

AGENDA ITEM NO: 7.0.

Meeting Title/Date:	Governing Body - 17 March 2020		
Report Title:	Bay Health and Care Partners Update Report		
Paper Prepared By:	Karen Kyle System Programme Director BHCP	Date of Paper:	2 March 2020
Executive Sponsor:	Jerry Hawker	Responsible Manager:	
Committees where Paper Previously Presented:	N/A.		
Background Paper(s):	N/A.		
Summary of Report:	<p>This paper presents an update on key activities for Bay Health and Care Partners (BH&CP) workstreams with a focus on:-</p> <ul style="list-style-type: none"> a) BHCP Planning for 2020/21. b) Better Care Together Strategy 2 progress update. c) BHCP System Leaders Workshop February 20 2020. d) BHCP Transformation programmes for 2020/21. e) Clinical Workstream updates 2019/20. f) Integrated Care Communities/ Community Engagement. g) Primary Care Networks. h) Population Health Management update. i) Digital workstream. j) 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		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
Please Contact:	Karen Kyle System Programme Director	

BAY HEALTH & CARE PARTNERS UPDATE REPORT MARCH 2020

INTRODUCTION

1. This report presents an update on key activities for Bay Health and Care Partners (BHCP) workstreams with a focus on:
 - k) BHCP Planning for 2020/21
 - l) Better Care Together Strategy 2 progress update
 - m) BHCP System Leaders Workshop February 20th 2020
 - n) BHCP Transformation programmes for 2020/21
 - o) Clinical Workstream updates 2019/20
 - p) Integrated Care Communities/ Community Engagement
 - q) Primary Care Networks
 - r) Population Health Management update
 - s) Digital workstream
 - t) Communication and Engagement

EXECUTIVE SUMMARY

1. As we progress towards 2020/21, work continues with the ICS and all our partners in BHCP to align and finalise the BHCP plans with the national planning guidance and the Better Care Together Strategy, as outlined within the report. The Leadership Team has agreed to focus dedicated resource on four Transformation programmes from April 2020 to enable teams to deliver change at increased pace but with a dedicated resource to facilitate change. The Population Health team has delivered population health district priority planning workshops in Lancaster and Morecambe, and South Lakeland districts in order to co produce the priority areas in relation to population health approaches, and these will be focused on the needs of the differing geographies. The Barrow district workshop is planned for April. The Integrated Care Communities are in the process of developing their Core Operating Framework with Primary Care Networks and the Population Health Management team to ensure there is alignment of priorities, workforce and service developments.

2020/21 PLANNING

2. The NHS Planning guidance was issued by NHS England and NHS Improvement on 31st January. The guidance makes clear that the basis for the 2020/21 organisational planning round has been set through the production of the five-year system plans produced following the publication of the NHS Long Term Plan in 2019. Organisational plans are expected to reflect the system plans that were submitted in November 2019 and January 2020. In 2020/21 this means the NHS is planning to:

- improve Urgent and Emergency Care (UEC) performance; stabilise and reduce waiting lists for elective care and eradicate waits of 52 weeks or more; improve cancer operational standards including the 62 day standard and ensuring that at least 70% of people receive a cancer diagnosis within 28 days.
 - expand primary and community services, for example, by increasing the primary care workforce through the additional roles in Primary Care Networks (such as first contact practitioners and social prescribers) and implementing the GP contract changes
 - continue to transform the way we provide care by working within systems including both NHS and wider partners to take a far more proactive approach on the prevention of ill-health, including through expansions to smoking cessation, alcohol care and diabetes prevention services
 - meet the Mental Health Investment Standard which will fund the service improvements set out in the mental health implementation plan, such as increasing community mental health services
 - continuing to improve outcomes and care for people of all ages with a learning disability or autism and delivering against the commitments to reduce the number of adults and children receiving care in an inpatient setting
 - begin to implement the forthcoming People Plan, and in particular within 2020/21 focus on increasing the number of nurses working in the NHS through improved retention and expansion of international recruitment
 - live within agreed financial trajectories through both transformation and by delivering productivity and efficiency improvements (using programmes such as RightCare, Model Hospital and Getting it Right First Time (GIRFT) to reduce unwarranted variation).
3. One key element of the planning guidance is the embedding and strengthening of the governance of our systems as we move to a 'system by default' operational model and prepare all systems to become an Integrated Care System (ICS) by April 2021. In our case, this means continuing to develop the Lancashire and South Cumbria Integrated Care System as well as the Morecambe Bay Integrated Care partnership.
4. As well as delivering the national planning guidance, in Morecambe Bay we will also be starting to deliver the priorities in the Better Care Together Strategy (see below) such as population health, Integrated care Communities and long term conditions.
- Key deadlines include:
- 5th March: First submission of draft operational plans and system-led narrative plans
 - 27th March: Deadline for 2020/21 contract signature
 - 29th April: Final submission of draft operational plans and system-led narrative plans

BETTER CARE TOGETHER 2.0

5. Bay Health and Care Partners (BHCP) have been refreshing the Better Care Together Strategy (BCT) over the last few months. The original BCT Strategy is 5 years old and it was time for a refresh. In addition, the NHS Long Term Plan required the Lancashire and South Cumbria system to produce a plan showing how we will deliver on national commitments. So it made sense to bring these two processes together: using the BCT refresh to support the ICS Strategy development (and vice versa).
6. The draft BCT Strategy was agreed by the BHCP Programme Board in November for further engagement with partners prior to a final approval in March. The Strategy sets out: how we have developed the work, including engagement with the public; highlights from our needs

assessment and case for change; our key priorities for the next five years; a strategic view of what care will look like in areas such as mental health, urgent care, for ICCs and community services etc.; and the impact on our finance and enablers such as workforce.

The 5 key priorities set out in the Strategy are:

- Taking more action on prevention and health inequalities through a 'population health' approach
- Further strengthen the sustainability of general practice and provide improved care through Integrated care communities and new Primary Care Networks
- Deliver care that will prioritise real improvements in mental health, cancer, emergency care and planned care and meet national standards
- Improve financial and clinical sustainability alongside the quality of service delivery
- Develop and deliver more integrated care at three levels: Lancashire and South Cumbria Integrated Care System; Morecambe Bay Integrated Care Partnership; and Integrated Care Communities and Primary Care Networks

7. Engagement work is currently underway, in conjunction with ICS Strategy engagement, including with Cumbria and Lancashire Health and Wellbeing Boards and Scrutiny Committees. Following this a revised Strategy will be produced for approval in March by organisational Boards and the BHCP Partnership Board. Alongside this, a Plain English summary version is being produced as well as a delivery plan (which will also connect with operational planning for 2020/21).

BHCP SYSTEM LEADERS WORKSHOP

8. A follow up workshop to the Morecambe Bay Integrated Care Partnership System workshop on 31st October was held on 20th February. This session built on the learning from the first workshop and aimed to gain an understanding of key issues, barriers all partners face when working within the ICP. The session encouraged leaders to work together to move the ICP forward and develop practical steps on our journey on delivering the aims and ambitions for the people of Morecambe Bay. The workshop focused on:

- A shared understanding of what it means for all partners to work in an Integrated Care Partnership and move forward collaboratively in line with national planning guidance;
- how the partnership practically makes this change happen in such a manner that delivers improved outcomes, speedier care, better health and financial sustainability.

9. The session explored different viewpoints and considerations of the future from all partners and included presentations from the GP Provider Alliance and Lancashire County Council as part of the workshop. From a primary care perspective, it enabled practices to consolidate their views on the future of integration and other wider considerations; one highlight was that over 80% of Primary Care respondents supported the concept of further integration of Health and Social Care.

Further updates will be shared as this programme develops throughout the year.

BHCP 4 TRANSFORMATIONAL PROGRAMMES for 2020/21

10. At the Leadership meeting held in December 2019, the BHCP Leadership team agreed that there was a need to focus attention jointly across the ICP on a smaller number of more tangible and targeted goals that would genuinely transform the services we provide as a hospital, commissioner, community, GP or social care provider. A critical point of learning from our current approach is that by adding complex programmes of work onto current workloads of

colleagues that are already challenged by day to day operational challenges does not give us the speed of response that we need. It is proposed that small, dedicated and focussed teams are created to drive this smaller number of targeted schemes.

11. The areas that were agreed to develop further were as follows:
 - Fundamentally transforming Outpatients, at a faster pace than has been achieved thus far
 - Theatres Optimisation
 - Long Term Conditions
 - Reshaping Inpatient Care to release Medical Unit 2, on the RLI site.
12. The identified Executive leads are currently developing the programmes of work and defining the resources required to enable the transformation programmes to commence in April 2020. A robust transformation programme infrastructure is critical to ensure oversight and assurance on delivery; therefore, the current governance structure will be reviewed to ensure this supports the transformational work programmes.

CLINICAL WORKSTREAM UPDATES 2019/20

Atrial Fibrillation (AF) programme has proved a great success

13. There are 2023 people across Morecambe Bay who are at high risk of AF and not currently receiving anti-coagulation, greatly increasing their chances of having a stroke. This has resulted in these patients having their treatment re-reviewed and 480 patients are put onto an anticoagulation (blood-thinning) treatment plan to help manage their condition. Successful implementation of the programme would potentially lead to 60 lesser strokes at local hospitals.
14. AF is a heart condition that causes an irregular and often abnormally fast heart rate and those with the condition are five times more likely to suffer a stroke. The cost to the NHS for a patient for around five years following a stroke equates to approximately £46,039 and £22,439 in the first year when including the costs of social care. In contrast, the cost of treating a patient with AF with anticoagulants is on average under £500 per patient per year.
15. Morecambe Bay Clinical Commissioning Group is one of 21 CCG's who adopted the NHS England and NHS Improvement (NHS E&I) AF Patient Optimisation Demonstrator Programme. To date, the following three stages have been completed in Morecambe Bay as part of the Stroke workstream:
 - Pharmacists identifying high-risk AF patients and reviewing their clinical notes and completing medical recommendations
 - Pharmacists and GPs undertaking a clinical session in order to review all the medical recommendations and agreeing on a management plan
 - GPs working with these patients to implement management plans and addressing educational gaps

Other successes of the programme include:

- 94% of Morecambe Bay GP practices adopting the programme compared to the NHS E&I reviewed target of 85% within the agreed time frame. GP practices that did not take part in the programme are already performing well against the national standards.
 - 100% (2039 high-risk AF patients) have been audited and sessions with 32 GP practices have taken place
 - 100% of virtual clinics (Pharmacists and GP sessions) have been completed and management plans agreed
 - Number of high-risk AF patients on treatment has increased by 594

- Positive call with NHS England on 28th Jan and acknowledgment of Morecambe Bay delivery success.
- Detection of AF using mobile ECG Kardia devices • Delivery of Kardia training sessions and devices hand out to 31 GP practices - 3 practices still outstanding

16. Next steps for the programme are to re-audit patients. Look out for an update on the programme in a future edition of the BHCP newsletter.

Service area	Key activities
Respiratory	<ul style="list-style-type: none"> • 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. • During 2019/20, the team has been working to: extend the MDTs and respiratory clinics to additional GP practices in Barrow and Millom; increase the provision of Pulmonary Rehabilitation in North Lancashire and Furness; and introduce an innovative new integrated pathway of care in North Lancashire. • The ultimate aim 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. • The long-term vision is for all elements of the integrated MBRN model to be implemented across all localities within Morecambe Bay, subject to appropriate investment.
iMSK	<ul style="list-style-type: none"> • Recruitment commenced in January 2020 to staff the roll out of the Referral Assessment Service (RAS) II for 1.5 WTE Band 8a Extended Scope Physiotherapist and 1 WTE Band 5 Assistant Service Manager. Interviews completed for Band 8a posts, Band 5 interview date set for 2nd March. • Escape Pain cohorts established in Furness and Carnforth. • Ongoing work carried out to evaluate progress on shared decision making initiative. • Service specification for the IMSK service at UHMB has now been agreed. To be implemented from 1st April 2020.
Pain Management	A Pain Management Workshop was held in Moor Lane Mills, Lancaster on 8 th January 2020 to carry out a refresh of the

	<p>project. This event was found to be very valuable allowing for cross organisational discussions in order to identify the next steps which were agreed as follows:</p> <ul style="list-style-type: none"> • Implementation of a Single Point of Access via the iMSK service • Implementation of a Community Pain Management Programme • A clear Primary Care Network Offer • Support from the Digital Agenda • Workforce scoping to identify skill mix to ensure we have the right resource in the right place. <p>The project is now on hold until Bay Health & Care Partnership organisational leads agree the scope and resourcing of future project work.</p>
Frailty	<p>Community Beds:</p> <ul style="list-style-type: none"> • Options paper progressed through following meetings for comment - <ul style="list-style-type: none"> ○ Initial review - Frailty Steering Group – 7th January 2020 ○ University Hospitals of Morecambe Bay Executive Directors Group - 14th January 2020 ○ Morecambe Bay Clinical Commissioning Group Executive Committee – 11th February. <p>Falls Prevention:</p> <ul style="list-style-type: none"> • Community Physio team met with Life Leisure in Barrow to explore potential link with Otago programmes and opportunities for onward referral. • Falls Prevention programme initiated in Carnforth on 16th January • Ongoing planning for Otago pilot in Barrow. Pilot starts on 4th March 2020.
Diabetes	<p>The work continues to redesign and improve the diabetes foot care pathways. A new foot assessment template has been designed to be used in GP practices to assist the identification of patients of medium to high risk of developing foot disease which significantly impact patients' quality of life. The new template will be used by GPs around Morecambe Bay from 1st April 2020. A second wave of training to Primary Care colleagues on foot examination is also being arranged for March and April 2020 in Lancaster, Kendal and South Lakes and Barrow in Furness.</p> <p>Work is underway to redesign the type 2 diabetes pathways. A workshop took place on 27th February with representation from Diabetes Specialists, Primary and Community Care. The group worked on the building blocks of a new integrated type 2 diabetes pathway following a Population Health approach.</p>
Outpatients Programme	<p>The work on aligning capacity and demand in Outpatients continues with a number of changes now implemented. Early indications show improvements in waiting times for new patients and this will continue to be monitored as other services make changes to their capacity.</p> <p>There is a continued focus on reducing face to face follow ups, where appropriate, and the current forecast is a shortfall of 3% versus the target. In addition, work is continuing with</p>

	<p>Service Managers to encourage the increased use of PIFU. Patient Initiated Follow Up, as an alternative to regular follow up appointments.</p> <p>Mapping of Clinical Pathways is well underway, initial pathways for the first four Services; Ophthalmology, Dermatology, ENT & Gynaecology are expected to be completed by end March 2020.</p>
--	---

INTEGRATED CARE COMMUNITIES (ICCs) / COMMUNITY ENGAGEMENT

Integrated Care Communities

17. The Core Operating Framework (COF) is being developed for 2020-22. ICC teams are working closely with Primary Care Networks (PCNs) and the Population Health Management (PHM) teams to ensure that there is ongoing alignment of priorities, workforce, service development and reporting agendas. The focus of the work in ICCs in the coming year will be consolidation and evaluation.
18. ICCs are now established as the place where integration happens on the ground. ICC staff continue to mobilise and participate in multi-agency neighbourhood working to identify common priorities in each place. Increasingly, these are strategic partnerships with key stakeholders including VCOs, district councils, education and housing - recognising the impact of the wider social determinants the health and wellbeing of people in across the Bay. We have a number of work programmes in train through these partnerships including a neighbourhood model to include children's services; ICCs have been working in partnership with colleagues in children's social care services to align our service delivery and how the services connect to the care community model.
19. Each of the ICCs are reviewing and refreshing their plans and these will reflect system and local priorities as we come to an increasing understanding of the demographics and are informed by specific intelligence, data sources, engagement with local stakeholders and residents.
20. The annual all ICC meeting was held on 5th March with a wide range of partners participated giving all ICCs and opportunity to share learning.

Audit of ICC Care Planning utility at hospital presentation (unscheduled)

21. The number of A&E attendances with a care plan in place has increased fairly steadily towards the end of January 2020. Results of the care plan audit during December 2019 undertaken with older people that attended A&E suggest that the presence of the ICC care plan did not alter the outcome of care when the patient attended and that the vast majority of the patients attended via ambulance.
22. A wider analysis of the Manchester Triage Score of all attendances indicates that most of the attendances with a care plan are given a more urgent triage categorisation than those people attending without a care plan. Further work is required to understand the "attendance thresholds" of people with care plans who attend A&E.

Review of Podiatry Service

23. Engagement regarding possible podiatry service change has commenced. In order to introduce a Diabetic Foot Pathway: people with no or low podiatric or medical need will be directed to non-NHS providers. The engagement will run until the end of March 2020.

Integrated Community Stroke Team

24. The Clinical Service Manager post has been appointed to and all other posts are now ready to be advertised. Work is on-going on development of operating process, key performance indicators and readiness for operational delivery.

POPULATION HEALTH UPDATE

Population Health District Planning Events

25. Population Health team has delivered two out of three Population Health District Priority Planning workshops with key stakeholders from the system in Lancaster & Morecambe District & South Lakeland District. Barrow's workshop is scheduled for April 2020. The purpose of the workshops is to work with each of the districts in order to co-produce the priority areas in relation to population health approaches captured on the plan. These will be focused on the needs of each of the differing geographies. Once all the workshops have been held the actions will be captured on the programme plan for each area.

Morecambe Bay Population Health Collaborative Neighbourhood Resource Workshop Planning Meeting

26. On 25th February 2020, the Population Health Team led a meeting with the managers and leaders in the system to explore the wide range of roles in different organisations which are responsible for supporting both patients and communities across Morecambe Bay. These roles and organisations include, but are not exclusive to the following:

- PCN Leads, Social Prescribers and Health Coaches (PCNs)
- ICC Development Leads (ICCs)
- Care Co-ordinators, Care Navigators and Case Managers (ICCs)
- Living Well (in Bentham and Ingleton) (North Yorkshire County Council)
- Health and Wellbeing Coaches (HAWCs) (in South Cumbria) (Cumbria County Council)
- Lancaster Community Connectors (Lancaster City Council)
- Eden Project
- Police (in Cumbria and Lancashire)
- Fire and Rescue Service (in Cumbria and Lancashire)
- Lancaster District CVS
- Cumbria CVS
- Community Development Officers (in South Cumbria) (Cumbria County Council)
- Community Engagement Officers (in North Lancashire) (Lancashire County Council)

27. Following feedback from a range of partners many organisations and subsequently the workforce are confused and unaware of the existence and purpose of all of the collective resource within their locality and/or may not fully understand the responsibilities of other roles. This could result in a similar workforce working with the same population, doing similar things with a different organisational perspective, thus duplicating effort. This is a potential missed opportunity for closer collaboration, partnership working and the delivery of a place-based approach within their local areas.

28. The aim of the meeting was to have an initial strategic conversation with managers and leaders of the roles in the system, about all of the work undertaken by the above roles; how these groups can collaborate more effectively within their neighbourhoods and to discuss and plan a joined up approach going forward. The initial meeting focused on the following:

- Behaviours to support partnership working;

- The need to be more organisationally agnostic and to focus on the needs of the local population;
 - What are the roles and responsibilities of different groups of staff;
 - Where are these staff located; and
 - How can these staff work together more collaboratively across organisational boundaries to improve the health and wellbeing of the local population.
29. The planning from this meeting will inform workshops in each of the three districts that will be held with the entire community workforce to inform place-based discussions between groups of staff to develop more efficient ways of working together.

Diabetes Review of structured Education

30. A full review of Diabetes Structured Education across Morecambe Bay is now complete. Recommendations were agreed by the Diabetes Implementation Group (DIG) in January 2020. The next step is to present the recommendations to the MBCCG Executive group for approval in March 2020. The effective delivery of education messages for people living with pre-diabetes and type 1 & 2 diabetes is key to ensure the prevention of pre-diabetic status and type 2 diabetes and the effective management of all diabetes conditions to prevent diabetes related morbidities and early mortality.

Behaviour Change Pathway Mapping

31. The team is working with public health colleagues and the wider system to map and develop behaviour change pathways across Morecambe Bay to include smoking, weight management and drugs and alcohol in order to deliver a system wide approach. This work will also inform patient optimisation pathways for elective surgery.

Future VIP Visits

Hilary Cottam Visit – Hilary Cottam starts her work in Barrow on the 9 March 2020, Hilary will be exploring the ‘future of work’. She will be working in partnership with our team and Barrow Borough District Council.

Sir Simon Stevens and Baroness Dido Harding – A calendar date for Sir Simon Stevens and Baroness Dido Harding to visit Morecambe Bay in the coming months is in process, as they want to see the work we are doing around Population Health and Integrated Care.

PRIMARY CARE DEVELOPMENT

Primary Care Networks (PCNs)

32. Nationally, the PCN Development fund has been released, locally the process is being led by the ICS and following a Bay Wide PCN submission by the GP Federation, positive feedback was received on the proposition, and plans to be begin mobilisation are being formed. The development of PCN’s are integral to BHCP, and involvement of partners in the development programme will follow.
33. In December 2019, NHS England launched a consultation on the PCN service specifications, following robust national discussions a significantly revised agreement has been reached between NHS E/I and the BMA. The agreement saw a number of concerns addressed, a

further investment in new roles within Primary Care, and an expansion of the new roles practices can select from to also encompass:

- a. Pharmacy technician
- b. Occupational therapists
- c. Dietitians
- d. Chiropodists / podiatrists
- e. Health and wellbeing coach
- f. Care co-ordinator

Local consideration of these roles and how they map to current local services is underway to ensure PCN's can make informed workforce plans over the next 5 months.

BH&CP WORKFORCE STRATEGY

34. The Workforce Strategy Group continues to develop its work programmes to support workforce transformation across the Bay through the following areas:

- Workforce Planning & Transformation
 - Critical Workforce Shortages
 - ICC Workforce Transformation
- Apprenticeships
- Careers & Engagement
- Virtual Recruitment Hub
- OD & Culture Change

35. A key area of focus has been the development of workforce planning capacity and capability in Integrated Care Communities. Supported by the NHS Transformation Unit, fourteen Workforce Champions have been trained in workforce modelling methodologies and are being supported in developing workforce models for four proxy clinical needs across Bay and Grange and Lakes ICCs initially. The approach being developed will provide the basis for a needs-led development for the out of hospital workforce on a place-basis.

The Clinical Leadership Summit that was planned for early March has now been deferred until April/May - the intention is to ensure that senior clinical leaders across all partner organisations are focused on taking a system-wide approach based on delivering the triple-aims.

The NHS People Plan is expected to be launched in March/April 2020 and will form the basis of a revised People and Organisational Development (OD) Strategy for the Bay.

DIGITAL WORKSTREAM

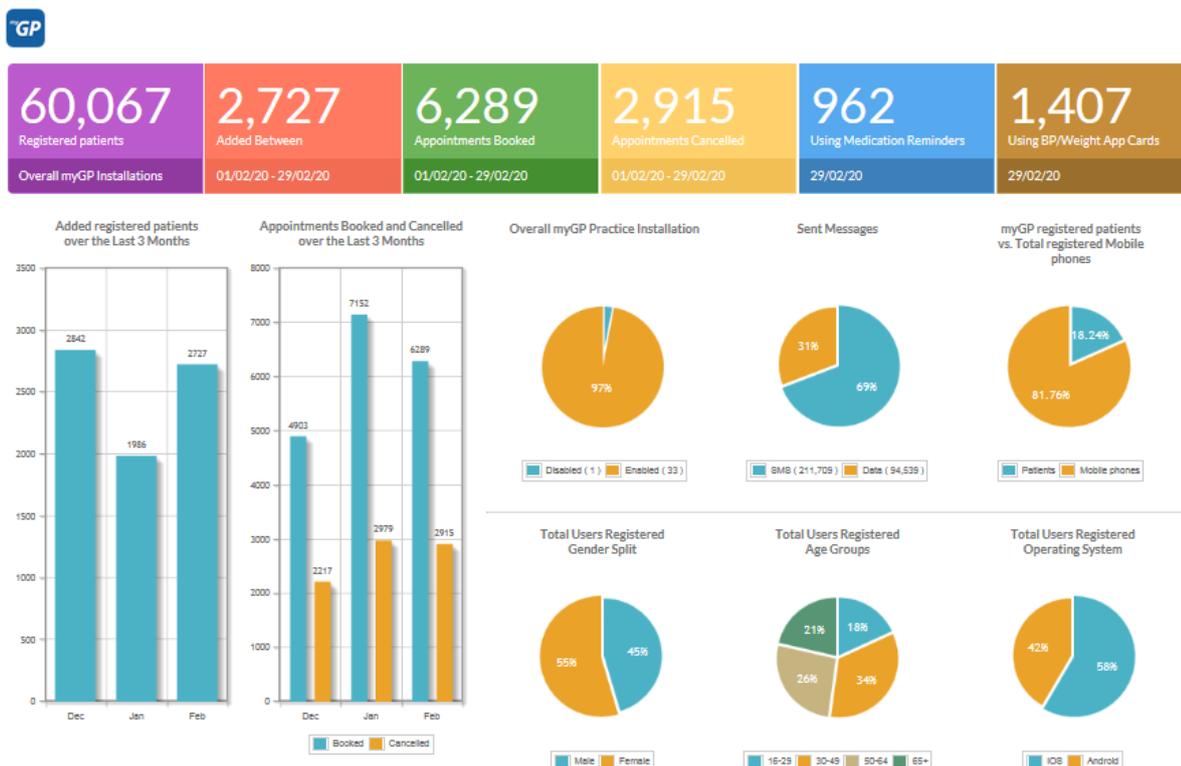
36. **System Wide Decision Support Tools** – An ICS scheme, led by the BH&CP CIO, has been approved to help staff and patients better navigate the health and care system by:

- Developing a referral decision support toolset using Strata;
- Linking referral management into patient facing solutions e.g. myGP;
- Embedding referral data into a system-wide flow and capacity dashboard;
- Enhancing transfers of care by improving data flows between health and social care using Strata.

Funding of £600k has now been drawn down and a project management resource identified within the ICS to oversee this work. A key first step is to integrate the Strata Pathways system with the Lancashire Person Record Exchange System (LPRES) and work is ongoing between the respective suppliers Tiani (LPRES) and Strata Health (Strata Pathways) to achieve this. It has also been agreed to work closely with the Pathfinder project, led by Lancashire County

Council, which is digitising Admission, Discharge and Withdrawal notices between secondary care and councils across Healthier Lancashire and South Cumbria. Alongside the Pathfinder project other use cases will include the digitisation of referrals to tertiary services and Continuing Health Care.

- 37. **Integrated Care System Primary Care Exemplars** – Work continues with Bay Medical Group, Lancaster Medical Practice and East Integrated Care Community to implement iPlato patient triage functionality with an objective to digitally signpost patients to appropriate services based on their presenting condition.
- 38. **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. Testing is underway with real patients ahead of making this service more widely available to practices across Morecambe Bay.
- 39. **Primary Care Streaming** – A project has been initiated to implement a digital solution at the front door of the Emergency Department in Lancaster. The go-live has been delayed as UHMB are assessing whether to proceed with an implementation of the eConsult system.
- 40. **Strata Supported by NHSI** –The rollout of Strata into general practice has now commenced and is being supported by PRIMIS. A project manager has been recruited to provide additional support to the deployment of Strata across Morecambe Bay.
- 41. **Citizen Engagement Platform** - 60,067 patients have now downloaded the myGP app (see table below) within Morecambe Bay which is an increase of 3,920 since the last update report, if current adoption rates are maintained circa 85,000 patients will have potentially download the App by the end of December 2020. Following receipt of £100k of investment from the ICS a specification has now been agreed to facilitate functionality that will enable patients to record their own data into the myGP App, prior to, in between and post consultation. It is envisaged that this new development will help to reduce avoidable appointments and support early discharge if adopted by secondary care.



42. **Digital Strategy** – 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. The digital strategy workshop took place on the 30th of January with 55 participants drawn from primary, community and acute services. A follow-up special interest session has been organised to take place on the 5th of March to review progress. Following this the draft strategy will be reviewed by the BH&CP Digital Strategy Board on the 11th of March and shared more widely with partners before the document is presented to formal committees and boards throughout April.

COMMUNICATION AND ENGAGEMENT

Commissioning reform in Lancashire and South Cumbria

43. In coordination with other CCGs in Lancashire and South Cumbria, Morecambe Bay CCG is engaging with GPs, local MPs and other stakeholders as part of ongoing discussions about the evolution of NHS commissioning. Based on the collective vision to continue the journey of integrated care in neighbourhoods, local places and across Lancashire and South Cumbria, commissioning leaders have identified a number of options for future commissioning arrangements. A Case for Change document recommends an option which would lead to the creation of a single CCG within Lancashire and South Cumbria. This option is clear that the single CCG would discharge a range of its functions through locality-based commissioning teams working with partners in each of five localities.
44. The formal decision about any option to change the number of CCGs would be taken according to each CCG’s constitution through a vote of member GP practices planned to take place in May 2020. If the outcome of this vote is to support the creation of a single CCG, then a formal merger application would be submitted to NHS England by 30 September 2020 with the aim of a single CCG for Lancashire and South Cumbria operating in shadow form from October 2020 and being fully established on 1 April 2021.

Askam Surgery

45. The Primary Care Commissioning Committee met in public in Askam on 18th February to determine which of two options delivered the most sustainable long term general medical service for the population of Askam and Ireleth follow the decision of the sole General Practitioner at Askam Surgery, Dr Jain, to retire. The options were list dispersal or procurement.

At the meeting, attended by around 150 residents, the CCG agreed to explore the potential for a branch surgery in Askam, and, if this is not feasible, disperse patients to neighbouring GP practices. To allow this option to be explored, the CCG will be accepting Dr Jain’s offer of continuing to provide services at Askam Surgery until the end of June.

BHCP website

46. The BHCP website is being refreshed ‘in real time’; (At URL <https://www.healthierlsc.co.uk/morecambe-bay>). The aim is to switch off the old site, from which much of the content has already been moved, at the end of March 2020. The next steps are the creation of separate sections to update the work of the Integrated Care Communities and Primary Care Networks and an update of and common style for leadership team photography. A content mapping meeting for all partners across health, care and districts is planned, as is an expansion of the Engagement and the addition of Citizen’s Assembly sections.

Citizen's Assembly

47. In 2020, we will be launching discussions with the public around subjects in line with the BHCP strategic priorities. This leads to the goal of establishing a Citizen's Jury to inform larger scale transformational change. In March, we will be circulating terms of reference / purpose for Assembly members.

Communications and Engagement Strategy

48. A new BHCP Communications and Engagement Strategy will be produced in early 2020/21.