Berkshire West
Integrated Care System

Theory into Practice

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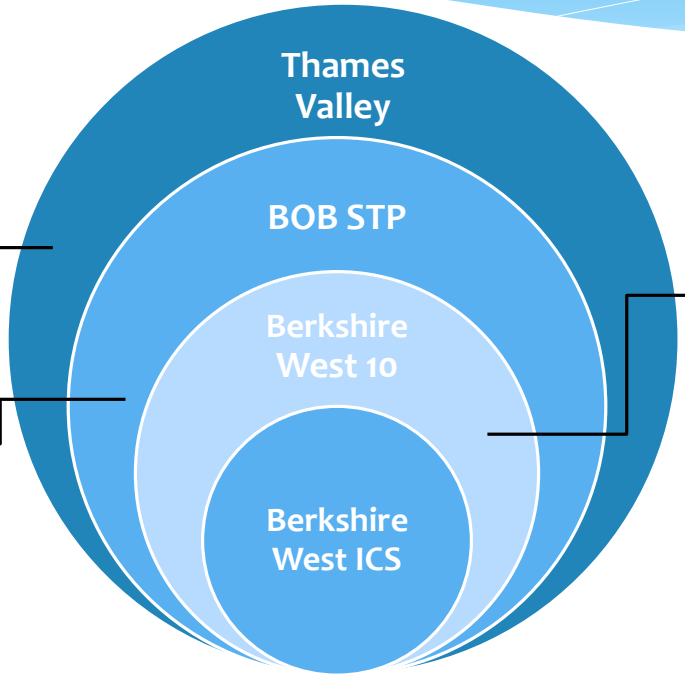
Berkshire West ICS

We will continue our work with partner organisations to plan for and deliver services effectively at larger scale

Our individual ICS members are an engaged and active part of the Buckinghamshire, Oxfordshire and Berkshire West STP



The ICS compliments the well established health and social care integration programmes which oversees joint investments and improved system working

ICS Commitments

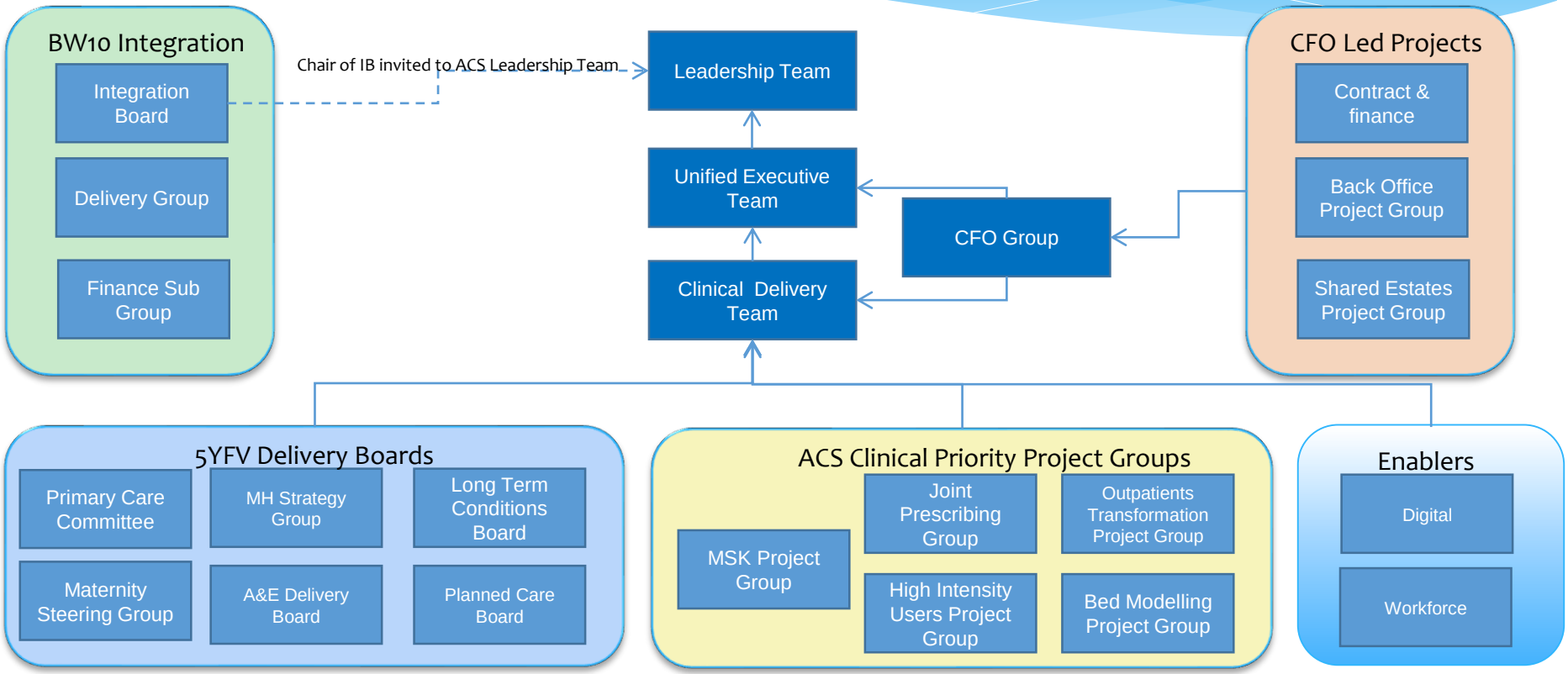
In establishing an ICS, we are committed to:

- Adopt a shared system control total
- Move beyond activity based reimbursements
- Assertively moderate demand growth
- Abolish annual transactional, contractual purchaser-provider negotiations
- Implement new ways of sharing and managing financial and activity risk across the system

The challenge for us is to do this in a way which:

- Remains within statutory and regulatory boundaries
- Does not require FT Boards and the CCG Governing Body to act in a way which is contrary to their interests.

Governance



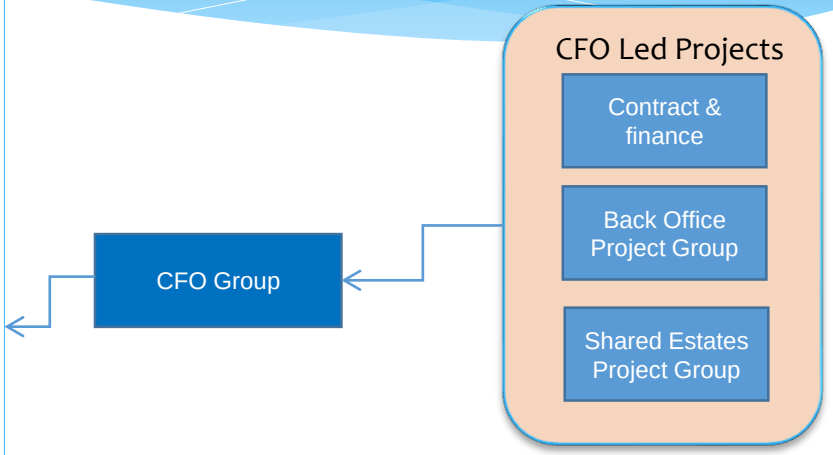
NB: The configuration of these meetings will change following the review of CCG Programme Boards

Focus on the CFO Group

New Business Models

The objective of the New Business Models work streams is to find new ways of working collaboratively which will enable better efficiencies or allow the deployment of New Care Models which would otherwise have been disadvantageous to an organisation(s) under the established ways of working. Building blocks:

- ✓ Overarching principles
- ✓ Payment mechanisms
- ✓ Risk sharing
- ✓ System control total
- ✓ Group accounts



Overarching Principles

5 overarching financial principles to ensure that there is focus and rigour upon both cost and demand:

- Controlling the cost of system delivery
- Transparency of costs, risks, reserves and mitigations across partners
- Full sharing of system risks and opportunities across the Integrated Care System
- Joint investment decisions
- Developing and monitoring a revised regulatory approach which concentrates on the system

The payment mechanism options

5 Options Developed

1. No change
2. Block contracts with limited risk/gain share
3. Cost based contracts
4. Block Contract with wider risk/gain share
5. Blended of options 1 and 4

Option 5 was approved by all parties as our preferred option for 2018/19, while we work towards option 3 for the future.

Evaluation of Options

The options were evaluated based on the following criteria:

- There is no financial disincentive to reduce or change activity flows where this is in the interest of patients.
- There is a strong incentive for all to minimise cost for the system, not just for individual organisations.
- No partner organisation can benefit at the expense of another.
- Financial flow is not a barrier to innovation across organisational boundaries.
- Financial risk is shared equitably, based on the principal of who is best placed to influence relevant spend.
- Ease of implementation and monitoring.

It is also important to recognise the different starting points of providers along with risk appetite and acceptability to Governing Bodies/Boards.

Risks and Mitigations

Risk is not shared equitably nor appropriately

- The CCG carries the bulk of the demand risk for acute activity and therefor the responsibility to change the demand curve sits largely with the CCG
- Providers carry the bulk of the cost risk

The full system risks and reserves/other mitigations have been identified, quantified (as per 2018/19 Operational Plans) and allocated against respective partner organisations according to:

- Payment mechanism adopted
- Notional % based on relative share of the system budget e.g. CCG allocates 40% of budget to acute FT, therefore acute FT takes 40% share of planning gap BUT also takes 40% share of CCG mitigations.

System Control Total and Group Accounts

Group Accounts

- Used since August 2017
- Consolidates CCG and FT monthly returns
- Identifies alignment issues
- Facilitated achieving the informal system control total in 2017/18
- NHSE/I Consolidation Model

System Control Total

- Linked to achievement of provider sustainability fund
- 3 options made available to ICSs
- Key consideration = impact on behaviours and system working

Next Steps

New payment mechanisms are for 18/19 only. Next steps:

- Understanding the cost base
- Development of standardised costing methodology and set of core principles for determining value for business cases and associated contract variations.
- Opportunities for shifting activity closer to patients, working closely with GP Alliances and building on 2 above
- Risk/gain share informed by 1 above and with further development of early thinking around ability to mitigate risk.
- Development of a joint financial assurance framework e.g. ICS Finance Committee/Joint CRM (alongside individual organisational Finance Committees).

Change happens at the speed of trust...

"Nothing is as fast as the speed of trust"

Stephen M.R. Covey, *The SPEED of Trust: The One Thing that Changes Everything*

ICS Strategy

- 5 Year Forward View
- ICS Objectives
- 18/19 Priorities
- Projects
- Benefits
- Metrics
- Long Term Plan

18/19 Priorities

- Develop a resilient urgent care system
- Redesign care pathways to improve patient experience, clinical outcomes and efficiency
- Progress a whole system approach to transforming primary care
- Develop the supporting infrastructure to deliver better value for money and reduce duplication
- Deliver the ICS financial control total

Berkshire West ICS Strategic Priorities

FINAL & APPROVED

NHS England MoU Domains

- Deliver the 5YFV four priorities: Progress urgent care, strengthen general practice, improve mental health and cancer
- Meet the system and organisation level financial control totals by delivering efficiencies and other improvements
- Develop integrated care pathways that build on a Population Health Management approach

ICS Objectives

- Act as a leadership cohort and contribute to the National ICS Programme of work
- An improvement in the health and wellbeing of our population
- Enhancement of patient experience and outcomes
- Financial sustainability for all constituent organisations and the ICS

18/19 Strategic Priorities

Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements		To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources		Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency	Develop the ICS supporting infrastructure to deliver better value for money and reduce duplication		Deliver the ICS financial control total agreed to by the Boards of the constituent statutory organisations

Key projects

ED streaming	Urgent Treatment Centre at WBCH	Outpatients Programme	iMSK	Deliver the enhanced access requirements set out by the FYFV and ICS MOU	Develop the ICS implementation plan	Work with Kings Fund to Agree the ICS Vision and Objectives	Credible financial recovery plan for 19/20 and 20/21
High Intensity User project	Demand & Capacity Model for bedded care	*Medicines optimisation*	*Cardiology*	Implement networks / neighbourhoods of practices each with a registered population of 30-50k covering the localities in Berkshire West	Progress the workforce projects identified by the ICS Workforce Group	Develop and implement a new contractual form	Progressing transparency of cost information at SLR level
Develop IUC & Launch 111 online	Wellbeing service CPE	*Respiratory*	*Long Term Conditions* (Care planning and Integrated Falls pathway)	Strengthen the workforce through better recruitment and retention to support sustainability and expansion of primary care	Agree and deliver ICS comms & engagement programme	Agree blueprint for PHM and implement a solution	
Produce a UEC Strategy for Berkshire West		*Ophthalmology*	*Phlebotomy*	Develop and work with provider Alliances to provide greater resilience and capacity in addition to enabling the implementation of new care models	Shared Corporate Services	Shared Estates project	

Benefits

• Patients being seen in the most appropriate setting • Services located where they are needed which provide care in a timely manner • Fewer patients needing to access on the day services from the acute hospital	• Patients to receive more of their care closer to home • Greater reliance on technology to free up clinical time for more complex tasks • Unlock estate capacity through fewer F2F appts • Services provided at a lower cost to the taxpayer	• Patients to be able to see a GP 7 days a week from 1st October 2018 • Greater resilience and capacity within the primary care sector • Development and deployment of new care models which are more integrated and delivered closer to patients' homes	• Increased public and patient involvement and understanding • New ways of working together to resolve issues • New payment mechanisms • Clear investment programmes based on objectives • Improved decision making to support health	• A system that is delivering its financial trajectory

Metrics

• 4 hour A&E standard performance against the agreed trajectory • Reduced growth in A&E Attendances • Reduced growth in NEL admissions • DTOC performance	• NEL and EL admissions per 100k • ALOS (MH, Community & Acute) • Aggregate £ savings from projects • Patient experience measure (to be defined) • Patient outcome measures (to be defined) • Reduction in Out of Area Placements	• Workforce bundle metrics (TBC) • Access to GP services including evenings and weekends for 100% population by 01/10/18 • Ensuring every practice implements at least 2 high impact "time to care" actions • Proportion of practices that are members of an alliance • Proportion of practices doing care planning through integrated teams	• Workforce bundle metrics (TBC) • Presence of a 3 year 'roadmap' that delivers the KPIs • Presence of a PHM blueprint • New contract form agreed and in place • Presence of an OD plan	• RBFT CT performance • BHFT CT performance • CCG CT performance • System CT performance • Agreed financial strategy in place for 19/20 and 20/21

Focus on Berkshire West Outpatients Transformation

Many reasons to change

- Old-fashioned model of delivery
- Pressures on main acute site and under-utilised 'satellite' estate
- Opportunities for new ways of working – ICS
- Opportunities provided by technology

Berkshire West Outpatients Transformation Programme –
50% fewer outpatient appointments on the main acute site

Systematic-ally looking at all activity

1. Is the appointment value adding?
2. Can it be done virtually?
3. Can it be done in primary/ community care?
4. Can it be done on another site closer to people's homes?
5. Can it be done in more flexible estate on the main site?

Multiple workstreams

- Triage
- Patient-initiated follow-up
- Remote monitoring
- Virtual clinics
- One-stop shop
- Consultants in the community
- Hub and spoke model
- Online booking of clinic space
- Estate re-development – multi-purpose facilities

Focus on Quality

- Excellent working relationships between directors of nursing developed over 5 years+
- Shared approach to continually improve quality
- Learn and improve when things go wrong

Traditional approach:

- Standards for quality were set by commissioners through contracts with individual service providers, who were separately accountable for achieving targets

New integrated approach:

- Shared responsibility and accountability across the whole health system for reaching quality standards

Role of the Finance Leader

- Maintaining grip at an individual organisation level
- Alignment of individual organisation and the system
- Financial control environment
- Renewed focus on cost
- Shift from rear-view mirror reporting
- Asking questions
  - what does integrated care mean for me/my team?
  - how can I get involved?
  - what small changes can I make now?

"Don't let perfect get in the way of change"

Thank you

Any Questions?