

**GOVERNING BODY MEETING  
SHOEBURYNESS AND ST LUKE'S PRIMARY CARE DEVELOPMENTS**

<b>Date of the meeting</b>	1 December 2016
<b>Author</b>	Su Gordon Graham, Jackie Hadwen, Philip Kelley - Senior Managers, Attain
<b>Sponsoring Board Member</b>	Melanie Craig, Chief Officer
<b>Presented by</b>	Sadie Parker, Associate Director Primary Care and Engagement
<b>Purpose of Report</b>	To provide an update on progress and seek approval for the proposed governance and programme management approach to the developments.
<b>Recommendation</b>	The Governing Body is asked to approve the report
<b>Reason for inclusion in Part II</b>	N/A
<b>Stakeholder Engagement</b>	Extensive engagement undertaken with service users, residents, providers and partners.
<b>Previous GB / Committee/s, Dates</b>	This has been a regular agenda item for the Governing Body

**Monitoring and Assurance Summary**

<b>This report links to the following Assurance Domains</b>	<ul style="list-style-type: none"> <li>• Quality</li> <li>• Equality and Diversity</li> <li>• Engagement</li> <li>• Outcomes</li> <li>• <b>Governance</b></li> <li>• <b>Partnership-Working</b></li> <li>• <b>Leadership</b></li> </ul>		
<b>I confirm that I have considered the implications of this report on each of the matters below, as indicated:</b>	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal / Regulatory			✓
People / Staff	✓		✓
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: \_\_\_\_\_

## **AGENDA ITEM X.**

### **1. Introduction**

- 1.1 The purpose of this paper is to update members on the progress of the Shoeburyness and St Luke's Primary Care Centres developments and to seek approval for the proposed governance and programme management approach to support the next dynamic delivery phase.

### **2. Background**

- 2.1 Updates have been presented to the Governing Body on the Shoeburyness and St. Luke's Primary Care Centre projects through papers in May 2015, March 2016, August 2016 and October 2016. Preferred site options for both centres have been identified and the next step is to confirm what services should complement general practice in each centre prior to completion of the Outline Business Cases.
- 2.2 The CCG together with the local authority, Southend on Sea Borough Council have embarked upon an ambitious programme of transformation encompassing urgent care, primary care, planned care and community care. The need to develop primary care centres for St. Luke's and Shoeburyness provides a catalyst for the further integration of services in keeping with the CCG's strategic aims and objectives.
- 2.3 In developing the future service profile for the St. Luke's and Shoeburyness developments it was necessary to review several strands of transformational work the CCG is undertaking. From this it became clear that there was an emergent integrated model of care for Southend on Sea.

### **3. Emerging Model of Care**

- 3.1 In order to ensure that there is robust evidence underpinning the services to be initially located at St. Luke's and Shoeburyness primary care centres, a comprehensive business case process has been adopted and a service prioritisation tool has been developed. The prioritisation tool considers the key benefits and impacts of services to be included and from this, along with engagement with local people, the range of services to be located at St. Luke's and Shoeburyness has been produced. These are detailed at appendix 1.
- 3.2 The services proposed for both primary care centres will, of course, be subject to final business case approval; however the CCG is planning on this basis for both projects. Governing Body members are therefore invited to approve the proposed list of services subject to final business case approval.
- 3.3 Due to the timescales involved in developing an integrated model of care, a considered and phased approach will be taken to the two primary care centre developments. The following table demonstrates the planned phases in delivering our integrated model of care in the two primary care centres:

## AGENDA ITEM X.

Wave 1	Implementation of the Complex Care Coordination Service (commenced October 2016)
Wave 2	Following building refurbishment, initially the co-location of adult services at St. Luke's. Followed by full implementation of the integrated model of care.
Wave 3	Alongside the development of the Shoeburyness primary care centre, extensive collaboration and market engagement which will develop the model further and steer the approach to implementing integrated care across all localities.

- 3.4 St Luke's primary care centre is due to be delivered first and as such will benefit from the second phase of our integrated model of care and will see services initially co-located in the building. Work with providers will continue and these services will ultimately integrate within the centre as part of the third phase of implementing our integrated model of care.
- 3.3 Shoeburyness is a bigger and more complex new-build development, and as such will be delivered to a later timescale. It may therefore be the integrated model of care will be delivered from Shoebury primary care centre at its inception.
- 3.4 Our proposed new model of integrated care is designed to put patients at the centre of care and general practice at the centre of the health and social care system. Integrated care is a key part of the new way of working in Southend on Sea, and there are several core elements to delivering this:
- The model is centred around the holistic needs of patients and their carers, involving them in all decisions while providing them with simpler access and a shared care plan
  - The model is personalised and tailored to changing health as well as social needs, covering planned as well as reactive needs and one that empowers self-care
  - Providers will be accountable (both for clinical & non-clinical outcomes) with a core team that reflects patients' needs
  - Providers will be based together working in joint teams on a day to day basis, coordinating patient care and tracking outcomes
  - Services will be coordinated across different organisations, on behalf of the patients and their carers
  - Providers will work together to a single set of outcomes with shared systems and incentives
- 3.5 A diagram of our Integrated Model of Care is included at appendix 2. The model as currently developed represents an amalgam of several strands of work currently taking place.

## **AGENDA ITEM X.**

### **4. Clinical Review of Intermediate Care**

- 4.1 CCG commissioners have been considering what the future of our intermediate care services should look like as the CICC (Cumberlege Intermediate Care Centre) service is provided from the Cumberlege Lodge site (the preferred option for the new St Luke's primary care centre) at present. This work has indicated a potential option to develop a Community Independence Service as part of our integrated model of care.
- 4.2 There has been significant engagement and discussion with senior nurses across the system and this has led to an emerging consensus about the potential for a community independence model.
- 4.3 Because this is a clinical service redesign, it needs to undergo Clinical Executive Committee review – it will be discussed at the next meeting of the Clinical Executive Committee on 8 December and will undergo further refinement between now and the next Governing Body paper in February. A firm proposal will therefore be brought to Governing Body at its February meeting for approval.

### **5. Finance**

- 5.1 The financial costs and impacts of our new integrated model of care is currently being modelled and will form part of the Business Cases that will be presented to the Governing Body in February 2017.
- 5.2 Recently, following a successful CCG bid to NHS England against the national Estates and Technology Transformation Fund, the CCG was notified of an award of £250,250 funding for the development of the St. Luke's Primary Care Centre:
- £125,125 for 2017/18
  - £125,125 for 2018/19
- 5.3 The first sum is to be used to take the project to full business case and financial close, the second amount is for IT related costs in the build. This funding is in addition to that already awarded from NHS England to take both projects to the point of outline business case.
- 5.4 Funding for the Shoeburyness project after outline business case, and ongoing funding for both projects following financial close, will form part of the normal NHS England process for primary care centres and will be accessed through their local premises development group and the capital oversight group. Both of these projects are already highlighted as priorities in the national 'pipeline' of projects.

### **6. Governance - Programme Management Approach**

- 6.1 The proposed Integrated Model of Care has been subject to significant engagement to date. Having drawn the themes and priorities together the CCG will continue to engage with both patients and providers to oversee the

## AGENDA ITEM X.

implementation and further development of these projects. A programme management approach to oversee mobilisation and the approach to procurement is therefore recommended.

- 6.2 This will see a number of workstreams developed to oversee delivery and this programme management approach is detailed at appendix 3. It is likely that some of these workstreams will be brought together into combined task and finish groups overseen by an integrated model of care group. These will also need to fit seamlessly with the workstreams being developed around the complex care service and localities and be combined with the current community groups for St Luke's and Shoeburyness.
- 6.3 This approach to the governance of these projects will enable the CCG to robustly manage the implementation of these complex projects and ensure that the appropriate experts in their field can form part of the relevant workstreams. The timeline for the programme can be seen in appendix 4.

## 7. Conclusion and Recommendations

- 7.1 The proposed service profile for St. Luke's and Shoebury has advanced significantly to inform both business cases. A review of this, alongside the scope of transformational work across the borough presents an opportunity to further develop our Integrated Model of Care and apply the model in each locality. There is potential for intermediate care to form part of the Integrated Model of Care and this will be discussed at Clinical Executive Committee on 8 December. The next steps are to:
- Progress the work to consider the service options for Intermediate Care as soon as possible in order to confirm the availability of Cumberlege Lodge for refurbishment
  - Complete the Outline Business Cases for St. Luke's and Shoeburyness primary care centres (including the financial appraisal) for the Governing Body meeting in February 2017
- 7.2 Governing Body members are invited to:
- Note the emerging Integrated Model of Care and the plan to progress development of the model through continued engagement with patients and providers and its inclusion in the business cases for St. Luke's and Shoeburyness primary care centres
  - Note the clinical review of intermediate care being undertaken with the Clinical Executive Committee on 8 December
  - Approve the proposed governance structure for developing, implementing and mobilising the St Luke's and Shoeburyness primary care centre projects, including the development of our Integrated Model of Care

## AGENDA ITEM X.

<b>APPENDICES</b>	
Appendix 1	Service Profiles – St. Luke’s and Shoeburyness primary care centres
Appendix 2	Southend Integrated Model of Care
Appendix 3	Programme Management
Appendix 4	Programme Timeline

# AGENDA ITEM X.

## Appendix 1 - Service Profiles for St. Luke's and Shoeburyness

The integrated model of care will eventually encompass a wide range of health and social care services which enable residents of Southend to receive treatment, care and support in their community closer to their homes rather than in an acute setting wherever it is possible. Whilst initially its focus is on the frail and elderly, many of whom have multiple long term conditions, it will also evolve to provide services to those who have emerging needs in these areas as well as children and young people with complex needs.

The first phase of delivering the integrated model of care is through the implementation of the complex care coordination service, located in the East Central area of Southend on Sea. The second phase will be through the co-location of health and social care services in the new St. Luke's Primary Care Centre. It is envisaged that the initial scope of services to be co-located will include the following and we are planning on this basis. Providers will be committed to working in an integrated fashion, as set out in the diagram below:

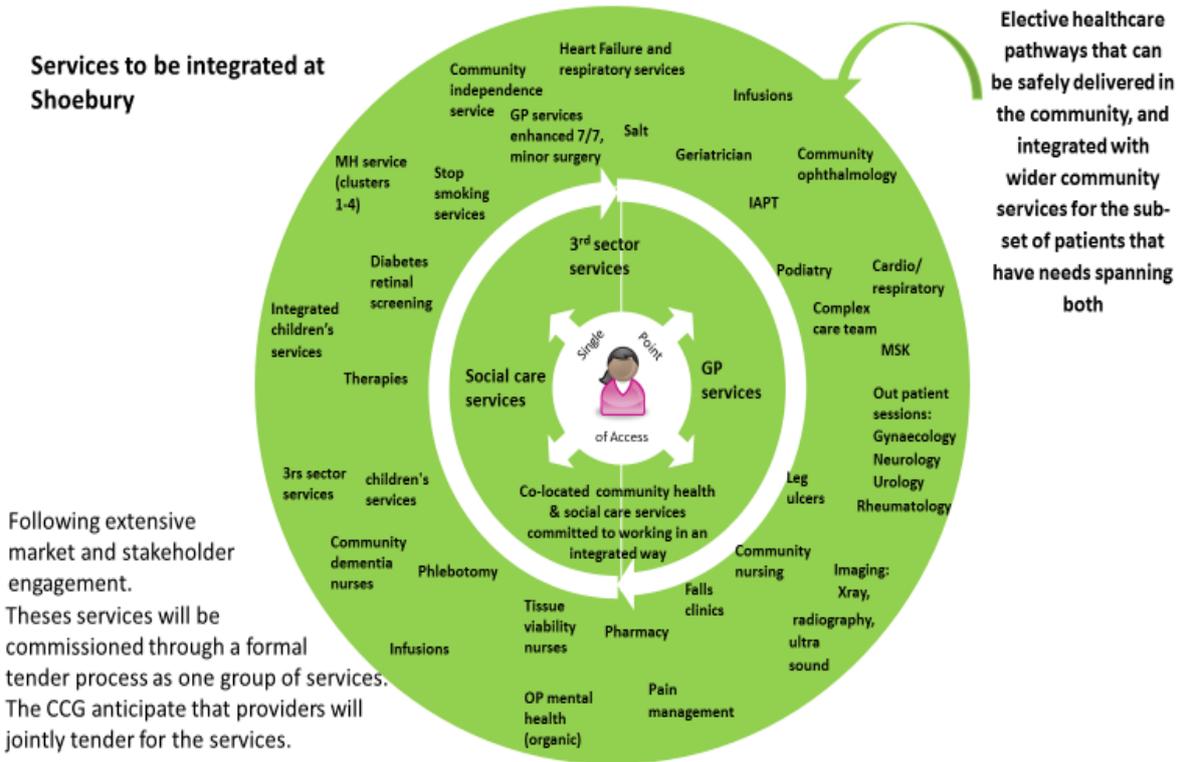
### Services to be co-located at St Luke's



Co-location of services at St Luke's will be the second step toward providing fully integrated services. Providers will be required to sign up to a memorandum of understanding which will outline the principles and expectations of working together at St Luke's

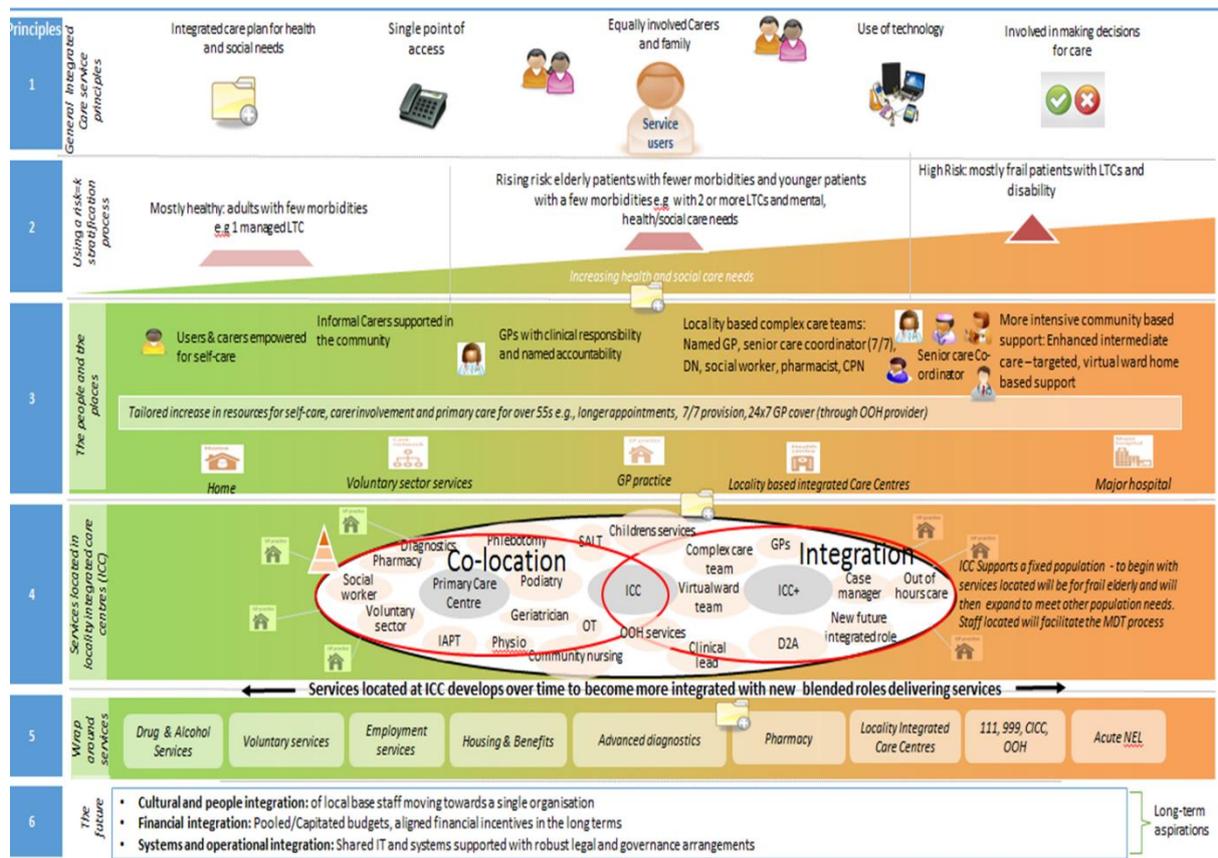
# AGENDA ITEM X.

Once services are embedded in the St. Luke's primary care centre and the integrated model of care has been fully developed, the delivery of integrated services will move into the next phase. This will see services in the St. Luke's primary care centre, the East Central area of Southend on Sea and the new Shoeburyness primary care centre (providing the centre for the East area of Southend on Sea) will accommodate the following services which will be fully integrated:



# AGENDA ITEM X.

## Appendix 2 – Southend on Sea Integrated Model of Care



The jointly developed integrated model of care approach looks at the population and works out the health and care needs of different groups. Three broad populations groups have been established;

1. People who are **Mostly Healthy**; people in this group typically have straightforward or single needs. We need to empower them to manage their own health, with support from digital technologies and the community and voluntary sector. Prevention, early intervention and self-care are the priorities for this group.
2. People who are **Rising Risk**; this group of people typically have multiple and/or complex needs which require an integrated approach, increased use of multi-clinical professional roles (e.g. nurses, specialist services, health trainers) and support for self-management.
3. People who are **High Risk**; this group of people typically have high health and social care needs, and require intensive support. For example, they may be supported by a multi-disciplinary, GP-led, case management approach. They will benefit from a multi-faceted management approach including the use of

## **AGENDA ITEM X.**

technology (where appropriate) and the wider voluntary and community sectors. This group also includes frail and end of life patients.

In real terms, patients (whether an adult or a child, accessing services in any locality) will have a named coordinator who will work closely with their general practice, children's services, out of hours service and all other services, such as intermediate care and hospital services as appropriate. The coordinator will facilitate access to services as well as coordinate the local multi-disciplinary team meetings (MDTs) as part of the care planning process. Patients should not notice the multiple providers in the locality delivering different elements of service.

Patients will tell their story only once and the single care plan developed in SystemOne will be accessed by all staff providing services; this will be achieved as the patient or responsible parent will give their consent for their information to be shared. It is anticipated that MDTs for both children and adults will become business as usual.

The integrated model of care will encompass a wide range of health and social care services which enable residents of Southend to receive treatment, care and support in their community, closer to their homes rather than in an acute setting wherever possible. Whilst initially its focus is on the frail and elderly, many of whom have multiple long term conditions, it will also evolve to provide services to those who have emerging needs in these areas as well as children and young people with complex needs.

## AGENDA ITEM X.

### Appendix 3 – Governance and Programme Management

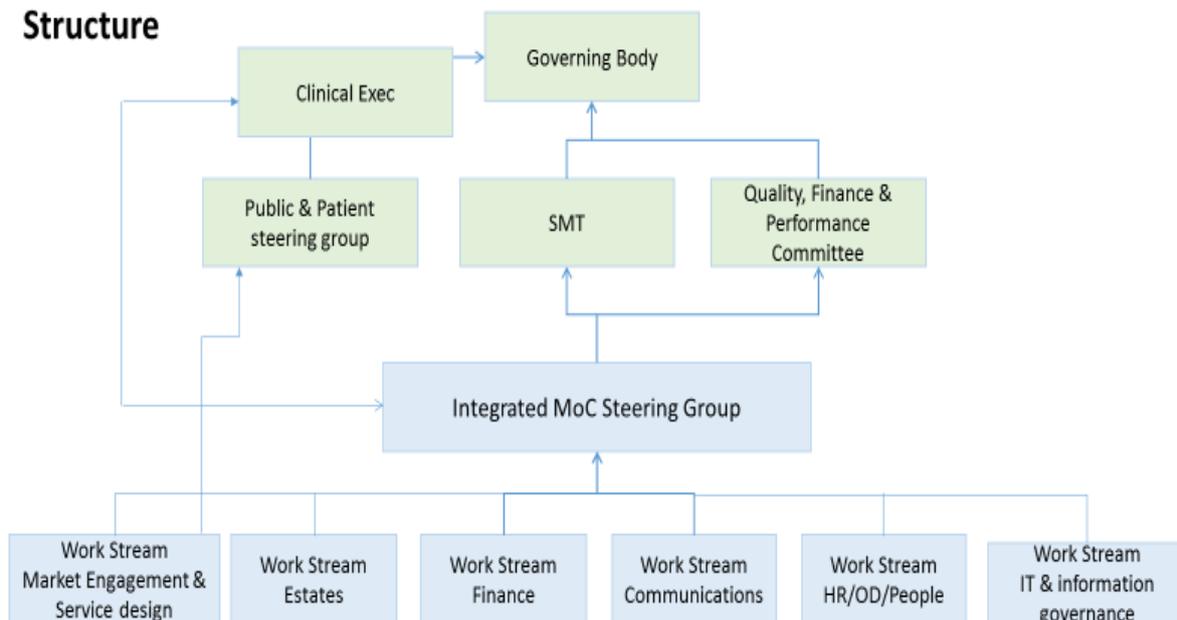
In order to develop and implement the Integrated Model of Care, a programme management approach is proposed to oversee implementation of this next phase of delivery.

The proposed governance structure includes the development of focussed work streams. While all of these workstreams will require individual focus, it is anticipated they will be combined to form task and finish groups which will then report into the steering group. The Clinical Executive Committee will have prominence in the proposed governance structure. It is very unlikely that any of the workstreams will be managed through a single task and finish group and membership will include key stakeholders (N.B. list not exhaustive and staff may lead and work across multiple work streams):

- Southend CCG
- Southend on Sea Borough Council
- NHS England
- SEPT (South Essex Partnership Foundation NHS Trust)
- Southend University Hospital Foundation NHS Trust
- NHS Property Services and Prydium (LIFTco)
- North East London Commissioning Support Unit (GP IT)
- Patients and carers
- Local community representatives and local councillors
- Third and voluntary sector representatives

#### Proposed Integrated MoC

##### Governance Structure



# AGENDA ITEM X.

## Appendix 4 – Programme Timeline

As part of optimising the service proposals for St. Luke’s and Shoeburyness primary care centre developments, careful consideration has been given to the point at which the integrated model of care would likely be developed in each locality as these new developments become operational. A twelve-month mobilisation programme is detailed below:

Mobilisation Programme Incorporating CIS, St.Lukes and Shoebury Developments												
Item	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
<b>Community Independence Service (CIS)</b>	1	2	3	4	5	6	7	8	8	10	11	12
Develop service design for Intermediate Care	[Blue bar]											
Develop business case to confirm preferred option for IC		[Orange bar]										
Transition plan for decant from CICC				[Green bar]								
Governing body approval of preferred option for CICC					[Dark Blue bar]							
Develop specification for CIS		[Light Blue bar]										
<b>St.Lukes OBC and FBC</b>	1	2	3	4	5	6	7	8	8	10	11	12
Strategic Context and Case for Change	[Blue bar]											
Future Service Profile	[Orange bar]											
Economic Case	[Green bar]											
Finance Case	[Dark Blue bar]											
Management Case	[Light Blue bar]											
Design development for OBC including engagement	[Brown bar]				[Blue bar]							
OBC Approvals					[Blue bar]							
St Lukes FBC Development and Approval (tbc)												
Commence St.Lukes Refurbishment (tbc)												
<b>Shoebury OBC and FBC</b>	1	2	3	4	5	6	7	8	8	10	11	12
Strategic Context and Case for Change	[Blue bar]											
Future Service Profile	[Orange bar]											
Economic Case	[Green bar]											
Financial Case	[Dark Blue bar]											
Management Case	[Light Blue bar]											
Design development for OBC	[Brown bar]											
Formal engagement period				[Yellow bar]								
Option appraisal for site purchase	[Grey bar]											
OBC Approvals								[Blue bar]				
Shoebury FBC Development (tbc)												
FBC Approvals into Q4 2017/18 (tbc)												
<b>Other iMoC Development (Year 1)</b>	1	2	3	4	5	6	7	8	8	10	11	12
Out of Hospital Plan all Providers	[Orange bar]											
Business Cases for Individual Services					[Green bar]							
Quality Review Panels								[Dark Grey bar]				