Leeds CCGs 'One Voice'

'One Voice' Commissioning Model

Introduction

Within Leeds health and care system considerable effort is being invested in the development of new models of care (NMoC) and supporting primary care to play a greater role in delivering out of hospital services. Alliances are beginning to form across the provider landscape in a move towards accountable care. The direction of travel is towards more integrated care provision for a specific population, based around their holistic needs and not disease pathways, supported by delegated budgets at a local level. The move to a population based approach in healthcare, with a focus on outcomes, has led the CCGs to explore the tools available to them to support the commissioning of integrated care and entering into new commercial arrangements with current and future providers.

To support this approach it is widely recognised that both the function and form of commissioners will need to change. The emphasis in the future will be on strategic commissioning jointly or integrated with the Council for a population, set within a broader context of commissioning for some specific services at a West Yorkshire level and more local placed based commissioning.

Aim and Objectives of the Project

To design and implement a future commissioning model for health services in Leeds. This builds on the close working relationships where they share a common purpose for Leeds with an aspiration to maintain and further deliver a sustainable health and care system. The future model will support delivery of the following ambitions:

- Improve the health and lives of people who live in the city, achieving maximum value from the 'Leeds £' and organising services in the most efficient and effective way;
- Support the shift to an outcomes focused population health management (PHM) approach to commissioning versus a service based approach, to meet the future needs of the Leeds population;
- Delivery of the 5YFV and NMoC as expressed through the Leeds Plan and STP.

Support Provided

We worked in collaboration with senior leadership and operational teams across the three CCGs to develop the following:

A Vision for 'One Voice' - Through a collaborative event and a series of 'Subject Matter Expert' workshops we crystallised the vision for 'One Voice' into a series of statements that could be used to explain what 'One Voice' means to key stakeholders, e.g. staff, providers, partners, patients and the public.

A Roadmap and High Level Plan - The Vision was accompanied by a one-page visual (roadmap), containing key milestones that needed to be achieved to move the CCGs from where they are now to a future state of 'One Voice' . It included a supporting narrative and high level plan made up of a series of statements that summarised the current and future state of the CCGs, barriers to progress and sequenced activities against a timeline. These were broken down into six key areas of focus: Population Health Delivery; Governance and Clinical/Professional Leadership; Organisation Design, Workforce and Culture; Quality (Patient Safety, Clinical Effectiveness and Patient Experience) and Performance Improvement; Finance and Contracting; and Information, Management and Technology.

A Baseline Report - A baseline of the current commissioning model across the three CCGs was established. This described at a high level how the current organisations functioned and highlighted observations and opportunities for moving towards One Voice.

Functional Requirements and Options - Through focused workshops with Directors, we outlined the future functional requirements to support 'One Voice' and the potential options for changing the current model to address these requirements.

A Clinical Leadership Model – Working with senior clinical leads, a high level transitional clinical leadership model was designed to support the move towards One Voice and accountable care.

Value Delivered To Client

In addition to developing a future 'functional' commissioning model, which was bought into by all stakeholders including Governing Bodies, we were able to support the CCGs in a number of additional ways. These included:

- Building relationships between Directors from different CCGs through the mobilisation of an 'Engine Room' that steered the process
- Developing a shared understanding of PHM amongst senior leaders
- Highlighting significant differences and similarities between how the CCGs operated e.g. duplication of functions, unique functions that added value, disproportionate investment in resources to manage specific contracts, a lack of focus on commissioning for outcomes
- Drawing attention to skills and capability gaps that would need to be addressed to support a population health management approach
- Identifying opportunities for further collaborative working with the Council

transformingcare