

**Integrated Care Partnerships**  
Working together to deliver the  
right care, in the right place,  
at the right time.

# **Integrated Care Partnerships**

## **Report from the Regional ICP Workshop**

### **4<sup>th</sup> June 2014**



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**Introduction**

The members of the 17 Integrated Care Partnership (ICP) committees met for the first time for a workshop on the 4<sup>th</sup> June 2014, one year after they had first been established. The aim of the workshop was to celebrate success, review progress, share learning and reaffirm the vision for ICPs.

The workshop was facilitated by the HSCB ICP Clinical and Business Support Team and the HSC Leadership Centre and approximately 130 committee members attended which included, GPs, pharmacists, service users and carers, representatives from the voluntary and community sector and secondary care consultants, nurses, social workers and allied health professionals.



The programme for the workshop is attached at Appendix 1.

This report summarises some of the key messages from the workshop and the outcomes from the day.

The workshop was opened by Dr Ian Clements Chair of HSC Board who launched and played for the first time a short ICP animation. Mr Edwin Poots (MLA) and Minister for Health addressed attendees and emphasised the importance of ICPs in delivering change within the health and social care system. Dr Sloan Harper Director of Integrated Care delivered a presentation reiterating the vision for ICPs and recognising some of the achievements and challenges there have been to date.

Attendees were then asked to reflect on what they felt had been the achievements and lessons learned through ICP work in the past year and to consider one commitment for the future. These reflections were captured through handwritten comments sheets and are summarised in Table 1 below. The full detail is available at ICP level in Appendix 2.

**Table 1 – Reflective Activity Summary of Key Messages**

| Achievements   | Lessons Learned  | Commitment for the Future   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• More multidisciplinary working</li> <li>• Improved communication and understanding of all the players “seeing the bigger picture outside my own piece”</li> <li>• Relationship building and teams developed</li> <li>• Clear vision of how to improve services</li> <li>• Still committed after a year</li> </ul> | <ul style="list-style-type: none"> <li>• It will take time</li> <li>• We need everybody’s skills</li> <li>• Teamwork essential</li> <li>• Everyone has their own agenda and need to align these where possible</li> <li>• Complicated politics within the system</li> <li>• Need to keep it simple as possible</li> <li>• Boundaries and barriers need to be broken down to achieve change</li> <li>• Need to meet more regularly</li> <li>• Recognition of the importance of the service user and carer experience being heard</li> <li>• Lots of challenges to overcome</li> <li>• The importance of awareness of the whole care pathway “never assume that what you think is happening is!”</li> <li>• There is never enough time!</li> </ul> | <ul style="list-style-type: none"> <li>• Stay focussed on improving patient care</li> <li>• To be fully engaged and committed to all the work being taken forward</li> <li>• To push for outcomes and patient benefits</li> <li>• Communicate more effectively</li> <li>• To get stuck in! 100% commitment to making it happen!</li> <li>• Ensure plans are implemented and monitored and evaluated</li> <li>• Managing and protecting ICP time so that I can fully contribute and commit</li> <li>• Be confident and proactive with proposals and making change happen</li> <li>• Be more creative and innovative in working together</li> </ul> |

## Break out session 1 - Review of ICP Care Pathways by Clinical Condition

Four parallel break-out sessions based around the ICP clinical priority conditions of respiratory, diabetes, stroke and care for the frail elderly were held, each one facilitated by one of the ICP clinical leads.

Attendees were asked to select one session to attend where presentations are delivered by a representative from each locality covering the relevant clinical condition area and plans for development of more integrated care pathways.

Discussions are summarised below and presentations are available at Appendix 5



### Frail Elderly Services (discussions facilitated by Dr Barney McCoy)

- Pharmacy needs to be integrated into the Electronic Care Record (ECR) as a matter of urgency to allow shift left
- Voluntary & Community (CV) 'discharge co-ordinator' role to help people back into support services more efficiently is being developed in the West
- CV sector add value in helping keeping people well for longer and we need to ensure patients are referred?
- Up-skilling of nursing home staff and potential to reduce Emergency Department (ED) admissions
- Ability to make changes by talking at the ICP table and implementation from all clinicians working together
- SHSCT Consultant led rapid response service. ICP will support it becoming more accessible and flexible for supporting Out of Hours periods and make sure GPs use the service to its full potential
- ICP funding for Pharmacy input to Rapid Response team to ensure medication reviews and liaison / timely information to Community Pharmacies
- Memory services currently at 45 week wait for consultant – ICPs in the South

considering how best to support transport for patients to reduce Did Not Attend/Could Not Attends (DNA/CNAs) and offer more flexibility in admissions with better patient outcomes to support early GP diagnosis. Possible GMS Enhanced Service for streamlined referrals

- Directory of Services – Electronic and up to date - starting with Hospital directory and then including other services including all Primary Care and Community and Voluntary services (sectors responsible for keeping up to date)
- Need to be aligned with the Regional re-enablement model to be developed
- Improve intermediate care provision

### **Diabetes** (discussion facilitated by Dr Windsor Murdock)

Proposed new pathways are very different in each area. Probably due to different baseline services in all localities and there is an unclear regional view

Similarities do exist in the approach being taken including;

- Foot pathway
- Education Programmes
- Specialist diabetes team
- NIAS 'treat and leave' of patients with hypoglycaemia requires further discussion on a regional basis.
- Possible signposting to the Western Trust website for advice i.e.: who is appropriate for primary and secondary care? Some detail is western specific but there is regional content which could be shared.

## **Stroke** (discussions facilitated by Dr Brian Patterson)

- Thrombolysis pre-alert: NIAS, wait for imaging. Imaging Technicians need to be alerted when patients are on the way
- Evidence shows that dedicated staff provide better outcomes
- Shared frustration around slow progress re: AF LES, strong message – implement AF LES before the commencement of the flu campaign
- West Belfast – looked at prevention in pharmacy, brief intervention programme ready to run, based on Healthy Hearts (West Belfast), disappointing lack of pharmacy programmes
- Service Carer – agree with comments re: AF LES, grateful for care received and carers being acknowledged, frustrated at health and wellbeing. Support in-reach, user unable to access psychologist for 5 months because they were an inpatient, however family will be able to access services themselves via community and voluntary organisations. Their GP received no information around stroke. No communication between RVH and Regional Acquired Brain Injury Unit, shouldn't be a postcode lottery
- Trusts need to listen about how to dovetail with other services especially Community & Voluntary sector
- Concern around lack of funding in primary care – district nurses and GPs to support Early Supported Discharge.

## **Respiratory** (discussion facilitated by Dr Brian Dunn)

### General Practice role

- QOF with support from ICP Respiratory Team
- Risk Stratification LES including Complex Case Review

### Community Pharmacy role

- Medicines usage review
- Smoking cessation

### Community & Voluntary Sector role

- Community Support, smoking cessation, pulmonary rehab, social support
- Community Prevention Hub

### ICP Respiratory Team (inc Trust Services)

- Early Intervention (extended hours)
- Admission to Respiratory Unit
- Supported Discharge (7 days)
- Self-Management
- Pulmonary Rehab
- Complex Case Review (inc GP Support)
- Psychological Support

Also, Palliative Care Training for all professionals inc – ICP Respiratory Team, GP's, Community Pharmacists, C&V Sector.

### Prevention opportunities

- Use of carbon monoxide monitors for opportunistic screening (delivered by Community Pharmacists)
- Education Programmes in schools (delivered by Chest, Heart & Stroke)
- Health promotion & Smoking Cessation – co-ordination of existing services
- Investing in Health Coaches available in GP Practices (pilot) IPT
- Early Identification (case finding) Pilot carried out in Hillsborough – Questionnaire to 100 patients – 47 replies, 24 positive results contacted to attend evening clinics.

### Diagnosis & Management

- Joint working proposal following a needs assessment of learning in primary

care

- Pre & Post intervention audits to gauge improvement in care.

#### Admission Avoidance

- Rescue packs/Discharge bundles
- NI Risk Stratification enhanced service
- Direct access to rapid assessment unit. Initially a two week pilot in September/October (may be extended to 6 months)

#### Promoting Early Discharge

- Community IV Antibiotic Service (IVA) Up to 4 times daily dosing co-ordinated through one point of contact.

## **Break out session 2 - Vision for ICPs and Review of Action Plans 14/15**

Following lunch a second break out session was held and each ICP committee was asked to meet to discuss their vision for their ICP and also to review the committee's action plan for the year ahead and to consider a few key questions.



In the plenary session which followed each of the ICP Clinical leads gave feedback on the discussion from their locality break out groups, some common themes are summarised below, and the full detail of the feedback is available in Appendix 3.

### **Vision for ICPs**

- ❖ Confident, Credible and Influential
- ❖ ICPs to be a source of innovation and creativity
- ❖ ICPs will be a powerful player in the system
- ❖ Should not be dominated by Health Care Professionals
- ❖ Need to make best use of all the players and members
- ❖ Will transform care for patients
- ❖ Will have effective secondary care medical consultant input to ICPs
- ❖ Communication between members and across the system will be much improved
- ❖ Improved service user/carer engagement in all our work
- ❖ Will have streamlined the current bureaucratic processes for change
- ❖ Well-oiled team of multi-disciplinary stakeholders working together to improve patient care with buy in from all sections.



- ❖ Each ICP member is proud of the service that they have been involved in developing
- ❖ Right person, right place, right time (both patient and clinician)
- ❖ Better educated population, better able and empowered to take responsibility for their wellness and maintenance of health
- ❖ Better educated healthcare workforce (specialist and generalist)
- ❖ Much improved visibility – better communication – wider community, clinical community, voluntary and community sector.
- ❖ More public health focussed
- ❖ Productive working relationship with commissioners

## **Summary of Key Messages**

### **Learning:**

The need for integration across health and social care was undisputed and there was a growing feeling that ICPs can be the vehicle to deliver this.

Discussion within clinical priority condition groups shows the range of opportunities there are to improve services but also the differing baselines in services across localities. This needs to be acknowledged.

The importance of developing effective relationships across the system was recognised.

Attendees identified that significant effort had been put in by all stakeholders, that there had been valuable learning in the past year but there is still a long way to go.

There was a clear focus on delivering an improved service for the service user and carer as being at the centre of the ICP's purpose.

There was some feeling that individually committees can be isolated and without influence or power but that by collectively considering the challenges and the barriers they can be more effective.

There was a clear message from all attendees about the value of meeting on a regional basis to share progress, discuss concerns and ideas for the future.

There was a commitment to continuing but a need for a clear message to come from policy makers and commissioners that ICPs are for the long term and will be sustained and embedded in 'business as usual'.

### **Challenges:**

There was a frustration that progress is slow and the first year has been mainly focussed on putting processes in place, and all involved need to see a clear outcome in the coming year in order to stay engaged and motivated.

Many attendees highlighted that they felt they were trying to transform services but without the associated change in other parts of the system in terms of availability of transitional funds and new commissioning and procurement processes.

Committee members emphasised that they need a culture and environment which is ready for change if they are to transform services at scale and pace. That is not currently the case.

It was highlighted that committee members need the HSC system to be responsive to their concerns and the HSCB needs to do more to address the barriers that committee members are experiencing.

There was some concern that ICP chairpersons felt they did not have all the strategic information they needed in order to be effective in their roles.

Concerns about the availability of accurate and useful information to measure and manage the "shift left" were raised as a challenge for ICPs.

The importance of seeing finance shift left was raised as was the challenge of ensuring appropriate capacity in primary and community care, in particular the issue of workforce planning related to GPs was highlighted.

The challenge of networks and partnership working was emphasised and the huge value the HSCB team had contributed to ICP members regionally and locally was acknowledged.

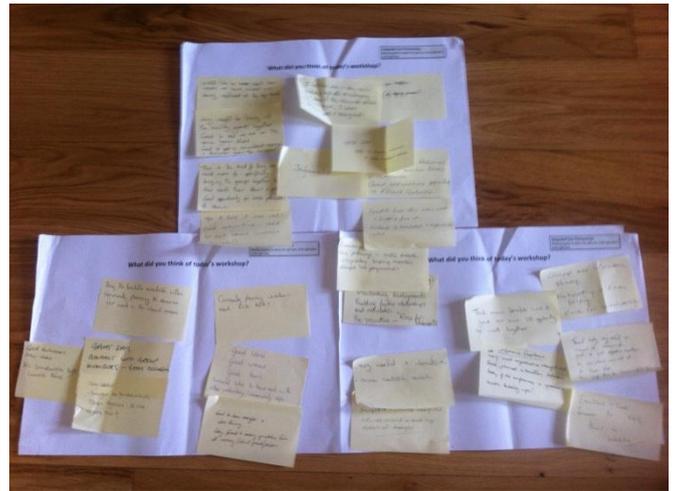
Attendees were asked to give feedback about the workshop, the full detail of which is available in Appendix 4.

*“Enjoyable – feeling energised. ICPs can be successful in making essential changes”,*

*“This is the kind of thing we need more of – specifically bringing the groups together to discuss their ideas and progress. Good opportunity for cross pollination of ideas.”*

*“I felt this was a very useful workshop and it’s encouraging that some of the issues are similar across the region, I leave encouraged and energised”*

*“Good to hear other areas work and learn from it. Exchange of knowledge and experience is vital”*



### **Workshop Outcomes**

- Shared understanding of progress that has been made and challenges encountered
- A clearer vision for the future
- ICP committee members feeling more ownership of the process and the action plans for delivery
- Final additions to action plans, pathways and IPTs
- Workshop report to summarise the key messages to be circulated to all
- Consideration to be given to a further regional ICP learning event before the end of the year
- Schedule of meetings for ICP Chairpersons with the HSCB Director of Integrated Care, ICP Project Director and Clinical Director.

## **APPENDIX 1- PROGRAMME**

### **Integrated Care Partnerships Regional Workshop**

**Assembly Hall, Jordanstown Campus, University of Ulster**

**Wednesday 4<sup>th</sup> June 10am – 4pm**

#### **Programme**

- 9.30 Registration Tea/Coffee**
- 10.00 Welcome**  
Dr Ian Clements Chairman Health & Social Care Board
- 10.10 Address by Minister for Health, Social Services and Public Safety**  
Mr Edwin Poots MLA
- 10.30 Introduction and Plan for the day**  
Will Young HSC Leadership Centre
- 10.35 ICPs –One Year into the Journey**  
Dr Sloan Harper Director of Integrated Care HSCB
- 11.00 Break out session 1– Review of ICP Care Pathways by Clinical Condition**
- 12.30 LUNCH**
- 1.30 Break out session 2– The Vision for ICPs and Review of Action Plans 14/15**
- 2.45 Feedback and Looking Ahead**  
ICP Regional Clinical Leads
- 4.00 Summary & Close**  
Dr Sloan Harper Director of Integrated Care Health & Social Care Board



## Appendix 2

### ICP Locality: Regional

| Achievement   | Lesson Learned   | Commitment for the Future   |
|---|--|---|
| <ul style="list-style-type: none"><li>• My involvement (through HSC Leadership Centre) of working with individual ICPs to understand how they are working and how they might work better together and with others</li><li>• Supporting the establishment of the ICP infrastructure and business support teams</li></ul> | <ul style="list-style-type: none"><li>• The complexity of the challenges faced by ICPs – but the willingness and commitment of the committees to push on with patient centred care</li><li>• Learning from IPT approval process which has been factored into the process for 14/15</li></ul> | <ul style="list-style-type: none"><li>• To think about the workforce planning issues facing the system</li><li>• To think about what other support we might provide (through the Leadership Centre) to support ICPs locally and the central support team</li><li>• Continuing to support integrated care colleagues and ICPs as we move into substantive implementation of new pathways and realise the vision articulated in TYC</li></ul> |

## ICP Locality: West (North & South Sector)

| Achievement   | Lesson Learned   | Commitment for the Future   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• All multi-disciplinary groups have met to feedback to the ICP</li> <li>• Successful MDGs with achievable plans</li> <li>• Getting proposals for some schemes through to IPT stage in relatively short timescales</li> <li>• Funding secured, MDG groups reported</li> <li>• Good collaboration and working relationship with the MDG</li> <li>• Achieving clear objectives and completing the tasks effectively</li> <li>• Helped to connect health service to community and voluntary sector by setting up workshops for discussions</li> <li>• Finally getting the funding released for proposals which had been worked up.</li> </ul> | <ul style="list-style-type: none"> <li>• Getting all to move through change may be a slow process</li> <li>• Co-operate and discuss with other sectors common issues to all involved in care</li> <li>• Very difficult to get everyone together. Need to plan early</li> <li>• We all face similar issues, though probably under different guises</li> <li>• How insular we have been in the past</li> <li>• Communication vital</li> <li>• Greater emphasis needed on partnership development ie. what partners bring to the table and what others learn from this</li> <li>• Don't underestimate slow speed of approvals, slowness of recruitment</li> </ul> | <ul style="list-style-type: none"> <li>• Improve services</li> <li>• Progress MDG proposals</li> <li>• To continue to develop multi-agency patient centered approaches</li> <li>• To engage colleagues to follow our direction</li> <li>• Build the partnership for the long term – invest in capacity, building and working together</li> <li>• Everyone needs to commit by having equal representation in all areas</li> <li>• Working in partnership representing disability groups on the ICP</li> <li>• Need for involvement of all ICP members in a particular MDG</li> </ul> |

## ICP Locality: Newry & Mourne

| Achievement   | Lesson Learned  | Commitment for the Future  |
|---|---|--|
| <ul style="list-style-type: none"><li>• I feel I have not achieved anything for the sector I represent</li><li>• Achieved a little to date</li><li>• Ensuring that others understand/are aware of important roles that pharmacies can play in all clinical priorities</li></ul> | <ul style="list-style-type: none"><li>• That it is my responsibility/duty to make the ICP work</li><li>• To ask questions/bring suggestions/get to know other members</li><li>• Need to ensure wide representation</li><li>• Keep it simple</li></ul> | <ul style="list-style-type: none"><li>• Yes, however, if we do not start to achieve more obvious 'wins' commitment will decrease</li><li>• Start to network</li><li>• Give more time to my role</li><li>• Engage more with the group</li><li>• Ensure pharmacy engagement and demonstrable win/positive patient outcomes by end of year</li><li>• Integrate pharmacy</li></ul> |

## ICP Locality: Craigavon & Banbridge

| Achievement   | Lesson Learned   | Commitment for the Future  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Built links with other GPs, secondary care colleagues etc</li><li>• Understanding of the ICP set up/structure</li><li>• Integration of pharmacists &amp; users/patients</li></ul> | <ul style="list-style-type: none"><li>• Become more involved in decision making</li><li>• Time constraints</li><li>• Listen to patients/users &amp; carers</li><li>• Need for greater co-operation &amp; communication</li></ul> | <ul style="list-style-type: none"><li>• Need to continue dialogue</li><li>• Larger projects with wider change in community/primary care</li><li>• Become involved early on</li><li>• Need to build on links and progress to date; it is not short term</li></ul> |

## ICP Locality: Armagh & Dungannon

| Achievement  | Lesson Learned   | Commitment for the Future  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Building relationships</li><li>• Understanding each discipline's pathways and roles</li><li>• Getting users and carers involved and listening to them</li><li>• Greater understanding of the patient journey and everyone's input into it (not every patient fits into the pathway)</li><li>• ICPs are a good vehicle for getting work done</li><li>• We will know success when we see it – when patients and carers' journeys have been improved!</li></ul> | <ul style="list-style-type: none"><li>• Each person is an individual. By speaking to individuals, we learn by their experiences and what needs to change</li><li>• Communication across the health sector is vital</li><li>• Remember to tell the patient what is available for them</li><li>• Change takes time</li><li>• Can success at ICPs be measured in the timescales?</li><li>• Trust personnel should be the right people</li></ul> | <ul style="list-style-type: none"><li>• Committed to what the ICP can achieve</li><li>• Have already seen how we can improve the service by speaking to clients, their carers and C&amp;V groups</li><li>• True partnerships with voluntary &amp; community sector and cares</li></ul> |

## ICP Locality: Ards

| <b>Achievement</b>  | <b>Lesson Learned</b>   | <b>Commitment for the Future</b>   |
|---|---|--|
| <ul style="list-style-type: none"><li>• Recognition of the importance of the voice and experiences of carers and care recipients</li><li>• Developing multi-disciplinary pathways together</li><li>• Great networking with other colleagues eg. pharmacists, GPs, carers, users of services</li><li>• Improvements in partnership working between primary and secondary care</li><li>• Developed networking between pharmacists in the local area – not previously present to allow pharmacy to contribute to care pathways in ICP format</li><li>• Allow pharmacy to improve services and become more involved in MD teams</li></ul> | <ul style="list-style-type: none"><li>• Plenty of challenges and learning how commissioning process is working</li><li>• The importance of awareness of all aspects of pathway. Never assume that what you think is happening, is</li><li>• All of us (service providers) have our role; the interdependency of it all</li><li>• Greater awareness of TYC</li><li>• Needs to move with the pace, can be slow to react</li></ul> | <ul style="list-style-type: none"><li>• Ensure pathway implemented continually monitored, evaluated and changed as required.</li><li>• Continue to work in partnership with primary and secondary care and voluntary sector</li><li>• Commitment to all ICPs, attending groups, training and writing IPTs and responding to queries</li><li>• To have confidence and leadership to drive forward improved services within pharmacy profession and integrated and engage in multidisciplinary teams</li><li>• We are committed to ensuring the integration of carers and care users, via ICP work and beyond (eg. lobbying)</li></ul> |

## ICP Locality: Down

| Achievement   | Lesson Learned  | Commitment for the Future  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Committee members attending and contributing from all disciplines</li><li>• Communicating with all HCPs at MDG and committee meetings</li><li>• Awareness of Leadership philosophy and how to negotiate within the group.</li><li>• Team work and bonding of the group</li><li>• Teams Developed</li><li>• Good communication with GP Leads</li></ul> | <ul style="list-style-type: none"><li>• Appreciating the concerns and issues faced outside my normal working environment</li><li>• Process difficult. Takes longer than expected to make progress</li><li>• Identifying people in different agencies</li><li>• It takes a long time to understand what it's all about</li><li>• Papers issued well in advance of meetings with all jargon explained</li></ul> | <ul style="list-style-type: none"><li>• To get to know and develop effective working relationships with members of the partnership</li><li>• To get a greater understanding of pathways, risk stratification, information sharing, care planning and evaluation</li><li>• Involve the public more</li><li>• Communicate better</li><li>• Implement services locally eg. strength and balance programmes</li><li>• Continue to attend meetings</li><li>• Communicate with the local hospital team re progress</li><li>• To attend and follow up from meetings</li><li>• Looking outside the box</li></ul> |

## ICP Locality: Lisburn

| Achievement  | Lesson Learned  | Commitment for the Future  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Quite a few successful outcomes, despite less attendance from all sectors</li><li>• Chairing a meeting to time</li></ul> | <ul style="list-style-type: none"><li>• Trust required and takes time to develop if 12 new people are on an ICP</li><li>• Change takes time</li></ul> | <ul style="list-style-type: none"><li>• Protecting time and committing to it</li><li>• Continue to manage time</li></ul> |

## ICP Locality: North Down

| Achievement  | Lesson Learned  | Commitment for the Future  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Acceptance and input into the Group</li><li>• Understanding of roles of others</li><li>• Understanding what ICPs are</li><li>• Communication locally and regionally in Diabetes care</li><li>• Consolidation of ICP structures</li></ul> | <ul style="list-style-type: none"><li>• Communication is key – there is never enough time!</li><li>• Communication channels need to be clear</li><li>• Need to have a clear process for approval of IPTs</li><li>• Different levels of input from elected/non-elected reps</li><li>• Difficulty in attending 4 groups – may look like lack of commitment but it is more about work pressures and lack of time</li></ul> | <ul style="list-style-type: none"><li>• To communicate better</li><li>• To involve all parties</li><li>• Keen to remain committed to the ICPs and TYC and to see tangible change – an opportunity for us all!</li><li>• To drive actions</li><li>• To work in closer partnership with partners</li></ul> |

## ICP Locality: Antrim & Ballymena

| Achievement   | Lesson Learned  | Commitment for the Future   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Still committed after a year</li> <li>• Networking – working to common goals</li> <li>• Multi-disciplinary working</li> <li>• Better communication and understanding of other ICP, C&amp;V and service users</li> <li>• Everyone agreeing to work together</li> <li>• Getting everyone in the room to work together towards a common goal</li> </ul> | <ul style="list-style-type: none"> <li>• We understand each other better now</li> <li>• Everyone has their own agenda and these need addressed</li> <li>• Teamwork essential</li> <li>• To improve communication between services and working towards integration</li> <li>• Difficult to keep everyone's own agenda linked to the one for the ICP.</li> <li>• Very complex initially to understand all pathways</li> <li>• It's a work in progress and still vague but we can shape the mechanism for TYC</li> </ul> | <ul style="list-style-type: none"> <li>• Work hard to achieve what we need to get</li> <li>• Establish a successful, productive ICP partnership committee to deliver the most effective care the individual</li> <li>• To push forward changes that improve patient care</li> <li>• Stay focussed on providing better healthcare for the public</li> <li>• To be fully committed to all the meetings to be able to contribute to the pathways</li> <li>• Attendance at meetings and working towards common goals</li> </ul> |

## ICP Locality: East Antrim

| Achievement  | Lesson Learned  | Commitment for the Future  |
|--|---|--|
| <ul style="list-style-type: none"><li>• Establish Teams</li><li>• Seeing the bigger picture outside my own side</li><li>• The East Antrim ICP coming together to work collaboratively with the aim of achieving positive change for service users</li><li>• Gelling as a group</li></ul> | <ul style="list-style-type: none"><li>• Complicated politics within system</li><li>• Make it up as this goes along – ability to change the rules</li><li>• Learned that boundaries and barriers need to be broked down to achieve change</li><li>• Needs commitment and shared vision</li></ul> | <ul style="list-style-type: none"><li>• Stay committed</li><li>• Better communication</li><li>• Continue to work together in a respectful way</li><li>• Remain focused on overall aims of ICP</li><li>• Implement positive changes</li><li>• Imperative to engage and make this work</li></ul> |

## ICP Locality: Mid Ulster

| Achievement   | Lesson Learned  | Commitment for the Future  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Development of Team</li><li>• Involvement in MD Task and Finish groups</li><li>• On our way to becoming a functioning team</li><li>• Better understanding of all partners/networking</li><li>• Team building has been on going</li><li>• Networking with Partnership and team</li></ul> | <ul style="list-style-type: none"><li>• Development sessions should have been earlier</li><li>• Importance of communication</li><li>• Takes time to bring about sustainable change</li><li>• Nothing happens quickly</li><li>• Workshops should have been at an earlier stage (ICP Development)</li><li>• It's not been as easy as I thought it might be</li><li>• More meetings to keep the flow going</li></ul> | <ul style="list-style-type: none"><li>• To see outcomes/benefits</li><li>• To make things better</li><li>• Introductions of networking with community pharmacists in Mid Ulster</li><li>• To improve patient care</li><li>• Better patient/service user experience</li></ul> |

## ICP Locality: Causeway

| Achievement  | Lesson Learned   | Commitment for the Future  |
|--|--|--|
| <ul style="list-style-type: none"><li>• Relationship building</li><li>• Established teams – ICP PC, MDG, Implementation Groups</li><li>• Pathways mapped</li><li>• Shared vision for change</li><li>• Up and running!</li><li>• Building a strong relationship – working as a team</li><li>• Working together</li><li>• Good basis for teamwork – real desire to succeed</li></ul> | <ul style="list-style-type: none"><li>• The need to appreciate the workload of others</li><li>• Change is possible, believe it can happen</li><li>• Need for open and good communication</li><li>• We need everybody's skills</li><li>• Understanding of partnership contributions</li><li>• Clarity around role of ICP – focus on all clinical priorities</li></ul> | <ul style="list-style-type: none"><li>• Being fully committed to the process</li><li>• Effective relationships with other members</li><li>• Need to work collaboratively with all stakeholders towards common goals</li><li>• Implementation of practical improvements with demonstrated outcomes</li><li>• 100% commitment to make it work</li><li>• Working on innovation to increase current service delivery</li><li>• Keep going and chin up!</li><li>• Get stuck in!</li></ul> |

## ICP Locality: East Belfast

| Achievement   | Lesson Learned   | Commitment for the Future   |
|---|--|---|
| <ul style="list-style-type: none"><li>• Very little</li><li>• Improved communication</li><li>• Structures in place, starting to form</li><li>• Good user/carer training</li><li>• Shorter commissioning process – keep us on board</li><li>• Better connection with individuals on ICP eg. Pharmacists, but on the whole, very little</li><li>• Improved multi-disciplinary working</li></ul> | <ul style="list-style-type: none"><li>• Need for effective communication and the development of a relationship within an ICP which is truly a partnership</li><li>• Process like peeling an onion: ICP-Board-LCG</li><li>• Frequency of meetings probably inadequate</li><li>• Need to think of ways of effective communication</li><li>• Need for Board/Trust to engage and allow change</li><li>• Each member needs valued and taken along with the development process</li><li>• Not all perspectives have been used eg. C&amp;V sector/carer etc</li></ul> | <ul style="list-style-type: none"><li>• Need to develop confidence and be pro-active with proposals and making change happen</li><li>• Need to see results – otherwise time is wasted</li><li>• Enhance innovation</li><li>• More achievement and valued involvement</li><li>• More creativity to work together</li></ul> |

## ICP Locality: North Belfast

| Achievement   | Lesson Learned   | Commitment for the Future   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Building an understanding of members' contributions</li> <li>• Working towards a shared healthcare future</li> <li>• A functioning committee</li> <li>• Relationships across the various sectors are being built – an understanding of what we individually can offer</li> <li>• New collaborative group members now working more closely</li> <li>• Team working established and trust building in the ICP</li> </ul> | <ul style="list-style-type: none"> <li>• Importance of communication to all team members and ensure message gets everywhere</li> <li>• Communicate with others on progress and plan for next steps</li> <li>• Importance of having a clear common agenda and purpose</li> <li>• Need to involve <u>everyone</u> in pathway proposals and bids</li> <li>• Understanding role and input from respective professionals</li> <li>• More information on challenges involved so that colleagues in C&amp;V/Carers/Users feel fully included</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to support collaboratives and improve communication</li> <li>• Relationship building/maintaining – better cross-discipline communication</li> <li>• Strategy – share and engage with others</li> <li>• Education needs forward planning</li> <li>• Implementation</li> <li>• Commitment to a process which aims to deliver what people need, specific to health</li> <li>• To communicate and feedback ICP business to the wider community sector</li> <li>• Carry out any actions/tasks related to each area- make it happen!</li> <li>• Represent the views of the community sector and local people</li> </ul> |

## ICP Locality: West Belfast

| Achievement   | Lesson Learned  | Commitment for the Future   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Breaking down barriers</li><li>• The development of the ICP – a clear vision for stroke pathway</li><li>• Building relationships with colleagues – getting to know their roles in patient pathways</li><li>• Raising profiles of pharmacies</li><li>• Clear vision of how to improve stroke prevention/care in Belfast</li><li>• Completion of IPTs</li><li>• Developed AF pathway</li><li>• Formed a group</li></ul> | <ul style="list-style-type: none"><li>• Importance of individual participation and commitment to shared goal</li><li>• It is really difficult/complex work</li><li>• Need to ensure consistent Trust representation</li></ul> | <ul style="list-style-type: none"><li>• Need to ensure communication to all key stakeholders</li><li>• Will improve with achievement</li><li>• Implementing changes</li><li>• Communicate well with ICP members</li><li>• Communication with others in Trusts</li><li>• Support the change process to enable delivery of new services for patients</li><li>• To improve attendance at ICP meetings and build robust relationships with all ICP partners</li></ul> |

## Appendix 3 – Notes from Break out Session 2

### ICP Locality East Belfast

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>   |
|---|--|
| <ul style="list-style-type: none"><li>- 1 Belfast ICP, 4 MDGs</li><li>- Confident, Credible and Influential</li><li>- Effectiveness of ICP under continuous review</li><li>- Membership reviewed to ensure right people are around the table</li><li>- Takes on board new evidence in medical or other developments</li><li>- Cover most if not all service provision</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>- Improved patient experience</li><li>- More local solutions, treatment and support</li><li>- Clients/patients more knowledgeable of what services are available</li><li>- Empower patients; increased responsibility for own health</li></ul> | <ul style="list-style-type: none"><li>- Engage with PHA to develop strategy</li><li>- Engage with users/public/MLA's/political reps more effectively</li><li>- Explore how ICPs structures and communication could be streamlined</li><li>- Explore locally based approaches; risk stratification, memory, frail elderly, dementia friendly communities, reablement network</li><li>- Explore community monitored dosage medicines reconciliation</li><li>- Implement acute care at home; understand the capacity and need within care D/N services</li><li>- Establish relationship with GP federations</li></ul> |

## ICP Locality North Belfast

| <b>What will the ICP look like in 2020?</b>  | <b>Action Plans – Key Comments</b>  |
|--|---|
| <ul style="list-style-type: none"><li>- 4 Belfast ICPs</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>- Patients will be empowered</li><li>- The pathway will be simplified</li><li>- Patient info will be local</li><li>- Future work will start with patient focus groups and will be taken back to the same group before sign off</li><li>- New service provision will not automatically lie with the Trust , it will always be provided by the placed place body for the patient</li><li>- Hospital admissions will only happen when appropriate</li><li>- True MD approach; the value of every providers contribution is recognised and input is sought at every stage of the pathway</li></ul> | <p>We will take each clinical priority and set up a partnership committee to understand the detail and commit to how we will adopt it for North Belfast.</p> <p>(ask for facilitation support for this)</p> |

## ICP Locality West Belfast

| <b>What will the ICP look like in 2020?</b>  | <b>Action Plans – Key Comments</b> |
|--|------------------------------------|
| <ul style="list-style-type: none"><li>- 4 ICPs</li><li>- Able to implement changes locally</li><li>- An excellent stroke care pathway in place</li><li>- Collaborative working ; leading to joined up care</li><li>- Reduction in health inequalities</li><li>- Improved service</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>- Demonstrate successful outcomes</li><li>- Reduce number of TIA's and strokes</li><li>- Improve life expectancy</li><li>- Improve quality of life for those that have had a stroke</li><li>- Maximise use of all support available post stroke</li><li>- Improve emotional health and wellbeing of post stroke patients</li></ul> |                                    |

## ICP Locality South

| <b>What will the ICP look in 2020?</b>   | <b>Action Plans – Key Comments</b>  |
|--|---|
| <ul style="list-style-type: none"><li>- Will there be an ICP?</li><li>- Waste of resources and only starting to come together</li><li>- Without permanent funding it will be difficult to sustain</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• Communication work in progress</li><li>• Southern ICP email addresses for all communication</li><li>• Structured advanced booking of meetings.</li><li>• Yammer takes time to learn and people are not used to using it, even though it is a good way of keeping up to date with what's going on.</li><li>• View skill sets to review committee members and who is missing.</li><li>• Media PR and communications</li><li>• Patients/users – to build a pool of server users with conditions.</li></ul> | <ul style="list-style-type: none"><li>• Ensuring patients language.</li><li>• Preparing patients to be members and building environment for patients. (pick up as we move forward)</li><li>• Always feedback to patients.</li><li>• Enhancing Trust input. (Planning and businesses might support)</li><li>• Involvement.</li><li>• Working with commissioning.</li></ul> |

## ICP Locality West

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>  |
|---|---|
| <ul style="list-style-type: none"><li>• Source of innovation and creativity.</li><li>• Powerful player.</li><li>• Dynamic partnership for change – multisectoral.</li><li>• Joined up thinking.</li><li>• Utilise all services, LCGs, Board etc and remain partners and have partnership with patient.</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• Transformed service for patient.</li><li>• Use all available resources to provide the highest standard of care (no duplication).</li><li>• Early intervention – we will have impacted on lifestyles to change harmful behaviour.</li><li>• Give examples of latest treatments (Frail Elderly).</li><li>• Statutory and non statutory sectors will work hand in hand. Break down silos.</li><li>• Change mind set from every aspect right down to the patient.</li></ul> | <ul style="list-style-type: none"><li>• Diabetes – 4 Ts could be implemented.</li><li>• Frail / Elderly - Evaluation of Healthy Living Centre Falls Service to be included as agenda item at Partnership Committee on 18 June.</li><li>• CAWT joined workshop with IFH. Invite CAWT to Partnership Committee.</li></ul> |

## ICP Locality Antrim/Ballymena

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>  |
|---|---|
| <ul style="list-style-type: none"><li>• Well-oiled team of multi-disciplinary stakeholders working together to improve patient care with buy in from all sections.</li><li>• To empower the Antrim and Ballymena community to live healthy lives – to promote quality of life and end of life care.</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• No inappropriate admissions of the elderly to secondary care at night.</li><li>• Patients will be seen as individuals with a stake in their care and treatment</li><li>• The expert patient and the expert carer</li><li>• Each ICP member is proud of the service that they have been involved in developing</li><li>• When ICPs drive and determine the direction of travel, monitoring and evaluation of the services in Antrim/Ballymena</li></ul> | <ul style="list-style-type: none"><li>• Oversight of the development of the IPT bids</li><li>• Oversight of the key performance indicators and the other measurable outcomes (both qualitative and quantitative)</li><li>• Development of a communication plan to raise awareness of ICP within Antrim/Ballymena</li><li>• Development of a communication plan to raise awareness of ICP within the different stakeholders of ICP (break down silos)</li><li>• To be educated about commissioning metrics<ul style="list-style-type: none"><li>○ Home Oxygen Service – IPT bid – responsible officers – development for oversight of IPT bids monitoring</li></ul></li><li>• Evaluate the success of 2013/14 IPT – more coherent 2014/15 IPT bid based on learning of 2013/14</li></ul> |

## ICP Locality Causeway

| <b>What will the ICP look like in 2020?</b> | <b>Action Plans – Key Comments</b>   |
|---|--|
| <b>What difference will it have made?</b>   | <ul style="list-style-type: none"><li>• Chairs of MDGs project management, positions backfilled, admin support</li><li>• Senior person from Trust on each pathway implementation team</li><li>• ICPs oversee the MDGs whereas the MDGs provide direction,</li><li>• Communication – local newsletter essential – quarterly – press, general public, work colleagues</li><li>• Developing the Partnership<ul style="list-style-type: none"><li>○ Defined role clarification for members will lead to better delivery</li><li>○ Improve our visibility – better communication – wider community, clinical community, voluntary and community sector.</li></ul></li></ul> |

## ICP Locality East Antrim

| <b>What will the ICP look like in 2020?</b>  | <b>Action Plans – Key Comments</b> |
|--|------------------------------------|
| <ul style="list-style-type: none"><li>• Federation – GPs and pharmacists</li><li>• Neutral body but empowered to make decisions</li><li>• Closer relationship with Northern LCG</li><li>• Full grasp of needs within our area</li></ul> <p><b>What difference will it have made?</b></p> |                                    |

## ICP Locality Mid Ulster

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>   |
|---|--|
| <ul style="list-style-type: none"><li>• Well co-ordinated inter-agency working</li><li>• Improved patient pathways which have been well developed, across the whole healthcare system</li><li>• Health promotion well embedded in the general population</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• Effective inter-professional communication via ECR or equivalent, considering appropriate level of access</li><li>• Patient centred community based care</li><li>• Eliminated the need for the barrier of primary or secondary care and other professional boundaries</li><li>• Proven reduction (in increase of) bed days or ED attendances- Cost effective patient care</li><li>• Dampened down dependence on secondary care</li><li>• Sustainable response from ground level up</li><li>• Right person, right place, right time (both patient and clinician)</li><li>• Better educated population, better able and empowered</li></ul> | <ul style="list-style-type: none"><li>• Acknowledge the need for specific timescales to be appended, NB: implementation of proposed pathways will be staged</li><li>• In first instance need to secure funding and then to have guarantee of adequate and recurrent funding to sustain delivery</li><li>• Ensure steering committee established to monitor implementation, ensuring funding invested as planned and delivery/ outcomes monitored as intended</li><li>• Have clear goals in mind, well understood and communicated</li><li>• There is an action plan for delivering development of the partnership committee – already have unity of purpose, best outcome for patient, albeit from each of our very different perspectives of professional/personal backgrounds</li><li>• The plan will deliver good progress on delivery of the plan, together with continuity and the smooth development and delivery of services.</li></ul> |

to take responsibility for their wellness and maintenance of health

- Better educated healthcare workforce (specialist and generalist)

## ICP Locality Down

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>  |
|---|---|
| <ul style="list-style-type: none"><li>• Higher profile</li><li>• Adequately resourced</li><li>• More patient representation</li><li>• More community organisation involvement (Age NI/ Carers NI)</li><li>• Better integration with public health</li><li>• More direct involvement from Hospital Consultants</li></ul> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• More cohesion</li><li>• Better communication between hospital, GP, pharmacies, community and voluntary, councils etc</li><li>• Improved services;<br/>Locality based, targeted, improved, consistent, accessible, lower waiting lists, lower waiting times, shorter stays in hospital, less fear of a visit to the Emergency Department.</li></ul> | <p>In order to deliver;</p> <ul style="list-style-type: none"><li>• We need adequate funding of staff to deliver the ICP agenda until 2020.</li><li>• Not just a “project” – but a way of working in the future.</li><li>• Plans will be implemented through smaller action groups.</li><li>• Develop a directory of services of community groups for the Diabetes action plan.</li><li>• Communication throughout all multi-disciplinary teams and allied professionals is key to success.</li></ul> |

## ICP Locality Lisburn

| <b>What will the ICP look like in 2020?</b>  | <b>Action Plans – Key Comments</b>  |
|--|---|
| <p>ICP could be the lead provider of integrated care for the local population in Lisburn locality for patients with long term conditions.</p> <p><b>What difference will it have made?</b></p> <ul style="list-style-type: none"><li>• More timely access for patients</li><li>• Wide range of services delivered in patients “home”</li><li>• Better communication between sectors</li><li>• Better integrated services</li><li>• Greater use of technology</li><li>• Reduced dependence on acute services.</li><li>• Identification of “at risk” patients and pathways will be in place to meet their needs.</li></ul> | <p>In order to deliver;</p> <ul style="list-style-type: none"><li>• We need adequate funding of staff to deliver the ICP agenda until 2020.</li><li>• Not just a “project” – but a way of working in the future.</li><li>• Plans will be implemented through smaller action groups.</li><li>• Develop a directory of services of community groups for the Diabetes action plan.</li><li>• Communication throughout all multi-disciplinary teams and allied professionals is key to success.</li></ul> |

## ICP Locality North Down

| <b>What will the ICP look like in 2020?</b>   | <b>Action Plans – Key Comments</b>  |
|---|---|
| <p data-bbox="181 391 1117 534">Will incorporate “everyone” involved in health and social care and will have an understanding and knowledge of their role and feel valued.</p> <p data-bbox="181 606 1117 646"><b>What difference will it have made?</b></p> <ul data-bbox="235 718 1117 933" style="list-style-type: none"><li>• More efficient and effective healthcare for all who need it.</li><li>• Bringing care closer to the patient</li><li>• Right care in the right place at the right time</li><li>• Safe and accessible to all</li></ul> | <p data-bbox="1122 391 2056 422">In order to deliver;</p> <ul data-bbox="1176 446 2056 877" style="list-style-type: none"><li>• We need adequate funding of staff to deliver the ICP agenda until 2020.</li><li>• Not just a “project” – but a way of working in the future.</li><li>• Plans will be implemented through smaller action groups.</li><li>• Develop a directory of services of community groups for the Diabetes action plan.</li><li>• Communication throughout all multi-disciplinary teams and allied professionals is key to success.</li></ul> |

## **APPENDIX 4**

### **What did you think of today's workshop?**

Change can happen

Great Event, great to know that all ICPs have similar themes and outcomes

Great networking opportunity

Good emphasis on patient cented care

Good to hear other areas work and learn from it. Exchange of knowledge and experience vital.

Felt it was useful, good networking – need to get others involved though!!

Would like to hear about how issues we have raised are being resolved at the top level

Very useful to bring all the locality groups together

Great to see we are on the same hymn sheet

Good to get a consistent message and direction from the Minister

This is the kind of thing we need more of – specifically bringing the groups together to chat about their ideas and progress. Good opportunity for cross pollination of ideas.

### **What did you think of today's workshop?**

I felt this was a very useful workshop and its encouraging that some of the issues are similar across the region I leave encouraged and energised

Productive day – learning day, Understanding developments, Building further relationships and networks

Be proactive – “a force for change”

Good day, good to share knowledge and learn and deliver together

Good to have oversight and share learning. Looking forward to receieving presentations from all morning (clinical priority) sessions.

Pharmacy can be more involved in care pathways –MURs diabetes and respiratory, smoking cessation , weight loss programmes.

Very useful and informative, More central venue in future

Found today very useful in terms of communication, good to get together to see where we are all at and share ideas

How will this be communicated to patients?

Excellent – look forward to MDG plans on website

Good discussion, new ideas.

Enjoyable – feeling energised. ICPs can be successful in making essential changes,

### **What did you think of today's workshop?**

Very well organised and thought out, good planned interactions between body of the conference and speakers – worth building upon!

Think main benefit was it gave our own ICP an opportunity to work together

Clinical area information sharing, networking and team building, Vision for sustainability.

Using the facilities available within community pharmacy to maximise ICP work in the clinical areas

Great day, contact with group members – good discussion

Very useful, brought the partnerships closer together as one rather than four,

Community pharmacy isolation, need ECR asap

Good idea, good venue, good buns, would like to have met with other voluntary/ community reps