A new approach to commissioning

Helen Hirst
Chief Officer
Bradford district and Craven CCGs
One CCG per ICS? Is this missing the point.........?
“We have an agreement in principle. The question is, do we all have the same principles?”
Bradford district and Craven

2011
Health and social care partners in Bradford and Airedale signed off the integrated care for adults programme

2013
Our first HWB strategy made firm the commitment to integrate

2014
Had a go at new models of care developed by commissioners and providers

2015
Vanguards and pioneers
Collaborative procurement methodology

2016
Developed place / population based health models i.e. accountable care systems
Why do we want to do this?

Improve population health through integrated health, care and support to:

- **Deliver** our Bradford District and Craven Health and Wellbeing Plan (sustainable services against a backdrop of increasing demand)

- **Achieve** greater autonomy & control within community partnerships to develop and transform our community based health, care and support services

- **Collective** responsibility for the deployment and management of our resources to secure better outcomes for our population

- **Develop** population health management capabilities to improve prevention and manage avoidable demand

- **Focus** our resources on delivery not bureaucracy .....collaboration not competition, use information for better person centred planning and care management not proving a point from three months ago, de-power the transaction and up-power the trust and partnership
... Happy, Healthy at Home

People will be happier, healthier and have access to high quality care when needed that is clinically and financially sustainable.

People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention, early intervention with greater focus on healthy lifestyle choices and self-care.

When people need access to care and support it will be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs and as close to where they live as possible.
Bradford district and Craven

Developing new contracting and procurement models
Provider market development - GP at scale, inclusive models of delivery from VCS to acute trusts
Commissioning development
Commissioner/ provider collaboration
Provider collaboration – acute services, diabetes, intermediate care
MOUs, Partnership Agreements
Learning to collaborate and trust each other
High points and low points and more principles than a principle shop

2016

2017

2018

2019

2019

Renewed commitment of senior leaders
Draft operating model
Refreshed MOU/Partnering Agreements
GREAT examples of change happening on the ground
System commissioning intentions

System wide partnership commissioning intentions
MWB
Partnership Board
2019 contracts agreed
TOGETHER

Finance and Performance oversight as a system

Collective programmes of action to reduce activity, manage demand, tackle unwarranted variation
One Quality approach

Strategic Partnering Agreement
What our partnership isn’t…

• The creation of a new legal entity (such as a formal partnership);
• A lead provider proposition
• Taking statutory authority away from Boards or Governing Bodies
• Closing the market of provision or removing patient choice
• The creation of an Accountable Care Organisation;
• Limited to only NHS healthcare services
• The final point for the collaboration of the Parties
• A decision taking body
What we hope it will be

Decision making

A way of working to ensure and assure:

- operational delivery of services
- quality, outcomes and reduction in inequalities
- service transformation
- population health management
- prevention and early intervention
- we live within our means

Something we could empower and delegate to

- Anything we want it to be (within legal parameters)

We are constrained only by our scale of ambition
Decision making and decision taking

Decision making

As a system we will construct and build (make) decisions, in a collaborative way between partners. This may include gathering information, creating and exploring options as a system and exploring potential actions and their implications for the system. Decision making may require detailed analysis, reflections and discussion between partners.

Decision taking

The actual taking of a decision remains with the individual partner organisations, i.e. once a consensus is reached as a system, commissioners (as the ‘payers’) will take their decisions and, similarly, providers will take their decisions around service change.
What keeps us on track

• Unwavering belief that this is the right thing to do
• Values and behaviours
• Clarity around decision making and taking
• The relationships to challenge and question
• Clear financial principles and leadership
West Yorkshire and Harrogate Health and Care Partnership

601 community pharmacies
319 domiciliary care providers
Thousands of voluntary and community organisations

640 care homes
10 hospices

9 CCGs
4 community and MH Trusts
3 community providers
6 Acute Trusts
333 GP practices
Delegated to West Yorkshire and Harrogate Joint Commissioning Committee

**Improving Population Health**
- Prevention
- Health inequalities
- Wider determinants of health and wellbeing
- Personalised Care

**Priority areas for improving outcomes**
- Cancer
- Mental Health, Learning Disabilities and Autism
- Children and young people
- Carers
- Maternity

**System change and integration**
- Primary and Community Care
- Urgent and Emergency Care
- Improving planned care and reducing variation
- Hospitals working together

**Enablers**
- Harnessing the power of communities
- Workforce
- Digital
- Capital and estates
- Leadership and OD
- Population health management capability
- Finance
- Innovation and Improvement
- Commissioning
Integrated Care Partnerships/Systems – policy context

- Our West Yorkshire and Harrogate partnership provides a collaborative framework for our place-based partnerships.

**HCP/ACP/ICP**

**ICS**

**HCPs involve:**
- Integration of mental health, physical health and care services around the individual
- Population health management approaches

**ICS involves:**
- Oversight of programmes that need to be driven on a WY&H basis
- Increasingly taking on oversight / leadership around performance issues
- Management of a single NHS control total
Future Provider & Commissioning Development

Common Current State

Multiple Commissioners

Multiple Contracts – Multiple Providers

Multiple Commissioners

Multiple Contracts – Multiple Providers

Reduce complexity and fragmentation*

Join and integrate pathways*

Align system incentives*

Single Contract – Provider collaborative (or informal)

Commissioner

Provider 1

Provider 2

Provider 3

Provider 4

In place or across WYH

In place or across WYH

KPIs

Outcomes

Block Contracts and Activity

Capitated Budgets and Incentives

Value/Control

Time

CCGs working together
Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG

15
Joint Committee CCGs

Individual CCG and provider relationships

WY work programme

MH provider collaborative

CCGs working together
Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG
Place based MH ICPs

WEST YORKSHIRE PROVIDER AND COMMISSIONER COLLABORATIVE

WEST YORKSHIRE AND HARROGATE MENTAL HEALTH PARTNERSHIP BOARD

BRADFORD DISTRICT AND CRAVEN MENTAL WELLBEING PARTNERSHIP BOARD
Creating a new CCG

• Commissioning development (plan and inform)
• Invest in prevention and tackle health inequalities (design and deliver)
• Health and care system development (facilitate and drive)
• Managing resources (buy and report)
• System Leadership
## Senior Leadership Team

System leaders who manage relationships, innovate, work beyond boundaries, serve the people of Bradford district and Craven

<table>
<thead>
<tr>
<th>Facilitate and drive</th>
<th>Design and deliver</th>
<th>Plan and inform</th>
<th>Buy and report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformation and change</td>
<td>Keeping people well @home</td>
<td>Keeping people well in the community</td>
<td>Keeping people well in hospital</td>
</tr>
</tbody>
</table>

C CGs working together
Airedale, Wharfedale and Craven CCG
Bradford City CCG
Bradford Districts CCG
What we want to see as a result

- Better outcomes for our people
- Tangible impact on inequalities
- Shift of resources to prevention
- Effective use of the resources available
- Effective system partnerships and relationships that make a difference
- Valued impact from the commissioning workforce
Maybe in time we could have an ICS level payer working to common standards and outcomes. But there are more important things to do first.