


Date:	3 January 2019
Meeting:	Joint Primary Care Commissioning Committee
Item Number:	13.0
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: (Name, Title)	Erica Ellerington Primary Care, NHS England
GB Lead: (Name, Title)	Geoff Day Interim Director of Primary Care
Director approval (Name)	Geoff Day
Director Signature (MUST BE SIGNED)	

Report Title:
Out of Hospital Transformation - Care Networks
Decisions to be made:
None

Link to a Strategic Objective?	<input checked="" type="checkbox"/>	This programme of work links to the CCGs strategic objective relating to Out of Hospital and Primary Care Transformation
Link to a Strategic Risk	<input checked="" type="checkbox"/>	Out of Hospital and Primary Care Transformation

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>		
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>		
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input type="checkbox"/>		
Purpose (tick one only)	Approval <input type="checkbox"/>	Information <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The CCG, along with the wider health and social care system are currently working on the Out of Hospital Transformation Programme in order to shape a new integrated out of hospital model</p> <p>An identified key work stream of this programme is the development of care networks.</p> <p>This paper details the programme background, key deliverables for the care networks work stream and progress made to date.</p>

Recommendations	1. Committee members are asked to note the contents of this report	
Report history	None	
Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Sustainability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<i>Patient, Public, Clinical and Stakeholder Engagement to date</i>									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>Date</i>
Patient:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Clinical:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OUT OF HOSPITAL TRANSFORMATION PROGRAMME

CARE NETWORKS

Background

North Lincolnshire CCG 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.

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) and East Midlands Ambulance Service (EMAS).

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, including the development of care networks.

Key Deliverables

The care Networks workstream has a key deliverable to; *“Engage and incentivise Primary Care within each of the Care Networks and 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”*.

Attached at Appendix 1 are the agreed objectives for the workstream.

Progress to Date

The workstream has made good progress to date;

- Network leads have been identified and engaged. Clinical leads are GP Board members
- A Primary Care Quality Scheme has been offered to the networks. The networks are currently working with Safecare who will 'sign up' to the scheme once on behalf of all practices
- Clinical leads and Safecare are currently finalising a governance model which will allow (but not be limited to) Safecare managing the sign up and co-ordination of all CCG commissioned enhanced services
- On the last wave of applications to NHS England, North Lincolnshire submitted a request for 2.3WTE clinical pharmacists

- The CCG has agreed with RDaSH the provision of Mental Health First Aider training to all practice staff. The training will be provided free of charge.

Recommendations

The committee is asked to note the contents of this report.


Care Networks

Lead(s): Erica Ellerington, Dr Salim Modan

Priority Opportunity: Care Networks

Description of the Priority	<ul style="list-style-type: none"> • Build upon the progress that the Care Networks have already made • To develop a consistent approach to multidisciplinary working within each of the care networks • Ensure involvement and leadership from Primary Care, Mental Health social care and community • Work towards models of integrated working such as Primary Care Home • Make best use of the available workforce, skills and capacity 	
Objectives	<ul style="list-style-type: none"> • Bring together professionals to revisit the approach for networks • Develop opportunities for joint working across primary care, social care, mental health and community • Incentivise Primary Care to become an essential function within each network • Explore opportunities for at scale working across networks • Develop multidisciplinary working across Care Networks 	
Benefits - service user / carer	<ul style="list-style-type: none"> • Planned support for the user • Better signposting to VCS services • Holistic needs assessment • More joined up care for the individual 	<ul style="list-style-type: none"> • Support in planning for contingency
Benefits - commissioner / referrer	<ul style="list-style-type: none"> • Benefits of at scale working and shared resources • Support implementation of 10 high impact changes in primary care • Reduce variation and improve quality • Make best use of the available workforce and skill mix and capacity • Manage demand in primary care 	

Priority Opportunity: Care Networks

Detailed steps to implement	What	Who	When
Priority #1	Identify Care Network Primary Care Champions/Clinical leads <ul style="list-style-type: none"> East: Dr Modan/Michelle Slimm South: Dr Ghandi/Christine Buckley West: Dr Armstrong/Suzi Brocklesby 	Erica Ellerington	By 12/10/18
	Develop a local rapid development plan to; <ul style="list-style-type: none"> ensure scheduled, regular face to face forums in place widen networks involvement to include clinicians and wider system identify any relevant funding streams to support this transformation 	Erica Ellerington	By end Nov 2018
	Support the wider development of primary care networks through the 'primary care home model'. Encourage attendance by Network leads at the NAPC (National Association of Primary Care) initial scoping exercise (23/10/18) for Humber Coast and Vale STP 	Erica Ellerington	By 23/10/18
	Continue to provide Extended Access appointments at care network level	Julie Killingbeck	Immediate/Ongoing
	Rollout of Primary Care Quality Scheme, ensuring focus on; <ul style="list-style-type: none"> Use of Apex Workforce Tool A&E baseline, perform to upper quartile levels Develop robust OPEL levels reporting model 	Geoff Day	TBC

Priority Opportunity: Care Networks

Detailed steps to implement	What	Who	When
Priority #1	Develop a 'Network Charter' to include; <ul style="list-style-type: none"> • System principles • Network objectives and future vision • Leadership roles and responsibilities/Terms of Reference ** to be endorsed by the CCG Board/CoM **	Erica Ellerington Network Leads	By end Feb 2019
	Encourage and support networks to take advantage of the NHSE offer for Clinical Pharmacists. Updated scheme will be released Oct 18	Erica Ellerington	By end Nov 2018
	Develop opportunities for managing high risk individuals across networks supported by multidisciplinary model and frailty model	Becky Bowen	By end March 2019
	Consider how Community Pharmacy can work and support at network level	Erica Ellerington LPC	By end Nov 2018
	Review of other Mental Health support that could be better delivered by Care Networks such as IAPT, crisis cafe (inc. low level mental health prevention/voluntary sector?)	???	By end Mar 2019
	Mental Health First Aid training; <ul style="list-style-type: none"> • Offer to ALL practice staff • Offer to Patient Participation Groups • Engage PPGs to explore delivering practice level sessions (once trained) • Identify funding stream • Incorporate into care navigation pathways 	Julie Killingbeck Erica Ellerington	By end Feb 2019
What programme and project delivery arrangements would be needed?			

Priority opportunity: Care Networks

Dependencies	Description	Timing
	<ul style="list-style-type: none"> • Mental Health Strategy • Social Prescribing Model • Primary Care Home (STP approach) • Mobilisation of Apex Workforce Tool • North Lincolnshire Primary Care Estate Review • Endorsement of Network Charter • RAIDR tool 	<ul style="list-style-type: none"> • TBC • TBC • Scoping event on 23/10/18 • Mobilisation in planning stage • Report will be available by the end of Nov 2018 • Early 2019 Board and CoM meeting
Roles and responsibilities	Commissioners	Providers
	<ul style="list-style-type: none"> • Capacity to support the development of Care Networks (managerial, clinical) • Roll out of incentive scheme • Clinical engagement to Network approach 	<ul style="list-style-type: none"> • Development of multidisciplinary models • Explore opportunities for joint working • Support resource allocation are Care Network level where applicable

Priority opportunity: Care Networks

Engagement & Implementation Planning	<ul style="list-style-type: none">• Clear plan for Primary Care• Mental Health (inc. voluntary and community sector)• Development plan for Care Networks	
Potential risks and issues	Description	Owner
	<ul style="list-style-type: none">• Clinical engagement• Capacity to develop models of care (resource, workforce, skills)• Capacity to develop Care Network approach• Understand needs and priorities of individual Care Networks	