

# **Healthier Together Sponsoring Board meeting paper**

### Item 4

| Title  | Acute Care Collaboration Strategy – approach and output |
|--|---|
| Date of meeting                                    | Sep 2018  |
| Author   | Paula Clarke / James Dunn                               |
| Sponsor / Director                                 | Andrea Young  |
| Presenter  | Andrea Young  |
| Purpose: Approve / endorse / discuss / note        | Discuss and endorse                                     |
| Previously discussed / endorsed at (Group / forum) | ACC Strategy Development Group                          |

### Purpose:

To seek endorsement and support from the Sponsoring Board on:

- The proposed approach to developing a Healthier Together Acute Care Collaboration strategy
- 2. The proposed product and output of the strategy
- 3. The draft set of principles for collaboration

## Issue / summary:

The Acute Care Collaboration oversees the evolution of acute care provision aligned to the Healthier Together vision. A key part of this work is the development of an overarching ACC strategy that will provide a framework and approach for acute care providers to collaborate together and with wider networks, to improve patient care and outcomes. This work will cover the 3 key aspects of acute care: core general acute services; interface with community locality services and specialist provision for both BNSSG and the wider catchment population.

# 1. Proposed approach to developing the strategy:

# **Key elements of the Acute Care Collaboration Strategy**

# Case for change:

- Understand acute services within overall system model / population need – demand to meet population health needs; required capacity; workforce; financial planning
- 2. Baseline existing services a balanced scorecard across providers reflecting: quality, patient experience & outcomes; access, capacity & demand; clinical leadership & workforce sustainability; financial sustainability; and strategic direction (i.e. towards locality provision or towards networked specialisation)

#### Vision

- A compelling statement of our ambitions for delivery of the best acute and specialist care
- 2. A set of principles that underpin our aims to work together
- 3. Characterisations for what this means in practice for clinicians and staff
- 4. Characterisations for what this means for patients and users (before & after stories)
- 5. Service examples that demonstrate and bring to life the scope of opportunity fort change

### **Shared Priorities:**

Identify those service areas / population segments that will be initial priorities for collaboration.

- Underpinned by case for change, population need, service baseline and readiness for change
- Taking account of existing strategic priorities of providers and build on current ACC workstreams
- Framed by Healthier Together vision and the need to design services based on delivering benefits to population health across: emergency services; planned care; and chronic care & long

# Models for implementation (how we facilitate change):

Clinically-led design of models for collaboration (e.g. Clinical Practice Groups, Networks, formal integration).

- Based on research, evidence and best practice models for collaboration from elsewhere
- Led by and responsive to service need, not organisational form. Likely different models for different service types
- 3. Designing & testing models with clinicians, patients and service users
- 4. An evolving approach test and learn

# **Communications & Engagement:**

- 1. Principles of co-design
- 2. Early testing of principles of collaboration, case for change and models for delivery with clinicians and service users
- 3. Round-table work with key stakeholders to further develop key elements especially principles and models of delivery

# 2. The Proposed Product:

The strategy will not be a detailed document describing the full future configuration of acute services. What will be produced is:

- A clear statement of our ambition for acute care services that reflects the views of the public and staff (our shared vision)
- An overarching framework and set of principles for guiding decisions around the

configuration of acute services within the Healthier Together model of care

- Framed by a clear understand of the current service configuration, risks and opportunities, and drivers for change
- Agreement on the priorities for collaboration
- A set of delivery models guiding how services can begin to work together through an integrated approach focused on whole population outcomes and making the best use of existing skills and capacity

### Who is involved:

Sponsor: Andrea Young

• SRO: Paula Clarke

Core development team:

| • | Sarah Truelove   | Dir of Finance                              | CCG      |
|---|------------------|---|----------|
| • | Sarah Nadin      | Assoc Dir of Strategy and Business Planning | UHB      |
| • | Tim Keen         | Assoc Dir of Strategy                       | NBT      |
| • | Rebecca Dunn     | Assoc Dir of Strategy                       | WAHT     |
| • | Laura Nicholas   | Pro Director                                | STP      |
| • | James Dunn       | Programme Manager                           | STP      |
| • | Pete Bramwell    | Comms                                       | NBT      |
| • | Ruth Taylor      | Chief Exec                                  | One Care |
| • | Martin Jones     | Clinical Lead                               | CCG      |
| • | William Oldfield | Medical Dir                                 | UHB      |
| • | Chris Burton     | Medical Dir                                 | NBT      |
| • | Peter Collins    | Medical Dir                                 | WAHT     |

## **Key Interdependencies:**

Interdependencies will be managed by SRO to SRO communication, the Healthier Together PMO function and through the communications & engagement activities, including socialising the work in progress and more in-depth workshops and round-table sessions

- Mental Health & Integrated Localities plans
- SDOG whole system plan
- Clinical Cabinet and value programme
- Healthy Weston

## **Timeframe:**

- Initial draft Feb 2019
- Final draft April 2019

### **Resources Required:**

We will flag to the Sponsoring Board any requirements for resources as these emerge. In the first instance the key areas requiring support include:

- The case for change analytics (to be completed by CCG and Acute Trusts and informed by the STP work on population segmentation)
- Comms and engagement (being provided initially via STP office and Acute Trust comms leads)
- Clinical engagement. There is engagement from medical directors representing the main partner organisations. Further requirements for clinical input to designing models of delivery will be assessed with medical directors in the next strategy group meeting.

# 3. <u>Principles that underpin our aims to work together as an Acute Care</u> Collaboration:

This is the first draft which is subject to testing with key stakeholders (public and staff) as part of our communication plan. The intention is to reflect what we want to achieve for patients in delivering care and how we will work together so we can test and guide our decisions. The way we articulate these principles will be adapted for different communication approaches when developed:

We will -

- Deliver acute and specialist hospital services to achieve the best outcomes for the populations we serve in line with best practice and evidence
- Work more closely with patients, families and across health and social care providers to codesign more joined up care that takes account of the whole person and ensure that care is provided in a hospital setting only when appropriate.
- Deliver care that is safe, consistent and joined up across the whole patient pathway and across our geography ensuring equity of access, eliminating unwarranted variation in care pathways and achieving best value by working together to maximise efficiencies of scale
- Ensure acute services play an active part in helping patients to keep themselves well
- Design services that will meet everybody's needs, particularly meeting the needs of patients with mental health conditions or learning disabilities.
- Collaborate to make the best use of our specialist skills across the whole healthcare community, supporting our workforce and attracting and retaining the best calibre staff, through provision of world class training, education and research.
- Work together as a system to deliver leading research and innovation to drive the best outcomes for our population.
- Ensure acute services keep a focus on whole population health to achieve optimum value from healthcare spend
- Address our challenges and opportunities collectively not as individual organisations

### Recommendations:

- 1. To endorse the proposed approach to developing a Healthier Together Acute Care Collaboration strategy
- 2. To endorse the proposed product and output of the strategy
- 3. To endorse the draft set of principles for collaboration