

HEALTH AND WELLBEING BOARD

Date: Thursday 11th February 2016

Report Title: Out of Hospital Care in Bromley – update report

Report Author: *Name: Mary Currie*
Department: Interim Director of Transformation
Organisation: Bromley CCG
Tel: 01689 866544
E-mail: mary.currie3@nhs.net

1. SUMMARY

This report provides an update on the proposed direction of travel for Out of Hospital Care in Bromley. In 2015 the CCG and Local Authority commissioned 'iMPOWER' to work with the CCG to develop a strategic direction for Out of Hospital Care. As General Practice is at the heart of the health services, engagement and contributions were brought together from GPs, other providers and patients to inform the 'Out of Hospital Transformation' strategy document which was brought to the Health & Wellbeing Board in September 2015.

The aim of the Bromley Out of Hospital strategy is to provide coordinated care for patients via integrated services and the establishment of three Integrated Care Networks (ICNs), each serving a third of the local population. This will enable services to be more responsive to patients' needs, while ensuring the best possible use of resources, avoiding fragmentation of services and reducing the complexity of the patient journey.

The overarching vision for the programme of work is:

***Building a Better Bromley by developing community,
social, primary and secondary care to help the people of
Bromley live longer, healthier, happier lives.***

Following the production of the Out of Hospital Strategy document. The CCG has been engaging further with key stakeholders including local providers to 'fine tune' a draft Programme Implementation Plan (PIP) that will provide the platform to develop a more consistent integrated quality of care for Bromley residents.

A GP provider event on 19th January 2016, with an agenda co-developed with the Local Medical Committee (LMC), further engaged GPs and other providers in order to co design and prioritise key elements of work together. The expectation is that the outputs will assist with finalising the Programme Implementation Plan for the Out of Hospital strategy (draft PIP, *appendix a*).

An extra-ordinary meeting of the CCG Membership Body is being planned for February 2016, to further engage with the membership, prior to final PIP approval being sought at the March 2016 CCG GB meeting.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

This is a joint programme between the CCG and Local Authority and vital for the development of integrated care (Section 6 of Health & Wellbeing strategy)

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The Health & Wellbeing Board is asked to note this report, the proposed direction of travel and the governance arrangements to support the programme.

Mary Currie, Bromley CCG's Interim Director of Transformation, is the lead officer. The draft Programme Implementation Plan (Appendix a) shows the designated individuals, from both CCG and LBB, who are involved in the work.

Health & Wellbeing Strategy

The programme relates to all the priorities in the Health & Wellbeing strategy: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers

4. COMMENTARY

In 2015 the CCG and Local Authority commissioned 'iMPower' to work with the CCG to develop a strategic direction for Out of Hospital care. As General Practice is at the heart of the health services, engagement and contributions were brought together from GPs, other providers and patients to inform the 'Out of Hospital Transformation' strategy document published in September 2015.

The key findings of the report showed that Bromley currently has some inconsistency in care provision, along with challenges related to low levels of integration, rising healthcare demand that is unaffordable, alongside being overwhelmed by short term performance issues, which deflects focus away from preventative and proactive models.

The key aims were to deliver a strategy that would ensure the sustainability of services to the population of Bromley, with an enhanced focus on prevention and the proactive management of patients.

There has been a range of engagement events with key providers including GPs, community, mental health, acute, voluntary sector providers (the list not exhaustive) and involvement of patient groups. The 'Out Of Hospital strategy', brought to this Board in September 2015, reflected the outcomes of

these engagement sessions and ensured alignment with other national and local priorities, including the Our Healthier South East London (OHSEL) strategy.

Since September 2015, the CCG has continued to engage with providers to listen, take account and develop a draft programme plan to address and prioritise the recommendations of the report.

Summary of issues

- Although there are examples of good practice in Bromley, these have not yet been adopted consistently, or at scale.
- It is evident that a continuous improvement approach is unlikely to be effective in an unbalanced system.
- Bromley needs a major transformative change to rebalance the system and create performance sustainability

There is a risk that the CCG will not be able to meet the increasing health needs of the population within its current financial allocation and at appropriate levels of service quality, potentially leading to unmet needs for the population and poorer health outcomes. To mitigate this risk the CCG needs to move forward with introducing an integrated care network model, which requires more integrated working of health professionals and services more tailored to the needs of the patient population.

Failure to support and implement the recommendations from the Out of Hospital strategy may lead to an inability in the local system to proactively respond and meet the rising needs of the local population. In addition, failing to redesign and transform Out of Hospital care will lead to further rising demand for acute hospital care, preventing the health and care economy from meeting the growing health needs of the local population, especially in relation to long term condition prevention and management, and improving consistency of care for patients with frailty and co morbidities.

Following the production of the strategy, that recommended the direction of travel for Out of Hospital care, we now need to move forward to co design a more integrated model of care that is more focused on prevention and proactive management of patients with growing health needs. Whilst we have started work on translating this strategy into a draft PIP, the aim is to further redefine and prioritise the plan as follows:

- Take account of outputs from a combined GP/ Provider event held on 19th January 2016.
- Include outputs arising from cross provider workshops planned to take place before the end of March 2015.
- Define and propose the geographies and governance for the ICNs
- Present the draft PIP to the CCG GP membership at an extra-ordinary meeting during February 2016.
- Present an updated paper containing the final PIP to the March 2016 CCG GB meeting, to include confirmation of the three Integrated Care Network geographies.

Appendices -

- a) Draft Programme Implementation Plan (PIP) - appendix a
- b) Governance structure for Out of Hospital Programme of work - appendix b

5. FINANCIAL IMPLICATIONS

Whilst there are no costs associated with this paper, it is recognised by the CCG that investment will be needed to support the development of ICNs especially in Year 1, along with investment in expertise and capacity to support the successful implementation of the programme. The detail of this

will be part of finance planning for 2016/17 and beyond, as necessary. It is also likely that investment in community and primary care may release savings in other parts of the system which can then be considered for re-investment in community/primary based service models.

6. LEGAL IMPLICATIONS

As part of preparing a system to work together to support the implementation of ICNs a Memorandum of Understanding (MOU) is being developed that pillar providers will be asked to sign, over and above their individual contracts for 2016/17. This is currently in development and any legal considerations are being considered as part of this work.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

The programme is subject to the existing governance and decision making structures of the CCG and LBB.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

BCCG ICN – DRAFT PROGRAMME IMPLEMENTATION PLAN(PIP) (Year 1: 2016/17)

	<u>WHAT WE NEED TO DO</u>	<u>COMPLETION DUE</u>	<u>LEAD</u>	<u>GOAL / VISION</u>
GOVERNANCE	<ul style="list-style-type: none"> • MOU with all pillar providers • ICN governance defined • Commissioning Levers- contract £ / activity / CQUIN • Defining outcomes / metrics / KPIs 	<ul style="list-style-type: none"> • 1 April 2016 	<ul style="list-style-type: none"> • MCheung / iMPower / JA / PL / CSU / MCu (plus discussions with providers) 	<p>BUILDING A BETTER BROMLEY BY DEVELOPING COMMUNITY, SOCIAL, PRIMARY & SECONDARY CARE TO HELP THE PEOPLE OF BROMLEY LIVE LONGER, HEALTHIER, HAPPIER LIVES</p>
SYSTEM READINESS / ENABLERS	<ul style="list-style-type: none"> • Provider development (+/- call off support) • System / clinical leaders development • Defining ICN geographies • IT / Record sharing i.e. Bromley portal • Estates strategy • Workforce development strategy • Carers strategy 	<ul style="list-style-type: none"> • Jan – Mar '16 • March '16 • Mid Jan '16 • 2016/17 • March '16 • March '16 • March '16 	<ul style="list-style-type: none"> • iMPower / MCu • ABhan / PCoogan • JArnold / GPs • MCheung / SBuck / Providers • MCheung / TBC? • PCoogan / TBC? • LMcCulloch 	
SERVICE REDESIGN- (confirm year 1 priority areas)	<ul style="list-style-type: none"> • Community Provider Redesign (Adult nursing/ therapists etc.) • Integration of Social Care Services (Care Managers) • Integration of MH services (Primary Care Plus) • Acute service redesign to support ICN e.g. MRT+; discharge hub • VCS integration with H and SC services • Reablement expansion (e.g. admissions avoidance) • Care homes/ Extra Care Housing /supporting 7 day working 	<ul style="list-style-type: none"> • 2016/17 	<ul style="list-style-type: none"> • PLewis /BHC/ iMP • SJohn • TBC / Oxleas • ABhan / RLB / LBlackwood • BHC / VCS / TBC? • TWennell? • LBB / TBC? 	
NEW SERVICE INNOVATION	<ul style="list-style-type: none"> • Addressing the prevalence gap (Risk Stratification) • Prevention / Supporting vulnerable people / Reducing variation <ul style="list-style-type: none"> • Care coordinator and care navigator role • Pharmacists role within ICNs • Integrated case management (e.g. supporting LTC) • Community geriatrician service-frailty • Introduction of MDTs • New model for carers / dementia hub • Supporting patients to manage their own health (Social prescribing) • Improved access (Single point of access / 24 hour working) 	<ul style="list-style-type: none"> • 2016/17 	<ul style="list-style-type: none"> • JArnold / GPs • iMP/GPs/BHC/VCS • KHong / GPs • AHamilton • TBC?/ KCH / BHC / GP • TBC? • LMcCulloch/ACrawford • LBB / TBC? • VCS / TBC? 	
ENGAGEMENT WITH KEY STAKEHOLDERS	<ul style="list-style-type: none"> • Executive leaders group • Communication and engagement plan (patient / public) • CCG membership & GB engagement / LBB 	<ul style="list-style-type: none"> • Establish '15/16 • On-going • On-going 	<ul style="list-style-type: none"> • ABhan/AParson/?LBB • PCoogan / TBC • AParson / ABhan / JPeake 	
CHILDREN & YP SERVICES	<ul style="list-style-type: none"> • Develop a programme of work for children's services to link into ICN Hubs 	<ul style="list-style-type: none"> • 2016/17 	<ul style="list-style-type: none"> • CKane/ AParson / LBB / TBC? 	

APPENDIX B: OUT OF HOSPITAL STRATEGY - GOVERNANCE STRUCTURE

