

System Transformation: Camden Integrated Care Executive (CICE) Priorities

20th December 2023

Purpose of this item

- ✓ This item provides an overview of the current priorities that Camden's integrated care executive (CICE) is driving and overseeing.
- ✓ It describes these initiatives – the evolution & rollout of integrated neighbourhood teams, improving virtual wards services, & baselining prevention investment – and sets out recent progress and indicated next steps
- ✓ The Board is asked to note these updates and feedback on the proposals described.

CICE – a reminder

- CICE comprises leaders from Camden Council, GP Federations, RFL, CNWL, C&I, Tavistock & Portman, UCLH, and NCL ICB. It is chaired by Jess McGregor, Executive Director Health & Adults, Camden Council, with Darren Summers, Deputy CEO and Executive Director for Partnerships, North London Mental Health Partnership, as vice-chair.
- CICE provides strategic leadership, organisational commitment and oversight of the development of the Camden Borough Partnership. It drives the development of joint borough infrastructure, and fosters integration and collaboration through test and learn activities.
- CICE's ambition is to improve the health and wellbeing of Camden's population. Its current priorities are developing integrated neighbourhood teams, improving the experience of people with long term conditions, and baselining prevention. These ambitions respond to the expectations emerging from the Camden Citizens' assembly, the borough health and wellbeing strategy, and NCL's population health improvement strategy.

CICE and its relationship to wider Camden spaces

↑↓ Denotes information flow

Camden Health and Wellbeing Board

- Statutory, decision-making forum that provides strategic oversight and steers integrated care arrangements in Camden.
- Ensures alignment with patient / resident needs & expectations, including Citizens' Assembly outputs.



Camden Integrated Care Executive

- Strategic leadership forum that shapes, develops and oversees the implementation of the Camden integrated road map.
- Focussed on neighbourhood development, improving long term condition pathways, and borough partnership infrastructure.



Camden Local Care Partnership Board

- Senior operational leadership forum that supports the development of and is responsible for the implementation of Camden borough partnership transformation priorities, organised around 'Start Well', 'Live Well', and 'Age Well'
- Responsible too for sharing outcomes and developing the borough partnership to deliver better care.



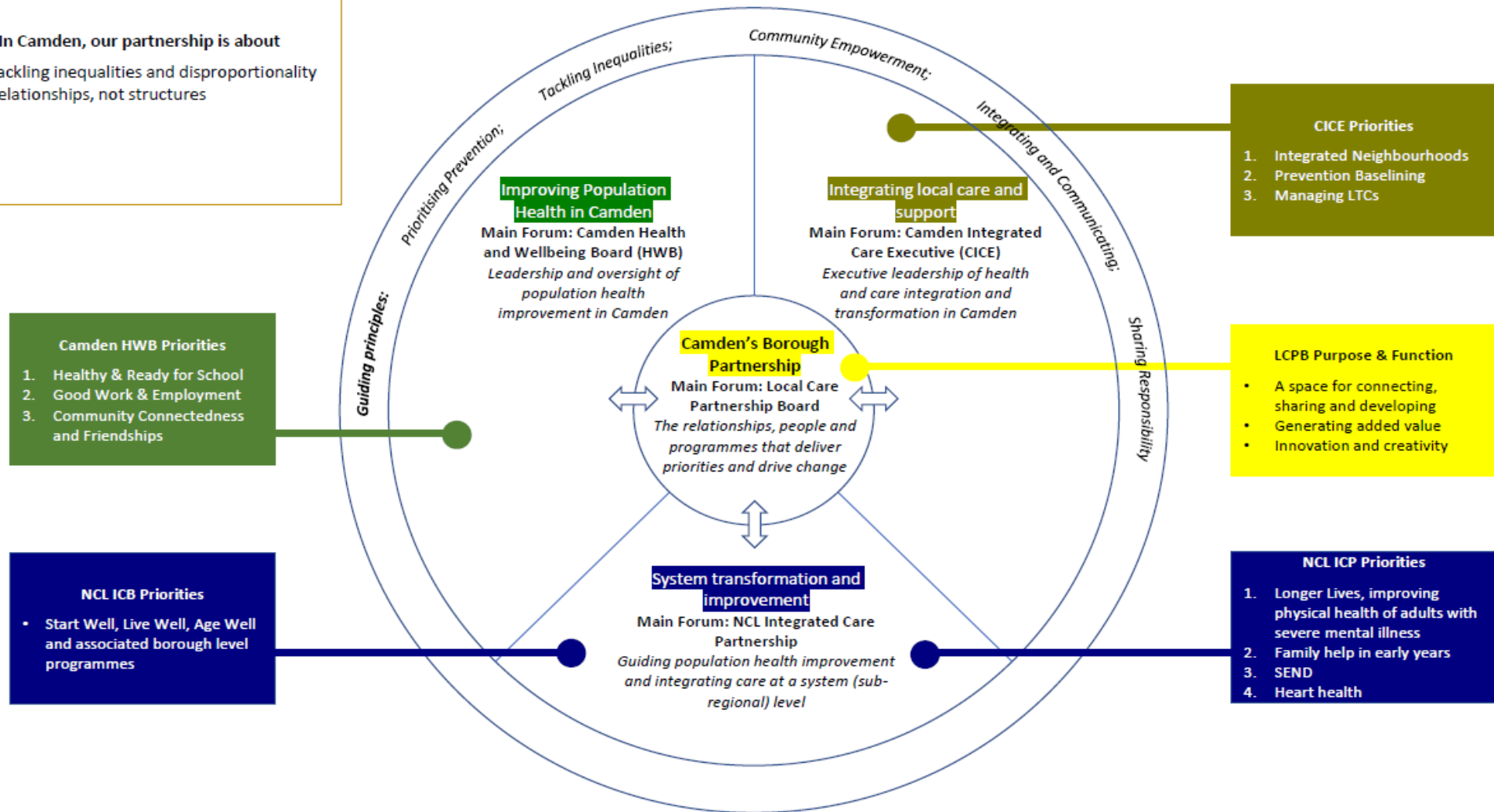
Partnership groups for borough partnership priorities areas

- Brings together health and care partners to design and deliver operational implementation of improvements in models of care
- Groups organised around 'Start Well', 'Live Well', and 'Age Well'

Our work is anchored in improving Camden residents' health & wellbeing

In Camden, our partnership is about

- Tackling inequalities and disproportionality
- Relationships, not structures



Camden HWB Priorities

1. Healthy & Ready for School
2. Good Work & Employment
3. Community Connectedness and Friendships

CICE Priorities

1. Integrated Neighbourhoods
2. Prevention Baseline
3. Managing LTCs

LCPB Purpose & Function

- A space for connecting, sharing and developing
- Generating added value
- Innovation and creativity

NCL ICB Priorities

- Start Well, Live Well, Age Well and associated borough level programmes

NCL ICP Priorities

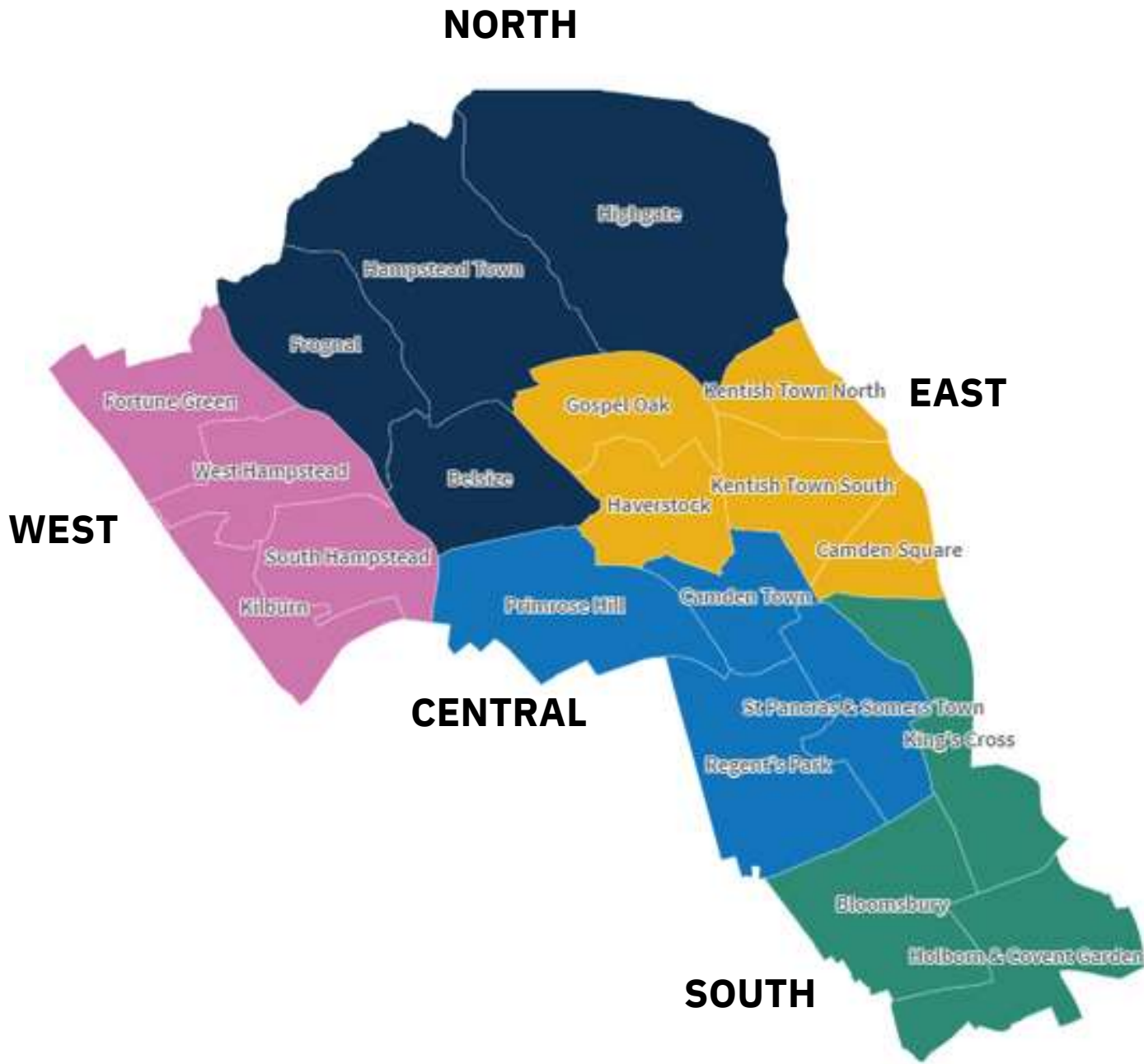
1. Longer Lives, improving physical health of adults with severe mental illness
2. Family help in early years
3. SEND
4. Heart health

↔ Denotes priority setting relationship and information flows

The Evolution of Integrated Neighbourhood Teams

Dr Alex Warner, Chair, Camden Health Partners GP Federation

Sarah Hulme, Community Services Director, CNWL



Neighbourhood	Electoral Ward
North	Highgate
North	Hampstead Town
North	Belsize
North	Froggall
West	Fortune Green
West	West Hampstead
West	Kilburn
West	South Hampstead
East	Gospel Oak
East	Haverstock
East	Kentish Town North
East	Kentish Town South
East	Camden Square
Central	Regent's Park
Central	St Pancras and Somers Town
Central	Camden Town
Central	Primrose Hill
South	King's Cross
South	Bloomsbury
South	Holborn and Covent Garden

Neighbourhoods, a recent history

- In Camden we have been talking about neighbourhoods for some time – though it can be a difficult concept to pin down.
- National policy directives point towards integration, particularly in neighbourhoods.
- Locally, integration happens across the voluntary sector, health & care, and within communities. We have a lot to be proud of already.
- Our schools, community centres, children’s centres and libraries are active neighbourhood hubs. Camden residents are excellent at organising and driving change.
- Within a borough partnership context, our big health and care providers are **transforming their services** on to a neighbourhood footprint.
- We have built relationships through five **Neighbourhood Networks**.
- A **shared vision** for neighbourhood working has been developed to communicate what we hope to achieve together.

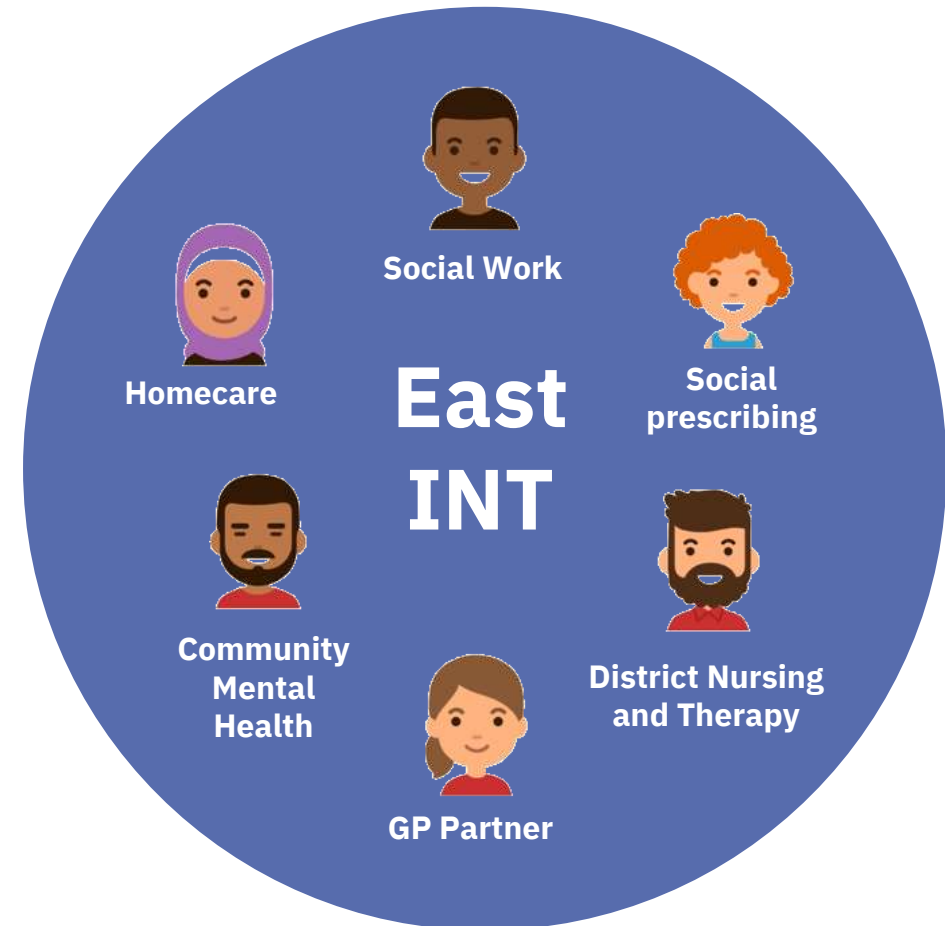
Establishing an Integrated Neighbourhood Team

The Camden Borough Partnership is also establishing the borough's first **Integrated Neighbourhood Team (INT)**.

The INT will **test & learn** new ways for our partnership to work together at a neighbourhood level.

The INT will be **multi-agency and multi-disciplinary**, with core staff deployed from C&I, CNWL, LB Camden and primary care.

Crucially, it should **build on what we already do well and embed within the existing East Neighbourhood Network**.



Why are we doing it?

Our plans for deeper integration in neighbourhoods directly support the aims and ambitions for population health improvement in Camden, as outlined in the **Camden Health and Wellbeing Strategy**.

- To **tackle the deep-rooted health inequalities** in the borough
- To improve people's **physical and mental health outcomes** through more joined up, holistic support
- To improve the **experience** of care and support for local people
- To create a **better working environment** for our staff
- To develop **local solutions** for big health challenges, such as loneliness, long-term conditions and immunisations.

They also respond to the **expectations of the Camden Health & Care Citizens' Assembly**:

- *"That no one in Camden should have to explain their story more than once", and*
- *"That local health and care services should be an active part of the local community"*

What do we know?

- Test & Learn through **East INT**
- Test **micro-interventions** to inform how integration works here and elsewhere
- **Co-location** of health and care staff at Kentish Town Health
- Connect and collaborate with the **wider offer** of services and support in the East Neighbourhood
- The NCL ICS and the borough partnership are **invested**



How do we do it?



A co-designed approach



A phased approach



A population health approach

Shaping and driving the change



**East INT
Operational
Leadership**



**East INT Staff &
Practitioners**

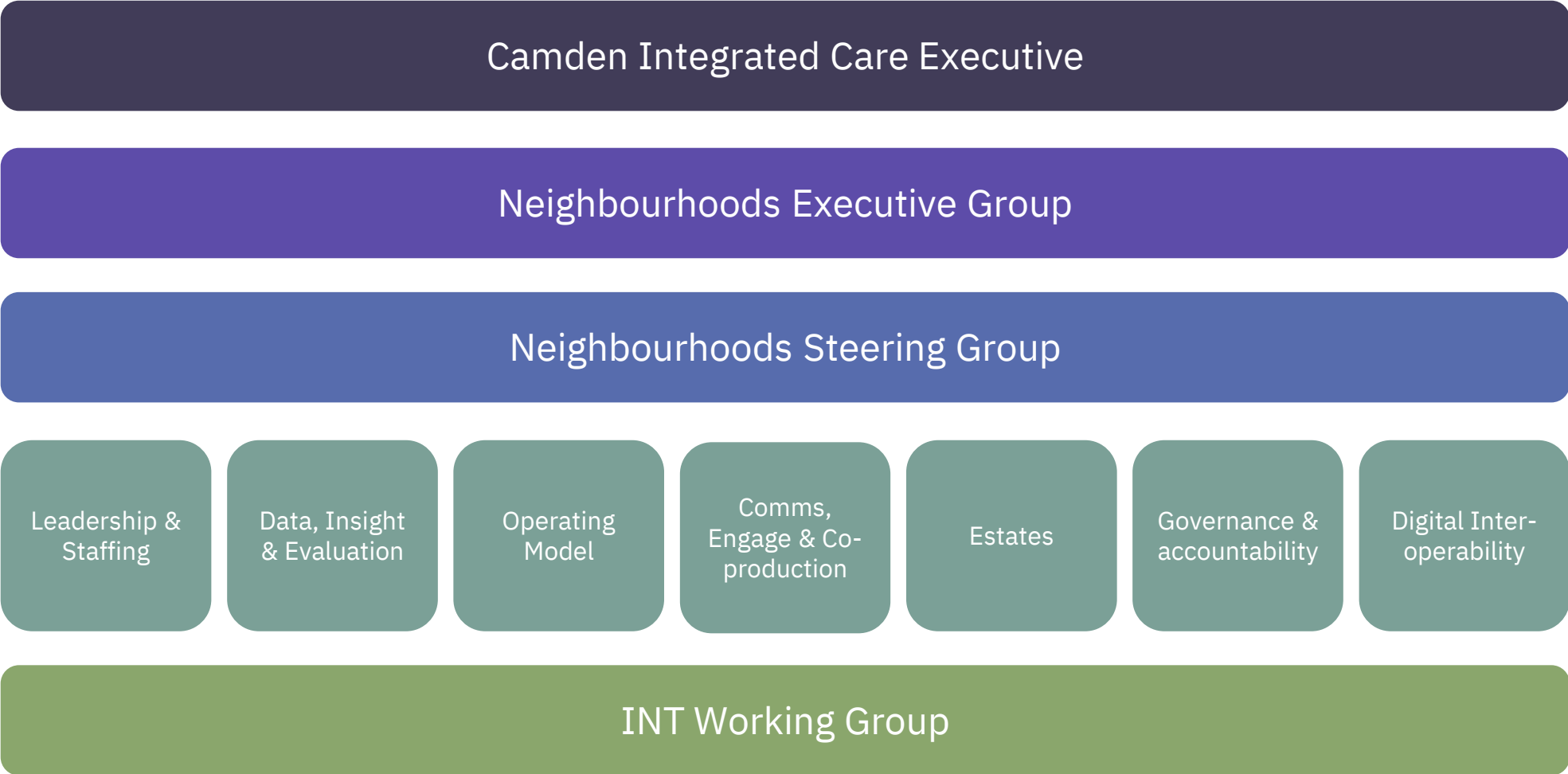


**The East
Neighbourhood
Network**

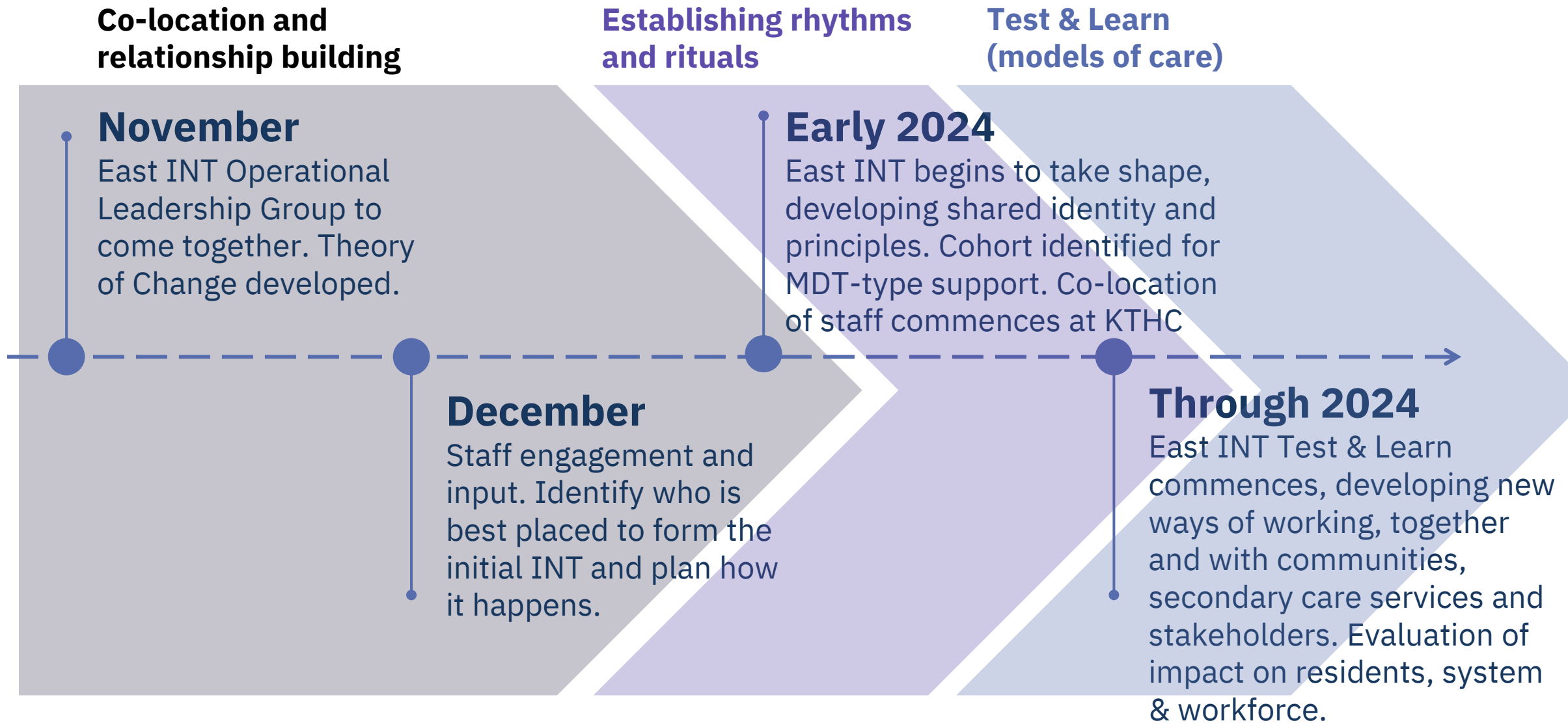


**Residents and
patients**

Supporting the change



Roadmap



Optimising Virtual Wards

Kate Petts, Managing Director of UCL Health Alliance, Deputy Director of Strategy and Integrated Care, UCLH.

Virtual Ward Camden Summit

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

It requires **daily input from a multidisciplinary team** and sometimes **multiple visits and provisions** for 24 h cover with the ability to respond to urgent visits, often **enabled by technology**.

Camden has multiple virtual ward programmes – delivered by **CNWL, RFL and UCLH** including heart failure, frailty and more specialist pathways for sickle cell, vascular, maternity and children's pathways.

Operational challenges include - digital access for all patients, clinician engagement and risk sharing, electronic record access and access to the virtual ward beds for GPs/primary care services

The virtual ward summit brought together **40+ colleagues** from across Camden's health, social and voluntary care organisations to review the programmes against **all 3 of the CICE priorities**

The in-person session focused on

1. How to strengthen our virtual ward programmes
2. What are the gaps in the current programmes
3. What are the opportunities for building in prevention

Summary of feedback from the October virtual ward summit

- Engaging afternoon and good to bring multiple partner together
 - Should have more social care representation
 - Really good to see the demographic and deprivation data, really helped ground the discussions in Camden
 - Many models already being delivered or in development, but no overall clarity how they linked up and who's leading on them
 - Need to consolidate what is being delivered, make it more accessible and understandable to clinical teams
- Lots of data collected, but no shared outcome data except utilisation and LOS
 - No comparative outcome data to patients of similar acuity in hospital
 - Collection but no analysis of health inequalities data
 - Discharge is dependent on confidence/availability of local services

More detailed feedback from breakout discussions

Consistency/continuity:

- Embedding the “making every contact count” approach
- Create and strengthen links between VW and social care, social prescribing and neighbourhood team
- Address variation in referral patterns and reduce repetition in pathway.

System access & digital:

- Create a single referral process
- Collecting and analysing data to inform changes around readmission, inequalities and outcomes
- Creating direct access for GPs
- Creating visible care plans and EPR visibility

Equity:

Specific plans to improve equity of access and opportunities for:

- non-English speaking patients
- patients with no wifi
- other excluded groups
- unpaid carers

Collaboration:

- Building on case finding opportunities
- Creating opportunities for those at high risk/use, or Mental Health teams
- Collaborating to review patients on VW and those not, but of equal acuity

Communication:

- Review terminology used for wider understanding.
- Improve awareness among patients and GPs including providing clear post-discharge contact details.
- Develop effective targeted comms for risk-averse consultants, non-clinicians, and patients

Workforce:

- Broader training focus for staff on wider determinants/MECC
- Develop options for cross-organisational delivery of shared care.
- Mitigate staff competition through joint modelling, recruitment, flexible working
- Capitalise on shared learning opportunities across various programs.

Taking this work forwards

Key messages heard consistently from the VW summit and wider conversations:

1. How do we consolidate what we have and make it more understandable for everyone
2. How do we understand and address the impact on health inequalities of the virtual ward programme
3. How do we join up our workforce requirements to be more collaborative than competitive
4. How do we collect and report outcomes data from virtual ward programmes that can help increase confidence among clinicians, and support the emerging evidence on effectiveness of virtual wards.

Alongside these it was highlighted the lack of (and therefore the opportunity for) comparative data on clinical and operational outcomes for patients admitted onto a virtual ward against those with similar acuity that remain in hospital.

It has been recommended that the actions *overleaf* are approved by CICE & delegated to Local Care Partnership Board to drive forward and provide updates back to CICE

Next steps

1. Review of information available on virtual wards and then development of targeted timely communications to acute care consultants to encourage referrals
2. Review of inequalities data for each virtual ward programme (such as deprivation, ethnicity, disability) and the creation of an action plan to address underrepresented groups address inequity in access.
3. Implementation of Health Equity Assessment for each new virtual ward programme (<https://www.gov.uk/government/publications/health-equity-assessment-tool-heat/>)
4. Creation of joint workforce action plan (based on shared modelling), including flexible/rotational opportunities
5. Consider how virtual wards can be connected with neighbourhood teams/leads
6. Develop an outcomes framework to monitor the effectiveness of virtual ward programmes
7. Creation of a clinical risk sharing processes to support increased utilisation.
8. Identification of research/case study opportunities

Prevention baselining

Simon Wheatley, Director of Integration, Camden Borough, NCL ICB

Background and context

- In June, CICE agreed to support a piece of work around baselining our local investment in preventative services. This emulates an ambition set out in the Hewitt report ¹; *“the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next 5 years”*
- This is reflective of a longstanding Camden ambition to invest in proactive and preventative services, providing earlier support to people to limit and/or prevent the need for more intensive health and care interventions
- From this initial discussion, CICE is looking to review and understand a baseline of our investment in prevention, linked to the joint NHS and Council resource within the section 75 agreement
- The Hewitt report recommended that a national framework be developed in order that ICS and their constituent ‘places’ (i.e. boroughs) can compare and benchmark baselines against one another. However this recommendation has not been directly accepted and taken up by the Government, and so we need to create a local approach.

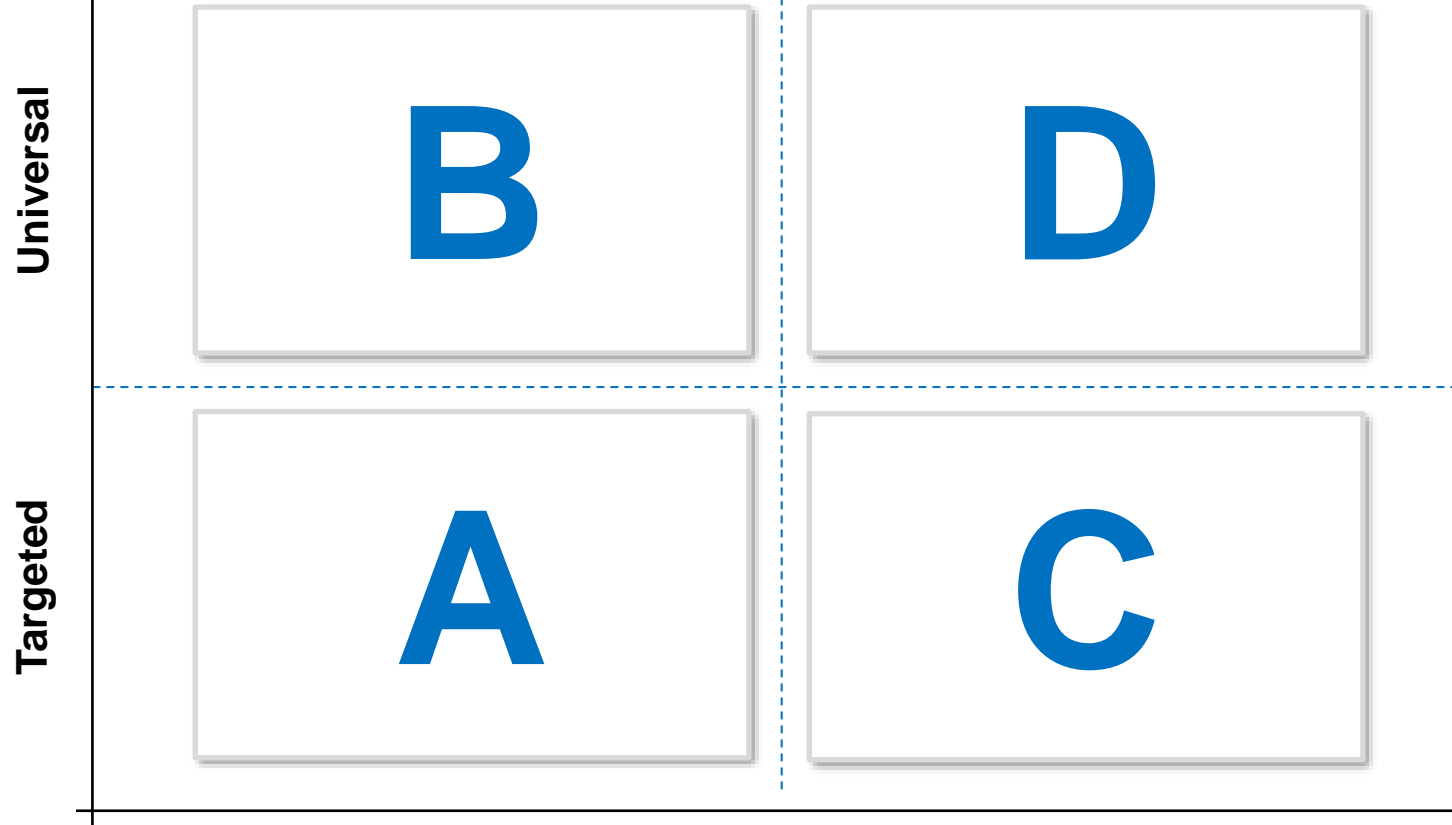
¹ <https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems>

Proposed approach – 1 of 2

- In the absence of any national framework or guidance, we have co-produced a simple methodology to trial locally
- While recognising the challenges, particularly around defining and recognising '*prevention*', we believe our approach, based on the figure *overleaf*, applied to our NHS / Council section 75 agreement, will enable us to develop and test an initial output
- Working together on this review will yield learning to inform future review/s. This could include future strategic planning around our investments, ensuring we are continuing to commit to prevention, and to demonstrating the impact of this strategy.
- We are keen to get underway in Camden, while at the same time maintaining connections with colleagues exploring similar initiatives in NCL, as well as beyond the ICS. Through Camden Council's connections with the Kings Fund, we will be sharing learning with other systems

Proposed approach – 2 of 2

Population focus



Prevents or delays onset of health & care need

Prevents or delays increased health & care need