

For general release

REPORT TO:	<i>Scrutiny Health and Social Care Sub Committee</i> <i>Date: 21st November 2017</i>
SUBJECT:	<i>One Croydon Alliance Agreement Extension</i>
LEAD OFFICER:	<i>Guy Van Dichele, Interim Director of Adult Social Care and 0-65 Disabilities & Andrew Eyres, Interim Accountable Officer Croydon CCG</i>
CABINET MEMBER:	<i>Councillor Hall, Cabinet Member for Finance and Treasury and Councillor Woodley, Cabinet Member for Families, Health and Social Care</i>
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	<i>Rachel Soni, Programme Director One Croydon Alliance</i>

ORIGIN OF ITEM:	The committee has identified this as an item for Scrutiny
BRIEF FOR THE COMMITTEE:	To Consider the Croydon Alliance Agreement

Any additional guidance to report author from Scrutiny Officer:

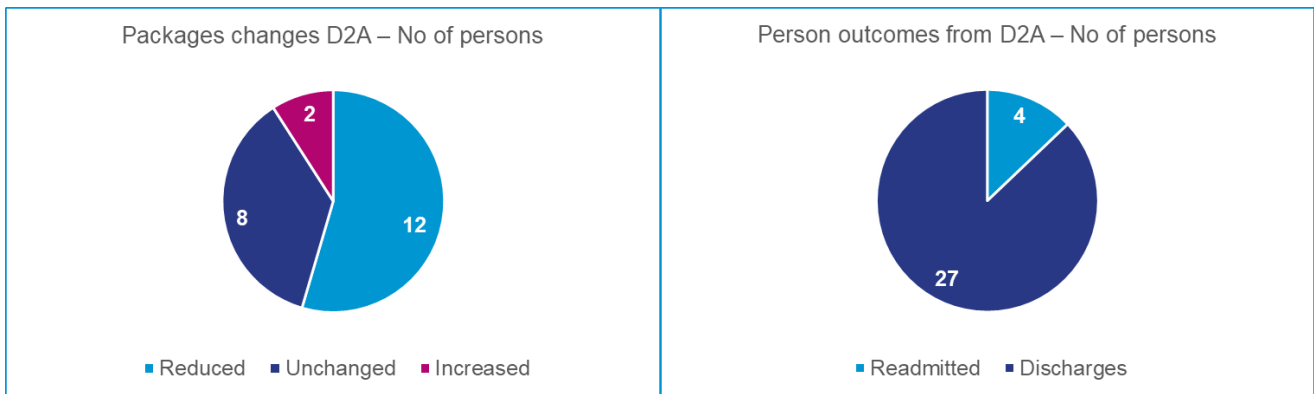
1. EXECUTIVE SUMMARY

- 1.1** Following agreement by Cabinet in December 2016, Croydon Council along with five other partners (Croydon Health Services, Croydon GP Collaborative, Age UK Croydon, South London and Maudslsey MHT and Croydon Clinical Commissioning Group) entered into an Alliance Agreement for the delivery of Health and Social Care to Over 65s in Croydon on the 1st of April 2017. This Agreement is for a term of 1 year (Transition Year) with an option to extend for a further 9 years; the decision to extend is supported by demonstrable delivery of the transition criteria as set out in the Transition Plan in the Alliance Agreement.
- 1.2** This report gives an overview of progress against the two key components of transition year; year one transformation and transition criteria. Year one transformation includes the Living Independently for Everyone (LIFE) programme and the Integrated Community Networks (ICN) Programme, the transition criteria includes the development of the year 2-10 business case.
- 1.3** Performance of the transformation programmes and the development of the year 2-10 Business Case will inform the Alliance Boards' recommendation as to whether or not to extend the Alliance Agreement for a further 9 years for over 65s. The development of governance and decision-making process for possible future extensions to the scope of the transformation which may be delivered through the Alliance Agreement during the term will be developed and taken through appropriate governance.

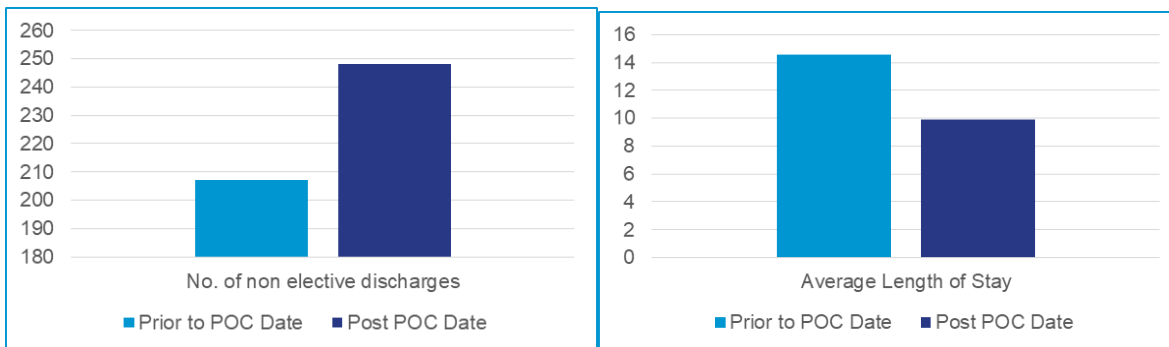
2 Year 1 Transformation Programmes

2.1 Living Independently for Everyone (LIFE)

- 2.1.1** The LIFE Programme (Living Independently for Everyone) has established an integrated Reablement and rehabilitation service across the borough, comprising services from across Adult Social Care, Croydon Health Services and Croydon University Hospital. The long term ambition of LIFE is that it will see key services brought into a new LIFE integrated Reablement and Rehabilitation service – a new intermediate care service.
- 2.1.2** The integrated service model ensures a one name, one budget one team approach, use of an agreed single eligibility assessment and review process, and increased entry pathways - all working to the same key outcomes. This service will contribute to reductions in systems duplication, in non-elective hospital admissions and bed days, will enable targeted and focussed effective use of more community services upstream for people to reduce high cost packages of care and create capacity with an increase in flow at an earlier stage for people in need of the service. Services are more person and outcome focused improving the person experience of health and care.
- 2.1.3** A key component of the LIFE service is Discharge to Assess (Home First Pathway 2), and from September 2017 Croydon Health Services NHS Foundation Trust introduced this pathway 2 in three hospital wards (Purley 1 & 2 and Wandell) with the expectation of a full rollout by March 2018. At the writing of this report, the service is live on 11 wards in CUH. This service ensures people are supported through a multi-disciplinary approach to reduce their length of stay in hospital, assess them in the best place to determine care and establish outcome focused care plans that aim to reable and maximise independence.
- 2.1.4** There is a bespoke performance tracker for the LIFE service enabling the project team to extract data to monitor the success of the programme.
- 2.1.5** Initial performance data for the services shows a positive impact against the outcomes and is shown in the tables below. The Discharge to Assess (D2A) Pilot shows that of 31 people discharged with this service in the first 4 weeks 21 were seen within 2 hours. 12 of 22 packages of care were reduced. The trend for D2A shows that performance across all of these areas continues to improve. In addition, there has been a 19.8% increase in discharges and a 32% reduction in Length of stay at 127 days (compared to one month prior to D2A pilot). The service are working with Healthwatch aiming to obtain person experience feedback following the use of this service.



Number of people seen	No of people seen within 2 hours of discharge	Part B completed within 24 hours	LoS Reduced
31	21	16	126.9



2.2 Integrated Community Networks (ICN)

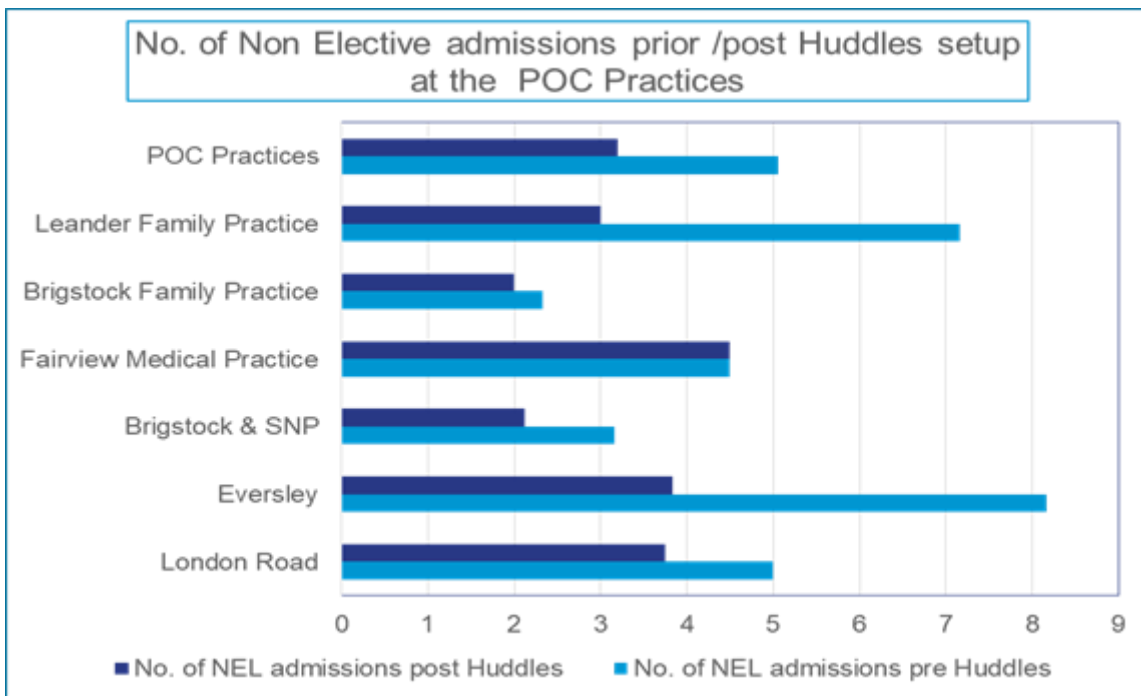
2.2.1 The Integrated Community Networks (ICN) Programme is comprised of the following features:

- Huddles (proactive weekly case management by multi-disciplinary team working from GP practices)
- Complex Care Support (specialist support for issues such as mental health and frailty and support for care homes);
- My Life Plan (Co-ordinate My Care – shared care record);
- Personal Independence Coordinators (PICs – person centred support for non-medical issues);
- Active and Supportive Communities (people and communities as assets)

2.2.2 The key aim is to engage, empower and build-up the Huddles so they are responsive, timely and flexible to individual needs. Huddles will focus on preventing admissions and focus on high risk and need people who have more than one long term condition initially and aims to enable individuals to support their own health and independence. Care will be organised around the individual, breaking down the boundaries between health and social care and the voluntary and community sector, and between formal and informal support.

2.2.3 An accelerated ICN Huddle programme is being implemented and the number of huddles rolled out will exceed business case plans by October 2017 with all GP practices having them by March 2018.

2.2.4 The pilot Proof of concept performance data shows early indications that the ICN programme is being successful in meeting its outcomes, and in particular the number Non Elective Admissions has reduced post Huddle implementation, as shown in the following graph. Over 600 cases have been discussed during this period and PICs are working with over 300 people.



2.2.5 A key component of the ICN programme are the Personal Independence Coordinators (PICs). The PICs are a member of the core ICN team and are independent of Health and Social Care Services; they work intensively with people with long term conditions. Initial data shows an increasing trend in the number guided conversations and the proportion of people meeting their goals. A case study shows the impact and success of a PIC intervention and is detailed below.

Background

- Robert is 77 years old.
- He lives alone
- Same rented accommodation for 30 years
- His wife was bed bound and he cared for her
- He used to be a professional magician
- Daughter lives in Wallington

In January 2016 he experienced shortness of breath and rapid weight loss

- Admitted to hospital where he stayed for 11 months on and off
- Discharged in November 2016
- Wife passed away in that period
- He did not return to work

Outcomes achieved as a result of PIC intervention:

- Attendance allowance granted
- More independence at home
- Heating installed in some rooms
- Garden work done
- House clean
- Healthy living and gained weight
- Started driving again

2.2.6 The ICN model is supported by building up our community and preventative services. The model of care aims to do this through aligning our provision of voluntary and community services within each of the six GP

networks through appointing Locally Trusted Organisations and opening points of access, building awareness of assets and improving access and capacity.

3 Year 1 Transition Criteria

3.1 Progress against criteria is managed through the PMO.


- 3.1.1 The One Croydon Alliance Programme Management Office has been managing the delivery of the Alliance Agreement Transition Criteria through 10 workstreams, each having an executive responsible officer and lead officer. Progress against this criteria is continuously measured and reported to the Programme Delivery Board and the Alliance Board. The current progress and key challenges against the Transition Criteria (managed as workstreams) is set out in the following table.
- 3.1.2 The Transition Plan specified 3 Transition Checkpoints for May, July and September 2017 respectively to gauge the progress of the Transition Programme and its workstreams in meeting the Transition Assessment Criteria & Providing the Alliance partners with sufficient assurance to be able to decide to extend for a further 9 years.
- 3.1.3 At Programme Delivery Board on the 21 September, the Board agreed to move the final Checkpoint 3 from September to October 2017, to allow more time for Year 2-10 Business Case development, in particular Financial Savings Assumptions, and to a lesser extent the Alliance Risk Share agreement. The following table provides an overview of progress of these transition workstreams as reported at checkpoint 3.

#	Transition Workstream	R A G	Critical Path Summary
1	Out of Hospital Delivery – ICNs	Green	The overall ICN programme is Green. 12 Huddles have now implemented with another 4 scheduled week commencing 30th October, and each subsequent week thereafter. PICs risk - with no risk stratification from Age UK PICs resource issue & them only picking up one patient per Huddle meeting until mid-November, this may impact outcomes and savings.
2	Out of Hospital Delivery – LIFE	Green	Discharge to assess is now implemented on 10 wards. LIFE Manager and Health and Wellbeing advisors are currently being appointment. The team has now moved into Leonard Road and the assessment forms are on EMIS, CERNER and AIS.
3	Y2-10 Business Case – Risk Share & Financial Model	Red	Workstream Red owing largely to incomplete Financial Savings Assumptions. Implementation plans also being progressed for completion. Final Risk Share session held 19 October with a number of follow-up 1-2-1 engagements with Alliance leadership being planned to conclude the risk share proposal.
4	Y2-10 Business Case – Document	Red	Workstream Red as while progress has been made with the overall business case document, there are number of dependencies on key deliverables, namely financial savings assumptions, implementation plans and future governance structure.
5	Y2-10 Contract & Performance Management Model	Amber	Workstream Amber owing primarily to ongoing issue with CCG and CSU resolving the CSU engagement block, particularly around identifying a contract management and BI lead and providing data and input into the development of the Alliance Dashboard. This is currently being mitigated to some extent through workarounds i.e. input direct from CCG Commissioners etc.
6	Y2-10 Financial Monitoring Model	Amber	Work on Y2-10 Financial Monitoring Model progressing with phase 1 focusing on Out of Hospital monitoring and phase 2 on monitoring the initiatives in the Y2-10 Business Case. Contract Map and Maximum Affordable Budget timelines being confirmed. Financial savings models for LIFE and ICN now built and being validated and currently updating financial model with assumptions.

7	Contract Variation		Workstream Amber: Out of Hospital transformation contracting commenced for LIFE and ICN and Legal advisors appointed for advice on variation for the 2- 10 Alliance Agreement.
8	Workforce, OD, Comms & Engagement		Workstream Amber as need to have Board Agreement for Strategic workforce group to secure engagement & leadership from all partners. Work also a key enabler to other workstreams. Comms and engagement plan is in place, several board and staff OD sessions conducted and a number planned.
9	Y2-10 Governance Structure		Y2-10 Governance Structure Workshop scheduled Monday 6 November to progress Integrated Management Team ToR. Draft ToR to be developed and shared with the group beforehand.
10	Regulator Approval		Proposed 2 phase plan to be enacted comprising initial 1-2-1 regulator engagement followed by joint engagement to include both NHSE and NHSI

3.2 Development of the Year 2-10 Business Case

3.2.1 The Croydon Transformation Board agreed on the 21st September that the years 2-10 Transformation Plan was sufficient to proceed with it into the Year 2-10 Business Case Development. The timeline for development is as follows:

 **THURSDAY 14TH DECEMBER: Alliance Board agrees Y2-10 Business Case & recommends sign-off to Governing Bodies/**

 **FRIDAY 26 JANUARY: Y2-10 Business Case Signed-off by Governing Bodies/Cabinet**

3.2.2 The Business Case Executive Summary has been drafted to establish content and the full document will be structured in five parts:

- Strategic Case
- Economic Case
- Commercial case
- Financial Case
- Management Case

3.2.3 There are a number of challenges in the development of the Year 2-10 Business Case, mainly dependent on the development of transformation initiatives and the robustness of understanding of their impact on the health and care system and outcomes benefits.

3.3 Financial Assumptions

3.3.1 Croydon Health Services and Croydon Clinical Commissioning Group has agreed the baseline for 16/17 with growth that provides the Do Nothing position and this will become the new alliance baseline for 17/18.

3.3.2 The assumption for the Out of Hospital Business Case (Year 1 Transformation) is an annual net saving impact to the whole system of £6.5m. The baseline budget, growth and target savings for the Council's in scope social care are shown in the table below:

Draft Budget, growth and savings for Alliance Social Care Scope:

Indicative projections for OBC in-scope services	2015/16 Actuals	2016/17 Actuals	2017/18 Part year forecast	2018/19	2019/20	2020/21	2021/22	2022/23
Base line spend (£m) included Fixed costs	43.5	43.5	43.5	45.4	45.4	45.4	45.4	45.4
+ Demographic Growth (£m)				2.5	3.5	4.5	5.6	6.8
+ Non Demographic Growth (£m)				1.0	2.0	3.0	4.0	5.0
+ Inflation ('Do Nothing' base case) (£m)		2.6	3.8	0.8	1.2	1.7	2.2	2.7
- Council efficiency savings (£m) 5% per year				2.4	4.7	7.1	9.5	11.9
Forecast Expenditure	43.5	46.0	47.3	47.2	47.3	47.5	47.7	48.1

3.3.3 Up to a further £8.2 per annum system savings has been identified so far in the year 2-10 transformation plan. There needs to be some further work on removing any overlaps so these figures continue to change. A further phase of future opportunities are also being worked on.

3.3.4 Transformation leads will be able to articulate costs and savings for their chapter by the end of November. Planned Care and Active and Supported Communities assumptions are evidence based, with the other chapters underpinned by research. Mental Health transformation development is progressing but has some challenges in agreeing the schemes to be taken forward.

3.3.5 Next steps are to review all assumptions to ensure there is no duplication within the chapters (in costs or savings) and build the whole system model to review in/out and effect on whole system i.e. if unable to reduce beds or avoid activity the Alliance can model alternative options to achieve savings.

3.4 Governance

3.4.1 The Croydon Strategic Review commissioned for the health economy in summer 2017 recommended that Governance for the alliance be consolidated with the Whole System Governance as soon as possible to reduce time spent in meetings. This has been recommended and is being taken through governance to implement as follows:



In addition to this future Governance Structure is being drafted to enable further integrated and a planning session has been scheduled for the 6th November.

3.5 Risk Share

3.5.1 The alliance agreement provides for binding risk and gain share arrangements. Risk Share development sessions have been constructive and the approach to risk share has been agreed for recommendation to board. The following principles will apply:

- **Simplicity** – managed through collective leadership and governance
- **Collective responsibility** – Collaborate to manage risk against a notional system control total that smooths the impact
- **Individual accountability** – Allocation of specific risks and liabilities to individual organisations should be by exception
- **Proportionality** – Sharing upside and downside proportionately
- **Limited liability** – There may be differential and absolute limits to avoid an individual organisation being worse off than do nothing scenario
- **Transparency** – The Alliance will implement open book accounting

- **Proactivity** – The alliance will manage risks proactively and deploy contingencies where necessary to minimise adverse impacts

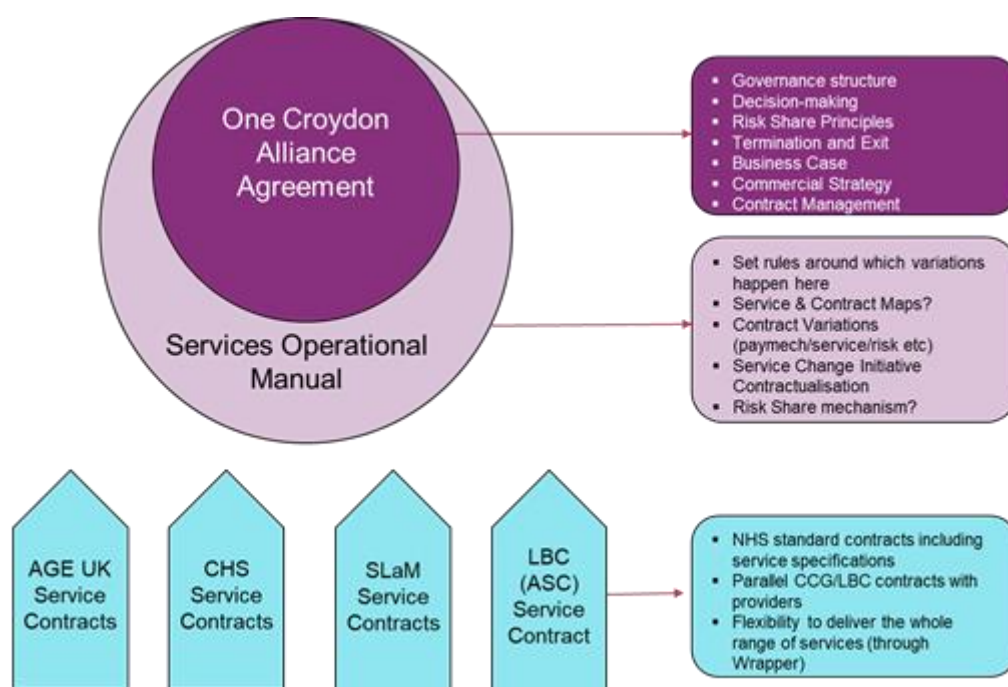
3.5.2 There are some outstanding items to be agreed by Alliance members such as materiality thresholds and liability caps. One Croydon Health Services and Croydon Clinical Commissioning Group have agreed a financial plan the risk share model will be updated.

3.5.3 Collaborative governance and operational management will be vital for enabling proactive risk management and a draft escalation process has been developed to ensure risks are identified early and mitigated.

3.6 Commercial Structure

3.6.1 A Commercial Structure has been developed (see below) to enable delivery of the year 2-10 Business Case as planned i.e. within an Accountable Care System (Alliance) Structure. This Structure does not limit the scope of the Alliance and any change in scope will be governed by the decision-making process (to be developed) and be planned and phased to allow the commercial structure to be amended i.e. service contracts to be added or Alliance membership to be widened.

3.6.2 The structure of the payment mechanism for the service contracts that sit below the Alliance Agreement are being reviewed to ensure that the most effective payment structure is achieved to allow maximum flexibility in the movement of resources and funds within the whole system.



4 Engagement

4.1 There is an active Service User reference group that meets on a monthly basis to ensure the views of people in Croydon in how we are meeting their needs are captured. The group are also actively involved in feeding into the design of transformation services, as well as the delivery and monitoring of services in scope.

4.2 A communications and engagement workstream has commenced and the PMO have recruited a dedicated communications and engagement officer that will be key in ensuring service user involvement and staff engagement continues to develop and that the workforce and organisational development workstream deliverables are achieved.

4.3 One Croydon is actively working with Croydon Healthwatch to capture people's experience of both the LIFE and ICN transformation programmes.

5 Next Steps

5.1 The next steps for the extension of the Alliance Agreement for Over 65s is as follows:

5.1.1 Health and Social Care Scrutiny Committee 21st November 2017

5.1.2 One Croydon Alliance Board by 14th December 2017

5.1.3 Council Cabinet 22nd January 2018

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BACKGROUND DOCUMENTS: None