

Ealing Integrated Care Partnership

Health and Wellbeing Board Report

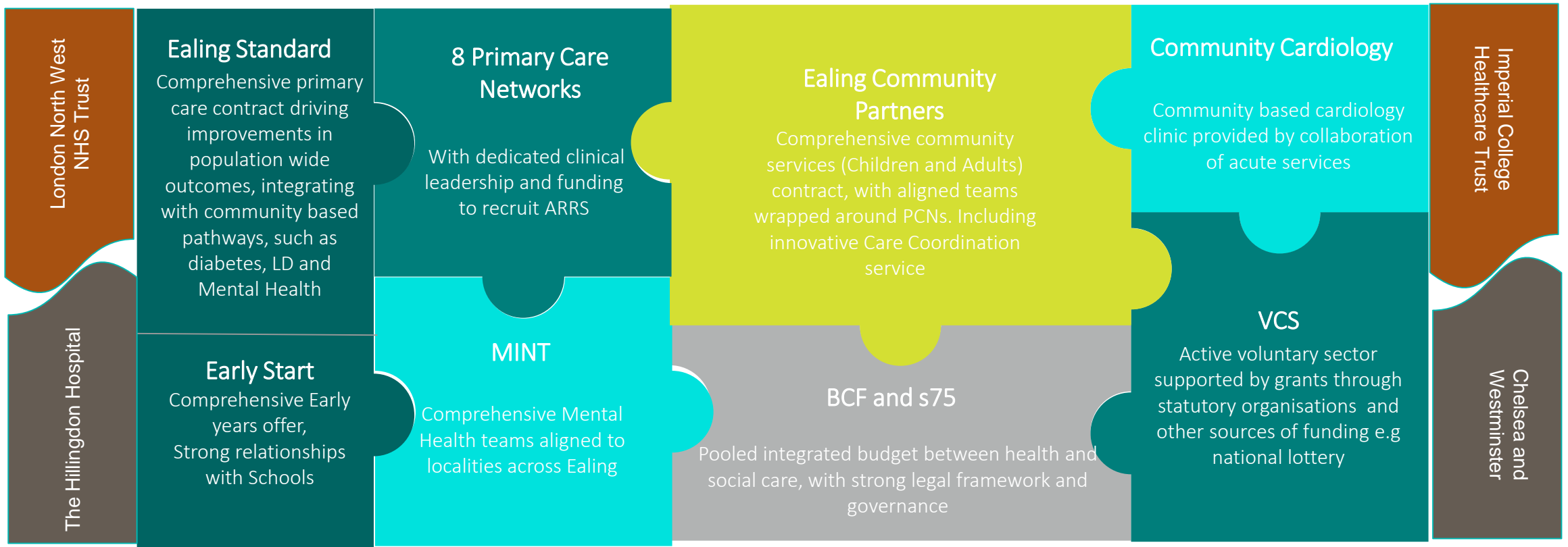
23 June 2021

Background

- The NHS's move towards Integrated Care Partnerships (ICP) provides the opportunity for a more co-ordinated and joined up approach to reduce health inequalities, unwarranted variation in Ealing and meet the needs of the population
- Ealing ICP will consist of the Ealing Borough Team (formerly known as CCG), Local Authority, Ealing Community Partnership, West London NHS Trust, Ealing GP Federation and Primary Care Network clinical directors, London North West University Hospital Trust, The Hillingdon Hospital Trust, Imperial College Healthcare NHS Trust, Imperial, Chelsea & Westminster Hospital, Health watch and Voluntary Sector
- The Ealing ICP Board sets priorities and actions when meeting every second month
- Ealing ICP Operational Delivery Group meets every two weeks to action the priorities specified at the ICP Board and drive the agenda forward

Strong Foundation for ICP in Ealing

Over many years, Ealing's leadership teams have been working together to commission services that drive integrated care pathways, cultures and ways of working. This strong foundation will provide the spring-board to the Ealing Integrated Care Partnership, bringing all these parts of the puzzle together to drive a more integrated operational model on the ground as front-line teams



How Ealing ICP is organised – how it fits together in Ealing

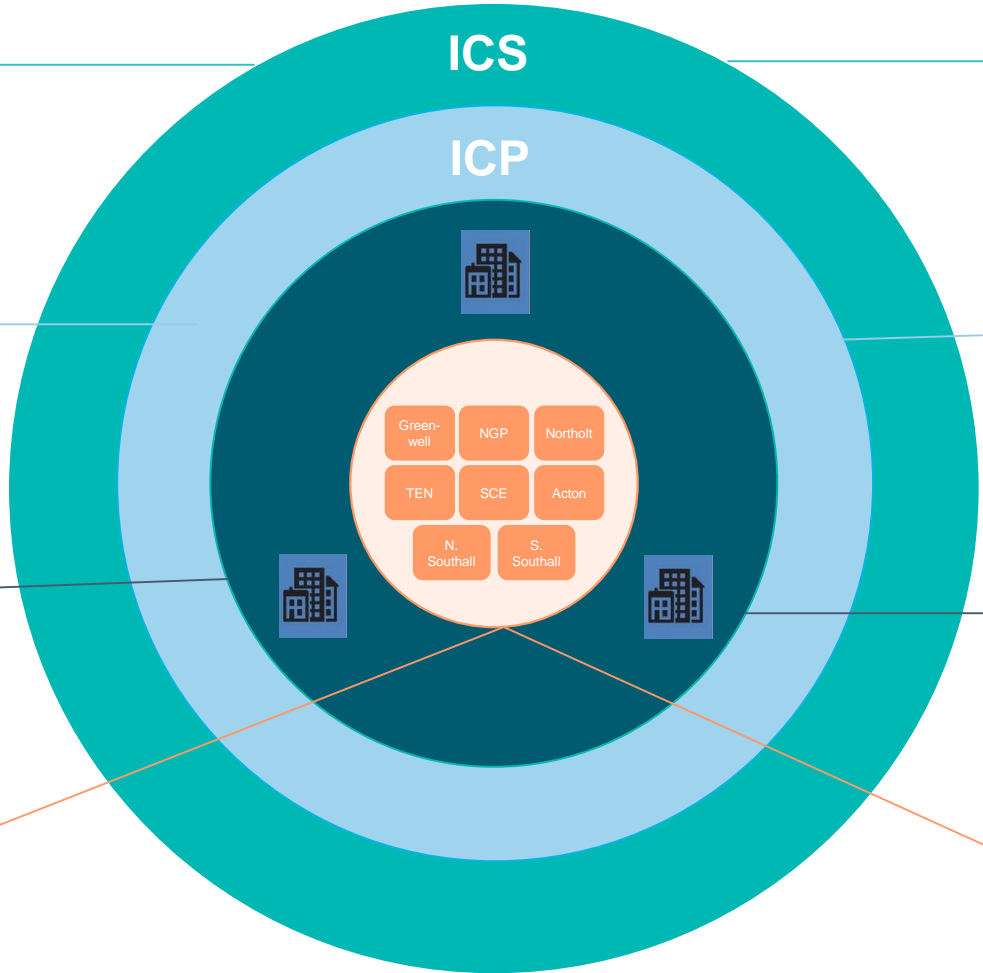
National definitions

SYSTEM (ICS)
Strategic collaboration of Partners at scale

PLACE (ICP)
Transformation and integration of local service

LOCALITIES
Design and delivery of integrated care

NEIGHBOURHOODS
Providing wrap around care to residents



What this means in Ealing

North West London Health & Care Partnership

- Made up of over 30 NHS and LA organisations for more than 2 million local residents
- Establish opportunities that can be delivered across the system
- Enable whole system working

Ealing Integrated Care Partnership

- Formed of CCG, LA, ECP, WLT, Ealing GP Federation and PCN Directors, LNWUHT, THH, Imperial, ChelWest, Healthwatch and Voluntary Sector
- Committed to work together to deliver joint strategic objectives to improve health and care for residents
- Identify population segments with high utilisation or unmet need
- Drive down inequalities of access, delivery and outcome

Localities

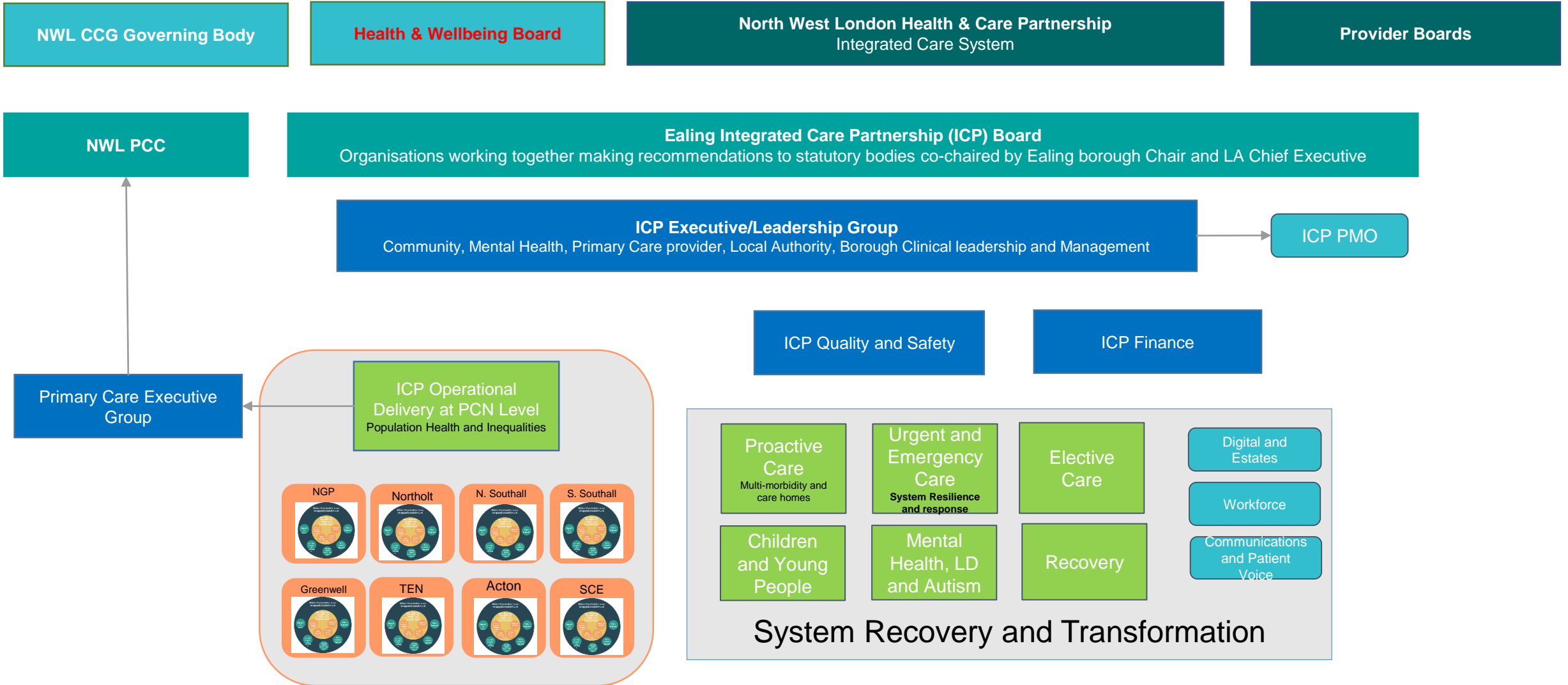
- 3x localities in the borough, with aligned PCNs:
- Southall (N.Southall, S.Southall), North (NGP, Greenwell, Northolt), Ealing & Acton (TEN, Acton, SCE)
- Aligned for geographical access
- Provides opportunity for at scale working

Primary & Community Care Networks

- Made up of 8 PCNs, community, mental health and social services
- Integrated multi-disciplinary teams to provide wrap around primary and community care to residents
- Use a population health approach to identify and deliver coordinated proactive care

Ealing ICPs Delivery Structure

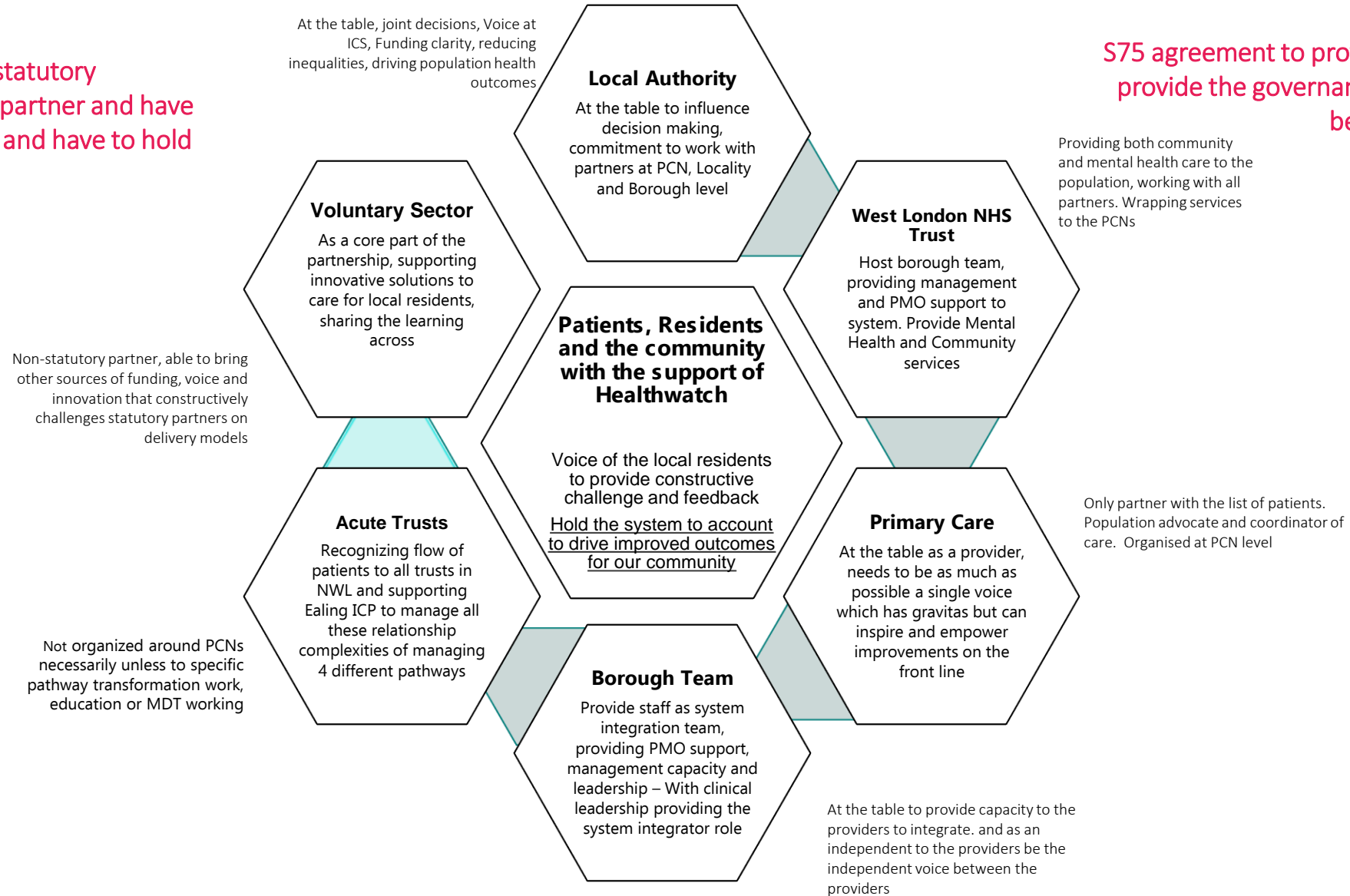
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ICP Partnership Responsibilities & WIIFM

Each partner, although a statutory organization will be a key partner and have responsibilities to the ICP and have to hold each other to account

S75 agreement to provide the legal basis and provide the governance for the pooled fund between health and care



Priority Programmes

- Children and Young People (CYP)
- Older People and Care Homes
- Urgent and Emergency Care (formerly known as system resilience and response)
- Population Health and Inequality
- Integrated Network Teams

Enabler work streams

- Resident Engagement (including partnership boards and Patient Participation Groups)
- Estates
- Digital
- Workforce and Training

Ealing Integrated Care Partnership Priority Programme Updates

Priorities for 2021/22

Sub-group membership / representatives

Priority 1: Giving children the best start in life

- Setting the foundations for health and wellbeing during pregnancy and the early years (0 to 5 years) is crucial for lifelong educational attainment, good social relationships, economic productivity and health and wellbeing.
- Focus on improving school readiness (ready to learn at 2, ready for school by 5)
 - Understand and evaluate the scale of increase in disadvantaged and vulnerability (0 to 4 years), as a result of the pandemic, to direct focus and additional investment
 - Undertake a catch up programme to improve levels of school readiness impacted by the pandemic
 - Promote take up of nursery places for 2,3,4 years olds and target support for education settings in curriculum adaptations/early interventions to support transition to reception
 - Provide ongoing support for schools to tackle learning loss and identifying new ways of supporting children across critical transitions
- Improve oral health. Scope opportunity through nursery and early years settings
- Focus on improving immunisation uptake
- Adopt a proportionate universalism approach to reduce inequalities

Priority 2: Supporting children with SEN and/or Disabilities to achieve their full potential

- SEND is the responsibility of all – everybody’s business (every leader is a leader of SEND)
- Understand the impact of the pandemic on children with SEND and their families and coproduce programmes of support to build confidence and independence.
- Schools and settings embed highest expectations and reduce variation in quality of provision and outcomes
- Clear transitions and improved progression pathways to support better preparation for adulthood
- Improve the quality of the statutory assessment process; improve co- production of EHC plans; maintain good timeliness of EHC plans and reviews and develop the SEND funding model;
- Local offer meets current and future needs.
- Every child and family receive a warm welcome on their first encounter with an Ealing educational provision and experience positive relationships with professionals regarding provision of education, health and care.
- Raise competencies and confidence of professionals and services in identifying and meeting needs of SEND to so children and YP get the right support at the right time.
- Embed a coaching culture within the support/outreach offered (less dependency going forward)
- Every child/YP feels supported to feel confident and develop their own dreams and goals and trusts.
- Parents and practitioners feel enabled
- increase capacity throughout the area by sharing best practice and by promoting a model of collaborative
- working and shared responsibility – e.g. Guidance documents /toolkits co-produced to support practice
- Ensure CYP with LD / ASD and complex needs have their needs met to remain in their community

Priority 1:

Consultant in Public Health (CYP portfolio) – Zainab Shather (lead)
Assistant Director Integrated Early Years, Preventative and Youth Services - Charles Barnard
Public Health Specialist – Louise Taylor
Children’s Centres Strategic Manager – Isha Dhody
Head of Early Start, CLCH – Irene Sanyauke
Children’s Commissioner – Ann-Marie Smith
CCG - GP representative
Private sector nurseries and preschools rep
Perinatal and MMHS teams – Dr Sarah Taha (consultant psych)

Priority 2

Assistant Director Integrated Early Years, Preventative and Youth Services
Charles Barnard - AD Ealing Council
SEND and inclusion lead - Madhu Bhachu
PfA lead - tbc
Ealing Community Partners (ECP) – Shabnam Sharma
Joint Commissioning lead
Head of Educational Psychology – Judith Chambers
Designated Clinical Officer for SEND - tbc
Early Start SEND lead – Jackie Carolan
Participation lead – Polly Bradley
SENCos/Heads/Governors/Special School/college reps
EPCF rep/YP participation board rep Steve Curtis

Priorities for 2021/22

Sub-group membership / representatives

Priority 3: Supporting children and young people to achieve healthy lifestyles/weight

- Obesity rates are highest for children from the most deprived areas
- Adopt a proportionate universalism approach to reduce inequalities
- Focus on improving rates of physical activity across the life course through early years settings, schools, leisure facilities, parks, and open space and improving childhood nutrition and education
- Ensure there is a focus on supporting the family unit to help children achieve and maintain a healthy weight
- Increase engagement with the child healthy weight management programme, the Daily Mile and Let's Go Southall
- Develop the Healthy lifestyles JSNA

Priority 4: Supporting children & young people to achieve good mental health and resilience.

- Develop a whole systems approach to the improvement of mental health and well-being of children and young people, enabling joined up working across all partners.
- Prioritise early intervention as a universal offer with additional targeted support to children who have greater need
- Prioritise the prevention of mental ill-health through parenting programmes and school based social and emotional programmes
- Promote a whole school approach and develop school cultures and systems to promote mental health, resilience, wellbeing and safeguarding
- Ensure access to the right mental health services is available at the right time
- Scope and develop children's mental health and wellbeing JSNA

Priority 5: Improved support for children with long term conditions

- Coordinate and oversee the setting up of the Paediatric Virtual Hub for non complex medical needs eg. Non complex asthma management. The Paediatric Virtual Hub is an integrated model of care (monthly joint clinics with GPs and hospital-based general paediatricians; together with multidisciplinary team meetings held in GP practices) across NWL
- Asthma friendly schools – workplan being scoped

Children & Young People Partnership Board

- Ensure that priorities are realised, taking a life course approach
- Identify opportunities to improve inequalities amongst children, by adopting a proportionate universalism approach
- Ensure a systems approach with strong multi-agency working to drive up improvements in outcomes
- Champion a cross partner commitment to community participation, engagement and coproduction of interventions with children and young people

Priority 3

Consultant in Public Health (CYP portfolio) – Zainab Shather (lead)
Public Health Specialist – Louise Taylor
Health Improvement Manager - Karen Gibson
Assistant Director of Leisure – Chris Bunting
Lets Go Southall –
School reps/ early years/ youth settings

Priority 4

Carolyn Fair, Director of C&F
Jo Manley, Director WLNHST
Keyur Joshi, AD WLNHST West London NHS Trust
Charles Barnard, AD Ealing Council
Consultant in Public Health (CYP portfolio) – Zainab Shather
Health Improvement Manager - Karen Gibson
Ealing Community Partners (ECP) – Dr Deborah Bird and Dr Kemi Bako

Priority 5

Consultant in Public Health (CYP portfolio) – Zainab Shather
GP rep
Asthma lead for Ealing
School rep

Next steps

- First CYP Partnership Board to take place in July.
- SEND Exec is leading the work on priority 2.
- CYP MH workstream establish and plan agreed to tackle waiting list.
- Identify representatives from all partners for the remaining priority sub group and develop terms of reference.
- Engage PCNs and establish their involvement.

Priorities for 2021/22

Local Borough:

The registered Care Home market in Ealing will be dynamic and provide better quality services. This is a cross cutting expectation including all customer / patient groups.

- Through use of an integrated commissioning approach between NHS and LA within D2A and CHC.
- Targeted training and development based on data and experience the group will aim to impact on the quality of services provided in Ealing and improved CQC ratings of services.

The sector will work (statutory, private and voluntary) together to promote the health and well being of older people in Ealing.

- Targeted training and engagement with the sector building upon the lessons from IPC inputs during the pandemic.
- Use of data regarding well being of customers in specific care homes.
- Engagement with customers and their families through development of partnership boards and patient engagement.
- GP registration of care homes.

Training in care sector – to be flexible enough to respond to specific and topical issues

- Use of data from the range of partners.
- Integrated response to issues as they are defined.

Unregistered care home settings - wrapping around care at home

- Engagement with the non registered care sector through representation on the working group.
- Application of learning from the registered sector.

Usage of care homes - stocktake of usage and compare with NWL

- Market management data.
- Integrated commissioning strategy.

Sub-group membership / representatives

Kerry Stevens – Ealing Local Authority
Gordon Crighton - Ealing Local Authority
Dr Anna Down, Savina Theeka, Linda Murati, - Ealing Community Partners
Whitefriars management as representative of wider market - Provider sector
Maddy Gupta-Wright - Public health
Kashmir Takhar – Ealing Local Authority
Ram Sooriah – Care Quality Commission
Ian Robinson – Integrated Care System (to be confirmed)
Luke Whitelaw – NWL CCG Ealing Borough Team
Jane-Amanda Stephenson-Glynn – NWL CCG Ealing Borough Team
Primary Care Rep

Next steps

- Ensure Long Term Condition and co-morbidity related priorities are reflected in Integrated Network Teams programme, but also feeds back into this programme.
- Care Homes Sub Group is set up from existing structures to support from ICP perspective going forward

Urgent and Emergency Care (formerly known as system resilience and response)

Priorities for 2021/22

- Local borough:**
- Care home cell – existing group with multi agency representation.
 - Cross cutting support for staff – linking HR and PR depts as required. This is via the HASG and with multi agency engagement.
 - Winter planning arrangements as a local system – to be developed as a task and finish group.
- NWL:**
- A&E delivery board to have engagement from Ealing partners.
 - NWL Rapid Response forum which to have involvement from Ealing NHS partners.
 - NWL discharge group to have engagement from Ealing partners.
 - NWL DASS group engaging with ICS reps in terms of response.

Sub-group membership / representatives

- Katherine Murray – Ealing Community Partners
- Kerry Stevens – Ealing Local Authority
- Jacky Yates – Ealing Local Authority
- James Walters – London North West Hospital Trust
- Clare Laffey – Integrated Care System
- Rashesh Mehta – NWL CCG Ealing Borough Team
- Sinthu Anand - NWL CCG Ealing Borough Team
- Helen Mangen – Mental Health Team at West London NHS Trust

Priorities for 2022 and beyond

To use proposed plans for 21/22 to define process going forward

Next steps

- Winter Planning:**
- Setting up resilience group to draft the winter planning documentation for Ealing. KM to check whether there is an existing template for winter planning
- Existing groups:**
- KS and KM to confirm a reporting framework to the ICP Board of the work of these groups.

Population Health & Inequalities

Priorities for 2021/22

Local borough:

- Covid response – vaccine hesitancy, health inclusion work related to Covid, testing etc.
- Social prescribing & green prescribing, including exploring options to support mental health and young people
- Refresh of HWB Strategy, based on recommendations from the COVID-19 Integrated Impact Assessment (IIA)
- Evidence based approaches to inequalities will be interwoven into all other workstreams – principles such as proportionate universalism, focus on true community participation, whole-system and life course approach, equity and fairness e.g. via staff training and ICP commitments to embed key principles into culture of the organisation.
- Use of data and intelligence to shape and inform health and care will also be interwoven into all workstreams as a key principle

NWL:

- Reducing inequalities: 'PHM' approach underpinning all decisions
- Vaccines hesitancy and Post Covid Care

Sub-group membership / representatives

Anna Bryden – Director of Public Health – London Borough of Ealing
Maddy Gupta-Wright – Consultant in Public Health – London Borough of Ealing
Ellen Schwartz – Consultant in Public Health – London Borough of Ealing
Mark Wiltshire or Joanna Sumner – Assistant Director Communities and Director of Community Development – London Borough of Ealing
Rajiv Ahlawat – Strategic Intelligence & Corporate Performance Manager – London Borough of Ealing
Katherine Murray – Associate Director of Operations – West London NHS Trust
Zoe Sargent – Associate Director of Community Services – Central and North West London Foundation Trust
Julia Renton – Clinical Director – Community and Recovery Mental Health Services
Dilo Lalande – Senior Engagement and Equalities Manager (Hounslow and Ealing) NW London Integrated Care System and NW London Clinical Commissioning Group
Aydid Cabdillahi – Programme Delivery Manager – NWL CCG Ealing Borough Team
Narinder Sandhu – Ealing GP Federation
NWL CCG representative – *to be confirmed*
GP – *To be discussed*
Pharmacists – *To be discussed*

Priorities for 2022 and beyond

Local borough:

- Public mental health - Thrive initiatives
- Offer to unregistered residents
- *Warranted vs unwarranted variation - differential approaches (to be discussed)*
- *Set objectives around community wealth building and importance of social value to tie into development of ICP as an anchor institution (to be discussed)*
- Climate action for health
- Workplace health

Next steps

- Set up sub group meetings that will happen 3 times a year. In between meetings, work will be done to move programme forward. Terms of reference will be developed.
- Identify NWL CCG representatives for PHM and strategic intelligence leads to help align what is happening at system and local level.
- At first sub group meeting, the objectives, transformation milestones, outcomes and KPIs for the first year will be developed.
- This programme has links to all other ICP priorities so we will need to ensure that inequalities is interwoven throughout.

Priorities for 2021/22

Priority 1 – Aligning community, mental health, social care and other relevant services with Ealing’s primary care networks

- Refresh and disseminate a directory of services (WLT (MINT), ECP, Ealing Council and Primary Care in Ealing) mapped to PCNs and Localities to support communication and collaboration between practitioners and determine arrangements to maintain this resource
- Determine areas for local collaboration and influencing ICS work streams, including:
 - long term condition management (linking to acute trust outpatient transformation and remote monitoring)
 - frailty (linking to acute trust and intermediate care / beds development)
 - post-Covid care
 - end of life care
- Agree and establish routine collaboration arrangements (eg MDTs, MDGs, shared care plans, virtual) between practitioners

Priority 2 – Developing our shared workforce and fostering a culture of collaboration

- Supporting PCN CDs fully to establish and integrate ARRS roles supporting primary care
- Improving collaboration between practice, community and specialist nursing and ensuring NWL minimum core offer for community nursing is exceeded
- Define and implement arrangements for shared learning, supervision, trusted assessment

Priority 3 – Understanding our populations and addressing health inequalities

- With support of the Population Health work-stream to make best use of available data (eg WSIC) to influence the health and care priorities for each PCN
- Develop and test arrangements to use data and a ‘make every contact count’ approach proactively to work to improve patient outcomes (measured by QOF, contract KPIs) and improve independence (LBE Better Lives) and reduce variation

Priority 4 – Integrating physical and mental health care, and improving collaboration between primary and specialist mental health services

- Safely transition to the new national Community Mental Health Framework (locally named MINT)
- Establish positive links between wider PCN practitioners and mental health staff to improve physical and mental health outcomes (eg Health checks, crisis response, access to psychology)

Priority 5 – Delivering NWL objectives for Diabetes transformation

- Integrating locally an approach to diabetes prevention, education, recovery, management and promptly addressing care complications

Priority 6 - Ensure that citizens have an opportunity to coproduce and influence how services are provided across the ICP and at an individual level (eg personalisation)

Sub-group membership / representatives

Dr Christopher Hilton (SRO, WLT/ECP)
Dr Pat Barbour (CD)
Primary Care Nursing Representative (TBC)
Katherine Murray / Rosemary Gifford (ECP)
Jon Luff and OPMH rep TBC (WLT)
Jacky Yates (LBE)
Aydid Cabdillahi (NWL CCG Ealing Borough Team)
Jane-Amanda Stephenson-Glynn (NWL CCG Ealing Borough Team)

Diabetes: Grace Vanterpool (ECP), Kevin Baynes (TBC/ LNWUH)
Others TBC

Next steps

- Confirm subgroup membership at ICP Board Jun 2021
- Publication of directory of services by end of Q1 and refresh quarterly
- Diabetes workshop with PCN CDs and relevant parties and agree next steps using existing data including WSIC and National Diabetes Audit
- Jun 2021 Launch of MINT model confirm arrangements for recruitment of MH ARRS workers
- Jun 2021 Monthly Ealing ECP MINT interface meeting established within WLT
- By end Q2 - Mapping of existing PCN MDTs
- By end Q2 - confirmation of approaches to coproduction without duplication of existing Boards, PPGs etc.
- By end Q2 - building on learning from Covid and previous years agree collaborative approach to autumn vaccination programmes