



## Healthier Together Sponsoring Board 21 March 2019

<b>Item number &amp; title</b>	<b>5a – Long Term Plan and draft plan for BNSSG five-year plan</b>			
<b>Scope: System-wide or Programme?</b>	Whole system	x	Programme area (Please specify)	
<b>Author &amp; role</b>	Gemma Self - Head of Transformation & Programme Management			
<b>Sponsor / Director</b>	Julia Ross – STP Lead and Chief Executive, BNSSG CCG Robert Woolley – STP Lead and Chief Executive, UH Bristol			
<b>Presenter</b>				
<b>Action required:</b>	Decision			
<b>Decisions at previous committees</b>	None			
<b>Purpose:</b>	<p>Sponsoring Board are asked to consider the plan set out to deliver the BNSSG response to the Long Term Plan and:</p> <ul style="list-style-type: none"> <li>• Agree the plan set out</li> <li>• Communicate this plan with relevant individuals and teams within partner organisations</li> </ul>			
<b>Summary of relevant background:</b>	<p>The national NHS Long Term Plan was published in January 2019, in which local health systems were asked to produce local five-year plans for implementing the commitments set out nationally.</p> <p>The local plan is expected to</p> <ul style="list-style-type: none"> <li>• Involve local communities in its development</li> <li>• Use evidence of population need to inform priorities and targeted action</li> <li>• Build on existing plans and strategies</li> <li>• Define how outcomes will be achieved and initiatives will be adopted</li> <li>• Outline how financial stability will be achieved</li> </ul>			
<b>Discussion / decisions required and recommendations:</b>	<p>Discussion:</p> <ul style="list-style-type: none"> <li>• Any ambitions for the local plan that the Sponsoring Board would like to ensure are captured</li> <li>• The plan set out and its ability to deliver those ambitions</li> </ul>			

- Agreement to proceed with the plan set out

## NHS Long Term Plan

The NHS Long Term Plan<sup>1</sup> was published in January 2019, setting out the ambitions for the NHS over the next ten years and tasking local systems to develop implementation plans aligned to a five year funding settlement. The publication was framed within the context of the NHS Five Year Forward View<sup>2</sup> published in 2014 which initiated the creation of STPs and new care models. The Long Term plan builds intentionally on national direction already set out and the STP plans, including one for BNSSG, articulated in 2016<sup>3</sup>. This BNSSG plan, marked the start of our Healthier Together portfolio of programmes and system-wide governance arrangements to deliver large-scale change and progress towards financial sustainability.

The Long Term Plan is still hinged upon the delivery of the IHI triple aim: Improving the experience of care, improving the health of populations and reducing the per capita cost of health care.

Since its publication, local health systems have been asked to produce local five-year plans to implement the commitments set out nationally. The local plan is expected to:

- Involve local communities in its development
- Use evidence of population need to inform priorities and targeted action
- Build on existing plans and strategies
- Define how outcomes will be achieved and initiatives will be adopted
- Outline how financial stability will be achieved

Furthermore, the Long Term Plan articulates that every system will become an Integrated Care System by 2021; currently our system is on the trajectory to become a “Developing ICS” from April 2019. Our local response will also need to be sufficiently comprehensive to evidence the progress towards becoming an Integrated Care System.

## Outline Approach

The BNSSG response to the Long Term Plan offers an opportunity to build upon the strategy and high level delivery intentions already set out within our vision to provide a more detailed, evidence based set of priorities with clear ambitions, measurable impacts and alignment towards financial balance over the coming five years.

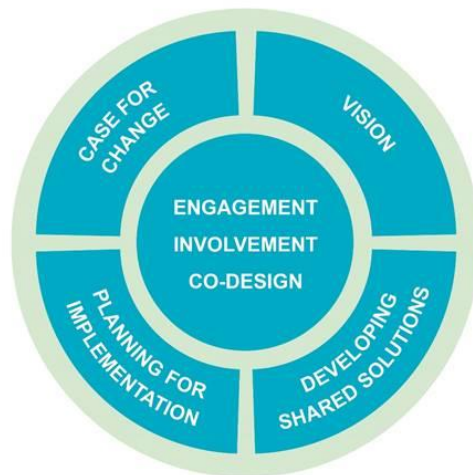
The full plan will need to cover both system-wide clarity of ambition and direction whilst building in planning timelines owned by system-wide programmes and steering groups. The overall plan will cover the following components:

---

<sup>1</sup> <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

<sup>3</sup> <https://bnssghealthiertogether.org.uk/documents/bnssg-stp-october-2016-submission-appendix-a/>



Our system aspires to use value principles and a clear evidence-base as a case for change, setting out priorities and how plans could be implemented. Using value as an underpinning principle enables prioritisation based upon delivering the best possible outcomes for a fixed allocation of funding. In addition, the principle of value provides transparency around understanding variation in access and outcomes.

To deliver this, the emerging linked dataset, combining acute, mental health, community and some primary care data and led by the Population Health Management steering group will be used to provide an evidence base which has not previously been available. This will add to other data profiles at ward and cluster level alongside JSNAs for the 3 localities and the BNSSG-wide STP case for change. Using this data will enable our system to understand for the first time:

- **Our population:** How groups of the population use the wider health system upstream before an individual has an unplanned episode, enabling identification of opportunities for prevention and maximising value.
- **Our service redesign:** Patterns in service use by cohorts of people with similar needs or demographics enabling design of targeted services
- **Impact of redesign initiatives:** Use of both retrospective and prospective data already collected by partner organisations to assess the multiple variables influencing the impact of a redesign initiative

Currently, five of the 82 available practices are sharing data, with more practices agreeing data sharing terms over April and May, this will improve the scope of available data.

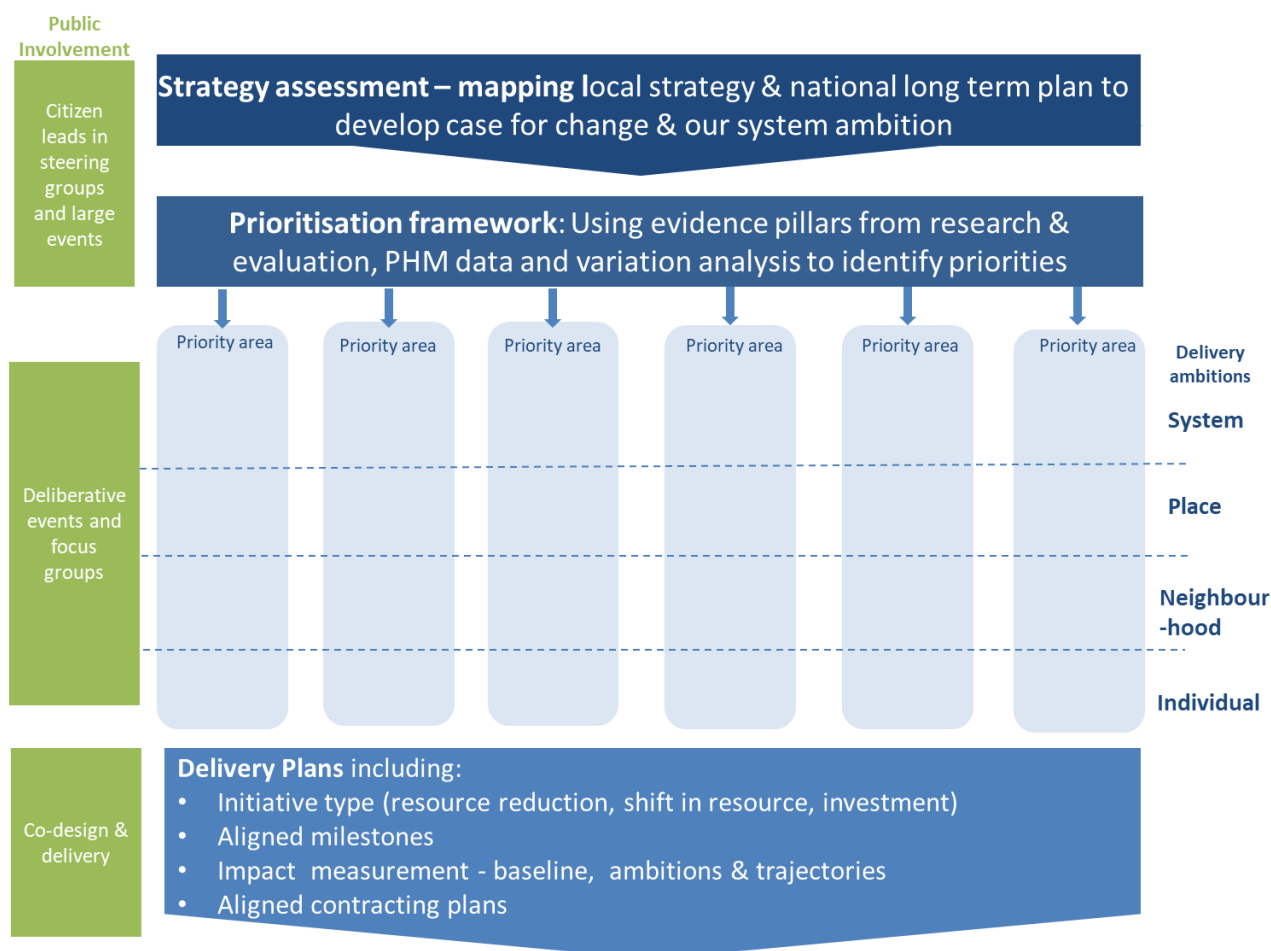
Collectively, this data will enable an understanding of the specific needs of the local population, the impact of wider determinants and the gaps in care and unwarranted variation. Using modelling to determine high and emerging risk groups most amenable to interventions will enable design of interventions to target the relevant population segments.

To ensure the plan is fully evidence based, it is proposed that key system functions come together to develop an evidence based prioritisation framework. These are:

- Value principles and programme
- Variation analysis (GIRFT, Right Care)
- System-wide evidence, intelligence, and population health management outputs
- Transformation and change management expertise
- Citizens panel and local authority surveys

- Clinical advice
- VCSE input

Using the principles set out above and including the different opportunities offered to involve citizens in developing the plan, the framework set out below aims to provide a high level summary of the process and content included within our system plan.



As set out in the Long Term Plan all systems are asked to consider their plans at a number of levels; system, place, neighbourhood and individual. The framework sets out planning within this context as it enables clarity over which change initiatives will be planned and delivered at each level. For the purposes of our system, these definitions have been set out below; a local definition of Locality is also included for completeness:

	<b>Population perspective</b>	<b>System perspective</b>
<b>System</b>	All BNSSG citizens	All BNSSG organisations
<b>Place</b>	All citizens in local authorities boundaries	All organisations within local authority boundary area
<i>Locality</i>	<i>Citizens registered to practices within a locality</i>	<i>Groups of practices and community organisations as set out by CCG Locality Transformation Scheme</i>

<b>Neighbourhood</b>	Citizens registered to practices within a Primary Care Network	Primary Care Network level (or cluster – terminology previously used)
<b>Individual</b>	Person	Single organisation

## Timeline for delivery

This timeline is set out using the following assumptions working backwards from the anticipated submission date:

- That a full plan will need to be submitted in October
- Need a specific workstream for PHM to ensure outputs in time to shape priority setting.
- Our local boards will have sight of a final draft (partner boards, Health and Wellbeing Boards, Joint HOSC)
- The key activity which requires most time is enabling Steering Groups and Programme Boards time to develop upon current plans to deliver five year plans for the priorities agreed identified through the prioritisation process

