



Report to the: Joint Health Overview and Scrutiny Committee

Date of Meeting: 27 February 2018

Subject of the Report: Healthier Together update – the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP)

Presented by:

- Julia Ross, Chief Executive, BNSSG CCG
- Robert Woolley Chief executive, University Hospitals Bristol NHS Foundation Trust
- Laura Nicholas, BNSSG STP Programme Director
- Prof. Mark Pietroni, Director of Public Health, South Gloucestershire Council
- Jo Underwood, Delivery Director, North Somerset CCG
- Dr Lesley Ward, South Bristol Representative, Bristol CCG
- Dr Mary Backhouse, Clinical Chair, NHS North Somerset Clinical Commissioning Group

Recommendation

It is recommended that:

- Members provide feedback on the draft narrative so we can continue to develop and refine the language used when discussing Healthier Together.
- Note the current financial pressures on our health and care system and that work is underway to address this for 2018/19.
- Note and endorse the current activity of the prevention workstream.
- Note the work to develop a locally-driven strategy for urgent and emergency care in BNSSG.
- Note the update on the Healthy Weston programme.

1. Summary

The purpose of this paper is to update and support the discussion at the Joint Health Overview and Scrutiny Committee on progress with the BNSSG STP. It covers:

- Healthier Together programme update – including public narrative and finances
- Improving the health of our population – including prevention, self-care and early intervention
- Improving quality of services – urgent and emergency care
- Update on Healthy Weston.

Since the joint committee received its last update in October 2017:

- With input from staff, patient representatives and senior leaders BNSSG STP agreed its new name as ‘Healthier Together’ and a supporting strapline of ‘Improving health and care in Bristol, North Somerset and South Gloucestershire’. This name summarises the spirit of what we are trying to achieve as a Partnership and should be more memorable.
- Hosted a STP Council Seminar, which many of you attended. We are likely to schedule a similar event for September 2018.
- Have continued to progress work on redesigning key patient pathways that will deliver improvements for service users as well as improving service efficiencies and care outcomes.
- While we are seeing a national NHS budget increase of £2.1bn for 2018/19, funding is still unable to cope with demand (This equates to around £2m for BNSSG). We will be continuing our work as a Partnership to collectively understand and develop delivery plans to mitigate the shortfall as much as possible.
- A prevention plan has been developed and will be embedded from a strategic perspective through key prevention principles and operationally via implementation groups linked to specific priority areas.
- A local strategy for urgent and emergency care is in the process of being developed. It will set out a delivery plan for transforming our system to address existing quality and performance issues and meet future predicted local needs.
- The current phase of public engagement on proposals for Healthy Weston is due to come to a close in early March and will be followed by a ‘checkpoint’ event in April to update on progress and set out the latest thinking.

2. Context

In October 2014, NHS England published the [Five Year Forward View \(5YFV\)](#). The 5YFV has three key aims; to improve health and wellbeing for everyone, better quality of care and sustainable finances. 44 Sustainability and Transformation Partnerships have been created across England to help respond to NHS England’s aims from a localised perspective.

Healthier Together is our local Sustainability and Transformation Partnership, made up of 13 local health and care organisations¹, and representing a commitment to work together on improving health and care in BNSSG. The partnership goes beyond just these organisations – the views of the public, patients, staff and voluntary sector form a significant role in shaping the future.

¹ Bristol, North Somerset, South Gloucestershire Clinical Commissioning Groups (CCGs) (proposed formal merger to one CCG in April 2018), South Gloucestershire Council, Bristol City Council, North Somerset Council, Weston Area Health NHS Trust, North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, Sirona care & health, Bristol Community Health, North Somerset Community Partnership, South Western Ambulance Service NHS Foundation Trust, One Care.

3. Details

3.1 Healthier Together programme update

(Laura Nicholas, Healthier Together Programme Director)

3.1.1 Healthier Together design and public narrative

Following agreement on the new name, ‘Healthier Together’, we have undertaken a small amount of design work to create a brand identifier for the Partnership.

Our public narrative continues to develop and once fully approved, it will be used as the core basis for explaining the STP. Content will be tailored as appropriate depending on the audience and channel of communication. Noting Members feedback at the last meeting, we have tried to simplify the language used as much as possible.

Please see Appendix 1 for a copy of the narrative. The narrative is a ‘live’ document and it will continue to evolve as the work of Healthier Together progresses. To help us test and refine our messaging, we would welcome Members feedback. The document is also in the process of being tested with staff and patient representatives. We also invite members to share and discuss this content with their colleagues and other stakeholders and let us know how it is received.

A supporting slide pack is also being developed which will be used by senior leaders to help explain the work of Healthier Together to date to internal and external audiences.

Finally, we are also in the early stages of developing the Healthier Together website. The website will be public-facing, acting as a key content hub for the Partnership and providing updates on project progress. We envisage the first phase of the website being ready to go live in early April. We will work with key stakeholders to test potential layouts and content as part of the design and build process.

3.1.2 Finance update

The budget for the BNSSG health economy remains under extreme pressure and continues to overspend the allocation provided by NHS England. Whilst the NHS in England overall is forecasting to meet its financial performance target for the year, this is in the context of additional allocation of £385m to manage winter pressures, and transfer of c.£1bn from the capital budget to cover day-to-day running costs.

Nationally, NHS provider organisations are collectively forecasting an overspend of £650m at the end of March this year; NHS clinical commissioning groups are forecasting a collective overspend of £291m; all of which is offset by centrally held reserves and mitigations.

The NHS budget for 2018/19 has been increased by £2.1bn above the original settlement to recognise this extreme pressure.

Local NHS budgets are likely to be overspent by £92.8m in 2017/18, and this forecast to grow to £324m by 2020/21 without improved planning in-year and the transformation plans we are now developing through Healthier Together. In our original STP submission in October 2016 our plan predicted that in 2018/19 the financial forecast would be a deficit of £135m.

The latest forecasts for 2018/19 are for a year end overspend of £92m, which is then supplemented by funding from a national ‘Sustainability and Transformation Fund’ of £21.9m to create an improved overall deficit of £70.1m.

Although better than originally forecast, this position is not sustainable, and is £52.0m worse than regulators have set as targets; however it does represent an £11.9m improvement for the local NHS system compared to the previous financial year and was delivered by achieving £96m of cash-releasing efficiency savings this financial year.

On top of this there is a large pressure of between £28-£35m on NHS specialised commissioning budgets (held nationally by NHS England) relating to services in the BNSSG health economy.

Business planning is underway for 2018/19 and NHS partners’ operational plans are due to be submitted to NHS regulators by 8 March, so it is too early to update members on detailed plans for 2018/19. However, early insights show a system under enormous financial pressure. Whilst CCG budgets are now expected to increase by three per cent, population growth of one per cent and inflationary pressures leave very little funding for discretionary increases, improving finances and improving performance against NHS constitutional targets. Savings of over £100m will required again.

Work to share understanding of financial positions and budgets between local authorities and NHS is at an early stage; therefore figures quoted above relate to the NHS sector only. Local authority budgets overall, and specifically those related to social care services, are also under huge strain. Meetings are being arranged to discuss strategic finance issues and close operational work is already in place, in particular between BNSSG Clinical Commissioning Group (CCG) and social services colleagues.

3.2 Improving the health of our population

(Prof. Mark Pietroni, Director of Public Health, South Gloucestershire Council)

3.2.1 Prevention workstream

A prevention plan for BNSSG has been developed through collaboration with stakeholders and led by public health consultants across the BNSSG localities. The approach will be both strategic – through embedding key prevention principles

throughout the system – and operational – by bringing together stakeholders into implementation groups to deliver on the specific priority areas identified in the plan.

Prevention is a key component in the long term sustainability of the health and social care system and offers transformative opportunities to improve the health of the population. It is recognised that there is a need for a strategic plan for embedding prevention at scale across the whole system. This sits well with Healthier Together. Moreover Healthier Together has a dedicated BNSSG prevention workstream responsible for the operational delivery of the prevention agenda. Our aim is to embed prevention throughout the system and at scale, to achieve better outcomes for the population and to reach a more sustainable health and social care system. Our approach to achieving this is twofold: we will work strategically to challenge partners across the system to address prevention in the delivery of their programme or workstream; and we will develop operational plans to deliver specific programmes through the prevention workstream.

Five prevention principles have been developed to frame this strategy and should be embedded within all Healthier Together transformation programmes and throughout the health and social care system:

- Recognising prevention is everyone’s business
- Maximising existing settings and structures to add value by reducing variation in delivery and ensuring a focus upon outcomes
- Applying data on population need to decisions on healthcare commissioning and provision
- Addressing inequalities and variation in outcomes across local geographies
- Optimising digital solutions to enable prevention at scale.

The adoption of these across the system will reduce the burden of ill health on the population, the demand on our health and social care services, and inequalities in health. In order to deliver new models of care with these principles at its core, all elements of Healthier Together will require a prevention component.

In addition, we have identified five priority areas for prevention in 2018/19, to address the health and wellbeing needs of BNSSG as identified in the case for change. These address needs across the lifecourse:

- Tobacco – *focus on healthcare settings, vulnerable groups, pregnant women, and adolescents*
- Alcohol – *focus on identification and brief intervention in primary and secondary care*
- Obesity and physical activity – *focus on supporting children and young people to have the best start in life including supporting breastfeeding*
- Vascular disease risk factors – *focus on reducing variation in the detection and management of risk factors for cardio- and cerebrovascular disease, including vascular dementia*
- Mental health – *focus on building personal resilience and reducing social isolation*

These priority areas will guide the operational plans and work groups for the prevention workstream in 2018-19.

The next steps for this work are to agree the governance arrangements around the workstream and prevention plan, disseminate the plan and prevention principles amongst key stakeholders across the system, and to implement the operational elements of the prevention plan.

We will hold a prevention workstream stakeholder meeting at the end of March / early April to bring together individuals currently working on projects related to the priority areas in six implementation groups, each of which is aligned to a priority area, with the addition of social prescribing, and each will have a consultant in public health lead. These groups will comprise individuals from the three localities working across the system and members will work collaboratively to identify where good practice is already underway, sharing and scaling this up between localities as appropriate, and developing plans for service reconfiguration or development as required.

3.3 Improving quality of services

3.3.1 Urgent and emergency care

(Jo Underwood, Delivery Director, North Somerset CCG and Dr Lesley Ward, South Bristol Representative, Bristol CCG)

It is essential for a strong and high performing system to have a clear vision and plan for delivering timely, responsive and affordable urgent and emergency care services. There is a strong national drive for urgent care system transformation, which needs to be balanced with a sound local understanding of our populations' needs, and the resources available to meet them.

Developing a locally driven strategy for urgent and emergency care is one of our Healthier Together priorities. The strategy will set out a delivery plan for transforming our system to address existing quality and performance issues and meet future predicted local needs. Where necessary it will highlight how and why deviation from the national direction of travel may better deliver local quality improvements.

The aim of this project is to deliver an urgent and emergency care strategy for BNSSG. There are two 'products' it will deliver:

1. A document with the following contents:
 - Where are we now
 - Current pathway/experience/outcomes/performance/activity/spend
 - Where we want to be (case for change)
 - Population health needs assessment/growth forecast/evidence base/dynamic system modelling/lessons from other areas

- What it will look like (vision)
 - Future state design principles/high level model of care (blueprint)/assessment of impact on flow/estates/workforce through modelling
 - How we will get there (strategy)
 - Commissioning strategy/programme definition and oversight
 - How we will know we are getting there (benefits)
 - Outcomes metrics built on progress from current to future state.
2. Improved context for delivery: a system of relationships and tools to support delivery of the strategy as a result of working together on its development, for example: stakeholder community including natural change leaders; estates list; IT infrastructure; workforce intelligence; dynamic system scenario testing model for testing options and impact.

Principles





The strategy will be developed in accordance with the following principles:




- **Demand-led:** based on an understanding of our local population health needs
- **Optimising value:** appreciating non value-adding steps or interventions from the patient's point of view (e.g. admission to hospital late at night, for monitoring that could be done remotely or in someone's own home)
- **Evidence-based:** ensuring that our strategy is founded on strong research and tested solutions
- **Realistic:** the strategy must be quantified and appreciate that we have access to a finite workforce and finite financial resources.

NHS Five Year Forward View – urgent care

As part of the government's drive to deliver the NHS Five Year Forward View², there are seven interventions (or 'pillars') that local systems are asked to build into their urgent care system plans. These pillars are described below, and our strategy will need to address how we will adopt or adapt the recommended interventions to deliver the best outcomes for our system.

² *Next Steps on the NHS Five Year Forward View*, March 2017 available from <https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/>

 <p>NHS 111 Online</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Online triage services that enable patients to enter their symptoms and receive tailored advice or a call back from a healthcare professional • Services closely connected to NHS 111 calls (and other services including Primary Care over time) • Offer an increasingly personalised experience to patients <p><u>The plan</u></p> <ul style="list-style-type: none"> • Pilot the service in 4 areas from February 2017 onwards • Complete evaluation by July 2017 • Roll out to 5 or 6 111 areas per month by December 2017 • Introduction of intelligent personalised triage by March 2019 	 <p>NHS 111 Calls</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Increase the percentage of calls transferred to a clinician when a patient calls the NHS111 service • The service will better support the number of patients who can be dealt with as 'self-care' • Where applicable patients will be referred on to an appropriate point of care • NHS 111 Care Home Line will enable dedicated access for healthcare professionals (starting with care home staff) to get urgent advice from a GP out of hours <p><u>The plan</u></p> <ul style="list-style-type: none"> • 30% of 111 calls transferred to a clinician by March 2017, rising to 50+% by March 2018 • Operational readiness for Care home Line by March 2017 with roll out from April 2017 	 <p>GP</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • By March 2019 the public will have enhanced access to evening & weekend appointments with general practice • In delivering this we will secure: <ul style="list-style-type: none"> ➢ Transformation in general practice, ➢ Step change in use of digital technologies ➢ The foundations for a model of more integrated services <p><u>The plan</u></p> <ul style="list-style-type: none"> • Coverage of enhanced access will reach: <ul style="list-style-type: none"> ➢ 50% of the population by March 2018 ➢ 100% of the population by March 2019 • Invest £138M in 2017/18 and £258M in 2018/19 	 <p>Urgent Treatment Centres</p> <p><u>The offer</u></p> <ul style="list-style-type: none"> • Urgent Treatment Centres across the country will be: <ul style="list-style-type: none"> ➢ Open 12 hours a day ➢ Will be staffed by doctors and nurses ➢ May have access to X-Ray facilities ➢ Patients will be able to either book an appointment via NHS 111, their own GP, or walk in ➢ If they need a prescription, they will be given one <p><u>The plan</u></p> <ul style="list-style-type: none"> • These services will be in place as follows: <ul style="list-style-type: none"> ➢ 25% of facilities by March 2018 ➢ 50% of facilities by March 2019 ➢ 100% of facilities by December 2019
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 Ambulances	 Hospitals	 Hospital to Home
<p><u>The offer</u></p> <ul style="list-style-type: none"> • More clinically focused response for patients • Quicker recognition of life threatening conditions • Telephone advice, treatment on scene or conveyance to hospital • End to long waits for an ambulance and handover delays at hospitals <p><u>The plan</u></p> <ul style="list-style-type: none"> • Planning for rollout of the Ambulance Response programme complete by end March 2017 • Implement enhanced Hear & Treat and See and Treat by March 2018 • STPs offer integrated model of urgent care, with clear referral pathways offering alternatives to conveyance to A&E by March 2018 • Development of ambulance workforce, to December 2018 	<p><u>The offer</u></p> <ul style="list-style-type: none"> • Highly skilled emergency department workforce to deliver life-saving care for our most sick patients • Variation between hospitals will be reduced • Patients streamed by a highly trained clinician to the most appropriate service • Rapid, intensive support to those patients at highest risk of admission • Use of a wide range of ambulatory care services. • Effective metrics used in oversight of hospitals <p><u>The plan</u></p> <ul style="list-style-type: none"> • Front-door ED streaming models in all UEC systems by September 2017 • Establish Frailty Assessment processes and Frailty Units • 7-day ambulatory care • Implementation of core best practice on medical wards to facilitate discharge 	<p><u>The offer</u></p> <ul style="list-style-type: none"> • Provide comprehensive packages of health and social care • Fewer than 3 in 20 NHS Continuing Healthcare assessments (CHC) take place in an acute setting • Patients only stay in hospital for as long as they have been clinically assessed as requiring treatment • Coordinated and timely transfer of care from hospital to the most appropriate setting <p><u>The plan</u></p> <ul style="list-style-type: none"> • Implement Discharge to Assess by March 2017 • Reduce national DToc rates 4.1% by September 2017 • Implement changes to CHC framework by April 2018 • Roll out Nursing Home Vanguard model by March 2019 • Deployment of 200 pharmacy professionals into care homes by March 2018

Presenting our local approach

The accompanying slide deck provides some further detail on how the strategy will be developed to take into account both our local population needs, and the national strategic direction of travel.

3.4 Update on Healthy Weston

(Prepared by Ben Bennett, Director of Strategic Projects, BNSSG CCGs and presented by Dr Mary Backhouse, Clinical Chair, NHS North Somerset Clinical Commissioning Group)

‘Healthy Weston: joining up services for better care in the Weston area’ is North Somerset CCG’s vision to improve health and care services for people in the Weston-super-Mare area, making sure services can meet the changing needs of our population in a sustainable way for years to come.

Published in October 2017, it sets out an approach to organising and delivering the existing services as effectively and efficiently as possible, working in a joined up

way across the health and care system to provide the best possible health and care services suitable for people's needs, now and in the future.

Services include GP practices, community healthcare services, mental health, maternity services, the community and voluntary sector, social care as well as services provided at Weston General Hospital as well as the links to services provided by each of neighbouring hospitals in Bristol and Somerset.

Delivering the vision will help us to meet the current and future needs of local people, respond to the increasing and changing demand on services, and reduce unacceptable variations in health and people's life chances across our area. This will also help ensure our services are both clinically and financially sustainable by making sure they can deliver to national quality standards and are affordable within the available funding.

We want Weston General Hospital to remain at the heart of the community, providing the sustainable hospital services it is best placed to provide. We also want to provide a greater range of health and care services on the site of the hospital, so that more people can access diagnosis, treatment and follow up care in one place for common and immediate health needs.

We're listening to views of staff, stakeholders, patients and the public to help us look at the options available to us and help identify the choices we'll need to make to turn our vision into reality.

The current period of public engagement and dialogue which commenced in October 2017 is due to end on 2 March 2018. This has included:

- Around 30 individual meetings and workshops involving local people, community organisations and staff
- An on-line survey which has received over 800 responses to date
- A series of clinical workstreams gathering a range of ideas and proposals from across the system, for example a new approach to primary care working with local care homes

Further to this a 'checkpoint' event is planned for early April to update on progress and set out the latest thinking and a report will be published to accompany this, including an independent assessment of all the stakeholder feedback received during the engagement period.

In parallel with this, specific work continues with University Hospitals Bristol NHS Foundation Trust and with Weston Area Health Trust, and in January University Hospitals Bristol has confirmed its intention to pursue an organisational merger with Weston Area Health NHS Trust.

A possible merger between the two trusts has the potential to play a major part in supporting the work of 'Healthy Weston: joining up services for better care in the Weston area'. It will help to create a sustainable hospital at Weston which, in

partnership with other local providers, can deliver the services that best meet local people’s needs, now and in the future.

We will continue to work closely with both organisations as we develop our proposals for delivering Healthy Weston, which will incorporate the outcome of the comprehensive appraisal process both trusts are now working through to assess the clinical and financial benefits of a merger

4 Author

This report draws together contributions from a range of authors as set out in the main body of the report and was collated by the Healthier Together PMO office. For further information, please contact bnssg.healthiertogether@nhs.net / 0117 342 9282.