NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 7.0.

Meeting Title/Date:	Governing Body - 17 September 2019		
Report Title:	Bay Health and Care Partners Update		
Paper Prepared By:	Karen Kyle, System Programme Director - BHCP	**Date of Paper:**	6 September 2019
Executive Sponsor:	Jerry Hawker	**Responsible Manager:**	
Committees where Paper Previously Presented:	N/A.		
Background Paper(s):	N/A.		
Summary of Report:	This paper presents an update on key activities for Bay Health and Care Partners workstreams with a focus on:- a) Better Care Together 2 - Public Engagement. b) BHCP Revised Governance structure. c) Population Health. d) Integrated Care Communities/Community Engagement. e) Clinical Workstream updates - Accelerator pathways. f) BHCP Workforce Strategy. g) Digital workstream. h) Primary Care Development. i) Communication and Engagement.		
Recommendation(s):	The Governing Body is asked to note the current update of Bay Health and Care Partners.		
			Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register reference number)			
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)			

Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
Better Health - improve population health and wellbeing and reduce health inequalities		Y
Better Care - improve individual outcomes, quality and experience of care		Y
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		Y
Please Contact:	Karen Kyle System Programme Director	

BAY HEALTH & CARE PARTNERS UPDATE REPORT
SEPTEMBER 2019

INTRODUCTION

1. This paper presents an update on key activities for Bay Health and Care Partners (BHCP) workstreams with a focus on:

    j) Better Care Together 2 – Public Engagement
    k) BHCP Revised Governance structure
    l) Population Health
    m) Integrated Care Communities/ Community Engagement
    n) Clinical Workstream updates – Accelerator pathways
    o) BHCP Workforce Strategy
    p) Digital workstream
    q) Primary Care Development
    r) Communication and Engagement

EXECUTIVE SUMMARY

To support the development of the Better Care Together 2 strategy and inform the BHCP plan, the BHCP public assembly events have been launched and will continue in September. The assembly approach will help to shape and refine our local plans. The aim is for the Assembly to become the voice and ambassadors for BHCP, by empowerment and by being part of the decisions being made.

The assembly format provides an opportunity to share with public participants the local challenges for health and care and for the BHCP leadership team to gain an understanding of what health and care service provision feels like to those living in the Bay. This is also an engagement/ involvement opportunity for the public to comment and help define the draft BHCP clinical priorities.

Over the summer, BHCP system leaders have revised and refined the BHCP governance structure to support delivery and assurance on the benefits of system working. Over the next quarter, the revised framework will be actioned and embedded.

BETTER CARE TOGETHER 2 DEVELOPMENT

2. The development of the Lancashire and South Cumbria Integrated Care System (LSC ICS) Long Term Plan continues to progress with input from the 5 Integrated Care partnerships across this footprint. This supports the ongoing development of the revised BHCP Better Care Together 2 clinical strategy. As part of this development, BHCP has begun to engage with our local communities on the draft strategy and clinical priorities through a public assembly approach as outlined below.

PUBLIC ENGAGEMENT

3. The public, stakeholders and staff have been asked to give views on BHCP priorities for the next five years. The BCT Public engagement document is outlined in appendix 1.

4. A Public Engagement Document has been published on the Healthier Lancashire and South Cumbria website at https://www.healthierlsc.co.uk/morecambe-bay and people are asked to complete a survey to express their views.

   Stakeholders have been written to, the media has been informed and staff workshops and other internal communications have taken place. In addition the first Assembly meetings have been an opportunity to review the engagement document and comment.

Engagement on Step – up and Step Down care in South Cumbria

5. The engagement on Step-Up and Step-Down care in South Cumbria provided in ward facilities at Abbey View the Langdale units and at Millom Hospital commenced on 2nd September.
   The engagement is to run until the end of October.
   The key documents - **Where would you like to be cared for? Engagement on "Step-Up" and "Step-Down" care within South Cumbria –** are available on the website link above.

BAY HEALTH AND CARE PARTNERS PUBLIC ASSEMBLY

6. The first meetings have been held for members of the Public Assembly. The first meetings discussed the BHCP engagement document as well as how members wanted the Assembly to operate in the future. A commitment has been given to feedback following the three meetings with the proposed next steps. Members of the Assembly were tasked with attracting new members. A full report will be available to the Leadership team in October.

   A report of findings from the first assemblies is to be made to the BHCP Leadership Team on 19th September.

BHCP REVISED GOVERNANCE

7. The Governance, Assurance and Leadership Framework for Bay Health and Care Partners (BHCP) Integrated Care Partnership (ICP) were agreed on 3 July 2018 and were formally signed off by both Trust Board and CCG Governing body.

   The key outcomes of the this framework were to achieve:
   - delivery at pace
   - accountability and challenge
   - streamlined and efficient working arrangements.

8. A revised leadership team for the ICP was established in January 2018 to support delivery of the system triple aim.

   Through the ICP's Leadership Team Development Programme, challenges arising from the operationalisation of the governance structure and framework (need to reduce complexity, improving alignment of accountability and responsibility and line of sight to the Partnership Board) and a need to revisit lleadership arrangements, roles and responsibilities were identified as early priorities for action.

The success of BHACP is not the clinical model itself but the benefits this brings in terms of the triple aims: Better Health, Better Care; Delivered Sustainably and the revised governance structure and leadership roles will aim to deliver against all 3 key components.

To enable this to be delivered the BHACP system needs to have:-

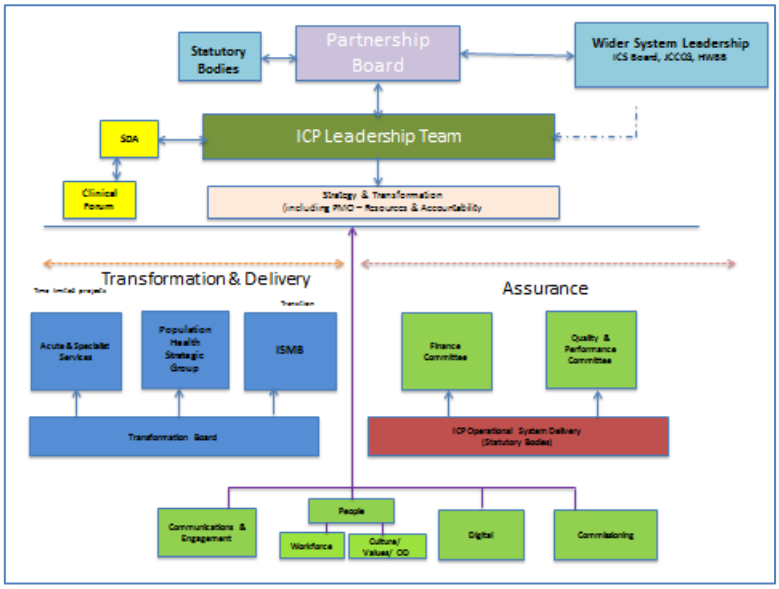
- System wide delivery and assurance
- Design and delivery of the Sustainability and Financial Recovery Plan (SFRP)
- Oversight and delivery of the BCT clinical model
- Oversight of the design and implementation of the Long Term Plan

To support these aims, the governance structure has been refined, outlined in diagram 1, to provide two distinct functions:

- Transformation oversight
- Delivery & Assurance oversight

The ICP Leadership team will alternate their meeting agendas to review the 'Transformation' and the 'Delivery Oversight/ Assurance' elements of the system, meaning a monthly reporting cycle for each element.

Diagram 1: Revised BHACP Governance Structure (September 2019)



BHACP Partnership Board now has the mandate for:

Oversight and assurance of:

a) Better Care Together Strategy
b) Sustainability and Financial Recovery Plan

BHACP Leadership Team now has the mandate for:

Delivery and assurance of:

- Finance & Performance
- Quality Performance
- Integrated Care Communities (ICCs)
- Specialist & Acute Services

Transformation:

- Transformation - clinical programmes of change
- Population Health Management
- ICCs/ Primary Care Networks

Revised Leadership Arrangements

9. In refreshing the leadership team, consideration was given to a number of dynamics with members of the ICP Leadership Team:

    a. Essential roles that, through statute, are required to be tethered to a specific organisation (e.g. Accountable Officers)
    b. Essential roles that are required to transform across organisational boundaries and/or carry a specific system-wide responsibility alongside an organisational portfolio (e.g. Clinical Chiefs)
    c. Essential roles that only carry a system-wide portfolio (e.g. Director of Population Health)

    The resultant ICP Leadership Team proposals established four distinct membership categories:

    - Executive Leads
    - Care Professional Leads
    - Functional Leads
    - Supporting roles

10. Over the summer, the BHCP Leadership team has undertaken the following actions to enable the revised structure to be implemented.

    - All groups review and amend existing terms of reference and include new mandates;
    - Revision of group membership as required;
    - Clear reporting lines to Leadership Team and Partnership Board defined;
    - System roles and responsibilities defined for Executive team and Senior Responsible Officers;
    - Maximise existing groups - Minimise duplication – reduce groups where possible;
    - Clear performance oversight of the Sustainability and Financial Recovery Plan (SFRP)
    - New groups to be set up as agreed.

    Over quarter 3 of 2019/20, the leadership team will embed the new structure and governance framework to enact BHCP work programme.

POPULATION HEALTH UPDATE

11. The following summary of work so far, next steps, the approach and approval of enablers to ensure work progresses were presented and approved at MBHCP leadership on Thursday 1st August:

Work to date

The following key milestones and subsequent developments have occurred so far:

- Between March and May 2019 key stakeholders from the population health strategic group developed the population health model on a page that builds on the Pentagon model and further articulates where the priority work areas are in relation to population health across MBHCP (this can be found at appendix 2). This model provides the over-arching framework and direction of where the work in relation population health will be focused.

- By 1st May 2019 MBHCP population health team / allocated resource was recruited and in place (NB the BI resource is still awaiting allocation).
- By June 2019 a draft population health governance structure to include all interdependent work streams at district, ICP and ICS level was produced in order to provide clarity in order to understand where key lines of work will occur (see appendix 2.1)
- On 4th June 2019 the population health team held an initial away day to begin development of the programme plan using art of hosting as the tool for development. The first draft of the programme plan and the mobilisation plan were produced following this session.
- On 9th July 2019 following earlier developments a refreshed Population Health Strategic Group met and intention and direction was established with robust attendance and buy in from key stakeholders
- On 11th July 2019 the population health team and public health colleagues from Cumbria and Lancashire County Councils and Public Health England held a joint away day using art of hosting as the tool to continue with the development of the plan. The programme plan and mobilisation plan were further developed (see appendix 2.2)
- At the joint away day initial logic modelling and planning took place to inform the deliverables. From this away day further development of the logic modelling occurred and has been worked up into deliverables (see appendix 2.3)
- On 1st August 2019 MBHCP leadership gave approval of the collective population health teams' work so far and responded to the enabling asks in the paper to ensure that this work could progress.

Next Steps

- In September 2019 individual meetings planned with the three District Council colleagues, CVS colleagues and two universities to enable the programme plan to reflect a shared language
- September / October 2019 workshops in each of the three district councils areas to be held with all key stakeholders to include for example PCN's ICC's, District Councils and third sector to further develop the programme plan.
- By October 2019 a Bay wide population health management group will be established to enable better co-ordination of a PHM approach across Morecambe Bay.
- By October 2019 the Prevent and Detect group will be re-established and operational. This group is a key enabler of many of the preventive factors that contribute to and / or are causal to the burden of disease that cross cuts all work programmes.
- By November 2019 a first draft of Population Health Partnership Strategy using all of the work undertaken thus far to inform it
- By November 2019 a final draft of the programme plan to be produced for sign off at BHCP leadership to incorporate all partnership input that clearly articulates where work will be managed.

12. Beyond November 2019 and ongoing it is intended that the programme plan will have a number of project plans that sit beneath it (not necessarily owned by the Population Health Team but joined up across the system) and all of the work / actions articulated in the plan will be managed somewhere within the governance structure with clear lines of accountability to the Population Health strategic Group (PHSG). This will be joined - inform and be informed by relevant work streams across the ICS. The programme plan will be used as the over-arching framework that will direct the business of the PHSG, track progress and hold other work-streams to account in the system for ensuring work is progressing and completed.

INTEGRATED CARE COMMUNITIES / COMMUNITY ENGAGEMENT

13. Within ICCs, there has been about 20% vacancy rate with the patient facing staff which has impacted on activity in recent month. This has now been resolved with all posts either recruited to or being progressed. Achievement against the targets for reduction in Emergency Department (ED) attendances, admissions and bed days are all below target and we have been investigating this. Adjustments have been made for large shifts in population between General Practices in Lancaster, Morecambe and Carnforth. There is a plan to undertake some deep dive work to better understand the impact of Anticipatory Care Planning on informing assessments in ED and for patients who have been admitted and a small task and finish will be formed to design an audit to better inform teams.

14. The ICCs have worked with Cumbria and Lancashire County Councils to bring some of their data regarding Reablement into the BHCP system reporting – moving forward, ICC assessments will include a prompt to refer appropriate individuals or their carers who would benefit from timely intervention to support independence and wellbeing. In addition, ICCs are now adopting a measure of wellbeing (WEMWBS) as a balancing measure.

15. ICCs continue to be an engine for working in partnership with other agencies and communities to support wellbeing. Examples include intergenerational work between a Care Home and Primary School in Carnforth, a Café for people living with Mental Health issues in Millom, start-up of a parkrun in Kirkby Lonsdale, Breath Stars singing in Morecambe and Health Fests in a range of communities.

BH&CP WORKSTREAM UPDATE

16. An overview of the progress of the accelerator workstreams is outlined in table 1.

Table 1: BHCP CLINICAL WORKSTREAM UPDATES

Service area	Key activities
Respiratory	• In autumn 2017, a new approach to caring for patients with respiratory disease was established in North Lancashire and Barrow Town through the development of the Morecambe Bay Respiratory Network (MBRN) and monthly respiratory Multi-Disciplinary Team (MDT) meetings. The network consists of healthcare professionals from primary care, specialist, community and hospital teams. • The focus of the MBRN is to improve the management and care of patients with respiratory conditions by significantly increasing the numbers of respiratory patients that are cared for by their GP and within their communities without needing to see a hospital specialist. The changes made since autumn 2017 have meant fewer patients have needed to come to a hospital outpatient clinic to receive their care. • The MBRN now aims to take its success further by making additional improvements for patients with respiratory conditions in Morecambe Bay during 2019/20. A business case was approved by the Bay Health and Care Partners (BHCP) Leadership Team on 2nd May 2019, and £1 million of funding was granted to make these further improvements. • Throughout 2019/20 the focus for the respiratory service will be to use the available funding to: o Implement additional GP respiratory clinics and integrated MDTs in North Lancashire, Barrow and Millom; o Expand rapid response services in North Lancashire, enabling patients to be seen at their home in order to prevent the need to go to hospital and help patients who have been admitted to hospital to get home more

	quickly; ○ Increase the number of places available on community-based pulmonary rehabilitation programmes in North Lancashire and Furness localities to help patients to better manage their respiratory condition. • The aim of these service changes is to further increase the number of respiratory patients that receive care in the community, and subsequently reduce the need for patients to come to hospital as an outpatient or inpatient.
Integrated Musculo-skeletal (iMSK) / Pain Management	**Integrated Musculoskeletal (iMSK)** • The iMSK service, provided by specialist physiotherapists is well established within Morecambe Bay. Work is ongoing to ensure the service continues to improve. • First Contact Practitioners are now in place in Morecambe, Ulverston and Lancaster, which involves placing physiotherapists directly into GP practices to treat patients who come into the clinic with musculoskeletal problems. Patients with MSK conditions bypass the appointment with a GP, and go straight to get help with a specialist physiotherapist. This model aims to ensure patients are being treated by the most appropriate health care professionals, prevents delays in treatment and make recovery times shorter, as well as freeing up GP appointments and hospital appointments and reducing the need for medication. • A national programme 'Enabling Self-management and Coping with Arthritic Pain through Exercise (ESCAPE) is being tested in Morecambe Bay. Two groups of clinicians have completed the training to date. The next steps are to develop and deliver the programme locally to patients with arthritic pain. • All GP referrals to iMSK and Orthopaedics services are now sent via a Referral Assessment Services (RAS). This single point of access allows referrals to be assessed by an appropriately trained healthcare professional who then directs the referral on to the most appropriate service, reducing delays and ensure patients are seen in the right service. • All iMSK clinics are now on a single IT system (EMIS) that is used across the Bay by all GP practices and Community Services. This enables care and treatments plans to be better managed by healthcare professionals. • In order to monitor and manage patient waiting times in iMSK, Morecambe Bay IT Department are developing tools to monitor 18 week referral to treatment targets through EMIS, which will enable appropriate monitoring when moving between hospital and community based services. • Primary and secondary care services are working close on iMSK, and the iMSK service is scheduled to present to the East and Carnforth Integrated Care Communities, providing an opportunity for GPs and Consultants to talk about key issues, share ideas and service developments. • Discussions are underway to establish a permanent base for the iMSK service at Westmorland General Hospital. **Pain Management** • A number of 'Pain Management' self-management courses for patients with chronic pain have taken place in Heysham and Barrow. These are delivered by a clinical psychologist and a specialist physiotherapist over an 8 week period. The courses have been evaluated and the outcomes are helping to structure future care delivery and inform a business case which is anticipated to be presented to the leadership team in November 2019. • A new internal website is under development for staff to provide essential information on the Pain Management service. This will be followed by the introduction of publically available information on the service.
Frailty	**Community Step-Up/ Step-Down Beds** • A service review of the Community step up and step down units in South Lakes and Furness is being undertaken including: - Abbey View at Furness General Hospital and Langdale North and South situated at the Westmorland General

	Hospital site. To inform this review there will be a staff, patient and public engagement period with agreed engagement activities. This engagement session will run from 2nd September to the 31st October 2019. **Falls Prevention** • A strength & balance video has been filmed and will be published at the end of August 2019. The films aim is to remind older adults to do strength and balance exercises to prevent or reduce risk of falls. It features people from different generations to share the messages that doing these types of exercise from your 40's onwards could prevent falls in the future and that they can be incorporated into family life and are easy to do at home. The video includes messages from the Trusts Geriatricians and Physio and includes recommended exercises from The Chartered Society of Physiotherapists.
Diabetes	**Type 1 Diabetes Services Redesign** The service for Type 1 (insulin dependent) diabetes is being reviewed to ensure patients are receiving best treatment in line with national guidance. The redesign is being co done in participation with patients. The redesign aims at improving access to the services so that patients are seen in the right time, in the right place by the right person. Patients with Type 1 diabetes, who are deemed clinically suitable, are being given the opportunity to access the service when needed through Patient Initiated Follow Up. This is an initiative that allows patients to access follow-up appointments on an as and when required basis rather than on a routine follow-up basis. **Diabetes Foot Care Services Redesign** Patients with diabetes are at risk of complications including foot damage and amputation. To ensure patients with diabetes are receiving adequate foot checks a number of projects are underway including: • Foot checks training sessions which are being provided to all GP practices to ensure early detection and prevention of foot ulcers. • A risk assessment tool has been created to assess the person's current risk of developing a diabetic foot problem or needing an amputation. The tool will be made available to GP practices from September 2019. • Developing an accessible foot surveillance and treatment service in the community delivered by suitably trained and qualified podiatrists working in foot protection teams. • Improving access for acute foot problems to specialist podiatry services within 1 working day. **Structured Education** A local diabetes brand "Your Diabetes Your Way" structured education programme has created and is being tested in collaboration with Health Care Professionals and patients for Lancashire and South Cumbria. Phase 1 of the project is focusing on Type 2 with a view that phase 2 will include more modules covering type 1, Gestational Diabetes and Foot Care. **Diabetes Data Dashboard** A diabetes dashboard is being developed which will allow a view of diabetes across the Bay. It will help GP practices have oversight of patients with diabetes under their practices and help identify patients who may be at risk of developing diabetes complications and to build individual support around them.

Outpatients Programme	Extensive work is underway with all hospital services to ensure that the patient's outpatient journey is managed effectively from referral to discharge. This includes ensuring they are seen by the most appropriate clinician, at the right place, at the right time. There is a comprehensive review planned of the referral process and criteria, ensuring we maximise clinic availability and attendance and appropriately follow up patients when required. **Outpatient Booking Hub** • Currently there are 14 hubs managing referrals, booking appointments and supporting patient administration. The vision is to create a centralised Patient Hub, so that patients have one contact point for Outpatients. We are currently exploring options for how we might do this and expect to present a recommended approach for Executive approval by the end of October 2019. Implementation will take 12-18 months but our aim is to provide a "Best in Class Outpatients Service" to patients in Morecambe Bay. **Outpatient Vision & Pathways** • Engagement with partners and patients will start during Q4 2019 to design the Outpatients of the future. To look also at how technology and systems can support doing things differently, understanding the demographics and needs of our patients and designing pathways that match those needs and are financially sustainable. This will be a 2-5yr project.
Atrial Fibrillation (AF)	• Morecambe Bay Clinical Commissioning Group has signed up to NHS England Atrial Fibrillation Patient Optimisation Demonstrator Programme with the aim to improve the management of people who have been diagnosed with Atrial Fibrillation (AF) by optimising their treatment. Funding was received in April 2019 to fund the external prescribing company, GP time working on the project and cost of drugs for patients. • The project supports primary care to increase rates of anticoagulation (treatment for AF), reduce the backlog of patients with AF who are not receiving optimal treatment, improve health outcomes for patients with AF and reduce health inequalities. • To date 29 GP practices (out of 35) have signed up to the programme; 3 GP practices have declined the offer and 3 GP practices haven't responded yet. • Contract and Information Governance checks have been completed for an external Prescribing company, who will work closely with GP practices on implementing the programme. The external prescribers identify high risk AF patients who are not treated. These patients will be called by their GPs to discuss these recommendations explaining all different options and the risks and benefits of drugs. Patients have the choice to decide whether they would like to receive treatment or not and to agree next steps with their GPs.

BHCP WORKFORCE STRATEGY

17. The initial priorities for People & Organisational Development across the Bay have been identified as:

    - Developing the overarching People & OD Plan (what we want to do linked to the Interim People Plan)
    - Identifying the workforce support required to support the delivery plan (incl. tactical deployment of resource)
    - Developing the BH&CP culture – defining our values, principles and operating plan as an ICP
    - Building clinical leadership and accountability at a system level - clinical champions that are organisationally and personally agnostic
    - Identifying our workforce hotspots and opportunities (fragility, risks, mitigation)
    - Connecting Live Well & Flourish - model employers for H&WB

18. The vision for Bay Health & Care Partners needs to be congruent with the emergent national People & OD strategy as it evolves. The Interim NHS People Plan, published in June 2019, painted a candid picture of the scale and range of the workforce challenges facing the NHS and set out an agenda to tackle the range of workforce challenges inherent in delivering the aspirations in the NHS Long Term Plan.

19. The Interim NHS People Plan has a particular focus on the actions to be taken in 2019/20, whilst the longer-term strategy continues to be developed. As such, it sets out a number of immediate actions that need to be taken by NHS organisations to support its delivery. It is structured into 5 themes:
    - Making the NHS the best place to work
    - Improving our leadership culture
    - Addressing urgent workforce shortages in nursing
    - Delivering 21st century care
    - New operating model for workforce

20. All of these are relevant to the challenges across Bay Health & Care Partners and it will set a framework for individual organisations within Bay Health & Care Partners to work collaboratively to develop and build the workforce of tomorrow, considering alternative workforce models, building upon the workforce and population that we can attract and retain, thinking outside of traditional models and creating new and interesting roles.

21. The Workforce Strategy Group will be meeting on 2nd September to review the current People & OD model workforce strategy and priorities against the Interim NHS People Plan and to agree a workplan into 2020/21.

DIGITAL WORKSTREAM

22. Outlined below is an update on progress of the digital workstreams aligned to BHCP.

- **System Wide Decision Support Tools (Advice & Guidance & Strata)** – An ICS scheme, led by the BHCP Chief Information Officer, has been proposed to help staff and patients better navigate the health and care system by:
  - Deploying the Morecambe Bay Advice and Guidance system across the whole ICS;
  - Developing a referral decision support toolset using Starta;
  - Linking referral management into patient facing solutions e.g. MyGP;
  - Embed referral data into a system-wide flow and capacity dashboard;
  - Enhance transfers of care by improving data flows between health and social care using Strata.

Funding has now been released by the treasury however NHS England have requested additional clarification on the bid that was previously expected to be released in April 2019. Despite this the appointed project manager is continuing to working with other ICP's and with UHMB with regards wider rollout.

- **Integrated Care System Primary Care Exemplars** – Bay Medical Group, Lancaster Medical Practice and East Integrated Care Community have commenced work to implement iPlato patient triage functionality with an objective to digitally signpost patients to appropriate services based on their presenting condition. Work is continuing in-line with agreed plan.

- **Biophysical Data Capture** – work has continued to develop the functionality to allow Health Care Professionals to request and support patients to record personal biophysical data, including Blood Pressure, Oxygen Saturation, Peekflow, etc. within the iPlato MyGP app. This enables remote patient monitoring and the incorporation of patient recorded data into general practice patient record (as appropriate). The remaining issue relating to the transfer of blood pressure readings into EMIS has now been resolved and is currently being tested ahead of making this service more widely available to practices across Morecambe Bay.

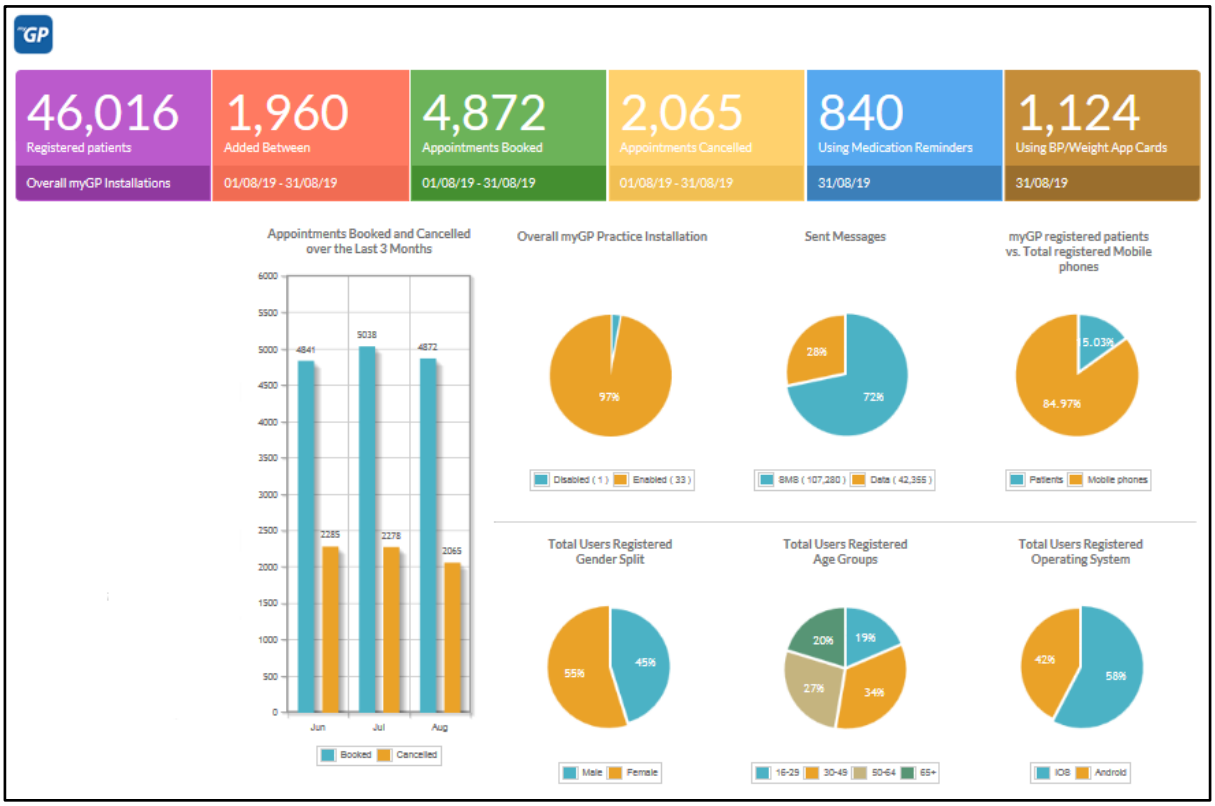
- **GP Practice Record Data Sharing with North West Ambulance Service (NWAS)** – work in Morecambe Bay to help NWAS more effectively triage patients and enhance Paramedic decision making through GP Practice data sharing has now been completed. A positive meeting took place with NWAS on the 18th of July during which opportunities and next steps to increase utilisation of recording sharing opportunities for Morecambe Bay residents were discussed. NWAS has agreed to review their next steps and make some further proposals that take account of recent discussions with Morecambe Bay.

- **Primary Care Streaming** – A project has been initiated to implement a digital solution at the front door of the Emergency Department in Lancaster. Work has restarted to progress the procurement and implementation of this system. The BH&CP CIO and colleagues from the I3 service are providing support as required.

- **Strata Supported by NHSI** – NHSI have awarded UHMB circa £700k of funding to support patient navigation from Ambulatory Care (Phase 1) and a wider implementation of Strata across Morecambe Bay (Phase 2 & 3). The rollout to general practice commenced in September supported by PRIMIS.

- **Citizen Engagement Platform** –Following discovery of some issues relating to the MyGP dashboard, which have now been rectified, the current report shows that 46,016 patients have downloaded the MyGP app, this is an increase of 4,533 since the last update report. Unfortunately the dashboard issues have left some legacy reporting issues which have been obscured from the report below to avoid confusion. Separately the ICS has requested that Morecambe Bay leads a development with iPlato to extend the MyGP app to enable the collection of patient recorded data to reduce avoidable consultations and support early discharge. There is £100k available to facilitate this work which is to be transferred to Morecambe Bay CCG.

Diagram 2: Uptake of MyGP app



- **Digital Strategy** –the draft strategy will be reviewed throughout September ahead of wider circulation and a discussion at the BH&CP Digital Strategy Board in October.

PRIMARY CARE DEVELOPMENT

23. Morecambe Bay's eight Primary Care Networks (PCNs) are now established and have commenced delivery of the National Directed Enhanced Service (DES), including provision of Extended Hours Services for their registered population. This requires PCNs to provide additional clinical sessions (routine appointments including emergency or same day appointments with any healthcare professional) equating to a minimum of 30 minutes per 1,000 registered patients per week. Some practices were already providing this service under previous commissioning arrangements.

24. The DES Extended Hours Service is separate to the CCG-commissioned Extended Access Service which also provides 30 minutes of appointments per 1,000 registered population, per week in the evening and weekends. The latter is provided by the two local GP Out-of-Hours Services.

25. It is proposed that the newly appointed PCN Clinical Director (CD) Engagement Meetings are combined with the pre-existing Integrated Care Community (ICC) Oversight Meetings to support close working and to avoid duplication.

26. CDs are working with the General Practice Provider Alliance (GPPA) to establish how they will input their views into the GPPA and ICP leadership going forwards.

COMMUNICATION AND ENGAGEMENT

27. Outlined below is the communications and engagement work undertaken by BHCP team.

BHCP Summer Newsletter

The BHCP Newsletter summer edition has been published and is included within Appendix 3.

Annual General Meetings (AGMs)

The first NHS Morecambe Bay CCG and University Hospitals of Morecambe Bay NHS FT joint Annual Members Meeting/Annual General Meeting is on Tuesday 17 September at Morecambe Football Club. This is the first time the two organisations have held a joint event.

Media Activity

Alfred Barrow Official Opening

The official opening of the health centre is now planned for the end of October/beginning of November and will be marked with a celebratory event.

The complexity of the project has meant that it is opening later than originally anticipated.

Askam surgery

MBCCG has assured patients that appropriate cover is in place at Askam Surgery. The general practice in south Cumbria is operated by a single GP who is currently not offering patient appointments, however the surgery is open as usual.

Urology

The UHMBT urology service has received continued media coverage, including stories generated by a letter signed by MPs from across the area being sent to the Health Secretary Matt Hancock. The Trust has carried out extensive stakeholder engagement, including meetings with MPs from the Morecambe Bay area, as well as taking advice from national partners over the next steps.

Cumbria Partnership Foundation Trust (CPFT) and Lancashire Care Foundation Trust (LCFT)

CPFT has announced changes to mental health rehabilitation services as part of plans to improve the quality of services. The Acorn Unit, a 16 bed rehabilitation unit for men, will close to admissions while the patients are supported onto a new pathway.

CPFT and LCFT continue to work together to manage communications and engagement relating to the transfer of Mental Health and Learning Disability services and the TUPE of staff from CPFT to LCFT by 1 October 2019.

Special Educational Needs and Disabilities (SEND) improvement communications

A SEND newsletter is to be published, aiming to be the trusted source of authoritative information about SEND in Cumbria and address a perceived lack of information about SEND developments.

The newsletter will inform people about the Written Statement of Action (WSoA) in response to Cumbria's Local Area Special Educational Needs and Disabilities (SEND) Inspection

undertaken by Ofsted and Care Quality Commission in March 2019. The WSoA sets out the actions that will be taken to address the identified areas of concern.

CAMPAIGNS

28. Outlined below are the current media campaigns within UHMBFT.

Did not Attend campaign

The Communications and Engagement team is gathering evidence for persuasive and engaging campaign messages that will highlight the impact of appointments missed across hospitals and general practice. The campaign will be an extension of the War on Waste drive, taking messages with a potential impact on efficiencies and saving to an external audience.

War on Waste Campaign

The War on Waste campaign has continued within UHMBT in an effort to ensure that all staff contribute to the Trust's £22million CIP target. Discussions are now taking place to widen this effort across the BHCP community.