

**ITEM 9 APPENDIX – The report that was considered by Health and Wellbeing Board on
18 January 2017**

**Development of future joint/integrated commissioning arrangements in North Yorkshire
DRAFT
January 2017**

1. Purpose

The purpose of this paper is to outline an approach to future joint/integrated commissioning arrangements in North Yorkshire and seek the support of the Health and Wellbeing Board for further developing the approach.

2. Recommendations

It is recommended that Health and Wellbeing Board:-

- Supports the approach
- Notes and comments on the report
- Endorses the initial action plan attached as appendix 2
- Considers opportunities to improve engagement with partners and stakeholders as the approach develops
- Agrees to receive progress update reports commencing with an update on the joint work programme in March 17

3. The case for integration

Bringing together health and social care has been a constant and dominant policy theme for many decades.

The Department of Health acknowledges that whilst the evidence on integrated care to date is mixed and measuring its impact is not only difficult, but can take years to materialise (Ham et al 2015; Bardsley et al 2013), the case for integration between different types of health services and between health and care services is now universally accepted.

‘What is clear is that fragmented and disjointed care have, a negative impact on patient experience, result in missed opportunities to intervene early, and consequently can lead to poorer outcomes. Poor alignment of different types of care also risks duplication and increasing inefficiency within the system.’

Department of Health (2013)

Integrated care continues to be seen as the right direction of travel for meeting the changing needs of the population.

The Care Act (2014) requires Local Authorities to carry out their care and support responsibilities with the aim of promoting greater integration with the NHS and other health-related services. In addition the Act is a driver for preventing, reducing or delaying

the need for care by developing personal and community assets which are considered important for creating alternatives to hospital care, and helping to reduce the financial pressures in the system. The Act also requires Local Authorities and their relevant partners to co-operate in performing functions related to care and support.

In the 2015 Autumn Statement, the government announced a requirement that all local areas integrate health and care services by 2020.

‘Commissioning has a key role to play in developing integrated services, and that the on-going separation between the health and social care systems is a major obstacle to achieving better outcomes for people.’

Kings Fund (2015)

The Barker Commission¹, The House of Commons Health Committee’s inquiry on the future of social care, and subsequent Health Committee reports have all reiterated the problem of fragmented commissioning arrangements as an obstacle to truly integrated services.

Integration however is not seen as an answer in itself, or a panacea for the system’s financial challenges.

‘Its primary purpose is to shift the focus of health and care services to improving public health and meeting the holistic needs of individuals, of drawing together **all** services across a ‘place’ for greatest benefit, and of investing in services which maximise wellbeing throughout life.

NHS Confederation (2016)

4. Local Context

North Yorkshire has come a long way since 2013. There were high expectations from all partners that the relationship between newly established CCGs and the County would provide a collective strength and focus on North Yorkshire communities that had sometimes faltered under the financial constraints of predecessor organisations.

While not without challenges, there has been good progress establishing joint forums for discussion and developing shared strategies and place based plans informed by the Joint Health and Wellbeing Strategy. Partners work well together in responding to and jointly managing service delivery pressures - winter for example, and through local Transformation Boards to design and lead place based system transformation and new models of care.

In 2106/17 the Better Care Fund (BCF) provided a platform for North Yorkshire Health and Care Commissioners to consider the question – Is the progress made enough given the current and future context of increased demand and financial pressures? This helped commissioners further extend their thinking beyond the boundaries of the BCF towards greater integration of commissioning and innovation in delivery, and in this context BCF can be seen as a mechanism to help deliver what we want to achieve not an the end in itself.

¹ The King’s Fund established the Commission on the Future of Health and Social Care in England in 2013 to explore what a new settlement for health and social care might entail chaired by Dame Kate Barker CBE,

Subsequently in October a facilitated workshop supported by NHS England and the Local Government Association, was held with commissioners to consider the development of future commissioning arrangements in North Yorkshire.

The focus of the workshop was on North Yorkshire place based commissioning involving the County Council and the five CCGs while recognising that to commission effectively in the future, this needs to operate within the context of three further levels of commissioning:-

- Complex, strategic commissioning which is county wide and often wider e.g. configuration of acute services
- Locality commissioning which may involve a CCG, a District Council, the County Council and local providers
- Commissioning at individual/family level

From the workshop commissioners agreed to take forward the development of a strategic approach to prevention and community services and develop this paper for Health and Wellbeing Board.

In addition a Health and Wellbeing Board development session was held in November 2016 which examined the changing landscape for health and social care, what that might mean for the Health and Wellbeing Board, and what as a consequence the Board might need to do differently.

A summary of key challenges, opportunities and actions from the session is attached as Appendix 1. It is anticipated that the proposed approach will support the Board to respond to some of the challenges identified.

5. Place based planning – where are we now?

NHS England has asked all local health and care economies to set out their plan for delivering the Five Year Forward View through the Sustainability and Transformation planning process.²

Sustainability and Transformation Plans represent a shift in the way that the NHS in England plans its services which reflects the growing consensus that more integrated models of care are required to meet the changing needs of the population.

Through this planning process NHSE make it clear that in responding to current and future challenges - more of the same is not a sustainable strategy because it would over time inevitably lead to three widening gaps:-

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

². Although the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being asked to collaborate rather than compete to respond to the challenges facing their local services. Sustainability and Transformation plans

With the right changes, the right partnerships, and right investments none of these gaps are considered inevitable.

Addressing the gaps is said to require the following:-

- Investment in prevention, to reduce health inequalities and avoid the need to direct spend towards wholly avoidable illnesses
- Care to be reshaped and technology to be harnessed to drive down variations in quality and prevent people from unnecessary harm
- Funding levels and system efficiencies to be better matched to prevent deficits, deterioration in services, staff reductions and restrictions on new treatments.

The three Sustainability and Transformation Plan footprints that include North Yorkshire, Humber Coast and Vale; West Yorkshire and Harrogate; Durham, Darlington, Teeside, Hambleton, Richmondshire and Whitby, have identified a funding gap of nearly £2bn up to 2020 if more of the same is done. The planning process has also highlighted that radical change is required in the flow of money around the system to develop preventative and out of hospital services that can effectively manage demand and deliver sustainability.

Integral to Sustainability and Transformation Plans however are detailed local plans which are essential to delivering efficiencies and new models of integrated care that will improve the wellbeing, health and independence of more locally recognised populations.

Already across North Yorkshire, through locality transformation boards there are some good examples of new models of care emerging such as:-

- Harrogate – early work in integrated commissioning and provision and - What Matters to Us', a new model of care encompassing community hubs and integrated care delivery, shared care plans, and a virtual information hub
- A care home vanguard in Airedale, Wharfedale and Craven and work to develop, reconfigure and expand integrated community services as part of the National Integrated 'Pioneer Programme
- Integrated Pioneer Status for Vale of York CCG for work on health and care improvement through integrated care pilots
- Hambleton, Richmondshire and Whitby's Fit 4 the Future programme, a new model of care in urgent care, intermediate care, diabetes services and rural community services
- Work on an emerging ambition for community health and care model in Scarborough led by GPs the CCG and the County Council.

Public Health work with wide range of partners and using the themes of the health and wellbeing strategy have invested in two major jointly funded programmes to focus activity. The living well team targets the most vulnerable, promoting and brokering specific solution to prevent, reduce or delay the need for long-term health or social care and the stronger communities team which works with communities to develop their own solutions. Services

have also been commissioned and redesigned to address difficult issues compounded by deprivation e.g. North Yorkshire Horizons drug and alcohol services, Smokefreelife North Yorkshire and YorSexual Health.

‘Young and Yorkshire (the Children and Young People’s Plan for North Yorkshire) has created an absolute focus for the work of all partners and enabled the Children’s Trust to concentrate on ensuring delivery of collective improvement on the right issues. Good progress has been made against the three key priorities with a number of key programmes developed that have or are being implemented, including the Scarborough pledge, Achievement Unlocked, Future in Mind and the 0-19 Healthy Child Service.

As part of the 2020 North Yorkshire change programme, Health and Adult Services are working differently with people and partners by focusing their efforts on prevention, information advice and guidance, choice and control, market development, commissioning and technology to improve wellbeing and independence.

However, while health and care organisations in North Yorkshire have detailed and challenging efficiency plans in place including Quality Improvement Productivity and Plans (Clinical Commissioning Groups), Cost Improvement Plans (Foundation Trusts) and North Yorkshire County Council’s 2020 programme, these are not always shared or aligned and inevitably there is risk of duplication and poor value for money.

In light of this, health and social care commissioners wish to better use the power of collective action to commission more effectively together at a North Yorkshire place based level whilst continuing to ensure services are specified and delivered to meet the diverse needs of more locally recognised populations.

6. Collective ambition – Where we want to get to

Commissioning better together to improve health and wellbeing in North Yorkshire

The ambition through a more integrated approach to commissioning is to establish an unprecedented focus on Place, Prevention and Wellbeing in order to consistently improve health and care outcomes across the North Yorkshire population, support more people to remain independent, better manage and reduce demand on health and care sectors and deliver financial sustainability in the longer-term.

Commissioners recognise the complexity of relationships, strengths, issues and opportunities across North Yorkshire – they also however recognise the need to radically reimagine health and care from a commissioning perspective and to find pragmatic solutions to address current and future challenges - at scale and with pace.

By leading beyond the boundaries of individual organisations and transcending structural complexity, commissioners want to foster a thriving and innovative approach to future commissioning and work with stakeholders to co-create an environment where the first call on any service investment is primary, community and mental health services –assuming true value is being derived from existing services.

This more unified approach should better support delivery of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Board priorities.

In taking this approach the principle of subsidiarity will be applied to ensure alignment and avoid duplication with other planning mechanisms.

7. Plan of Action – How are we going to get there?

A more comprehensive plan will be developed in the coming months but the initial deliverables and timescales are shown in appendix 2

Commissioners want to revise the Joint Commissioning Forum and its membership to include Public Health and senior membership of NHS England.

Allied to this commissioners will lead the development of a county wide strategic approach to prevention and community services addressing system challenges at two levels:

- Supporting the transformation, reconfiguration and delivery of acute services using an evidence-based best practice approach
- Developing primary and community based alternatives to support people to live well and independently at home or as close to home as possible

Investment in community based services wrapped around primary care will support the shift in focus for acute services towards planned rather than unplanned care thereby improving outcomes for people and supporting the move to reduced growth in acute spend.

The approach will allow commissioning intentions for integrated services to be clearly understood across the county and clarify what can be commissioned and delivered at the North Yorkshire level for example, Discharge to Assess.

Learning from systems elsewhere further along the journey suggests that activity can be grouped under three key headings which may help structure a North Yorkshire programme.

- Business as usual savings – a collective understanding of current savings plans and impact
- Collaborative productivity - undertake a review of collective purchasing power, shared functions
- Demand management and prevention – identifying the key components of an effective out of hospital system that includes health and social care and has a clear focus on prevention.

Some early thinking has identified the key touch points between health and social care where a joint programme would make sense and includes:

- Continuing Care (all age)
- Mental Health
- Autism
- Public Health
- Learning Disability

- SEND reforms
- Section 117
- BCF Investments
- Out of Hospital /Community Services
- Market sustainability and Development

While this represents a good starting point, to achieve the required strategic shift the conversation needs to elevate above client groups and individual spend. Furthermore not everything will be delivered at a North Yorkshire level. Out of hospital / community based services are likely to be commissioned and delivered at locality level. There are benefits however to sharing learning from what works at a higher, North Yorkshire level of planning. We also need to look with public health at the best way to address our population health and social care needs.

Fundamental to success is effective engagement with a wide range of partners and stakeholders. While there are already a range of mechanisms for engaging partners and stakeholders across North Yorkshire, there is opportunity to build on what currently works well and consider what could be improved e.g. the North Yorkshire Delivery Board. Commissioners are particularly interested therefore in the Health and Wellbeing Boards views on ensuring effective engagement takes place as the approach is developed further.

8. Principles

As part of the approach there will be a set of agreed operating principles. While these are being developed the following represent suggested working principles:-

- Integration is the best model of support for people who use health and social care services
- Commissioner Forum in its revised form is best placed to drive the development of future commissioning arrangements in North Yorkshire on behalf of the Health and Wellbeing Board
- All the CCGs and the County Council are signed up to the approach and commit to continue to working together and with partners to further develop the approach
- Not everything can be done at once and some areas are more advanced than others. The approach will therefore need to create an agreed strategic framework which allows for local approaches within it
- Commissioners will be honest and respectful about what can and can't be dealt with as a collective recognising that different organisations are bound by different rules and regulations, whilst fostering a leadership approach which operates beyond an individual's own organisations targets, pressures and priorities

Report Author

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References

Department of Health (2013) *Integrated care and support: our shared commitment*. National Collaboration for Integrated Care and Support. London: Department of Health.

Kings Fund (2015) Options for integrated commissioning – Beyond Barker

NHS Confederation (2016) Stepping up to the place. The key to successful health and care integration.

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Health and Wellbeing Board development session

25th November 2016

Summary of key challenges, opportunities and actions

Key challenges raised by Board members included:-

- Whether the opportunity provided by the Health and Wellbeing Board is always being optimised to focus on the collective ambition for North Yorkshire
- The strength of the partnership in the face of such an unprecedented financial context
- The extent to which the health system is breeding risk-averse clinical teams
- The extent to which the strengths and capabilities of the NHS are where they need to be (not necessarily in the community) and how this can be mitigated through use of the strengths and capabilities of other stakeholders such as councils, the independent and voluntary sectors and people/citizens
- The current effectiveness of communications between the board and sub structures

Opportunities identified during the session included considering the role of the Health and Wellbeing Board in relation to:-

- Changing the nature of the conversation with people/citizens
- Maintaining a focus on the long game
- Reinventing primary care
- Unifying the system around prevention
- Embedding mental health
- Linking the public, politicians and health scrutiny

And finally some key actions were identified which involve:-

- Focussing on outcomes for North Yorkshire people and linking all activity back to the Joint Health and Wellbeing Strategy
- Identifying and progressing one or two key challenges
- Modelling behaviours that give permission to act
- Actively embedding the principles around place and prevention
- Building trust in alternative/community based interventions
- Resourcing and improving communications

Deliverables and Timescales

Deliverable	Who	When
HWB Report describing approach to future commissioning arrangements	Michaela Pinchard	January 2017
Revised commissioning forum and membership	Commissioner Forum	February 2017
Operating principles developed	Amanda Reynolds	Jan – March 2017
Options for resourcing the work agreed	Commissioner Forum	Jan - February 2017
Options for engaging with partners and stakeholders developed	TBC	Jan – March
Commissioning intentions and shared work programme further developed	Michaela Pinchard	Jan - TBC