

Integrated Care System Report (ICS)

1 April 2019

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Agenda Item No: 8.1

Trust Board	
Meeting Date:	Monday 1 st April 2019
Title:	Integration Director's Report
Executive Summary:	This report provides Trust Board with an update on the Integrated Care System developments in Wolverhampton
Action Requested:	Receive and note
For the attention of the Board	This report provides an update of the Integration activity to date and summarises on-going developments
Assure	For Assurance
Advise	Appendix 1- ICA clinical pathways update Mar 19 Appendix 2- Clinico Informatics update Mar 19
Alert	
Author + Contact Details:	Sultan Mahmud Director of Integration Tel 01902 695963 s.mahmud@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: None Capital: None Workforce: Additional capacity for Primary Care Services Team Funding Source: Central funding
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based</p>

	around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	None identified
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Private – commercially sensitive information included
Other formal bodies involved:	Non-Executive Directors
References	Next steps on the NHS Five Year Forward View 2018/19 Planning Guidance NHS Long Term Plan (published 7 th January 2019)
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details

1

Integrated Care System Update

Background

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population. NHSE and NHSI are now using the term 'integrated care system' as a collective term for both devolved health and care systems and for those areas previously designated as 'shadow accountable care systems'.

It is the stated ambition of the Trust to strongly support the development of an integrated care placed based system in Wolverhampton.

Our aims are:

- To become a fully integrated provider of primary, community and acute services
- To take further responsibility for management of the overall population health of the city
- To blur the distinction of the purchaser-provider split in Wolverhampton. In practical terms it would focus on individual relationships with providers, the procurement of services, sub-contracting, and the management of the provider chain against specification and performance criteria. This would usually be focussed on the short-term and annual cycles. Connections with the population are based on a locality/neighbourhood approach.

The NHS Long Term Plan was published on 7th January 2019 and points towards a number of key developments

- Primary Care Network Contracts (30-50,000 patient population) creating genuinely integrated teams of GPs, community health and social care staff, likely to be a requirement for GP Primary Care additional funding share of £4.5 billion by 2023/2024. However, these would be locality based and current WCCG GP Groupings are not geographically co-terminus.
- Major reforms to the NHS' financial architecture, payment systems and incentives, including £700 million in reduced administrative costs across providers and commissioners both nationally and locally.
- Widening digital access to services - wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.
- Likely amendments to primary legislation related to the 2016 Health Bill in order to accelerate processes for service integration with Integrated Care Systems in place across the country by 2021.
- Likely reduction in size and number of CCGs and moving towards STPs as the preferred hierarchy.
- Further integration of NHSE and NHSI
- Additional funding allocations for priority areas including integration

2.0

between now and 2023/24.

Integrated Care Alliance

The Trust is spending considerable time developing local system relationships and plans with Wolverhampton CCG and there are now two forums that will design the new healthcare system to ensure enactment of the NHS Plan.

The work is being undertaken by the following groups:

- Wolverhampton Integrated Care Alliance (ICA) Clinical Development group
- Overarching Wolverhampton Integrated Care Alliance (ICA) Governance Group

2.1

ICA Clinical Development Group Update

The progress of the clinical pathways redesign groups are set out in Appendix 1.

2.2

Wolverhampton Integrated Care Alliance (ICA) Governance Group

2.2.1

IG and Informatics Sub-Group

Integrated electronic records and data sharing across the system and with service users is a major enabler of integrated care working. The CCG and RWT are looking to progress the Summary Care Record across the Wolverhampton health economy. It will need to include source data from all GP groupings, Wolverhampton City council, Black Country Partnership Trust and also West Midlands Ambulance Foundation Trust. The solution intends for Graphnet a third party operator to host the data.

The Trust with local partner is undertaking the preparatory Information Governance work in line with the NHS provider legal obligations to enable phase one initiation. In summary the steps before implementation are as follows:

1. Each organisation to have undertaken a Data Privacy Impact Assessment (DPIA)
2. Agreement of a Defined Data-Set for sharing (Tier 1 - limited data-set)
3. All partner organisations representatives work to produce an agreed (Data Sharing Agreement (DSA) and Partnership Agreement
4. Agreement from all partners that the Graphnet Commercial Relationship sits with RWT as a statutory NHS anchor organisation.

There is considerable work that is being undertaken to implement the summary care record. The task and finish group is being driven by Professor Baldev Singh the Trust's Clinical Director for IT and is being supported by Trust Governance and IT departments with oversight and appropriate challenge from the CCG.

Work has also commenced with GP Groupings to receive and share data based on the VI data-set ensuring all IG and GDPR requirements are met. This will allow further integration opportunities and harmonisation of care delivery processes in the near future across the city.

2.2.2

Clinico Informatics Work

Evidence based approaches that have succeeded in high performing systems have relied heavily on clinical informatics, strong evidence base and a departure from standard approaches in managing patients with long term conditions.

The trust is testing new evidenced based approaches based on its integrated care dataset in the following areas:

- End of Life Care commencing pilot activity week commencing 4th March.
- Huddle- Red to Green currently being piloted in ward 2 in West Park. Feedback on pilot work has been positive from the Ward Manager and clinicians involved. This has the potential to have a large impact on patient flow in the acute and quality outcomes for patients.
- GP MDT Pathway being piloted week commencing 18th March.
- Learning from Death discussions with our Compliance Manager has shown up a number of areas for streamlining within the current mortality review process and we will be putting in place methods for efficiencies and improvements to daily practice in the coming weeks.
- Frailty
- Coding

Appendix 2 contains further information on progress.

2.2.3

Contractual Redesign

A Contracting Sub Group of the ICA Governance Group has been set up to formalise collaboration and agreed ways of working through a written agreement to which all partners can sign up to. The collaborative agreement will need to work at neighbourhood (primary care network) and place (alliance) level to move resource across the Wolverhampton place to support redesigned pathways.

The draft terms of reference have been produced and are in the final stages of approval. The group is to be jointly chaired between the CCG and Trust's Director of Strategy and Planning and the CCG's Head of contracting.

2.2.4

Outcomes Framework Development

An 'Outcomes' Sub Group of the ICA Governance Group will commence January 2019 with the key aim to develop, agree, measure and monitor outcomes across the ICA that are aligned with the agreed principles of the ICA and with the clinical pathways that are developed. Developing an outcomes framework in readiness for 2021 is a key piece of preparatory work.

The draft terms of reference has been produced and discussed at the January Governance Group. The group is to be jointly chaired and is being led on the Trust side by the Director of Strategy and Planning. Its outline programme of work is as follows:

- 1) Bring together outcomes from each clinical workstreams
- 2) Ensure the outcomes are SMART and reportable

- 3) Agree a joint set of outcome measures
- 4) Establish measuring and reporting mechanisms and baselines
- 5) Establish how we use the collective set of outcomes to drive progress in the ICA on system wide perspective
- 6) Agree set of timelines
- 7) Continual review of best practice and national guidelines and policy to include LTP Outcomes Guidance due to be published shortly, STP Linkages, and the development of changes to the GMS Contract and Primary Care Networks, it must also be cognisant of the BCF and WCC objectives.
- 8) To hold an event in May/June with the appropriate stakeholders to share and test out this work programme, ensure nothing is missing, and to ensure they are jointly owned and we have the buy-in of our partner organisations.

2.2.5

Communication and Engagement

The first of a series of Engagement Events was held in January. This was aimed at senior managers and clinicians from across the health and social care system. A communications and engagement plan for the ICA is being drafted and will be presented to the ICA governance group in May 2019.

2.2.6

Joint Prevention and Population Health Unit

In most other Local Authorities, Public Health Intelligence capacity and skill has been reduced or absorbed into Council BI functions, thereby reducing the provision of specialist support to the NHS. Wolverhampton is unique in having secured and developed this function in a provider organisation. The PPH unit at RWT will commence full operation on 01 April 2019.

Employment of the staff working within the unit will be hosted by Royal Wolverhampton NHS Trust (RWT) and work will be across RWT and Public Health at City of Wolverhampton Council (CWC), with a particular focus on integrated care. This unit has been created as a result of joint working between the local authority and the Trust in relation to health intelligence and prevention work. This arrangement aims to consolidate and formalise joint working between the two organisations that is already taking place, albeit in a fragmented way.

Population health management is one of many tools for using data to guide the planning and delivery of care to achieve maximum impact on population health. It often includes segmentation and stratification techniques to identify groups of patients (and sometimes wider population groups) at risk of ill health or poor outcomes and to focus on interventions which can prevent that ill health or equip them to manage it. Integrated care systems (ICSs) will use population health management in this sense when deciding how best to allocate resources to different groups of patients or programmes.

This arrangement builds on the joint Consultant in Public Health appointment (established in 2018) between CWC and RWT to bring a population perspective to the programme of Integrated Care, which has contributed to our vision of moving from a traditional provider organisation focused on patients who use health services, to a system leader taking responsibility for the wellbeing of people and populations. This also contributes to the Trust's ambitions around harnessing the power of data and technology.

Key Service Objectives

Specific objectives of this unit include to:

- Deliver system leadership commitments in the Public Health vision
- Raise the profile of Public Health across the health and social care system
- Establish Prevention and Population Health expertise in RWT with investment from Public Health
- Support planning and delivery of CQUIN and Long Term Plan ambitions around Prevention
- Secure existing population analytical capacity in a place that increases access to NHS data
- Improve the planning and evaluation of services so that care is based on population need
- Reduce RWT staff time in relation to data extracts and information governance
- Present an opportunity to align existing analytical capacity and skills with developments for data infrastructure and use of data for secondary purposes

There are clear lines of accountability to the Director of Integration and Director of Public Health, with a Service Level Agreement between the parties and an annually agreed workplan.

2.2.7

Overall Integration Programme Risks

The risk and issues associated with integrated care development are as follows:

- The integration programme is complex and requires radical thinking and new approaches to managing patient cohorts across organisational boundaries. Communicating the iterative changes in governance and care delivery requires further work across the health economy and a structured plan.
- Care Summary Record Information Governance Risks
- There is a risk that the benefits from integrating health and social care do not accrue fairly to all organisations. To mitigate this risk, proposals for monitoring performance, targeting service improvements and sharing costs and benefits will need to be closely scrutinised.
- The expected shifts out of acute and into community must be planned as part of the ICA to include associated investment and disinvestment plans, with transition funding to be jointly agreed via the appropriate ICA governance groups with risks shared appropriately across the health economy.

3.0

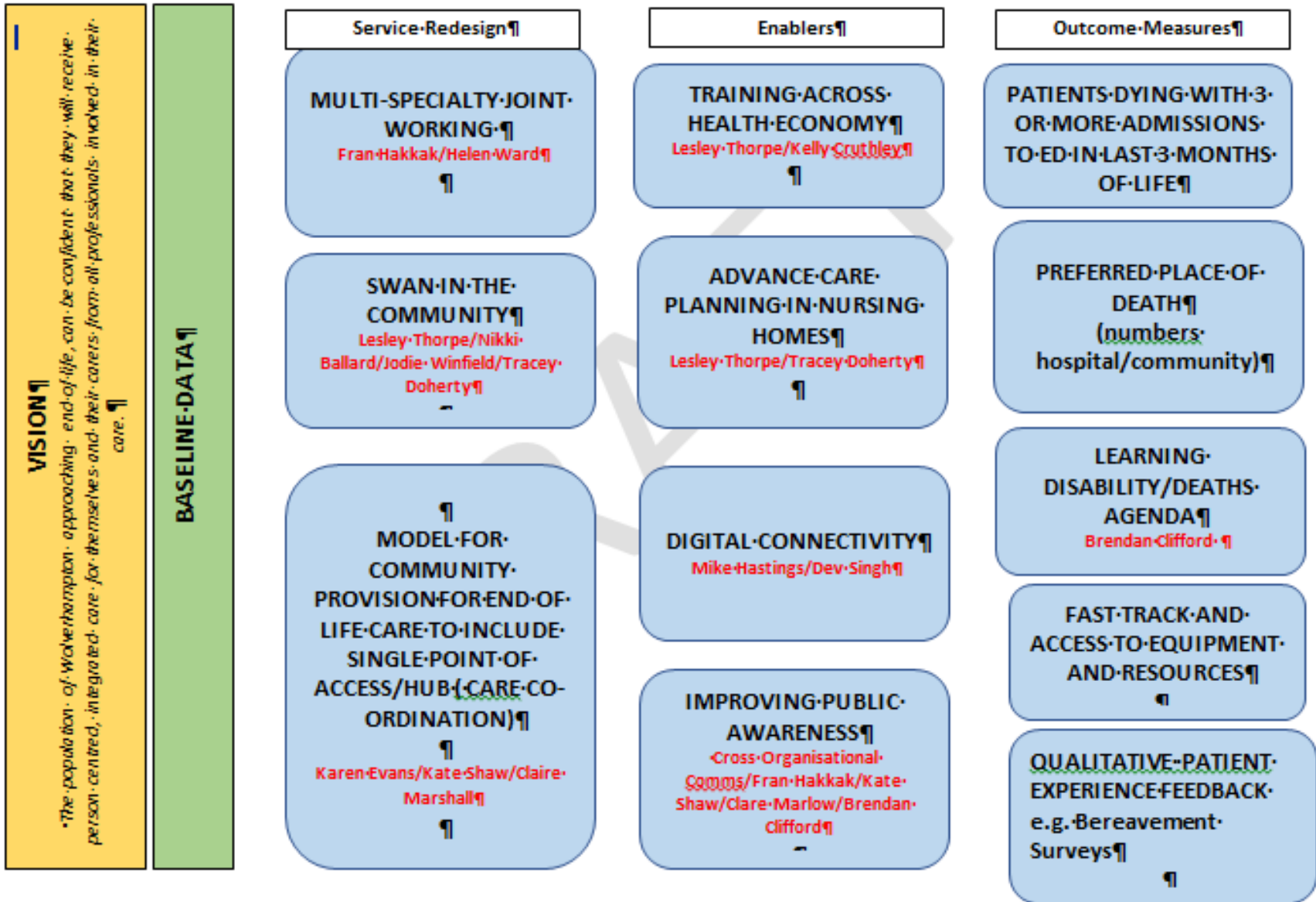
Conclusion

The Trust Board is asked to note the contents of this paper.

ICA- Clinical Plans on a Page

March 2019

End of Life - Plan on Page



Frailty – Plan on a Page

VISION

The older people of Wolverhampton, and their carers have timely access to and benefit from a patient centred integrated model of care that is equitable across the City whilst being responsive, meeting the needs of our local communities and individuals

BASELINE DATA

Service Redesign

Systematic and standardised identification and clinical assessment of frailty across pathways and services

Drs King/ Elckayappa/ Claire Morrissey

Integrated frailty pathways to facilitate better patient experience and care – 4 pathways out of Acute into Community and social care

Drs King/ Elckayappa/ Claire Morrissey

Healthy Ageing Coordinator in primary care

Drs King/ Elckayappa/ Claire Morrissey

Increase referrals to relevant prevention and early intervention services (i.e. falls prevention, memory clinical, physical activity)

Drs King/ Elckayappa/ Claire Morrissey

Enablers

Standardised electronic templates across primary, community and secondary care, improving quality of data collection for secondary purposes

Drs King/ Elckayappa/ Claire Morrissey

Education and Training of health and social care professionals

TbC

DIGITAL CONNECTIVITY
Shared electronic patient record

Mike Hastings/Dev Singh

IMPROVING PUBLIC AWARENESS

TbC

Outcome Measures

Older persons outcome star/ PAM licences focussing on 4 key asset based domains (baseline and follow up at 6 months)

Ankush Mittal

STP level frailty dashboard inc falls and dementia

Ankush Mittal/ Tina Gallagher

Prescribing Costs for eFI cohort

Ankush Mittal

Improve early identification of End of Life Care

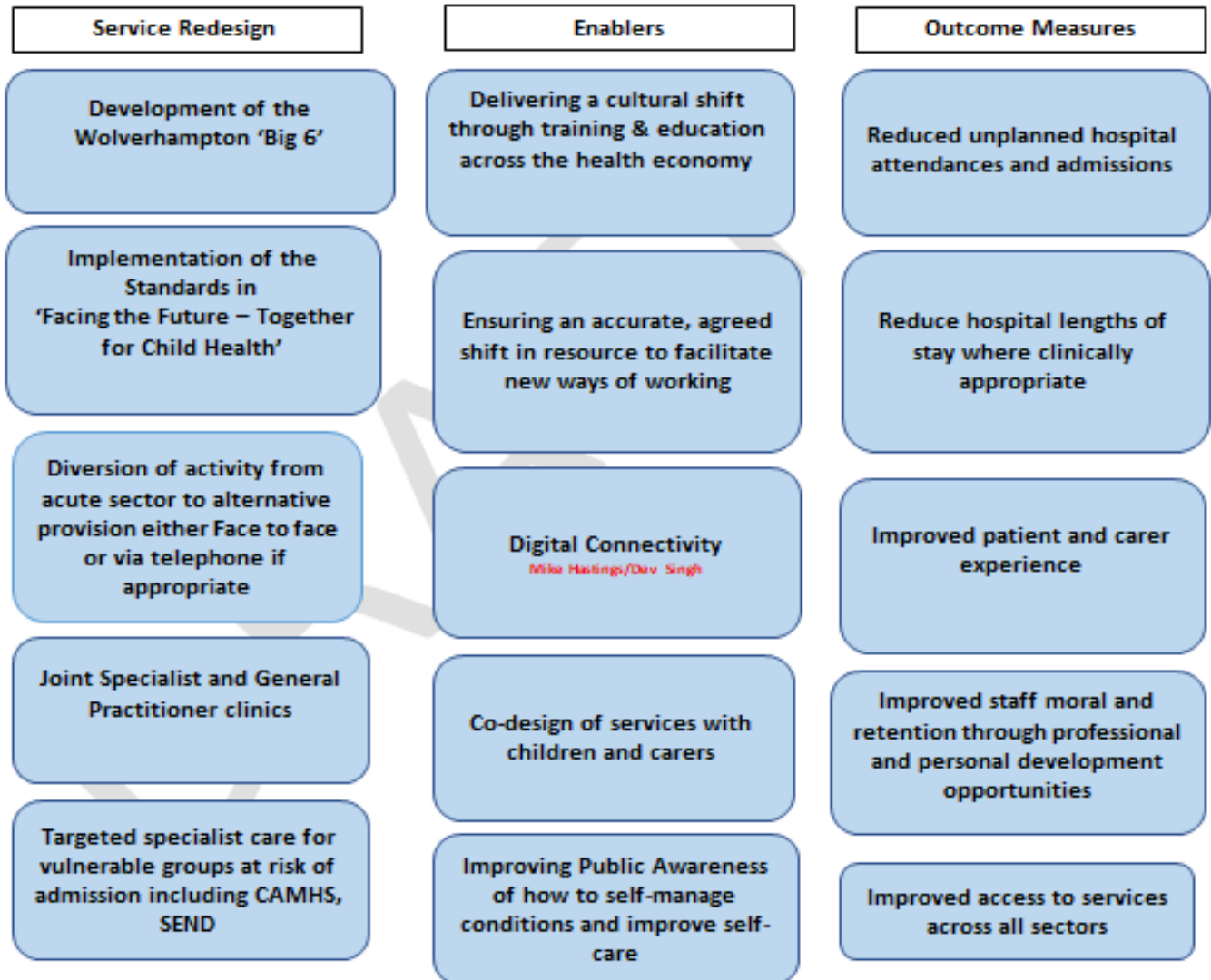
Ankush Mittal

CYP – Plan on a Page 0-18

VISION

Our Shared Vision – for Children and Young People to receive care and interventions in the right location. Self care-empowering parents to take responsibility by working in partnership

BASELINE DATA



Update on Mental Health Work Stream

- Clinical Lead Co-Chairs Identified
 - Dr Vishwanathan
 - Dr Ram
- RWT Clinical Representative being identified by Dr Odum
- Aligning the Wolverhampton Mental Health Strategy priorities to the ICA Work-Streams
 - IAPT/Dementia/Early Intervention/others
- First meeting was held on Friday 8th March where all organisations were asked to consider their view of the MH priorities for the City, which will be worked through and agreed by the group in a workshop format at the April meeting



The Royal Wolverhampton
NHS Trust

Appendix 2 Clinico- Informatics Project Update

March 2019

Clinico Informatics Project Updates – 13/03/2019

Project	Description	Outcomes	Progress	Next Steps	Time Scale
Huddle - Red to Green System	Developing a system and process to identify 'Red' and 'Green' days in hospital wards for every patient every day. Capturing this data will result in rich data intelligence informing the Trust of where the bottlenecks are in the Trust in terms of patient flow. A dashboard will be created displaying the status of delays across the Trust	Identification of 'Red' delays in hospital Proactive discharging of patients length of Stay Ward Live View of patient status Capturing Actions list for Delays Integration with EOL Pathway Integration with Frailty Pathway	System tested developed with operational feedback from James Owen (Div 2 Business Analyst)	Testing with Ward 2 in West Park Underway	11/03/2019
EOL	Developing a data driven care system and process to identify End of Life Patients earlier. Centered around allocating care plans in a more efficient way - reducing paper work and improving care quality	Earlier identification of EOL patients Preferred Place of Death Gold Standard Care Plans EPAACS Record completion Reduction of A&E Attendances Reduction in Emergency admissions Patient priorities monitoring	System and Model of Care developed and is functional. Integration with Clinical web portal documents also complete	Minor tweaks needed for piloting system on two wards	22/03/2019
GP MDT Pathway	Developing a data driven care system and process to risk stratify patients for each VI GP Practice which will capture assessments and patient actions more formally. Patients escalated further will be discussed in a virtual MDT	Better screening of health needs of population base Formalised MDT Pathway Structured patient Actions Monitoring of Actions Reduction of A&E Attendances Reduction in Emergency admissions Integration with EOL Pathway Integration with Frailty Pathway	System and model of care is almost developed and functional.	Minor tweaks being reviewed and implemented and to be piloted at Lea Road and Warstones GP Practices in 2 months	11/04/2019
Learning from Death	Developing better systems and processes in being able to undertake reviews of hospital deaths in a more efficient way. The current system is heavily reliant on disaggregated steps which need to be joined up. The Trust is investing in a newly developed system in the future, however, the current processes can be improved in the interim.	Streamlining Administrative tasks in collating information Automation of worklists between various stages of Mortality Review Quicker turnaround of each Mortality Review	Initial discussions have taken place with Dr Viswananth to understand current shortfalls	VK to meet with Governance department who have implemented current system and see where improvements can be made	11/05/2019
Frailty	Developing a data driven care system and process to identify Frail Patients earlier. Centered around allocating care plans in a more efficient way - reducing paper work and improving care quality	Better Identification of Frail Patients Better Care Management Plans Integration with EOL Pathway Reduction of A&E Attendances Reduction in Emergency admissions	Initial discussions have taken place with Dr Liz King to ascertain requirements	VK to develop basic model and present to Dr Liz King and Prof Singh	TBA
Coding	Improving Integration of Clinical Coding between primary care and the Trust and making this better accessible via the Clinical Web Portal	Better summary of Individual Patient Coding Integration of Primary Care and Hospital Coding	N/A	Meeting to be arranged between Prof Singh, Head of Coding and VK	TBA