Healthier **Together**

Improving health and care in Bristol,
North Somerset and South Gloucestershire

Joint Health Overview and Scrutiny Committee

27 February 2018

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North Somerset and South Gloucestershire

Programme update

Laura Nicholas,
Healthier Together Programme Director

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Our narrative

- Core draft narrative shared with you and we welcome feedback
- Building on the recent Council Seminar, we are developing a PowerPoint presentation slide pack
- We would like this to be used by Members and colleagues when discussing Healthier Together with stakeholders
- A selection of the slides follows…

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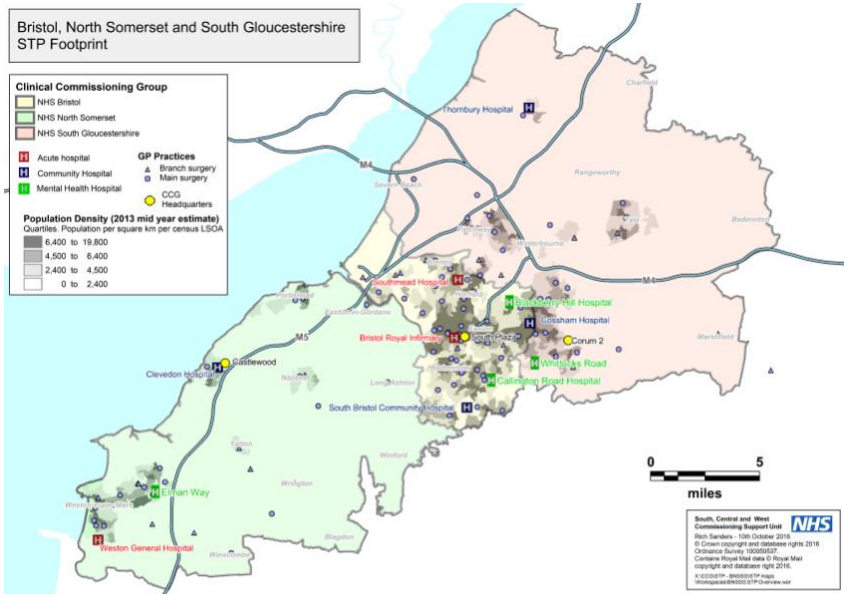
Local context

- Bristol, North Somerset and South Gloucestershire have a history of collaboration
- Our STP has been rated Cat 4 – Needs Most Improvement (performance, finance and leadership)
- Increasingly system performance focus over individual organisation performance



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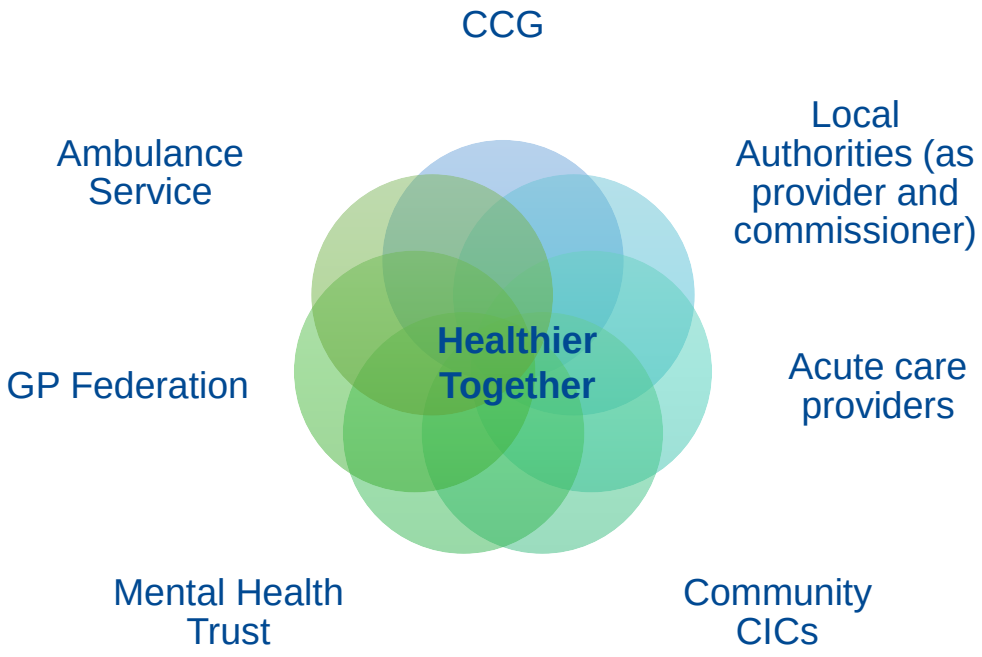
Constituent organisations



- All organisations have their own statutory responsibilities
- All required to deliver the STP
- Provides a complex system, however there is lots of opportunity

Summary of the BNSSG case for change

Population is generally healthy compared to the rest of England, but health outcomes are worse than the England average in poorer, deprived areas

People here are more likely to suffer with mental health problems

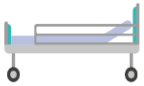
The average life expectancy gap between communities is 6.3 years but is up to 15 years in one or two areas

The population is growing and people are living longer. This is good news

Specialist services centres of excellence providing leading edge care and these have also contributed to saving and extending many people's lives both here and in surrounding areas

Funding for NHS services has continued to grow

However, funding growth is not keeping pace with demand for care and services. Every month our NHS services overspend by approx. £8m. Local authority funding is also under significant pressure



Too much reliance on bed-based case – there are 200-300 (est.) people in a hospital bed per day who don't need to be there

The way we provide care can sometimes be fragmented and not joined up. People may not feel fully in control of how their care is being organised, or know what to do when things go wrong

Common causes of premature death:

Cancer

Heart disease

Stroke

Respiratory illness

Premature death could be avoided if people managed their risk factors:

Alcohol
Smoking
Diet/obesity
Low levels of physical activity

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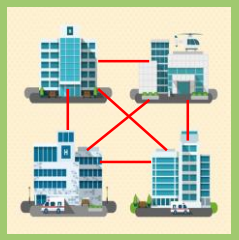
Our ambition for the future

Integrated model of care

- Greater emphasis on prevention through help to help yourself models across health, local authorities and into community infrastructure
- Less reliance on hospital based care – best bed is your own bed!
- First rate 21st century, joined up, responsive care when you need it
- Care provided closer to home or at home

Care based around and designed with communities. Fair and equitable access to best meet their needs and improve health outcomes



High quality, accessible network of general hospital based care, available when necessary for diagnosis and treatment.

BNSSG as a renowned centre of excellence for specialist and leading edge health care

Clinically and financially sustainable services:

- Consistently safe, effective and productive services
- Best use of fit for purpose buildings and other assets to deliver great care as locally as possible

A health and care system where staff feel fulfilled and enabled to deliver great care

Digitally enabled to make care effective and efficient through embracing technology and shared information

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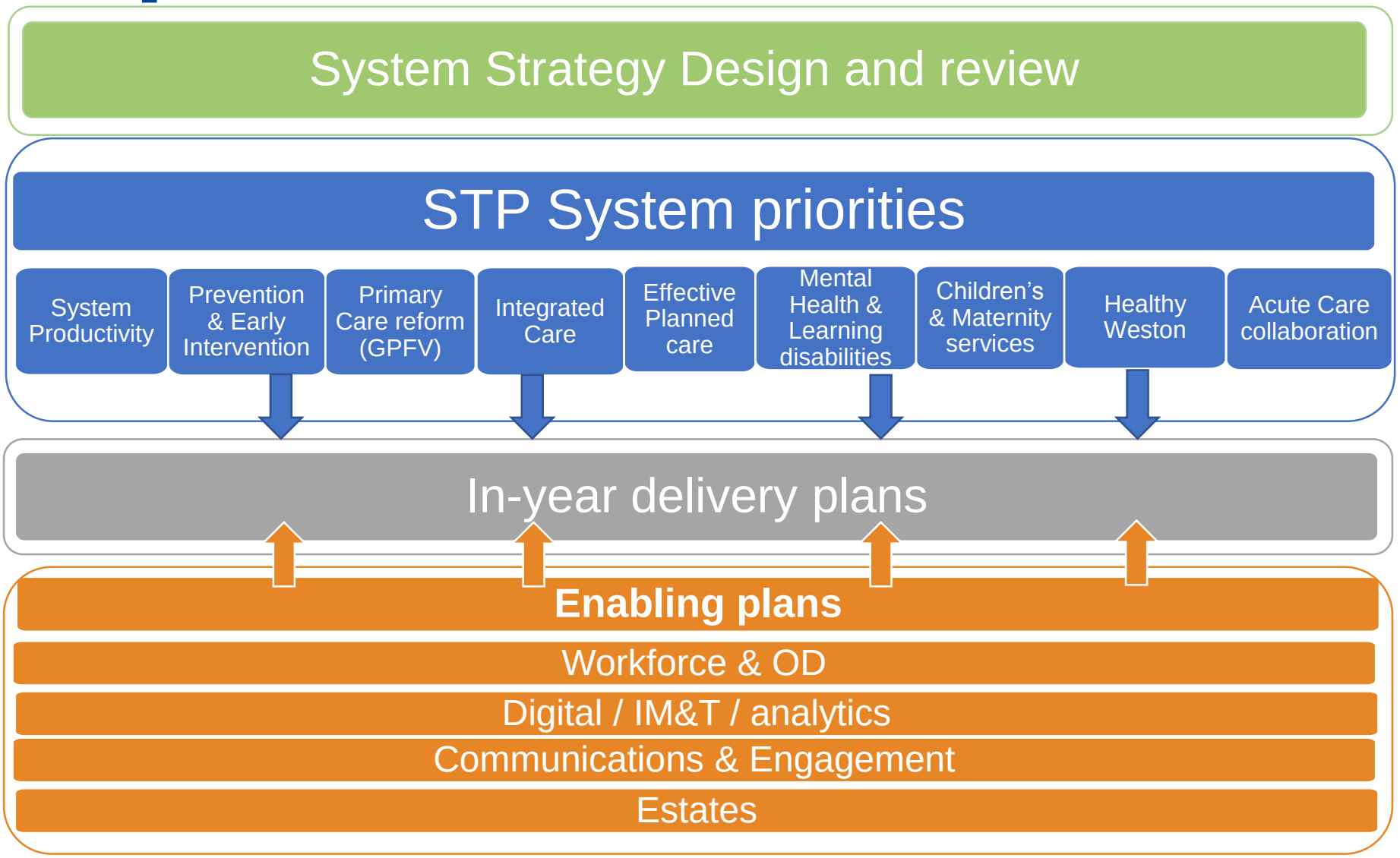
Our priorities



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Improving the health of our population

Prof. Mark Pietroni,
Director of Public Health, South Glos Council

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Purpose of the prevention plan

- Address the major health issues facing the BNSSG population and aim to shift the demand curve to relieve NHS pressures

- View issues through an NHS and social care lens - how commissioners, providers, and the health and social care workforce can work together to support prevention

- Will drive 2018-19 priorities and work programme of Prevention Workstream

- Focus attention and efforts on a few key areas that are:
  - Recognised as issues of considerable importance to local population
  - Consistent with local or national priorities
  - Amenable to intervention – where we know what works and we need to implement / redesign / commission

Two-part approach
(1) strategic and high-level (2) operational and focused on priority areas

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Case for change – importance of variation

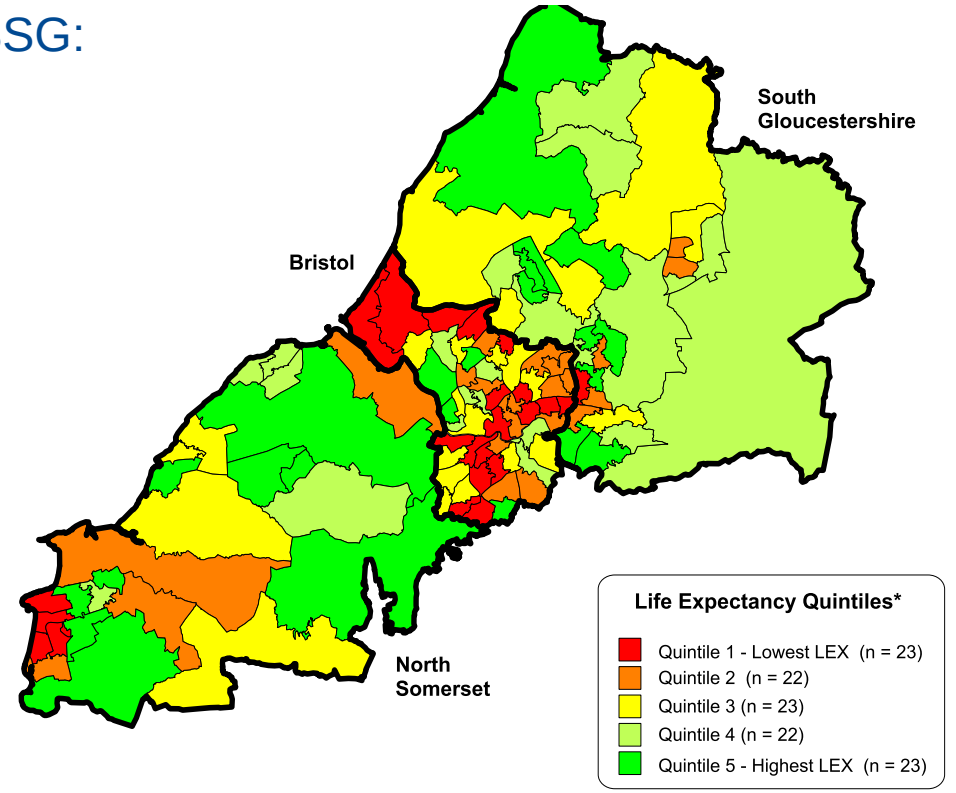
- Life expectancy in BNSSG is 84 (females) and 80 (males) however *healthy* life expectancy (years spent in good health) is 65 (females) and 53 (males)
- Considerable gap in average life expectancy between those that live in the most and least deprived areas in BNSSG:

  9 years for males; 6 years for females

- This gap is greatest in Bristol:

  10 years for men; 7 for women

The prevention plan will focus on improving population health outcomes, reducing variation, and addressing inequalities



Ref: ONS mid-2015, OS data

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Prevention workstream priorities driven by population need

Deaths aged under 75 are defined as “premature mortality”. Overall premature mortality rates are good compared to England, but Bristol is amongst worst in England

Key conditions driving premature mortality:

- **Cancer (lung and colorectal)**
- **Heart disease and stroke**
- **Liver disease**
- **Lung disease**
- **Injuries**

Priority areas in the prevention plan driven by evidence of need in case for change

Source: PHE healthier lives

Disease	Bristol		South Glos		North Somerset	
	Rate	Rank in 150 LA	Rate	Rank in 150 LA	Rate	Rank in 150 LA
All premature deaths	384	103rd	272	14th	305	45th
Cancer	153	107th	119	15th	133	53rd
Lung Cancer	62	78th	46	18th	47	28th
Breast Cancer	19	32nd	17	18th	21	77th
Colorectal Cancer	14	130th	11	47th	12	79th
Heart Disease and Stroke	82	83rd	60	17th	60	18th
Heart Disease	41	68th	33	29th	28	8th
Stroke	16	103rd	10	17th	12	37th
Lung Disease	40	96th	23	12th	27	36th
Liver Disease	20	89th	13	15th	15	34th
Injuries	16	127th	8	19th	13	83rd

Premature mortality outcomes: worst | worse than average | better than average | best

Age standardised= rate per 100 000 and rank among all 150 Local Authorities in England, 2013-2015

Ref: PHE Healthier Lives, 2013-15

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Five priority areas for 2018-19

Building on CQUIN work in acute settings, focusing on vulnerable groups, in pregnancy, adolescents

Identification and brief intervention in health and social care services

Systematising social prescribing, return-on-investment interventions particularly for children including breastfeeding, supporting roll out of National Diabetes Prevention Programme

Vascular risk factors to reduce heart disease, stroke, dementia. Focus on blood pressure, cholesterol, and atrial fibrillation – links with STP stroke work

Building on CQUIN work in acute settings, focusing on vulnerable groups, in pregnancy, adolescents

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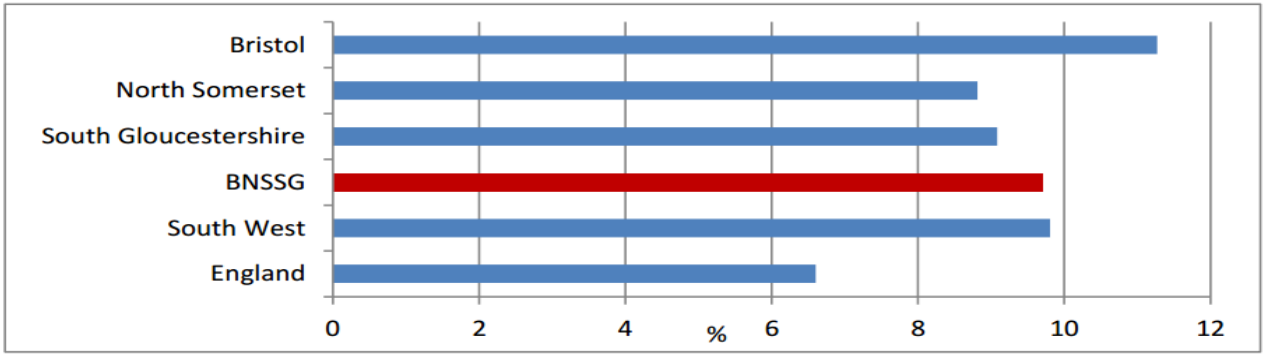
An example priority area: tobacco across BNSSG

- 3,800 people died prematurely from diseases directly related to smoking between 2013-15
- 1 in 10 15 year olds smoke
- 1 in 10 new mothers smoke at time of delivery

Figure 52 Chart of smoking prevalence at the age of 15 in BNSSG



Source: Public Health Outcomes Framework / What About YOUth (WAY) survey, 2014-15

Ref: Public Health Outcomes Framework / What About YOUth (WAY) survey, 2014-15

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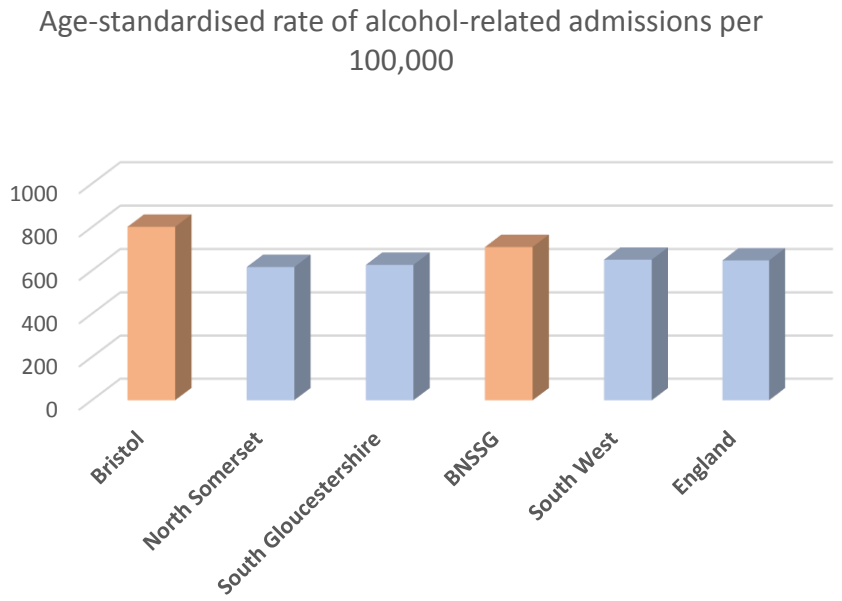
An example priority area: alcohol across BNSSG

- Nearly a quarter of the population (23%) of adults in BNSSG report binge drinking, greater than the all-England average (20%)
- Around 6000 people were admitted to hospital in BNSSG where the diagnosis was attributed to alcohol

The rate of hospital admissions attributable to alcohol is high for BNSSG and particularly high for Bristol



Ref: Health Profiles / Hospital Episode Statistics (HES), 2015-16

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Five core principles to be taken up across the system

- Recognising prevention is everyone's business
- Maximising existing settings and structures to add value by reducing variation in delivery and ensuring a focus on 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

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Next steps and timescales

- Governance arrangements agreed and strategy launch – end February 2018
- Engagement with VCS, Clinical Cabinet, Health & Wellbeing Boards
- Prevention stakeholder meeting – end of March / early April 2018
  - Update on embedding Prevention Plan across STP
  - Update on current and ongoing projects
  - Developing implementation groups for joining up, scaling up, and delivering Prevention agenda

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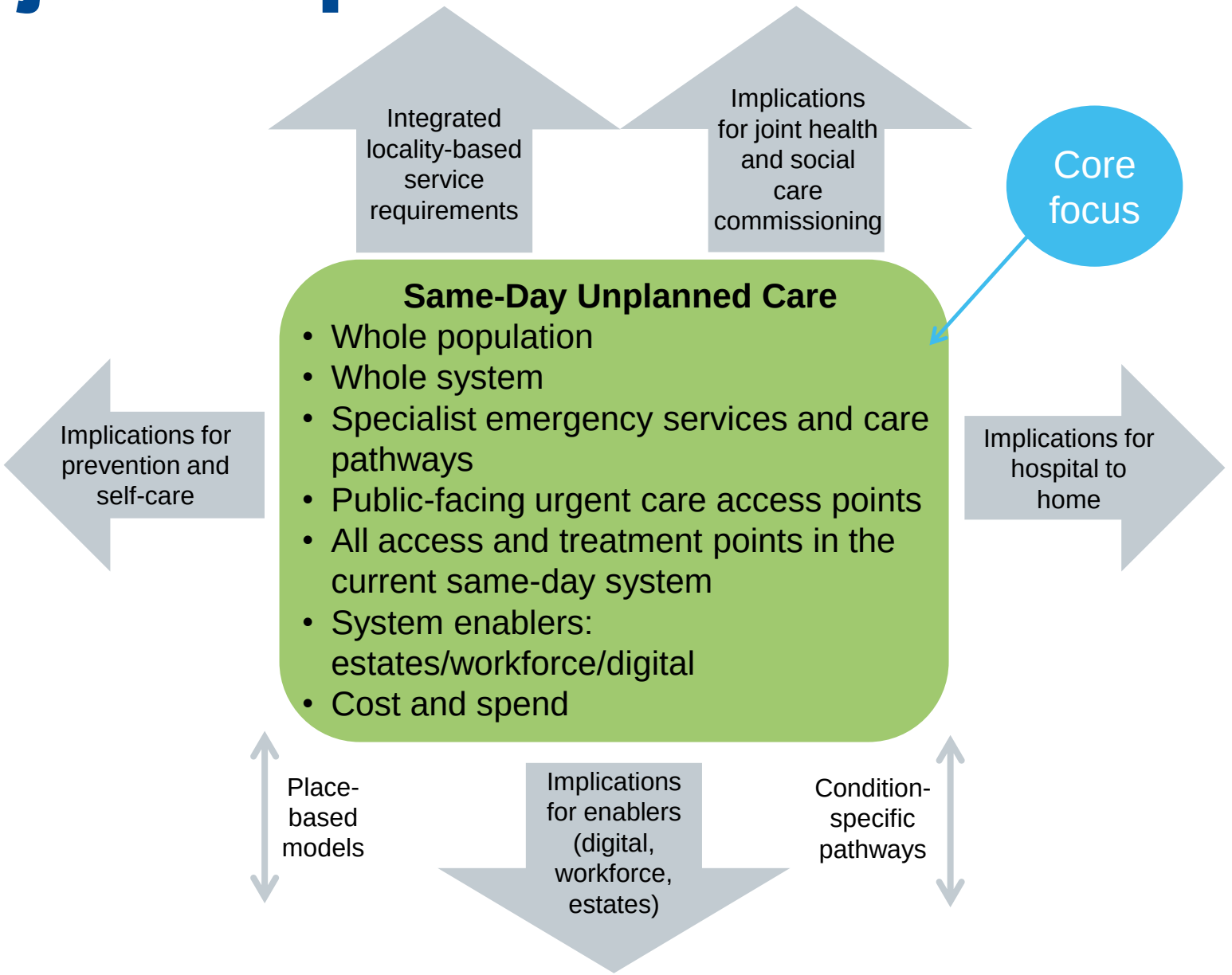
Improving quality of services

Jo Underwood, Delivery Director, North Somerset CCG

Dr Peter Goyder, TBC

Dr Lesley Ward, TBC

Urgent and emergency care – project scope



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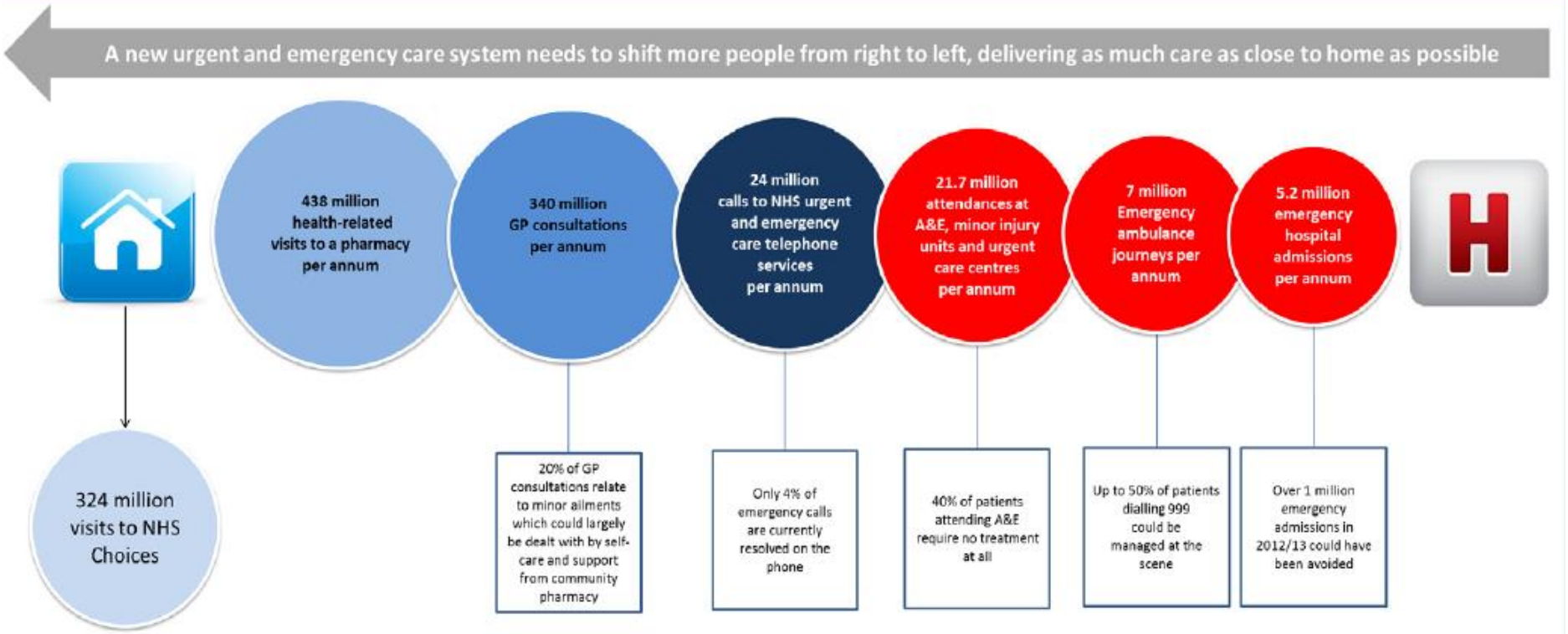
NHS Improvement

Channel Shift

NHS England



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Urgent care delivery plan

- What are the priorities for our population, based on health needs assessment?
- How do we best support integrated local teams providing preventative support to people in or near to their own homes?
- What are the quantified implications (activity/cost) of ‘channel shift’ and the national Urgent Care Delivery Plan or our local proposals?
- Are our local needs and the national direction of travel aligned?
- What do patients and the public think about the plans and priorities?
- Do we have the right people, in the right place, with the right systems, to support the proposed changes?
- Do we have a shared understanding of the way forward?

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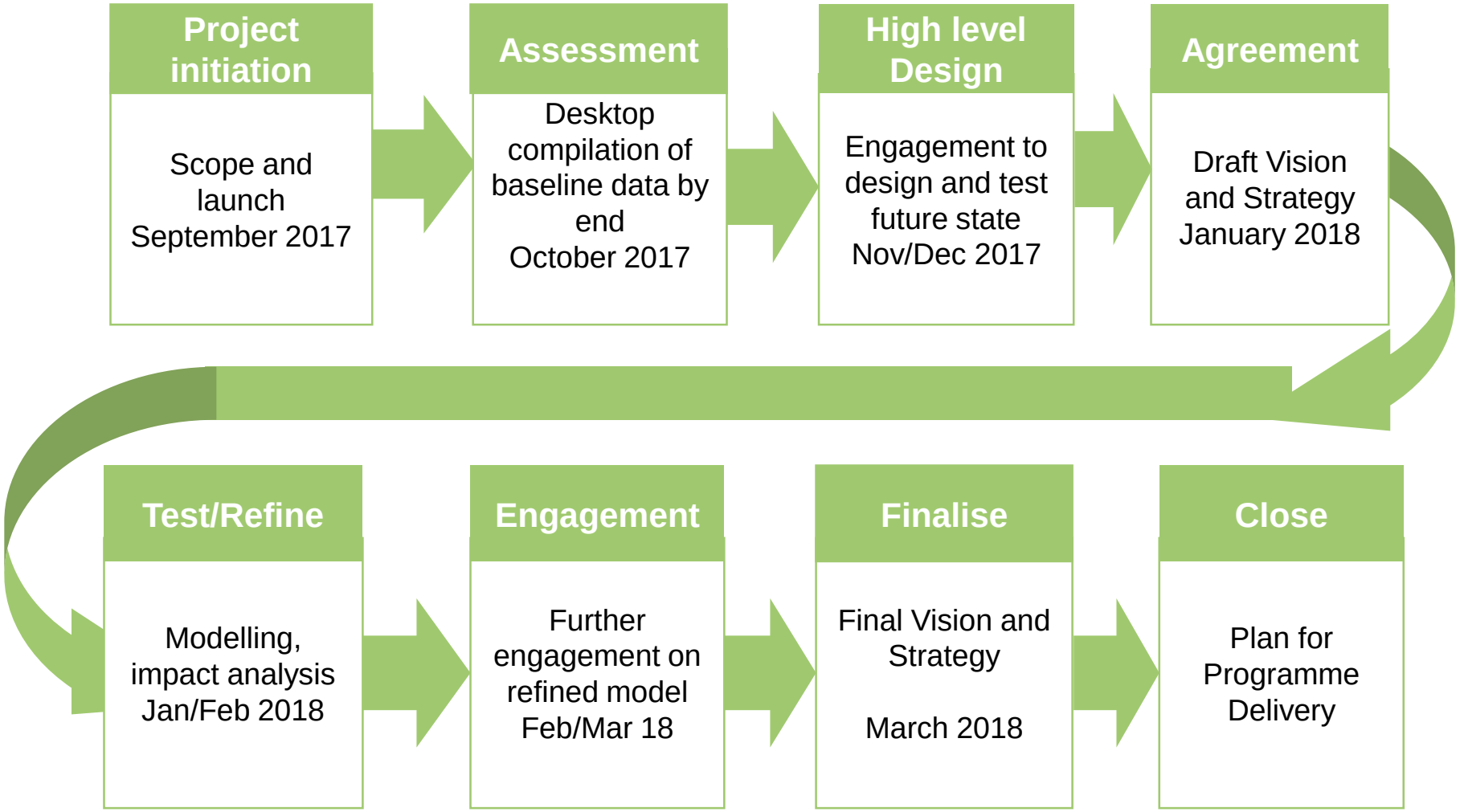
High level timeline



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Contacts

Project Role	Name	Contact details
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Senior Responsible Owner	Jo Underwood	joanna.underwood1@nhs.net
Project management	Ashleigh Harvey	ashleigh.harvey2@nhs.net

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Update on Healthy Weston

Dr Mary Backhouse

Clinical Chair, North Somerset CCG

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Healthy Weston update

- Currently in the co-design phase of the programme, running until 2 March

- So far our work has included:
  - Around 30 individual meetings and workshops
  - Over 770 responses to our online survey
  - 5 workstreams in the programme, gathering a range of ideas and proposals from across the system, for example a new approach to primary care working with local care homes

- Close work with University Hospitals Bristol and Weston Area Health Trust following the announcement in January of a potential merger of the two trusts

- We plan to hold a checkpoint event in early April to update on progress and latest thinking

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Thank you