



GOVERNING BODY MEETING

Date of meeting	21 November 2017	Agenda item number	11
Title of report	2030 Vision for Health and Care		
Paper Presented by:	Peter Tinson, Chief Operating Officer		
Paper prepared by:	Pippa Hulme, Senior Planning & Performance Manager		

CCG strategic objective supported by this paper: (please tick ✓)	Develop and maintain an effective organisation	✓
	Commission high quality, safe and cost effective services which reduce health inequalities and improve access to healthcare	✓
	Effectively engage patients and the public in decision making	✓
	Develop excellent partnerships which lead to improved health outcomes	<input type="checkbox"/>
	Make the best use of resources	✓

Purpose of report
This report provides an integrated update on New Models of Care, Neighbourhoods and other commissioning projects via the Programme Management Office update.
Recommendation
Members of the Governing Body are asked to note the report which is provided for information.

Please indicate which Group this has been discussed with (please tick ✓)			
Executive Management Team (EMT)	<input checked="" type="checkbox"/>	Quality Improvement Governance and Engagement Committee (QIGE)	<input checked="" type="checkbox"/>
Clinical Commissioning Committee (CCC)	<input checked="" type="checkbox"/>	Finance and Performance Committee (F&P)	<input checked="" type="checkbox"/>
Audit Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>
Council of Members	<input type="checkbox"/>	Other/Not Applicable	<input type="checkbox"/>
Patient and Public Engagement:	Shaped the Vision and is part of the standardised commissioning process.		
Equality Impact Assessment:	Forms part of the standardised commissioning process.		
Resource Implication(s):	Forms part of standardised commissioning process.		
Are there any associated risks? If so, are the risks on the risk register? If yes, please include risk descriptor and current risk score	Forms part of the standardised commissioning process.		
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GOVERNING BODY – TUESDAY 21 NOVEMBER 2017
2030 VISION FOR HEALTH AND CARE

1. BACKGROUND

- 1.2 This report provides an integrated update on the progress of schemes that contribute towards the delivery of the CCG 2030 Vision.

2. NEW MODELS OF CARE (NMoC)

2.1 NMoC Implementation Plan

The NMoC implementation plan for 2017/18 is built around the formation of integrated neighbourhood teams, and therefore delivery of the plan will be monitored via the Neighbourhood Care Model Design Group. The key focus of work in year includes; mental health, children and families provision, social care and care homes. The following milestones have been achieved within the programme at this point in time:

- Mental Health IAPT (Improving Access to Psychological Therapies) support for patients with Long Term Conditions has commenced. This is additional targeted support to those with Long Term Conditions in recognition of the high prevalence of anxiety and depression within this cohort.
- Care Homes service has commenced on a phased approach as new staff are recruited to the team as an interim care home offer until March 31 2019. It is being delivered by BTHFT Community Services and includes holistic reviews of patients in care homes and a target medications review delivered by Medicines Management Services.
- Children & Family – delivery of ‘Empowering Families’ approaches has commenced in the Fleetwood neighbourhood where it is being piloted. This model identifies children with high levels of activity in A&E or paediatric admissions and then offers a holistic, whole family approach which hopes to identify underlying issues that might be driving behaviour.

2.2 **Extensive Care Service (ECS)**

In order to address some of the ongoing difficulties with capacity and referrals to ECS a focused piece of work has been undertaken using ‘100 day change programme’ methodology. This work has resulted in the following:

- Case finding approach agreed and implemented via data sharing agreements
- Standardised Multi-Disciplinary Team meeting approach has been agreed and is in place in some neighbourhoods
- Agreement of priority work to be continued:
 - Initiation of engagement piece with primary care and wider stakeholders – commenced
 - Development of a Neighbourhood focused programme of work exploring operational integration, leadership development and organisational development support

Learning suggests that the changes identified will improve the identification of patients who would benefit from the services and we expect to see this demonstrated by an improved conversion rate from ‘referral/first assessment to take up of service. The ability to run a much more effective and efficient pathway as described will enable the service to better manage and target available capacity which will contribute to the optimisation of the model.



2.3 Neighbourhood Care Teams (NCT) / Enhanced Primary Care (EPC)

Reporting mechanisms for Enhanced Primary Care are now in place via the Nexus Intelligence system to allow real time reporting.

The Enhanced Primary Care Team continue to have regular, monthly, management and team development meetings with the Lancashire Wellbeing Service (commissioned by Lancashire County Council), in order to develop links with the service and integrate the pathways to and between them.

2.4 EPISODIC CARE

There are currently thirty three pharmacies accredited and thirty two participating in the pharmacy+ scheme. The service and activity continues to be monitored on a monthly basis. A review of the conditions included within the scheme will be undertaken in the remainder of 2017/18 in preparation for implementation of the revised list of conditions from 1 April 2018.

The GP extended access provision, providing GP access 7 days a week from 2 locations in Fylde and Wyre, available to all GP practices, is included within the Primary Urgent Care contract which commenced from 1 September 2017. There are two key performance indicators included within the contract relating to delivering 30 minutes per 1000 population and provision of services over 7 days. The activity is currently being monitored on a weekly basis to ensure compliance of the national core requirement.

The Directory of Services a collaborative Fylde Coast directory of social and health services launched in September 2017. The working group continues to meet on a monthly basis and key stakeholders have been invited to join the group to support the ongoing effectiveness of the directory. A monitoring dashboard is being developed and will be available in January 2018. The online site has received 10,262 visits as at 7 November 2017 and initial feedback has been positive.

3. Multi-speciality Community Provider (MCP)

3.1 The MCP Leadership Team have been meeting on a monthly basis since May 2017. Following a workshop which was held in July 2017, the MCP Leadership Team agreed that the initial business planning priorities would be to focus on Vanguard workstreams, in particular the development of Neighbourhood Care Teams.

3.2 Each MCP partner signed up in principle to the Alliance agreement via their respective Boards in September 2017 (including the CCG). The MCP Chair will commence in post in November 2017 and the Programme Lead and Support Officer will commence in post in January 2018.

3.3 An updated Roadmap has been produced which details the key MCP milestones between now and the end of the financial year. Further updates regarding progress against the roadmap will be provided to Governing Body in due course.

4. Lancashire and Cumbria Alliance Innovation Test Bed (LCIA)

4.1 Formal recruitment to the Testbed closed on 31 September 2017.

4.2 149 patients (target 211) have been consented to Cohort 1 (high risk) and 66 have Philips' Motiva monitoring systems installed in their homes which monitor weight, blood pressure and oxygen levels. 3 patients have completed the 6 months evaluation period with the technology.



- 4.3 Pulmonary Rehabilitation has been the main source of recruitment of patients to cohort 2 (medium risk). 92 have been consented (target 140) with 68 active.
- 4.4 Ten patients (target 22) have been recruited to the Dementia Cohort 4, 8 of which have Philips' Motiva systems installed.
- 4.5 Technology has now been fitted into 533 homes across the Test Bed project area to support condition monitoring and self-management. The focus now is to retain the numbers in each cohort to support as robust an evaluation as possible.
- 4.6 The Centre for Aging research at Lancaster University has provided an updated interim evaluation report which has been shared with the national NHS team which will support commissioning intentions going forwards.

5. Whyndyke Garden Village (WGV) Healthy New Town

- 5.1 Three providers have been selected following an innovative registered housing provider selection process. The providers will now work together with the land owners and private housing developers to plan and deliver the affordable housing for WGV.
- 5.2 A New Models of Care collaborative event was attended and a presentation was delivered exploring the links between Vanguard, Testbed and WGV.
- 5.3 A built environment collaborative event was attended with Lancaster University, Lancashire County Council and architects and town planners representing the land owners. It is hoped further collaborative work with the stakeholders will enhance the work associated with development of health facilities.

6. SAVINGS PLANS OVERVIEW

- 6.1 The following is the position at month 5 against stretch savings targets assigned to task and finish groups only. The overall QIPP position against the CCG's financial requirements including the outcomes of the budget review process will be reported through the financial update (item 15).
- 6.2 Task and finish groups were assigned a stretch savings target of £5.34m as discussed at the Governing Body development session on 17 October 2017 at which members were provided with a more detailed update and position for all schemes.
- 6.3 As at month 5 the CCG is forecast to achieve £4.7m by the end of 2017/18 from schemes currently in delivery if current trends continue. A further £201,000 will be achieved if plans in development are realised.
- 6.4 The current gap to achieving the stretch target is between £426,000 and £663,000 subject to realisation of forecasts and delivery of schemes in development.
- 6.5 The repeat prescription ordering project has gone live in 6 practices and the remaining are scheduled to come online in the coming months as per practice preferences. All practices are being encouraged to go live as soon as possible to derive the maximum benefit within the financial year.



- 6.6 The interim care home service also went live on 1 November 2017 and the task and finish group are actively supporting mobilisation actions to ensure maximum benefit can be derived within the financial year. This is being actively monitored via task and finish group meetings and the EMT.
- 6.7 The referral and resource management task and finish group is focused on the mobilisation of consultant connect by January 2018 and scoping clinical triage options including options relating to prior approval of ILCV's (Interventions of limited clinical value).
- 6.8 A further detailed savings update on all schemes for Governing Body members is scheduled for 5 December 2017.
- 6.9 All task and finish groups continue to drive forward any schemes in development and actively identify other schemes to meet the stretch target, all of which are monitored in detail via the focused bi-weekly savings challenge sessions with the Executive Management Team.

7. RECOMMENDATION

- 7.1 Members of the Governing Body are asked to note the report which is provided for information.

Peter Tinson, Chief Operating Officer