CORE CITIES NETWORK

Case study

October 2018

NHS Clinical Commissioners

The independent collective voice of clinical commissioners

NHS
Newcastle Gateshead
Clinical Commissioning Group

Clinical engagement and collaboration

Newcastle Gateshead CCG

Key learning

- **The value of clinical engagement and collaboration throughout the development process.**
- **Clarity in the developed structures and systems, and importantly what should be delivered at each geography.**
- **Working with local providers to develop an outcomes-based approach to community services which rewards and encourages integration.**
- **The importance of general practice 'at scale' to support system-wide improvement.**

Introduction

Newcastle Gateshead CCG works with its partners for its public on many different geographies. It works on behalf of those needing, and those working in, health and care services by:

Involvement: working with the population.

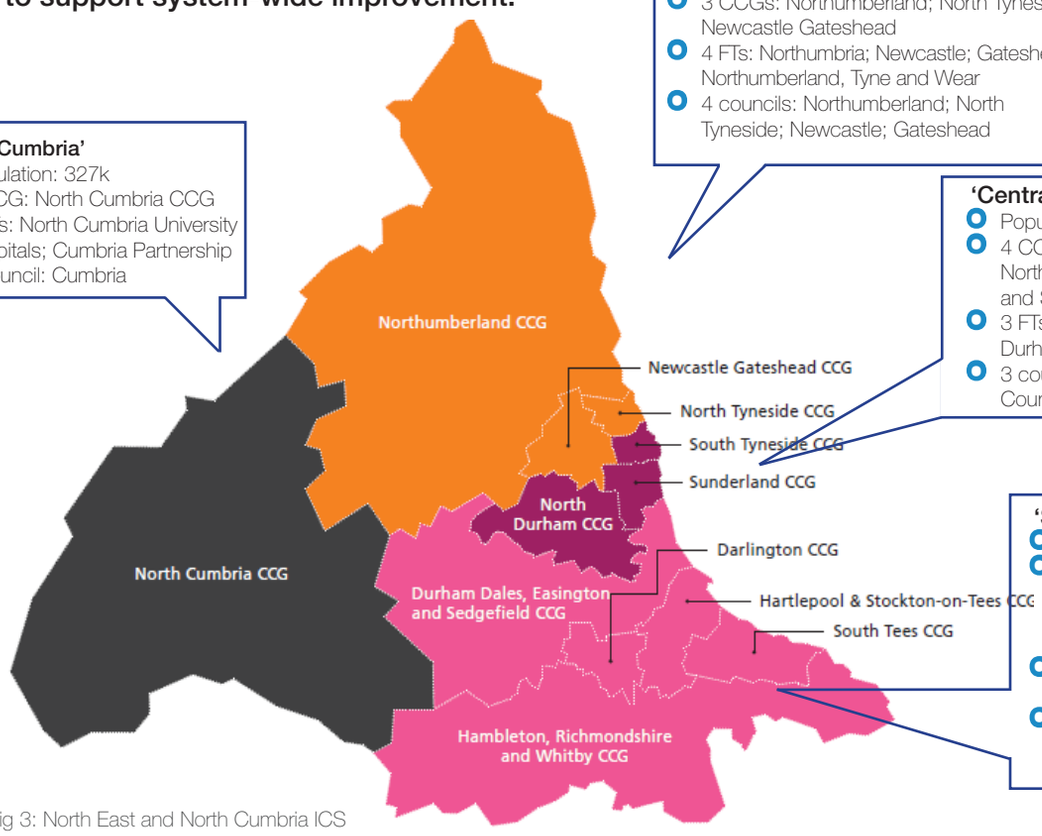
Experience: improving the quality and experience of services.

Outcomes: helping people live healthier happier lives.

'North'
- Population: 1.025m
- 3 CCGs: Northumberland; North Tyneside; Newcastle Gateshead
- 4 FTs: Northumbria; Newcastle; Gateshead; Northumberland, Tyne and Wear
- 4 councils: Northumberland; North Tyneside; Newcastle; Gateshead

'North Cumbria'
- Population: 327k
- 1 CCG: North Cumbria CCG
- 2 FTs: North Cumbria University Hospitals; Cumbria Partnership
- 1 council: Cumbria

'Central'
- Population: 992k
- 4 CCGs: South Tyneside; Sunderland; North Durham; Durham Dales, Easington and Sedgefield
- 3 FTs: Sunderland; South Tyneside; County Durham and Darlington
- 3 councils: South Tyneside; Sunderland; County Durham



'South'
- Population: 847k
- 4 CCGs: South Tyneside, Sunderland, North Durham, Hambleton, Richmondshire and Whitby
- 3 FTs: County Durham and Darlington; North Tees; South Tees
- 5 councils: Hartlepool; Stockton; Middlesborough; Redcar and Cleveland; North Yorkshire

Fig 3: North East and North Cumbria ICS

Primarily, delivery of services happens across the 'place' (local authority footprint). However some planning and organisation of services is done at different geographies. Some of this is done at a regional level such as specialised commissioning, by the North East and North Cumbria Integrated Care System. This covers 12 clinical commissioning groups, 12 unitary local authorities, two county councils with districts, and 13 provider trusts. The region is divided into four sub geographies – integrated care partnerships (ICPs) – where collaboration takes place between place-based commissioners and place-based providers. Newcastle Gateshead CCG sits alongside Northumberland and North Tyneside CCG as part of the 'North' ICP.

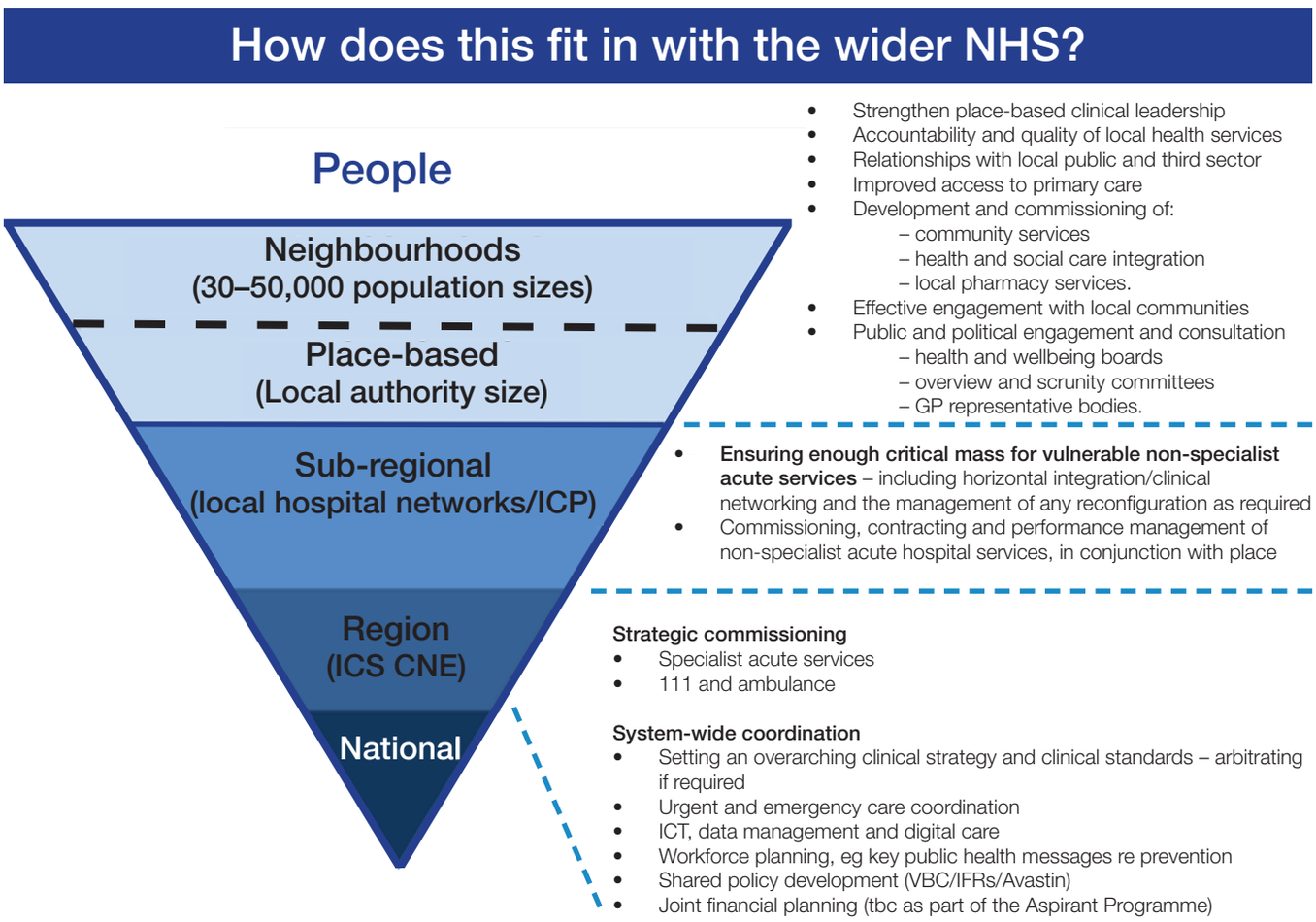


Fig 2: Some of the key geographies across the area

What challenges needed to be addressed?

Fragmentation has made system-wide decision-making more difficult so there was a need for clear and cross-organisational strategic direction. Similar to most areas across the UK, there are significant financial gaps and service sustainability issues. However, in the North East this is coupled with some of the poorest health outcomes from across the country. The task was a clear one – to maximise collective impact to deliver the Five Year Forward View triple aim while reducing duplication and overheads.

What are the enablers for change?

The region is built upon a long-established geography, with highly interdependent clinical services and the vast majority of patient flows staying within the local area. Newcastle Gateshead and the surrounding North East area have a history of joint working, and the unanimous commitment from NHS England to support the development of an ICS in the area is important in supporting this change. The North East is also a high performing area, with a strong track record of delivery.

Transformation at place

Key to at scale work is transformation at place. Newcastle Gateshead CCG has developed plans in both places however the below outlines an example from Gateshead, because the work is further ahead there.

Transformation of general practice: Primary care collaborating at scale is crucial to transformation at place

General practice has a history of collaboration in Gateshead through CBC Health Limited (Community Based Care) with all 30 practices active members supporting federated working. The use of a single clinical information system (EMIS) supports innovation and at-scale initiatives across practices. However, specific challenges exist including clinical recruitment, workforce planning, and the financial viability of independent practices. To respond to these issues several programmes over the years have developed:

- GatDoc – GP out-of-hours provision integrated with A&E, walk-in services and community nursing.
- EXTRA Care – extended access GP hubs with the ability for all practices to book GP and nurse appointments across Gateshead, delivering improved access supporting the resilience of individual practices.
- Bureau – standardised and centralised systems for data collection and template development supporting standardisation and reduction in variation. Initiatives such as centralised call and recall for long-term conditions, clinical coding, document management, contract monitoring, audit and research.
- Pharmicus – provision of medicines optimisation contracts across the North East. Bespoke practice support from a team of clinical pharmacists and technicians is available. A centralised hub to co-ordinate the medicines management function of practices has been developed (HSJ Award Finalist 2018).
- General practice – a new at-scale model of care has been developed by pooling four GP contracts. This has created a test site for innovative service delivery and skill mix approaches. A dedicated transformation programme supports the development of the model. Bespoke programmes of practice support are also available from an experienced team of managers to support practices in crisis.

The Gateshead care system – integrating commissioning and provision across health and care at a local authority footprint

- The CCG led procurement of an outcomes-based community services contract which supported integration and was won by the Gateshead Care Partnership formed from the local foundation trusts, the local council and primary care.
- This was developed based on several transformation principles including moving specialist services into the community, integrating delivery of care around five localities (30–50,000 populations), shared working with the council, removing duplication, reducing costs, and delivering high-quality efficient services.

There have been three areas of progress to date:

1. Developing the '**Neighbourhoods**': Moving community services into five areas that matched the council and primary care ways of working with associated changes for 254 members of staff. These joined integrated teams working on community nursing, care homes and frailty supported by a new IT system. Importantly this resulted in reduced 'hand-offs' for patients.
2. Developing the '**Place**' wide services: Merging seven rapid response community teams into one that includes council, primary care and community services with a single management structure focussed on demand management for acute admissions.
3. Evolving the '**System**' ways of working: The place-based provider alliance was expanded to include all major providers. Many of the boundaries between providers and commissioners are being broken down to enable the virtual combined place-based workforce to collectively work out how best to meet the populations' needs based on the council's assessment and utilising their combined resources.

Transformation across the sub-region ICPs

While the issues across each ICP are similar, the approaches need to be tailored based on local population need and challenges faced. These include workforce sustainability across acute providers, integration of general practice and social care, the need to develop effective children's services, and increasing partnership working across the local acute care providers, local authorities and CCGs. So far there have been partnerships between hospitals to ensure sustainable high quality services. This ensures there is a critical mass to sustain vulnerable acute services. There has also been joint work between CCGs to better use resources.

Transformation across the region ICS

This is emergent and key functions have been:

- coordinating the common issues from the four ICPs – building on the learning from North Cumbria
- creating a single leadership, decision-making and self-governing assurance framework for work that needs to be done at scale in Cumbria and the North East
- establishing joint financial management arrangements with aspirations to devolve control of key financial and staffing resources
- coordinating clinical strategies that need to be regional including standards, pathways and enabling workstreams to improve quality, reduce variation and best use resources
- arbitrating where required and holding the organisations to account for the delivery of NHS Five Year Forward View outcomes.

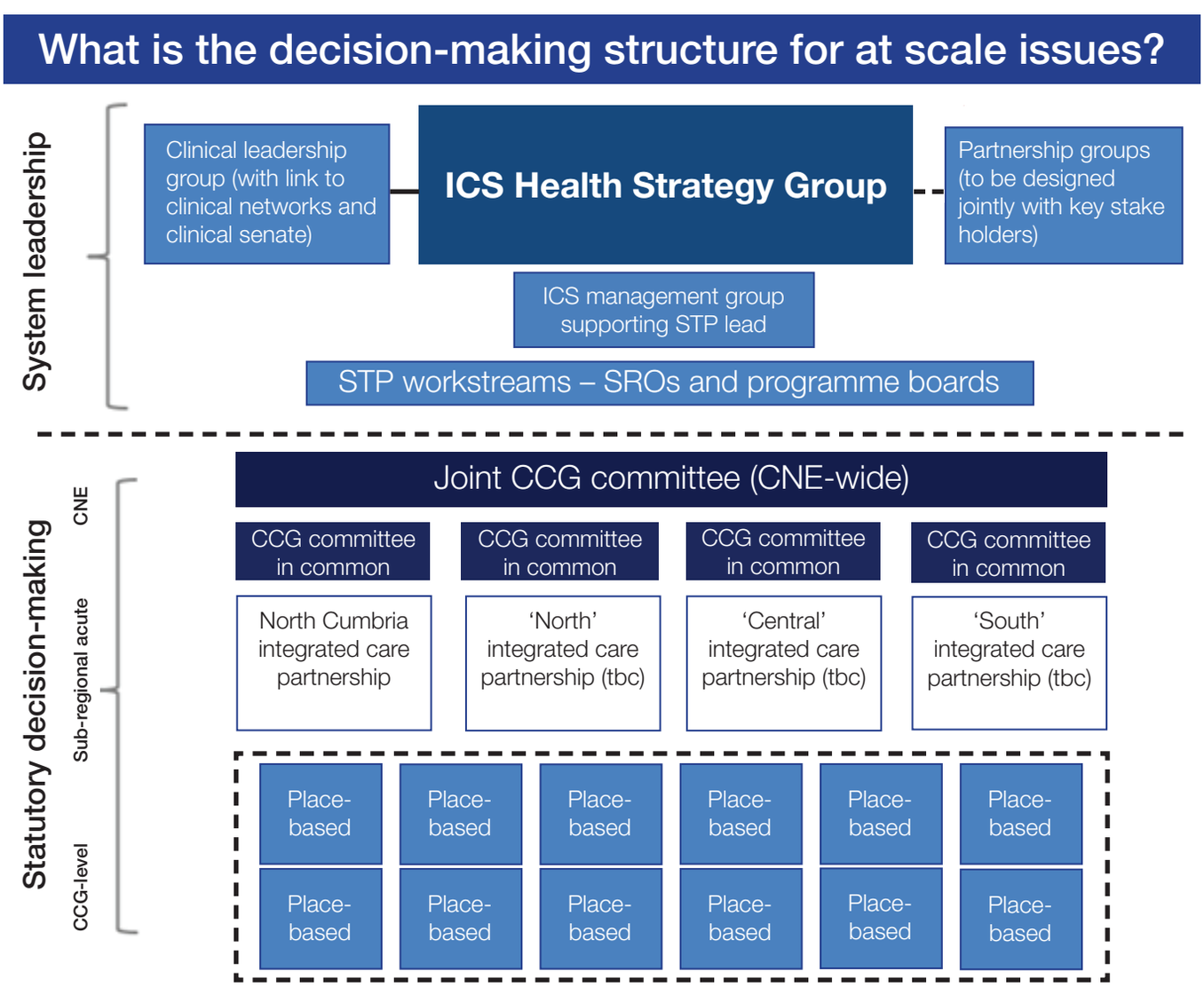


Fig 3: North East and North Cumbria ICS structure

The importance of clinical engagement

The development of the local approach has been driven by extensive clinical engagement informed by insights from population health management. Throughout this process the focus has shifted to emphasising prevention and early intervention in the community with collaboration across acute care services. This has been driven by the principle that service consolidation will only take place to improve care.

What has been achieved?

Place

- Primary care at scale expansion.
- Rapid growth of place-based out-of-hospital models and transformation of community services.

Sub-regional (ICP)

- Significant clinical transformation in core services including paediatrics, acute stroke, vascular.
- Transformation of care for learning disability patients.
- Consolidation of inpatient mental health services to enable transformation and growth in community model.

Regional (ICS)

- Specialised services – work between tertiary centres to ensure sustainability of services across Cumbria and North East and beyond for quaternary services.
- Developing various workstreams to transform care and the enablers it needs. For example, taking a wide reaching system approach to improving urgent and emergency care across the region.

The ambition across the North East and North Cumbria Integrated Care System is to deliver seamless and cost-effective health and care through innovative partnership working, achieving the best health outcomes for the people of North Cumbria and the North East.

Acknowledgements

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Find out more about the Core Cities Network

The Core Cities Network, chaired by Dr Tim Moorhead, chair of NHS Sheffield CCG and NHSCC board member, is a peer-led network representing clinical commissioning groups from the eight core cities in England outside London – Nottingham, Leeds, Sheffield, Bristol, Newcastle, Birmingham, Liverpool and Manchester. The group meets on a quarterly basis with one purpose: to improve the health outcomes of populations that live in complex city environments.

The network has produced two publications on the role of clinical commissioning groups within the core cities. These can be downloaded from the NHSCC website: www.nhscc.org

- *Shaping healthy cities and economies: The role of clinical commissioning*. This report shows the positive contribution that clinical commissioners are making to their local economies.
- *Transforming healthcare in England's core cities*. This outlines how CCGs in England's core cities are taking up the challenge set out in the Five Year Forward View and transforming the way in which healthcare is delivered to the benefit of their local population.

For further information or to get in contact with the Core Cities Network, please email office@nhscc.org