DUDLEY HEALTH AND WELLBEING BOARD **Agenda Item No 14**

REPORT SUMMARY SHEET

DATE	**25th March 2015**
TITLE OF REPORT	**Dudley Vanguard Plan for the Five Year Forward View**
Organisation and Author	**Paul Maubach** **Dudley Clinical Commissioning Group**
Purpose of the report	**To inform the Board of Dudley's progress in response to the Five Year Forward View and to obtain approval on next steps**
Key points to note	**NOTE:** • **Dudley has been approved by NHS England as one of 29 national vanguard sites to develop new models of care** • **This is a tremendous endorsement of the integrated working in Dudley and our plans for improving health and social care** • **We are embarking on a substantial delivery programme to both implement the new models of care and key enabling work programmes.** • **This programme is designed to ensure services are person-centred; enable staff to work better together as 'teams without walls'; will improve outcomes; and will enable us to have a more sustainable health and social care system moving forward**
Recommendations for the Board	**The Health & Wellbeing Board to APPROVE:** • **The establishment of a Partnership Board to take forward the implementation of the New Models of Care in response to the Five Year Forward View** • **The establishment of a Partnership Office at Brierley Hill Health and Social Care centre to support the work of the Board**
Item type	Strategy
H&WB strategy priority area	**Integration of Health and Social Care**

DUDLEY HEALTH AND WELLBEING BOARD

DATE **25th March 2015**

REPORT OF: **Paul Maubach, Dudley Clinical Commissioning Group**

TITLE OF REPORT **Dudley Vanguard Plan for the Five Year Forward View**

HEALTH AND WELLBEING STRATEGY PRIORITY

1. This support's the Health and Wellbeing Board's strategy for integrating health and social care

PURPOSE OF REPORT

2. This report informs the Health and Wellbeing Board on the latest developments following on from the Five Year Forward View, and asks the Board for approval to implementing the next phases of development.

BACKGROUND

3. NHS England published it's strategy: *'The Five Year Forward View'* last autumn. In this strategy they explained the need to change the way health and social care provision is organised and delivered in order to best meet the future needs of our population. The strategy identified potential new models of care and invited organisations to put forward proposals to become a national vanguard site for these new models of care.

   The approved sites will subsequently have access to a £200m national fund to support the development and evaluation of the models of care.

4. We held a local summit in January, attended by the CCG, Dudley MBC, Dudley CVS and local NHS providers. The summit concluded that there are significant financial challenges for our health and social care system which can only be resolved if we both adopt a new model of care and also implement system-wide enabling programmes to improve the efficiency and effectiveness of services.

5. Dudley CCG subsequently coordinated our vanguard application on behalf of the whole system, promoting our model of integration as one of the ways of developing these new models of care.

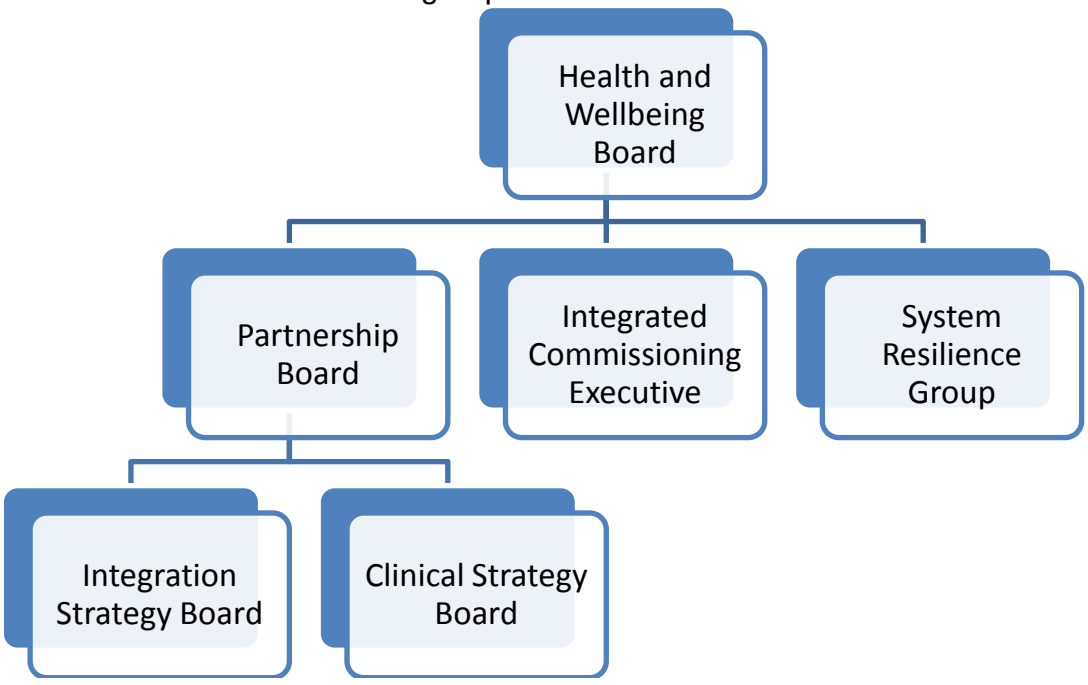
6. On 10th March Dudley was selected to be one of 29 national vanguard sites – out of 269 applications. This is a tremendous endorsement of the integrated working in Dudley and our plans for improving health and social care.

7. We are now proposing to establish a Partnership Board to take forward the delivery of the new models of care and the enabling programmes of work. A detailed paper is attached setting out the terms of reference for the partnership board, how the

models of care work, and the enabling programmes that are needed to support them.

8. The Partnership Board (PB) will operate alongside the Integrated Commissioning Executive (ICE) and the System Resilience Group (SRG).

    a. The ICE will oversee the performance management of the BCF and associated contracts and services – including the commissioning of services in the new model of care that are part of the BCF and perhaps. As stages 1 to 3 of the model are implemented, the scope of the BCF pool can be extended to include these over time.
    b. The PB will oversee the implementation of the new model of care and the delivery of key enabling programmes to support it. The PB will have two groups reporting to it: the Clinical Strategy Board which will oversee the development of new pathways of care; and the Integration Strategy Board which will oversee the development of our integrated model of mutual networked care.
    c. The SRG will continue to review system-wide performance and provide a forum for developing and discussing new opportunities for further integrated working. However once the PB and ICE are fully established the Health and Wellbeing Board might wish to consider whether the SRG functions could be accommodated in the other two groups.



9. The Partnership Board will be overseeing a considerable delivery programme. It is therefore proposed that we establish a Partnership office to support the Board, based at the Health and Social Care centre at Brierley Hill.

FINANCE

10. The financial implications are consistent with the financial assumptions in the Better Care Fund – as the Partnership Board and associated programmes are designed to deliver core elements of the BCF.

11. As a national vanguard site, Dudley will have the opportunity to access funds and support from the £200m national budget.

LAW

12. There are no legal implications at this stage. However part of the remit of the Partnership Board should be to develop formal proposals for pooling resources and managing risks across provider organisations. This will need to be reconsidered by the Health and Wellbeing Board if necessary in due course.

13. The Terms of Reference of the Partnership Board will need to be approved by each of the partner organisations joining the Board

EQUALITY IMPACT

14. The model of care is designed to establish local teams in each area which will therefore enable them to be more responsive to different demographic groups.

RECOMMENDATIONS

15. The Health & Wellbeing Board to APPROVE:

- The establishment of a Partnership Board to take forward the implementation of the New Models of Care in response to the Five Year Forward View

- The establishment of a Partnership Office at Brierley Hill Health and Social Care centre to support the work of the Board

Paul Maubach

Establishment of a Dudley Partnership Board for implementing our New Models of Care

Introduction

The senior leaders from our organisations across the Dudley health and social care economy came together in a summit organised by Dudley CCG on 22nd January to both: review the long-term sustainability of our system; and to agree how we should be working together to continue to secure safe and sustainable services for our population for the foreseeable future.

The summit received the output of the long-term financial analysis commissioned from Deloitte which identified a significant financial gap in our long-term position, over and above existing plans, which would be realised if we do not make further changes to our plans and the way we work together to drive efficiency improvements across the system.

The summit concluded that we need to establish more formalised integrated working and put in place collaborative arrangements in some key areas in order to be able to make the significant changes that are required. The summit also recognised there will still be areas, where providers will expect to operate independently – particularly on some planned care services – and separately where there will be both a benefit and a need in some services to work collaboratively on a scale greater than the Dudley area.

Subsequently, we submitted a proposal, based upon the agreements reached at the summit, for the Dudley Health and Social Care system to become a *Five Year Forward View* vanguard site for the new models of care. That proposal has since been approved by NHS England, Monitor and the TDA – so Dudley is now one of 29 national vanguard sites which will be supported by a £200m transformation fund to deliver these new models of care.

This paper sets out the arrangements that were established at the summit. This is asking for each organisation to sign up to their part in both authorising the arrangements and committing their resources to working together on this shared agenda.

Summary of the proposals

The arrangements can be summarised as follows:

1. To establish a partnership for system change and improvement between:
    - Dudley CCG
    - Dudley MBC
    - Dudley CVS
    - Dudley Group FT
    - Dudley & Walsall Mental Health Partnership Trust
    - Black Country Partnership FT
    - Future Proof Health Ltd

2. To manage this partnership through a Partnership Board, chaired by the CCG.

3. To work towards a shared model of care for the system which is patient centred, clinically led and enables patients, staff and organisations to take a shared responsibility for achieving shared outcomes. The two key strands of work in this area will be on:

- Continuing the development of the integrated, population-based, mutual network of care;
- Development of whole pathways of care.

4. To have appropriate, dedicated resources on organisational development, programme and project management, working to the Partnership Board across the system to ensure implementation of the key areas of work.

5. To put in place, initially, five key enabling programmes to support delivery of the new models of care and to drive efficiency improvements across the system on:
   - Whole-system demand modelling and financial & activity planning;
   - Whole-system estate management plan;
   - Implementing an integrated IT system supporting all services that are part of the population-based integration model;
   - Establishing a new health and social care economy workforce development plan;
   - Implementing a single formulary and purchasing programme for medicines and consumables

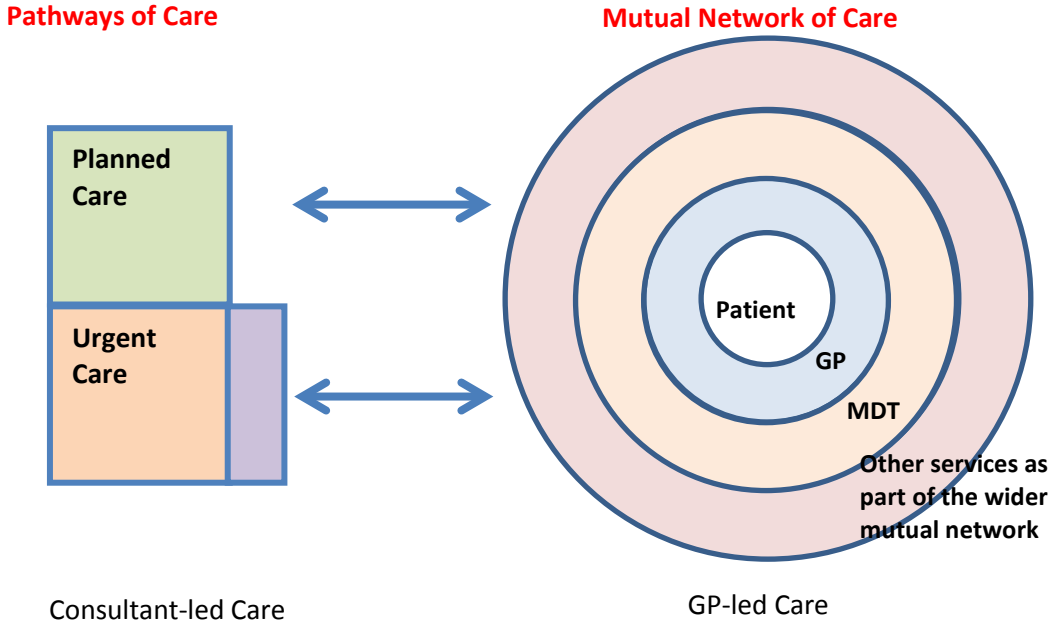
Partners to this programme

The initial partners to this programme are, Dudley CCG, Dudley MBC, Dudley CVS, Dudley Group FT, Dudley & Walsall Mental Health Partnership Trust, Black Country Partnership FT.

Other organisations, such as Future Proof Health Ltd, West Midlands Ambulance Service, etc… may be invited to join this programme, by mutual agreement of the existing partners at the Partnership Board.

Model of Care

Our overall model of care is in two inter-connected components: the mutual network of care model; and the whole pathways of care model.



Mutual Network of Care model

The model of care starts with the person, registered with their GP. This forms the basis of a population-based delivery model – where front-line services work to the same populations to take shared mutual responsibility for delivering shared outcomes.

Stage 1. Borough-wide Multi-disciplinary Teams

The first stage, already substantially in place and being implemented by partners to the model, is to establish a joined up network of GP-led, community-based multi-disciplinary teams (MDTs) which enable primary care, community nursing, mental health, social care and the voluntary sector: to work together as "teams without walls" for the shared benefit of patients.

These teams transcend organisational boundaries and focus collectively on delivering integrated patient centred care aimed particularly at that cohort of patients identified as being most at risk of emergency hospital admission. The MDTs include the GP, District Nurse, Assertive Case Manager, Mental Health Worker, Social Worker and Voluntary Sector Link Worker; and can include other specialist community services as and when required.

Stage 2. Mutual Network of Community Services

The model is further expanded to create a wider mutual network of community services, linked into the MDTs, including for example: specialist community services; integrated telecare and telehealth; our community rapid response service; our integrated access to CAMHs services; and our new primary-care led urgent care centre (UCC) as a single point of triage for all patients urgently attending hospital.

Stage 3. Whole-System Integrated Care

This iteration will extend the model to include the components of current consultant-led services which also operate to support population health and wellbeing. For example:

- this will include specialties which support the management of long-term conditions such as diabetes medicine and respiratory medicine - consultants will work in partnership with GPs to the same outcome objectives for improving population health and wellbeing.
- our ambition is that ultimately the integrated MDT, with support from consultant physicians, will become responsible for the whole pathway of care for the frail elderly: from community, into hospital and back into the community – so that there are no longer any transfers of care.

The initial view on which services will be included within the model at each of the three stages will be incorporated into the Service Development Improvement Plan (SDIP) in the contract between the CCG and each provider.

This model of care moves us towards, in the terms expressed in the *Five Year Forward View*, a multi-specialty community provider (MCP), organised under the direction of the partnership board with shared responsibility being taken by the partners to the model to achieve a set of shared outcomes for the same shared population.

Pathways of Care Model

Whilst there will only be one MCP for a population; there will, by necessity and in line with NHS constitution requirements on choice, be a choice of providers delivering value-added treatments both on a planned and urgent basis. Providers will therefore be free to compete for activity in these areas. However we will still be committed to a collaborative approach to the design of standard pathways.

We will be piloting a new approach to planned care to support the development of best practice pathways of care – based upon the whole pathway of care followed by the patient. Our aim will be to streamline and standardise the actual pathways that patients follow, so that they are fully patient-centred, efficient and deliver best practice outcomes. We are looking at the whole pathway, not just the stages from referral to treatment. We have already agreed the first group of specialties to develop these pathways with both DGFT and DWMHT; and again these will be included in the SDIPs between the CCG and providers.

We will also aim to improve the effectiveness and efficiency by which patients are referred into these care pathways – standardising referrals into services and maximising the potential of electronic communications to improve the effectiveness by which front-line staff across the system are able to work together.

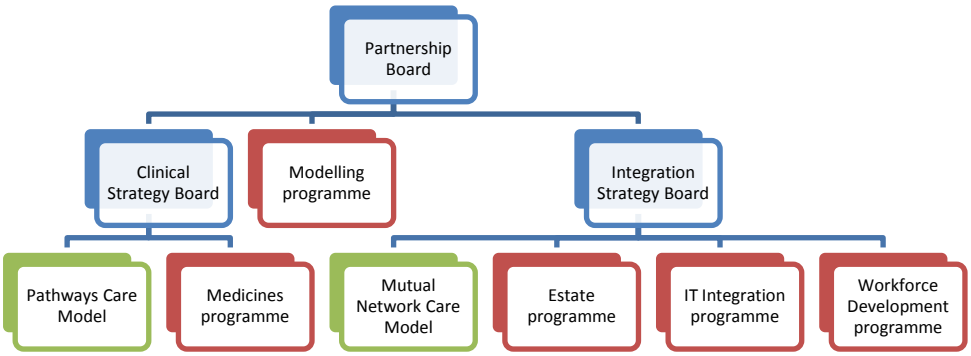
Our expectation is that by working better together on both of these components of the model of care we will not only deliver better outcomes for our population but we will also deliver a more efficient service that both empowers and makes the best use of our key resource: our front-line staff.

The pace of change for both components of the model of care will be set collaboratively by partners at the Partnership Board and will be incorporated into the SDIPs between the CCG and providers.

Partnership Board

Each partner to this programme is asked to approve the proposed terms of reference of the Partnership Board as set out in Appendix one.

The overall structure for the partnership is as follows:



The Partnership Board will steer the overall programme of work - within the strategic direction set by the Health and Wellbeing Board - and will set the milestones and objectives for each programme. The Board will be supported directly by the modelling group. This will help to ensure that the Board is

developing an overall model and programme of work which is both designed, and able, to meet the sustainability challenges faced by our health and social care system.

The Partnership Board will conduct its work through two supporting Boards – each leading on their respective component of the model of care and the relevant enabling programmes.

The Clinical Strategy Board (which will be a modification to the existing Clinical Strategy Board between DGFT and DCCG) will oversee the development of integrated *pathways of care model* and the harmonisation of our medicines management and consumables policies and purchasing.

A new Integration Strategy Board will oversee the development of the *mutual network of care model* and the associated enabling programmes on estate, IT and workforce. This new Board and supporting programmes will replace all existing joint system-wide groups meeting on integration.

Supporting Resources

The Partnership Board will be supported to undertake this work by a dedicated Partnership Board team with it's own office located at Brierley Hill Health and Social Care Centre.

The Partnership Board office will be funded by Dudley CCG and Dudley MBC and the work of the office will be overseen by the chair of the Partnership Board who will in turn be accountable to the Health and Wellbeing Board. The initial team infrastructure will include:

- Partnership Board chair
- Organisational development and Office lead
- Programme lead
- Project lead for mutual network of care
- Project lead for pathways of care
- Analytical support post
- Communications support post
- Administrative support

In addition each partner organisation will be expected to contribute the following resources:

- Executive level leadership as specified in the terms of reference for the Partnership Board and the two supporting Boards: the Clinical Strategy Board and the Integration Strategy Board;
- Dedicated managerial and clinical time for each of the models of care and enabling programmes. Once agreed each organisation will commit to ensuring that staff identified to contribute to this work will be allocated time to contribute as needed; and will have this included in their annual objectives and work plans.

Supporting programmes

1. Modelling programme

This group will co-ordinate the whole-system demand modelling, financial & activity planning. It will also provide the forum for determining our evaluation methodology and ensuring that we have the capability to track the necessary performance measures as a system to determine whether service changes are delivering the necessary improvements.

2. Estate programme

This programme will bring together the existing CCG and provider estate plans to produce a whole-system estate management plan. The overarching objectives will to be to maximise the potential of existing resources to improve efficiency, eradicate all void spaces, and develop a 5 year plan for restructuring the estate.

3. IT programme

This programme will focus on implementing a single IT system supporting all services that are part of the mutual network of care model. This is intended to help improve communications between frontline staff; support efficiency improvements in ways of working; and enable standardisation of working practices. This will include:

- Implementation of a single system for the mutual network
- Mobile IT for all primary and community services
- Integrated communications for referral and discharge in and out of pathways of care
- A standard methodology for monitoring patients' progress – within both models of care

4. Workforce development programme

The new model of care will require a new approach to long-term workforce planning – to take account of both the integrated working between different professions; the opportunities to develop new ways of working; and the need for developing a skills / competency based approach to our future workforce. We also need to explore the opportunities for bringing health and social care workforce planning, training and education together where appropriate.
This programme will therefore establish a new health and social care economy workforce development plan, designed to both grow and develop our own staff within the system as well as recruit and train new staff for the future.

5. Medicines programme

This programme will address the significant opportunities to reduce clinical risk, improve quality and save costs by implementing a single formulary and purchasing programme for medicines and consumables across the whole system.

Appendix One:

Partnership Board – Draft Terms of Reference

The parties to this agreement have agreed to come together for the purposes of:-

- ensuring the development of a patient-centred, clinically appropriate and financially viable, health and social care economy;
- pooling those resources that support the delivery of an agreed population-based integrated mutual network of care model that contributes to sustainability.

To this end they will:-

- understand the sustainability position of each partner organisation;
- develop a long term financial model to achieve sustainability;
- maintain an appropriate "pace of change" for securing long term sustainability;
- create a pooled fund for the provision of services, to be managed by this Partnership Board.
- make strategic proposals to the Health and Wellbeing Board as necessary;
- evaluate and review any agreed service delivery model.

For the avoidance of doubt, the CCG, as a commissioning body, is not a contributor to the pooled fund but is a party to this agreement in its role as the system leader.

1. **Membership**

1.1 The membership of the Partnership Board will be as follows:-

- CCG – 2 executive directors
- Dudley Metropolitan Borough Council – 2 executive directors
- Dudley Council for Voluntary Service - 2 executive directors
- Dudley Group NHS FT – 2 executive directors
- Dudley and Walsall Mental Health Partnership NHS Trust – 2 executive directors
- Black Country Partnership NHS Foundation Trust – 1 executive director
- 1 representative of the pathways of care sub-group
- 1 representative of the mutual network of care sub-group

1.2 Partners, in making appointments to the Board, will ensure that there is an appropriate balance of clinical and non-clinical representation.

1.3 It is expected that any future changes to the local provider landscape will be reflected in the composition of the Board.

2. **Chair**

The Board will be chaired by a representative of the CCG

3. **Role of the Partnership Board**

The Partnership Board shall

3.1.1 Oversee the system's;-

- Operation of the agreed population-based integrated mutual network of care model;

This will be based upon 3 stages of development:-

  - the GP led multi-disciplinary team;
  - specialist community services which support the team;
  - services not currently delivered as part of the model but which may become so over time.
- Development of the integrated pathways of care model.

3.1.2 Note: those services as part of the integrated mutual network of care model included within the first two stages of development will be specified in the relevant contractual arrangements for 2015/16.

3.1.3 Approve the addition of further services to the model as necessary and their relationship with the GP led multi-disciplinary teams.

3.1.4 Approve a single operating model for the functioning of the GP led multi-disciplinary teams, including systems of accountability between the relevant professionals and the relationship between the teams and other services, to which each team will display its fidelity.

3.1.5 Approve the expectations and obligations of each member of the GP led multi-disciplinary teams, both as they exist with effect from 1st April 2015 and as services are added to the model as agreed under 3.1.3 above.

3.1.6 Approve all operational decisions regarding the deployment of resources relating to the delivery model, in order to be satisfied that no such decisions will have a deleterious impact on the integrity of the model, or the key performance indicators identified below.

3.1.7 Agree the key performance indicators against which delivery will be managed. In the first instance these will be related to the following system wide objectives:-

- reducing emergency admissions;
- reducing admissions to nursing and residential care;
- promoting reablement and preventing readmission;
- promoting the speedy and safe recovery of patients from secondary care;
- promoting parity of esteem for patients with mental health problems;
- reducing health inequalities;
- other indicators, to be agreed, relating to the sustainability of the health and social care economy.

3.1.8 Receive finance and activity reports on system performance in relation to these indicators at system, locality and multi-disciplinary team levels

3.1.9 Ensure that there are appropriate organisational development plans in place to support the development of the model.

3.1.10 Ensure that appropriate information technology is in place to facilitate economic, efficient and effective integrated working.

3.1.11 Ensure that a single information system is developed to facilitate economic, efficient and effective working.

3.1.12 A sub-group led by the 5 locality GPs will oversee the development of the mutual network of care model

3.1.13 A sub-group, the existing Strategic Clinical Board, will oversee the development of the integrated pathways of care model

3.1.14 Further sub-groups of the Board will deal with the following key enablers:-

- workforce development
- estate planning
- IT
- prescribing and consumables
- financial modelling

4. **Partnership Board Support**

The Partnership Board will be supported by other officers, from time to time, other than the formal members of the Board.

5. **Meetings**

5.1 The Partnership Board will meet at least six times a year at a time to be agreed by the Board.

5.2 The quorum for meetings of the Partnership Board shall be a minimum of one representative from each of the Partner organisations where decisions are likely to affect that organisation.

5.3 Decisions of the Partnership Board shall be made unanimously. Where unanimity is not reached then the item in question will, in the first instance, be referred to the next meeting of the Partnership Board. If no unanimity is reached on the second occasion it is discussed then the matter shall be dealt with in accordance with the dispute resolution procedure set out in the Agreement.

5.4 Where a Partner is not present and has not given prior written notification of its intended position on a matter to be discussed, then those present may not make or record commitments on behalf of that Partner in any way.

5.5 Minutes of all decisions shall be kept and copied to the Authorised Officers within 7 days of every meeting.

6 Delegated Authority

6.1 The Partnership Board is authorised within the limits of delegated authority for its members (which is received through their respective organisation's own financial scheme of delegation and will be made explicit to the Board) to authorise commitments which exceed or are reasonably likely to lead to exceeding the contributions of the Partners to the aggregate contributions of the Partners to any pooled resource.

Paul Maubach
Chief Executive Officer