NHS
Harrogate and Rural District
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 8.2**
Date of Meeting:	**1 February 2018**	
Paper Title:	**Commissioning Integrated Care**	

Session (Tick)	
Public	X
Private	
Workshop	

Responsible Governing Body Member Lead	**Report Author and Job Title**
Wendy Balmain Director of Transformation & Delivery	Wendy Balmain Director of Transformation & Delivery

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: Finance, Performance & Commissioning Committee

Executive Summary

The CCGs strategy paper, 'Your community, your care: developing Harrogate and Rural District together' was shared with Governing Body in December 2017 for discussion and comment and with Harrogate Health Transformation Board. The strategy forms the basis of the CCG commissioning intentions for delivery of an integrated model in 2019-2020.

The work of the Vanguard programme has been pivotal to current thinking and has enabled commissioners and providers to test out different ways of integrating local health and care services. This programme comes to a formal end in March 2018 and commissioners and providers have agreed respectively to develop a clear commissioning plan and transition plan to maintain progress and keep and expand change.

The Harrogate Health Transformation Board will continue to work together as a leadership forum to build on the progress and learning through the Vanguard programme.

The purpose of this report is for the Governing Body to consider and approve next steps to progress commissioning local integrated health and care services.

Recommendations

The Governing Body is asked to consider, comment and approve:

- the draft principles, outcomes and scope as a framework for working with providers
- delegation of operational decision making authority to the CCG's Finance, Performance and Commissioning Committee, providing regular assurance to the Governing Body.

Monitoring

The Integrated Care Delivery Group will report progress to and be monitored by the CCG's Transformation and Delivery Board. The CCG's Finance, Performance and Commissioning Committee and the Governing Body will receive progress reports and assurance.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	**X**
2	Better Value Healthcare	**X**
3	Well Governed and Adaptable Organisation	**X**
4	Health and Wellbeing	**X**
5	Active and Meaningful Engagement	**X**

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES	X	NO	

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
GBAF 1-1	Challenges and capacity issues provided in the community may impact on the quality of assessment and provision of care for vulnerable people in their own home.
GBAF 3-1	Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.
GBAF 4-1	The expectation of the public, patients or other stakeholders could impact on the CCG's strategy to improve health and wellbeing, promote and implement co-production and develop the shift in culture that would support more effective self-care and self-management.

Any statutory / regulatory / legal / NHS Constitution implications	The CCG's decision making process is set out in the CCG Constitution and this process will be adhered to.
Management of Conflicts of Interest	Conflicts of Interest have been addressed in this paper and the proposal will be approved at the Governing Body.
Communication / Public and Patient Engagement	Feedback over many years has asked for an integrated system, where people tell their story once, receive person centred integrated care and have a better quality experience. A further communications and engagement strategy will be developed to support this work. This will ensure the Governing Body considers information gathered from stakeholders when making decisions about the commissioning of services.
Financial / resource implications	The CCG will ensure that the services commissioned can be delivered within the available resources, prioritising both cost-effectiveness and transparency to ensure value for money.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	Impact Assessments will be completed for any schemes or changes to services before they are approved for implementation.

Wendy Balmain
Director of Transformation and Delivery

Commissioning Integrated Care in Harrogate and Rural District

1. Purpose

This report sets out key steps for the Governing Body to consider enabling progress integrating health and care across Harrogate communities. The report includes; draft principles to evaluate provider proposals, early work on outcomes to be met through a new integrated delivery model, a proposed service scope.

The report does not include detail about joint or integrated commissioning but Governing Body are asked to note that work is underway to develop this.

2. Context

The CCG has been working as a Vanguard system for the last three years with our practices, primary and acute care clinicians, social care partners, local people and communities to transform and integrate local health and care. The Vanguard leadership has listened to local people and communities, and the programme has provided an opportunity to test out a range of new ways of working.

The Vanguard programme and the additional funding will end in March 2018 and providers and commissioners have agreed with national colleagues to develop clear plans to ensure work to integrate services continues at pace and learning from the Vanguard is embedded through a transitional plan in 2018/19. The two conditions agreed with NHSE are:

- *Commissioners will evaluate evidence of impact emerging from the popup model during Q3 and Q4. This will enable the commissioning roadmap to be refined and clear commissioning intentions established to achieve a community-based, practice-centred integrated delivery model by April 2019. The model will support the local health and care system to manage patients in lower acuity settings and deliver a financially sustainable system*.

- *To ensure that progress towards integrating services continues to move at pace, health and social care providers across the local system will develop and implement a transition plan for 18/19 by January 2018. This will optimise and spread the learning from the pop-up model through a tangible service delivery offer in 18/19 and within the commissioned resource envelope.*

There is an appetite through the Harrogate Health Transformation Board to continue to work together as a leadership forum to build on progress achieved through Vanguard and progress is being made on both these conditions.

Feedback from people using and delivering the integrated response service (the service delivery element of Vanguard tested from May 2017) consistently commends the Vanguard approach and learning from this will continue to be the bedrock of the new commissioned model.

The CCG strategy paper ‘Your community, your care: developing Harrogate and Rural District together’, captures the learning from Vanguard and describes the CCG’s commissioning strategy and vision to deliver a truly integrated local health and care model. It recognises the close working with other commissioners and our provider partners, who have invested time, energy and resources into the Vanguard programme from 2015.

A draft set of principles and outcomes have been developed, and a proposed scope of services to be included in an integrated model has been defined that will provide a framework for providers developing integrated care delivery. These are described more fully through this report

The CCG will continue to assess and test the integrated care work programme against our legal obligations to ensure full compliance.

3. Draft principles

The CCG has developed a set of principles to provide a framework and evaluate the proposal being developed to meet condition two, provider transition plan, in section 2 of this report. Subject to further comments the principles will also be applied to a longer term integrated model irrespective of provider. The draft set of principles are attached at Appendix 1.

4. Draft outcomes

There is a shift towards accountable care systems and partnerships in the pursuit of greater integration, improved use of resources and a better and simplified experience for people accessing services. This also signals a move away from detailed specifications that minutely prescribe how services are delivered with greater collaboration between commissioners and providers designing health and care. To this end the CCG has developed a set of outcomes for discussion that can enable providers to use their expertise in service planning and delivery to configure services.

Delivery of the right outcomes require the right structures and processes to be in place: structure plus process equals an outcome. There are therefore associated process and structure enablers required to deliver the outcome, that enable proxy indicators to be defined by the commissioner to monitor delivery, quality and impact. *Structure* enablers include things like staffing ratios and skills or equipment. *Process* enablers include waiting times, care pathways and quality standards such as door to needle time for stroke patients.

Appendix 2 sets out a range of service outcomes, which balance quality of care and improving population health within available funding. Further work will need to be done to enable a real shift to an outcomes based commissioning approach.

5. Proposed scope of services

The CCG delivery group have reviewed the potential scope of services commissioned by the CCG, in the context of making a shift towards delivering care organised around people and their local communities.

The review covered service lines within the community contract, mental health contract, continuing healthcare and acute services that could be delivered in the community. In parallel a review is taking place to develop and simplify integrated urgent care in line with the NHSE published integrated urgent care specification. The ambition of transformation fundamentally encompasses everything that is, can, or should be delivered outside of a hospital environment.

It is recognised that the relationship with community and voluntary sector services supporting the wellbeing of the population is vital and this will need to be considered as plans develop. Appendix 3 sets out the provisional proposed service scope. It should be noted that there are some service lines that require further consideration for inclusion, for example, specialist nursing and therapy services and that this may impact upon the provisional financial value identified in appendix 3.

6. Public and patient engagement
Over recent years a number of engagement events have been held and messages from this are consistent in that people want integrated services, where they can tell their story once, and receive person centred integrated care.

We will continue our engagement as this programme develops pace and this will include visits to events and groups across Harrogate and Rural District to present our integrated health and care model. We will also have conversations directly with people and groups that may be already using health and care services, carers and special interest groups.

7. Managing risk
Risk is being managed in accordance with CCG procedures and to ensure the CCG meets its constitutional and legal obligations, including public engagement. Governing Body should be aware that there is a risk to delivery of the CCG financial plan in 2018 -2019 in that the GP Out of Hours service is being considered as part of the integrated work programme. As such efficiencies defined through that service procurement are likely to be delayed.

8. Governance and conflicts of interest
Due to the complexity of governance and conflicts of interest throughout the transition, the CCG, upon receiving legal advice, proposes that the Governing Body delegates authority to the Finance, Performance and Commissioning Committee as operational decision makers.

If any member has a material interest in any matter and is present at the meeting at which a matter is under discussion, they will declare that interest as early as possible and attendees shall decide if it's necessary for that individual to not participate in the discussions or recommendation on the process. The chair will have the capacity to request that any such conflicted member withdraw until the group's consideration has been completed.

The Delivery Group will report to the Finance, Performance and Commissioning committee on the progress of delivery and seek assurance. In order to provide a level of continuity and consistency, members of the Committee will also be present on the Delivery Group to provide a link through the process. Full minutes will be formally recorded and shared with the Governing Body.

9. Recommendations
The Governing Body is asked to consider, comment and approve:

- the draft principles, outcomes and scope as a framework for working with providers
- delegation of operational decision making authority to the CCG's Finance, Performance and Commissioning Committee, providing regular assurance to the Governing Body.

Wendy Balmain
Director of Transformation and Delivery

Appendix 1

Draft principles for an integrated care delivery model	
1	Demonstrates an integrated approach to care to include physical health, mental health and social care.
2	Focuses on self-care and prevention to promote independence and avoid or delay the need the need for care.
3	Describes modern health and social care services from co-located teams.
4	Simplifies access for patients.
5	Works closely with the community and the voluntary sector and incorporates community services and assets.
6	Evidence of progress using Alliance Agreement/partnership to support a population health approach.
7	Plans to variate flow of money and resources are identified and agreed through formal arrangements.
8	Describes how outcomes will be achieved within available resources supported by a clear delivery plan.
9	Has effective governance arrangements that support service transformation and delivery and reduce potential conflict.
10	Any shift in activity between providers within the system needs to be balanced by demonstrable shift in resource where required.
11	The change management plan supports staff through change, identifies and introduces any required new skills and promotes innovation.
12	Is developing a clear estates strategy that supports delivery of a modern health and care estate.
13	Articulates a clear strategic leadership role for primary care.
14	Enables strong clinical operational leadership, including the GP as the expert generalist with the patient.
15	To improve the quality and efficiency of services enables the sharing of records, data and information including integrating information management and technology.
16	Enables innovation in service provision using technology for both staff and people using services.
17	Seeks continuous and effective patient and staff involvement where service changes are proposed, ensure consultation in line with legislation and best practice.

Appendix 2

High level IMPACTS	Essential demonstrable OUTCOMES	Key COMPONENTS to achieve the outcomes
1. The population has improved health and well-being: • Better health • Good quality of life • Reduced inequalities	1.1. Independence is optimised throughout life, following ill health or as a result of a long term condition 1.2. Loneliness and isolation are minimised 1.3. The risks of developing preventable conditions are reduced 1.4. Mental health, physical health and social needs are considered equally	• Enabling people to make healthy lifestyle choices • Holistic assessment and care planning across health, mental health and social domains • Community asset-based approach to care • Voluntary sector involvement
2. The quality of care is high with: • Effective care • Good patient experiences • Safe care	2.1. Care is seamless and coordinated across the primary, community, mental health and social care system 2.2. Care is anticipatory and proactive 2.3. Care remains community-based during times of crisis, when clinically safe 2.4. Care at the end of life is co-ordinated, skilled and supports people's choices 2.5. Family and carers are involved in decisions (where appropriate) and are supported 2.6. People are involved and have influence and control over their care	• Co-located multidisciplinary teams • Single assessment process • Personalised shared-care plans which are co-produced • Shared IT and records • Case management with key workers • Transition processes between settings and services • Systematic case finding • Use of innovative technology • Evidence-based long term condition management • Community-based therapy and reablement services • Continuous quality improvement methodology • Access to Personal Health Budgets • Integrated quality and safety reporting system • Joint approach to workforce development • Strong clinical leadership at cluster level
3. The health system is affordable and sustainable by: • Reducing dependence on health and care services • Managing demand within resources	3.1. People are able to manage conditions as much as possible by themselves 3.2. Care is delivered in the most cost effective setting at the right time	• People have access to information about their conditions and other sources of support • Access to specialist teams within the community • Access to step up and down beds within the community • Pooled or aligned resources at cost-effective scale • Shift in activity, capacity, capability and resources from secondary to primary and community care, • Community care available 24/7

Appendix 3

Integrated care proposed scope – phased approach **Indicative financial envelope £24,679,073**	
Community Services ✓ Integrated Teams ✓ Chronic pain and fatigue services ✓ Specialist palliative care ✓ Cardiac Rehab ✓ Ripon Hospital beds ✓ NYNET, Property and Telephony ✓ Medical devices Other acute services (to be considered) ✓ Physiotherapy ✓ Occupational Therapy ✓ Speech and Language Therapy ✓ Dietetics ✓ Podiatry ✓ Orthotics/ Appliances ✓ MSK ✓ Specialist Nursing ✓ Ripon Minor Injury Unit ✓ GP OOH Other CCG commissioned services ✓ CHC assessments ✓ FNC assessments ✓ Fasttrack ✓ Ophthalmology Services ✓ Lymphoedema Services	Mental Health ✓ Care Home Liaison ✓ IAPT ✓ CAMHS ✓ Liaison MH ✓ Early intervention in psychosis ✓ Learning Disabilities ✓ Community learning disability teams ✓ Eating disorders ✓ Older people services community Teams ✓ Adult community teams ✓ Crisis resolution & Home Treatment Primary Care ✓ Extended Access ✓ Acute visiting service ✓ Homeless Service ✓ Local Enhanced Services ✓ GPs into Care Homes