

Report to:	HEALTH SCRUTINY COMMITTEE
Relevant Officer:	Jeannie Harrop, Senior Commissioning Manager, NHS Blackpool CCG
Date of Meeting:	28 September 2016

NHS BLACKPOOL CLINICAL COMMISSIONING GROUP - NEW MODELS OF CARE UPDATE

1.0 Purpose of the report:

1.1 To review progress made with the implementation of New Care Models across Blackpool and allow effective scrutiny of the approach taken.

2.0 Recommendation:

2.1 To review the content of this update, scrutinise progress to date in relation to the ongoing implementation and identifying any topics for further consideration by the Committee.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of implementing New Care Models in Blackpool.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered: N/A

4.0 Council Priority:

4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

5.1 At the Resilient Communities Scrutiny Committee in March 2016, Members agreed to receive an update from NHS Blackpool Clinical Commissioning Group (CCG) on the progress made in implementing New Models of Care across Blackpool – including additional patient stories, the outcome from the submission of a Value Proposition and evidence of early impact. Responsibility for health scrutiny has since moved on to the new Health Scrutiny Committee.

5.2 Value Proposition Update

At the March 2016 meeting, members were informed that the CCG was awaiting the outcome from the submission of a Value Proposition (funding bid) to NHS England. This business case set out how we plan to invest central funding during 2016-2017 to deliver the maximum impact from our New Models of Care.

5.2.1 The CCG and other partners on the Fylde Coast were notified from an early stage of the bidding process that the amount of funding requested by 'vanguards' nationally exceeded the amount available by more than three-fold. There are 50 areas nationally, known as 'vanguards', that are developing New Models of Care using NHS England funding. These New Models of Care will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.

5.2.2 As a result, the Fylde Coast vanguard programme was awarded £4.32m in funding. This was less than the £9.6m requested in the Value Proposition document but still substantially more than many other areas received.

5.2.3 As a result of this revised financial envelope, the speed and focus of change we had planned for has had to be adjusted accordingly. This is outlined within the sections below.

5.3 Extensive Care

The Fylde Coast Extensive Care Service (ECS) is a community based service which sees harmonised teams of different health and care professionals providing proactive and coordinated support to patients with often the greatest care needs. The aim is to support these patients to understand and manage their conditions better and thus reduce the likelihood of an admission to hospital and their overall demand on the healthcare system.

5.3.1 In order to be eligible for referral to the service, patients must:

- Be aged 60 or over
- Have two or more long-term conditions from the following:
 - Heart problems such as coronary artery disease, atrial fibrillation or congestive heart failure.
 - Respiratory problems, such as chronic obstructive pulmonary disease (COPD) or bronchitis.
 - Diabetes
 - Dementia

(A pilot is currently underway to expand this list of conditions and increase number of referrals to the service).

- Have a risk score of greater than 20 or had two or more A&E attendances and/or non-elective contacts in the past three months.

5.3.2 This risk score is determined via a tool which combines secondary care data with GP practice data relating to long-term conditions and disease registers to predict the likelihood of hospital admissions and other non-elective activity within the next 12 months.

5.3.3 A second ECS site launched in Blackpool at South Shore Primary Care Centre during April 2016 and has received 267 referrals to date (as of 13 September 2016). The first site at Moor Park opened in July 2015. To date (as of 13 September) the two Blackpool sites combined have received a total of 652 patient referrals.

5.3.4 The original service blueprint modelled for each extensive care site to recruit a case load of 500 patients each – taking four months from launch to reach this capacity. The cohort of patients for this caseload was determined using data provided by the Commissioning Support Unit against the agreed referral criteria:

- Patient must be 60 or over
- Have two or more long-term conditions from an agreed list of six
- And have a risk score of greater than 20. This risk score is a metric which calculates likely future healthcare usage based upon age, health and wellbeing (using identifiers such as number of long-term conditions and other factors such as smoking) plus contacts with services in the last 12 months (such as hospital admissions and outpatient activity).

5.3.5 Across the Fylde Coast, the service has received a total of 1082 referrals to date (as of 13 September 2016). There are currently 592 active patients on the service caseload (referred, assessed and accepted). The table below provides a breakdown of the remaining 490 referrals.

Referrals no longer receiving Extensive Care Service (ECS) care	490
Successfully completed goals - discharged back to GP	104
Would not benefit from ECS input	73
Patient declined through choice	178
Self-discharged before completion of care plan	15
Non-compliance (multiple DNAs)	7
Patient passed away	54
No further treatment appropriate (palliative or conditions too severe to support)	17

Patient uncontactable after initial GP referral	14
Patient admitted to hospital before care plan signed off, re-referred after discharge	21
Patient moved out of area	7

- 5.3.7 The number of patients choosing not to enroll on the service is less than was modelled for in the service blueprint. The 16% of patients refusing the service is less than the 25% modelled for originally based upon evidence from successful international models.

July 2016 marked one year since the launch of the existing site at Moor Park Health and Leisure Centre. A review of the year document, including lessons learned and early impact seen from the introduction of the service across the Fylde Coast is attached for information at Appendix 1.

5.4 Extensive Care Impact

For the cohort of patients within the Extensive Care Services, early indications from the latest data available (as of 13 September 2016) show:

- A 19% reduction in Accident and Emergency (A&E) admissions.
- A 22% reduction in non-elective admissions.
- A 13% reduction in new out-patient attendances.
- An 18% reduction in follow-up out-patient attendances.

5.5 Enhanced Primary Care

At the previous meeting, members received the service description developed by the CCG for Enhanced Primary Care (EPC). To summarise, EPC will be delivered via Neighbourhood Care Teams working with the GP practices in their locality and is designed to provide an extra level of support to people who:

- Are aged 18 and over
- Registered with a GP in Blackpool, Fylde or Wyre.
- May have one or more long-term condition and other possible factors which impact on their general health and wellbeing.

- 5.5.1 The aim of the models is again to support these patients to manage their conditions better and reduce the likelihood of exacerbations in their conditions and thus activity within the local healthcare system. The CCG is working with neighbourhoods to begin the roll-out of this model across Blackpool from October 2016.

- 5.5.2 However, following the revised financial envelope within which the CCG must now implement this, the approach to recruitment of additional staff to deliver this model of care has had to be amended. Recruitment of additional staff has been scaled back

and a review of existing staff roles undertaken with some realigned in order to deliver the model as opposed to recruiting additional staff.

5.5.3 Core workforce roles within the Neighbourhood Care Teams delivering Enhanced Primary Care will include:

- Care coordinators
- Wellbeing support workers
- Therapists
- Combined admin/healthcare assistants role

5.5.4 Commissioners have been identified to work with the neighbourhoods to develop an integrated approach to patient care. Neighbourhood meetings are held monthly to discuss and agree staffing and processes and how the model will develop i.e. chronic disease management for house bound patients. The new staff detailed above will be part of an integrated neighbourhood hub which will coordinate patient care and signpost to other services as required.

5.5.5 The neighbourhoods are also developing strong links with a range of services including mental health, drug and alcohol, frequent callers, the voluntary sector, police, fire service, North West Ambulance Service (NWAS) and social care colleagues to ensure that the scope of provision meets the needs of their local population.

5.5.6 In line with this move to implement Enhanced Primary Care, the care home team commissioned by Blackpool CCG has also been changed from an education and training model to one that completes planned and unplanned care. A pilot will be commencing in October 2016 in the South neighbourhood area to target 15 care homes. The care home team will complete 'ward rounds' and planned care in the 15 care homes along with advice and visits for unplanned care. All phone calls from these care homes will be directed to the EPC care home team initially rather than primary care. The pilot will include the roll out of the Vanguard telehealth programme in care homes provision which will link to primary care.

Does the information submitted include any exempt information?

No

6.0 List of Appendices:

Appendix 7 (a): Extensive Care - One Year On

Appendix 7 (b): Extensive Care Patient and Carer Story

Appendix 7 (c): Extensive Care Patient Story

Members are requested to view the Fylde Coast Extensive Care video before the meeting <https://www.youtube.com/watch?v=wD8Jqxs1yI>.

7.0 Legal considerations:

7.1 None.

8.0 Human Resources considerations:

8.1 None.

9.0 Equalities considerations:

9.1 None.

10.0 Financial considerations:

10.1 None.

11.0 Risk management considerations:

11.1 None.

12.0 Ethical considerations:

12.1 None.

13.0 Internal/ External Consultation undertaken:

13.1 None.

14.0 Background papers:

14.1 None.