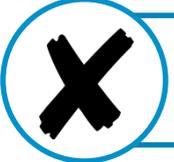
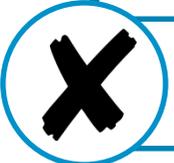


Berkshire West Integrated Care System (ICS)

Introduction to the Berkshire West ICS

Why an Integrated Care System?

-  A high performing system but increasingly financially challenged. All parts of the system under huge demand and workforce pressure
-  More people now need care across a number of different settings – *hospitals, primary care, clinics, nursing homes and home care agencies* - often not co-ordinated, resulting in duplication of cost and effort arising from gaps in information and communication.
-  Too often, each organisational unit works independently of others and faces a different set of constraints and incentives with the consequence that each part of the system works to optimise its own performance with little consideration for other parties.
-  The result of this for our patients is a system which can produce variable quality of care and high costs

More integrated approaches to system working are required to improve the quality and patient experience of care, as well as the overall health of the population, and to reduce the rate at which costs are rising.

Principles of Integrated Care Systems

- Fundamental change in the commissioner/provider relationship, driving the key components for the way we work together to support patients / residents -
 - A single leadership team
 - A single strategy and operating plan
 - A single budget and financial plan which identifies and mitigates system risk
 - Contracts which get the money to where it is needed – based on COST not PRICE
 - Transparency between partners with open dialogue and shared approach to solving problems.

We want the ICS to provide Berkshire West staff the opportunity to be creative, think “system” and how we may move resources between organisations to deliver optimal pathways.

Transformation goals and principles

People take more responsibility for their own health and well-being

Care is provided closer to home, wherever appropriate

Clinical pathways are better integrated across providers to improve patient experience

The capability and capacity of primary, community and social care is increased to provide multidisciplinary “wrap around” co-ordinated care

We have a better understanding of the clinical needs of our population and maximise the opportunity to prevent, and to intervene early

We have a high quality, fit for purpose acute and specialist hospital service

We have a shared Quality Strategy with system wide approach to the delivery and monitoring of quality

We operate to a single budget for the whole health care system, making the most effective use of the Berkshire West pound

Staff and workplace wellbeing is improved, and we build a sustainable and highly skilled health and care workforce

Geography and partner organisations

The following organisations are full members of the Berkshire West ICS:

- **Acute Hospital Providers:**
 - Royal Berkshire NHS Foundation Trust
- **Community / Mental Health Services Providers:**
 - Berkshire Healthcare Foundation Trust
- **Primary Care Provider Alliances**
 - South Reading Alliances
 - Wokingham Alliance
 - Newbury Alliance
 - North & West Reading Shadow Alliance
- **Clinical Commissioning Group:**
 - NHS Berkshire West CCG

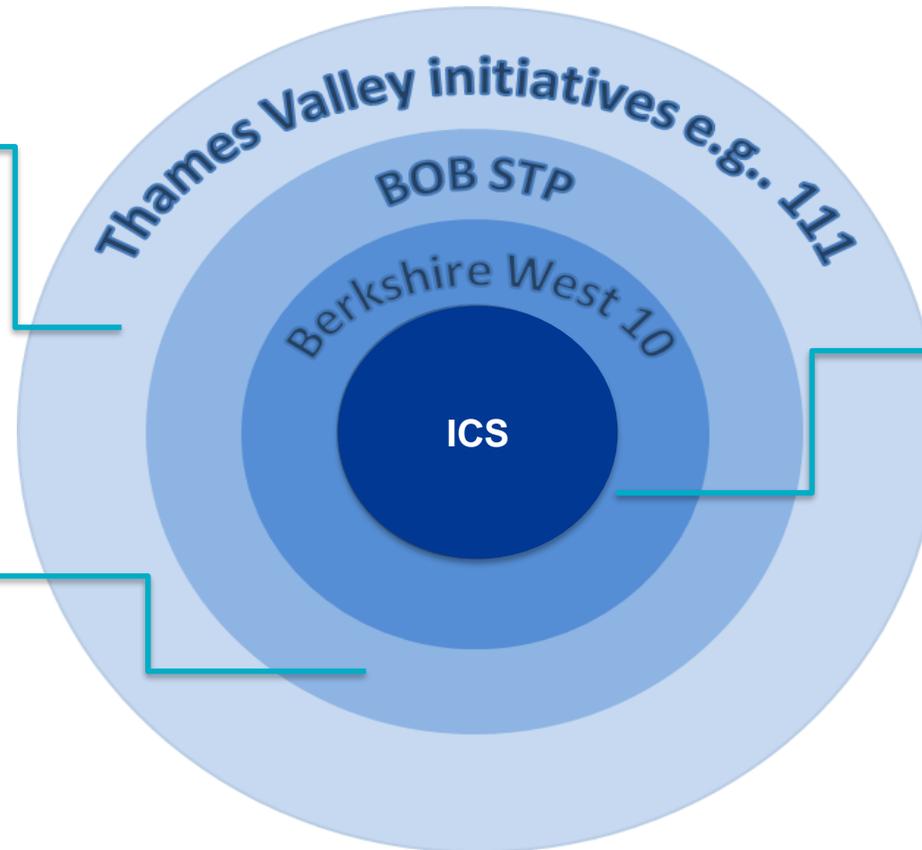
Through these organisations, the footprint of the Integrated Care System covers a registered population of 528,000 residents, living in three Local Authority areas:

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

The ICS programmes fit with other initiatives in our region

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

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

A note on ICS governance

- The ICS is based on voluntary collaboration and does not seek any kind of formal decision making delegations from statutory boards.
- The programme has been founded on the principle of reaching joint consensus prior to any further decisions which may be required at an organisation level.
- The CCG Governing Body and the Foundation Boards remain the statutory decision making bodies in our system.
- To support delivery we have established an ICS Unified Executive group which includes senior executives and clinicians from all partner organisations.
- This group takes responsibility for delivery of the ICS programme of work and monitoring and reviewing the financial performance of the Integrated Care System and its constituent organisations.

Draft strategic objectives for the next 2 years

Still in development as a part of on-going organisational development (OD) work with The King's Fund, draft so far:

Develop a coherent urgent care system – right care, right time, right place and from the person best placed to help

Redesign care pathways to improve patient experience, improve clinical outcomes and make the best use of clinical and technological resources

Take a whole system approach to the transformation of primary care to deliver a resilient primary care sector

Work together to make the best use of available resources and infrastructure



Shifting care closer to home

Managing musculoskeletal pain - Berkshire West

An estimated **14 million** people live with chronic pain in England alone.

Care of patients living with chronic pain can be disjointed, with each provider managing their own episode of care in isolation to other healthcare colleagues. This often leads to duplication of information and multiple visits for patients.

IPASS

Patients with musculoskeletal pain are now being streamlined through an Integrated Pain and Spinal Service (IPASS) in Berkshire West. IPASS focuses on identifying patients at risk and setting personalised goals to improve their outcomes.



“Making sure patients at risk of chronic pain are identified early and referred to our multi-disciplinary team of specialists for a personalised treatment plan is key to making this work.”

Dr Rupert Woolley

GP Lead for Planned Care, North and West Reading CCG

IPASS is built on strong relationships between primary, secondary, community care with GPs, consultants, radiologists, physiotherapists, psychologists and commissioners working in partnership.

92%

of patients are seen **within six weeks.**

9 months

Time patients suffering high levels of pain **previously waited** for a hospital appointment.

2016/17

appointments fell from **3,335** to **2,814** with savings of **£138,716**

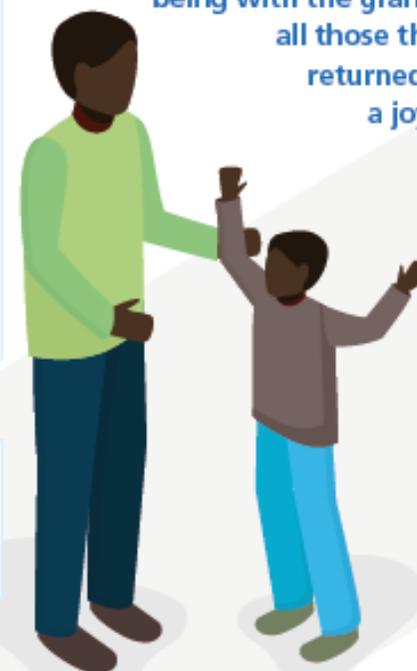
2017/18

on track to exceed a projected fall of **510** appointments and savings of **£111,455**

“The most amazing thing about my first contact with IPASS really was the care and time given to me. I ceased to be a NHS number but became a person who they clearly cared for and want the best for you. To be free of spinal pain has just opened up driving, shopping and being with the grandchildren, all those things have returned and with a joy as well.”

Godfrey Pankhurst

Patient



Care closer to home

Transforming Outpatients – Berkshire West

Through greater collaboration between clinicians and organisations in Berkshire West we are improving outpatient care:



Integrated approach to Mental Health Pathways
to improve the memory clinic pathway which will speed up diagnosis, earlier patient treatment and management of long term follow-up. Improve communication between the GP and the Hospitals multidisciplinary team of doctors and other specialists with a view to providing more input into care in the general practice setting. Adopt a joint approach between primary and secondary care clinicians to improve the physical healthcare of patients with mental health.

Berkshire West is set to become a new integrated care system.

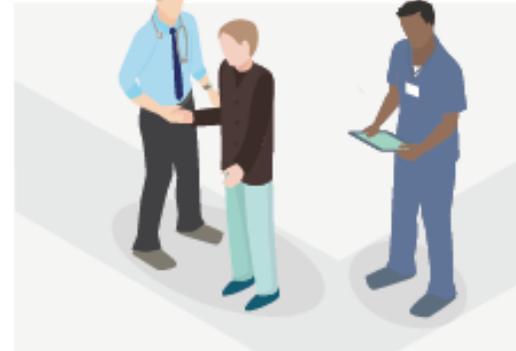
NHS organisations, in partnership with local councils and others, will take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.



Use Digital Technology

Using digital technology to support advanced advice and guidance to enable instant contact between the GP and the hospital specialist, to support routine referrals, urgent referrals and potentially avoid going to the hospital. Embrace technology to enable remote monitoring of patients' long term conditions and support patients with self-management.

Use video-conferencing technology as a new way of having an outpatient appointment with the specialist team, as well as method of clinicians discussing the care and management of a patient's condition whilst being in different locations.



Clinically-led redesigned pathways

Doctors from general practice and hospitals are working together on the patient pathway and journey through the system to ensure a smooth transition between areas and ensure where possible that patients are treated in the general practice setting. This will ensure that management of patients conditions starts in the community.

Explore how outpatient services and diagnostics can be provided across the hospital and community sites and provide the specialist outpatient and treatments at the main hospital site.