

The Frimley Health & Care System - Moving Forward

November 2017



Health & Wellbeing

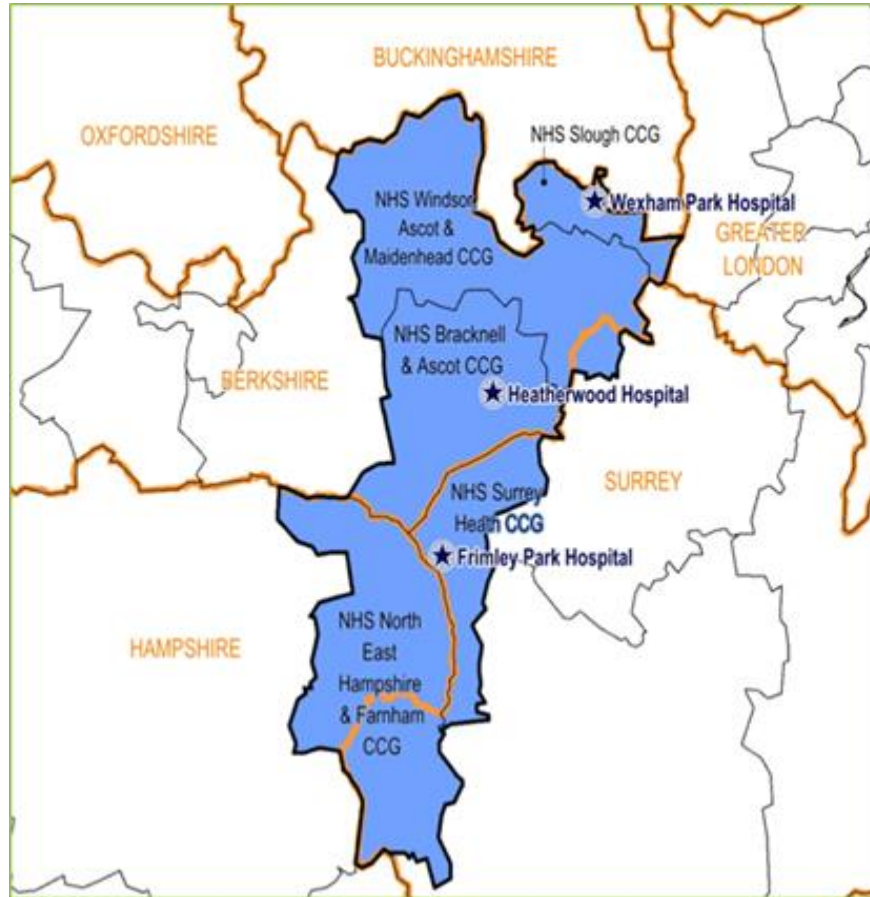


Care & Quality



Finance & Efficiency

The Frimley Geography



Frimley STP population of 750,000 people in East Berkshire, NEH&F and Surrey Heath CCG's. Involves 30 statutory bodies.



The Frimley Health & Care STP

5YFV Priorities

Our STP priorities

Our STP Initiatives

Urgent and emergency care

General practice

Cancer

Mental health

Wellbeing, prevention and self care

Supporting long term conditions

Managing frailty

Redesigning urgent and emergency care

Reducing clinical variation and health inequalities

Wellbeing, prevention and self care

Integrated decision-making

General practice transformation

Support workforce

Social care market

Reducing clinical variation and health inequalities

Shared care record

Enabling workstreams

Frimley Health and Care

Frimley Health & Care: STP to ACS



Between six and 10 sustainability and transformation plan areas set to become “accountable care organisations or systems, ***which will for the first time since 1990 effectively end the purchaser provider split***, bringing about integrated funding and delivery for a given geographical population”.

Simon Stevens, Public Accounts Committee, 27 February 2017

To become ACSs, STPs must take accountability for delivery in exchange for additional freedoms

ACSs must be able to:

- 1 Agree an **accountable performance contract** with NHS England and NHS Improvement;
- 2 Commit to shared performance goals and a **financial system 'control total'**;
- 3 Create an effective collective decision making and **governance structure**;
- 4 Demonstrate they are **integrated**;
- 5 Deploy rigorous and validated **population health management capabilities**;
- 6 Establish clear mechanisms for **patient choice**.

In return, the NHS national bodies will offer:

- a **Delegated decision rights** in respect of commissioning of primary care and specialised services;
- b A **devolved transformation funding package**;
- c A **single 'one stop shop' regulatory relationship** with NHS England and NHS Improvement;
- d The **ability to redeploy attributable staff and related funding** from NHS England and NHS Improvement to support the work of the ACS.

Developing the Frimley Accountable Care System

Focus

- On delivering the priorities agreed across all partners from health and social care
 - Place-based, person-centred approach to delivery of health & care
 - Relationships at all levels
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Governance

- Governance designed to support delivering the changes, using local MOU
- Move towards shadow ACS governance structure, including providers, CCGs and local authorities
- Working with King's Fund and with other systems across England to share ideas in ACS development
- Clinical involvement at all levels, including STP Board

Developing the Frimley Accountable Care System

Financial management

- Financial transparency across partners and shadow system control total approach
- Shared investment decisions across the STP
- Challenge of LA versus health budgets

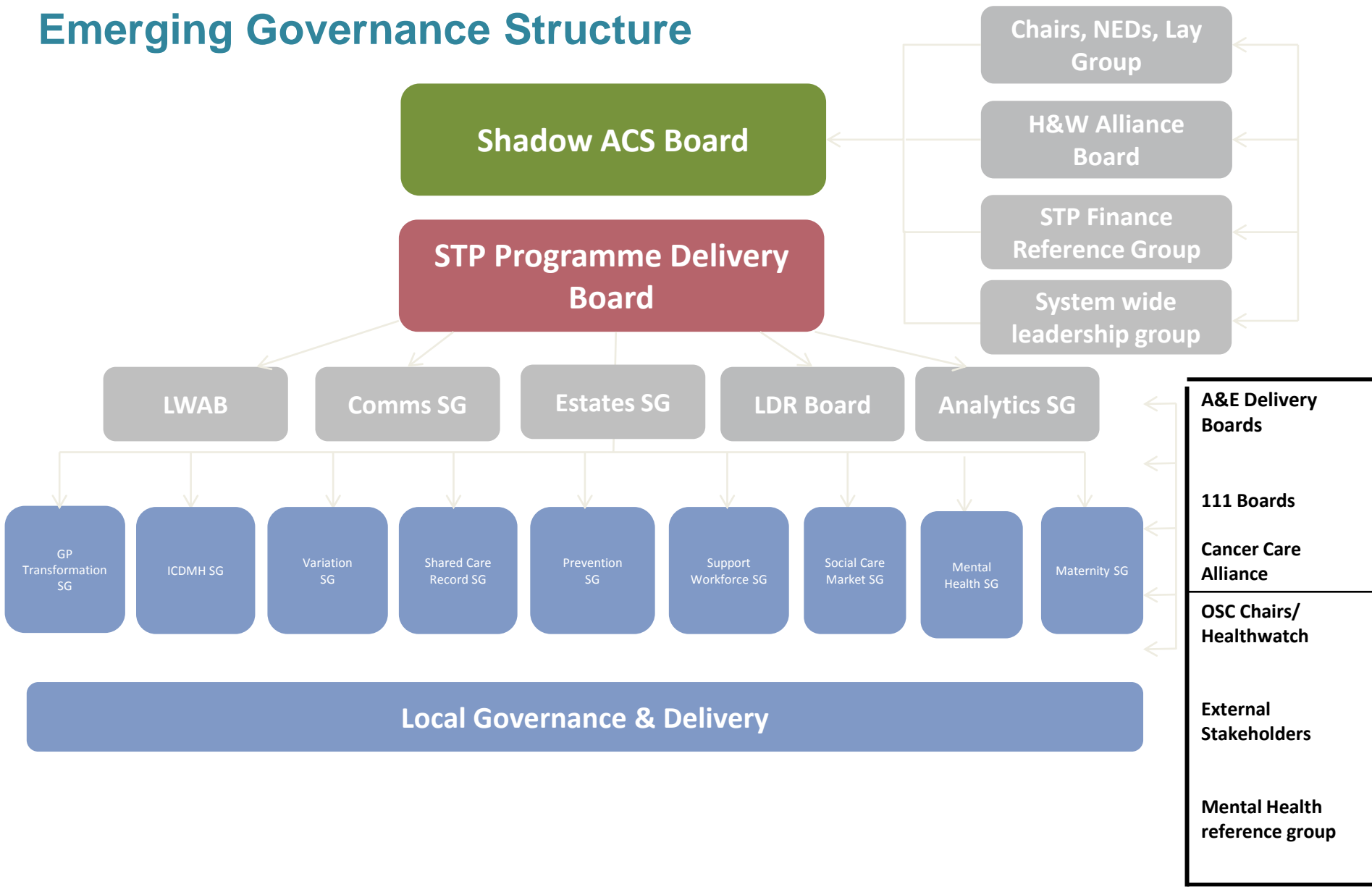
Outcomes and metrics

- STP view of system outcomes and metrics being developed
- Focus on measuring what will drive the change, using logic models
- Shared care record initiative driving opportunities for delivery and for evaluation, measurement and future population management

NHS England expectations of delivery:

- Improvements to mental health services, for example, eliminating out-of-area placements and employing mental health therapists in general practice.
- Invest in and strengthening general practice, including employing more GPs, and deliver extended access.
- Improving the elective pathway by managing demand, reducing unwarranted variation through RightCare and ensuring that care is prioritised to those most able to benefit.
- Accelerating the implementation of the urgent and emergency care plan.
- Improving cancer care; for example, by taking action to diagnose cancers earlier and increasing access to radiotherapy.
- Continuing to improve hospital productivity by implementing Carter productivity recommendations and 'Getting it Right First Time', as well as working together as chains or groups to standardise care and share support and back office functions.

Emerging Governance Structure



Frimley Health & Care STP – Ambition and ACS status

There are seven initiatives in place



The Frimley ACS is one of the exemplars included in wave 1. There is a robust approach to evolving governance, operationalising ACS ambitions including system-wide approaches to business intelligence and digital for performance and forecasting. **ACS support includes** closer working with national ACS leads, performance contract/MoU development, development of a single regulatory framework with NHSE and NHSI.

Summary Progress on Priorities

Programme Update: Focus is on integrated care and working with communities. Patient involvement is clear throughout all programmes with strong governance structures. Primary care quality framework adopted and targeted work with specific GP practices. Spinal and pain is working to STP level and Frimley have identified community models which include a psychological approach.

Successful STP bids for cancer, diabetes, learning difficulties and mental health . Frimley STP looking to 'grow their own' in respect to succession planning to enable sustainability on pace and delivery.

Initiative (1) Prevention & Self Care: Successful investment bid for social prescribing securing £300k to reduce variation across the footprint and bring all areas to a minimum of level 2. Working group has been established and the process for devolvement of funds confirmed. Work has progressed in the Frailty subgroup for the mildly frail. Alcohol liaison nurses agreed with East Berkshire CCG's and recruitment process underway. Successful circulatory workshop over the summer. Hypertension project focus on a broader bid to increase clinical pharmacy workforce (which if successful should add capacity in the area of CVD risk factor management), interfacing with the variation work stream. Obesity work stream scope and objectives to be finalised at next steering group. Currently on track for delivery

Initiative (2) Integrated Care Decision Making: Following the alignment of local models to the STP an action plan with a phased approach is under construction in order to progress at pace. Analysis of local and national evidence has been used to define the STP evidence base including local evidence from Farnham ICT, Surrey Heath Integrated Care Scheme and Sloughs complex case management. Community frailty project was approved and local stakeholder and engagement plans are in progress. Joint workforce bid (150k) was approved by LWAB and the STP workforce strategy is near completion with an in depth focus on ICDM & Primary Care.

Initiative (3) GP Transformation: Logic modelling for integrated working, LTC and complex patients completed. Following dialogue with GP Federations an initial investment has been made to support an organisational development programme for general practice. Programme structure along with defined outcomes is in progress and will help to progress 'GP at scale'. Each local area has developed engagement plans to cascade information and local GP Forward View Plans are shared on the CCG website / public engagement events.

Summary Progress on Priorities

Initiative (4) Support Workforce: Steering board and work streams in place with task and finish groups providing clearly defined objectives for; recruitment & retention; learning & development; New ways of working. Working closely with Skills for Care on a proposal for the Enhanced Care Worker role. Training & Development passport in progress.

Initiative (5) Care & Support Market: Market review completed. Data for high cost placements collated and action plan being developed. Care Home Quality steering group is now fully established with clear goals in place including the roll out of the red bag scheme. Recent investment bid (£109k) for the purchase of red bags, an interventions recording database and a training coordinator post and some leadership coaching. The next stage is looking to support a robust medicine management approach in care homes involving care home pharmacists and technicians

Initiative (6) Reducing Variation: Rightcare approach across STP for Cardiology, Respiratory, MSK, GI , Neurology & Diabetes). In order to provide equity across the system diabetes has been given a small addition to the initial diabetes specific investment which now allows patients with diabetes at Frimley Park Hospital to receive an improved service and support these patients to manage their condition more successfully, All pathways have progressed utilising the Rightcare packs as the evidence base for workshops and determining clear outcomes. STP wide Business planning process developed to provide assurance to the ACS Board that the business cases submitted for transformation funding are robust – Neurology is the test case to go through this process.

Initiative (7) Shared Care Record: Connected Care Progress: BFC & RBWM enhanced feed has potential to slip due to Bracknell Forest Council upgrading their LAS system. Successful LWAB bid for a digital leadership course with programme in the design phase.

In the past few weeks we have developed an 8th initiative – deliverables to be signed off by STP Programme Delivery Board on 15th Nov

Initiative (8) Mental Health: Steering group established, Agreed priorities include; Out of area placements; Perinatal mental health, Early intervention in psychosis services and Eating disorders in children. Task & finish groups established and key milestones to be identified.

Communications & Engagement

- Local Government are fully engaged with plans with membership in all key governance and assurance meetings. We have committed SROs aligned for the Prevention Work stream and Care & Support Market.
- Workshop in the summer explored comms & engagement across the system, in particular looking at how this will support development of the ACS. It is intended that comms & engagement for the Frimley H&C ACS will be held up as exemplary and used as a model for replicating elsewhere
- Health & Wellbeing Alliance established with representation made up of the Chairs and vice chairs of the five Health & Well-Being Boards covered by the footprint.
- Mental Health Co production event took place in August with key outcomes agreed for the delivery of the MH5YFV
- Liaising with the Care Provider Alliance (CPA) to enhance engagement with and by the independent and voluntary adult social care sector. Further event planned.

Engaging local people and clinicians



- **70 community ambassadors** in Vanguard ensuring patient views are integral to service development and shaping our engagement activity
- **Clinical leads** co-design all service changes and developments
- Frimley Health and Care is being highlighted as a **Communications and Engagement Exemplar.**

Frimley Health and Care

Developing our STP workforce



- 2020 Leadership Programme – supporting STP partners to innovate and make real on the ground changes to improve joined up services