Berkshire West
Integrated Care Partnership

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Integrated Care Partnership

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Launch Event

July 2019

Shaw House, Newbury

Welcome to the event

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Luke March

Cathy Winfield

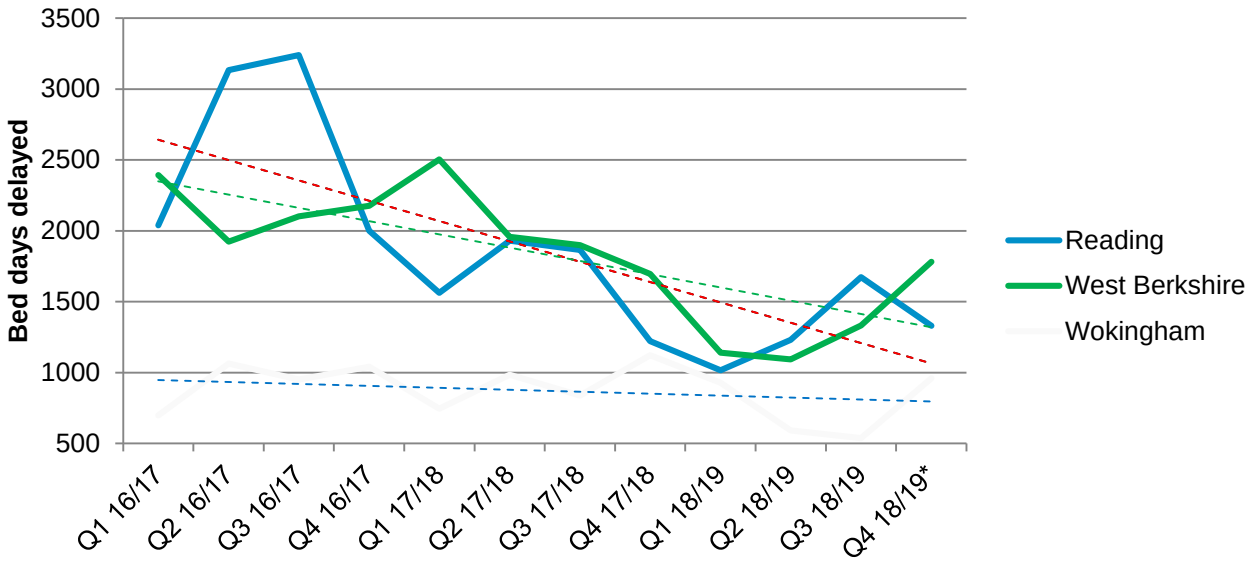
Purpose of the event

- Welcome!
- Update on our work to bring NHS and Local Government organisations closer together
- An Introduction to the Integrated Care Partnership
- What this means for improving services for our residents
- An opportunity to hear more about positive changes to services for local people

What we have achieved so far

- Establishment of a **multi-disciplinary integrated discharge service** co-located at the RBH which includes social workers and focuses on 'Home First' for patients.
- Year on year **reduction in the numbers of patients delayed (DToCs)** in all hospital settings including weekly director system meeting oversight to identify and address themes through locally agreed coding
- Specialist response established as **collaboration between RBH and SCAS for frail fallers** with assessment, treatment and installation of equipment if necessary at home so as to reduce ED attendances. Non-conveyance rate maintained of 75-80%
- **Rapid Response and Treatment service established for Care Homes** which is a medically led multidisciplinary team to assist patients in care homes to remain there and avoid hospital admissions. An 11% decrease in Non-Elective Admissions from care homes was seen in Berkshire West
- High numbers of discharge delays seen due to self funders so **brokerage service** procured and included within integrated discharge service to aid patients and their families. Also made available to patients in other settings within the system
- Consistent in maintaining **mental health parity of esteem** across Berkshire West.

Reduction in Delayed Transfers of Care (DToCs)



One of the largest impacts within the BW10 integration programme is the reductions made within each locality in its number of delayed transfers of care especially in relation to the numbers seen three years ago.

However a recent difficult winter has seen an increase in the latest figures and these are being addressed. An operational weekly system meeting identifies the current themes for DToCs within the hospitals and puts into place actions in order to address these and a key aim for the group is to look at winter planning learning for this year. The breakdown of local codes at RBH has enabled these themes to be identified and monitored and work is underway to introduce these at community hospitals as well.

Our vision for Health & Social Care in Berkshire West

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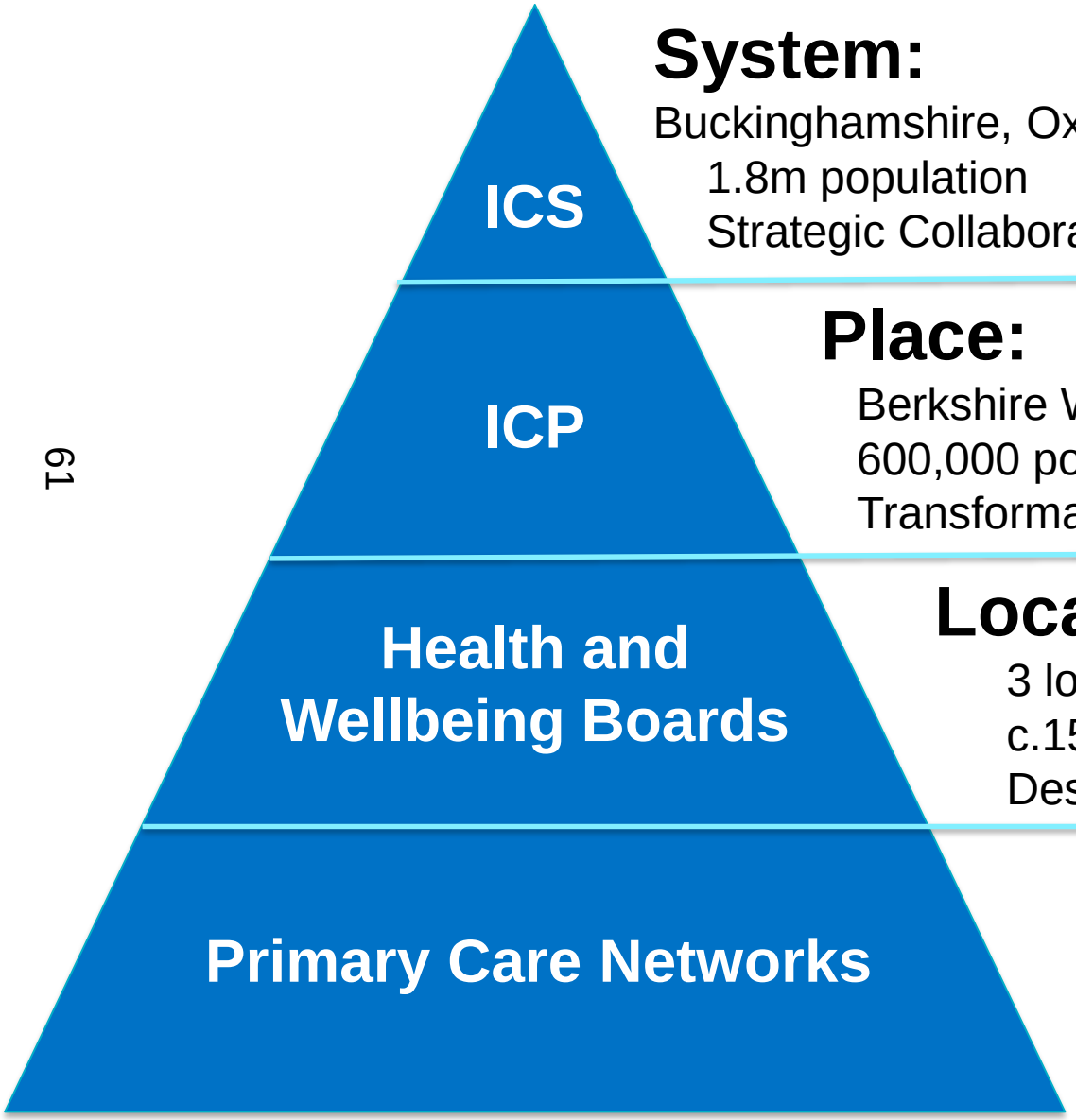
Nick Carter
Julian Emms

How our system fits together



System:

Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS
- 1.8m population
- Strategic Collaboration of Partners across scale

Place:

Berkshire West Integrated Care Partnership
- 600,000 population
- Transformation and Integration of local services

Locality:

- 3 localities in line with LA geographies
- c.150,000 population
- Design of local delivery options

Neighbourhood:

- 14 neighbourhoods
- 30-50,000 population
- Wraparound integrated care

BOB ICS Principles

1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services;

2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes;

3. **Reduce unwarranted variation** in outcomes and value;

4. Avoid wasted effort by **reducing duplication** within the system;

5. **Drive consistency** of intent, approach and outcome;

6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy;**

7. Deliver services in a way that is **well understood by our populations and those who deliver care.**

Berkshire West ICP

- **Seven** public sector organisations covering the **West of Berkshire:**
  - West Berkshire Council
  - Reading Borough Council
  - Wokingham Borough Council
  - Berkshire West CCG
  - Berkshire Healthcare Foundation Trust
  - Royal Berkshire Foundation Trust
  - South Central Ambulance Foundation Trust

- 44 **GP Practices** and 14 **Primary Care Networks**
- **600,000 residents** living in rural and urban localities
- Combined **budget of c.£1bn** with in excess of **10,000 staff**
- Residents use our services throughout their lives and expect them to operate in a seamless manner

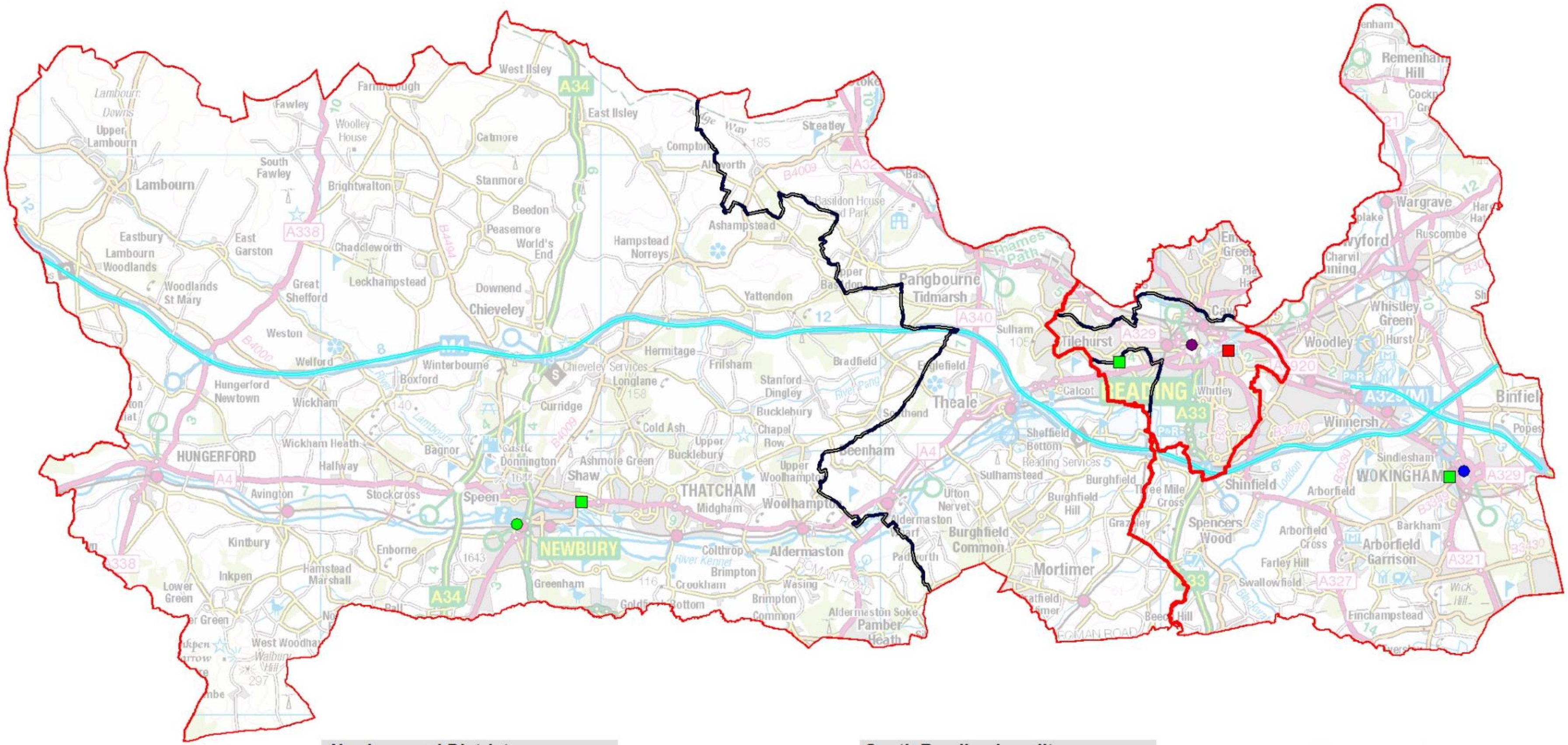
Geography and partner organisations

Royal Berkshire NHS FT
Provider of acute services

Berkshire Healthcare NHS FT
Provider of mental health and community services

North and West Reading Locality:
GP practices = 9
Population at Jan 2019 = 109,385

Wokingham Locality:
GP practices = 13
Population at Jan 2019 = 167,903



Newbury and District Locality:
GP practices = 10
Population at Jan 2019 = 120,034

South Reading Locality:
GP practices = 16
Population at Jan 2019 = 152,553

- Royal Berkshire NHS FT
- Berkshire Healthcare NHS FT
- Reading Borough Council
- West Berkshire District Council
- Wokingham Borough Council

What we are trying to achieve in the ICP

- ✓ People are supported to take care of their own health and well-being
- ✓ Care is provided closer to home, wherever appropriate
- ✓ Services are better integrated across providers to improve experience
- ✓ Organisation of primary, community and social care is increased to provide' co-ordinated care that efficiently meets residents' needs
- ✓ The system has a better understanding of the needs of our population allowing us to design services more effectively
- ✓ A shared understanding of the quality of our services a system-wide approach to the delivery and monitoring of quality;
- ✓ Make the most effective use of the Berkshire West pound and delivering financial sustainability;
- ✓ Staff and workplace wellbeing is improved, and a sustainable and highly skilled health and care workforce is built in Berkshire West.

Our localities

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Graeme Hoskins

At locality level – Reading

- CQC review of how people move through the health and social care system in Reading in Oct/Nov 2018 found " ***excellent*** *practice from staff who were* ***committed*** *to putting the person at the centre of their care , working together across health and social care to achieve the* ***best outcomes for people*****"**
- **20 % reduction** in Delayed Transfers of Care from June 18 to May 19
- **24% reduction** in admissions to care homes in 18/19
- Review of "Discharge to Assess" reablement service has reduced bed base. Service now provided in Extra Care which provides a **better environment** for people with **larger flats** and **accessible bathrooms**
- Multi-disciplinary "Neighbourhood Care Planning Group" established bringing together **health, social care and voluntary organisations** to support patients most at risk of unplanned hospital admissions. Involves holistic assessment of individual client's and carers needs and comprehensive care planning
- Joint Health & Social Care Social Prescribing service supporting residents (207) to **improve their emotional and physical wellbeing** as well as supporting them to take greater control of their own health and social care needs.
- Comprehensive analysis of non-elective data for people living in South Reading with recommendations for action. Successful event to plan how we can **work better together** within a " neighbourhood" model to **improve people's experience of care** in Reading and achieve better outcomes for them.

At locality level – West Berkshire

- **46% reduction in Delayed Transfers of Care** in 2018/19
- **Over 1000 people have attended Steady Steps** – a falls prevention class and the fire service are doing fall prevention assessments as part of their safe and well home visits.
- Overall **rough sleeper numbers have reduced** and a new health outreach service has been commissioned.
- Hosted a community event organised by Public Health looking at **redesigning the social prescribing model** in the community and links to Primary Care Networks.
- Hosted a **conference about dementia** where speakers illustrated the national and local dementia picture, and highlighted the **need for services and communities to be planned and coordinated** in ways that support people to live well. Breakout workshops explored how we can deliver a cohesive response to the challenges and opportunities in West Berkshire.
- Over **500 people** trained to give alcohol brief intervention advice.

At locality level – Wokingham

- For our residents that have been through the MDTs we have seen a **reduction in emergency admissions of 30%**, a **reduction in attendances at A&E of 25%** and a reduction in calls to our out of hour GP service of 27%.
- Community Navigators (Social Prescribing) - In 2018/19 the service received 242 referrals with **87% of users reporting that they felt more self-relian**t.
- The Care Homes Project reported that at the end of Q3 of 2018/19 the project is reporting a **4% decrease in See, Treat & Convey**, a **7.5% decrease** in A&E contacts and an **11% decrease** in Non elective Admissions from care homes in Berkshire West.
- Our Street Triage team reported in 2018/19 Q1 and Q2 **avoided 69 section 136's** which resulted in a **saving** of £117,990.
- Delayed Transfers of Care days for 2018/19 were 3,001 days v Plan of 3,360 (**10.7% better than plan**). This compares to 3,689 days for the same period in the prior year (**18.6% reduction year-on year).**

Primary Care Networks & focus on neighbourhoods

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Jim Kennedy

Primary Care Networks

A Primary Care Network is a grouping of GP practices working with community services, social care and the voluntary sector to plan and co-ordinate care within a neighbourhood of 30-50,000 patients with a strong focus on understanding population need and responding proactively to maintain health and wellbeing.

From 1st July 2019 all patients should be covered by a Primary Care Network

Map of PCNs

Berkshire West Integrated Care Partnership

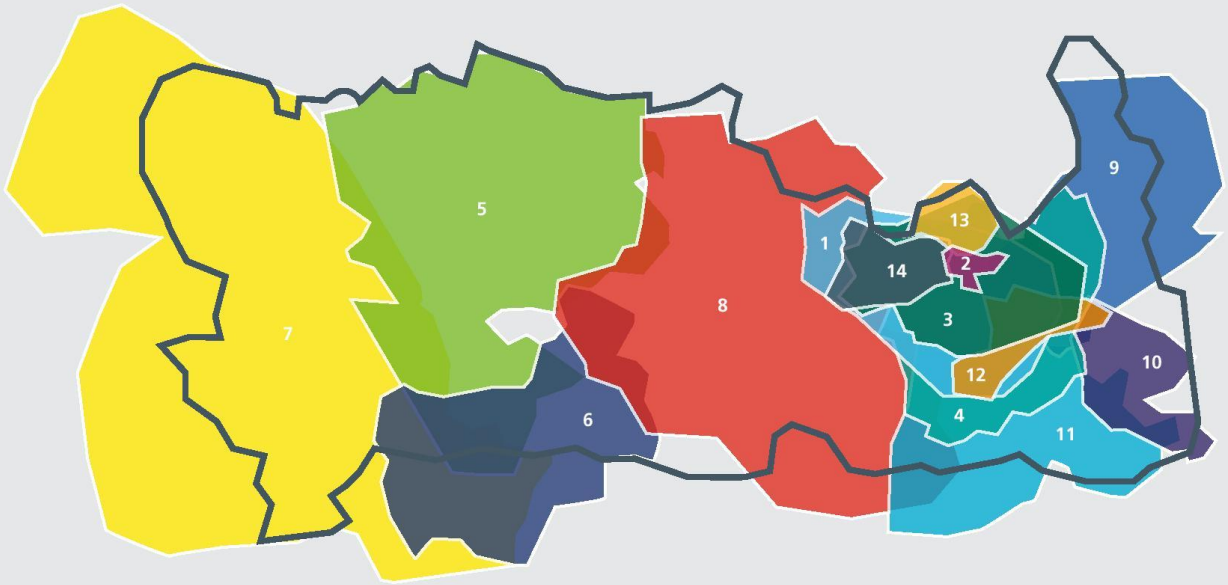
BERKSHIRE WEST Primary Care Networks (PCNs)

NHS

550,000 patients

14 Primary Care Networks

47 practices



SOUTH READING PCNs		GP PRACTICES
Tilehurst	1	Westwood Road Grovelands Tilehurst Village
Whitley	2	London Street Milman Road South Reading and Shinfield Longbarn Lane
Reading Central	3	Abbey Medical Eldon Road Chatham Street Russell Street Pembroke Kennet Melrose Reading Walk-in Centre
University	4	University Medical Group

WEST BERKSHIRE PCNs		GP PRACTICES
A34	5	Strawberry Hill Eastfield Downland
Kennet	6	Thatcham Burdwood Falkland
West Berkshire Rural	7	Hungerford Kintbury Lambourn
West Reading Villages	8	Chapel Row Theale Mortimer Boathouse

WOKINGHAM PCNs		GP PRACTICES
North	9	Loddon Vale Twyford Wargrave Woodley Parkside
East	10	Wokingham Medical Centre Burma Hills New Wokingham Road Woosehill
South	11	Finchampstead Swallowfield
West	12	Brookside Family Practice Wilderness Road

NORTH AND WEST READING PCNs		GP PRACTICES
Caversham	13	Balmore Park Emmer Green
Reading West	14	Circuit Lane Western Elms Tilehurst (Potteries)

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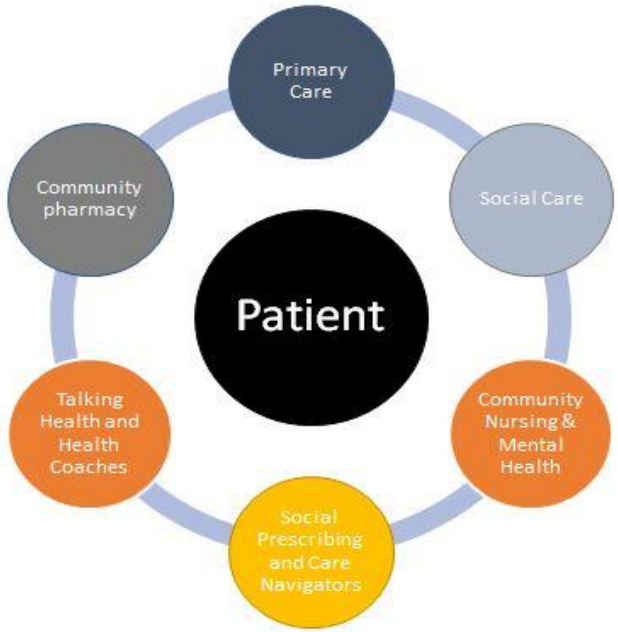
Designing our neighbourhoods

Berkshire West
Integrated Care Partnership

Core team



Extended team

Collectively managing demand
Health and care support
Prevention and early intervention

Wrap services around patient
Strengthen integration
Redesign pathways (LTC and OPD)

We have been running neighbourhood events in localities….

Primary Care Networks governance

Berkshire West Integrated Care Partnership

What PCNs will deliver:

- Resilient primary care
- Proactive care of at risk patients
- Develop new pathways that reduce reliance on hospital care
- Diversified workforce within the PCN – social prescribers, clinical pharmacists, physician's associates and paramedics
- Neighbourhood teams – district nurses, community geriatricians, dementia workers, social care – the "required norm"

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To do this, the PCN Clinical Director will:

- Work with the commissioner to develop, support and deliver local improvement programmes aligned to national/local priorities – future expansion of the DES.
- Represent the network at CCG and ICS meetings, contributing to the strategy and wider work of the ICS
- Work closely with clinical leaders from other providers
- Develop relationships and work closely with the LMC

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Any questions?

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Improving Services – Focus of our work together

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Interactive Session

Nick Carter

Proposed ICP Work Programme

Redesign of governance to integrate ICS and BW7 to create an ICP	Approval and launch of new structure for more integrated working, decision making and delivery
Establishment and implementation of two year financial recovery programme	Publication of a two year plan for the NHS organisations within the ICP to achieve financial balance by the end of 2020/21
Establish Primary Care Networks / Design our Neighbourhoods	Creation and implementation of Primary Care Networks / neighbourhoods as required by the new GP Contract
Joint Commissioning Arrangements for LA services (and LA + Health)	Identification of opportunities to jointly commission services which are currently approached separately by the member organisations of the ICP
Development of integrated place based functions	Better support the delivery of the ICP's strategic priorities by the creation of place-based functions / teams
Delivery of Urgent & Emergency Care Strategy	Creation and publication of a whole system Urgent and Emergency Care strategy for Berkshire West which builds on the work already produced by the ICP to date. Includes; • Development of Strategy • High Intensity Users • West Berkshire Urgent Treatment Centre • Reading Walk in Centre Development • Refine the approach to ED Streaming • CRT redesign and implementation
Outpatients Transformation	Design new models of care for those specialties which currently use face to face Outpatients clinics at the Royal Berkshire Hospital as the primary delivery model
Integrated Musclo-skeletal Service	Design and implementation of an MSK service with central co-ordination which reduces the volume of intensive clinical MSK work in Berkshire West

Proposed ICP Work Programme

Strengthening Alcohol Services across the public sector	Building on the joint work of the ICS / BW7 to create a unified set of interventions across health and social care for the improvement of services offered to those who have an alcohol dependency
Develop and implement Population Health Management	Create a multi-agency framework for the ICP which sets out medium-long term ambition and implementation plan for population health management; and identify opportunities for service improvement
Joint Health and Wellbeing Strategy	Use data and intelligence from the ICP to develop a joint strategy for Berkshire (West)
Diagnostic Strategy	Creation of a new strategy for diagnostics which will present opportunities for a change in location and style of provision for major scanning equipment
Children's and Young People	Develop scope for supporting Children and Young People services, including increasing access for emotional and mental health services and deliver modern outpatient services where activity happens where care is more appropriate

Table discussions on some of the work programme

- Design our Neighbourhoods
- Joint Commissioning between Health & Social Care
- Prevention and our joint Health & Wellbeing Strategy
- Improving Urgent & Emergency Care services for local people
- Transforming how and where we deliver outpatient services
- Integrated Musculoskeletal Services
- Population Health Management

Instructions

- You will now have the opportunity to rotate around 7 programmes of work and have a discussion about the transformation work being undertaken for that work-stream
- Please note your number you were allocated on arrival, you will rotate around sequentially e.g. if you are number 4, you will visit table 4, 5, 6, 7, 1, 2 and 3 in that order.

Table number	Table discussion	Room
1	Outpatients	King Charles
2	Joint Commissioning	King Charles
3	Prevention & joint health and wellbeing strategy	Dolman 1
4	Integrated MSK	Dolman 1
5	Population Health Management	Dolman 1
6	Urgent and Emergency care services for local people	Dolman 2
7	Primary Care Networks	Main Hall

Closing Remarks

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Steve McManus

Peter Sloman

Headline Messages

- New opportunity to work together at different geographies to improve patient experience and overall efficiency. We should only focus on those things where we can clearly add benefit by working together.
- It is important that all partners feel they are contributing and getting something from the ICP. The work programme may need some further work to achieve that.
- It will take a while to settle down but as a leadership group we are giving staff a mandate and setting the expectation that people will work together across organisations to improve outcomes for residents