

Report of the Act as One Programme Directors to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 26th January 2021

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Subject: Update on Act as One transformation programmes

Summary statement:

This paper provides an update on the transition of the Acute Provider Collaboration into Bradford District and Craven Act as One, and the establishment of seven transformation programmes.

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1. Summary

In September 2019, a presentation was made to this committee setting out the planned work of the Acute Provider Collaboration (APC) between Airedale NHS Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust. The paper identified eleven initial hospital based clinical specialties to be worked on together as priorities, largely identified as a result of workforce pressures and increasing demand from the public.

This paper sets out some of the achievements of the APC and explains why, in July 2020, it transitioned into seven Act as One programmes. Act as One brings together partners from across the health and care system around fewer mutually agreed priorities, and will focus on issues both within and outside of the acute hospitals.

This report summarises the work underway, sets out some initial areas of focus and early achievements and explains some of the challenges and ambitions for 2021.

2. Background

The APC programme achieved much in bringing teams together, and joint work led by the APC on Stroke services for example is now well embedded in our region. In July 2020 it was recognised that in order to address some of the underlying issues within hospital specialties, there was also a need to improve working arrangements and pathways of care with partners outside the hospital – especially those in Primary Care, Community Care and in Public Health.

This resulted in the evolution of the formal APC programme into the Act as One programmes. This change however does not signal the end of collaboration efforts between hospital services at AFT and BTHFT. Work at individual specialty level that was shared with the committee back in September 2019 is now being taken forward by each team rather than by a separate project team, and is being overseen by the normal hospital management and governance arrangements. This also serves to improve the ownership of collaboration work within the teams, and ensure that they will be at the heart of designing improvements to services.

Act as One, whilst including the seven programmes is a guiding principle for how we do things and get things done, building on the great work we have done both pre and during COVID. Within this we are developing our partnership, delivering our core business and transforming our services. This transformation is being undertaken by seven priority programmes which commenced in July 2020 and is underpinned by a number of enabling strategies.

The programmes encourage collaboration and partnerships between all sectors involved in the delivery and commissioning of health and care services. All programmes have a broad “end to end” scope, meaning that they cover the whole pathway of care from prevention of illness through the specialist hospital care. The current priority areas are:

- Children & Young People’s Mental Health
- Access to Health & Care
- Diabetes
- Respiratory
- Ageing Well
- Healthy Hearts
- Better Births

The enabling strategies are

- Digital
- Capital and Estates
- Workforce
- Engaging people
- Communications
- Population health
- Living well

3. Report issues

What did the Acute Provider Collaboration (APC) achieve?

Together great strides were made through the APC in developing a collaborative culture and starting to design and engage colleagues in thinking about service sustainability across the region. Key achievements included:

- Agreement with the Sentinel Stroke National Audit Programme (SSNAP) that the service now works across the region and submits a single data report into the audit
- Engaged with over 500 members of teams to help inform and shape a more collaborative culture
- Held two clinical summits, with great attendance and high energy showing our commitment to working together.

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Why was the APC programme stopped?

The COVID-19 pandemic has served to reinforce the importance of collaboration and joint working arrangements (and we are starting to see this too in the roll out of the COVID-19 vaccination). Our collective experience from the pandemic has demonstrated the need to ensure wider collaboration in order to address the challenges of the day, and to involve all of our partners; Primary Care, Community, Mental Health, Local Authority and Voluntary sector colleagues.

With this in mind the decision was taken to build on the strength of what was learned and achieved during the APC and move to 'Act as One'. This enables the whole health and care system to identify a jointly agreed set of shared programmes and priorities across the place that everyone can support and get behind.

What has happened to the work that was planned to take place in the APC?

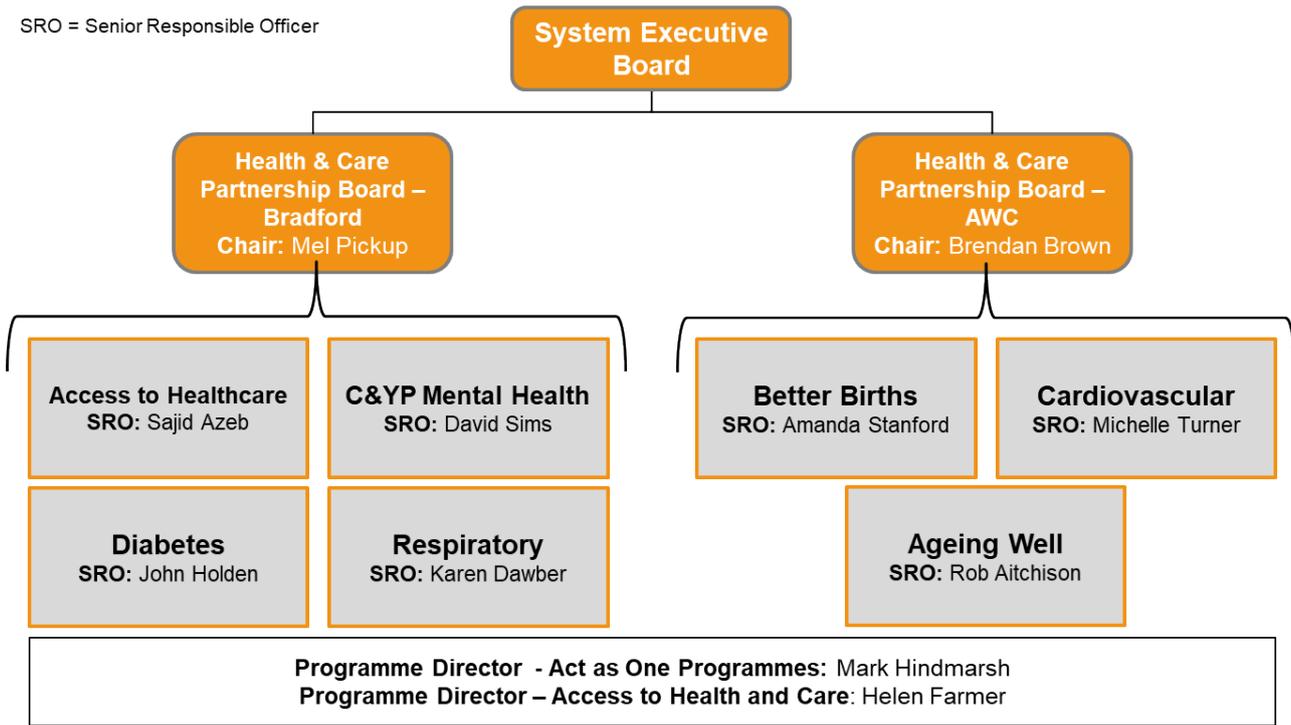
Under the banner of the APC, many specialties have worked hard to start to build relationships and work towards a more collaborative service model. The majority of the work planned to take place with specialties will continue – but it will be led and driven by the specialty teams themselves at each Trust. This work will be overseen using the normal Trust management and governance arrangements and ultimately will be overseen by the respective Chief Executives.

Some of the planned APC work has moved across to the Act as One Programmes, but will now also include input from sectors outside the acute Trusts. This includes work in the Respiratory, Healthy Hearts and Access to Health & Care Programmes.

Act as One Programmes.

The seven Act as One priority programmes and the system governance arrangements around them are set out below.

SRO = Senior Responsible Officer



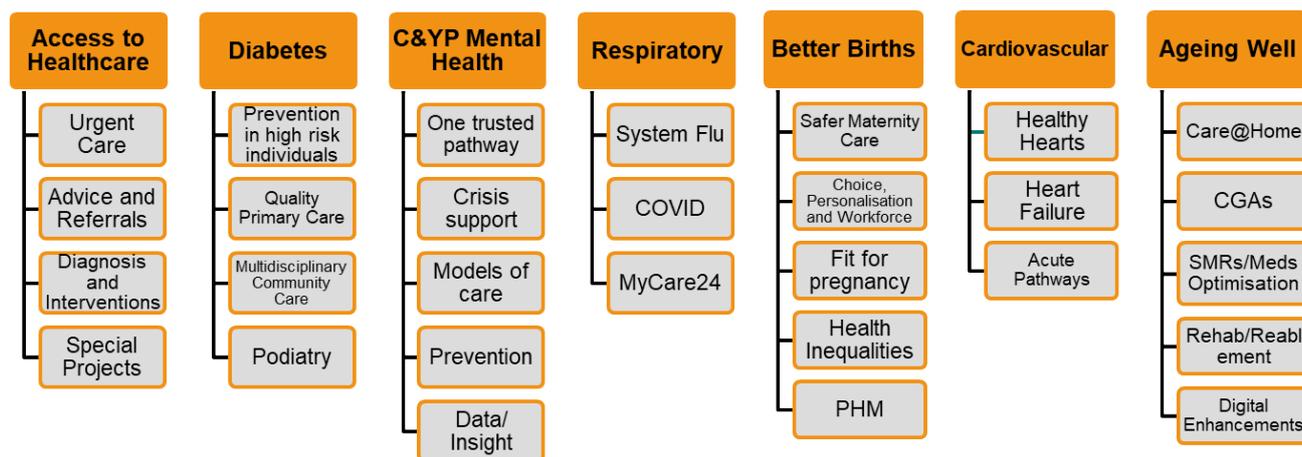
Each programme has a senior responsible officer (SRO) leading the work, who is also an Executive Director at one of the health and care organisations within Bradford District and Craven. The programmes report directly into one of the Health and Care Partnership Boards, who are chaired by the Chief Executives of the Acute Trusts. The programmes are all working to common aims and vision, which is:

“People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self-care...Happy, Healthy at Home”

Every programme board has representation from all sectors from the Health and Care system, including primary care, the VCS, community groups and public health.

Within each of the work programmes, there are a small number of focused areas of work taking place, most of which have a sub-group that meet to progress their area of work. The sub-groups report on their progress to the relevant programme board meeting, chaired by the SRO who then is able to take a formal programme highlight report to the Health & Care Partnership Board monthly.

The initial sub-groups for each of the programmes are set out in the chart below.



The programmes are only around five months old, but have managed to come together and start delivering on a number of key priorities as set out below:

PROGRAMME	EARLY ACHIEVEMENTS AND AREAS OF FOCUS
Healthy Hearts	<ul style="list-style-type: none"> Established a multi-agency Heart Failure working group Refocused work to support primary care during 2nd wave of COVID
Better Births	<ul style="list-style-type: none"> Regional networking and engagement event Focus on peri-natal mental health and wellbeing
Ageing Well	<ul style="list-style-type: none"> Continuation of digital super-rotas, giving care homes access to specialist support seven days a week Agreement on a whole system Discharge to Assess pathway
Respiratory	<ul style="list-style-type: none"> Increased Flu Vaccination rates this year compared to last Remote support for patients with respiratory disease
C&YP Wellbeing	<ul style="list-style-type: none"> One trusted referral pathway Engagement and work of “apprentices”
Access to Health & Care	<ul style="list-style-type: none"> Securing elective surgical recovery in partnership with the Independent Sector 46 new pathways of care agreed between Primary and Secondary Care
Diabetes	<ul style="list-style-type: none"> Establishment of clinical forum to guide change New pathway agreed with primary care on Glycaemic control

Whilst each of the programmes has their own key focus areas and project work streams, there are strong inter-connections between them, for example diabetes and healthy hearts, and where that is the case work is brought together by the two programme directors.

2020 has seen us “close the year” with a series of brief virtual engagement sessions for each of the programmes recognising we haven’t been able to bring people together as we would in non-COVID times, but highlighting the importance of communicating and sharing ideas within teams.

Challenges for 2021

The seven priority programmes are now well established in our place and working relationships and engagement have improved significantly. In 2021 there are three challenges for all programmes to address:

- Support the recovery of the health and care system from the COVID-19 pandemic and support the roll out of the vaccination programme where possible.
- Improve our working with communities to understand and start to address the inequity in access to health and care services through stronger links with the VCS, grassroots GPs and Community Partnerships.
- Innovate - there are unlikely to be significant funding increases into the health and care system in 2021, so improvements are likely to arise through innovation and improved working arrangements and relationships between partners.

4. **Options**

Not applicable

5. **Contribution to corporate priorities**

Not applicable

6. **Recommendations**

Members are asked to consider and comment on the information provided within the report.

7. **Background documents**

None

8. **Not for publication documents**

None

9. **Appendices**

None