

An Integrated Care System for the North East and North Cumbria

Joint OSC - Tuesday 27 November 2018

**Developing Integrated
Health and Care Partnerships**
North East and North Cumbria



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Agenda Item 5

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Our ambition is to become the best in England and Europe for health and care outcomes

We will achieve this by improving healthy life expectancy where CNE is consistently below the national average.



Context for the health and care system in CNE

Where are we now as a system?

- Relatively highly performing patch but with some performance and finance challenges
- A long-established geography with a strong history of joint working
- Highly interdependent clinical services with the vast majority of patient flows staying within the patch
- Some service sustainability and configuration issues remain unresolved
- Fragmentation following the 2012 Act has made system-wide decision-making difficult

Where do we need to be?

- Faster progress on improving population health outcomes
- More empowered patients supported by fully integrated health and social care
- Delivering a sustainable, equitable and affordable core offer of acute services
- Strengthened collective decision-making for 'at scale' improvement initiatives

How are we going to get there?

- Unanimous commitment from NHS bodies to become an ICS with overarching system governance
- Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads
- Need to develop a vision and strategy supported by a suite of enabling workstreams
- Creating 4 ICPs based on population density/patient flows/hospital sites - whilst preserving place-based clinical leadership
- Empowering ICPs to deliver sustainable acute services through managed clinical networks

Definitions

What is an Integrated Care System?

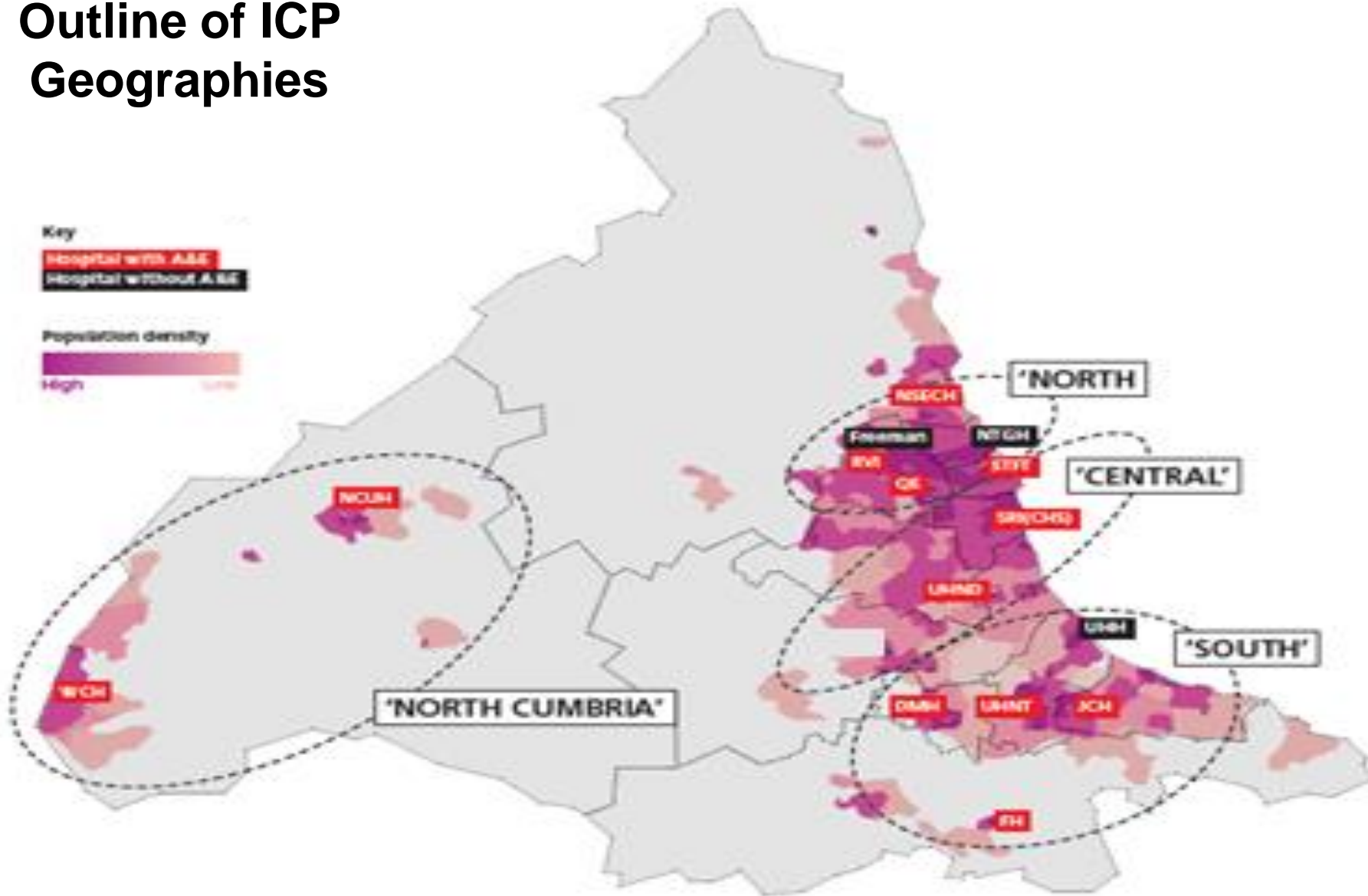
An ICS is not a statutory organisation; it's made up of individual organisations working together in partnership to improve health and care based on:

- Developing a shared vision and high-level plan across NHS organisations
- Reaching a formal agreement with NHSE/I to implement faster improvements in population health outcomes
- Taking devolved responsibility for key NHS resources
- Collaborating across boundaries, e.g clinical staff from different organisations working in networks 'horizontally' across hospitals but also integrating 'vertically' with GP and community services.

What are Integrated Care Partnerships?

- ICPs are alliances of NHS providers that work together with local commissioners to deliver care by agreeing to collaborate rather than compete.
- Providers can include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

Outline of ICP Geographies



Some overarching themes...

- CNE Integrated Care System is the 'servant' of place not its master
- Commissioning is increasingly viewed as a partnership activity
- We don't think of commissioning as 'strategic versus tactical': Its about doing the right things with the right partners on the right footprint
- Structures are less important than relationships
- Reluctance to specify and populate an end-state – but a real appetite to continue to evolve in this direction

Approach to planning

- Five year revenue budget settlement for the NHS from 2019/20 – 2023/24
- Provides certainty to develop NHS Long Term Plan
- New NHS planning approach – review of standards, new financial architecture and more effective workforce and physical capacity planning
- All ICSs to develop their strategic plan to deliver the Long Term Plan – how we will run our local NHS system using the resources available to us
- Planning for this year must be more aligned across commissioners and providers – all organisations will aggregate their plans for 2019/20 into single operating plan
- Whole system five year plan for NE&NC signed off by all organisations by summer 2019

Developing Integrated Health and Care

North East and North Cumbria
Working for people from North Yorkshire
to the Scottish Borders



Join our journey...

Clinical Strategy Development South Integrated Care Partnership

Joint OSC - Tuesday 27 November 2018

Siobhan McArdle



Join our journey...

Vision and Scope

Vision

Work collaboratively to maintain local access with a focus on delivering out of hospital care and ensuring the sustainability of safe clinical services to meet the needs of the population

Scope

To develop a clinical strategy for the South Integrated Care Partnership with the aim of achieving and sustaining high quality hospital care across the area. The scope of this work includes the following acute provider organisations:

- County Durham and Darlington NHS FT
- North Tees and Hartlepool NHS FT
- South Tees Hospitals NHS FT

The Programme will cover acute health services commissioned and provided for the people of Darlington, Tees, Durham, Dales and Easington, Hambleton, Richmondshire & Whitby.

University Hospital North Durham will continue to provide the existing range of services.

South ICP Clinical Strategy

Our Clinical Strategy will focus on how we deliver a number of key services:

- Urgent & Emergency Care
- Paediatric, Maternity (Gynaecology modelling interdependencies)
- Elective care:
 - Spinal
 - Breast
 - Urology
- Frailty services
- Stroke services

We will finalise and agree our Clinical Strategy in January 2019 and look forward to sharing this with you.

Approach

- Work builds upon the Better Health Programme
 - We have reviewed prior work to ensure clear audit trail and evidence of stakeholder engagement
- Starting point is a working list of ideas that will be appraised against 'must have' criteria for viability
- Modelling workshops to build up and discuss scenarios
- Clinical standards are a key driver to improving quality and patient outcomes
- Viable ideas will be subject to robust financial and activity modelling (value impact assessment) and further evaluation through stakeholder engagement
- Individual service clinical case for change will develop the draft case for change
- Credible scenarios will be identified for formal consultation

Operating Principles

- The needs of people will have priority over organisational interests
- We will work in clinical networks across hospital sites - sharing scarce resources to maintain local services
- We will work collaboratively, urgently and with pace on system reform and transformation
- Costs will only be reduced by improving co-ordinated care
- Waste will be reduced, duplication avoided and activities stopped which have limited value or where benefit to our population is disproportionate to cost

What we are doing now

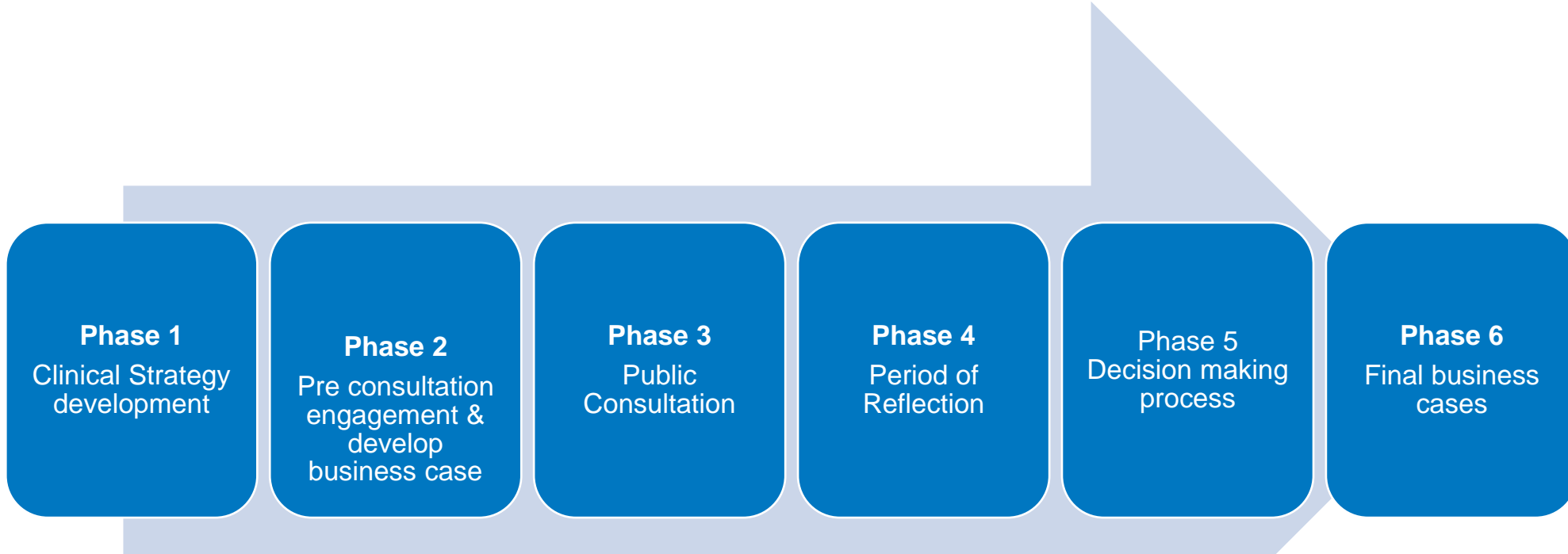
- Our clinicians are developing the Clinical Strategy
- We will preserve each of our hospitals into the future by using them differently and in a more joined up way to benefit all patients
- Some changes and improvements may be necessary to services currently provided from different hospital sites
- We want to introduce new ways of working so that clinicians can work easily across multiple organisations and clinical sites, and expand our use of new roles and care models that will help us to manage demand and drive an improvement on outcome.

Timeline

Proposed Timeline

Meeting	Date
Present Value Impact Assessments (VIAs)	November 2018
Clinical Review of VIAs: Urgent & Emergency Care, Maternity Paediatrics, Stroke, Frailty, Breast, Spinal and Urology	December 2018
Strategic Oversight Group: Review Draft Clinical Strategy	December 2018
Strategic Oversight Group: Approve Final Clinical Strategy	January 2019
Joint Provider / CCG Board Engagement Meeting	January 2019
CCG / Provider Board of Directors / Council of Governors Approvals / CCG Joint Committee	February 2019
Formally Launch Service Reconfiguration: <ul style="list-style-type: none">•Staff engagement•External stakeholders including MPs•Public engagement	March 2019

Key phases



Join our journey...

Questions/Discussion

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Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
North Durham Clinical Commissioning Group
South Tees Clinical Commissioning Group

CCG Collaborative

Darlington, Durham, Teesside, Hambleton Richmondshire and Whitby Joint HOSC
Tuesday 27 November 2018

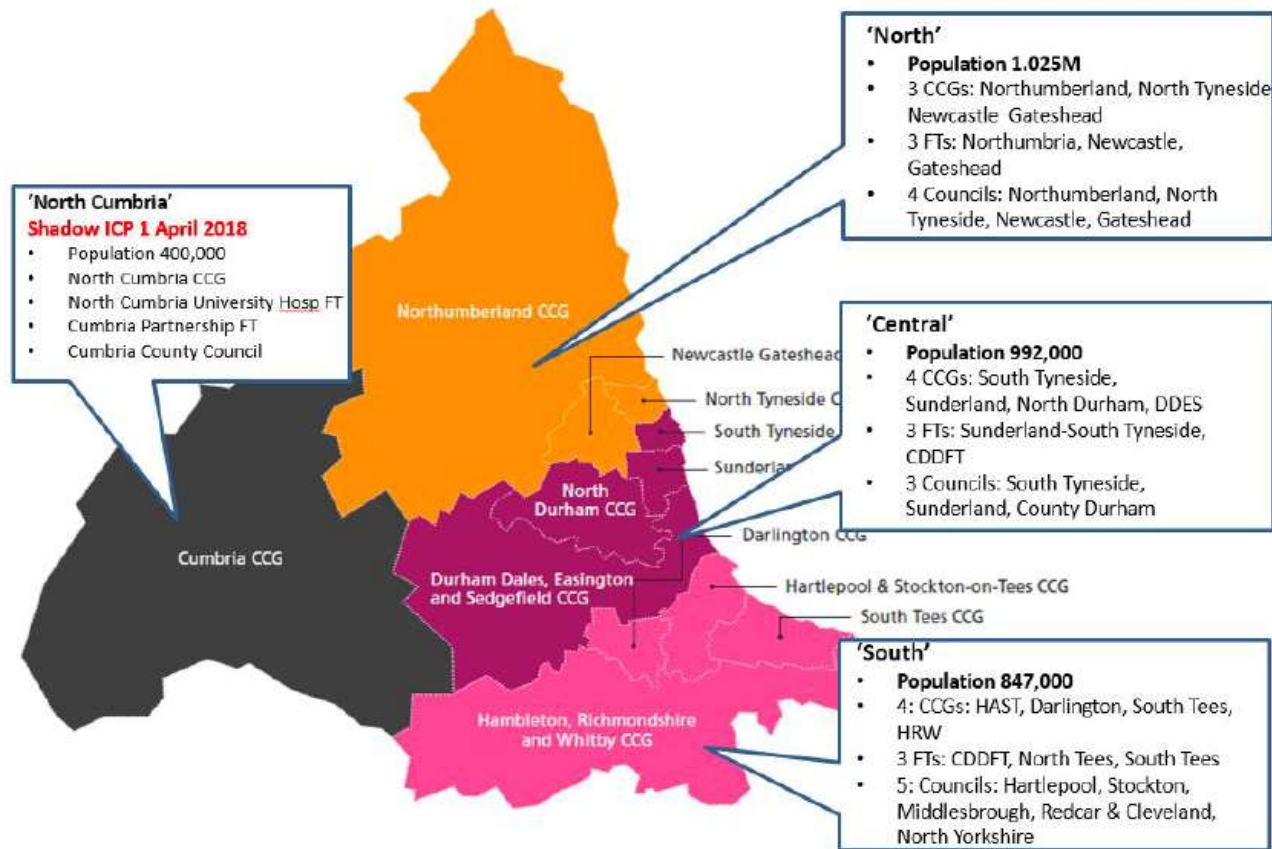


Background

- The Health and Social Care Act 2012 established the statutory role of the Clinical Commissioning Group and sets out the statutory duties and requirements including those roles which are considered 'statutory' i.e. the Chair of the Governing Body, the Chief Officer and the Chief Finance Officer and an Executive Nurse.
- Many CCGs around the country are now either merging or creating joint committees and collaborative arrangements with a single agreed leader/Accountable Officer
- The annual leadership assessment of CCGs by NHS England now includes a focus on collaborative working
- The 5 CCGs in Durham and the Tees Valley (NHS Darlington CCG, NHS Durham Dales, Easington and Sedgefield CCG, NHS Hartlepool and Stockton-on-Tees CCG, North Durham CCG and NHS South Tees CCG) have agreed to develop joint leadership and management arrangements and appointed a single Accountable Officer from 1st October 2018 supported by two Chief Officers and a highly skilled Director team.
- NHS Hambleton, Richmondshire and Whitby work closely with the 'collaborative' on areas of mutual interest e.g. acute services commissioning.

We have concluded on our ICP boundaries

Integrated Care Partnership geographies



Benefits

The CCGs have identified a number of benefits of working more collaboratively, including:

- Working together to share expertise and capacity presents the opportunity to learn quickly, shorten delivery timescales and achieve stretching ambitions
- Shared responsibility and delivery of the STP, working as key system leaders within a complex health and care system supporting the development of an Integrated Care System and Integrated Care Partnerships
- Potential for greater overall clinical engagement and input
- Support for both clinical and managerial succession planning across all CCGs
- Greater potential for influence locally, regionally and nationally
- Opportunity to re-focus, re-energise and align the team to support both the local and wider complex and significant transformation agenda by working at scale
- Reputational benefits for CCGs as joint working brings shared benefits for delivery and improved performance
- Management efficiencies in preparation for any running cost allowance reductions

Approach

- Place Based Commissioning will continue (this is critically important) as we further develop integrated working with local authority and provider partners, develop and extend primary care and community services, ensure services are responsive to local need reducing the reliance on hospital based care
- Each CCG will retain a strong local clinical voice and leadership
- Each CCG will retain individual CCGs statutory status
- Robust governance addressing statutory requirements at CCG level and through an integrated approach across CCG and other partners as new relationships and ways of working embed
- Conducting business in an open and transparent way
- “ clinically led, managerially enabled”
- What’s different ???
no change to partnership working, existing governance or decision making

Next Steps

- The collaboration positions the CCGs well to deal with finance and performance challenges and to support ambitious transformation plans
- Local place based teams will be supported by more robust integrated and at scale 'support' functions freeing capacity for local engagement and shared working with partners.
- Focus on greater integration and partnership approaches for the delivery of services that meet local need
- Supporting staff to deliver at their best through times of change and challenge