

Hackney Devolution Pilot

***Enabling system
transformation through
local action***



Final 30 June 2016

Our Partners:

- ***City and Hackney Clinical Commissioning Group***
- ***City and Hackney GP Confederation***
- ***City and Hackney Pharmaceutical Committee***
- ***City and Hackney Urgent Health Care Social Enterprise (out of hours GP)***
- ***East London NHS Foundation Trust***
- ***Hackney community and voluntary sector providing services to Hackney Council***
- ***London Borough of Hackney***
- ***Healthwatch Hackney***
- ***Homerton University Hospital NHS Foundation Trust***
- ***City of London Corporation***

Hackney Devolution Pilot

Introduction to Hackney Devolution Pilot

Devolution provides all those working towards improved health and wellbeing for the population of Hackney an opportunity to better address the particular challenges we face. Hackney is a vibrant and diverse inner London Borough with specific health and wellbeing challenges. The partners in the Borough have come together to initiate a devolved approach to delivering new models of care to support these challenges. Devolution is a mechanism by which greater integration can be delivered.

Vision

The vision for Hackney is to work together with our patients and providers to deliver an integrated, effective and financially sustainable service that meets the populations health and wellbeing needs. The Hackney Devolution Pilot offers a joint platform for the future to encourage greater integration to achieve common goals. Together we want to increase the independence and choices of local residents, improve the quality and timeliness of care and use our common infrastructure to deliver modern and responsive services.

Hackney Devolution Alignment

The North East London Strategic Transformation Programme identifies that City & Hackney will have:

- Fully integrated health and social care teams working with primary care.
- Fully integrated commissioning system moving to capitation and an accountable care system.
- A prevention strategy facilitated by devolution status that is directed towards population health priorities.
- A single point of access for crises backed up by rapid access to clinical support.
- A mature GP Confederation delivering high quality at scale contracts in all practices.
- Using our One Hackney and City Alliance contract to address risk and target patients who are most at risk of admission.

Building on this the Hackney Devolution Pilot is an enabler to ensure we reach our ambition. We want to:

- Pool NHS and social care budgets to plan together and achieve clinical and financial sustainability.
- Support vulnerable families in the early years.
- Use additional powers to promote prevention.
- Create greater capacity to release GPs time to focus on areas where they are most needed.
- Build community assets through devolved estates responsibilities.
- Utilise digital technology to improve our services.
- Utilise our service model to determine the correct organisational forms.

Our Partnership

Our success will be built on partnerships; partnerships with patients, partnerships across statutory and voluntary organisations and partnerships across the sector. We are part of a broader system with specific responsibilities to those we serve in Hackney. Our original submission considered the benefits of a single membership delivery organisation taking responsibility for Hackneys whole population, creating incentives for prevention, early intervention and proactive primary care with better access to community services and the creation of safe and high quality alternatives to higher cost hospital or residential care.

The Hackney Devolution Pilot will operate on Marmot principles to attempt to tackle deprivation and the wider determinants of health such as employment, education, housing and poverty with a strong emphasis on influencing and improving life chances in the early years. Devolution offers the opportunity to integrate these goals.

We are part of the North East London Sustainability and Transformation Plan. This provides a strong platform for us with a strong sector and London wide commitment to devolution. Our own plans will develop in the context of this, enabling us to go further and faster.

Success in Hackney

We've identified four key areas which we believe will have the greatest impact, all of which can happen faster through devolution:

- Early intervention to give children a healthy and happy start to life. Through devolution we will seek to increase the speed of service integration and align the interventions needed to improve outcomes in the first 1000 days.
- Coordinating community based services across providers to reduce the need for hospital or residential care admission. Creating a single point of access and better coordinating a broad range of community rapid response services we aim to be able to reduce the need for institutional care.
- Providing equality of access and support to those with mental health conditions and physical health conditions to reduce mortality.
- Encouraging self-care and promoting independence for those who do not yet need long term services.

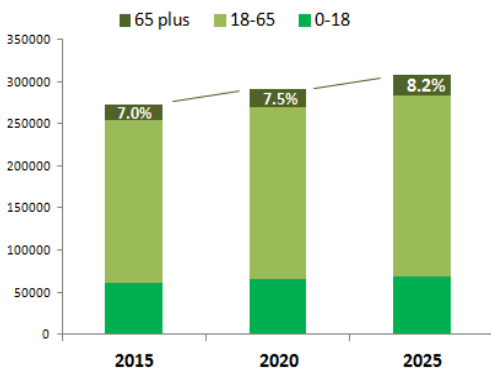
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Hackney's Challenges

Whilst Hackney, as an inner London Borough, faces many challenges that are similar to the rest of the capital, it has particular challenges that are local and require a local response.

1. Population

- City & Hackney has a young, diverse and mobile population.
- Population growth of 12% expected by 2025 – fastest in over 65s.
- A quarter of the population is under 20
- A high percentage of singles.
- Cultural and religious diversity, including a large Orthodox Jewish community.
- Risk factors in the area are shown to be linked to deprivation, age, gender and ethnicity.
- Nearly 16,000 homes are expected to be built in the next 10 years.



We have actively made progress

A wide range of health outcomes are shown to be linked to deprivation, age, gender and ethnicity. Evidence in the JSNA shows our work with patients is paying off:

- Immunisation rates for children have had a marked improvement over the last year.
- Flu vaccination uptake remains high, in comparison with London.
- Teenage pregnancy has fallen and abortion rates continue to fall.
- 25% of local residents died in their homes, and this is higher than the average for London and England.
- GP recorded obesity in adults has fallen slightly.
- An overall decrease in the number of street sex workers requiring support.
- TB incidence has halved since 2004, and treatment completion rate is 95%.

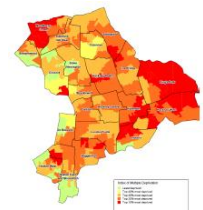
2. Deprivation and inequality,

DEPRIVATION

Hackney is the second poorest borough in London. Almost all health outcomes are linked to deprivation.

INEQUALITY

Health inequality (measured as the difference in life expectancy between the richest and the poorest) is expected to rise.

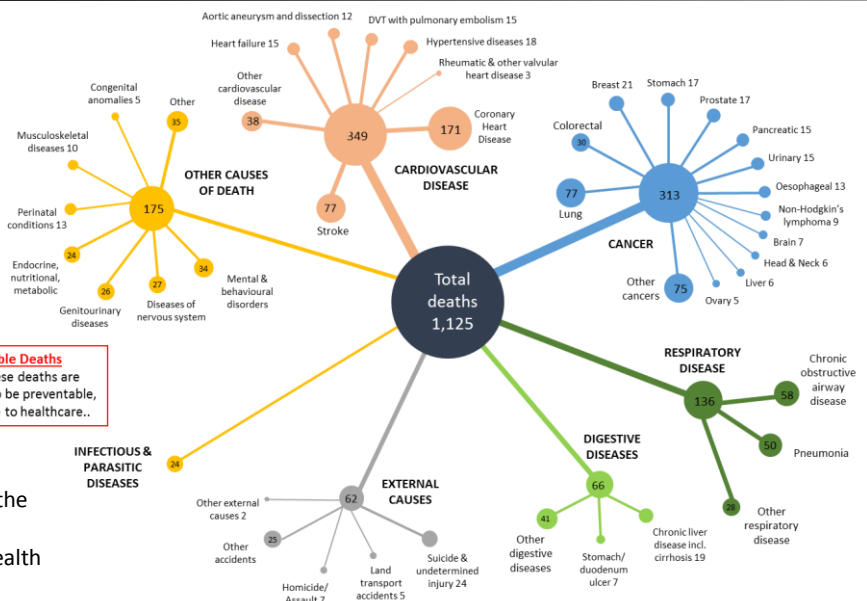


Source: Indices of Multiple Deprivation 2015. Red/orange denotes greater deprivation.

3. Health services and outcomes

- 35% of 1125 deaths are preventable.
- Reported sexually transmitted infections (STI) and HIV incidence remains high compared to England.
- Infant mortality is slightly higher than the London and England averages.
- The standardised rate of emergency admissions for under 65's was above the average for London.

Avoidable Deaths
35% of these deaths are considered to be preventable, or amenable to healthcare..



MENTAL HEALTH

There are high levels of mental health need in the area – connected to deprivation. People with mental health issues also often face physical health problems.

SMOKING

Around 20% of our adults smoke. This remains the single biggest preventable cause of death. Though rates are declining, it still causes 20% of deaths.



HEALTHY WEIGHT

Around 40% of Year 6 pupils are overweight, and over 50% of adults. Adult obesity is higher than the London average and causes 10% of deaths.



ALCOHOL

13% of adults binge drink, and 8% are higher risk drinkers. Alcohol Causes 6% of deaths. Some evidence of decline in younger groups.



INACTIVITY

A quarter of adults do under 30 minutes of moderate activity per week. This causes 5% of deaths and may be increasing.



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We are proceeding with devolution to tackle our challenges faster

Hackney's key devolution 'asks' include:

Support to develop our commissioning architecture:

- We are currently utilising Sections 75 and 256 of the NHS Act (2006) to integrate commissioning functions across the CCG and Local Authority. However in line with the London asks, we wish to go further, using a pooled budget with freedom to integrate beyond that currently allowed by Section 75 and have a formal new joint governance structure.

Joint responsibility for our shared estates:

- Explore the potential of a new entity (Hackney Estates Board) to take on accountability and decision making powers for all relevant property and for all freehold and leasehold assets to be jointly managed.
- To release assets for disposal and explore retaining capital receipts locally and the ability to make local decisions relating to the re-investment of any receipt.

Changes in governance and accountability:

- Commitment to explore options for organisational change, potentially relaxing the commissioner/provider distinction to support integration.

Development of finance and capitated budgets:

- Develop capitated budgets, for new care models, that provide financial freedoms to support the development of an integrated place and outcome based system.
- Draw down uncommitted CCG surplus funds to support the implementation of our integrated new model of care and develop more pathways
- Access the national transformation fund to support implementation.

New and different approaches to regulation:

- Develop common regulatory assurance system that measures key outcomes and supports the integrated health and social care system in Hackney.
- Recognition of the City as a separate entity in terms of data and benchmarks.

Further powers to address public health:

- We are in full support of the public health pilot in Haringey and share the ambition for greater freedom for Local Authorities to shape healthier places for our residents to live and work. In particular we want to progress local regulation of tobacco, alcohol and gambling licensing and devolution of DWP work programme to better integrate health and employment outcomes.

We will utilise our devolution 'asks' to:

- **Pool local social care and public health budgets** with local NHS budgets to deliver coordinated commissioning for service integration and provide a platform for future delegation of other commissioning functions
- **Become a financially and clinically sustainable** new collective delivery model funded through capitation that will enable us to invest in the health and social care needs of our patients through joint working and improve outcomes
- **Support the vulnerable and families in early years** to acquire healthy behaviours, including achievement of obesity prevention targets and ensure collaboration across teams and providers.
- Work in partnership with local businesses using **licensing powers** to support healthier lifestyles across the Borough.
- Use **additional powers and innovative ways to promote prevention** interventions to reduce smoking and increase exercise that reduces mortality.
- Develop a health and care system that involves patients, service users and the public as pro-active partners in their own care and also in working with statutory and voluntary organisation to design services and support success through public accountability.
- Create new roles within **primary care**, such as pharmacists supported by new technology, which will allow GPs to focus on areas where their skills are most needed.
- Establish ownership of the freehold on **estates to ensure we have the capacity and flexibility** in community buildings to deliver better access for our patients across Hackney.

The City

The relationship with the City continues to be important and significant. In many ways, furthering the Hackney pilot will create the platform for recognition of the needs of the City residents and its workers. This recognition of the City as a separate entity will allow a similar move to pooled budgets with strong links to the developments in Hackney.

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Utilising our devolution powers will mean that we can move faster on developing our clinical models for which we already have a strong foundation

Progress to Date

Hackney has achieved a significant amount for its patients and residents. There is a long history of collaboration across the partners. Hackney is, in many ways, a successful health economy but we know we have more to do. We are in the top quintile in England for the care of people with long term conditions. We have the lowest referral rates for outpatients using 40 patient pathways for high quality collaborative care. We have a well established social prescribing system along with a strong high quality primary care provision and a strong well organised voluntary sector. We are unique in London for our continued achievement of the 4 hour acute A&E target, with an efficient hospital delivering good access with few long waiters. We have a high quality mental health provider, plus 4 alliance contracts with primary care and the voluntary sector for dementia, psychology children and enhanced primary care., delivering an integrated service. This along with strong patient engagement is our foundation to achieve greater success

Hackney has long standing health inequalities and public health challenges. It is estimated that of the 1,125 deaths per annum c35% of these are potentially preventable or amenable to intervention. There is a commitment to using existing powers to improve public health and address the social determinants of health including using local regulations for prevention such as smoking, obesity. Devolution may offer additional commissioning and regulatory powers to determine local health, social care and wellbeing outcome measures that meets the need of the local population, working with national partners. Devolution presents opportunities to provide greater local control of outcomes for Hackney.

New Models of Care

We have been working with our partners to develop our delivery model which will improve outcomes and better integrate services and care for local people. The fundamental concept is best use of the Hackney pound by services working together through an alliance contract. At the centre of our model is our patients, working alongside the local organisations to design and monitor services . Patients will be empowered to manage their conditions, supported by a range of voluntary and community based services to promote health and wellbeing, and with all the information they need to make informed choices and access care. When patients need care the GP is the main coordinator who is supported by a range of community based services working together to meet their needs. Our services will be organised on a quadrant basis and integrated across health and social care with staff and teams working closely together. We will have a single point of access to provide a rapid response and coordinate services when people are in crisis. The other essential building block is a strong high quality local hospital providing support to the community, but where people should spend the minimum amount of time as possible.

Current Approach

We already developing plans to fully integrate CCG, social care and public health commissioning using the powers available under Section 75 to create a pooled budget and an integrated model of commissioning and an integrated governance model.

Developing the governance arrangements described later in this document can support the delegation of further commissioning functions from other bodies over the next 2-3 years.

We will continue to work together to define the interventions which need to be in place to improve outcomes and make a difference to the lives and life chances of our population and work out how best to contract to deliver these. We will use commissioning to support the integration of service delivery and the aspirations of our providers to move to an accountable care system.

As this develops we will continuously review how much we could transition our current commissioning function into the new delivery model with the potential to be built around capitation. The term capitation requires full definition and a shared understanding of the risks and benefits, but in general terms relates to a system where payments are based on pathways of care, delivery of capacity over a number of organisations and is measured on outcomes and quality standards.

We will also continue to work with the Corporation of the City of London to jointly commission services and ensure the integrated system also improves outcomes for City residents and City workers



Hackney Devolution Pilot

Devolution will build on the foundation in place in Hackney in a number of areas

Local Progress on New Models of Care

Locally, there has been extensive work with patients to design pathways that keep them at the centre of the delivery model. Rather than fundamental changes, it is this work and patient focus that will enable us to develop care models that will form the basis of our aspirations around commissioning changes and potential capitation. We are funding joint clinical leadership programme to further this.

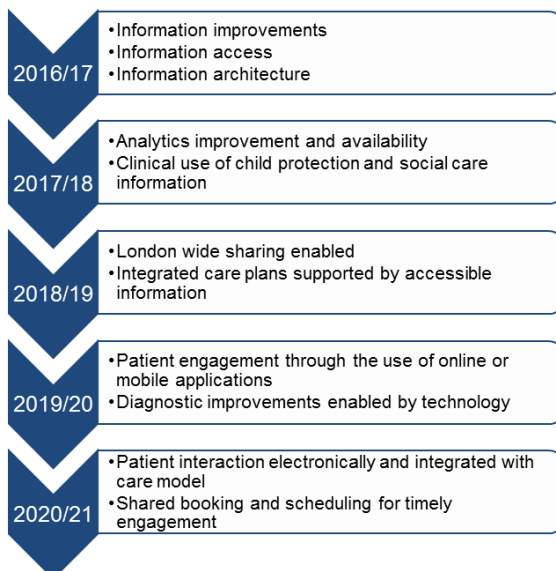
Current alliance contracts are our building block, demonstrating the Borough partners including the voluntary sector, can work collaboratively and be incentivised to take collective responsibility to deliver improved patient care

We are placing particular emphasis on supporting the population to manage their own health, in line with the Five Year Forward View. Even people with long term conditions, who tend to be heavy users of the health service, are likely to spend less than 1% of their time in contact with health professionals. The rest of the time they, their carers and their families manage on their own.

As the patients' organisation National Voices notes: "Personalised care will only happen when statutory services recognise that patients' own life goals are what count; that services need to support families, carers and communities; that promoting wellbeing and independence need to be the key outcomes of care; and that patients, their families and carers are often 'experts by experience'".

Digital roadmap

The digital roadmap is key to enabling patients to have greater self-management and to crossing organisational boundaries. Joint working and care delivery systems will be underpinned by information to improve patient outcomes.



Building on Current Pathways

Hackney has low referral rates for outpatients as a result of established high quality joint care pathways.

The Devolution pilot will build on these pathways including:

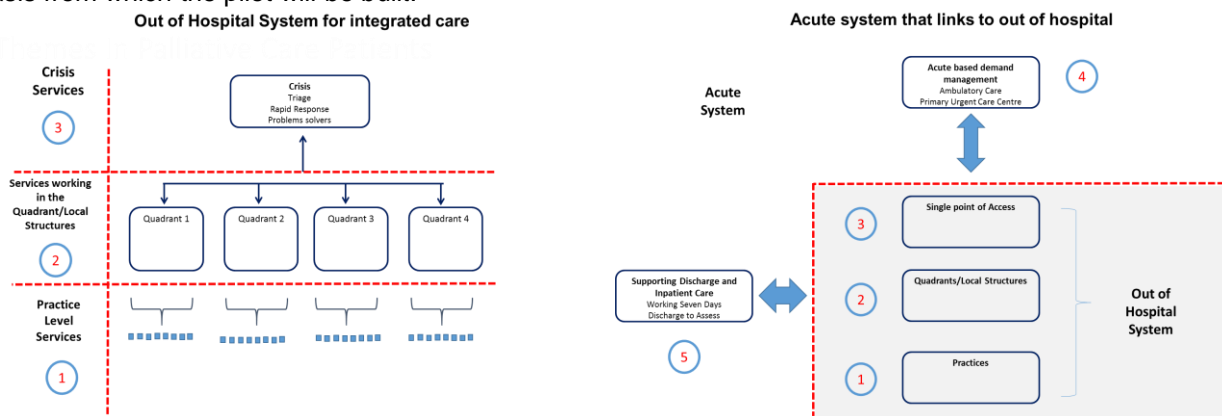
- **Children's health:** Strengthened liaison between GP's and Children's centres, health visitors and School nursing with pathways to ensure the early identification of struggling families
- **Integrated Care:** Extend One Hackney alliance to further reduce length of stay and continue developing continuity of care and patient led care plans with enhanced choice of preferred place at end of life and use of Co-ordinate My Care (CMC) by all providers.
- **Urgent Care:** Development of a local Single Point Access to ensure rapid access through integrated clinical response, as well as fully utilise the Integrated Independence Team (IIT) and ambulatory care to ensure safe care at home rather than hospital when appropriate.
- **Long term conditions:** implement the renal pathway of proactive patient identification of AKI (acute kidney infection) across primary and secondary care with an e-referral service. This should delay the need for future renal dialysis, We will roll out the proactive case finding and e-referral model across other services
- **Maternity:** Early identification of psychological, social and physical risk to improve outcomes and further work to improve patient experience.
- **Mental health:** More effective management of the individual needs through tailored action plans including promoting mental wellbeing and '5 To Thrive' initiative using our 4 alliance contracts.
- **Public health:** Better coordination of public health related interventions and preventative measures through localised licencing and programmes that link health and employment outcomes.
- **Prescribing practice:** Maintain our position in London for high quality low cost prescribing.
- **Primary Care;** continue to commission a range of enhanced primary care services from our GP Confederation to ensure full population coverage to all community services and improved access. We commission home visiting, extended access and duty doctors alongside a range of community services with the confederation supporting practices to continue to deliver high quality clinical care and outcomes

Hackney Devolution Pilot

There is significant work underway to change the way care is delivered. As this work develops, the Borough can further develop its existing joint commissioning arrangements

A Base Model

Hackney has established formal contractual alliances with performance mechanisms between commissioners and providers. The new model builds upon this experience and will be adapted to provide incremental benefits. Fundamental change to the current model is not required as improvements have been made in recent years. Better coordination across the spectrum is required. The current Crisis model outlined below demonstrates a basis from which the pilot will be built.



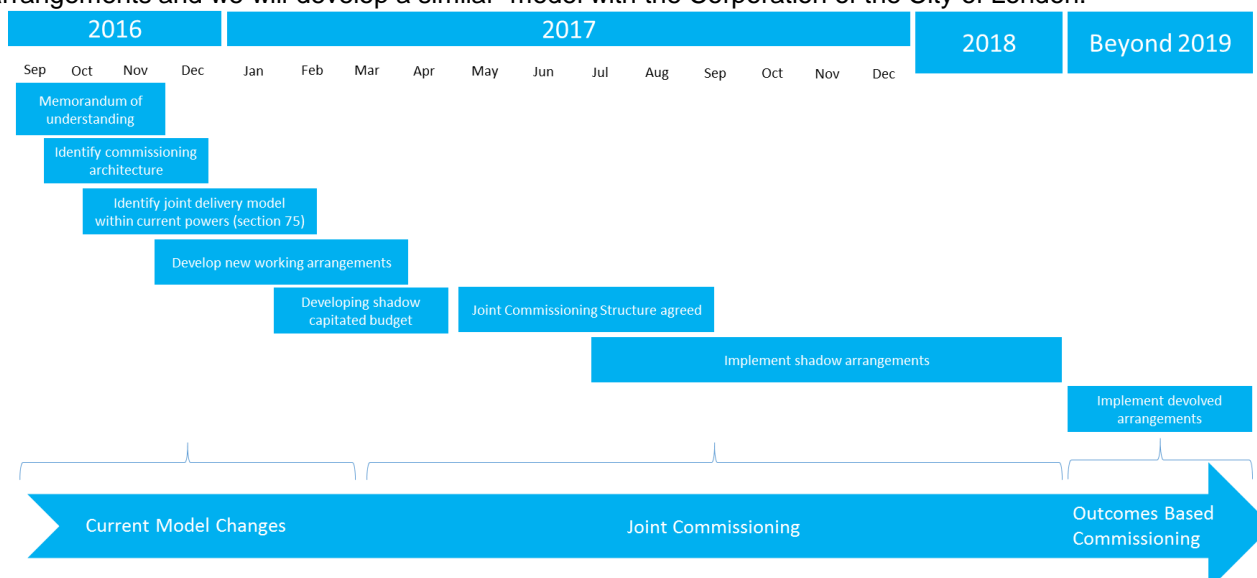
Patient Involvement

As outlined in the Five Year Forward View, we are committed to and believe firmly in the benefits of including and engaging with our patients as part of our transformation journey. In the recent past Hackney has worked extensively with patients on developing pathways that meet their needs. As services change to meet demand and increasingly are focussed on supporting patients managing long term conditions, the relationship with hospitals and other providers begin to change.

Services need to be more responsive and flexible and increasingly patients want to have greater influence over how they manage their own care. This will be supported in part by innovation and technology, but in the main by working with patients to really understand what better care looks like. We will work with patients to ensure they have the tools to understand and manage their condition and make informed choices. Devolution is part of a move to stronger community links and the recognition that public services serve their local communities.

Transition to new commissioning arrangements

Transition to new commissioning arrangements will take time and we have developed a staged approach. The focus of joint delivery will be on improvement of health outcomes across Hackney through joint working arrangements and we will develop a similar model with the Corporation of the City of London.



Hackney Devolution Pilot

The Hackney estates and asset base offers key opportunities but the current arrangements are complex and significant effort and collaboration is required

Hackney Wide Estate Strategy

Public sector estate, particularly in London, is the subject of much scrutiny and debate at the present time. The Department of Health is developing an Estates strategy, led by Sir Robert Naylor, and our strategy will support the aims of ensuring local value is maximised from public sector estate, the clinical vision is supported and long term financial sustainability achieved.

We will seek to maximise the efficiency from our public estate in order to deliver our health and care priorities whilst supporting sustainable growth in housing and employment in line with locally defined objectives.

Our plans

In Hackney we have a dispersed, deteriorating and sometimes dilapidated public sector estate that is in need of investment and offers opportunities for rationalisation to meet clinical and financial demands. We are committed to addressing the challenge of under-utilised estate in order to maximise the value for the local health and social care economy.

Our public estates vision includes development of a Borough wide strategy that supports the delivery of our health and care priorities based on the quadrant model. We will work with the NHS, Local Authority, Voluntary and Community Sector and church sector partners to develop this further.

Within each of the four quadrants there will be a health and social care centre working in conjunction with individual primary care practices. The centres will provide a range of health and prevention services to the population in that area, housing the quadrant's community health, social and voluntary sector services. Co-location and joint training will be facilitated through this model and organisational development of teams will be essential to achieving our integration ambitions and delivering economies of scale.

The focus of our quadrant model will be around four strategic sites or centres:

1. A new facility on the St Leonard's site, providing access to community services for City residents. This will not require the total footprint of the current St Leonard's site and potential exists to sell surplus land.
2. A new facility / redevelopment of John Scott Health Centre.
3. A new development in Stamford Hill (to be further considered)
4. A new development probably involving Lower Clapton in association with the main Homerton site.

There will continue to be a number of separate GP practices within each quadrant, but operating from modern facilities, maximising the use of their buildings and also housing some quadrant services to ensure patient access. There is potential to consolidate the number of separate practice buildings within each quadrant and we will plan the premises needed to deliver our model in conjunction with our patients, recognising that at present 40% of practice premises need significant investment or relocation. Our estate strategy will also need to ensure that there is capacity for the population increase of c20,000 across the Borough.

In order to deliver this vision we need to be able retain any receipts and to have formal responsibility for the development of these assets. We will discharge these responsibilities through the establishment of a new joint entity to take accountability for overseeing this including freehold and leasehold assets.

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We are investing in leadership in order to fully leverage this opportunity

Governance

For devolution to deliver improved health outcomes in Hackney, new leadership models are required. The commitment of senior leaders must be supported by new governance models and a willingness to collaborate to make advances beyond traditional organisational goals and to recognise that this presents new and different organisational development challenges. The focus of the new leadership is to build on patient engagement to create pathways that improve choice and care options to meet their individual needs and seeing patients as our partners

There are many cultural and organisational differences in play and success will be based on a willingness to understand the diversity of the current arrangements and to take the best from each. Our governance model supports this in its membership of statutory and voluntary organisations as well as patient and public involvement. Our journey is not just about our organisations and their collective relationships but about reshaping our relationships with patients.

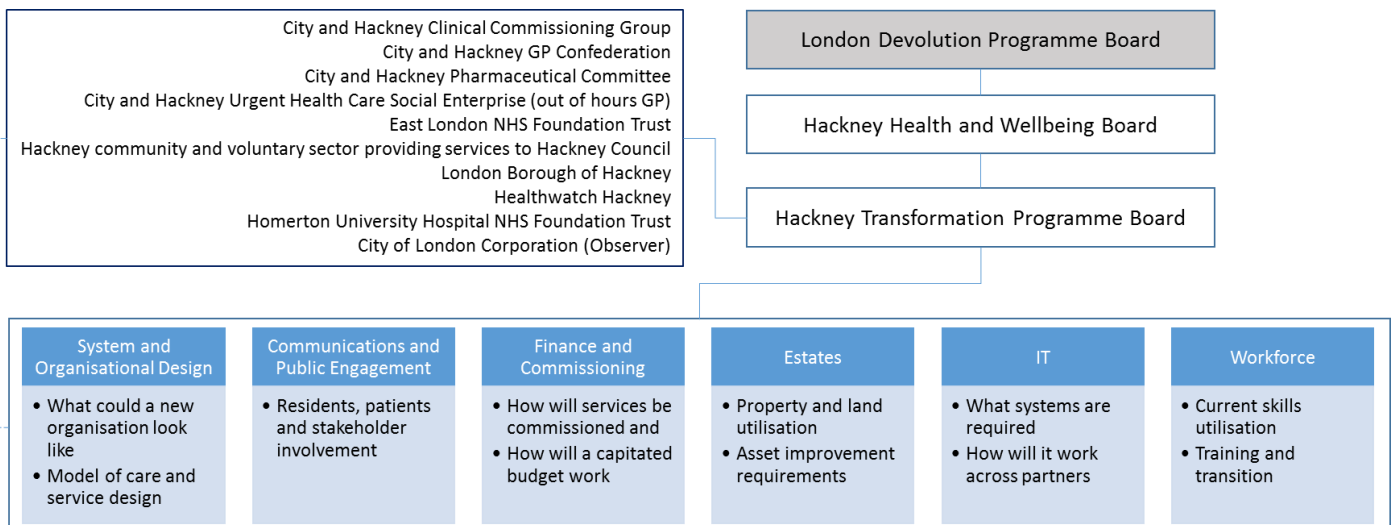
The programme board is established to provide strategic direction and oversee the programme going forward, with an explicit understanding of accountabilities. At present there is not a formal programme director in post but the post is established and will be filled as soon as possible.

Pilot Costs

Programme costs are estimated in the region of £2m over the next two years. These costs are in the process of being agreed with the partner organisations and will be met locally as a significant part of our contribution to financial sustainability across NEL. As well as the need to finalise a programme structure the nature of the proposed devolution indicates that costs will be incurred around developing a better legal understanding of the possibilities particularly around commissioning, the need for support to develop new clinical models and for professional support in taking forward new arrangements around estates and assets

The key items to be funded include:

- Programme Director
- Model of care and stakeholder engagement
- Estates and financial impacts
- Patient and user involvement
- Agreement development costs including legal costs for MOU development.
- Organisational development support across the partnership



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Further detailed financial work is underway alongside the STP work. Early savings identified need further work before submission in July. A series of risks for the programme have also been identified

Financial Implications

A 5 year financial model with Year 1 as 2016/17 has been developed and illustrates the scale of the financial gap that Hackney could face by 2020/21 if Partners continued to operate as they do now, no changes were made to financial strategies, contracting arrangements or models of care delivery.

The numbers are current estimates derived from consolidating financial models from four devolution partners:

- City and Hackney CCG
- London Borough of Hackney
- Homerton University NHS Foundation Trust
- East London Foundation Trust

The model shows income and expenditure for health and social care services provided to Hackney residents and all patients registered with Hackney GPs.

The financial gap range is a deficit by 2020/21 of between £20m (Base Case) and £78m (Base Case no CIP or CCG draw down). This is a wide range, illustrating the significant impact that changes to external policies or non-delivery of CIP would have on the health economy. These numbers will continually evolve as we better understand the external factors and the impact of transformational change that the programme seeks to deliver.

The financial gap is still being developed along with detailed savings programmes as a result of clinical transformational change and other measures such as merging back office functions. We would envisage that the £15m articulated in the STP is the minimum achievable and anticipate that this will be exceeded and Hackney partners are committed to ensuring the local financial health and social care gap is appropriately managed.

Risks and Mitigation

All partners recognise that if nothing changes we will not be successful in delivering our ambition and vision. We also recognise that we must take action quickly and decisively.

Devolution is complex and requires nimble decision making – for this to happen there must be a consensus on common goals and trust amongst the partners.

We recognise that we must bring our constituents with us – this includes our staff, our patients, our citizens and other stakeholders who have an interest in the future of Hackney. We are also committed to ensuring that changes in Hackney can work for the City and its residents.

Our commitment to changing our commissioning architecture is significant. In order to move forward we require greater stratification of our data, further developed clinical outcomes and clear agreement of the risks that each partner will carry in this regard.

A further submission will be made in July. We have clear plans to develop our case

In preparation for our next submission in July we will continue to develop our strategic goals, making more precise our plans for the next 18 months to ensure that there is a shared understanding of what devolution will deliver.

Our strategy is developing, making the clear links between our vision and how we will implement this vision. Communication and organisational development need further investment. We recognise that we need to further specify how we will use the devolution opportunity to improve outcomes for the population of Hackney.

We will build upon the Memorandum of Understanding between the partners to deliver on our commitment to Hackney.