Clinical Leaders Congress: 26 September 2019

1. Introduction

On Thursday 26 September 2019, more than 100 clinical leaders from across Lancashire and South Cumbria attended a Clinical Leaders Congress at the Farington Lodge Hotel, Leyland.

The purpose of the Congress was to:

- Involve a wide range of clinical leaders at the earliest stage of development of a new clinical and financial strategy for Lancashire and South Cumbria and to establish ongoing engagement.
- Agree how we can work together to tackle the major challenges we are facing – in neighbourhoods, in our local partnerships and across Lancashire and South Cumbria.
- Understand the challenges for clinicians to implement change at scale and pace across the ICS and our Integrated Care Providers (ICPs) / Multi-speciality Community Provider (MCP).
- Consider what we are already learning about working differently with patients and the public.
- Inform the content of Lancashire and South Cumbria's response to the NHS Long Term Plan.

2. Context and case for change

Andy Curran, Medical Director for Lancashire and South Cumbria Integrated Care System introduced the context for the Congress and the case for changing how we work:

We are not taking sufficient action to tackle health inequalities

- Where you are born can affect how long you live by as much as ten years in Lancashire and South Cumbria.
- One in six of neighbourhoods in Lancashire and one in ten in Cumbria are in the most deprived areas nationally.

Our performance on some national targets is poor

- We struggle to consistently achieve targets for treatment in A&E, cancer services and routine surgery in all of our hospitals.
- Solving many of these issues requires action by several organisations.

Our services do not always provide consistently high quality care for everyone

- There is unwarranted variation in outcomes for people with conditions such as cancer, coronary heart disease and mental health.
- Gaps in the workforce create fragility in hospitals, community and care services.

We are spending more money than we receive from government

- NHS organisations need to reduce spending by £167m a year over the next few years.
- Local authority funding has reduced by an average of 40% over the last five years.

He confirmed that the partnership of organisations working across the integrated care system had agreed a vision for our work together, recognising this could happen in neighbourhoods, local places and across the whole of Lancashire and South Cumbria:

In the context of the NHS Long Term Plan, many of our clinical priorities are already determined. However, there are significant choices to be made by clinicians and other leaders about how we implement these.

Clinical priorities

Leaders from the partnership have agreed the following clinical priorities for 2019/20:

- Primary care and neighbourhood integration
- Urgent and emergency care
- Cancer
- Mental health, learning disabilities / autism
- Planned care
- Better Births
- Stroke
- Fragile services e.g. acute paediatrics.

Messages from Chief Executives

Provider Chief Executives had conveyed a number of key messages to the Clinical Congress which were shared by Andy Curran:

- We are asking you to reshape and reorganise services so they are sustainable for the future and tell us what you need from us to allow that to happen.

- Most of our clinical priorities are set nationally by the Long Term Plan and contain no surprises – however, how we implement these is very much down to us as local leaders. It is urgent that we work together to reimagine clinical services and determine practical ways forward that can lead to change within the next 12 months.
- We all want the proposals for change to be safe, effective and evidence-based which will lead to improved outcomes and workforce experience. We have been trying to sustain too many services in too many places – how can we balance our approach to reconfiguration between quality, safety and access and in a timely way?
- Please don't paper over the cracks in the workforce as you develop your proposals.
- We will support you in stopping "low clinical value" activity in your services – for example, this may well include a proportion of outpatient appointments.
- Proposals which help our population to take more responsibility for their own health and care are essential and allow us to recognise people as individuals.
- Proposals which use digital and other technologies to reduce dependency are welcomed.
- Leave your own organisation at home – today's discussions can be agnostic about individual organisations, our patients don't see organisations.

3. Summary of the Clinical Leaders Congress sessions

Session 1: drawing inspiration from how we are already working differently in our local areas

During the first session delegates heard from Dr Mark Spencer, GP at Mount View Practice, Fleetwood and Primary Care Lead for Lancashire and South Cumbria Integrated Care System about how Healthier Fleetwood has brought the local community together, empowering them to improve their health and wellbeing by "daring to be different: daring to dream".

Dr Spencer outlined five key things needed for leaders working in change programmes:

1. Ability to listen in order to understand
2. Be prepared to be vulnerable
3. Identify sense of purpose
4. Be brave – dare to be different
5. Resilience – realistic outcome, make the best of what we get.

To find out more, watch the film of Healthier Fleetwood's story

The Congress also heard case studies from four of our local health and care partnerships:

- **Bay Health and Care Partners (Morecambe Bay)** – integrated muscular-skeletal service
- **Fylde Coast** – transforming diabetes services
- **Together a Healthier Future (Pennine Lancs)** – clinical strategy, integration and co-design and governance structure / using boards to lead transformation

- **Central Lancashire** – respiratory case study and approach to continuous improvement.

3.2 Session two: how we can work together to implement change at scale and pace?

This session focused on group discussions on the topics of:

- Sustainable, safe services
- Efficient services
- Prevention, Population Health Management and involving communities in their own health.

All participants were able to talk about each of the three topics during the session with facilitators enabling each group to build on the observations of the last.

A summary of recommendations from the Lancashire and South Cumbria clinical leadership community to support delivering transformation at scale and at pace are detailed below.

Topic 1: Sustainable, safe services

Developing new clinical service models requires partners to:

- Develop principles to drive new service / care models.
- Change funding models to support change.
- Work with partners outside the health system and ensure that all partners are involved in the conversation and design of new clinical service models.
- Resist over-medicalising issues and look at the wider determinants of health such as housing, working with community and voluntary sector colleagues to tackle the causes of ill-health (e.g. use of neighbourhood resilience assets such as green spaces, clean air etc.).
- Put greater emphasis on co-production.
- Support vulnerable people and groups through new service models.
- Adopt a Population Health Management approach and look at how we can scale and share innovations and learnings – for example, the development of group consultations for people with respiratory conditions in West Lancs.

Being bold in remodelling the workforce of the future requires partners to:

- Focus on workforce sustainability, quality and culture.
- Identify and address the fundamentals that underpin safe services.
- Look at how we identify and drive down our non-value added activity and reduce duplication / variation.
- Be open to reimagining our workforce.
- Think outside organisational boundaries.
- Develop workforce models which include the voluntary, community, faith and social enterprise sector.
- Support increased self-management of conditions.

- Upskill and support staff – for example in the use of digital / technology, new ways of working etc.

Actions which need to be taken at Lancashire and South Cumbria level, in local areas and in neighbourhoods by partners include:

- Be really clear about what the priorities are at all levels, avoiding duplication and identifying gaps.
- Focus on pathways and standards of care, starting at community level through to specialisms. This needs to happen through conversations and collaboration at neighbourhood, place and system level.
- Adopt and implement best practice at place and system level.
- Bring all public sector services together at place and system level.
- Provide transparent information and analysis about places and the system, driving form and function at system level.
- Analyse workforce projections looking forward at system level.
- Develop a systematic approach to pulling together clinical networks and sharing practice that is already happening (and avoiding duplication) at system level.

Topic 2: Efficient services

Working together to make services more efficient and productive requires partners to:

- Develop a model for thinking how we organise services
    a. Efficient filtering
    b. Effective optimisation
    c. Effective assessment and decision making
    d. Effective delivery
- Give staff time, space and permission to enable clinicians to get on with developing alternative pathways and better triage.
- Take time to understand other factors outside the NHS and work with wider health and care partners.
- Work together to develop single or standardised pathways appropriate to the patient to reduce variation in care, with the involvement of patients and communities.
- Develop chronic disease criteria led pathways for management.
- Design self-referral systems.
- Agree risk tolerance (permission to take risk) to empower clinicians and care professionals, as well as giving patients the opportunity to manage their own care.
- Establish trust and respect between clinicians by developing networks.
- Develop formal links between secondary care specialities and Primary Care Networks (PCNs) / Integrated Care Communities (ICCs) – for example secondary care clinicians going out to PCNs/ICCs and supporting multi-disciplinary teams for education and awareness.
- Inform and engage local people to explain what is changing and why, to involve them in the co-production of service transformation and hear their feedback, to empower them and manage their expectations.

- Develop a consistent framework / access / offer for staff wellbeing and support – for example the Flourish campaign in Morecambe Bay.

Reimagining outpatients to support at least a 30% reduction in activity requires partners to:

- Think of ambulatory care versus outpatient care.
- Look at what really needs to be in the hospital.
- Consider our capacity for delivering health and wellbeing services across health, local authority and community settings.
- Take a system approach to making effective referral decisions – including Making Every Contact Count – linked to a vibrant, easy to use, advice and guidance service model with agreed protocols, supporting pathways and robust support and advice for referrers. For example adopting the Morecambe Bay Advice and Guidance System across Lancashire and South Cumbria.
- Make effective use of demand optimisation.
- Develop triage / MDT model universally as the default (as for MSK) for other areas e.g. paediatrics, condition-based. Enable the mapping of this to allow sharing across Lancashire and South Cumbria and provide shared implementation support at a system level.
- Look at how we manage patients with multi-morbidity and roles within primary care, community and acute.
- Put the governance in place (and establish trust) to allow primary care to access / refer independently to diagnostics.
- Develop supported self-management (patient-initiated follow up) for patients, with patients.
- Consider the needs of less empowered patients.
- Look at different options for follow up care – including telephone, email, telehealth and apps.
- Change the culture regarding discharge versus transfer of care, making the approach and language more patient centred.
- Understand and articulate the benefits from a patient's perspective e.g. travel / parking, quicker access, control of own care.
- Develop discharge correspondence that includes more guidance about care plans and what ifs.
- Look at shifting times of access e.g. during school day / working day.
- Adopt zero tolerance of wastage – if there is no value added for the patient, remove it from the process.
- Focus on prevention.
- Look at early intervention using education routes.

Analytical and improvement needed to reduce or remove activity of low clinical value includes:

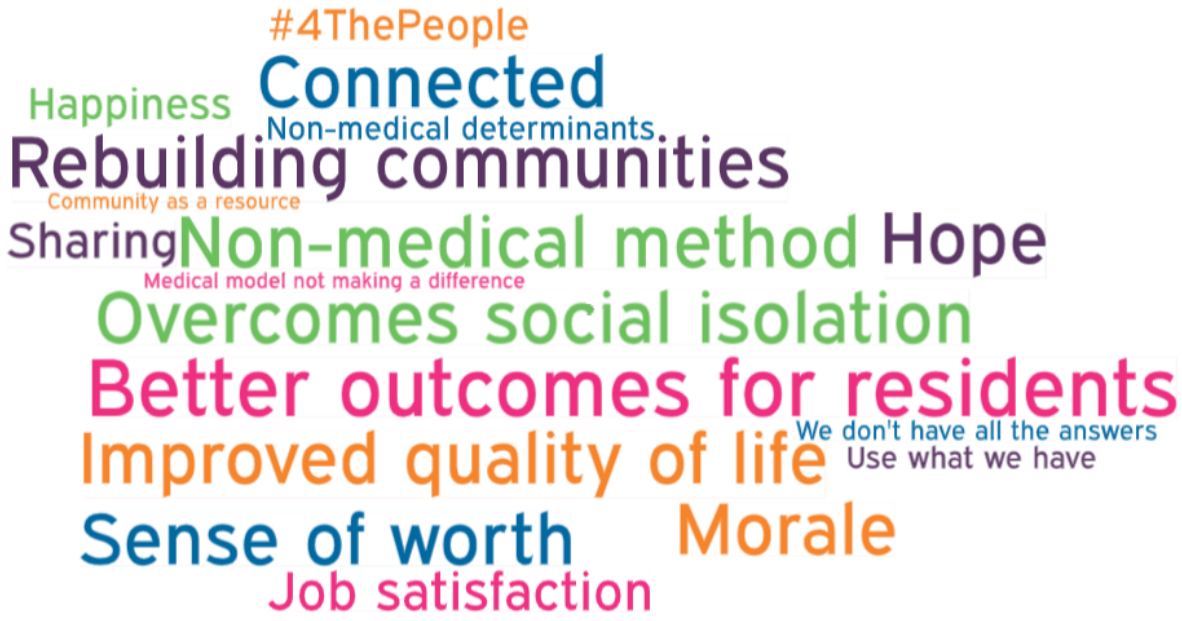
- Investment in digital solutions – including effective integrated and shared community and secondary care records, robust digital / IT solutions for workforce and analytically-informed pathways.

- Increase budget for digital from 2% to 4% with commissioners supporting digital improvement.
- Taking a joined up approach to Patient Activation Measures and the delivery of Personalised Care.
- Providing tools, techniques, training and support to enable teams to better use analytics to support patients and agree best interventions.
- Improving the visibility of diagnostics across the system – for example, better access for primary care clinicians for diagnostics closer to the point of care to cut out unnecessary first outpatient appointments.
- Mapping out great practice across Lancashire and South Cumbria and sharing ideas and providing resource / backfill to support the scale and spread at a system level with a local support mechanism to facilitate this – for example directory of service, speed dating event / market place.

Topic 3: Prevention, Population Health Management and involving communities in their own health

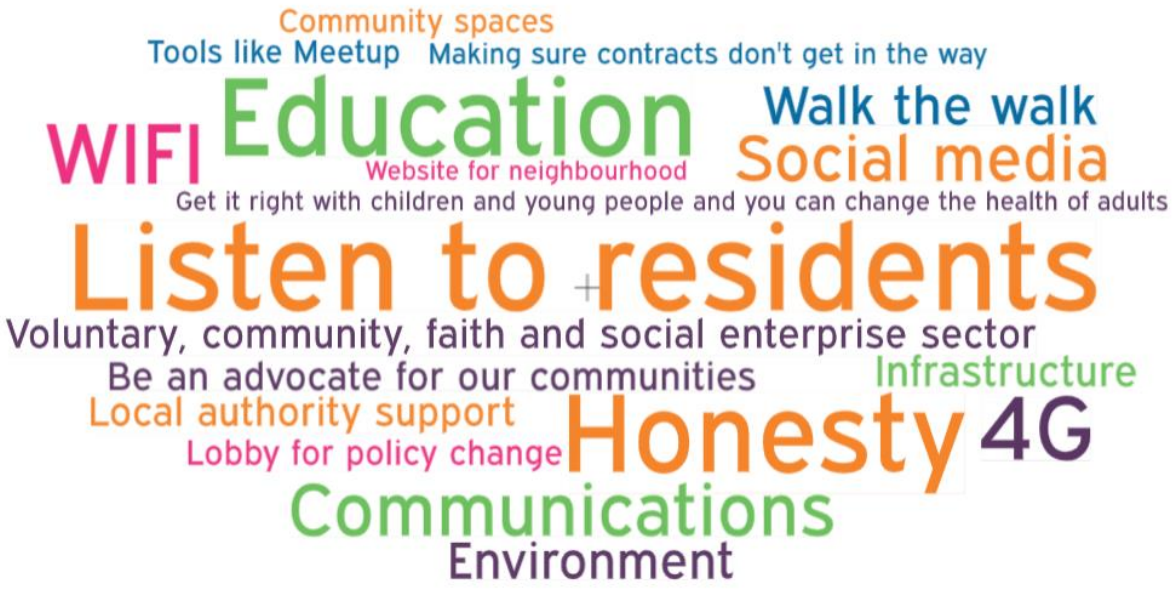
This group discussion was facilitated in a slightly different way, outside the conference centre. The main themes discussed have therefore been recorded as Word Clouds.

Why take a Population Health Management approach:



Good looks like:

Enablers to success include:



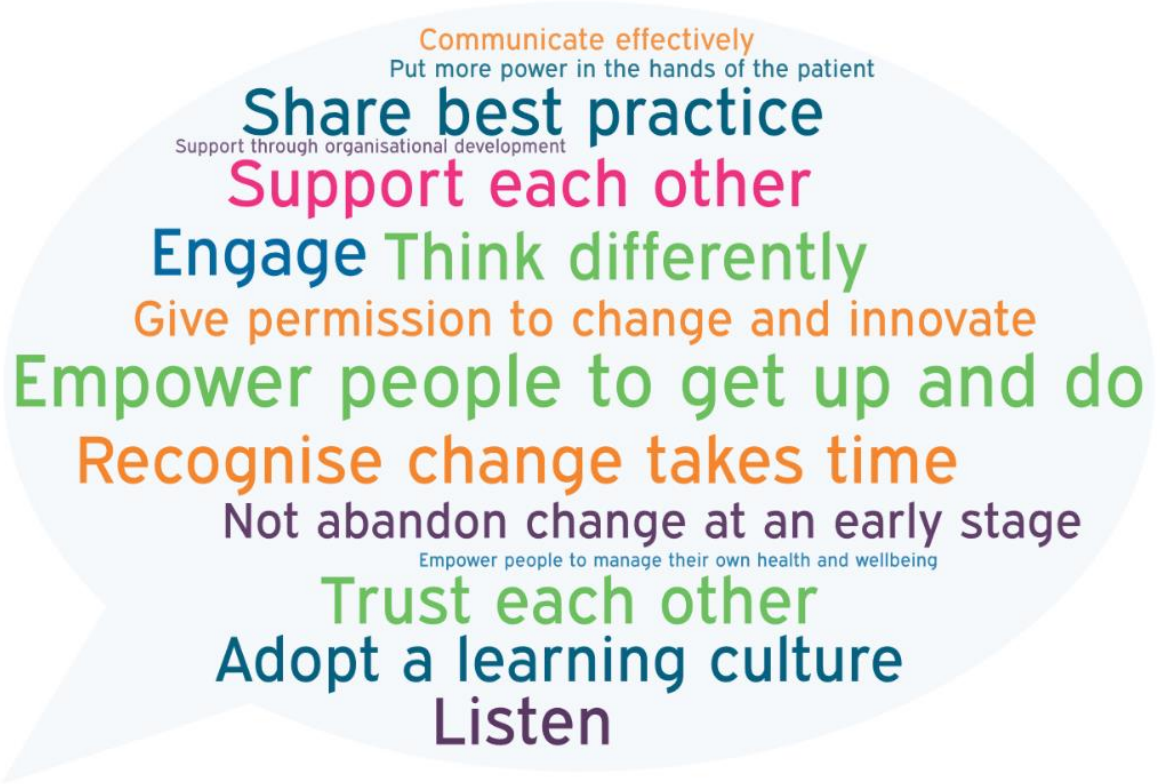
Using data to support improvement in population health requires partners to:

- Provide support for local and neighbourhood teams with data and analysis at a system level.
- Establish effective Data Sharing Agreement(s) at a system level.
- Invest more resource into Business Intelligence locally – for example by stopping or seriously reducing contract and performance management meetings.
- Overlay the data beyond health and care with input from other areas (working with councils, voluntary, community, faith and social enterprise sector partners etc.) - and make it available to be used smartly.
- Share data and insight locally with communities to build social and democratic movements to tackle health inequalities, to give communities more power to help prevent ill-health locally.

Developing Primary Care Networks requires partners to:

- Build better relationships and trust and share learnings across networks to enable them to change practice in line with evidence and examples of excellence, therefore creating space for a learning culture.
- Be honest about what we can deliver in light of workforce challenges and **create a culture of joy** which makes this the best ICS in the country to work in.

Culture change
In addition, throughout each of the three topics of discussion, many comments focused on culture change which requires partners to:



4. Commitments and next steps

Our commitments

During 2019/20 and 2020/21 we are committed to:

- Strengthen our existing clinical networks to help us deliver change for our agreed priorities.
- Look for a group of clinicians with representation from each of the ICPs / MCP to develop proposals on improvements to pathways, prioritising the transformation of outpatients; MSK; theatre optimisation and the management of long term conditions.
- Take a system approach to change where it makes sense to do so – for example building on evidence of what works, spreading good practice from one area to another, engaging with the public.
- Build greater relationships outside health with local people, voluntary, community, faith and social enterprise sector and local authorities.

We have listened to you and we will:

- Recognise that change takes time and we will support giving clinicians time and space.
- Work with you to define new workforce models.

- Help clinicians to take more risk through a supportive framework and infrastructure – keeping clinical colleagues safe and supporting them with the big difficult decisions that may not be universally supported or liked.
- Identify when changing financial frameworks will help us embed the changes that have been identified by clinicians.
- Invest in digital solutions to support clinical work and improve patient experience.

Next steps

We are keen to maintain the enthusiasm and momentum from the day and to continue to work with you to co-create our clinical strategy for Lancashire and South Cumbria.

Please reflect on the content of this document as we want to ensure that it represents the authentic voices of the clinical community. **If you have any additions or amends, please email us at healthier.lsc@nhs.net by Friday 19 October.**

We also intend to share the outcome of the Congress with leaders in each of our Integrated Care Partnerships / Multi-specialty Community Provider for their input, recognising that this is where the majority of service changes will take place.

In early November we will share your key messages with the ICS board and then our major clinical workstreams.

We are conscious that there a number of challenging questions which were raised during the event and it is likely we will try to connect up several colleagues during the next few weeks to explore some of these in more detail.

We intend to produce a working document for the Care Professionals Board on 6 December which will describe further details about how we devise a clinical strategy.