

Report of the NHS Calderdale Clinical Commissioning Group to the meeting of the Adults, Health & Social Care Scrutiny Board to be held on the 14th November 2019

Subject: Update on Care Closer to Home

1.0 Purpose of the report

- 1.1 The Purpose of this report is to respond to the request from the Adults, Health & Social Care Scrutiny Board to provide an update on the work undertaken on Care Closer to Home (CC2H) in Calderdale.

The report includes our approach to involving local people in the developments

2.0 Background

- 2.1 Since the launch of CC2H in 2014-15, partners have been working together to strengthen existing services and explore new opportunities for the Calderdale population.
- 2.2 In mid-2015, Calderdale CCG published a one-year plan, detailing the CC2H model and was appointed Vanguard Multi-Specialty Community Provider Vanguard status.
- 2.3 We utilised the opportunity for continued dialogue with the Adult Overview and Scrutiny Committee (OSC) regarding CC2H and Vanguard. We carefully listened to views and took these on board as part of the development of the CC2H programme and agreed to continue to meet with OSC to provide updates.
- 2.4 We would remind the panel that in June 2016 an update on Calderdale Care Closer to Home was presented to the Calderdale and Kirklees Joint Overview and Scrutiny Committee (JOSC)

The focus of the update was to share the following information:

- update on the implementation of CC2H since its initiation in 2013/14 and the plans for further work during 2016/17
- an articulation of our approach to commissioning CC2H since its inception, and plans for its re-commission in 2017
- the role of social care in the delivery of CC2H and the hospital change programme
- the role of primary care in the delivery of CC2H and the hospital change programme

3.0 Case for Change

- 3.1 The top-performing health systems worldwide and in the UK are adopting an integrated model for the community. By focusing on better management of population health and wellbeing and by better co-ordinating services, they are able to reduce acute hospital usage.
- 3.2 In response to this and to the place-based direction set by the Health & Care Partnership and the Calderdale Health and Wellbeing Board (HWB), the CCG is committed to:
- Supporting delivery of the strategic direction and outcomes described in the Health & Wellbeing Strategy
 - Proactively working with its partners to implement and deliver the approach set out in Calderdale Cares – particularly a shift towards locality working using technology, linked patient records and risk stratification to focus the use of finite resources in a proactive and preventative service recognising the 5 localities within Calderdale (CC2H)
 - Aligning its commissioning priorities with CMBC, with a particular focus on:
 - Fundamental realignment of community health and care offers which delivers the outcomes agreed by the HWB
 - Improving the health & care offers and outcomes for people of all ages including mental health and LD issues
 - Developing a new model of urgent and emergency care – both place base and on a wider footprint
 - Delivering the commitments made in RCRTRP, particularly the commitment to community based services
 - Proactively working to maximise the benefits from working with the West Yorkshire Health and Care Partnership
- 3.3 To address these commitments and improve the quality of care, we have developed a Calderdale CC2H prospectus¹. The overarching case for change is clear and the CC2H prospectus plays an import role in delivering the vision. The Health and Wellbeing Board has also set an approach to improving health and care – the approach is described in ‘Calderdale Cares’, Calderdale Wellbeing Strategy and the Inclusive Economy Strategy.
- 3.4 Our Vision for CC2H is set out as follows:

“Transform the way community health and care services work; creating a movement for change that focusses on; supporting people to be stay well, providing effective care and support in the event of a crisis or urgent need, and enabling people to recover and live as independently as possible – improving; health, happiness and the lives of the people we are here to serve”.

- 3.5 The CCG is working with organisations who share this vision and who demonstrate innovation and willingness to work in partnership to deliver a truly seamless service for our patients and population.
- 3.6 In the development of CC2H integrated community and social care plans, we are working with the newly formed CC2H Alliance to determine what to integrate and at what level (Appendix 1 provides details of the Alliance Organisations).

Table 1 builds on the approach in Calderdale Cares and combines this with recommendations from both the national CQC system inspection outcomes 2018 and the McKinsey work that we commissioned in early 2018, to review our approach to out of hospital care. The combined learning clearly indicated that there are 3 consistent areas of focus.

Table 1

| | CQC System Reviews – 3 Key Improvement Areas | McKinsey – 3 key components Defining Elements of out of hospital Care | Calderdale Cares; key service elements; moving forward on health and social care |
|----------|---|--|--|
| 1 | Maintaining well-being of those in their home | Prevention and pro-active care | Integrated wellness services (prevention and population health) Ongoing care services; delivered at GP level through MDTs/localities/networks of care |
| 2 | Care and support in a crisis | Swift and appropriate access to care | Rapid access to respond to urgent care needs Step up care, complex care, increasing acuity to prevent admissions. |
| 3 | Step down home or to new residence | Support with care transition | Stepping down into ongoing care services |

- 3.7 We recognised that by focussing on these 3 areas throughout care delivery that our system could improve. This is also consistent with the work already being developed to improve community services.
- 3.8 The CCG is working with providers to develop an 'Alliance Approach' to provide CC2H in Calderdale with integration and collaboration being essential for success.
- 3.9 An Alliance model is considered the most suitable approach because:
- It will allow for a collaborative approach, strengthening relationships between commissioners and providers;
 - It recognises the contribution of the range of providers for CC2H in Calderdale; and

- It will ensure that the system works together towards achieving shared agreed outcomes.

3.10 The CCG set 3 tests for the Alliance to achieve, these are:

1. Commitment to implement Population Health Management by **March 2020**
2. Commitment to have a signed Alliance agreement by **December 2019**
3. Commitment to have agreed a number of key measures to test a piece of work being undertaken within an alliance approach by **December 2019**

The key performance indicators described in the prospectus are:

- Emergency admissions for urgent care sensitive conditions per 100,000 population
- Average delayed transfers of care (delayed days) per day for all reasons per 100,000 population
- Population use of hospital beds following emergency admission per 1,000 population

In addition to these quantitative measures, we are also working together to develop three qualitative and transformational indicators that will measure the culture change to support long term sustainability.

These measure will support the following transformation principles :

- Transform the relationship between me and my health and well being
- Transform the relationship between me and the services which help me
- Transform the relationship between the people who work together to help me, and their relationship with their work.

3.11 This approach means that non incumbent providers will need to demonstrate they are able to provide integrated and multidisciplinary care across primary, community, acute, and social care settings – or collaborate closely with existing providers.

3.12 As a minimum, the Alliance will require strong relationships across the system and be able to demonstrate they can work closely together.

3.13 The Alliance is in the early stages of developing its plans. We have currently developed:

- CCG commissioning delivery plan and Senior Responsible Officer (SRO) identified
- Shadow period approach – Alliance Steering Group in place where leads take part in all relevant commissioning discussions

- Alliance Agreement – in progress
- Population Health Management Approach
- Identified 3 areas of focus:
 - Population Health Management
 - Multi-disciplinary Team Working (MDT)
 - Gateway Plus

4.0 Population Health Management

4.1 We have through the development of the CC2H prospectus, developed an opportunity to do things differently in line with Calderdale Cares and Calderdale's Wellbeing Strategy. CC2H will focus on people, their needs and desired outcomes. It will understand the needs of distinct groups of the population and the desired outcomes.

4.2 Population Health Management is a key to understanding the population needs and demand. Its aim is to enable the move from traditional NHS business as usual to Population Health Management intelligence, create a linked dataset for Calderdale to support patient segmentation and the understanding of need and provide a platform for further analysis as part of population health management.

The link below provides further information on PHM :-

<https://www.youtube.com/watch?v=itNE8uan8XI>

It is not about:

- More money
- More services

However, it is about:

- New offer to patients
- Making different and better use of existing resources
- Make a difference to your day
- Keeping people closer to home
- Maximising health and wellbeing

4.3 Following the successful launch of the population health management summit hosted in Calderdale and through learning from the national pilots a number of work streams have progressed. The key areas of focus have been:

- Developing an integrated data set – whilst the NHS is not short of information We have identified a number of benefits of progressing towards an integrated data set and are in the process of developing a proposal to partners to maximise the skills and resource that already exist with Calderdale and mirror those used in successful PHM pilots.

- Supporting the CC2H alliance and primary care networks on understanding Calderdale's PHM approach, ensuring it impacts on both the population and services.
- 4.4 In addition a task and finish group from all partners is leading the work to understand and cover the IG issues surrounding an integrated data set and following learning we are focusing on sharing acute, community and primary care data to enable more effective population segmentation and stratification.
- 4.5 The CCG is hosting a workshop with its Primary Care Networks (PCNs) on 20th November. We have prepared intelligence pack comprising data from existing data sources including:
- Locality profile (JSNA based with Public Health support)
 - Right Care Data Pack (for primary care)
 - A summary of Opportunities
 - High level secondary care utilisation at PCN and practice level (to follow)
- 4.6 All alliance partners have been invited to the workshop as integrated working is key to both PCNs and PHM work, the aim of the workshop is to identify cohorts of the population where a difference can be made, thinking big starting small.

5.0 Demonstrating Change

- 5.1 We continue to work closely with Calderdale Health and Wellbeing Board and local stakeholders to progress the plans for development of CC2H and to develop Calderdale based integrated community and care plans and services that reflect the extensive patient and public engagement already undertaken. A full composite report detailing this engagement has been produced³ and has informed the Care Close to Home prospectus. The top four themes from this engagement, as identified in the prospectus are:
- Giving clear information to the patient about their health conditions and the plan for their care;
 - Delivering more services closer to home;
 - Delivering flexible services that offer the right care at the right time in the right place;
 - Key message about 'understandability' –

Everything we do in this programme will utilise the learning we have from previous engagement activity.

- 5.2 Calderdale based integrated community and care plans will be shaped by other service change that is being delivered in parallel to CC2H. For example:

there is an ongoing programme that is changing how Outpatient services are delivered; plans for the reconfiguration of services in the Halifax and Huddersfield's hospitals; and a programme looking at interim arrangements for the provision of urgent care services.

- 5.3 The transformation of services as they are transitioned into place based delivery, with a broad integration of services and teams, including social care, means that they will no longer be provided in the same way but will be redesigned to reflect the integrated, locality based health and care offer. The composite report of engagement ensures that these interdependent changes are influenced by what people have told us is important, but the impact of these changes on how services are delivered in the future also influence our approach to involving people
- 5.4 We can confirm that where service change continues we will exercise our engagement and consultation duties as Commissioners, including consultation with local scrutiny arrangements. We will continue to utilise what we already know from previous patient and public engagement and engage on large scale change. However, for Care Closer to Home, the emphasis of our approach to involving people will be focused more on using lived experience to support implementation work in localities. Therefore, we will involve people on a place basis about delivering smaller scale changes in a different way, so that members of the public can better understand and be involved in the planning and development of care delivery on a locality basis. This will enable the lived experience of people using the system to inform the development of our integrated health and social care offer, which could then be scaled up.
- 5.5 The CCG and the Council are working together on behalf of the Health and Well Being Board to develop an Involving People Strategy that describes how we will use engagement to support delivery of Calderdale Cares.

6.0 Conclusion

- 6.1 The paper has provided Adults, Health & Social Care Scrutiny Board with an update on the development of Care Closer to Home. The paper provides:
- Background providing overview of previous papers presented to Scrutiny and Joint Overview Scrutiny Board on CC2H
 - Case for Change in relation to CC2H and the development of a CC2H Alliance
 - Introduction to Population Health Management and brief update on the Calderdale position
 - Our approach to involving local people in CC2H developments

Care Closer to Home Alliance Organisations

- Calderdale and Huddersfield Foundation Trust
- Calderdale Clinical Commissioning Group
- Calderdale Metropolitan Borough Council
- Locala
- Primary Care Networks (Upper Calder Valley, Ryburn and Calder, Lower Valley, North Halifax and Central Halifax)
- South West Yorkshire Foundation Trust
- Voluntary Action Calderdale