

**AGENDA ITEM NO: 6.0.**

<b>Meeting Title/Date:</b>	Governing Body - 26 September 2017		
<b>Report Title:</b>	Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update		
<b>Paper Prepared By:</b>	Paul Wood	<b>Date of Paper:</b>	13 September 2017
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<b>Committees where Paper Previously Presented:</b>	Not applicable		
<b>Background Paper(s):</b>	Not applicable		
<b>Summary of Report:</b>	This paper describes the current status of the Better Care Together (BCT) programme and provides a progress update on the key elements of work.		
<b>Recommendation(s):</b>	The Governing Body is asked to:-  Note the current updated progress and position of the Better Care Together (BCT) programme.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b>			N
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			N
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
To Improve the health of our population and reduce inequalities in health			X
To reduce premature deaths from a range of long term conditions			X
To develop care closer to home			X
To commission safe, sustainable and high quality Hospital Health Care			X
To commission safe, sustainable and high quality Mental Health Care			X
To improve capacity and capability of primary care services to respond to the changing health needs of our population			X
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# Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update

## INTRODUCTION

1. This paper describes the current status of the Better Care Together (BCT) programme and provides a progress update on the key elements of work.

The report outlines specific examples and details of progress achieved and in particular:

- The outcome of New Care Models Team quarter one performance review and our performance on non-elective admission trends
- Development of the Accountable Care System (ACS)
- Development of the Common Platform
- Evaluation update
- Work streams progress

## NEW CARE MODELS TEAM QUARTER ONE REVIEW

2. On 21 July 2017 the National New Care Models Team met with BCT leaders and senior managers for the Q1 review of progress within the 2017-18 BCT vanguard delivery plan. The focus of the review was on the Women's & Children's workstream (WACs), progress on Research & Evaluation and reviewing current performance against national A&E performance measures. The three priorities for the national New Care Models programme for the remainder of 2017-18:
  - How vanguards are delivering (including the 5YFV Next Steps focus on emergency admissions), what has changed on the ground, and whether it is better for patients and taxpayers.
  - How local vanguard programmes are sustained into 2018-19 and therefore how Better Care Together is planning for the future as part of the Lancashire and South Cumbria STP.
  - Helping spread and scale, e.g. scaling work of ICCs, and how learning is shared with wider Lancashire and neighbouring geographies, and how we can learn from what has worked well in vanguard to share across other STPs in England.
3. The WACs programme team provided a detailed presentation of progress, with a key success to date being the engagement of all partners. The initial results for the workstream show a 10% reduction in paediatric emergency bed days, and a significant increase in the use of advice and guidance. Work is now underway to align the WAC posts (people) to the ICCs, and to integrate programmes on addressing children's emotional health and wellbeing.
4. The NCM Team was updated on the evaluation programme led by the University of Cumbria. Following receipt of an interim report at the end of 2016-17, the focus of evaluation had been revised to cover three ICCs around frailty, paediatrics and respiratory. A key objective for both the national and local vanguard evaluations was identifying the enablers and barriers to change, and the learning from the practical design and implementation of the models, as this is important for spreading best practice.
5. A positive report was given to the NCM Team about the falling rate of emergency

admissions to hospital, which is 6% below (good) the expected trajectory over the past year.

6. The Quarter 2 review with the National New Care Models Team will be held on the 19 October 2017, with a focus on:
  - Informatics/Technology developments, including business intelligence and use of data to inform next steps of the care model implementation.

The outcomes of the review will be reported to the next Governing Body meeting.

## **DEVELOPMENT OF THE ACCOUNTABLE CARE SYSTEM (ACS)**

7. Work has also been focused on the development of a Business Case, setting out proposals for the development of the ACS in 2018/19. For clarity, a common paper has been prepared to summarise the scope of this work for the Governing Body and for other partners. This is set out as Agenda item 6a.

## **COMMON PLATFORM**

8. As outlined in the last report, work continues to progress in the core workstreams of IMT, Workforce, procurement and estates and facilities. As work is continuing on a 3 year finance and delivery plan, it is expected that this area will gather pace and scale by reviewing a wider range of corporate support services across the whole health system.
9. It is intended to commence the development of an integrated and shared portfolio of corporate support, which will support the ACS model but also significantly contribute towards the saving targets required towards our system-wide financial control target. Part of the scope may also be about examining the feasibility of certain services being part of a support model on a bigger scale – such as across an adjacent health system or at the level of the STP.
10. A common platform working group with a clear remit of developing both financial and service redesign proposals is expected to be established during the autumn.

### **Programme Management Office and System wide delivery support team**

11. Discussions are underway to ensure our Programme Management Office can support the next stage of delivery plans across the ACS. This will be particularly important as Morecambe Bay moves into the last 6 months of the Vanguard programme.

## **RESEARCH & EVALUATION**

12. The specification for 2017/18 qualitative evaluation work has been agreed and will focus on 3 ICCs (Barrow Town, Bay and East) and concentrate on implementation of frailty, respiratory and paediatric pathways across each of the 3 ICCs.
13. Work is moving at pace on evaluation of the ICC pathways and interviews with clinical leads, project managers and other colleagues are well underway. The economic evaluation is also developing well and a survey is being devised to use within ICC communities. Plans have been drawn up to disseminate findings across the ICCs, BHCPs, Vanguard and wider NHS in Spring 2018 and the University has put forward proposals to run evaluation training courses in mid-late 2018 to embed evaluation across BHCP organisations and to enhance evaluation skills.
14. A third workshop has been arranged for 19 September 2017. Building on previous

discussions, the purpose of this workshop is to discuss the evaluation of changes in the culture of healthcare provision within the BCT programme. The event will take the format of a 'world café' and provide an opportunity for participants to discuss topics and questions around:

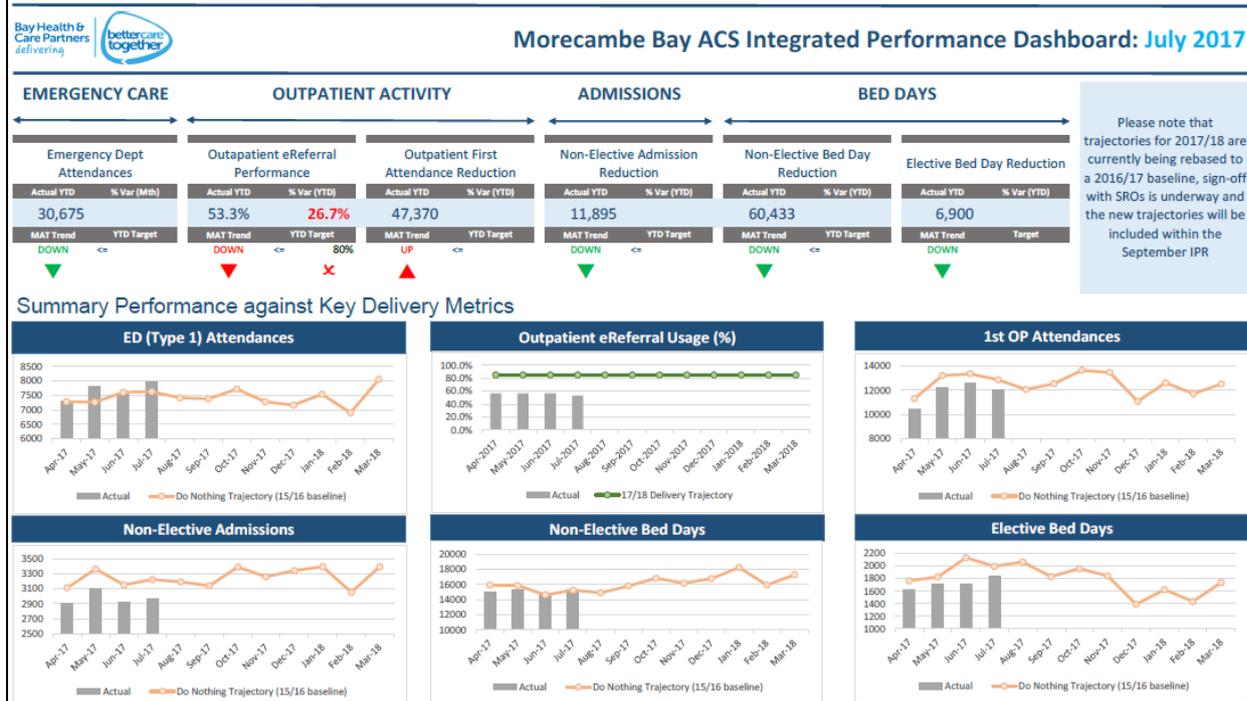
- The different kinds of changes that the BCT programme has seen to date;
  - How changes in approaches, behaviours and cultures of care are recorded, reported and linked to wider health outcomes;
  - What the main boundaries are to successful culture change in a health system, and where responsibility lies for these;
  - How experiences of culture change in local areas can inform the future direction of health interventions.
15. The workshop was attended by clinical and non-clinical staff including consultants, GPs, case managers, community nurses, care navigators, managerial and support staff, local council officers, patients and third sector representatives.
  16. The evaluation methodology, presentation slides, workshop documents and discussion forums can be accessed via *PebblePad*, the University of Cumbria's on-line sharing system, at:  
<https://v3.pebblepad.co.uk/v3portfolio/cumbria/Asset/View/94jgbwjbDRgs6xq3qyR9d4p37W>
  17. The quantitative evaluation work (development of integrated intelligence data warehouse/dashboards etc.) is continuing with support from the BI team. All ICCs can access QlikView although access to practice data is still awaiting Information Governance (IG) sign-off in South Cumbria.

## **METRICS & MEASURES**

18. Set out below is July's Executive Overview of the Integrated Performance Report (IPR); the focal point of the discussions at the monthly BCT Programme Delivery Group and the Programme Board. More detailed analysis by Workstream is given in the relevant sections below:

*Figure 1: Integrated Performance Report Executive Overview*

## Programme Dashboard: Executive Overview



## WORKSTREAM PROGRESS

- Each work stream continues to make good progress on their priority programmes of work and milestones against the 2017/18 Vanguard delivery plan. A detailed summary of this progress is set out below:

### Out of Hospital

- Across the Out of Hospital work stream performance improvements are being maintained and show a continued positive trend using Moving Annual Totals. At the end of August QlikView shows bay-wide non-elective admissions were at -6.0% (ahead) of the 2017/18 trajectory, and non-elective bed days ahead at -7.1%. Figures vary across the Bay with localised monitoring being built into core team meetings and was demonstrated at the Oversight Meeting in August to strengthen roll out in South Cumbria.
- The Core Operating Model for ICCs is being used as a framework to prioritise local activities and a revised version is in development. Important proposals for a new Integrated Services Care Group have been shared with ICC Steering Group and Clinical Leads meetings during August and September and it is expected that this will move into implementation between October and March 2018.
- Frailty pilot initiatives at Garstang, Carnforth and East ICCs have enabled a new overarching pathway to be developed and issued to all. This will begin to harmonise approaches to coding for frailty, assessments and care planning. The focus on community based respiratory care is being developed in Barrow, Lancaster, Morecambe and Carnforth (Phase 1) and similarly for MSK with new community clinics in Kendal and Carnforth. The offer of Paediatric consultants from the acute trust working in ICCs has commenced take up in Morecambe and Lancaster with wider roll out planned.
- The new Intermediate Care Facility at Altham Meadows became operational week commencing 4 September 2017, an important development in the out of hospital

urgent care service.

24. Good cross-sector representation was achieved at the integrating Mental Health workshop (7 September 2017), supporting wider involvement in this new and important workstream.
25. Early adopters of risk stratification tools have been able to accurately identify residents at highest risk of admission and target their limited resources to areas of greatest potential. The Electronic Frailty Index (EFI) has been mandated and will be rolled out across the whole patch going forward with a view to initiating better targeting of assessments, packages of care and referrals to services.
26. In the two Barrow ICCs - following an in depth PDSA into respiratory illness, this long term condition was identified to be one of the biggest problem areas within the locality. Both Barrow Town ICC and Alfred Barrow ICC are 'up-skilling' their Practice Nurses and HCAs in both spirometry reading and interpretation so that community respiratory clinics can be rolled out through the Wellbeing Hubs. The training is booked for November 2017 with the roll out of community respiratory clinics to follow shortly after.
27. Kendal ICC has created 189 care plans for the frail elderly who are living in Kendal and surrounds. The ICC team assess the requirements necessary to support the patient in their home or care home. The patient's care choices are communicated to the wider health community with the aim of preventing unnecessary hospital admissions.
28. Garstang ICC has undertaken 175 assessments of frail patients. Early analysis shows a cumulative result of at least a 20% reduction in hospital admissions for that group over a 12 month period.
29. Bay ICC is undertaking joint primary and secondary care reviews of children who were frequent attenders at A&E demonstrating a 31% reduction in hospital attendances for the 16 children who were included.
30. Ulverston & East ICCs have commenced regular MDT meetings to review vulnerable patients – those who have had contact with the out of hours service, NWAS or presented in Primary or Secondary care. Early indications are that these are proving useful and they will be evaluated over the coming months.
31. Overall, the Out of Hospital work stream continues to deliver its triple goals of promoting self-care, avoiding hospital admissions and reducing length of stay through planned discharges. In recent months there has been a notable and sustaining reduction in both hospital admissions and non-elective bed days attributable to the initiatives put in place within the community and in partnership between primary/ secondary care, other statutory organisations and the third sector.

## **Elective Care**

32. Referral Pathway Improvement Programme: The Referral Pathway Improvement programme has progressed with a workshop identifying and agreeing a new provider booking process model which will streamline and enable electronic bookings via e-RS. This work links with the Map of Medicine, Advice and Guidance and clinical pathways to ensure referrals contain all appropriate information and patients are seen by the right professionals at the right time in their pathway. Work continues with PRIMIS, Strata and Hearst Health to deliver Map of Medicine and Strata to North Lancs GP Surgeries before 1 November 2017. This first phase is on schedule for the technical delivery which will see Map of Medicine and Strata being deployed remotely during October. The e-RS project continues to work towards the Q2 milestones of 9% ASIs and 80% of services/clinics published. This links to the National Paper Switch

Off Programme with a project plan in development to submit to the National Team by the end of September.

33. Advice and Guidance (A&G): Since implementation 2599 patients have accessed care closer to home. The system is now available for 23 specialties with the defined response protocols being adhered to ensuring an average 2 day response time. Plans are now in place to further enhance A&G by allowing Practice Nurse to Speciality Nurse conversations. A pilot using Respiratory is in the scoping stage with rollout expected later in the year. Exploration for Consultants to Consultants conversations (both within UHMB and the STP footprint) is also on-going.
34. Specialty Re-design Programme: The Community Ophthalmology Service Steering Group continues to have excellent representation from community and acute services. Work is on-going to implement the Optomanager system to aid transfer of information between the Acute and Community organisations, a pre-requisite for the transfer of the Glaucoma pathway. The Ocular Hypertension pathway is due to go live by the end of the year with AMD Medical Retina monitoring being reviewed as a further pathway for Community provision.
35. MSK are working toward a single point of access and triage for all referrals into the system across the Bay. Since implementation a significant reduction in referrals to T&O Consultants has been observed. Between November 2016 and June 2017, 756 new and follow-up patients were seen by the service with 52 (6.8%) being referred to the Orthopaedic consultant and 185 (25%) being discharged with advice and a self-support plan.
36. Outpatient Programme: The Patient Initiated Follow-Up (PIFU) implementation plan is nearing completion with Rheumatology, Respiratory (COPD) and Gynaecology live and Urology and Gastro planned over the coming months. Patient communications and PIFU cards for Gastro and Urology are well into development and are due to go live by the end of Q3. Evaluation will be on-going.  
  
The Virtual Fracture Clinic model piloted at both FGH and RLI has identified the need for further process changes prior to implementation. The test of change will continue with on-going evaluation planned to further inform costings prior to implementation in Q3.
37. Elective Care Replicability and Spread: There continues to be a number of other Trusts making contact regarding the Elective Care work which has prompted case studies to be developed for Ophthalmology, MSK, A&G and PIFU to support the spread and replicability at a National level.

### **Women's & Children's Services (WACS)**

38. Since July, work has continued to establish the Integrated Children's Nursing Team model. The integration of the nursing teams between acute and community continues to build traction with joint meeting and training being planned for the coming months, working towards providing a joint nursing service to the children of Morecambe Bay.
39. From April to the end of July there was 6.82% reduction in Paediatric Emergency Bed Days year to date, 6.52% reduction in follow up activity for paediatrics and 7.26% reduction in Paediatric GP referrals, compared to the same period the previous year. This indicates the workstream has continued the successes seen from last year.
40. The implementation of community clinics has been accelerated by an offer from UHMB to include the clinics within the job planning being completed for paediatricians. This has led to engagement with all ICCs around development of the clinics. The response has mostly been positive, with clinicians keen to enhance the

service provided to the children within their ICC footprint. There **have** been some concerns raised around funding for GP practices and constraints on time, but the workstream continues to engage with these ICCs to better understand their concerns and reach solutions that could be incorporated into the final service model.

41. The Children's Group has been progressing work into the new additional target for 2017/18 of reducing Paediatric Emergency Department Attendances. A task group has been established and agreed to complete a deep dive audit, which replicates a similar audit completed for adults in previous years. The audits will be completed at RLI & FGH, involving participation from Emergency Department, Acute Paediatrics, Community Paediatrics and General Practice staff, to identify trends and agree recommendations.
42. Within "Better Births Together" group work has progressed both on a plan for the project moving forward and the identification of a population health approach. The population health approach for maternity has been looked at in conjunction with children's to provide a paper detailing population health for WACs which is now being fed into the larger population health work for BHCP. The Better Births Together plan is being approved in September by the steering group and then subsequently submitted to the Delivery Group.

## **Prescribing**

43. In Quarter 1 the work stream achieved an estimated £900k of savings, which is in line with targets. The work stream has been developing analytical methods to join medicines data from acute and primary care - working toward establishing a linked system view of medicines spend for BHCP.
44. UHMB work on biosimilars has progressed well, with patient information sessions being held at all 3 hospital sites. The sessions were offered to all patients affected by the targeted switches. The patients provided verbal feedback at the end of the sessions saying they felt reassured about the switch and they valued the opportunity to discuss their questions with a clinician.
45. Primary care prescribing spend is in-line with QIPP plan expectations at the end of June 2017. The additional 60 days of clinical pharmacist support funded by NHS England has now started on several different projects to support the work plan delivery in all GP practices with some specific initiatives being piloted in a small number of practices that are experiencing specific work plan delivery issues.
46. A local public engagement programme associated with the National Consultation on "medicines that should not be routinely be prescribed in primary care" is being conducted during September and October.
47. The homecare module for JAC, enabling enhanced management of these processes, has progressed as planned over the last couple of months, with the new module being embedded into existing pharmacy systems and set to go live at the end of September.

## **Communications and Engagement**

48. The communications and engagement team have also continued to submit a monthly case study to the New Care Models Team highlighting the work of the Better Care Together Vanguard. The case study for July focused on the development of the Integrated Care Communities, and the August case study will share information about the Patient Initiated Follow up Project. These case studies are shared by NHS England with commissioners and providers who are looking for guidance when considering the implementation of New Care Models.

49. A key part of our work is sharing good practice. We were asked to share our successes around empowering people and communities at the NHS Expo in Manchester on 11 September 2017 by hosting a booth session. We also plan to attend the annual meetings of UHMBT (21 September), Morecambe Bay CCG (26 September) and CPFT (28 September).
50. Better Care Together has hosted the NHS tent at the Westmorland Show on 14 September with 120 health staff attending from five different BHCP partners. There will be a wide range of stands within the tent including ophthalmology, UHMB theatre team, MSK, maternity and breast feeding, outpatients, breast and bowel screening, pharmacy, dying matters etc.
51. The Better Care Together team is also working with the UHMB FT hospital chaplain and community colleagues to host Lancaster's first health festival running from 21-23 September 2017 –The Lost Art of Living. A key aim of the event will be to start a new conversation about people's health and wellbeing, and to support people to think about, and make positive changes to their life.
52. Our regular engagement and communications activities continue with social media, press releases, monthly stakeholder newsletters and briefings. Recent achievements include two BBC Radio Cumbria interviews about the newly developing stroke prevention programme and the work of Active Lives in Carnforth to improve mobility for people with painful joints. In addition we hosted a visit to Morecambe Bay from Dr Kathy McLean, Executive Medical Director for NHS Improvement, and Dr Youssef Oskrochi, National Medical Director's Clinical Fellow.

## **Workforce**

53. The HR Specialist Advice and Recruitment service is progressing well with work being done on Job and Person specifications. Some of the GP Practices have already utilised the HR support and advice services through Ask SAMI and directly linking in with the team. Feedback from these Practices has been excellent. Work has been continuing on the development of the content and branding on the web portal.
54. Work is continuing on developing a Bay-wide Apprentice Strategy. Two visioning sessions are being arranged to capture the essence of what we want the Bay Strategy to be and how this will compliment 'The Better with You-' recruitment and retention programme of work.

## **Organisational Development**

55. OD work continues in the four areas outlined below. The emphasis for workshop requests and delivery has been towards the integration of teams, and in most cases there has been a clear desire to gain increased clarity of operating models and for standardised approaches. There has been a significant increase in the number of workshops requested from UHMBT. We are now also supporting a team from children's social care with individual and team coaching.
56. ICC Development: Following the assessment of change needs, Bay Learning and Improvement Collaborative (BLIC) is conducting follow up work to design support interventions with individual ICCs. Emphasis across ICCs is now on restating vision, ensuring leaders are well supported, and understanding the impact of change. In many cases the need is to simplify and standardise the approach. Progress since the last report has been slow due to the summer period but activity is now increasing.
57. BCT Work-stream support: Currently devising a series of workshops to ensure that new ICC PMO leads have a uniform suite of PMO related skills. BLIC also provided

support for the design of the Mental Health workshop that recently took place.

58. BHCP partner support: A large piece of work is being led by BLIC with UHMBT to redesign the delivery and approach for improvement throughout the Trust. Interviews with the executive team and senior managers were followed by a co-design workshop. The aim is to redesign the approach such that it serves both UHMB and is compatible with the wider partners of BHCP. In addition we have conducted workshops with divisional managers and service managers to ensure that integration is clearly positioned as part of their priorities. Conversations with senior managers at UHMB suggest that their appetite for integrated working has notably increased.
59. Population Health: Work continues to develop population based PLT sessions. BLIC also supported the development of a GP cancer review training video to be used across the Bay.
60. In summary, the requests for OD support are increasing, both in terms of volume and the number of partners requesting it. Moving into the next period the focus is likely to be on moving towards standardised approaches, greater communication between parties, and more targeted interventions based on the development work so far.

## **IM&T**

61. Highlights since last update:
  - Bay-wide Business Intelligence framework upgraded to enable delivery of dashboard to a wide group of professionals supporting ICCs.
  - S Cumbria Information Governance review booked for Sept 2017 to move forward with South Cumbria GP data integration.
  - Dashboard developed to support Research & Evaluation Group.

## **RECOMMENDATIONS**

The Governing Body is asked to note the current updated progress and position of the Better Care Together (BCT) programme.

**Andrew Bennett**  
**Chief Officer**