-reach from the Integrated Locality Network and supports hospital discharge. The power of people communities and assets, and of 'doing with' not 'doing to' runs through the entire strategy, but our approach to community development and co-design and leveraging the power of communities is also described in detail within Chapter 4 – with strong links to the Collaborative Communities Framework.

3.8 Finally, Chapter 10 sets out new governance, delivery, and commissioning arrangements. These reflect how the health and care system at a place-based level (Thurrock) will be governed, ensuring delivery of the strategy's vision and aims. The strategy will be owned in partnership by Thurrock Integrated Care Alliance (TICA) and will be governed through the delivery structures set out within the chapter. System funding will be managed through the already

established Better Care Fund – with TICA having the responsibility for ensuring resources across Thurrock are used to ensure required outcome are achieved. This includes decisions about de-investment and re-investment. A new ‘devolution’ agreement between the Mid and South Essex Integrated Care System and the Thurrock Integrated Care Alliance will be developed and negotiated that will set out devolved commissioning and delivery responsibilities, outcomes and resources.

4. Issues, Options and Analysis of Options

4.1 Detailed plans are set out within the main strategy document, summarised within the Executive Summary document.

4.2 The Strategy builds on a long history of transformation and reflects how the existing health and care system needs to change to ensure people are able to achieve the outcomes they require and that resources are used in the most effective way. In line with *Human Learning System* principles set out in Chapter 2, further *i*ssues and options will continue to be identified and tested through ongoing ‘test and learn’ initiatives that will help to shape how the Strategy and its aims are delivered.

5. Reasons for Recommendation

5.1 To enable partners to work with Thurrock’s communities to build a health and care system that works for people and helps them to achieve the outcomes that are most important to them.

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

6.1 The Strategy builds on previous and ongoing engagement with communities and stakeholders – this will continue throughout the life of the Strategy and is an essential aspect of identifying how the Strategy is delivered.

6.2 Thurrock Health and Wellbeing Overview and Scrutiny Committee endorsed that Strategy at its meeting of 7 June 2022.

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

7.1 The Strategy is a contributor to a number of key corporate policies and priorities. This includes a significant contribution to the Council’s priority for ‘People’, and delivery of a goals 1 and 3 within the refreshed Health and Wellbeing Strategy. Embodied within the Strategy are the principles contained within the Collaborative Communities Framework.

7.2 The Strategy has a key focus on engaging with communities to inform what is delivered and how it is delivered. A new approach to engagement will ensure that all communities have the opportunity to influence and own how we deliver health and care and how we use our collective resources to improve wellbeing

outcomes. A principle of this Strategy is to shift power and ownership to communities and individuals.

8. Implications

8.1 Financial

Implications verified by: **Mike Jones**

Strategic Lead Finance

The shift to an integrated and preventative model will deliver system efficiencies through reducing 'failure demand' on the highest cost elements of the system: by reducing bureaucracy and system running costs, and by addressing the 'need paradox' by fundamentally transforming how public service is delivered.

The Strategy can be delivered within existing budgets. The Better Care Fund will be used as the vehicle through which partner resources will be pooled and managed for the purpose of delivering the ambitions of the Strategy. This will be governed through Thurrock Integrated Care Alliance, Thurrock Health and Wellbeing Board, Cabinet and the MSE ICS' Integrated Commissioning Board.

The Strategy also proposes to invest new system funding streams in a proportionate way that addresses current inequality.

8.2 Legal

Implications verified by: **Sarah Dawkins**

Barrister (Consultant)

On behalf of the Chief Legal Officer, I have read the report with attachments in full.

Clause 26 of the Health and Care Bill proposes to amend the Local Government and Public Involvement in Health Act 2007 so that the integrated care board and all upper-tier local authorities that fall within the area of the integrated care board must establish an integrated care partnership. This will be a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

The strategy must consider how NHS bodies and local authorities could work together to meet these needs using section 75 of the NHS Act 2006, using agreements to pool budgets or lead commissioning arrangements between local authorities and NHS bodies. The strategy may also state how health-related services (defined as services that may influence the health of

individuals but are not health services or social care services) could be more closely integrated.

In preparing this strategy, the integrated care partnership must have regard to the NHS mandate and guidance published by the Secretary of State, and it must involve the local Healthwatch and people who live or work in the integrated care partnership's area.

The integrated care strategy must be published and shared with each responsible local authority, and the relevant integrated care board in that area.

Health and wellbeing boards in response to an integrated care strategy, must prepare a 'joint local health and wellbeing strategy' that sets out how the local authorities, integrated care board and NHS England will meet population needs in that area. An ICB, in the preparation of its joint-forward plan must also reference how the plan implements any relevant joint local health and wellbeing strategies to which the ICB is required to have regard.

Local authorities and integrated care boards must have regard to the joint strategic needs assessment, the integrated care strategy, and the joint local health and wellbeing strategy when exercising their functions and NHS England must have also regard to them when exercising their functions related to the provision of health services in the area.

The Key ICP requirements in the Health and Care Bill are

- The Health and Care Bill proposes that the Integrated Care Board (ICB) and all upper-tier local authorities that fall within the footprint of the ICB must establish an Integrated Care Partnership (ICP).
- The ICP may make their own procedures including appointing the Chair and further members and determining the ICP's arrangements.
- The ICP must prepare a strategy on how to meet the needs of the population – as identified in the joint strategic needs assessment from the health and wellbeing board/s that fall within the area of the ICB – through the exercise of functions by the ICB, NHSE and the upper tier local authorities.
- The strategy must address whether the needs could be met more effectively through the use of NHS/local authority section 75 agreements and may include a view on how health and social care could be more closely integrated with health-related services.
- The ICP must have regard to the Secretary of State's mandate to NHS England (national NHS priorities) and the statutory guidance on the integrated care strategy; and the ICP must involve Healthwatch and local people and communities in preparing the strategy.

- When an upper tier local authority and an ICB receive an integrated care strategy, they must produce a joint local health and wellbeing strategy to meet the needs through the exercise of their (and NHS England's) functions.
- The upper tier local authorities, ICBs and NHS England must have regard to the integrated care strategy and the joint local health and wellbeing strategy in exercising their functions, including the preparation of the joint-forward plan.

Accordingly, the Better Care Together Thurrock - Case for Further Change, Thurrock's Adult Integrated Care Strategy set out within this paper as part of transforming residential care provision meets the requirements anticipated for ICP provision under the Bill and I confirm there appears to be no adverse external legal implications arising from the recommendations proposed.

Moving forward, the Council's internal Legal and Assets teams will provide support on ensuring that the required agreements with Health partners adequately protect the Council's position.

8.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**

Team Manager – Community Development

There are significant health inequalities across the Borough. A Community Equality Impact Assessment has been completed demonstrating that delivery of the Strategy will support a reduction in health inequalities not least through co-production with communities to ensure that health and care system are designed to their requirements. Embedding the Collaborative Communities Framework, the Strategy aims to lead on a new approach to engagement – enabling all communities to be involved in identifying what is important to them, what the challenges are to improving their own wellbeing, and also passing to them ownership of issues and solutions that they wish to lead on. This will ensure that we move to a state where public sector organisations deliver what communities want them to deliver, and communities are able to deliver what they wish to deliver – enabling a true partnership between people and state to develop.

8.4 **Other implications** (where significant) – i.e. Staff, Health Inequalities, Sustainability, Crime and Disorder, or Impact on Looked After Children

Health Inequalities – the Strategy will contribute to the reduction of health inequalities.

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

- The Case for Change – A new Model of Care

10. Appendices to the report

- Appendix A: Better Care Together Thurrock: Further Case for Change – Executive Summary
- Appendix B: Better Care Together Thurrock: Further Case for Change – Full Version

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