

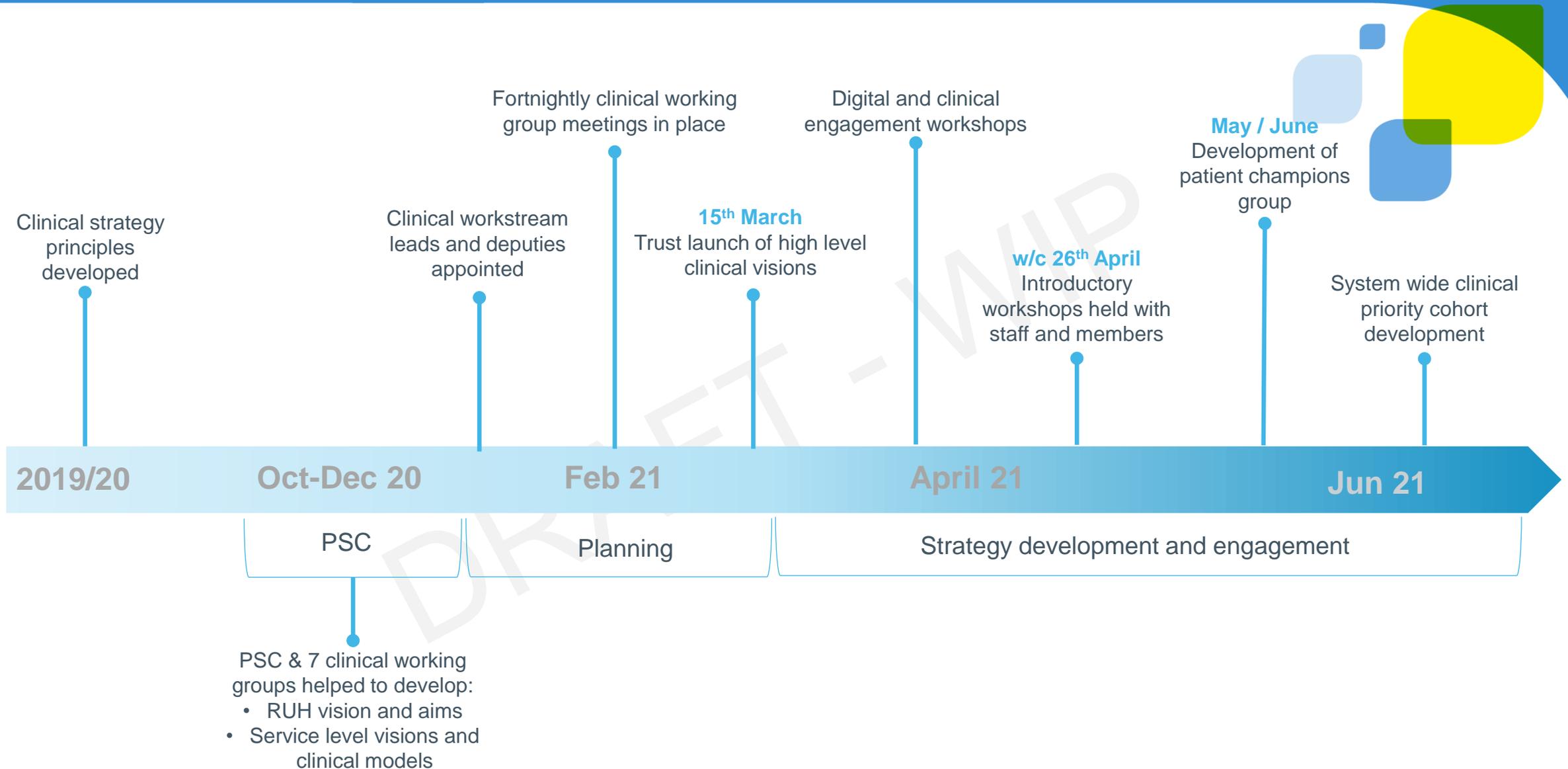
Shaping a Healthier Future

B&NES Health & Wellbeing Board

Health and Care Models
Strategy Highlights and
Status Update

Everyone
Working Matters
Together
Making a
Difference

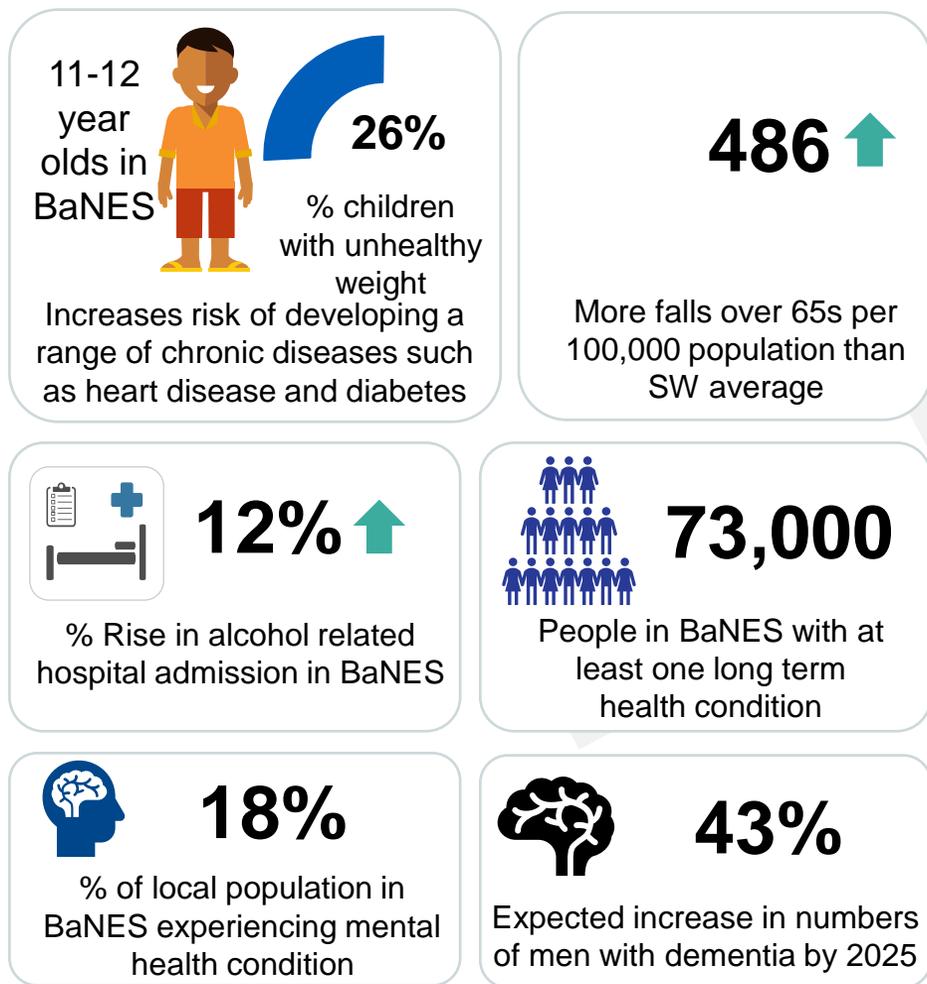
Progress so far



Context and key challenges

The overall population of BaNES is expected to increase to nearly 200,000 by 2024, an increase of 11 per cent from 2014. In line with trends for the wider BSW footprint, population projections suggest there will be large increases in the number of older people in BaNES – by 2029 the number of over 75s in the population is projected to increase by 36 per cent (approximately 6,000 people) compared with 2016.

How can we change this?



Priority cohorts

Ageing Well

Long term conditions and ambulatory care

Mental Health

Elective

Patient centric Health and care model

Aligned digital and technology solutions

System financial framework

Collaborative governance structure

Agile workforce

Clinical Strategy

Strategic context

- The journey so far
- Where are we within the national and local context?
- Drivers for change
- Is there anything we can learn from international models of care?
- Our role within the Integrated Care System

<p><i>A more complex population</i> The over 75 population in BaNES is anticipated to rise by 36% by 2029; comparable rises will be seen in Wiltshire and Somerset</p>	<p><i>Integration</i> Working at system, place and neighbourhood levels with our partners to improve population health; tackle inequality; enhance productivity; support broader social and economic development</p>
<p><i>Societal change</i> In how we live our lives, how we interact with large organisations and how we seek access to healthcare; Covid-19 has accelerated these changes</p>	<p><i>Changing workforce</i> Expectations and needs of our staff are changing, reflecting generational shifts and the impact of Covid-19. What we need from our staff is also changing</p>
<p><i>Environmental impact</i> Driving new ways to provide services which reduce their impact on our environment</p>	<p><i>Digital innovation</i> Offers new ways to provide services, share information and communicate with patients and families</p>
<p><i>Advances in clinical care</i> Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need</p>	<p><i>Resilience</i> Ongoing requirement to mitigate the risk of events such as Covid-19 and climate change, on our patients, on our services and on our staff</p>
<p><i>National workforce shortages</i> With particular pressure points in some specialties and professions</p>	<p><i>Focus on keeping people well</i> Expectation that all providers of care will play a part in preventing ill health and upstreaming</p>
<p><i>Value for money</i> In health, social care and public health</p>	<p><i>Mental health/vulnerable people</i> Parity and integration with physical health, for service planning and delivery</p>

Challenges and opportunities

Clinical Strategy

Where are we now?

- The services we provide
- Our performance
- Challenges and opportunities
- System relationships

Access to the hospital is very challenging for people with complex needs

RUH Public Member

We are often unprepared for surges in ED attendances

RUH Staff Member

We need to look after the staff who in turn can look after patients

RUH Public Member

Some of the challenges and opportunities shared with us by the public and staff

Each time I visit the hospital I have to retell my medical history

RUH Public Member

We struggle with meeting the demand for our patients who, often would be best served in the community

RUH Staff Member

Creating a new future of outstanding healthcare with prevention and intervention when and where it is needed, working together to help our communities enjoy healthier lives



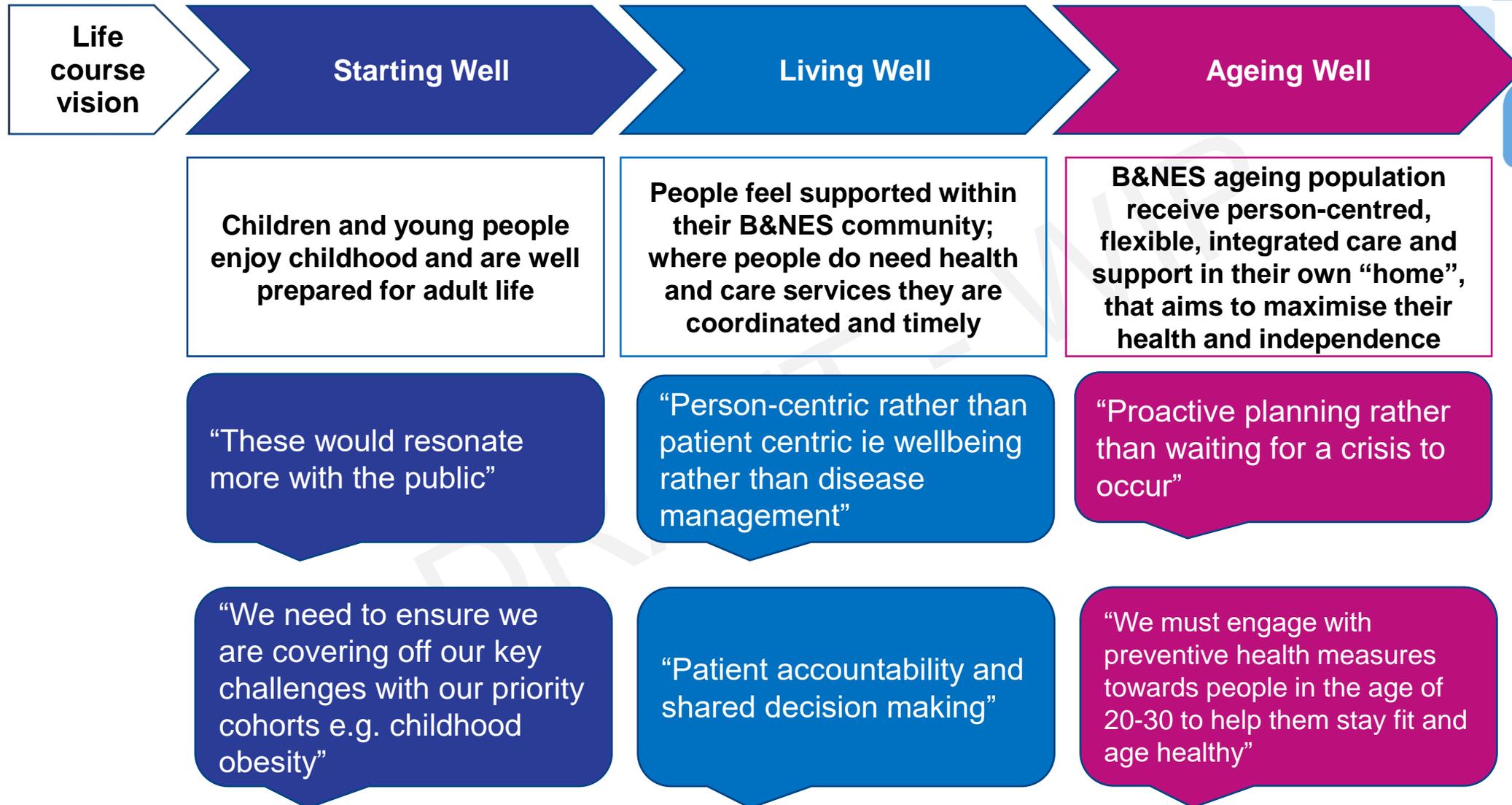
Clinical Strategy

Our clinical vision
Our key aims

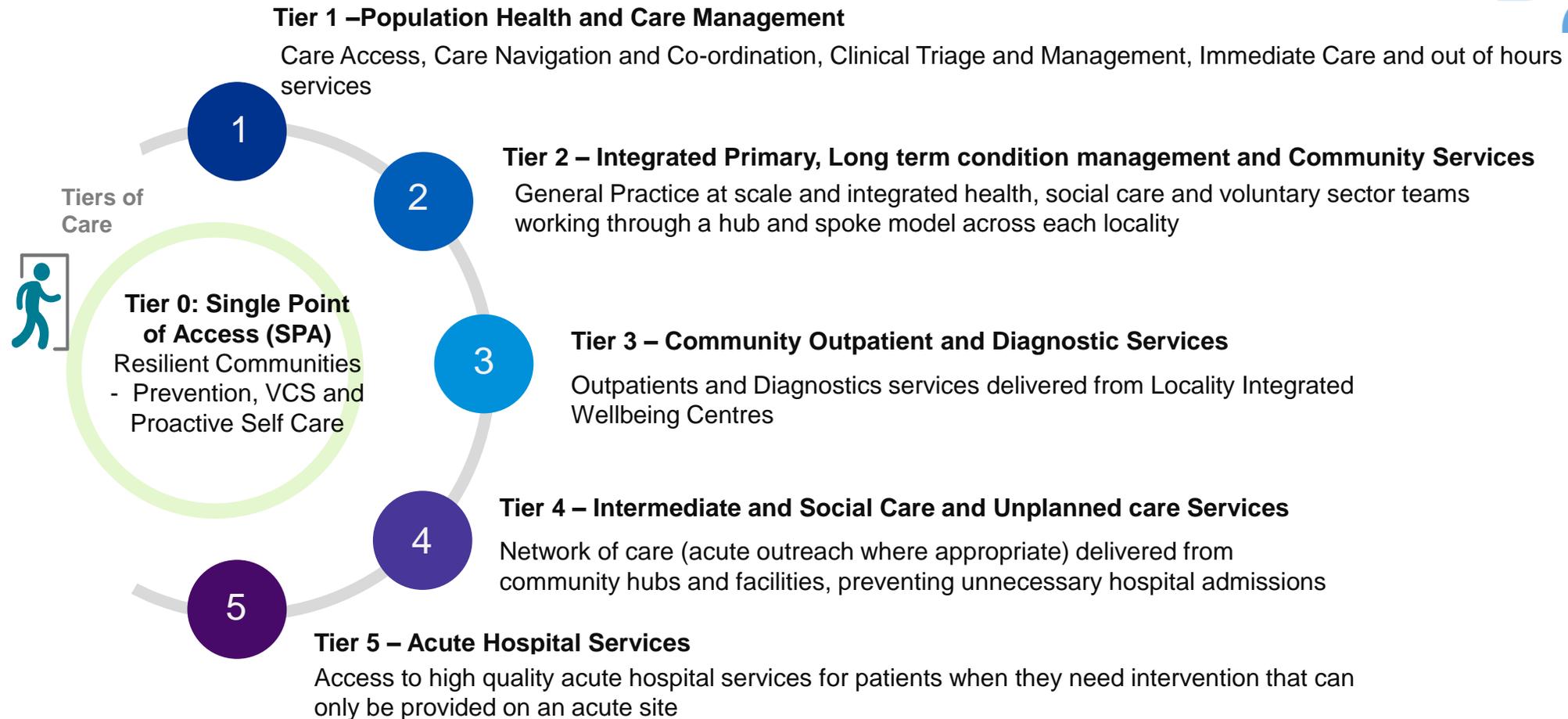
The care model for the area includes health, social care and public health and will:

- 1 *Provide holistic and flexible care seamlessly as one system with embedded innovation and continual improvement*
- 2 *Care is preventative, proactive and anticipatory, focuses on wellbeing and addresses health inequalities through the lens of wider determinants of health*
- 3 *Provide person centred care and empowerment to put the person in control of their health and well being, and ensuring that each interaction adds value to the person*
- 4 *Provide care at home or in the community wherever appropriate, coordinated through strong primary care networks and multidisciplinary teams, and supported by sufficient emergency and specialist capacity in hospitals*
- 5 *Lead with digital and data to support seamless care for our patients and drive more effective decision making*
- 6 *Support an agile workforce, champion innovative roles and provide opportunities for training, research and development*
- 7 *Deliver an efficient way of working to ensure financial sustainability of the system and value for money of services.*

Key themes



Tiered approach



Key Enablers – What needs to be true to deliver change?



Governance and Organisational Form

An agreed system governance framework in place that provides clarity on lines of accountability and gives Boards/Committees the mandate they need to remove blockers and enable collaboration



Financial Framework

An agreed shared system financial model that allows investment in the right places to deliver the objectives of the health and care model regardless of organisational boundaries



Workforce

Multi-disciplinary teams working collaboratively across a fully integrated pathway. Leading practice ICSs have started to work on system level workforce plans to ensure that the system has the right mix of staff, knowledge and skills to deliver integrated care



Digital & Data

Alignment of provider record systems to provide a single, shared view of the truth. Analytics and modelling capability in place to provide insights to inform care delivery and planning



Estates

An estate that supports the right health and care model, with the right estate to provide the right level of acute and community services to meet the needs of the local population

Where do we want to be?

Clinical Strategy

Where do we want to be?

- How our services look and feel for patients, carers and staff
- What services might grow, shrink or move elsewhere
- How the physical space and digital infrastructure support the new model of care
- What system integration looks like at a specialty level?
- Examples of where the new models already exist
- Implications for cancer services, specialised services and private patient services



Digital integration and shared health records with patient held data



MDT working & senior clinician input early in interactions



Improvement through self-management and 'teachable moments'



Care closer to home



Navigation and support through the patient journey



Staff will be empowered and encouraged to develop to the 'top of their licence'



Population health management driving decision making



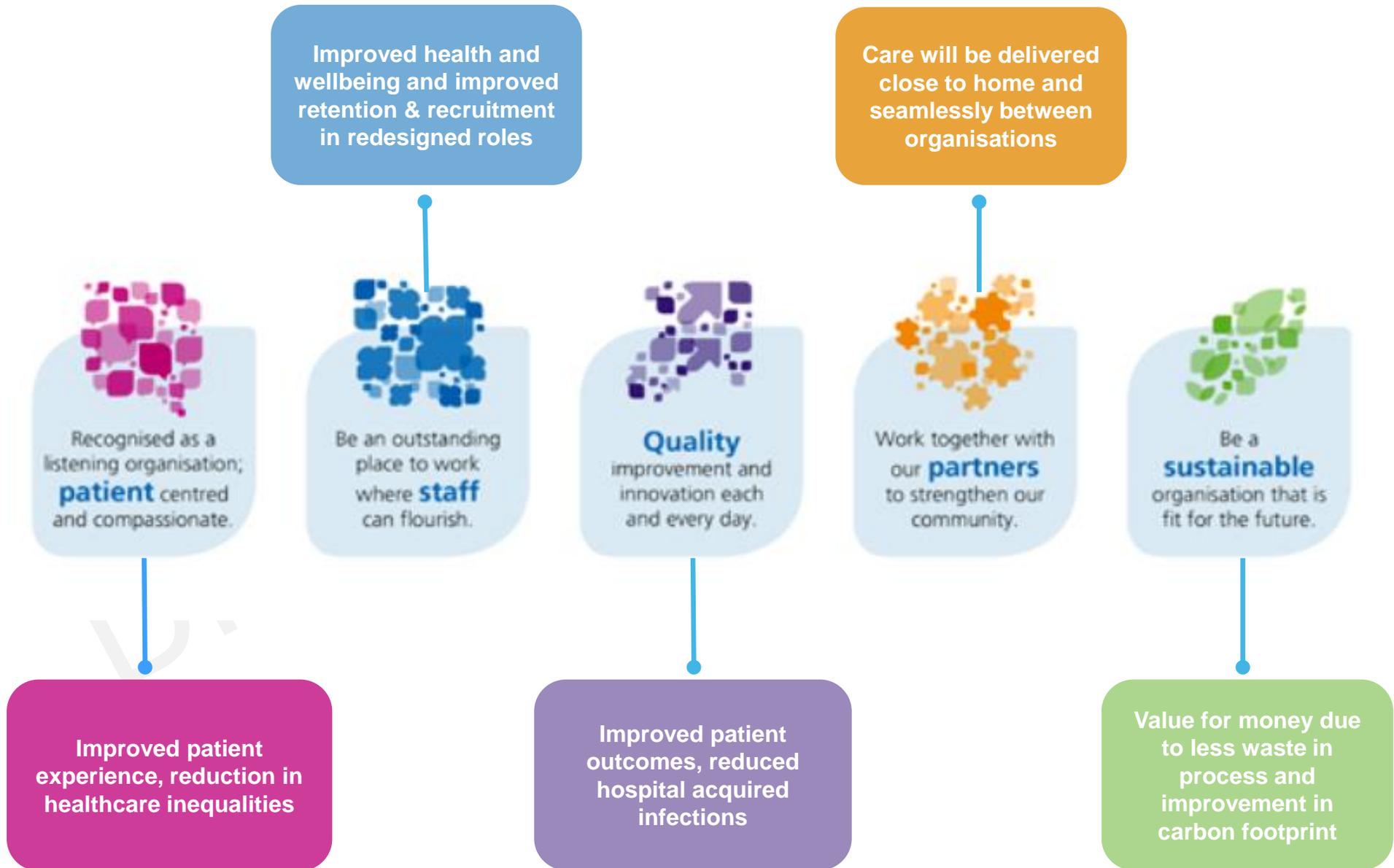
Fully integrated health and social care

What will success look like?

Clinical Strategy

How will we know we have been successful?

- What are the quality outcomes?
- How will we measure the outcomes?



Engagement – RUH workstreams and BSW health & care model work

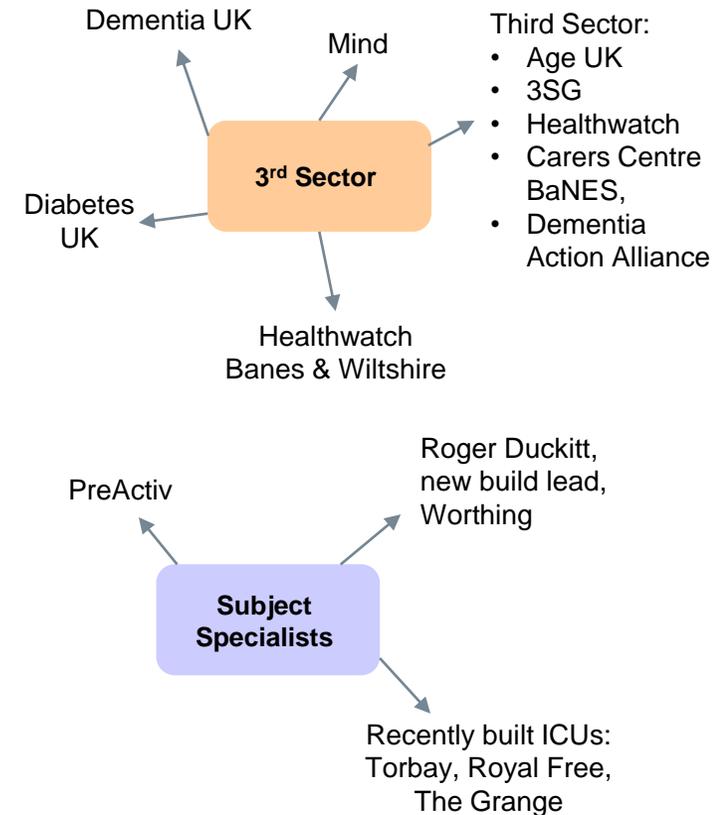
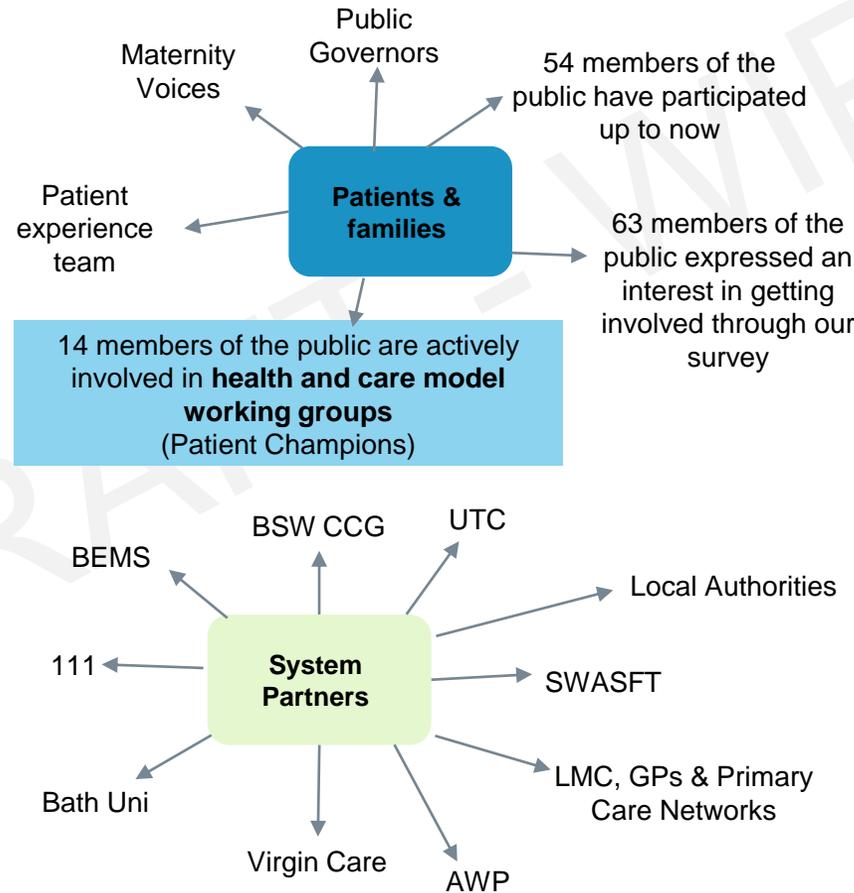
Workstreams:	Unplanned & Emergency Care	Long Term Conditions	Planned Care	Complex Needs (incl Frailty)	Women's & Children	Critical Care	Clinical Support Services (incl Diagnostics)
RUH Leads:	<ul style="list-style-type: none"> Mark Edwards Octavian Maran 	<ul style="list-style-type: none"> Marc Atkin Joanne Bond-Kendall 	<ul style="list-style-type: none"> Steve Dalton Rebecca Leslie 	<ul style="list-style-type: none"> Philipa Nash Andrew Stone 	<ul style="list-style-type: none"> Jo Ficquet Nickie Jakeman 	<ul style="list-style-type: none"> Jonny Price Rob MacKenzie Ross 	<ul style="list-style-type: none"> Peter Marden Dilesh Khandia

RUH Staff

- Medical Nurse Practitioners
- Consultants
- Clinical Cabinet
- ITU teams
- Frailty teams
- ED Consultants
- Acute Medicine
- Medical Equipment Teams
- Palliative Care
- Rheumatology
- Children's therapies
- Cardiology
- Radiology
- Pathology
- Endoscopy
- Gastroenterology
- Anaesthetics
- Gynaecology
- Paediatrics
- Maternity
- Matrons
- Urology
- Therapies
- Discharge Liaison
- Stoma team
- Transfusion team
- Oncology
- Respiratory
- Theatres
- Obstetrics
- Geriatrics
- Nuclear medicine
- Radiotherapy
- Portering
- Cleaning
- Booking teams
- Occupational Health
- Facilities
- IT

27 staff expressed an interest in actively getting involved through our survey

23 staff are actively involved in clinical working groups



Oversight bodies engaged including Wiltshire OSC & HWB; BaNES OSC & HWB

Staff & Public feedback on vision and aims

Hopeful and cynical at the same time

RUH Staff Member

It promises a great deal but to implement it will need creative thinking and user friendly pathways

RUH Public Member

Exhausted. It's a great vision, but are we physically and mentally able to take this on?

RUH Staff Member

Pleased that there is a vision. Concerned that it may be too broad-brush and not deal with some of the simpler issues that would help patient experiences.

RUH Public Member

How does the vision make you feel?

Excited but cautious

RUH Public Member

Encouraged that a new form of integrated care may emerge at last

RUH Public Member

Proud to be working for the RUH

RUH Staff Member

Hopeful. If I had the extra support I needed at the time, my life as a carer would have been completely different.

RUH Public Member

Inspired to deliver a 1st class healthcare service to everyone when and where they need it

RUH Staff Member

Staff & Public feedback on vision and aims

Greater clarity about the means by which the goals will be achieved

RUH Staff Member

Be brave about stating the responsibility we all have to maintain our own health and not to rely on a health care system to rectify issues borne from our choices.

RUH Public Member

Incorporation of research and development – the pandemic has shown us the crucial role research plays in improving outcomes for patients

RUH Staff Member

Listening to service users. Reflecting back to ensure that ambitions have been realised.

RUH Public Member

What could we add to the vision to make it better?

Greater emphasis on staff wellbeing and support – the RUH is a great place to work, can the vision reflect this more?

RUH Staff Member

Effective and appropriate communication – taking into account that not everyone can hear, see, or use/have access to technology

RUH Public Member

- Clinical model workshops for system and Patient Champions
 - Priority cohorts
 - Ageing Well
 - Long term and ambulatory
 - Elective
 - Mental Health
- Development of service user personas
- First draft Health & Care Model and Roadmap
- Wider public engagement

