

Shaping Our Future

Third Sector Health and Care Leaders Network

Wednesday 4th February, 2020

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Setting the Scene – CCG Strategic Plan



Leeds

Clinical Commissioning Group

Our Ambition: ‘Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.’

We will focus resources to -

- Deliver better outcomes for people’s health and well-being
- Reduce health inequalities across our city

We will work with our partners and the people of Leeds to -

- Support a greater focus on prevention and the wider health determinants
- Increase their confidence to manage their own health and well-being
- Deliver more integrated care for the population of Leeds
- Create the conditions for health and care needs to be addressed around local neighbourhoods

Building healthier communities



Why embark on this journey?

- The population of Leeds has entrenched **health inequalities** and poorer health outcomes that the current system has not been able to change at scale.
- People too often receive **fragmented care**, and too often have a bad experience of care because of this.
- We are **too reactive**, often trying to solve problems in the here and now, rather than focusing on longer term transformation.

Is there a way to deliver health and care differently to do better?

- We need to enable providers to work together better and deliver integrated care.
- We need to be strategic, proactive and forward thinking. We want to focus on the health of the whole population,

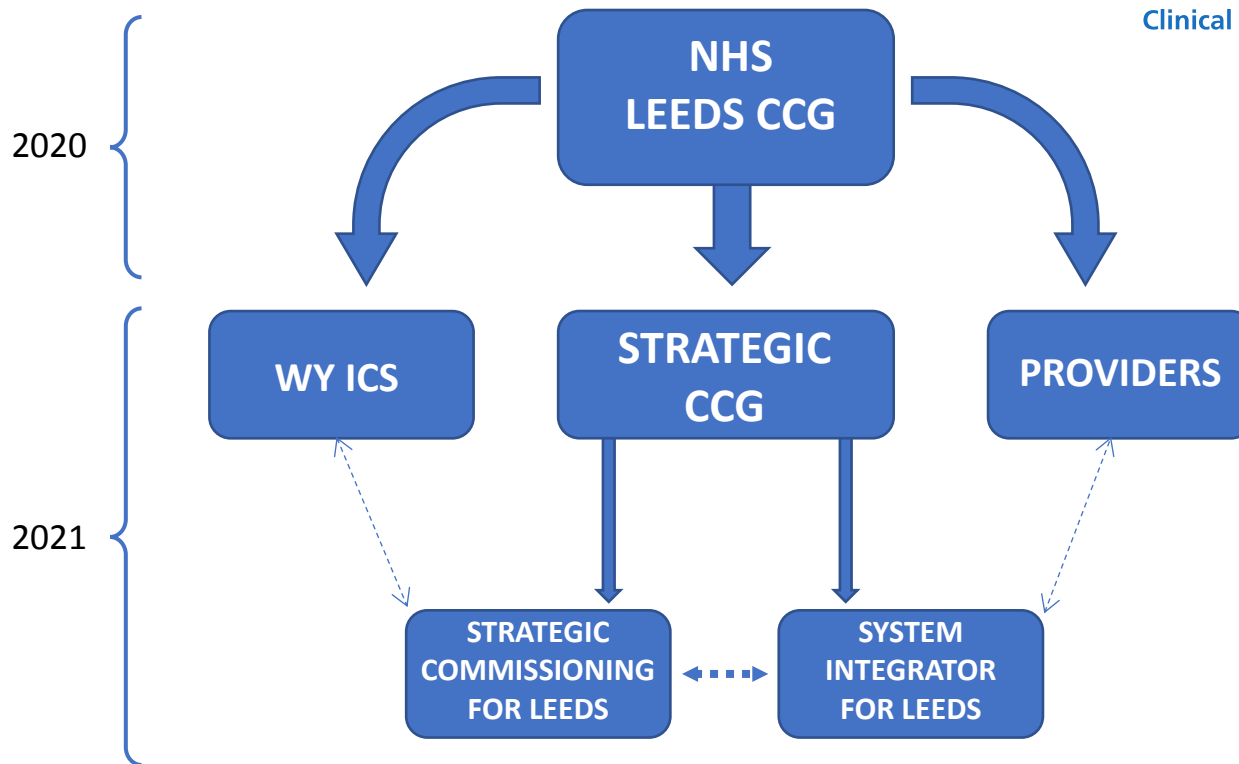


What needs to change?

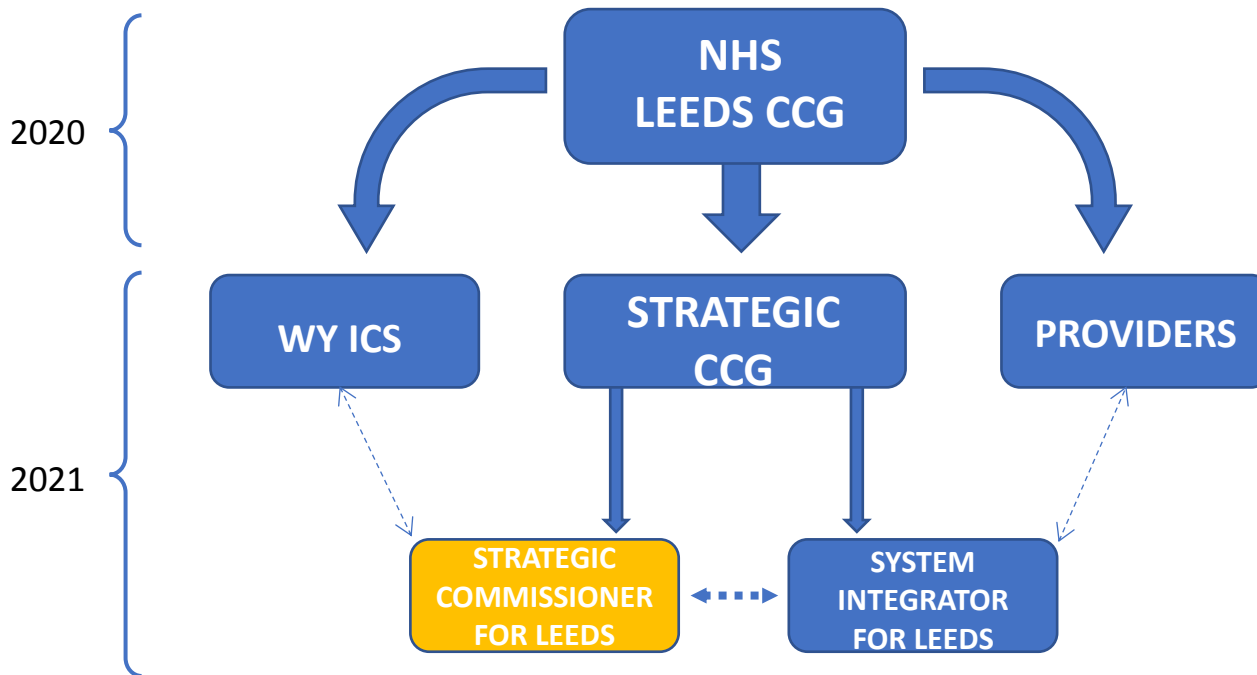
- We know that we want to focus on tackling health inequalities and improving outcomes and therefore we need to plan and commission in a different way, **more strategically**
- We know that we have to enable providers to work together better, and therefore we will focus on **system integration**
- Some things are best done at the West Yorkshire level, Local Care Partnership Level and some by providers.



Proposed approach ...



Proposed approach



Strategic Commissioning: what is it?

Strategic commissioning will:

- Focus on securing the best outcomes for the population of Leeds and reducing health inequalities.
- Use a Population Health Management approach to understand the needs of the population.
- Work with partners to set outcomes and define the budgets that are available for delivering the outcomes.

In response, providers will:

- Become responsible for operational planning, design and improvement of pathways and care models to deliver agreed outcomes.
- Develop collaborative infrastructure to enable mutual accountability for delivery of outcomes.

And then, strategic commissioning will:

- Work with the system to assure the work of the providers in delivering the outcomes and encourage the system to work together to secure improvement.



Strategic Commissioning: what kind of functions could this require?

Examples of functions that could enable strategic commissioning for Leeds:

Population Health Management

(predictive modelling, data analysis, health economics, actuarial analysis, and information governance)

Strategy, Planning & Performance

(function shared across the system enabling a single strategy and care model – one version of the truth)

Strategic Commissioning

(developing outcomes and budgets for specific populations including primary care)

Clinical Leadership

(enabling system-wide integrated care across providers)

Finance

(a shared investment strategy, contract design, and financial management – at appropriate levels)

Quality and Safety

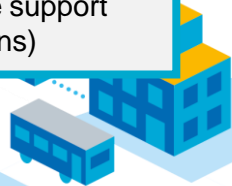
(leading and coordinating a system-wide assurance approach)

Executive Director / System Leadership

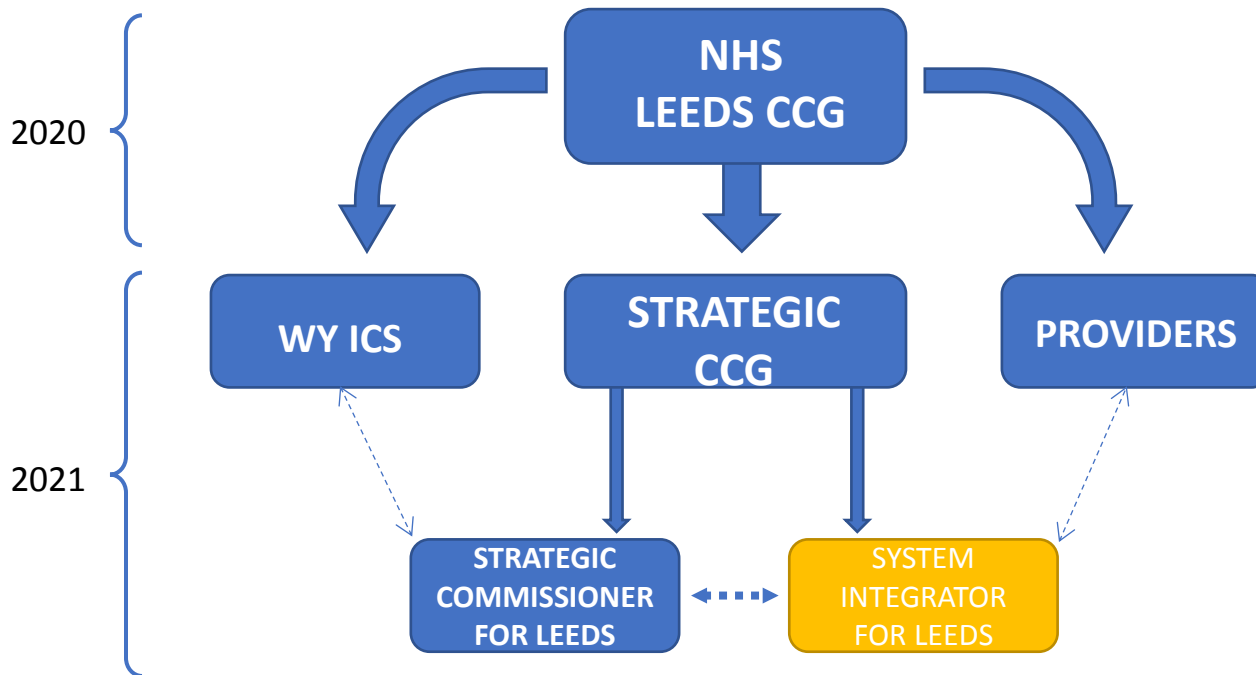
(leading cultural change with partners and ensuring everyone is actually doing those things)

Corporate Support Functions

(strategic commissioning functions are underpinned by corporate support functions)



Proposed approach



System Integrator: what is it?

The system integrator will:

- Support providers to come together and deliver integrated care pathways for patients (which in turn achieve improved population outcomes).
- Work across providers to drive improvement in areas such as transformation, pathway redesign and standardisation, cost reduction, and securing quality and safety.

This will require:

- Additional skills such as facilitation, networking, relationship management, and building organisation development and culture.
- Technical support to make the new system work, including organisational development and cultural change, joint governance solutions, contracting and supply chain management, and capacity building around new financial and contracting approaches that involve new approaches to risk.
- In time the system integrator role may transfer to providers.



System Integrator: what kind of functions could this require?

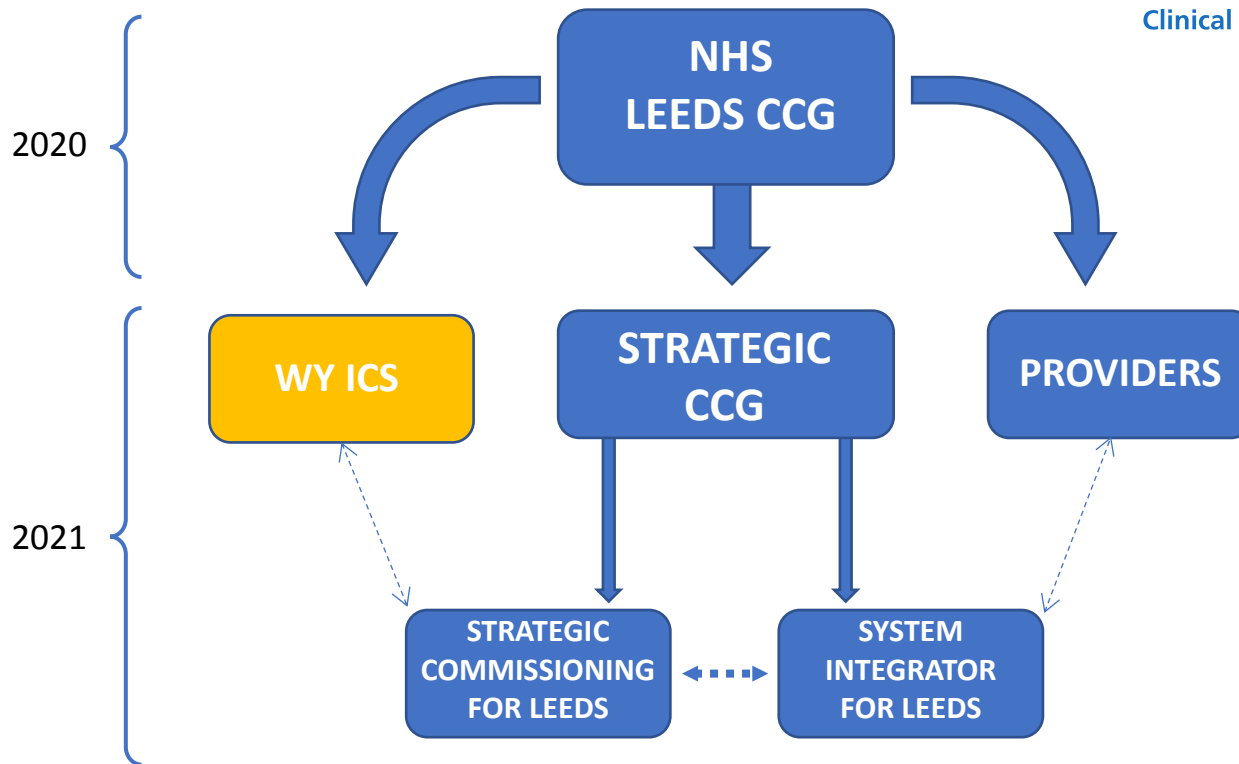
Examples of functions that could enable the system integrator for Leeds:



- The core of the system integrator may be a cross-cutting multidisciplinary transformation function built around population groups.
- The function will include technical development support for the ICS as per the previous slide, in particular around organisational development and cultural change, supporting the development of the new financial approach, communications and engagement, and stakeholder management.



Proposed approach



WY ICS: what services could be commissioned at this level?

- There are some services which may require local delivery, and some which need greater levels of standardisation, or which have national specifications.

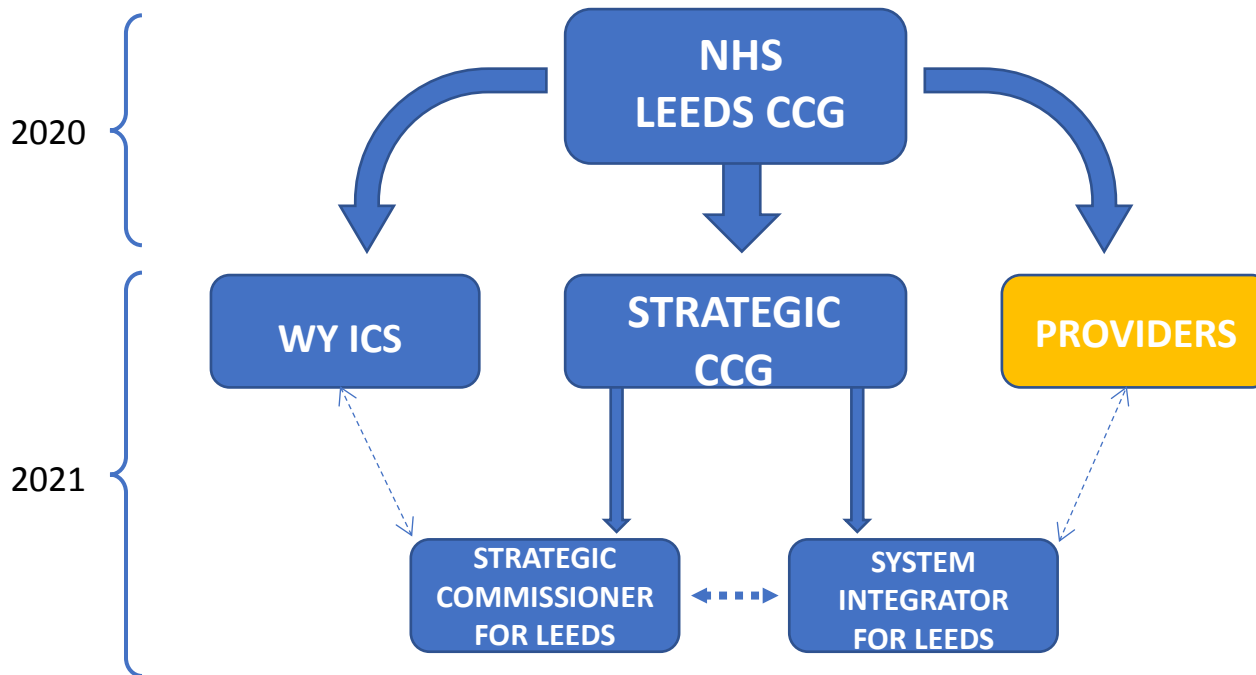
ICS	Leeds	Primary Care Networks / Local Care Partnerships
<ul style="list-style-type: none">• Cancer• Bariatric• Specialist hospital services	<ul style="list-style-type: none">• Improved outcomes for populations living with frailty• Long term condition pathways (as a precursor to LTC population outcomes)	<ul style="list-style-type: none">• National Direct Enhanced Services• Care co-ordinators

Services commissioned at the ICS-level will require strategic commissioning and system integration support including:

- Developing strategy and outcomes, supported by a population health approach & business intelligence
- Supporting policy, criteria and guideline development
- Support for providers to integrate pathways



Embedding functions within provider organisations



Providers: what functions may move to providers?

- Providers will become responsible for the operational planning, design, improvement and implementation of pathways and care models to deliver the agreed outcomes.
- This is aimed at enabling providers to work together, better and to deliver population outcomes.

This will require:

- Some functions providing direct **patient** care, may move directly to providers for example some medicines optimisation functions



Relationships: ways of working

Collective commitment

- Track record of successful working together, which builds trust
- Establish a compelling vision which is shared across all partners and is focused on outcomes for service users, not single organisations
- Inspiring shared leadership, shows others that it can be done
- Adopt an open, enquiring, outward mind-set
- Be positive about change

Relationships

- Opportunities to talk, listen and connect (only seeing partners in formal meetings sets a tone of 'otherness')
- Frequent communication, including developing a common language among stakeholders
- Clarity of what to expect from each other – doing what you say you will do
- Make new connections

Building healthier communities



Bravery

- Embrace uncertainty - accept that you are stepping into the unknown – do not expect a manual for how to work in this new way
- Adjusting your risk appetite to acknowledge that integration is a new way of doing things for most people

Honesty

- Display integrity and be (positively) upfront about your limitations
- Share information and honest feedback
- Disagree well; in a timely and constructive way

Tolerance

- Display empathy for your partners' challenges, and wherever possible, try to reduce these where in your gift
- See the world from another perspective. Peer shadowing and secondments are particularly useful here



Key milestones

- **February 2020** - Interim findings to CCG Governing Body & Partnership Executive Group (PEG)
- **End of March 2020** - Description of future model
- **End of April 2020** - Implementation Plan for how we achieve our model, within which timeframes
- **December 2020** - Delivery of agreed organisational development priorities





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Questions

Building healthier communities

