Ladywood and Perry Barr Care Alliance (ICP) - a brief history

3 December 2019

Enablers

Initiated by Healthy Lives Partnership

- PID with Purpose Statement;
- Governance light – focus on relationships;
- Flightplan and Foundation Blocks: Achieve multi year innovation: Multi year contracts; Strategic Commissioning; Risk; Outcomes Framework and Balanced Scorecard; Capitated Budget;
- Localisation
- Digital; Culture Training and Education; Communications and Engagement; Workforce;
- Investment Fund;
- Events/Simulations

Prioritised Outcome 1 - Obesity

Outcome	Objective	Proposed Actions
Best Start in Life	Number of overweight and obese children aged 5 years Number of overweight and obese children aged 11 years	1. Establish Baselines including: a. Current measures and trajectories for Ladywood and Perry Barr; b. What is the total spend on achieving these goals; c. What services exist to support them and which are we using/not using; d. What assets exist to help achieve these goals and what is their use? e. What plans exist to tackle this challenge as part of the 2022 Commonwealth games? 2. Establish data sets and collect/analyse information to understand: a. who is most at risk to age 5; b. who is most at risk from 5 to 11; c. who improved from 5 to 11; 3. Understand the evidence around effective interventions so that we can prioritise what we should do; 4. Establish who the right people are to drive improvement in these areas from across the system; 5. Draw the links from the improvement in these areas to the PCN DES around: anticipatory care; personalised care; CVD primary prevention and inequality;

Prioritised Outcome 2 - EOLC

Outcome	Objectives	Proposed Actions
Best Possible End of Life (EOL) Care	Reduce unplanned admissions in the last 3 months of life Increase the number of people who die in a place of their choice	1. Collect base line data, to include numbers in each place Hospice, Home or Hospital 2. Look to see how many people who die on our EOL registers had a visit in the last 3 months from the primary care team 3. Create baseline, what are we doing at present spend, services and change effort 4. Do a retrospective audit of deaths across the system 5. Create a list of exclusions for the data collection 6. Explore risk stratifying tools and pick one for the system e.g. Charlson, Frailty Index 7. Collate data for patients who have had 3 or more visits to ED in the last 3 months of life to explore common characteristics

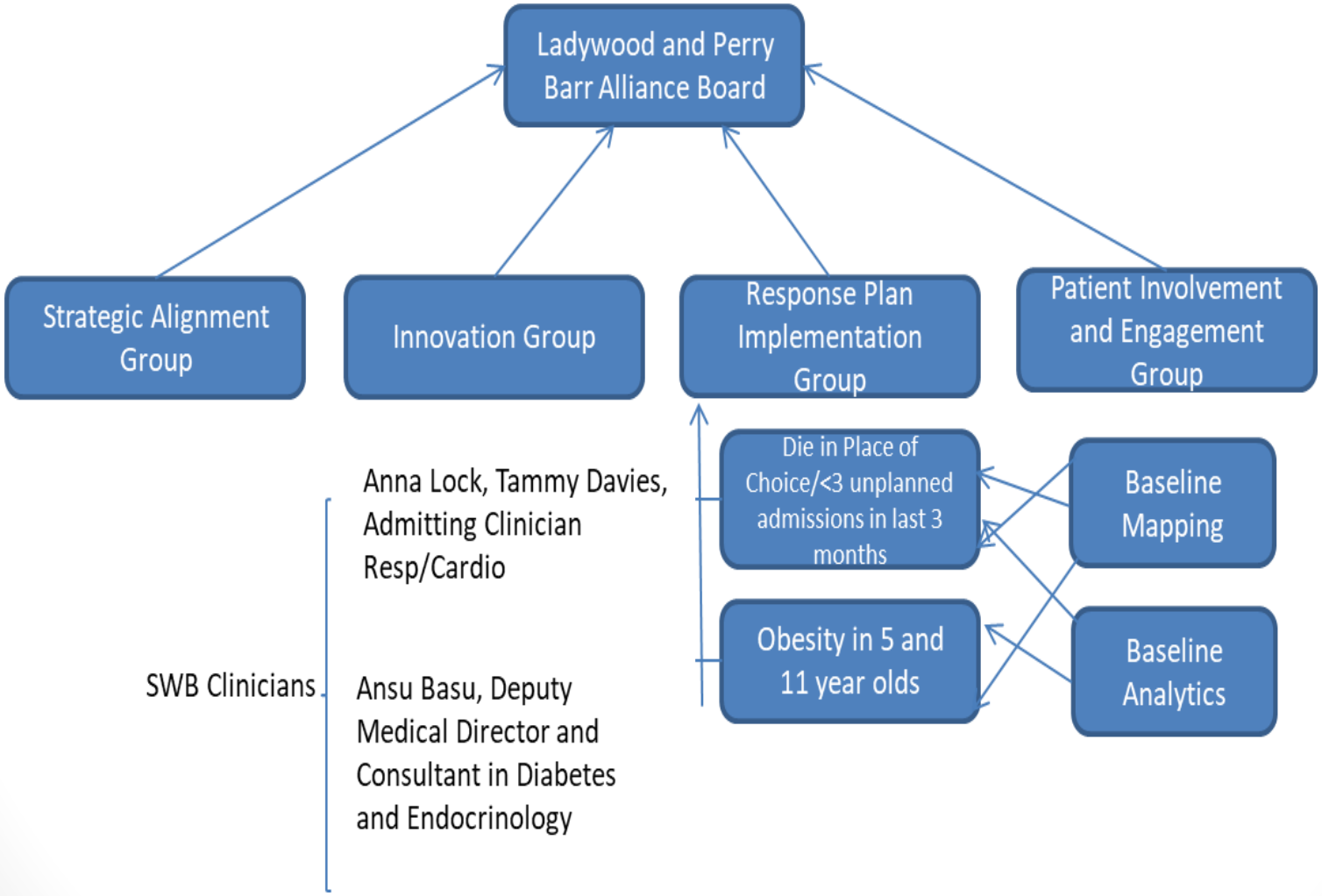
Work to date

- Summer 2018
- HLAG weekly and HLP Board monthly
- ~10 workshops covering: get to know; purpose and vision etc, communications from HLP; exercises; focus areas aligned to outcomes framework;
- Simulation event
- Event at Hawthorns
- Response Plan evolved after each focus area session so agile build

Response Plan Finalisation

- Increased detail around governance (before Christmas);
- Conclusions around risk and capitated budgets (end of Jan);
- Key findings from baseline mapping and data (before Christmas);
- Formation of the other groups in the architecture (before end of March 2020);
- Detailed action plans to deliver the outcomes (before end of March 2020);
- Initial plans as to how all National organisational metrics will be overseen by the Alliance to sit alongside a fully capitated budget (before end of March 2020);

HLP Place Architecture



Appendix 1 - Purpose

Purpose

To work together as one team so that we can improve the Health and Wellbeing of the people that we serve.

Appendix 2- Vision

In the future Health and Care system for Western Birmingham all provider organisations will work together to ensure that everyone starts well and stays well for as long as possible enabling them to build their skills and achieve their aspirations.

When required, an intervention will be holistic, covering physical health, mental health and social care so that individuals are returned to the best possible health and social status as quickly as possible;

For those people with long term illness our health and social care system will help them to minimise the impact on their daily lives by developing their skills and those of their carers.

Our system will be amongst the best in the UK for delivering outcomes during the first 1000 days of life and satisfaction through later life . It will have great maternity outcomes; a focus on children; and dramatically improved outcomes around public health, respiratory disease and cardiovascular disease.

Delivery of this vision will be underpinned by:

- A localised approach;
- A single team ethos;
- A happy, sustainable and resilient workforce;
- The use of technology to understand, engage, support and provide care;
- An estate that is welcoming, modern, innovative and optimised

Appendix 3 - Values

- **P**opulation focussed – The Health and Wellbeing of our population is at the heart of everything we do;
- **A**spirational – We will aspire to be the best that we can be and to help our population to be the best that they can be;
- **C**aring – We will listen to and care for our population helping them to care for themselves and for each other;
- **T**eamwork – We will work in partnership across all organisations to offer a holistic, seamless and integrated service;