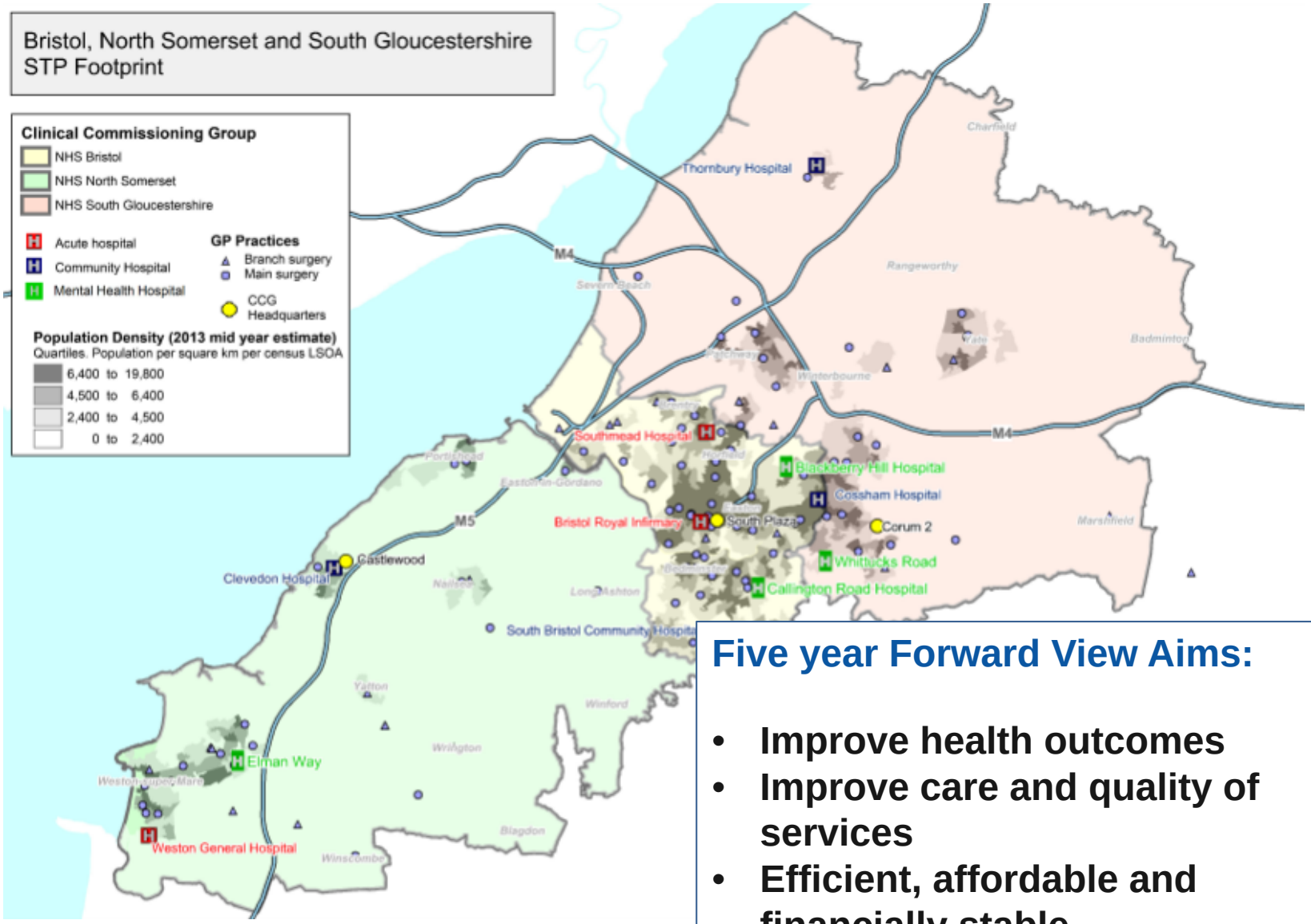
2017

Recap of the BNSSG STP

Laura Nicholas,
STP Programme Director

23 October 2017

Bristol, N. Somerset & S. Gloucestershire STP



Five year Forward View Aims:

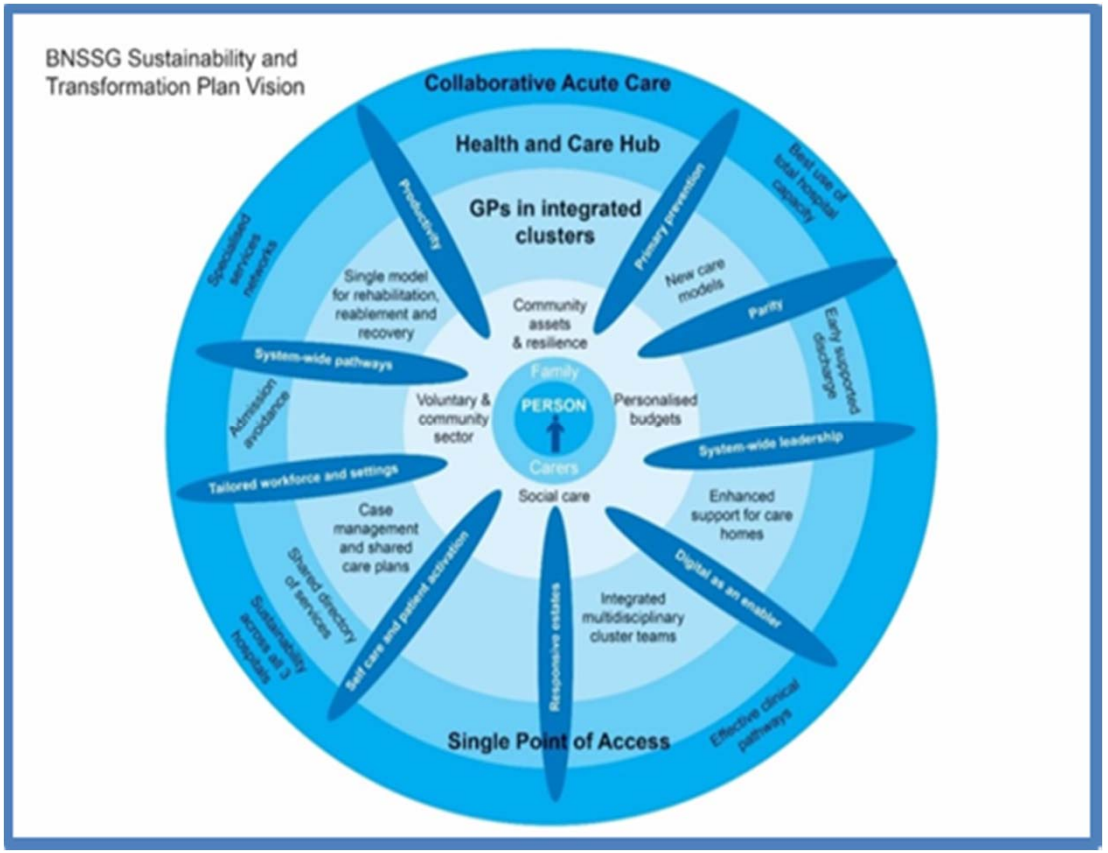
- **Improve health outcomes**
- **Improve care and quality of services**
- **Efficient, affordable and financially stable**

Our Vision – Where we started

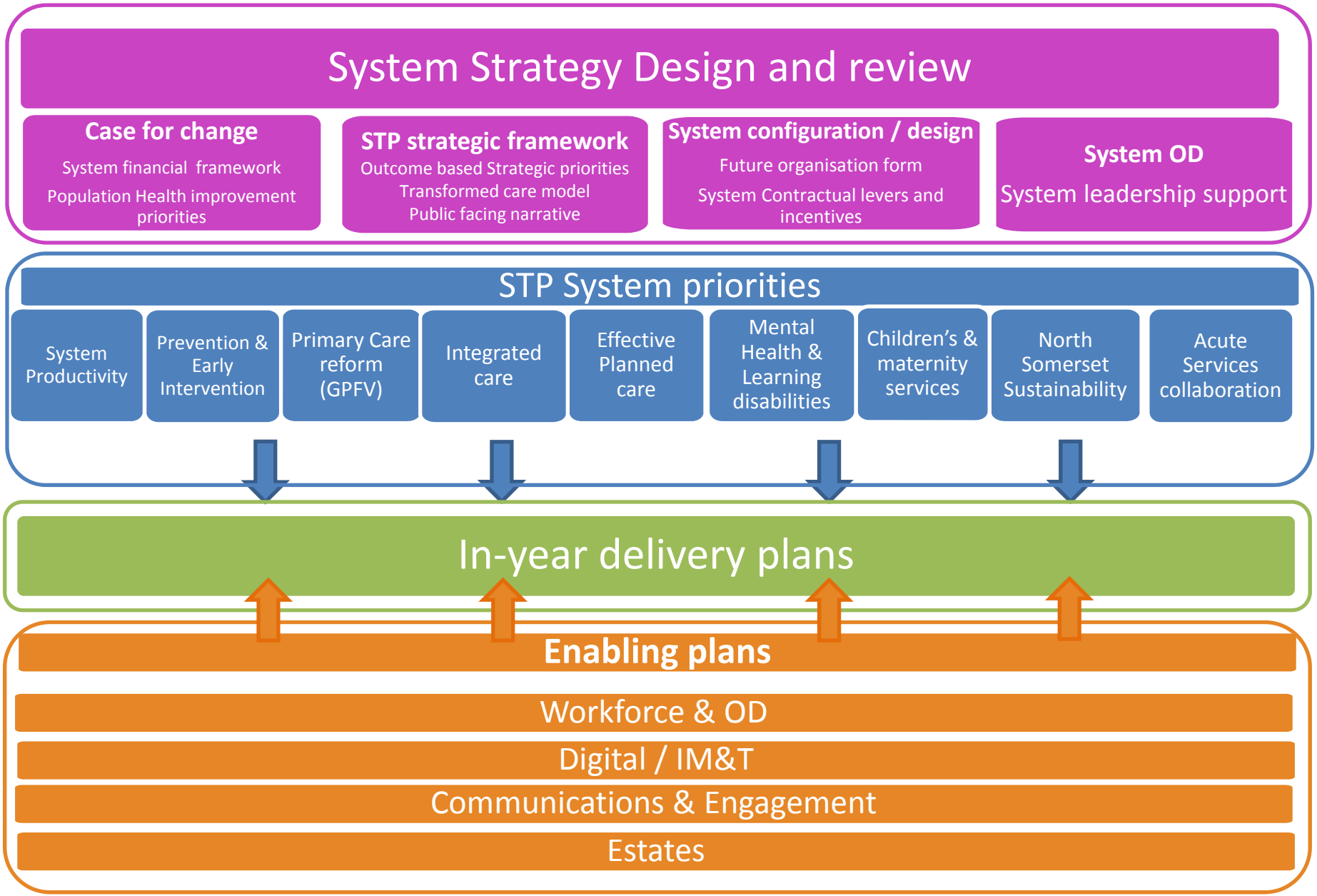
Health is made at home; hospitals are for repairs
(African proverb)

Our vision of care starts with people in families and communities:

- Maintaining independence
- Improving prevention and self care
- Integrated care and services focused on the individual's needs
- Delivered as close to home as possible
- Straight forward access to more specialist care when needed

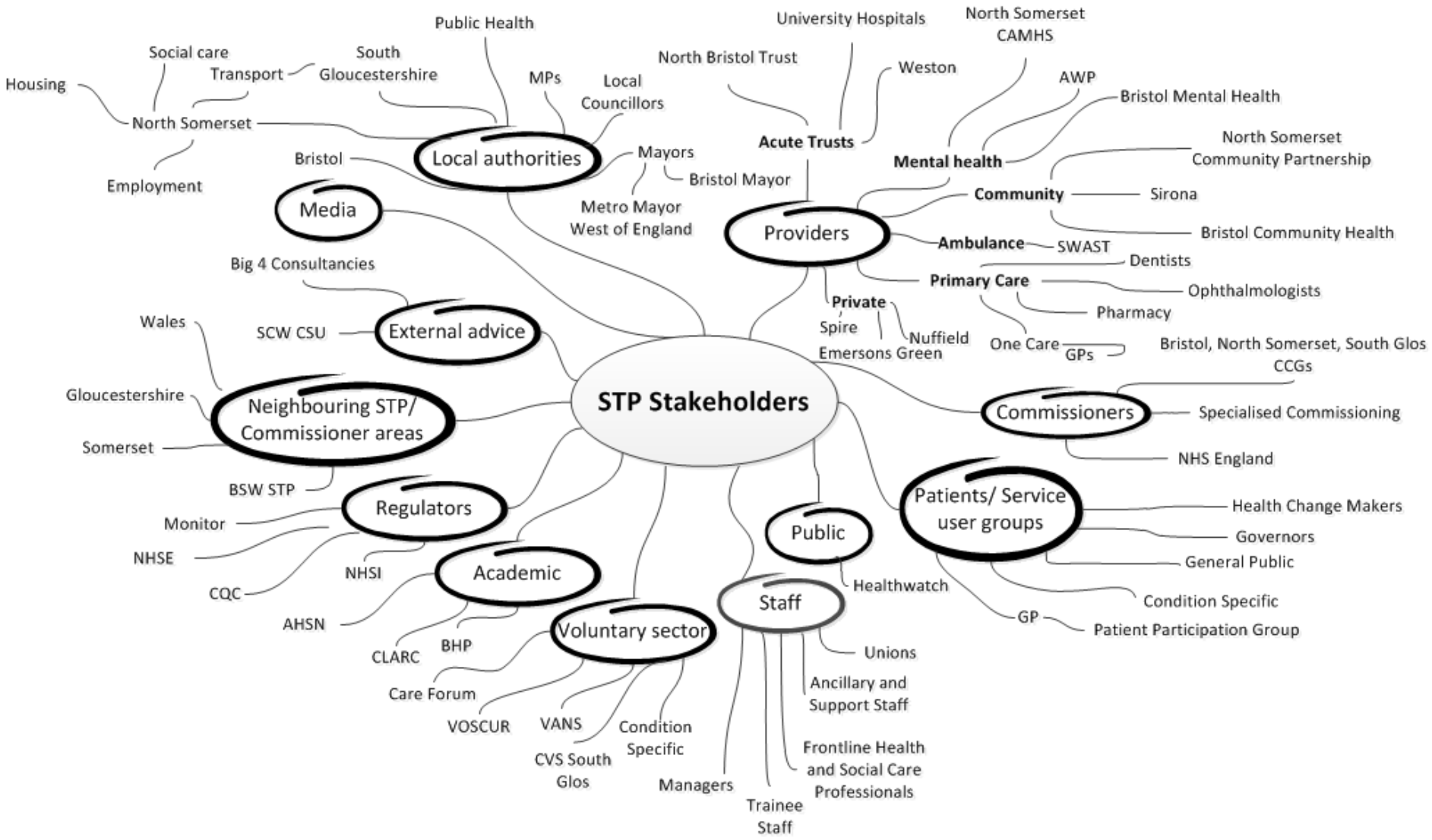


A refreshed, refocused work programme



‘I’ Statements (draft)

Who's involved



NHS

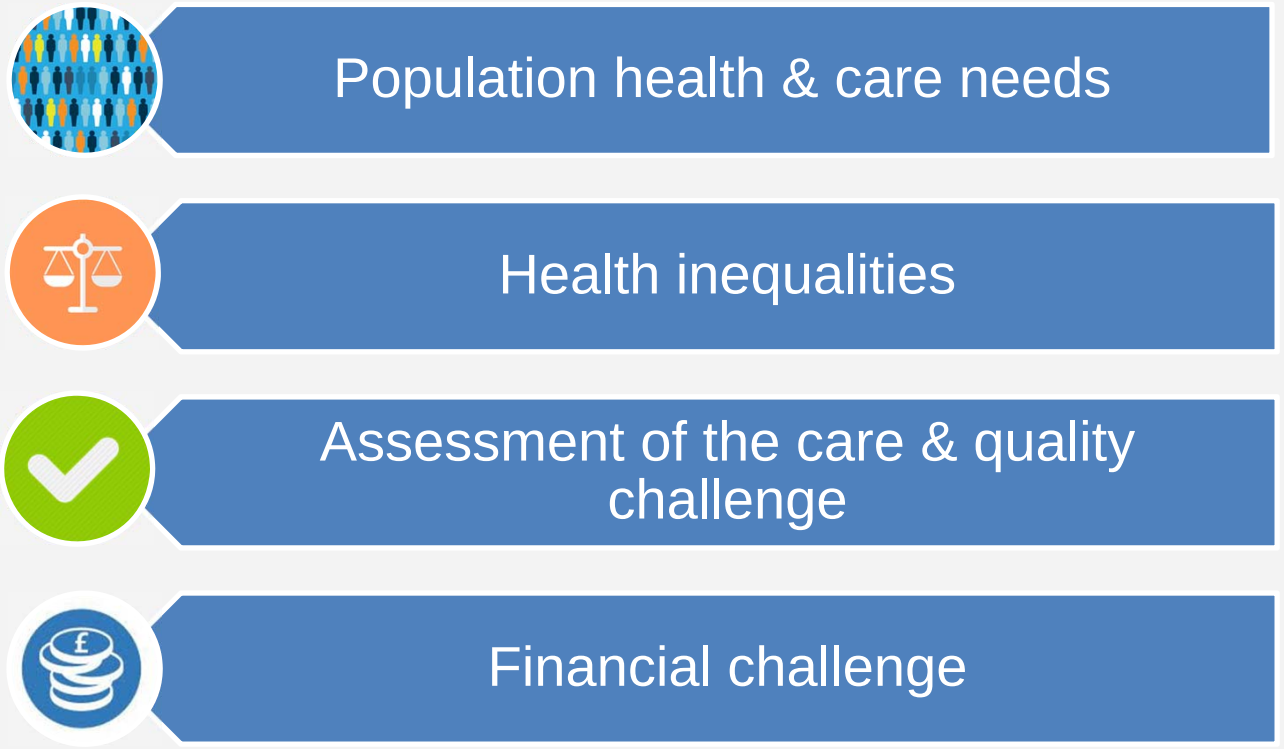
2017

BNSSG STP
Case for Change

Dr Gemma Morgan,
Public Health Clinical Lecturer
& Specialty Registrar

Developing the case for change

Provides evidence base around BNSSG-wide:



- Builds on assessment made in our October 2016 submission, but provides a greater level of detail on specific challenges and potential opportunities

- The first time such a detailed and consolidated view across the BNSSG area has taken place.

Population overview

- Almost 1million people live in BNSSG – 90% live in urban areas
- BNSSG is a relatively affluent area, but there are significant areas of deprivation – nearly one in ten are living in some of the most deprived areas
- We are a culturally diverse area – 9.8% of the population have black or Asian ethnicity
- 18% of the population is aged 0 to 14 years, 8% are over 75 years and 41.8% of the population is in the 15 to 44 years age group (significantly more compared to the average of other STP areas)
- The population is estimated to grow by 4% in four years

The emerging BNSSG case for change

Overall **mortality** rates good compared to England, but Bristol one of the worst

Smoking amongst 15 year olds is worse than England

Binge drinking rate is greater than England

Emergency admissions comparable to England average

- **Self harm** admissions (esp females) rate is worse
- **Injury** admission rate in 0-4 and 15-24 is worse
- **Alcohol**-related admissions are greater than SW or England

Struggling to meet NHS Constitution standards for **access to care**, such as A&E treatments, elective and cancer treatment **waiting times**

86% of the population rate the overall experience of **GP surgeries** as very good or fairly good; however the range across practices is from 51% to 98%

Currently **£92.8m overspent** and this will rise to **£324.8m in 4 years time** if nothing changes

Key conditions

Overall premature mortality rates are good compared to England, but Bristol population is amongst worst in England for prem. Mortality

Key conditions

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

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

Risk factors

Common risk factors include:

- Alcohol
- Smoking
- Diet/obesity
- Cholesterol
- Hypertension
- Atrial fibrillation

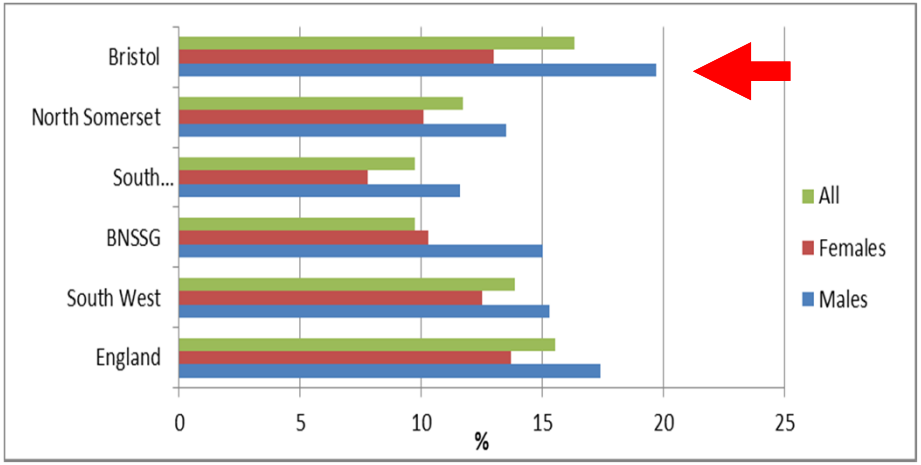
Under-recognised - lower % on GP register compared to SW / England

- Hypertension
- AF (only ~75% recognised)
- Diabetes
- COPD

Binge drinking rate in BNSSG is greater than England

BNSSG smoking rates are comparable to England but

- Bristol (M) smoking rate worse than SW and England



Smoking amongst **15 year olds** across all BNSSG is worse than England

Health service use across BNSSG

Emergency admissions

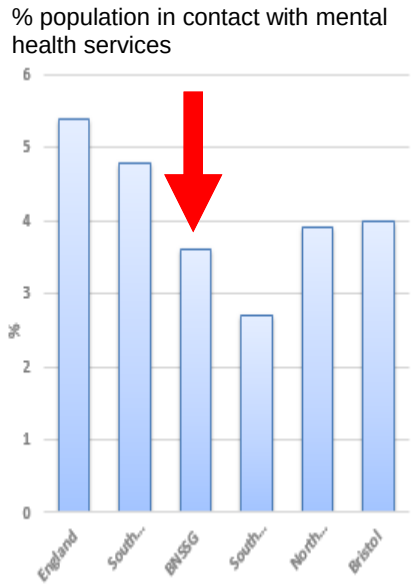
- Overall are comparable to England average
- **Self harm** admissions (esp females) rate is worse than England
- **Injury** admission rate in 0-4 and 15-24 is worse than England
- **Alcohol**-related admissions are greater than SW or England

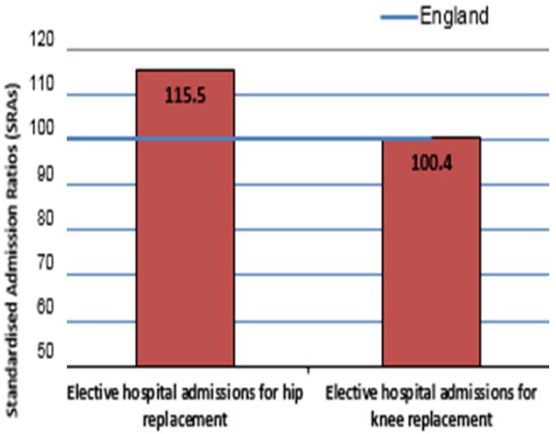
Mental health

- Adults in contact with MH services in BNSSG lower than SW and England

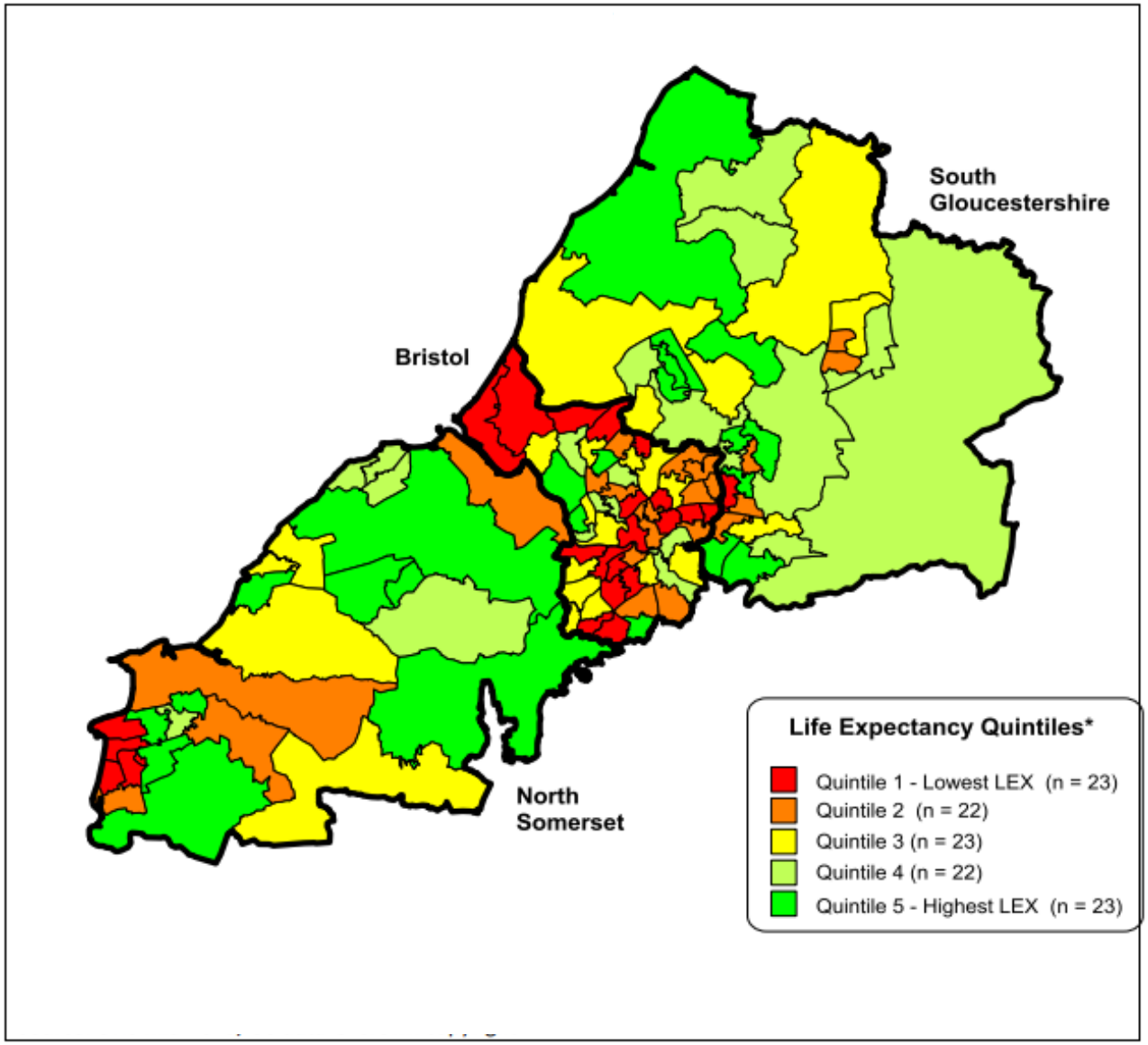
Elective admissions

- **Elective hip replacement** admissions greater than England
  - GP-recorded arthritis diagnoses are greater tha England





Inequality in life expectancy



Thank you…

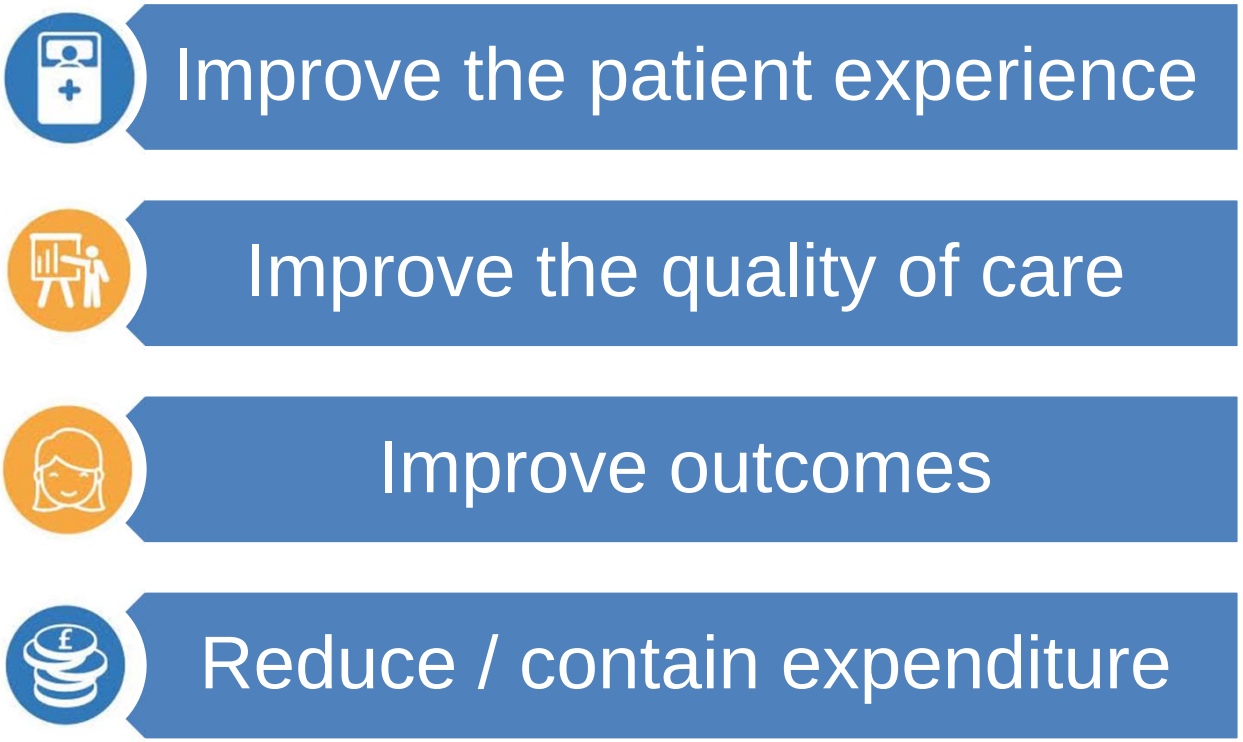
Any questions?

2017

STP work programme

Dr Kate Rush,
GP & Member of the BNSSG Clinical Cabinet

Key drivers for change



Our priorities

Current priorities include:

- Prevention and early intervention
- Integrated care
- Primary care
- Mental health and learning disabilities
- Healthy Weston
- Acute care collaboration
- System productivity

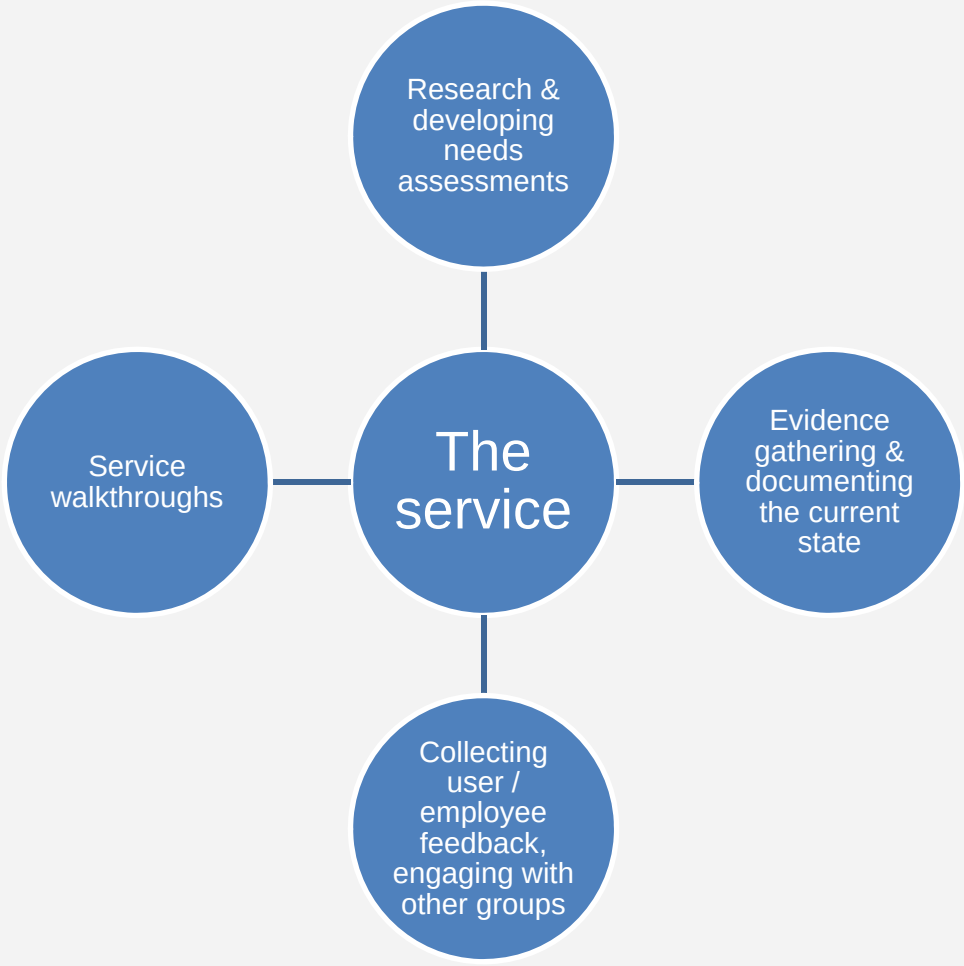
Our Current Redesign Programmes

Current clinical redesign programmes include:

- Respiratory
- Musculoskeletal
- Diabetes
- Stroke
- Cluster based (integrated working)

Redesign process overview

In each instance, a systematic BNSSG-wide method has been taken to the redesign process…



Respiratory care pathway

The ‘respiratory vision’ is:

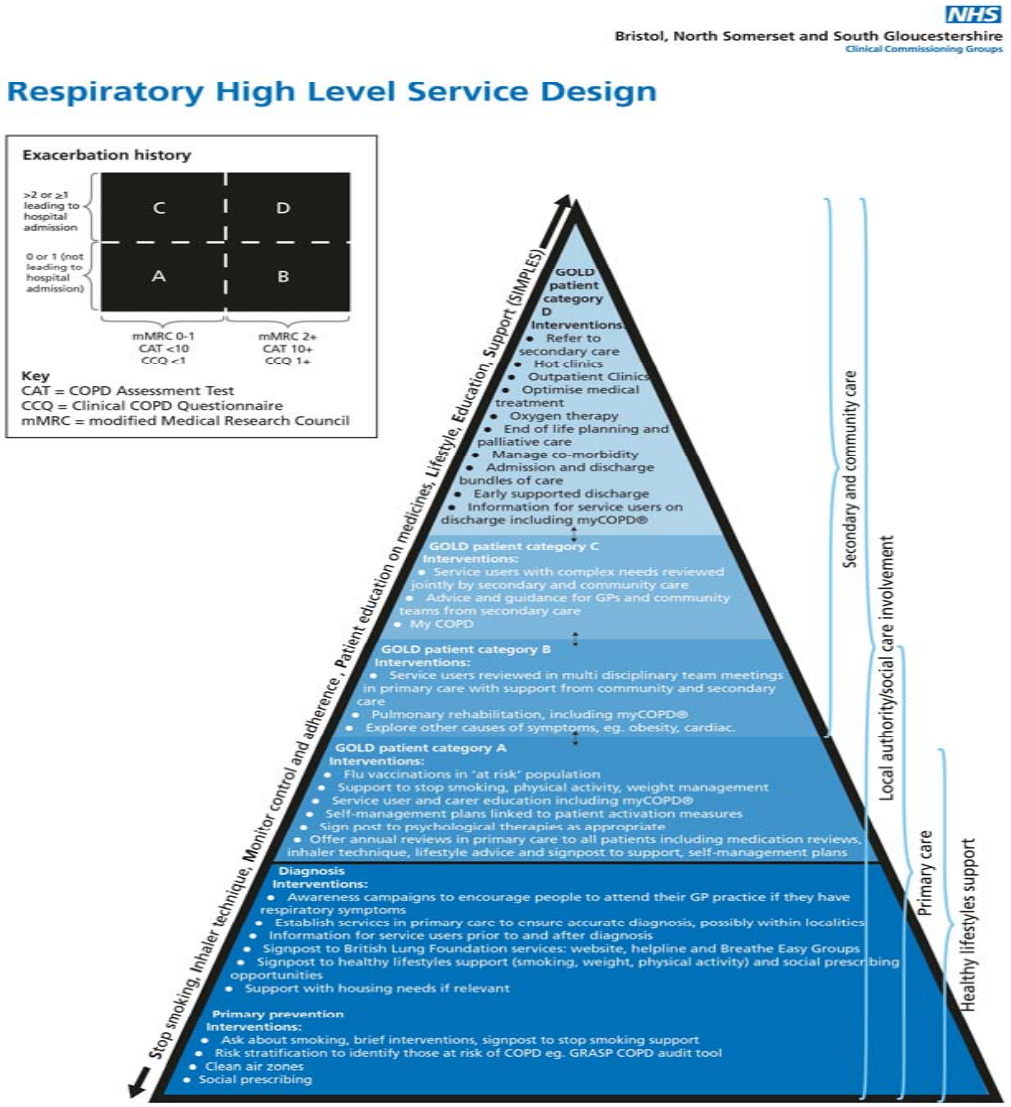
“For primary, community, secondary care and the voluntary sector to provide an integrated respiratory service without walls across BNSSG.”

Focus on COPD in the first instance:

- Work ongoing since February 2017 to develop a new model of care
- Number of workshops held so far with providers and other key stakeholders to help design the pathway
- Patient involvement integral to the process – Breathe Easy Groups, Puffers Group, targeted outpatient questionnaire, Health Change Makers

Respiratory care pathway

- Focus on primary prevention and diagnosis
- Ensuring patients receive the support they need in the right place by the right person
- Integration of services across settings
- Education across BNSSG for the population and professionals



Voluntary sector involvement

The British Lung Foundation have played a key part, providing:

- ✓ The voice of the voluntary sector to the Programme Board
- ✓ Support in recruitment of a service user to sit on the Programme Board
- ✓ Engagement support with Breathe Easy Groups
- ✓ Attendance at all four service design workshops
- ✓ Joining the dots with other areas who had already redesigned respiratory services.

" The British Lung Foundation are pleased to be part of the Respiratory Programme, making sure that the patient perspective has been well-represented at all stages of the service design process."

Musculoskeletal (MSK)

- The South West region has the highest number of MSK related ‘years lived with disability’ in England
- Approx. 150,000 people in BNSSG have an MSK condition
- 44% of work related illness is due to MSK and 11.5% of incapacity claims are for MSK conditions

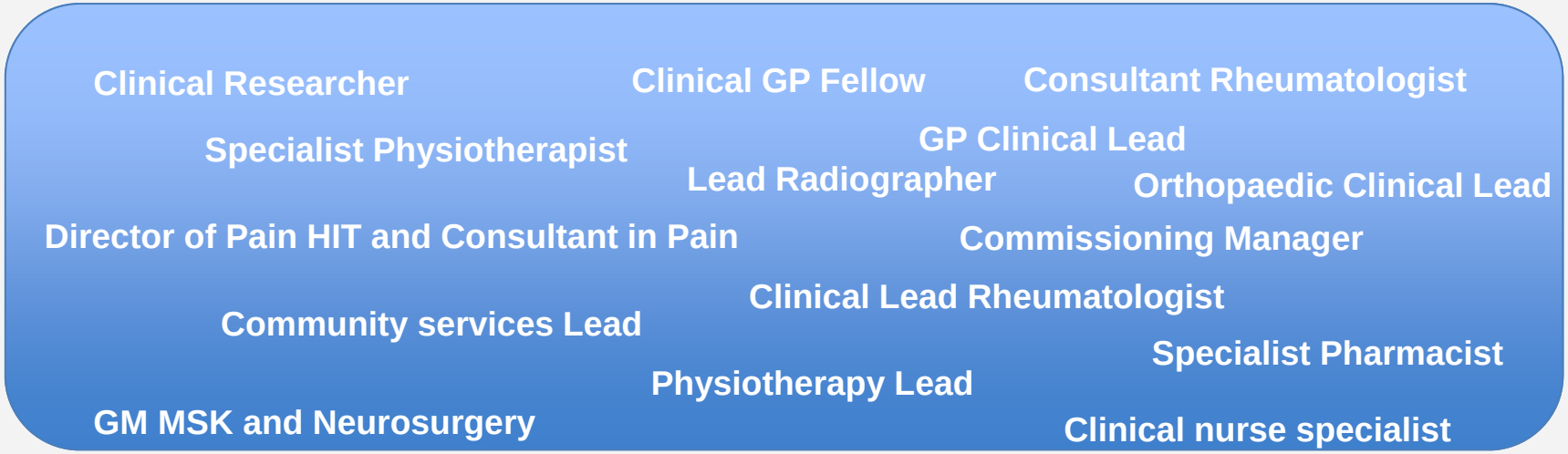
“The aim is to improve the pathway for patients, encouraging a more integrated approach to deliver reduced wait times, improved outcomes and experience within a sustainable budget.”

- The scope includes pain, rheumatology, orthopaedics, physiotherapy and podiatry
- We currently have a complex pathway to access care and want to make this simpler for patients to navigate to get the care they need.

Musculoskeletal (MSK)

We have clinical leadership and engagement at every level:

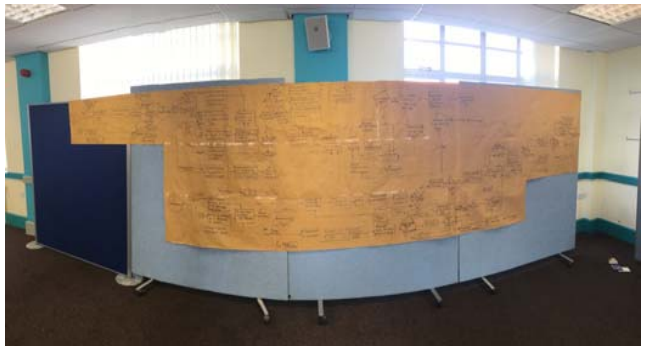
- ✓ **Sponsoring board** – Chair of the Clinical Cabinet is a member
- ✓ **Assurance through clinical cabinet** – A broad range of clinical leaders from across the system involved in reviewing and checking quality, safety, evidence and involvement in programmes and projects
- ✓ **Clinicians leading and engaged in every transformation programme** – Each programme has a clinical leader and clinical engagement involved in the design of the programme and the development of any proposed changes
- ✓ **Patients in-depth feedback** – patient groups across BNSSG



Musculoskeletal (MSK)

We have been undertaking a thorough review of all services to create a shared understanding:

- Comprehensive needs assessment
- Feedback from clinicians working in the service
- Feedback from patients using services
- Evidence base of integrated MSK services and learning from other areas
- Workshops to identify issues and develop solutions together for each area



Musculoskeletal (MSK)

Next steps:

- Workshop this month to design the MSK pathway for BNSSG
  - PPI and Equalities leads facilitating
  - Outcome an initial draft model to be finalised by December
- Implement new model April 2019
- CLAHRC undertaking qualitative research on engagement with patients and what self management means to patients and clinicians as part of this programme.
- Feedback can still be made via the following link:
  - https://www.southgloucestershireccg.nhs.uk/get-involved/current-engagements/musculoskeletal-services-your-experiences/

Diabetes

The ‘Diabetes programme’ vision is:

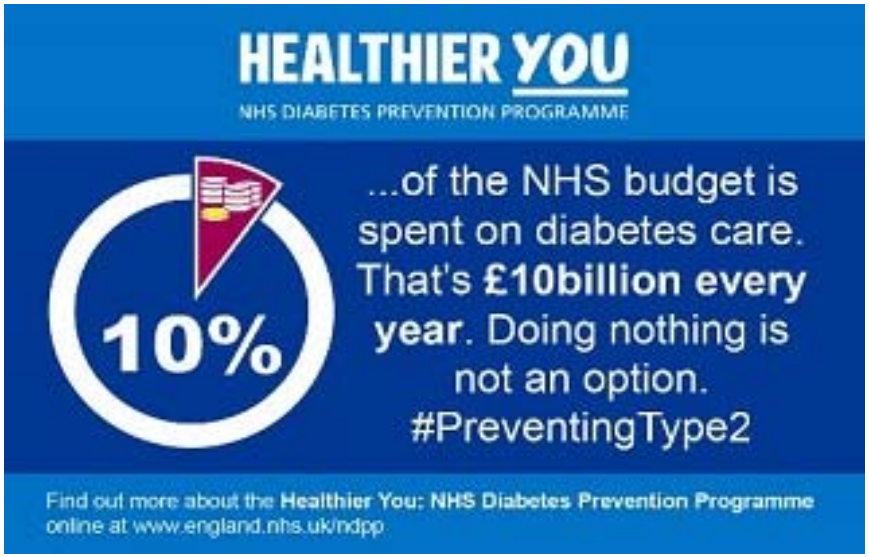
“To develop an integrated diabetes service which wraps around the patient and is focused on this, not limited by organisational boundaries”

- Outcomes based approach
- Workshops and consultations are underway including service users, carers and the public to develop and design the service
- Current projects:
  - National Diabetes Prevention Programme
  - Education – focusing on diagnosis, early management and prevention of complications
  - Prevention of complications – treatment targets and foot care
  - In-patient care

Diabetes

National Diabetes Prevention Programme:

- Joint programme with Public Health England, NHSE and Diabetes UK
- Focus on identification of those at risk of Type 2 Diabetes
- Receive personalised help
  - Education
  - Help to lose weight
  - Bespoke exercise programmes



Thank you..

Any questions?

2017

Communications & Engagement

Julia Ross, BNSSG CCGs
Chief Executive

Through the STP our aim is to build public confidence and trust

- Reflecting the needs and aspirations of local people in our prioritisation and decision making
- Designing pathways and services that work for the people who use and operate them
- Enabling and empowering people to take control of their own health; and support the friends, families and communities who care for them
- Valuing our stakeholders and keeping people informed and involved in everything we do

We will achieve this by:

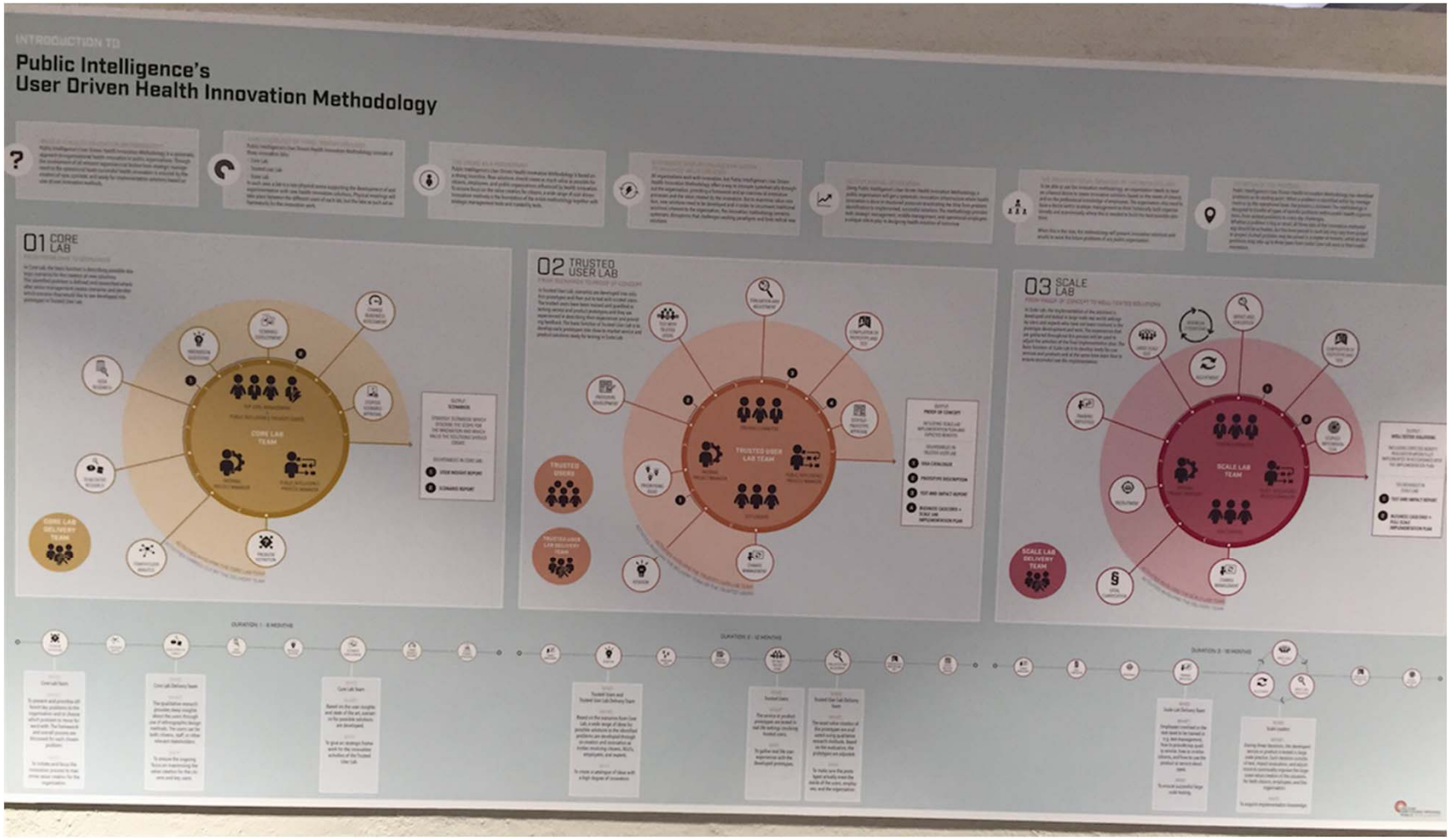
- Commissioning a programme of deliberative research and establishing a citizen's panel
- Designing a systematic, structured and repeatable methodology for user-centred design
- Embedding shared decision making and informed self-care in clinical pathway design
- Providing regular and ongoing communication tools for use by all partners

1. Deliberative research

PURPOSE: To uncover the public's informed, considered and collective view on the values and priorities we should apply to STP prioritisation, plans and decision making.

- Representative population sample
- Informed deliberation through independently facilitated events
- Outcomes tested through quantitative survey (conjoint analysis)
- Online citizen's panel established for ongoing test and feedback of STP plans

2. User-centred design methodology



3. Shared Decision Making & Informed Self-Care

All pathways to consider:

- How professionals can support the patient's Choice | Options | Decision throughout the pathway
- Patient and clinician education
- Tools & resources
- New models of care delivery (e.g. group consultations)

4. Ongoing stakeholder involvement

- Ongoing PPE Forum facilitated by the core team
- Regular newsletter(s) – public and professional stakeholders
- Common presentations, newsletter articles and other communication collateral for use by all partners
- Communications and engagement professionals embedded through all programmes for tailored support
- Core decision-making meetings in public

Thank you…

Any questions?