Improving health and care for people across the Frimley System
Frimley STP population of 800,000 people in East Berkshire, North East Hampshire and Farnham and Surrey Heath CCGs. Involves 30 statutory bodies. Includes Local Authorities, CCGs, provider Foundation Trusts and others.
Our ICS journey - Developing our system and relationships

Dec 2016
- STP Plan submitted

Jun 2017
- NHSE announce 1st Wave ACS

Apr 2017
- Transformation Delivery Programme Established
- Impact on demand curve

Sep 2017
- Memorandum of Understanding signed with NHSE
- Capital Bids confirmed

Dec 2017
- System dashboard Live
- System control total agreed

Jan 2018
- System Operating Plan

Mar 2018
- ICS Go Live

Apr 2018
- System dashboard Live

Oct 2016
- STP Plan submitted

Dec 2017
- System dashboard Live

Mar 2018
- System Operating Plan

Apr 2018
- ICS Go Live
Our STP to ICS journey:

- One system
- One budget
- One vision
Our shared system ambition:

Frimley Health and Care is a partnership of health and care organisations, working together to redesign local services around local need, and not being restricted by our organisational boundaries.

Our collective ambition is that the people living in the Frimley system have the best possible health and wellbeing, keeping them healthy and in their homes for longer.

Public services face significant funding challenges and have a growing and ageing population with increasingly complex needs, so we need to change the way we do things. We want to ensure that every pound that is spent in the system is spent in the right way for the benefit of all our residents, strengthening public services and co-ordinating health and care more effectively.

All health and social care organisations are working together to build on and learn from local successes, and bring all services up to the same high level.

Our system is inclusive and brings together the providers and commissioners of all health services, social care, public health, council services and the voluntary sector, to shape and develop local services with our local communities.
**Five Year Priorities**

- **National 'must do's':** Primary Care, Urgent and Emergency Care, Referral to treatment times, Cancer, Improving quality, Financial sustainability, Development of high quality STP

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

- **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

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

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

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

**Transformation Initiatives**

1. **Prevention & Self-care:** Ensure people have the skills, confidence and support to take responsibility for their own health and wellbeing

2. **Integrated care decision-making:** Develop integrated decision making hubs to provide single points of access to services such as rapid response and re-ablement

3. **GP Transformation:** Lay foundations for a new model of general practice provided at scale, including development of GP federations to improve resilience and capacity

4. **Support Workforce:** Design a support workforce that is fit for purpose across the system

5. **Care and Support:** Transform the social care support market including a comprehensive capacity and demand analysis and market management

6. **Reducing clinical variation:** Reduce clinical variation to improve outcomes and maximise value for individuals across the population

7. **Shared Care record:** Implement a shared care record that is accessible to professionals across the STP footprint

**Cross cutting Programmes**

- **Urgent & Emergency Care**
- **Mental Health & Learning Disabilities**
- **Maternity**
- **Children & Young People**
- **Cancer**

**Enablers**

- **Workforce**
- **Communications & Engagement**
- **Analytics**
- **Estates**
- **Digital & Technology**
Shaping our services with front line staff, managers and local communities:

- 2020 Leadership Programme – supporting ICS partners to innovate and make real on the ground changes to improve joined up services
- ICS Governance development with Chris Ham (Kings Fund)
- NHS England & NHS Improvement programme for Integrated Care Systems on the future of commissioning, payment reform and system control totals
- Engaging with our communities and patients
- Community Ambassadors supporting us on how we engage
The Vanguard new care model: Happy, Healthy at Home

Taking targeted action to prevent ill health and promote self care:

- Social Prescribing
- Recovery College Courses
- Crisis Café
- Support to carers and staff

Strengthening local primary and community care:

- Practices working together
- Separation of on-the-day urgent primary care from planned primary care
- Integrated Care Teams
- Proactively managing the health and social care needs of the population

Improving services for patients in a crisis and those who need specialist care:

- Expanding the capacity of community and social care response services, and extending their working hours to 8am-9pm
- Redesigning the interface between hospital care and primary care – e.g. hospital consultants supporting locality hubs, GPs working in hospital
Future model of Integrated Care in East Berkshire

Single Point of Access
Access and referral into all services with emphasis on joint triage and initial assessment (7 day service 8am – 8pm)

Community Teams
Co-located teams with emphasis on information sharing, joint assessment and care management

- GPs
- Community Nursing
- Community Matrons
- Mental Health
- Adult Social Care

GP led MDT Anticipatory Care
pro-active case finding/risk stratification of patients at high risk of admission

- GPs
- Community Nursing
- Community Matrons
- Mental Health
- Adult Social Care

Hospital In-Reach
Daily monitoring and pro-actively pulling people out of hospital and back into the community

- Hospital Social Care team
- Continuing Healthcare
- Rapid Response & Hospital In-Reach
- Adult Social Care Re-ablement

MDT (ARC)
Assessment and Rehabilitation centres
Escalation of people at high risk of admission or with complex care management needs

- Geriatricians
- GPs
- Community Nursing
- Community Matrons
- Mental Health
- Adult Social Care
- Care Co-ordinators

- Specialist Clinicians
- Voluntary Sector
- Continuing Healthcare
- Therapists
- Pharmacists

- Rapid Response & Community Rehab
- Care Co-ordinators
The Surrey Heath Model

8-8 working for GP’s

Integrated care teams encompassing mental health, voluntary sector, community nursing and social care

3 GP hubs created with integrated care teams

A Single Point of Access (SPA) for referral into our integrated teams

Weekly MDT’s to ensure people are seen by the right services at the right time
Key Points

- Whole person, whole place
- Co-designed with population and front line staff
- Model (*not a service*) that is scalable
- Health & Care, Physical & Mental, Statutory & Voluntary
- Moving from reactive to proactive to prevention
- New roles, helping with retention and recruitment
- Transformation is happening now, and spreading across the system

**Our ambition** – our whole population has access to the same high quality care – and they are part of achieving it
What does this mean for our local community:

✓ Focused programmes aimed at helping people find community-based support for alcohol-related harm and physical inactivity

✓ By working in partnership we will provide access to seamless holistic services that meet the needs at the earliest possible opportunity

✓ Improved access to primary care team from 8-8, Mon–Fri, and enhanced urgent care access 7 days a week

✓ Additional funding for mental health services which means patients who need specialist care will no longer have to travel out of the area

✓ Residents only having to tell their story once and having access to their medical records online

✓ Improved quality of care and support provided in care homes and people able to stay at home for longer

✓ Reduced variation in clinical practice across the system, so no matter where people live they can expect the same service and support.
### It’s making a real difference:

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- Sharing models and successes
- Evaluation to test outcomes, value for money and patient experience
- All priority areas under review for impact
- Expectation that demand can continue to be controlled in 2018/19
- Planning underway for capital investments in out-of-hospital care
- Front-line staff and local communities are working with us to lead and champion the change
Sharing our story:

New way to see a doctor

Tea and sympathy: how community cafes are taking pressure off A&E

By Chief Reporter Daniel Gooch

In a sparsely decorated cafe in Aldershot, a group of people sit chatting and making plans over cups of tea. The cafe is not yet another branch of Starbucks or Costa, however; it is run by the NHS and is one of manyinnovative A&Es. The St Helens opens evenings and weekends and offers drop-in service where people with mental health issues can talk to trained clinicians. There are five such cafes across Surrey and northwest Hampshire, and they are helping to meet the target of 20 per cent of A&E patients with the highest demand for care or who suffer from such acute medical conditions would be treated within 6 hours.

The cafe was part of the Frimley Health and Care ACO, which has set up a “community care” initiative for people with mental health issues, offering support and advice for prisoners who are trying to keep themselves healthy and fit.

On a local level, however, many projects are proving popular. One recent visitor to the Alderholt St Helens cafe, who asked not to be named, said: “I’ve never felt so supported. She said she could think of six or seven other cafes where she could get help and encouragement, but that she had never dreamed she could take them for granted.”

The cafe is part of the Frimley Health and Care ACO, which has set up a “community care” initiative for people with mental health issues, offering support and advice for those who are trying to keep themselves healthy and fit.

Theresa May visits safe haven

The Prime Minister, Theresa May, visited a safe haven for people who need mental health support, as part of her visit to the UK. The Prime Minister, who is also the leader of the Conservative Party, met with people who were using the service and spoke to staff about the work they were doing.

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Conclusions

We have been through a period of significant change but progressed a long way from our STP plan.

It has given us a unique opportunity to locally redesign our system and develop new ways of working.

Encouraged by early signs that it’s working but still a long way to go.

System working is about relationships and facilitating the reaching of consensus.

Governance is continually evolving particularly in relation to Lay members and Non Executives.

Financial challenges are significant but we’re healthier than some other systems.

Empowering and developing staff is fundamental.

Learn how to achieve results through consultation, engagement, persuasion and influence.