

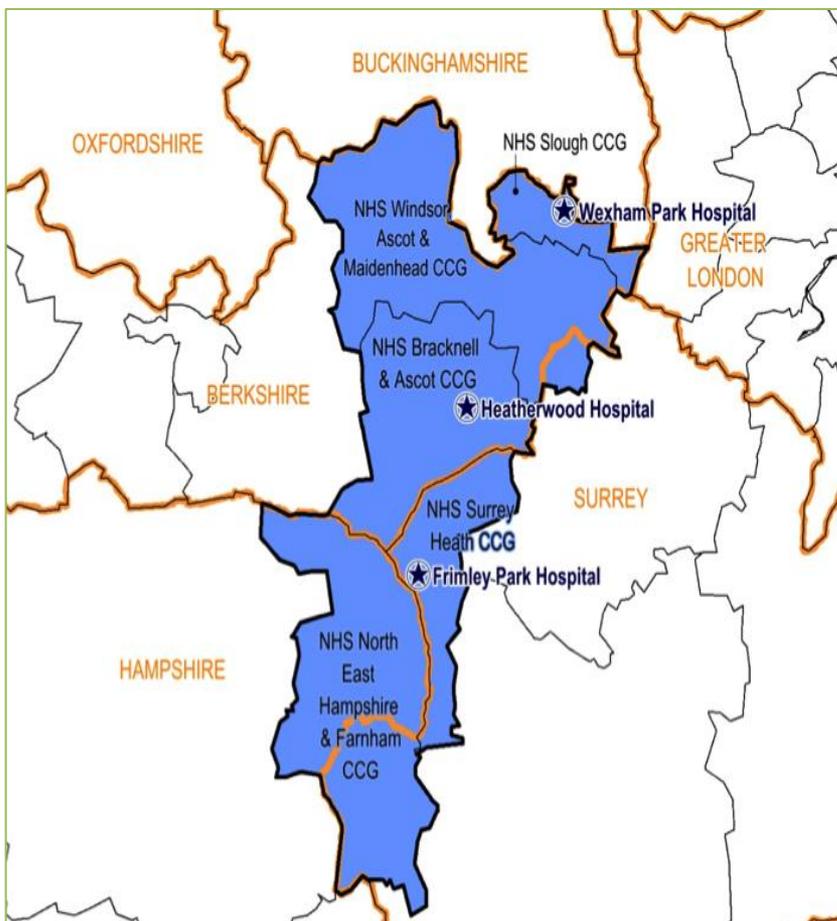
Frimley Sustainability and Transformation Plan



Introduction to the Frimley Health and Care System

The Frimley System

The Frimley health and care planning footprint, see map, is the population of **750,000 people** registered with General Practitioners in five CCG areas: Slough, NHS Windsor, Ascot & Maidenhead; Bracknell & Ascot; Surrey Heath and North-East Hampshire and Farnham.



Partners in the Frimley System

The Frimley system is complex, operating across three Counties and encompassing a wide variety of community, mental health and social care services.

The Sustainability and Transformation Plan (STP) builds on a strong track record, across the organisations in the footprint area of success and delivery in a complex systems. Our experience of working in complex systems enables us to successfully deliver our transformation plans at a range of levels:

- At a local level
- At a county level
- Across the Frimley health and care system
- With neighbouring STPs

Whilst we recognise we still have further to go in building strong collaborative relationships, leaders across the system show growing commitment to working collaboratively to achieve shared goals and ambitions for our population.

Nominated lead of the footprint:

Sir Andrew Morris, CEO, Frimley Health NHSFT

Contact for the Frimley STP:

Tina White, STP Programme Director

Statutory organisations

NHS Commissioners

- Bracknell and Ascot CCG
- North East Hampshire and Farnham CCG
- Slough CCG
- Surrey Heath CCG
- Windsor Ascot and Maidenhead CCG

Acute care provider

- Frimley Health NHSFT

Mental health and community providers

- Berkshire Healthcare NHSFT
- Southern Health NHSFT
- Surrey and Borders NHSFT
- Sussex Partnership NHSFT
- Virgin Care

GP Federations

- Bracknell Federation
- Federation of WAM practices
- Salus GP Federation (North East Hampshire and Farnham)
- Slough GP Federation
- The Surrey Heath community providers

GP out of hours providers

- East Berkshire Primary Care
- North Hampshire Urgent Care

Ambulance Trusts

- South Central Ambulance Service NHS FT
- South East Coast Ambulance NHS FT

County Councils (including Public Health)

- Hampshire
- Surrey

Unitary Authorities (including public health)

- Bracknell Forest Council
- Royal Borough of Windsor and Maidenhead
- Slough Borough Council

District and Borough Councils

- Guildford Borough Council
- Hart District Council
- Rushmoor Borough Council
- Surrey Heath Borough Council
- Waverley Borough Council

Frimley Health & Care STP

- The Frimley health and care system is performing well.
- In most of our local areas satisfaction with GP services is among the highest in England.
- We are investing in our hospitals, including a new emergency department at Wexham Park Hospital along with an upgrade to the maternity unit
- We are rebuilding Heatherwood hospital
- We have many local examples of how we are driving improvements already e.g. New Vision of Care, Vanguard, Surrey Heath integrated care hubs, Slough Prime Ministers Challenge Fund initiatives
- We aim to prioritise those good practice examples making biggest difference to the gaps and deliver them at scale
- We are working closely with our social care partners in a cohesive way

Why do we need the STP?

- The Five Year Forward View identified three gaps facing the NHS:
 - Health and wellbeing
 - Care and quality
 - Finance and efficiency
- These gaps threaten the care provided to patients/residents and the sustainability of the NHS.
- We recognise that both health and social care organisations are short of money
- We have a growing and ageing population with increasingly complex needs and we cannot carry on delivering our services in exactly the same way in the future

By working together across all of health, social care and community partners we can have a clear plan on how our local services can be improved and become more sustainable for the future!

The Frimley STP priorities for the next 5 years

Our priorities for the next 5 years

P1

Priority 1: Making a substantial step change to improve wellbeing, increase prevention, self-care and early detection.

P2

Priority 2: Action to improve long term condition outcomes including greater self management & proactive management across all providers for people with single long term conditions

P3

Priority 3: Frailty Management: Proactive management of frail patients with multiple complex physical & mental health long term conditions, reducing crises and prolonged hospital stays.

P4

Priority 4: Redesigning urgent and emergency care, including integrated working and primary care models providing timely care in the most appropriate place

P5

Priority 5: Reducing variation and health inequalities across pathways to improve outcomes and maximise value for citizens across the population, supported by evidence.

An underpinning programme of transformational enablers includes:

A. Becoming a system with a **collective focus on the whole population**. **B.** **Developing communities and social networks** so that people have the skills and confidence to take responsibility for their own health and care in their communities. **C.** **Developing the workforce** across our system so that it is able to delivery our new models of care. **D.** Using **technology** to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency. **E.** Developing the Estate

The Frimley STP Initiatives for next 18 months

Seven initiatives on which we will focus in
2016/17-17/18

1. Ensure that people have the skills, confidence and support to **take responsibility for their own health** and wellbeing.
2. Lay the foundations for a new model of **general practice, provided at scale**. This includes work to further the development of GP federations to improve resilience and capacity
3. Transform the '**social care support**' market including a comprehensive capacity and demand analysis and market management
4. Design a **support workforce** that is fit for purpose across the system
5. Implement a **shared care record** that is accessible to professionals across the STP footprint
6. Develop **integrated care decision making hubs** to provide single points of access to services such as rapid response and reablement with phased implementation across our area by 2018
7. Reducing **variation and health inequalities** across pathways to improve outcomes

How will this benefit the people in our communities?

- People will be able to get a General Practice appointment (across the MDT) from 8am to 8pm Monday to Friday, that's 420,000 more appointments across Frimley.
- At weekends, specialist and family doctors, community nurses, occupational therapists, physiotherapists, social workers, psychiatric nurses, psychiatrists and pharmacists will offer treatment through teams who work together around the individual's needs.
- Improving mental health services so fewer people who need specialist care will have to travel out of the area.
- These improvements will also support more community mental health nurses, seven days a week so people can get the right support when they need it.
- By investing in technology, patients will only have to share their medical history, allergies and medication details once, regardless of whether they are in A&E or a GP surgery.
- Patients will be able to access their medical record online, and for those with diabetes, heart or breathing problems, technology can monitor things like blood pressure remotely, alerting the doctor to any problems.