

Item: 7.3

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	26 January 2018
Title of Report:	Hull Place Based Plan Update
Presented by:	Erica Daley Director of Integrated commissioning
Author:	Erica Daley Director of Integrated commissioning

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input checked="" type="checkbox"/>		

PURPOSE OF REPORT:
To update the Board on the Hull Place Plan.

RECOMMENDATIONS:

a That the Board note the update.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE

The Hull place plan supports delivery of all 10 of the CCG strategic objectives.

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),	
Finance	None to note
HR	None to note
Quality	Nothing to note

Safety	Nothing to note
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ENGAGEMENT:
A full communications and engagement plan is being developed as part of the Hull Place Plan.

LEGAL ISSUES:
Nothing to note.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: The Hull Place Plan is coherent with and designed to work to deliver the principles and values of the NHS Constitution.

HULL PLACE BASED PLAN

1. INTRODUCTION

The following paper provides an update on the Hull Place Plan and the Strategic Partnership Board (SPB) established to deliver the Plan.

The development of a place plan was a directive of the Humber Coast and Vale STP in 2016/17 with the aim of creating a plan for local organisations to work together in place-based systems of care designed to meet the population health and care needs of their communities.

The Hull Plan emerged from a combination of the ambitions of the Hull City Leadership Board, the City Council and the CCG. These included objectives designed to maximise the city assets, ensure inclusive growth across communities, adopt a strategic commissioning approach to population health and continue the Hull 2020 partnership for public sector reform.

In Hull analysis of activity and spend revealed a £53.1m financial gap across health and social care if the system remained unchanged. The following areas were identified as priorities for Hull to begin to structure the place plan and the associated governance.

1. Integrated Commissioning
2. Integrated Delivery
3. Tackling the wider determinants of health through public sector reform.

During the course of 2017 a Strategic Partnership Board (SPB) was put in place to oversee the development and delivery of the Hull Plan.

Chaired by the Chief Executive of the Council with the CCG Accountable Officer as Vice Chair, the SPB consists of executive leads from across the public sector partnership including commissioning and provider organisations and third sector representatives.

In August 2017 the SPB commissioned a population health analysis to inform a boarder set of priorities under priority 3 and agreed an operational framework with a set of outcomes measures to work to.

The following paper describes progress against all of the 3 priorities and outlines the SPB operational framework. The paper concludes with an update on work to date and the plans for 2018/19.

2. BACKGROUND

The expectation is that each place plan works to make progress against the following objectives



- Integration of health and social care
- Effectively managing future demand for services
- Population health and wellbeing
- Responsive solutions to the needs of local populations and communities
- Engagement of the community and workforce.

In Hull significant progress has been made against the plans for greater integration across health and social care and the development of integrated delivery for out of hospital care. The work to tackle the wider determinants of health is less well developed but will be the focus of the SPB in 2018/19.

The following sections describe the current position.

2.1 Integrated Commissioning

The CCG and Hull City Council worked to agree an integrated financial plan and put the governance in place to operate an integrated commissioning process across the two organisations. The structure supports the statutory responsibilities of each organisation but allows flexibility to work to a set of shared principles and priorities to facilitate integrated commissioning. The integrated financial plan covers children, adults and public health (£673m) and will be jointly administered with a joint prioritisation and outcomes framework.

2.2 Integrated Delivery (out of hospital care)

In response to managing future demand the CCG has established the integrated delivery framework (IDF). This programme of work recognises the core role of Primary Care within the health and care system. The initial focus is on supporting Primary Care to continue to develop into sustainable systems (Groupings) delivering Primary Care at scale. Grouping level intelligence dashboards have been designed and are being used to work with practices to deliver targeted and comprehensive incentive schemes based on need. Initial feedback and information analysis has been positive with the IDF already demonstrating a 4.8% reduction in GP referrals (2,505) to secondary elective care during the first 39 weeks of the year.

Another key initiative within this programme is the frailty pathway. To date 12,000 patients have been identified in primary care as frail and in need of proactive care planning and multi-disciplinary care to reduce the risk of non-elective hospital admission. This pathway has been clinically led and developed by community geriatricians and GPs. This work is the preparation for the integrated care centre (ICC) opening in May 2018 which will provide the city with a completely transformed pathway to manage growth in elderly care needs and convert non elective hospital care into community based planned care.

2.3 Tackling the wider determinants of health through public sector reform

This work is central to the agenda of the SPB and designed to address population health needs working across the system to commission and provide responsive solutions.

In August 2017 the Hull Strategic Partnership Board commissioned a comprehensive population health and system level analysis to identify the first phase of place based activities. The population health approach informed current and projected need in the city. The analysis also informed an outcome framework which has been supported by the Board and will be worked up to provide the high level programme measures.

A delivery framework was proposed and supported by the Board; it comprised the following 5 components;

- 1) Leadership
- 2) An agreed operating model
- 3) Accountability and commercial model
- 4) Intelligence capability
- 5) Communications and engagement.

The SPB have also identified the need to utilise cross sector data sharing as a key enabler and reviewed working examples in other areas to gain support for a single business intelligence hub to direct strategic planning and inform demand management projects.

The table below sets out progress and plans to date on development of the delivery framework

Table 1: SPB Delivery Framework

	Progress to date	Plans 2018/19
Leadership & decision making	Strong strategic partnership established with executive level membership from across public and third sector. Terms of reference agreed for collective decision making and ratification through all partners respective organisation governance routes. SRO (Chief Fire Officer)	Executive level nominations on the Delivery Board. Sign off programme delivery structure approach Review existing interdependencies and close down duplicate work streams Reporting on agreed work streams, monitoring performance and delivery. Identify strategic opportunities to further the place plan vision and ambitions.
Hulls system operating model	Outcomes framework in development high level outcomes agreed. Integrated commissioning structure in place between LA & CCG. Agreed proof of concept projects	Map out existing provision in the project service areas and agree programme resource. Identify measurable improvements and categorise impact and outcomes Agree the performance measures and benefits realisation. Agree timeline and trajectory for each area. Build in evaluation to track learning
Accountability and commercial Model	Integrated financial plan agreed between LA & CCG. Place level activity and finance baseline and projected financial gap being refreshed by STP financial leads	Agree process and governance for joint funding/resourcing programme arrangements. Extend baseline system spend to wider partnership. Agree payment reform ambitions and trajectory
Intelligence capability	Consensus on the creation of a business intelligence hub which will work across the partnership. Existing cross sector working on digital road map	Agree test bed for data sharing across proof of concept projects and pilot area (e.g. Beverley Road corridor preventing future high cost demand) Create system dash board to

		monitor project level performance and delivery Define scope of data sharing ambition and opportunities.
Communications and engagement	Communications and engagement plan agreed will commence as a listening exercise across the city in Jan 2018 Board reviewed proposal for targeted engagement and online information for young people.	Devise questions to maximise public participation Implement listening exercise on vision and direction Inform priorities and agree feedback mechanism to public/communities on outcomes.

2.4 Proof of Concept Projects

To commence the delivery framework and test out the approach 4 proof of concept projects (described below) have been identified by the SPB to begin the cross organisational place based elements of the Hull Place Plan.

Table 2

1. Preventing future high cost users in Hull	2. Supporting care leavers
<p>Create a consistent approach for sharing data to identify the top most resource-consuming individuals or families common across all services.</p> <p>Each service will share their top 10 families and individuals with the most persistent issues and needs. The root causes and early signs of issues will be; and where and when earlier interventions may have changed their course. This analysis will be used to develop a city-wide predictive capability, supported by data sharing across the system</p> <p>A joint team will also work together to determine a collective course of action to address the issues of the individuals/families.</p>	<p>Improve cross-services working in Hull to provide a fuller range of support for care leavers, improving their preparation for adult life and outcomes, and therefore impacting future demand on adult service provision Partners will come together to define a holistic offer for care leavers; each agency/service defining what resource and provision they will contribute, and how, to support better opportunities and outcomes for care leavers.</p> <p>Partners should include mental health, physical health, primary care; housing (LA); benefits (DWP); YOT (LA); local education, employers and training providers.</p>
3. Domestic abuse prevention	4. Wraparound for vulnerable children and young people
<p>To co-design and deliver a truly place-based approach to addressing domestic abuse and supporting people affected by it.</p> <ol style="list-style-type: none"> 1) Map all existing provision and support across spectrum of need and risk, 2) Agree a universal set of outcomes 	<p>To co-design and deliver a system-wide, place based approach to supporting vulnerable children and young people and their families.</p> <ol style="list-style-type: none"> 1) Map all existing provision and support across spectrum of need, 2) Co-design how system should work including recommendations for investment,

<p>linked to the city outcomes framework</p> <p>3) Joint working group to co-design how system should work including recommendations for investment, disinvestment; addressing duplication and gaps.</p>	<p>disinvestment; addressing duplication and gaps.</p>
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3 PLAN 2018/19

3.1 Delivery Board

In order to take the framework and proof of concept work streams forward the SPB supported the establishment of a senior delivery board. Representatives from across the partnership have been identified and the Chief Fire Officer nominated as SRO (senior responsible officer) with support from the CCG Director of Integrated Commissioning. The remit of the Delivery Board is to provide overall direction for the proof of concept work streams and direct the programme office arrangements. There is a recognition that the Delivery Board will need programme office support and there is a current proposal to commission a further 12 weeks of external support to set this up and inform the system requirements for programme support going forward.

3.2 Academic Partnership

Review of other city partnerships and plans highlight the benefits of including links to local academic networks and organisations. Areas such as Leeds have engaged with their universities to align health and wellbeing objectives with the opportunities for research and innovation, creating inward investment and raising the national and international profile of their plans. This development of an academic partnership also supports the need to build workforce capacity and capability as an enabler for the programme objectives. There is an opportunity to explore how Hull University could support the delivery of the place plan as an academic partner and potentially provide some longer term programme management capability.

3.3 Business Intelligence

The SPB has agreed the need for a joint data intelligence hub to inform the SPB programme of work. The Humber Strategic Demand Partnership group has already created a strong network and begun to explore the potential of data sharing and utilisation across the public sector. This group is being refreshed by Humberside police and will provide the forum for this work to take place avoiding duplication and the creation of new groups.

3.4 Forward Plan

The first 3 months of 2018 will undertake

- A review of current reporting and structures and relationship of the board to other groups e.g. HWBB
- Set up the programme delivery structure with benefits realisation linked to the agreed outcomes framework, signing off performance measures to demonstrate success and impact
- Focus on the needs of vulnerable children and the establishment of the proof of concept work streams

- Align cross sector data intelligence to the projects
- Refresh the Hull Place Plan detailing the collective impact of the 3 priorities: integrated commissioning, integrated delivery and tackling the wider determinates of health.
- The refreshed plan will prepared for submission to the STP by the 31/3/2018

4. RECOMMENDATIONS

It is recommended that the Board note the update on the Hull Place Plan.