



## Healthier Together Sponsoring Board meeting paper

Agenda Item: 3

<b>Title</b>	<b>Healthier Regular Report to Partner Boards</b>
<b>Date of meeting</b>	2 August 2018
<b>Author</b>	Robert Woolley / Julia Ross / Laura Nicholas
<b>Sponsor / Director</b>	Julia Ross / Robert Woolley
<b>Presenter</b>	Julia Ross / Robert Woolley
<b>Purpose:</b>	Information
<b>Previously discussed / endorsed at (Group / forum)</b>	None

### **Purpose:**

The purpose of this paper is to share the progress report for presenting to partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership.

### **Issue / summary:**

Partner Boards / committees will be asked to:

- Note the information in this report
- Note the emerging forward programme

Provide organisational feedback to the Programme team about the value of this report and suggestions for future content and reporting arrangements.

This report will be produced on a bi-monthly basis.

### **Recommendations:**

The Sponsoring Board is asked to:

- Note the report content.
- Consider taking this report into partners' next Board / governing body meeting.
- Note the intention to provide a similar report every 2 months.

# HEALTHIER TOGETHER UPDATE REPORT TO PARTNER BOARDS JULY 2018

## 1. INTRODUCTION

The purpose of this report is to brief partner Boards on the priorities and status of the Healthier Together Sustainability and Transformation Partnership. This is the second of these reports.

Since the last report in May, the Healthier Together programme has continued to make good progress. As well as successfully completing a collaborative approach to the annual planning round, the partnership has run a major conference for partners and close external stakeholders which has accelerated the development of plans in 10 key areas that will make a significant difference to citizens and service users across our area.

## 2. 2018/19 ANNUAL SYSTEM PLAN

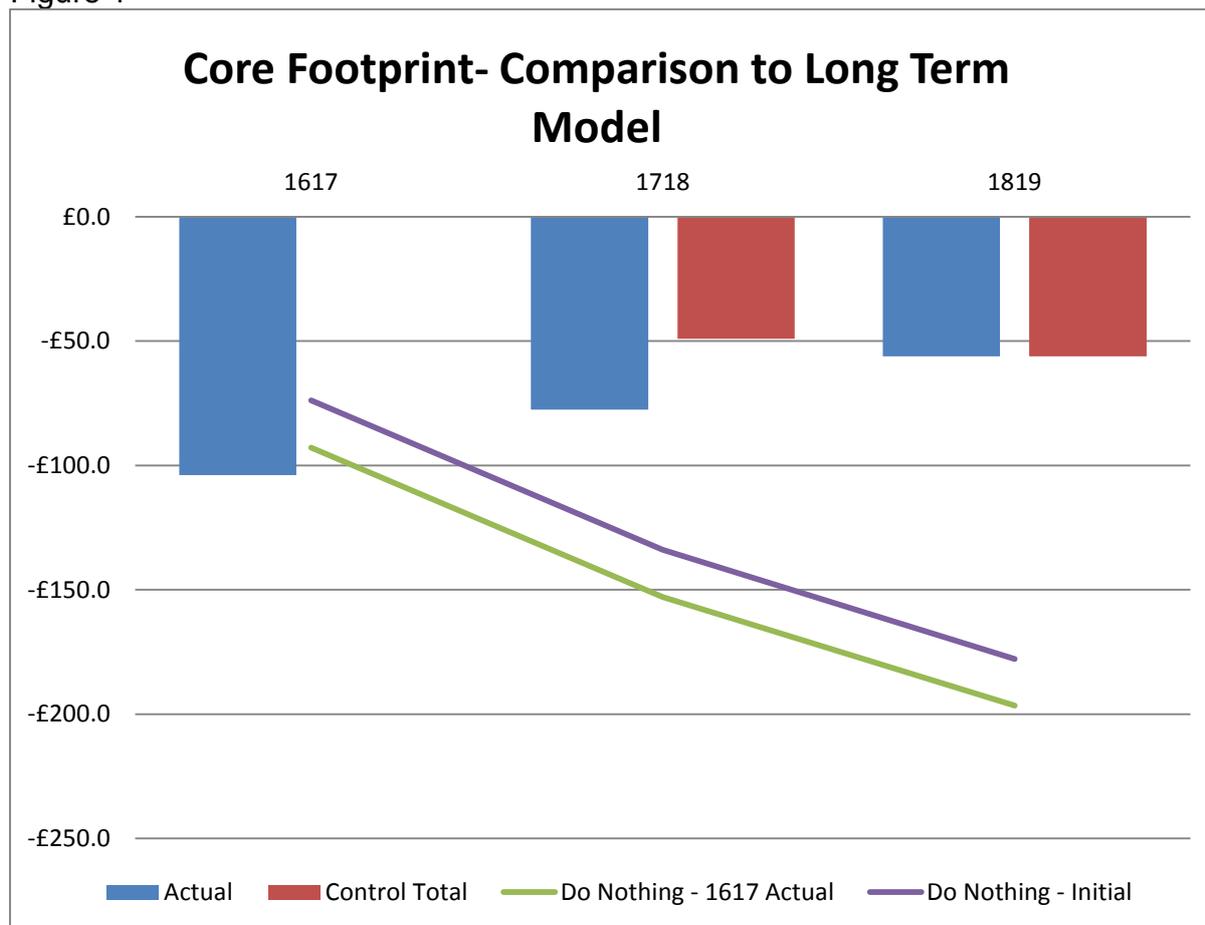
System NHS and community interest company partners have worked more closely together than before in preparing our annual operating plans for 2018/19. As a result we have been able to take account of, and start to align, individual organisation planning assumptions including activity, finance and key performance trajectories.

This has been possible through greater transparency of planning information from the outset and agreement of core planning principles for the system.

Planning work has been led by the System delivery oversight group (SDoG). The system made good progress in 2017/18 – improving the overall financial and key performance positions against 2016/17. SDoG has facilitated a more joined up and consistent approach to planning across system partners for 2018/19. This has delivered plans to further improve the NHS financial position and further performance improvement in some areas. Partners have contributed to achieving a “single version of the truth” at system level for key planning components including a system financial planning total, single activity plan and single set of key performance trajectories. This provides a sound basis on which to build more consistent delivery.

Figure 1 shows the system (NHS organisations) progress towards financial recovery over the past year, and as planned for 2018/19, against our original STP “do nothing” forecast.

Figure 1



The overall system financial position improved by £25.2m in 2017/18 compared to the 2016/17 out turn. We now have a plan that is £27.4m away from the sum of our NHS control totals.

Our community interest companies (CiCs) have contributed to the development of plans and are sharing their high level finance, activity and performance information. Local authorities are not yet formally part of these system planning arrangements but they have expressed a willingness to share high level information and contribute in future.

Four task and finish groups were established to work on BNSSG wide savings areas and these are progressing with schemes aimed at reducing non-elective acute length of stay and excess bed days now agreed and working towards implementation.

The system-wide (NHS) financial position summary is as follows:

- All 5 core NHS bodies signed up to Control Totals
- Control totals excluding Provider Sustainability Fund (PSF) /Commissioner Sustainability Fund (CSF) £56.1m deficit; which is £11.6m deficit including PSF/CSF. This position will be a £21.7m improvement in underlying finances year on year and requires £108m of savings, which is greater than £97m delivered in 17/18.

Organisation	Plan excl PSF/CSF
UH Bristol	3.0
NBT	(34.6)
Weston	(12.4)
AWP (55%)	(2.1)
Core Providers	(46.1)
CCG	(10.0)
Core Footprint Total	(56.1)

- Full alignment of financial and activity plans between commissioner and provider, excluding CCG acute care QIPP plans
- Planning gap remains for Specialised Commissioning and major acute providers
- Activity growth higher in emergency and lower in planned care due to current trends and impact of referral management. Agreed £4.6m shared investment plans to reduce demand on acute beds via SDOG
- Meeting Mental Health Minimum Investment Standard

### 3. HEALTHIER TOGETHER CONFERENCE 21 JUNE

On 21 June almost 300 people from across the Healthier Together partnership and our close external partners joined system leaders at our first big event as Healthier Together. The objectives for the event were:

- Celebrate our progress so far as an STP
- Understand the challenges and recognise the opportunities to address them collectively
- Come together to shape solutions to achieve the ambition
- Leave feeling that we can be advocates of the vision in our teams and organisations

Delegates heard about further development of our system vision and key challenges. Professor Sir Muir Gray provided an engaging keynote address that challenged the system to think about population health and optimising value in clinical intervention.

10 STP priority areas were chosen to participate in sharing their challenges, vision and emerging future plans in a market place and in seminars. The areas were:

- Integrated community localities
- Primary care
- Acute care collaboration
- Urgent care
- Mental health
- Prevention

- Maternity
- Healthy Weston
- Workforce
- Digital

These are consistent with the work areas listed in the previous report. The feedback from the event will be used to shape the STP plans for the next 12 month phase. These plans are being considered by the Sponsoring Board at its 2 August meeting. More detail on each of these areas and the emerging plans can be found in the library section of the Healthier Together website.

<https://bnssghealthiertogether.org.uk/>

#### **4. BIDS FOR CAPITAL AGAINST NATIONAL FUND**

In the November 2017 Budget the Government announced an additional £4bn of Capital funding for the NHS for the period up to 2022/23. This money is on top of the current NHS Capital Budget of £4.8bn per annum.

The £4bn was part of a package of reform in the Naylor Review which identified £10bn requirement for the NHS. The STP capital bidding route will be the main route through which to seek new public capital going forward. £425m was committed last financial year. c.£800m has been recently announced, including the successful £7.5m bid to consolidate mental health estates in Bristol.

£1.8bn of the STP public capital remains uncommitted and bids were invited by NHSI/NHSE in May.

Healthier Together STP was required to submit to NHSI/NHSE by 29 June 2018:

- Prioritised Wave 4 Capital Bids to cover major estates and facilities projects, equipment and certain elements of IT across the STP footprint.
- An STP estates strategy including a consolidated capital programme.

Expressions of Interest were invited by the Healthier Together team with a deadline of 18 May 2018; 35 schemes were submitted from across BNSSG. A Prioritisation Panel was convened on 25 May, chaired by James Rimmer, Chief Executive of Weston Area Health Trust, to consider the proposals against a range of criteria. The panel which was also made up of senior finance and estates leads from across the system recommended 14 schemes to be worked up for submission to NHSE/I by 29 June 2018.

The Prioritisation Panel re-convened on Monday 25 June to review the developed bids. The panel considered:

- the maturity of the bid
- the strategic fit of the scheme with the vision of Healthier Together
- the financial viability of the scheme

The NHSE/I bid documentation called for proposals with a complex mix of:

- economic value for money as defined by the Treasury
- financial impact on NHS organisations and whole system
- impact on Transformation, Service Need, Consistency with STP Plans, Patient Benefit & Demand
- Schemes under the different financial regimes of NHS Foundation Trusts & Trusts, NHS England (replacement for ETTF), Primary Care and Community Interest Companies

This has understandably led to some different presentation of both financial and non-financial benefits. The panel therefore felt that a range of schemes should be recommended, representing both an assured financial return and a strategic fit.

Proposals are now being reviewed by NHSE/I colleagues as part of a national process. Successful bids are likely to be announced in the autumn.

A summary of the ranked submitted bids is shown in appendix 1.

## **5. WORKFORCE STRATEGY**

In May the Sponsoring Board received the Healthier Together Workforce Strategy which had been developed by a group drawn from across the BNSSG health and social care partnership, and also including third sector organisations and staff side representation.

The strategy is intended to be a living document that will continue to develop as our plans for system transformation continue to take shape. In this initial stage, the strategy is focussed on the key clinical workforce supply pipeline.

The workforce programme is focussed on addressing the future supply of appropriately trained staff in a sustainable and transformational way through partnership working.

The vision, goals and ways of working for the workforce programme were reviewed by the Sponsoring Board on 31 May. The three goals for the next 2-3 years are summarised in the diagram below, with a focus on significant increases in supply at entry level, registered practitioner roles, and in advanced practice. The goals are intended to support all Healthier Together workstreams, and are underpinned by some key enablers such as workforce planning and training passports.

## Workforce Strategy Goals



A baseline assessment has been undertaken to understand our workforce gaps. Registered nursing and entry level health and social care vacancies are the most numerically significant gap. There are 546 FTE registered nurse vacancies across acute and community health organisations, and a further 203 (pro-rata) in AWP (June 2018) plus significant registered nurse vacancies in primary care and 7.8% registered nurse vacancies in social care (2017 data).

The headlines by sector are summarised below.

### Social Care

- BNSSG Social care has the highest vacancy rates across social care in the South West, with a care worker vacancy rate of 10.9%, representing 1,300 vacancies. The high turnover rate of 37.7% means more than a third of the workforce leave every year, presenting a significant recruitment challenge. 1.9% of the workforce for care workers are agency staff.
- 19% of all care worker roles across BNSSG were non UK born, with 9% born in the EEA (non UK). This reliance on the EEA as a source of care home workforce indicates potential issues for the future if there are changes to free movement within Europe.

- 15% of local authority employed carers and 59% of independent sector do not have any appropriate care qualifications.

### **NHS and Community Providers**

- There is a well-documented national vacancy problem for registered nursing, which is impacting on BNSSG in hospital, community and primary care settings.
- BNSSG has difficulty in recruiting medical staff, including consultants, middle grades and doctors in training, in certain specialties, particularly care of the elderly and emergency department.
- High sickness and vacancy levels are linked to agency spend, with particular hot spots being registered nursing in the acute and community sectors.
- The high proportion of staff reaching retirement age is a particular risk in the context of existing high vacancy and turnover levels, with 29% of all NHS and community staff in BNSSG being over 50.

### **Primary Care**

- The range and quality of primary care workforce data is more limited than for other sectors.
- Only 6% (3,082) of the BNSSG health and social care workforce work in primary care.
- There are 5% fewer GPs in BNSSG WTE compared with 2012.
- Whilst GP age profiles across BNSSG overall are better than the national median in BNSSG, North Somerset has an older age profile, presenting a potential future risk to supply.
- More GPs are choosing to work part-time and/or have portfolio careers.
- The primary care Registered Nursing workforce has seen a 4% increase in WTE. Over 50% of the current nursing workforce is over 50 years.

**Our overarching aim is to attract, support and develop a workforce that is skilled, committed, compassionate and engaged.** We recognise that unprecedented workforce gaps will undermine service transformation, and our objective is to ensure there are sufficient numbers of staff with the right skills to deliver our new models of care. In order to do this, our objective is to develop sustainable approaches to reducing the gap between workforce supply and demand.

### **Our specific objectives are as follows:**

- Develop a sustainable pipeline of entry level health and social care workers through the creation of career pathways and frameworks that attract and retain staff from school through to advanced practice.
- Considerable expansion of the numbers of registered clinicians both in post and in the pipeline through a robust business case to identify the most cost effective approaches to increasing supply
- Significant increase in the capacity and capability of advanced practice skills, through the development of a common framework and competencies across BNSSG, underpinned by apprenticeship routes to enable progression
- All organisations are enabled to become model employers for recruitment, retention and health and well being

- Workforce planning to ensure that new models of care have robust and realistic staffing models with a focus on improved career pathways, reduced vacancies and more integrated services through joint working.
- Staff are enabled to move between organisations through the ‘passporting’ of training and development, underpinned by common competences. This is supported by common recruitment processes and checks.
- Equality and diversity is a theme which runs throughout our goals and vision.

The specific work packages being put in place to deliver these objectives are summarised in the strategy diagram.

The workforce programme benefits from a significant funding stream from Health Education England (around £1m in total in 2017/18) that is supporting the Healthier Together workforce team resource and funding some of the work programmes.

## 6. URGENT CARE STRATEGY

At its June meeting the Healthier Together Executive Group signed off the new BNSSG system urgent care strategy. This has been developed over recent months with a wide range of stakeholders including staff, clinicians, service users and members of the public. It is attempting to set out the future ambition and key objectives for addressing one of our system’s most enduring challenges.

**Appendix 2** shows the urgent care “strategy on a page” and plan on a page, including the key drivers of our challenges, opportunities to transform, our ambitions for the future and the emerging solutions, including our local response to the national five year forward view “seven pillars” of urgent and emergency care:

1. NHS 111 Online
2. NHS 111 Calls
3. GP access
4. Urgent Treatment Centres
5. Ambulance services
6. Hospital services
7. Hospital to home

Arrangements to start implementing the strategy are now being put in place at a system level as one of the STP 10 priority areas.

## 7. HEALTHY WESTON PROGRAMME DEVELOPMENTS

The Healthy Weston programme is now entering its second phase. The first phase of the work produced a commissioner led strategic context; a well-received process of public engagement; overnight closure of the A&E department at Weston Hospital and generation of a number of opportunities and ideas for addressing the local system challenges which are now being assessed and prioritised for implementation. New governance arrangements have been put in place for the second phase and the

first meeting of the newly established Healthy Weston Steering Group was held on 19<sup>th</sup> June 2018. The next phase is focussed on developing the key change proposals for the local population and specifically those that will require public consultation. BNSSG CCG has the formal statutory responsibility in the system for publically consulting on the proposals. The scope of the Pre-Consultation Business Case (PCBC) was confirmed at the meeting on 19 June, and the more detailed governance arrangements to support the next phase of work agreed. The PCBC will focus on proposals for realising the ambition to see a vibrant and dynamic future for Weston General Hospital at the heart of a local, integrated care system. The Healthy Weston Programme is therefore working to identify proposals that can address a number of long standing issues, including clinical and financial sustainability of some services as well as continuing to meet the health and care needs of local people.

McKinsey's have been appointed to support the CCG in the development of the PCBC following a procurement process, and the PCBC is expected to be presented to the CCG governing body for a decision to consult in the autumn.

## **8. WORKING TOWARDS AN INTEGRATED SYSTEM OF CARE**

The Healthier Together Chairs reference group met for the second time in May. The group has begun to explore ideas and options for developing system governance arrangements that would support the partnership to begin to work towards establishing an integrated care system as defined in recent NHSE/I policy. These discussions are still at a very early stage but will help to define some of the key steps and build on work that the STP executive group started at its recent development session. In particular, there is a desire to enable the system in the short term to progress our joint system planning arrangements for 2019/20. Boards will be kept informed and be appropriately involved in any further developments as they emerge.

## **9. RECOMMENDATIONS**

The Board is asked to:

- Note the information in this report
- Provide feedback from organisation boards to the Programme team about the value of this report and suggestions for future content and reporting arrangements, as appropriate.

**Robert Woolley, Joint STP Lead Executive**  
**Julia Ross, Joint STP Lead Executive**  
**Laura Nicholas, Healthier Together Programme Director**

**July 2018**

### Healthier Together Ranked capital proposals submitted to NHSE/I 29 June 2018

	Bid Reference		Capital spend (k)	Maturity of Bid	Cost Saving (1=Low; 2=High)	Strategic Fit (1=Low; 2=High)	Rank	Final Recommendation
Digital Enabler	23	CCHP IT	1,252	M	1	2	1	1
Digital Enabler	5	Replacement of Information Technology Infrastructure - Weston	10,043	M	1	2	2	2
Digital Enabler	25	NSCP & BCH - Mobile Working for Corporate Services	1,549	L	U	1		
Acute Estate	16	12 additional beds through conversion of assisted bathrooms	1,580	H	2	1	1	3
Acute Estate	21	Combined Heat & Power (District Heating)	6,881	H	2	1	2	4
Acute Estate	2	Weston Hospital – infection control improvements	1,600	M	1	1		
Integrated Primary & Community Care	26a	North Somerset - Primary Care - Weston Villages	241	H	1	2	1	5
Integrated Primary & Community Care	26b	North Somerset - Primary Care - Central Weston	2,911	M	1	2	1	5
Integrated Primary & Community Care	29	Thornbury - Primary and Community Development	9,402	M	1	2	3	7
Integrated Primary & Community Care	3	Weston Hospital Site - Children’s and Young People’s (CYP) Hub	14,830	M	1	2	4	8
Integrated Primary & Community Care	28b	3 Frailty Hubs across BNSSG - North Somerset	5,424	L	2	2	5	9
Integrated Primary & Community Care	28c	3 Frailty Hubs across BNSSG - South Gloucestershire	5,893	L	2	2	6	9
Integrated Primary & Community Care	28a	3 Frailty Hubs across BNSSG - Bristol	7,007	L	2	2	7	9
Integrated Primary & Community Care	10a	Use of technology to support locality development - Care Home Digital	700	U	U	2		
Access to Diagnostics	20	Provision of 3T MRI scanner at South Bristol Community Hospital [Estate enabling work, MRI via charity]	400	H	2	1	1	12
Access to Diagnostics	12	Cossham locality support centre expansion for Imaging Suite	4,200	M	2	1	2	12
			73,913					

Urgent care strategy on a page

BNSSG Urgent & Emergency Care Strategy on a Page						
Strategic Drivers	Vision	Theme	Objectives	Projects/Deliverables	5YFV Pillar	Outcomes
<ul style="list-style-type: none"> <li>Complex needs</li> <li>High bed occupancy &amp; performance challenges</li> <li>Quality &amp; outcomes</li> <li>Complex system</li> <li>Rising Demand</li> <li>Overspend</li> </ul>	<p><b>"I needed help, I called a service and they helped me to where I needed to go. No waiting, no having to repeat history – someone helped me first time."</b></p> <p><b>Ambition - 2023</b></p> <p><i>By prioritising self-care, strong integrated services in the community and by targeting prevention services at those who need us most, we have much lower demand for urgent care or emergency admissions.</i></p> <p><i>We waste no time getting patients the right urgent and emergency care service to meet their needs – it is so simple, for patients, carers and staff.</i></p> <p><i>We are one system, joined up to offer the right treatment or solutions based on a full understanding of a patient's circumstances – a system where patients never have to tell their story twice, where they are safe.</i></p>	<b>Integration</b>	<ul style="list-style-type: none"> <li>Integrate primary, community, social and voluntary sector at a local level.</li> <li>Integrate commissioning to enable patient-centred planning.</li> <li>Universal access to health records</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Locality teams</li> <li>Extended access to GP appointments</li> <li>Commissioning plan to support closer integration of services</li> <li>Connecting Care/shared systems</li> </ul>	GP	<ul style="list-style-type: none"> <li>Improve health outcomes</li> <li>Reduce demand from target groups</li> </ul>
		<b>Targeted Prevention</b>	<ul style="list-style-type: none"> <li>Deliberately design and target services for populations most likely to need urgent care.</li> </ul>	<ul style="list-style-type: none"> <li>Population segmentation</li> <li>RESPECT pre-deterioration plans</li> <li>Multi-agency high impact user case workers</li> <li>Targeted urgent care services, e.g. homeless, children's step-up care</li> </ul>		<ul style="list-style-type: none"> <li>Shorten end to end journey</li> </ul>
		<b>Simplification</b>	<ul style="list-style-type: none"> <li>Make our system easy to access.</li> <li>Offer common assessment at all access points.</li> <li>Make it easier to access diagnostics and advice out of admitted settings.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Urgent Care/Clinical Assessment Service for 111</li> <li>111 Online service</li> <li>Common assessment at every entry point (linked with Clinical Streaming and 111 Directory of Services)</li> <li>Ambulance Response Programme</li> <li>Services to support reduced conveyance</li> </ul>	<ul style="list-style-type: none"> <li>NHS 111 Online</li> <li>NHS 111 Calls</li> <li>Ambulances</li> </ul>	<ul style="list-style-type: none"> <li>Deliver constitutional standards</li> </ul>
		<b>Consistency</b>	<ul style="list-style-type: none"> <li>Standardise urgent care services – MIU/WIC/UCC</li> <li>Reduce our reliance on beds – acute beds for acute need.</li> <li>Protect A&amp;E for accidents and emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioning plan for UTCs (aligned with Locality Hubs plan)</li> <li>Develop directory of services</li> <li>Shared assessment/diagnostic function aligned with Ambulatory Care offer/Frailty assessment, etc.</li> <li>Improved digital capabilities to link up professionals and services with patients – e.g. apps, telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>Urgent Treatment Centres</li> <li>Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Manage within budget</li> <li>Reduce occupied bed days</li> </ul>

## Urgent care delivery plan

### BNSSG Urgent & Emergency Care Programme –2018/19 Delivery and Forward Plan

Theme	Strategic Deliverables	Lead Programme	Projects/Deliverables		
			2018/19	2019/20	2020/21
Integration	Integrated locality teams	Integrated Care	<ul style="list-style-type: none"> <li>Primary care e-consultations</li> <li>Primary care improved access</li> <li>LES recommissioning</li> </ul>	<ul style="list-style-type: none"> <li>Locality Plans</li> <li>Integrated commissioning plan</li> <li>Connecting Care benefits</li> </ul>	
	GP Extended Access	Integrated Care			
	Commissioning integration plan	Urgent Care			
	Connecting care/shared systems	Digital Transformation			
Targeted Prevention	Population segmentation & delivery	Integrated Care	<ul style="list-style-type: none"> <li>Care Homes project</li> <li>High Impact Users &amp; Homeless</li> </ul>	<ul style="list-style-type: none"> <li>Segmentation</li> <li>Pre-deterioration plans</li> <li>Children's step up</li> </ul>	<ul style="list-style-type: none"> <li>All targeted service areas in place</li> <li>Intermediate capacity</li> </ul>
	RESPECT Pre Deterioration plans	Integrated Care			
	Urgent care services by segment	Urgent Care			
Simplification	Integrated Urgent Care/CAS (111)	Urgent Care	<ul style="list-style-type: none"> <li>IUC/CAS mobilisation</li> <li>111Online</li> <li>Community COPD</li> <li>Infusion service</li> <li>Falls response</li> <li>Extension of admission avoidance</li> </ul>	<ul style="list-style-type: none"> <li>Develop Directory of services with targeted alternatives</li> <li>111 online</li> </ul>	<ul style="list-style-type: none"> <li>Common first assessment (streaming linked with 111/DoS)</li> </ul>
	111 Online	Urgent Care			
	Common first assessment	Urgent Care			
	Ambulance Response Programme	Urgent Care			
	Conveyance alternatives	Integrated Care			
	Commissioning plan for UTCs	Urgent Care			
Consistency	Directory of Services	Urgent Care	<ul style="list-style-type: none"> <li>Integrated care bureau</li> <li>Psychiatric liaison</li> <li>REACT</li> <li>Integrated frailty</li> <li>Hot clinics/advice &amp; guidance</li> <li>Predictive system data</li> </ul>	<ul style="list-style-type: none"> <li>UTC designation</li> <li>System plan for integrated assessment function</li> <li>Digital trials, e.g. advice &amp; guidance/tele-med</li> </ul>	<ul style="list-style-type: none"> <li>Integrated assessment function</li> </ul>
	Improved digital capabilities to join up care	Urgent Care			
	Integrated assessment function	Digital Transformation			
Hospital to Home	<i>[Out of scope of the Urgent Care Strategy but part of UC Programme]</i>	Urgent Care	<ul style="list-style-type: none"> <li>CHC assessment out of hospital</li> <li>Rehab pathways</li> <li>Trusted Assessor</li> <li>Optimising social care flow</li> </ul>		