NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 6.0.

Meeting Title/Date:	Governing Body - 18 July 2017		
Report Title:	Clinical Strategy for Health Services in Morecambe Bay - Better Care Together Update		
Paper Prepared By:	Darren Hargreaves/ John Taylor	**Date of Paper:**	7 July 2017
Executive Sponsor:	Andrew Bennett	**Responsible Manager:**	Darren Hargreaves
Committees where Paper Previously Presented:	Not applicable		
Background Paper(s):	Not applicable		
Summary of Report:	This paper describes the current status of the Better Care Together (BCT) programme and provides a progress update on the key elements of work.		
Recommendation(s):	The Governing Body is asked to:- • Note the current updated progress and position of the Better Care Together (BCT) programme.		

		Please Select Y/N
Identified Risks:		N
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
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 the key elements of work. The last two months has seen further progress achieved in the Better Care Together programme and this report highlights activity in the following areas:

    - New Care Models Team quarter one review
    - Development of the Accountable Care System (ACS)
    - Development of a Common Platform
    - Evaluation update
    - Work stream progress

NEW CARE MODELS TEAM QUARTER ONE REVIEW

2. The Quarter 1 review with the National New Care Models Team will be held on Friday 21st July 2017. During 2017/18, these reviews with the national team are expected to focus on Morecambe Bay's capability to develop according to the national framework for Primary and Acute Care Systems (PACS).

3. Following a request from the New Care Models Team, the Women's & Children's (WACs) and Research and Evaluation work streams will also present on their progress to date. There will also be a focus on current performance against the A&E performance measures which is likely to include:

    - The current performance within A&E (admissions, attendances, 4 hour waits etc.)
    - The trends in performance since the vanguard was established.
    - The projected reductions for 17-18, whether they are on track and the causality between those reductions and the BCT initiatives.

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

DEVELOPMENT OF THE ACCOUNTABLE CARE SYSTEM (ACS)

4. Following on from the ACS Development Plan agreed in March 2017, Bay Health and Care Partners has continued to make significant progress across the core elements of our programme. Over the last few months this has included the development of:

    - A draft Population Health Framework, providing evidence for the health profiles of each of our communities together with suggested responsibilities for improving population health;

    - The appointment of a Chief Information Officer for the Bay, to lead the development of information systems across the whole health economy in North Lancashire and South Cumbria.

- Development of proposals for the governance and leadership of our Integrated Care Communities (ICCs), to further support the integration of local services.

- A 10 point plan to support the continued development of the 2 local GP Federations across the Bay: this programme of work not only supports the priorities within the system but also supports General Practice to become more resilient, have greater capacity and to become a firm foundation for the development of ICCs and the wider Out of Hospital strategy.

- Analysis and development of the Finance sustainability plans for the Bay.

5. On 22 June 2017, the Bay Health and Care Partners' Leadership Team reviewed the next stages of the development of the accountable care system with a particular focus on 2018/19. This discussion considered the ambition of the Morecambe Bay system to share decision-making, identify the shifts in resources for our new care model, continue the culture changes towards more system-working and design our future leadership arrangements. It is therefore proposed that the leadership team will develop an outline proposal for the next stage development of the Accountable Care System which will focus on setting out:

   - The Bay vision for the next 3- 5 years.

   - Clarity on what we want to achieve in 2018/19 and how we will do this through defining the operating model we use and scope of system responsibility, prioritisation and decision-making.

   - Development of the governance arrangements to support shared decision making, such as delegation and how we ensure organisational oversight.

   - Refining the system leadership arrangements to support our ambitions.

   - Process for agreement of a Memorandum of Understanding that determines how we align with regulators and the STP.

   - How we will manage sustainability, financial recovery and resource allocation in the ACS.

   The development of these proposals will allow more detailed plans to be worked up across partner organisations to support the creation of effective shadow arrangements.

COMMON PLATFORM

6. The 'Delivering Accountable Care for the Bay: 2017/18 Plan and Milestones' March Board paper confirmed 'development of shared services and common platform' as one of the three core aims of the accountable care system programme. The overarching objective for 2017/18 highlighted the need to accelerate the development of shared services options and joint leadership towards establishing integrating informatics, workforce, estates, finances and development of a shared improvement 'hub'.

7. In the first quarter of 2017/18 the four core work-streams (IM&T, Workforce, Procurement and Estates and Facilities) have continued to meet regularly, with ongoing development of preferred system options for these areas. During quarter 2

the vision and objectives are to be agreed for the four core work streams. Additionally, it has been agreed that the programme will further include work streams for Finance, Programme Management & PMO, Improvement Hub and Communications & Engagement

RESEARCH & EVALUATION

8. An Interim Report, recently prepared by the University of Cumbria, has been shared with other vanguards by the National NCMT as a good example of qualitative research.

9. Utilising the £200k evaluation funding, awarded for 17/18, we have extended the contract we have with the University of Cumbria by a further year to enable them to complete their current evaluation by Oct 2017, whilst simultaneously evaluating new areas for 2017/18. A detailed specification is currently being discussed and the evaluation for 2017/18 will focus on 3 specific Integrated Care Communities (Barrow Town, Bay and East). The evaluation will concentrate on implementation of frailty (particularly prevention, admission avoidance and facilitated discharge), respiratory and paediatric pathways within each ICC.

10. New guidance has been issued by the NCMT for 2017/18 introducing new questions around patient engagement and economic evaluation. Evaluation workshops are continuing through the summer focussing on the creation, collection and use of data from across health providers, support services and the community to support the new care model. The outputs from the workshops are available on *Pebble Pad,* the University's online sharing facility, which can be found at the link, below. This allows access to the evaluation methodology, presentation slides, workshop 'harvesting sheets' and engagement in the discussion forums:

https://v3.pebblepad.co.uk/v3portfolio/cumbria/Asset/View/94jgbwjbdRgs6xq3qyR9d4p37W

WORKSTREAM PROGRESS

11. 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:

METRICS & MEASURES

12. As described in the updates, below, the system is now able to utilise both Acute (hospitals) and Primary Care (GP practices) data to create a developing integrated information platform to plan and manage services in line with the BCT plan.

13. Below are some extracts from the BCT dashboards, which are incorporated into a comprehensive Integrated Performance Report (IPR), the focal point of the discussions at the monthly BCT Programme Delivery Group and the Programme Board.

Figure 1: Integrated Performance Report Executive Overview

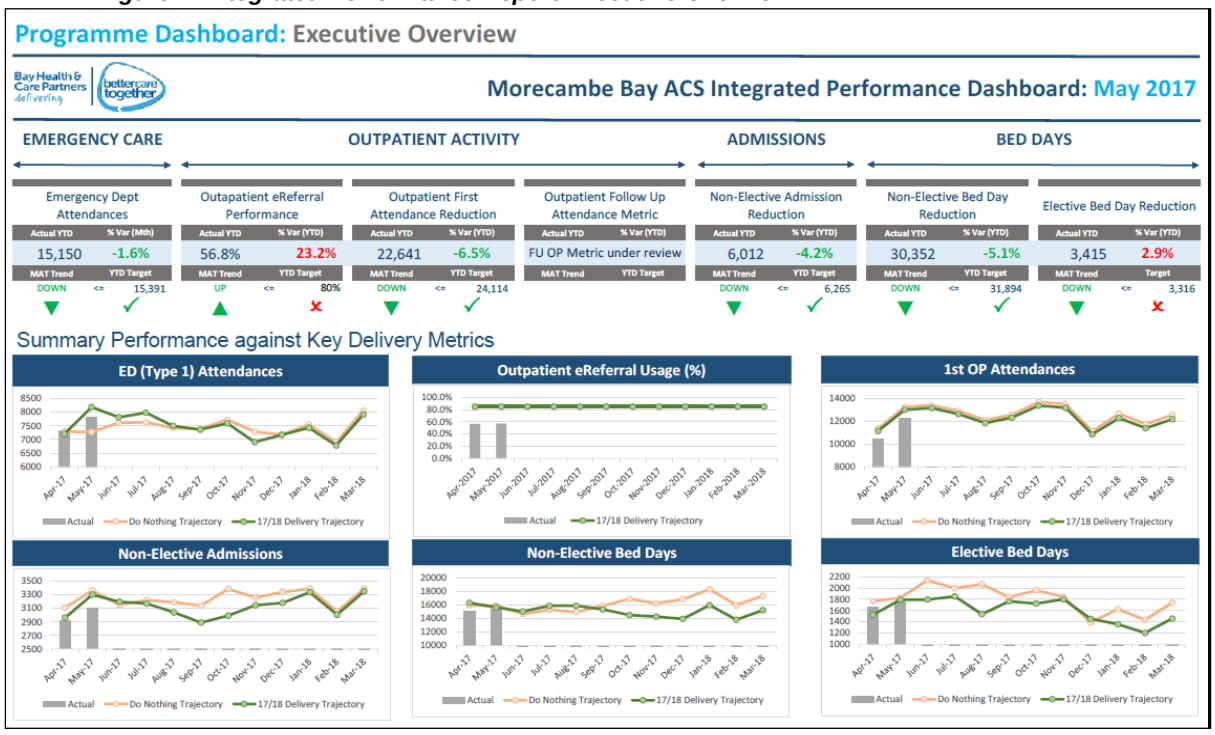
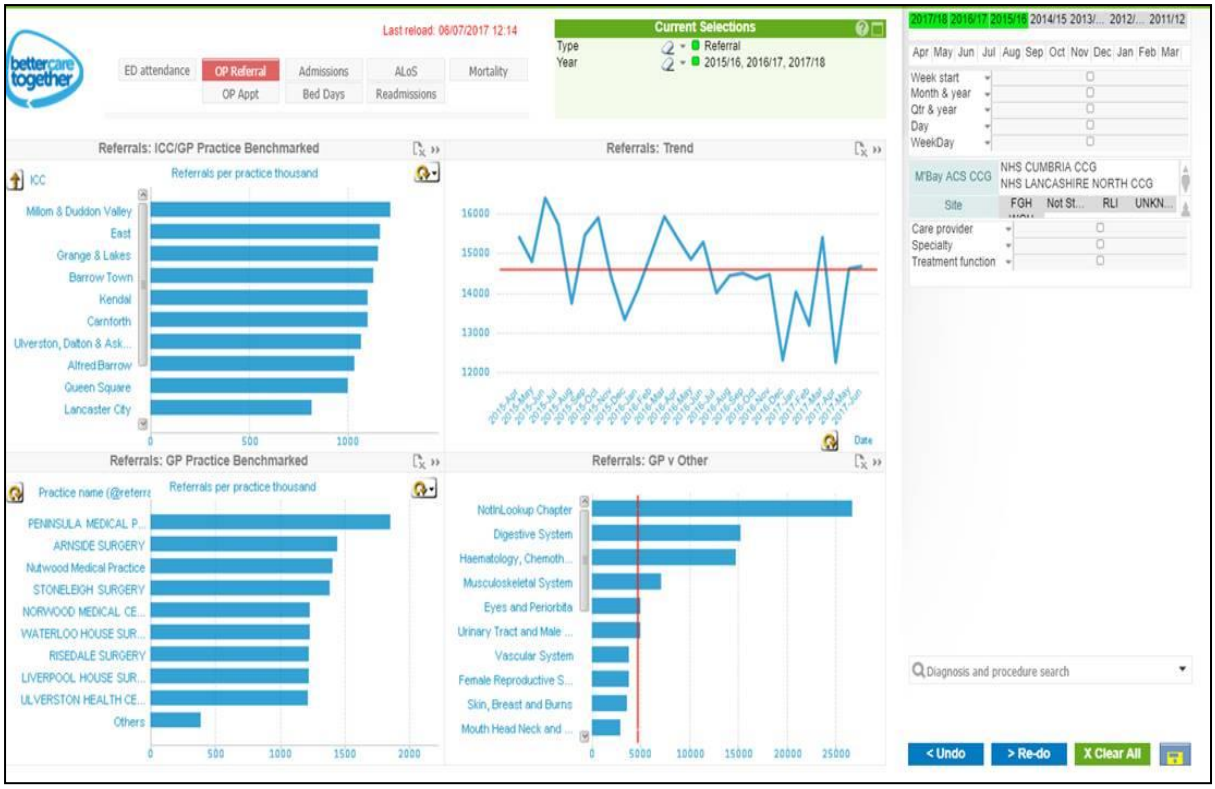


Figure 2: ICC Referral Data



Out of Hospital

14. The monitoring of activity is now being undertaken with the use of the 'QlikView' dashboards and with support from the IM&T Enabling Programme. Both Primary and

Acute data is being combined to provide a far richer and comprehensive picture of activity across Morecambe Bay that supports the better planning and management of services in line with the BCT plan.

15. Progress has been made in all of the ICCs in South Cumbria in relation to risk stratification in recent months focussing on specific conditions which are currently impacting on the overall system (COPD, Asthma, CHD, MSK and Frailty). All ICCs have now identified their most vulnerable patients using available data and are producing care plans to support patients to manage their conditions and mitigate the impact on the system. The Millom and Dalton & Ulverston ICCs have both risk stratified their registered population and also identified gaps in terms of care planning. This will allow them to focus their efforts to breach those gaps and work with the patients' cohorts to continue encouraging self-care and managing their conditions more adequately and efficiently.

16. A number of tailored initiatives have started in localities during this first quarter, most noticeably for early identification of frail patients operating initially in the Garstang, Kendal, Queen Square, and East ICCs. This involves the development of action/care plans to avoid hospital admissions where possible for those identified as at risk. Analysis of general practice data has shown a significant shift, with fewer admissions and an attendant reduction in length of stay, in the six months following assessment when compared to the preceding six months in pilot areas.

17. Engagement with local communities in respective ICCs has resulted in the development of a number of patient-led activities and projects, for example, the 'leg ulcer café' in Kendal & Garstang which are supported by specialist nursing staff are proving and the wellness project in Barrow.

18. Resourcing of the ICCs is under review to ensure that system-wide priorities and locally determined priorities are prioritised and that the principle of resource following activity is given effect.

Elective Care

19. *Referral Pathway Improvement programme:* The programme focusses on streamlining the transactions between primary, secondary, community and social care to ensure patients access the right service with the right referral information. A workshop scheduled for 7 July focused on the booking processes to enable the National e-referral system to be fully integrated, enabling electronic referral for consultant led first outpatient appointments. Work is on-going to review clinical pathways in preparation to upload onto Map of Medicine prior to the North Lancashire roll-out planned for November 2017.

20. *Advice and Guidance (A&G):* Since implementation 1,868 patients have accessed care closer to home. The system is now available for the majority of specialties with defined response protocols ensuring an average 2 day response time. Plans are now in place to further enhance A&G, extending its availability to other health care professionals such as specialty nurses being able to answer questions set by clinical staff within GP practice. A&G continues to have national interest both from NHS England to inform the e-referral system A&G service and from other NHS trusts.

21. *Specialty Re-design Programme:* The Community Ophthalmology Service continues to improve benefits within Ophthalmology with the next pathway (Occular Hypertension) agreed and soon to be transferred. A Multi-disciplinary Team (MDT) steering group that includes GPs, Optometrists, Pharmacists is now in place to

review further pathways for community based care. MSK has a weekly MDT in place to review all referrals ensuring patients are seen by the most appropriate health care professional. Since implementation a significant reduction in referrals to T&O Consultants has been observed. At the end of June a total of 476 new patients were seen with 42 referred to T&O, an 8.8% reduction to the previous year.

22. *Outpatient Programme:* The PIFU implementation plan has been agreed with Rheumatology now live and Respiratory (COPD), Gynaecology and Urology ready to go live. Patient communications and PIFU cards for Gastro and Diabetes are in development and due to go live by the end of Q3. Evaluation will be on-going. A Virtual Fracture Clinic pilot has commenced in FGH with continued evaluation planned to further inform costings prior to implementation in Q3.

23. *Elective Care Replicability and Spread:* The spread and continued uptake of A&G, the introduction of Physiotherapy-led MSK clinics and the Patient Initiated Follow Up project have all progressed with a number of other Trusts making contact regarding replicability and spread.

Women's & Children's Services (WACS)

24. During the first quarter the work stream has focused on finalising the model for an Integrated Children's Nursing Team (ICNT) and the development of an implementation plan. In May, a workshop focused on this with representation from UHMB, BTH and CPFT collaborating to establish common ground for the basis of the integrated team; with joint team meetings, training and exploring the rotation of staff between the teams. Support from BCT Organisational Development colleagues was pivotal to the success of this workshop. This has allowed the Children's Project Group to develop the targeted areas for the integrated team with enhanced community provision and move closer to agreement on how this team can be resourced beyond March 2018. These proposals are currently being reviewed by the WACs steering group and refined to be presented to the BCT Delivery Group.

25. The BCT WACs GP Leads & Placed Based Leads have been further progressing the Integrated Children's Model; defining the roles of Children's Champions, GP Children Leads and Link Paediatrician. This alongside the ICNT plan is being developed into a model to inform and align children's services to all 12 ICCs.

26. Having reviewed our previous trials of community clinics, August will see the first community clinic for paediatrics implemented. The intention is to do a mini pilot for a consultant paediatrician holding outpatient clinics once a month within Barrow Town ICC. This is also planned to be commenced for an ICC in North Lancashire in August. The pilot methodology will be used to support the implementation in these ICCs and then share the learning to implement across the other ICCs.

27. The "Better Births Together" group has been working to agree a plan for 2017/18. The group has sought to frame this plan initially in the context of areas that they are able to influence and within the 2017/18 timeframe. The group is also developing a population health approach for maternity to be linked in to ongoing population health work with Bay and Health Care Partners.

Prescribing

28. The newly formed Prescribing work stream has progressed well in Quarter 1, establishing a programme structure and governance, forming robust project plans to

enable the delivery of planned efficiencies. The work stream seeks to deliver efficiencies primarily through the following project areas:

- Central Nervous Systems
- Cardiovascular Systems
- Endocrine Systems
- Respiratory Systems
- Bio-Similar Switches and enhanced systems for delivery of homecare

29. Initial work has focused on detailed scoping for these project areas, reviewing benchmarking data such as 'Right Care' and identifying specific groups of patients. Patient information sessions are being planned for those forming part of Bio-similar switches, to enable engagement between clinicians and their patients; this work has been supported well by the clinical team who are seeking to provide the best possible service to our patients.

30. Over the next few months the work stream is planning further engagement with patients, in particular with regard to Endocrine and Cardiovascular, and the implementation of planned changes in Bio-Similar products and Central Nervous System medications.

Communications and Engagement

31. Better Care Together has launched a new website which includes dedicated ICC pages to help bring their work to the attention of website visitors: these pages and others will be updated regularly. The new website can now be viewed at the link below using mobile phones and tablets which are becoming an increasingly popular way to access information.
www.bettercaretogether.co.uk

32. The team continue to submit a monthly case study to the New Care Models Team highlighting the work of the Better Care Together Vanguard. The case study for May focussed on "SICK" – the interactive play which helps children understand how to use the NHS appropriately, and how to look after themselves. The case study for June was written on Respiratory Care, a very successful initiative that has drastically reduced Emergency Department attendances.

33. A key part of our work is sharing good practice. As part of that, we were invited to present, at the Health and Care conference 2017, our work as a top performing Primary and Acute Care System (PACS) model in addition to our work in community engagement and community mobilisation. This is in addition to presentations to the Kings Fund, the Healthcare Financial Management Association conference and more.

34. Our regular engagement and communications activities continue with social media, press releases, monthly stakeholder newsletters and briefings etc. We have also published and circulated two new printed guides: "Patient and Public guide to BCT" and "BCT What have we done so far", which are being distributed to the information pods in each local hospital - and are also being distributed to all GP Practices and healthcare premises across south Cumbria and north Lancashire.

Workforce & Organisational Development

35. In June, a review took place of the current workforce roles across the frailty pathway, the challenges (mainly recruitment and funding) and then discussed different / new

ways of working for these teams. This included a review of the case study from East Herefordshire who have completed a frailty pathway review and developed new models of care. There is also a workshop at the end of July to streamline the Integrated Rapid response (IRRS) pathways across North Lancashire and South Cumbria, which will then impact on the workforce required.

36. Work continues on developing the cross-organisation recruitment website, www.betterwithyou.co.uk, including uploading of GP vacancies to NHS jobs, aligned to establishment of a professional recruitment service across GP practices and care homes. This has now begun, with GP's already sharing policies with the aim of utilising 'Ask SAMI'.

37. Work is continuing on developing a Bay-wide apprentice strategy to optimise use of the Apprentice Levy and to meet future workforce development needs. This includes a plan to enhance apprenticeships across community, regulated care and primary care, as well as the hospital sector. Discussion has also begun regarding a joint approach to using the Levy in order to maximise its benefits across BH&CP.

Organisational Development

38. The agreed OD strategy has four areas of focus: ICC Development; BCT work-stream support; Development of a BHCP Improvement strategy; and Development of the OD and Improvement Collaborative itself. In addition we have been supporting integrated care development and providing direct OD support to organisations within BHCP.

39. ICC Development: A focus on the human aspects of change management is now being evaluated with early results showing that whilst some ICCs have a clear vision, engaged leadership and stakeholders, further work is required to detail the potential impact of changes, requirements for training and workforce, and plans for sustainability. The Bay Learning and Improvement Collaborative (BLIC) is providing targeted interventions as further assessment details emerge. Additionally we are working with UHMB appointed link nurses to strengthen collaboration and communication.

40. BCT Work-stream: Workshops with the Women and Children's work stream have led to positive engagement and decision making on integrated children's nursing teams, which will lead to further delivery of services in the community setting. BLIC is also supporting staff from Community Paediatric Clinics to ensure improvement methodology is used in implementation.

41. BHCP partner support: BLIC supported the development of MBCCG with a workshop focussed on development of an effective culture. A staff 'pulse' survey and Barrett Cultural Values assessment was conducted and results discussed with staff. Outputs are being used to develop executive and staff group responses.

42. Population Health: A workshop was held with 125 GPs to gain support and engagement for an in-year strategy for stroke pathway improvement. This revealed high levels of GP support for standardising anticoagulation drug usage and improving working practices in GP surgeries.

IM&T

43. The Bay-wide Chief Information Officer (CIO), John Glover, has commenced in post

on the 3 July 2017. John has previously worked in the Wirral, taking the lead to develop a shared health record.

44. The Business Intelligence platform continues to develop to plan supporting the Integrated Care Communities and the emerging Population Health work stream. The first dashboards incorporating Acute and Primary Care data have now commenced with the analysis now beginning to inform BHCP to better understand referral patterns and performance and where further developments can be targeted.

45. The Bay Health Community Data Warehouse that underpins this work continues its development of a single view of patient data from multiple health systems across the BH&CP footprint.

46. The proposal setting out a new model of consent for the sharing and distribution of patient records, distributed for agreement across all BHCP organisations continues to be discussed and an agreement sought during quarter 2.

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