

**AGENDA ITEM NO: 8.0.**

<b>Meeting Title/Date:</b>	Governing Body - 19 November 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>	8 November 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 (BHCP) workstreams with a focus on:-</p> <ul style="list-style-type: none"> <li>a) Alfred Barrow Opens.</li> <li>b) Integrated Care System Clinical Congress update.</li> <li>c) Primary Care Development.</li> <li>d) Integrated Care Communities/Community Engagement.</li> <li>e) Population Health.</li> <li>f) Clinical Workstream updates - Accelerator pathways.</li> <li>g) BHCP Workforce Enabling Workstream.</li> <li>h) Digital workstream.</li> <li>i) 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)		
<b>Strategic Objective(s) Supported by this Paper:</b>		<b>Please Select (X)</b>
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities		X
<b>Better Care</b> - improve individual outcomes, quality and experience of care		X
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total		X
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## **BAY HEALTH & CARE PARTNERS UPDATE REPORT NOVEMBER 2019**

### **INTRODUCTION**

1. This paper presents an update on key activities for Bay Health and Care Partners (BHCP) workstreams with a focus on:
  - j) Alfred Barrow Opens
  - k) Integrated Care System Clinical Congress update
  - l) Primary Care Development
  - m) Integrated Care Communities/ Community Engagement
  - n) Population Health
  - o) Clinical Workstream updates – Accelerator pathways
  - p) BHCP Workforce Enabling Workstream
  - q) Digital workstream
  - r) Communication and Engagement

### **EXECUTIVE SUMMARY**

In November, the long awaited primary care centre in Barrow – the Alfred Barrow Health Centre opened its doors to our local communities, with a celebratory event with over 200 people.

Alongside this, we are continuing to see progress with our transformational schemes across Morecambe Bay. The development of a cross-Bay Integrated Community Stroke Team (ICST) commences across Morecambe Bay which will lead to improved equity of rehabilitation to people who has sustained a stroke.

Thirty clinicians from Bay Health and Care Partners attended the Integrated Care System Clinical congress to agree how we can work together to tackle the major challenges we are all facing within neighbourhoods, in our local partnerships and across Lancashire and South Cumbria. There was a commitment to work together to build greater relationships outside health with local people, voluntary, community, faith and social enterprise sector and local authorities.

As winter approaches, BHCP has commenced winter messaging, localising and promoting the national 'Help us to help you Stay Well this Winter' campaign. Partners are taking the lead on a fortnightly cycle to publicise message about staying warm, stocking up medicine cabinets, using NHS 111, having flu inoculations and using pharmacies for advice as an alternative to the GP or Urgent Care. Local teams are working closely to understand the pressures on our acute services across health and social care and to ensure greater capacity and ability for primary care, mental health services, and integrated care communities to respond quickly to peaks in system demand.

## ALFRED BARROW OPENING

2. The official opening of the Alfred Barrow Health Centre was deemed a success after more than 200 people attended the event.

The ceremony was held on Wednesday 6 November from 12:30pm until 2:30pm with members of the public invited to attend a tour of the building in the afternoon.

3. The health centre is situated on the site of the former Alfred Barrow School, which closed in 2009. Since then the building has been used by other organisations for various reasons but stood empty for a while before the site was bought for the development of a health centre. Construction on the health centre began in December 2017 with the oldest part of the Victorian building being preserved and an additional building, which will house the patient-facing services, being built.
4. The health centre, which opens its doors to patients on Monday 11 November, will bring together several primary and community health services which will greatly benefit the Furness population.



Pamela Reid, the longest serving local member of NHS staff officially opens Alfred Barrow, alongside Dr Geoff Jolliffe, MBCCG Clinical Chair



## INTEGRATED CARE SYSTEM CLINICAL CONGRESS UPDATE

5. 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. Bay Health and Care Partners was well represented by clinicians from all disciplines across primary, community, acute and mental health services.

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.

### Commitments and next steps

6. During 2019/20 and 2020/21 the ICS is 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.

ICS colleagues affirmed that they have listened to the clinical body and will:

- Recognise that change takes time and we will support giving clinicians time and space.
- Work with clinicians 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.

The full report and presentations on the day are available within appendix 1

## **PRIMARY CARE DEVELOPMENT**

### **Primary Care Networks (PCNs)**

7. Since the contractual formation of Primary Care Networks (PCNs) in July 2019 there has been progression locally in terms of PCN development. Considerable work has been undertaken within the networks to advance in the building of internal relationships and operational working arrangements, in addition to the delivery of the national PCN contract requirements. The networks have also worked together to develop a Morecambe Bay network of PCN Clinical Directors (CDs) who meet regularly and are beginning to identify the areas where joint/shared PCN working would be of benefit. The Clinical Directors have also begun to discuss with system colleagues, including the General Practice Provider Alliance (GPPA) ways to further embed PCNs within the local system and to ensure joined up working with Integrated Care Communities (ICCs). A number of geographically co-terminus PCNs and ICCs are already working as one entity, whilst others currently remain separate.
8. The Clinical Directors have developed a number of suggested system wide approaches to the recruitment and supervision of future PCN workforce which were brought together into a 'system ask' document. This document has prompted constructive and innovative discussion between PCNs and wider system partners with meetings planned in relation to MSK and Pharmacy joint recruitment.
9. Morecambe Bay PCN CDs are fully engaged with the Integrated Care System (ICS) PCN development work stream and the majority of Morecambe Bay CDs attended a recent Lancashire and South Cumbria PCN development event with Barrow & Millom PCN providing a well- received presentation upon their development experiences so far. The PCN CDs have also secured a place upon the ICS Primary Care Development Board which will further enable their engagement and influence within the ICS.
10. The local alignment of ICCs and PCNs to deliver integrated primary and community care to local populations within natural geographical neighbourhoods remains a system priority. A summary of PCNs and ICCs is attached as appendix 2.

### **Primary Care Academy**

11. General Practice workforce challenges remain and are increasing within Morecambe Bay. The development of a Primary Care Academy to support the attraction, recruitment, retention, training and education of a primary care workforce of the future is under development with presentation to the ICP workforce steering group taking place in November. The Primary Care Academy is designed to work seamlessly with the pre-existing Morecambe Bay Enhanced Training Hub (ETH) and also with wider ICP partners to ensure sharing of best practice, efficiency of resource and co-designed approaches to future integrated recruitment.
12. Following ICP workforce steering group feedback the Primary Care Academy plans will be finalised and wider system engagement undertaken.

### **Additional Primary Care Support for System Winter Pressures**

13. The General Practice Provider Alliance (GPPA) has been engaged with the system winter resilience planning and additional primary care capacity will be embedded by the GP Federation over the winter period to ensure greater capacity and ability for primary care to respond quickly to peaks in system demand.

## **INTEGRATED CARE COMMUNITIES / COMMUNITY ENGAGEMENT**

### **Community service developments**

14. With the development of a cross-Bay Integrated Community Stroke Team (ICST), a steering group and workstreams have been established to oversee the development and implementation. This service will lead to improved equity of rehabilitation to people who has sustained a stroke – the present service offer is patchy with areas having no specific stroke rehabilitation team.
15. In respect of our community hospital provision in South Cumbria, a staff and community engagement programme has been developed from the Frailty Group that asks the question “where would you like to be cared for” is underway to inform commissioning decisions about out-of-hospital care. In addition, an engagement programme in respect of podiatry services is planned and will happen over the next quarter.
16. A workshop was held in October with ICC leads and Reablement teams to ensure that referral pathways are in place and to build relationships with providers. The ICCs are using the following tools to gauge patient experience. The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. WEMWBS and Patient Activation Measures (PAMs) are now routinely reported as more patient experience-related balancing measures. Consistent engagement with and reporting via Lancashire County Council is proving more difficult to secure. ICCs continue to be an engine for working in partnership with other agencies and communities to support wellbeing. The ICCs are now receiving regular reports from Cumbria County Council regarding Reablement and carer involvement in service provision. ICC assessments will include a prompt to refer appropriate individuals or their carers who will benefit from earlier intervention to support independence and wellbeing.
17. The impact of Integrated Care Communities (ICCs) to help reduce Emergency Department (ED) attendances, admissions and bed days is not having the impact expected in these areas. This is in line with the national trend of increased attendances to our emergency departments and continues to be investigated. Work between ICC and Trust clinical teams is underway to review particular patients that might turn up with conditions that may have been amenable to earlier interventions that might have avoided attendance and patients that might be “turned around” rapidly. From anecdotal reports, it is expected that:
  - A large proportion of the (typically older) patients attending will first present to the healthcare system between 8am and 6pm
  - Those who contact their GP first will not be seen and referred on to the hospital until after midday (the first of these emergency patients arriving at the hospital in the early afternoon and those using private transport arriving more quickly than those arriving by ambulance)
  - Patients arriving at A&E directly will not be referred on to care of the elderly medicine, or moved to Medical Assessment Unit (MAU), for at least four hours.

As a consequence of these patterns, two-thirds of older patients will arrive on the MAU after 6pm and wait until the next morning for review and, where appropriate, discharge. The planned “front-door” review will allow an informed and objective response to this reported pattern of attendance, antecedents and admission.

## **POPULATION HEALTH UPDATE**

18. The BHCP Population Health workstream is approaching a key milestone in November with the presentation of the Programme Plan to the BHCP Leadership Team on 21<sup>st</sup> November. This will be the culmination of 6 months' work engaging with key partners across the system and establishing a comprehensive programme approach. The Programme Plan will articulate both the long term vision and detailed deliverables, milestones and plans for the next 15 months. In view of this, we have kept this month's report brief and will provide more detail in the January report.

### **Key progress since September 2019**

- Meetings with the three District Councils have taken place and District Councils are now represented on the BHCP Board.
- A Bay-wide Population Health Management group has been established to enable better co-ordination of a PHM approach across Morecambe Bay.
- The Prevent and Detect group has been re-established. This group is a key enabler of many of the preventive factors that contribute to and / or are causal to the burden of disease that cross cuts all work programmes.
- A range of presentations and events have taken place to continue the work of engaging the workforce and key stakeholders regarding population health and everyone's role in in. This included a whole system workshop held in tandem with the Kings Fund 'Big Conversation' on Population health
- Workshops are being held in the next few months in each of the three district councils areas involving all key stakeholders to include for example PCN's ICC's, District Councils and third sector.

## **BHCP CLINICAL WORKSTREAM UPDATES**

19. Outlined below are the updates on the BHCP transformational workstreams. In this report, a more detailed focus on one of the workstream areas will be outlined to provide more insight into the work programme and this month the focus will be on Outpatients.

### **Outpatients workstream**

20. Nationally the demand for outpatient appointments continues to rise at a rate faster than the growth of the UK population. Outpatient appointments in England alone have almost doubled in the past decade, and are now reaching over 118 million per year.

21. Within Morecambe Bay we continue to see the number of follow up appointments continue to rise, with new patients struggling to receive an appointment within an acceptable time period. The current system is unsustainable in terms of capacity, demand and patient satisfaction. Across the community a piece of work "reimaging outpatient services" has been commissioned, which focuses on;

- Delivering clinic efficiencies, slot utilisation and productivity within the acute trust, reducing the disparity between capacity and demand and delivering such improvements that are necessary to enable consistent application of the patient access policy.
- Working across the health sector to develop sustainable pathways that meet clinical need, and empower patients to take control of their health care needs.
- Identifying and plotting the ideal patient journey, and developing/ implementing patient apps to support healthcare management

## Vision

22. The vision for outpatients was defined by NHS England in the Long Term Plan, 2018 and locally, as a patient centric service that minimises disruption and delay, is efficient, and is supported by technology and digital opportunities.
23. Whilst the vision is yet to be formally agreed, there are key pieces of work needed to work continues. There are two main workstreams; pathways, and hospital outpatient efficiencies which will deliver the reductions and service redesign as developed in the BHCP Recovery Plan, and the NHS England Long Term Plan. This will also be a key priority within the refreshed Better Care Together Strategy and these programmes are further supported by a digital workstream.

## Work Streams

24. There are 2 initial workstreams:-

**a) Hospital Outpatient Efficiencies;** aimed at maximising efficiencies and improvements within the acute trust, including;

- Reducing Churn - 'Churn' is defined as "the cancellation and reinstatement of clinics and appointments at short notice". This programme will undertake a review of clinics, access plans, clinic templates, validation and the Directory of Services
- Capacity & Demand Planning – using NHSi modelling tool to understand the gaps & the AAS session activity, and increase productivity within baseline
- 42 Productive weeks - Development of a monitoring report to ensure productivity within baseline activity & reduction in Additional Activity sessions (AAS)
- Clinic Configuration / New to FU - review clinic configuration maximising the New to FU ratio and the provision of training for clinical service managers.
- Booking Processes - Improve booking process for patients, ensure adherence to Access Policy cross bay.

**b) Pathways; (Clinically led)** A clinically led piece of work aimed at redesigning and defining patient pathways across the health system

- Define pathway(s) referral criteria & standardise cross bay
- Implement trust Follow Up (FU ) policy

25. The Digital workstream will identify and utilise technology to support delivery in line with the agreed vision for outpatients, from a practical perspective to support staff and patients to receive and deliver services differently, and in intelligence reporting.

## BHCP Transformational Schemes progress update

26. Outlined below are the updates on the BHCP transformational workstreams.

Service area	Key activities
Respiratory	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The MBRN project team is progressing well with the implementation of the service changes within the respiratory network. 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.</li> </ul>
Frailty	<p><b>Community Step-Up/ Step-Down Beds</b></p> <p>A service review of the Community step up and step down units in South Lakes and Furness is being undertaken including: - Abbey View at Furness General Hospital and Langdale units situated at the Westmorland General Hospital site and Millom Hospital. The deadline has been extended to allow for further engagement sessions in Millom. To date we have received 172 responses to the public survey and 49 responses to the staff survey. The responses will feed into a report that will go to Oversight and Scrutiny Committee in February 2020.</p>
Diabetes	<p><b>Structured Education Programme for Diabetes</b></p> <p>- <b>Review of Diabetes Structured Education</b></p> <p>Morecambe Bay CCG is currently reviewing the structured education programmes/ courses currently being used to support patients at risk of or with diabetes (both type 1 and 2). This review will provide an evidence base to be used in the commissioning of future education programmes.</p> <p>As part of the review, public surveys have been created to gather the views of the population about their experiences of diabetes specific structured education and how they wish to receive information, support and education about diabetes.</p> <p>Surveys have been distributed in GP practices and hospital clinics. The surveys are also available online. To take part in the survey and have your say on diabetes specific structured</p>

	<p>education programmes click on <a href="https://bit.ly/2VQbkkS">https://bit.ly/2VQbkkS</a></p> <p>The survey will close on 6/12/19.</p> <p>- <b>Online Education</b></p> <p>A local diabetes brand “Your Diabetes Your Way” structured education programme has created and is being tested in collaboration with Health Care Professionals and patients for Lancashire and South Cumbria.</p> <p>Phase 1 of the project is focusing on Type 2 with a view that phase 2 will include more modules covering type 1, Gestational Diabetes and Foot Care.</p>
Atrial Fibrillation programme	<p><b>Atrial Fibrillation Patient Optimisation Demonstrator Programme – Optimising treatment</b></p> <ul style="list-style-type: none"> <li>• Morecambe Bay Clinical Commissioning Group has signed up to NHS England Atrial Fibrillation Patient Optimisation Demonstrator Programme with the aim to improve the management of people who have been diagnosed with Atrial Fibrillation (AF) by optimising their treatment. Funding was received in April 2019 to fund the external prescribing company, GP time working on the project and cost of drugs for patients.</li> <li>• To date 90% of Morecambe Bay GP practices have signed up to the programme and 80% (1559 patients) of high risk AF patients have been audited.</li> </ul> <p><b>Optimising Detection of missing AF patients</b></p> <ul style="list-style-type: none"> <li>• Data shows that there is a possible 2,149 patients ‘missing’ from practice Atrial Fibrillation (AF) registers in Morecambe Bay CCG. Thus, Morecambe Bay CCG is working on improving the detection of AF and closing this prevalence gap.</li> <li>• Alivecor/Karia mobile ECG devices accurately detect AF (97% sensitivity &amp; 95% specificity). In 30 seconds it records a lead 1 ECG and provides an instant AF-related analysis on the trace.</li> <li>• Devices have been obtained and allocated fairly on GP practices as per weighted population; GP practices have been invited to take part of the programme and AF champions have been identified.</li> <li>• Education sessions for AF champions are currently taking place.</li> </ul>
Outpatients Programme	<p>Extensive work is ongoing with Primary Care, Secondary Care and other services to ensure that the patient’s outpatient journey is managed effectively from referral to discharge. This includes ensuring they are seen by the most appropriate clinician, at the right place, at the right time. There is a comprehensive review planned of the referral process and criteria, including a full DOS review in ERS to ensure we maximise clinic capacity, attendance and only follow up patients when appropriate to do so.</p> <p><b>Outpatient Efficiency-</b> 50% Reduction of ‘Churn’ by March 2020. ‘Churn’ is defined as “the cancellation and reinstatement of clinics and appointments at short notice”.</p>

	<p>An Outpatient Efficiency workshop 30/60/90 Challenge was held at Truckhaven over two days, Thursday 17<sup>th</sup> &amp; Friday 18<sup>th</sup> October. This was attended by ADOP's, Service Manager's CPCC staff, GP representatives, as part of the workshop observational visits were arranged to various GP practices, Outpatient Departments, I3/Config teams and booking hubs, to view current practices and identify new ideas. There were 13 Initiatives identified:</p> <ol style="list-style-type: none"> <li>1. ERS Integrated design Authority (Primary/Secondary Care interface.</li> <li>2. Standardise Polling time to 6 Weeks</li> <li>3. Align ERS and Lorenzo/EMIS naming Conventions</li> <li>4. Flexible Prospective cover – SPA onsite</li> <li>5. Extend Annual leave notice period to 8 weeks</li> <li>6. Standardise Leave Process</li> <li>7. Review and simplify Trust Access Policy</li> <li>8. Removal of 21 day DNA option to rebook</li> <li>9. Develop and Pilot Local Patients Charter</li> <li>10. The use of Texts to prevent &amp; explain DNA's</li> <li>11. Appointments to be offered as Trust offer not Site specific</li> <li>12. Stopping short notice clinics in ENT and Dermatology from December 2019</li> <li>13. Rheumatology to pilot new admin policy for annual leave.</li> </ol> <p>Each Initiative has an allocated Lead and work group. The second hour of each fortnightly OPIG meeting will be dedicated to supporting the 13 PDSA's.</p>
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## **BHCP WORKFORCE ENABLING WORKSTREAM**

27. The launch of the national Interim NHS People Plan in June 2019 has given BH&CP organisations the opportunity to review the collective people approach and ethos at the heart of the integration and transformation programme across Morecambe Bay.
28. The Interim NHS People Plan set out a clear roadmap of initial and longer-term actions to address the workforce challenges facing the NHS. The Interim NHS People Plan painted a candid picture of the scale and range of the workforce challenges facing the NHS, almost all of which are present in the Morecambe Bay geography and have been the centre of collective action since Better Care Together was first developed.
29. As such, it (Interim NHS People Plan) is further validation of the ethos and approach that is starting to be developed by BHCP to support delivery of high quality, sustainable patient care. In many respects, BHCP is well-placed to receive and implement the actions contained within the Interim NHS People Plan, having strong plans within the various organisations.
30. The Interim NHS People Plan will therefore be integral to the development of Better Care Together V2, cementing Morecambe Bay's ambition to be employers of choice and anchor institutions. It will set out the actions that need to be taken at BHCP level, including the development of an integrated workforce profile and associated plan, plus development of plans to make BH&CP the best place to work.

31. The leadership team within the Integrated Care Partnership has already set out an expectation for a compelling employee proposition, with a happy, motivated, adaptable and agile workforce that are compassionate, skilled, and focused on patients'/service user needs, available in the right numbers and deployed in the most appropriate settings.
32. One of the early priorities set for the People & Organisational Development (OD) Workstream is the development of an overarching People & OD Plan, which in effect will be how we mobilise and deliver the NHS People Plan locally.
33. The key elements to consider from a BHCP perspective are as follows:
  - Developing a Bay-wide Colleague Experience Charter (to deliver the new employee offer)
  - Connecting UHMBT's Flourish with the system's Live Well campaign, in order to get an integrated *Live Well & Flourish* culture (rooted in the principles of population health delivery)
  - Building on the UHMBT's Talent Management strategy, to ensure Bay-wide talent is identified, nurtured, developed and optimised
  - Consolidating the work of the BHCP Careers Engagement & Liaison Team
34. There is a clear need to develop and spread a positive, inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity, fully utilising the philosophy and approach set out in *Developing People – Improving Care*, the national OD Strategy launched in 2016.
35. The priority for BHCP is to build clinical leadership and accountability at a system level, with clinical champions that are organisationally and personally agnostic. A Clinical Congress is planned for early 2020, bring together clinical leaders from all partner organisations to understand the hopes, dreams and fears of the clinical leadership community and build their leadership vision.
36. Whilst nursing is a critical workforce shortage area, Morecambe Bay's geographical location, economic context and rurality mean that it is significantly impacted by national skills shortages across all partner organisations. Engagement across BHCP partners has identified that the most pressing workforce challenges across the geography result from high levels of vacancy in the following areas:
  - General Practitioners
  - Consultants Medical staff
  - Nurses & Midwives
  - Social Workers
  - Therapists
  - Support Workers (Care Homes)
37. One of the key People & OD priorities for 2019/20 was to "identify our workforce hotspots and opportunities (fragility, risks, mitigation)". As such, the key elements to consider from a BHCP perspective are as follows:
  - Developing bespoke plans for each identified area of need
  - Focusing on a "grow our own" strategy through career frameworks, apprenticeships, targeted employability and inclusion
  - Developing the "Primary Care Academy" approach
  - Optimising the Virtual Recruitment Hub and international recruitment opportunities
38. System-level working is continuing to drive greater joined-up thinking between activity, finance, quality and workforce. As such, there will need to be an integrated Workforce Plan developed in 2020/21 that includes full detail of workforce modernisation and transformation across BHCP, including how new roles are being introduced to improve sustainability and patient care.

The key elements to consider from a BHCP perspective are as follows:

- Digital workforce strategy
- Development of the ICC & PCN workforce modelling (including embedding learning and approach from the NHS Transformation Unit (NHS TU) programme)
- Developing an integrated apprenticeship offer across BHCP organisations

39. It is clear that the demands of the system for people & OD support will be markedly different from those required from individual organisations, and this has already been highlighted by the need to commission NHS TU for workforce redesign (as these are specific skill sets that have largely been developed over greater geographical footprints).

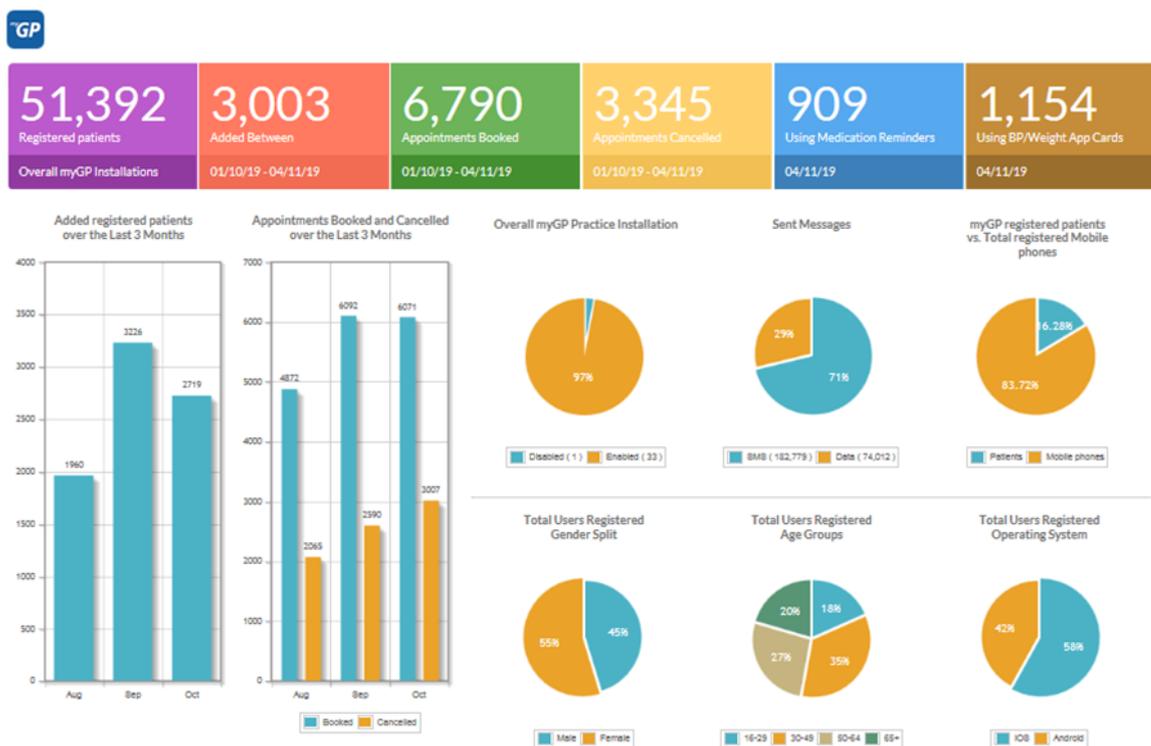
40. In addition, as the clinical service strategy develops and the accelerator programmes expand, demands for specialist workforce support to these will increase significantly beyond capacity in the way support is currently offered/provided.

41. Increasing costs is not an option, so the model of support will need to change drastically so that local improvement and transformation teams are provided with the knowledge, frameworks and coaching support to lead workforce change remotely (rather than through dedicated provision).

## DIGITAL WORKSTREAM

42. Outlined below is an update on the digital workstream programmes.

- **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. The dashboard below shows that 51,392 patients have downloaded the myGP app, this is an increase of 5,376 since the last update report. The ICS has transferred £100k of funding to Morecambe Bay CCG to enable the development of data collection from patients within the myGP app to help reduce avoidable consultations and support early discharge. Work is ongoing to agree an appropriate specification of requirements.



- **Digital Strategy** –A draft digital strategy for Morecambe Bay has been developed to inform further discussion and a workshop is planned on the 11<sup>th</sup> of December, with representation from across BH&CP, to consider and further develop the strategy.
- **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.

The original proposal has been redrafted following consultation with NHS England who has approved the revised business case. Once confirmation from NHS England is received that funds are available these will be drawn down and work on the project will commence.
- **Biophysical Data Capture** – work has continued to develop the functionality to allow Health Care Professionals to request and support patients to record personal biophysical data, including Blood Pressure, Oxygen Saturation, Peekflow, etc. within the iPlato MyGP app. This enables remote patient monitoring and the incorporation of patient recorded data into general practice patient record (as appropriate). Testing is underway with real patients ahead of making this service more widely available to practices across Morecambe Bay.
- **Primary Care Streaming** – A project has been initiated to implement a digital solution at the front door of the Emergency Department in Lancaster. 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. Work has continued on the procurement and implementation of the eConsult system with a planned go-live in early December. The BHCP Chief Information Officer (CIO) and colleagues from the I3 service are providing support as required.
- **Strata Supported by NHSI** – NHSI have awarded UHMB circa £700k of funding to support patient navigation from Ambulatory Care (Phase 1) and a wider implementation of Strata across Morecambe Bay (Phase 2 & 3). 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 rollout of Strata into general practice has now commenced and is being supported by PRIMIS.

## COMMUNICATION AND ENGAGEMENT

43. Outlined below is an overview of the communications and engagement activity over the past 2 months.

### BHCP Strategy Development

44. 'Better Care Together: developing our Bay Strategy for the next five years' was circulated to partners, and an online survey ran from late August to early September. It is estimated that the consolidated 'reach' achieved by the document was in the region of 15,000 people. Public feedback has been received on proposed priorities for the emerging BHCP five-year plan.

The Report of Findings was presented to the BHCP Leadership Team in September and published on the Healthier Lancashire and South Cumbria website. The Report can be found here: [Public Engagement Outcomes](#).

### **Winter Communications**

45. BHCP have commenced winter messaging, localising and promoting the national 'Help us to help you Stay Well this Winter' campaign. Partners are taking the lead on a fortnightly cycle to publicise message about staying warm, stocking up medicine cabinets, using NHS 111, having flu inoculations and using pharmacies for advice as an alternative to the GP or Urgent Care.

### **BHCP Public Assembly**

46. The first three meetings of the Public Assembly have taken place and three further meetings are planned.

- Rydal Suite, the Forum, Barrow, 11 November 5.30 – 7.30pm
- Lancaster Town Hall, Lancaster, November 1.30pm to 3.30pm
- Kendal Town Hall, Kendal 21 November 5.30pm to 7.30pm

These meetings will again be supported by Healthwatch and the Third sector partners.

### **BHCP Website**

47. At present there are two websites for BHCP work. An older website (a legacy from Vanguard) exists at the address [www.bettercaretogether.co.uk](http://www.bettercaretogether.co.uk). Much of the content is now out of date. The second is a sub site of the Lancashire and south Cumbria ICP <https://www.healthierlsc.co.uk/morecambe-bay>.

A project has now begun to bring the two together, preventing confusion and duplication, and providing a digital home for the Assembly.

### **Alfred Barrow Health Centre opening**

48. An event will take place on Nov 6 to mark the completion of the Alfred Barrow Health Centre which officially opens on Nov 11.

At the event organisations moving into the health centre will showcase their services and members of the public will be invited to tour the building.

### **Beyond Radio**

49. Beyond Radio, the local radio station for Lancaster, Morecambe and Carnforth is to broadcast a series of 1 minute Health advice slots starting in November. The Trust and CCG are to identify 15 subject areas for the broadcasts which will be aired 6-8 times a day over a 3-4 month period.

### **Did Not Attend campaign**

50. A survey has been completed to help understand why people miss GP and hospital appointments and what changes can be made to reduce the incidence of missed appointments. Based on the feedback received, BHCP will plan and run a campaign that will

encourage people to cancel their appointments if they are no longer needed. This will focus on how this will create shorter waiting times and save money and time.

### **St Mary's Hospice**

51. St Mary's Hospice in Ulverston continues to reassure the public that it remains open despite suspending inpatient care after it was unable to recruit a senior palliative care doctor. The Hospice is optimistic that it will be able to fill the position soon and allow inpatient admission again.