



ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 NOVEMBER 2017

REPORT TITLE	Place Based Care Arrangements
REPORT OF	Chief Officer, NHS Wirral CCG and Director for Care and Health, Wirral Council

REPORT SUMMARY

Place based care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population.

Placed based care is being developed in response to the challenges the Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for our population. Placed based care will enable the delivery of the *Healthy Wirral* agenda as part of the Wirral Plan 2020.

Placed based care will be shaped by a single, integrated health and care commissioner for Wirral through a formalised partnership between NHS Wirral CCG and Wirral Council.

Place based care in Wirral will need to be delivered by provider working more collaboratively, moving towards a system that is both vertically integrated, starting with primary care, and horizontally integrated through joint working between acute providers.

There are many levels of “place” in Wirral. The proposed approach starts with the footprint of one Wirral population and then moves through a four hub model into eight or nine localities. These localities include the registered lists of 52 General Practices. There is also a need to engage with “place” beyond Wirral, specifically with partners in West Cheshire and further afield across Cheshire and Merseyside for specialist or specialised services.

RECOMMENDATION/S

The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report and provide feedback.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

Place based care is being developed in response to the challenges the Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for our population. Place based care will enable the delivery of the *Healthy Wirral* agenda as part of the Wirral Plan 2020.

Feedback is requested to ensure that Member's views are taken into account in the development of place based care in Wirral.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Drivers for Change

- 3.1.1 The Wirral health and social care system is not sustainable in its current guise. Demand on the system is increasing. Wirral people have less healthy years relative to the England average – sometimes driven by wider determinants such as poor housing, education, unemployment. There is a wide variation in outcomes across Wirral – a difference in life expectancy of 11 years between each side of the peninsular.
- 3.1.2 Our health and social care organisations do not always work effectively together so people do not receive joined up care. Too many people spend too much time in hospital, when they could be cared for in more appropriate settings. People have increased expectations of the care they should receive. Without significant transformation there will be insufficient funding to maintain the quality and standards that we want our population to experience.
- 3.1.3 We have made a pledge to the population of Wirral, through the *Healthy Wirral* part of the Wirral Plan 2020 to deliver better health, better care and better value. Place based care is means of delivering on this commitment through greater integration.

3.2 What is Place Based Care?

- 3.2.1 Place based care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population (as opposed to providing – and being paid for – solely episodic or reactive care).

- 3.2.2 Place based care involves strong system leadership:

- Established leadership teams and relationships.
- Effective collective decision-making and governance structures and a capability to support delivery.
- Track-record of getting stuff done.

3.2.3 Place based care is about collaborating to improve services:

- NHS England expectations around demonstrable improvements in urgent care and primary care redesign, and improving cancer and mental health services, in line with *Next Steps on the Five Year Forward View*.
- Taking collective responsibility when things go off track.

3.2.4 Place based care is about integration:

- Joined up system commissioning.
- “Horizontal integration”, virtually or through actual merger or joint management, of providers and simultaneously “vertical integration” of GP practices through primary care networks.

3.2.5 Place based care has to deliver within a fixed financial envelope:

- This will be expressed as a shared system control total = combined commissioner and provider control totals.
- There may be ‘offsets’ between individual organisations and flexibilities to manage risk collectively.
- NHS England and NHS Improvement are exploring a common approach to system control totals.

3.2.6 Place based care is place based and deploys population health approaches:

- Analyse and segment populations into groups of people with similar characteristics to enable targeted interventions.
- The idea is to get upstream, proactively keeping people healthy and preventing acute deterioration.
- There are several levels of population and place.

3.2.7 In summary:

- Our population needs personalised and co-ordinated health and social care services
- The traditional divide between primary care, community services, hospitals, mental health and social care is increasingly a barrier
- Out-of-hospital care needs to become a much larger part of what the NHS does – with services integrated around the person.

3.3 Place Based Commissioning

3.3.1 NHS Wirral CCG and Wirral Council have agreed that, by 1st April 2018, there will be a single health and care commissioner for Wirral. This will be mirrored by the development of place based and integrated arrangements for Wirral providers shaped by and with the single health and care commissioner for Wirral. This will also ensure that there is a strong and united Wirral oriented voice in regard to commissioning decisions that will be required across Wirral and Cheshire, Wirral and the Liverpool City Region and Wirral and Cheshire and Merseyside.

3.3.2 The purpose is to develop a single integrated commissioner for All Age Health and Care in Wirral that will coordinate and deliver all of the Council and CCG statutory

commissioning functions. This will ensure that commissioning is more cohesive, underpinned by single planning processes, integrated teams and pooled budgets. It will provide system leadership and ensure that the appropriate pathways and outcomes are delivered across the system for Wirral residents. All place based systems of care have a strong and coherent commissioner.

- 3.3.3 Work is currently underway, following the high level milestones set out below, to create the new single health and care commissioner for Wirral. This has included undertaking due diligence work to assess risk and benefits of extending pooled budget arrangements and developing a Target Operating Model for the new arrangements. Practically, where vacancies have arisen or where it is efficacious to do so, joint appointments have been made and teams brought together in advance of more formalised arrangements.

Milestones	Target Date
Assess Due Diligence Report at Governing Body and Cabinet	September 2017
Produce legal vehicles options appraisal	October 2017
Agree a Target Operating Model outlining structures and governance	November 2017
Staff Engagement	November 2017 – March 2018
Develop a Commissioning Prospectus that outlines the ambitions and expected outcomes of an Accountable Care System	November 2017
Shadow Joint Strategic Commissioning Board in place	January 2018
Integrated Commissioner in place	April 2018

Table One: High Level Timetable for Integrated Commissioning

3.4 Place Based Provision

- 3.4.1 Place based care in Wirral will need to be delivered by providers working more collaboratively, moving towards a system that is both vertically integrated, starting with primary care, and horizontally integrated through joint working between acute providers – as represented in Diagram One. Acute trusts are increasingly working across organisational and geographical boundaries to deliver services that require a critical mass of expertise and resource to deliver better health, better care and better value. There also needs to be consideration as to how other NHS providers, such as dentists and optometrists, independent sector providers, such as care homes and domiciliary care providers and not-for-profit sector providers, such as Age UK Wirral, are also engaged in this approach.

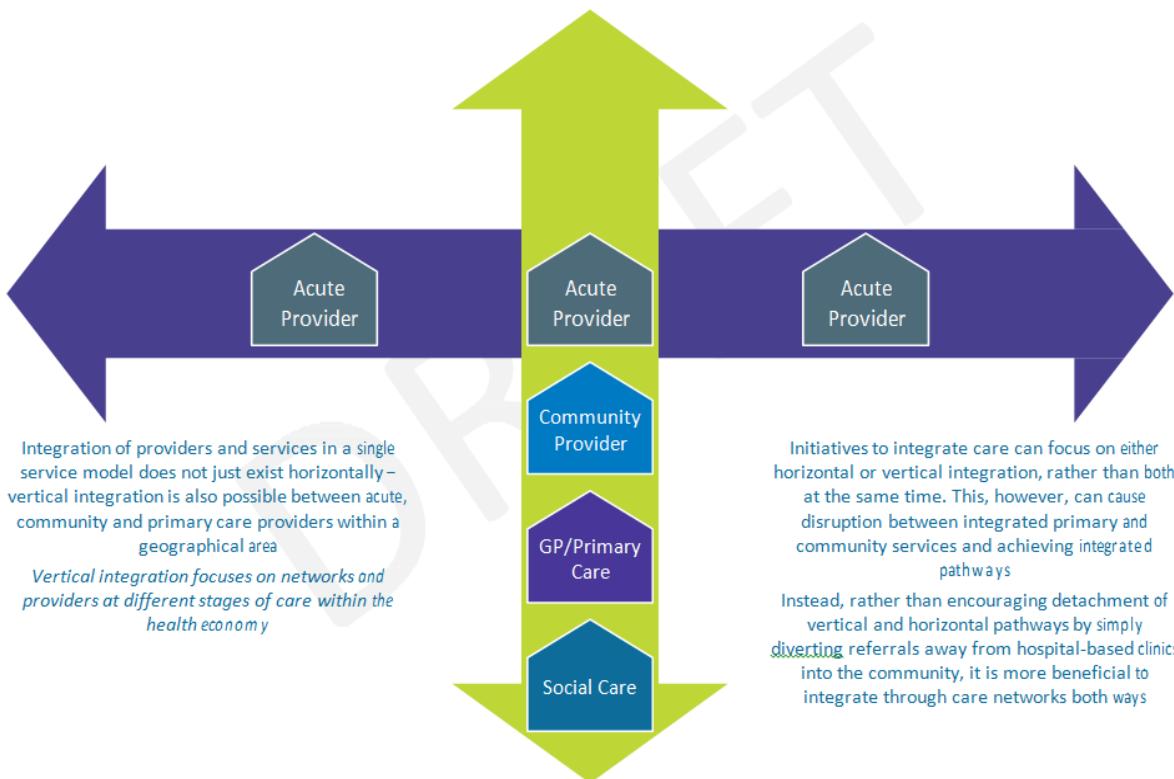
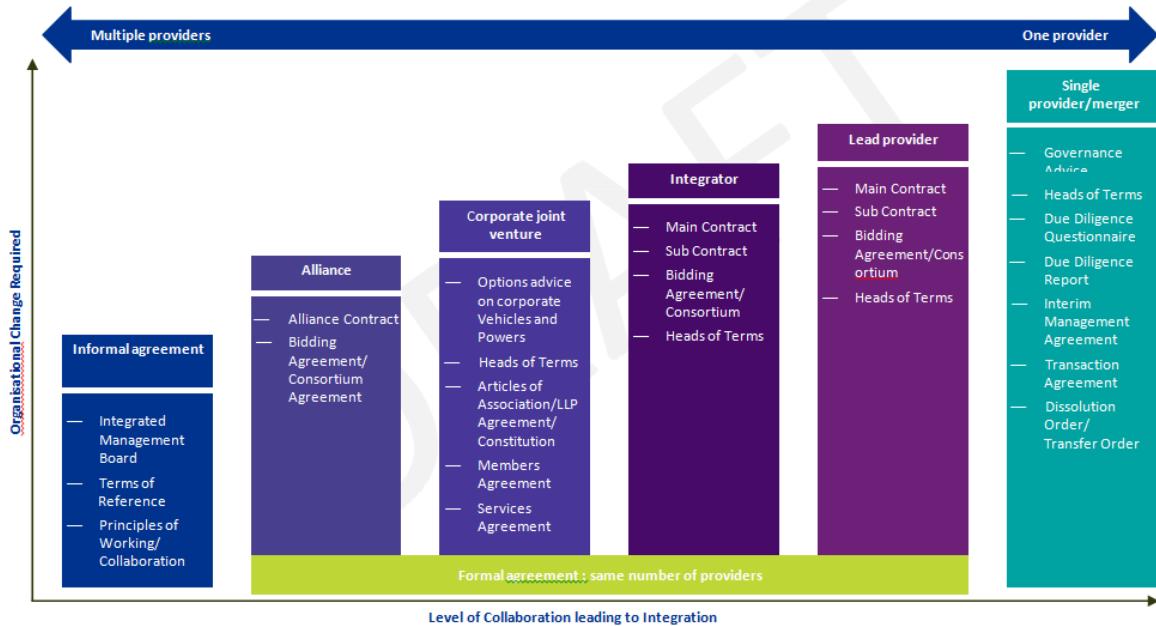


Diagram One: Horizontal and vertical integration

- 3.4.2 There are many levels of “place” in Wirral. It is the intention of NHS Wirral CCG and Wirral Council, through the new integrated commissioning arrangements, to start with the footprint of one Wirral population and then move through a four hub model (based on the four Parliamentary constituencies) into eight or nine localities with populations of 30,000 to 50,000 people. These localities include the registered lists of 52 General Practices. There is also a need to engage with “place” beyond Wirral, specifically with partners in West Cheshire and further afield across Cheshire and Merseyside for specialist or specialised services.
- 3.4.3 Fundamentally, as international evidence demonstrates, place based commissioning is about geography. It is up to all providers in Wirral to respond to this and choose to work together with shared and common objectives and respond to the commissioning “ask” to deliver an integrated, place based system of care. How providers choose to organise themselves across the spectrum of integrated working, as set out in Diagram Two, is down to them. Ultimately commissioners do have the ability to shape the health and care market to deliver their intentions, place based care does require the development of new behaviours and approaches between providers.



The threshold for a single service model is the application of standardised pathways across all provider sites, irrespective of organisational structure. Movement across the spectrum is a combination of increased transformation opportunity and the degree of organisational change required ranging from an informal agreement to a single provider (or merger).

Diagram Two: Spectrum of Integrated Working

3.4.4 A number of workshops have been held over the past months with the main statutory providers of health and care services for the people of Wirral. These providers are:

- Cheshire and Wirral Partnership NHS Foundation Trust
- GP Wirral Federation
- Primary Care Wirral Federation
- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospitals NHS Foundation Trust

The two most recent workshops have also included the two main NHS regulatory organisations – NHS England and NHS Improvement. The workshops have been supported by NHS Wirral CCG and Wirral Council.

3.4.5 The purpose of the workshops has been to reaffirm commitment to the delivery of *Healthy Wirral* and to working in partnership to deliver place based care. Providers have also been asked to consider where on the spectrum of integrated working they are, where they need to be and how they intend to get there. There have also been discussions about a system control total for 2018/19 and working in a way that maximises the use of the Wirral £.

3.4.6 Providers have responded positively to these workshops and have begun their own discussions around working better together. These discussions are being aligned with those around integrated commissioning so that there is a recognised system governance arrangement. Consideration is also being given to the appointment of an independent Chair and programme team to support the development of place based care.

4.0 FINANCIAL IMPLICATIONS

Work is ongoing to agree a system control total for 2018/19 onwards. NHS Wirral CCG and Wirral Council are also discussing the arrangements that need to be in place for increasing the pooled budgets between the two organisations to support integrated commissioning,

5.0 LEGAL IMPLICATIONS

Any changes to the arrangements for the commissioning or provision of health and care services in Wirral have to take place within the existing legislative framework. Legal advice and guidance has been and is being obtained to support the move towards integrating commissioning and the response by providers.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The development of place based care in Wirral is being delivered through existing resources. Any additional requirements will be identified as they arise.

7.0 RELEVANT RISKS

Risk assessments and supporting action plans have been developed and will continue to be refreshed to support this work.

8.0 ENGAGEMENT/CONSULTATION

Engagement and consultation will be required as place based care in Wirral is developed. Appropriate engagement and consultation plans and activities will take place as part of this programme of work.

9.0 EQUALITY IMPLICATIONS

The development of arrangements for place based care will:

- Give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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APPENDICES

There are no appendices to this report.

BACKGROUND DOCUMENTS

Alderwick H and Ham C (2015). *Place-based systems of care: A way forward for the NHS in England*. London: The King's Fund. Available at:
https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf (accessed on 30th October 2017).

NHS England et al (2017). *Next Steps On The NHS Five Year Forward View*. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> (accessed on 30th October 2017).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date