

# Healthier Together

# Update report for Partner Boards

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## 1. INTRODUCTION

The purpose of this report is to brief partner Boards on the progress and status of the Healthier Together Sustainability and Transformation Partnership (STP).

# 2. DEVELOPING THE BNSSG SYSTEM PLAN FOR 2019/20

While it looks like the NHS in Bristol North Somerset and South Gloucestershire (BNSSG) is on track to improve our overall financial performance for a third year in a row in 2018/19, we have another challenging year ahead to keep performance and our finances on track. Some of the planning guidance was published just before Christmas, with full guidance not available until 10 January. That said, the System Delivery Oversight Group (SDoG) and the planning subgroup are continuing to focus on progressing the system plan.

A draft system activity plan submission was made as required on the 14 January and organisations have shared and started to review all of the change initiatives that are planned for 2019/20 to help us focus on the changes that will deliver the biggest impact. We will have a full narrative plan as a system for the first time in 2019/20 and this will also set out how the 2019/20 plan will contribute to the NHS long term plan (publication imminent). Next step for SDoG is to work on our collective savings plans for next year.

Development of a workforce plan for 2019/19 remains one of our highest priorities, where external support has been procured.

Aligned to the milestones we previously agreed (set out in the previous STP partner board report in November) SDoG has also started work on a system wide performance framework. This is an important development towards our Integrated Care System (ICS) progress as in its final form it should in time enable the BNSSG STP to become self-assuring.

### 3. URGENT AND EMERGENCY CARE ACCELERATED REDESIGN EVENT

Around 100 healthcare professionals and specialists from across the STP area came together for a two day urgent and emergency care accelerated design event on 11 & 12 December. The group focused on how the system can work together to re-design services such as A&E, NHS111 and GP out of hours to improve how the system manages urgent care demand.

The Event Design Group reconvened just before Christmas to agree next steps. The transformation roadmap produced at the event has been organised into 7 groups of deliverables all aimed at delivering a new clinical model for urgent care during 2019/20:

- Triage and routing
- Developing Locality Hubs to Manage Urgent Need
- Digital and data
- Training and communities of practice

- Social marketing and communications
- Implementation of new payment structure and financial risk approach
- Clinical governance and risk management

The leadership and participants needed to take forward the work in each of these groups of deliverables are now being convened with representation from across all partners. A further event to finalise plans and test anticipated benefits is planned for late March.

#### 4. ASPIRING INTEGRATED CARE SYSTEM PROGRAMME

December marked the end of our time on the national Aspiring Integrated Care System (AICS) programme. NHS England nominated the BNSSG system for the programme and we have been supported by external providers PwC and Optum to progress with our integrated care system (ICS) plans since August. This programme has enabled us in particular to accelerate system working in delivering improvements in urgent and emergency care, sharpening the vision for Healthier Together, developing an approach to population health management and support with developing our system collaborative working arrangements and supporting governance.

These four areas were identified following an initial self-assessment against nationally identified criteria to define key capabilities of an ICS. A road map designed to capture the further work we need to do to demonstrate progress in the areas identified for development in the self-assessment is nearing completion.

To support this work, the STP has been successful in securing an additional £700k of national funding. Proposals for deploying this are currently being put together.

On 14 January the chairs reference group met and their discussions included consideration of our collective ambition for becoming an ICS within wave 3 of the national programme and what will be needed to enable this.

# 5. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

# **5.1 FRAILTY PATHWAY**

More than 160 stakeholders including those from STP partners, GPs, care homes and domiciliary care providers, voluntary sector organisations and older people all came together on 6 December to begin work on designing a community model of care for older people who are frail.

An Age UK video and presentations in the morning focused understanding frailty, emphasising the potential to halt people's decline and support them to stay healthy and independent at home. The focus needing to be on enabling people rather than disabling them with the support offered. There was a direct challenge to consider how better use of existing workforce and facilities could bring us into line with the best performing systems in the world (some of which

are in the UK). This was further backed up when local presenters showcased some of the positive work already underway across BNSSG.

The afternoon was spent agreeing the outcomes we wish to achieve and these included two key areas:

- Ensuring nobody spends time in hospital just because they are frail
- Supporting health, wellbeing and independence.

Participants began the collaborative approach to generate a number of ideas for change to deliver those outcomes and agree plans to test these ideas. This is the beginning of developing locality based delivery of integrated frailty services.

A frailty steering group is also being established to oversee these developments, learning from the best, developing the underpinning need, demand and capacity modelling and bringing the work together into a coherent overarching BNSSG model of care.

#### 5.2 HEALTHY WESTON PRE-CONSULTATION BUSINESS CASE

The process of developing options for the future of some services in Weston is almost complete and ready to go to consultation. A decision, based on the final pre-consultation business case (PCBC), is due to be taken by the CCG governing body in February 2018. Whilst there has been significant progress in developing a range of new and different service offers across Weston in areas such as primary care, mental health, frailty and children's services, some of the proposed hospital service changes are likely to require public consultation. The PCBC has considered over 1000 different potential models. These have been analysed and assessed to produce a shortlist of 6 models focussed mainly around urgent care provision, supported by the other changes already being developed and implemented in the wider care system. There has been significant up front engagement with staff, public and stakeholders so that the shortlisted models are significantly influenced by the feedback received.

If the CCG makes its decision to go ahead with consultation at its February meeting, formal consultation will commence shortly afterwards. These changes once implemented move the Weston system a significant step closer to addressing the long standing clinical and financial sustainability issues that have faced the community for a number of years, and towards a better, more responsive and affordable service offer to meet the needs of local people.

# 6. COMMUNITY SERVICES REPROCUREMENT

BNSSG CCG has now gone live with its community services procurement process following approval to go ahead at its governing body meeting on 8 January.

The CCG wants a single provider to deliver adult community services for a term of up to 10 years across Bristol, North Somerset and South Gloucestershire. The provider needs to become a long-term system partner, providing person-centred care, working closely with primary care leadership and being flexible to transition

towards more integrated and innovative working. This procurement will be an important step towards delivering the vision for integrated care for the STP.

There are four key service areas that will help to transform care across our system:

- Integrated locality teams focusing on relationships with primary care
  through regular multidisciplinary team meetings to support people who
  have relatively stable needs to manage their condition. Access to
  community services will be through a single point of access that will
  respond in a timely manner and develop a consistent care plan and
  named contact for the person being referred.
- Urgent and reactive care teams working across localities to manage people who have acutely worsening conditions. This includes rapid response and has links to secondary care and community beds to help people remain in the community and enable prompter discharge from hospital.
- Specialist advice and support has clinical staff knowledgeable about specific conditions such as diabetes and heart failure. There is an expectation that community services will strengthen links between secondary care and primary care and ensure that patients, carers and professionals within the community are empowered to better understand and manage specialist clinical conditions.
- Locality hubs are a range of service models that are provided through physical building(s) and/or virtual connections of professionals within a locality that give people and professionals across a larger area access to services that support wellbeing and promote proactive care and selfmanagement.

The indicative budget for the services is around £100m per year and covers all core adult community services, including integrated locality teams, locality hubs, acute and reactive care and specialist advice and support. It is expected that mobilisation of the new contract will begin from August/September 2019 and the service will go live from 1 April 2020.

In response to the CCG's requirement to re-procure community services Bristol Community Health and North Somerset Community Partnership have announced their intention to merge. This announcement was made following a an overwhelming vote of support by staff shareholders. The merger will take place after August 2019, once commissioners have announced the outcome of the tender and subject to a successful joint bid by the two organisations.

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