NHS South Cheshire Clinical Commissioning Group | NHS Eastern Cheshire Clinical Commissioning Group | Cheshire East Council

REPORT TO: Health and Wellbeing Board

Date of Meeting: 25th July 2017
Report of: Guy Kilminster (Corporate Manager Health Improvement) and Matthew Cunningham (Programme Director for Unified Commissioning (Cheshire))
Subject/Title: Working Together – an Integrated Health and Care System for Cheshire

1 Report Summary

1.1. This report follows on from the outline report submitted to the informal meeting of the Board on 25th April. That report was a trigger for an opening discussion about the potential for developing an integrated care system. This further report captures the main outcomes of the April discussion and seeks to move the conversation onwards in shaping the options for integration and the mechanisms for development, implementation and oversight. The next steps for taking forward this important agenda across Cheshire are captured in the recommendations below. This same report (with a West emphasis) has also gone to the HWBB for Cheshire West and Chester for their consideration.

2. Recommendations

The Board is requested to:

2.1 Endorse the key improvement priorities for health and care services across Cheshire for integrated commissioning; integrated provision; and sustainable community and Hospital services across Cheshire;

2.2 Support the role of the Cheshire-wide Joint Strategic Leadership Group and Officer Working Group in leading and co-ordinating the delivery of these key improvement priorities and providing an update to the HWBB at each meeting;

2.3 Note the progress with the move towards a single operating model for the design and development of “Neighbourhood Community Teams” across Cheshire and approve work to develop a common specification over Summer 2017;

2.4 Note the progress towards the creation of a Joint Commissioning Committee and the implications for Governance including the role of the HWBB.

3. Context

3.1 The push for closer integration in NHS commissioning and social care commissioning and delivery is a local and national priority for delivering improved, cost effective and more person-centred health and social care to the population within a resources envelope which faces well documented challenges.

3.2 The updated and relaunched NHS Forward View (published on 31st March 2017) was explicit in saying that the necessary fundamental challenges to the health and care systems cannot be addressed unless radical thinking around traditional organisational and geographical boundaries takes place.

3.3 The Government sees that there are substantial opportunities for efficiencies and collaboration which must be grasped by partners working together to get the best out of locally available resources and to provide evidence that new powers and funding are being used to their fullest and most beneficial effect.

Amongst the challenges are:

Growing demand combined with changes in patients' health needs and personal preferences. Significant and increasing numbers of the population now suffer from one or more long term conditions. At the same time, many of those individuals want to be more informed and involved with their own care, challenging the traditional divide between patients and professionals and offering opportunities for better health and wellbeing through increased prevention and supported self-care.

Changes in treatments, technologies and care delivery. Technology is transforming our ability to predict, diagnose and treat. New treatments are continually being developed and it is recognised (using examples within the UK and internationally), that there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists which get in the way of care that is genuinely coordinated around what people need and want.

Changes in funding growth. The impact of the financial recession has resulted in a reduction in year on year growth for both health and social care funding. Across Cheshire and Merseyside the estimated financial gap by 2020 for local NHS organisations is estimated at £1bn of which

£339m relates to the Cheshire and Wirral area. This does not, however, include social care cost pressures.

3.4 Unless fundamental changes are made to the way we deliver health and social care we face three widening gaps in terms of: i) increased health inequalities and growing avoidable illness; ii), unmet care needs; and iii) increased unwarranted clinical variation and increasing financial pressures, resulting in staff cuts/shortages and poorer care outcomes.

3.5 Over the next few years health and social care will increasingly need to dissolve the traditional boundaries that have existed between different parts of the system. Caring and supporting individuals with life-long conditions requires a partnership approach over the long term, rather than providing single, unconnected episodes of care.

3.6 Across Cheshire there is a growing consensus that we need to work collaboratively across health and social care as a single system not as individual organisations. This will enable care to be integrated around the individual as well as reducing the existing duplication and 'hand-offs' that can result in poorer care outcomes. No change is not an option as it will only exacerbate the inequalities, variation and financial deficit to the point at which the system will collapse.

4 Key improvement priorities for health and care services across Cheshire

4.1 Our local health organisations and Local Authorities have worked together to agree three key improvement priorities to jointly deliver in order to drive forward the necessary transformation and improvement of the health and care services across Cheshire. These three priorities are:-

i) Integrated Commissioning – to move to a unified health and care commissioning approach for the population of Cheshire (i.e. for the Cheshire East and Cheshire West and Chester HWBB footprint). The first step will be the establishment of a Joint Commissioning Committee of the four Cheshire Clinical Commissioning Groups (CCGs) with the involvement of the local authorities as initially non-voting partners. The second step will be to explore the formal merger of the four CCGs across Cheshire into one formal body. The third step will be to explore greater joint working and ultimately integration of health and social care.

ii) Integrated Provision – to work towards the creation of 3 excellent care systems across Cheshire delivering integrated health and care services tailored to meeting the population health needs of each area. Fundamentally, this would involve moving towards an "Accountable Care System" with a single capitated budget, single leadership structure, distinctive new culture and way of working which makes it fully and openly accountable. This will also include a single Operating Model for the design and development of 'Neighbourhood Community Teams" that will be structured, operated and managed in a similar way across Cheshire including the integration of social care staff in a consistent way across Cheshire. This would provide a single resource pool for the whole of Cheshire that operates in the same way, with the same protocols, processes and even information management and technology solutions.

iii) Sustainable Hospital Services Across Cheshire – to ensure that we deliver hospital services that are sustainable both financially and clinically across Cheshire and that these services are more integrated with local health and social care services.

4.2 The intention is that by developing three connected strategies and operating models it will be possible for Cheshire to create a multi layered solution that is built from the bottom but with sufficient Cheshire wide design that will ensure that most of the geographic issues will become manageable or irrelevant.

4.3 A joint strategic leadership group across health and social care has been established to provide oversight of this work and ensure regular communication to the Health and Well-Being Boards and the public. This group comprises all the Chief Officers from each CCG and the Local Authorities across Cheshire. This leadership group is supported by an Officer Working Group who have been tasked with the following responsibilities:-

(1) Support the work programme and implementation of the integrated commissioning approach across Cheshire;
(2) Oversight of the single operating model for Neighbourhood Community Teams including setting out the common specification for these teams across Cheshire;
(3) To oversee a programme of joint commissioning across Cheshire including health and social care functions;

(4) To have oversight of the delivery of the 2017-19 Integration and Better Care Fund;

(5) To co-ordinate the consultation and engagement plan for health and social care integration across Cheshire with a particular focus on resident and staff engagement and with regular reporting to the Health and Well-Being Board;

(6) To review the existing governance and strategic decision-making structures across Cheshire with a view to simplifying and streamlining these arrangements in the light of the emerging approach to health and social care integration across Cheshire.

(Appendix A sets out the membership for the Officer Working Group.)

4.4 This Group has now met on a number of occasions with a particular focus on the move towards a single operating model for the design and development of "Neighbourhood Community Teams" that will be structured, operated and managed in a similar way across Cheshire including the integration of social care staff in a consistent way across Cheshire. (Appendix B summarises the key findings to date).

4.5 The Group has also overseen the development of the 2017-19 Integration and Better Care Fund (ICBF), although this has been hampered by the delays in publishing the national guidance and financial allocations for the IBCF. The group will be looking to increase the opportunities for consistency across both IBCF (West Cheshire and Cheshire East) in terms of a common narrative, ambition, scope and scale. Further updates on the IBCF will be submitted to the July HWBB.

5 The Joint Commissioning Committee

5.1 There has also been substantial progress in the move towards establishing a Joint Commissioning Committee. All Cheshire CCGs have now agreed via their Governing Bodies meetings to publicly commit to working towards forming a Joint Commissioning Committee.

5.2 A workshop took place in early June with the CCG Executives and Governing Body members to progress the content of the Terms of Reference (TOR) and therefore its remit. A further workshop was held on 6 July 2017 to finalise the TOR and discuss further the implications of and necessary changes required to undertake more a formal unified commissioning approach by the four CCGs across Cheshire. Each CCG Governing Body and GP Membership Body will

be receiving the draft Committee TOR to approve throughout July/August. The intention is for the Joint Committee to hold its first meeting before the end of September.

5.3 Matthew Cunningham, currently Head of Corporate Services at NHS Eastern Cheshire CCGm, has been appointed as the Programme Director for the Unified Commissioning (Cheshire) post to lead on the Joint Commissioning Committee development work as well as working with the Executives and Chairs of all the CCGs in progressing discussions around merger and linking in with the ongoing development of accountable care systems and neighbourhood teams. The Programme Director will become a member of the Officer Working Group who will, in turn, provide additional support, advice and capacity to these tasks.

6 Implications for the Health and Wellbeing Board

6.1 It was agreed that the HWBB has the structure, experience and authority to be an effective and transparent forum for discussion amongst partners. The Board needs to be kept informed of work carried on internally by partners relating to the integration agenda so it can maintain an overview and be a channel for public communication and engagement. Therefore, the relationship between the Joint Commissioning Committee and the HWBBs is critical and further work is required to clarify this position.

6.2 Similarly, it was recognised that Healthwatch should have a prominent role in the process and that they should form part of the Officer Working Group as well as their more formal role on the HWBBs. A Healthwatch representative will also be asked to be a standing member of the Cheshire Joint Commissioning Committee.

6.3 At the April meeting, members of the Board were also keen to emphasise the importance of the prevention agenda and the vital role this can play to increase the independence and well-being of residents and mitigate their reliance upon traditional and statutory health and social care services. Overall there remains an important link, therefore, to the key priorities set out in our Health and Wellbeing Strategies across Cheshire and the evidence and needs analysis contained with the Joint Strategic Needs Assessment (JSNA).

7 Consultation and Engagement

7.1 The integration of health and social care is pivotal to the health and wellbeing of all of Cheshire's citizens. As models emerge it will be important to ensure that appropriate consultation and engagement takes place with for example staff, communities, patient and user representative groups. The Board notes that the Officer Working Group, in consultation with Healthwatch, is tasked with producing a consultation and engagement plan for the Board to consider (see 4.3 (5) above).

8 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Appendix A

Officer Working Group Members:-

Laura Marsh and Paula Wedd from NHS West Cheshire CCG
Tracy Parker Priest and Sue Ikin from NHS Vale Royal CCG and NHS South Cheshire CCG
Fleur Blakeman from NHS Eastern Cheshire CCG
Matthew Cunningham from NHS Eastern Cheshire CCG and Programme Director for Unified Commissioning (Cheshire)
Guy Kilminster and Nichola Glover-Edge from Cheshire East Council
Alistair Jeffs, Davinder Gill and Iain Barr from Cheshire West and Chester Council
Louise Barry, Healthwatch Cheshire
Phil Meakin (to provide link to Cheshire and Wirral Local Delivery System)

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Appendix B

Summary of findings from Neighbourhood Community Teams baseline – June 2017:

Information has been gathered from the three Cheshire CCGs to understand the current operating model for these integrated teams, referred to here for consistency as Neighbourhood Community Teams (NCTs). The information gathered to date has focused on the specifications, performance management frameworks (PMFs) and Memoranda of Understanding (MOUs) that underpin these various teams. Work is yet to be carried out in all areas with frontline staff to understand the provider activities through process mapping.

There are significant commonalities between the 3 CCG areas in respect of NCTs. All three broad models highlight a focus on person centred care, improved information sharing between professionals and a focus on maximising independence. More specifically, there is particular emphasis on supporting 'high risk' groups that are deemed more likely to enter hospital or long term residential/nursing care without NCT coordinated support.
Commissioners recognise that the current models have evolved and are co-ordinated, if not yet fully integrated, and are delivering positive outcomes for patients. However, there is an aspiration to work towards more standardisation through the development of an outcome focused specification across Cheshire. This does not mean all models need to be identical on the ground. Equally, all models need to be financially sustainable.

The common features of the current models centre on:

- Risk stratification
- Multi-disciplinary meetings
- Working within GP practice geographic footprints
- Dynamic information sharing between professionals
- Named staff are aligned to the model but there is a relative lack of secondments/dedicated roles that solely support MDT activity
- Matrix management
- Use of Cheshire Care Record but no single case recording system

Differences currently include:

- Age brackets for entry to the model
- The specific threshold of complexity/risk to be supported by the teams (criteria)
- Extent of co-location
- Specialisms in the teams

- ICT case management systems

If endorsed, next steps would focus on outline specification development over Summer 2017, working with commissioners and providers. This would articulate which elements of the model are ‘core’ (essential) as opposed to desirable. Good practice in other areas would be considered as part of this work. It is suggested that the approach with providers is one of ‘adopt’ (i.e. deliver as per the specification) or ‘adapt’, whereby adjusting the model operationally would require formal governance approval to manage changes in a controlled way.