

# Kirklees Care and Health Peer Challenge

Feedback presentation

10<sup>th</sup> March 2017

## Feedback format

- Scope
- The Peer Challenge Team
- The Peer Challenge process
- Feedback format
  - Strengths
  - Areas for consideration
- Your reflections and questions
- Report to follow

## Peer Challenge Team

- **George Garlick**, Local Authority Chief Executive
- **Steve Bedser**, Hon. Alderman Birmingham City Council
- **Anthony Farnsworth**, Torbay Care Trust & NHS England
- **Denise McLellan**, Senior NHS Manager
- **Joanna David**, Integrated Care & Health Commissioning
- **John Tench**, Adviser, LGA
- **Marcus Coulson**, Programme Manager, LGA

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## Peer Challenge explanation

- Sector Led Improvement Peer Challenge process
- Seeking to work across social care and health
- Invited in as 'critical friends' with 'no surprises'
- Non-attributable information collection
- People have been open and honest
- Recommendations based on the triangulation of what we've read, heard and seen
- Feedback in good faith

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## Your Scope: 3 interlinked areas

1. Our strategic commitment to integrating the commissioning out of hospital care for adults (i.e. adults social care, primary and community healthcare and public health)
2. The shift to an integrated model of 'care closer to home' for the delivery of care for adults outside hospital
3. Leadership and governance for these shifts across the system, particularly from the Council, CCGs and Locala

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## Context

- Financial pressures – KC, CCGs
- Significant recent senior staff turn over
- Regulatory interventions both exiting and potential
- NHS Re-configurations
- STP process
- Previous approaches to integration
- The financial pressures on all organisations makes it difficult to focus on integration as a programme, but equally it makes integration even more important

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# 1. Strategic commitment

## Strengths

- There is strong and cross party political support for increasing the pace of change
- Real appetite for strategic integrated commissioning
- Seconded Chief Officer post demonstrates commitment to integrated commissioning
- Recognition of the need for distinct and fit-for-purpose acute and place based commissioning
- 'New Council' design is intended to facilitate commissioning approach
- CCGs are widening scope of effective Continuing Health Care commissioning, to include aligned KC functions
- Healthy Child procurement good
- Middle managers already driving progress
- Interim posts give opportunities to work differently

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# 1. Strategic commitment

## Areas for consideration

- Put people at the heart of the design of new integrated services
- Integration needs to be underpinned by business cases and robust and proper programme management – this is not visible
- You have strategies in place but these don't always seem to be supported with plans
- Agree a process and clear governance for the development of a model of care for integrated services
- Consider the treatment of KC in-house services within an integrated commissioning framework
- Create a place to discuss the care integration system with all providers especially primary care using a programme of organisational development
- Ensure you have effective integrated information systems to drive planning and review performance

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## 2. The shift to an integrated model

### Strengths

- Where working well, MDTs in Primary Care are an opportunity to deliver care more effectively
- Excellent first steps to develop a model for Frailty
- Foundations of a clinically informed digitisation plan across all parties
- GPs recognise that current models of primary care are unsustainable
- Call Centre is good – could exploit its potential to drive integration further
- 'Better In Kirklees' is a successful service which links people to VCS

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## 2. The shift to an integrated model

### Areas for consideration

- Critically, develop local capacity across Kirklees for self care and healthy communities
- There is an urgent need for the agreement of a Primary Care Model that addresses how integrated care will be delivered
- Need to improve the measurement of impact across partner activities
- Scale of transformation and budget reductions are overwhelming – need capacity to be able to respond
- Frailty work needs to be urgently developed
- Locala has innovative practices but buy-in from all stakeholders could improve
- Align Social Care and NHS Activity Models to re-configuration plans, subject to ongoing Overview and Scrutiny process
- Resolve issues preventing shared access to health and care records

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## 3. Leadership and governance

### Strengths

- HWB Chair well respected and has very good grasp of integration issues, as do other senior elected members
- DASS/CCG Accountable Officer has helped to integrate the health economy
- Senior leaders across the organisations work well together and there's a clear appetite for further shared posts
- Clear recognition that integration needs to happen and can solve some of the budget pressures
- Healthwatch plays an effective role in the system
- Quality and commitment of middle managers is good
- Beginning to work on an integrated early intervention programme
- There is a large number of inter-agency working arrangements
- CHFT consultation well conducted by the CCGs

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## 3. Leadership and governance

### Areas for consideration 1

- Is there sufficient capacity and a wide enough range of skills to support system leaders?
- There is a need for clarity of integration structures and delivery plans and performance management structures
- Consider how all parts of the Council as a corporate body can add value to the integration journey
- Develop a clear vision for the Borough on commissioning, agree the strategy, create implementation plans
- Simplify and strengthen the governance and approval framework
- Establish a business case for commissioning integration and for the developing model of care
- Include providers in the design and development of integrated services

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## Key messages 1

Now is the time for action

- Political, clinical and management leadership working together
- Develop a simple narrative that drives the activity to place the individual citizen at the heart of integrated services
- Urgent need to revisit previous recommendations about form and function of the HWB and implement them
- This is not joint working, this is a single system working to enable you to do things once and better, with a single commissioning voice
- It's not a plan until it's written down; when you've planned your work, you need to work your plan

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## Key messages 2

You can't do everything at once, so

- Proceed at pace on an integrated commissioning project ahead of an integrated model of 'care closer to home'
- Integrated model must have modern primary care at the centre
- Direct a group (finance directors?) to prepare a business case for integrated commissioning
- Report to the Chief Executive/Accountable Officers
- Take a single report in agreed timescales for member/board approval in partner organisations

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