Berkshire West 10 application to become an integration pioneer

South Reading CCG
North & West Reading CCG
Wokingham CCG
Newbury & District CCG
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare Foundation Trust
Reading Borough Council
Wokingham Borough Council
West Berkshire Council
South Central Ambulance Service

Berkshire West's Statement of Intent

"We, the ten organisations in the Berkshire West health and social care economy are committed to developing, testing and implementing innovative approaches to integration through strong collaborative leadership. In line with the National Voices narrative on integrated care we will work together with people, their families and communities to understand what works for them, with a real focus on early support, care and treatment. We are determined to challenge our own thinking about how to achieve this and will bring together the wide range of resources and services across our whole area to bring about locally determined solutions within a single strategic approach. The scale and breadth of services enables us to test a variety of integration options across geographies, care pathways and care groups: the programme maximises our opportunity for realising efficiency savings and testing new models of funding.
We have a strong foundation in our shared vision and our track record, but we know that we need to adopt a revolutionary rather than an evolutionary approach if we are going to succeed in tackling the system pressures and demographic challenges facing us.

We will build on our:

- *Strength in negotiating complex partnerships and making them work, underpinned by robust governance across the "Berkshire West 10"*
- *Strength in our knowledge about the whole system through jointly commissioned demand and capacity modelling*
- *Strength in our track record of delivery across the partnership giving confidence in our future success*
- *Strength in our capability to tackle current system pressures and shared recognition of the need to transform at scale and pace*
- *Strength in our ability to develop a range of locally focussed approaches whilst retaining the scale and impact of an economy wide strategic programme"*

Dr Rod Smith
North and West Reading Clinical Commissioning Group

Dr Stephen Madgwick
Wokingham Clinical Commissioning Group

Nick Carter
West Berkshire Council

Julian Emms
Berkshire Healthcare NHS Foundation Trust

Dr Elizabeth Johnson
South Reading Clinical Commissioning Group

Edward Donald
Royal Berkshire NHS Foundation Trust

Andy Couldrick
Wokingham Borough Council

Dr Abid Irfan
Newbury and District Clinical Commissioning Group

Ian Wardle
Reading Borough Council
Working better with you

South Central Ambulance Service NHS Foundation Trust

The System Challenge

The financial strength of our health system provides a stable platform over the next 12-18 months to realise the benefits that pioneer status will bring. Despite being a low funded economy the system has met the challenge of current pressures by improving productivity and strengthening community services. As a result we have low acute and mental health bed numbers, low numbers of non elective admissions and elective referral and well managed prescribing. Our jointly commissioned review identified a number of short term solutions, drawing on evidence from a wide range of sources including the Primary Care Foundation, the Kings Fund, evaluation of pilots and industry journals, to define initiatives targeted at addressing these short term pressures in a controlled fashion. These solutions have been adopted as part of our 2013-14 programmes. However, this will not be sufficient to address the medium term demand pressure and patient expectations that we have evidenced. Whilst we are a high performing system, we recognise that we need to work together on a transformational programme to realise the benefits of large scale change and innovation.

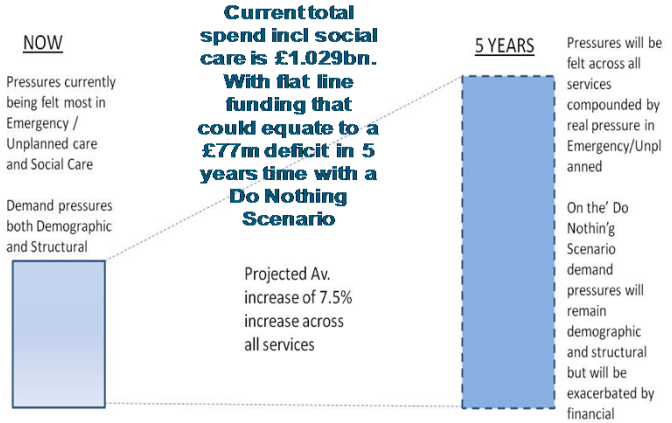


Image: 5 year view based on 'Do Nothing' Scenario

A five year anticipatory review of the economy demonstrated the pressures, in the form of increased demand, that will be experienced across the whole economy. By 2015-16 the pressure generated by increases in an aging population equate to a 7% increase in hospital spells and an 8% increase in beds. This would require 78 additional beds to meet demand. Added to this would be an extra £6m in social care spend. Across all partners we are unanimous in our commitment to ensuring that this future state is not realised, as it does not best serve the interest of our residents who wish to maximise their independence through joined up services in their own home. The success of our approach to integration will be reflected in the extent to which we "bend the trend" and deliver an integrated financially sustainable system whilst delivering services the citizens rate highly.

We aim to develop a population wide model, co-designed with citizens, patients and staff. We will keep even more people well and out of hospital through integrated care services that focus on early prevention, detection, assessment and support in the home and community setting. The main NHS FTs are equally committed to developing this model, including being open to exploring the potential need to integrate at an organisational level as a consequence of this approach, driving greater levels of value than independent FTs can achieve on their own. Both Berkshire Health Care Trust and The Royal Berkshire Foundation Trust have recognised this and have identified possible organisational reconfiguration as a potential strategic option within a three year time frame. Partners are keen to explore radical options for the future – including structural integration, different payment mechanisms and strategic partnerships. Commissioners are committed to using their funding power to develop funding models that support this agenda. Our priority is to provide greater benefits for patients and open up opportunities for new funding arrangements. Limited opportunities for horizontal integration with other acute partners, so this programme has the potential to drive a new organisational model that will ensure sustainability of services across all care sectors.

The leaders of the Berkshire West 10 have developed a direction setting vision, working on the concept of a picture frame that will surround the work that we wish to embark on and recognising that the detail of the picture will develop over time. We identified the elements of the current ways of working that we wish to move away from and identified the more integrated destination that we would like to arrive at. We also agreed on the initiatives, behaviours and drivers that we have established so far and which we seek to retain. We developed a direction setting vision which will be the foundation that underpins our decisions and processes and will be how we judge our success.

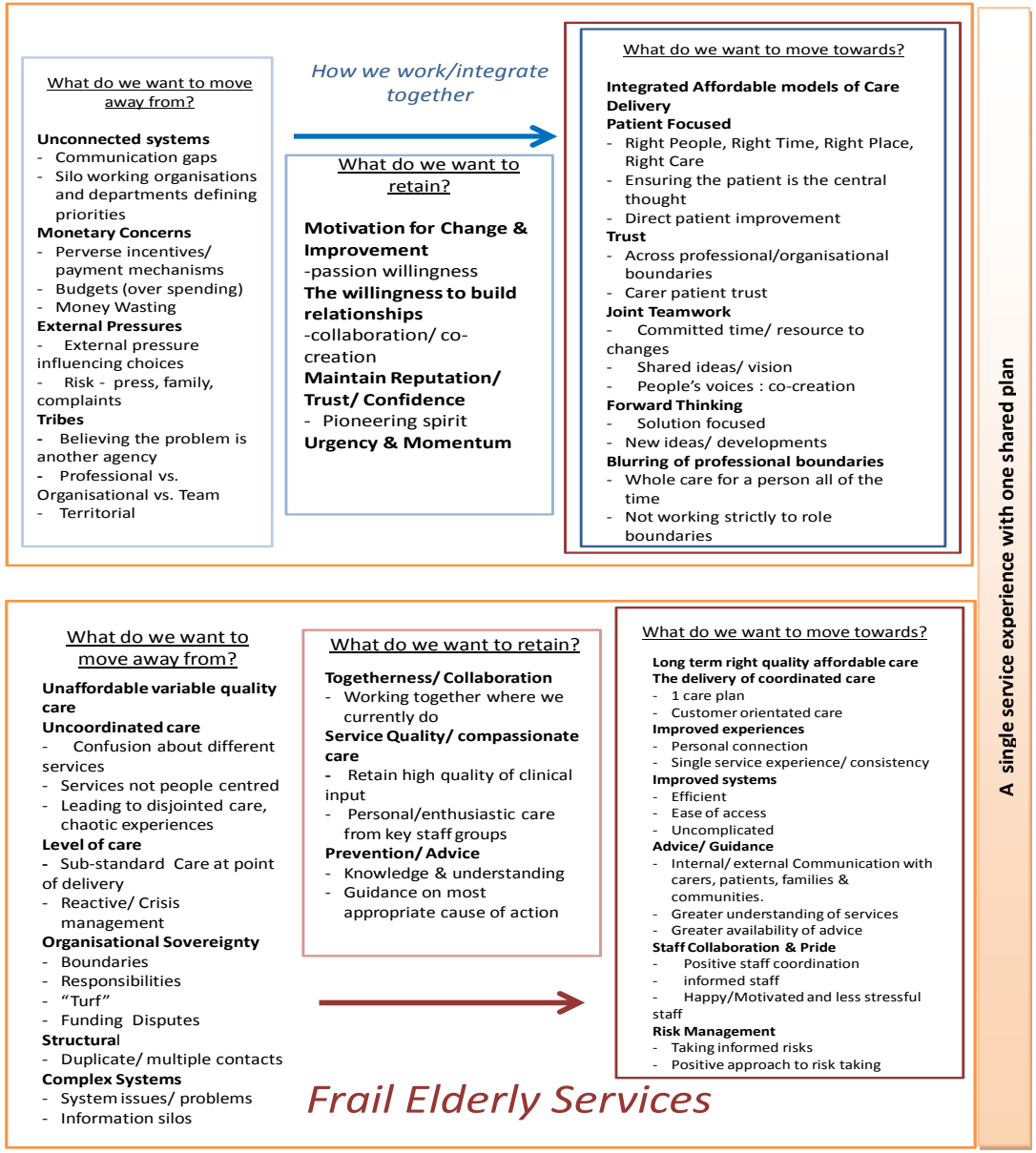
Berkshire West's Direction Setting Vision

Patient Outcomes

- Patients will co-produce their care plans setting their own goals and outcomes
- Patients will have a single point of contact to co-ordinate all their care needs
- Patients with have sufficient information to support their decision making and choices
- Patients will have a personal budget where they choose to

Programme Performance Metrics

- An agreed % of people with LTC, supported by Integrated Teams, will have a shared care plan based on goals they have set by year 2015-16
- An agreed % of vulnerable elderly and patients with LTC can name their care co-ordinator
- NEL admissions will have reduced from the 2012-13 baseline by an agreed %
- DTOCs will have reduced by and agreed number from the 12/13 baseline
- 4 hour target will be consistently met
- 999 conveyances will be reduced from 2012-13 baseline by an agreed %
- Community capacity will have increased by an agreed % in 5 years from the 2012-13 baseline
- There is a mixed modality of primary care delivery, with some primary care services in the area being delivered by the integrated health provider
- Following analysis of the baseline, an agreed % of people in the middle tier of the risk triangle will have had a proactive contact to support them in improving and maintaining their health by March 2015



Frail elderly as an exemplar pathway.

Berkshire West's Approach to Integration

The ten partners across Berkshire West are united in their ambition to undertake a methodical and systematic journey towards more integrated care for the people we serve. We will do this through a well managed, well evidenced programme of work. Building on existing partnership working we have established robust governance arrangements for this programme to bridge the divide between primary and secondary care in the NHS and also that between health and social care. All three Health and Wellbeing boards have supported the submission of this bid as a vehicle for supporting delivery of their health and wellbeing strategies. They form a key plank in our programme.

"Integration will help us to ensure that people live fulfilling lives that meet their personal goals whilst making best use of public sector resources"
Councilor Rachel Eden, Reading Borough Council

Central to our approach is the concept of "do it once, do it right". Therefore, our first step was a detailed piece of work to give an in depth understanding of future demand and the appropriate evidence based response to meeting this. We believe that the support available via the pioneer programme will allow us to accelerate delivery of our ambition and we are on a well defined journey to deliver new models of service integration.

We are now appraising a range of solutions, including both physical and mental health, embracing the opportunity to prioritise prevention and early intervention to maximise health, wellbeing and independence. Going forward, we plan to include Children's services and mental health in the overall programme opportunity to access the support available as a pioneer.

The scope of services within the partnership allows us to test different models of integration across different settings and care groups. Based on our earlier analysis we plan to start with frail elderly. Our ambition is to develop models that integrate health, social care and, where relevant, the full range of unitary authority responsibilities. We will explore new ways of working with individuals at the centre of the team.

We have a sense of urgency in turning ideas about integrated care into action. We recognise that meeting the integration challenge requires us to fully commit and invest resources and expertise to deliver whole system change. To that end we have agreed a pooled budget of £200k for 2013-14 to drive this programme forward. We will be paying particular attention to the "hearts and minds" change needed at all levels within all of our organisations that is central to delivering care in new, innovative ways. Therefore, key elements of our approach include investing in:

- **Engagement** with individuals, families, carers and communities to ensure patient voice is at the heart of the programme
- A strong **programme management office** to drive forward decisions and accelerate progress
- **Independent facilitation** to work along side partners and co-ordinate the alliance
- Implementation of a **programme of cultural change,** preparing staff at all levels in all organisations for new roles and new ways of working
- Strong **governance arrangements** with clear channels for decision making and lines of accountability to each other

We also recognise that throughout the journey, if we are truly going to challenge the status quo, we will need to draw on a raft of specialist advice and guidance on issues such as contracting options, staffing models and information governance from outside of our own organisations. As such we value the opportunity to access to the support on offer. We believe that by having access to this input from the early stages of our journey will significantly improve our chances of success.

Delivering Integration in Berkshire West

The Berkshire West 10 share an understanding that integrated care delivers the best outcomes for our patients and service users. We believe (supported by evidence) that working in partnership, both to deliver integrated care and in support of each other across a broad range of initiatives, is the most effective way for us to ensure that we are providing person centred, personalised, co-ordinated care in the lowest acuity, most appropriate setting. By working together we can ensure that the funding for services is used flexibly across organisational boundaries, regardless of organisational structure and form. As a partnership of ten organisations with a full range of services across the health and social care sector we can deliver end to end integrated care, radically reducing the number of assessments and transactions individuals are subjected to and improving their experience of care. All the options under consideration in Berkshire West are centred around these principles.

The integration programme will build on and strengthen current initiatives which target those people who currently find themselves in the wrong part of the system, those who can be assisted to avoid unnecessary admission to hospital and those who can return to the community more swiftly following admission. The programme will further develop partnerships with the independent care sector, the voluntary sector and importantly patients, their carers and their communities.

Berkshire West is a complex health and social care economy and the scope of our ambition covers commissioners and providers of acute, community, ambulance and social care across services our whole area. We combine a local focus with a strategic vision, bringing together a wide range of services and resources:

- The four CCGs of North West Reading, South Reading, Newbury & District and Wokingham engage individual practices and their patient participation groups within federated governance and strategy
- The three unitary authorities bring knowledge of their local communities with a full range of local authority services
- Berkshire Health Care Foundation Trust provides community, mental health and specialist learning disability services within localities
- Royal Berkshire Foundation Trust (RBFT) provides acute health services to 85% of the Berkshire West population
- South Central Ambulance Service who also provide our local 111 service and has a proven track record in matching resources to demand

The geography and population of Berkshire West is very varied:

- Reading is a young, relatively densely populated town, with rich diversity in terms of affluence, ethnicity and culture
- West Berkshire has one of the most stable and spread out populations in the south east, with pockets of rural deprivation
- Wokingham is one of the most affluent communities in England, with high life expectancy but has new challenges of significant housing development and movement of new families into the borough

Risks and mitigation

Given a diverse community and a fully comprehensive partnership, we have identified three high level risks:

- Maintaining delivery focus and momentum across ten separate organisations
- Maintaining a locally sensitive focus within a wider programme
- Ensuring that the financial challenge of individual organisations and different incentives do not detract from shared objectives

We will define the end state that the programme will deliver and develop patient, organisational and system outcomes with associated performance measures to maintain delivery. We need to ensure that we work together to negotiate a "mosaic" of initiatives, ensuring that each organisation is achieving "wins" alongside any compromises. Solid governance arrangements will maintain focus and ensure that we deliver those wins in a timely manner that supports financial sustainability across the economy. The partnership will be flexible and agile; some initiatives will be shared across all ten partners whilst others will require focus from a smaller subset of partners, working within the overall programme framework.

Listening to the patient voice

We listen to patients' feedback and we have a firm mandate to develop integrated services around patients and their lives. Their feedback has helped us to select frail elderly as our first priority. We have a wide range of mechanisms across all the partner organisations for listening to the patient voice on both a geographical and care pathway perspective. We are embarking on developing our engagement strategy to underpin the work of the programme and the key elements are:

- Keeping the individual's experience and perspective as the organising principle of service design, building on the experience of Reading BC who used this approach to fundamentally redesign their home care services.
- Keeping the needs and perspective of individuals at the heart of the discussion
- Patient representation throughout the governance structure; locality integration groups and Partnership Board
- Involvement must be simple and easily accessible
- The twin activities of co-production and consultation - there needs to be continual feedback to ensure the process is working
- We will develop a broad range of communication and engagement materials that facilitate the participation of all parts of our community, regardless of language spoken, mental capacity or learning disability
- We will develop and embed a patient and public involvement programme that uses a range of mechanisms to engage people in the commissioning, operation and design of health services for people across Berkshire West ,including traditionally harder to reach groups
- We will develop new measures of patient experience to assess the benefits of integration.

HW Wokingham welcomes any opportunity to better co-ordinate services and focus on better health and care outcomes for local people" healthwatch Wokingham

"I can plan my care with people who work together to understand me and my carer(s) allow me control and bring together services to achieve the outcomes important to me"
National Voices

"*Allocate one care provider as coordinator, could be GP, social worker, care worker but that person coordinate everything with the patient*" *A patient*

"Keep improving support, care and treatment in the community for those who need it - elderly sick and disabled; people with dementia; young mums and parents of disabled children " healthwatch West Berkshire

"HW Reading supports this initiative and the work going forward to integrate health and social care services. HW Reading are keen to ensure the patient voice is involved at every level of decision making in order to get the best outcomes for local people" healthwatch Reading

"We need to develop an affordable model which maximises self help and volunteers now in order to be able to cope in the future " A patient

Options on future strategic direction of travel

As a pioneer, the support offered would assist us in appraising a list of options that will maximise the opportunities for providing person centric, integrated and sustainable services. Pioneer status would stretch our current ambitions enabling us to go further, faster.

Developing a patient centric care pathway
The programme will examine new models of service delivery across different settings, including non-traditional health organisations (e.g. housing) and voluntary sector organisations, designed along pathways that support people to stay well, recover from illness and optimise independence and wellbeing. We will start with frail elderly, both from a physical and mental health perspective and will move on to Children's services including health, social care, education and mental health.

Encouraging independent living
We will work across health and social care organisations as well as voluntary sector and community based organisations.
Promoting self care – We have already deployed a web based tool to promote joint care planning between individuals and doctors and will build on this to deliver further self care initiatives. This will include partnerships with social enterprises to design new non clinical coaching modalities to support people with LTCs.
Supporting care homes – Consolidated effort across all ten parties to provide proactive support to care and nursing homes. Strategic partnerships will be established with Supported Housing providers and social enterprise to enable more upstream solutions to need as well as supporting timely hospital discharge through direct provision for people with complex needs.
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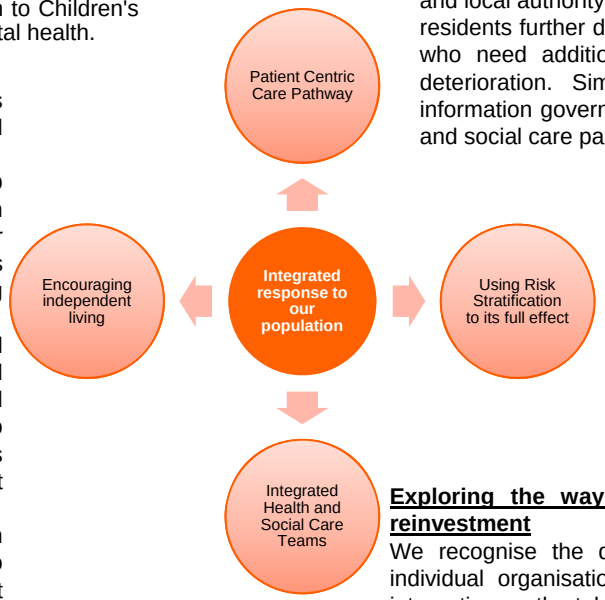


Using Risk Stratification across health and local authority services
We have successfully implemented risk stratification across all 56 GP practices and must look at ways to maximise the benefits of this investment, both at a strategic and individual level. By sharing information across health and local authority colleagues we can work as a system to target key groups of residents further down the risk triangle to prevent ill health and identify people who need additional support to promote independent living and prevent deterioration. Similarly we would like to overcome the technical and information governance issues that have so far excluded information on CHC and social care packages from our ACGs risk stratification model.

Integrated Health and Social Care Teams
We will look to build multi disciplinary teams around groups of practices working in neighbourhoods. These teams will support both proactive and reactive care for our residents.
The Hub – We are looking to develop the 'Health and Social Care Hub' providing access to both community and social care services. Residents will be able to receive an integrated service provided from the Berkshire 10.

Changing the way we work:
Modernising the current model of primary care – New models and approaches to primary care are required to meet the workforce challenge and the new demands on the primary care sector in a newly transformed system. The emerging trend is for more part time salaried doctors which challenges the current partnership model. Small and single handed practices are less able to respond to increased demand. Therefore, the programme will explore new organisational models for the provision of primary care that will strengthen integration with community health and social care, building on the current success of joint triage between GPs and the ambulance. A workshop to begin to develop a strategy for primary care is scheduled for October.
Revolutionising our workforce - Bringing together the qualified and non qualified home care workforce to improve the quality of care and provide seamless services which prevent patients bouncing around our system, in response to patient feedback.

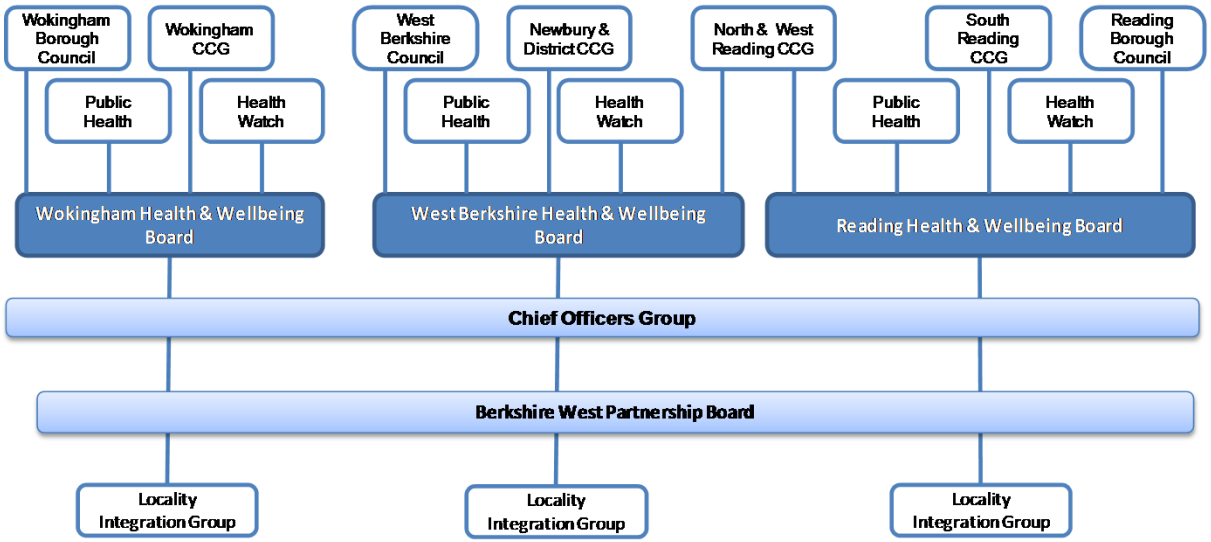
Exploring the way we fund care and delivering efficiency savings for reinvestment
We recognise the drive for greater integration may present a challenge for individual organisations and we have agreed to keep the option of structural integration on the table for discussion. We will also explore different organisational forms including social enterprise arrangements which could provide a range of benefits, both in the quality and continuity of care we are able to provide and contribute to financial sustainability.
Testing new models of funding options – there are challenges with the current PbR payment system and one option would be to move away from this model of payment within the acute. For example through a year of care approach that is pathway based, outcome based contracts, capacity model funding and increasing the flexibility and blurring between health and social care. This is recognised as fundamental especially in the light of the Spending Round Settlement announced this week.
Application of Personalised Health Budgets – Building on the learning from social care, we want to explore the benefits of implementing personal health budgets particularly where these can be aligned with personal budgets from social care. The application of personal budgets provides the opportunity to maximise the contribution of the non statutory sector.

Underpinning our approach

In developing our programme of work we have drawn on best practice evidence, not only to inform the initiatives that we wish to take forward, but also the evidence of what is needed to deliver success at pace in programmes such as ours.

***Robust Governance structures*:** In order to maximise our chances of success as a partnership, we have underpinned our joint working with strong governance arrangements that include all partners and which have proved resilient over a period of time. Central to our arrangements are Berkshire West's three health and wellbeing boards.

Independent facilitation: Independent facilitation will increase our effectiveness and efficiency, ensuring ongoing and effective dialogue between all group members. A neutral independent third party can make real gains in pulling parties together and aligning them around intent and decisions and ensuring all voices are heard.



A strong programme management office: A dedicated programme management office (PMO) has been cited by the King's Fund as a key enabler to marshalling and co-ordinating integration activities. Effective governance arrangements will be underpinned by senior clinical and managerial support and dedicated programme management to turn high-level commitments into action. There is likely to be a gap between intentions and impact unless sufficient resources are identified to support implementation and execution. Therefore we have taken the decision to invest in dedicated programme management support to ensure that progress is monitored, managed and delivered swiftly.

Programme of cultural change: We recognise that implementation of our programme of work will result in a very different workforce. We will have a clear focus on the skills required to deliver integrated care and not be constrained by traditional professional boundaries. We must begin to prepare for this and will do so through a cultural change programme that will start straight away. As leaders we need to instil ownership amongst staff by helping them to understand why change is needed and clarifying the benefits that it will deliver at all levels. To develop a truly integrated workforce we must undertake joint education and skills development across organisational boundaries and professions.

Sharing learning: We are acutely conscious that Berkshire West is not alone in aspiring to deliver integration and this is a steep learning curve for all economies. Therefore we are committed to networking with colleagues across the regional and national system to expand the shared evidence base and disseminate experience. Good mechanisms for knowledge transfer generate innovative ideas and ensure that mistakes are not replicated unnecessarily. To that end we would be keen to be involved in both contributing to and designing mechanisms for spreading learning around the country. The Berkshire West 10 partners are already actively involved in a broad range of networks and groups, at a local and national level. There is potential within some of these forums to add value to the integration agenda.

Building on firm foundations

Berkshire West is developing a notable track record of delivering cross economy improvements based on strong qualitative and quantitative evidence. Details of a number of our initiatives are outlined below, providing evidence of our capability to deliver further integration successfully. Importantly, whilst each of these developments have delivered direct benefits for patients and staff, critically, they have strengthened the Berkshire West 10′s confidence and commitment to delivering quality and financial benefits through working together. We believe that our progress so far demonstrates our capability to deliver this programme of work, with the right support.

In 2011, Berkshire West PCT commissioned an "Interqual" Audit which provided intelligence about the numbers of patients in the health system who were potentially "not in the right place" for their needs to be met most effectively. This was supplemented by qualitative research undertaken by Public Health, which supported the key findings. This work stimulated the development of various initiatives across the whole system to develop sufficient capacity in the right place.

Community Rapid Response and Re-ablement Services: The service provides alternative pathways to secondary care admission for patients who require health and social care interventions to prevent unnecessary admissions and to discharge patients as early as possible to the right level of community care.

Breaking down the boundaries between acute and community care : It was recognised that consultant geriatrician input was required right across the patient pathway, including in the community and community hospitals. Three community geriatricians were appointed based within each of the unitary authority areas, leading admissions to the community rehabilitation beds and owning the discharge process. These geriatricians are supported by additional services, such as a Rapid Assessment Clinic for Older People, in-reach to patient's homes and residential care facilities, liaison with community matrons, palliative care and improved advance care planning.

Long Term Conditions - Transforming diabetes care: The CCGs host a system wide LTCs programme board which has introduced risk stratification across all practices, developed approaches to self care and has driven the integration of health and social care services. For example, a new diabetes pathway is now supported by a community diabetes service from both community and secondary care providers.

Berkshire has two projects contributing to a national **Pathfinder programme** providing psychological interventions to people with LTCs providing a specialist psychological service for patients with diabetes, establishing a stepped multi-agency care pathway across primary care, psychological services and liaison psychiatry for patients with medically unexplained symptoms. The projects are finding significant improvements in psychological measures and physical symptoms and provide a good example of partnership working between CCGs, local GPs and community and mental health services and are developing innovative approaches which have the potential to have a significant impact on patient outcomes.

Driving improvement in dementia care: Berkshire West has a vibrant Dementia Stakeholders Group with representation from health commissioners and providers, unitary authorities and the voluntary sector, implementing our dementia strategy at local level. It has delivered a number of successes including: increased capacity in memory clinics through increased consultant and mental health practitioner time and roll out of shared care embedded in the memory service.

Building on firm foundations

Joint Commissioning of substance misuse and carers services: The health commissioners and the three unitary authorities in Berkshire West united to commission tier 3 substance misuse services in a way that allowed a system wide and locality appropriate model of provision, ensuring that services fit with the local tier 2 services commissioned by the councils and deliver system wide efficiencies. Together, commissioners developed a single but flexible specification resulting in a single contract and a significant reduction in bureaucracy associated with four contracts.

Moving money across organisational boundaries: Health commissioners recognised the link between effective social care and use of NHS resources some time ago and demonstrated this by transferring funding prior to the national transfer of social care funding. A number of initiatives were taken forward as part of this "Sustainable Solutions" project which laid the foundations for further work undertaken through use of the transfer monies.

Developing the third sector: We recognise the important role that the voluntary and community sector has to play in supporting people to improve their health and well-being; local groups working in neighbourhoods can make a significant difference and bring new ideas about improving the health of individuals of people all ages and their families. CCGs in Berkshire West use a partnership development fund to support initiatives with the Community and Voluntary Sector, including funding the Red Cross to provide volunteers to go home with vulnerable elderly patients who are fit to be discharged from A&E.

Summary

The Berkshire West 10 have:

- A robust understanding of the scale of the challenge
- A strong vision to deliver a single service experience for our population and drive pathways efficiencies
- Clear measures of success
- The scale of a health and social care economy wide partnership
- Strong governance and programme management arrangements

The Berkshire West 10 will:

- Keep the patient perspective at the heart of the programme
- Deliver savings in order to invest in other parts of the system in pursuit of integration
- Monitor and manage our progress with metrics
- Access support within and beyond the pioneer programme to enable us to proceed at pace
- Collectively invest in the resources required to drive a programme of this size