Health and Wellbeing Board
North Yorkshire

ITEM 3
INFORMAL MEETING

REALISING OUR POTENTIAL - OUR NEW NORTH YORKSHIRE

A North Yorkshire Approach to Integration, Prevention and New Models of Care
June 2015

Background
This paper is designed to be the starting point for a discussion with the Health and Well-being Board and across organisations. It is deliberately written in a 'green paper' style so that HWB can be involved in the development of these the models going forward. It focuses primarily on the adult population.

The NHS Five Year Forward View (5YFV) was published in October 2014 and describes an ambitious challenge to the NHS and Local Authorities to develop robust and resilient services that meet the very different needs of our population into the future:

> *It is a future that empowers patients to take much more control over their own care and treatment. It is a future that dissolves the classic divide, set almost in stone since 1948 between family doctors and hospitals, between physical and mental health, between health and social care, between prevention and treatment. One that no longer sees expertise locked into often out-dated buildings with services fragmented, patients having to visit multiple professionals for multiple appointments, endlessly repeating their details. One organised to support people with multiple health conditions not just single diseases. A future that sees far more care delivered locally but with some services in specialist centres where that clearly produces better results. One that recognises that we can't deliver the necessary change without investing in our current and future workforce.*
>
> 5YFV

Likewise in March 2014, the Association of Directors of Adult Social Services, which works with local authorities, the Local Government Association and the Government, to shape, co-ordinate and deliver adult social care policy, published it's equivalent forward look prospectus: Distinctive, Valued, Personal – why social care matters: the next five years. This prospectus sets out:

- Protecting the NHS also requires the protection of social care: together, both services need to be protected, aligned and re-designed, with greater use of pooled budgets
- Outcomes, rather than structural solutions, should be the focus of integrated services
- Health and Well-being Boards offer the best prospects of crafting local solutions tailored to local needs and circumstances
- Personalisation should be at the heart of public services and the voices and views of people who use services are integral to shaping services and to making individual decisions about care
- The core components of adult social care services should be good information and advice; building supportive relationships and resilient communities; services that help us get back on track after illness or support disabled people to be independent; care and support services that address our mental, physical and other forms of well-being and are much better joined up
- Health and social care should be seen as much greater contributors to a stronger economy and as sources of potential economic growth – social care alone contributes £43bn annually to the national economy through employment and goods and services

The recent devolution package for Greater Manchester ('Devo Manc'), which includes health and social care, offers new opportunities for developing approaches to investment and service delivery which combine both critical mass and local prioritisation - the mantra of Devo Manc is 'no decision about Greater Manchester, without Greater Manchester' and it was encouraged by the fact that, prior to the deal, only 16 percent of health and social care spend in the area was determined by organisations based in and directly accountable to Greater Manchester. Whilst the communities, service models and political landscape in North Yorkshire is very different to that of Manchester, the learning is significant, including the opportunity to develop a way of working which combines size, scale and reliability with the ability to make local, place based decisions.

The scope of change required to meet these challenges is huge and requires the participation of every sector of care. The ingredients that underpin successful change are complex but key ingredients are:

- Clarity of purpose and ability to describe the journey and the destination
- A motivated skilled resilient workforce
- Real involvement and ownership of change by staff
- The development of an ongoing conversation with the public and with patients and carers that fosters real co- creation.
- Capacity to make change happen (tools and time) for every organisation involved.

Together, each CCG in North Yorkshire and the County Council cover the full range of differences in demography and geography. Although there is great synergy around the over-arching vision, delivery of their objectives will be local and different. Each CCG put in a bid to become a Vanguard site for the 5YFV. Harrogate and Rural District CCG working with NYCC, Harrogate District Foundation Trust, TEWV and Harrogate Borough Council, were successful. The Vanguard sites will attract central NHS investment and expertise to facilitate their plans. The other CCG'S are committed to progressing their programmes of work and will continue. Each CCG has outlined their local plans in the appendices.

What we have achieved so far

All of the CCG's emerging from the former NHS North Yorkshire and York Primary Care Trust faced inherited financial deficits in their first year of operation. All of the 5 main CCGs have been able to repay inherited deficits and remained in surplus in 2015-16, providing the most stable NHS financial situation for over a decade.

Since the implementation of the 2012 Health and Social Care Act the county has seen significant advances across the health and social care communities. Some examples of these are:

- Large-scale improvements in Mental Health services such as:
    - The creation of health-based places of safety for those detained under section 136 of the Mental Health Act
    - Dramatically increased access to community based talking therapies (IAPT) from 2% of the potential population served to nearly 15%
    - Mental Health Liaison has been commissioned to support staff both in the Emergency Department and on Inpatient wards to provide the best possible care for people with mental health problems, with the aim of reducing inappropriate A and E attendances, unnecessary admissions and the length of inpatient stay for people with complex problems.

- Investment in community based services to prevent hospital admission and speed up hospital discharge including:
    - FAST response/intermediate care teams
    - Home from hospital schemes commissioned from the voluntary sector
    - Paramedics working in primary care and closer working between the ambulance service and GP's so that people are not automatically taken to hospital when they dial 999 if their problems can be managed locally.
    - Case finding in primary care to develop care plans to actively manage frail and vulnerable patients more effectively.

- Significant investment in, and commissioning of prevention and independent living services, including the roll-out of new extra care schemes, locally based weight management services and the healthy child programme

- New, comprehensive Public Health services for sexual health and substance misuse

- Implementation of the first phase of the Care Act, including new services for carers

- Greater use of personal budgets and direct payments, including the first personal health budgets – putting more people in control of their care and the funding that provides it

- The emergence of new ways of working as organisations and with the public, including through Health and Well-being Board, Healthwatch, provider partnerships , GP federations etc

Our approach to integration

The Better Care Fund has been a catalyst for new ways of working together in North Yorkshire. However, in many ways, it has been practical steps, like the management of winter pressures, which has begun to build confidence and to improve what we do and how we do it. These relationships and ways of working are still at an early stage.

The North Yorkshire Commissioner Forum has identified a series of principles which it believes should underpin how we develop our model of working together in the future.

We want to make the step from responding to national policy to, with local people, shaping policy and taking a step towards self-determination. We know that what works best is when we combine local knowledge and delivery with county-wide collaboration and scale. We want to combine together to be able to plan for the next ten years and beyond. We are therefore starting work on what a devolution deal might look like for North Yorkshire's health and social care services which:

- Reaffirms the importance of place based commissioning, centred around GP's in the County's main localities, and partners in local government and the voluntary sector
- Delivers services around clusters of GP practices and / or identifiable communities: Team around Primary Care or Team around the Community
- Commits to reinforcing this model irrespective of any subsequent changes to NHS – or even – local government boundaries and responsibilities
- Emphasises the increasing role of the public and particularly people who use services in having more choice and control over decisions which impact on their care and their lives, as well as in co-creating the plans and models which are developed for services in the future

- Makes sure the North Yorkshire Pound – and indeed, the Ryedale Pound, and the Scarborough Pound and the Hambleton Pound etc. is spent well and, where appropriate, more of it is pooled to get better impacts across the NHS and local government
- Focus on outcomes as the basis for change, rather than structural solutions
- Empowers local people to take control of their own health and well-being through expert programmes, peer support and inputs from the stronger communities programme
- Shifts focus and investment towards prevention, self-care and care at home, rather than hospitalisation and 24 hour care, so that patients only are admitted to hospital because they are too unwell to be managed at home. No one should be in hospital unless their care cannot be delivered safely in the community 24/7
- Ensures no-one should be discharged to long term care without the opportunity for a period of enablement
- Ensures that the County continues to have 3 sustainable general hospitals within its boundaries at Harrogate, Northallerton and Scarborough, which deliver high quality safe local services as well as hospitals in Darlington, Keighley, Middlesbrough and York which serve the County well. The ethos on which the hospital services are built is that all that can be delivered locally safely is and that only services that need to be delivered from specialist centres because of compelling quality and workforce issues are provided from more distant larger hospitals
- Improves health and reduces the variations in health outcomes and access to services experienced in some urban areas and the remotest rural areas

Our Emerging models of prevention and care

Whilst each local area has different needs and circumstances, there are some common approaches emerging in how we are developing models of prevention and care across the County.

Prevention, self-care and community resilience

Our aim is to keep people healthy and self- reliant for as long as possible: none of us wants to use services unless we really have to do so. We believe that we should focus more energy and investment towards enabling people to live healthily, to get the information and advice any of us need.

Examples include:

- Plans to introduce a network of prevention officers and village agents, working with the voluntary sector and statutory agencies to support people to remain independent and well at home
- Action to promote warm homes and reduce fuel poverty
- Falls prevention services
- Mental First Aid and suicide prevention
- Better information and advice for people on-line and in person about health and social care issues
- Good neighbours schemes, village hall hubs, carers support and other grassroots initiatives funded through the Stronger Communities programme and borough and district councils
- Work with pharmacists to support prevention around minor ailments
- The roll-out of extra care and supported living developments across the County

Re-designing the space between services

Whilst recognising that most of us would rather not use services unless we have to, when we need to do so, then we expect services to be high quality, responsive, in the right place at the right time, and, increasingly, taking account of our convenience, our views and making decisions with us rather than for us.

There are many examples of how we plan to re-model these services from around the county. These include:

- Integrated urgent care services, based in care hubs with staff from primary and secondary care working together to meet the needs of patients
- Physicians assistants and urgent care practitioners working alongside GP's and practice nurses in primary care together
- Intermediate care and reablement services coming together to develop seamless services
- GP hospitalists working in Acute Care medical assessment units to enhance medical capacity in small hospitals and bring a GP focus
- GP practice nursing reaching out into nursing homes and working to better manage frailty
- Individuals with long term conditions owning comprehensive care plans designed with them and there family/carers to support and maintain independence and reduce the need for an urgent intervention.

Building the foundations for new models of prevention and care

To integrate services effectively we need to consider a move away from traditional funding mechanisms including payment by results (PBR). An example of this would be an integrated hospital "front of house". At present patients can access both GP Out of hours services and A&E services which are often located very close to each other. GP out of hours services are commissioned as block contracts where as A&E is on a tariff. WE also need to consider if pooling budgets between organisations gives us increased flexibility and economies of scale. If the service is to be truly seamless we need to develop a single funding mechanism which rewards the best outcomes for patients.

Developing an appropriated skilled and motivated workforce to take forward this ambitious vision for the future is perhaps our biggest challenge. The reasons are complex and include:

- A history of poor workforce planning in the NHS
- A reduction in the hours worked and a desire for a better work –life balance by the clinical workforce over the last 15 years
- Preference for newly qualified professionals to work in larger towns and cities, making it hard to attract them into rural areas
- Preference for younger professionals to live and work in the south
- Relatively expensive housing costs in North Yorkshire when compared to surrounding areas (Co Durham, West Yorkshire etc.) and a perceived lack of local services in a deeply rural county
- Very localised labour markets, with significant differences in supply and demand, for example between Filey, Scarborough and Whitby
- Competition for those undertaking caring roles which are relatively poorly remunerated compared with the retail sector etc.

North Yorkshire Delivery Board has already started to look at these issues on behalf of the HWB and will report back in due course.

To deliver new models of care we will also need to develop new roles: physician's assistants, GP hospitalists, primary care emergency practitioners and generic care workers. The individuals filling those roles cannot simply be taken from those who at present fulfil other roles locally as that only creates another pressure, so we will need to make North Yorkshire a beacon of NHS and Social Care innovation attracting people into the area for the first time, or encouraging those originally from the county to return home to work in an energetic and forward thinking environment. Hosting local education and skills development opportunities together which will also bring together health and social care teams will be an essential component to success.

We will need to use new technologies to their maximum. Where better to really explore the benefits of e-consultation, supporting palliative care patients in their own homes, smart working, and enabling patients to better manage their own illness through technology than a deeply rural community such as ours?

We are committed to involving the public in a very different way from how we have done in the past. We want the patients, their carers and the public to work with us from the beginning to create our vision. This means we need to develop new ways of having those conversations, to welcome the public as team members into every piece of work we do. We will need to reach out to groups already in existence, fully exploiting social media, find ways of involving children and young people and find those who have traditionally been seen as hard to reach by thinking creatively beyond our normal models of working. This will take time. It is far away from a simple traditional "consultation". It will also require energy and real commitment from the public themselves to be active participants in both managing their own health and in service development. Across the county we have started those conversations but we know we have a long way to go.

We also need to ensure people are more in control of their own care and their own lives – shared decision making between people using services and professionals, personalisation, personal budgets and direct payments, across health and social care, are not the only ways of achieving this ambition, although they are important factors.

As we develop our new services it is vital we weave services which address mental health issues and which promote well- being and mindfulness into all our services from the foundations upwards rather than as an addition later in their design. Remembering every aspect of illness and care has a psychological component which needs to be addressed effectively.

Enablers

To move the work forward a set of enablers may need to underpin progress:

1. A commitment to an overarching strategy for delivering new models of prevention and care, with an explicit agreement that localities will play a key role in the service design and architecture of delivery, whilst making best use of countywide economies of scale and critical mass
2. An agreement to work together to make North Yorkshire a more attractive place for people to come to live and work. We need to consider:
    a. Making care a positive career choice (New roles, remuneration, pay policies across organisations, market conditions, academic links etc).
    b. Housing policies.
    c. Other ideas?
3. A commitment to develop new funding models and risk pooling both in localities and across the county.
4. Development of new technologies.

Questions for Health and Well-being Board to consider:

- Is this vision shared by members of the HWB?
- What more could we do collectively to drive the work forward?
- What are the contributions of the individual organisations that make up the HWB?
- How do we best enable localism whilst making sure we progress as a county across all our geography?

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