Subject:	Update on the Frimley Health and Care Integrated Care System
Reason for briefing note:	To provide an update to the Adult Services and Health Overview and Scrutiny Panel on the development of the Frimley Health and Care Integrated Care System and the System Operating Plan
Responsible officer(s):	Hilary Hall, Deputy Director Strategy and Commissioning
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Royal Borough of Windsor & Maidenhead

SUMMARY

The Frimley Health and Care Integrated Care System was established in April 2016. The Royal Borough has played a key role in its development. The Integrated Care System covers a wide footprint of just under 800,000 population, covering East Berkshire, North East Hampshire and Farnham, and Surrey Heath. Considerable progress has been made against the Integrated Care System's priorities since 2016 and the new System Operating Plan builds on that success. A significant move for 2019-2020 will be a move to place-based models of delivery, based on local authority areas.

1 BACKGROUND

1.1 In 2016, NHS organisations and local councils came together to form 44 Sustainability and Transformation Partnerships covering the whole of England, which set out their proposals to improve health and care for patients. In some areas, these partnerships evolved to form Integrated Care Systems, a new type of even closer collaboration. In an Integrated Care System, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

1.2 The Royal Borough is part of the Frimley Health and Care Integrated Care System which is a partnership of organisations working together to improve health and care services for the 800,000 people in the local area, with a shared vision for the best use of combined resources to make a positive difference for communities, residents, patients and staff.

1.3 The partners in Frimley Health and Care are:

- Local authorities: Bracknell Forest, Slough, Royal Borough of Windsor and Maidenhead, Surrey County Council and Hampshire County Council.
- CCGs: East Berkshire, North East Hampshire and Farnham, and Surrey Heath.
- Acute care: Frimley Health NHS Foundation Trust across three sites, Frimley Park Hospital, Wexham Park Hospital and Heatherwood Hospital.
- Mental health and community foundation trusts and other providers: Berkshire Healthcare Foundation Trust, Southern Health, Surrey and Borders, Sussex Partnership and Virgin Care.
- GP federations/networks across Bracknell Forest, Royal Borough of Windsor and Maidenhead, Slough, Surrey Heath and North East Hampshire and Farnham.

- GP out of hours providers: East Berkshire Primary Care and North Hampshire Urgent Care.
- Ambulance trusts: South Central Ambulance Service and South East Coast Ambulance.

1.4 The total population is 762,523. Its age structure is similar to England as a whole, although Slough has more children and more 25-40 year olds than average. Three per cent of the population live in the most deprived areas of England, while the region also includes large affluent areas. There is a strong military presence across the area. There is a diverse ethnic population with large communities of people from Nepal and South East Asia and the traveller community.

2 DETAILS

2.1 The NHS Long Term Plan was published in January 2019 and the Integrated Care System is developing its System Operating Plan for the next five years. Considerable progress has been made since its inception in April 2016, and it is now considered nationally as a leading Integrated Care System. The strength of the system comes from partners across health and local government working together with local communities to improve the health and wellbeing of individuals. Collective resources are being used more flexibly as part of a commitment towards achieving the best value for every 'Frimley' pound.

2.2 The new Plan recognises the progress that has been made over the last three years, specifically:

- Health and care workers working more closely together.
- People reporting improved patient experience across the system with more joined up care being provided in people's homes.
- Improved access for patients to primary care teams from 8am – 8pm, Monday–Friday, and enhanced urgent care access seven days a week.
- Greater community involvement and support in health and wellbeing.
- Focused programmes in place aimed at helping people find community-based support for alcohol-related harm and physical inactivity.
- Fewer people with mental health problems having to travel out of the area for treatment.
- Perinatal services available across the entire Frimley footprint to ensure support for women experiencing mental health difficulties in the pre and post-natal period.
- Employment support services available across the footprint for people experiencing serious mental health problems
- Improving Access to Psychological Therapies (IAPT) services in place for people with long-term conditions.
- Improved quality of care and support provided in care homes with people less likely to attend A&E, be admitted to hospital or have prolonged lengths of stay in hospital.
- Improved pathways of care in areas like respiratory care, circulatory disease and musculoskeletal options, reducing variation of care in different parts of the system.
- Increase in staff satisfaction, with retention and recruitment supported by the new roles and opportunities being developed.
- Shared care record allowing professionals across organisations to access information immediately, reducing the number of times people have to tell their story and improving care decisions.

2.3 The Operating Plan priorities are based on the evidence of health needs from the five local Joint Strategic Needs Assessments. Whilst the overall shape of these health needs changes quite slowly, there are some important future trends emerging:

- The population is growing.
- The population is becoming more diverse.
- More people are living alone.
- After recent growth, the number of births each year is expected to level off.
- The population is ageing.
- Health inequalities persist.

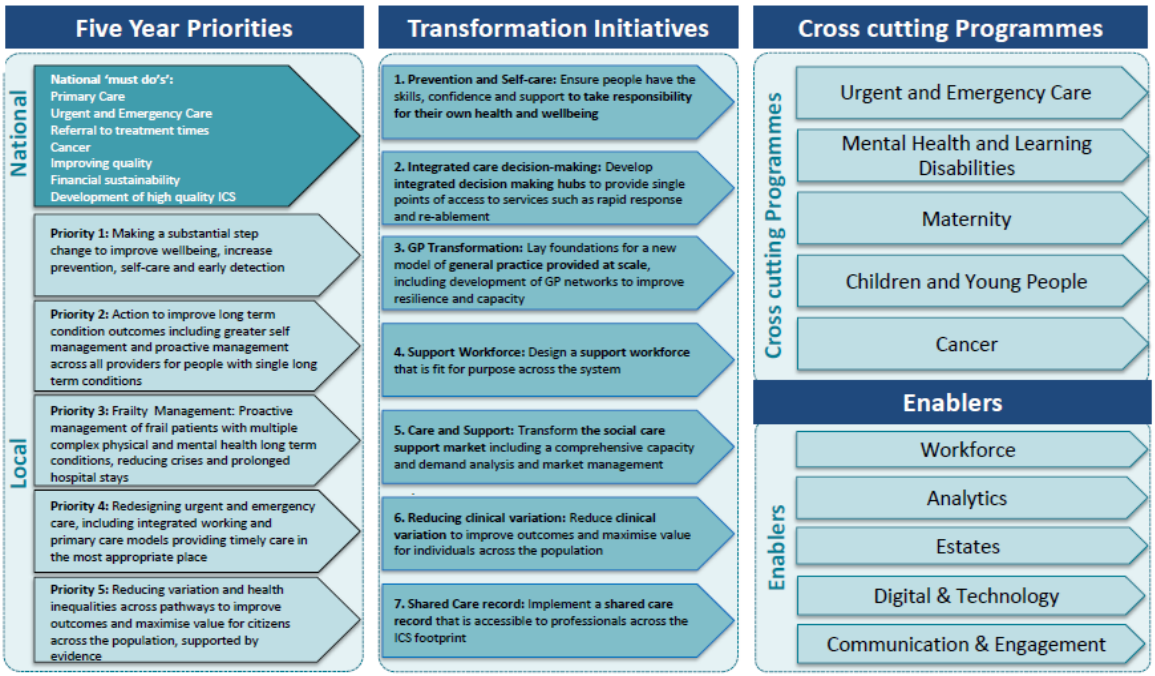
2.4 It is important to note that a trend or need at a system level can be very different from one at a neighbourhood, ward or even local authority area level. For example, life expectancy in the Integrated Care System has increased and is significantly higher than the England figure for both men and women, whilst in several wards within the System, it remains materially lower than national benchmark. In addition, there is a 12 year difference in life expectancy across the wards of the Integrated Care System.

2.5 The new System Operating Plan continues to build on the existing seven key transformational programmes:

- **Prevention and Self-Care** – The sustainability of the health and social care system depends on people living healthier for longer. Prevention and self-care programmes will support this.
- **Integrated Care Decision Making** – The aim of this initiative is to drive the delivery of a model of integrated care provision for managing individuals living with frailty and multi-morbidities.
- **General Practice Transformation** – The aim is to improve resilience and stability at practice level and transform the care and services provided by general practice.
- **Support Workforce** – This initiative aims to develop the capability and capacity of the support workforce in the independent sector, local authorities and health. The focus will be on reducing turnover, increasing overall workforce capacity and developing a workforce with the skills to support integration and enable people with complex needs to stay in their own homes for longer.
- **Care and Support Market** – This programme aims to create a sustainable care and support market that is responsive to demand, enhances the quality of care and support provided in residential settings; develops a culture of collaboration between commissioners and providers for procurement of complex placements; researches and recommends new care options and future initiatives around personalised and alternative care; and works together on an accommodation with care strategy.
- **Reducing Clinical Variation** – The aim of this initiative is to reduce variation in clinical practice across the system, ensuring that newly designed services and clinical pathways adopt best-practice to reduce unwarranted variation whilst improving patient outcomes and quality in a way that is financially sustainable.
- **Shared Care Record** – The aim is to develop a digital system that supports information being available to healthcare professionals at the point of care in their own system.

2.6 The system plan on a page, see diagram 1, sets out the priorities and transformation initiatives over the next five years.

Diagram 1: Integrated Care System Plan on a Page



2.7 Recognising the inequalities and challenges within the system, the ICS Board has identified four areas where collective leadership, ambition and support will deliver accelerated improvement in some of the building blocks needed to deliver the longer term plan:

- Promote a focus on prevention across all of transformation initiatives and cross cutting programmes and build a cross programme view of the impact of these initiatives on the future incidence of serious conditions and disease to inform longer term planning.

- Enable everyone within the system to fulfil their potential by reducing inequalities – targeting particular cohorts of the population in addition to tracking outcomes for the whole population.

- Develop a rapid improvement approach to digital technology uptake and spread, including increased self-management.

- Create sustainable "place based" delivery models building on established health and local authority footprints, integrated community care teams, community assets and emerging primary care networks – with a focus on prevention, proactive care and reducing inequalities.

3 RISKS

3.1 There is a risk that as a small unitary authority in a large system, the Royal Borough may not have sufficient influence or voice in decision making. This is mitigated by elected Member and senior officer representation at all levels of the Integrated Care System who are robust in representing the needs of the borough's residents. It is also mitigated by the move to more placed based delivery of services – based on local authority areas.

3.2 More widely, the Integrated Care System is heavily dominated by health organisations and it is important that social care has a strong voice and is not sidelined in the drive to secure

nationally driven health targets. This is mitigated by strong partnership working across the Integrated Care System and a willingness to work in equal partnership across health and care.

4 NEXT STEPS

4.1 Further updates on the progress against delivery of the Frimley Health and Care Integrated Care System Operating Plan will come forward to the Overview and Scrutiny Panel over the next year.