Leeds CITY COUNCIL

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Report of: **Director of Public Health**

Report to: **Executive Board**

Date: **22nd April 2015**

Subject: **NHS England Five Year Forward View and New Models of Care**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☒ Yes	☐ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of Main Issues

1. Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Organisations across the city work together under the leadership of the Health and Wellbeing Board with the vision to create a healthy and caring city for all ages, in which people who are the poorest improve their health the fastest.
2. NHS England (NHSE) published it's 5 Year Forward View in October 2014. This outlines a vision of the NHS over the next five years and includes a significant focus on developing new models of care for integrated provision across the health and social care system. In March 2015, 29 local sites were selected to be early demonstrators of one of the four identified new models.
3. Organisations and GPs in Leeds are starting to develop joint proposals for new models of providing care in community settings. These proposals build on the 13 established neighbourhood teams, the 25 early start teams and link to the 37 neighbourhood networks in the city.
4. The development of these models may affect how social care is provided in the city, and also how other services might be provided or commissioned at a local level. The Executive Board should be aware of these developments and take this opportunity to provide a strategic steer.

Recommendations

Executive Board is asked to:

- Note the contents of this report and be aware of national and local developments with regard to the NHS 5 Year Forward View and new models of care.
- Be assured that the Health and Wellbeing Board is taking a leadership role in the discussions and planning across the city in this area.
- Agree that any significant decisions about establishing new models of care which involve the allocation of Council resources would require the full consideration and approval of Executive Board.
- Consider how the NHS 5 Year forward view might impact on the council's commissioning and service provider functions, with a view to shaping future council strategy.

1. Purpose of this report

This report is intended to provide the Executive Board with an opportunity to be aware of, and make comment on, the next significant reform in health and social care service provision. This has been termed nationally as 'New Models of Care'.

In Leeds this will concern the future operation of General Practice, community healthcare and social care services. This may have implications for the Council's commissioning and provision. There may also be a need for oversight of governance arrangements for strategy and planning as these New Models of Care develop.

Since much of this NHS England (NHSE) policy is emerging and is likely to progress gradually, this report is intended to provide Executive Board with early awareness of those issues which will need to be considered in the forthcoming years as New Models of Care developments progress.

2. Background information

2.1 Leeds has an ambition to be the Best City in the UK for Health and Wellbeing. Organisations across the city work together under the leadership of the Health and Wellbeing Board with the vision to create a healthy and caring city for all ages, in which people who are the poorest improve their health the fastest.

2.2 Partners across Leeds are responding to this challenge through the Joint Health and Wellbeing Strategy under the leadership of the Health and Wellbeing Board. There is considerable work underway across the city to improve and integrate health and social care services and reduce health inequalities.[1] This was recognised nationally in 2013 when Leeds became the only city to achieve Pioneer status as part of the Department of Health's Integration Pioneer programme.

2.3 There are 13 integrated neighbourhood teams across the city, aligned to local groups of general practices. These teams are working to deliver the full range of community nursing services and adult social care, with primary care working at scale and co-ordinated with each team. Added to this are 25 Early Start teams in the city, which are family based teams including GP Practices, health visitors and community nurses providing integrated services for children 0-5 year old. The city also has more than 37 Neighbourhood Networks, which are community based, locally led organisations that enable older people to live independently and pro-actively participate within their own communities.

2.4 In October 2014 NHSE published its 5 Year Forward View, which sets out ambitions for the NHS over the next Parliament. A significant part of these plans concern how services might be provided in the future to better meet current and future need in a financially sustainable way. This programme outlines the four initial different types of New Models of Care which will be developed locally by areas across the country.

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[1] Leeds Health and Wellbeing Board, *Our First Year*, http://www.leeds.gov.uk/docs/HW_Annual%20Report%202014.pdf

2.5 Leeds was recognised as an exemplar in this area in 2013 as the only city to be a Health and Social Care Integration Pioneer. Health and social care partners in the city submitted a joint expression of interest to NHSE to develop a care model based on our Pioneer work which would incorporate primary care services more fully in community healthcare. This is termed as a 'Multispecialty Community Provider' as one of NHSE's 4 New Models of Care. The submission was not selected as one of the national pilots, but Leeds will continue to receive support from the programme as a Pioneer and will continue to develop proposals for more integrated community care to improve outcomes for children, young people and adults.

2.6 In the Multispecialty Community Provider model groups of GP practices would develop and expand, bringing in nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out-of-hospital settings.

2.7 This topic area includes much new terminology, acronyms, technical definitions and language from the health and social care sector. These will be explained as clearly as possible throughout this paper. A glossary is included in Appendix 1 to define some of the terminology.

3. Main issues

3.1 Current Proposals in Leeds

3.1.1 All health and social care partners in the city have recently submitted a proposal to NHSE to develop Multispecialty Community Provider 'hubs'. These would build upon the already established neighbourhood teams, early start teams and neighbourhood networks in the city. They would also test population based commissioning with capitated budgets by building on existing work in the city as a national 'Year of Care Early Implementer site.

3.1.2 There would be a collective approach with joint planning across the city but locally sensitive models would be developed across each of the city's three Clinical Commissioning Groups (CCGs).

3.1.3 The broad outline of the approach aims to scale up the existing 13 neighbourhood teams as Multispecialty Community Provider hubs to integrate care across community nursing, social care and primary care. The new Multispecialty Community Provider hubs will serve populations of between 30,000 and 90,000 and will be led by a team consisting of one lead manager and two clinicians (a nursing and a GP lead), strongly supported by associated Local Authority care and support professionals. This model will develop devolved capitated budgets to encourage more accountability for care at a local level, as a population-based commissioning approach to improve health outcomes. It will also utilise technology, such as the Leeds Care Record to support the integration of services and improve care.

3.1.4 Leeds North CCG aims to pilot a population based commissioning and capitated budget approach with one of its four localities.

3.1.5 Leeds South and East CCG is working to pilot a model based on the formation of a partnership or alliance between the developing GP Federation (a formal group of GPs working together), Leeds Community Healthcare Trust, Leeds Teaching Hospitals Trust, Leeds and York Partnership Trust, Adult Social Care and the third sector. The pilot will be based on registered populations, with selection of a specific cohort of patients based on multiple long term conditions.

3.1.6 Leeds West CCG aims to have locally accountable GPs within neighbourhood teams to take leadership in integrating care across primary and community settings.

3.2 Aims of developing new models of care in Leeds

Broadly, the evidence base for community based service models is incomplete and in some cases inconclusive, but there is growing evidence and emerging consensus that shifting more care from hospitals closer to people's homes with a focus on prevention works for better health outcomes and the scaling up of community services should be central to changing how service provision is organised.[2]

The proposed Multispecialty Community Provider model of care should:

- Increase the numbers of patients that are cared for outside of hospital.
- Improve care for patients with long term conditions within primary care and reduce the need for referrals and handovers of care. This would be achieved through working with joint teams of hospital, community, primary care and mental health clinicians working with a registered list of patients and voluntary organisations across a group of practices.
- Create an improved local urgent care response, built around 7 day working with a joint team of primary care, community, mental health and social care professionals. This should improve proactive care of people at risk of developing further health problems and would facilitate a quick response to avoid hospital admission or allow earlier discharge home.
- Incentivise providers to develop primary and secondary prevention initiatives by working across the registered population. This should address the wider determinants of health, healthy lifestyles and prevention of complications and coping with two or more long term conditions.
- Improve patient experience as a result of integrated, co-ordinated care around the needs of the patient, with better access to services and information.
- Make care provision more efficient, with care that is better targeted at those most in need (or most likely to be most in need) and processes and pathways more integrated and streamlined.

[2] The King's Fund, 'Community Services: How they transform care' (2014) http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/community-services-nigel-edwards-feb14.pdf

- Reduce expenditure in acute hospital settings as a result of reduced activity, thus releasing resources for investment in primary, community and social care services.
- Improve the Leeds health and social care system as a place to work, with more fluid organisational boundaries and more control and engagement by frontline professionals.
- Ensure a robust and sustainable population based solution across all of the health and care agencies, including the community and voluntary sector in Leeds

3.3 What might new models of care look like for people receiving care in Leeds?

New Models of Care encompasses a range of reconfigurations to services and a broad approach to providing health and social care to a given population. At the current stage of developments in Leeds the exact model of care cannot be described. However, the type of patient experience that partners in the city are expecting to produce might include some of the following examples:

- Patients who are recovering from stroke may recover more in their own homes because of additional coordinated multidisciplinary health and social care teams and services close to their homes instead of being in hospital.
- Patients who need to have an X-Ray may be able to have this done within the GP Practice itself, instead of needing to travel to a hospital, because of the availability of more facilities and specialists in large GP Practices.
- Multidisciplinary health and social care rapid response teams may be created to provide a single point of access for people with frailty and multiple long term conditions. This would reduce the need to make 999 calls.
- Patients with dementia, and their carers, may receive regular care in the community from professionals who have been specially trained for their condition. This would be instead of receiving general support in the community and being referred to hospital to visit specialists.
- Patients with multiple long term conditions such as diabetes may benefit from new technologies and better access to their health information across different organisations. This would help patients manage their condition better at home, and have more informed conversations with health and social care practitioners.
- Patients with multiple long term condition such as diabetes, angina and arthritis may have a care co-ordinator, which would allow their care to be coordinated more effectively,

3.4 Considerations required for implications of new models of care in Leeds

3.4.1 **Funding and Commissioning Arrangements**

New models of care will require changes in how care is paid for in order to facilitate and incentivise providers to integrate services around the needs of individuals and focus on overall health outcomes. This is different to the current arrangements

where providers are in large part paid for individual services as part of a fragmented, activity-focused system of care.

3.4.1.1 Multispecialty Community Providers will use *capitated budgets*. In this approach commissioners pay providers a regular lump sum per person across a population. This means that instead of paying providers for particular treatments or inputs, providers are paid for delivering specified outcomes for a defined target population. Leeds is one of seven national 'Year of Care' sites piloting a new way to fund care for people with long-term health conditions, operating along similar lines to capitated budgets. This project identifies per person costing across patient cohorts with the aim of improving efficiency through pooled funding and clearer understanding of where expenditure occurs across the patient pathway. Learning from this will be important for developing payment mechanisms for new models of care. The council will need to understand how social care expenditure might be included in integrated capitated budgets for use across health and social care.

3.4.1.2 Such a model might require a greater use for *pooled and delegated budgets* between CCGs, NHS providers and the local authority. These arrangements are already in place in Leeds through the Better Care Fund and agreements under section 75 of the National Health Service Act 2006. For example there is such an agreement in place between Leeds City Council and Leeds and York Partnership Foundation Trust for mental health services. The Health and Wellbeing Board has led the approval and initial implementation of the £56m pooled Better Care Fund budget and will need to consider the appetite for increased pooled funding above and beyond.

Should new models of care in Leeds develop the proposals to extend the use of pooled and delegated budgets between health and social care will require the commitment of Council resources. The Executive Board will need to consider and approve any commitment of Council resources to establish these arrangements and ensure best use of the Council's resources.

3.4.1.3 The NHS Five Year Forward View also includes an intention to increase the use of *Personal Health Budgets* and *personalised payment mechanisms* across health and social care. These will be incorporated as part of the development of New Models of Care. Leeds has been a national leader in the establishment of personal budgets in social care, learning disabilities and continuing healthcare. The Health and Wellbeing Board set out the city's ambition for personalised care and personal budgeting at its meeting on 23rd March. The Council will need to consider the role of social care (and potentially other) budgets in the integration and coordination of personalisation initiatives in the city.

3.4.1.4 In progressing new models of care, the Executive Board and the Health & Well Being Board will need to take account of the proposed devolution arrangements in Greater Manchester. All local authorities and Clinical Commissioning Groups in Greater Manchester have agreed to a Memorandum of Understanding for the delegation and future devolution of health & social care responsibilities and

resources – around £6bn in 2015/16. There will be huge national interest in how this significant initiative progresses and locally there is a wish to better understand the opportunities for greater freedoms and flexibilities in Leeds.

3.4.2 **Workforce**

The new models of care will lead to the development of new roles and skills within the health and care workforce. There will be a redistribution of roles and responsibilities across the health and care workforce, a focus on multidisciplinary teams, a need for more specialists in out-of-hospital settings and the implementation of seven-day services. These changes will require a redesigned workforce with a different composition of skills, attitudes and qualifications.

Health and social care organisations in Leeds already have an integrated workforce stream as part of the city-wide Transformation Programme. This work is looking at how health and social care roles might have to evolve in the future in response to New Models of Care.

3.4.3 **Information Sharing and Informatics**

Care which is personalised for the individual and coordinated across different organisations requires improved data and information sharing. More real time data is required and for consistent information to be accessible to all health and social care professionals across the care system.

Organisations in Leeds are rolling out the ground breaking Leeds Care Record. This enables front line staff to see an individual's care records from various health and care providers across Leeds. The project is recognised nationally as a leading initiative and makes Leeds one of the pioneering locations for interoperable digital health records, years ahead of the schedule set by NHS England. The Leeds Care Record is currently being rolled out across the city, and has already begun to create significant benefit for patients and professionals and will save money. Plans are also underway to test out a variety of innovations to deliver care closer to home and improve the lives of citizens and carers by using a variety of smart technologies.

3.4.4 **Regulation**

Commentators across health and social care have consistently stated that integrated care across multiple organisations requires a regulation regime which facilitates this, rather than a focus on the performance of individual organisations. It is likely that the CQC, as the regulator of the quality of health and social care services, together with Monitor as the financial regulator, will focus more on assessing people's experiences of moving around the care system and how well care is co-ordinated. The Council's social care services will need to be in a position to respond to different regulatory requirements and structures. There may also be opportunities for more local control and influence over the scrutiny and regulation of health and social care services.

3.4.5 **Governance and Leadership**

3.4.5.1 The NHS Five Year Forward View emphasises the role of local leadership and proposes that much of the innovation and change in health and social care over the coming years will need to be developed within local health and care economies according to local need. Leadership is required across care systems in addition to within organisations and across all political parties.

The Leeds Health and Wellbeing Board has set a vision for health and social care across all partners in the city and has established shared outcomes across organisations. There is a city-wide Transformation Programme which aims to coordinate the various partnership and transformation activity which is in operation across the city. The Council has a Scrutiny Board for Health and Wellbeing and Adult Social Care and another Children and Families Scrutiny Board to review and scrutinise performance across the system.

3.4.5.2 The Executive Board will want to be assured that all of these bodies are performing effectively, responding to developments, providing leadership and making a meaningful and positive impact on health and social care provision across the city. The Executive Board will need to be involved should new models of care be developed in Leeds which require the commitment of Council resources. Engagement and oversight from Executive Board, in connection with the Health and Wellbeing Board should be required as the strategy for the city develops around New Models of Care.

3.4.5.3 Communication and engagement has been a key area of work for the Leeds Health & Wellbeing Board. The Board was able to report positive progress against its existing Communications and Engagement Framework at its most recent meeting. This followed a request from Full Council for such a review on 12th November 2014. The Board now intends to use the renewal of the Joint Health & Well Being Strategy and areas such as New Models of Care to further develop communications and engagement on activity for the benefit of all council members and partners.

3.4.5.4 The NHS Five Year Forward View states that local authorities should be granted enhanced powers to allow local democratic decisions on public health policy. It does not make any commitment about changes to the governance role of Health and Wellbeing Boards in overseeing new models of care and pooled budgeting arrangements beyond those already established. Policy commitments regarding the role of Health and Wellbeing Boards are not expected until after the General Election.

3.4.6 **Local freedoms and innovations**

There will be an opportunity to seek local freedoms, flexibilities and innovations in the development of new care models. Leeds will be looking closely at the Greater Manchester devolution arrangements at ways to enhance local control and improve

integration of services. For similar local freedoms and innovations, the Council will need to play a leading role in partnering locally and negotiating with central government. The Council will need to consider how and in what form any of these freedoms can be achieved in health and social care and on which geographical footprint.

3.4.7 **Legal and Procurement**

The Health and Social Care Act 2012 further embedded competition rules into the procurement of health and social care services. In New Models of Care, there are possible areas in which competitive tendering may create a barrier to integrating services across a specified number of organisations. The Council will need financial and legal expertise in interpreting guidance from national bodies and negotiating new mechanisms of organisation and paying for care. There will also need to be understanding of any potential implications for New Models of Care from the Public Contracts Regulations as part of the EU Procurement Directives which have taken effect from 26 February 2015.

3.4.8 **Investment and Finances**

In Leeds and across the country, Health and Social Care organisations are currently under significant financial pressure. This is largely due to demographic pressures and funding reductions to services. Organisations in Leeds, under the leadership of the Health and Wellbeing Board, have developed the concept of the 'Leeds £'. This intends to put a focus on how all organisations' budgets can be utilised to make best use of collective resources to improve outcomes for of people of Leeds. This approach will be used to shape the design of new models of care.

The financial challenge facing the Leeds health and social care economy was assessed, in 2014,as being in excess of £600m over the next 5 years. With such a large financial challenge facing the city, there are a number of cost-saving and transformation initiatives in place in the city. Designing New Models of Care will encompass some, but not all of these initiatives.

Whilst the proposals in Leeds are building on existing neighbourhood teams, New Models of Care still presents a potentially significant change in how the provision of care is organised. This will require some financial investment in transformation funding and potential double running of services while they are reconfigured. These financial considerations will need to include understanding and commitment of resources across the health and social care system in Leeds, including the Council.

4. Conclusions

4.1 The considerations, consequences and opportunities presented by the development of new models of care are extensive and wide ranging. This will be the most significant provider side reform of health and social care over the forthcoming years.

4.2 The proposals within new models of care are interlinked with the strategic plans of Leeds City Council and the council needs to ensure active participation and leadership. This will need to be done together with the Health and Wellbeing Board and NHS colleagues, to ensure the development of local care models for the benefit of local people.

4.3 Health and Social Care organisations in Leeds and across the country are currently under significant financial pressure. Organisations nationally and locally need to work together to best meet the needs of people in Leeds and make best use of collective resources. Partners need to be aware of the role of new care models in addressing these financial pressures.

5 Corporate Considerations

5.1 Consultation and Engagement

This report is based on national policy developments and as such has no items for consultation and engagement, although there are items referenced which have been, and will be, subject to local consultation and engagement.

5.2 Equality and Diversity / Cohesion and Integration

At present there are no direct implications arising from this report: though further regard to equality, diversity, cohesion and integration issues would be necessary once plans are further developed

5.3 Council policies and City Priorities

This report relates to the vision of the Joint Health and Wellbeing Strategy that ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest’, and the subsequent priorities and programme which exists underneath this.

5.4 Resources and value for money

There are no direct resource implications as a result of this report, although the contents of it are of relevance to all work across the health and wellbeing agenda. There will be financial implications as developments continue and this report provides early awareness.

5.5 Legal Implications, Access to Information and Call In

There are no direct legal implications as a result of this report. However, there may be legal implications as developments continue and this report provides early awareness of this possibility.

5.6 Risk Management

There are no direct risk management implications as a result of this report, although there will need to be consideration of risks and mitigations as developments continue.

6 Recommendations

- Note the contents of this report and be aware of national and local developments with regard to the NHS 5 Year Forward View and new models of care.
- Be assured that the Health and Wellbeing Board is taking a leadership role in the discussions and planning across the city in this area.
- Agree that any significant decisions about establishing new models of care which involve the allocation of Council resources would require the full consideration and approval of Executive Board.
- Consider how the NHS 5 Year forward view might impact on the council's commissioning and service provider functions, with a view to shaping future council strategy.

7 Background Documents[3]

None

[3] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Appendix 1 - Glossary

NHS England (NHSE) - NHS England is an executive non-departmental public body of the Department of Health. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012. It holds the contracts for GPs and NHS dentists.

Capitated Budgets/ Population Based Commissioning – A financial model in which commissioners pay providers a regular lump sum per person across a population. This means that instead of paying providers for particular treatments or inputs, providers are paid for delivering specified outcomes for a defined target population.

Multispecialty Community Providers – one of the four new care models outlined in the NHS five year forward view. In it GP group practices would expand, bringing in nurses and community health services, hospital specialists and others to provide integrated out-of-hospital care. These practices would shift the majority of outpatient consultations and ambulatory care to out-of-hospital settings.

New Models of Care Programme – An initiative of NHS England to follow on from the NHS 5 Year Forward View, to coordinate and support the acceleration of the design and implementation of new models of care in the NHS.

NHS Five Year Forward View – A document published by NHS England in October 2014 which sets out the strategic direction and upcoming initiatives across the NHS over the next 5 years. It covers a number of areas, including prevention, the role of technology and the value of communities and the third sector. It has a significant focus on the implementation of New Models of Care.

GP Federation – an association of GP practices that come together (sometimes with community primary care teams) to share responsibility for a range of functions, which may include developing, providing, or commissioning services, training and education, back office functions, safety

Year of Care - Year of Care an NHS initiative that is dedicated to driving improvement in long term condition care using care planning to shape services which involve people in their own care, provide a more personalised approach and which supports self-management. This project identifies per person costing across patient cohorts.