NHS
Wolverhampton
Clinical Commissioning Group

WOLVERHAMPTON CCG

Governing Body
10th September 2019

Agenda item 11

TITLE OF REPORT:	Update and Progress report for the Integrated Care Alliance (ICA)
AUTHOR(s) OF REPORT:	Andrea Smith, Head of Integrated Commissioning Karen Evans, Strategic Transformation Manager
MANAGEMENT LEAD:	Steven Marshall
PURPOSE OF REPORT:	To provide an update on progress of the Wolverhampton Integrated Care Alliance
ACTION REQUIRED:	☐ **Decision** ☒ **Assurance**
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	• This report provides key highlights, risks and Issues across the programme
RECOMMENDATION:	To note the work being undertaken within the Wolverhampton Integrated Care Alliance
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and safety of the services we commission	Within the ICA workstreams we continually aim to improve the quality and safety of the services we commission by reviewing current pathways and processes and developing integrated health and social care pathways where this will improve both the quality and the patient experience.
2. Reducing Health Inequalities in Wolverhampton	The ICA will strive to ensure that health inequalities are reduced across the City. Pathway developments are based on data and evidence which allows us to understand the health inequalities that we are aiming to address
3. System effectiveness delivered within our financial envelope	The ICA is a mechanism to enable money and resource to move within the Wolverhampton system appropriately in order to deliver effective services to people.

1. BACKGROUND AND CURRENT SITUATION

1.1. The Development of the ICA has been ongoing for approximately 18 months.

1.2. The ICA is represented by key partners and stakeholders across the City of Wolverhampton including Wolverhampton CCG (WCCG), City of Wolverhampton Council (CWC), Royal Wolverhampton Trust (RWT), Black Country Partnership Foundation Trust (BCPFT), Compton Hospice and Healthwatch.

1.3. The Wolverhampton ICA is not a "procured" hard solution but is a collaborative approach based on a shared vision and clinical alignment.

1.4. The principles of the developing Integrated Care Alliance are agreed as:-

- Our strategy must be clinically led. The clinical workforce must be deployed effectively across the health system, removing artificial distinctions between "primary" and "secondary" care clinicians. We will support the professional development of all existing staff. There is strong clinical support across the health system to work in this way
- We will create a shared governance system across the parties which will provide system leadership
- We will provide a clear vision for our system that will be a joint public commitment, and hold ourselves mutually accountable for delivering this. The accountability will be managed by both external and internal accounting mechanisms which will follow the principles of 'Open Book' approach.
- The alliance partnership work will be patient-centred. We will focus services around the patient, developing innovative unified pathways that provide a more consistent quality of care across Wolverhampton
- We will shift resources from hospital to out of hospital services so that more patients are supported proactively in their home and communities. This shift will be based on assessment which ensures equitable distribution of resources within community and primary care to manage this new work. The investment will be accounted for by 'open book' approach on both external and internal audit mechanisms.
- We will focus on health and care, developing our approach to health promotion and disease prevention to support the wellbeing of our communities alongside the care that we already provide
- We must be financially sustainable, making the best use of the resources that we have collectively. This will mean amending the current funding flows as they do not always incentivise best practice

1.5 The development of the ICA is managed by two oversight groups; ICA Clinical Prioirities Group and the ICA Governance Group. Within this are a number of sub groups or workstreams which are shown in the tables below.

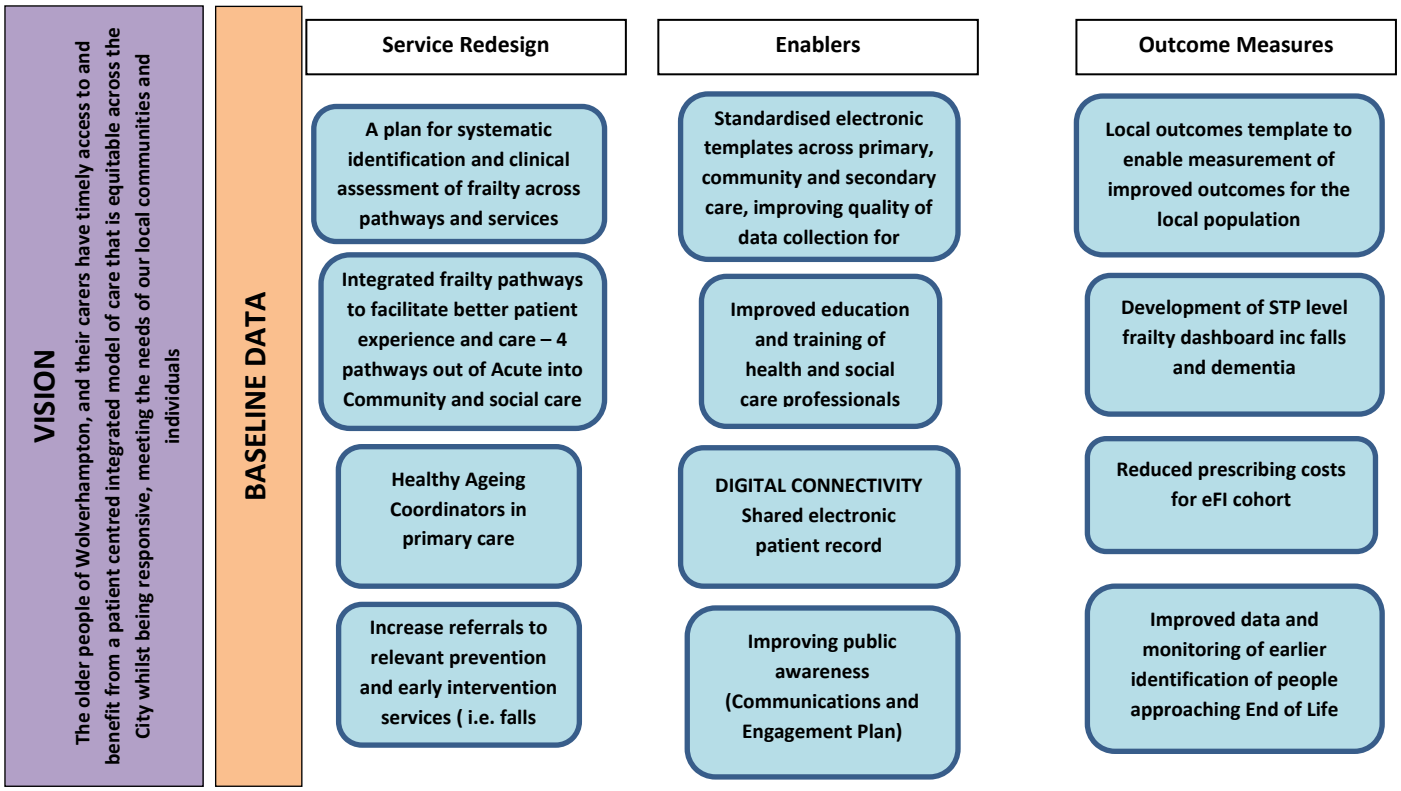
ICA Clinical Priorities Group	
ICA Clinical Frailty	The development of frailty pathway pathways that focus on the whole system to capture those living with mild/moderate frailty and, in partnership with the End of Life group, those who are classed as severely frail. This includes pathways redesign, workforce analysis, process redesign and the development of person centred success measures,
ICA Clinical Mental Health	Focussing on Primary care (PCN's) aligning workforce and mapping pathways, Physical Health/Mental Health interfaces, Accessing timely care and community provision
ICA Clinical Palliative Care & End Of Life	Development, commissioning and implementation of a transformed Wolverhampton End Of Life care pathway across the whole system, including the implementation of an electronic shared care record across the whole system.
ICA Clinical Children and young people	Standardising parent and clinician facing processes and information around the Wolverhampton "Big 6" which will support a reduction in NEL admissions to hospital, the implementation of joint specialist and generalist clinics in Primary Care, and the review and redesign of community paediatric services
ICA Governance Group	
ICA Governance BI/IG/IT	Ensure that the ICA has the right information to inform its clinical pathways, To ensure/enable appropriate information sharing between organisations, Find solutions to issues that arise regarding IG/IT
ICA Governance Commissioning and Contracting	To develop a contracting mechanism which allows activity and finance to move around the system appropriately aligned with the clinical pathways and principles of the ICA
ICA Governance Outcomes	To develop and agree a set of outcomes for which the ICA clinical pathways can be measured, and also to measure the success of the ICA as a system.

2. Clinical Sub Group Plans

Each of the Clinical sub groups has agreed a plan on a page which they are working towards delivering. These are detailed below.

2.1 Frailty

A plan on a page – Frailty

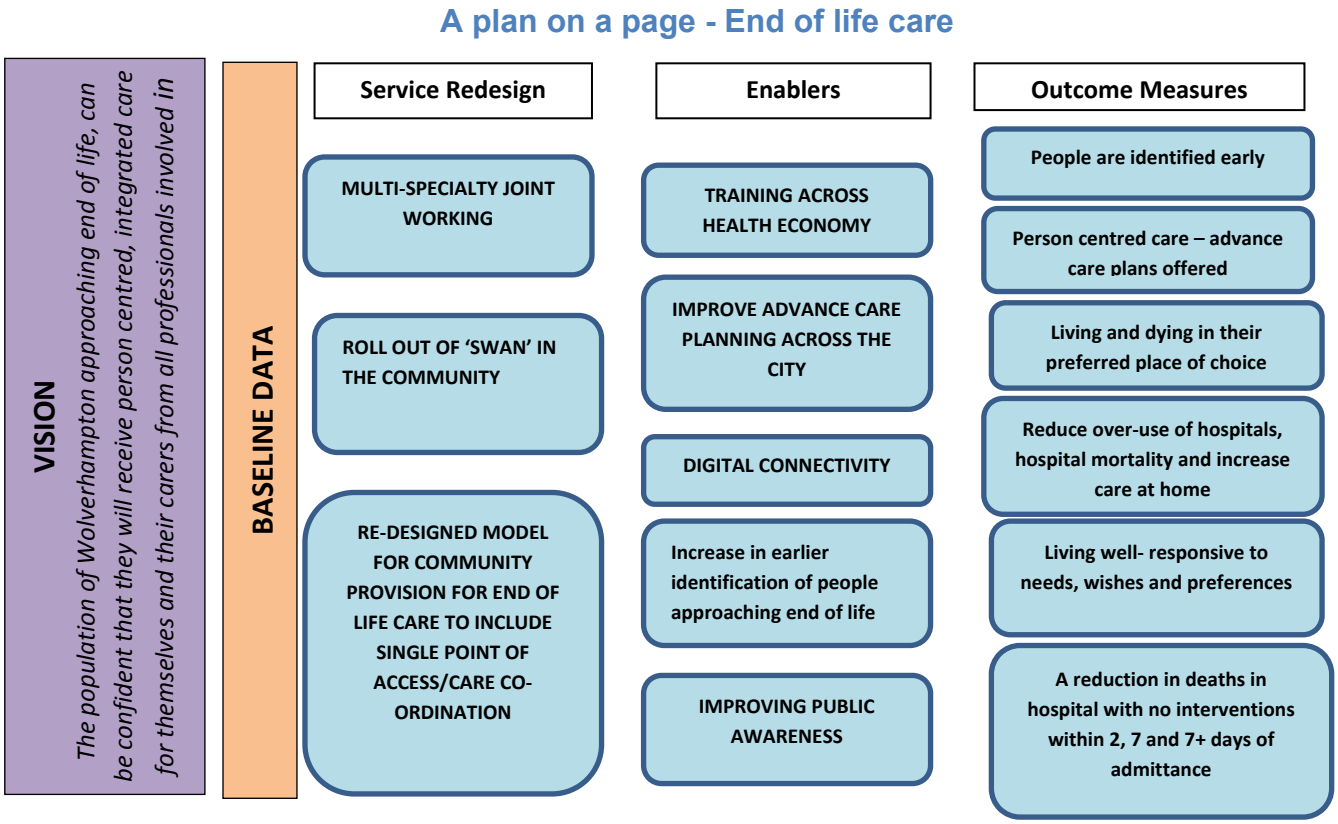


The Frailty work stream is progressing well and has developed a comprehensive frailty pathway, detailing all levels of frailty from mild to severe.

A key success of the group is the design and modelling of a team of Healthy Ageing Co-ordinators. The Healthy Ageing co-ordinators will proactively identify patients through primary care clinical systems, and provide follow up of patients that have been discharged by the Acute ED Frailty team. The service will offer a Healthy Ageing Assessment, providing appropriate interventions/ signposting and personalised care planning to the individual patient. The coordinators will follow up with patients to review actions and their care plan, ultimately to improve their health and wellbeing.

This model of care, through the ICA, has been co-produced between the WCCG, Royal Wolverhampton Trust and the City of Wolverhampton Council. The co-ordinators will be employed by each Primary Care Network (PCN) and recruitment is currently underway.

2.2 End of Life



The work stream (and previous groups) has developed a system wide, patient centred, Palliative & End of Life care Pathway. The pathway has been co-produced by all partners and is currently being approved through each organisations governance processes.

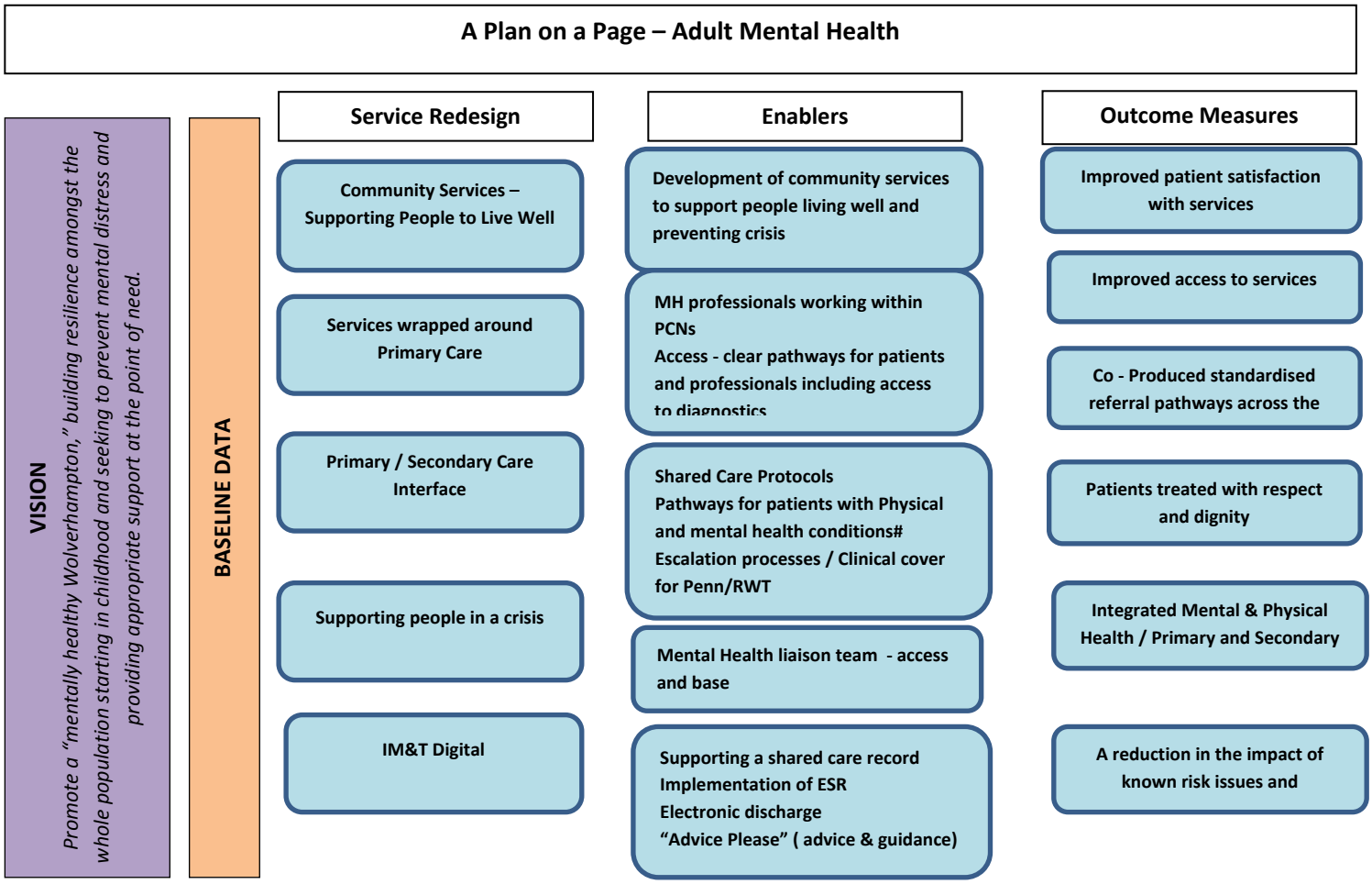
The model will then be presented to the Clinical Priorities oversight group and when approved taken to the Commissioning and Contracting sub group to develop the mechanisms required for funding shifts and implementation.

The group is also piloting the Electronic Palliative Care Co-ordination System (EPaCC). This system enables the recording and sharing of people's **care** preferences and key details about their **care** as they approach the end of life, across teams and organisations.

The End of Life group is working with the University of Wolverhampton to develop a local set of Family Reported Experience Measures to enable providers to be able to measure and improve services based on what local people tell us about the care their loved ones have received.

The workstream commissioned Healthwatch to undertake some targeted engagement across the City and the feedback form this and other engagement work previously undertaken, has been used to inform the service re-design

2.3 Mental Health

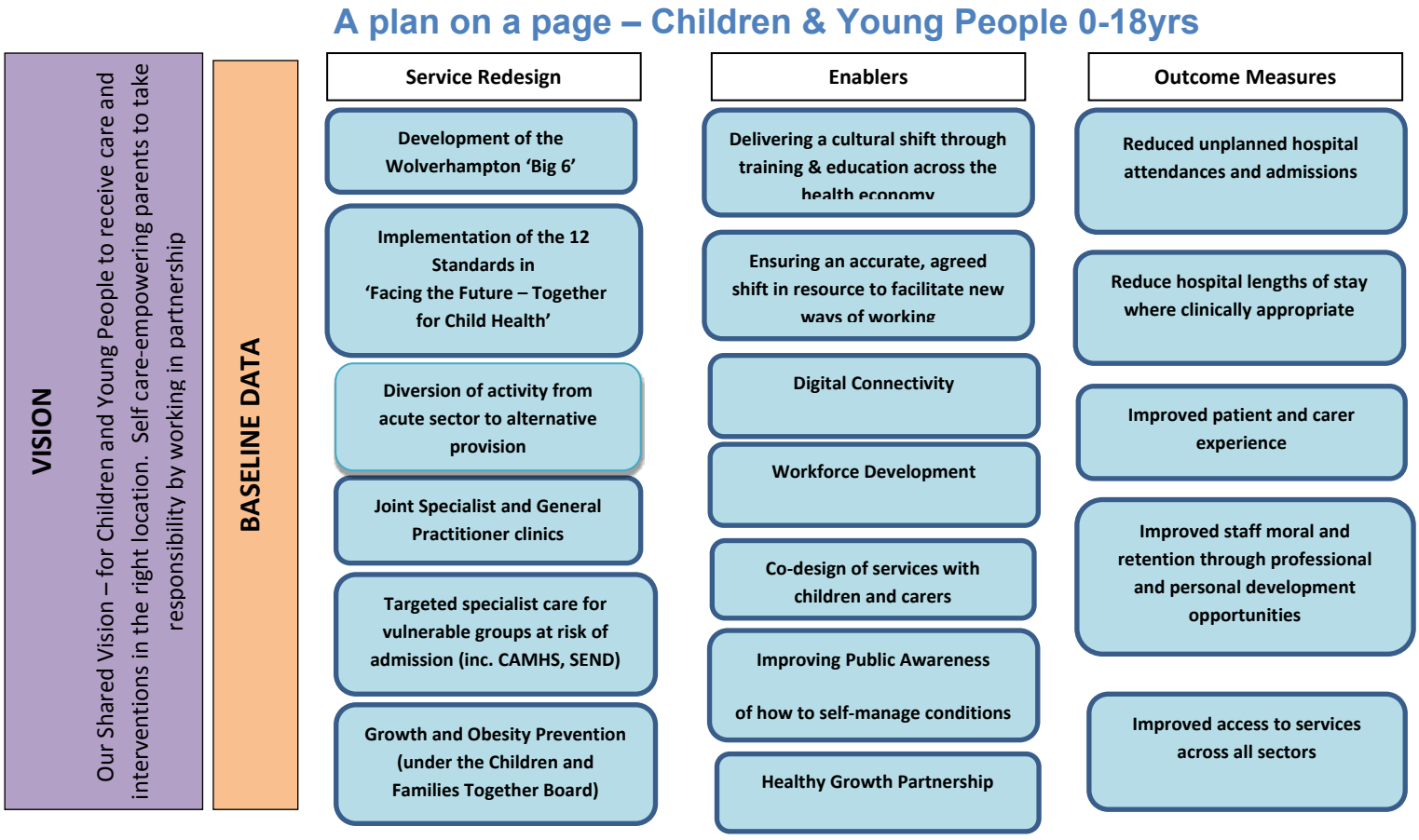


The Mental Health group has recently confirmed its programme of work which will focus on the areas above, but in particular improving the interface between primary care and secondary care so that referral pathways are more streamlined for both professionals and patients, reducing duplication and confusion in the system, and negating the risk of patients "falling though gaps".

Partners will work together to design an enhanced model of a community based service which will aim to provide support to those people living with a mental health condition, and reducing the risk of them entering crisis.

A number of workshops and "MapJams" have taken place. These sessions have seen good input from a wide representation of the organisations both statutory and community and third sector to map services already in place and subsequently identify gaps.

2.4 Children and Young People



The C&YP group has been working on developing information, advice and guidance on the Wolverhampton "Big 6". This is based on national and other local information and aims to support both Primary Care and patients and their families on how to manage the "Big 6" / most popular conditions that are cause for hospital attendance and admission.

The process of GPs being able to contact an on-call paediatrician for advice has been widely publicised and utilisation of this service is improving.

Primary and Secondary care clinicians are working together to develop joint clinics that will be both beneficial to patients and will create an educational environment for primary care clinicians.

3 ICA Governance Sub Groups

3.1 Commissioning and Contracting

This group is working to develop the mechanisms that will enable the clinical pathways to be implemented. This includes where within the system the activity will take place, who will provide the elements of the pathway and how the resources will be allocated within the system.

This will most definitely be different for each clinical pathway and it is important that this is done within the principles of the ICA agreement and that no one organisation is destabilised during the process.

3.2 Outcomes

Earlier this month the Outcomes group led a workshop with the member of the Governance and Clinical priorities oversight groups and the clinical leads to begin the development of an Outcomes Framework for the Wolverhampton ICA.

The workshop was facilitated by the CSU Strategy Unit and a follow up session will take place in September.

The outcomes framework will provide a consistent understanding and approach and common goals for all of the work being developed within the ICA.

3.3 BI/IG/IT

This sub-group is well underway to the development of a Shared Care Data Unit (SCDU). Data has been mapped from the key organisations within the ICA (RWT, BCPFT, CWC and Primary Care) and also considering Compton Care and Housing.

The SCDU will have multiple purposes. It will enable a shared care record for clinical and professional staff for Primary use and will also serve as a data source for secondary purposes, to inform commissioning decisions and to inform population health management.

The group is also working on a data sharing agreement with each organisation completing a DPIA.

A project manager has been assigned to support this work.

3.7 CLINICAL VIEW

2.3 Clinical view is taken upon each individual project that the programme delivers where necessary

3 PATIENT AND PUBLIC VIEW

3.3 Patient and public view is taken upon each individual project that the programme delivers where necessary

4 KEY RISKS AND MITIGATIONS

4.3 Outline the key risks associated with the report; this should include any reputational risks, litigation etc. You should also highlight any controls or actions in place to mitigate these risks.

4.4 Highlight whether the report either specifically relates to risks included on the risk register or if any risks need to be escalated.

5 IMPACT ASSESSMENT

Financial and Resource Implications

5.3 This report acts as a progress update and any financial implications are managed through the BCF Programme Board.

Quality and Safety Implications

5.4 This report acts as a progress update and any quality and safety implications are managed through the BCF Programme Board.

Equality Implications

5.5 Each individual project within the BCF Programme will undertake an equality impact assessment.

Legal and Policy Implications

5.6 Any legal and policy implications for individual projects will be managed by the BCF Programme Board.

Other Implications

5.7 N/A

Name: Andrea Smith
Title: Head of Integrated Commissioning
Date: 30/04/2019

ATTACHED:

RELEVANT BACKGROUND PAPERS
Wolverhampton Integration and Better Care Fund Plan 2017-19
BCF Policy Framework 2019/20

REPORT SIGN-OFF CHECKLIST

	Details/ Name	**Date**
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team	**Lesley Sawrey**	
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager	**Peter McKenzie**	
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
Signed off by Report Owner (Must be completed)	**Andrea Smith**	