

**AGENDA ITEM NO: 6.0.**

<b>Meeting Title/Date:</b>	Governing Body - 21 November 2017		
<b>Report Title:</b>	Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update		
<b>Paper Prepared By:</b>	Darren Hargreaves	<b>Date of Paper:</b>	8 November 2017
<b>Executive Sponsor:</b>	Andrew Bennett	<b>Responsible Manager:</b>	Paul Wood
<b>Committees where Paper Previously Presented:</b>	Not applicable		
<b>Background Paper(s):</b>	Not applicable		
<b>Summary of Report:</b>	This paper describes the current status of the Better Care Together programme and provides a progress update on the key elements of work.		
<b>Recommendation(s):</b>	The Governing Body is asked to:-  Note the current updated progress and position of the Better Care Together programme.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b>			N
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)			N
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
To Improve the health of our population and reduce inequalities in health			X
To reduce premature deaths from a range of long term conditions			X
To develop care closer to home			X
To commission safe, sustainable and high quality Hospital Health Care			X
To commission safe, sustainable and high quality Mental Health Care			X
To improve capacity and capability of primary care services to respond to the changing health needs of our population			X
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# **Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update**

## **INTRODUCTION**

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

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

- New Care Models Team quarter two review
- Development of the Accountable Care System (ACS)
- Non-Clinical Support Services review
- Research and Evaluation update
- Measures & Metrics
- Workstreams progress

## **NEW CARE MODELS TEAM QUARTER TWO REVIEW**

2. The Q2 review planned for 19<sup>th</sup> Oct had to be rearranged to the 15<sup>th</sup> November. The review will again showcase the continued progress of BCT as described in this paper, it will also concentrate on the work of Bay Learning and Improvement Collaborative (BLIC) and Informatics/Technology developments, including business intelligence and use of data to inform next steps of the care model implementation.

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

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

3. Discussions have been continuing as reported at the last meeting to develop more detailed proposals for the Accountable Care System to operate from April 2018. This work has included a number of workshops held with clinical and managerial staff from across the system to discuss how we can scale up and accelerate the projects that are demonstrating the positive changes we need in the system, such as reduced acute activity and more patients being seen in an out of hospital setting.

The outputs of the workshops are now being taken forward by the ACS Leadership Team (BH&CP) with these plans featuring heavily in the development of the ACS and the associated three year system finance and delivery plan. The Governing Body should expect to receive further details at its meeting in January 2018.

## **NON-CLINICAL SUPPORT SERVICES REVIEW**

4. The Non-Clinical Support Services Review (formerly known as the Common Platform) commenced in earnest on 25<sup>th</sup> October 2017 with a meeting of the non-clinical support services leads to agree the scope and timescales of the work. The key output of the initial piece of work is to define the opportunities and impact of delivering non-clinical support services that will both support a future ACS as well as achieving cost saving efficiencies across the Bay.

5. The agreed scope of services included in this review are as follows:
  - a. IM&T and Information
  - b. Workforce and OD
  - c. Procurement
  - d. Estates
  - e. Finance & Contracting
  - f. PMO & Governance
  - g. CCG Commissioning Function Activity
  - h. Communication & Engagement

All services will report back at the end of November on the potential opportunities and challenges they face and will have drafted a proposal of work that will deliver a more cost effective and system responsive service for the future.

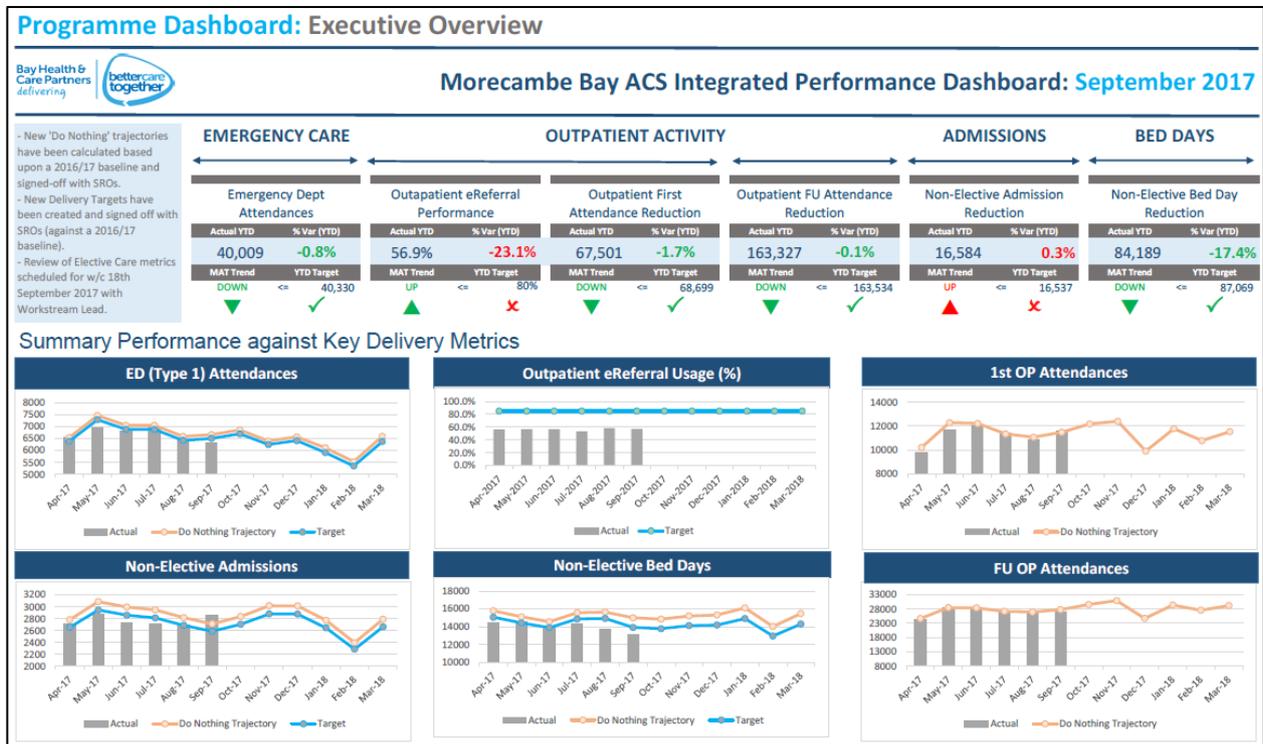
## **RESEARCH & EVALUATION**

6. A workshop focusing on cultural changes in healthcare provision was held in September. This provided an opportunity for participants to discuss changes the BCT programme has seen to date; how changes in approaches, behaviors and cultures of care were recorded, reported and linked to wider health outcomes; the barriers to successful culture change and how experience of culture change in local areas can inform the future direction of health interventions. Workshop documents and details can be found at:  
  
<https://v3.pebblepad.co.uk/v3portfolio/cumbria/Asset/View/94jgbwibdRgs6xg3qyR9d4p37W>
7. Scoping discussions have been held with the 3 Integrated Care Community (ICC) leads to design an evaluation of ICC activity for 2017/18. This evaluation will take place in Barrow Town, East and Bay ICCs. Information is being gathered on the 3 pathways being evaluated (respiratory, paediatrics and frailty). Several patient focus groups have taken place and an ICC staff survey is pending. A draft Second Stage Report was submitted to BCT by the University of Cumbria on 31st October 2017. This is currently out for comment and due for submission to NCMT by mid-November.
8. A third Stage Report is due by the end of March 2018 which will be the final report for National NCM Team, although evaluation work will continue until mid-October 2018 with a Final Report then being produced for Bay Health & Care Partners.
9. A Sharing Event is proposed in spring 2018 to disseminate the findings across the Bay as well as other Vanguards and the wider NHS. Three evaluation training courses are being planned between Feb-June 2018 (one each in Barrow, S. Lakeland and N. Lancs). This is part of the evaluation legacy to leave behind tools and techniques to embed evaluation methods across our system and enhance evaluation skills.

## METRICS AND MEASURES

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

Figure 1: Integrated Performance Report Executive Overview



Performance improvements are being maintained and show continued positive trends. At the end of September 'QlikView' shows Emergency Department (ED) attendances and non-elective bed days performing better than the expected 2017/18 trajectory.

The latest national data from the New Care Models Team shows that the Morecambe Bay system as the best performing Vanguard site in its group for emergency admissions, with a 7.1% reduction since 2015/16 and second best performing site for non-elective bed-days at 3.8% reduction since 2015/16.

See below charts of National comparisons.

Figure 2: NCM National dashboard extract – Emergency Admissions

	BCT	PACS	Non-NCM
Emergency admissions	-7.1%	1.5%	4.2%

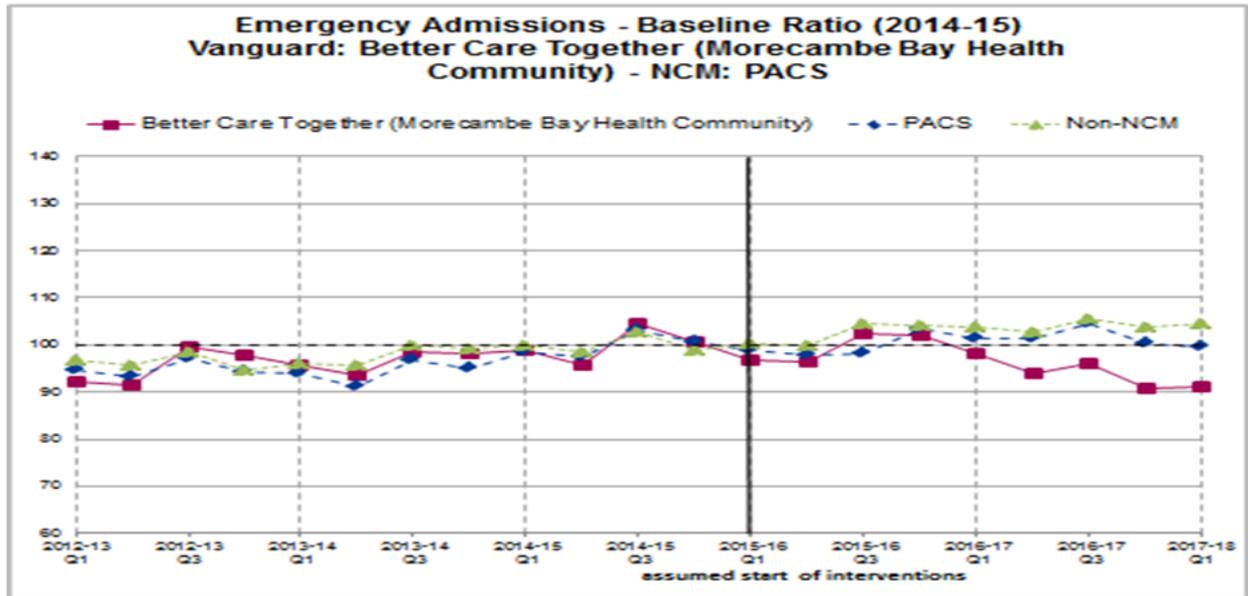


Figure 3: Vanguard League Table – Emergency Admissions

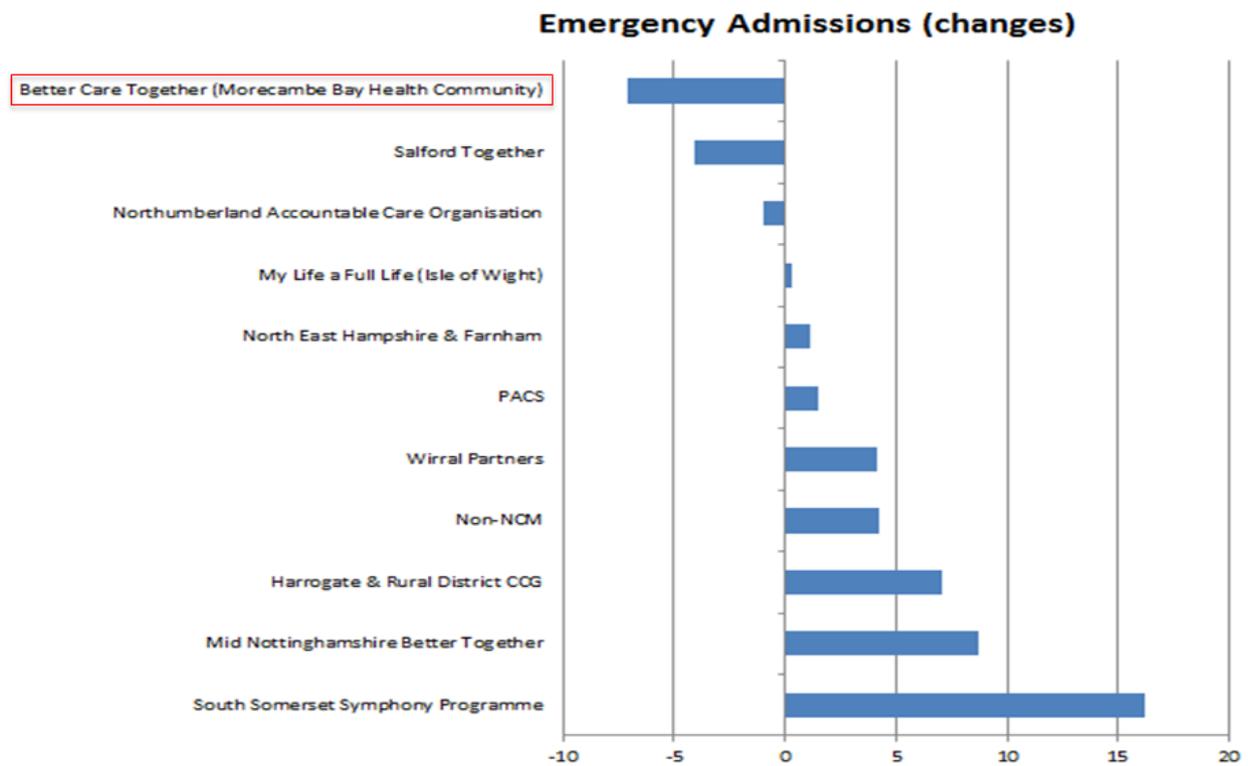


Figure 4: NCM National dashboard extract – Bed Days

	BCT	PACS	Non-NCM
Bed Days	-3.8%	0.5%	-0.8%

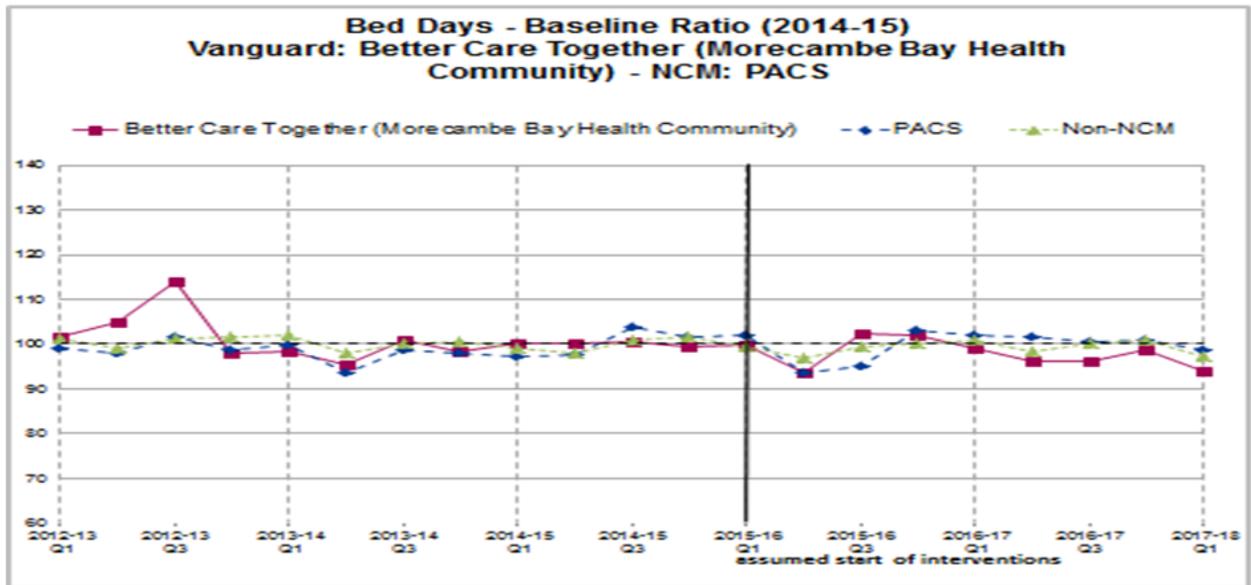
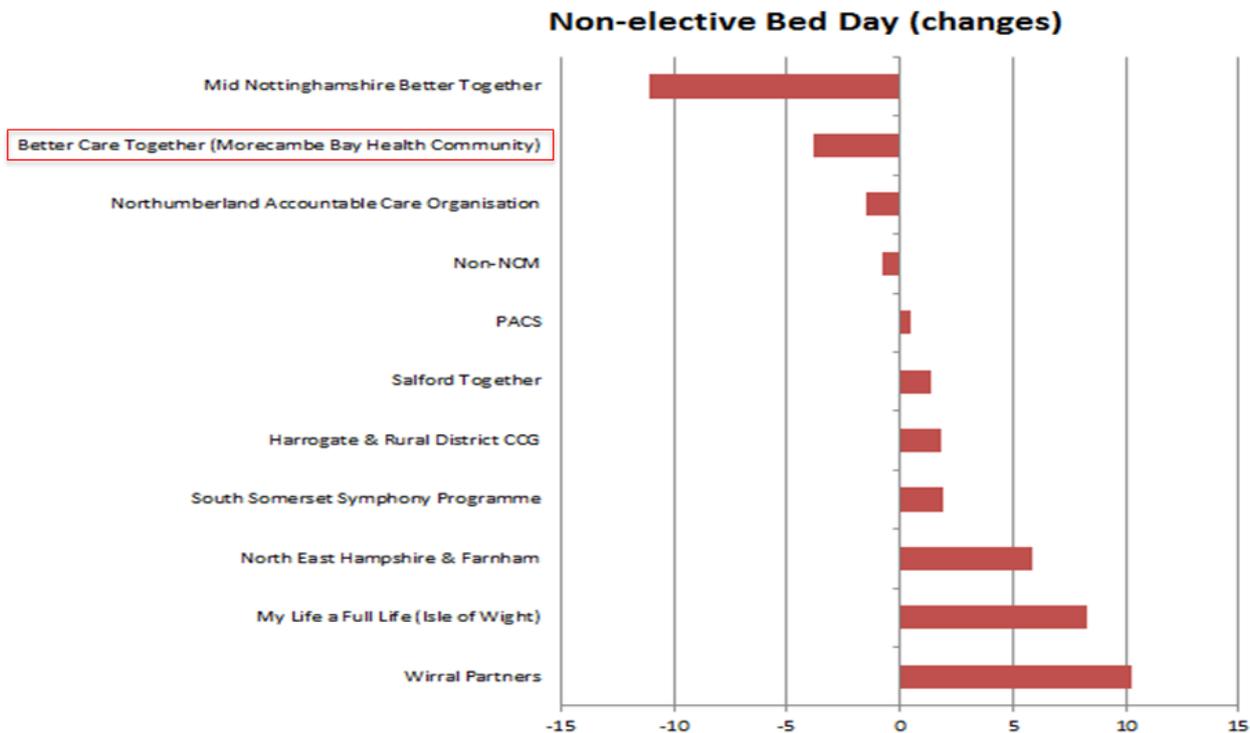


Figure 3: Vanguard League Table – Bed Days



There has been interest from BBC regional TV in the Respiratory Project in Barrow in Furness which uses virtual reality technology; in addition, a recent article in The Economist magazine highlighted work in Millom. The Bay Health and Care Partners continue to share the outcomes of our work with other health economies via the National NCM network.

## WORKSTREAM PROGRESS

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

### Out of Hospital

16. The Core Operating Model for ICCs is being used as a framework to prioritise local activities and a revised version is in development to reflect the significant structural changes taking place within Bay Health Care Partners. Proposals for a new Integrated Services Care Group (to lead the further development of our out of hospital model) have been shared with Steering Group and Clinical Leads meetings. Due diligence work for the transfer of Community Services Teams from Cumbria Partnership NHS FT to the Accountable Care System is ongoing and on-track for full transfer from April 2018.
17. The Frailty pilots at Garstang, Carnforth and East have enabled a new overarching pathway to be developed, as issued to all ICCs in Quarter 2 for local implementation. This will begin to harmonise approaches to coding for frailty, assessments and care planning. The focus on community based respiratory care is being developed in Barrow, Lancaster, Morecambe and Carnforth (Phase 1) and similarly for MSK with new community clinics in Kendal and Carnforth. The offer of Paediatric consultants from the acute trust working in ICCs has commenced in Morecambe and Lancaster with wider roll out planned.
18. The new Intermediate Care Facility at Altham Meadows became operational week commencing 4<sup>th</sup> September and has expanded over the autumn helping to build resilience for winter pressures.
19. Gain Share applications across South Cumbria were determined mid-September which is allowing a number of ICCs to recruit additional specialist staff to strengthen support to local Care Homes. ICCs are actively involved in the roll out of Cumbria County Council Health and Well-being Hubs.
20. Promotion and attendance at the Westmorland County Show and Lancaster 'Health-Fest' provided high profile visibility to our work and opportunities for practical health checks for citizens and visitors. 'Active Lives' initiatives and the new Mental Health 'Social ease' cafe in Lancaster are becoming well established. Good cross sector representation was achieved at the Integrating Mental Health and Integrating with Adult Social Care workshops in September and October. A new inter agency working group is being established to address the harmonisation of care planning approaches between the various provider trusts and ICCs.
21. The early-adopter ICCs, using the risk stratification tools have been able to accurately identify residents at highest risk of admission and target their limited resources to areas of greatest potential. The Electronic Frailty Index (EFI) has been mandated and will be rolled out across the whole patch going forward with a view to better targeting of assessments, packages of care and referrals to low-level services.
22. In the two Barrow ICCs - Following an in depth PDSA into respiratory illness it was identified to be one of the biggest problem areas within the locality. Both Barrow Town ICC and Alfred Barrow ICC are now 'up-skilling' their Practice Nurses and Health Care Assistants in both spirometry reading and interpretation so that community respiratory clinics can be rolled out through the Wellbeing Hubs. The training is booked during November with the roll out of community respiratory clinics to follow soon after.

Kendal ICC has created over 200 care plans for the frail elderly who are living in and around Kendal. The ICC team assess the requirements necessary to support the patient in their home or care home. The patient's care choices are communicated to the wider health community with the aim of preventing unnecessary hospital admissions.

Garstang ICC has undertaken 200 assessments of targeted frail patients. Early analysis shows a cumulative result of at least a 20% reduction in hospital admissions for that group over a 12 month period.

Bay ICC are undertaking joint Primary and secondary care reviews of children who were frequent attenders at A&E, this is now demonstrating up to a 30% reduction in hospital attendances for the children who were included.

Ulverston & East ICCs have commenced regular MDT meetings to review vulnerable patients who have had contact with the out of hours service, NWAS or presented in Primary or Secondary care to better manage these patients and hopefully reduce these contacts. Early indications are proving positive and the MDTs will be evaluated further over the coming months.

23. Although we are making good progress one of our challenges is the level of vacancies being carried by partners and their ability to release staff to work in the community. A number of Care Co-ordinator and similar roles are due to become vacant and require urgent recruitment, which is hindering our ability to make a real impact on care planning and needs to be carefully managed.

Organisational Development (OD) self-assessments and observations by our project managers, has identified that engagement and commitment of partners is variable; beyond the immediate core teams more work is required to ensure all parties to an ICC have ownership and commitment to the processes being developed. The current development of the Bay Health & Care Partners Delivery Plan is adding fresh impetus to this and identifying the opportunities to work at scale on agreed priorities.

24. Overall the Out of Hospital work stream continues to deliver its triple goals of promoting self-care, avoiding hospital admissions and reducing length of stay through planned discharges. In recent months there has been a noticeable and sustained reduction in both hospital admissions and non-elective bed days attributable to these initiatives.

## **Elective Care**

25. Referral Pathway Improvement programme: A new booking process that enables full electronic booking via e-RS is to be signed off by UHMB Executive Board in November. Significant progress on pathway improvement is being made with 15 pathways expected to be finalised by the end of December. Work with PRIMIS and Strata continues but a withdrawal of support nationally for 'Map of Medicine' (MoM) has resulted in a need to identify some alternative options. These options are being considered across the system to ensure the required functionality is delivered. The e-RS project achieved the Q2 milestones of 80% of services and clinics published.
26. Advice and Guidance (A&G): 2946 patients have now accessed care closer to home, since A&G was implemented. The system is now available for 23 specialties with defined response protocols being adhered to, with an average 2 day response time being achieved. Further enhancements to link Practice Nurse to Speciality Nurse within a Respiratory pilot commenced in October. Exploration for Consultant to Consultant conversations (both within UHMB and the STP footprint) is on-going.

27. Specialty Re-design Programme: Work continues within the Ophthalmology Service with excellent cross-organisational engagement from community and acute services at the Steering Group. Delays are being experienced to the implementation of the Optomanager system, a technological solution between systems to enable the transfer of information between the Acute and Community organisations, and the Group is working through this to resolve. The Ocular Hypertension pathway is progressing well with a planned go-live by the end of the year.

Work continues within MSK toward a single point of access and triage for all referrals across the Bay. A continued reduction in referrals to T&O Consultants has been observed since implementation, from November 2016 to October 2017 1557 new and follow-up patients were seen by the service with 9.7% referred on to the Orthopaedic service and 37% discharged with advice and a self-support plan.

34. Outpatient Programme: The Patient Initiated Follow Up (PIFU) model has now been implemented in 5 specialties including Rheumatology, Respiratory (COPD), Gynaecology, Pain Management and Paediatrics with work continuing for Urology and Gastroenterology to ensure implementation by the end of the year. Evaluation will be on-going.

The implementation of the Virtual Fracture Clinic model at both FGH and RLI will initially focus on ensuring those clinically appropriate patients not requiring a fracture clinic appointment are given informative advice and support at ED to promote self-management. Work will be on-going to identify further pathway changes from the evaluation of the pilots.

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

35. As part of the Integrated Children's Nursing Team project, 3 additional ICCs have been identified to implement the children's frequent attenders' model initiated at Bay ICC. Work is ongoing within the other ICCs in preparation for the roll out of frequent attenders.
36. From April to the end of October there was a 7.9% reduction in Paediatric Emergency Bed Days year to date, 4.5% reduction in follow up activity for paediatrics and 3.3% reduction in Paediatric GP referrals, compared to the same period the previous year.
37. The majority of ICCs have shown interest in paediatric community clinics, and in October an engagement session was held with the paediatric consultant body to request volunteers to commence work with the ICCs. The uptake from consultants was not as high as first hoped, with some having concerns around the benefits of the new integrated way of working, however a few have volunteered to explore further with the ICCs, with 3 consultants initially and the potential for a further 2, the workstream continues to engage with the consultant body on this area.
38. The Children's Group is currently reviewing the outputs from two Emergency Department audits, with the intention to make recommendations to the BCT Delivery Group in December. The group has also developed a video version of the Child Health Integrated Team Model, this video will allow the model to be shared further afield with staff and ICCs.
39. The WACs workstream partners have commenced joint business planning meetings, seeking to align plans and objectives across the Morecambe Bay system and subsequently into the wider work within STP.

## **Prescribing**

40. The work within UHMB with the Biosimilar switches has progressed well following the patient information sessions held at all 3 hospital sites and the patient feedback that helped to ensure the changes met the patients needs. The key products have been switched as of September 2017 and work is now under way to track compliance and the related savings to be realized from this.

## **Communications and Engagement**

41. The communications and engagement team have also continued to submit a monthly case study to the New Care Models Team highlighting the work of the Better Care Together Vanguard. The case studies for PIFU and ICCS have been very well received, and the next case study will focus on recruitment and retention. These case studies are shared by NHS England with commissioners and providers who are looking for guidance when considering the implementation of New Care Models.
42. We have also had the opportunity to engage with a range of stakeholders about the work of the new care models e.g. UHMBFT Governors, South Lakeland District Councillors and Lancaster City Councillors. Better Care Together was also pleased to host an engagement event for the Kendal Deanery Synod together with Cumbria County Council about new models of care and preventative health.
43. Where possible we like to meet members of the local community to find out about community-led health and wellbeing initiatives. We were very excited to meet a Caton resident who has set up an exercise class to help keep the village's older residents moving. Local GPs and community nurses are hugely supportive of this class and some people in the Caton area are even looking at using the classes as an alternative or follow up to physiotherapy treatment. This together with attendance and support of The Art of Hosting training in Morecambe with over fifty colleagues from the local VCFS will embed the philosophy of health as a social movement.
44. The Better Care Together team worked with a range of from across the health system, and community colleagues to host Lancaster's first health festival running from 21-23 September 2017 –The Lost Art of Living. On the day we provided more than 60 health checks; engaged with more than 250 people at the speaker's events and the People's Café served up more than 400 portions of food and many more took part in activities related to health and wellbeing. Speakers included: Sir Trevor Phillips, Revd. Libby Lane, Prof Elena Semino, Dr Andy Knox and Mr David Higham from The Well.
45. Our regular engagement and communications activities continue with social media, press releases, monthly stakeholder newsletters and briefings.

## **Workforce**

46. Careers Engagement & Liaison activity continues, with over 26,200 contacts made at over 110 events to date. System-wide return to practice pre-placement has resulted in five nurses who have received their PINs and now work within the health economy. We have begun work to introduce Vocational programmes, such as the Pre-employment programme and Traineeship opportunities to enable those who are unemployed or NEET (Not in Education/ Employment or Training) to make the step into employment within Healthcare.
47. The compilation of a detailed workforce baseline for the ACS that accurately captures staff working within the system from ALL the organisations is crucial in order for the ACS Leadership to model and plan how resources are managed as we continue to

transform our services. BCT is working with the WRaPT Team (Workforce Repository and Planning Tool) who are funded by Health Education England (NW) and provide workforce solutions to over 130 health and care organisations throughout the UK. We have requested all the ACS organisations to share workforce information with WRaPT with only one partner still to do so and we hope to have a 1<sup>st</sup> draft ACS baseline during November and have a validated accurate baseline by December.

### **Organisational Development**

48. ICC Development: Bay Learning and Improvement Collaborative (BLIC) has been working with individual ICC leaders and the wider core teams to design targeted interventions tailored to meet their individual needs. The emphasis is to ensure those leaders are well supported and are developing system leadership skills. Action learning sets have now been established within the project teams, this involves the group taking action and reflecting on the results, which in turn helps improve the problem-solving process, as well as the solutions developed by the team. There are plans to initiate and support further sets across the ICC's. Workshop design and facilitation is being given to Nurse Forums within ICC's focusing specifically on cross organisational working and improvement.
49. BCT Work-stream support. The BLIC team is working with the Morecambe Bay Respiratory Network to help facilitate and capture 'lessons learned' from their work to date in order that other work streams can benefit from their learning.
50. BHCP partner support: An event for the integration of Health and Social care within ICCs was delivered early October resulting in a number of collaborative workstreams being initiated as a result of the workshop. Requests for workshop support continue with support being requested to design a workshop for the Integration of Physical and Mental Health for Bay health and Care Partners in mid-December. A team integration workshop has been designed and delivered for two merging respiratory teams enabling the Morecambe Bay Respiratory Network to share and participate in the design of their team vision.
51. BLIC are currently working with the Informatics team to transfer BLIC's offer of training/events onto UHMB's in-house Training Management system (TMS). This would allow all Bay Health & Care Partners to reserve places on relevant training and events whilst promoting system working, engagement and collaboration.

### **IM&T**

52. Work commenced on the development of the integrated primary care and acute dataset: data integrations models being developed include a stroke dashboard published to support the Bay-Wide Stroke Prevention Programme. A COPD dashboard under development. Type 3 ED data flows are being developed, as are Community Services activity and bed management data flows.
53. Business Intelligence (BI) across the system is being delivered and supported by a cross-organisational team made up of UHMB and CCG staff. There is an aim to migrate CCG BI resources into a system BI Team from April 2018, which will complete the formation of a centralised, cross-organisational BI function for the new ACS.

### **RECOMMENDATIONS**

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

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

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