

## **Hackney Health and Social Care Transformation Programme**

### **You call it health and social care transformation. I've heard of health devolution, is this the same thing?**

Devolution is one part of a wider Health and Social Care Transformation Project that has been running for some time across the borough. We applied to become a health and social care devolution pilot area under the Government's devolution proposals (see below for more detail) to provide the opportunity for us to explore a greater range of transformation opportunities. Members of the public and staff have also told us that the term devolution can be confusing and doesn't explain the purpose of the pilot. Our main focus is to work more closely together, and in particular for health and social care to become even more joined-up which is why we are calling it integration.

Across London, and the country, there are also many other integration projects taking place - for example the Vanguard projects which are happening in 50 areas across England. You can find out more here ([link to Vanguard site](#)).

### **But what is devolution?**

Devolution in this context is the transfer of money and decision making powers for a particular sphere – in this case health and social care – from central government, or a national body such as NHS England, to a local area. The idea is that the organisations responsible for commissioning (planning and purchasing), delivering, and scrutinising health and social care on a local level have a better understanding of what the local area really needs than central government.

The Kings Fund has published an article that explains devolution and what has been done so far in other parts of the country. You can read it here ([link to Kings Fund](#))

### **What does health and social care transformation and integration actually mean?**

The Government recently invited proposals from different areas to apply to become health pilots to test new ways of working in health and social care. There were five successful pilot areas in London: Haringey, where they are looking at what could be done with enhanced public health powers; North Central London, where the focus is on how NHS buildings are used and managed; Lewisham where they are looking at integration in mental health, and Barking & Dagenham, Havering and Redbridge where they will be exploring closer integration between primary and secondary care. Hackney applied to become a pilot area that would focus on health and social care integration, with a focus on prevention.

Health and social care integration is about bringing together the health and social care resources we have in the borough to support everyone to lead healthier, happier lives. We know Hackney is unique and we want to design services in ways that make the most of the money available and tackle the specific issues that affect our community. For example, in Hackney, more of our residents have a long-term condition (such as diabetes) than average; we also have a higher rate of childhood obesity. These are just two areas where we want to use a new approach to support health and social care partners to work together to focus more closely on prevention and treatment. We believe that local organisations, including

patient groups such as Healthwatch Hackney and other stakeholders, are best placed to understand the unique issues and specific patient need in Hackney.

### **What is being proposed in Hackney?**

Hackney will run a health and social care integration pilot aiming to integrate NHS, public health and social care budgets (money). The pilot will support different health and social care organisations in the borough to work better together to provide services covering the whole range of wellbeing - from public health initiatives for school children, timely and appropriate access to GPs and pharmacists, to even more independence and reablement services for older people and excellent mental health services.

This isn't new in Hackney: in just one example, we have pooled budgets for learning disabilities and mental health for many years and we have already started building better and stronger links between services through initiatives like One Hackney. We are one of the few areas in London delivering on performance targets and able to invest in new services. We have a vision that, through closer joint working, we can tailor services to provide even more personal care for individual residents, as well as addressing some issues that currently make it more difficult for our borough to become a healthier place to live – for example, the large number of fast food shops near to our schools.

We'll be particularly focussing on prevention – helping people to stay healthier, happier and more independent, avoiding more serious health and wellbeing problems later on.

We also want people to have more say over issues that impact on the overall health of the borough. For example, allowing more control over where fast food restaurants can open or tackling the proliferation of betting shops and off licences. It is important to bear in mind that the granting of pilot status was just the beginning of the process, and a lot of decisions have yet to be made. Workstreams have been set up to develop plans, each led by an expert in that field who will work alongside patient representatives. There will be opportunities at every stage for the public, patients, the voluntary and community sector, patient groups, carers and all other stakeholders to help design the new system and to have their say on plans. Please see below for upcoming events.

### **Which organisations are involved?**

All of the main commissioners and providers of health and social care in the borough have signed a joint statement of commitment. This statement sets out their intention to work together on the devolution pilot to help produce the best possible outcomes for Hackney residents with the resources we have available.

The organisations signed up to the statement are:

- Homerton University Hospital NHS Foundation Trust
- Hackney Council
- City and Hackney Clinical Commissioning Group
- East London NHS Foundation Trust (mental health)
- City and Hackney GP Confederation
- City and Hackney Urgent Health Care Social Enterprise (out of hours GP)
- City and Hackney Pharmaceutical Committee

- Healthwatch Hackney
- Hackney CVS which reflects the commitment of many voluntary and community sector organisations.

### **Are the voluntary and community sector involved at the highest level? What about scrutiny organisations like Healthwatch?**

Yes. Paul Fleming, Chair of Healthwatch Hackney is one of the signatories of the Statement of Commitment, and Jon Williams, their Director will be co-chairing the Engagement and Communications workstream to ensure that residents, patients, carers, staff and other stakeholders are able to have their say and that they are actively involved in the design of the new model. Healthwatch Hackney actively scrutinise health and social care services in the borough, and are committed to doing so throughout the pilot, making sure the patient voice is heard. Hackney CVS is also represented through its Chief Executive, Jake Ferguson, who sits on the Transformation Board (see below).

### **Why did Hackney decide to become a health and social care integration pilot?**

There are a number of reasons that partners decided that applying to be a pilot area was the right thing.

Over the last few years, all these organisations have experienced significant funding pressures which have placed health and social care services under enormous strain: we also know that there are more pressures to come. In this financial context, it is the responsibility of all these organisations to make sure that our resources are used in the most effective way. We think that becoming a health and social care pilot will help us achieve this and to make the very most of every 'Hackney pound'.

More local control also means that we can make decisions based on local need rather than just doing the same things done in other parts of the country. We believe that local service providers and commissioners, who work very closely with patient and other interest groups, are better placed than those in national government to understand the needs of Hackney residents.

We won't be working in isolation: we will continue to work closely with our neighbouring boroughs and groups of boroughs, as well as London as a whole.

### **What will be the benefits to Hackney residents?**

It is still early days for the project! However we are ambitious in our vision and will work towards goals such as:

- Focussing on urgent care services, helping to keep frail and vulnerable people fully supported in the community for as long as possible
- Working with women to improve maternal health and the health and development of under 5s
- Tackling obesity through better co-ordinated services and greater local powers to create a healthy environment
- Quicker progress towards parity of mental health and physical healthcare services
- Providing tailored, more integrated support for people at the end of their lives

## **What are the risks and challenges?**

With any project this size and with such a wide scope, there are risks and challenges and not everyone will agree with what we are proposing.

Central government has not yet agreed funding, or our initial plans and there is nothing to say that they won't impose new or different conditions to those that we based our original bid on. However, we can only work with what we know and we will base future decisions on the information we have at the time.

Finances are stretched across the organisations and pilot status won't change that. It may be that we don't have enough money to fund all of the things we want to do, and that people will have different ideas about what our priorities should be.

Working across such a wide number of organisations is extremely complicated, and there may be differing views as we progress. We hope that the governance arrangements we agree will limit this but we can't avoid it all together.

Not everyone will be happy with changes. We want as many people as possible to get involved with the project so that we can listen to as much feedback as possible but it simply won't be possible to please everybody.

## **Who is in charge and how are decisions made?**

The Hackney Health and Social Care Transformation Board oversees all of the work being done as part of the pilot. This is made up of:

- Tracey Fletcher, Chief Executive Officer, Homerton University Hospital NHS Foundation Trust
- Tim Shields, Chief Executive, Hackney Council
- Programme Director
- Martin Kuper, Medical Director, Homerton University Hospital NHS Foundation Trust
- Deborah Colvin, Chair, City & Hackney GP Confederation
- Paul Haigh Chief Officer, City and Hackney CCG
- Navina Evans, Deputy Chief Executive Officer, East London NHS Foundation Trust
- Jon Williams, Director, Healthwatch Hackney
- Catherine Macadam, Chair, PPI Committee, City and Hackney CCG
- Estates Workstream Chair
- Kim Wright, Corporate Director, Health & Community Services, Hackney Council
- Jake Ferguson, Chief Executive, Hackney CVS
- Laura Sharpe, Chief Executive Officer, City and Hackney GP Confederation
- Victoria Holt, Clinical Director CHUSHE (out of hours GP service)
- Clare Highton, Chair, City and Hackney CCG
- Penny Bevan, Director Public Health, Hackney Council
- Neal Hounsell (Observer), City of London Assistant Director Commissioning and Partnerships

Under this group sit six workstreams which have been set up to look at key areas in detail. These are:

- System and organisational design – testing ideas around what a new organisation could look like
- Communications and public engagement – making sure residents, patients and stakeholders are kept informed, have their say, and are involved in designing any new services
- Finance and commissioning – how will the money work and how will services be commissioned in any new system?
- Estates (property and land) – looking at how we can make the most of our assets, and where we need better or improved facilities
- IT – what IT (computer) systems do we need to support more joined up working and services?
- Workforce – what skills do our staff currently possess, how can we make the most of them, and how can we train our people to deliver more joined up services?

The members of each workstream have been chosen for their expertise in that particular area, and they will sit alongside patient representatives who will help to ensure that the patient voice is heard throughout the process.

Proposals developed by the workstreams will be discussed and approved by the Board before being more widely consulted on with the public and staff.

### **What has happened so far and what will the next steps be?**

Senior members from all of the organisations worked together to develop initial proposals and the Statement of Commitment (see Appendix A). This group have been reporting to Hackney's Health and Wellbeing Board which is chaired by the borough's Cabinet Member for Health, Social Care and Culture.

Now that pilot status has been granted, detailed planning work has begun, looking at the whole range of considerations – from how to improve the delivery of services and to making the best possible use of the buildings we all own, to working through options on how the new model will be run and making sure all stakeholders are involved.

There are many decisions still to be made, and we will keep residents, staff and other stakeholders informed throughout the process.

This is still a pilot, and the intention is to test things. We won't agree to or adopt things that don't work for our borough.

### **Will there be a new organisation?**

We're currently looking at whether we will develop a new integrated organisation. Options will be explored in detail as part of our planning.

We will make sure that the public and staff from all organisations are kept informed, and that any changes are fully consulted on.

### **Will the new organisation be part of the NHS?**

Yes – if we were to form a new organisation, it would be part of the NHS and patients would have exactly the same rights and choices as they do now.

### **How will you involve residents and other stakeholders in developing your plans?**

We are completely committed to involving residents throughout the process. There is a dedicated communications and engagement workstream that will work to ensure that everyone is able to get involved, and to talk about their experiences and concerns.

The first public event will take place in the near future and we will advertise details as soon as they are finalised.

### **Is this shifting the responsibility for government cuts to social care to the local area?**

Council budgets have been drastically cut in recent years, public health budgets are reducing and the NHS sees demand increase more than the money it has available. Faced with this, it is our responsibility to work better together and make resources go further. This new way of working won't make a difference to how much money we receive from the government, but we hope it will help us to use it more effectively. At the same time we will still campaign for Hackney to get the money it needs to deliver the services Hackney people deserve.

### **Does devolution simply mean a postcode lottery?**

The biggest postcode lottery for health is that people born in poorer areas have worse health outcomes. By designing services and investing money in ways that address the unique challenges we face in Hackney we want to reduce the inequalities that mean that over 40% of Year 6 children in Hackney are overweight or obese compared to just over 30% nationally; that 20% of deaths in City and Hackney can be attributed to smoking, or that on average, adults in Hackney can expect twelve fewer years of good health than those in Richmond.

Hackney will continue to be part of the NHS. The same rights set out in the NHS constitution will still apply and Hackney residents will still be able to access the specialist services they need in other parts of the country. NHS staff will still be NHS staff with the same terms and conditions. We want to change the way we work together in order to deliver better services to residents whilst proudly upholding the values of our NHS.

### **Glossary – to be developed further**

**Devolution** involves the formal transfer of responsibility and the associated duties, responsibilities and resources from a public authority (e.g. NHSE or central gov) to a local authority.

**ACOs** involve collaboration between providers working under a capitated budget and focused on the health of the population served. Under this arrangement, there would be an incentive to invest in prevention and services outside hospitals to reduce the use of expensive specialist care.

**Capitated budgets** are calculated on the basis of population groups. The budget is worked out by paying the provider or group of providers a set amount per patient to cover all treatment required.