

Meeting: Strategic Commissioning Board			
Meeting Date	06 September 2021	Action	Receive
Item No	6.3	Confidential / Freedom of Information Status	No
Title	Health and Care Neighbourhood Model – progress update		
Presented By	Will Blandamer, Executive Director of Commissioning		
Author	Will Blandamer, Executive Director of Commissioning Lindsey Darley, Director of Transformation and Delivery		
Clinical Lead	INT Clinical Leads		
Council Lead	Will Blandamer, Executive Director of Commissioning		

Executive Summary
<p>This paper presents the progress on development of the adult integrated health and care neighbourhood target operating model. This sits in the context of the Lets Do It strategy, and reflects two key themes</p> <ul style="list-style-type: none"> – how we organise ourselves to create the best opportunity for front line staff to know each, work with each other, see the residents they work with in the round rather than from only their own organisational view. It creates opportunities for staff to work differently with cohorts of particularly need and vulnerability – the way we work with residents and communities – recognising the assets of residents and communities, and the opportunities to change the nature of the relationship between organisations and people.
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note the contents of the report, progress to date, and September timescale for presentation and approval of the model.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	Directly sits within the context of the Lets Do It strategy and its implementation.					
How do proposals align with Locality Plan?	Directly sits within the context of the Locality Plan and its implementation.					
How do proposals align with the Commissioning Strategy?	Directly sits within the context of the commissioning strategy and its commitment to investment in INTs.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	Not articulated in this document.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None as yet.					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						

Implications						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
<i>Add details of previous meetings/Committees this report has been discussed.</i>		

Title: Health and Care Neighbourhood Model – progress update

Report of: Will Blandamer, Executive Director of Commissioning
Lindsey Darley, Director of Transformation and Delivery

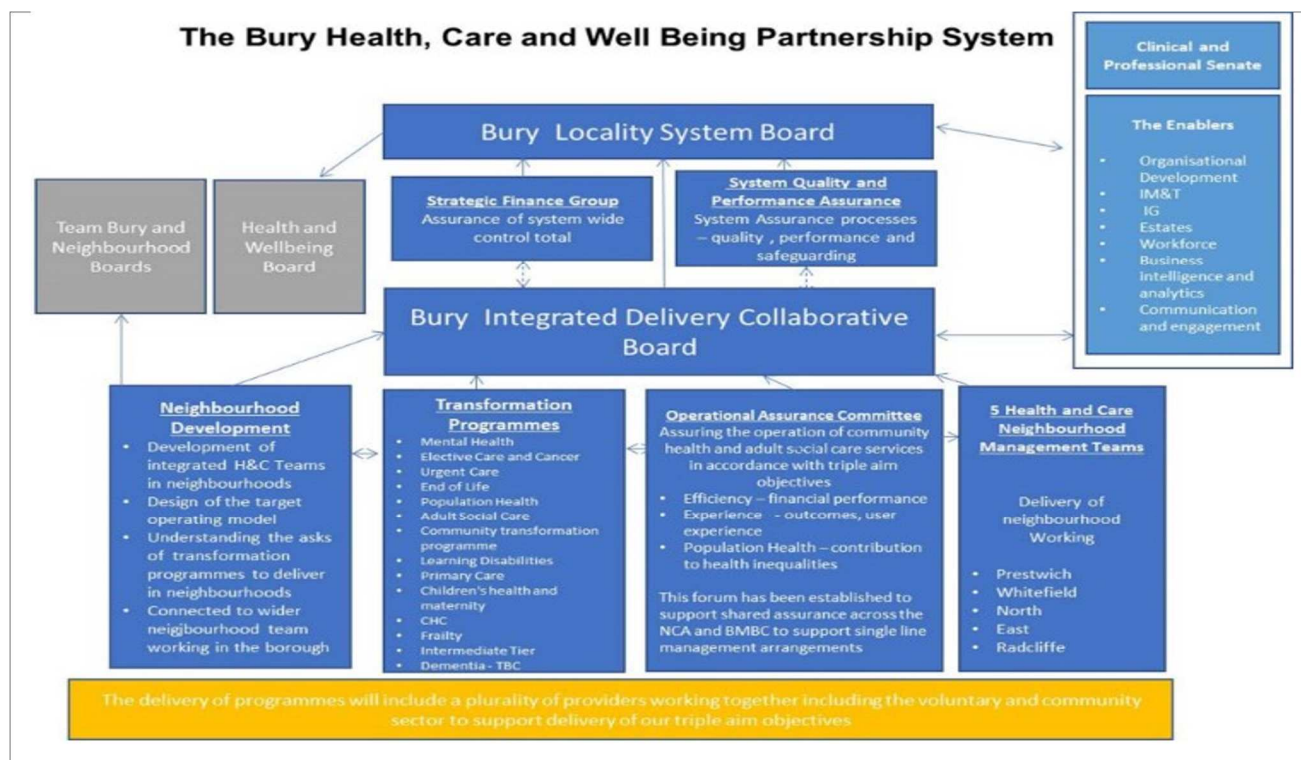
Report to: Strategic Commissioning Board

Date: 25th August 2021

Introduction

This briefing paper sets out the current progress against describing a Target Operating Model (TOM) for health and care (H&C) neighbourhood delivery.

The GM ICS development provides a clear commitment to the continued work to develop models of integrated neighbourhood team working in health and care. Our new partnership architecture in Bury is designed to create the conditions to accelerate the model of neighbourhood working to be mainstream working. This will be recognised in the sub structure to the IDCB – where there is a sub group particularly focused on the development work required, and then also the reporting of the work of each of the neighbourhood teams as units of delivery.



Progress update.

To date a Neighbourhood Development group consisting of LCO Core Team, operational managers, Public Health, Social Care and Council colleagues have been meeting regularly to develop the TOM. Through this group connections are brought together with IDC colleagues, Public Service Reform/Early Help, and the Community Hubs. Prior to commencing work on the Target Operating Model (TOM) it has been necessary to define the tasks required, and the process of developing the TOM as outlined in Figure 1. Progress against this structure is reviewed at every session.

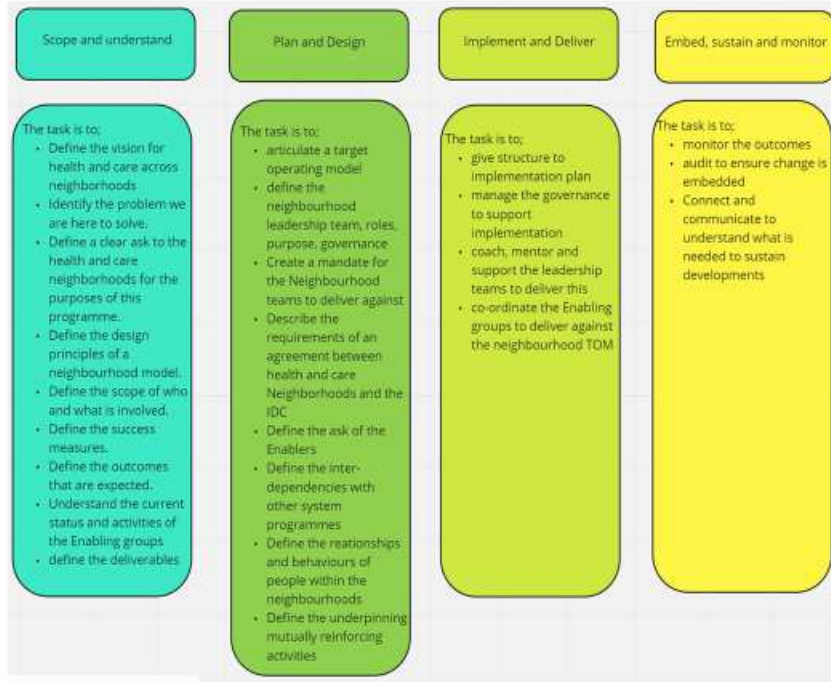


Figure 1. Development process.

To date the work has focused on the initial two stages of scoping and understanding, and planning and design. In developing the TOM, the common components of a TOM have been described and utilised as a basis for development. The diagram below describes the key components of the TOM. Furthermore, we can describe the key aspects of each part of the TOM, with the exception of Process, which requires further work.

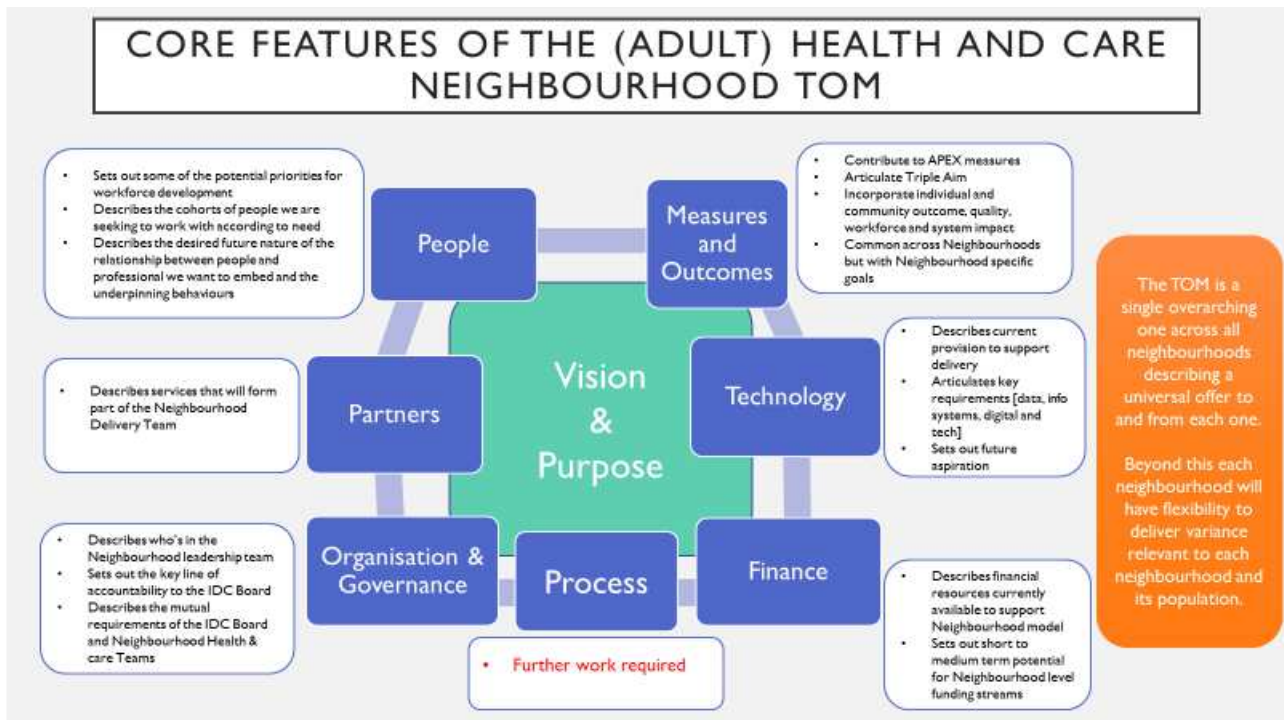


Figure 2. Current outline of the Health and Care (adults) Neighbourhood TOM.

Connection to the PSR Steering Group

The TOM has been co-produced with the leads responsible for other sections of the wider PSR model. This has been helpful in establishing some common approaches, on which other sections in Figure 3. can build, and in creating a common language across the system. The proposed common frameworks/approaches will provide consistency and enable a system wide approach which can then follow through the connections, outcomes, practice and financial impact. The common approaches that will be proposed to the PSR Steering Group in the first instance will be;

- Use of the iThrive model to describe the overarching framework that sits across the TOM.
- An outcomes framework that will support the Triple Aim and enable outcomes to be described that will then feed into the Apex reporting system
- A financial impact framework that describes common approaches to defining the impact of changes in practice and in the system.

Testing and Making this real

There is an appetite to start testing out how some of this may work in practice. This is particularly relevant as the foundation of the H&C leadership teams are already in place and have been operational for some time, albeit in a limited fashion. The monthly neighbourhood team meetings are in place and well attended and it would not be a significantly huge step to expand this and include key additional people such as Public Health colleagues. As such, a few key opportunities have been identified to test out the approaches we can already describe in the draft TOM, whilst also providing opportunity for learning, and understanding of the future possibilities for H&C. These are as follows;

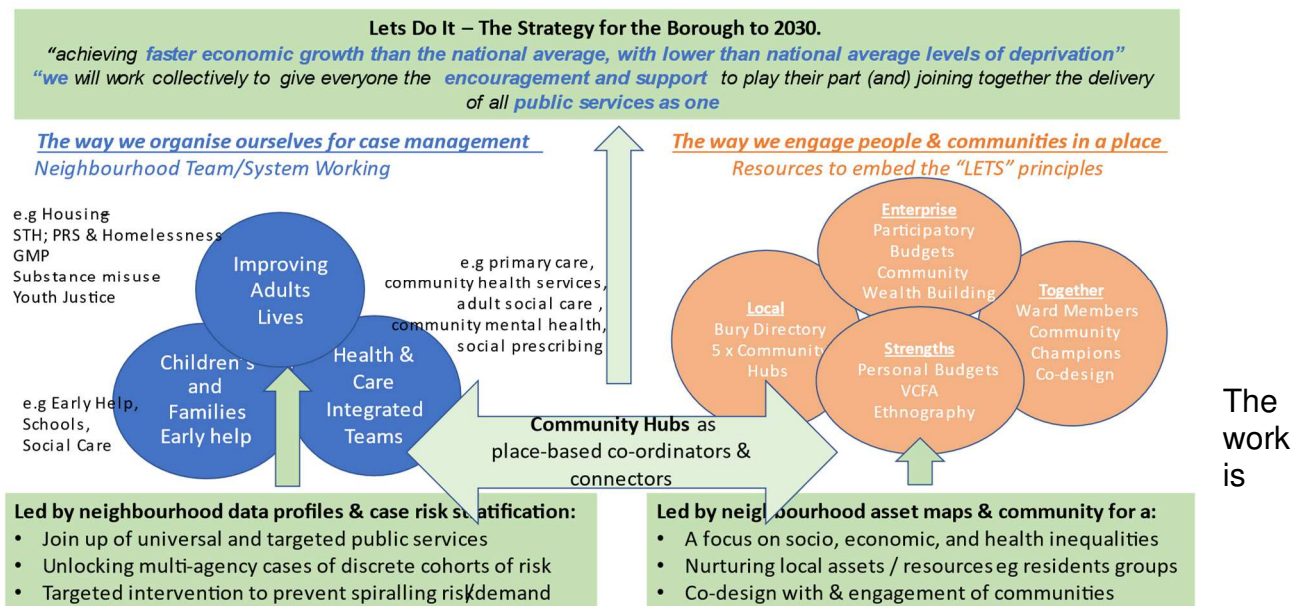
- Funding and development of the PCN mental Health practitioners topped up to include 5, to be delivered on a neighbourhood basis.
- Application of the Public Health community grants scheme for allocation to each neighbourhood and an additional single pot for schemes covering more than one neighbourhood.

Next Steps

This paper has provided an update on the development of the Integrated Neighbourhood Teams in Health and Care. The operating model for the health and care INTS will be completed by September and further developed and refined through the IDCB and the Locality Board

The work to develop the INTS in health and care is nested in the wider public service reform ambition for the borough, as agreed at the Team Bury meetings. A PSR sub group of the Team Bury meeting has been established and is focused on the delivery of new models of team working, and a new way of working with patients and residents and communities. This approach is reflected in the following diagram.

Let's do it ...In our neighbourhoods Communities & public services together



nested in the context of the Lets Do It strategy, and reflects two key themes

- how we organise ourselves to create the best opportunity for front line staff to know each, work with each other, see the residents they work with in the round rather than from only their own organisational view. It creates opportunities for staff to work differently with cohorts of particularly need and vulnerability
- the way we work with residents and communities – recognising the assets of residents and communities, and the opportunities to change the nature of the relationship between organisations and people.

The role of the INTS is clearly reflected in the element of the slide on the left, and creates opportunity for health and care staff to connect to other public services who significantly influence the health and well being of patients – in GMP, in housing, in schools etc, because

those partners are mostly recognising the same spatial level of the 5 neighbourhood teams. This work across the 3 elements of the Venn diagram on the left is progressing and the health and care INTs are working positively to make this a reality.

Recommendation

The Board is asked to;

1. Note the contents of the report, progress to date, and September timescale for presentation and approval of the model.