

NHS LIVERPOOL CLINICAL COMMISSIONING GROUP

Title of Report	Healthy Liverpool Programme Update
Lead Governor	Dr Nadim Fazlani, Chair
Senior Management Team Lead	Tom Jackson, Director of Finance and Healthy Liverpool Senior Responsible Officer
Report Author	Carole Hill, Healthy Liverpool Programme Director
Summary	The purpose of this paper is to provide an update on progress in the Healthy Liverpool Programme
Recommendation	<p>That the Board of Liverpool Heart & Chest NHS Foundation Trust:</p> <ul style="list-style-type: none"> ➤ Notes the progress that is being made in the development of Healthy Liverpool plans and delivery of the programme. ➤ Endorses the vision and direction for transforming health and the delivery of health services in Liverpool
Impact on improving health outcomes, reducing inequalities and promoting financial sustainability	The Healthy Liverpool Programme will deliver the CCG's approach to health outcome improvement, reduction in health inequalities and delivering financial sustainability for the Liverpool health and care system.
Relevant Standards or targets	Delivery of statutory responsibilities for the CCG.

1 Purpose

The purpose of this paper is to update the Liverpool Heart & Chest NHS Foundation Trust Board on progress in developing the strategy, plans and delivery of the Healthy Liverpool Programme in order for the Board to debate and endorse the direction and approach.

2 Background

Healthy Liverpool is an ambitious five year programme to transform Liverpool's health and social care system to one that is person-centred, supports people to stay well and provides the very best in care.

The changes planned in Liverpool are bold and far-reaching. They will deliver significant transformation in the way health and social care is designed and delivered for the people of the city. This transformation is intended to deliver improved outcomes for the people of the city, along with clinical and financial sustainability for our health and care system.

Healthy Liverpool will influence the design of the health and care workforce for the future; it will inform the strategy for the NHS and wider public estate and the adoption of innovative enabling technologies.

Five Healthy Liverpool transformation programmes have been established:

Living Well - empowering more people to care for their own health, with a focus on being active and an ambition to be the most active city by 2020.

Community Services - empowering people to manage their own health and care; providing proactive personalised services, with integrated care delivered closer to home.

Hospital Services –Liverpool will have the best hospital services in the country; with a clinically and financially sustainable system providing quality services 7 days a week.

Urgent and Emergency Care - delivering effective urgent and emergency care in the right place at the right time.

Digital Innovation and Care - supporting better health by maximising the benefits of digital technology and innovation.

It should be highlighted that a highly collaborative approach has been taken to developing the content of the programme. During the past two years, hundreds of clinicians and managers from across the system have been

involved in this work at both strategic and more detailed levels, with patients and members of the public involved in an on-going and in-depth way.

3 Re-cap on Progress to Date

3.1 Phase 1 - Launch (May to November 2013)

The first phase of the programme facilitated the alignment of health economy-wide views, to define the case for change, to confirm commitment and to identify the 'big ideas' which would deliver the transformation required. This phase led to system agreement for the Healthy Liverpool vision and a commitment that partners would 'Act as One' to identify the key components of the future model of care.

3.2 Phase 2 – Planning (December 2013 to October 2014)

This phase focused upon planning and early implementation, which defined the overarching model of care in outline, along with clear standards, benefits and outcome ambitions, informed by early clinical and stakeholder engagement.

3.3 Phase 3 Case for Change (commenced November 2014)

This phase commenced with a focus on engaging stakeholders, including patients and the public. Key engagement outputs included:

- Publication of the Prospectus for Change, launched at a Mayoral Health Summit on 3rd November 2014;
- A city-wide engagement programme on the vision and case for change;
- Progress through the NHS England reconfiguration assurance process, with the programme succeeding through stage one; the strategic sense check.

4 Healthy Liverpool Model of Care

The Healthy Liverpool programme takes a whole system view which begins with proactive prevention, through to the delivery of complex, specialist hospital services. Also integral to the model is a person-centred approach which promotes self-care and shared decision-making between professionals, people and their carers.

The programme will target resources to where we can achieve the maximum impact in improving health outcomes; both geographically in the city and in directing our resources across settings of care.

The Healthy Liverpool programme will enable patients to be supported to stay in their own homes, with more care delivered at home and in

community settings. People will only be admitted to hospital if this is the best place to receive care.

Healthy Liverpool is to some extent already delivering an integrated model, reaching all elements of health and social care, and reflecting the vital role that the voluntary and community sector and carers play in the health and wellbeing of individuals and communities.

Delivery is underpinned by a commitment to joint planning and commissioning by Liverpool CCG and Liverpool City Council, ensuring integration opportunities are maximised and that we achieve best value for the Liverpool health and care pound.

5 Healthy Liverpool Community Model

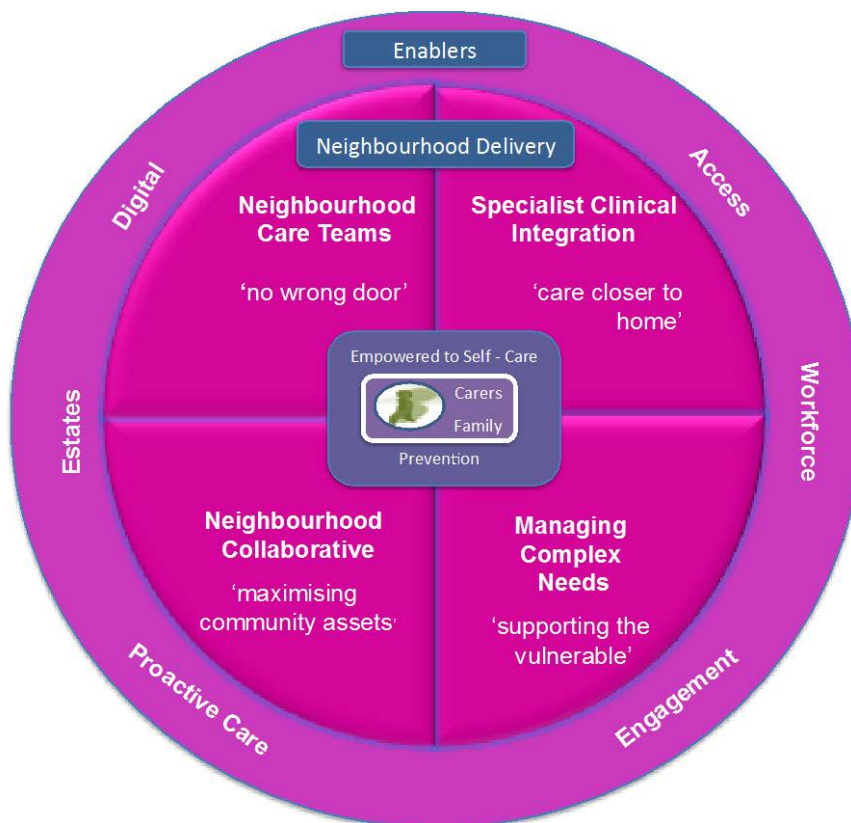
The Healthy Liverpool community programme aims to deliver improved health and social care outcomes, with services designed to do more to prevent illness and improve physical and emotional well-being. It should be noted that this new model of care builds upon a substantial legacy of developing robust community health and care services. Examples include the Liverpool -general practice specification; primary care mental health model; systematic management of long term conditions; care co-ordination for our elderly population; community re-ablement centres and the More Independent programme which promotes better care through assistive technologies.

The new Community Model is already delivering integrated services focused on the needs of the whole population, and sensitive to the needs of individuals and communities across 18 city neighbourhoods. This represents a fundamental shift in the way that services are delivered within the city intended to address the current over-reliance on hospital services and to achieve a turnaround from reactive care to person-centred proactive care for those who need it.

The community model of care will focus transformation of the following core elements.

- Prevention and wellbeing;
- Self-care and empowerment;
- Early identification and intervention;
- Integration of Mental, Social and Physical Health;
- Care delivered closer to home;
- Integrated care delivery and care co-ordination; and
- Effective care planning.

The diagram below represents the components of the Healthy Liverpool Community Model:



General Practice Services are an intrinsic part of each of the four components, with services built around the registered list.

5.1 Neighbourhood Care Teams

We will be jointly commissioning for core integrated community team across 18 neighbourhoods in the city, bringing together general practice, social care, community nursing and mental health services co-located and working as a multi-professional team. This model will ensure effective co-ordination of care for individuals and make sure there is 'no wrong door', with a single, common assessment of an individuals needs.

We will take a proactive approach to care, where people are stratified for risk, and care is planned in advance rather than reactively. This will be enhanced by the use of technology to support people to self-manage, including remote monitoring.

A key priority is the establishment of seven day primary and community services, with seven day GP-led primary care services in place by April 2016.

For the frail and elderly we will designing services to enable effective planned hospital discharge back to home or a community bed, thereby supporting a better transition for patients moving across care settings, whether home into community or transition from hospital care back to home.

5.2 Specialist Clinical Integration

This component of the community model will move appropriate activity from hospitals into community, including plans for more hospital outpatient appointments to be located within community hubs, along with a greater range and volume of community diagnostic services. An early example of this which is already live is the new Community Diabetes Service. This is delivered by a partnership of Aintree UHFT, the Royal Liverpool University and Broadgreen NHS Trust and Liverpool Community Health, with Aintree acting as the 'lead' provider, and an outcomes based contract in place which requires a shift of care to reduce hospital activity.

5.3 Managing Complexity

Specific high need groups will be targeted for proactive care, to improve particularly poor outcomes due to current services not meeting their needs , including people who are homeless or living with severe mental illness.

5.4 Neighbourhood Collaborative

We will drive our local health services to connect far better into non-clinical services which can promote health and wellbeing for the population. To enable this, RALFY is now on every GP's desk top, allowing them rapid information regarding services available locally. We have also invested in a number of services – from over £1m for Advice on Prescription to maximise income (delivered by CAB in 22 health sites across the city) to over 60 grants to smaller third sector organisations for a range of initiatives such as developing Health Ambassadors for people with learning disabilities and a creative arts programme for asylum seekers and refugees.

6 Hospital Services

Our Vision for hospitals for the city is for a centralised university teaching hospital campus delivered through centres of clinical & service excellence.

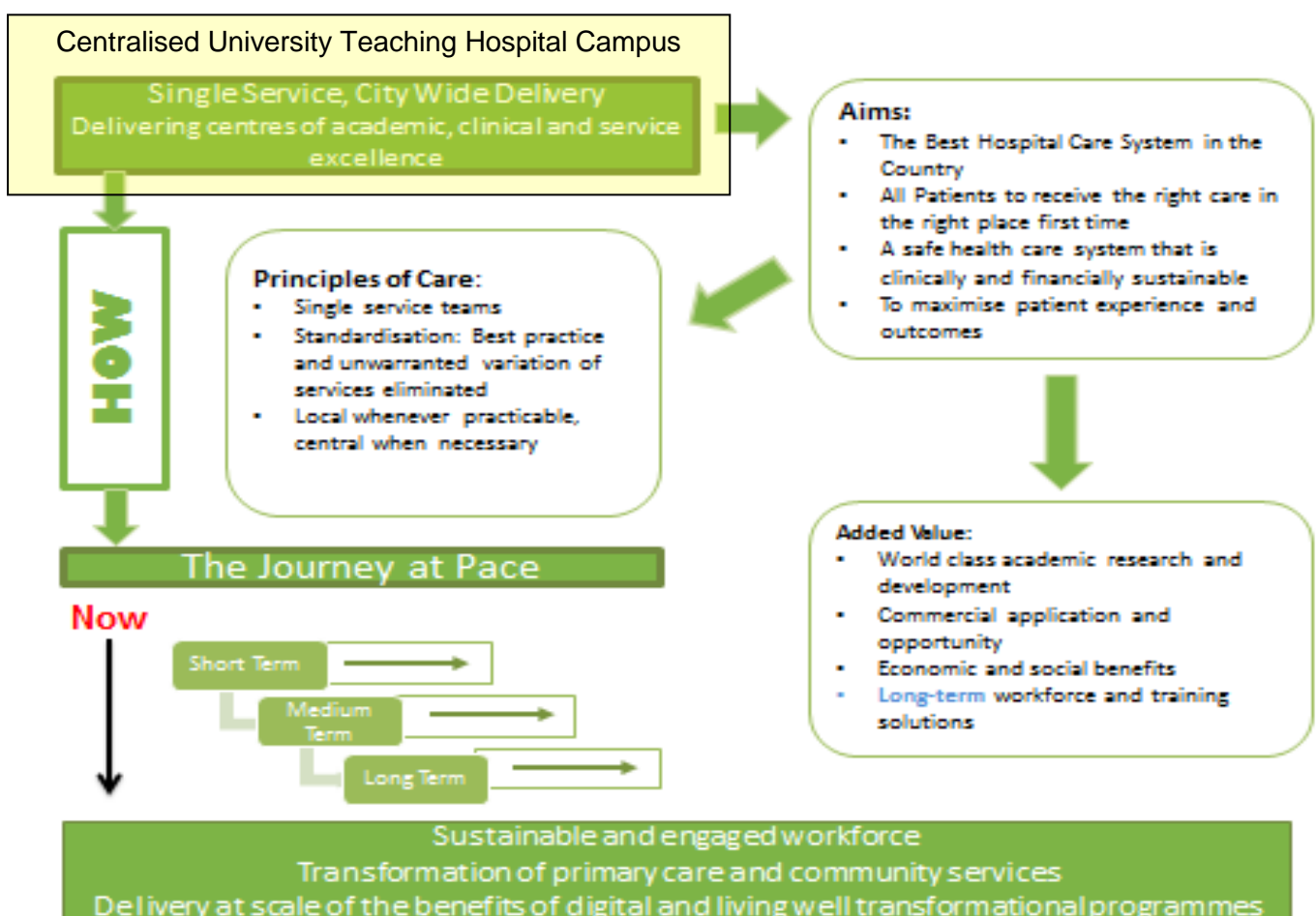
Our aim is:

- To have the best hospital care system in the country
- For all patients to receive the right care in the right place first time
- To have a safe health care system that provides a quality service and is sustainable clinically and financially into the future
- To maximise patient outcomes and experience

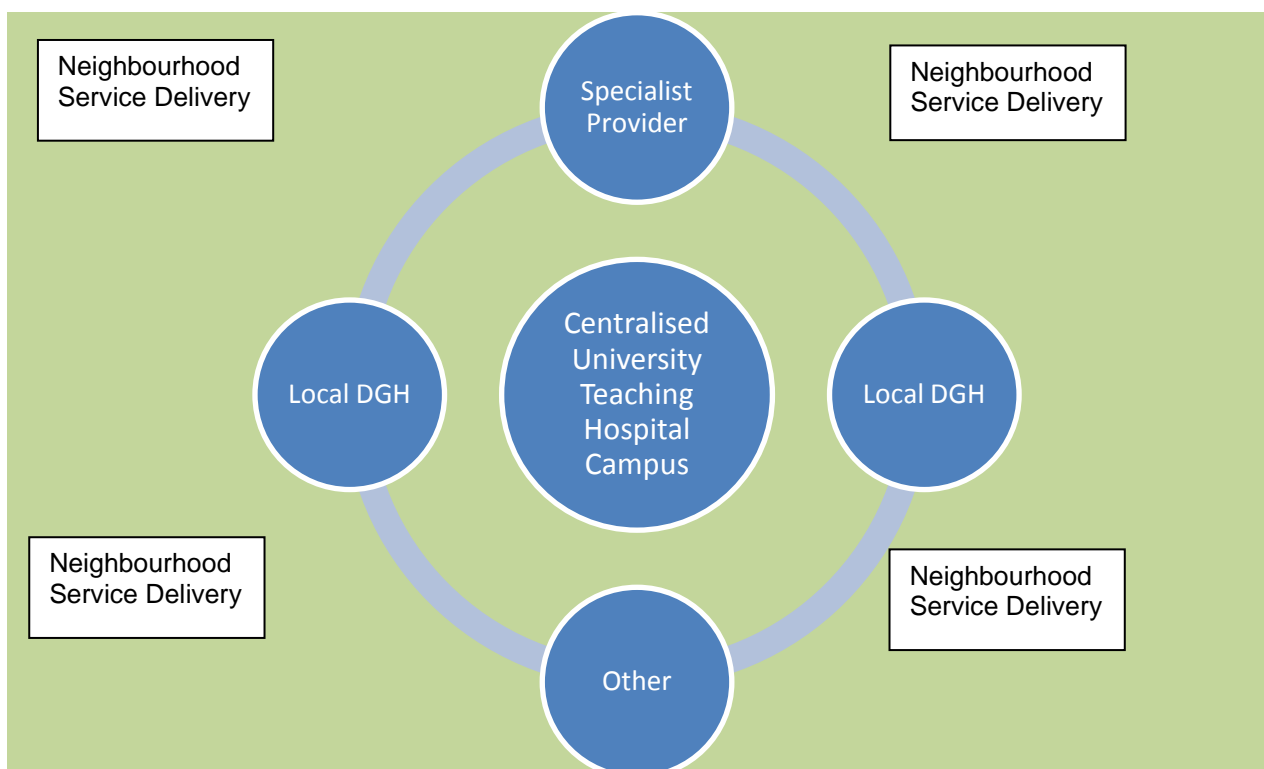
In determining the shape and content of hospital services across the city into the future the Hospitals Programme is underpinned by the following principles of care:

- Services will be delivered by single teams
- Standardisation: services will be of high quality, delivered to best practice standards and unwarranted variation will be eliminated
- Services will be local whenever practicable, central where necessary
- Services will be delivered by a workforce that is sustainable, motivated and champions improved patient care, experience and outcomes

Our approach can be summarised best in the following illustration:



Our vision and the delivery of the centres of academic, clinical and service excellence is fundamentally underpinned by a Centralised University Hospital Teaching Campus. This central city centre campus, on the site of the Royal Liverpool Hospital provides an axis against which specialised and general adult services can be built around, including neighbouring District General Hospitals (DGH) and specialist providers. The centralised campus provides that essential foundation around which teaching, education, innovation and research can be anchored with the Universities and other key partners. Specialised and general adult services will be delivered from multiple centres including the centralised campus site and neighbouring DGHs, alongside where practicable in city neighbourhoods.



The centralised campus will provide the 'core' of a hospital system in the Liverpool City Region that is able to 'compete' for staff, resources, research and services at a scale to rival the best in the country, with an emphasis upon academic, clinical and service excellence. The concept recognises the scale of benefits that can flow in terms of specialised service delivery; recruitment and retention; teaching, research and development; and service efficiencies from a critical mass of services working collaboratively that is at a scale and concentration not seen before. Our model does not prescribe the future organisational form for service delivery but rather presents a model in which the service provider(s) can operate within and which can provide the essential platform from which the city can respond to the future health needs and system challenges ahead.

Our commitment to 'Single service – city side delivery' similarly does not prescribe the organisational form for services but does direct that the delivery of services must be structured in a manner that provides referring health care professionals and the public with a single service pathway, delivered against agreed standardised best practice under single clinical leadership.

This strategic direction for hospital services was strongly endorsed at the Healthy Liverpool Clinical Assembly held in July 2015. This event along with intensive clinical engagement has confirmed that the first phase of hospital service reconfiguration work would focus on the following clinical areas:

- Delivering 7 days services;
- Improving cancer services; initially haemato-oncology, pelvic and Upper GI & Hpb;
- Women's health, including maternity, gynaecology and neonates;
- Major trauma
- Cardiology;
- Stoke

Work has commenced on option appraisal, business case development and preparation for formal consultation to transform these clinical areas. This represents the first phase of change and the start of a longer term process to implement single service teams, establish consistent clinical standards and eliminate variation.

7 Urgent Care

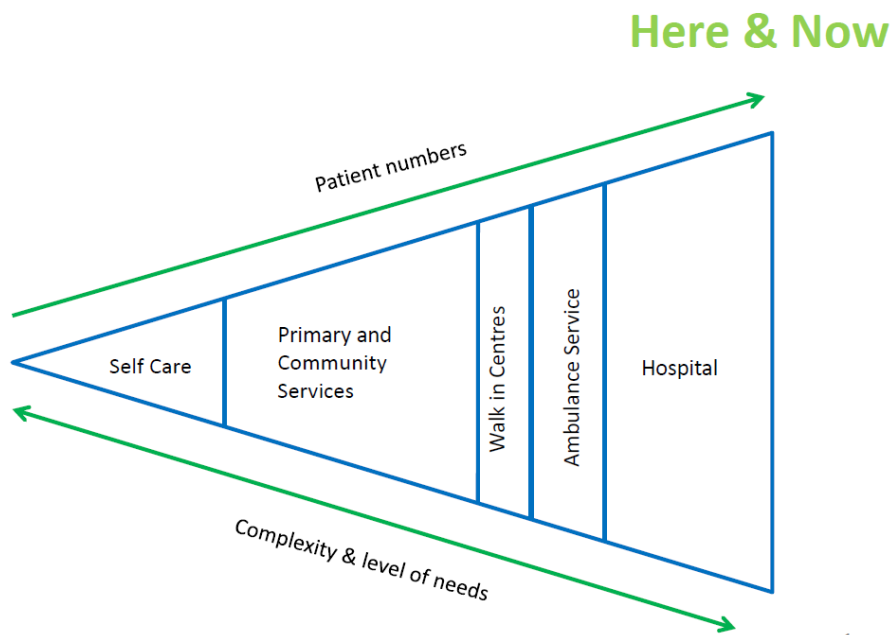
Our vision for the Urgent & Emergency Care Programme is simple: to deliver an urgent and emergency care pathway that is recognisable and clear to patients, the public and health care professionals that delivers the right care, in the right place first time.

Liverpool's urgent and emergency care system is complex and covers all patient contact points, from first telephone contact or face to face encounter through to specialist trauma care.

In delivering this vision our aim is to ensure that people with urgent but not life threatening needs are provided with highly responsive, effective and personalised services principally outside of hospital and in or as close to their home as possible. For those with more serious or life threatening emergency needs our intention is that they receive the immediate help or assistance they need and are treated in centres with the very best expertise and facilities, in order to maximise their chances of survival and a good

recovery. Importantly we want to see an urgent and emergency care system in the city that becomes more than the sum of its parts.

Our current system is confusing and results in too many people accessing hospital care, as represented below:

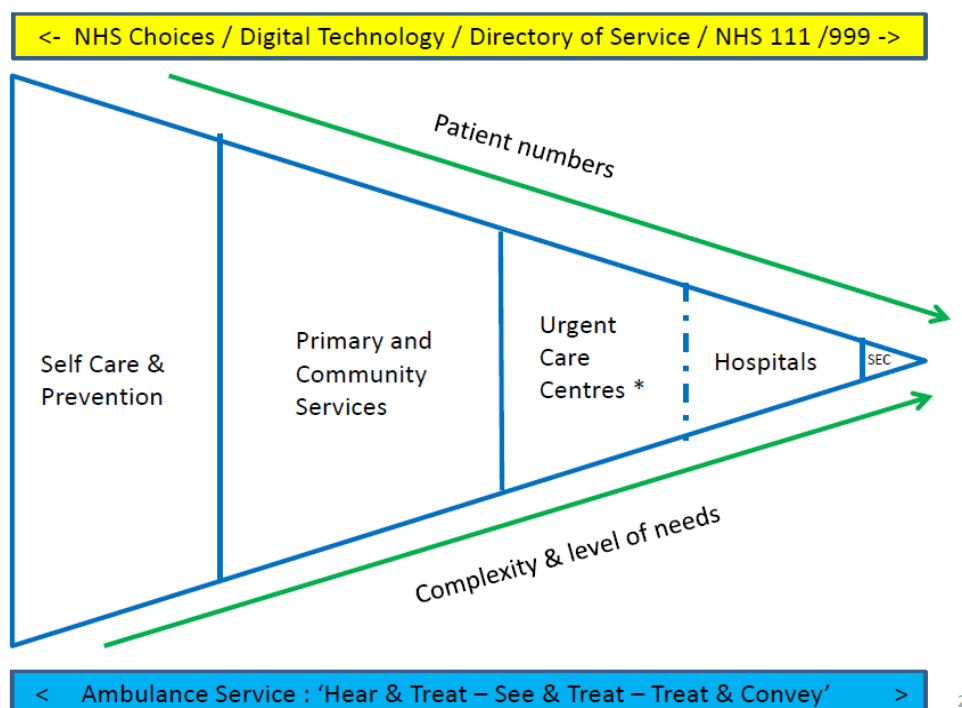


A number of key principles will guide service redesign of urgent care in the city:

- Providing better support for people to self-care
- Helping people with urgent care needs to get the right advice in the right place, first time
- Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E
- Ensuring that those people with serious/life threatening needs receive treatment in centres with the right facilities and expertise to maximise survival & recovery
- Connecting urgent and emergency care services to the overall system

The future model will drive a transformational shift of care as represented below:

Future Model



In terms of supporting and empowering a shift to self care, NHS 111 will be a key partner as will community pharmacies, alongside a sustained programme of public engagement, communications and education, informed by insight.

Plans include the development of 7 day primary care services and the intention for Aintree University Hospital as the regional Trauma Centre receiving site, in association with the Walton Centre.

We are developing proposals to consult on the development of Urgent Care Centres, as a response to patient behaviours and needs and with the aim to reduce fragmentation and confusion around access to urgent care services.

We are exploring ways in which ambulance services can move from being seen as a transport provider to much more of a treatment service, with interventions such as hear and treat, see and treat and treat and convey.

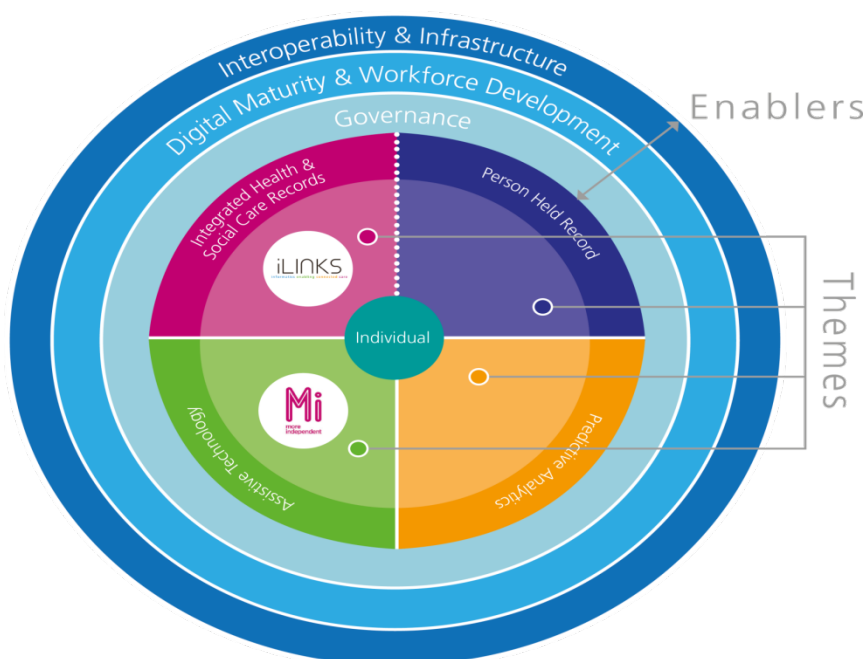
Finally, Liverpool will be piloting a new urgent care payment model to support redesign and integration of the urgent care pathway, working with Monitor and NHS England.

8 Digital Innovation

Our digital ambition is to be in the top 10 most digitally advanced health and social care economies in Europe by 2020. We will:

- Enable people to utilise digital technologies to manage their own care
- Ensure that information is available to the right people, in the right place, at the right time
- Create and deliver an information exchange across health and social care
- Ensure informatics system wide coherence and strategic leadership
- Exploit the benefits of existing and future technologies
- Support a technologically enabled workforce to fully benefit from digital solutions
- Fully exploit the data and intelligence available to maximise the effectiveness of our services

Liverpool is already at the leading edge for the use technology to enable better and safer patient care. We already share records across the health and care system, with 5.5 million shared records in 15/16. We have the largest deployment of telehealth in Europe with 2000 patients using this technology and we are the national test bed for technology to enable patient access to the electronic person held record. However, there is a huge amount of further potential in technology as an enabler that we will unlock over the next five years. The Healthy Liverpool digital programme has four components, represented in the diagram below:



8.1 Integrated Health and Social Care Records

Integrated records will enable all Liverpool health and social care practitioners to view information relevant to the individual they are caring for in any given place and time in a safe and confidential way. The shared record will save people being asked for information repeatedly and ensure that their preferences such as information about resuscitation, mental capacity and end of life wishes are shared and understood.

8.2 Mi Personal Health Record

This will enable individuals to take real control of their health enabling truly patient centered care. It will support data sharing and integration between health and social care providers, individuals and their circles of care. Liverpool is in a unique position, working with central government and the Cabinet Office, to create a new identity authentication scheme, which links social identities to an NHS identity so that the right information can be confidently shared.

8.3 Assistive technology

This technology enables people to live more independently in a variety of ways. Assistive technologies range from telehealth and telecare systems, enabling people to interact proactively with their care professionals to technology used in home to enable them to use technology supporting their health and wellbeing. The programme will lead the identification, evaluation and adoption of new technologies in Liverpool with a real focus on innovation.

8.4 Predictive analytics

This project will enable the use of data science techniques at scale across multiple sources, to proactively risk profile and predict care trends which will enable us to plan and allocate resources most effectively to produce the best outcomes for the people of Liverpool. Data has become a key component to many forms of digital and biological advancements including genomics and personalised medicine.

9 Living Well

Our vision is that Liverpool will be the most active city in England by 2021; inspiring and enabling people who live and work in Liverpool to be active every day for life.

Inactivity directly contributes to over 2,600 deaths per year in Liverpool & costs £10.8 million a year based on the 5 most prevalent diseases – diabetes, breast cancer, colon cancer, coronary heart disease & hypertension. The Five Year Forward View is clear that the future health of children, the sustainability of the NHS, and the future prosperity of the country depend on a radical upgrade in prevention.

Public Health England has estimated that 424 annual deaths that could be prevented if every adult in Liverpool participated in 150 minutes of physical activity per week. Our aim is to get the inactive active; to get the moderately active more active and to ensure the active remain active. We will do this through a wide ranging, high investment, sustained programme over the next 5 years. Deliverables include:

- A sustained, social marketing programme – generating a Liverpool social movement
- Mass participation themes – walking, cycling, active travel
- Improving access to quality indoor and outdoor assets
- Mass participation in schemes & events – eg. Skyride
- Back to sport programmes
- Integration into health services – activity as a treatment
- Integration into schools & workplaces – tailored programmes & support
- Establishing champions & volunteers to work with individuals & communities
- Large scale community grant scheme
- Harnessing insight and evidence to inform strategies
- Targeting communities – individuals and geographically
- Exploiting commercial opportunities

10 Partnerships

The Healthy Liverpool Programme was conceived by NHS Liverpool CCG but the development of the overarching model and the models for each setting of care have been informed by clinicians and leaders from across the city's health and care system. This partnership approach is enshrined in the governance and decision-making structure and processes, including the establishment of a Committees in Common across South Sefton, Knowsley and Liverpool CCGs, NHSE and Sefton, Knowsley and Liverpool Local Authorities to make decisions on hospital services; a Programme Advisory Board involving all partners; secondment of clinicians and senior managers from across the system to work on the programme and integrated programme management arrangements.

11 Public Engagement and Consultation

Over the last few months the programme has been engaging the people of Liverpool on the Healthy Liverpool vision and the case for change. The insight gained from this phase of engagement will inform the development of detailed plans and options for service change.

Some proposals contained within the Healthy Liverpool Programme will require formal public consultation. The diagram below sets out the path towards the first phase of public consultation:

Phase 4- road to consultation



12 Workforce

The Mayoral Health Commission recommended that a workforce strategy is needed to deliver a high quality, integrated 24/7 service, and to transform the health outcomes of the people of Liverpool including the development of new roles; assisting existing staff to work differently; giving young people access to new opportunities and to support the recommendations of the Mayor of Liverpool's Education Commission.

The workforce agenda is challenging and will require close collaboration between stakeholders across health and social care to support the development of a workforce strategy and delivery plan.

Liverpool CCG has been given the mandate by the Mayoral Commission to lead and coordinate workforce planning processes , informed by new models of care and opportunities to re-shape the workforce to ensure long term sustainability. Along with interpreting the workforce requirements there is a role in influencing the commissioning of the education and training provision to meet those requirements.

13 Estates

As we work to redesign services in line with the Healthy Liverpool vision, the estate will need to be redesigned to enable more services to move into the community and provide opportunities for greater integration. Our vision needs to take account of the suitability of the NHS estate and wider public estate for service delivery and how partners can work together to best configure our estate to support service change.

An estates workstream with provider and commissioner involvement has been established. Its role will also be to look at how we can:

- use the existing estate more effectively;
- reduce running and holding costs;
- share property, particularly with social care and the wider public sector);
- dispose of surplus estate to generate capital receipts for reinvestment and ensure effective future investment.

A whole system estates vision and strategy is essential to securing the right care for patients, at the right time, in the right setting.

14 Healthy Liverpool Investments

In 2014 the CCG approved a 5 year financial strategy which underpinned the 5 year Healthy Liverpool programme. This included the allocation for a Healthy Liverpool transformation fund of up to £90 million over the life of the programme.

The Governing Body has approved the following Strategic Financial Objectives:

- Support delivery of the outcome focused Healthy Liverpool Programme;
- The Liverpool Health Economy is clinically and financially sustainable in 5 years time;
- Create an environment and platform for transformation;
- Enable a minimum of 10% of the CCG's allocation to be invested in new ways of working;
- Support credible planning;
- Deliver the CCG's financial duties.

An investment programme has already been agreed in principle and with some investments confirmed including –

- £2.9m in the Living Well programme to promote physical activity
- £15m in the Digital Programme to advance use of telehealth and person held records
- £400k in the Children's Neuro Development Pathway

15 Forthcoming Milestones and Next Steps

A number of key events and milestones are anticipated over the next 3-4 months, all of which will have implications for the Healthy Liverpool programme to consider.

- Royal Liverpool Hospital FT application outcome –October 2015.
- Outcome of options appraisal for the future organisational form of Liverpool Community Health Trust – September 2015.
- Mayoral Health Summit - September 2015. The CCG will set out a clear model of care and direction for the overarching programme and for each of the transformation programmes.

A Healthy Liverpool Strategic Direction Case will be presented to the CCG Governing Body in September 2015. This document will:

- Set out the formal definition of the five core programmes;
- Agree the structure of the overarching programme;
- Agree the governance / organisational arrangements for achievement of the HLP including programme timelines;
- Approve the work completed to date, and propose agreement to fully mobilise the Healthy Liverpool Programme.

16 Conclusion

Healthy Liverpool is a whole-system, truly transformational programme which has consciously adopted a consensual approach in its development, particularly with regard to clinical involvement. It is clear that the programme has strong support from the city's clinical communities. Continued progress in delivery can only be achieved with the sustained involvement and commitment of the whole health and care system.