

**AGENDA ITEM NO: 7.0.**

<b>Meeting Title/Date:</b>	Governing Body - 19 March 2019		
<b>Report Title:</b>	Bay Health and Care Partners Update		
<b>Paper Prepared By:</b>	Karen Kyle, System Programme Director - BHCP	<b>Date of Paper:</b>	5 March 2019
<b>Executive Sponsor:</b>	Jerry Hawker	<b>Responsible Manager:</b>	
<b>Committees where Paper Previously Presented:</b>	N/A.		
<b>Background Paper(s):</b>	N/A.		
<b>Summary of Report:</b>	<p>This paper presents an update on key activities for Bay Health and Care Partners workstreams with a focus on:-</p> <ul style="list-style-type: none"> <li>a) BCT 2.0 Strategy Refresh.</li> <li>b) Population Health.</li> <li>c) Integrated Care Communities/Community Engagement.</li> <li>d) Clinical Workstream updates - Accelerator pathways.</li> <li>e) BHCP Workforce Strategy.</li> <li>f) Digital workstream.</li> <li>g) Primary Care Development.</li> <li>h) Communication and Engagement.</li> </ul>		
<b>Recommendation(s):</b>	The Governing Body is asked to note the current update of Bay Health and Care Partners.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b> (Record related Assurance Framework or Risk Register reference number)			
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			

Strategic Objective(s) Supported by this Paper:		Please Select (X)
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities		Y
<b>Better Care</b> - improve individual outcomes, quality and experience of care		Y
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total		Y
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**BAY HEALTH & CARE PARTNERS (BHCP)  
INTEGRATED CARE PARTNERSHIP (ICP)  
UPDATE REPORT**

**March 2019**

**INTRODUCTION**

1. This paper presents an update on key activities for Bay Health and Care Partners workstreams with a focus on:
  - i) BCT 2.0 Strategy Refresh
  - j) Population Health
  - k) Integrated Care Communities/ Community Engagement
  - l) Clinical Workstream updates – Accelerator pathways
  - m) BHCP Workforce Strategy
  - n) Digital workstream
  - o) Primary Care Development
  - p) Communication and Engagement

**EXECUTIVE SUMMARY**

Over the last 2 months, the BHCP work programmes continue to proceed at pace and the report highlights some of the great work in development. In February, the BCT 2.0 strategy refresh work was launched with a full day workshop with over 100 participants from health and social care and BHCP partner organisations. This is in tandem with exciting developments to develop a Bay wide Citizens Panel and engage wider with the local communities. The Morecambe Bay Digital workstream continues to be a key enabler within the Bay, Lancashire and South Cumbria Integrated Care System( ICS) and nationally to enable the staff, patients and local communities to be connected digitally to support health and care services. MBCCG was given approval to become a level 3 commissioner of Primary Care services across Morecambe Bay.

**BCT 2.0 Strategy Refresh**

2. The Better Care Together (BCT) Strategy and clinical model has been the guiding strategy in Morecambe Bay for a number of years now. This has provided the strategic direction to all of our operational and transformation work, as well as providing the framework for our Vanguard proposals and our recent Sustainability and Financial Recovery Planning.

Since the strategy was put together in 2014: much has been achieved with the : development of Integrated Care Communities; integration of services through the transfer of community services into the Bay; development of models and pathways of care in areas like respiratory, frailty and MSK; significantly improving the quality of our service delivery; digital solutions such as video conferencing and use of electronic referral systems has been delivered ; and a real focus on population health is starting to take hold in all of our work.

There is a recognition that there is much more we need to do to achieve our high ambitions. The focus on delivering the triple aim of better health, better care, delivered

sustainably remains. There is continued support for the BCT clinical model across the health and care system and with our patients, communities and stakeholders. However, in the light of the recent publication of the NHS Long Term Strategy, the Leadership team felt it was time to refresh our strategy for the next 5 – 10 years. Similar work is going on for the Lancashire and South Cumbria Integrated Care System and we think our local refresh will help strengthen the ICS strategy and vice versa.

As with the original BCT strategy, the ICP Leadership team want the new strategy to be co-produced with clinicians, staff across health and social care, stakeholders and most importantly our patients and communities. This work will be going on for a number of months with the aim to produce the strategy in late summer.

A successful workshop was held on the 26<sup>th</sup> February 2019 to help us begin to develop our new Strategy. This was supported by over 100 people with representation from health and social care, district and county councils, and community voluntary services. The workshop was facilitated by Dr Jonathan Steele, the GP lead who helped facilitate the development of the original BCT clinical model and Strategy, and helped to bridge the past and the present, link to national developments and provide some constructive external insight into progress against the original Strategy.

The outputs of the day are currently being collated and further updates will be provided as the BCT 2.0 strategy development progresses over the coming months.

## POPULATION HEALTH MANAGEMENT UPDATE

3. Population Health has five key areas across which we will seek to work with the wider system partners.
  - a) **‘Population Health and the Wider Determinants of Health’**, including areas like poverty, housing and Adverse Childhood Experiences. Our involvement in these issues are across the Integrated Care System (ICS) for Lancashire and South Cumbria, health and wellbeing boards and local health and wellbeing partnerships/forums.
  - b) **‘Population Health Management’**.
    - a. As part of the redesign of ‘Better Care Together’ and with oversight from the System Design Authority, many of our key workstreams are going under a review and redesign process. A key part of this involves co-design with people who live with various long-term conditions. The population health team is working with each workstream to ask them for clarity on where they see the priorities for greater prevention of ill health and earlier detection of problems, so that the teams can work more effectively with communities for improved overall health and a reduction in health inequalities. The current areas of focus are: Diabetes, Cardiology, Respiratory, MSK, Mental Health, Cancer and Stroke.
  - c) **‘Workplace Health and Wellbeing’**. One of the team’s key areas of focus is for all the partners recognising their role as ‘Anchor Institutions’. Anchor Institutions are employers who take their own role in creating positive health and wellbeing for their own staff seriously and ensure that the working environment is one that promotes health and wellbeing. They also recognise that they have a role in improving population health by ensuring their staff are paid a living wage and that companies with whom they contract are both local (where possible) and are involved in

prioritising health and wellbeing at work. Workplace health and wellbeing also involves a training scheme which is being rolled out around 'Making Every Contact Count' and 'Patient Activation Measures'. There is a clear plan in place to roll this out over the next 12-24 months.

- d) **'Neighbourhood Health'** - The Communities We Live In and With –Working with the ICCs in North Lancashire and South Cumbria, the aim is to think about the areas of focus in Population Health, according to different geographies and population need. This is undertaken by using local data to help to understand where the teams' energies need to be spent. Overall, a reduction in smoking (both GP federations have now signed up as 'smoke free champions'), healthy weight for all (involving initiatives such as the daily mile in schools NL/100 mile challenge in South Cumbria , park runs and many more) and positive mental health remains key priorities for all ICCs.
- e) **Population Health Engagement.** Following on from the ongoing work with the 'Poverty Truth Commission', the BHCP 'Patient Truth Commission' is to be launched something which will feed well into our quality and safety team and others to improve our service for our local communities. It provides opportunity to be continually learning and we will be working collaboratively with the Communications and Engagement team on this. The very successful 'Art of Hosting' training continues to be rolled out across the Bay, with a further one scheduled for mid-May, in Lancaster, in partnership with the Community Voluntary Sector. One of the key aims is to engage with 3% of our population over the next 3 years around the issues of population health, based on some research from Birmingham University which showed that if you can change the conversation with 3%, you can affect 90% of the population and build a social movement for change.

## **INTEGRATION OF SERVICES/ICC UPDATE**

- 4. ICCs continue to grow and develop and have a planned annual Celebration Event on the 21<sup>st</sup> March which will be an opportunity for wider members of ICCs to network, discuss their work and share innovations.

The annual Operating Framework for ICCs is being drafted, and, in addition to the focus on Frailty, in 2019-20, the plan is to increase the awareness of children and young people. ICCs will review data relating to this group and identify areas of work that merit consideration by their ICC. There is a system imperative to improve care for young people who will make the transition in to adult services; these may be young people with single or complex issues and some ICCs may choose to focus on this with a view to developing pathways that can be adopted across the system.

Barrow and Millom ICC have been nominated to be an accelerator for a Population Health Management project supported by the ICS. The learning from this is to be shared with other ICCs and will look at how data can be used more effectively to help tackle some of the local issues; and in Barrow and Millom the areas of focus will be around mental health and suicide. This work is also part of a wider programme within Lancashire and South Cumbria Integrated Care System with the intention to share the findings more widely.

Considerable work has been done to support Primary Care Networks (PCNs) with delivering on the requirements in the 2018-19 Service Specification. Moving forward, the system will work to provide clarity about how we would like ICCs / PCNs to work in the future to take into account the national expectations and the local development of ICCs to ensure that we maximise the opportunities and benefits.

Work continues to maximise the benefits of integration as a result of the development of the Integrated Service Care Group and the transfer of community services. The work includes:

- Development of consistent practices across Morecambe Bay.
- Implementation of agile working – which is showing initial signs of efficiency improvement.
- Integration and join up of services which have traditionally been provided either across community and secondary care or by different organisations such as musculo-skeletal services, palliative care and diabetes.

## BHCP WORKSTREAM DEVELOPMENT

5. The Programme Management Office continues to support clinical workstreams embedding and delivering effective transformation and change management across the accelerator projects. The accelerators are mostly showing positive delivery of programmes against plan with the exception of the Respiratory pathway which; is still dependent on the production/approval of a business case; which is still in production and due for completion in April.

The Programme Management Office provides assurance on the progress of the accelerator projects, provides transparency and visibility of project progress to the Leadership Team and advice and support to staff across BHCP with regards to running the projects.

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

## ACCELERATOR WORKSTREAMS

Table 1:

Service area	Key activities
Respiratory	<ul style="list-style-type: none"> <li>• Morecambe Bay Respiratory Network (MBRN) established and monthly MDT meetings (ICC teams, specialist colleagues, hospital teams) held within North Lancashire and Barrow Town localities since November 2017; these resulted in a 41% differential in GP referral growth rate from Sep 2017 to Sep 2018 (33% reduction in MBRN practices versus 8% increase in non-MBRN practices).</li> <li>• Lancaster, Morecambe and Carnforth practices have implemented in-house respiratory clinics, providing a much higher level of care to the whole ICC population as well as clearer support pathways for ICC teams.</li> <li>• BI data dashboard live</li> <li>• Standardised EMIS templates being rolled-out.</li> <li>• Business case in development to consider roll out of MDT approach to ICCs in South Cumbria, with the aim of achieving a 60% reduction in GP referrals to outpatients (first and follow-up) by 2022/23 (33% in 19/20) against 17/18 baseline; and expansion of rapid response services and pulmonary rehabilitation with the aim of achieving a 50% reduction in the selected cohort of non-elective admissions by 2022/23 (15% in 19/20) against 17/18 baseline. Target clinical</li> </ul>

	<p>conditions and patient cohorts: COPD, Asthma, Bronchiectasis, IPF/ILD, plus exacerbations of the above conditions presenting as pneumonia/LRTI.</p>
iMSK / Pain Management	<p>iMSK:</p> <ul style="list-style-type: none"> <li>• iMSK service is fully staffed and is currently behind schedule to deliver target due to operational issues and not having a permanent base for the service.</li> <li>• Baywide iMSK service is moving onto a single IT system (EMIS) to reduce operational complexities.</li> <li>• eRS Referral Assessment Service (RAS) has been tested allowing for electronic referral and triage to be carried out. A phased implementation approach is now being proposed between April and June.</li> <li>• Pilots for First Contact Practitioners are underway in Morecambe (BMG), Ulverston and Carnforth. Results show that FCPs are having a significant impact on reducing the number of patients referred into Secondary Care.</li> <li>• A new pathway is being developed for Upper Limb Pain Management:</li> <li>• Pain Management pilots are underway in Heysham and Barrow assessing alternative methods of care for patients with Spinal, Joint and other forms of pain. This is being led by a Consultant Psychologist supported by Physiotherapists with an interest in pain.</li> <li>• 100 patient questionnaires have been sent out to existing patients to support PDSA work on triaging patients and onward signposting.</li> <li>• Outcomes and recommendations arising from the pilot will be presented in Q2 2019.</li> <li>• Draft Morecambe Bay Lower Back Pain and Radicular Pain Pathway produced and is awaiting sign off by stakeholders.</li> </ul>
Frailty	<p>Falls &amp; Fracture Neck of Femur</p> <ul style="list-style-type: none"> <li>• Christmas falls awareness campaign delivered via social media, achieving over 8,900 views and 25,853 people reached.</li> <li>• Working group set up with relevant clinical representatives to scope pain projects at RLI.</li> <li>• Due to staffing capacity and mechanical issues within the DEXA service the Fracture Liaison pilot start date has been delayed beyond its revised start date of 7/1/19 resulting in late delivery of a key project milestone. The Project Manager is currently liaising with ADOP and Clinical Service Manager for Medicine to identify a revised pilot start date, to include an escalation/ pause process in case of significant pressures on DEXA service as a result of pilot numbers and review period.</li> </ul> <p>Care Homes</p> <ul style="list-style-type: none"> <li>• Clinical Model agreed for service. KPIs and targets to be established by 1.4.19.</li> <li>• Phased implementation due to start 1.4.19</li> </ul>

Diabetes	<ul style="list-style-type: none"> <li>• A diabetes clinical model for Morecambe Bay has been agreed through a number of engagement workshops with clinical specialists from the specialist diabetes service in the acute and community services, primary care and service users.</li> <li>• Staff consultation on the new model took place in January 2019. Diabetes clinical teams across Morecambe Bay were invited to the session including Consultants, Diabetes Specialist Nurses, Inpatient Nurses and Dietitians.</li> <li>• The Model will be implemented through a number of working groups which are currently being established with representation from Primary Care, Community teams and acute hospital. The working groups to focus on: <ol style="list-style-type: none"> <li>1) Improving the pathways for type 1 and type 2 diabetes</li> <li>2) Foot Care pathways redesign</li> <li>3) Ensuring appropriate lifestyle modification options are available for patients with pre-diabetes and diagnosed diabetes</li> <li>4) Improve self- management of diabetes through building skills and expertise in the patient population</li> </ol> </li> <li>• Patient Initiated Follow Up (PIFU) is on track for implementation on 30<sup>th</sup> April where patients who are managing their diabetes well and are stable will not be brought back to unnecessary appointments but will have direct access to the specialist services should problems arise.</li> </ul>
Outpatients	<ul style="list-style-type: none"> <li>• Steering Group established.</li> <li>• Draft governance and terms of reference developed.</li> <li>• Workstreams being established</li> <li>• Detailed plans to be developed to achieve a reduction of 13,718.</li> <li>• Steering Group to oversee and monitor all Outpatient reductions.</li> <li>• YTD Outpatient First Attendances plan was 127,647 actual was almost on plan at 126,992.</li> <li>• YTD Outpatient Follow Ups plan was 284,366 actual was 292,411, slightly over plan</li> </ul>

## BHCP WORKFORCE STRATEGY

6. The key priorities for workforce across the Bay were initially identified as:

### a) Understanding the Workforce

Developing a single, robust and accurate profile of the healthcare workforce deployed across the Bay footprint, with workforce planning and modernisation priorities (and associated resources) identified.

#### b) **Delivering a Sustainable Workforce**

Addressing workforce gaps across the system, developing short, medium and long-term actions to address these, overseeing delivery of the workforce transformation plan is a key focus for the Workforce Steering Group.

Both of these priorities have been achieved through a series of workshops with partners across the Bay – these have identified the following areas for workforce collaboration across Morecambe Bay:

- Maximising International Recruitment
- Apprenticeships
- Skills Development
- Targeted development/introduction of new roles
- Targeted focus on Primary Care to maximise both supply and modernization

Workstreams have been established for each of these programmes with key first year deliverables identified for each.

The development of a single model of care delivery across the Bay will support large scale service re-design enabling the development of new models of working across an integrated Health and Social care work force. The NHS Transformation Unit has been commissioned to support Bay Health & Care Partners in this work and a scoping meeting is being held on 28<sup>th</sup> February – this will focus on developing the workforce model for Integrated Care Communities.

## **DIGITAL WORKSTREAM**

7. The Digital Workstream encompasses many strands to support delivery of an integrated network for BHCP which are outlined below.

- **System Wide Decision Support Tools (Advice & Guidance & Strata)** – An ICS scheme, led by the BHCP Chief Information Officer (CIO), 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 Strata;
  - 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.

The scheme has been notionally assigned £600k of funding subject to business case approval by NHS England. Update - the business case has now been approved by NHS England and the funding is expected to be released in April 2019.

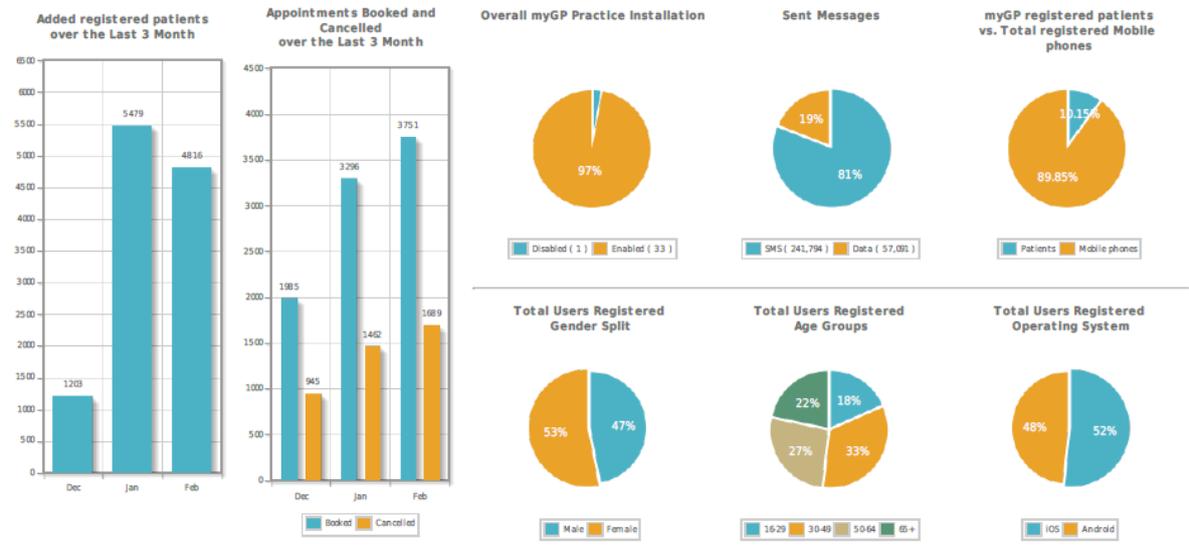
- **Integrated Care System Primary Care Exemplars** – Bay Medical Group, Lancaster Medical Practice and East Integrated Care Community have commenced work to implement iPlato patient triage functionality with an objective to digitally signpost patients

to appropriate services based on their presenting condition and work is continuing in-line with agreed plan.

- **Biophysical Data Capture** – work has commenced to develop the capability to record personal biophysical data that will enable the calculation of a Modified Early Warning Score (MEWS) within the iPlato MyGP app to help remotely assess the degree of illness of patients in care homes. The software was released for pilot testing on the 25<sup>th</sup> February 2019.
- **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, however we are continuing to support and encourage NWAS utilisation to fully understand the impact and benefits. The three Rapid Response Vehicles covering Barrow, Kendal and Lancaster are all now equipped with laptops with access to Morecambe Bay primary care records. Work is continuing with NWAS to understand the impact access to these records has on outcomes and to further expand utilisation.
- **Primary Care Streaming** – A project has been initiated to implement a digital solution at the front door of the Emergency Department in Lancaster. The proposed system (eConsult) uses structured questions and a set of clinical algorithms to triage walk-in patients and stream them to ED and GP led services as appropriate. There is a critical dependency on the integration between eConsult and the Lorenzo EPR, work is ongoing to assess, test and potentially develop new integration capability between the two systems. Further commitment to, and progress with, this project will be considered following the integration work.
- **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). Phase 1 must be live by the 24<sup>th</sup> of December with an intention for at least one, possibly more, Strata pathways being live and operational. A potential use case will be to facilitate work in Community Services to reduce avoidable admissions of the Frail Elderly this winter. Following Phase 1 go-live on the 20<sup>th</sup> of December of the Strata Pathways Frail Elderly form in the Emergency Department in the Royal Lancaster Infirmary feedback has been positive. The usage and outcomes of the new form will be presented in due to course to understand the impact and opportunities for improvement. A detailed assessment of Strata utilisation across Morecambe Bay has been undertaken and this will be used to develop plans for a systematic implementation of Strata throughout 2019/20 and 2020/21.
- **Citizen Engagement Platform** – the iPlato product has been deployed to all but 2 small practices covering approximately 99% of the population of Morecambe Bay. See current utilisation metrics below. A further 10,420 patients have now downloaded the myGP app since the last update report. The next software release, will facilitate access to GP records, when this is available all practices will be encouraged to contact all existing patients using Patient Access, Evergreen, etc. to switch to using MyGP. At the same time all health and care staff resident in Morecambe Bay will be invited to download and use the MyGP app and to encourage their friends and family to do likewise. A strategic meeting took place on the 10<sup>th</sup> of January with the iPlato Chief Executive during which a wide range of future developments and opportunities were discussed.

**Table 2: iPlato Utilisation Metrics**

<b>28,406</b> Registered patients Overall myGP Installations	<b>10,420</b> Added Between 01/01/19 - 01/03/19	<b>7,180</b> Appointments Booked 01/01/19 - 01/03/19	<b>3,199</b> Appointments Cancelled 01/01/19 - 01/03/19	<b>527</b> Using Medication Reminders 01/03/19	<b>1,056</b> Using BP/Weight App Cards 01/03/19
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- **Digital Strategy** – the work to develop a high level digital strategy in-line with the national ‘digital placemat’ format of Empower the Person, Support the Clinician, Integrate Services, Manage the System Effectively, Create the Future and Live Services & Infrastructure is ongoing.
- **Digital Offer Update** – An update on the Digital Offer was presented to the BHCP Leadership Group on the 31st of January outlining how digital technology can help support transformation by focussing small dedicated teams on well-defined problems.

**PRIMARY CARE DEVELOPMENT**

8. Confirmation has been received from NHS England that Morecambe Bay CCG has been approved to become Level 3 Commissioners of Delegated Primary Medical Services from 1<sup>st</sup> April 2019. This will require the CCG to deliver upon additional functions relating to the management of General Practice contracts. With agreement from the CCG Membership council appropriate changes have been made to the CCG constitution including terms of reference for the new Primary Care committee, which includes wider membership and representation, than the existing Primary care co-commissioning committee. Additionally the CCG primary care staffing structure has been reviewed and amended to ensure that the extended functions can be delivered.

The Primary Care Strategy Development Group has been giving consideration to the nationally published NHS Long Term Plan along with the recently published 5 year GP

Core Contract and associated Primary Care Network Directed Enhanced Service (DES). These nationally produced documents will impact upon Primary Care services in the short, medium and long term and will need to be considered carefully when developing the local Primary Care Strategy for Morecambe Bay. The documents reconfirm a strong strategic focus upon Primary Care nationally and provide additional funding for General Practice including commitment in relation to increased Primary Care workforce from 2019/20. The national documents align with the local vision for Better Care Together delivery with Integrated Care Communities/PCNs delivering integrated and holistic care to patients within defined communities.

Local Commissioning Intentions for Primary Care in 2019/20 have been developed and will be presented to CCG Governing Body in March 2019.

## **COMMUNICATION AND ENGAGEMENT**

9. Currently Morecambe Bay Clinical Commissioning Group and the University Hospitals Morecambe Bay FT have been resourced to meet organisational needs but since the cessation of Vanguard funding that supported a BHCP resource, the CCG and UHMB do not have the full capacity or capabilities to support the required communication, engagement and consultation across BHCPs.

In December 2018, a proposal was presented to the Leadership Team and accepted to integrate the communication and engagement activities of both organisations by 1 April 2019. This approval was predicated on a second paper being presented which would outline a proposed Governance structure to enable the two parties (provider & Commissioner) to meet their statutory duties in respect of involvement and engagement, together with an accompanying structure. This second paper was presented but not approved due to the additional investment required to deliver such a large scale programme of work.

It has now been decided that a revised part two proposal will be prepared by the end of March 2019 with executive sponsorship from the Trusts CEO. A number of key areas of concentration have been agreed for this second paper:

- To be delivered within existing budgets;
- To look at how to 'turn on' consultation 'expenditure' as needed, rather than holding the costs permanently;
- Create a single team structure with defined senior leadership;
- Governance structure to be simplified to include a single 'committee' for Communications and Engagement, which has a clear line of sight to the Leadership team;
- Propose how it will become a true system approach, rather than just the CCG & UHMBT;
- Reach an agreement with the CSU on the approach (a substantial number of the CCG team are employed via the CSU).

Through the establishment of a clear governance structure for communication and engagement we will ensure alignment of a communication and engagement approach to support change or transformation across all levels of the system i.e. neighbourhood level ICCs, localities, ICP wide, and support ICS wide work. At the same time it will ensure that system partners are able to meet their legal duties around engagement and consultation and minimise the risk to the CCG who will continue to hold the legal responsibility for the ICP within the governance structure.

**Citizens Panel:**

The Bay Health and Care Partners Assembly (Citizens Panel is being created, with the aim of building on the existing public contacts. Creating a willing coalition to work with us, truly representing all the communities we serve. This was first discussed with BHCP Leaders in May 2016; with the intention of creating a single approach across Morecambe Bay. The development of the Citizens Panel has gained greater focus with the development of the BCT 2.0 Strategy refresh work and the requirement to work in close partnership with our communities. The assembly will also develop and embed neighbourhood 'ambassadors/champions'.

This work is now underway with UHMB inviting its 6,000 public members to become involved.