REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **November 2017**
SUBJECT:	**One Croydon Alliance Agreement Extension Update**
BOARD SPONSOR:	**Guy Van Dichele, Director Adult Social Care Croydon Council** **Andrew Eyres, Chief Officer, Croydon CCG**

BOARD PRIORITY/POLICY CONTEXT:

The One Croydon Alliance integrates health and social care with the aim of working together to help people live the life they want, and achieve a sustainable health and social care system. The Alliance has developed a Transformation Plan that supports the joint health and wellbeing strategy objectives of:

- Increased healthy life expectancy
- Increased resilience and independence
- A positive experience of care

Both the Clinical Commissioning Group and Croydon Health Services NHS Trust are enabling delivery of the NHS five year forward view ambition to integrate care through their membership of the Alliance, which allows them to manage a 'system' of care, transform services and focus on outcomes.

The Alliance enables the Croydon Council to fulfil its duties in the Care Act 2014 *to promote the integration of care and support services with health services*. As a member of the Alliance the Council is promoting strategic integration, modelling the behaviours needed to achieve integration, and with fellow members of the Alliance has successfully integrated two new services.

1. RECOMMENDATIONS

1.1 This report is for information only providing an update to the Health and Wellbeing Board on progress towards the case for extending the alliance into its full 10 year term. The health and wellbeing board is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

2.1 Six Organisations (Croydon Council, Croydon Health Services, Croydon GP Collaborative, Age UK Croydon, South London and Maudlsey MHT and Croydon Clinical Commissioning Group) have formed an Alliance of Health and Social Care providers and commissioners. These organisations 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.

2.2 This report gives an overview of progress against the two key components of transition year (2017/18); year one transformation and transition criteria. Year one transformation includes a new model of care, including the Living Independently for Everyone (LIFE) service and the Integrated Community Networks (ICN) Programme, and the transition criteria includes the development of the year 2-10 Extension Case.

2.3 Performance of the transformation programmes and the development of the 2-10 year Case will inform the Alliance Boards' recommendation as to whether or not to extend the Alliance Agreement for a further 9 years.

2.4 The Alliance Agreement for transition year covers over 65s. The ambition of the alliance is to develop plans to cover all of Croydon transformation in relation to health and social care integration. The alliance agreement remit will be requested to be extended to cover this although in order to extend our scope into further transformation programmes beyond over 65s specifically there will be individual governance and decision points as relevant for each organisation to agree this increase in scope.

3. DETAIL

Model of Care Programmes

3.1 Living Independently for Everyone (LIFE)

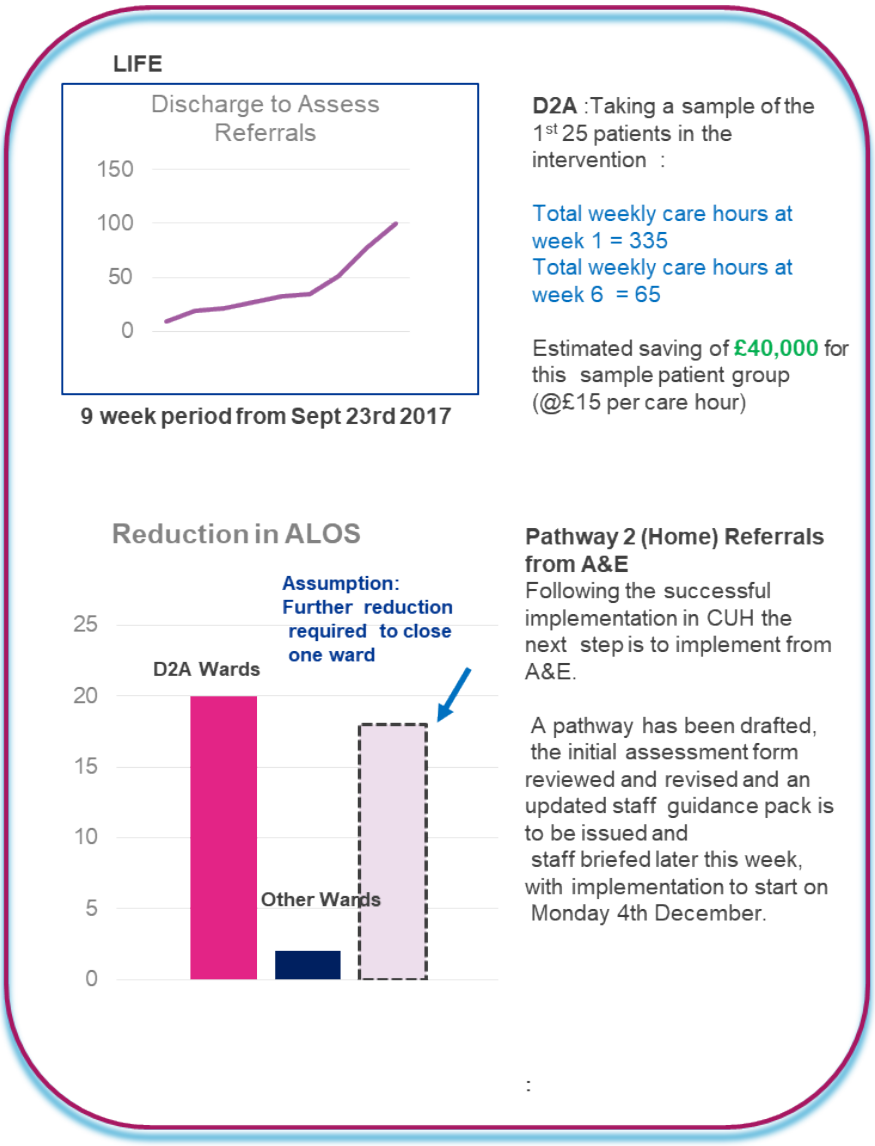
3.1.1 The LIFE Programme has established an integrated Reablement and rehabilitation service across the borough, comprising services from across Adult Social Care, Croydon Health Services and Croydon University Hospital. The long term ambition of LIFE is that it will see key services brought into a new LIFE integrated Reablement and Rehabilitation service – a new intermediate care service.

3.1.2 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. This service will contribute to:

- reductions in systems duplication
- reduction non-elective hospital admissions and bed days
- enable targeted and focussed effective use of more community services upstream
- 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 that are more person and outcome focused improving the person experience of health and care

3.1.3 A key component of the LIFE service is Discharge to Assess (Home First Pathway 2), This service is now operating in 13 wards in the Croydon University Hospital and having a positive impact, reducing people's length of stay and meeting immediate care needs, focusing on outcomes. 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.

3.1.4 Initial performance data for the services shows a 20% reduction in length of stay for the first 100 people seen by the service, equating to 344 bed days saved, with some excellent service user feedback:



Email from son of person receiving D2A: "*Many many thanks to you and the whole team for looking so very well after my Mum. She had done immensely well over the 6 weeks. Your team has been patient and encouraging. Also thanks to your assistance; Mum has just received her Dial A Ride card. She will start using it this week. She will be very happy to be able to get out with her friends.*"

3.2 Integrated Community Networks

3.2.1 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);

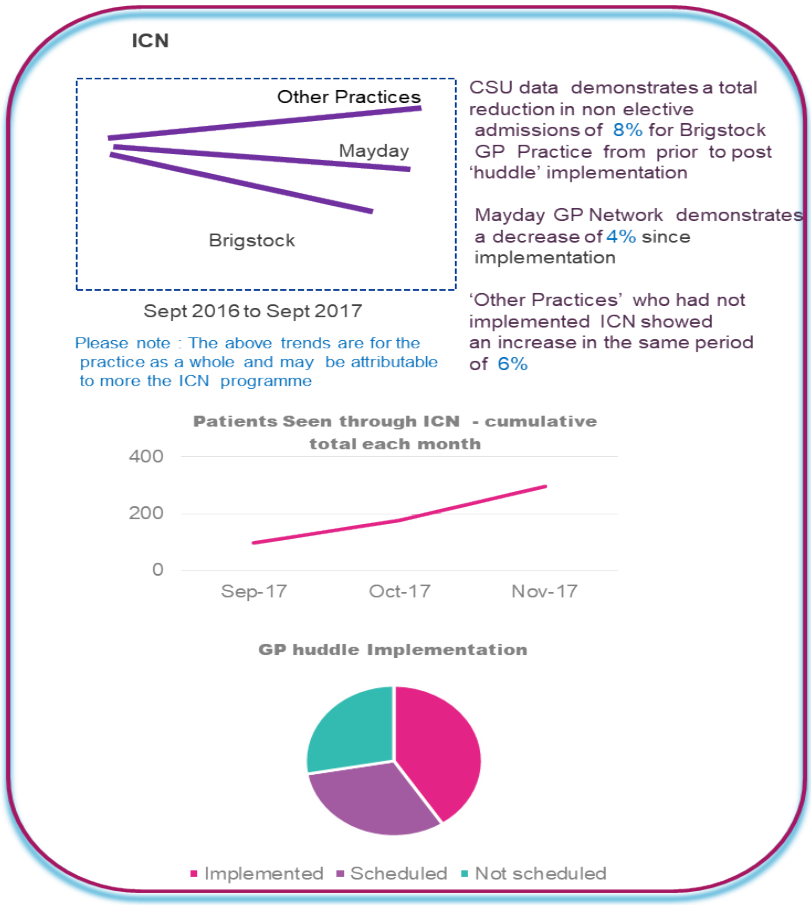
- Active and Supportive Communities (people and communities as assets).

3.2.2 The key aim is to engage, empower and build-up the Huddles so they are responsive, timely and flexible to individual needs 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. Huddles will focus on:

- preventing admissions
- focus on high risk and need people who have more than one long term condition (initially)
- enable individuals to support their own health and independence

3.2.3 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 saving them by March 2018.

3.2.4 The performance data shows early indications that the ICN programme is being successful in meeting its outcomes:



3.2.5 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.

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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

3.2.6 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.

3.3 Transition Workstreams: Progress against transition criteria is managed through the PMO.

3.3.1 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.

3.3.2 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.

3.3.3 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.

3.3.4 The current progress and key challenges against the Transition Criteria (managed as workstreams) is set out in the following table:

#	Transition Workstream	RAG	Critical Path Summary
1	**Y2-10 Business Case – Business Case**		Workstream Red as while OBC Alliance Board business case sign-off has moved from 30 November to 14 December, the need to finalise the executive summary along with the extent of outstanding content across the 5 cases is back-ending a lot of document updates, thereby also reducing the time for internal review before submitting to Alliance Board 11 December.
2	**Y2-10 Business Case – Risk Share & Financial Model**		Workstream Red owing largely to lack of traction with Risk Share/Mgmt with its dependency on agreeing Finance Plans and uncertainty about when these will be agreed. Financial Savings Assumptions have progressed with plan to have these agreed by DOFs 30 November.
3	**Y2-10 Contract & Performance Management Model**		Workstream Green. Draft model completed for components to be included in the business case, The model is a live operating model and will evolve with the commercial structure.
4	**Y2-10 Financial Monitoring Model**		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 – 1st draft to be included in October OBC governance cycle. Contract Map and Maximum Affordable Budget timelines being confirmed.
5	**Contract Variation (Alliance Agreement & Service Contracts)**		Workstream Amber owing to Commercial Leads signing off Service Contract variation for the Out of Hospital Business Case and decision on scope of Alliance Agreement.
6	**Workforce, OD, Comms & Engagement**		Workstream Amber as need to have Board Agreement for Strategic workforce reform group to secure engagement & leadership from all partners HR Leads. This is a key enabler to other workstreams.
7	**Out of Hospital Delivery – ICNs**		The overall ICN programme is Green. Delivery of the accelerated Multi-Agency Working (MAW) & Huddle Delivery Plan is within the agreed timelines. 22 (41%) Huddles have now been implemented, with another 7 scheduled before the end of the year. Carrying out activities to reaffirm Organisational Development (OD) and operational best practice with the Core ICN Teams and the ICN PMO, via GP Network, Practice and workforce meetings. POA/Active and Supportive Communities and complex care support work is progressing well but slightly behind schedule.
8	**Out of Hospital Delivery – LIFE**		Workstream Green 60% completed. Discharge to assess started on 13 wards on 25/09/17. 81 referrals have successfully been supported within 2 hours of discharge. Roll out plan in place. Moving onto the AMU,RAMU & ACE

3.4 Transformation and Case for Extension

3.4.1 The Croydon Transformation Board and Alliance Board agreed in September that the Alliance years 2-10 Transformation Plan was sufficient to proceed with it into the Case for Extension document Development. The timeline for development is as follows;

- **<u>THURSDAY 14TH DECEMBER</u>: Alliance Board agrees Y2-10 Business Case & recommends sign-off to Governing Bodies/**
- **<u>FRIDAY 26 JANUARY</u>: Y2-10 Business Case Signed-off by Governing Bodies/Cabinet**

3.4.2 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 and Management Case.

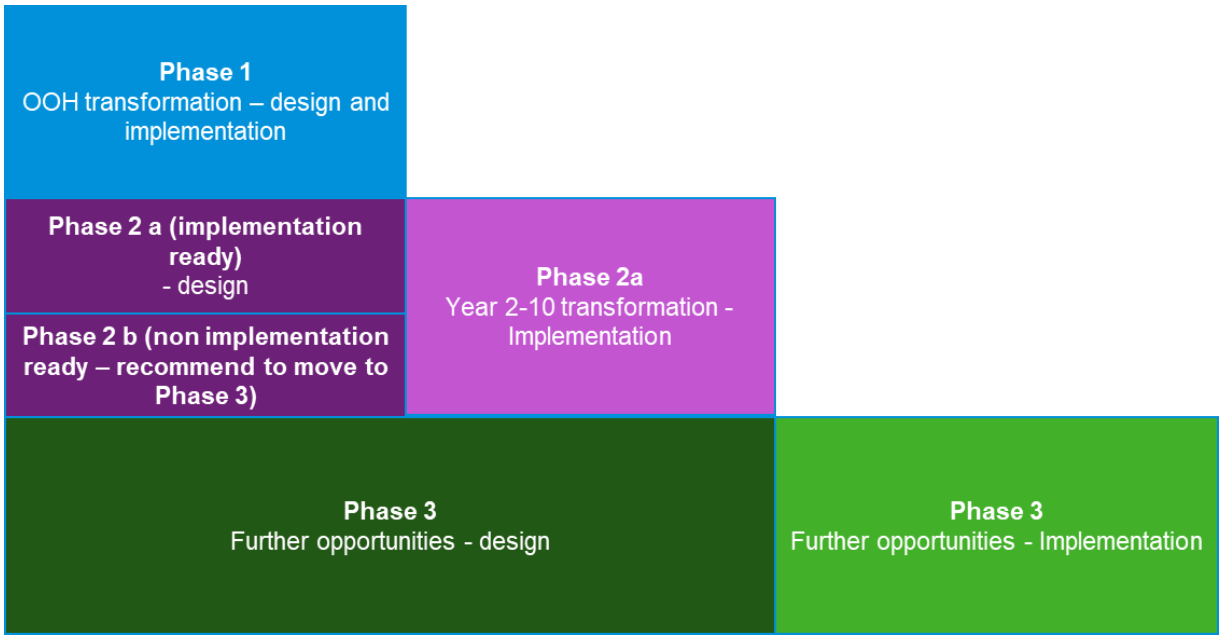
3.4.3 There are a number of challenges in the development of the Extension Case, mainly dependent on the development of transformation initiatives and the robustness of understanding of their impact on the health and care system and outcomes benefits.

3.5 Financial Assumptions

3.5.1 Alliance partners have 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. The system over 10 years is financially unstainable.

3.5.2 The financial assumptions for the current Out of Hospital Business Case (Year 1 Transformation) provides a contribution towards the deficit of an annual net saving impact to the whole system of £6.5m.

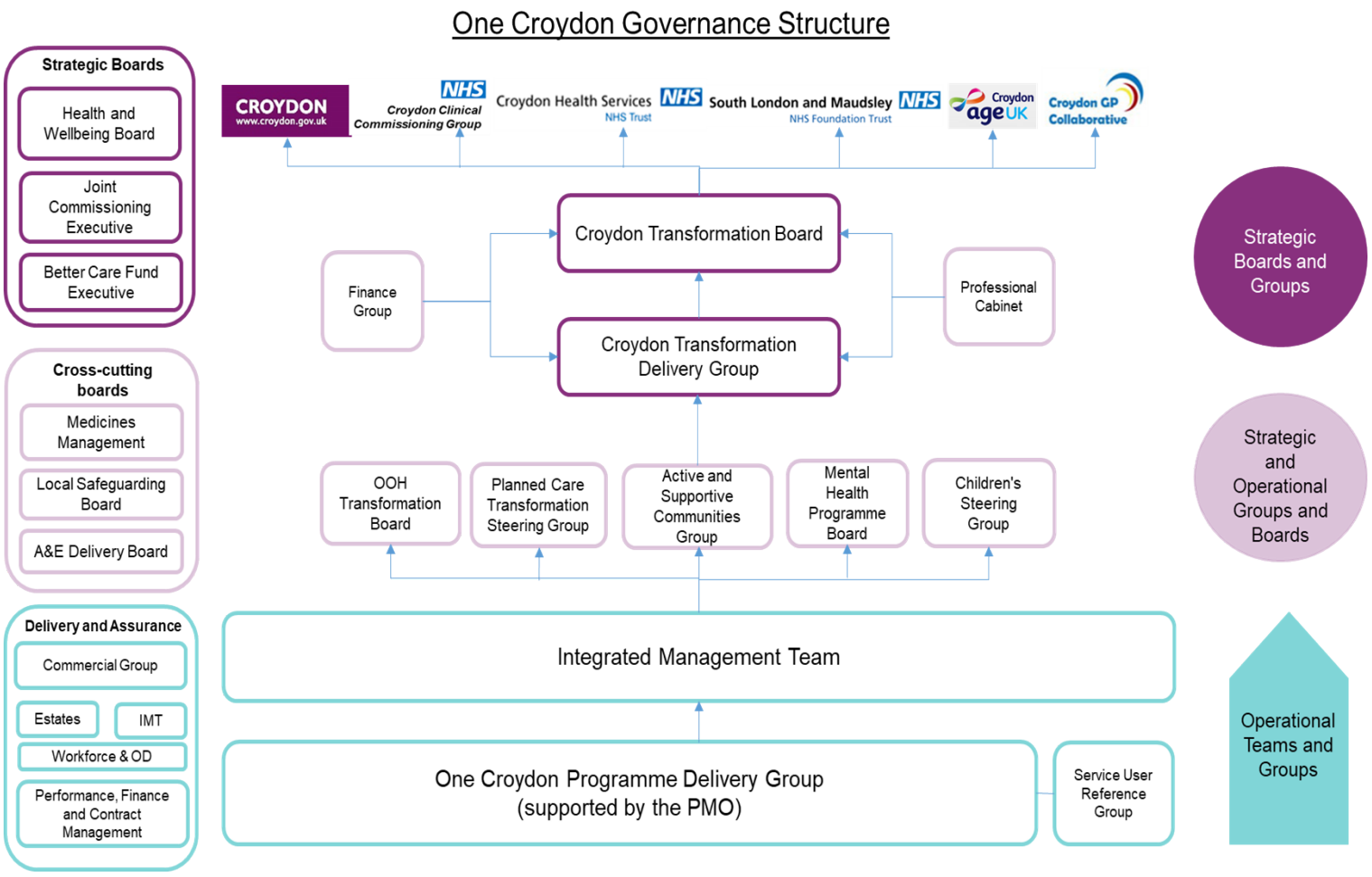
3.5.3 The Alliance planning sets out phases by which transformation will improve financial sustainability. The financial savings assumptions will be set out in the Alliance "Case for Extension" being presented to the Alliance Board and partner organisation governing bodies in December and January. The phases are shown below and provide a way for the system to manage transformation in manageable areas. The phases can run concurrently. Some schemes are more implementation ready than others at this stage.



3.5.4 A number of further opportunities are being developed for phase 3 transformation to bring maximum outcomes improvement for Croydon residents and maximum system financial sustainability. The case for extension will set these out as well articulating the boroughs total ambition.

4. Governance

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:

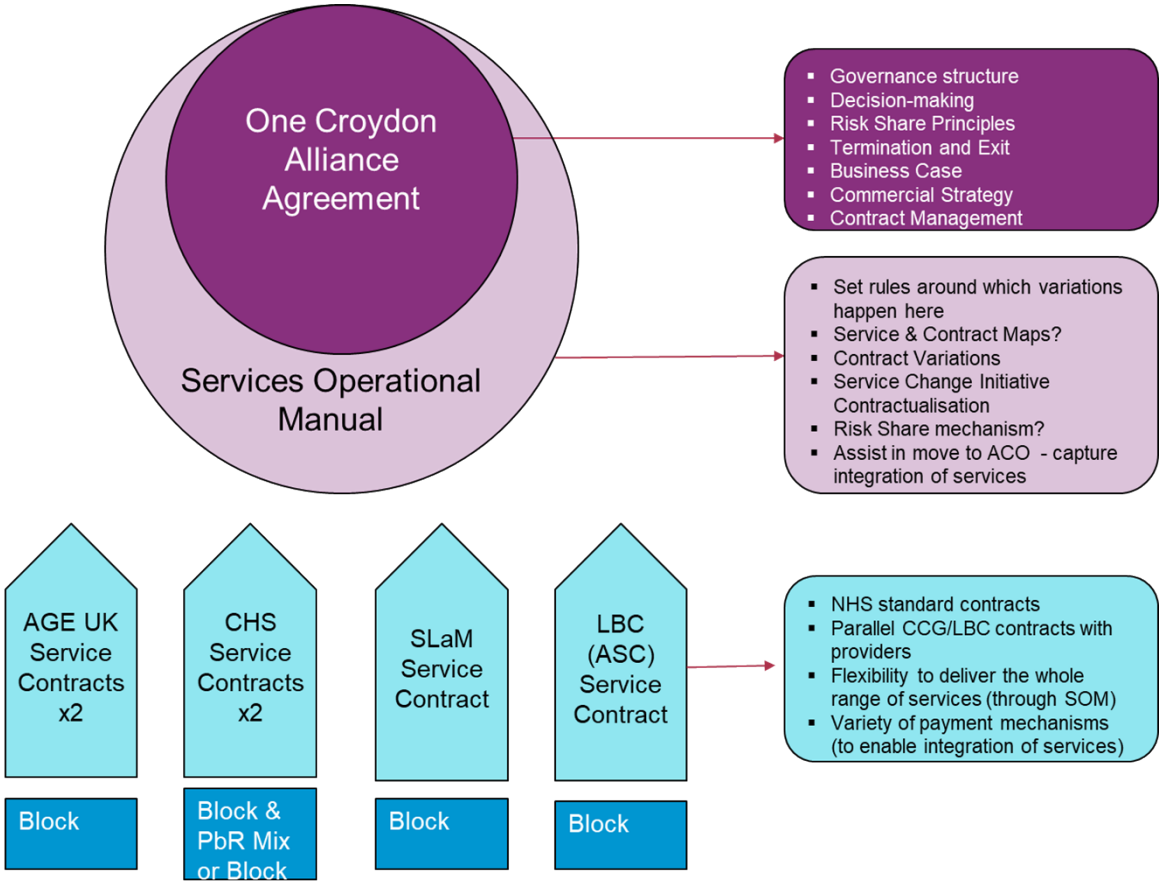


5 Commercial Structure

5.1 A draft Commercial Structure has been developed (see below) to enable delivery of the year 2-10 case for extension. The further development of this structure is being led by the Commercial Group supported by the One Croydon legal advisors (Gowling WLG).

5.2 Increase in programme scopes and investment will be governed by the decision-making process (to be developed) and will 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.

5.3 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, shown in the diagram below.



6 Engagement

6.1 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.

6.2 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.

7 Next Steps

- The Case for Extension document will be presented at the Alliance Board on 14th December

- The Board will make a recommendation to its respective governing bodies. The Council will hear the recommendation at Cabinet on 22nd January and the CCG at is governing body on 9th January.

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APPENDICES:	None