



#healthyplym

Oversight and Governance

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Health and Wellbeing Board – Supplement Pack

Thursday 10 January 2019
10.00 am
Warspite Room, Council House

Members:

Councillor Tuffin, Chair
Councillors Mrs Bowyer and McDonald.

Statutory Co-opted Members: Strategic Director for People, Director of Children's Services, NEW Devon Clinical Commissioning Group Representatives, Director for Public Health, Healthwatch Representative and NHS England.

Non-Statutory Co-opted Members: Representatives of Plymouth Community Homes, Plymouth Community Healthcare, Plymouth NHS Hospitals Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the Voluntary and Community Sector.

Please find attached supplementary information in relation to agenda item 8.

Tracey Lee

Chief Executive

Health and Wellbeing Board

8. STP Update

(Pages 1 - 8)

Update to	Boards, Governing Bodies and Cabinet meetings of Devon STP partner organisations
Date	December 2018
Title	MONTHLY UPDATE REPORT

Introduction

The purpose of this regular report is to:

- ❖ Provide a **monthly update** that can be shared with Governing Bodies, Board and Cabinet meetings in STP partner organisations.
- ❖ **Ensure everyone is aware** of all STP developments, successes and issues in a timely way.
- ❖ **Ensure consistency of message** amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.

Content

This is the tenth Update Report, and covers developments from the ***PDEG meeting held on Friday, 21 December 2018.***

Key items discussed were:

1. **The 2019/20 Operational Plan.**
2. **Integrated care System (ICS) developments and next steps.**
3. **A Digital Strategy for Devon.**
4. **Autism Strategy.**
5. **Mental health priority update.**
6. **Life chances and social prescribing.**

1. The 2019/20 Operational Plan

In a letter to CCG Accountable Officers and Trust Chief Executives from Simon Stevens and Ian Dalton, expectations were set out about the approach to planning for 2019/20. More detailed guidance is expected shortly.

Two specific areas were flagged as a priority to ensure successful planning:

- The importance of systems working together to align assumptions on demand and capacity planning.
- The need for systems to ensure that this is supported by well-developed efficiency plans that address the anticipated financial challenge.

STP and ICS leaders have been asked to take greater control over the planning round in 2019/20 and for systems to work together to ensure priorities are delivered through a shared, open book approach to planning.

In November 2018, PDEG approved a paper setting out the national and local context that would shape system planning and investment decisions for 2019/20 and the approach, process and timescales for developing the Devon system operating plan for the year ahead.

It has been proposed that for 2019/20 a more focused approach on fewer priorities to deliver high impact transformational changes would make best use of the existing system resources and any additional investment. The emerging system areas that it is felt that most benefit and impact for 2019/20 in Devon are:

- Accelerating the **digital** opportunities for the system – fewer, more integrated and interoperable, care record systems and transformation of access to care through technology.
- Development of an **acute strategy** for Devon and Cornwall, including tertiary services; and implementation of service delivery networks and changes in line with this direction of travel.
- Piloting the implementation of the national community models for **mental health** to improve the interface between primary and secondary care, development of in-patient services, work on geographical scope of specialist services and the relevant shifts in investment required.
- **Addressing inequalities** by ensuring resources are deployed in line with strategic ambitions and population needs and outcomes.
- Investment in **prevention** to support people's needs in better ways, alternative to traditional care settings, to impact on demand in 2019/20.

Additionally, it is felt that there are two areas that need to be progressed locally across the system:

- Implementation of the Integrated Care Model (ICM) blueprint agreed in 2017, which will also help to stabilise primary care and impact on demand.
- Implementation of the workforce strategy.

The Operating Plan for 2019/20, as well as an early draft of a new Five Year Strategic Plan for Devon, will be presented at the Collaborative Board in March 2019.

2. Integrated Care System (ICS) developments and next steps

PDEG were briefed on the outputs from the system design and development programme, which was in support of a move to a new Integrated Care System. This work has been supported by an external facilitator, Julie Beedon.

This work has run concurrently with the national 'Aspiring ICS programme', run by NHS England and PWC.

PDEG noted progress to date. They agreed the following actions:

- Any further developmental ICS work should align to the national 'Aspiring ICS programme', as this has been positive and beneficial.
- The external organisational design and development facilitator support should be re-focused on transition planning and capability building until the end of January, after which the contract will end.
- Further work on the system vision and priorities should be guided by the soon-to-be-launched NHS Long-Term Plan.

3. A Digital Strategy for Devon

When the new Secretary of State for Health took office he shared his three priorities for the NHS: **Workforce, Technology and Prevention**. Not only is Technology front and centre, but it has a vital role to play in delivering the other priorities too. Since then, *The Future of Healthcare* has been published, a policy paper that sets out a bold vision for the role of digital in the NHS over the coming years.

In Devon, our system Collaborative Board has emphasised that developing electronic records that "feel like one system" is a priority if we are to achieve our goal of functioning as an Integrated Care System.

The STP Strategy on a Page lists being "digitally enabled" as one of the design criteria by which all future service developments must be produced. As such, there has never been a better opportunity for us to use technology and information not just to enable change, but to lead our community in building a modern NHS that delivers higher quality, safer care to the people of Devon.

Our new Digital Strategy sets out the overall direction for IM&T and digital services for health and care within Devon. It builds on the work of the original Peninsula 2020 Local Digital Roadmap and can be regarded as the successor to that document.

There are four programmes of strategic focus:

- **"Feels Like One System"**: Sharing, consolidating and integrating records to deliver shared care and workflows.
- **"Technology Together"**: Shared infrastructure and technical design.
- **"The Digital Citizen"**: Delivering services and self-care online.
- **"Harnessing Information"**: Delivering data analytics, intelligence and governance for Devon.

The collaborative work undertaken between organisations through the STP as part of the wider development programme has helped create the environment in which we can continue to deliver effective digital services at a local level but also recognise where we are stronger together and can achieve more by working as a single system for the benefit of all.

The health and care organisations in Devon have agreed to the following principles that apply to all the work of the STP Digital Programme both at a collective and individual level. These are:

- Work towards a digital record that “Feels Like One System” based around the citizen and clinician.
- That all organisations within Devon work to common standards for data structures, technology and information sharing.
- Optimise and make best use of any funding sources to ensure that we maximise income within this programme of work.
- Work collaboratively and apply a “Do it Once” methodology across the county.
- Make the best use of national IT systems.
- Make best use of our combined procurement power to ensure financial sustainability.

The move to an Integrated Care System requires us to work in new ways, based around the needs of our citizens both individually and collectively. We shall marshal our digital resources collectively wherever possible to support the new models of care.

The Strategy on a Page sets out the five Ambitious Goals for the Devon STP, and the four areas of digital strategic focus are designed to support those goals, as shown below:

	Makes the best use of our resources	Eliminate inequalities in opportunity	Collaborate to connect all people	Provide outstanding services	Inspire people
Feels Like One System	✓	✓	✓	✓	✓
Technology Together	✓				✓
The Digital Citizen	✓	✓	✓	✓	✓
Harnessing Information	✓	✓	✓	✓	✓

The purpose of the Digital Strategy is to support the delivery of the STP and information and technology can provide support and leadership in all of the STP priority areas. All projects that sit within the STP Digital Work Programme will be assessed against their ability to deliver these priorities.

4. Autism Strategy

The provision of support for adults with autism is a complex and challenging issue for health and care communities across the country. There are pockets of excellence and areas in which there are little or no services, as well as much in the middle.

There is national evidence that suggests that there may be local opportunities to deliver better value and more effective services. Based on this, the Devon STP Learning Disability and Autism Leadership Team have approved the further exploration of how services for adults with autism are provided across the wider Devon footprint.

More specifically, three areas have been prioritised: the diagnostic pathway; post diagnostic support; and access to mainstream services. These areas cannot be viewed in isolation, however as they are intrinsically inter-linked.

The focus of this work is adults with autism (excluding a learning disability). The pathway and needs of children is covered by the STP Children and Young people's work stream, although there is a clear need to ensure that there are robust transitional arrangements between the two.

The team have supported the further exploration of potential opportunities to improve services across Devon for adults with autism who don't have a learning disability.

The strategy, which was endorsed at PDEG, describes current provision, presents national evidence in terms of best practice and highlights opportunities to provide an evidence-based, consistent model and offer across the STP footprint.

There are a number of areas that lend themselves to potential development. These include:

- The differential approach/quality and variation in waiting times for an assessment across Devon.
- The availability of post diagnostic support for individuals with autism.
- The opportunity to provide more clinically and cost effective services through redirecting current spend into a NICE recommended model.
- Improve the quality of life for people with autism through enabling improved access to employment.
- Support current services in being able to manage a number of very complex, high risk individuals.
- A specialist, NICE compliant service could reduce out of area placements whilst supporting local areas (through a hub and spoke model) to improve mainstream access to services for people with autism through the delivery of training, support and supervision.

There is some clinical expertise that could be built upon in the form of DANA (specialist autism assessment service) as well as specialist services run by Devon County Council that could provide an opportunity to build a consistent, high quality approach across the STP footprint. We also have the opportunity to gain support from an area highlighted as a model of good practice (Bristol), to help us think about how we might apply outcomes and principles of best practice locally.

5. Mental health priority update

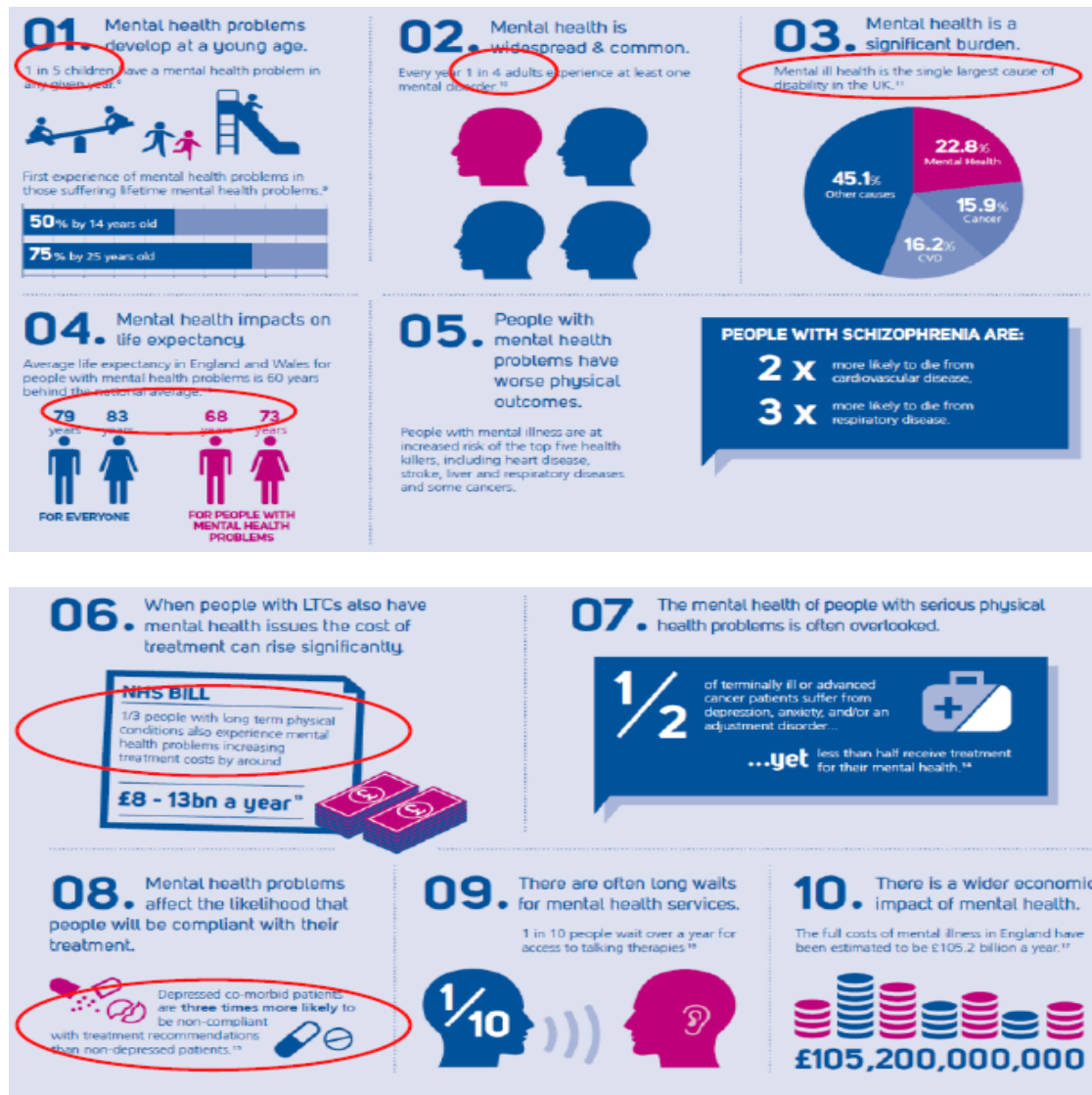
PDEG members were given an update on plans to develop a new system strategy for mental health. They heard that mental illness is common, frequently starts in childhood, reduces outcomes and increases costs in long term care, reduces life expectancy and is treatable.

Although funding for mental health has grown, and is a priority in Devon, there is still a funding gap that needs to be closed.

There are four main workstreams as part of the strategy, including:

- Crisis and Urgent Care.
- Dementia.
- Primary/ Secondary Care Interface.
- Children and Young People.

There has been engagement with key stakeholders in developing the strategy, and below are graphics that highlight some of the challenges faced in mental health:



6. Life chances and social prescribing

The profile of what is called ‘social prescribing’ is becoming increasingly evident across the country, with many seeing it as an opportunity to contribute to a modern and sustainable health and care system where avoidable demand is met with an increased wellbeing offer from non-clinical sources.

The Minister for Health has called for it to be a part of the core offering in every local area by 2023. At a national level, the term ‘social prescribing’ is featuring as a core component of a number of government policies/strategies and plans.

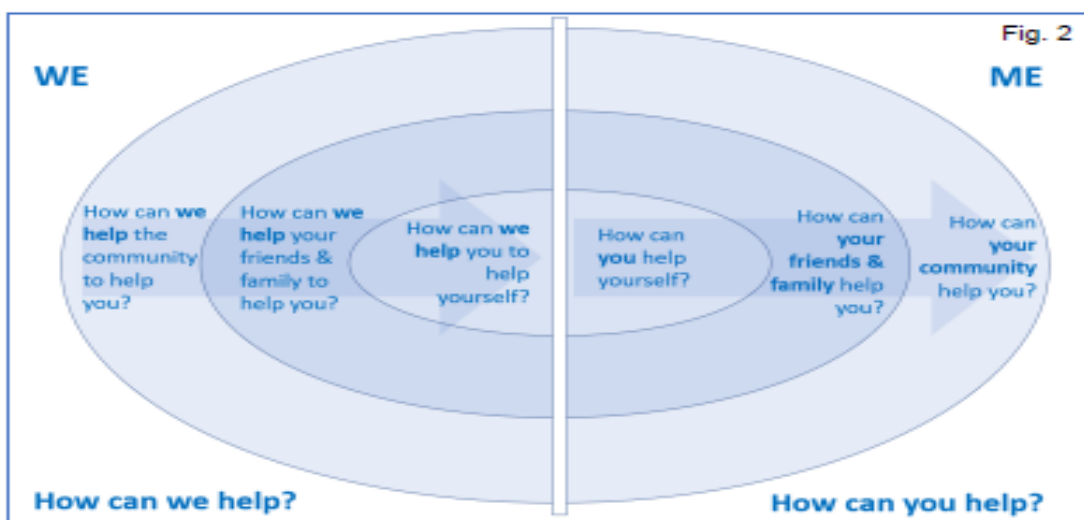
At a local level there are numerous schemes underway. The work that has been undertaken in relation to the ‘Life Chance’s programme, alongside programmes already underway in Plymouth, Exeter and Torbay have given greater focus to social prescribing as part of the STP Prevention Strategy.

However, this high-level strategic development is not yet sufficiently connected to local activity and this needs to be addressed, without stifling local initiative. The STP’s strategic reach, operational partners and geographic footprint make it well positioned to bring this together.

PDEG heard that social prescribing can be developed as a core part of the STP’s priority to build resilient communities and support self-care. They supported a proposal that resources are put in place (a lead, supported by a seconded programme team) to undertake specific work over 12-24 months to integrate social prescribing at scale across the health and care system.

This work will enable the system to best understand, integrate with, and support communities to provide social solutions for their citizens’ health and wellbeing. And, it has the potential to unlock new sources of help for individuals, which will give them greater resilience and reduce demand on the health and social care system.

A key function of the social-prescribing pathway is time for person-centred guided conversations which build relationships and motivation. This is below. Note: the diagram should be interpreted from the centre to edge and from left to the right.



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