Wiltshire Council

Health and Wellbeing Board

21 March 2019

Subject: Integrated Care System Development and Implications for CCGs

Executive Summary

Wiltshire CCG Governing Body took a decision on the 4th October 2018 to appoint a single management team across the three CCGs of B&NES, Swindon and Wiltshire. Since then, there has been significant progress.

Tracey Cox has been appointed as the Chief executive of the three CCGs and the STP senior responsible officer. Tracey has taken up this post early in March and is currently working with executives and clinical leads to agree a management structure. This structure is due to be published for formal consultation later in March.

The last month has also seen the publication of the Long Term Plan (LTP) for the NHS, which sets out some expectations for organisational reform as well as services and patient outcomes.

In Wiltshire we have already made good progress with getting ready to implement many of the LTP expectations for primary and community services.

The new GP contract has also been published, with changes to incentives aligned to delivery of the LTP.

This paper sets out some of the key headlines from the LTP and how the work to implement Primary Care Networks and to integrate community services is being progressed.

Proposal(s)

It is recommended that the Board:

i) Notes the developments being undertaken across the BSW STP and Wiltshire to prepare for Integrated Care Systems and the LTP expectations

Reason for Proposal

N/A

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Purpose of Report

1. To inform the Health and Wellbeing Board of the developments being undertaken across the BSW STP and Wiltshire to prepare for Integrated Care Systems and the LTP expectations

Background

2. This paper updates Wiltshire Health and Wellbeing Board on developments at Bath and North East Somerset, Swindon and Wiltshire (BSW) STP and its plans to deliver the NHS Long Term Plan (LTP). The report also highlights developments within Wiltshire to get ready for these transformational changes.

   The Wiltshire Governing Body took a decision on the 4th October 2018 to appoint a single management team across the three CCGs of BSW. Since then, there has been significant progress.

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Main Considerations

3. **Key points from the Long Term Plan:**
   To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan sets out actions to overcome the challenges that the NHS faces such as staff shortages and growing demand for services, by:

1. Doing things differently
2. Preventing illness and tackling health inequalities
3. Backing our workforce
4. Making better use of data and digital technology
5. Getting the most out of taxpayers' investment in the NHS.

A full slide set summarising the priorities is available at appendix 1 however for the purposes of this paper we will focus on Chapter 1: Doing things differently which includes the following:.

We will continue to develop ICSs, building on the progress the NHS has already made. By April 2021 ICSs will cover the whole country, growing out of the current network of Sustainability and Transformation Partnerships (STPs). ICSs will have a key role in working with Local Authorities at 'place' level and through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract award). Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and Long Term Plan implementation.

This suggests that the Integrated Care System (BSW level) includes:

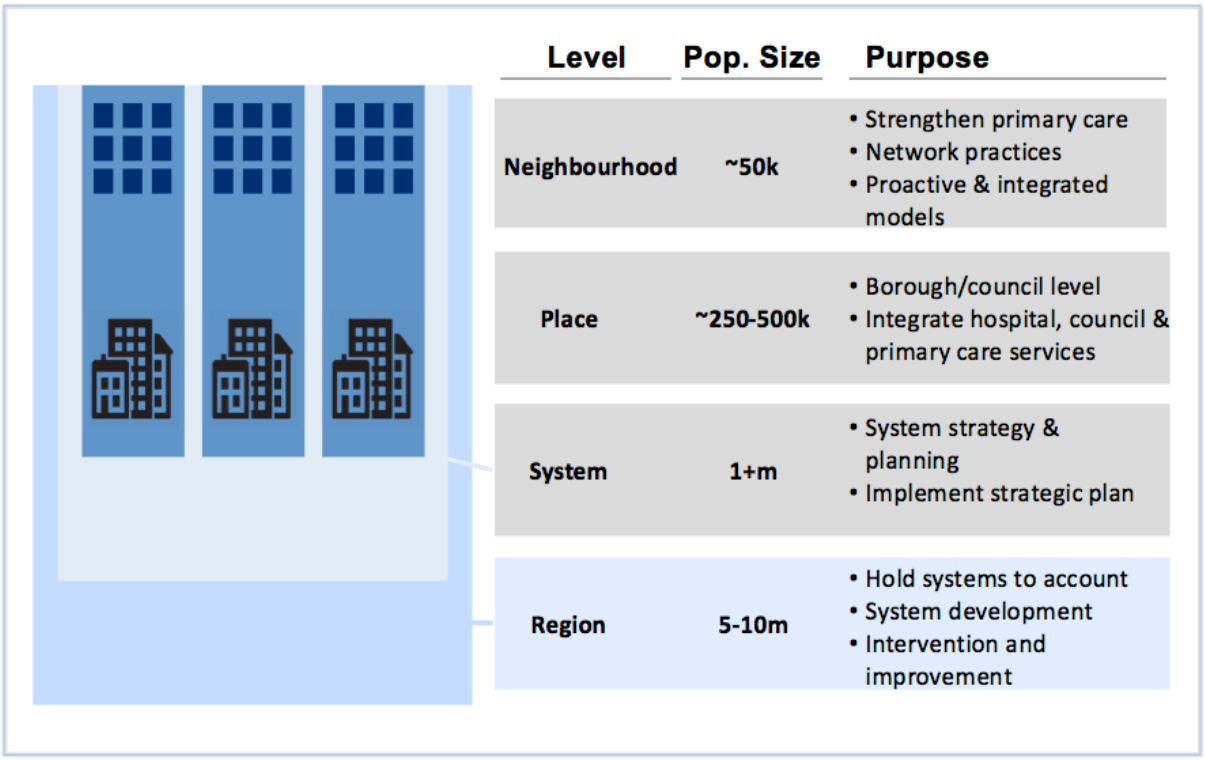
- a partnership board, drawn from and representing commissioners, trusts, primary care networks, and – with the clear expectation that they will wish to participate – local authorities, the voluntary and community sector and other partners;
- a non-executive chair (locally appointed, but subject to approval by NHS England and NHS Improvement) and arrangements for involving non-executive members of boards/governing bodies;
- sufficient clinical and management capacity drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- full engagement with primary care, including through a named accountable Clinical Director of each primary care network

In addition there will be:

- a greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area;
- all providers within an ICS will be required to contribute to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives;

- clinical leadership aligned around ICSs to create clear accountability to the ICS.
- Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies.
- ICSs and Health and Wellbeing Boards will also work closely together

It is clear that the ICS will be the powerhouse of healthcare planning, system design and assurance. This will be support the development of place based integration and Primary Care networks at neighbourhood level:



3.1. Services Implications:

3.1.1. Model of Integrated Care in Wiltshire:

The Wiltshire Integration Programme has been established to deliver Integrated Care in Wiltshire. This programme is a partnership of health and social care organisations across Wiltshire that brings the whole system together focusing on a shared programme of change. The Programme covers areas of work that cut across existing boundaries of multiple health and social care provision, many areas of work being system-wide. Integrated Care will bring together health and social care services to provide a single coordinated care response that is underpinned by prevention, self-care, early intervention, reablement and rehabilitation rather than longer term or life-long service dependency.
Primary Care, Community Services, Social Care, Mental Health, Secondary Care, Voluntary Sector and Independent Providers will work together on a person centred, strength and asset based approach for the Wiltshire population based on the needs of the individual.

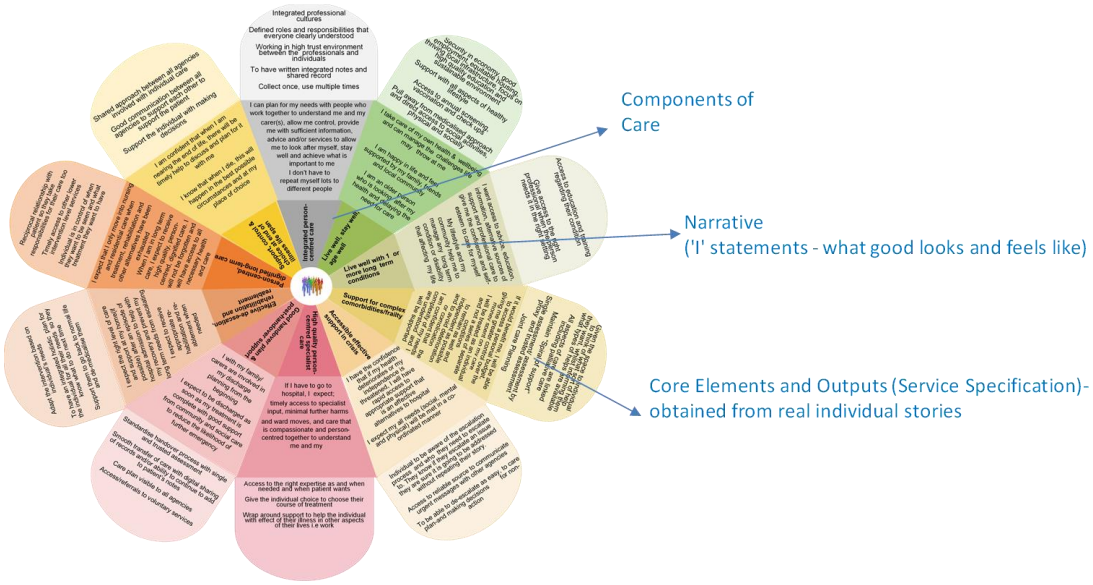
This whole system change will require a new model for health and social care services across Wiltshire to deliver sustainable changes. The transition to the new model will

shift the focus on delivering care in a health setting into an emphasis on integrated health and social care services delivered at home or closer to home.

Wiltshire has adopted the following framework to design the new model for health and social care and is in conversation with STP clinical leads to ensure alignment with the emergent ICS model of care:

The framework has been used alongside local experience and using resourced evidence to articulate what service users might actually want. These have been developed into outcomes in the form of 'I' statements, which represent what users would say if all of the components of care were delivered in the best and most effective way (shown as 'Narrative' in figure below).

The outer layer (the flower's petals) articulates what the outputs of the new model would need to be to deliver the outcomes and elicit the 'I' statements. Real patients' stories have been used to identify high level outputs/core elements. However further work is required to develop a comprehensive 'service specification' by the Wiltshire Commissioning Group.



Wiltshire Emerging New Health and Social Care Model

In implementing this emerging new model, any service re-design will be compatible with all components of care and principles of the Flower.

3.1.2. Key aspects for delivery of Primary Care Networks:

As we begin this programme, with the support of McKinsey, we are enjoying a good degree of enthusiasm and involvement in designing mechanisms to deliver the above and ensure:

- Strong and resilient practices working in networks/clusters
- Closer integration with other preventative, community and social care services & voluntary sector – "one team approach" with effective multi-disciplinary working
- Building alternative workforce models to support service delivery
- Population focused approach, more personalised, proactive care with care navigators supporting patients
- Secondary care services out-reaching to support long term condition management and care closer to home
- Greater use of digital solutions to support patient care & access

3.1.3. Underpinning changes in the GP contract:

The new GP contract is clearly designed to underpin delivery of all of this with;

Funding support for additional roles

- Recurrent 70% of costs (to a max level) for additional:
- Clinical pharmacists, physician associates, first contact physio's, first contact paramedics
- Recurrent 100% of costs for social prescribing link workers
- Indemnity for all Primary Care staff

Single fund for all network monies

- New contribution for clinical leadership
- 100% coverage expected by July 2019
- Each network to have:
    - Clinical Director – supports change across PC & CC

    - Network Agreement
- Agreement – formal basis w/w community. Includes data sharing agreement

PCN's will need to agree:

- Names of member practices
- List size
- Mapped area
- Network agreement
- Who receives funding
- Named clinical Director (£@ 0.25FTE per 50k approx 50ppp
- Min pop. of 30k (unless rural area), no strict rule about upper limit
- PCN boundary has to 'make sense'

3.2. Structural Implications:

3.2.1. The System (BSW)

As described above, in an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing and sharing resources, delivering NHS standards, and improving the health of the population they serve. This means: Organisations working together to a common shared purpose, bringing together in formal collaborations commissioners and providers:

- Working to a joint System plan and Control Totals
- "Enabling" placed based delivery
- Securing consistent methodology and approaches to health and care delivery across its footprint
- A strong focus on population health management
- Over time as the ICS "matures" taking on the regulatory functions of NHSE/I

3.2.2. Place

Given the strengths of the approach to Integration and to Primary Care networks described above the Wiltshire Governing Body has expressed a very firm preference that Place is articulated as that of the boundary of the Local Authority. This builds on the benefits of effective planning, commissioning and delivery of aligned services and protects the values of focusing on keeping people as well as possible as close to home as possible and reducing avoidable high cost and invasive interventions. This genuinely has the potential to reduce hospital admissions to the point of being able to remove beds, as seen in Denmark, Chen Med in America and parts of Dorset where this model is being implemented successfully. This is the scale of the ambition in Wiltshire.

To plan for place based commissioning, the Wiltshire Health and Wellbeing Strategy, directed by and aligned to the BSW STP Health and Social Care strategy will be the golden thread connecting all aspects of health and social care planning within Wiltshire. Wiltshire CCG and the Local Authority, via the Wiltshire Commissioning Group, will develop a joint commissioning strategy to speak with a single health and social care commissioning voice, managing a pooled budget where appropriate and a single commissioning cycle for all place-based services. This strategy will be

aligned with the BSW Health and Social Care Strategy and Wiltshire Health and Wellbeing Strategy. Joint commissioning intentions and joint service specification for new integrated model of care will follow from joint commissioning strategy.

3.2.3. Neighbourhood

As set out in 3b above and underpinned by implementation of the new contract levers, the 11 Primary Care networks in Wiltshire provide the firm foundation for delivery of the triple integration of primary care and community care, physical and mental health, health and social care.
In support of both of the above we have committed to the development of the Wiltshire GP Alliance and fully support its position in terms of providing GPs a mechanism for a strong voice and resilience in delivery. The Wiltshire Governing Body is very keen to see this develop into a vehicle that can be synonymous with Wiltshire Health and Care.

3.2.4. Implications for CCGs

The LTP sets out the expectation that there will *typically be a single CCG for each ICS area*. This raises the question of CCG's merging. In some quarters this has been taken as a given, with the debate pertaining to pace only.

A constitutional change of the CCG such as a merger requires a Governing Body membership vote for approval.

Next Steps

There is much to be celebrated and to look forward to. It is clear that the delivery of all of this is highly dependent on clinicians leading the design and delivery, supported by able management and it is good to see the alignment of system levers to ensure appropriate support. Whatever the organisational arrangements, this will be the case and the effect of these must be maximised.

There will be a common sense across all Governing Bodies that there may be a loss of control and 'localness', however the new CEO and Executive team will be committed to ensuring that they realise both the benefits of scale and the ability to do things once, but not lose the place focus, honouring the principle of subsidiarity.

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