

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 27 September 2017

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PART I

FOR COMMENT & CONSIDERATION

FRIMLEY HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

1. Purpose of Report

This report provides the Slough Wellbeing Board with an update on progress being made to deliver the Frimley Health and Care Sustainability and Transformation Partnership (STP) Plan. The aim of the Frimley STP is:

'to serve and work in partnership with the Frimley footprint population of 750,000 people, through the local system leaders working collaboratively to provide an integrated health and social care system fit for the future'.

2. Recommendation(s)/Proposed Action

The Slough Wellbeing Board is recommended to note the report and the progress being made in delivering the Frimley STP and comment on any aspect of the Plan.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

The priorities in the STP reflect the need to improve the health and wellbeing of the population. The STP will focus on those priorities that can be delivered across the system and local areas will continue to address their own local priorities. The Slough JSNA has informed the work of the STP.

3a. Slough Joint Wellbeing Strategy Priorities

The STP will meet several of the current Slough Wellbeing Board strategy priorities including:

- Protecting vulnerable children and young people
- Improving healthy life expectancy
- Improving mental health and wellbeing

The STP will do this by delivering across five priority areas:

1. Making a substantial step change to improve wellbeing, increase prevention, self care and early detection.

2. Improve long term conditions outcomes including greater self management and proactive management across all providers for people with single long term conditions.
3. Proactive management of frail patients with multiple complex physical and mental health long term conditions, reducing crises and prolonged hospital stays.
4. Redesigning urgent care, including integrated working and primary care models providing timely care in the most appropriate place.
5. Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

3b. **Five Year Plan Outcomes**

The STP will support the delivery of the Council's following Five Year Plan outcomes:

- Children and young people in Slough will be healthy, resilient and have positive life chances
- More people will take responsibility and manage their own health, care and support needs

4. **Other Implications**

(a) **Financial** - One of the aims of the STP is bring financial balance to the Frimley footprint by 2020, across health and social care. There is a significant financial pressure facing all parts of the system and the plan will address how these pressures will be managed. Any future investment from the NHS in local systems will come via the STP process.

(b) **Risk Management**

<i>Risk Area</i>	<i>Risk/Threat/Opportunity</i>	<i>Mitigation(s)</i>
Financial <i>All parts of the system are facing financial challenge due to increasing demand and rising costs</i>	<i>Priority areas do not manage the financial pressures – or actions cause additional financial pressures across one part of the system or service area</i>	<i>The STP gives a system wide view and management of the whole of the footprint. Aim is to bring the whole system into financial balance</i>
Property <i>Decisions are not made about current or future use of assets that help deliver the STP ambitions</i>	<i>Each part of the system or individual service continue to make decisions on their own irrespective of STP ambitions</i>	<i>STP will support via system leaders group to have a cohesive few of assets and estates. A one public estate strategy is being developed</i>
Employment Issues <i>Not having sufficient or trained staff to deliver new ways of working</i>	<i>Each organisation already has issues of recruitment and retention of staff</i>	<i>STP priority focus on our workforce, health and social care staff will be reviewed as a whole with new roles and ways of working considered to best meet the needs of our residents.</i>
Equalities issues <i>Health inequalities</i>	<i>The specific health issues of the Slough</i>	<i>STP has focussed on the main health issues across</i>

	<i>population will not be met by the STP priorities</i>	<i>the footprint and this includes Sloughs priority health issues.</i>
Communications <i>The ambitions of the STP are not well understood by all parts of the system</i>	<i>Different parts of the system, workforce, residents, providers and communities have differing understanding and knowledge of the changes</i>	<i>Regular comms and workshops, briefings across the system. A unified approach of strategic direction will enable clearer communication to staff and residents. A newly established Health and Wellbeing alliance board with a focus on communications.</i>

(c) **Human Rights Act and Other Legal Implications** - There are none identified at this point.

(d) **Equalities Impact Assessment (EIA)** - This will be undertaken as specific plans are developed to deliver the priorities.

(e) **Workforce** - There are no specific issues identified at this point but as workforce is one of the enablers for the delivery of the plan this will have significant focus over the coming months.

5. **Summary**

This report provides members with:

- a) An update on the progress that is being made to deliver the Frimley Health and Care Sustainability and Transformation Partnership (STP) Plan; and
- b) An opportunity to ask questions about and / or comment on any aspect of the Plan.

6. **Supporting Information**

6.1 As part of the NHS Forward Plan each health and social care area across the country has produced a five year Sustainability and Transformation Plan starting in 2015/16. The footprint for each area was prescribed by NHS England and for Slough this is the Frimley footprint. This covers the populations of Slough, Windsor, Ascot and Maidenhead, Bracknell and Ascot, Surrey Heath and NE Hampshire and Farnham CLINICAL Commissioning Groups (CCG's), approximately 750,000 people. Sir Andrew Morris, Chief Executive of the Frimley NHS Trust, is the senior responsible officer for the Frimley Health and Care STP.

6.2 The Plan relates to people of all ages for physical, psychological and social wellbeing, for carers and their families and covers health and social care support. A gap analysis was carried out across health and social care which helped validate the priorities and initiatives. The governance for the STP is described below:

- The **Frimley STP Decision Making Board**. One senior officer representing each of the statutory organisations with the responsibility for the delivery of health and social care services.

- A newly established **Health and Wellbeing Board Alliance Board**. This will be chaired by Sir Andrew Morris and attended by the chair and vice chair of each of the five health and wellbeing boards across the STP. The first meeting of this Board will be taking place in September 2017.

6.3 The three East Berkshire Clinical Commissioning Group's (Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG) have from 1st April 2017 moved to:

- Having a single Governing Body in common
- Having a single primary care commissioning committee in common
- Strengthening (GP) member meetings including public involvement
- Expanding clinical leadership capacity
- Streamlining assurance process
- Operating a financial risk share across all three CCG's

6.4 In July 2017 the CCG Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England. It is expected that this will take place from April 2018. An FAQ is attached at Appendix A for information.

6.5 Seven STP work streams have been established to deliver the priorities over the coming two years. These are at various stages of development and it is suggested that progress against delivery of each of these and their impact for Slough is reported on a regular basis to the Panel.

Work stream	Progress
Shared Care Record	This work stream will enable the system-wide sharing of patient level information which will underpin the proactive management of frail and complex patients. It is progressing well and connected care as part of the local digital road map is under way across Berkshire Health Foundation Trust, Primary Care and Bracknell Council. All other parts of the system on track for implementation in next two phases. Slough Council will be in phase later this calendar year.
Integrated Care Decision Making Hubs	This work stream has been looking at how best to implement and deliver a locally focused integrated care model. There is a particular focus on simplifying access to multi-disciplinary and community based models of care. This will involve the active identification of individuals who are frail or at risk of becoming frail in order to proactively plan and coordinate their care. For Slough this aligns with the work of the council in delivering community hubs especially for Trelawney Avenue, Britwell and Farnham Road and also work to deliver an urgent treatment centre as part of the new urgent care strategy.
GP Transformation	This work stream is focussed on delivering the NHS Five Year Forward View by developing a sustainable model of general practice including a clinical, business and career model that reduces variation in care, improving outcomes across the STP.
Unwarranted	This work stream is utilising the Right Care Approach to reduce

Variation	variation across the system in five disease areas: circulation, musculoskeletal, neurology, respiratory, and gastrointestinal. Clinical and managerial leads have been identified and work is in progress to identify areas of opportunity.
Care and Support Market	This work stream will look at three main areas: options for collaborative commissioning and procurement for care and support services; improved commissioning for our most complex/expensive people and improving quality in care homes. Work is well underway in mapping the range of care and support services that each of the 5 councils and the NHS purchase at scale and for individuals. A new care homes quality group has started to look at one best practice model of delivering this improved quality across all care homes in the STP area.
Support Workforce	The purpose of this work stream is to design a support workforce that is fit for purpose across the system. The aim is to work in partnership across the STP to recruit, retain and develop our support workforce in order to provide a joint workforce across organisations. Mobilising and making the best of the community and voluntary workforce to support delivery of our self-care and community activation plans. It will focus on three main areas: recruitment and retention; training and development; working in new ways.
Prevention	The aim of this work stream is to ensure people have the skills and support to take responsibility for their own health and wellbeing". This is to be achieved by: a) Developing a range of digital, telephone and face to face support; b) Supporting a healthy NHS workforce to deliver sickness absence reductions; c) Tobacco cessation in elective care, early cardiac detection, diabetes and physical inactivity utilising digital technology; d) Learning from Vanguard self-care initiatives, including social prescribing and replicating effectively across the STP footprint. There will also be a focus on obesity reduction.

6.6 The Frimley Health and Care STP has recently been assessed by NHS England as outstanding. The rating is based on progress of the plans relating to emergency care, elective care, safety, general practice, mental health, cancer, prevention, finance, system leadership, communications and engagement.

6.7 There have been drop-in STP information events arranged for staff to hear more about what the STP means for them. The most recent event was held at the council's St Martin's Place offices on the 11th September 2017.

7. Comments of Other Committees

7.1 The STP is a regular standing item on the council's Health Scrutiny Panel's agenda.

8. **Conclusion**

- Significant progress has been made in developing and starting to deliver the Frimley STP.
- The Slough Wellbeing Board is asked to note and comment on the STP and progress made and the proposed merger of the three East Berkshire CCG's.

9. **Appendices Attached**

A - Proposed merger of the three East Berkshire CCGs – Frequently Asked Questions

10. **Background Papers**

1 - The STP plan can be found at <http://www.slough.gov.uk/council/strategies-plans-and-policies/sustainability-and-transformation-plan.aspx>

Appendix A: Proposed merger of the three East Berkshire CCGs – FAQ

Summary

Slough CCG, Bracknell & Ascot CCG, and Windsor, Ascot & Maidenhead CCG are anticipating a formal merger to come into effect from 1 April 2018. Since authorisation in 2013, there has always been a strong history of collaboration between the three organisations. In spring 2016 the CCGs' memberships and Governing Bodies agreed to restructure to form a single management team. In February 2017 it was agreed to move to a single Governing Body in Common, with shared joint subcommittees beneath this.

In July 2017 the Governing Body agreed to pursue a formal merger, with support from the membership of the 3 CCGs and from NHS England.

Frequently asked questions (FAQ)

Q. How does the proposal fit with the development of Sustainability and Transformation Partnerships?

A. It provides a logical next step in our journey of closer working in the Frimley STP footprint and thence to an Accountable Care System.

Q. Will this mean money being taken away from my area for investment somewhere else?

A. The overwhelming majority of spend on health is charged on an activity basis (for example, acute and elective work) or through a block contract (for example community nursing and mental health). The merger does not change this. There has been a small amount of discretionary investment previously, but in future NHS England is putting any additional funds into the Sustainability and Transformation Partnerships to determine the areas which will provide the greatest benefit from investment.

Q. Won't this mean a loss of local focus, understanding and engagement?

A. No. Local health status and needs will continue to be identified through the Joint Strategic Needs Assessment in partnership with each Local Authority. The three membership areas will continue to operate as they do now, so that local GPs are fully involved in the commissioning of service developments.

Q. Will the proposal help or hinder efforts to address inequalities?

A. It will lessen the risk of differential service provision between geographically very close areas (which occurs at the moment) and allow incremental investment to flow more easily to where the greatest health gain/reduction in inequality is required.

Q. What is the impact on clinical leadership?

A. The reach of clinical leadership to accelerate adoption of innovations and good practice will be broadened. The single Governing Body includes 11 clinicians.

Q. The CCGs have different strengths, how will these be maintained/shared?

A. All three of the CCGs have recently been rated "Outstanding" by NHS England, but there is still variation in quality and outcomes between them, and particularly at practice level. The merger will support wider benchmarking and referencing between practices to drive up standards and reduce inappropriate variation.

Q. Won't the change to governance be a big upheaval and distraction?

A. No. The CCGs have been working very closely, and with a single management team, for some time. The merger builds on the current governance of a single Governing Body in Common and it is not proposed to restructure the Governing Body, subcommittees or management team.

Q. Will the merger do anything about existing boundary issues?

A. Yes. It removes several of the current boundary-related inequalities and recognises the cross-border traffic in primary care that exists between the CCGs currently (for example, branch surgeries in different CCGs).

Q. What will patients see change?

A. The merger will enable clearer pathways that are more intuitive for patients and easier for providers to support. At the moment providers have to support several different pathways/models, which is inefficient for them and confusing for patients. We aim to facilitate clearer communication to public about how services work and where/how to access them.

Q. Will useful datasets at Local Authority level be maintained?

A. Although formal measurement by NHS England will be of a single CCG, locally we will be enhancing measurement and datasets at GP practice level and maintaining the ability to view data at a Local Authority level.

Q. It doesn't sound like this is much of a change, so why do it at all?

A. For many purposes, the three CCGs are already viewed and treated as an entity – for example by NHS England. However, the merger will allow us to reduce some back-office overheads such as three sets of audits and annual reports and implement clearer pathways more rapidly as described above.