

Health Scrutiny Committee 21st January 2016

Report of the Chief Officer, Dudley Clinical Commissioning Group

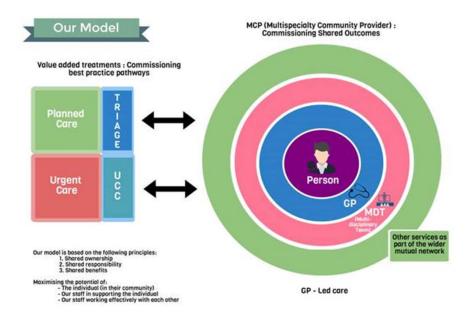
Dudley New Model of Care (Vanguard) Programme Update

Purpose of Report

1. To provide an update on the Dudley New Model of Care (Vanguard) programme.

Background

- 2. The NHS new care models programme was launched in January 2015 with individual organisations and partnerships invited to apply to become vanguards, one of the first steps towards delivering the NHS Five Year Forward View and supporting improvement and integration of services.
- 3. Dudley CCG submitted a bid to the programme on behalf of health and wellbeing partners in Dudley and was amongst the first vanguards chosen to deliver a multispecialty community provider (MCP) model of care.
- 4. The Dudley model reflects multi-disciplinary team (MDT) working at GP Practice and Locality levels, coupled with best practice pathways to planned and urgent care:

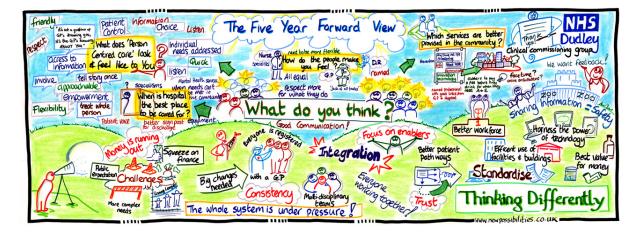


5. The model of care for the MCP can best be described by the three themes of access, continuity and coordination:

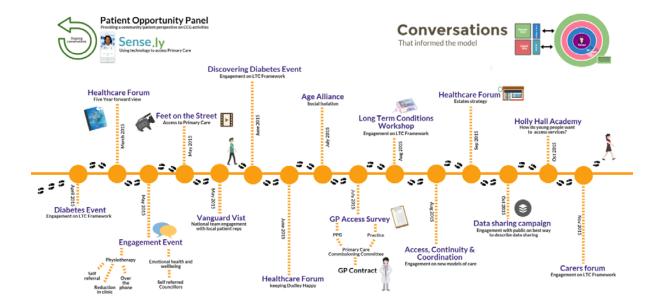
	Accessibility	Continuity	Coordination
Outcomes	Improved patient experience, More efficient and effective utilisation, healthier lifestyles	Stable management of conditions, reducing risk, reducing variation and the health inequalities gap	Reduced social isolation, Enabling individuals to remain in their home and connected to their community

- 6. Partners involved include:
 - Dudley CCG
 - Dudley MBC
 - Dudley Group NHS FT
 - Dudley & Walsall Mental Health Trust
 - Black Country Partnership Foundation Trust
 - Voluntary sector organisations
- 7. The CCG and Dudley MBC Social Services are currently completing a process to map which health & social care services will go into the model of care. Ultimately this will then need to be jointly commissioned by Dudley CCG and Dudley MBC. Whilst planning and delivery of the new model of care is very much owned and
- 8. managed locally, the NHS new care models programme maintains oversight and offers a suite of practical and financial support.
- 9. We are talking to the public about our plans and they are shaping what successful integrated care means for them:

At the launch of the Five Year Forward View, Dudley CCG held a Healthcare Forum to talk with local communities around the publication. We wanted to know views on how people thought the plans could work with an opportunity to discuss challenges and opportunities. A graphic facilitator captured the conversation:



Since Dudley was selected to become a vanguard site, there have been a number of engagement activities which have all fed into the New Care Models work.



The CCG Healthcare Forum took place early December 2015 and approximately 80 participants took part in structured workshops around key workstreams as part of the New Models of Care (NMC). A presentation was delivered at the start which explained the NMC and why changes were necessary. The multi-disciplinary team (MDT) also presented to participants to explain how their roles had changed since they had started working closer together. Structured workshops included:

- Primary Care
- · Care closer to home
- Connecting communities and building relationships
- Accessing services
- Buildings fit for the future
- Feeding back on your experiences
- Teams without walls

Feedback was captured at every workshop and has been fed into the workstreams.

- At the end of January 2016, a Listening Exercise will be launched which will see teams visiting groups and forums across the borough to talk about the New Care Model and to give participants the opportunity to share their views and opinions and help shape how we form better integrated health and social care.
- In addition there will be separate engagement for specific workstreams which may require formal consultation of softer engagement
- We are working with Healthwatch Dudley to ensure we reach some of the groups that we don't regularly engage with
- We are working with the Social Care Institute for Excellence (SCIE) to understand the wicked issues around New Care Models

We are developing a Task and Finish Group for engagement to ensure that everything we do is grounded in common sense, to hold us to account and to provide an objective perspective on plans and help shape the direction of travel.

10. The activity to deliver the model is being managed within a single programme. A multi-agency Partnership Board meets monthly to provide strategic direction and oversee delivery of the programme. Partnership Board receives a monthly progress

report with commentary on four domains: Project Milestones, Finances, Performance and Risks & issues:

Project Milestones

A series of projects has been created to deliver discrete elements of the model. The scope, objectives and milestones for each project are subject to Partnership Board approval. There are currently thirteen active projects within the programme.

Each project has a nominated Lead Officer who coordinates delivery through a project group comprising representatives from partner organisations. Project Lead Officers produce monthly project updates highlighting progress towards the agreed milestones, with progress summarised within the programme plan:

Dudley New Care Model - Programme Plan A415 **CK#55** 24-15 COSTA Establish Pathways Agreed optimum RI March 2017 Pathway changes to be reflected in and provided to be presented to Steering Group (Urplogy, Care Pathways pathways for each contract for 2016/17 MSK, ENT, Opthalmology Implementation of new pathways New working practices to minimise weste Develop proposals to reduce medicines waste Plan role and evaluation of Practice-Based Integration of Practice-Based Pharmacists into MDT Phermedists into MDT Medicines Management System wide Develop proposals for system wide procurement Implementation of procurement plan procurement plan implementation of interventions or system charges which reduce HARMs (Hospital Admissions Related to Medication) - Orgoing Engagement & dialogue Revised strategy Estates Case for Change (CCG Board) Implementation of estates plan (tranche 2) to CCG Board Logical design Procurement Development & phased 'Go Live' Conceptual design IT system/integrated Record - Architectural principles viscridated MOT Requiremment IT & Informatics Development & phase 1 Phase 1 Phase 2 go live Mobile solutions - Requirements Definition Testing Sense,ly Klosk pilot Sense ly Patient experience pilot Pilot evaluation oudley Older People and Freitty Strategy Agreement on Fider New measures to support elderly care Review of existing contracts (Frail elderly) Care indicators in primary care contract (primary care) identify care homes requiring Training for care home staff Design training for care homes **Frail Elderly** iress case for orgent care clinical response team for improved access to other support for care homes (eg. secondary care prescriptions, pharmacist support, OOH advice) - milestones to be confirmed Develop elderly care pathways: [including community-based geriatricians] - milestones to be confirmed Develop use of Advanced Care Planning - milestones to be confirmed MDTs to be fully operational Extension of MOT to incorporate further elements (children, public health, elderly care) Extended Proof of Concept Pliot OD Leadership Development Programme Ation for competency-based workforce plan Design & Implementation of Multi-organisational training and development plan Workforce Service mapping Agreement of tariff Agreement of contract Modelling Agreement of contract Options appraisal Agreed timeline for Governance the preferred model Communications Plan Statement of Intent Staff engagement Communications and engagement (ongoing) Comms & Involvement Engagement and Involvement Plan **Ustening events** Incorporate Logic Model metrics Insight & Intelligence Scope existing datasets Draft Logic Model into information schedule Build application for data visualization)

Finances

The NHS new care models programme is providing financial support to pump-prime change activity and to enable the transition to the new model of care. Funding is subject to the approval of a Value Proposition setting out the business case for the model.

For 2015/16, initial funding of £150,000 was provided to enable the setting up of programme management and governance arrangements. In addition, our Value Proposition identified a requirement of a further £2.7m to fund early delivery of key elements of the model.

Courses & Application statement	2015/16
Sources & Application statement	£000's
Initial Funding	150
Access	1,354
Continuity	84
Co-ordination	951
Other Enabling Support	330
Total Applications	2,869

To date some £1.8m has been received (in addition to the initial funding allocation) and whilst there has been some slippage in terms of timescales, we expect year-end receipts to fully match the above requirements.

Funding requirements for 2016/17 and 2017/18 are in the process of being identified and will be included in an updated Value Proposition, which is due to be submitted in February 2016.

Performance

The programme's performance framework comprises national and local performance indicators.

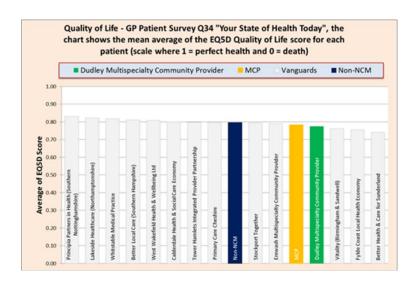
National Measures

The NHS new care models programme has defined a basket of six indicators across three domains: Health & Wellbeing, Care & Quality and Efficiency. Performance across all Vanguard sites is benchmarked alongside 'non-New Care Model' sites.

Health & Wellbeing

Dudley is reporting the 4th lowest mean average EQSD Quality of Life score of 14 MCP Vanguards.

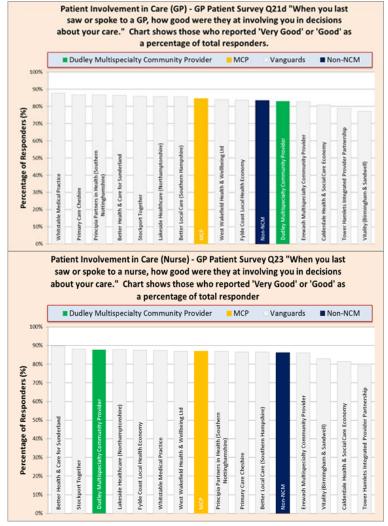
Performance in Dudley is slightly below the MCP Vanguard average and non-NCM (new care model) average.



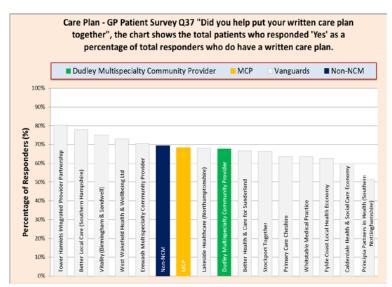
Care & Quality

(a) Patient involvement in Care (GP) – Dudley is ranked 10th of 14 MCP Vanguards and reports slightly lower "Very Good" or "Good" responses than the MCP and non-NCM averages.

(b) Patient involvement in Care (Nurse) – Dudley performs well in this, ranked 3rd of 14 MCP Vanguards and above MCP and non-NCM averages.

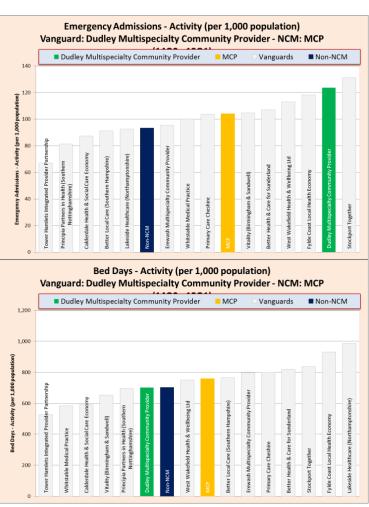


(c) Care Plan – Almost 70% of patients responded that they had helped put their written care plan together – 7th highest of 14 MCP Vanguards, but slightly below non-NCM and MCP Vanguard averages.



Efficiency

- (a) Emergency Admissions Emergency Admissions activity is proportionately higher than in most other MCP Vanguards and non-NCM economies. The trend is markedly upwards (deteriorating) and increasing at a faster rate than in other MCP and non-NCM economies.
- (b) Bed days
 Bed days activity is
 proportionately lower
 (better) than MCP and nonNCM averages and 6th
 lowest of 14 MCP
 Vanguard sites. The trend
 is marginally downwards
 (improving).

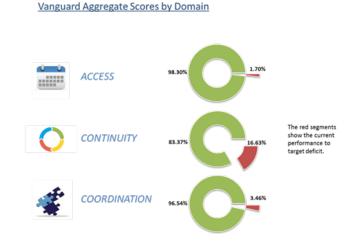


Local Measures

A key aspect to Dudley CCG's plans for the MCP is the commitment to a robust evaluation of impact. The CCG has commissioned the CSU Strategy Unit to assist in devising this evaluation. Evaluation is an active component of change management, ideally achieving a balance of meaningful practical application and methodological rigour. For the Vanguards, dealing with high levels of complexity and uncertainty, theory-based evaluation offers a robust approach to measuring impact. The Dudley MCP logic model is a key tool to support this approach. The logic model is both a graphic representation of the relationship between programme assets, activities,

intended outcomes and a performance framework for Providers. Currently the required outcomes are being assessed along with the degree of change and impact for service users Dudley CCG is currently finalising the metrics within the Logic Model in partnership with representatives from the local health economy.

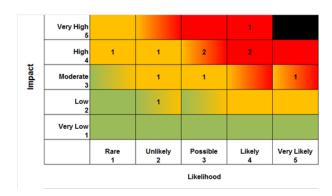
The graphic shows the size of the performance 'gap' across a basket of indicators linked to each objective. The model is not yet fully populated so gap data is indicative only at this stage.



^{*}Please note that there is not a current performance position for all indicators. The above composite performance gap figures are therefore subject to change once the full suite of measures are compiled

Risks & Issues

Risks and Issues (and dependencies between projects) are monitored, with very high and critical risks and issues reported to Partnership Board.



Changes in Risk Profile this month		
New	1	
Increased	3	
No Change	6	
Reduced	1	
Removed	0	

There are three substantial risks for the programme:

Risk 3 (Partners disagree about the organisational form needed to deliver the model; Risk 8 (Programme capacity (staff resources) to deliver the programme within the defined timescales is insufficient):

Risk 9 (Budget recovery actions within ASC affect programme delivery).

Two programme-level issues remain open. Both are considered 'High Priority' and receive Partnership Board attention:

Critical	High	Medium	Low	
0	2	0	0	
Changes since last report				
0	-1	-1	0	

Issue Action	
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Inconsistent prioritisation of the	Further analysis of system IT	
programme across partner	architecture against agreed architectural	
organisations. A number of BAU projects	principles	
exist and continue to take priority.		
Partners generally are concerned about	(1) Development of the new Value	
involvement and consultation within the	Proposition	
programme.	(2) Planned partner workshop to	
	define the key components & attributes	
	of the NCM in Jan 16	
	(3) Review of project leadership	

Law

11. Project Leads are tasked with identifying legal implications and consulting across partner organisations as appropriate. Support is available from the NHS new care models programme.

Equality Impact

12. None at this stage. Dudley's New Care Model is a 'whole population' model and appropriate consideration is given to equality impacts across all projects.

Recommendation

- 13. It is recommended that Health Scrutiny Committee receives the report and notes the good progress being made
- 14. Note that the new model of care will need to be commissioned jointly by the CCG and Dudley MBC

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