

TITLE OF REPORT: Integrating Health and Care in Gateshead
REPORT OF: Gateshead Health and Care System Board

Purpose of the Report

1. The report provides an update from local system leaders on progress in taking forward the integration of health and care in Gateshead, building upon the recommendations of the report agreed by the Board on 8th September 2017.
2. The report describes the work that has taken place since September, the current thinking in the light of updated national guidance and seeks the views and continued support of the Health and Wellbeing Board in taking forward this work in the borough.

Background

3. A report was brought to the September Board meeting which set out the thinking of the health and care system leaders in Gateshead about the opportunities for integrating health and care services with the explicit aim of improving the health and wellbeing outcomes of Gateshead residents.
4. It was reported to the Board that there is whole system support for an integrated approach to health and care in Gateshead, shared by accountable officers, their commissioners and their providers, to meet three core objectives:
 - (i) To shift the balance of services from acute hospital care and crisis interventions to community support with a focus on prevention and early help.
 - (ii) To support the development of integrated care and treatment for people with complicated long term health conditions, social problems or disabilities.
 - (iii) To create a better framework for managing the difficult decisions required to ensure effective, efficient and economically secure services during a period of continued public sector financial austerity.
5. The report described the shared vision and areas for early integration identified by health and care partners and sought the views of the Board about taking forward this work in the borough.
6. In particular, the report recommended the establishment of a formal group under the auspices of the health and wellbeing board, to further develop the proposals for the integration of health and care services. The Board endorsed the proposed direction of travel and asked that regular updates on progress be provided for consideration.
7. Although, progress has been reported to Board members as part of the 'Updates from Board Members' part of the agenda, it is felt that it is now timely to take stock of and consider:

- how we have taken forward work to progress the integration of health and care in Gateshead, having regard the linkages between the various strands of work;
 - what issues have been identified arising from this work to-date and how they are being addressed;
 - the next steps that will need to be taken to progress each strand of work.
8. The opportunity is also being taken to reflect upon and sense check where we are as a local system as a whole, where we want to get to in line with our agreed vision and to identify key milestones that will need to be met in order to get us to where we want to be.

Gateshead Health and Care System Board and Workstreams

9. Following the Board meeting last September, a Gateshead Health and Care System Board has been established to provide overall direction to a number of inter-linking workstreams. These workstreams which have evolved and changed over the last few months to best fit with the direction of travel that was agreed by the HWB and to ensure that 'form follows function'. The workstreams are:
- Commissioning for Better Outcomes
 - System Architecture and Governance
 - Provider Workstream
10. The System Board includes representatives of local commissioner and provider organisations including the Council, the CCG, local NHS provider organisations as well as representatives from the VCS. HealthWatch Gateshead has a standing invitation to attend meetings as required.
11. A Combined Project Group (CPG) has been established by the System Board, representative of the leads for each workstream area, to co-ordinate work and to consider the linkages and inter-dependencies between workstreams. For example, this led to the inclusion of 'governance' as part of the System Architecture workstream rather than being a stand-alone workstream in its own right. The role of the CPG is threefold:
- (i) To co-ordinate development work towards an integrated Gateshead Health and Care System.
 - (ii) To develop a project plan and ensure it is delivered according to the agreed timetable.
 - (iii) To resolve issues and remove barriers encountered along the way.
12. Appendix 1 sets out how the Combined Project Group links with the System Board and the workstream areas.
13. An update is provided below for each of the three workstreams along the lines set out in paragraph 6 above. Consideration is also given to the next steps that will need to be taken to progress this work with some pace and how health and care partners can both support and drive this work forward.

Workstream 1: Commissioning for Better Outcomes

14. The overarching vision for the Gateshead health and care system has already been articulated as follows:

‘Every part of the health, social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.’

(From Accountable Officers Statement of Intent)

15. A one-page summary (see Appendix 2) that describes our local system identified the need for high level strategic outcomes to be set by commissioners around such areas as:
- Improving population health and wellbeing
 - Delivering high quality, co-ordinated care
 - Improving quality of life and experience of care
16. It is envisaged that the strategic outcomes will act as the glue that binds the local system together - an outcomes based approach will enable providers to innovate and work differently together whilst delivering the outcomes set by commissioners. It is also envisaged that a commissioning for better outcomes approach will facilitate a move away from a transactional approach with a focus instead on the transformation of services measured through the impact of provision.
17. The commissioning for better outcomes workstream is developing a set of key strategic outcomes for Gateshead, having regard to national and local outcome frameworks and priorities identified through Gateshead’s Joint Strategic Needs Assessment (JSNA). The 11 JSNA priority areas are:

Best Start in Life

- I. Education and Skills
- II. Emotional Health and Wellbeing
- III. Starting and Staying Healthy and Safe

Living Well for Longer

- IV. Economic Factors
- V. Emotional Health and Wellbeing
- VI. Tobacco Harm
- VII. Alcohol Misuse
- VIII. Healthy Weight and Physical Activity

Older People

- IX. Frailty
- X. Long-Term Conditions
- XI. Emotional Health and Wellbeing

18. These priorities take into account:

- the severity and scale of the issue;
- how it impacts on Gateshead residents;
- an understanding of what can be changed through local action and how that action is related to other issues (impact);
- having a strong evidence base for action.

19. The strategic outcomes will focus on those areas that provider organisations can influence, working collaboratively together over the longer term. Ultimately, they will be used to measure the progress of provider organisations in delivering better, more joined-up care for local people.
20. An initial first draft has been produced having regard to existing outcome frameworks and priorities as set out under paragraph 17 above (see appendix 3(i)). This will require further discussion and refinement and will also need to be supplemented by a set of key measures that can be used to measure and track progress in achieving the outcomes identified. Clearly, the measures will need to focus on those areas that are within the gift of provider organisations to deliver, working collaboratively. A summary of the requirements of the commissioning for better outcomes framework going forward is set out at Appendix 3 (ii).
21. The workstream is also looking at the supporting behaviours that will be required across the system to enable an outcomes based approach to commissioning to work in practice. This dovetails with work being taken forward by the System Architecture workstream (see below) around future working arrangements between commissioners and providers generally.
22. The establishment of a Director of Joint Commissioning, Performance and Quality (Care, Wellbeing & Learning) post to ensure the Care, Wellbeing & Learning Group has the strategic capacity to jointly commission (with Newcastle Gateshead CCG) Children's, Adults' and Public Health services is also indicative of steps being taken to progress new ways of working. It is envisaged that the joint director post will assist both organisations to review and where possible align their strategic and operational commissioning arrangements.
23. The new post will have a particular focus on the integration agenda. This will involve leading and participating in the development and implementation of joint commissioning arrangements as appropriate between the Council, the NHS and other key partners. The new post will also lead the further development of strategic commissioning aimed at delivering improved outcomes and value for money.

Next Steps:

24. To progress the work of this workstream, the following next steps have been identified:
 - An appraisal of the initial draft set of long term strategic outcomes that have been developed.
 - Translate the strategic outcomes identified into streamlined measures that can be used to monitor and track the progress of providers in delivering better, more joined-up care for local people – this will include how we move commissioning from transaction and process to a system that incentivises population and system level outcome measures, increases productivity and encourages innovation.
 - Consideration of the associated behaviours that will be required across the local system to make this work and how this can be achieved in practice.

Workstream 2: System Architecture and Governance

25. Partners remain committed to the aspirations articulated by Gateshead's People, Communities and Care model which is consistent with Vision shared at the September Board meeting:

“A place based system where everyone, young and old will be supported to live, work and age well as individuals and as part of their community. If needed, care and support, supporting physical, mental and social needs, will be easily accessible and coordinated close to or at a person’s home.”
(Gateshead People, Communities and Care Model – Appendix 3)

26. A desired ambition has been articulated for Gateshead health and social care to be incorporated in a Gateshead System arrangement working to an agreed set of long term strategic outcomes with services delivered within a structured provider alliance. Initially, the latter continues to be developed by members of the Gateshead Care Partnership but there is the potential to include voluntary and third sector organisations.
27. Work is underway to agree the full scope of services to be included and the financial envelopes that correspond to these. Potential financial models that support delivery of our ambition while remaining within the regulatory requirements of all partner organisations are being explored.
28. Discussions to-date have indicated that there is no appetite for a partnership form that would require a change in the organisational structures already in place.
29. Partners are reviewing existing systems across the country/internationally seeking to learn from perceived best practice and from those where there has been less success. For example, contact has been made with leads of the South Yorkshire and Bassetlaw system where elements of the approach being taken there are of interest to Gateshead – in particular, the progression of ‘placed’ based approaches within a broader regional footprint.
30. How Gateshead can continue to progress a ‘placed’ based approach within an emerging broader footprint covering Cumbria and the north east (CNE) will be key and this issue is being raised as part of regional discussions – in particular, how a CNE approach would interface at a practical level with the direction of travel we have set to develop a local Gateshead ‘place-based’ health and care system. A key principle of our approach is that services should be designed as close to ‘place’ as possible. Only where this is not possible, should solutions be undertaken on a wider planning or service footprint.
31. Early exploratory work identified that Newcastle Hospitals play a significant role in the delivery of health care to Gateshead residents and as a result have been invited to join the development of the Gateshead System both as members of the System Board, the Combined Project Team and associated workstreams.
32. NHS planning guidance for 2018-19 was released in early February and work is being undertaken to ensure Gateshead System developments are in line with Department of Health expectations.
33. Opportunities for “early wins” in 2018-19 are also being explored to demonstrate and test how the Gateshead system partners can work collaboratively to deliver more effective services to residents.

Next Steps:

34. Next steps to progress this work include:

- Designing and preparing for a proposed rapid planning event to take place in May/June, with a focus around:
 - Strategic outcomes and associated measures to track progress towards achieving those outcomes
 - Contracting and alliancing;
 - Competition and procurement;
 - Governance and partnerships;
 - Links with wider STP Governance
 - Other related issues
- Further development of the thinking around an outline model for Gateshead's system architecture which can be tested and challenged at the rapid development workshop;
- Firming up our collective understanding of resources – the Gateshead resource allocation and forward view in the light of NHS planning guidance.
- Continuing to learn from the approaches being taken by other areas (e.g. Barnsley within the South Yorkshire and Bassetlaw system)
- Advocating the importance of a Gateshead 'place based' approach within a broader CNE footprint.

Workstream 3: Provider Development

35. Gateshead Care Partnership continues to build on its delivery of the Community Care work programme through its comprehensive transformation plan.
36. The People, Communities and Care programme, previously supported by the HWB, is being incorporated into the Provider Development approach.
37. The Gateshead Care Partnership was tasked to take forward the provider development workstream and a number of workshops were held to develop proposals which:
 - consider the whole provider system on a long term basis with a corresponding contracting arrangement;
 - deliver outcomes set by commissioners based on the JSNA, NHS Constitution, regulatory requirements and associated metrics;
 - minimise transactions between commissioner and provider accepting the principle that outcomes will drive transformational change;
 - focus on the 'wellness and recovery planning model', the whole person/family and what providers can achieve together;
 - identify priority groups for a multi-disciplinary approach;
 - provide challenge and support to each other through shared data and performance management.
38. It was noted that the work of Gateshead Health and Care System partners may be at slightly different stages of development and that this will need to be factored into the timelines for integration.
39. The Gateshead Care Partnership has provided an initial proposal to the System Board on what the core provider offer might look like. This was accepted in principle and is being developed further. Providers agreed to:
 - Work on a phased basis, with the NHS Trusts being in a position to work in an alliance type arrangement with prime providers for some services.

- Adopt open book arrangements and share risk.
 - Co-ordinate Transformation Plans through the Gateshead Care Partnership.
 - Work with commissioners to move away from transactional activity to a focus on outcomes based commissioning.
40. Three new partners have been invited to join Gateshead Care Partnership: NTW FT, Newcastle Hospitals FT; representatives of the emerging primary care federation.
41. The following key areas for development have been identified:
- Developing our understanding of an alliance type arrangement using the NHS Standard Alliance Contract as a guide.
 - Understanding the financial position of each partner.
 - Identifying partners to take a lead role in areas of activity.
 - Reviewing the governance of the Gateshead Care Partnership, the Memorandum of Understanding and Terms of Reference to reflect an alliance type arrangement.
 - Agreeing the offer to commissioners for 2019/20 including, a 'no change' scenario showing the costs and risks of continuing as now.
42. A workstream project plan has been developed and contact has been made with partners to set up workshops on such issues as alliance contracts, finance, leadership of activity areas, governance etc.

Next Steps:

43. Next steps to progress this work include:
- Further development of proposals around the core provider offer and how this could be implemented.
 - Continue to progress discussions through the extended membership of the Gateshead Care Partnership.
 - Take advice on the legal and procurement implications of an alliance type arrangement.
 - Establish a baseline financial position setting out the allocation of funding for Gateshead.
 - Describe a "do nothing position" detailing the cost to residents and partners of continuing with current arrangements in the face of increasing demand and complexity.
 - Take forward a programme of workshops including those referenced at paragraph 42 above.

Some Overarching Issues

44. It is clear from the work undertaken to-date that there are significant inter-dependencies between the three workstream areas. This is both inevitable and necessary in order to flesh out what an integrated care system will look like as a whole and how the component parts of that system can best function, inter-relate with and add-value to other component parts of the same system. Inter-relationships with adjoining systems also need to be considered and factored in.

45. In particular, the attention of the Board is brought to the following:

- The impact of an emerging Cumbria and north east footprint on plans for a Gateshead 'place' based health and care system.
- The need to move away from a transactional approach in order to be more transformational as a whole system.
- The implications for how the Health and Wellbeing Board will work in steering the emerging system for Gateshead.

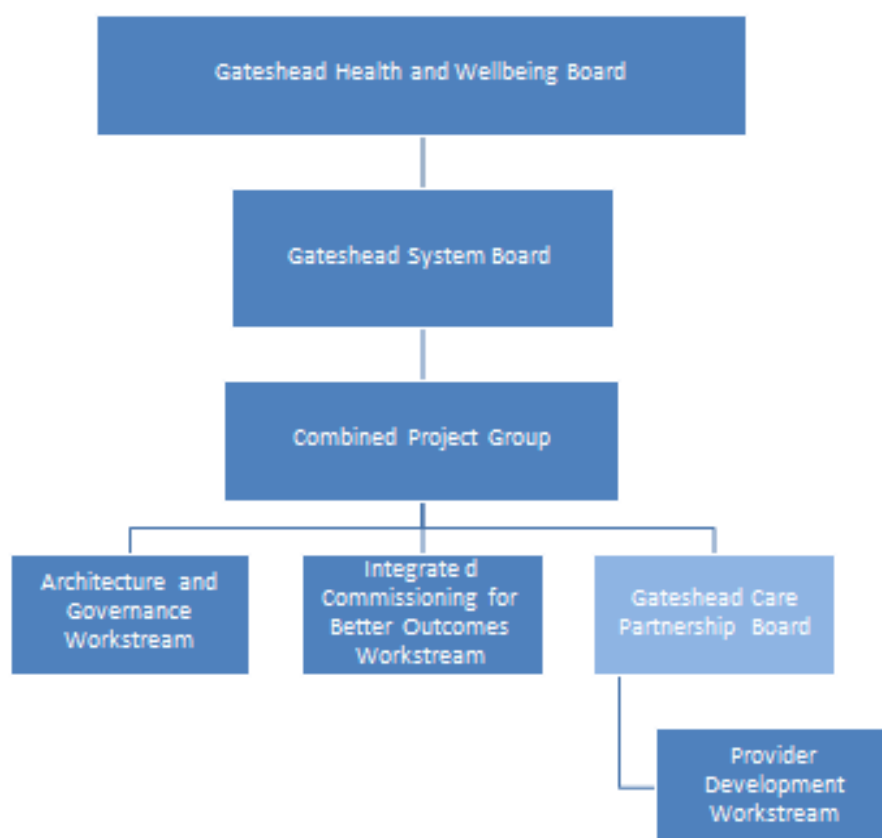
Recommendations

46. The Board is asked to:

- (i) Consider the progress update set out in this report and the issues which have been identified to-date;
- (ii) Endorse the forward work programme which has been identified within workstream areas;
- (iii) Consider the inter-dependencies and issues to be addressed in taking forward a Gateshead place based approach;
- (iv) Receive further update reports from the System Board as required.

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Gateshead Health and Care System



Gateshead Health and Care System



Vision

Every part of the health, social care and third sectors can work together to enable the people they serve to live longer, healthier lives, supported by the very best services available.

(From AOs Statement of Intent)

Outcomes

High level, set by strategic commissioners around such areas as:

- Improving population health and wellbeing
- Delivering high quality, co-ordinated care
- Improving quality of life and experience of care

What do we want?

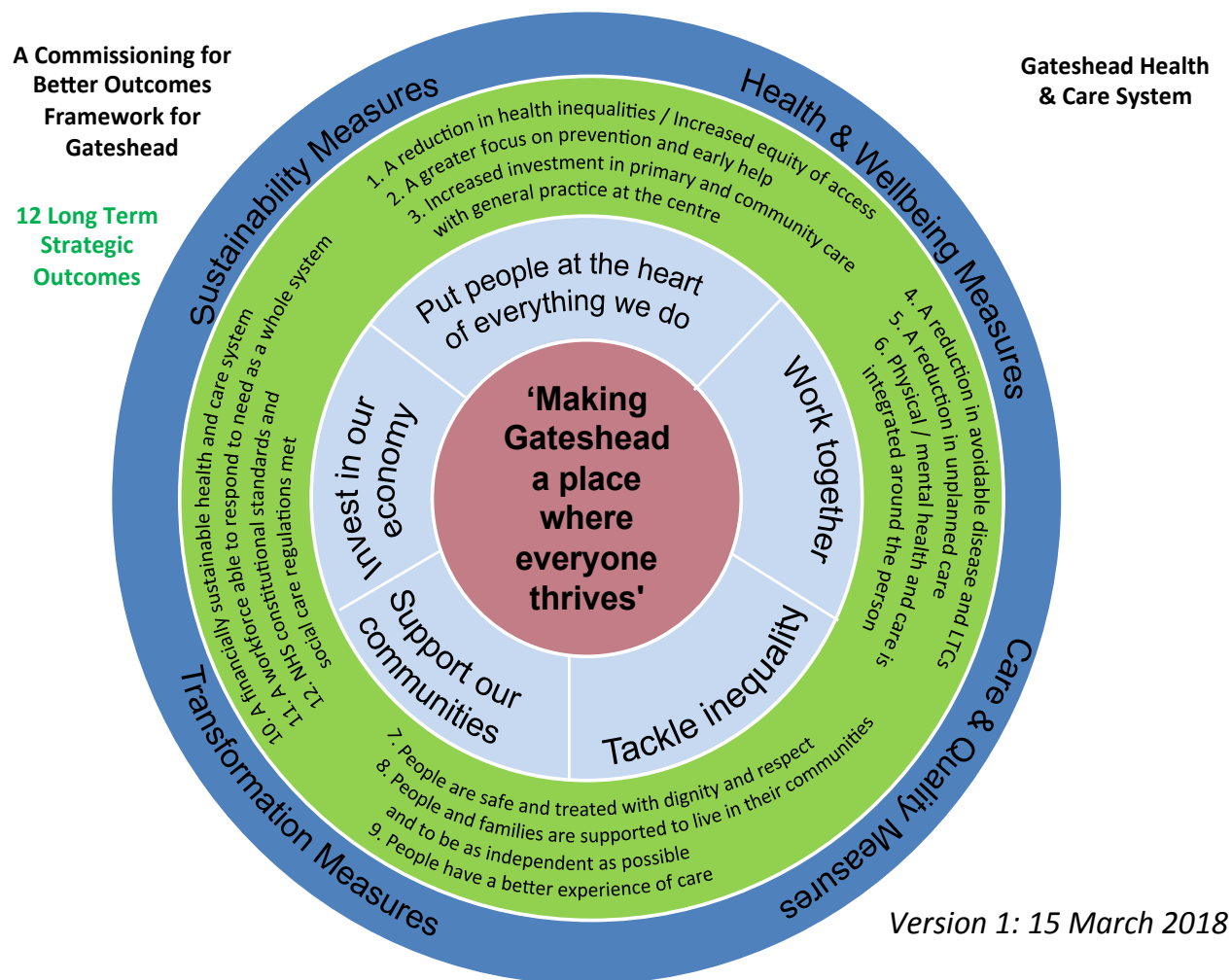
- Sustained improvement in people's health and wellbeing / greater equality of outcomes
- High quality, efficient health and care services / parity of esteem
- An increasingly integrated system of health and social care and effective delivery model
- Community services integration with primary care, social care and third sector in localities / consolidate community services
- Be responsive to the needs of users / support communities to be more responsible for the achievement of our shared objectives
- Create a financially sustainable health and care system
- A workforce able to deliver our model of care
- Statutory responsibilities to be met

Behaviours

- An openness to change
- Visible leadership, direction and commitment
- A commitment to take a strategic view
- A commitment to protect and support
- Be accountable – communicate and work openly
- Equality, mutual respect and trust
- Positive and constructive / a willingness to work with and learn from others
- A willingness to compromise
- Engage and consult with patients, service users, carers, staff and the public

What will it feel like for local people?

- Right person, right time, right place
- Remove hand-offs
- Remove duplication of services
- (Other descriptors to be identified)



Draft Commissioning for Better Outcomes Framework for Gateshead

Health & Wellbeing Outcomes for Gateshead (identified by local people & system leaders)	Strategic Outcomes (set by Gateshead System Commissioners following discussions with system partners)	Strategic Outcome Measures (set by Gateshead System Commissioners following discussions with system partners)
<ul style="list-style-type: none"> • Gateshead Place based and Population Based • Long term in nature • Supports Gateshead's 'Thrive' agenda • Addresses health and wellbeing inequalities inc. life expectancy, healthy life expectancy and opportunities to Thrive • Spans the life-course: Best Start in Life, Living Well for Longer and Older People • Addresses 11 priorities of JSNA 	<ul style="list-style-type: none"> • Gateshead Place based and Population Based • Long term in nature (10 yrs) • A sub-set of the broader health and wellbeing outcomes for Gateshead • The 'scope' of outcomes will ultimately depend on the 'scope' of services to be provided by an integrated, place based, Gateshead health and care system – this will likely change over time (i.e. in tandem with a phased based approach being taken) and could potentially include acute, community health, mental health & LD, primary care and Council services (to be identified) • Assume 'all-in' initially and work back from there in line with the 'scope' to be agreed by system partners • To include cross-cutting outcomes on cross-system working to ensure: <ul style="list-style-type: none"> ➤ a shift towards prevention/early intervention ➤ a shift from acute to community care settings where appropriate • Set at Provider Alliance Level 	<ul style="list-style-type: none"> • Measures will need to be within the 'gift' of providers to deliver • Capable of being 'measured' accurately • Qualitative (inc. experience of care) as well as quantitative measures • Directed at Provider Alliance Level and pathways / care settings

