Calderdale MBC

Wards Affected All

ITEM 14

Cabinet

18 March 2019

Calderdale Cares – One Year On

Report of the Chief Executive

1. Purpose of Report

This report sets out progress in implementing Calderdale Cares since Cabinet adopted the Calderdale Cares approach when it met on 12 February 2018. The Calderdale Cares approach was set out in a report, *Calderdale Cares*: *Moving Forward on Health and Social Care*. The foreword stated

In Calderdale, there is a strong desire to move towards a place based approach to health and social care, harnessing the contribution of both the statutory and community sectors, ensuring effective governance both clinical and democratically accountable, and defining better the role of the primary and acute system. There is a real opportunity to harness … the 'collaboration imperative' to develop new relationships, a parity of esteem across the system and a strong sense of place utilising the role of community anchors in early prevention and supporting wider agendas such as inclusive growth. There are important principles which are important to reaffirm; sustaining the NHS as free at the point of delivery, and commitment to what is being described as 'left shift' into the community with a strong focus on the social and wider determinants of health.

Calderdale Cares: *Moving Forward on Health and Social Care* stated that arrangements for year one of *Calderdale Cares* would have *shadow* governance arrangements. This report reviews progress in the first year and sets out steps that need to be taken in 2019 and subsequent years to move to more formal arrangements and to take forward the ambitions of a year ago.

The report asks Cabinet; to endorse the locality approach adopted, to confirm Member activity in each of the localities; to confirm officer support arrangements to *Calderdale Cares*; to endorse the partnership approach of *Calderdale Cares*; and to adopt the joint commissioning arrangements with Calderdale Clinical Commissioning Group that operate through the Integrated Commissioning Executive.

The report sets out the direction for Calderdale Cares over the next two years and Cabinet is asked to endorse that plan. Section 4.12 sets out a proposed direction for Calderdale Cares which includes; identifying the success criteria for successful Calderdale Cares localities; formally adopts Calderdale Cares as a delivery model with a distinct brand and identity; formalises the role of the Health and Care Leaders Group; and the development of high level metrics that will be used to assess the performance of the five Calderdale Cares localities.

Calderdale Cares will become one of the ways that we take forward Active Calderdale, the Anti-Poverty Action Plan, arts health and wellbeing and other system-wide initiatives.

It is planned that, if Cabinet approves this report and its recommendations, the Chief Executive will present it to the Calderdale Clinical Commissioning Group Board in April 2019.

2. Need for a decision

2.1 Cabinet needs to decide the approach to Calderdale Cares over the next year.

3. Recommendation

3.1 The revised Wellbeing Strategy which will focus on starting well, staying well and ageing well, will set the strategic direction for Calderdale Cares.

3.2 Cabinet affirms its commitment to Calderdale Cares with a distinct brand and identity as one of the main delivery vehicles for the Wellbeing Strategy and Vision 2024

3.3 Appointments of two Members to each of the five localities should be made by Cabinet in June 2019.

4. Background

4.1 Calderdale Cares is one of the key mechanisms for delivering the Council's Vision and the Health and Wellbeing Strategy.

4.2 It operates within this context, which is detailed later in this report.

- Five existing groupings of GP practices have been agreed as the localities for *Calderdale Cares*. There has been Member involvement in some of the localities. Officer support from the Council has been provided by officers from CYP, Adults and Wellbeing, Public Health and the Chief Executive's office.

- The Secretary of State for Health and Social Care has responded to the scrutiny referral of the hospital and community health reconfiguration proposals and NHS England has agreed that £197M of capital should be allocated to support improving hospital services in Calderdale and Greater Huddersfield.

- Local health and care system performance has improved significantly on delayed transfer of care from hospital and hospital readmission rates.

- The work of the Integrated Commissioning Executive, where the Council and Calderdale CCG jointly consider how health and care services are commissioned has developed and now has Member representation through the Cabinet Member for Adults Health and Social Care becoming a member of the ICE.

- Calderdale CCG is continuing to move forward and engage local providers with the implementation of its Care Closer to Home strategy through an approach based on the principles articulated in *Calderdale Cares* and which will capitalise upon the strong relationships operating between providers locally.

- The Health and Wellbeing Board has begun work on preparing a revised Wellbeing Strategy, which will identify *Calderdale Cares* as one of the main delivery mechanisms for the strategy.

- Ofsted has judged Calderdale Council's children's services to be good with outstanding features, which reflects positively the partnership working that has been established throughout the local health and care system.

- The West Yorkshire and Harrogate Health Care Partnership has been formally endorsed as an Integrated Care System. Their plan for West Yorkshire and Harrogate confirms the approach that we have adopted through Calderdale Cares

- NHS England has published their Long Term Plan. This is of particular significance to Calderdale Cares as it sets out the NHS approach to locality working, which is consistent with the approach we have taken.

4.3 Calderdale Cares Localities

4.3.1 Calderdale Cares has adopted the five groupings of GP practices already agreed by the Vanguard Board as the localities for *Calderdale Cares*. These groupings are; Central Halifax, North Halifax, Upper, Lower and South. Details of the practices within each locality, the populations served and which electoral wards fall within each locality can be found in Appendix 1.

4.3.2 Using the practice groupings has had the advantage of ensuring that primary care and GP's in particular are fully involved in the implementation of *Calderdale Cares*. Using two Primary Care Home sites and three Primary Care Networks as a springboard for the implementation of Calderdale Cares ensures GP's are engaged as stakeholders from the outset.

4.3.3 There are some challenges in implementing Calderdale Cares based on Primary Care Homes and Primary Care Networks:

- The boundaries are based on practice lists rather than precise geographical boundaries. There is also one organisation that runs practices in two localities. This presents some challenges in data management.

- Electoral wards do not neatly fall into the five localities.

- It risks the focus of Calderdale Cares being too "medical" and the challenge will be to ensure the localities consider the wider determinants of health, as well as lifestyle factors and also that preventive measures are identified for the whole population and not just those people already in contact with health and care services.

4.3.4 The localities are where we shape places and identify the needs of our distinctive communities. There is already a demonstrable passion for people to get together, agree joint priorities, collaborate and co-create joint solutions.

4.3.5 North Halifax and Central Halifax have been the first localities to become firmly established.

North Halifax has;

- Reviewed data to identify priority areas to begin focusing on, until a population health management approach is established within the locality.

- Amongst priority areas held a multi-agency workshop to identify key actions around mental health. A number of work streams are now in progress following the workshop.

- Healthwatch have interviewed a number of frequent users of GP services to start to identify how their needs could be better met across the system.

Some early actions in North Halifax have been:

- Sharing best practice to better meet the needs of those who need services the most to ensure better health outcomes. For example, GP practices with good annual review rates for people with learning disabilities are working together to identify what works so this can be shared across the locality.

- Arranged pop-up visits to GP surgeries of the Community Social Work Practice

- Through locality meetings, a number of links have been established amongst stakeholders. In particular, the Staying Well project has been promoted amongst GP's and the service is now receiving more referrals directly from GP's.

- Has arranged trial drop-ins from the Department of Work and Pensions in GP surgeries and this work is already proving successful. Some case studies are shared below.

Case Study 1

Lady who was not in work, attending GP for Fit note for sickness. Anxiety & Depression. – After talking with this lady it was apparent that she has a lot of Debts and was not addressing these. This was adding to her stress. I booked an appointment for her to meet in the Job centre one of our Personal Budgeting Support people. 06.02.19 then a follow up meeting with colleague the same week. Then a follow up with me to look at may be looking at voluntary work.

Case Study 2

Male, again anxiety & depression on Universal Credit, but felt he wasn't receiving his full entitlement to benefit. I looked at this with him and he was receiving full entitlement but his problem was his housing. We had a discussion around he may have to down-size as we only pay a proportion of rent and this was a financial burden on him and his wife. This could help with his anxiety if he was not stressed about bills. Also discussed Personal Independent payment claim as well.

Central Halifax has:

- Arranged a workshop of front line professionals and first-line managers from health care and third Sector agencies which attracted fifty people and identified key priorities

- Appointed a GP (Dr Helen Davies) and a Third Sector Chief Executive (Alison Haskins, Halifax Opportunities Trust) as co-chairs.

- Halifax Central Initiative and Staying Well have arranged drop in sessions at a GP practice with more to follow.

- Identified a clear focus on the wider social determinants of health

- A clear commitment to Active Calderdale. The seven practices have committed to increasing activity in people with long term conditions and will link with practices across Calderdale working with GP activity champions from the other four localities with whom we will develop a broader primary care plan.

4.3.6 The other localities have taken a little more time to get established. All three have now held launch meetings. The establishment of Primary Care Networks will help establish these localities as full partnerships across the whole system. In the Lower locality there have been some discussions about the implications of the Local Plan on the health care infrastructure.

4.3.7 Member representation has been identified for Central Halifax and North Halifax. It is proposed that each locality should have representation of two Members. One should be a Cabinet member, which would enable issues arising in each locality to be brought into executive decision making. The other a Member whose ward falls substantially within the locality, which will facilitate community links. It is recommended that Cabinet should nominate members to these roles when it meets in June 2019.

4.3.8 Public Health Directorate and Adults and Wellbeing Directorate have identified staff to link with each locality. It is proposed that Children and Young People Directorate should – at this stage – become involved in *Calderdale Cares* when issues that relate to children and young people are being considered. Support in implementing *Calderdale Cares* will be provided by Public Health and the Chief Executive's Office.

4.4 <u>NHS Long Term Plan</u>

4.4.1 The NHS Long Term Plan was published on 7 January 2019.

4.4.2 The Long Term Plan has been accompanied by a new Primary Care Contract.

4.4.3 The Long Term Plan says:

… £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices that work together typically covering 30-50,000 people. As part of a set of multi-year contract changes individual practices in a local area will enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources will flow. Most CCGs have local contracts for enhanced services and these will normally be added to the network contract. Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. In many parts of the country, functions such as district nursing are

already configured on network footprints and this will now become the required norm.

This is completely consistent with the approach that has been adopted in the Calderdale health and care system through *Calderdale Cares*.

4.4.4 There are provisions in the new GP contract to incentivise the introduction of Primary Care Networks across the country. The local health and care system needs ensure that the implementation of these provisions maintains the broad partnership and preventive approach that has been successfully introduced through *Calderdale Cares*.

4.4.5 The NHS Long Term Plan is incomplete until the long delayed Green Paper on social care is published.

4.5 <u>West Yorkshire and Harrogate Health and Care Partnership</u>

4.5.1 The West Yorkshire and Harrogate Health and Care Partnership has been formally endorsed as an Integrated Care System.

4.5.2 This brings regulatory powers and resources to the region from the centre.

4.5.3 Calderdale Cares is consistent with approach adopted by West Yorkshire and Harrogate Health and Care Partnership and supported by the Partnership.

4.5.4 Councillor Tim Swift has been appointed chair of the Partnership Board which signals the importance of local government to the partnership.

4.6 <u>Hospital and Community Health Services Reconfiguration</u>

4.6.1 In May 2018 the Secretary of State for Health and Social Care responded to the referral to him by the Calderdale and Kirklees Joint Health Scrutiny Committee of the CCG proposals to make Calderdale Royal Hospital and Huddersfield Royal Infirmary specialist hospitals and to develop further community health services through the Care Closer to Home proposals.

4.6.2 Calderdale CCG, Greater Huddersfield CCG and Calderdale and Huddersfield NHS Trust amended their proposals in the light of his comments and in November 2108 NHS England announced that £197M capital would be available to support implementing the proposals through increasing the capacity of Calderdale and Royal Hospital and upgrading some facilities at Huddersfield Royal Infirmary, in particular Emergency Services.

4.6.3 The local NHS response in particular states that there will be no changes to the overall bed base in the hospitals until community health services are demonstrably sustainable and are having an impact on supressing demand on the hospitals. This will undoubtedly have an influence over the way the Calderdale Cares develops.

4.7 Delayed Transfer of Care

4.7.1 Performance on delayed transfer on care for patients from hospital home or to other community settings (DTOC) has improved dramatically from a bottom quartile position two years ago to a top quartile position now. Data now show that concerns that this may have led to an increase in re-admissions to hospital are unfounded. Improvements in DTOC preceded the implementation of Calderdale Cares, but have resulted from sustained partnership working by the Council, Calderdale CCG and CHFT to improve outcomes for local people, which is the rationale for *Calderdale Cares*.

4.8 A New Approach to Community Health Services

4.8.1 Calderdale CCG is planning an *alliance* approach to take forward their vision of delivering care closer to home (CC2H). The CCG is continuing to engage with local providers with the intention of developing more integrated care arrangements particularly in relation to community and associated services.

4.8.2 In the first instance the CCG plans to develop robust alliance arrangements with existing contracted providers and the wider health and social care system to deliver CC2H in Calderdale. Integration and collaboration are essential to this approach and, as such, members entering into an "Alliance Agreement" will be equal partners – a single overarching agreement to deliver contracted services, sharing risk and responsibility to achieve better outcomes for our population.

4.8.3 An Alliance model is considered the most suitable approach here because:

- It will allow for a collaborative approach, strengthening relationships between commissioners and providers
- It recognises the contribution of the range of providers for CC2H in Calderdale, and
- It will ensure that the system works together towards achieving shared agreed outcomes

4.8.4 There will be a two year development period during which the alliance must demonstrate it is delivering the vision for *Care Closer to Home*, removing fragmentation within the system and working in a more integrated way to deliver better health outcomes for local people. This development period will help shape any necessary future commissioning plans.

4.8.5 Delivering *Care Closer to Home* is regarded by the CCG as a major contribution to achieving the vision set out in *Calderdale Cares*. They say that "*Calderdale Cares* will help health, local government, housing and other services across Calderdale work together better and organise ourselves in new ways so that we can provide more joined-up services that deliver better health outcomes for the area in a smarter, more

sustainable way. It also helps us to shift our collective focus towards prevention and early intervention."

4.8.6 Both CHFT and the Council's Adults and Wellbeing Directorate are in the process of arranging some of their services to the Calderdale Cares locality boundaries, which will be a major step forward in locality delivery.

4.8.7 The full involvement of providers of community services is a vital component of this approach, but as we move from a market paradigm towards a community paradigm the commissioner – provider divide will become increasingly blurred. *Calderdale Cares* should not be viewed solely as a provider element of the system but one which will increasingly influence strategic commissioning and – with local people – shape the provider response.

4.9 Wellbeing Strategy

4.9.1 The Health and Wellbeing Board has begun work on preparing a revised Wellbeing Strategy to replace the Strategy that was agreed in 2012. The new Wellbeing Strategy will run from 2019 to 2024 and will establish Calderdale Cares as a key delivery mechanism for addressing the social determinants of health, prevention and early intervention. It will drive the priorities of the health and Wellbeing Board and its constituent organisations.

4.9.2 The Wellbeing Strategy will set out the health and care system approach to; starting well, staying well; and ageing well.

4.10 Children and Young People Services

4.10.1 Ofsted has judged Calderdale Council's children's services to be good with outstanding features. This is a tribute to the hard work and commitment not just of Council CYP staff, but of all the partner organisations who work tirelessly to keep children safe and help them thrive. This reflects the strong partnership arrangements across the health and care system.

4.10.2 Social care services for looked after children and safeguarding will predominantly be arranged on a Borough-wide basis, but *Calderdale Cares* will have a significant contribution to make, particularly in relation to children's emotional health and wellbeing. Addressing the wider determinants of health, for example making sure that as many people as possible live in warm, dry, affordable housing, benefits everyone regardless of their age.

4.10.3 We anticipate that each Calderdale Care locality will earmark some activities each year to ensure that proper attention is paid to the needs of children and young people.

4.11 Integrated Commissioning Executive

4.11.1 The Integrated Commissioning Executive (ICE) is where the Council and Calderdale CCG jointly consider how health and care services are commissioned. As well as senior officers, the Cabinet Member for Adults Health and Social Care represent the Council on the ICE.

4.11.2 The ICE functions at a "place" level, covering Calderdale as a whole, rather than the five localities. The ICE has a trajectory of moving from transactional procurement decisions to being the place where strategic commissioning of the outcomes required by the Wellbeing Strategy can be arranged. As such, the ICE will set some of the broad direction for the five localities. It is also important that the experience of front line professionals and first line managers can influence strategic commissioning decisions, so the ICE should develop mechanisms to take account of the experience of the five *Calderdale Cares* localities. Most importantly, the localities will be a place where the public, service users and patients can contribute to the design of services and the way in which they are delivered. The ICE will make better decisions when it is informed by the views of local people.

4.12 Population Health Management (PHM) Approach

Population Health is an approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

Population Health Management improves population health by using the data to inform strategic planning and improving the patient's journey. PHM will help to target interventions with the intention of achieving the greatest impact.

Calderdale held a Population Health Management Summit in February 2019 to drive this approach in Calderdale. There is energy and commitment to the approach in Calderdale, but the challenge will be ensuring all data across the system is joined up to produce this rich picture to inform planning.

4.13 The Forward Plan for Calderdale Cares

4.13.1 Progress on implementing *Calderdale Cares* in North Halifax and Central Halifax has been faster than in the other localities. Over the next six months it is expected the all five localities to be up, running and making a difference. Learning from the experiences of the two established localities we hope that all five will show:

- A clear focus on addressing the wider determinants of health, prevention, and early intervention.

- A strong and equal partnership of Council, CCG, NHS providers, GP's, local Third Sector organisations and pharmacy.

- Strong and committed leadership. The co-leadership in Halifax Central of a GP and a Third Sector chief executive provides a particularly powerful example.

- An evidence based approach that combines a strong local voice for stakeholders, including residents, service users and local providers with integrated data through population health management.

The Health and Wellbeing Board, through a revised Wellbeing Strategy and through dashboards setting out high level metrics will set the strategic direction for the five localities and will receive regular updates from each locality. The response of each locality will reflect the different level of need in their place and will be co-designed by local people and the professional staff who serve them.

4.13.2 *Calderdale Cares* will have a distinctive brand and identity, which will become recognisable and used consistently in the five localities and at place. NHS England will recognise *Calderdale Cares* as the way in which the Primary Care Networks anticipated in the Long Term Plan are delivered here.

4.13.3 The Health and Care Leaders Group made up of senior managers from across the health and care system will remain an important place where the local health and care system "horizon-scans" and can address difficult issues at an early stage before they escalate. It has driven much of the progress in implementing *Calderdale Cares* and other key system issues.

4.13.4 The five localities will adopt a population health approach and stakeholders will actively help to deliver the implementation of population health management.

4.13.5 The Health and Wellbeing Board has agreed a methodology to aid delivering the Wellbeing Strategy, called *Improving Outcomes and Performance*. It includes a number of report cards on; a better start in life; a healthier population; reducing the health inequalities gap; enabling people to live independently in their home environment; improving the quality of service provision and the experience of people accessing services; and improving efficiency. This will be revised and implemented during 2019.

4.13.6 Several parts of the system have plans to develop a digital platform which will make it easy for the public, community organisations and professionals to access the wide range of assets and services that are available in local communities to help people maintain and improve their health and wellbeing. Work is underway to ensure that a co-ordinated approach is being taken and the digital platform will become available in 2019.

4.13.7 The Wellbeing Strategy and the Inclusive Economy Strategy will complement each other and become the major drivers for achieving Vision 2024.

5. Options considered

- Cabinet may choose to adopt all, some or none of the recommendations in this report

- If Calderdale Cares is to continue, Cabinet needs to set a direction for futures years. *Calderdale Cares* is a Council initiative, but will only succeed if other parts of the health and care system are signed up to a consistent approach.

6. Financial implications

6.1 This report has no direct financial implications. Successful prevention work and early intervention, which is one of the foundations of Calderdale Cares, should lead to a reduction or delay in the need for more formal and expensive care in the long term.

6.2 Over the next year work will begin to identify the full investment in health and care across Calderdale and to prepare information that will show how that investment is made in each of the five localities. This information will influence commissioning decisions in future years.

7. Legal Implications

The Government has requires that health and care services are integrated by 2020. Calderdale Cares is the Council's approach to achieving this. If Calderdale Cares does not proceed, then alternative ways of integrating health and social care will need to be found.

8. Consultation

Calderdale CCG has been consulted over the content of this report

9. Environment, Health and Economic Implications

The wider determinants of health are predominantly environmental and economic. The Wellbeing Strategy and *Calderdale Cares* sit alongside the Inclusive Economy Strategy as the main contributors to delivering Vision 2014.

10. Equality and Diversity

One of the key objectives of Calderdale Cares is to reduce health inequalities by proportionally delivering health and social care to people that need them the most, eg people with disabilities. In future years it is likely that resources will be redirected to those localities with the poorest health outcomes.

11. Summary and Recommendations

Calderdale Cares has been introduced successfully in the "shadow year". Two of the localities, Halifax North and Halifax Central are well established. The reports sets out

how the success of year one should be consolidated and start to bring tangible improvements to the health and wellbeing of Calderdale People.

Recommendations

11.1 The revised Wellbeing Strategy which will focus on starting well, staying well and ageing well, will set the strategic direction for Calderdale Cares.

11.2 Cabinet affirms its commitment to Calderdale Cares with a distinct brand and identity as one of the main delivery vehicles for the Wellbeing Strategy and Vision 2024

11.3 Appointments of two Members to each of the five localities should be made by Cabinet in June 2019.

For further information on this report, contact:

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The documents used in the preparation of this report are:

1. Calderdale Cares: Moving Forward on Health and Social Care, Cabinet, 12 February 2018
2. NHS England Long Term Plan
3. Five Year Framework for the GP Contract, NHS England

The documents are available for inspection at Town Hall, Crossley Street, Halifax,HX1 1UJ