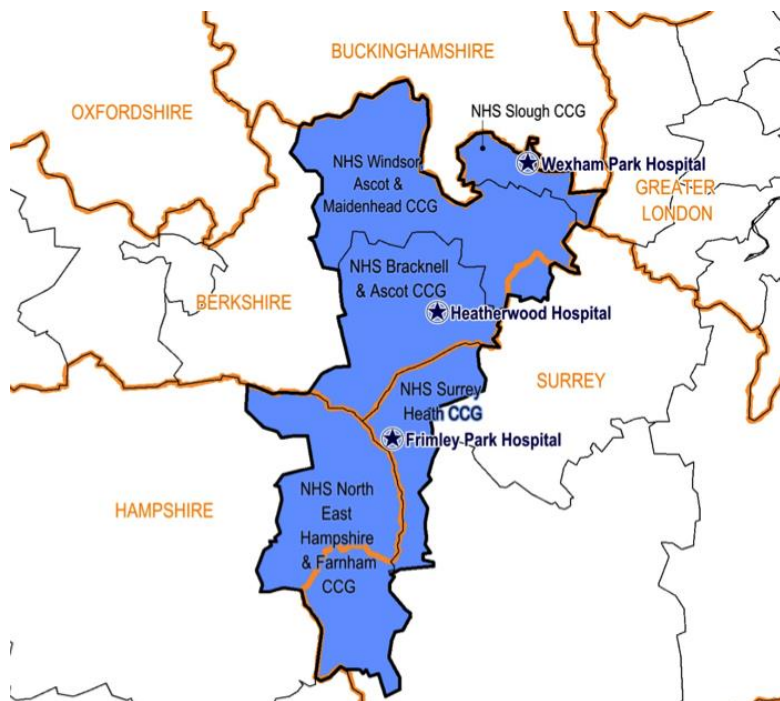


Frimley Health and Care System Sustainability and Transformation Plan

15 April 2016 Submission

The Frimley System

The Frimley health and care planning footprint is the population of 750,000 people registered with GPs in 5 CCGs: Slough; Windsor, Ascot & Maidenhead; Bracknell & Ascot; Surrey Heath and North-East Hampshire and Farnham, as shown below:



Partners in the Frimley System:

The Frimley system is complex, operating across three Counties. The Sustainability and Transformation Plan (STP) builds on a strong track record of success and delivery in complex systems.

Our experience of working in complex systems will enable us to successfully deliver our transformation plans at a range of levels:

- At a local level
- At a County level
- Across the Frimley system
- With neighbouring STPs

The plan in June will describe clear arrangements for delivering the plan together in a coherent way across all of these levels.

The full list of the partners that make up the Frimley system is included at appendix 1.

Nominated lead of the footprint:

Sir Andrew Morris, CEO, Frimley Health NHSFT

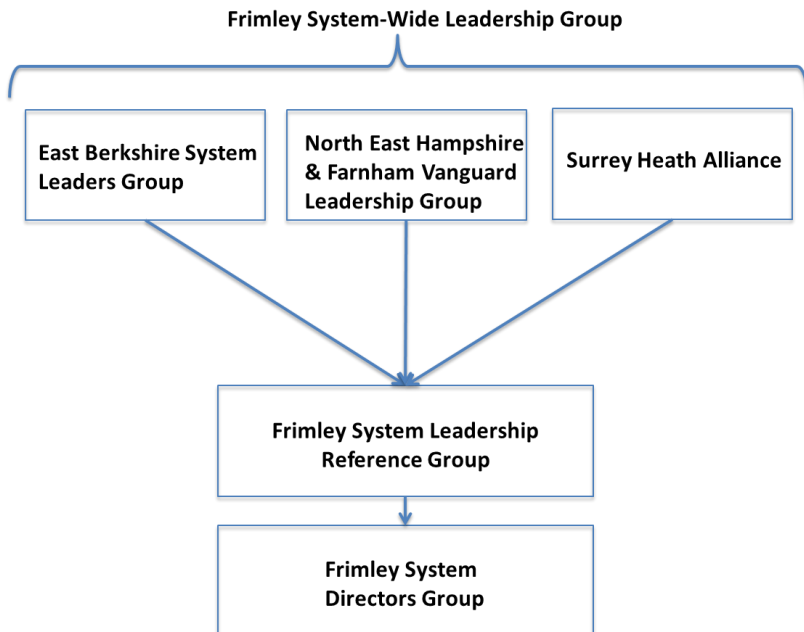
Contact for the Frimley STP:

Tina White, STP Programme Director

Well established local system leadership groups

The Frimley system brings together a group of high performing and ambitious providers, commissioners and systems. The bedrock of effective leadership and engagement across our footprint are the 3 established system leadership groups:

- East Berkshire System Leadership Group
- North East Hampshire and Farnham Vanguard Leadership Group
- Surrey Heath Alliance



These groups have been facilitated and developed to provide effective system leadership to develop our STP.

The **Frimley System-Wide Leadership Group** brings together all of the members from these three groups (50 people) – with workshops planned for April and June. The three established groups will each sign off the STP before submission on 30th June.

The Frimley System Leadership Reference Group

A new group, chaired and organised by Sir Andrew Morris to work on behalf of the three established system leadership groups to steer and ensure development of the STP, with good engagement and planning for delivery.

Brings together the CCG Chief Officers and leadership representatives for the public, local authorities and clinicians.

The Frimley System Directors Group

Reports to Sir Andrew Morris to lead the day to day development of the Plan. A dedicated STP Programme Director has been appointed.

OD Support

The work to develop the STP is supported by the King's Fund Building Collaborative Leadership programme

The principles underpinning leadership across the Frimley system

System Leadership Principles have been developed:

- Our collective ambition is that the people living in the Frimley system have the best possible health and wellbeing.
- We recognise that the Frimley health and care system needs to change and respond to a set of health, care and financial challenges. Our response to these challenges is to transform our system.
- The changes required across our health and care system cannot be addressed by individual organisations; they are a collective challenge and require a collective response. Our success will be judged by the strength of our system, not the individual organisations.
- We will co-produce with and engage citizens, patients and staff to ensure that our plans and priorities are developed through the eyes of those who use, pay for and provide care.
- Our system is inclusive and brings together the providers and commissioners of all health services, social care, public health, council services and the voluntary sector. Mutual respect and responsibility underpins how we work together.
- We will provide collaborative leadership and take collective responsibility for our system, based upon openness, trust and transparency.
- We have a track record of making good progress when we work openly, with trust, with common purpose and take new approaches to old problems. Our collective ambition is to use this track record to truly transform our system and to get great results.

Co-production and engagement

The development of our STP will be supported by the existing tried and tested co-production and engagement channels used to support transformation with the public, voluntary sector, faith groups, users of our services and citizens. These include:

North East Hampshire and Farnham:

- Vanguard communication and engagement
- 80 Community Ambassadors
- Staff ambassadors
- Collaborative trios

East Berkshire:

- New Vision of Care Design Group
- Partnership Boards with voluntary sector, local authorities and NHS providers
- On-line public surveys
- Established local community partnership forums and public meetings

Surrey Heath:

- Quarterly stakeholder and public engagement workshops
- “Making it Real” engagement events by local authority and health.
- An increased emphasis on digital communication and social media

The expertise in our local authorities will be used to support greater co-production as our STP develops and is delivered.

Section 3: Our emerging priorities



Transformational change

We are very ambitious for where the Frimley System will be in 5 years time and our STP will describe how we get there. We have started our planning for the next 5 years with a detailed analysis of the starting point for our system. We've reviewed our position against the three FYFV gaps and developed a whole system activity & financial model.

Our starting point is generally good, with many examples of high performance and evidence of local transformation.

However, the system is now experiencing increasing pressure and our modelling of the demography and financial challenges in our system clearly shows that we need to respond with much greater transformation.

Our analysis and discussions to date have identified **four key transformations** that our system needs to deliver over the coming five years:

- A. Developing **communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities.
- B. Developing the **workforce** across our system so that it is able to deliver our new models of care and recognising that this transformation will be achieved through development rather than recruitment and be within today's costs.
- C. Becoming a system with a collective focus on **the whole population** we serve and support throughout their lives – not a system based on sectors, organisations, services or parts of the population.
- D. Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.

Our emerging priorities

As set out on slides 6-8, our initial work identifies the following emerging priorities to be addressed through our STP:

1. Making a further step change to improve wellbeing, increase prevention and early detection
2. Significant action to improve long term condition pathways including greater self management and proactive management across all providers.
3. Frailty pathways: providing proactive management of frail complex patients, having multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

Section 2: Overview of our gap analysis

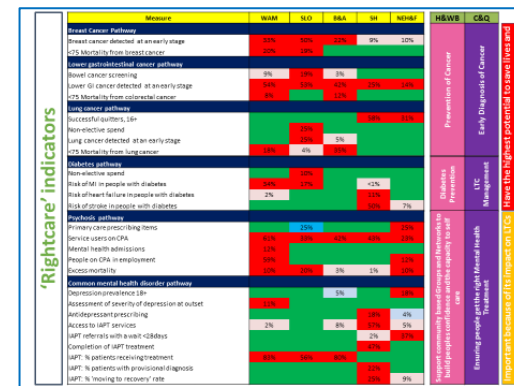
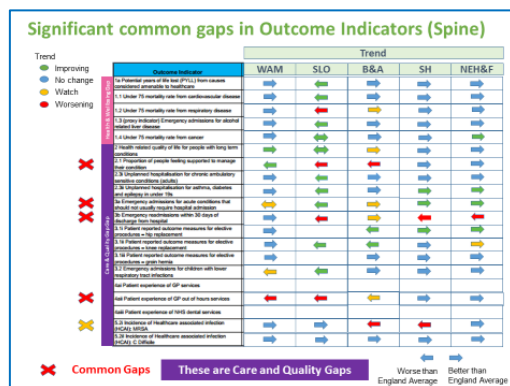
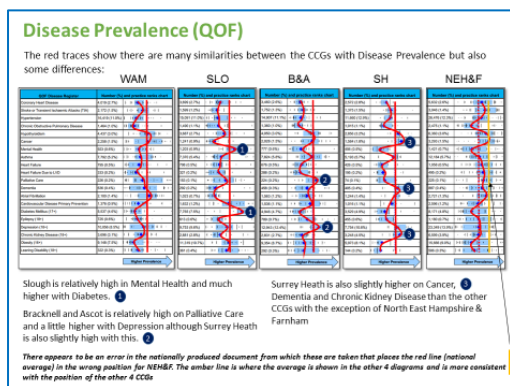
Detailed analysis of our current system gap and future challenges

To inform the development of the STP, analysis has been undertaken of a range of data sources to provide information about the health & wellbeing, the care and quality and the financial challenge. The analysis points to a number of priorities for the system to address through the STP. The initial analysis is based on a review of:

- Joint strategic needs assessments including Demographic data and population growth projections
- Public Health Outcomes Frameworks
- Health and Wellbeing Strategies
- The NHS Outcome Framework, which provides data about the performance of the NHS against the key outcomes that form the basis of the mandate given to the NHS by the government
- 'Right Care' data which provides benchmarking information about expenditure and outcomes across a wide range of clinical areas
- Existing CCG strategies and plans and joint strategies with local government
- Historical data as well as projections of current trends
- Detailed modelling of the financial gap

Example screenshots from the analysis are shown below.

The analysis demonstrates that the Frimley system has a good starting point, with some issues that have been highlighted and inform the STP. However, modelling the impact of greater need due to demographic change shows the our current improvement trajectories are not sufficient to stop gaps widening or to prevent the progress being made reversed. We need to take further action.



Where we are now

The Frimley System population is growing, and ageing. Growth of people aged over 65 of around 2% per year and over 85s of between 4% and 6% per year. Slough has a younger population profile and the 5th highest birth rate in England.

There are pockets of deprivation across the system, but overall levels are low apart from in Slough

Disease prevalence is generally low, though at a more local level there is ward variation and gaps between expected and recorded prevalence

There are positive trends in securing additional years of life and from preventing people from dying prematurely, including death by suicide. However within localities life expectancy varies across wards closely linked to deprivation and residents with severe mental health show significantly reduced life expectancy.

Good progress is being made with reducing smoking, with some of the lowest smoking prevalence across England, however obesity and exercise trends are not changing and considerable variation is seen within communities.

There are a number of specific diseases where care improvements can be made that would improve outcomes and reduce mortality and costs. The greatest opportunity is in heart disease and stroke. Other significant opportunities exist in breast, lung and GI cancers, respiratory disease and falls and fractures.

The challenge for health and wellbeing in the Frimley System

When we model the ageing demography and current age standardised rates of illness it identifies a significant increase in prevalence and mortality for circulatory disease, cancer and respiratory disease over the next 5 years, and an increase in prevalence of cancer, dementia, diabetes and depression.

The fundamental lifestyle behaviours (NAO framework) that underpin the major causes of early ill health and premature mortality require a more concerted approach which supports people in a range of settings e.g hospital, employment. This will be coupled with an approach that targets those at most risk more effectively.

Together the approach will build on local prevention plans which are joint between local government and CCGs and use the STP system to deliver programmes at greater scale in key priority areas.

Our emerging priorities

1. Making a further step change to improve wellbeing, increase prevention and early detection.

Where we are now

The number of avoidable emergency admissions, readmissions and unnecessarily prolonged hospital stays are all rising. The system is struggling to maintain its historically strong operational performance against key access targets.

The number of people reporting a poor experience with general practice care out of hours is increasing.

The proportion of people who feel supported to manage their health conditions is reducing in some areas.

The trend for health related quality of life for people with long term conditions is not improving.

There are a number of specific disease areas where improvements can be made to outcomes, mortality and cost. The largest gap is in heart disease and stroke. Other significant gaps are in cancer, respiratory disease and falls. The consideration of the mental health and wellbeing of people with these conditions also needs to be embedded in interventions and practice.

The challenge for care and quality in the Frimley System

When we model the demographic impact over the next 5 years it identifies a significant increase in emergency admissions (circa 25%), significant reductions in the proportion of people feeling supported to manage their health condition and the quality of life for people with long term conditions.

Our emerging priorities

2. Significant action to improve long term condition pathways including greater self management and proactive management across all providers.
3. Frailty pathways: providing proactive management of frail complex patients, having multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent and emergency care, including integrated working & primary care models providing out of hospital responses to reduce hospital stays.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

Where we are now

A whole system activity and financial model is being developed for all publically funded health and social care across our system. The model is flexible and can include the 12 practices in Chiltern CCG that face Frimley Health to give a complete picture. The model will show the size of the financial challenge for our system and the potential impact of introducing new models of care and potential efficiencies. It will provide a taxpayer, commissioner and provider view.

A 'do nothing' base case has been calculated showing the impact of demographic change, new housing and other growth factors; and the impact of inflation and marginal changes to the cost of provision. This shows a '**do nothing**' base case of:

Frimley STP 'do nothing' gap	20/21
Taxpayer view ¹	£248m
Commissioner view	£138m
Provider view	£110m

This assumes the gap starts with underlying Provider deficits of about £29m, The Commissioner gap is split between sectors as follows:

	20/21
CCGs	£103m
NHS England	£20m
Local Authorities	£15m

¹ Including the 12 Chiltern practices increases the gap to £285m

The 'do nothing' scenario represents the local equivalent of the national £22bn challenge. In addition to being unaffordable, the implied demand would require an increase in acute bed capacity of about 25%.

Recognising that we should expect some efficiencies to be made as part of '**business as usual**' a second scenario has been modelled reducing demand by 2% and delivering 1% provider savings each year:

Frimley STP 'business as usual' gap	20/21
Taxpayer view	£110m
Commissioner view	(£5m)
Provider view	£115m

Key financial messages

- Our current ways of working and providing care are not sufficient to bridge the financial gap. Our 'business as usual' scenario still has a £110m gap.
- Commissioners planning in isolation will not bring the system into balance, and could worsen provider positions (eg stranded costs)
- We are not planning for any increase in physical acute capacity...but existing capacity needs to be used much more productively
- There is broad alignment between providers and commissioners on the size of the challenge

Section 3: System enablers

Our work to date to develop our STP has identified the following system enablers that will be required to underpin and support its successful delivery:

- Changing the way we work together collaboratively as a system to deliver change, increasing pace and scale. Moving from the **effort stage** (gaining participation at the required scale and frequency) to the **effect stage** (targeting, delivering and demonstrating real impact at a sufficient scale).
- Developing the **workforce** across our system so that it is able to deliver our integrated new models of care, recognising that this transformation will be achieved through new roles and working differently across and within professional groups, be within today's costs and include initiatives that improve the wellbeing and sustainability.
- Using **technology** as an enabler for both our staff and our residents and users of services, to empower them, to change practice, drive efficiency and to improve care across end to end pathways
- Considering how best to use our **estate and resources** across the system flexibly to support delivery of our new models of care
- Consider **productivity and efficiency** opportunities throughout the system to achieve the same standards of effective working within all organisations and across different sectors within the system

Section 4: The support we would like



Areas where **regional or national support** could help our plan:

- Expertise and practical support with workforce redesign and planning
- Access to latest national thinking on new tariff and contract structures that support system transformation
- Advice and support with implementing effective population based media campaigns that support promoting self-care.
- Support to fully resolve information governance issues so that information can be shared between providers across our system.

National barriers:

- As we move to delivery of our STP, it will be important that the national bodies are able to support system delivery and recognise that this will be different to holding individual organisations and sectors to account.

Key risks that may affect our ability to develop and/ or implement a good STP:

- Our system is committed to the collective challenge of delivering the STP, but to succeed we will require sufficient funding and resource to achieve transformation, such as Public Health resource to support self-care.

Appendix 1 – System partners

NHS Commissioners

- Bracknell and Ascot CCG
- North East Hampshire and Farnham CCG
- Slough CCG
- Surrey Heath CCG
- Windsor Ascot and Maidenhead CCG

Acute care provider

- Frimley Health NHSFT

Mental health and community providers

- Berkshire Healthcare NHSFT
- Southern Health NHSFT
- Surrey and Borders NHSFT
- Virgin Care

GP Federations

- Bracknell Federation
- Federation of WAM practices
- Salus GP Federation (North East Hampshire and Farnham)
- Slough GP Federation
- The Surrey Heath community providers

GP out of hours providers

- East Berkshire Primary Care
- North Hampshire Urgent Care

Ambulance Trusts

- South Central Ambulance Service NHS FT
- South East Coast Ambulance NHS FT

County Councils (including Public Health)

- Hampshire
- Surrey

Unitary Authorities

- Bracknell Forest Council
- Royal Borough of Windsor and Maidenhead
- Slough Borough Council

District and Borough Councils

- Guildford Borough Council
- Hart District Council
- Rushmoor Borough Council
- Surrey Heath Borough Council
- Waverley Borough Council