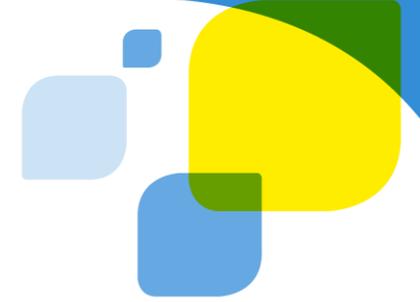


# Shaping a Healthier Future - Health and Care Models development

B&NES Children, Adults, Health &  
Wellbeing Panel

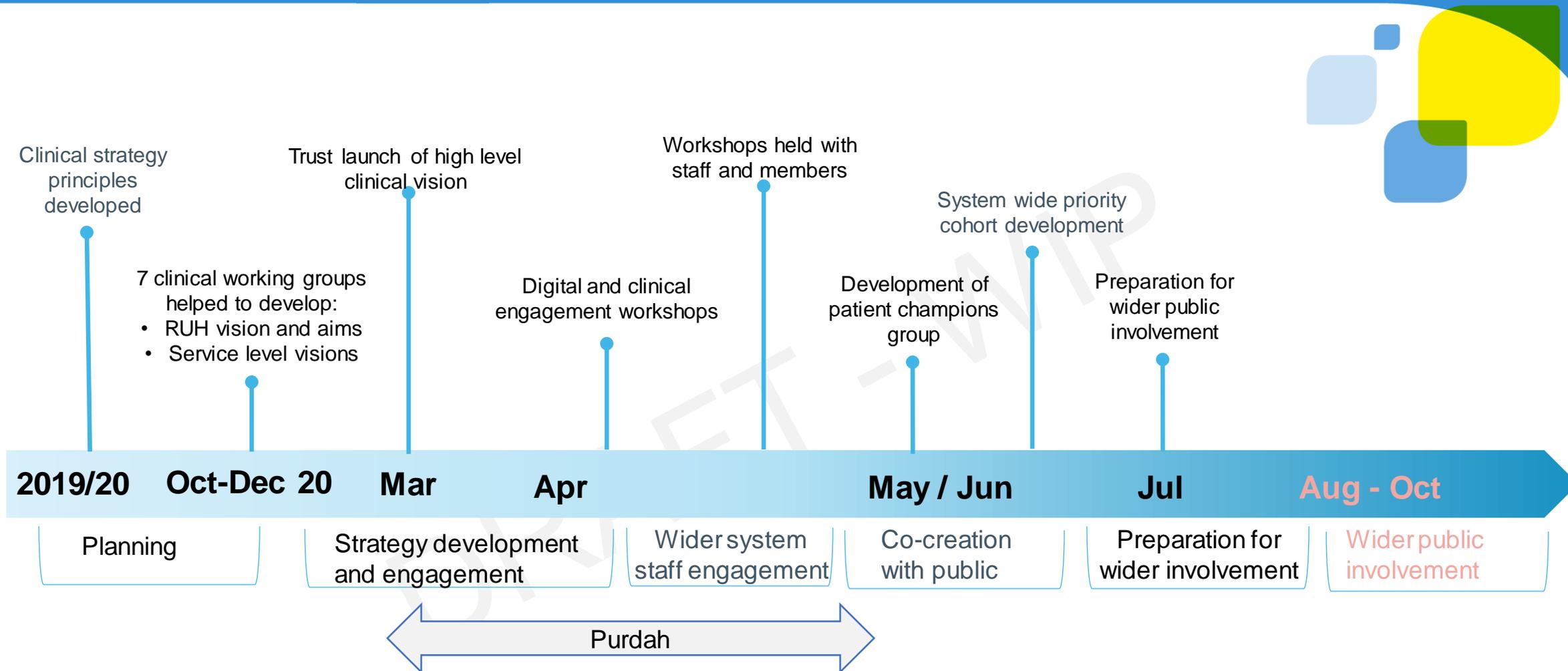
13th July 2021

Everyone  
Matters  
Working  
Together  
Making a  
Difference



- RUH working with partners and the public across its catchment to develop a vision and support model for the population to deliver excellence
- Desire to be ambitious and radical to tackle future challenges
- The new model of how we deliver support and care will inform our investment needs for the future and underpin any business case that bids for infrastructure investment
- We want to do this with the local population for the local population so your support in this is vital

# Progress so far



## Support Strategy

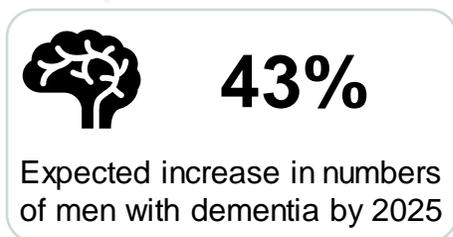
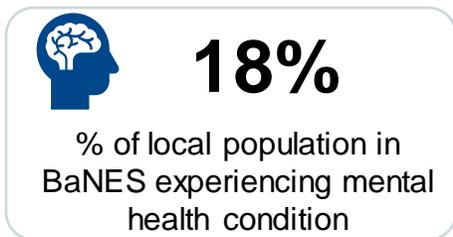
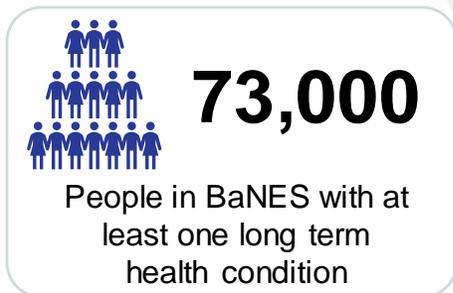
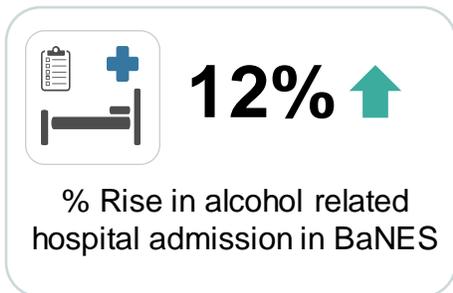
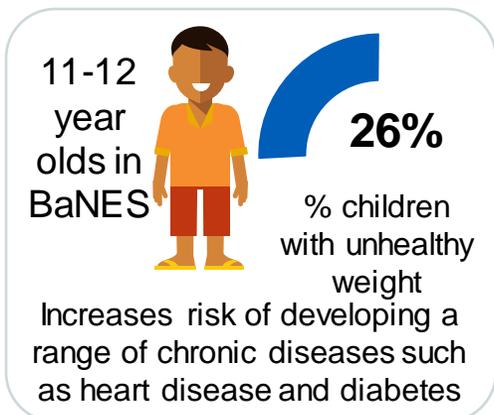
### Strategic context

- 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><b><i>A more complex population</i></b> 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><b><i>Integration</i></b> 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><b><i>Societal change</i></b> 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><b><i>Changing workforce</i></b> 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><b><i>Environmental impact</i></b> Driving new ways to provide services which reduce their impact on our environment</p>	<p><b><i>Digital innovation</i></b> Offers new ways to provide services, share information and communicate with patients and families</p>
<p><b><i>Advances in clinical care</i></b> Technological, pharmaceutical and therapeutic developments will change how we will deliver services and the workforce we need</p>	<p><b><i>Resilience</i></b> 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><b><i>National workforce shortages</i></b> With particular pressure points in some specialties and professions</p>	<p><b><i>Focus on keeping people well</i></b> Expectation that all providers of care will play a part in preventing ill health and upstreaming</p>
<p><b><i>Value for money</i></b> In health, social care and public health</p>	<p><b><i>Mental health/vulnerable people</i></b> Parity and integration with physical health, for service planning and delivery</p>

# Key local 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.



## Priority cohorts

Ageing Well

Long term conditions and ambulatory care

Mental Health

Elective

## How can we change this?

Patient centric Health and care model

Aligned digital and technology solutions

System financial framework

Collaborative governance structure

Agile workforce

# Challenges and opportunities

## Support 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**

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

**RUH Public Member**

*We are often unprepared for surges in ED attendances*

**RUH Staff Member**

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

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

**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*



## Support Strategy

Our care vision  
Our key aims

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

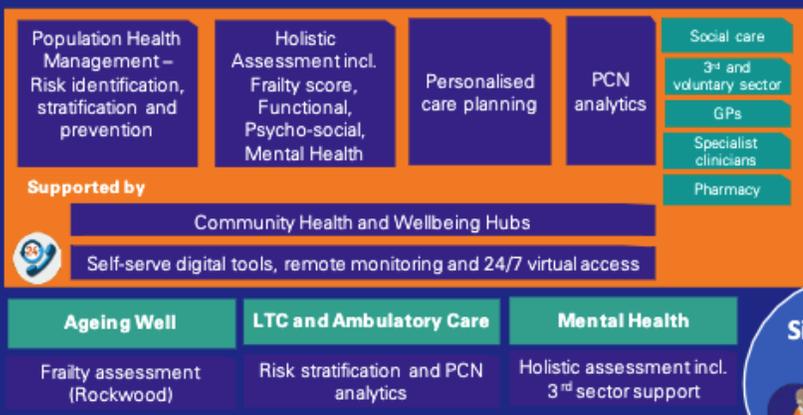
- 1 *Provide holistic and flexible care seamlessly as one system with embedded innovation and continual improvement*
- 2 *Care is preventative, proactive and anticipatory, focuses on wellbeing and addresses health inequalities through the lens of wider determinants of health*
- 3 *Provide person centred 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.*

## Health and care model blueprint – Work in progress

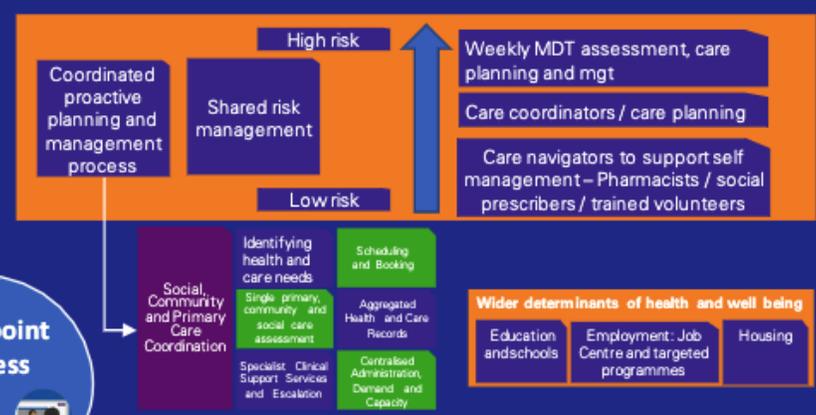
### Design principles:

- 1 Holistic care delivered as one system
- 2 Preventative, proactive and anticipatory
- 3 Empowered Person-centred care
- 4 Care at home or in the community wherever appropriate
- 5 Lead with digital and data
- 6 Support an agile workforce
- 7 Deliver an efficient way of working

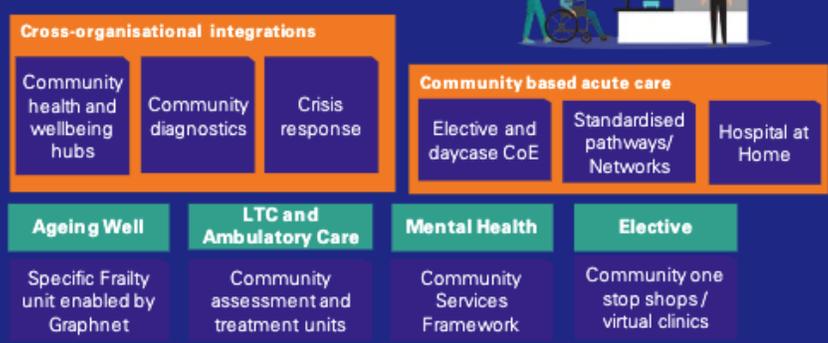
### Preventative and proactive population Health Management



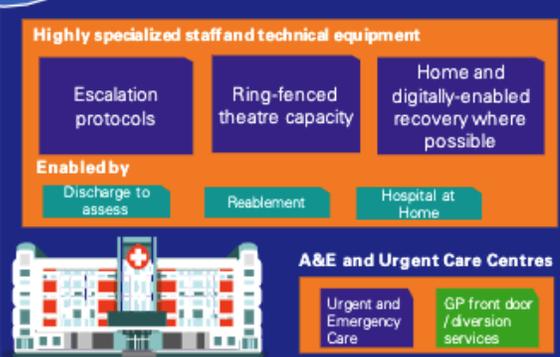
### Enhanced Out-of Hospital Care and Coordination



### Community based care and escalation



### Hospital of the Future and specialist care



### Enablers



# Engagement – RUH workstreams and BSW health & care model work

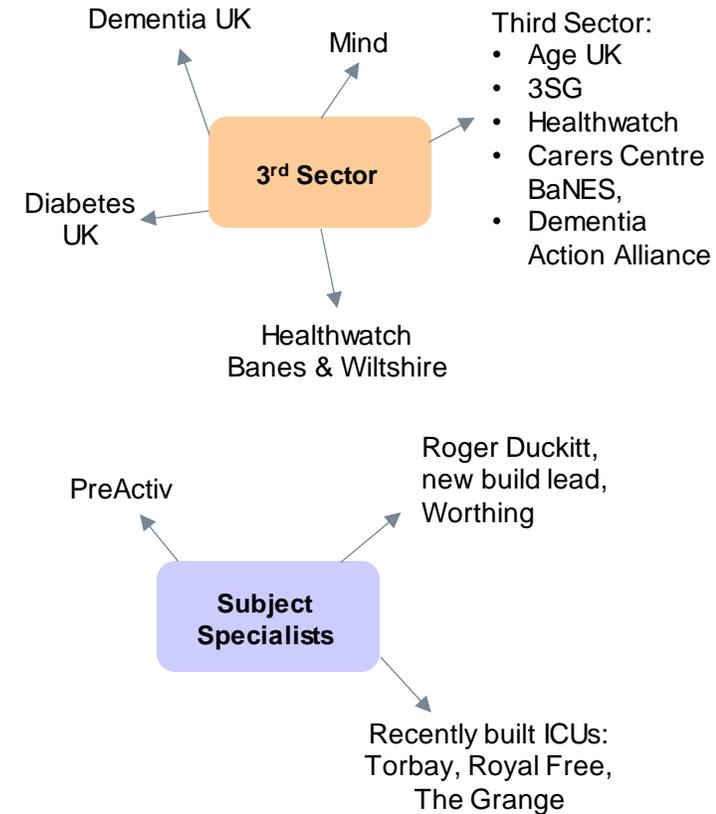
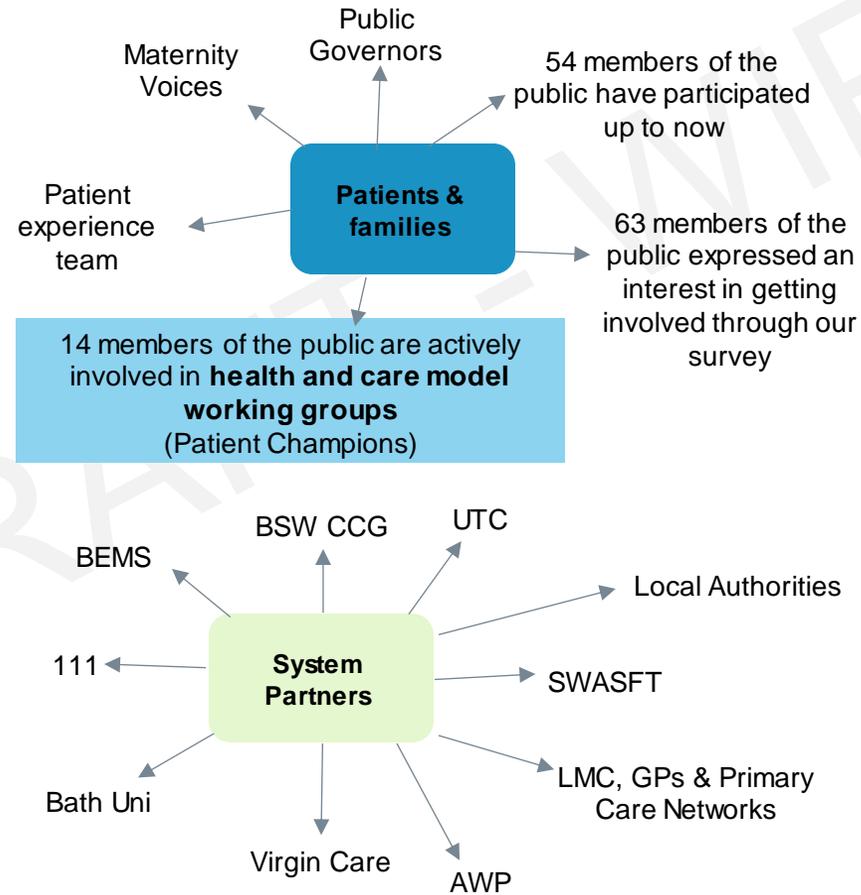
Workstreams:	Unplanned & Emergency Care	Long Term Conditions	Planned Care	Complex Needs (incl Frailty)	Women's & Children	Critical Care	Clinical Support Services (incl Diagnostics)
RUH Leads:	<ul style="list-style-type: none"> <li>Mark Edwards</li> <li>Octavian Maran</li> </ul>	<ul style="list-style-type: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

## 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 1<sup>st</sup> 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**

- Prepare for wider public involvement
- Development of service user 'personas' to bring it alive
- Commence wider public involvement August

