
Integrating Health & Social Care in Kirklees

The case for change

DRAFT v3.1
June 2017

Integrated Commissioning - Building on Existing Approaches

Some example

- Children's services
- Mental health
- Hospital avoidance
- Care closer to home
- Public health
- Kirklees Health & Wellbeing Plan
- BCF
- etc

Triple challenge for the Kirklees system

- Health and wellbeing gap
 - especially prevention and inequalities
- Care and quality gap
 - especially reshaping health and social care delivery, meeting changing needs and variations in the quality of care
- Finance and efficiency gap
 - getting more from the funding available

Kirklees JSA headlines

Challenges

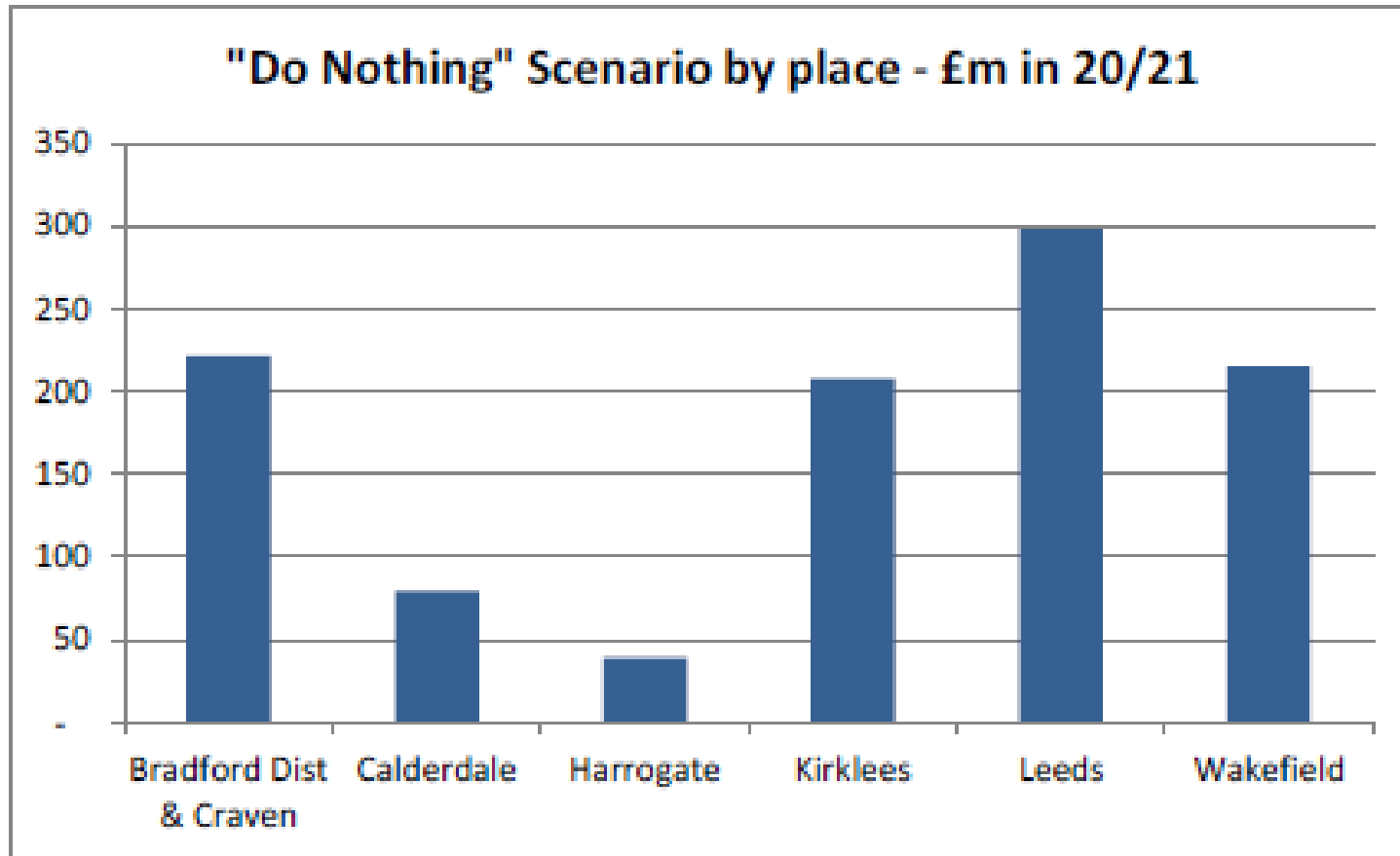
- Ageing population, increasing under 18 population
- People living longer with long term conditions
- Inequalities and deprivation
- Lifestyle issues inc obesity
- Vulnerable groups
- Changing ethnic profile
- Increasing expectations

Care & Quality

- Primary care challenges
- Social care market sustainability
- Ongoing hospital reconfiguration
- Implications of regulatory activity – OFSTED & CQC
- Community health services
- Supporting carers
- Workforce challenges across the system: doctors; nurses; care workers
- Development of new ways of delivering out of hospital care
- Person centred care and shift to strengths based approaches and self care

Finance and Efficiency Gap

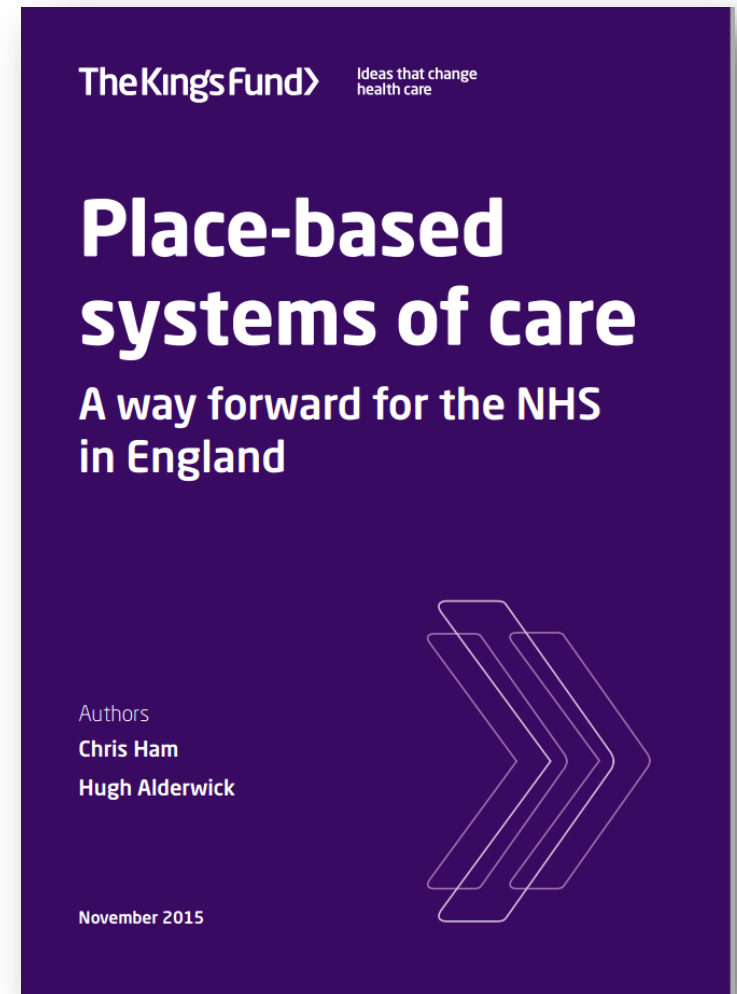
The national finance and efficiency gap is forecast to be £22bn by 2020/21. The West Yorkshire gap is £1.070m and the Kirklees gap is £207m.



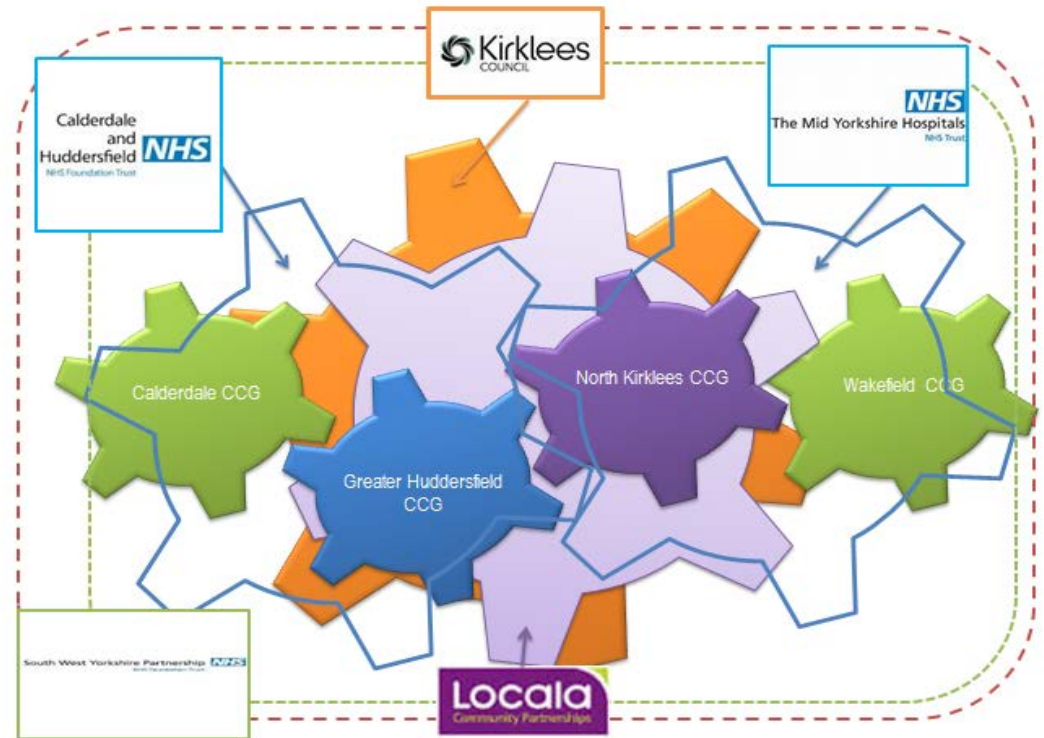
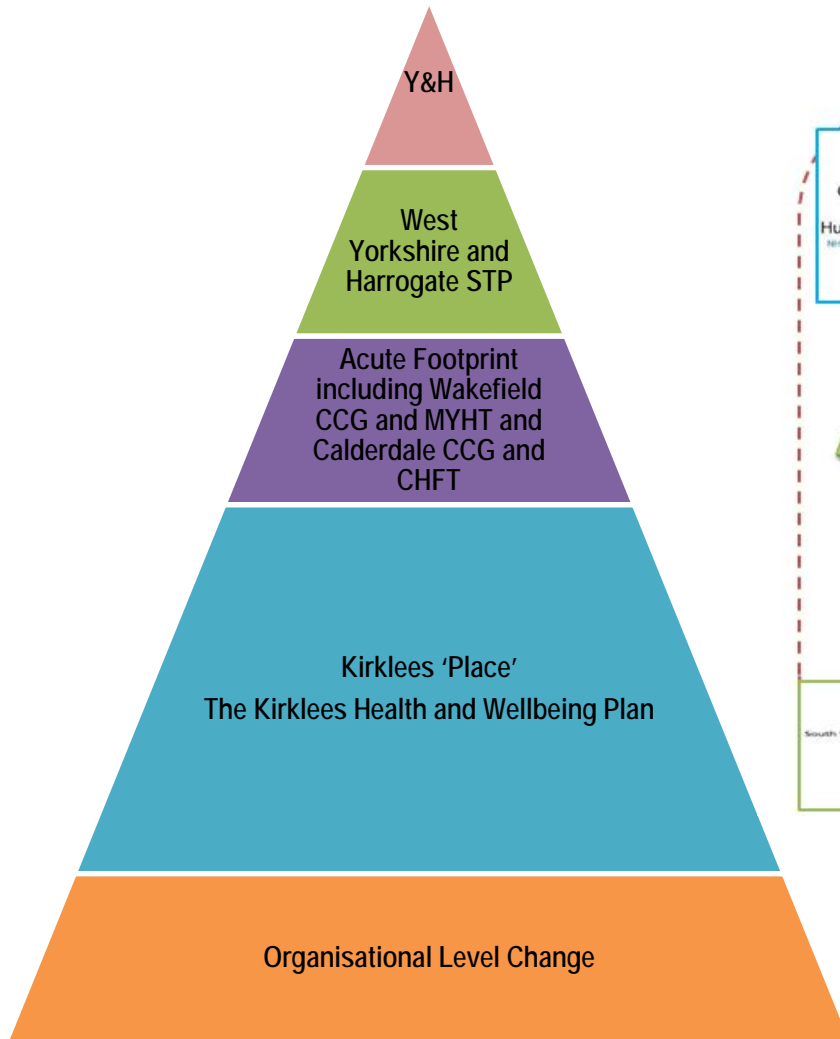
Integration

- Longstanding national policy ambition and a requirement that *'by 2020 health and social care are integrated across the country'* (but not defined any further)
- Integration for any local health and social care systems must deliver both
 - Integrated commissioning system
 - Integrated delivery system
- To ensure the outcomes and benefits of integration are realised development of the delivery system is best done at the same time, or shortly after, the integration of the commissioning system

- *Collaboration through place-based systems of care offers the best opportunity for NHS organisations and their partners to tackle the growing challenges that they are faced with.*
- *Organisations should work together to govern the common resources available for improving health and care in their area.*



West Yorkshire and Harrogate STP built on place based plans



What that means for Kirklees

Future commissioning and delivery of health and social care in Kirklees will be through

- One place based commissioning system for out of hospital care
- One place based out-of-hospital care delivery system
- Some elements might need to operate on smaller footprints e.g. primary care in Huddersfield and North Kirklees
- One mental health system
- Two acute care systems with increasing levels of collaboration across acute care providers
- Within one WY&H STP footprint which leads on a limited number of areas, eg cancer, stroke, urgent & emergency care, specialist services

Peer Challenge Key Messages

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
- 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

You can't do everything at once, so

- Proceed at pace on an integrated commissioning project ahead of an integrated model of health and social care outside hospital
- Integrated model must have modern primary care at the centre
- Take a single report in agreed timescales for member/board approval in partner organisations



Kirklees 2020 Vision for our health and social care system:

No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.

The principles underpinning the Kirklees 2020 vision are that:

- People in Kirklees are as well as possible for as long as possible, in both mind and body
- People take up opportunities that have a positive impact on their health and wellbeing
- Local people are helped to manage life challenges
- People experience seamless health and social care appropriate to their needs that is;
 - affordable and sustainable, and investment is rebalanced across the system towards activity in community settings
 - based around integrated service delivery across primary, community and social care that is available 24 hours a day and 7 days a week where relevant
 - led by fully integrated commissioning, workforce and community planning
 - clear about what difference it is making , and how it can improve
- To support the achievement of this Vision we will need to work with a wide range of partners who can influence the wider determinants of health and wellbeing, including housing, learning, income and employment.

Delivering The Vision: Priorities for Change

The following areas of transformation and the supporting programmes overleaf were identified by members of the Kirklees Health and Wellbeing Board as priorities to work on collectively, through a systems approach to address the challenges described earlier in this document. These priorities have been tested with a number of stakeholders including patients and the public to ensure this plan is focussing on the right areas.

Areas of Transformation



- Early intervention & prevention



- Improving services for children



- Developing an adult wellness model



- Capacity & quality of primary care



- Sustainability of adult social care



- Change the configuration of acute services



- New model for continuing care



- Transforming care for people with learning disabilities



- Changing the commissioner landscape and new models of care

Delivering The Vision: Priorities for Change

Supporting Programmes



- Health & Social Care Workforce



- Digital Opportunities



- One Public Estate



- Kirklees Economic Strategy

We cant do everything at once...

2017

2018

2019

Kirklees

Integrated commissioning system

Out of hospital care delivery system

CKW & West Yorkshire

C&H acute care system

NK&W acute care system

WY&H Healthy Futures programmes

Why do we need a single commissioning system? (1)

1. The 3 challenges mean that staying the same is not an option.....we need a step change in shared ownership and prioritisation
2. The national move towards place based commissioning is reflected in the WY&H STP - creating one 'commissioning voice' for the Kirklees place
3. We want to control our own destiny – to create a system that works for Kirklees
4. To strengthen our focus on the commissioning of 'out of hospital care'
5. Building on long standing partnerships and track record of collaboration to create a more streamlined and efficient planning system based arounds peoples needs - and that can make decisions in a more timely way

Why do we need a single commissioning system? (2)

6. New ways of working are required to combine strengths and experience, skills and knowledge and resources from each organisation
7. Benefits in consistency of approach in many areas from commissioning decisions to care provision
8. Doing things once to make best use of scarce clinical and managerial capacity and capability and increasingly, money is attached to joint arrangements across the NHS and Council
9. We will be better prepared for the future as we take on a more strategic commissioning role and as accountable care arrangements take shape
10. But – this is about getting the right form to deliver functions across a variety of footprints

Options being implemented in other areas

1 CCG hosted

- A single commissioning function which is a committee of the CCGs that discharges the vast majority of CCG functions that are delegated to it and the functions delegated to the CCG from the Council (Manchester)

2 Council hosted

- Joint strategic commissioning function hosted by the Council with a single leadership team, established as a committee of the three organisations with delegated decision making powers and resources. (Northumberland, Tameside and Bury)

3 Jointly hosted

- An Integrated Commissioning Board that is a Joint Committee of the CCGs and Council, and the work led by jointly appointed Director of Integrated Commissioning (Stockport and Hackney)

4 Integrated CCG now , then integration with the Council

- The CCGs establish a single commissioning function of both CCGs that discharges the vast majority of CCG functions. The Council commits to aligning its commissioning resources in the short term. Shared commitment to full integration on an agreed timescale.

Proposed approach

4

Stage 1 Integrated CCG now , then Stage 2 Integration with the Council

Why this approach in Kirklees

- There is already significant sharing of management capacity across the 2 CCGs and regular Joint Senior Management Team meetings
- Over the last 12 months there has been alignment of some governance arrangements eg Joint CSG and Governing Body meetings
- Acute footprint and STP arrangements are becoming established
- Lots of other areas have already taken this step
- Avoid potential delay in agreeing the final destination i.e. full integration

Guiding principles and behaviours

- We agree that we should do things once for Kirklees ***where it makes sense to do so and benefits will arise from such approach***
- We need to be able to clearly articulate the benefits for local people that we can deliver
- Be clear about what needs to stay local, or managed on another footprint eg acute trust or West Yorkshire
- We need strong clinical and managerial leadership
- Some of these conversations will be difficult – we still need to have them
- Be open about where the CCGs and Council differ – how can we share the best from each of us?
- Acknowledge that this affects all of us as individuals

Why do we need a single out-of-hospital delivery system?

1. The 3 challenges mean that staying the same is not an option
2. Current pattern of delivery is complex – parts have been commissioned but most has evolved over many years
3. National move towards place based accountable care systems
4. We want to control our own destiny and develop a model that reflects our local needs and aspirations
5. Building on long standing partnerships and track record of collaboration
6. New ways of working required to combine skills and knowledge
7. More efficient use of resources and increasingly, money is attached to joint arrangements across the NHS and Council
8. We will be better prepared for the future
9. But - this is about getting the right form to deliver functions across a variety of footprints
10. Its better for patients/users/carers – a properly joined up system with less hand offs and a more consistent approach can deliver better outcomes more quickly and efficiently

What do we need from the HWB and Governing Bodies

- Endorse the direction of travel
- Permission to work up detailed proposals
 - initially focussing on developing the integrated commissioning system
 - Preparing the ground for work on developing an integrated delivery system in 2018

Next steps

- HWB support the Case for Change 29th June
- CCG Joint Governing Body Development Session supports the Case for Change 5th July
- Agree programme plan and workstreams Phase 1 July/Aug
- Developing proposals for Phase 2 (the 'end game') July/Aug