

Sussex MSK Partnership East Sharing an innovative approach

Good Governance Institute (GGI)

Final Report
June 2019



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Sussex MSK Partnership East

Sharing an innovative approach

Emerging Themes

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Other recent GGI reports and board development tools have considered integrated governance, governance between organisations, scrutiny and assurance, system transformation and new models of care, enablers in the delivery of system transformation, the future of the NHS, and of course good governance.

GGI is committed to develop and promote the Good Governance Body of Knowledge.

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Executive Summary

At the end of 2018, GGI was approached by Sussex MSK Partnership East to undertake a review of the way the partnership has developed in a stressed healthcare provision environment with long-standing structural deficits and considerable regulator interest. In this context, GGI considers the progress made by Sussex MSK Partnership East as a narrative worth sharing across the NHS, and an independent view on the service model and its approach would provide valuable lessons for NHS boards and decision makers.

This report looks to identify the themes that have allowed this partnership to flourish, where others have struggled to show improvements. We have used the Institute for Healthcare Improvement's (IHI) concept of a 'triple aim' of improved patient experience, improved health outcomes and improved efficiency, to frame our deliberations. These have led to four clear themes and one overriding lesson.

These themes;

1. Initial commissioning process, effective use of prime contractor model and the building of a strong alliance of organisations.
2. Strong leadership, a shared vision and a healthy appetite of innovation and risk.
3. A patient centred approach to enable continuous improvements and consistency.
4. Building a collaborative partnership to deliver an effective integrated care system.

This endeavour was driven by a need to deliver an improved service for the people in East Sussex and reduce the cost of the service, which was at that point a national outlier. The partnership has achieved these goals and has been able to deliver a value-based health care to the people of East Sussex. The one thing that has enabled the four themes to work is a shared vision from all the stakeholders in the partnership, which puts improving patient outcomes at the very heart of its operations.

The report has triangulated all the information and evidence gathered, including discussions involving wider stakeholders to gain a more rounded picture, and test the ideas with peers from other areas to help provide further detail and definition, in identifying the useful lessons for broader sharing in this final report.

This has highlighted several factors which have facilitated the emergence of these four themes, which are set out in the report and include; the strong leadership, the increased status of the allied professionals, patient focus, plus consistent feedback and communication. These have all led to a successful 'left' shift in service to a conservative community approach, which many CCGs have found difficult to commission and providers problematic to achieve.

Context

GGI's review of the Sussex MSK east service has been undertaken in the light of the national and local context, for example, there is an estimated 17.8 million people in the UK living with an MSK condition.¹ That is more than one in every four people.

The NHS in England currently spends £5 billion each year on MSK conditions.² MSK conditions also often bring forward the need for long-term social and residential care. The prevalence of MSK conditions will increase as the population grows and becomes more aged, exacerbating the impact of the issues discussed above.

In 2006, the Department of Health published the Musculoskeletal Services Framework (MSF) which sought to address some of these core issues. This document highlighted the importance of:

- Supporting self-care and care closer to home to ensure individuals fulfil their optimum health potential and remain independent.
- Ensuring care was holistic in approach addressing psychological and social need, as well as physical.
- Implementing multi-disciplinary interface services, acting as a one-stop shop for assessment, diagnosis, treatment or referral to other specialists.³

Subsequent NHS guidance, including the Next Steps on the Five Year Forward View, which has built on this, stressing the need to reduce avoidable demand and meet demand more appropriately with MSK triage given as an example of where this could be realised effectively.

As a result of the national focus, a small number of integrated care models for MSK were established that promoted the principles of the national framework, including Bedfordshire and Staffordshire.

Community MSK services have suffered from underinvestment and a lack of awareness of benefits amongst the system and the general public. This was also the case in East Sussex, which had a historical focus on surgery. High Weald, Lewes and Havens and Eastbourne, Hailsham and Seaford CCGs had the 6th highest spend on surgery nationally, which was 20% more than CCGs with similar populations and need.

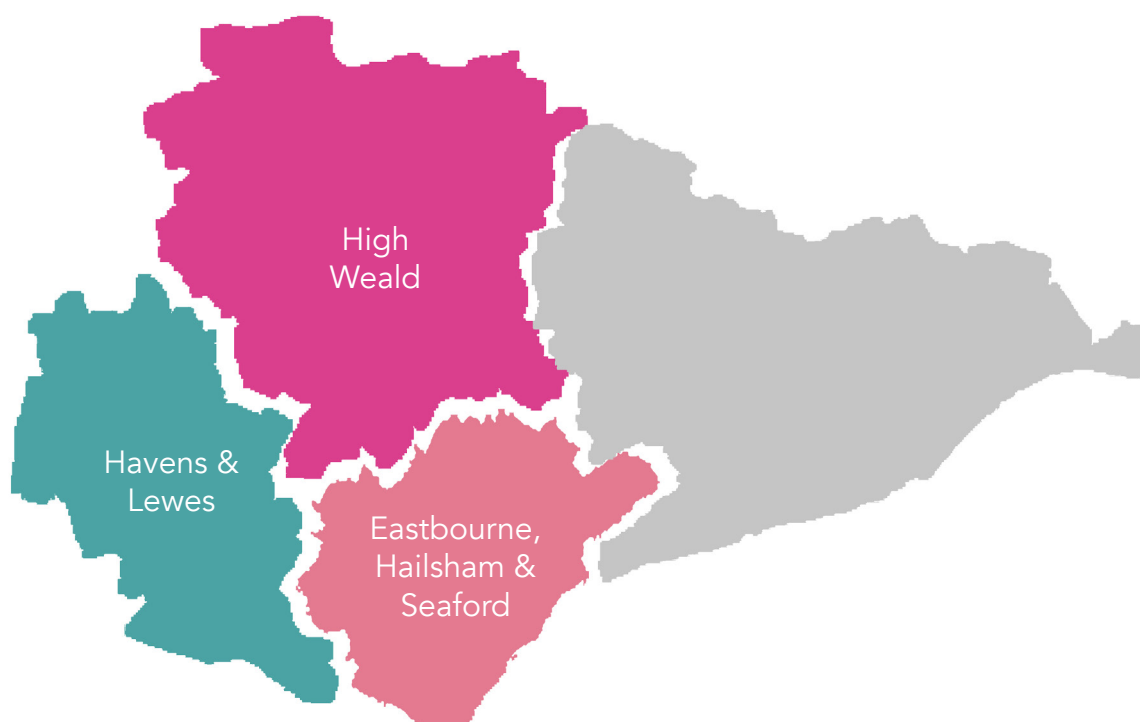
In 2015 through a competitive dialogue procurement process, a new prime contractor model was contracted to deliver the whole MSK pathway, Sussex MSK Partnership East.

1. Arthritis Research UK, State of musculoskeletal health 2018
2. NHS England, Musculoskeletal conditions
3. Department of Health, Musculoskeletal Services Framework



Background

Sussex MSK Partnership East is a collaboration providing the integrated musculoskeletal (MSK) service across Central and Eastern Sussex. The partners involved are Here (formerly known as Brighton and Hove Integrated Care Service, BICS), Horder Healthcare, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust (SPNHSFT). The service was commissioned in 2015 by the CCGs that manage health services in the majority of East Sussex (High Weald Lewes Havens CCG and Eastbourne, Hailsham and Seaford CCG).



The service aims to provide a unique and locally-controlled resource that brings together primary care, specialist MSK care, community and mental health and well-being expertise to create a holistic MSK service for East Sussex. The service covers a population of 353,269⁴ with over 50 clinicians working out of 7 hubs across East Sussex.

The partners also work closely with specialist partner suppliers from patient charities, GP groups, diagnostic providers and local providers of secondary care. Provided by a team of clinical staff from multiple professions, including doctors, physiotherapists, osteopaths, occupational therapists, nurses, podiatrists and other health and social care staff, the service operates from a range of locations including GP practices, community health centres and hospitals. The service to date has achieved much, including bringing the quantum of commissioner spend to the national average whilst improving patient outcomes, in the midst of a tough financial environment for both commissioners and providers.

The service model is innovative, with care coordination through a call centre (CRAS team) deploying in the first instance virtual triage. Organised through a Joint Venture Company (JVC), which subcontracts any secondary care activity, the system ensures that the patient retains control and choice by being 'owned' by the JVC until they are in active treatment, with patient choice at the point of the decision to treat. Service provision is maintained in the NHS and not-for-profit sectors.

The service aims to increase the care focus upstream, thereby keeping patients mobile and healthy, focusing resources where they are best deployed. The service also involves a patient director and has developed a series of patient stories to describe how lives have been transformed through the MSK Partnership's unique approach.

Methodology

The review methodology employed took a whole system approach to develop a report on the work of the Sussex MSK Partnership East, a dissemination plan for this that will include a workshop and accompanying promotional support.

This report was prepared through a process of:

- Interviews/focus groups with:
 - ==> staff from the Sussex MSK Partnership East
 - ==> partner organisations
 - ==> local commissioners
 - ==> other stakeholders as identified by Sussex MSK Partnership East
- Development of the key emerging themes
- Testing findings/lessons with peers through a workshop event
- Final review
 - ==> Dissemination through GGI and other people's channels, as agreed, including:
 - ==> Articles and blogs
 - ==> Submissions for conferences
 - ==> Inclusion in GGI organised events
 - ==> Social media

GGI uses a methodology whereby triangulation of information is vital in presenting its findings and evaluating the gathered intelligence and evidence. For the purposes of this report, we have interviewed the chief executives from the key organisations, a local GP representative, an advanced practitioner, the pain management service, the lead commissioner, the senior team at Sussex MSK Partnership East and the CRAS team. These differing perspectives have been utilised with all information provided to inform the triangulation purpose. We would like to thank all those that gave their time to participate in the review.

Triple Aims

GGI has undertaken this review using the Institute for Healthcare Improvement's (IHI) concept of a 'triple aim'⁵ approach to delivering higher health system performance as a benchmark. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, which we call the "Triple Aim":

1. Improving patient experience
2. Improving health outcomes
3. Improving the efficiency of care, (see figure 1).

The IHI highlights a number of key factors in achieving the three aims, including the involvement and participation of individuals and the family in shared decision making, substantially broadening the role and impact of primary care and other community-based services, and assuring a seamless journey through the whole system of care throughout a person's life.

In the US, recent thinking has also focused on the 'quadruple aim', adding the goal of improving the work life of health care providers to the original three aims. For this review, we will also consider the impact of the SMSKPE approach on the workforce and their sense of ownership and commitment.

The GGI review has identified a number of themes which have fundamentally contributed to SMSKPE making real progress on these 'Triple Aims'. These themes are of significant interest and, if replicated, will help maintain a focus in the wider NHS on improved quality, patient involvement and ensuring the better coordination of services. We conclude from the review that this approach by SMSKPE will help inspiring integrated care systems to take managed risks, innovate and encourage change which will benefit patients, communities, providers and commissioners.



Key Emerging Themes

The report, through the lens of the 'Triple Aims' has identified four themes, which we consider as having materially helped enable the establishment of a successful, integrated care partnership and system. The geographical area covered by the partnership had some significant challenges, the sixth highest MSK nationally, with secondary care making up to 80% of spend, with a 20% (£6.2m) improvement in spend required to bring in line with peer average.

This report identifies how SMSKPE was able to deliver on the challenges of the contract, introducing a consistent approach, improving patient experience and establishing a sustainable model.

Context to the Contract

The Challenge:

- Was the 6th highest MSK nationally - secondary care makes up 70-80% of spend
- Outlier for referrals to secondary care - £32 per weighted head population higher than England
- 20% (6.2m) improvement in spend required to bring in line with peer average

The Aims:

- Reduce variation in practice
- Improve accessibility
- Involve patients and clinicians
- Improve patient experience and service quality
- Provide supported self-care
- Develop a sustainable financial model

The aim of this report is to stimulate further discussion with those directly involved in East Sussex and with the wider health community to produce a report, which will provide a practical policy steer to others.

To achieve the 'Triple Aims', the evidence and information gathered by GGI highlight four key themes, which are summarised below:

Theme 1 – Initial **commissioning process**, helping to build an effective alliance of organisations

Theme 2 – Strong leadership, a **shared vision** and a healthy appetite for innovation and risk.

Theme 3 – A **patient centred approach**, enabling continuous improvements and consistency.

Theme 4 – Building a **collaborative partnership** to deliver an effective integrated care system.

Each of the emerging themes identified has been established with narrative information provided by comments from the 360 interviews, reviewed documents and the focus group run with staff. It is very clear to GGI that all four themes were essential in achieving the financial improvements with the contract on track to deliver the required 20% cut in spending. Also, the latest Right Care data indicates both CCGs are within the upper quartile of peer CCGs, outperforming in the hip pathway. Also, the Patient Reported Experience Measures (PREMs) data consistently shows 90% of respondents would recommend the service.

This shows that it is possible, even in a stress health economy, to establish a successful integrated care partnership which allows for continuous improvement and an ability to adapt to changing circumstances.

Theme 1

Initial commissioning process helping to build an effective alliance of organisations.

There have been several CCGs who have looked to deal with the historic issues of MSK service through new models of care, for example, Bedfordshire and Staffordshire. In this circumstance the prime contractor model has been used and a joint venture has been formed, Sussex MSK Partnership East. The partners involved are Sussex Partnership NHS Foundation Trust (SPFT), Horder Healthcare, Sussex Community NHS Foundation Trust and Here.

1.1 Original commissioning process – competitive dialogue approach

- The review identified the various unsuccessful initiatives that had been undertaken in the past to address the big issues in Sussex. These included, high costs compared to similar areas, long waiting times and underutilised conservative community interventions compared to the use of orthopaedic surgery. Primary Care Trusts were not able to make any headway in improving MSK services, and the new CCGs had also unsuccessfully tried to take a clinically-led approach, with targets of balancing the budget and improving patient outcomes.
- As a result, the CCG decided to take a new competitive dialogue approach, which was supported by many locally. However, there was a negative perception from some that this approach would be overly resource intensive and delay the proceedings. However, the competitive dialogue provided the opportunity to engage with stakeholders and bring their expertise to the table. This enabled the commissioners to develop a tested specification via the dialogue process, so once the procurement process was completed, an agreed contract was put in place swiftly.
- This process allowed for constructive discussion with all the stakeholders involved in the design and co-production of the final partnership approach, also it helped stimulate a healthy market. Stakeholder involvement and a healthy competitive market are both issues highlighted in the Kings Fund report⁶ as potential problems for the prime contractor model used in this circumstance. The competitive dialogue commissioning helped provide a strong foundation for SMSKPE as the prime contractor, mitigating these initial issues and supporting the positive outcomes highlighted in the review.

1.2 Prime contract, building an alliance of organisations providing benefits to patients, providers and commissioners

- The underlying objectives for commissioners in this situation were to improve quality through greater integration and ensure efficiencies that brought the budget into line with top performing areas nationally. The success of any prime contractor model would require the prime contractor and supply chain to work together and take shared responsibility in delivering the services for their population. The King's Fund also highlights the need for a focus on care coordination and access⁷.
- The Sussex Partnership NHS Foundation Trust (SPNHSFT) was initially approached by partners because they had a strong reputation and would be able to lead a contract of this size without being daunted by the prospect. The Trust could also see the unique opportunity to learn from the prime provider model as an aspiration for future mental health pathways. This was supported by the Chair and Chief Executive, who had a strong inclination to take the risk to match the organisation's risk appetite and deliver its strategic aims.
- The Trusts became bound together as partners by a shared purpose to do the best for the local community, sharing the endeavour of joining up care (pathways). They also wanted to ensure that the local providers won the contract and were able keep their competitors out of Sussex. The commissioners have been strategic during the process and have been very supportive of the partnership's approach.

6. Contractual models for commissioning integrated care, The King's Fund, Rachael Addicott, November 2014

7. Contractual models for commissioning integrated care, The King's Fund, Rachael Addicott, November 2014

- The joint venture structure was the corporate and legal structure which enabled the partners to come together in the supply chain (care pathway). The partnership appears, over time, to have strengthened the opportunity for working in collaboration, allowing for an alliance to emerge that is able to deliver real outcomes for patients. The consensus from the 360 interviews is 'If an integrated MSK service is going to work, it will be here'. The initial co-design, innovative leadership, partnership working and commitment to shared decision making, means this is an example of the supply chain working as a team for the patient.
- The universal vision and driver for the leadership, clinicians, staff teams and partners is a person-centred approach, delivering improved outcomes for patients. Without that central driver, this would just be a supply chain model to reduce costs, which would likely replicate the previously commissioned structures. The trust built amongst the partners would be negatively affected and the benefits for patients being delivered by this prime contractor approach could be lost.
- Despite the cultural landscape completely changing since the start of the process, the alliance with SPNHSFT leading has been on the positive side of that evolution.

Theme 2

Strong leadership, a shared vision and a healthy appetite for innovation and risk.

The Sussex MSK Partnership East is a joint venture between the NHS and the independent sector. To work successfully, everyone needs to be very clear about how it is led, its vision and mission. In this case, the joint venture is clearly a high priority for all the partners, and a separate management structure has been put in place to provide that leadership and governance.

2.1 Strong governance and clarity of purpose

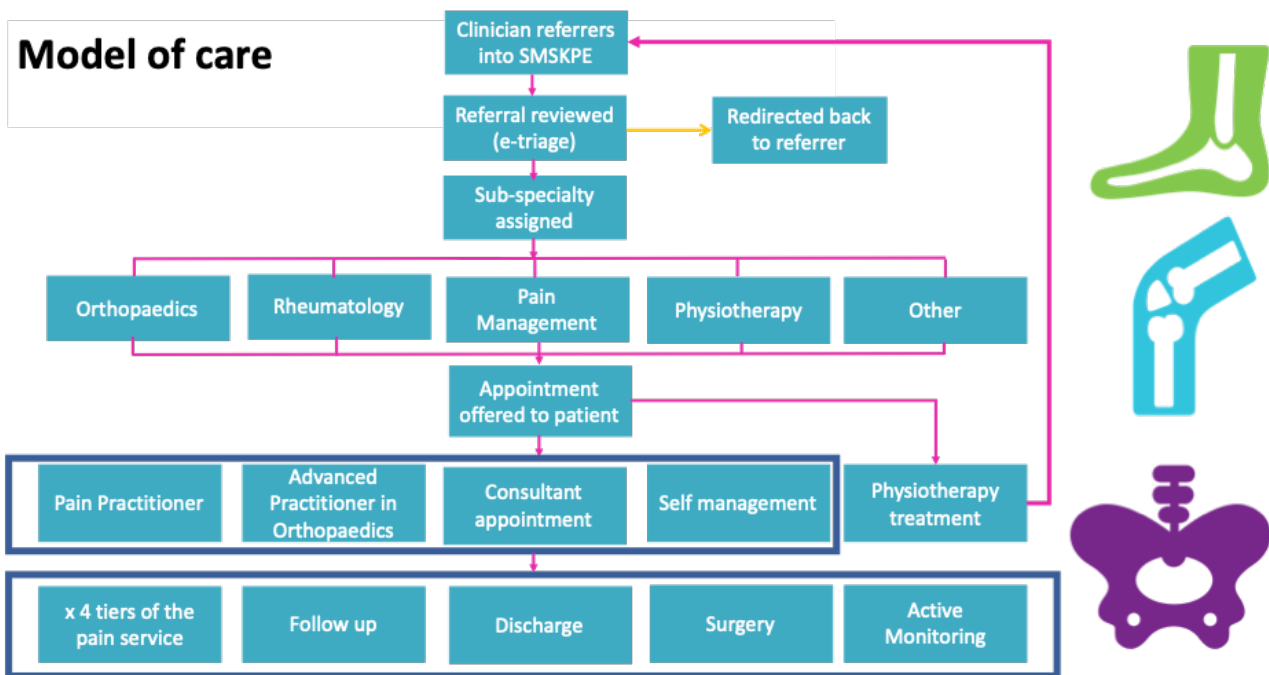
- SMSKPE has five very clear strategic objectives, which it strives to deliver as effectively as possible and unsurprisingly, some have emerged as specific themes during the review. Which are the following:
 - o Deliver financial stability
 - o Improve MSK services and provide better outcomes
 - o Give patients more control over their care and treatment
 - o Build leadership and capacity
 - o Engage effectively with others
- The review specifically picks up on giving patients more control, via shared decision making, stakeholder engagement and partnership working, as well as the overall outcome of delivering a successful integrated care partnership.
- We have observed a keen desire by the leadership to seek external, independent and peer review of the service and its effectiveness. There have been reviews of the financial impact of the new approach, an elective orthopaedic peer review and now the GGI review of the approach from a wider policy perspective. These indicate a strong governance ethic by the partnership, which has led to positive outcomes on all of the strategic objectives.
- The 360 stakeholder interviews and document review show a clear sentiment that there is a hierarchy of objective outcomes.
 - o The two most important outcomes being the provision of better outcomes for patients, described by an orthopaedic consultant as 'the right treatment at the right time by the right individual or team'. As well as the significance of shared decision making, with patients taking more control over their care and treatment.
 - o These objectives are supported by the building of the leadership and capacity across the partnership from the board, to the frontline and across disciplines, which can only be achieved by building trust and engaging with all involved.
 - o If these are all successfully in place and delivering, then the Trust supports efficiency and the delivery of financial stability, which is needed to ensure the continuation and sustainability of the approach.
- Our review indicates that all the strategic objectives are being met, which requires the partnership to be outward looking, collaborative and patient-focused. As well as innovative, able to take well-managed risks and able to respond effectively to rapid change.

Sussex MSK Partnership East Achievements in Numbers



2.2 Innovation to deliver improvements for patients and sustainability for the service

- Sussex MSK Partnership East has adopted a number of interventions to improve both the efficiency and effectiveness of the organisation. This has included innovations such as:
 - o The implementation and reimagining of the Clinical Referral and Assessment Service (CRAS), which empowers patients to make decisions about their preferred clinical pathway.
 - o The employment and training of Patient Care Advisors (PCAs), as the deployment of the CRAS created the need for competent PCAs that could ensure patient needs were met with suitable guidance. To achieve this, all PCAs have undergone comprehensive training in patient choice, waiting time guidelines and standards, and customer care.
 - o The provision of a highly skilled advanced practitioner standardised triage service, using common guidelines to review the patient's appropriateness for onward referral. All of whom have undertaken shared decision-making and motivational interview training.
 - o The implementation of a monitoring and forecasting system to manage demand and patient flow. This provides an early warning system which prompts effective action and helps maintain operational grip.
 - o The development of the collaborative pain management service bringing body and mind together.
- The ability to innovate and react swiftly to the changing environment has led to the current model of care, shown below:



Taken from the SMSKPE presentation 2019

- The organisation has particularly shown leadership with the interventions taken to improve low morale in the Clinical Referral and Assessment Service (CRAS), which was impacting negatively on performance. In line with the King IV report⁸ on corporate governance, the situation was addressed by introducing a model of earned autonomy and moving them from the back-office to being front and centre. There was a commitment to understanding the root cause of the issues and feedback was acted upon promptly to enable more open and transparent conversations. This led to the CRAS team becoming an independent self-managing business unit and taking control of developing and implementing change. The changes started from a set of agreed patient-focused service values and the CRAS team have informed us that within a year, the changes have delivered significant improvements in staff morale and have increased productivity.
- The partnership also identified, through the systematic patient experience evaluations, that patients were concerned about making the condition worse while waiting for treatment. As a result, the partnership has set up “Living Well with Less Pain” events, aimed at those with hip and knee osteoarthritis and some lower back pain conditions. The session’s objectives are for patients to feel more confident in knowing what they can and should be doing whilst they are waiting for, and recovering from, treatment. Over 200 people have attended these to date, with more planned as a result of positive feedback.
- As part of the same patient focus and led approach, SMSKPE produced “I want MY KNEES to hurt less – a guide to having healthy knees”. Following feedback from clinicians and over 100 patients, they are working on an update which will combine “I want MY KNEES and HIPS to hurt less”. A similar booklet on lower back pain is also in production.
- The current model will surely adapt and change as the partnership develops and on occasion, it will be required to react to policy and legislative changes at regional and national level.

8. The King IV Report on Corporate Governance for South Africa 2016, principle 8 - The governing body should ensure that its arrangements for delegation within its own structures promote independent judgement, and assist with the balance of power and the effective discharge of its duties.

Theme 3

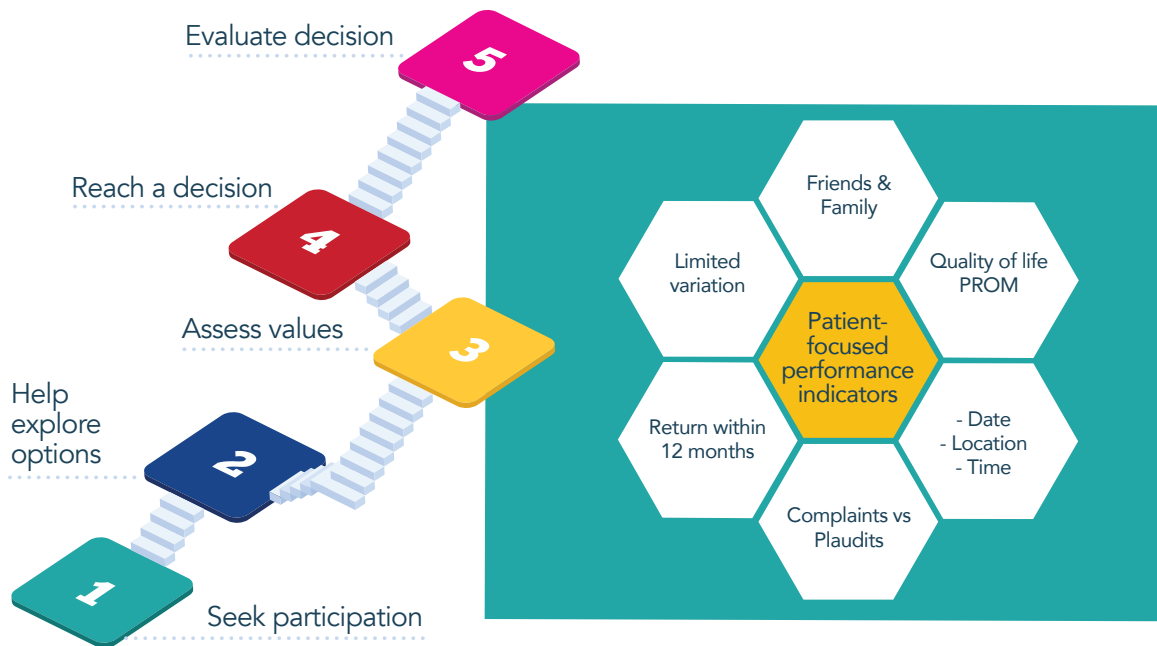
A patient centred approach enabling continuous improvements and consistency.

‘Shared decision making rests on supporting a process of deliberation, and on understanding that decisions should be influenced by exploring and respecting “what matters most” to patients as individuals, and that this exploration in turn depends on them developing informed preferences.’

3.1 Shared decision making is a central driver for success

- Throughout all of the conversations, shared decision making (SDM) has been identified as a priority in achieving the service’s strategic objectives. SMSKPE has built on the progress made by the many individuals locally who have historically practiced SDM and been able to formalise the approach, making it a central pillar of delivery. Enabling the provision of a consistent approach to SDM, through training, development and setting out a standardised methodology for all practitioners. The principles followed by SMSKPE are not new, with numerous academic publications on the subject starting in the early 1980’s, however, the sense of ownership across the pathway is impressive and helping to deliver real outcomes for patients. The diagram below outlines the methods used in East Sussex going through a supported process of deliberation, based on ‘Shared Decision Making: A Model for Clinical Practice’.⁹

The SMSKPE shared decision-making process and patient focused performance indicators.

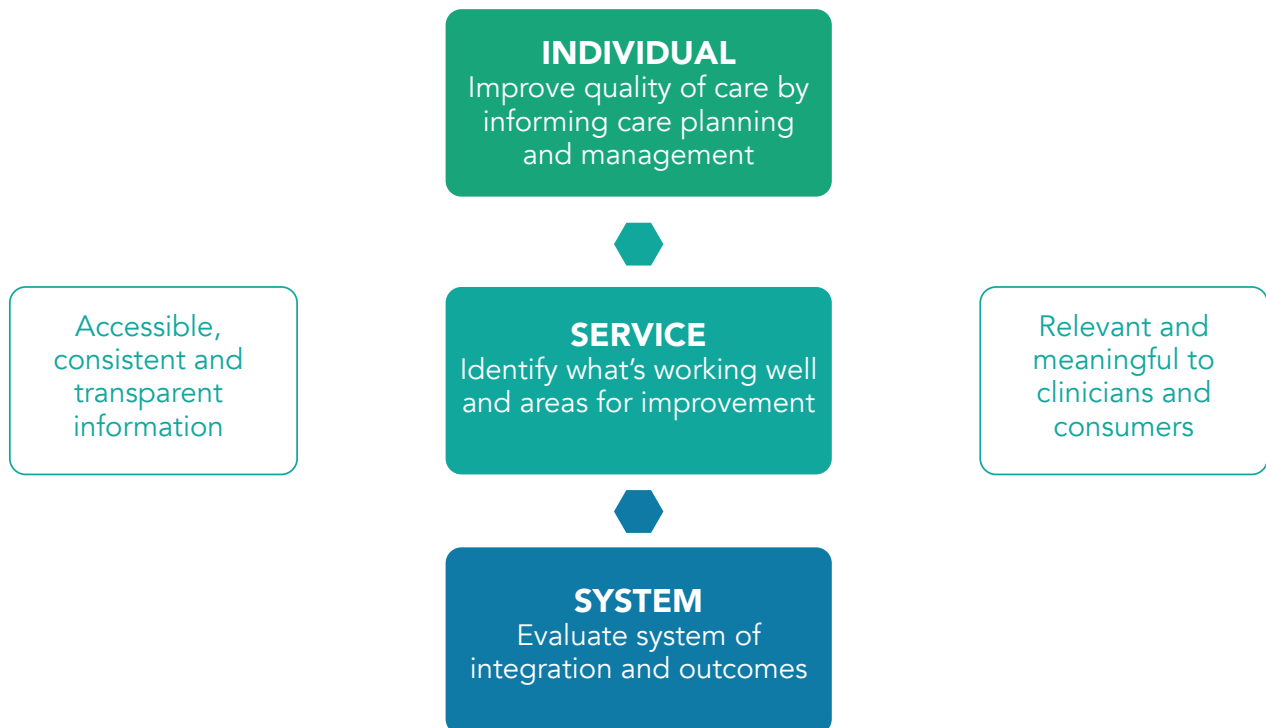


- We think it is fair to say that the systematic implementation of the shared decision making has had a positive impact on outcomes and suggest has helped lead to a reduction in the amount of inappropriate referrals for surgery.

9. Shared Decision Making: A Model for Clinical Practice Journal of General Internal Medicine, October 2012, Volume 27, Issue 10, pp 1361–1367

3.2 The use of PREMs and PROMs data to drive improvements in the care, service and system

- GGI sees the appointment of a Patient Director as a positive step, a key marker of a patient-focused and outward looking organisation. This has improved patient engagement in the service using regular forums, new questionnaires for patients and education events for the local community. This appointment has cemented the Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs) as the key performance indicator, providing a consistent flow of patient feedback.
- SMSKPE puts great emphasis on the gathering and use of the information gathered from PROMs and PREMs to support quality improvements in three key areas: the individual patient experience, the services that make up the integrated care pathway and the system as a whole. The BMJ highlights the importance of such data to improve and focus patient-centred clinical management, but they also provide vital feedback to the system to identify variations and gaps in clinical care¹⁰.
- PROMs provide insight into the impact of an intervention or therapy on the patient, whilst PREMs provide insight into the quality of care during the intervention. The two are often used in parallel to present the patients' perceptions of both the process and outcome of their care. This approach is used in East Sussex, which enables a transparent discussion amongst the various providers and gives them the confidence to try new ideas. The diagram below¹¹ shows the way PREMs and PROMs can be used to benefit all three aspects:



- As a result of the data, new services have been developed as part of continuous improvement, for example, a new pain service that integrates physical and mental health across a number of locations has been launched. This pathway provided by Sussex Partnership Foundation Trust and InHealth Pain Management Solutions operates from several hubs and spokes across East Sussex. The pain team now offers a range of treatments, including one to one appointments, group-based pain management sessions and online tools.

10. Patient reported outcome measures could help transform healthcare BMJ 2013

11. This diagram is taken from a presentation, 2015, Overview: What are PROMs and PREMs? by Raj Verma Director, Clinical Program Design & Implementation, ACI

- The Patient Director has provided important leadership, building a dynamic partnership with patients on service feedback, engagement and education events, as well as patient forums to discuss service design. During the past year alone SMSKPE sent out over 18,000 questionnaires with 6,500 returned, demonstrating the improved level of engagement. The forums for patients, friends and families are run at 11 sites where patients are able help lead discussions on service improvement and describe their experiences.
- The ability to use the wealth of patient data allows the partnership to quickly identify areas of improvement, such as, building the cross-organisational peer support, helping to provide a healthy work environment and share best practice. Also, the primary care education strategy to support GPs access and refer their patient effectively into the MSK pathway.



Theme 4

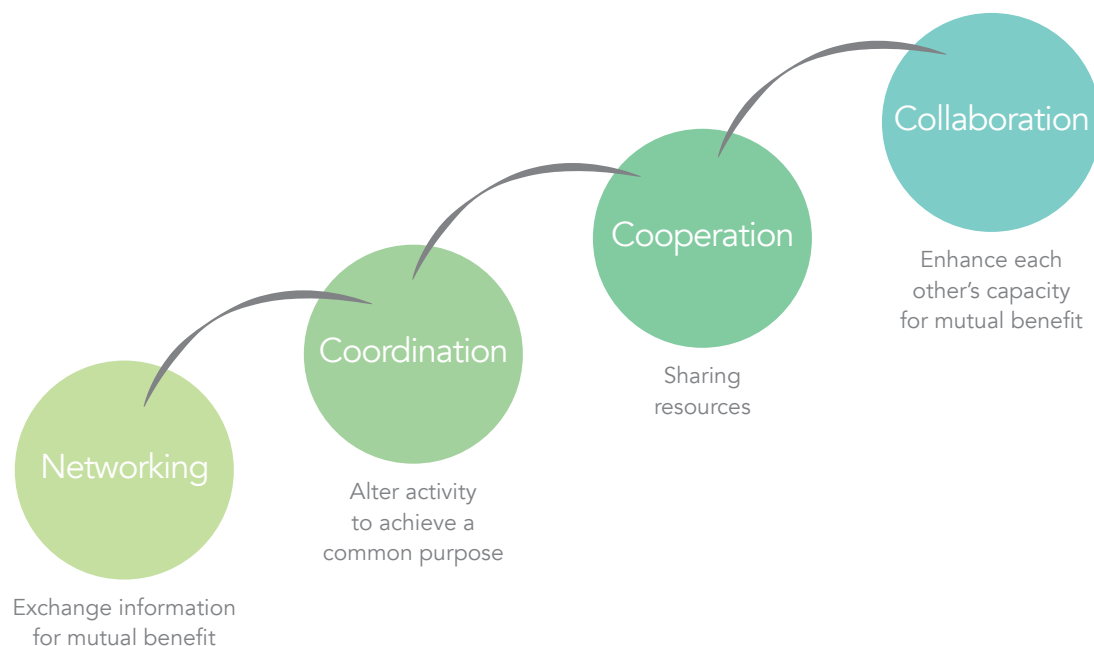
Building a collaborative partnership to deliver an effective integrated care system.

The prime contract model allows Sussex MSK Partnership East to deliver the triple aims of improved patient experience, health outcomes and efficiencies in an innovative and different way to a CCG. The partnership is able to deploy a different set of levers, and predominately, the leadership have got things done by working with people. One member of the senior management team described it as: "It's an engagement piece, it's a relationship management thing. That's really how they operate."

4.1 Building a culture of partnership

- SMSKPE integrated care model has been developing, over the past five years, from the competitive dialogue procurement process. Building the foundations of partnership set out in the four levels partnership by Himmelman¹², starting with networking and coordination. Since then, SMSKPE, with its partners, has moved another step further to sharing resources, including budgets, staffing and buildings.
- GGI has also seen encouraging signs that this partnership delivering MSK services has gone that step further to full collaboration, which involves enhancing the partner so that both benefit. This is a top-level partnership, with each person or organisation helping their partners to become better at what they do.
- In our interview with a GP representative, they were keen to see the further integration of GP and MSK services so physios would work in GP services part-time, as suggested in the NHS 10-Year Plan. This would allow better coordination between primary and secondary care, as physios are likely to have a better knowledge of care pathways and could coordinate intervention more efficiently to deliver better and quicker services for the patient.

Figure 1: Levels of partnership (Source: adapted from Himmelman, 1996)



12. COLLABORATION FOR A CHANGE (revised January 2002) Definitions, Decision-making models, Roles, and Collaboration Process Guide By Arthur T. Himmelman.

The review has identified two opportunities for collaboration across organisations and teams to produce a more seamless and appropriate service, the development of the Advanced Practitioners and the Pain Service.

- The Pain Service is led by Sussex Partnership NHS Foundation Trust (SPNHSFT) and is jointly delivered by psychologists, physiotherapists and other health professionals. The service has developed through the use of patient experience data to identify the interventions, which includes the Pain Management Information Session (PMIS). A group session in which the aim is to provide information about persistent pain and give an introduction to pain management techniques. Also, the Pain Management Programme (PMP), is a comprehensive group approach run by allied health professionals from the partnership. The groups are aimed at equipping patients with strategies for living as full a life as possible with pain. This service highlights the importance of creating a collaborative environment, where organisations and individuals are led by the patient experience and outcomes.
- This collaboration is clearly visible in the development of the Advanced Practitioners (APs), who come from two organisations with very different origins and structures. Holder Healthcare, one of the partners, and East Sussex Healthcare NHS Trust and associates deliver the APs together. The Clinical Quality Manager from Holder Healthcare leads the APs across both organisations. The two teams over the last four years have come together, which has been supported by an AP becoming Clinical Director. APs from each organisation have been identified as representatives to steer the development of the specialist pathways, based on patient feedback and evidence. The investment in the APs has increased status, interest and excitement in the role, which has led to an increased feeling of collaboration. Every month they have a Clinical Performance Review meeting, that brings all the AP pathway reps together from both sites. The APs analyse all the data coming into the partnership, identify areas of improvement and possible opportunities for making changes to the pathways. This comes across as a very progressive approach, placing the responsibility for the pathway design with allied professionals, in this case, APs. This leadership appears to be a major contributor to the successful shift toward effective conservative community interventions and strengthening collaboration.

4.2 The delivery of a successful integrated care partnership

- The NHS, after all the changes brought about by the 2012 Act, is coming back together and reforming as it sees appropriate, currently without further government legislation. The way services are commissioned and delivered is changing and SMSKPE provides some interesting insights into what is possible. It has developed an integrated care system (ICS), which by national and European standards, is successful and maturing.
- The European Commission Health Systems Performance Assessment Expert Group, sets out the definition of integrated care, which is clearly met by the partnership. Also, SMSKPE is providing strong indications of good system maturity based on the SCIROCCO Maturity Model developed by European partners, over three years and in fifteen countries. There are twelve domains which are used to assess the effectiveness and maturity of an Integrated Care Systems and SMSKPE is clearly advanced in many of these domains, which places it as a leader in the delivery of an effective ICS.

Integrated care includes initiatives seeking to improve outcomes of care by overcoming issues of fragmentation through linkage or coordination of services of providers along the continuum of care.

Integrated Care report, "Blocks. Tools and methodologies to assess integrated care in Europe".

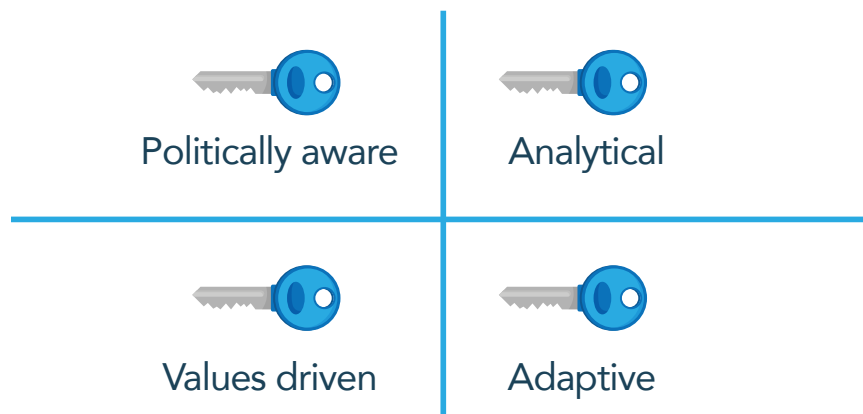
- The prime contractor model delivering this integrated care system has been implemented through building trusted relationships and putting the patient at the centre of everything. SMSKPE has been able to increase efficiency and capacity within a very tight financial envelope by being very outcomes focused. The use of consistent and transparent information with strong governance has allowed for innovation and rapid change unlike traditional commissioner and provider roles.

Nick Moberly, Chief Executive at King's College Hospital recently stated¹³;

“I certainly see a blurring of the traditional roles of the commissioner and provider ahead. Historically, commissioners have bought specified units of service... Increasingly they will be analysing their populations, stratifying according to risk and setting outcomes-based measures ... allocating providers block sums to deliver those outcomes.”

- This integrated care partnership demonstrates all the key aspects of well led and maturing system, as identified by Optimity Advisors,¹⁴ who have been reviewing the European Integrated Care Study. They identify four key factors of leadership in building an effective integrated care partnership, which you can see below:

Leadership in the context of care integration



- These are: political awareness, which requires constant and deliberate engagement with partners and associated partners, to ensure that any small or large political changes or impacts can be managed across the system to the benefit of patients. The second is having the analytics in place to demonstrate outcomes, understanding the journey experienced by patients in a consistent way. The intelligence collected steers the other three areas. Thirdly, the partnership must continue to be values driven. The patient centred approach stands out with everyone interviewed as the binding agent. Finally, the ability to adapt and innovate, which GGI has seen during the review and highlighted throughout the report.

13. Nick Moberly, Chief Executive at King's College Hospital, blog for Provider Voice, NHS Providers website.

14. European research study of integrated care systems, Niamh Lennox-Chhugani, Lead Healthcare Advisor, Optimity Advisor.

Conclusions

Sussex MSK Partnership East (SMSKPE) has matured into a successful integrated care system, which is reflective, open to continuous improvement and able to react to a changing political, policy and structural environment. This is due, not to one activity, but a hard-learned culture which has seen the service significantly improve performance and patient outcomes in a number of ways. Particularly noteworthy are:

- A reduction in commissioner spend to the national average, whilst also improving patient experiences and outcomes. This is impressive considering the current pressures on the NHS and as a result provides a strong indicator for future sustainability.
- An improvement in patient engagement, which has led to improved patient experience and outcomes, enabled by an established system to deliver and a strong belief in a patient-centred approach.
- A strong leadership team at SMSKPE, with some key individual appointments and in particular the Clinical Director, who has an allied professional background. This has provided a fertile environment for a progressive and innovating approach, with strong operational and clinical support.
- An increase in the status of community focused staff has promoted a culture of excitement and opportunity, fostering a collaborative attitude which has spilled over across organisations.
- An improvement in relationships with local providers as a result of the use of a dialogue-led procurement process, the prime contractor model, which has supported the alliance of organisations. Therefore, when it came to the bidding process and now in delivery, we see a sufficient amount of rapport has been established and a mutual understanding of the expectations of standards.

The Good Governance Institute review illustrates that SMSKPE is an innovative and effective service model delivering sustainability to a locality that, like the NHS as a whole, has traditionally struggled to deliver MSK services efficiently. The local health economy overall has a particularly difficult financial challenge and SMSKPE is one of the few services delivering savings in this environment. They are on target to meet all their contractual objectives and are delivering a high-quality service to patients. There is significant learning for the NHS and other health systems looking to meet the growing challenge of MSK to be gained from this review of SMSKPE, who demonstrate that this issue can be tackled with the right dynamic of innovation and investment.





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