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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 14 November 2017

Subject: Leeds Health and Care System Integration Programme

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

1. Purpose of this report

1.1 The purpose of this report is to introduce a report from Leeds Clinical Commissioning Group (CCG) Partnership, which sets out details of the System Integration work; a core component developed by the Leeds Health and Care system to help deliver the ambitions of the Leeds Health and Care Plan. Plans have been gathering pace since May 2017.

2. Main issues

2.1 The report from Leeds CCG Partnership is attached at Appendix 1 and sets out that System Integration is a core component to help deliver the ambitions of the Leeds Health and Care Plan. The report also sets out that health and care commissioners and providers have committed to transforming services so that services in Leeds work better to help ensure:

- Continuity of care;
- Smooth transitions between care settings; and,
- Services are collectively responsive to patient needs.

2.2 Appropriate representatives will be in attendance to present the report in more detail and respond to questions from members of the Scrutiny Board.

3. Recommendations

3.1 The Adults and Health Scrutiny Board is asked to:

(a) Consider the recommendations set out in the attached Leeds CCG Partnership report, namely to:

i. Support the direction of travel highlighted within the report of moving toward more integrated service delivery.
ii. Note the development of Local Care Partnerships and the enhancement of the current neighbourhood teams as know now.
iii. Support our commitment to engage citizens of Leeds over the coming months.

(b) Consider the information provided in the attached report and presented at the meeting and determine any further scrutiny actions and/or activity

4. Background papers[1]

None used

[1] 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

Leeds Clinical Commissioning Groups Partnership

REPORT FOR SCRUTINY BOARD (ADULTS AND HEALTH)

Leeds Health and Care System Integration Programme

1. SUMMARY

1.1 People have told us that the lack of joined-up care is the biggest frustration for our patients, service users and carers. Patients, service users and carers want continuity of care, smooth transitions between care settings, and services that are responsive to all their needs together.

1.2 As a core component of the Leeds Health and Care Plan, commissioners and providers have committed to transforming services so that services work in this way in Leeds.

1.3 A key part of delivering this change is for the system to work together to develop and implement a new model of integrated care where providers are jointly accountable for population outcomes.

1.4 There is a need to develop a public narrative to support a wide scale engagement with local people. There is also a proposal to hold a deliberative event with local people in the near future to help support and co-design the engagement plan for this significant piece of work.

2. BACKGROUND

2.1 What will this mean for citizens and patients?

2.1.1 Much of the plans involve cultural and structural changes to the way that partner organisations work together and most of this will not be visible to citizen and patients. However there will be changes to the way that people experience neighbourhood and community services in the future.

2.1.2 What this will mean for citizens and patients is that the existing Integrated Neighbourhood Teams will be expanded to include more services based around neighbourhoods and to create **Local Care Partnerships**.

2.1.3 Local Care Partnerships (LCPs) will be extended primary care teams with a scope beyond traditional general practice. Through the General Practice Forward View delivery currently being supported in Leeds General Practice is building capacity and capability in its workforce and developing greater ‘at scale’ working. This is an essential component of the development of LCPs for the future.

2.1.4 LCPs will include community based health and care services and possibly some things that are currently provided in hospital such as some outpatient appointments. People will still be registered with their GP practice and the vision is that other

health and care services will 'wrap-around' the practice rather than operating as entirely separate teams as they often do now.

2.1.5 This means that all of peoples' needs will be able to be met by a single team in their local area in the future making services easier to access and coordinate. If people do need to go into hospital the services will work together to make sure this happens smoothly.

2.1.6 There is also an ambition to work with each person as an individual to find out what's most important to them and to support them to make changes. This is based on a recognition that if people are happier then they will be healthier and there is evidence to support this. There is also strong evidence that where people are in control of their own health and wellbeing working with professionals to support this, they will achieve much better results than where people are told what to do by 'experts' and are not part of that decision making.

2.1.7 The above will require a culture change in the way people think of health and care services and in how health and care professionals work with people to support them. This is an underpinning part of the changes that are needed.

2.2 How will we make these changes?

2.2.1 The Leeds CCGs and Leeds City Council commissioners of health and care services now need to work together to create the conditions for the changes to happen by changing the way they work so that they commission for improvements in population level outcomes, rather than contracting for individual organisations which tends to be the current focus.

2.2.2 The proposed merger of the CCGs in Leeds will also help us to integrate our commissioning processes, further extending the One Voice principles started by the CCGs earlier this year.

2.2.3 Commissioning for outcomes will mean that providers can work together in integrated, innovative ways to most effectively deliver the outcomes. The opportunity for this to happen without a move to commissioning for outcomes is limited due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.

2.2.4 Accountable integrated care means that providers and services will need to work together to achieve improved outcomes for people focussing on what's best for them.

2.2.5 This overall approach for both commissioning and providing accountable care is called **Population Health Management (PHM).** PHM has the core principles of not differentiating between age groups and has the whole person at its heart.

2.3 Why are the changes needed?

2.3.1 These large scale changes to the way that our health and care system works are crucial because we know that if we do nothing our financial gap will be £700m by 2020/21. In addition we know that we are not doing as well as we can on reducing health inequalities or providing services that represent the best quality and patient experience. These challenges are known as the 'three gaps' and were the challenges outlined in the NHS Five Year Forward View[2]

[2] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

2.3.2 The vision is that adopting this approach will not only lead to improvements across all three gaps. It will also, in the long term, improve system flow as the current fragmented system is one of the key reasons that patients can experience delays and issues whilst moving between services. In the future providers will be jointly responsible for improved flow across the health and care system.

2.3.3 There are several key benefits to adopting this approach for Leeds as, in addition to the triple aim, it will enable previously complex issues to be addressed more effectively because the system will not be as fragmented. For example:

- Parity of esteem between mental and physical health
- Better partnerships between adult and children's services e.g. work with vulnerable families to support the best start in life.
- A greater focus on the wider determinants of health to deliver outcomes.

2.3.4 Evidence to support this hypothesis is still emerging in the UK although nationally it is seen as the key solution to the three gaps described in the NHS Five Year Forward View[i3]. This is a major direction of travel nationally and many UK health and care systems are further ahead than Leeds on their accountable care journey and the evidence that has so far been published looks positive.

2.4 This seems like a huge change, where will we start?

2.4.1 The organisations in the health and care system do not want to implement this new way of working for the whole population straight away. They have therefore agreed that they will test the approach with frail people before eventually working in this new way for the whole population.

2.4.2 The first step will be to work with local stakeholders including citizens and patients to develop an outcomes framework for people with frailty, focussing on what's really important to people.

2.5 What are the timescales?

2.5.1 This is a long term change and it is thought that it will take much of the next decade to completely implement. The first changes for the frail population will likely take place from 2019-20 with some smaller scale changes possible in the next financial year (2018-19).

2.5.2 In the meantime progress will continue to be made to establish and develop the neighbourhood teams, make sure that teams start to work together where it makes sense to do so and that local leaders are in place to make sure the local care partnerships work well.

2.6 What are the outcomes we want to improve?

2.6.1 The outcomes that need to improve for the population are the five outcomes in the Leeds Health and Wellbeing Strategy. As part of developing a new accountable care system a more detailed sub-set of these outcomes will be developed with providers and stakeholders. To begin this process a set of outcomes for people living with frailty and those at end of life will be developed by the end of 2017.

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[3] https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Drawing on national and international evidence we will also local people in these groups what is most important to them.

2.6.2 Specifically, system integration will support delivery of the following Health and Wellbeing Strategy priorities:

Leeds HWBS Priority		How Accountable Care will support this priority
1	A child friendly city and the best start in life	Better integration between children's services and adults services meaning that vulnerable families will be better supported as a priority to give children the best start in life.
2	An age friendly city where people age well	Services that support older people will be more joined up meaning that care will be coordinated and streamlined. This will enhance people's experience of care.
3	Strong, engaged and well connected communities	Services will be designed around people's local neighbourhoods with staff working as 'one team' to meet people's health and care needs holistically. This in turn will support the development of new and existing third sector organisations that work in communities as part of the wider team.
7	Maximise benefits from information technology	Providers will need to implement new technologies and innovations in order to meet the population level outcomes. They will also need to join up systems in order to work as 'one team' and this will lead to the availability to enable enhanced health and care information.
8	A stronger focus on prevention	A key foundation of the new model of accountable care will be a focus on prevention. As well as improving wellbeing through supporting better health for longer, provider incentives will also be aligned to make sure that the accountable care system is focussed on prevention at all levels of need.
9	Support self-care with more people managing their own conditions	Self-care is a key principle of an accountable model of care. Evidence shows that health outcomes are better where people have the confidence and knowledge to manage their conditions and provider incentives will be aligned to make sure there is a focus on this.
10	Promote mental health and physical health equally	Accountable care allows focus on whole person needs rather than disease or organisation. This will facilitate and true move towards parity of esteem between mental and physical needs as well as social and wellbeing needs.
11	A valued, well trained and supported workforce	The workforce is the system's greatest asset. Currently there is a level of dissatisfaction experienced by elements of the workforce due to the fragmentation of the system and the frustration caused by being constrained in care delivery by organisational boundaries. By working in an accountable care system and in integrated neighbourhood delivery teams staff will have more autonomy over the way they work and will be able to more tangibly make a contribution towards whole person outcomes and increase staff satisfaction. Additionally teams will need to widen their skill sets and will need training and support to work in new ways.
12	The best care in the right place, at the right time	Accountable care will facilitate more effective, person centred community based services. It will support the move of appropriate services from hospital to the community and allow the establishment of integrated community based team which build on the integrated neighbourhood team model already established in Leeds. Where people need to be treated in hospital the support will be there so that they are admitted and discharged back to the community as soon as they are ready.

2.6.3 An important feature of the way that an accountable care system will work in the future is that commissioners will not specify in detail how services will be delivered. Outcomes will be set and it will be the job of the providers, working together, to determine how best to use their collective resources to achieve these.

2.6.4 Commissioning for outcomes will mean that providers can work together in integrated, innovative ways to most effectively deliver the outcomes. The opportunity for this to happen without a move to commissioning for outcomes is limited due to current contractual restraints, inconsistent payment methods, individual organisational priorities and system pressures.

2.7 What are the implications for health and care organisations in Leeds?

2.7.1 CCGs in Leeds have already begun a process to come together into a new CCG in order to prepare themselves for new ways of working. Otherwise there are currently no planned changes to other organisational structures as a result of this work. Accountable Care Systems work by providers voluntarily agreeing to enter into 'alliance agreements' which overlay existing contracts. Alliance agreements would detail how providers would work together to share their resources and work in new ways to deliver the outcomes agreed for the population.

2.7.2 This way of working in alliances will unlock innovative ways of working, for example new workforce models, designed by providers - those who are experts in providing care and by those who best know the needs of the population.

2.7.3 One of the benefits of Accountable Care Systems is a much more efficient use of resources such as workforce and estate as providers are able to look across the total resource for the population and best use these to improve outcomes. This is in contrast to the current way of working whereby the way that services are currently commissioned creates conditions where organisations adopt a 'fortress mentality', competing over ever more scarce resources in the system.

2.7.4 This work is very much a partnership. There are clear benefits to individual organisations, the population of Leeds as well as the health and care system as a whole. Organisations across the system have signed up to working in collaboration to achieve the aims of system integration.

2.7.5 Professional and representative bodies such as the Local Medical Committee, Community Pharmacy West Yorkshire and Healthwatch, amongst others, are in support of the direction of travel and will remain involved as the work develops to ensure that it continues to develop in a way that supports those they represent.

3. ENGAGING WITH LOCAL PEOPLE

3.1 How will we work with people to start to design the changes?

3.1.2 Nationally there is no prescribed plan for these changes, so in Leeds we have the flexibility to do it in the way that is right for local people, services and staff. We have started to develop plans describing how organisations will change to allow the health and care system to move towards integrated accountable care through a PHM approach. We have got to the point where commissioning and provider organisations in Leeds have committed to these changes.

3.1.3 We now need to do more work with local people to co-produce the model of care that will be delivered at neighbourhood level.

3.1.4 Key next steps include developing a public facing narrative to describe these changes based on how people will experience health and care services in the future. We will also be developing an engagement plan will begin by talking to citizens. With the Health Partnerships Team we are currently presenting at each of the ten Community Committees as part of the wider Leeds Heath and Care Plan engagement.

3.1.5 As this is such a significant change it is important that there is significant engagement with local people at this very early stage in order that the service delivery model best meets people's needs. As it is fairly complex we would like to co-produce the engagement plan with people so that we can best explain what the change is and the reasons for it in a way that is easily understood.

3.1.6 Therefore there is a proposal to hold a deliberative event with local people in the near future to help us to explore these issues and co-produce the engagement plan.

3.1.7 The outline proposal for this deliberative event is that it will take place in the New Year. The proposal will be to recruit a demographically representative group of attendees and the key aims for the event will be as follows:

a) Test the draft narrative with attendees and identify key FAQs.
b) Further develop the narrative via an interactive workshop session.
c) Co-produce a detailed engagement plan, including hard-to-reach groups via a second workshop session.

4. RECOMMENDATION

4.1 The Adults and Health Scrutiny Board is asked to:

(a) Support the direction of travel highlighted within the report of moving toward more integrated service delivery.
(b) Note the development of Local Care Partnerships and the enhancement of the current neighbourhood teams as know now.
(c) Support our commitment to engage citizens of Leeds over the coming months.

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