Integrated Care Partnership Board Update

B&NES H&WB Wednesday 17th April 2018

Integrated Care Alliance Board Update

- **National Context**

- **Local Context :-**
    - **The B&NES Integrated Care Alliance Board**
    - **Progress so far**

- **Next steps**

STPs, ICSs and ICOs are different ways of delivering integration

NHS England

'Integrated **care**' is a term used to describe accountability for using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population. There are different ways to deliver this.

Sustainability & Transformation Partnerships (STPs)	**Integrated Care Systems (ICSs)**	**Integrated Care Organisations (ICOs)**
STPs are a **partnership** between NHS commissioners, NHS providers, GPs, local government and patient groups. Through this partnership they will develop – and oversee the delivery of – shared plans for improving system-wide quality, health outcomes and efficiency.	ACSs are evolved versions of STPs that bring together **collaborations** of commissioners, providers and local authorities that take collective responsibility for managing resources, quality improvement and population health, enabling them to deliver faster improvements in services.	ACOs are provider organisations that are given **contractual** responsibility for most or all of the health and care services for the local population and for associated resources. Development of ACOs relies on a strong underlying approach to care design, engagement and collaboration.

MT1   A lot of info here. Tracey has alternative slide or split across two slides? AC=different organisations from health and care system working together to improve health outcomes..

May Tamsin, 29/01/18

The national picture

- *"Integrated Care System"* – collective term for both devolved health and care systems and for those previously designated "shadow accountable care systems."

- 10 systems nationally (first wave):-

  1. South Yorkshire & Bassetlaw
  2. Frimley Health and Care
  3. Dorset
  4. Bedfordshire, Luton & Milton Keynes
  5. Nottinghamshire
  6. Blackpool and Fylde Coast
  7. West Berkshire
  8. Buckinghamshire
  9. Greater Manchester (devolution deal)
  10. Surrey Heartlands (devolution deal)

ICSs are key to sustainable improvement in health care by:

- Creating more robust cross –organisational arrangements to tackle the systemic challenges facing the NHS
- Supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation
- Delivering more care through re-designed community and home based services, including in partnership with social care, the voluntary and community sector
- Allowing systems to take collective responsibility for financial and operational performance and health outcomes

The local picture
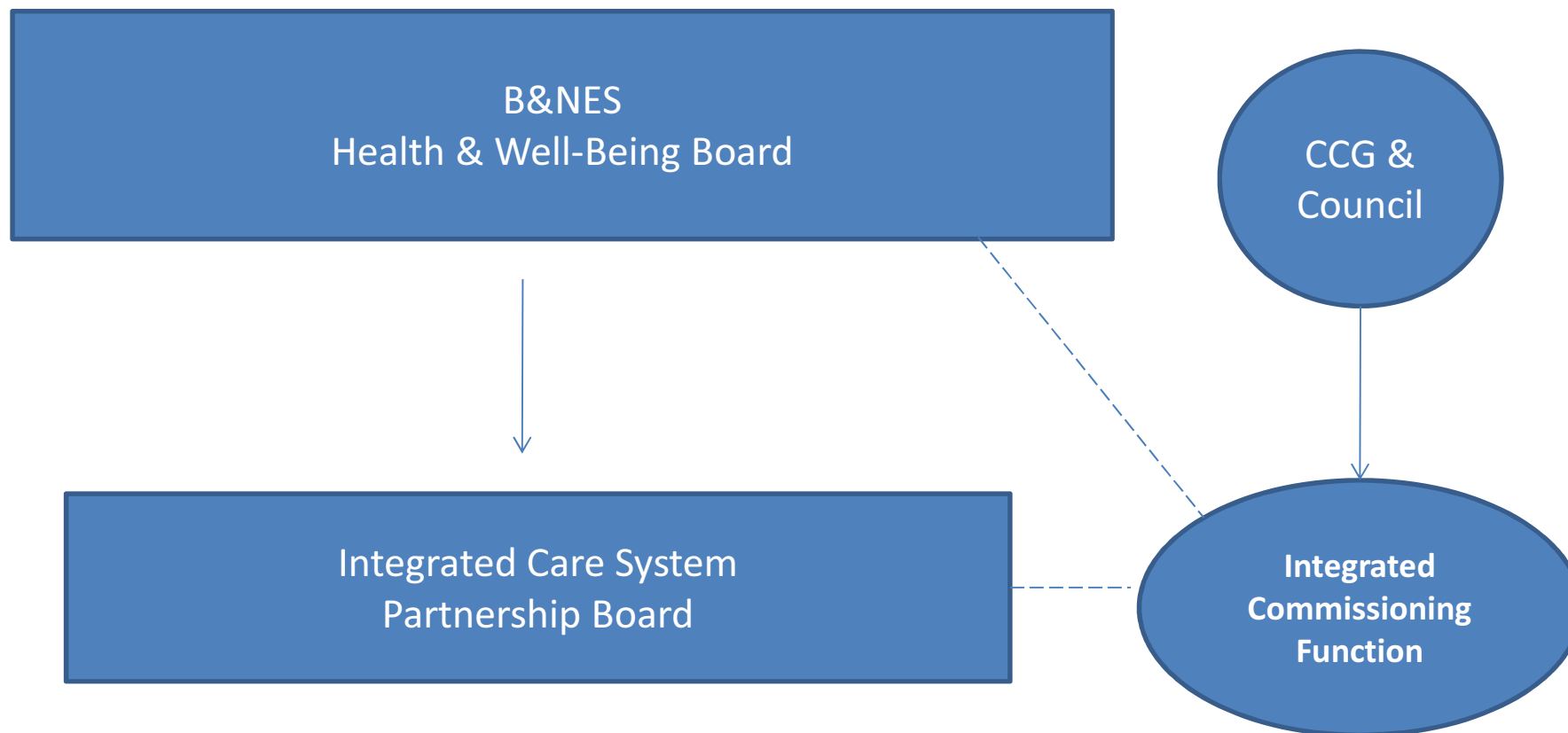
Membership of Board

- *Tracey Cox, Accountable Officer (BaNES CCG)*
- *Ian Orpen Clinical Chair (BaNES CCG)*
- *Jane Shayler, Director of Integrated Health & Care Commissioning, B&NES CCG & Council*
- *Dr. Bruce Jones Director of Public Health, B&NES Council*
- *Councilor Vic Pritchard, Elected Member, B&NES Council*
- *Dr. Andrew Smith, BEMS +GP Representative (on behalf of primary care)*
- *Dr. Gareth Bryant LMC Representative (on behalf of primary care)*
- *James Scott, Chief Executive, Royal United Hospitals, Bath NHS FT*
- *Kristy Matthews, Managing Director, Virgin Care*
- *Nicola Hazel, Clinical Director, Avon & Wiltshire Mental Health Partnership*
- *Sarah Shatwell, Operations Director, DHI, Voluntary Sector Representative*
- *Morgan Daly, Healthwatch*

Role of the ICS Partnership Board

- Confirm the local vision for an ICS for B&NES

- Develop a Memorandum of Understanding (MOU) with relevant partner organisations

- Develop a roadmap for progressing towards an integrated care arrangement

- Agreed the set of transformational work streams to support delivery of the vision

Progress so far

- 2 facilitated development sessions held (10th Jan & 21st March)
- Series of 1:1 interviews have been conducted with System Leaders to gather thoughts on the development of the Integrated Care System in B&NES
- No shared consensus on a "vision"
- However, a key theme of the event was *'we want to get on with it',* with a strong desire to minimise the time spent on revisiting the vision and to quickly generate a plan for action
- Agreement that B&NES is a workable footprint in terms of size & geography
- Some suggested Principles and Actions identified

Principles (Draft – for consideration)

The following are an initial set of draft principles that the Leadership Team may wish to adopt in order to guide their actions and behaviours:

- We will adopt a common narrative which unites us and explains our ambition.
- Our methodology will be based on the principle of the 'three conversations' approach.
- We will include non-traditional voices in the development of our Integrated Care System
- We will adopt innovative approaches and learn from others.
- The decisions we take will be based on their benefits to the whole system and we will work together to manage the impact on individuals, teams and organisations.
- We will simplify processes, remove duplication and stop those activities that do not provide value to our integrated system.
- We will identify how we can use our collective resources to support the development of our integrated care system.
- We will take personal ownership and hold each other to account for the improvement of health and wellbeing within B&NES.

Actions

The following actions were identified at the Leadership Event:

- Adopt/ adapt the 'Your Care Your Way' narrative & H&WB draft statement of Intent as the basis for the Integrated Care System (ICS).
- Agree how the ICS Leadership Group will operate, how frequently it will meet and which existing groups need to be aligned or stopped/changed to support the integration agenda.
- Quickly collate a plan which captures the current Top 5 change activities in each organisation and enables us to prioritise the activities we wish to continue and those we wish to stop
- Target some specific areas:
  - Stranded & super stranded patients – Can we do any more to accelerate their transition out of the RUH? What can we learn from them about the upstream interventions that would make a difference in the future?
  - Multi-disciplinary Team (MDT) working – How can we build on the progress made to date and extend the approach both in terms of participation in MDTs and geographic spread?
  - Frailty – How can we accelerate/expand our work on frailty?

Actions

- Resource sharing – identify areas where capacity within the system could be used differently to support integration (e.g. Comms & Engagement Teams, Information Analysts, Transformation resources)

- Identify low value/wasted energy in our current ways of working and eliminate it

- Identify news stories that demonstrate progress and generate hope (but are realistic in the context being experienced by front line teams) and develop collective mechanisms for sharing these with stakeholders.

- Establish a knowledge sharing mechanism (Kahootz?) and implement it as a mechanism for supporting the ICS Leadership Group and process.

- Have honest conversations where needed to facilitate collaborative working.

- Technology and analytics opportunities for improvement/joint working to be identified

Vision – H&WB Draft Statement of Intent

"One Health and Wellbeing system that enables people to live happier, healthier lives"

H&WB Draft Statement of Intent

- 3 key aims:-
  - Shared leadership of a sustainable health & wellbeing system which is innovative & affordable
  - Ill health is prevented
  - Putting people at the heart of reform

Next steps

- CCG to identify some dedicated Transformation capacity to support the development of ICS arrangements

- Further meeting of ICS Board to progress actions and confirm the vision

- Priority actions – development of an Memorandum of Understanding & mapping of organisational activities in priority areas of Frailty, MDT working and stranded patients