



Healthier Together

Update report for Partner Boards

November 2018

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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 fourth of these reports.

Since the last report in September, the Healthier Together programme has continued to progress at pace including:

- Establishing a clear road map for developing an aligned single system plan for 2019/20
- Agreeing the full programme of national support as part of the Aspiring ICS programme
- Mobilising work to develop both a one year and a five workforce plan
- Producing the pre-consultation business case ahead of going to consultation on the Healthy Weston change proposals.
- Starting work on the business case for implementation of the re-designed single system stroke pathway
- Bringing together and progressing system wide work to transform frailty services into a single forward programme
- Starting work on an acute care collaboration strategy

Our next period will focus on getting programme plans fully established, resourced and delivering; also looking forward to developing our annual plans for 2019/20, with an increased emphasis on extending joint working to maximise benefits for the system and our population.

2. DEVELOPING THE BNSSG SYSTEM PLAN FOR 2019/20

Partners continue to make good progress with the work plan outlined in the September report, as summarised in figure 1 below:

Fig 1. 2019/20 system planning progress

Executive Group June	Paper discussing next steps for Healthier Together planning approach - agreed to develop a single plan and work on a number of enablers e.g. principles to work within, MOU, performance framework.
Executive Group August	Paper received on system ambitions and proposed milestones for 2019/20. Agreed, with further work to be completed to explore possible single budget for urgent care proposal
Sponsoring Board September	Initial discussion on developing principles and governance for the system, facilitated by PWC.
Clinical Cabinet and Clinical Oversight Group September	Discussion and commitment to work together to transform urgent care services. Cabinet statement agreed.

System Delivery Oversight Group Workshop October	System wide agreement on the key risks to be addressed in the 2019/20 system plan: <ul style="list-style-type: none"> • Workforce • Urgent care • Financial recovery
Executive Group development session October	Included work on urgent care leading to 2 areas of focus – Community Mobilisation and Creating a ‘Perfect’ urgent care system.
Aspiring ICS Programme	Agreement to two day Acceleration Solutions Event to develop the model of care, financial model, performance framework and governance arrangements for 2019/20

The system planning workshop on 8 October effectively launched the work programme and helped us to agree our approach and key areas of focus. A number of partner representative groups are now meeting and working together to ensure effective collaboration and pace is maintained. This represents a different way of working which is presenting some challenges. However, having begun the process early and with emerging national guidance supporting and enabling our approach, work is currently on track to achieve a system plan within the nationally determined timeframe.

The focus on urgent care as a demonstration of how partners can plan and deliver together to improve services and outcomes for our population has been welcomed by clinical leaders across the system, who endorsed and formally declared their collective support for a stronger collaborative approach.

Key milestones for completion of the system plan (in accordance with the national timeline) are shown below:

Milestone	Date
Publication of national planning guidance	Mid December
Initial draft submission - activity & efficiency to NHS regulators	14/01/2019
Draft 2019/20 organisation operating plans submitted	
Draft aggregate system 2019/20 operating plan submissions and system operational plan narrative	19/02/2019
Contracts signed	21/03/2019
Final 2019/20 organisation operating plan submission	04/04/2019
Final aggregate system 2019/20 operating plan submissions and system operational plan narrative	11/04/2019

3. ASPIRING ICS PROGRAMME

Over the last two months there has been positive dialogue with NHS England and PwC - the programme delivery partner on developing the inputs we need to strengthen our system collaboration arrangements towards working to become an ICS. Alongside the work we are already doing for ourselves across BNSSG, the external support offer has now been refined into the following four areas:

- i) **Developing a single system plan for 19/20** - an accelerated solution event - two day focused event taking place on 11 & 12 December to redesign multiple elements of the urgent and emergency care system. The event will involve partner chief executives and other senior clinicians and managers and will tackle solutions development in four key areas:
 - The clinical care model
 - Payment mechanisms
 - Developing a performance framework
 - Revised governance to support the above

- ii) **Sharpening our vision** – supporting system senior leaders to further clarify and develop the core narrative and key messages that define our system ambition for transformational change through the STP – the Sponsoring Board will host a half day workshop on 26 November with other senior clinical and managerial leaders invited.

- iii) **Population health management** – support to upskill and mobilise a system approach planning population health improvement.

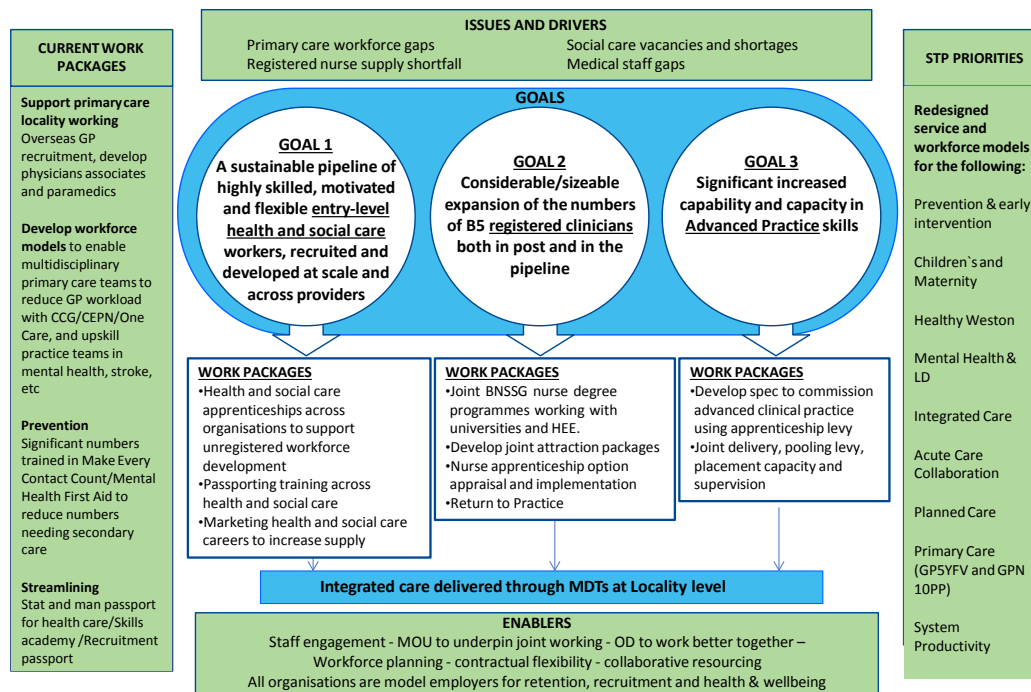
- iv) **Development of primary care localities** – targeted support to help strengthen the emergent infrastructure and leadership in the six local geographies across BNSSG.

The programme will also provide support to develop a “roadmap” with ongoing action in part resulting from these interventions that will prepare BNSSG to progress to ICS status during 2019.

4. WORKFORCE PLANNING

Following agreement of the workforce strategy in August, a comprehensive work programme is now in place underpinning the three strategic goals as shown below:

Our Goals 2018-2020/21



Three working sub-groups have been established, led by partner HR Directors to take forward the agreed work packages. These are:

- Workforce planning and information
- Workforce education and talent management
- Community and primary care workforce

Workforce pressures continue to present one of our most significant system risks. To help accelerate progress the workforce planning group have undertaken a procurement for external support to develop a one and five year workforce plan. McKinsey and Company have been appointed and started on 19 November, focussing initially on the one year plan (for 2019/2020) required in response to national planning guidance. The plans will prompt action by all partner organisations, with greater collaboration to tackle issues of workforce supply, recruitment and retention. The plans will be developed in conjunction with the workforce transformation steering group and will be discussed with the Executive Group.

5. ESTABLISHING A CITIZENS PANEL AND FIRST SURVEY

The Healthier Together Sponsoring Board agreed an ambition to positively transform the way we, as system partners, engage and involve the people we serve in co-producing the transformation of health and care across BNSSG.

A key element of our plans is to establish a citizen's panel of around 1,000 people, fully representative of our population to help us to consult and engage more effectively on our key issues.

Our market research agency, Jungle Green, is making good progress. We now have around 400 people on the panel, reflecting a good representative spread from across Bristol, North Somerset and South Gloucestershire. We originally intended to recruit around 1,000 people to the panel, but it is likely that we will now increase this figure to 1,500 to take account of survey response rates and drop-off rates.

Within a few days of being recruited, panel members were invited to take part in the first survey which includes questions on additional demographic information, self-care, mental health and general practice. Meanwhile we are now starting to gather input for survey two which is due to go live in late January.

6. PROGRESS WITH PRIORITY PROGRAMMES KEY PROJECTS

6.1 STROKE PATHWAY RECONFIGURATION

The stroke reconfiguration board has been re-established and chaired by Chris Burton, Medical Director at NBT, to lead the implementation of the redesigned stroke pathway previously developed by local clinicians. A new programme manager, Hannah Leyton, has been recruited to the Healthier Together team to work with the board to develop the implementation plan. The plan will include improvements in stroke prevention, developing a detailed business case for a dedicated hyper-acute stroke service and improvements to the rehabilitation and re-ablement approach to managing stroke recovery. BNSSG is higher than its peer group populations for deaths from stroke and the revised pathway should improve this.

6.2 ACUTE CARE COLLABORATION STRATEGY

The Acute Care Collaboration programme includes a number of work streams. Work has now commenced on 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 three 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.

The key elements of the strategy are set out on the following page.

Proposed approach to developing the strategy:

Key elements of the Acute Care Collaboration Strategy

Case for change:

1. 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

1. 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 for change

Shared Priorities:

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

1. Underpinned by case for change, population need, service baseline and readiness for change
2. Taking account of existing strategic priorities of providers and build on current ACC workstreams
3. 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 term conditions.

Models for implementation (how we facilitate change):

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

1. Based on research, evidence and best practice models for collaboration from elsewhere
2. 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

The proposed product

- 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 understanding 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

Timeframe:

- Initial draft February 2019
- Final draft April 2019

6.3 FRAILTY PATHWAY

Work has started on the development of a system-wide frailty strategy for BNSSG to deliver a step change in the way we deliver care and support for this growing group of people. Our ambition extends beyond just those who are elderly and will seek to enable more joined up and effective care with a particular focus on keeping people well and independent in their communities. In parallel with development of the overarching strategy, plans are in development to produce a new community based model for frailty. This work will begin with a system wide design workshop taking place on 6 December. Progress will be overseen by the Healthier Together integrated care steering group.

6.4 HEALTHY WESTON PRE-CONSULTATION BUSINESS CASE

The Healthy Weston programme has been working at pace over the last few months, supported by McKinsey and Company, to develop detailed proposals for changes to services at Weston Hospital in the context of a wider strategy for health and care for the hospital's local population. A pre-consultation business case (PCBC) has been drafted that will set out the specifics of the key hospital change proposals to inform the decision by the CCG to go to formal public consultation.

The draft document will need to go through a number of key review and assurance steps before the CCG considers its decision on 6 January 2019. If the PCBC is approved, public consultation will start shortly afterwards. The table below shows the high level timeline.

Key step	Date
First draft PCBC completed	12 November 2018
South West Clinical Senate review	20 November 2018
Staff, Public and Stakeholder engagement events	21 November – 3 December
CCG Governing Body considers final draft PCBC and consultation plan (closed meeting)	4 December 2018
North Somerset HOSP Meeting	w/c 10 December
Updates to PCBC to reflect Senate and HOSP feedback	15 December
NHS England Stage II Assurance	19 December

PCBC and Consultation Document considered by the CCG Governing Body	6 January 2019
Consultation	16 Jan - 10 April 2019
Review of consultation and development of decision making business case	10 April – end May 2019
CCG considers outcome of consultation and decision making business case	June 2019

7. CHAIRS REFERENCE GROUP

The Healthier Together partnership Chairs met on 4 October. Sir Ron Kerr, Independent Chair for Healthier Together, led a discussion exploring what becoming an integrated care system (ICS) might mean for BNSSG, particularly in the context of developing a single system plan.

Discussions concluded that there is strong support from chairs for the principle of greater collaboration as a means of addressing some of our greatest system challenges and the steps being taken to increase the level of aligned and joint planning are seen as positive. Chairs were keen to explore further how progress should continue to be made alongside the responsibilities of organisation sovereign boards, ensuring that the wider non-executive community are engaged in the emerging way forward. It was agreed that non-executives would need further opportunities to meet together to develop their understanding of the ICS concept and to be able to support alignment of boards to some common principles that will enable progress towards ICS status.

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