



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Agenda Item No. 9

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| NHS 5 Year Forward View: key issues raised at the HWB informal seminar on 8 January 2015 | |
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| Date of meeting | 26 February 2015 |
| Report for Information and discussion | |

1. Purpose of this Paper

To highlight the key themes emerging from the Health and Wellbeing Board informal seminar on 8 January 2015. These are attached as Appendix A. The presentation delivered by Dr Martin Jones is attached as Appendix B.

The purpose of the seminar was to consider the opportunities and challenges presented by the NHS 5 Year Forward View and the Forward View into Action: Planning for 2015/16.

2. Summary of key themes

- 2.1 There was consensus that the 5 Year Forward View presented opportunities for working as a whole system. It was felt important to ensure tangible results, early on, in order to build confidence.
- 2.2 Whilst aware of the challenges, there was commitment and enthusiasm for finding new and innovative models for health and care, making the most of the “permissive approach”.
- 2.3 During the second part of the seminar, the role of the Board within the system was again discussed. It was felt that

membership of the Board should reflect the purpose of the Board.

3. Plan into action

- 3.1 *The Forward View into action* outlined how the Clinical Commissioning Group's (CCG) plans should align strategically with the Health and Wellbeing Board. There are requirements to agree joint outcomes with the Health and Wellbeing Board and reflect a shared approach to developing and agreeing plans.
- 3.2 This work is now in progress. The CCG Draft Operational Plan 2015/16 is also on this agenda.
- 3.2 Officers from the CCG and Bristol City Council were asked to report back from an Integration Workshop to be held later in January. The outputs from this workshop are also on this agenda.

4. Key risks and Opportunities

Pressures within the health and care system mean that the consideration of different models of health and care is a necessity.

There are opportunities for developing Bristol's own model for health and care, through the permissive approach outlined in the 5 Year Forward View.

6. Implications (Financial and Legal if appropriate)

None arising directly from this report.

7. Conclusions

There is considerable ambition for working as a whole system to develop innovative models for health and care.

8. Recommendations

That the Health and Wellbeing Board consider the key themes from the seminar whilst discussing the CCG Draft Operational Plan and the “Better Care Bristol” presentation later on this agenda.

9. Appendices

Appendix A Summary of issues arising from the Health and Wellbeing Board seminar on 8 January 2015

Appendix B Presentation – 5 Year Forward View and Forward View into Action 2015/16

Agenda Item No. 9(a)

Summary of issues arising from the Health and Wellbeing Board seminar on 8 January 2015

The purpose of the seminar was to consider the opportunities and challenges that the NHS 5 Year Forward View presents.

The four large NHS Providers were invited to the first part of the meeting.

These notes are not intended as formal minutes due to the informal nature of the seminar.

After introductions, Martin Jones presented the 5 Year Forward View and the Forward View into Action 2015/16. (Slide presentation attached.)

It was agreed that the Forward View covered a lot of issues, many of which have been discussed for some time. However, it was felt that it was a helpful document and that it was useful to have deadlines. 'The system' would need to take up the opportunities that this presents.

Brief discussion took place on our whole system readiness to respond to the call for 'vanguard sites'. Due to challenging timescales, the general consensus was that it was preferable to be part of the second wave, although the timing of this is not yet known. However, there was a desire to be as near to the vanguard as possible and create conditions for success.

Issues raised in table discussions

The 'system'

- The Challenges and opportunities were considered to be the same: it is about relationships, the system and behaviours in that system. There needs to be a consistent message in terms of forward vision and for the HWB as a group and say 'this is our vision for Bristol and this is what the Board is going to deliver'

- It was felt that this is a real opportunity. The message is that it is 'permissive' and that it is up to us. We can decide together what would work for Bristol. There are examples amongst the Core Cities where they have a very strong plan
- There are some particular conditions in Bristol that can enable change. The possibilities that the devolution agenda could bring was discussed on both tables. The role of the Mayor in leading change could be very powerful
- The 5 Year Forward View talks about the NHS as a social movement. It is expanding the involvement well beyond the statutory sector and looking at health gain and assets across the system
- There is a need to work with the LEP, economic development as well as with universities
- It was noted that the Local Authority can bring more to the table than social care. There is work on environmental issues, housing, communities, for example.
- It was felt that there is now a huge opportunity to look at prevention and self care in a wholly different way as a whole system
- The role of the Voluntary sector can play an important part in reaching hard to reach groups. There needs to be a strategic view of what we understand the voluntary sector to be
- The opportunities presented by the Bristol Ageing Better and Golden Key work were also raised

Tangible outcomes

- The 5 Year Forward View is a toolbox of freedoms and enablers. This needs to turn this into something manageable in the city. It

was suggested that one or two problems should be picked and tackle them as a system, focusing on these and using what ever tools are available. It could be a prevention priority and a service delivery challenge. It was felt that the Police might unite very strongly with the health and care system on this.

- It was considered important to ensure that early on we produce something tangible so that people can understand and gain confidence.

Building blocks

- There is a cluster model of primary care developing in the Bedminster area. This fits well with the multi-speciality community providers (MCPs) approach. Community Services could also be a building block in this model
- Bristol City Council's neighbourhoods structure was also being looked at again. There may be some opportunities for alignment

Integration – opportunities and challenges

- Re-procurement for Community Services had been slowed down and this presented an opportunity for re-thinking better integration with local authority services
- Barriers to integration were discussed, these were sometimes cultural, sometimes governance smothered an initiative and sometimes there were concerns about pooled resources
- It was asked whether we have the right mechanisms in place to align timescales and budgets
- It was also asked whether we are using the Better Care Programme well. It was considered important to enhance and not duplicate that work, but a different discussion on integration is also required

- The need to work closely with South Gloucestershire was identified. There is already some alignment with SG

Issues to unite around

- Alcohol misuse was consistently raised as an issue that we should be collectively tackling in the city. It was felt that this did not currently have a high enough profile. An event to bring all parts of the system together was suggested
- Other challenges included early intervention, reducing the use of hospital beds, mental health, obesity and diabetes
- It was noted that there is support within the NHS for longer term preventative work, but that you still had to meet your short term targets. There are short term challenges of having to 'feed the beast'. This will always be there. We need to get an innovative solution to plan for 5 – 10 years

Second part of meeting. Developing the Health and Wellbeing Board

This part of the meeting considered the implications of the 5 Year Forward View for the Health and Wellbeing Board. The NHS providers were not present for this discussion

Role of the Board

- The role of the HWB in the wider system is about is about greater critical mass and breaking down barriers
- The role of the Board needed to be very clear when considering future direction and membership. There was consensus that membership should be revisited, including the role of providers

- It was acknowledged that many people on the Board are already providers. The question was asked “Does commissioning deliver everything that we want?”
- Commitment to integration was re-confirmed but it was felt that this needs approaching in a manageable way
- The Board should be holding to account on the delivery against the strategy
- It was agreed that it was important not to duplicate the work of other bodies or partnerships, for example scrutiny
- The HWB needs to drive transformation, not just share individual plans

Shared vision

- We need to be very clear about what we are strategically planning for. What is our shared vision? We can hang plans off that for individual organisations. We should all be saying the same thing
- Some work in Sheffield was reported on. They were very explicit about the softer things that impede progress, such as trust, counter challenge between organisations with different drivers
- The question was asked on one table ‘If we are all in such agreement, what if anything is preventing progress’

Terms of Reference

- It was felt that the terms of reference of the Board should be strengthened. For example, ‘take responsibility for reducing health inequalities’ or ‘lead on integration’ using words such as ‘direct’ or ‘require’

- A health and social care transformation board could be considered. It would need to be part of the HWB for democratic accountability. This could be Bristol specific or metropolitan area specific. This would need to be evolutionary
- It was suggested that a Health and Wellbeing network, or a provider network could be established but it would be important not to duplicate other bodies

Next steps

- It was agreed that one systems issue should be agreed on and then delivered
- The HWB asked that the forthcoming integration workshop being held between BCC and the CCG should be reported back to the next meeting of the Health and Wellbeing Board
- It was clear that the Board needs to keep up the momentum to harness the commitment
- 'We need to crystallise our thoughts from this session into a proposal for the HWB'
- Align our plans and decide what we want to achieve for the city
- Investigate the potential of the devolution window
- Be clear on our permissions and powers
- Investigate models of HWB's across the country



Five year forward view and Five year forward view into action

Health and Well Being Board
discussion 08 01 2015



Bristol Clinical Commissioning Group




Key themes

- Radical upgrade in prevention and public health: stronger public health-related powers for local government and elected mayors
- Greater control for individuals over their own care; increased role for communities and the voluntary sector
- Breaking down barriers in care delivery: new models
- Support to deliver these changes (IT, workforce etc)



5 yr forward view: into action

- This describes the Operational plan refresh 15/16
- Strong partnerships for future transformation and “Intense focus” on maintaining performance and NHS constitution standards
- Aligned realistic activity and finance assumptions with workable workforce plans
- Focus on quality and outcomes (refresh against ambitions)



Some interesting specifics for HWB Board

- Parity of esteem: access and waiting time standards for Mental health, Increased Mental health spending,
- Prevention (diabetes, reduce inequalities and joint quantifiable outcomes with HWB boards)
- Personal Health Budgets – Learning disability by April 2016
- Choice – Mental Health and maternity
- Greater support for carers and more volunteer roles



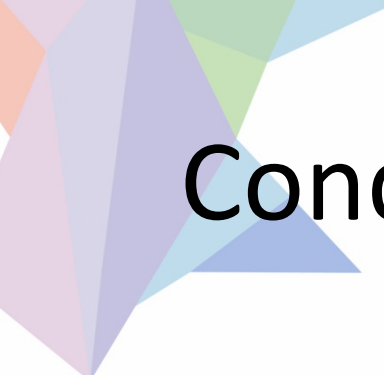
New models of care

- Not exhaustive and whilst looking for common approaches, not rigid national blueprint
- Focussed support for vanguard sites
- More permissive approach to change
- Intervening to create conditions for success in more challenged systems



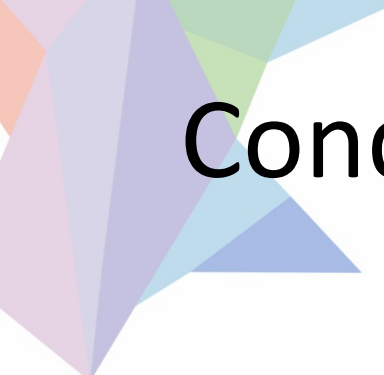
Prototyping new models

- Multi specialty community providers (MCP)
- Integrated primary and acute care systems (PACs)
- Creating smaller viable hospitals
- Models of enhanced health in care homes



Conditions for success: vanguard areas

- 1st cohort to have: an ambitious vision to meet clear identified needs and preferences of population
- Record of tangible progress towards new ways of working in 2014
- Credible plan



Conditions for success: vanguard areas

- Investment agreed
- Leadership
- Strong diverse and active delivery partners including community and voluntary sector
- Positive local relationships

Other areas

Majority of areas:

- Encouraged to develop shared vision for population and refresh medium term strategies: “for example rather than proceed with a stand-alone reprocurement of community services, CCGs may wish to consider how best to integrate these with a new MCP model”
- create conditions for change: leadership, partnership and relationships



New care models

Challenged areas:

“success regime” intervention to address performance and create conditions for change

All areas:

- Urgent care networks, maternity services national cancer strategy
- Co-Commissioning opportunities



Purpose of new models

5 year forward view:

- “the only purpose of developing the new models is to improve outcomes: better health for the whole population, increased quality of care for all patients, and better value for the taxpayer”



Next steps

How can we work together as a system to understand and develop a response for Bristol?