



# **HEALTH & WELLBEING BOARD SUPPORTING PRESENTATIONS**

**4.00PM, TUESDAY, 12 SEPTEMBER 2017**

**COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD,  
HOVE, BN3 4AH**



## **SUPPORTING PRESENTATIONS**

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# Caring Together – Update

→ Dr David Supple, CCG Clinical Chair  
Rob Persey, Executive Director



# Developing the Care Programmes

Development work has been undertaken in July and August 2017

A lot of work has taken place during July and August to develop the five initial care programmes:

1. Preventative Services and Community Care.
2. Planned Care and Cancer.
3. Access to Primary Care and Urgent Care.
4. Mental Health, Learning Disability and Children & Families.
5. Medicines Optimisation.

The 'Models of Acute Care' programme will be developed alongside the emerging Central Sussex Alliance.



## 1. Introduction

'Caring Together' (CaTo) is a programme of transformation for Brighton & Hove but it also serves as the local response to the Sussex and East Surrey Sustainability and Transformation Partnership (STP). While we are committed to supporting the delivery of the STP, our focus will always be on delivering the right solutions for Brighton & Hove and that is why 'Caring Together' is so important to get right.

CaTo comprises six care programmes, each led by a Clinical Director and each of which will have its own clinical delivery strategy linked to the CCG's Operating Plan:

1. Prevention and Community Care.
2. Planned Care and Cancer.
3. Access to Primary Care and Urgent Care.
4. Mental Health, Learning Disability, Children and Families.
5. Medicines Optimisation.
6. Future Models for Acute Care.

Taken as a whole, the six programmes comprise the CCG's Clinical Strategy, the inclusive focus of which demonstrates a whole-City approach to finding new ways of working within a model of care.

## 2. Care Programmes: Governance and the CCG's Clinical Strategy

Each of the six care programmes has its own programme Board, which is responsible for delivering the outputs and the project work within the programme. The Board is chaired and led by the nominated CCG Clinical Lead, supported by the appropriate Heads of Commissioning from both the CCG and, where appropriate, the local authority.

Boards comprise project leads, clinical, finance, quality, audit, data, business intelligence and other appropriate colleagues. All the Boards report by exception through the Programme Executive Group to the Transformation Partnership Board according to standard MBP/Prince2 programme methodology and supported by a full PMO process.

The six care programmes together comprise the CCG's Clinical Strategy.

## 3. Sustainability

Caring Together is a programme of sustainable transformation.

The outputs of the care programmes must all demonstrate that delivery of care is sustainable, i.e. that the best possible outcomes can be achieved while maximising the efficiency of inputs and costs, including minimising clinical activity of low value to the system. This means:

- (a) Ensuring effective stewardship of resources, whether time, money or environmental resources, including reallocation of capacity where necessary.
- (b) Ensuring that patients receive the right care at the right time (to achieve the outcomes that they value).
- (c) Focusing on prevention, healthy lifestyles and self-care.

# Structuring the Care Programmes

How the programmes will be delivered

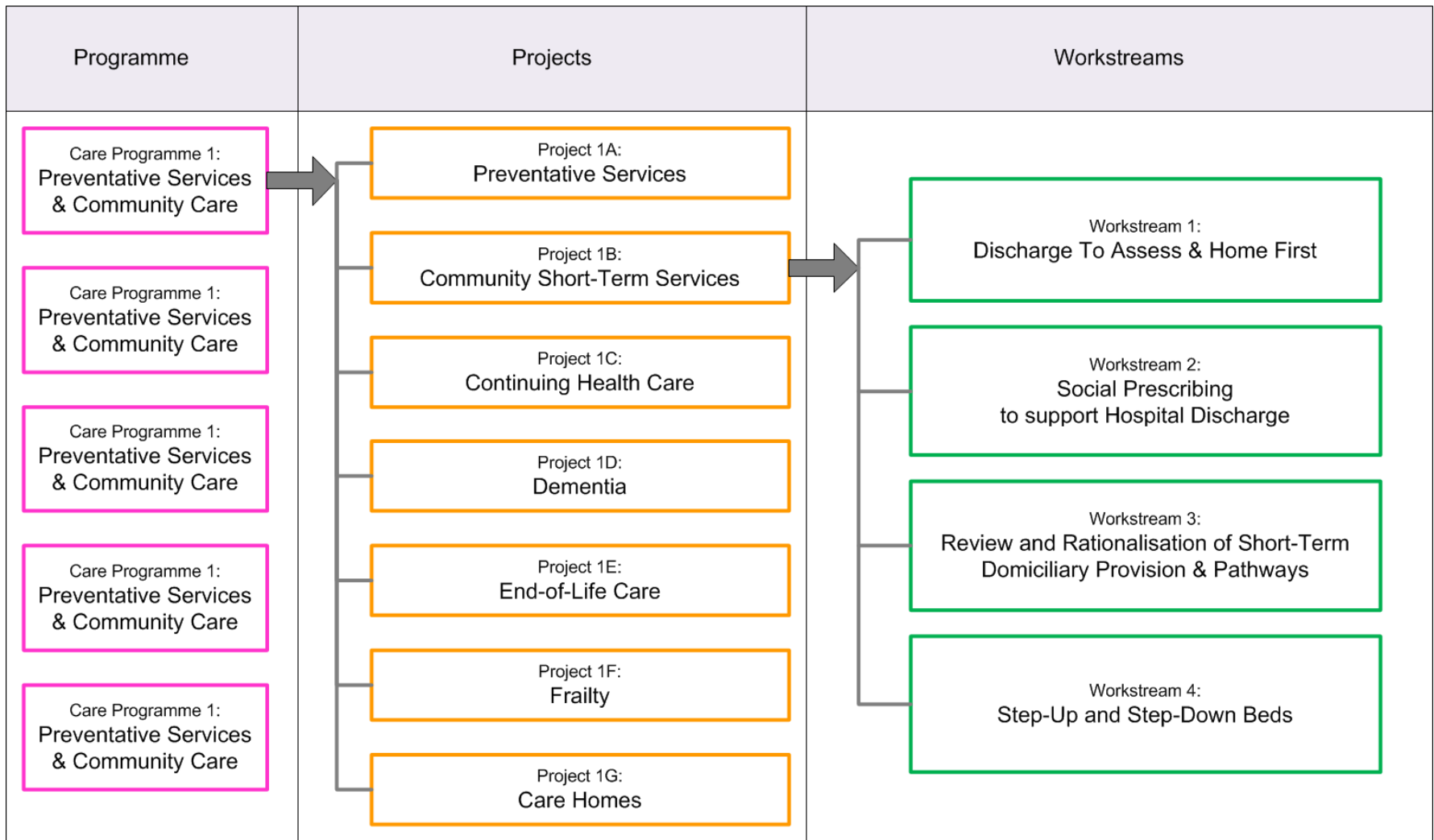
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- Each programme comprises a series of fully-defined projects that are established to deliver specific outcomes and benefits to an agreed timetable.
- The detailed outputs of the projects will be delivered through workstreams within the projects.
- The next stage is to work with partners and providers to refine the programmes and projects and to ensure that ambitions and internal projects either planned or underway within provider organisations are included within the programmes.
- Partner organisations have nominated clinical and managerial leads to work with the CCG and the Council on this process.
- The draft care programmes are closely linked to the CCG's Commissioning Intentions and both sets of documents will be formally released at the end of September.



# Example of Care Programme Structure

## Care Programme 1: Preventative Services & Community Care





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## Questions and Discussion

Dr David Supple  
Rob Persey





# Health and Wellbeing Board Integration Update

12<sup>th</sup> September 2017

# What are the problems we are trying to fix?/Case for change...



## National

- Acute hospitals struggling to manage demand within their expenditure limits
- Mental health services struggling to meet modern day needs & demands
- Traditional GP model fragile & in decline
- Previous national health reforms not delivering for future requirements



## Regional

- NHS hospitals in special measures
- Commissioner/provider governance models are not scaled at the right level to reflect the reality of patient catchment areas
- Acute, community & social care funding models & business drivers are not helping when resources are constrained & demand and costs pressures are rising



## Local

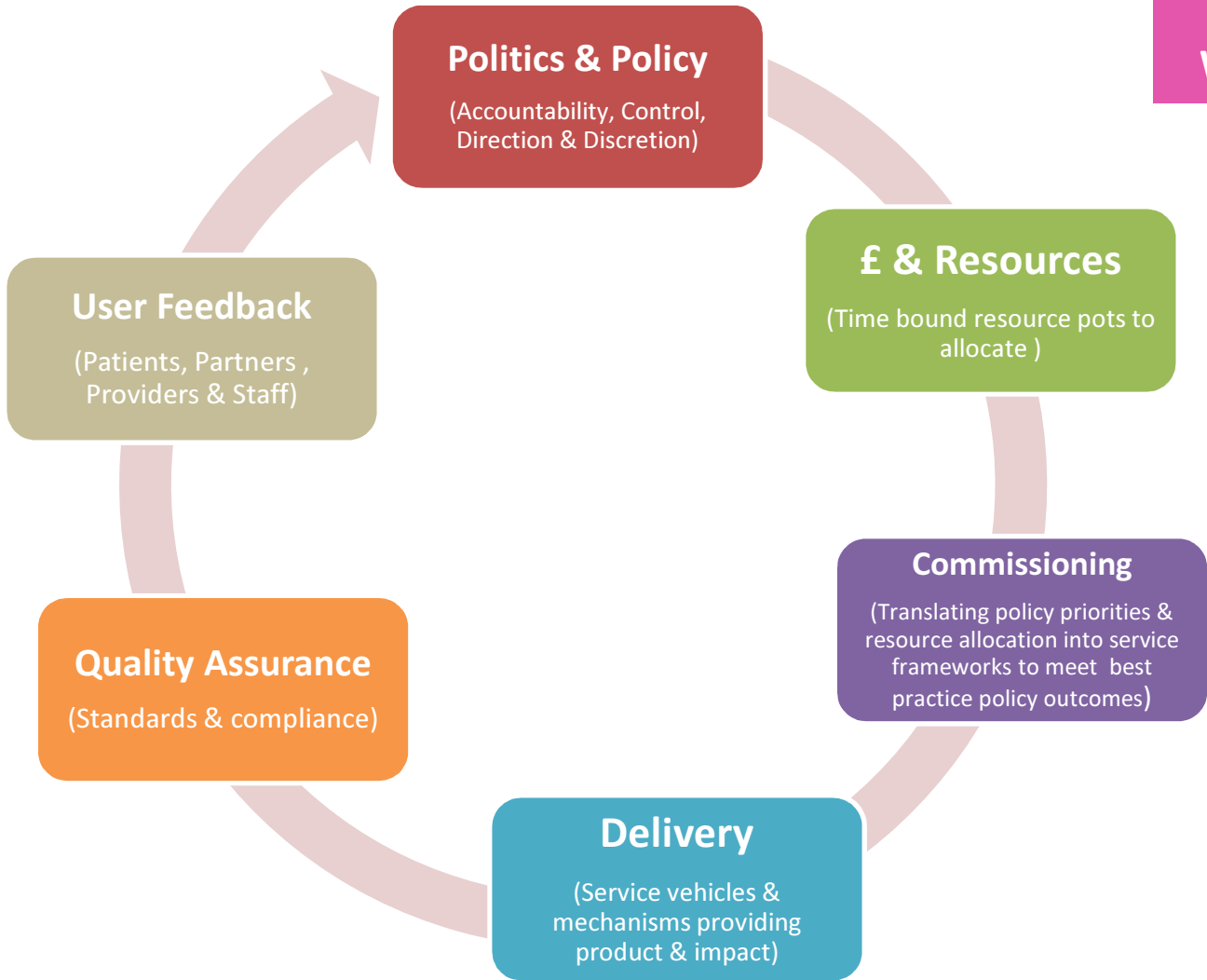
- CCG & acute health services have all been in special measures (CCG now out of special measures & legal direction)
- The GP provider sector under pressure & only partially responding to closures
- An ageing population with higher incidences of co-morbidity is creating burgeoning health & social care problems that existing resourcing will not fix
- Health & social care service interventions are addressing short term demand pressures but need to be better at fixing complex & long term problems
- Service users anxiety & frustration

## What & why will be better at the local level?

- Continuing the drive to put the patient /resident first with a greater degree of accountability
- Better working together to meet our city's health and social care needs with a higher shared priority being placed on wellbeing and prevention
- Less money spent on complex bureaucracy/ red tape, more spent on delivering care to patients
- Local people with better access to advice and information exercising more choice about health priorities
- Shared expertise & capacity to improve long term health & social care in the city particularly engaging with the VCs and other key stakeholders

# System design components

Who?  
What?  
Where  
Why?  
When?



# Programme updates

- **Joint Finance and Performance Group**
  - 17/18 budget alignment with CCG now finalised – BCF and iBCF allocations agreed
  - Draft Finance & Performance pack to Integration Board by end-September – designed to support decision-making
  - Shadow budgeting arrangements for 18/19 in progress – timelines similar
  - Work in progress to develop shared metrics against shared planned outcomes
  - Priority cohort and demand management work streams actively progressing
- **Governance Steering Group**
  - Interim governance proposal for 2018/19 developed for consideration at October committee cycle
  - Formal future governance informed from shadow experience to be designed and presented at future date
- **Joint Commissioning Steering Group**
  - Joint contract list now drafted
- **Workforce Development Steering Group**
  - Group to be established with terms of reference in October 2017
  - Initial engagement with BHCC trade unions in September 2017

# Key dates and places for reporting

Health and Social Care Integration Report		
	Papers Due	Meeting Date
Leadership Board	7 <sup>th</sup> Sept	11 <sup>th</sup> Sept
Cross Party Working Group	(verbal)	12 <sup>th</sup> Sept
Integration Board	(verbal)	13 <sup>th</sup> Sept
Chair's / Opps Spokes pm	20 <sup>th</sup> Sept	27 <sup>th</sup> Sept
PR&G with lead HWB members invited	2 <sup>nd</sup> Oct	12 <sup>th</sup> Oct
CCG Governing Body Seminar	TBC	24 <sup>th</sup> Oct
CCG Governing Body	TBC	28 <sup>th</sup> Nov
Shadow arrangements commence	April 2018	
Review shadow arrangements	November 2018	
Full integration of commissioning and delivery	April 2019	



# Better Care Plan

12<sup>th</sup> September 2017



# Key BCP dates

- 30<sup>th</sup> August – 5<sup>th</sup> September Local challenge with providers
- 5<sup>th</sup> September 2017 - CCG Finance and Performance Committee
- 11<sup>th</sup> September – submission to Dept of Health
- 12<sup>th</sup> September - Health & Wellbeing Board
- Regional review
- October – feedback from national stocktake to be provided and Plan amended as necessary
- 14<sup>th</sup> November – updated governance report to Health & Wellbeing Board with feedback update
- 21<sup>st</sup> November – signed Section 75 to support BCP to be submitted



# Brighton & Hove Cancer Strategy 2017-2020

## National and Local Priority

- Achieving World Class Cancer Outcomes, A strategy for England 2015-2020 National Cancer Strategy
- The NHS Operational Planning and Contracting Guidance
- Five Year Forward View and Next Steps of the Five Year Forward View
- NHS Constitutional Standards
- JSNA, intelligence and data
- Patient survey and feedback
- Inequalities across the city

## Most importantly;

- An estimated 42% of case of cancer are preventable through healthier behaviours and lifestyles
- Early diagnosis leads to improve patient outcomes
- National screening programmes exist
- Wide range of initiatives already in place within the city
- More people are living with and beyond cancer
- Skilled workforce across the cancer pathway
- Macmillan Horizon Centre in the city



## Why focus on cancer?



### **Over a quarter of all deaths in the city are due to cancer**

Brighton & Hove is similar to England with cancer the main cause of all deaths in the country accounting for 28% of all deaths.



### **Just under half of premature deaths (under 75s) in the city are due to cancer**

Brighton & Hove is similar to England with cancer accounting for 42% of all premature (under 75s) deaths.



### **Around 1,150 people in the city diagnosed with cancer each year**



# Prevention - Evidence for change

## Healthy behaviours

More than 4 in 10 cancer cases could be prevented by lifestyle changes.



### 20% of adults smoke in Brighton & Hove

B&H 20%, England 16%, South East 15% (2016, PHE Health Profiles)



### 15% of 15-year olds smoke in Brighton & Hove

What about Youth survey 2014/15: B&H 15%, South East 9%, England 8%



### 42% of adults in the city drink more than the recommended amount of alcohol.

42% B&H, 26% England average (2011-14 Fingertips: PHE).



### Over half of adults in the city are overweight.

52% B&H, 65% England (2013-15 PHE Health Profiles).



### 200 deaths brought forward each year due to airbourne pollution

Estimates from Brighton & Hove City Council.



### 27 cases of malignant melanoma per 100,000 people

27 cases malignant melanoma per 100,000 people in B&H compared to 23 in England (2010-12 data Fingertips: PHE)

# Early Diagnosis – Evidence for change



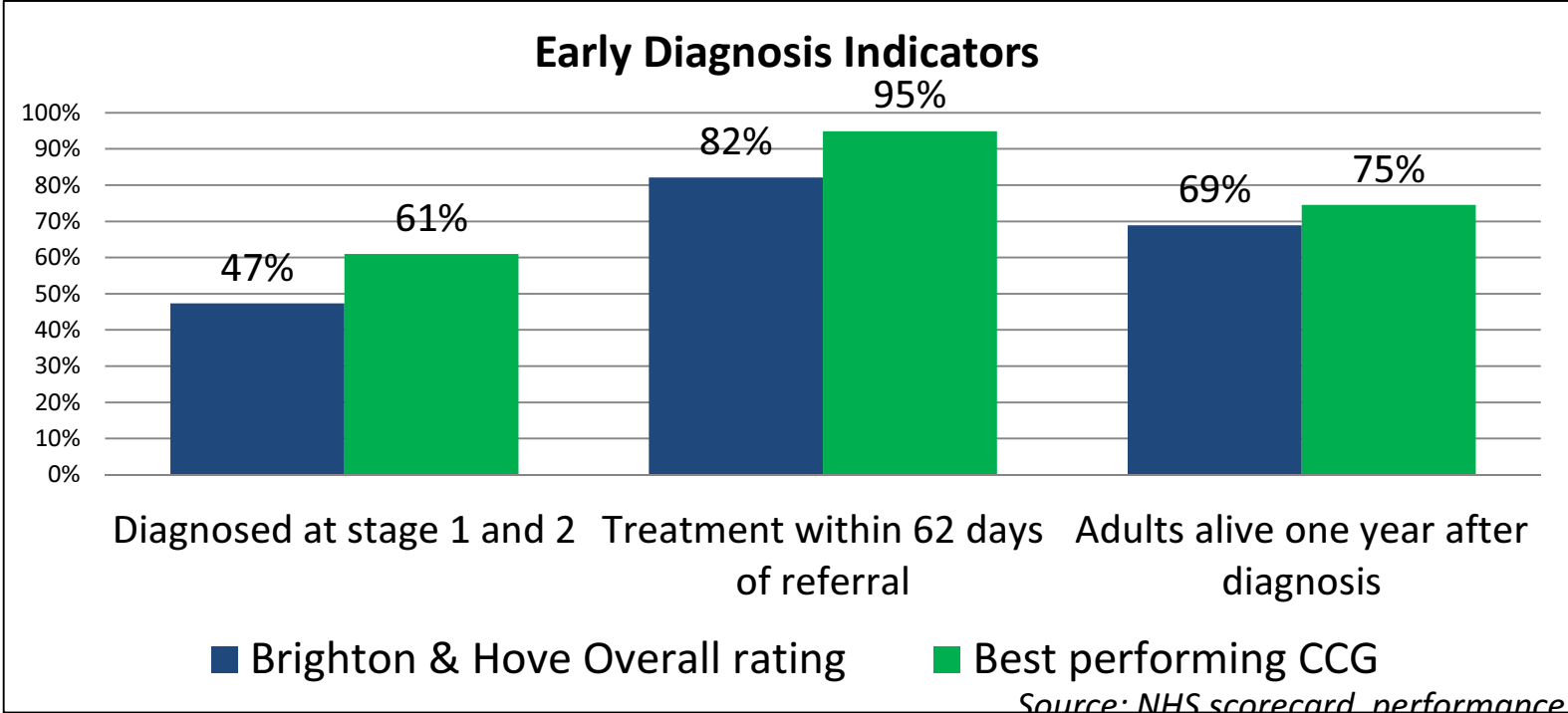
## Knowing signs and symptoms

Knowing and acting on signs and symptoms is the most effective way of improving outcomes.



## Effective treatment

Ensure treatment is commenced without delay. 62 day referral to treatment standard.



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## Effective treatment

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### **Bowel cancer**

More than 9 in 10 bowel cancer patients will survive the disease for more than 5 years if diagnosed at the earliest stage

### **Breast cancer**

More than 90% of women diagnosed with breast cancer at the earliest stage survive their disease for at least 5 years compared to around 15% for women diagnosed with the most advanced stage of disease

### **Ovarian cancer**

More than 90% of women diagnosed with the earliest stage ovarian cancer survive their disease for at least 5 years compared to around 5% for women diagnosed with the most advanced stage of disease

### **Lung cancer**

Around 70% of lung cancer patients will survive for at least a year if diagnosed at the earliest stage compared to around 14% for people diagnosed with the most advanced stage of disease

# Patient Experience - evidence for change



**77% of cancer patients in the city found it easy to contact their Clinical Nurse Specialist**

Cancer Patient Experience survey (CPES), 2015



**86% of patients rate the quality of their care as excellent or good**

86% rated excellent or good in B&H compared to England average of 89% (CPES 2015)



**30% of chemotherapy patients were not seen on time.**

Patients also reported delays in appointments earlier in the referral pathway (Healthwatch, 2016).



**66 PALS enquiries**

66 Patient Advice and Liaison Service (PALS) enquiries (exc.plaudits) and 17 of these about communication (2016).



# Living with and Beyond Cancer- evidence for change

Number of people living with cancer in Brighton & Hove: 2010 **6,500** and by 2030 **12,700**



## 67% survive one year

One-year cancer survival B&H is 67%, poorer than the England rate of 69%.



## 49% survive five years

Five-year cancer survival is 49% in Surrey and Sussex, England rate is 49% also.



## 1 in 4 people treated for cancer live with ill health or disability as a consequence of treatment

1 in 5 patients treated for bowel cancer have problems with bowel control. More than half of patients treated for prostate cancer suffer from erectile dysfunction and 38% from urinary incontinence.



## 83% of people say they are financially impacted by cancer.

Cancer affects many areas of a person's life including relationships, work and finances.



NHS target one year survival = **75%** by 2020

