Leeds Health & Care Partnership

Staten Island Performing Provider System

**Learning collaboration**

**Initial headlines from the in-person learning sessions**

**Mon Oct 2nd – Wed Oct 4th**

## Background and context

The Leeds Health and Care Partnership faces many challenges as a health and care system. There are widening health inequalities, some people are experiencing worsening health outcomes, an increase in demand and complexity, long waiting lists for some services and all partners are facing financial pressures.

We are already working together collaboratively to manage demand and improve health outcomes. These programmes of work include; the Community Mental Health Transformation Programme and the Home First Programme.

Alongside this work, our CEOs and senior accountable officers (through our Partnership Executive Group – PEG) are taking time to think about how we work together for maximum impact. With the Healthy Leeds Plan in mind, they are considering how we work together in the most effective way to meet the objectives laid out in our plan.

PEG has reflected that Leeds has many of the building blocks required to be successful, but that our infrastructure doesn't always enable us to work in an integrated way to support change and improve outcomes for all. Four key areas for partnership development have been identified:

1. What are our partnership priorities and areas of focus?
2. What partnership executive arrangements do we need to have in place to make decisions effectively and efficiently?
3. How do we take decisions in partnership, particularly those that require investment / disinvestment and resource allocation?
4. How do we follow through on actions and decisions made in partnership through our organisations and sectors?

## Why a learning collaboration?

PEG has taken the decision to participate in a learning collaboration with the Staten Island Performing Provider System (SI PPS) (https://statenislandpps.org/).

This collaboration is not about lifting and shifting the SI PPS model to Leeds. The aim is to learn from another place that is working effectively in partnership and taking a population health approach to improve outcomes for communities and people, through personalised, preventative care. Whilst acknowledging the difference in health and care funding models

between England and the USA, there is much we can learn from SI PPS. They have made mistakes, made improvements, demonstrated success and are still developing programmes that deliver results. They have committed to support us and we are open to having our approach in Leeds tested in a ‘high support, high challenge’ way to see if we can do anything differently, working through 'the difficult' questions in Leeds and really challenging our working practices and assumptions.

## Why Staten Island Performing Provider System?

Staten Island PPS formed a revolutionary health system, especially for the uninsured population amongst its residents. It has become an international exemplar for its implementation of a data driven approach to delivering healthcare. They have facilitated multi-agency collaboration, improved care quality, reduced costs and achieved rapid improvement in outcomes for people with behavioural health conditions *(UK term is mental health conditions)*. Some of their key metrics include:

- Reductions in Emergency Room *(UK term is ED/A&E)* use by more than 25 per cent for high-risk clients who have engaged in a comprehensive care co-ordination programme called HEALTHi, that provides critical time intervention to people with multiple complex conditions.
- Avoidable hospital readmissions reduced by 25 per cent through an intensive care co-ordination model.

For more information on SI PPS, please see the briefing note produced as background reading for the visit.

## What have we done to date?

Over the summer of 2023, two online learning sessions with colleagues from SI PPS took place. They were open to all partners and had an emphasis on developing an initial shared understanding of each other’s systems. In October 2023, we held three in-person full day learning sessions in Leeds.

Both the online and in-person sessions brought together teams, functions and colleagues who would not normally work together as 'one virtual team for Leeds’. This created a valuable space where we could step back from the daily pressures and consider next steps for our partnership.

## What was the focus of the in-person learning sessions that took place in October?

Each in-person session was attended by up to 35 reps from all partners including; Academia, General Practice, Healthwatch, the ICB in Leeds, local authority, NHS providers and the Third Sector. There were a range of roles covering clinical and professional, finance, strategy, programme delivery, enablers and operational delivery.  In total, over 120 people participated over the three days. This mix was important to provide a range of perspectives and insights, as well as ensuring that, as a system, we can collectively take forward and apply the learning.

The topics covered in the sessions, which were framed around the delivery of the Healthy Leeds Plan, included:

- Clinical and professional leadership in system change and transformation from an 'illness service' to a 'wellness service.'
- Learning from an Accountable Care Organisation (Vytalize) and exploring the details of value-based healthcare and incentive models that drive a system.
- Developing the data architecture and becoming a data and insight led decision-making system.
- Future workforce models as well as investment needed to make the changes.
- Agreeing priorities, delivering success and the governance, leadership and risk appetite required.
- Approach to change and transformation, where to start from and how to scale up. How we develop our ways of working with partners e.g. third sector.

There were also visits to New Wortley Community Centre | England (newwortleycc.org.uk) , CATCH Leeds , the Recovery Hub in South Leeds, Bewerley Croft Transitional Housing Unit, St George's Urgent Treatment Centre to see the community ambulatory paediatric clinic, and Leeds General Infirmary. These visits gave Staten Island colleagues greater context about the work we do in Leeds, so they can better support and challenge us.

## What are our initial key takeaways?

Some of the key takeaways from the sessions reinforce some of what we already know we need to do. The sessions also gave us some new ideas around how we might work together more effectively. Although we drew on expertise and experience from SI PPS, the rich discussions took place firmly in the context of Leeds.

### Better use of data and insight:

- We need to have a strong conviction to apply a data and insight led approach to all we do.
- We need to improve the quality of our data and how we share it across the partnership. This will enable us to better model which parts of our system would most benefit from availability of earlier and preventative interventions. It would enable us to target access to support more effectively.
- To quote the Staten Island Approach: "What do we know about the people we know, and what don't we know about everyone else?"
- Use data plus a more coordinated approach to insight to identify cohorts of named individuals who regularly use multiple services and collectively develop and approach to work with these individuals to put in place preventative solutions which improve outcomes and reduce the need for services.
- Use predictive analysis to identify those people who may be the next group of regular users of services, so we can act more preventatively.

## Better clarity of purpose, focus on measurable improvement and prioritisation

- Committing to the strategy and the two goals in the Healthy Leeds Plan. This will drive the prioritisation and should free up resources.
- We will need to stop doing the things that are ineffective or of limited effectiveness so we can focus on a few targeted priorities with a higher chance of success if we are to succeed in making a real difference.
- By focusing on specific cohorts of named individuals and targeted interventions which are measurable, it will help us learn fast what works and what can then be scaled up. This will most likely benefit those people who face the greatest health inequalities and who become frequent users of multiple services – because the root causes of their needs are not currently being addressed. The wider population will also benefit as capacity is freed up.
- When setting up new pieces of work we must be clear on the measures of engagement and improvement we are looking for from the start and hold each other mutually accountable for delivery.
- These measures of improvement need to provide feedback quickly and regularly e.g. over 30, 60, 90 days so we can monitor effectiveness and if we don't see the expected improvements, we can take decisive action to change course. We must also have longer term measures that show improvement has been sustained over time.
- Have clarity about how the action taken will impact on the risk that it is intended to address.
- Throughout the sessions there was a theme of low-cost early intervention, socially orientated and clinically driven interventions, and the important role 3rd sector organisations have working with the most vulnerable and ability to build trust with individuals and communities. Also to keep quality as the North star.

## Better co-production/ design of intervention based on what works for the cohort

- Once data and insight have identified the cohort – use human-centred design to work out which approaches will have most benefit.
- Be clear about what skills/ additional skills will be required to work successfully with the identified cohort (e.g. cultural sensitivity/ social work approaches/ asset led, knowledge of the determinants of health etc as well as practical knowledge of the likely barriers that the cohort regularly encounters e.g. literacy/ language barriers, phone credit etc).
- Be clearer what is being asked of the third sector by the statutory providers and focus investment on the achievement of specific shared goals and priorities.
- Taking a 'feedback loop' approach where staff and patients/service users can continuously measure and see the impact of their work at every level.

### Going further in how we operate as a ‘high trust’, #TeamLeeds partnership

- By having a collectively owned strategy and plan, being comfortable that we don’t need to do everything together every time. We trust that everyone is clearly behind the same shared ambition, outcomes and is operating within a shared framework of values and behaviours.
- There are different roles for different parts of the partnership, from the high-level financial decisions, to setting priorities, and designing and implementing the solutions. We must be clearer on these roles and functions, who must be involved where and ensure people feel heard in decision making processes.
- We recognise that it’s important for us to have leadership that is united, decisive, focused and, as appropriate, willing to manage risk in the sense that they are willing to push boundaries and be prepared to fail, to learn and refine.
- A clear commitment to the (shared) principles of empowerment, self-determination, and community engagement seemed to be fundamental - this aligns with the ‘Working With’ principles in the Leeds Heath and Wellbeing Strategy.

### Further develop a shared model of risk and investment around prevention activity

- Understand and have a focus on the wider determinants of health and take action if it will have a positive impact on reducing demand on the health and care system and improve outcomes for individuals. SI PPS have no barriers to what they will do if they think it will have a positive impact for people and ultimately will reduce demand and cost.
- Success can be driven from having shared incentives and we need to be clear about how partners and/or the partnership can benefit from change – this will ultimately help us to work together to improve outcomes of people, even if the individual organisations within the partnership do not always benefit directly from the improvements.
- Within the overall system context in Staten Island, they are using relatively small sums of money to incentivise big changes in outcomes, because of the very specific nature of the targeting. There is something we can learn and it isn't about a fundamental redesign of the financial system.

### Do more of what works well, do less of what doesn’t

- Use Local Care Partnerships as our shared community model from which other things build.
- Ensure our coproduction framework with people and communities is consistently applied across the system.
- If we are going to fail – fail fast and improve. If it works well, seek opportunities to do more of it.

## What is going to happen next?

This learning collaboration will continue over at least the next 12 months. It is important to note that the collaboration is not about starting lots of new work. Instead, it is about how we appropriately apply the learning to work underway so we can sharpen what we are doing. We will refocus what we are doing to ensure we prioritise those things which will make the biggest impact and/or help us to go further faster. Learning will be aligned to the four areas of partnership development work already agreed and will not be added as another layer of improvement activity.

In the first instance, partners will come together to reflect on the learning and insight and agree how best to apply it. There will be a more detailed write-up of the shared learning, which will be informed by all those who have participated in the learning to date. We will agree a few key areas of shared understanding and action. We can explore further the themes identified from the initial shared learning over the coming months in further online learning sessions. By working with SI PPS over this longer period, we can get beneath the high-level and into specifics about how they have overcome challenges they've faced and into the granular detail of how they have used data and set up and run successful projects and programmes.

## If I'd like to get involved or know more, who do I contact?

You can get in touch with Manraj.khela@leeds.gov.uk who will be able to respond directly or connect you with the appropriate person.