



Kirklees Integrated Commissioning Strategy



working together

NHS
Greater Huddersfield
Clinical Commissioning Group

NHS
North Kirklees
Clinical Commissioning Group

 **Kirklees**
COUNCIL

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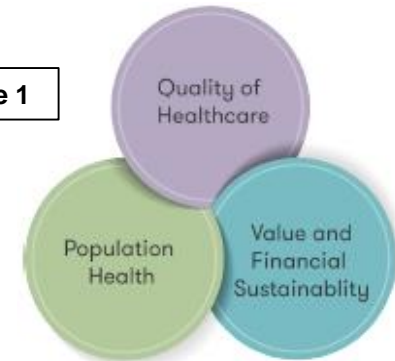
Background and Context



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 constrained resources. This is something we and a number of other organisations are experiencing locally. Nationally, 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.

Figure 1



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.

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.
13. Use a population health management approach to support stratification and identify those with the poorest health and well being. We will focus our resources on improving the health and wellbeing of those individuals and communities with the most to gain fastest.

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.

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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 a collaboration between community, voluntary sector and wider provision, that supports people to reach their goals and aspirations, maximise their independence from formal services, whilst simultaneously getting the right support when needed.”

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;

Recognise that services and support in Kirklees operate on different footprints. The scope of these services is clear and interdependencies identified.

Recognise communities are different with a wide variety of assets and needs.

Different solutions will need to be found for different local areas.

Bring together different support and services in ways that relate to communities.

Delivered by collaborations of organisations to populations of 30,000-50,000 as a minimum.

Build new ways of working incorporating the other key things that need to be in place.

Improve outcomes and reduce variations in these, includes services, support, lifestyle, and the conditions in which people are born, live and work.

Population segmented by risk and supported by personalised care and support planning.

Maximise digital opportunities ensuring clinicians have access to provide appropriate care and that technology is available to support people.

Public involvement is key in all elements of care delivery. This includes decision making and governance.

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.

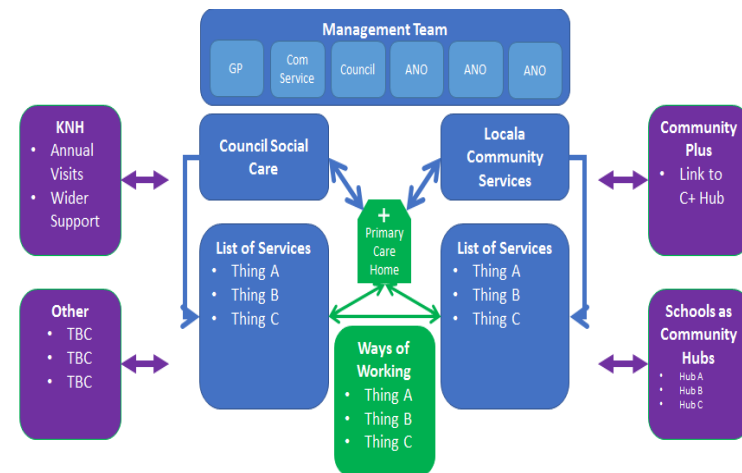
Our initial vision is that we will integrate GP practices, primary care, social care, and community services. This will provide us with the core of a community-based support and delivery model that can then be used as the focus around which we can integrate other existing place-based approaches around 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 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 people 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:

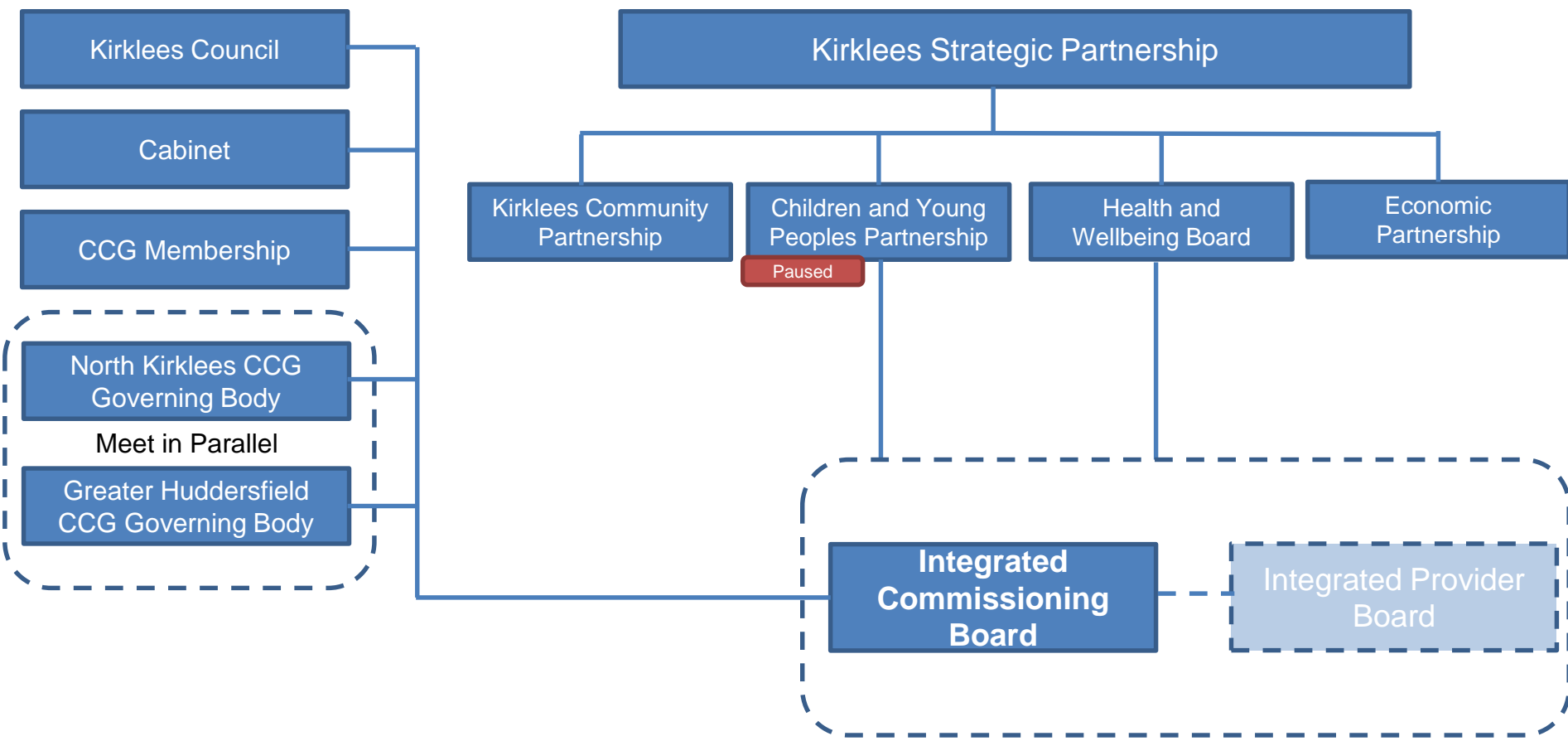
- Population indicators
- Supplementary indicators
- Local performance measures / individual outcomes

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.