

**1: Adults Integrated Care Partnership Group update****2: 24 December 2018**

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<b>Report author</b>	Meena Mahil, Integrated Care Programme Director
<b>Report summary</b>	<p>Camden is a complex and diverse borough. Although outcomes in some areas are better than average, significant health and social inequalities remain. In addition, as a health and care economy we are facing decreasing financial resources at the same time as increasing demand due to demographic changes.</p> <p>In Camden, the focus in commissioning has been on developing services that improve the outcomes that are important to local people, and this has led to innovative approaches in developing services such as the Diabetes Integrated Practice Unit, Frailty Multi-Disciplinary Team (MDT) meetings, Camden's MSK service, or bringing social workers and health workers together in GP practices to enable joined-up care. There has been useful learning from this work and some demonstrable improvements in outcomes as a result of these programmes.</p> <p>One of the ongoing challenges however is the fragmentation in service delivery, particularly in the primary and community setting, with a number of different providers working separately to deliver care for local people. Feedback from clinicians told us that this was making it very difficult to provide holistic, joined up care for patients.<sup>1</sup> Patients told us that the local system was confusing and hard to access and that this was having a real impact – particularly for people who had complex needs.<sup>2</sup></p> <p>In response to this, in 2016 The Camden Local Care Partnership agreed a strategy and programme of work to ensure that local organisations would work together in a more integrated way to deliver better care for local people. This resulted in the development of the "Camden Local Care Strategy." Subsequently, North London Partners developed the STP to address similar challenges across a wider geography. The Supporting People Connecting Communities strategic plan for older and disabled people living and ageing well in Camden was also published in October 2017.</p> <p>Since then, the Local Care Partnership has worked together to deliver changes across the system and has set the foundations for operational integrated care such as the development of GP neighbourhoods and the alignment of community services to the same geographies to enable multi-disciplinary team working. Last year, a business case on delivering a reduction in non-elective admissions for Ambulatory Care Sensitive Conditions (ACSCs) through integrated care for adults was approved at the Integrated Commissioning Committee (ICC).</p> <p>Since then there has been wide engagement with local providers to develop a more detailed operational model for integrated care for adults, building on the developments that are already in place. The Adults Integrated Care Partnership Group has been working in collaboration to describe the approach to delivering operational integration for adults going forwards. This includes the need to focus on supporting people's</p>

<sup>1</sup> Camden Local Care Strategy, 2016

<sup>2</sup> Camden Local Care Strategy, 2016

	<p>independence to allow them to stay in the least restrictive setting, including preventing people's needs escalating.</p> <p>The plan describes the need for further development of integrated care teams in GP Neighbourhoods, creating multi-disciplinary teams that will bring together GPs, social and home care workers, community nursing, therapists and palliative care services. Integrated Care Teams are based on the concept of health and social care professionals working with service users to ensure that their health and care needs are being met and that the right person is delivering the right care at the right time.</p> <p>The plan also outlines the various changes that will need to be made across different areas of service within primary and community care for adults in order to align services to deliver more integrated care. It also sets out the approach to delivering QIPP savings on non-elective admissions, through the development of integrated care for adults. The plan is a 'live' document, meaning that it will change and evolve as we move towards implementation. The goal of the plan is to set out how we see the world in the future to help shape our commissioning strategy. To that effect, the commissioning changes that will be required to drive implementation of more integrated care for adults in Camden will largely be contained within the Community Services (main community investment) and the Primary Care Locally Commissioned Services Business Cases.</p>
<b>Strategic objectives of the group</b>	<p>The Adults Integrated Care Partnership Group was established in June 2018.</p> <p>In Camden the integrated model of care for adults is being developed on a localised, neighbourhood basis and aims to achieve a collaborative partnership approach between GPs, social workers, community nursing, therapists, home care workers and the voluntary sector.</p> <p>This is a group of commissioners and providers who have the aim to work together to collaborate to design, deliver and evaluate integrated models of care in the community. This group has enabled collaborative working between Camden CCG, the London Borough of Camden and providers.</p>
<b>Recommendation</b>	CPPEG Members are asked to note the report.
<b>Items of Business Discussed</b>	NA
<b>Decisions made</b>	NA – this is not a decision making group
<b>CPPEG Rep' comments</b>	<p><b>Hilary Lance</b></p> <p>"This is an exciting but ambitious and complex programme which will take time to become embedded. It requires the development of understanding and trust between different professions, culture change, flexible thinking, skilled communication, good recording. It challenges commissioning approaches and definition of outcome measures. Where integrated delivery of care works well time spent in meetings can be reduced. Where it works clumsily, time in meetings may be increased with little benefit. Other challenges locally will be the constraints on the estates side which may be mitigated against professional being based in the same locations. Use of new technology will in time help to overcome some of the constraints"</p>