

Update on system planning

Health & Wellbeing Board
15 December 2016

Since September.....

- 18 October – Presentation on System planning to the **Health and Adult Social Care Select Committee**
- 21 October - **Draft Sustainability and Transformation plan submitted** (2017 – 2020) – currently subject to NHS England assurance
- 24 November - **Development of 2 year operational plans** across commissioners (CCGs and NHSE) and providers covering April 2017 – March 2019
- November / Early December – **7 Locality engagement events**

Our Challenges

An ageing
population

A growing
population

New demands cost
the NHS at least an
extra £10bn a year
nationally

Evolving healthcare
needs, such as the
increase in obesity and
diabetes

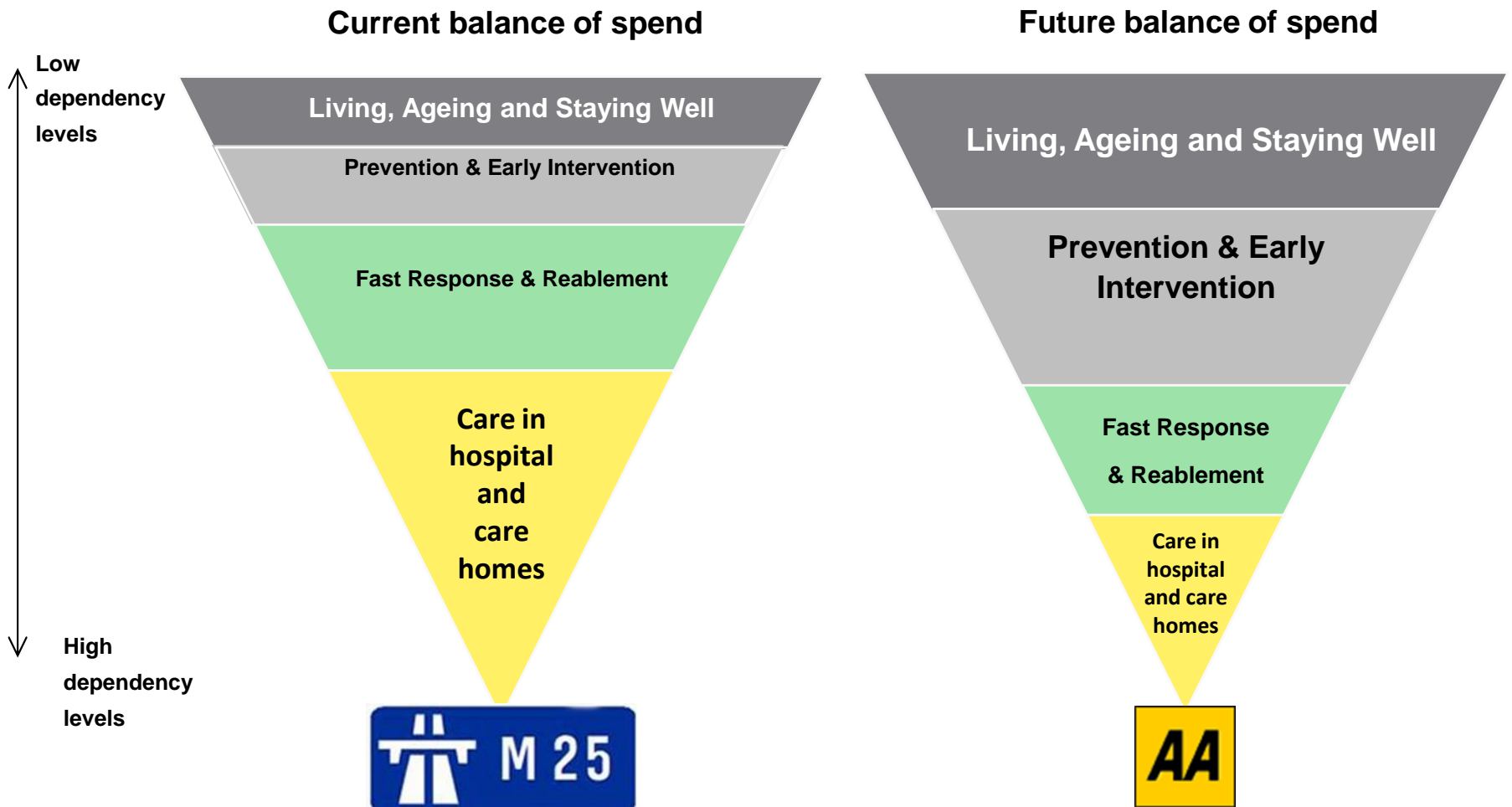


Plans are based on feedback from public, patients and stakeholders:



Our Strategy: We need to put care in the best place

If we do nothing to meet these challenges, our costs will exceed our funding by about **£107million** over the next four years across the Buckinghamshire health system.



How our plans align: Clinical Commissioning Groups



There is a separate presentation on the CCGs Operational Plan (including commissioning intentions) which includes next steps on delivering areas such as our strategy for mental health

How our plans align: Buckinghamshire Healthcare Trust



STPs



Sustainability and Transformation Plans (STPs):

- Are ‘umbrella’ plans for change: provide an opportunity to work at scale across a larger population where it makes sense to do so;
- Are the mechanism for sharing innovation and delivering the Five Year Forward View;
- Plans address how we will collectively improve health, care and finance for the wider population;
- Organisations retain their own accountability whilst also working to a shared, agreed STP plan

The majority of our Sustainability and Transformation work will be delivered locally:

About 70%

of Buckinghamshire's STP is the local health and care plans that we've already been talking to you about

About 30%

of Buckinghamshire's STP is work across the larger Bucks, Oxfordshire and Berkshire West footprint

Our STP Workstreams

1

Shift the focus of care from treatment to prevention

2

Access to the highest quality Primary, Community and Urgent care

3

Collaboration of the three acute trusts to deliver equality and efficiency

4

Maximise value and patient outcomes from specialised commissioning

5

Mental Health development to improve the overall value of care provided

6

Establish a flexible and collaborative approach to workforce

7

Digital interoperability to improve information flow and efficiency

Our STP Workstreams

Challenges

Our footprint is made up of multiple health economies with different population characteristics & healthcare needs. Overall good health status masks variation and inequalities. Child and adult obesity increasing. The older population is growing faster than the national average

The high local cost of living and an aging workforce are leading to increasing difficulty in sustaining services. This is inhibiting development of robust integrated out of hospital care, contributing to variable performance and rising hospital admissions

Significant variation in per capita spend on specialised services across the STP

Variation in access to care leads to quality and outcomes which don't meet patient expectations

The cost of delivering current health and care services is not sustainable in the long term

Priorities

1

Shift the focus of care from treatment to prevention

2

Access to the highest quality Primary, Community and Urgent care

3

Collaboration of the three footprint acute trusts to deliver equality and efficiency

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Maximise value and patient outcomes from specialised commissioning

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Digital interoperability to improve information flow and efficiency

Initiatives

Each and every clinical contact to include brief advice, supported by face to face, phone and web based behaviour change support. Build on existing asset based approaches

Create robust out of hospital services operating from community hubs and coordinated by GPs to maintain independence of elderly and frail patients in their own homes

Consolidation of backroom services to ensure high quality and optimise cost effectiveness

Identify opportunities for modifying pathways, standardising thresholds and increasing prevention to reduce spend and increase value

Develop a network of providers of specialist mental health care across a larger footprint of STPs coordinating inpatient and community based services

A shared workforce plan to support rotation of staff across organisations to increase quality of care and staff retention

Creating a single set of information sharing agreements across BOBW

The impact of our plans

- A dynamic social movement which activates individuals to increase personal activity
- Everyone working together so the population across BOBW have happier and healthier lives
- Reduced health inequalities
- Reduced demand for services

- Patients receive a timely response in the most appropriate setting
- Patients get quicker treatment because they get to the right place, first time
- Reduced A&E and non-elective attendances
- Increased proportion of elderly people living independently at home
- Delivery of care in alternative settings
- Coherent standardised pathways for specialist mental health between community and inpatient services

- Release funding to invest in local services and so improve outcomes
- Reduced out of area treatments

- Improved patient and workforce experience
- Reduced turnover
- Reduced spend on agency
- Workforce leading the way on health and wellbeing

- Improved information for clinicians with which to make clinical decisions
- Reduced duplication for patients
- Releasing time for patients and clinicians

Developing our local Plan

Context	Vision	Aim	Programme workstreams	3.5 strategic interventions & FYFV models	Enabling infrastructure			
Overall good health status	Everyone working together so that the people of Buckinghamshire have happy and healthier lives	The aim of partners is to rebalance the health and social care spend in Buckinghamshire to increase support for Living, Ageing and Staying Well and Prevention and Early Intervention Initiatives	Promoting self care and a radical step change in prevention	<p>A life-course approach to:</p> <ul style="list-style-type: none"> Promoting healthy lifestyles Improving mental health and wellbeing Tackling inequalities Building community capacity and self help 	<ul style="list-style-type: none"> Active Bucks programme & physical activity strategy Workforce trained in MECC and asset based conversations Better joined up services for vulnerable groups 	<p>E states – reducing capital asset footprint across Council & NHS through 'One Public Estate' Initiative, optimal use of all public service assets, refinancing PFI debt</p> <p>IM&T digital interoperability – paperless by 2020, shared care records across all organisations</p> <p>Workforce - reduce agency costs, review skill mix & reduce corporate costs e.g. shared back office functions with Council</p>		
Unhealthy lifestyles			Integrating the health & social care commissioning & delivery system	<ul style="list-style-type: none"> Frail older people 			<ul style="list-style-type: none"> Multi specialty community provider teams based in community hubs accessed via a single point NHS & Council joint approach to residential care & continuing health care market Reducing acute hospital utilisation and investing in community & primary care Redesigning community hospital care 	
Ageing population				<ul style="list-style-type: none"> Mental health & learning disability care 			<ul style="list-style-type: none"> Vanguard 'prime contractor' model for tertiary services 	
Rising incidence of long term				Reforming urgent & emergency care			<ul style="list-style-type: none"> Thames Valley integrated urgent care 	<ul style="list-style-type: none"> Urgent & emergency care network model implementation Transitional care managing medically fit for discharge Reducing length of stay and unnecessary use of beds within the acute sector
Generally system is seen as low				Planned & specialised care, maternity & paediatrics			<ul style="list-style-type: none"> Tackling variation <i>Right Care</i> Maternity care strategy Cancer strategy Interventional radiology 	<ul style="list-style-type: none"> Improving performance to upper decile Capacity planning for increased births Network pathway improvement 24/7 day working plan
Financial challenge c.£200m over 5								

Our focus is to...

- **Improve** patient outcomes and experience
- Shift spend on bed-based care into **prevention and care at home**
- **Integrate health and care services**, avoid unnecessary steps in pathways to reduce waste and duplication
- **Deliver cost and productivity improvements** through implementation of recommendations such as from the Carter report and Rightcare programme
- Deliver urgent and emergency care services in the **right place at the right time**
- **Deploy technology** to enable rapid access to advice, care and support

For example...

Shifting the focus of care

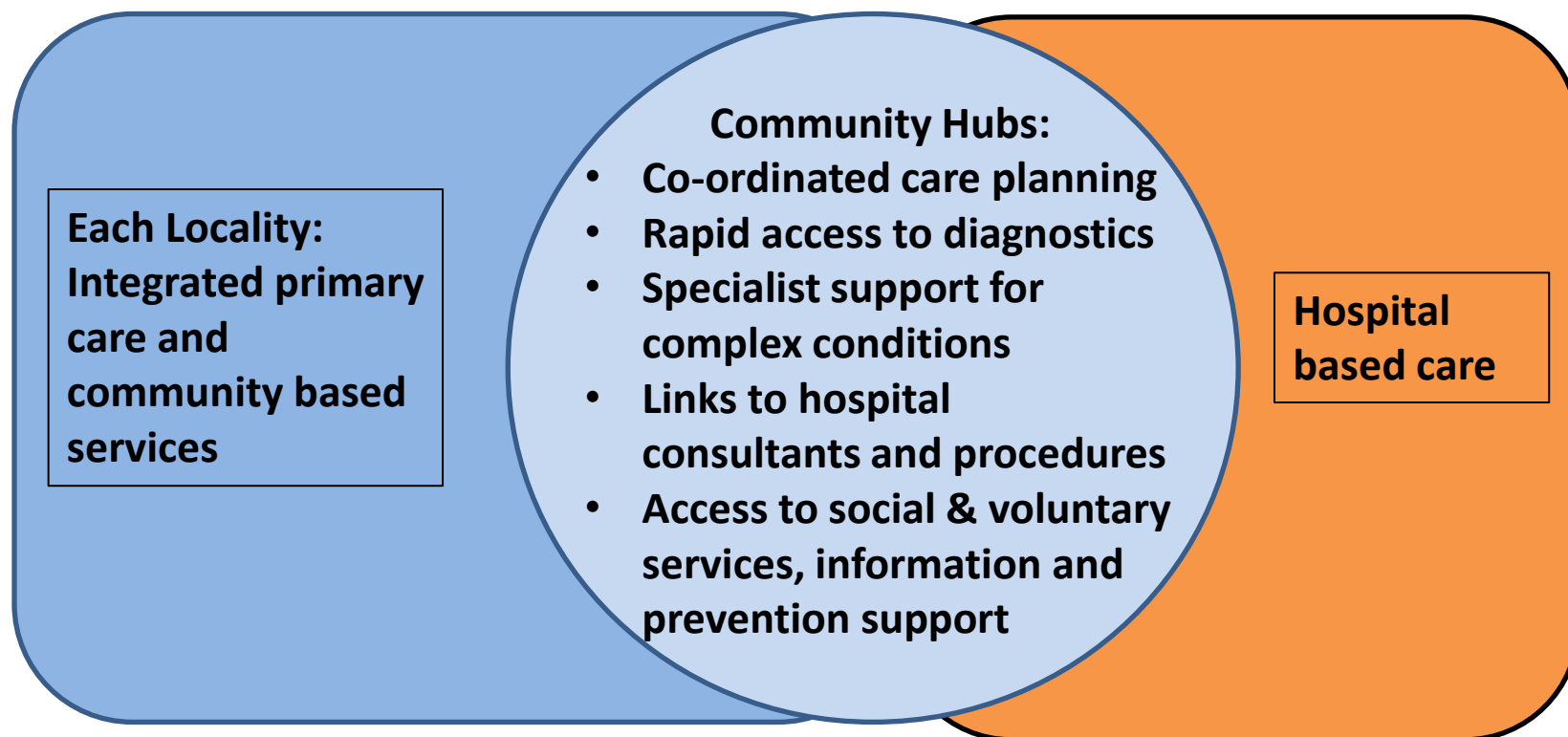
Managing urgent and emergency care

Integrating health and social care

Redesigning GP-led care

Developing new models of care

Community Hubs and Locality Services

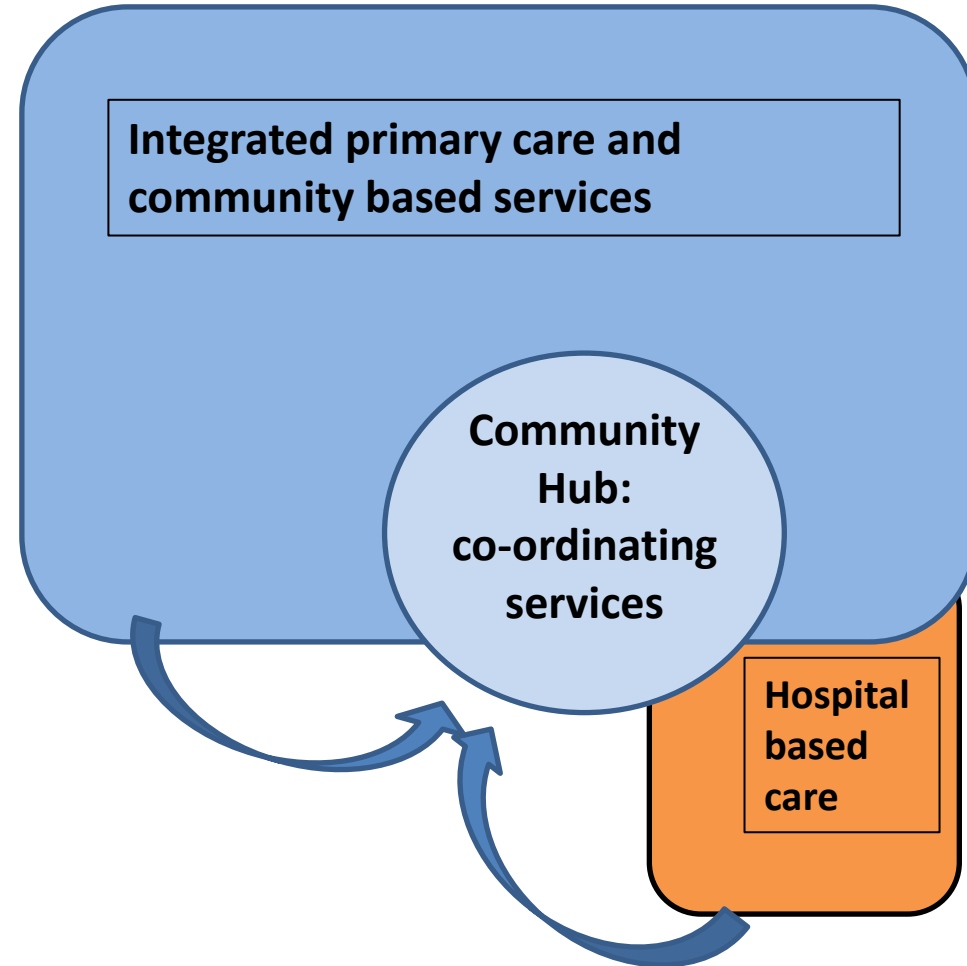


Community Hubs: co-ordinating services & support

Community hubs will vary in services tailored to their local population needs; some services will be in a building, others may be virtual (e.g. video outpatients, information).

Local services can be co-ordinated across the locality and provide signposting, advice and guidance.

Hubs will bring together health, care and the voluntary sector, to enable more efficient access to hospital based specialist advice, through local appointments or video conferencing.



Workforce



- Future workforce planning is about **right skills, recruitment plans and joint planning** to deliver integrated care and reduce the cost of temporary staffing, recruiting to fill vacancies in front line staff.
- Our workforce strategy and the associated plans **mean:**
 - **Addressing long-standing difficulties in recruiting & retaining staff** (a number of whom are drawn into employment in London for higher rates of pay) by making improvements to training, terms and conditions, and by taking a shared approach to recruitment from overseas
 - **Enhancing professional and clinical leadership capability and upskilling the workforce**, enabling staff to deliver better care
 - **Working in partnership** across the STP's public sector organisations to recruit, retain & develop the support workforce across organisations - front-line care and support staff across health & social care without a professional qualification, for example domiciliary care worker or health care assistant – including identifying new combined roles across sectors taking advantage of the different sectors' abilities to attract & retain staff and developing joint education & development for new support worker roles.

Further Information



- **Update to Health and Adult Social Care Select Committee on System Planning 18 October 2016**
(<https://democracy.buckscc.gov.uk/documents/s87395/2016%2010%2005%20-%20HASC%20Briefing%2018%20Oct%202016.pdf>)
- **Buckinghamshire Healthcare trust board papers and update on STP**
<http://www.buckshealthcare.nhs.uk/Downloads/Trust-board-documents-2016/s%20Public%20Board%20agenda%20and%20papers%20Buckinghamshire%20Healthcare%20NHS%20Trust%20November%202016.pdf>
- **CCG Governing Body papers and draft operational plans for 2017 – 2019**
<http://www.aylesburyvaleccg.nhs.uk/about-us/governing-body-meetings/>