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. THE BNSSG SYSTEM PLAN FOR 2019/20

Work to agree a system plan for 2019/20 continues. A further submission to regulators was made on 12 February, with final plans due for submission on 11 April. Organisations are currently working with now-confirmed allocations and control totals to agree finance, activity, savings, performance and workforce plans. At present, the overall position for the system remains challenging, with processes in place to agree expected demand growth and savings requirements. There are particular risks around urgent care activity, workforce recruitment assumptions and finance, and these remains key priorities within the plan.

A high level consolidated workforce plan for 2019/20 has been produced, with further work planned at a more detailed level in the coming weeks.

A draft narrative document has been produced, co-produced by planning leads from partner organisations. This is the first time that a single system level narrative has been produced. It is hoped that this can be endorsed by partner boards once finalised.

3. PROGRESS TOWARDS INTEGRATED CARE SYSTEM (ICS) STATUS

Work is continuing to support progress towards the Bristol, North Somerset, South Gloucestershire (BNSSG) STP becoming an Integrated Care System. Since the update provided in January 2019, the NHS Long Term Plan has been published which confirms that all STPs across the country are expected to become ICS's by 2021.

The Healthier Together team has developed a "roadmap" which sets out specific plans developed through the national aspirant ICS programme, as an outcome of our initial programme involvement between October and December 2018. This could lead to us becoming an ICS by March 2020.

Local system leaders undertook a readiness self-assessment against nationally determined criteria. This identified some areas of good progress to date, such as the development of primary care localities, effective leadership relationships and system-wide management of urgent care demand. However, feedback also highlighted a desire to use the Aspirant programme to accelerate maturity in some key areas:

  i.   System-wide decision-making
  ii. Building a narrative that can be used to support wider communication of the system vision
  iii. Redesign of urgent care services
  iv. Embedding population health management

Over the course of the 11 weeks of the Aspirant ICS Programme we focused upon the following areas:

i. Clarify our ambitions around Population Health Management and accelerate progress
ii. Address our Urgent Care challenges directly whilst using it as an opportunity to consider our governance, performance management and financial model
iii. Access expertise and space to consider our narrative and purpose

The Terms of Reference (ToR) for the programme outlined that the majority of activity would be focused on our Urgent and Emergency care system, with a goal to make significant progress over 2019/20, and the ambition to have implemented tangible changes in advance of Winter 2019/20.

Urgent & Emergency care work streams are continuing to define specific and tangible impacts that will enable us to:

• Implement digital first access to urgent care
• Standardise some routing of access to urgent care
• Increase capacity in the community for urgent/on the day access
• Reduce demand on A&E and 999 calls
• Target interventions for people more likely to require/use urgent care services

In addition to this work stream, our roadmap has evolved to encompass two further work streams (Population Health Management and System Culture).

For Population Health Management – we aspire by the end of 2019/20 for three goals in this area:

• All localities will have access to data to inform their proactive care models
• This information will have informed our five year plan
• We use this data to evidence impact of any changes

Over 2019/20 we aspire to make significant progress in developing the culture of our system and enabling this to pervade into individual partner organisations. This will achieved through:

• A robust communications strategy
• Leadership development across organisations

To support these plans our system has secured £572k of central NHS England funding to continue our progress in these key areas. The funding will be used to support, for example:

• A follow up event to consolidate our implementation plans from the urgent & emergency care workshop held in December
• Setting up some of the infrastructure to strengthen a system level business intelligence network and accelerate progress with population health management
• The next phase of our system leadership development programme for executive directors

- Developing a system performance management framework
- Establishing a wider network of non-executive directors

Next steps

At the Executive Group meeting in February, leaders agreed to work towards becoming a fully-fledged Integrated Care System as part of the national Wave 3 cohort of STPs.

System leaders are currently undertaking a second version of the self-assessment against the national ICS criteria. The output from this will identify how much progress we have made since October 2018, and highlight remaining gaps in our development still to be addressed.

A sub group of the Chairs Reference Group is now starting work on how the Sponsoring Board can begin to evolve into a Partnership Board (as set out in the NHS Long term Plan) to support how the system works differently as an ICS in future. The work will start with revised terms of reference.

We will begin work in April on development of a memorandum of understand (MOU) that will describe in detail the new collaborative working arrangements we will need to have in place to be an ICS. This will need to be co-designed with all partners and approved by boards in due course.

We will engage with the national assessment process for STPs working towards ICS status once the more detailed requirements are known.

Organisation Boards are asked to consider their views in respect of the BNSSG STP Sponsoring Board potentially progressing to become a more formal partnership board, and in accordance with the ambition set out in the NHS Long Term Plan, working towards becoming an ICS in wave 3 of the national programme. What are the key considerations for the STP in relation to sovereign boards?

4. CITIZENS PANEL PROGRESS

The Citizens' Panel is set to become an integral tool within STP patient and public involvement strategy for getting properly representative public opinion to the heart of our decision making about care and services in a cost effective, agile way.

With NHS England funding of £25k we have been working with a Bristol-based market research agency, Jungle Green, to establish the Healthier Together Panel. Their role is to work with us to recruit at least 1,000 people fully representative of our population and to deliver and report back on four surveys over the contractual period.

We have recruited circa 700 people to date, with a plan in place to complete the recruitment process in the coming weeks. The objectives of the panel process are:

i. To establish and maintain a representative sample group of our population who we can involve in health and care transformational programmes of work.
ii. To enable us to develop a systematic way of gathering feedback from people in a robust way.
iii. Enabling a continuous dialogue and ways of testing out our plans with our population.
iv. To clearly demonstrate how key learnings from the panel have been translated into tangible action plans and changes in our approach
v. To build trust between our citizens and services.
vi. To have the ability to segment the panel so we can invite members to focus groups and other deliberative engagement activities pertinent to their areas of interest or experience.
vii. To enable those leading change programmes to meaningfully involve representative groups of people to co-produce service change, driving a cultural shift.
viii. To bring balance to the views and opinions of those with a vested interest in health and care.

From late September to December 2018 we ran our first survey in parallel to recruitment. The survey content sought feedback on people's self-assessed general state of mental and physical health and wellbeing, explored individuals' attitudes to improving their health, how they would allocate resources for healthcare if given the opportunity and recent experiences of health and care services.

525 people responded giving a 77% response rate, based on the current panel size. The full report will be shared, and the results published on our Healthier Together website so other interested parties are able to access and make use of the findings.

A second survey is currently at the planning stage and will include some further emphasis on mental health, to help inform the system wide mental health strategy currently in development.

The STP would like to encourage use of the panel by all parts of our system as a means of gaining more comprehensive insight into the views of our population, particularly from parts of the population who are less likely to engage in other ways. Any organisation or work programme interested in seeking views from the panel can find out more by contacting the Healthier Together team at bnssg.healthier.together@nhs.net .

5. DEVELOPING PRIMARY CARE NETWORKS (PCNS)

Primary care networks are a core component of the NHS Long term Plan, and a key building block for the BNSSG ambition to build an entirely new model of local integrated care to help people stay independent, healthy and well in the community. Some of the elements being developed that will help deliver this are:
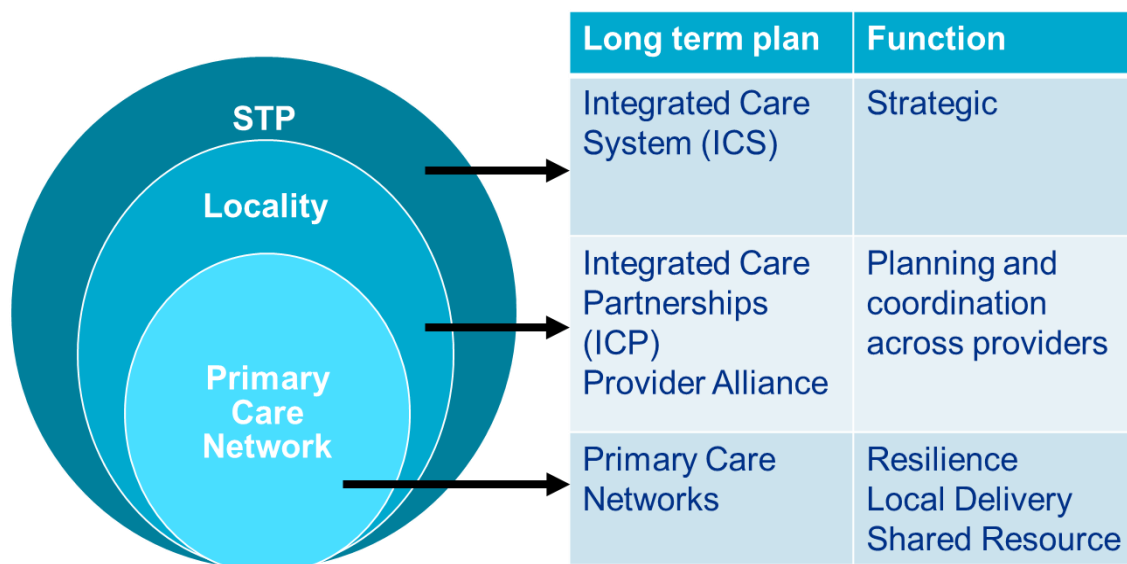
- Frailty hubs and integrated frailty services
- Diagnostic/urgent care hubs
- Mental health services integrated at locality level

Primary will continue to have a key role in delivering these and other developments.

Primary care networks (PCNs) are a great opportunity for the STP to add momentum to our plans for integrated care. They are an essential building block of Integrated Care Systems. Its key features area:

- Typical population of 30-50,000 with geographical coverage by July 2019 expected. 50,000 is a suggested upper level, not a strict requirement.
- PCN must have boundary that makes sense to : (a) Its constituent practices; (b) to other community-based providers , who configure their teams accordingly ; and (c) to its local community.
- Introduction of a new Network Contract – this is a **Directed Enhanced Service (DES)** backed by financial entitlements.
- Each Network will have a named **accountable Clinical Director**.
- Integrated Care Systems will have a critical role in ensuring that PCNs work in an integrated way with other community staff such as community nurses, community geriatricians, dementia workers, and podiatrists/chiropodists.

The networks are a core building blocks for our future integrated care system (ICS)

	Long term plan	Function
STP	Integrated Care System (ICS)	Strategic
Locality	Integrated Care Partnerships (ICP) Provider Alliance	Planning and coordination across providers
Primary Care Network	Primary Care Networks	Resilience Local Delivery Shared Resource

Once implemented they will:

- Enable the directing of significant new resources to primary care to support resilience and to accelerate working together
- Enable ownership at a level where people:
  - know their patients/population
  - know each other
  - can work together to improve care and services
- Support new service delivery and joined-up care, for both physical and mental health, across a wider primary care team
- Build on what we've achieved over the last few years through GP practice clusters and localities
- Support mobilisation of the new model for community services
- Lay the foundation for wider system transformation

We have already started building the networks in BNSSG through the GP cluster and localities work. Networks will be able to contribute to the implementation of the redesign of services such as frailty and mental health.

The networks will also benefit from changes to the GP contract, announced recently. These changes should enable an acceleration of networks development.

6. LOCAL AUTHORITY MEMBER ENGAGEMENT

On 18 February the STP leadership held a seminar with council members from across the three partner local authorities of Bristol, North Somerset and South Gloucestershire, in particular members from the Health overview and scrutiny committees (HOSCs) and Health & Wellbeing Boards. The aim of the seminar was to highlight our Healthier Together partnership progress and to continue to build productive relationships with Council Members who are part of HOSCs and Health and Wellbeing Boards. We particularly wanted:

- To share progress on the STP key programmes
- To stimulate discussion and feedback on the NHS Long Term Plan in the local context and the work we are doing to develop a single system plan

We covered a recap of the STP vision and focussed in on the development of the six integrated community localities.

Colleagues also heard about our workforce transformation plans; the emerging mental health strategy and some of the findings from the first citizen's panel survey.

7. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

7.1 ACUTE CARE COLLABORATION STRATEGY

The STP Acute Care Collaboration priority has been working since September 2018 to develop an acute care collaboration strategy. The strategy has been developed by a multi-organisation sub-group including managers and clinicians from across our system partners, with key elements tested through joint working with the three acute organisations and more widely through some initial stakeholder engagement work.

Summary

The Acute Care Collaboration Strategy is about setting out our vision for how our acute hospital providers will work together. We believe that through working together across hospital providers and with our wider system partners we can achieve excellence in delivery of our specialist and local acute services. By supporting the development of an integrated out-of-hospital offer, we can ensure that our hospital services will be available for those patients who need them most. Our ambition is founded on the recognition that all of our hospitals have a key part to play in providing both general and specialist care.

Our vision for networked hospital services

To deliver exceptional health outcomes for the people we serve through provision of the full range of hospital services from general to specialist, working collaboratively within an integrated care system to make the most effective use of the expertise of our staff and our hospital resources for the benefit of the whole health community.
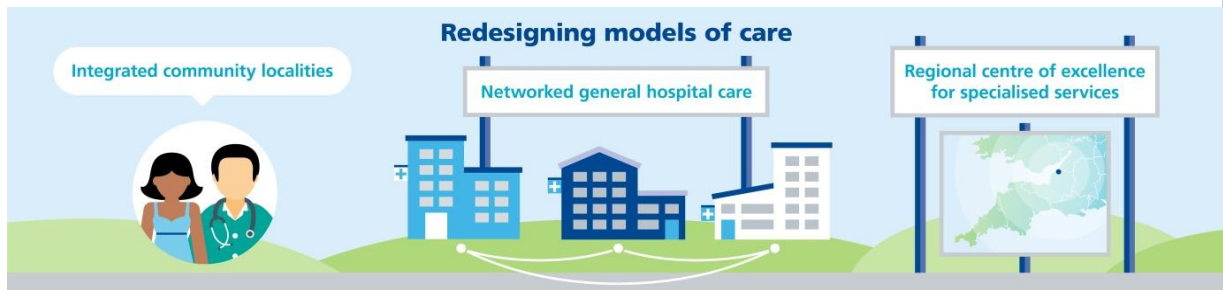
Our vision is underpinned by our principles.

We will address our challenges and opportunities collectively, working together to:

- Deliver the best outcomes
- Co-design joined-up care
- Deliver safe and consistent care
- Support our staff
- Play an active part in helping patients keep themselves healthy

Whilst the strategy does not set out a full future state of how acute services are configured, it does provide a framework through which we will collectively develop and redesign services going forward.

Whilst our hospital services already have much that we can be proud of, there are also many challenges to ensuring that successful and sustainable services can continue to be delivered into the future. In particular, the strategy needs to support the STP by:

- Getting back to delivering key performance standards (including cancer and A&E waiting time standards)
- Transforming cancer care to deliver outcomes in line with the best in Europe
- Improve access to mental health services to bring parity of esteem
- Better integration of health and social care, so that care does not suffer when patients are moved between systems
- Focusing on the prevention of ill-health, so people live longer, healthier lives

The NHS Long Term Plan also challenges us to become financially sustainable by:

- Improving productivity and efficiency
- Eliminating provider deficits
- Reducing unwarranted variation in the system so people get the consistently high standards of care wherever they live
- Getting much better at managing demand effectively
- Making better use of capital investment

Our approach to addressing these challenges will be three fold:

i. Collaborating for excellence in delivery of specialist acute services – making best use of resources including workforce and improving efficiency
ii. Developing an integrated model of care where bed-based care is provided only when necessary. We will work in partnership with our primary and community colleagues to provide care closer to home, and containing the growth in urgent care demand.
iii. Actively contributing to improving the health and wellbeing of our population. Making population health everyone's business with clinicians working to reduce health inequalities and unintended clinical variation

Through a review of data and in discussion with clinical teams we have identified the areas where we think early work on collaboration will have most benefit. Based on the analysis we have collectively agreed to prioritise work in the following areas:

- Enhancing our offer of networked hospital care within an integrated care model. Work will focus in the following service areas:

  o Respiratory
  o Urgent care
  o Stroke
  o Outpatients
  o Musculoskeletal services

  o Diabetes & endocrinology
  o Mental Health
  o Maternity
  o Medicines optimisation

- Developing our specialist clinical services. Work will focus in the following service areas:

  o Neonatal intensive care provision
  o Pathology
  o Urology

  o Cancer

  o Cardiac and cardiology
  o Acute stroke / thrombolytics

Next steps

The strategy is currently being considered, initially in draft, by the three acute trusts, as well as being shared through the STP governance structure to engage and enable feedback from other programmes and organisations.

A final version of the strategy will be produced during April and it is hoped that STP partners will formally endorse it at their Boards, once approved by the Sponsoring Board.

Boards are asked to ensure that the draft strategy is appropriately shared within their organisations. Feedback can be given via Healthier Together *bnssg.healthier.together@nhs.net*

7.2 DEVELOPING OUR SYSTEM MENTAL HEALTH STRATEGY

The mental health STP priority group has begun development of a system-wide 10 year mental health strategy. Mental health is a key area of challenge for BNSSG with increased incidence in the population, rising demand and a need to change the way services respond to people's needs in order to be effective. There are significant health inequalities associated with mental health and around a 20 year life expectancy gap compared with the rest of the population.

Approach

A broad multi-agency mental health strategy group, including service users, has been established to ensure good stakeholder engagement throughout the strategy development process. There is also an ambition to ensure a significant level of listening, engagement and co-design in the production of the strategy by those with lived experience of mental ill-health and mental health services.

There is agreement to ensure the strategy encompasses a whole life course approach, from pre-conception to end of life and also covering services provided across all statutory services including health, social care, education, justice and housing.

The three local authorities – Bristol, North Somerset and South Gloucestershire, are already making progress with an holistic approach to tackling mental health and wellbeing known as "thrive". The thrive principles will also underpin this whole system strategy.

The process has started with a range of listening events involving a wide range of stakeholders including service users and staff. Extensive data analysis is underway, as is a review of current service provision. Synthesis of these elements will form a case for change that will then feed into the co-design of new and transformed service offer.

What we've learned so far

> *Insights from our population - what matters*
> - *Treat people with respect and dignity*
> - *Are accessible and available to all*
> - *Are timely and don't involve complicated entry criteria or long waits to see someone or receive support*
> - *Are flexible, person centred and holistic*
> - *Can accept and support people with complex needs/will not exclude people e.g. with a personality disorder*
> - *Non MH services should be Mental Health competent*
> - *Challenge stigma, discrimination and inequality*
> - *Easy for people with different social, cultural or learning needs to use our services.*

> ***What our clinicians and professionals are telling us***
> - *There are significant workforce recruitment challenges that underpin the need for transformation*
> - *A need to build confidence and capabilities – improve competency and knowledge*
> - *There is a lack of ownership to address mental health needs – we all need to own this agenda*
> - *Not enough timely support or access to resources*
> - *Need to develop approaches that are based on integration*
> - *We need to do better when addressing the underlying causes of mental ill health, ranging from physical ill health through to wider determinants of health and well being*

There are some potential areas of focus / themes emerging for the strategy but these are still being considered:
- Integrating physical and mental health
- Children & young people
- Working age adults
- Older people
- People with high level mental health needs in the community
- Those in crisis

Timeline

The group is aiming to have a completed strategy document for wider engagement during May 2019. Further work on implementation will then commence once the strategy is agreed.

8. RECOMMENDATIONS

The Board is asked to:
- Note the information in this report
- Confirm that this report can be shared with partner Boards for their consideration

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