NHS
North Lincolnshire
Clinical Commissioning Group

Date:	13th December 2018
Meeting:	Governing Body
Item Number:	Item 9.1
Public/Private:	Public ☒ Private ☐

Author: *(Name, Title)*	Chris Spark Senior Commissioning Manager
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Director approval (Name)	Alex Seale Chief Operating Officer
Director Signature	

Report Title:
Out of Hospital Transformation Update
Decisions to be made:
Governing Body is asked to receive the following: 1. Update on Out of Hospital Transformation 2. Out of hospital Task and Finish Group Plans Governing Body is asked to approve the work to date and agree the direction of travel for these services.

Link to a Strategic Objective?	☒	Out of Hospital Care
Link to a Strategic Risk	☐	

Continue to improve the quality of services	☒	**Improve patient experience**				☒
Reduced unwarranted variations in services	☒	**Reduce the inequalities gap in North Lincolnshire**				☒
Deliver the best outcomes for every patient	☒	**Statutory/Regulatory**				☒
Purpose (tick one only)	Approval ☐	Information ☐	To note ☐	Decision ☐	Assurance ☒	

Executive Summary (Question, Options, Recommendations):	
The purpose of the report is to provide: a) background to the Out of Hospital Transformation programme, b) details of the Task and Finish Plans, c) an update on progress, and d) an overview of the next steps and timescales	
Recommendations	1 Received the update on Out of Hospital Transformation 2. Received the Out of hospital Task and Finish Group Plans 3. To approve the work to date and agree the direction of travel for these services

Report history		
Equality Impact	Yes ☐ No ☒	
Sustainability	Yes ☒ No ☐	
Risk	Yes ☒ No ☐	
Legal	Yes ☐ No ☒	
Finance	Yes ☒ No ☐	

Patient, Public, Clinical and Stakeholder Engagement to date									
	N/A	***Y***	***N***	***Date***		***N/A***	***Y***	***N***	***Date***
Patient:	☐	☐	☒		**Clinical:**	☐	☒	☐	P&C Cttee Nov '18
Public:	☐	☐	☒		**Other:**	☐	☒	☐	OoH Working Groups Various

Out of Hospital Update December 2018

1. Purpose

The purpose of the report is to provide:

a) background to the Out of Hospital Transformation programme,
b) details of the Task and Finish Plans,
c) an update on progress, and
d) an overview of the next steps and timescales.

2. Background

NLCCG Governing Body has been reviewing the community services it commissions over the last year or two in light of the agreed vision for more services to be delivered out of hospital and closer to people's homes. A decision was taken at the Governing Body workshop held in June 2018 to work with our current providers, in partnership, to shape a new integrated out of hospital model. The current main provider of community health services is Northern Lincolnshire and Goole NHS Foundation Trust (NLAG). North Lincolnshire Council provides care services in the community, Rotherham, Doncaster & South Humber NHS Foundation Trust mental health services and there are also a range of community and voluntary sector providers.

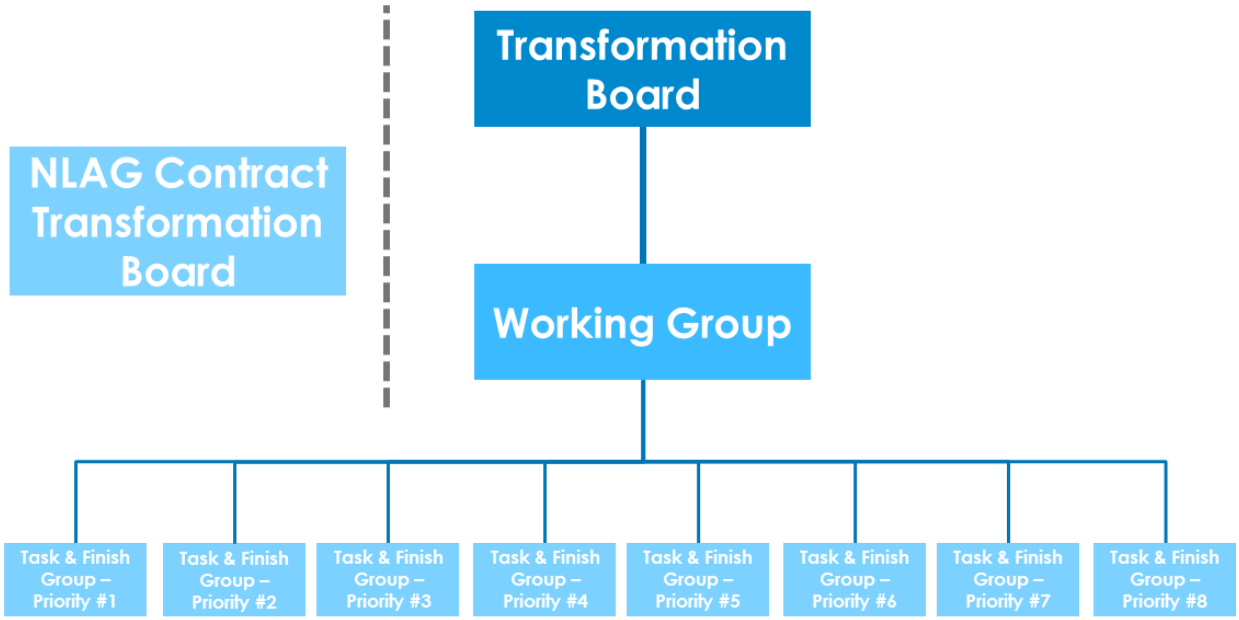
In terms of the current contract with NLAG for community health services, separate work is ongoing to monitor the current contract via the Contract Management Board and several meetings have been held with Directors of the two organisations to outline the work required during this review period.

It was agreed to establish a Transformation Board with all the system leaders represented to develop a strategy to oversee the development of the integrated model of out of hospital provision working with the above organisations and other partners who are major stakeholders in community services including primary care, GP federation (Safecare) & East Midlands Ambulance Service (EMAS).

In parallel to the above a North Lincolnshire Health and Care Place Plan has been in development and an outline plan has been taken to the Health and Wellbeing Board. The ambition, over the next five years, will focus on transforming the lives of people of North Lincolnshire though developing a SUSTAINABLE - ENABLING - Integrated care system across all life stages and levels of need that empowers our local population unlocks and builds community capacity.

3. Out of Hospital Governance & Progress

In response to the need to develop an integrated model of out of hospital services a new governance structure has been established as below:



a. Transformation Board

The purpose of the Transformation Board is to provide system leadership to shape and deliver an integrated model for out of hospital services for both adults and children. The Transformation Board has been established to oversee the development of a model of out of hospital services (including physical and mental health needs) that takes account of future needs, and is developed around the person and their needs, and uses innovative technologies to provide a sustainable model. Its principal outcome will be to improve health and care services and the health and wellbeing of children, young people, adults and communities in North Lincolnshire.

The key aims are to:

- Develop models of delivering integrated out of hospital services
- Broker integration of care
- Commission innovation & outcomes
- Promote understanding of current community services contracts

Senior leaders from the Council, CCG, NLAG, RDaSH, EMAS, Safecare and the voluntary sector are members of the Board. Following the inaugural meeting in July a Working Group has been established and first met in August to develop key priorities.

b. Working Group

Reporting into the Transformation Board is a Working Group. The purpose of the Working Group is to set up and oversee delivery of a Transformation Programme to enable a model of out of hospital care to be developed at pace. The Working Group is the forum for an in-depth discussion about models of out of hospital services; ensuring that the integrated model supports both physical, emotional and mental health needs of adults and children.

At the first Working Group meeting the group agreed a number of priority areas for transformation, such as, Frailty, Care Networks and Gateway to Care. The Working Group agreed a number of Task and Finish Groups to progress the agreed priority areas. Progress of each of the Task and Finish Groups can be found in the next section.

The Working Group has met on a number of occasions and is monitoring delivery against the agreed Transformation Plan and providing assurance to the Transformation Board that the agreed outcomes are being delivered. The Transformation Board will receive Progress Reports from the Working Group on a monthly basis.

c. Task and Finish Group Progress

There is a clear case for change for improving out of hospital services, such as, a rapidly ageing population with more complex health and social care needs and a rising demand and growing costs across the system. The Out of Hospital Transformation Programme consists of a number of Task and Finish Groups have been developing and delivering their plans. Many of the groups form the foundations for a new model for out of hospital services.

A summary of the groups are as follows:

Task and Finish Group	Key Outputs / Comments
Care Networks	Engage and incentivise Primary Care within each of the Care Networks Empower the care network leadership teams to implement care co-ordination: Single needs assessment, care planning and care management in care networks across West, East and South localities
Gateway to Care	Relocate and expand the Gateway to Care into a 24/7 service under a single leadership arrangement Agree an Outline Memorandum of Understanding across partners articulating the vision for the service and ways of working
Frailty Model	Develop a new integrated care model for the frail elderly population
Out of Acute	Strategic management of demand to shift settings of care outside of an acute hospital
Social Prescribing	Explore different approaches to social prescribing and the benefits it can provide. 'Pilot' a small scale Link Worker scheme
Mental Health Strategy	Short term – implement a Crisis Café in support of Winter Plans Longer Term - agree a Mental Health Integrated Strategy for all ages
Children Therapy Services	Develop pathways to support the outcomes of community therapy services Developing a school-based model of delivery for Occupational Therapy Transforming Orthotics 0-25 years, including consideration of Personal Health Budgets
Complex Care	Develop Care Plans for identified patients

These high-level milestones are being further developed and refined over the coming weeks.

4. Integrated Care Partnership Development

The CCG is working together with its population, professionals and partner agencies to design a blueprint for the future delivery of services that would meet the needs of the population both now and in the future.

Our vision is to move care closer to home and away from hospital and into the community; avoiding clinically unnecessary hospital appointments and ensuring hospitals can focus on the patients with the most complex of needs. We need to ensure the local population are empowered to take control of their health and wellbeing; ensuring the finite financial resources of Health and Social Care can be used to the maximum effect. We want the North Lincolnshire pound to provide the best value for money that we can achieve for the local population.

The following principles will be adhered to when developing the new service model:

- Developing and agreeing an outcome-based service specification for Out of Hospital (community services), based on the engagement that has taken place with the local population and needs of the different communities;
- Ensuring that integration is central to the transformation;
- Ensuring that providers are involved as part of the programme of work, supporting the development of the local market;

Health and Care Commissioners will expect providers to work together to develop a delivery model that will:

- Promote self-care initiatives with patients so they can support themselves by exercising self-management, choice and control
- Establish simple, speedy access to the right care and service
- Institute single assessment process and documentation
- Integrate effectively with Care Networks (including Primary Care and Mental Health services)
- Minimise duplication and multiple “hand offs” offering a seamless service
- Improve the patient, carers and families experience of the service
- Improve experience of all staff who provide and interact with the service
- Develop services which are responsive to individual patient need, provide value for money and are performance managed to improve patient outcomes
- Use innovations in IT systems that enable information sharing across health and care and all sectors of providers to help with service delivery
- IT innovations and developments (including Artificial Intelligence), telecare and telehealth will also, where appropriate, be utilised to support patient care
- Develop personalised care planning for people with complex needs and their carers to include prevention, self-management and appropriate support plans designed to help people maintain their independence and avoid a crisis

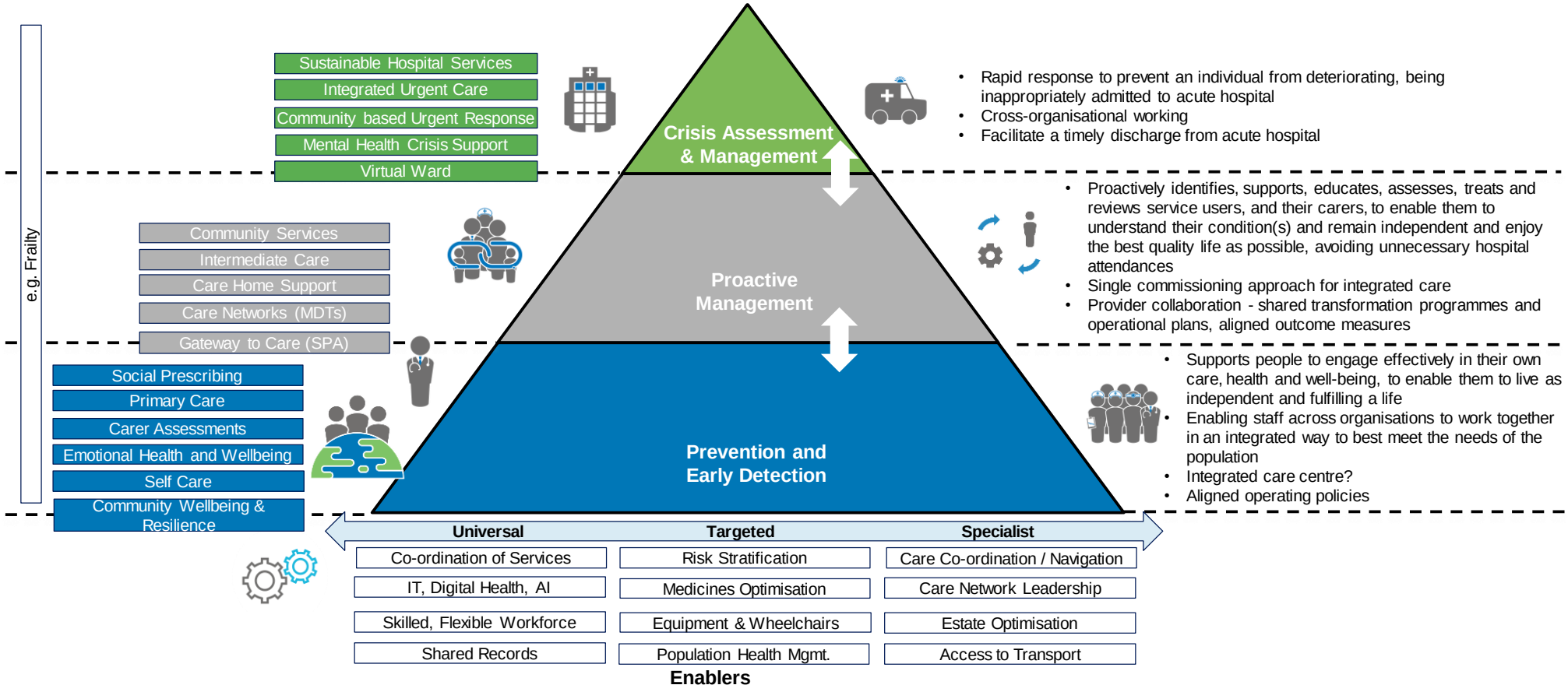
By offering integrated services at times required to meet the needs of the community we will reduce reactive, unplanned care and do more planned care earlier. People will receive care which is more timely and organised to meet their specific needs. The services people need will be co-ordinated across providers; providing a flexible pattern of delivery across health and social care and the wider partnerships and assets within local communities, ensuring care is co-ordinated and seamless as one coherent package with a focus on prevention, helping recovery and promoting independence.

For the purposes of developing the outline specification, services have been categorised as set out below. Commissioners, however, will be seeking a more integrated and seamless model of care which removes traditional boundaries between individual services, and provides an opportunity for providers to set out how services could be delivered in a more integrated way.

a. Draft Out of Hospital Model

Once further engagement and development has been undertaken the service model will be the basis for a service specification and associated outcomes which will be presented to the Transformation Board for approval.

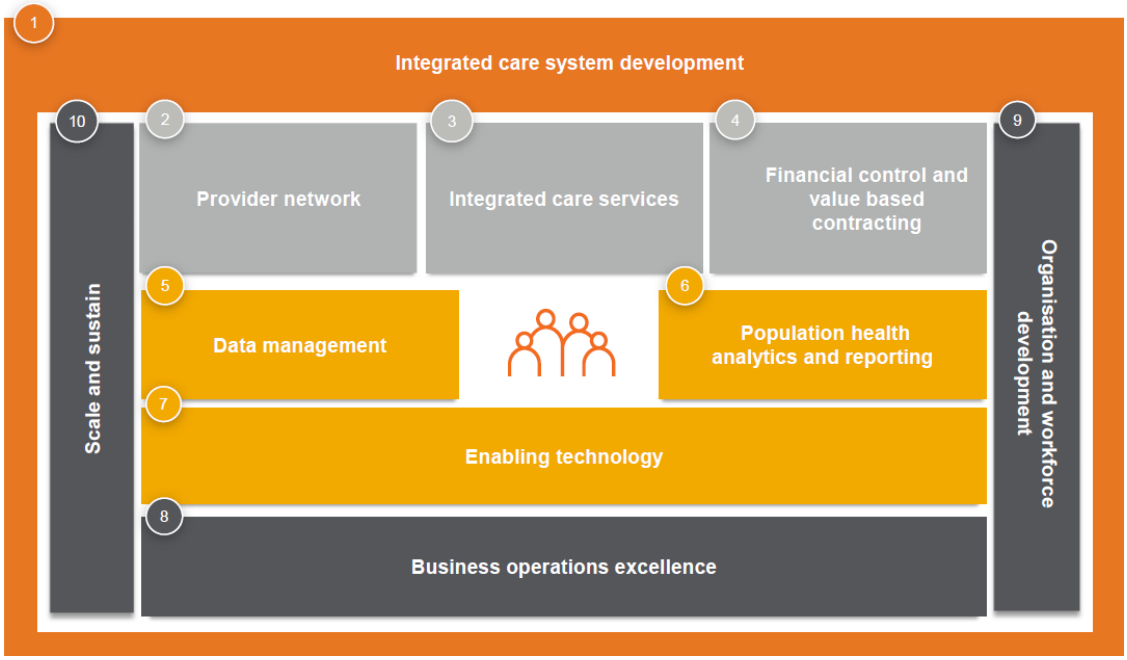
Our integrated Model will be most successful when enabling mechanisms for delivering tangible transformation are integrated at Care Network and Place level. Our integrated and seamless model of care will remove traditional boundaries between individual services.



b. Integrated Care System Development

Partners are committed to the development of integrated care partnerships to support the delivery of integrated models of care.

An overview of the key pillars that make up an Integrated Care System is articulated below:



The integrated service model for Out of Hospital services will support greater collaboration and integration which will deliver better care for people in North Lincolnshire. In this model, providers work together to deliver the outcomes specified by service commissioners in a way that enables a more efficient and responsive service. For example, being able to move funding around the system more flexibly between providers which could include investment in prevention and early intervention, and technology will enable care services and out of hospital care. Financial performance and achieving better outcomes for patients will be better aligned as activity is less of a driver for payment. Integrated care will foster greater levels of trust between teams and individuals and will allow professionals to be more flexible around the needs of individuals, this in turn will support better communication and collaboration.

It is proposed that in 2019/20 the CCG shadow run the integrated service model for Out of Hospital as a proof of concept, focusing on the development of services, prior to a decision on a route to market to secure a longer-term contract.

c. Provider Network

To enable these services to be delivered an effective Provider Network will be required. Development of this approach and terms of reference for operation will be discussed at the Transformation Board on the 31st January 2019.

Some key themes will be explored in further detail:

- **Governance** – what is the most effective governance required to deliver the ICP
- **Branding** – an agreed, clear and consistent branding will be required

5. Community Services - Current Contract Performance

Whilst a new model for out of hospital services remains essential, performance of the existing Community Services contract is equally as important. Following conversations with NLAG in relation to the existing Community Services contract it was important for the CCG to be able to evidence improvement in services.

The CCG has developed a number of metrics related to the services that will be able to show whether improvements are being made. These have been into Metrics and Requirements. A number of Key Performance Indicators have been agreed with NLAG, however, some will require further refinement and development of reporting approaches.

Please see below summary of KPIs that have been developed to support the transformation of Community Services.

a. Measures available for immediate reporting:

Metric Ref Number	Metric description
2	% of people receiving (End of Life Care) EOLC who have a personal care & support plan which includes: anticipatory drugs in place, DNACPR (Do not attempt CPR) and/or preferred place of death (PPoD)
4	Reduction in non-elective admissions from care homes for people over 65
5	% of people seen by rapid access time limited (RATL) who avoid a non-elective admission
7	Reduction in number of stranded and super-stranded patients
9	% of calls dropped (not answered by single point of access (SPA)
10	Number of urgent items of equipment requested and the % of these delivered in 24 hours
11	Number of routine items of equipment requested and delivered in 5 days

b. Measures requiring further development/clarification

Metric Ref Number	Metric description	NLAG Comments
1	% of people who die in their Preferred Place of Death	This metric requires discussion & development (depending on what we are trying to measure/see improve): • Work is ongoing to review how the data can be captured effectively across the system • There are multiple providers involved in this indicator
3	Reduction in people aged 65+ who are admitted to hospital in last 90 days of life	Work on going to look at effective data collection. Currently data records last 30 days of life
6	Reduction in emergency admissions for people 65+ with 3 or more emergency admissions in the preceding year	This will influenced by a range of providers

c. Requirements

- Contribution to the development of guidelines and the adherence to agreed guidelines for prescribing of nutritional supplements
- Contribution to the development of infant milk formula guidance for Northern Lincolnshire
- Develop a virtual ward approach to deliver health care at home (or in community) to support early supported discharge
- Support a reduction in length of stay, stranded patients (greater than 21days in acute) and delayed transfers of care (DToCs) within the acute trust.
- Develop a process to stratify patients in community to ensure those with the most need are prioritised
- Reduction in bed base step-down utilisation as a result of Home First approach with health support (Virtual Ward)

d. Reporting

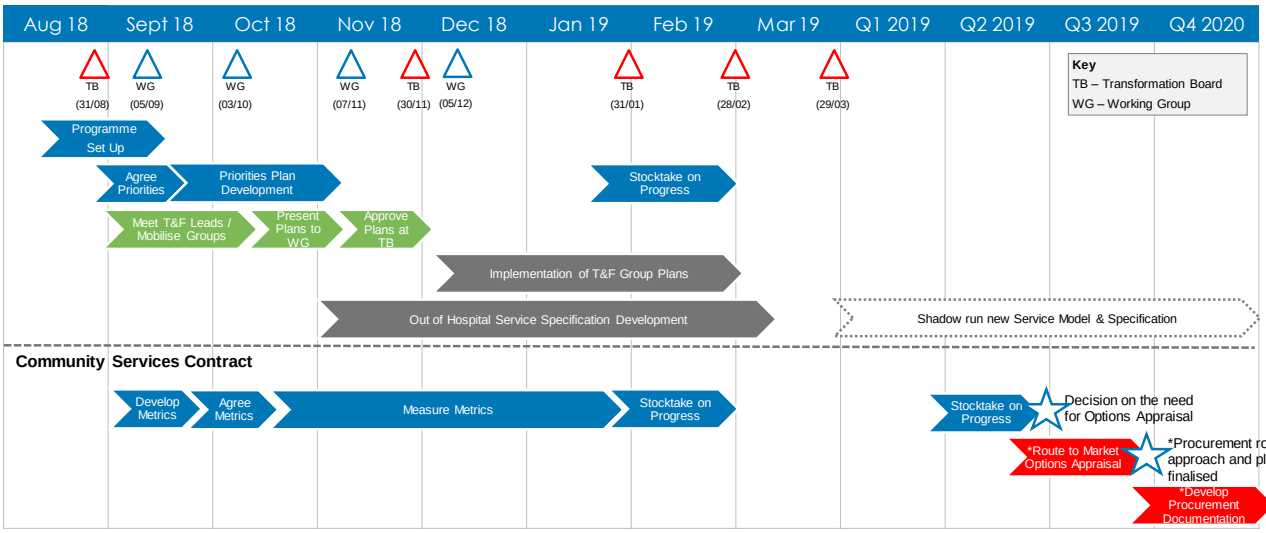
These metrics will be tracked against expected performance trajectories supported by narrative to summarise progress. The KPIs will form part of the overall Contract KPIs (as set out in Schedule 4 of NLAG's contract) and therefore are part of the suite of KPIs that NLAG report on. It has been agreed that the **Contract Transformation Board** will be the appropriate forum to discuss performance and delivery of the desired changes. Therefore, the KPIs will be reported on a monthly basis at the Contract Transformation Board. The CCG will ensure that Community Services receives necessary 'air time' at the CTB to provide the assurance that services are delivering the required outcomes.

e. Benchmarking of community services

In addition, we will carry out some benchmarking of spend on community services to better understand the outcomes being achieved and the investment in to the contract

6. Next Steps & Timelines

The emphasis of the programme will be to progress the work of each of the Task and Finish Groups. Each of the leads will provide regular updates to the Working Group. Below summarises the key activities over the next three months and into 2019/20.



* May not be required if good progress has been made against the agreed metrics