

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	6th September 2018
TITLE OF PAPER:	Update on Integration of Health and Social Care Commissioning and Service Delivery
1. Purpose of paper	
1.1	This report provides an update on the progress made in integrating health and social care commissioning and service delivery.
2. Background	
2.1	The Board has previously received several updates on the ongoing work to integrate health and social care commissioning and integration. This report provides a further update on recent progress.
3. Proposal	
3.1	The main arrangements we have put in place to oversee integrated commissioning and service delivery are the Integrated Commissioning Board and the Kirklees Integrated Provider Board. These are supported by the Kirklees Health and Care Executive Group. In addition, there are the existing Kirklees Health and Wellbeing Board arrangements.
3.2 Integrated Commissioning Board (ICB)	
3.2.1	The ICB has met 5 times since it was established in April 2018. To date it has focused on the priority areas set out in its terms of reference: <ul style="list-style-type: none"> • A unified approach to Quality • Communications, Engagement, and Equality • A unified approach to Outcomes • Integrated Commissioning Strategy • Integrated Provision and Early Initiatives • A unified approach to Intelligence
3.2.2	Lead officers have been identified for each area and project teams established. Regular monthly updates are provided to the ICB and work is progressing in all areas. A summary of the work being done in each area is included as Appendix A.
3.2.3	The work around the Integrated Commissioning Strategy is progressing well. Drafts of the document have been discussed with the Integrated Commissioning Board. The final draft version is attached as Appendix C. This is being presented to the ICB for endorsement immediately prior to this Health and Wellbeing Board. The strategy has been developed alongside the refresh of the Kirklees Health and Wellbeing Plan, an update on which is included on the agenda for this meeting. Once both documents have been approved they will be formatted to reinforce the close inter-relationship between them.
3.2.4	In addition the ICB continues the work required to oversee and drive the areas within the Better Care Fund.

3.3 Kirklees Integrated Provider Board (KIPB)

3.3.1 One of the ways in which we want to drive integration is through working with existing providers to encourage and support them to work together in more integrated ways to join up services and care around the needs of patients. The KIPB has been set up to help take this forward. The establishment and ongoing operation of the KIPB is being led by Sue Richards (Service Director for Integration) and the meeting is chaired by Karen Jackson (Chief Executive of Locala). It consists of senior representatives of both GP Federations, both acute trusts, SWPFT, Locala, Kirklees Neighbourhood Housing, and the voluntary sector including Kirkwood Hospice. In addition commissioners attend the meeting to help to ensure it is working in co-ordination with the ICB.

3.3.2 The KIPB began meeting in July 2018 and has had 3 meetings to date. In this sense it is still in its formative stages and is working up formal terms of reference. However, it has identified areas where providers can work together to make a significant difference to integrating services over the next 6-9 months. These are actively supporting and driving the delivery of:

- Primary Care Networks and the integration of primary care, social care, community services and wider stakeholders around local populations of 30-50 thousand. A graphical representation of how this will look is included in Appendix B.
- An integrated Community Service Capacity Model for those services that are best delivered once across Kirklees.
- Integrated Intermediate Care and Reablement services.

3.3.3 In addition the KIPB will 'keep in view' a number of other ongoing areas of work to help support their development and implementation including Integrated End of Life Care.

3.3.4 The focus over the coming months will be on taking these areas forward and these are in line with priorities identified in the draft Integrated Commissioning Strategy.

3.4 Kirklees Health and Care Executive Group

3.4.1 This is a relatively new forum which met for the first time in June 2018 and meets on a monthly basis. It consists of the Chief Executives of Kirklees Council, SWYPFT, CHFT, MYHT, Locala, the CCGs Chief Officer and representatives of NHS England Yorkshire and Humber including the Director of Commissioning Operations.

3.4.2 The group is still in its formative stages and is working through terms of reference. However, one of its key aims is to establish a forum where leaders of organisations come together on a regular basis to talk about Kirklees as a place rather than focusing on different organisational footprints. This will also help to continue to build working relationships with the Yorkshire and Harrogate Health and Care Partnership so that Kirklees is fully involved in this work.

3.5 Kirklees Health and Wellbeing Board (KH&WB)

3.5.1 We are currently refreshing and updating the Kirklees Health and Wellbeing Plan to ensure that it is relevant in the context of greater integration between the CCGs and Council,

the emphasis on integrated provision within Kirklees, and the progress made in establishing the West Yorkshire and Harrogate Health and Social Care Partnership.

3.5.2 This work is being overseen by the Kirklees Health and Wellbeing Board and an update was provided to the July 2018 meeting of the Board. The focus of the Kirklees Health and Wellbeing Plan will be on:

- Planning on the basis of population cohorts
- Focus on prevention and taking a life course approach
- Tackling the underlying causes of ill health and poor wellbeing
- Improving outcomes and experiences for those with ill health or other issues impacting their wellbeing
- Using our assets to best improve health and wellbeing in Kirklees.

3.5.3 More detail on this are included on the agenda for this meeting.

3.6 Other Work and Areas of Focus

3.6.1 The following paragraphs provide a brief summary of other ongoing work to support integration to help the Health and Wellbeing Board understand the range of work that is being undertaken.

3.6.2 **Primary Care Networks:** The establishment of Primary Care Networks is a key part of how we will integrate care and support around the needs of local populations and communities and the individuals within them. It will help to deliver the aims of both CCGs existing Primary Care Strategies. Both GP Federations have a role to play in establishing Primary Care Networks and we are working alongside them and partners in social care and community services to take this work forward. It is a key focus of the IPB and will feature heavily in both the Integrated Commissioning Strategy and Health and Wellbeing Plan. There is a growing consensus about what needs to be done and the key now is to ensure that we turn this into action across Kirklees.

3.6.3 **Organisational Development:** Many of the changes that we want to make will require new ways of working and new relationships to be formed. We are working with organisations in Kirklees, the West Yorkshire and Harrogate Health and Social Care Partnership, and the NHS Leadership Academy to develop a programme of organisational development to support this. We are hopeful that in the next few weeks we will have identified the resources to do this and can begin to turn this into a programme that will be delivered over the last half of 2018/19.

3.6.4 **Workforce:** Workforce challenges are one of the key issues facing health and social care and will continue to be so in the future. Working in integrated and collaborative ways can both help to address some of these issues whilst at the same time creating new challenges in how we recruit, train, and retain staff who can work in these ways. We are working with NHS England and the West Yorkshire and Harrogate Health and Social Care Partnership to establish a Kirklees steering group to focus on primary and community care workforce planning. This will include representatives from primary care, community care and social care and is planned to be established by September 2018. It will then feed into a West Yorkshire and Harrogate Primary and Community Care Workforce Steering Group.

3.6.5 Population Health Management is an approach that improves population health by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impact modelling to identify local 'at risk' cohorts – and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations on outcomes.

Population health management is a key tool deployed in an Integrated Care System, which has most value when used to plan and deliver services within a place base. Our commitment to starting our planning process from population needs provides us with a solid base from which to use population health management tools.

Through our involvement in the West Yorkshire & Harrogate Health and Care Partnership, we are part of a Communities of Practice in this developing area, working with national bodies including NHS England and Public Health England (PHE). The first stage is to complete a self-assessment of our system maturity to deploy population health management during 2018/19.

3.6.6 Other CCG and Council: We are increasingly working in more integrated ways with the Council. These include:

- Helen Severns working as the Service Director – Integrated Commissioning across the CCGs and Council. This will help to ensure that the commissioning resources are more closely aligned and begin to work as a unified team.
- Monthly Joint CCG and Council Senior Management Team meetings. This helps to discuss operational matters and gain a greater understanding of the ongoing work of each organisation.
- Fortnightly meetings of the core team of staff working on integration which we are now extending to include others as the scope and depth of what we are doing increases.

4. Financial Implications

4.1 There are no financial implications arising directly from this paper.

5. Sign off

Richard Parry, Strategic Director for Adults and Health, Kirklees Council

6. Next Steps

6.1 Work will continue to progress the areas outlined in this report with further updates to be provided to the Board as and when requested.

7. Recommendations

7.1 The Board are asked to:

- note the contents of this report
- support the ongoing work outlined in the report
- approve the Kirklees Integrated Commissioning Strategy, subject to endorsement from the Integrated Commissioning Board
- request further updates on progress.

8. Contact Officers

Steve Brennan, SRO Integration and Working Together, 01924 504913

Sue Richards, Service Director Integration, 01484 221000

Appendix A Summary of Integrated Commissioning Board Key Project Areas

Project Name: **Unified Approach to Quality across Kirklees to Support Integration**

Accountable Person: **Penny Woodhead**

Project Team: Saf Bhuta, Emma Bownas

Stakeholders Consult: Rachel Spencer-Henshall

Stakeholders Inform: TBC

Aim: Reviewing arrangements for quality across Kirklees and agreeing an unified approach to support Integration. This includes processes and procedures for how we define, measure and improve quality as well as governance arrangements to support integrated commissioning and provision.

Rationale: Although there are many similarities in how the CCGs and the Council approach the management of quality there are also some differences. The Kirklees HWB received a paper in 2017 which set this out and agreed to support a more integrated approach in development. Having consistent processes and procedures will make it easier for staff working across health and social care to work together. Having a single governance arrangement to support the Integrated Commissioning Board will re-inforce this and help the Board in its work. The work will draw on 2 national documents published in 2017: Adult Social Care – Quality Matters, and Shared Commitment to Quality – NHS National Quality Board. A Summary of the key aspects of these documents is attached.

Timescales: Work will begin in April 2018 and is planned to be completed by July 2018.

How Progress Will be monitored: Monthly Updates to the Integrated Commissioning Board.

Project Name: **Unified Approach to Outcomes across Kirklees to Support Integration**

Accountable Person: **Emily Parry-Harries**

Project Team:

Saf Bhuta, Emma Bowness, Phil Longworth,
Helen Bewsher, Carl Mackie, Jill Greenfield,
Rebecca Spavin

Stakeholders
Inform:

Stakeholders
Consult:

Aim:

To agree a pan Kirklees set of outcomes that describe our broad vision and values for the health and wellbeing of the people of Kirklees . A set of indicators will also be developed and agreed to give assurance across the system that we are making progress towards the outcomes. We will work towards an agreement that KPIs written into contracts reflect the Kirklees outcomes. This will in turn inform commissioning decisions by focussing us on what we want to achieve across the system.

Rationale:

Developing a shared set of outcomes across Kirklees means that all agencies will be working together towards shared goals, with shared values and an agreed direction of travel.
Focussing on outcomes will enable us to use data to plan rather than look retrospectively at services that have been delivered
The joint outcomes, indicators and KPI framework can be shared regularly to provide a top level view of progress towards outcomes and support earlier 'diagnosis' of pressure points in the system
The outcome framework will support a shift towards prevention and support performance management based on outcomes rather than outputs

Timescales:

Work will begin in April 2018 and a first draft on the Kirklees Outcomes Framework will be planned to be completed by May 2018 for presentation at the Integrated Commissioning Board in June 2018.
Three task and finish group meetings are planned for March, April and May 2018.

How Progress Will
be monitored:

Monthly Updates to the Integrated Commissioning Board.

Project Name: **Integrated Commissioning Strategy**

Accountable Person: **Helen Severns**

Project Team: Phil Longworth, Rachel Millson, Helen Pearson

Stakeholders Engage: Health and Wellbeing Board, Governing Body, Wider Integration and Commissioning Teams, Transformation Teams

Stakeholders Inform: TBC

Aim:

To develop a clear narrative which outlines our vision for how we will work together (formally and informally) across organisational boundaries, both NHS and Local Authority, to commission integrated services which improve outcomes. Our intention is to look wider than health and social care and outline how we will work together to commission services which take into account wider determinants, for example, housing. This narrative will articulate our plans and associated timescales for delivering this vision.

Rationale:

There is a long and strong history of joint working across the two CCGs in Kirklees and Kirklees Council. Between these organisations and others in the region and we have already demonstrated our commitment to commissioning on an integrated basis through care closer to home, transforming care, Better Care Fund, continuing care and early intervention and prevention programmes. Our intention to build on this work was articulated in the Kirklees Health and Wellbeing Plan in 2017 which is our local vehicle to deliver the ambitions within the West Yorkshire and Harrogate Health and Care Partnership. The following work streams have been identified as initial areas of new and continued integrated working; frailty, care homes, intermediate care and reablement, continuing care, end of life care, equipment and adaptations, mental health and learning disabilities, carers, Children's and YP Commissioning incl healthy child/CAMHS and development of a wellness model. It will also cover the development of new integrated models of care building on the identified key elements of integrated care with an emphasis on place based approaches.

As of April 2018, governance arrangements and commissioning functions within the CCGs are integrated and joint ways of working agreed, with the establishment of the Integrated Commissioning Board. To support delivery of the work streams identified above, we will build on this work and develop integrated commissioning teams with a single commissioning approach across the CCGs and Council. This will also be supported by the project areas looking at Quality, Outcomes, Intelligence, Comms/Engagement/Equality.

Timescales:

Strategy agreed Sept 18
Implementation plan in place Oct 18
Quarterly update reporting from Nov 18

How Progress Will be monitored:

Monthly Updates to the Integrated Commissioning Board. Where necessary reports on specific issues from the areas in scope will be presented to the Board for discussion/approval.

Project Name: **Unified Approach to Intelligence across Kirklees to Support Integration**

Accountable Person: **Mike Henry**

Project Team: **Fiona Henderson**

Stakeholders Consult: **Emily Parry-Harries (link to Outcomes Work)**
Natalie Ackroyd (link to CCG Performance)
Steph Potts (CCG Data Quality Manager)

Stakeholders Inform: **TBC**

Aim:

To agree a unified approach to Intelligence across Kirklees to support closer integration of commissioning and provision. To include clarifying what Intelligence means, approaches to joint working, Information Governance, greater cohesion and use of existing intelligence, potential to identify further intelligence sources, consideration of common/compatible systems, platforms and processes where helpful.

Rationale:

To build on ongoing work in the Council and CCGs and further develop a unified approach to facilitate greater sharing and use of intelligence to support integration. To include consideration of how to support the emerging approaches to place based community focused ways of integrating and delivering services. Initial areas of focus are: agreeing a definition for Intelligence and scope of existing intelligence resources (eg BI, consultation, service/contract performance, research, etc), opportunities for part time co-location of CCG and Council staff to support joint working, Information Governance to support intelligence sharing, opportunities to share/link platforms, opportunities for joint working with external partners (incl University, provider organisations, others), develop links with other integration work streams and pro-active approach to be able to influence and respond to emerging intelligence needs (eg place based, supporting delivery v monitoring performance)

Timescales:

Apr/May/June progression of existing Council/CCG work mindful of integration considerations including potential to share/link platforms and opportunities for joint working with external partners
June/July/Aug agree definition of intelligence and scope of existing intelligence resources
May/June/July part time co-location of CCG and council staff
May/June/July /Aug develop links with other integration work streams and support/influence emerging intelligence needs including describing how intelligence will support integration

How Progress Will be monitored: **Monthly Updates to the Integrated Commissioning Board.**

Project Name: Integrated Provision and Early Initiatives

Accountable Person: Sue Richards

Project Team: To be identified leads from organisations

Stakeholders Consult: Chief executives, Third sector leaders, GP federations

Stakeholders Inform: TBC

Aim: Organising the provider and wider system in a more organised / integrated system that delivers better outcomes for people. More detail is set out in the Summary Narrative Document

Rationale: Integrated commissioning is supported by delivery that is joined up and acts as a system rather than a set of individual components. This also ensures the most efficient use of resources that sit within the system. Integrated provision is more than the integration of service delivery. If we are to properly invest in early intervention and prevention it is important to build community capacity that supports better outcomes for people. It therefore makes sense that integration is across the whole system and includes wider aspects such as housing and voluntary and community services. This makes integrated provision very complex and consequently difficult to manage. There is general support across the system for the premise of a range of strands to integrating provision. This includes the broader range of stakeholders and support from the project team to drive forward.

Timescales: Work will begin in April 2018 and will continue for at least 3 years. There will need to be clearly defined milestones along this timeline. Early initiatives to be managed during 2018/19 with timescales dependent on the nature of each initiative.

How Progress Will be monitored: Monthly Updates to the Integrated Commissioning Board.

Project Name: **Communications, Engagement, Equality**

Accountable Person: **Siobhan Jones,
Penny Woodhead**

Project Team: **Siobhan Jones, Penny Woodhead,
Rachel Spencer-Henshall**

Stakeholders Consult: TBC

Stakeholders Inform: TBC

Aim: Explore opportunities for more collaborative/joint-working across Kirklees and in support of the Integrated Commissioning Board. This includes processes and procedures and opportunities to 'do things once' across the patch.

Rationale:

As key support functions for commissioning, there will be a need to come together in a co-ordinated way to ensure that the Integrated Commissioning Board and other integrated functions receive the appropriate advice, guidance and practical support it needs in line with LA and CCG statutory duties.

There may be opportunities to develop Kirklees-wide communications campaigns to support priority areas of work.

There may be opportunities to learn from different approaches and to share resources/assets in relation to engagement and equality.

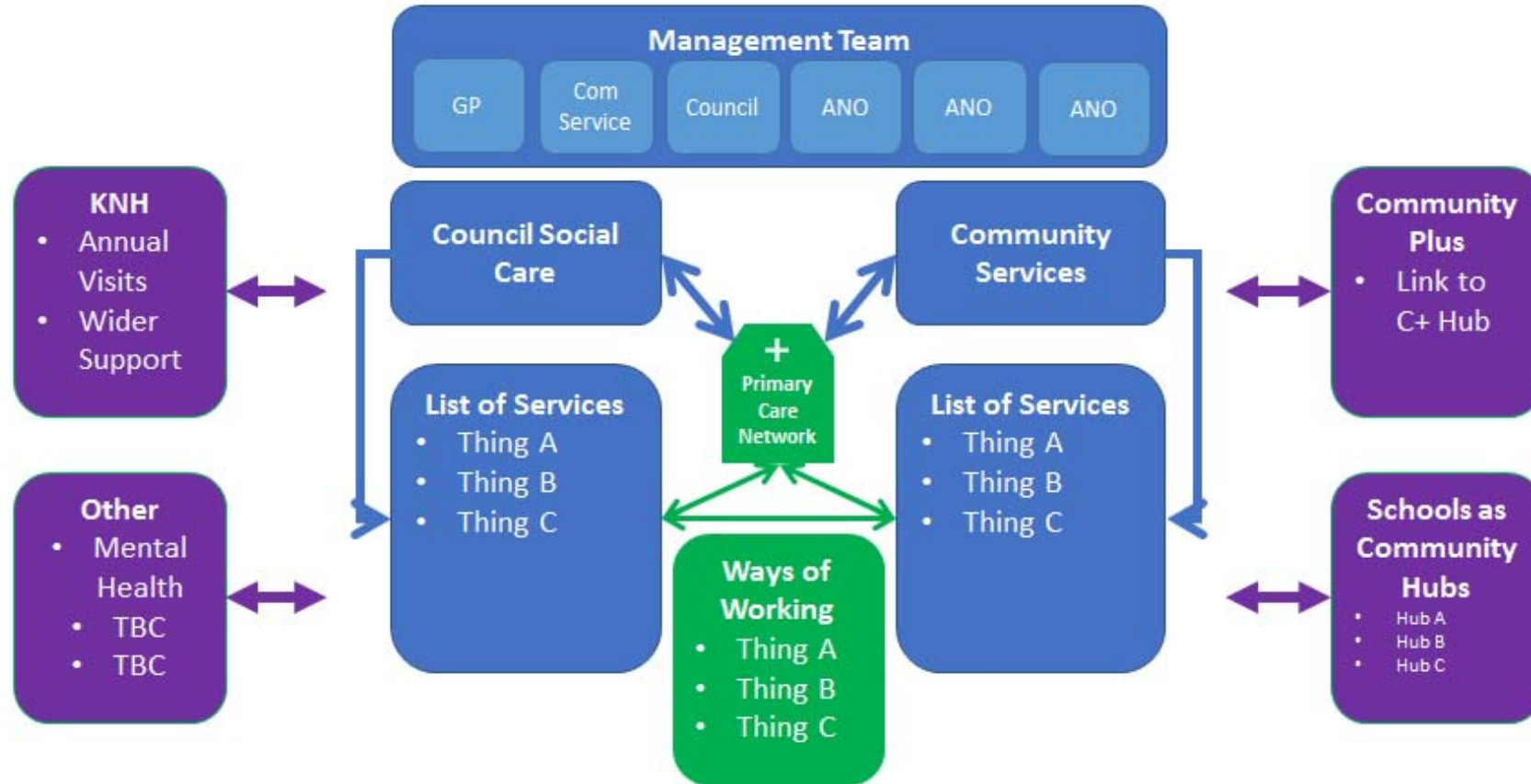
Timescales:

Exploratory discussions to take place in May 2018. By October 2018 aim to have identified the scope of this work, project teams and timescales.

It is anticipated that there will be project teams identified for each of the three areas

How Progress Will be monitored: Update Board in October 2018

Appendix B Community Based Support and Delivery System



Appendix C Integrated Commissioning Strategy



Kirklees Integrated Commissioning Strategy



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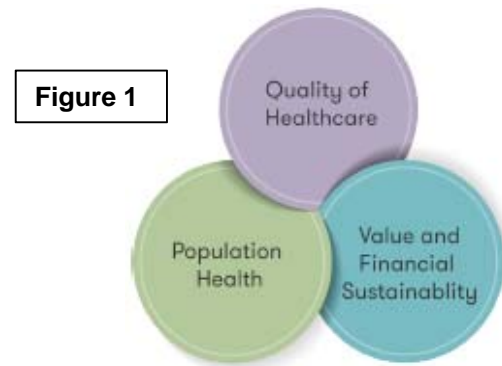
Version	5.8
Status	Final Draft
Author	Rachel Millson, Senior Strategic Planning and Development Manager, NKCCG and GHCCG

Background and Context



There is a long standing commitment in Kirklees to work collaboratively across the CCGs and Local Authority. This has taken the format of formal joint posts across health and social care, integrated governance to support development and delivery of the Better Care Fund and informal collaborative working to commission services in a number of areas, for example, children and young people (inclusive of education and learning), mental health, care closer to home and hospital avoidance. Building upon this work and expanding the integrated commissioning arrangements across health and care is a key enabler identified within the Kirklees Health and Wellbeing Plan.

The NHS and Local Authorities are operating in an increasingly challenging environment, striving to maintain the availability of high quality services which respond to increased demand from a growing, ageing population within the restraint of less resource. This is something we and a number of other organisations are experiencing locally. NHS England set out its expectations for addressing these challenges in the 'Triple Aim' and tasked organisations with ensuring services are high quality and financially sustainable in the future, (see figure 1). Integration of commissioning functions in conjunction with integrated provision focussing on populations of 30,000 to 50,000 people will support us in addressing the objectives described in the NHS Triple Aim.



This document describes how we will bring together commissioning partners to focus on people who live in Kirklees (adults and children) and how through working collectively, we deliver the objectives set in the Kirklees Health and Wellbeing Plan to improve the health and wellbeing of the whole population. The detail of how this strategy will be delivered is within its underpinning Delivery Plan.

The Kirklees Integrated Commissioning Strategy is interdependent with a number of other priorities identified as part of the Case for Change for Integration. These are:

- Joint approach to quality;
- Shared outcomes framework;
- Digital and shared business intelligence;
- Joint approach to communications, engagement and equality;
- Integrated provision.

Please note: This strategy will require review once the Green Paper for Social Care and NHS Plan are published.

Vision



To move towards population based commissioning across the health and social care system, built around the needs of local people and delivered by a collaboration of organisations covering populations of 30,000 to 50,000 people.

Our vision for the future is underpinned by a number of principles for change. Services which are commissioned in a more integrated way in the future will be built upon these principles.

Individuals and their carers will feel:

1. Supported to start well, live well and age well;
2. Enabled to draw upon their own personal resources, and those of their community;
3. Supported and in control of their health and wellbeing enjoying independence for longer through a strong focus on prevention and early intervention;
4. Enabled and empowered to access care in the most appropriate place with a focus on integrated and holistic care pathways;
5. The care they access is proactive, co-ordinated and seamless;
6. Supported to navigate the system effectively.

Services and solutions will:

1. Be created in a way which is open and transparent, ensuring we have meaningful conversations with people on the right issues, at the right time;
2. Maximise the assets within communities;
3. Be delivered through integrated models of care provided by a collaboration of organisations across general practice, primary, secondary and social care and education;
4. Promote a longer term vision of integrated personalised care, population based budgets and reducing health inequalities;
5. Break down silos in service delivery so the focus is on person centred care;
6. Remove barriers between organisations and consider the impact of change on the wider system;
7. Eradicate duplication of systems, processes and work;
8. Deliver high quality care which is sustainable, cost effective and within available budgets;
9. Use digital technology across organisations to improve outcomes for people and work more effectively;
10. Be delivered by a workforce that is trained to respond to health and social care needs and support a 24/7 service, where required;
11. Be commissioned by a range of agencies within the framework of this strategy;
12. Be delivered as close to our population as possible, recognising that some services may need to be accessed outside of our local communities. The needs of our population in Kirklees will always be our starting point for considering any changes to this.

Aligned with the Kirklees Health and Wellbeing Plan in supporting us to improve the health and wellbeing of the whole population.

Priorities for Change



To realise the vision for integrated commissioning we have identified a number of interventions which have been grouped together and themed into priorities for change. Further detail on how these priorities will be delivered is available within the Delivery Plan.

New Models of Care

Vehicles to deliver the vision include a number of existing and emerging care models. Development of primary care networks will be instrumental as the foundation to the success of this strategy.

The identified new models of care which will underpin delivery of this strategy are:

- GP Practice, Primary Care Networks;
- Schools as Community Hubs;
- Adult Wellness Model;
- Frailty;
- Intermediate Care and Re-ablement Services.

Build on what is working well

There are a number of existing programmes which already have collaborative working arrangements in place. It is our ambition that these will become fully integrated and supported by pooled budget arrangements.

These are:

- Thriving Kirklees;
- Integration of SEND Provision including personalisation;
- Carers Services;
- Adult Mental Health and Learning Disability Services;
- Joint commissioning of Continuing Care;
- Alignment of the elements that comprise the Aids to Daily Living Service;
- Implementation of the Care Homes Strategy and improving Quality In Care Homes;
- Joint commissioning of End of Life Services.

Changing how we work as commissioners

- Aligned Teams across the CCGs and Council which commission services within a single budget where appropriate.
- Move away from the traditional change management techniques to adopt an outcomes based approach to commissioning services which is supported by population health management.
- Transition will be supported by robust organisational development.
- Giving permission to 'get on and do' by trialling new ways of working and learning from this rather than ensuring all the infrastructure is in place at the start.

Supporting Providers to work differently

To deliver the vision we require providers to come together and work collaboratively rather than in competition. We recognise this is not how providers are used to working and will therefore provide support in the form of organisational development.

There are existing pockets of provider collaboration through identified provider initiatives.

Development of a Provider Board and development plan.

Priorities for Change



To realise the vision for integrated commissioning we have identified a number of interventions which have been grouped together and themed into priorities for change. Further detail on how these priorities will be delivered is available within the Delivery Plan.

Changing relationships between commissioners and providers

Whilst we retain our formal responsibilities as commissioners we will move towards more partnership working and joint planning in how we develop models of care, specify delivery and set/monitor performance indicators for the services we commission. Our aim is that this will ensure that providers have the flexibility to innovate and collaborate to respond to population needs across Kirklees. We recognise that this will present some challenges to existing contracting arrangements and we will work to ensure that we manage and mitigate the risks of this.

Development of Infrastructure to Support Integrated Commissioning

- Establishment of a committee structure with clear reporting lines and delegation to make decisions on behalf of the system.
- Development of tools and frameworks.
- Enabling co-location through flexible working and IT.
- Processes in place to ensure links are made to other areas of the CCGs and Council which are not in scope of this strategy. Key interdependencies include housing and economic development.

Quality, Equality and Engagement

- Development of a shared set of outcomes and underpinning measures across the integration agenda.
- Development of a joint approach to communications, engagement and equality.
- Development of a joint approach to quality.

This work is being delivered by separate work streams but is interdependent to this strategy, for further detail please see **(link to be added)**.

Enablers

- Digital and business intelligence
- Single approach to estates and assets
- Single approach to workforce strategy and development
- Population health management
- Market development

This work is being delivered by separate work streams but is interdependent to this strategy, for further detail please see **(link to be added)**.

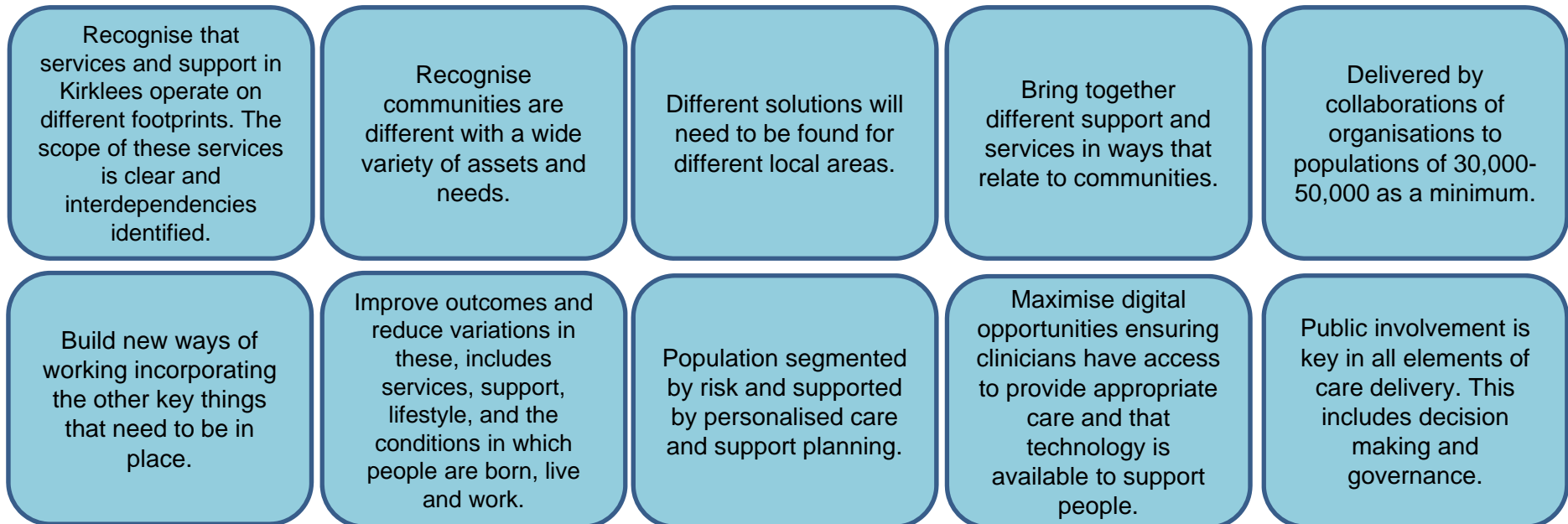
New Models of Care



For people in Kirklees, we want a joined up system of health and social care which is supported by community, voluntary sector and wider provision, that allows people to maximise their independence from formal services and to reach their goals and aspirations, whilst getting the right support when needed. This requires a reshaping of the way services are provided.

Community, primary and social care and general practice needs to be integrated in a way that achieves improved outcomes within existing budgets. Work has already begun in some areas and we need to build on this in the future.

The key components of integrated new models of care;



Community based support and delivery system



Delivery of place based systems of care is one of the five priorities within the Kirklees Health and Wellbeing Plan. These will bring together different support and services in ways that relate to communities. We expect these to cover populations of 30,000-50,000 and to be based around groups of GP practices working together with other providers and services.

Our initial vision is that we will integrate GP practices, primary care, social care, and community services. This will provide us with the core of a community-based support and delivery model that can then be used as the focus around which we can integrate other existing place-based approaches around building community capacity. These include Community Plus, Local Area Co-ordinators, and Schools as Community Hubs. They will also allow us to develop new ways of working that build on these existing approaches.

In addition, these structures will provide a way in which other wider services such as the voluntary sector, housing, police, and fire can begin to interact and support the delivery of support and services to local communities.

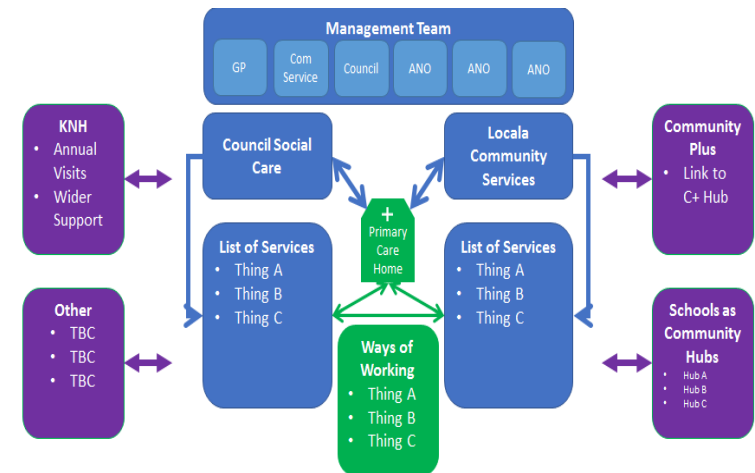
It is expected that there will be nine of these in Kirklees covering the whole population.

We will work with our staff and communities to identify which elements of social care and community services are relevant to this approach and begin to establish new ways of working so that these will be increasingly delivered in an integrated way. It is anticipated that the list will have some services that are common across each of the community delivery systems but that it allows for local flexibility in so that each area can include things which are of particular importance to their population.

The importance of building new working relationships is key to making this a success. We recognise that we will need to invest time and effort in helping to support the development of these new working relationships. This work has commenced and will be an ongoing requirement during development and implementation.

The purple boxes show how we think other important services and approaches will be linked into this model. For example, the existing Community Plus and Schools as Community Hubs will be able to link with the newly established model and over time begin to build mutually supportive ways of working. In addition, it provides a way in which wider determinants of health, such as housing, can be part of this new way of working.

Each of the new community-based support and delivery systems will need to be supported with managerial capacity to help with implementation and ongoing running.



Scope



The Kirklees Integrated Commissioning Strategy applies to health, social care, public health and some of the children's services which are commissioned within the Kirklees footprint. Our initial focus is on commissioned services which have been identified as within our immediate ability to influence. Whilst there is a recognition that individual peoples' outcomes are impacted by wider determinants, for example, the Kirklees economy, we will not be including these within scope at this stage. Strong links between this strategy and others will be maintained however.

Pooling budgets can support our ambition for integrated commissioning, but is not a requirement. We will be explicit when we have agreed that working towards pooling of specific budgets is required to achieve our ambitions.

The table below outlines the scope of services and budgets included within this strategy and the potential for future services to be included in the future. The scope will be reviewed as the wider integration agenda develops.

1. Services currently commissioned on an integrated basis or we expect to be by the end of 2019 (italics = some elements in existing Section 75 Agreements)

Healthy Child inc CAMHS
Carers support – children and adults
Intermediate Care & Reablement
Equipment, adaptations and assistive technology
Hospices & End of Life Care
Continuing Healthcare Packages & Team (Children's, Adults, FNC, Personal Health Budgets)
Community health service contracts
Some elements of learning disability and mental health non-Inpatient services
Some elements of Mental health voluntary sector contracts
 Community Plus (including Wellness)
 Primary care locally commissioned services
 Substance Misuse
 Sexual Health Services
 Infection Control
 Children's Services including: Occupational Therapy , Speech and Language Therapy, Physiotherapy,
 LAC Designated Nursing and CAMHS
 Kirklees Youth Offending Team
 Some element of SEND provision; Thriving Kirklees , Children's Therapies

3. Budgets that are managed across a different footprint and require an awareness and alignment

Innovation funding
 Ambulance Services
 NHS 111
 Learning Disabilities & Mental Health Inpatient services
 Primary Care IT (GMSS)
 Acute NHS contracts
 Acute independent sector contracts, CATs, NCAs & AQPs
 Community non contracted activity
 Some elements of Mental Health contracts

2. Services that we intend to be commissioned on an integrated basis or we expect to be over the next 18 months to 3 years. This will require work on alignment over the next 18 months.

Locality based commissioning for populations of 30k – 50k
 Adults Social Care (ASC)

- Advice and Information
- Early Intervention and Prevention
- Social Work, Assessment and Safeguarding
- Domiciliary Care, Day Care
- Residential and Nursing Care, Supported Accommodation, Extra Care
- Hospital Avoidance and Discharge

Adults Safeguarding
 Prescribing & Medicines Management
 SEND provision across health, education and social care
 Safeguarding Children & Young People Services including Children Social Work and Looked After Children

4. All other local revenue budgeted resource (that has a major impact on health and well being) that do not fall within the other the other 3 areas but requires an awareness and alignment

Core GP Delegated Contracts
 Earmarked Reserves and QIPP
 Dedicated Schools Grant Schools Block
 Dedicated Schools Grant, Early Years and High Needs
 Kirklees Active Leisure grant
 Housing Strategy & Management

Measuring Success – Benefits and Outcomes



Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes for the citizens and places of Kirklees and the people who use our services. If we achieve the outcomes in Kirklees we will know that people are starting well, living well, and ageing well.

Improving population health and wellbeing through monitoring the delivery of these outcomes will be our focus. Alongside this, all the initiatives and changes within the Integrated Commissioning Strategy to improve population health and wellbeing will be monitored to ensure they are having the impact that is required.

There are 7 Kirklees outcomes:



Children

Children have the best start in life



Healthy

People in Kirklees are as well as possible for as long as possible



Achievement

People in Kirklees have aspiration and achieve their ambitions through education training, employment and lifelong learning



Safe & Cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm



Economic

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



Clean & Green

People in Kirklees experience a high quality, clean, and green environment



Independent

People in Kirklees live independently and have control over their lives



The Kirklees Integrated Commissioning Strategy specifically supports us in improving these outcomes

An outcomes framework is in development which builds from the seven Kirklees Outcomes:

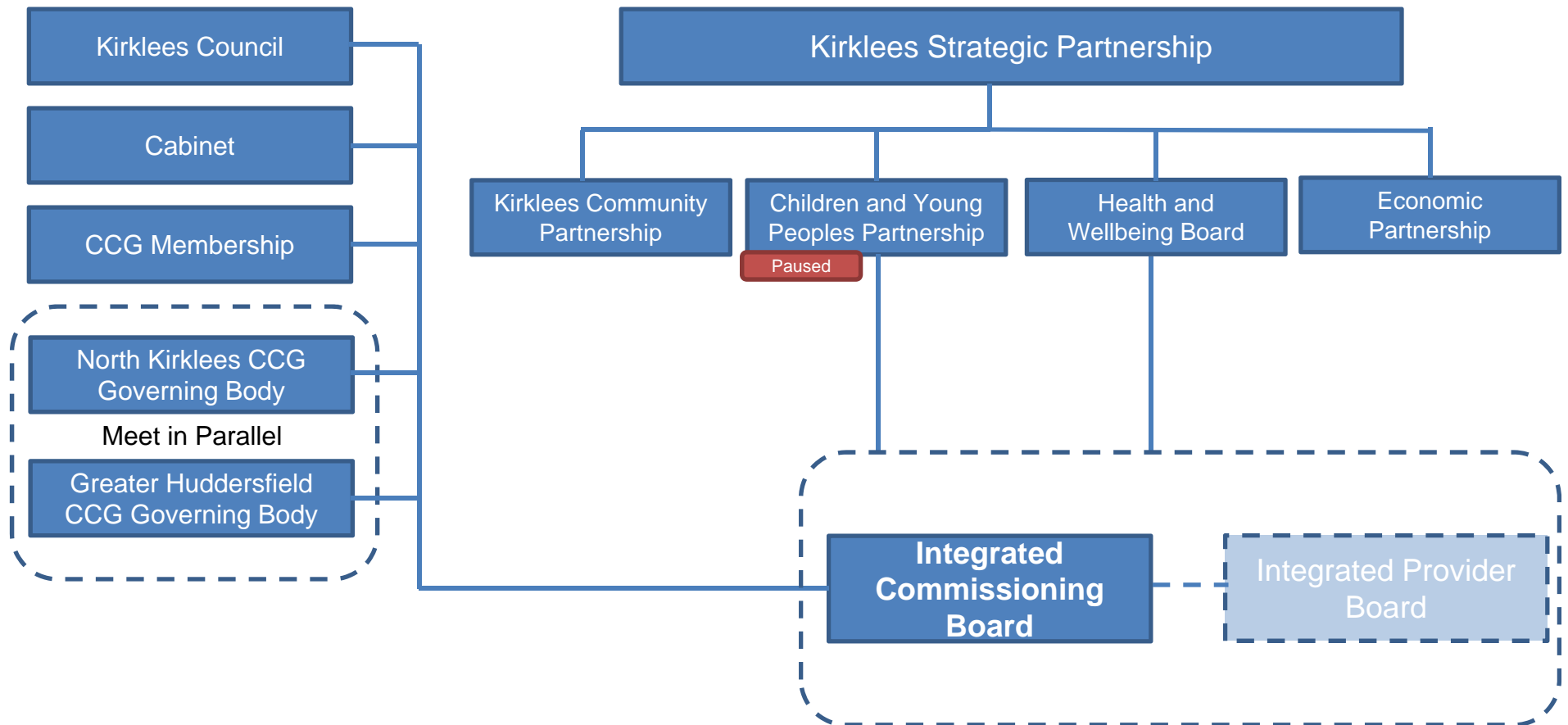
- Population indicators
- Supplementary indicators
- Local performance measures / individual outcomes

This has been developed by the Integrated Commissioning Board and will form the basis of how we will measure improvements in health and wellbeing in Kirklees. This will be a tool that commissioners, providers and the Health and Wellbeing Board can use to monitor our progress and will be completed by Autumn 2018.

Partnership approach to delivering our shared outcomes



Governance



Integrated governance arrangements continue to evolve, and are likely to change throughout the life of the Strategy. As such, this diagram presents a snapshot at the point of approval. The latest governance structures are available upon request.