

Frimley Health and Care



Introduction to the ICS World – The Frimley Perspective

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Today!

- Some background about the Frimley ICS
- Our ambitions and programmes
- Leadership behaviours and governance
- How the money works
- Use of data and 'system insights'
- Impact on finance teams
- Final reflections

Frimley Health and Care



Some background about the Frimley Health and Care ICS



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

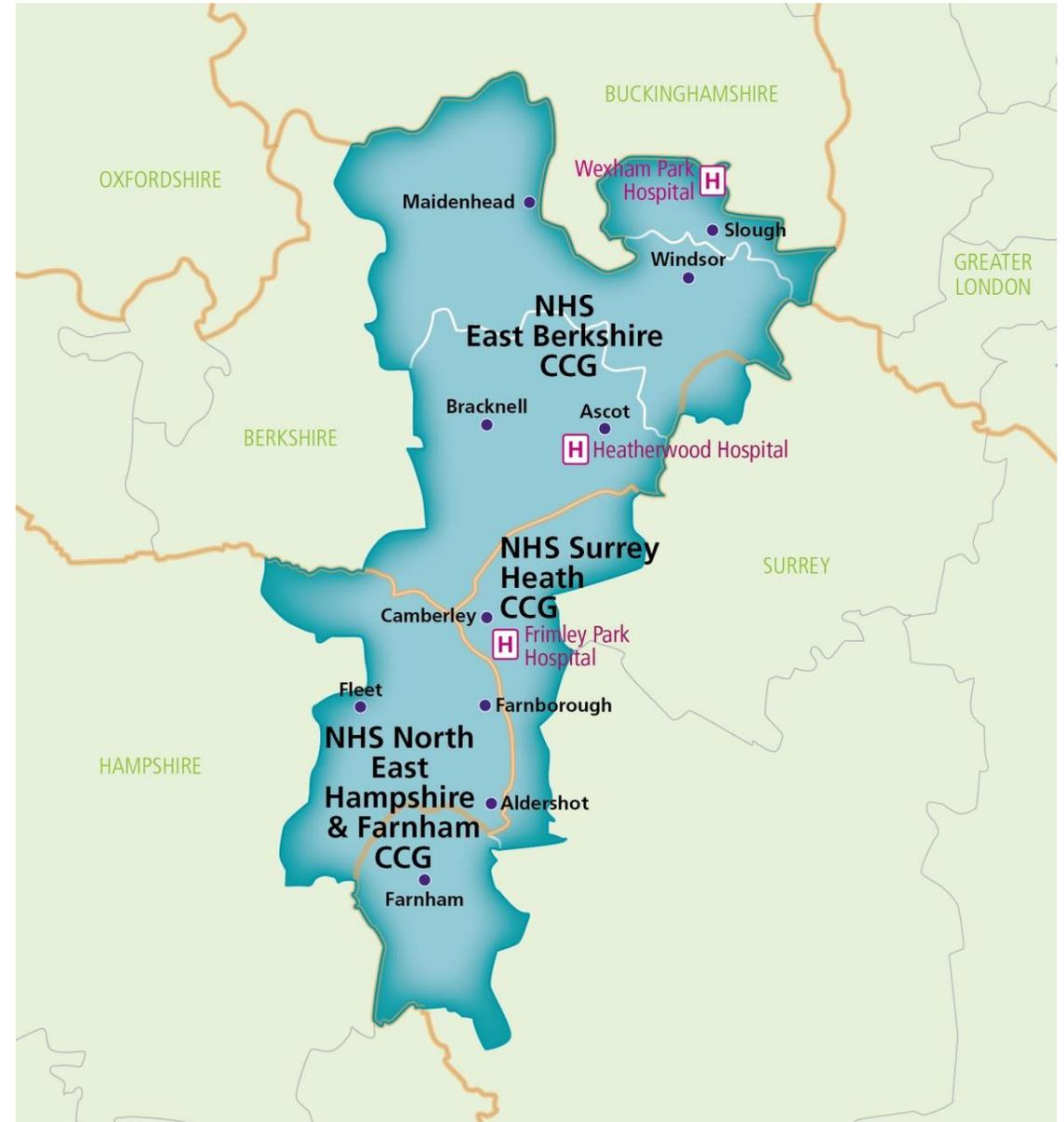
Frimley Health and Care



Population of **800,000 people** in East Berkshire, North East Hampshire and Farnham and Surrey Heath CCG's.

3 Unitary Authorities
Parts of Surrey CC and Hampshire CC

Frimley Health FT (100%)
Berkshire Healthcare (40%)
Surrey & Borders (22%)



Frimley Health and Care



Our ambitions and programmes



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Our ambition

Link to video here!



Inspiration Station





Wider Determinants of Health





Our ambition

Our relationships are central to what we do and how we work. We will work with our communities, however large or small, to better understand, develop and build on what's already working, investing where we can make a real difference.



Person/their family

Communities and neighbourhoods

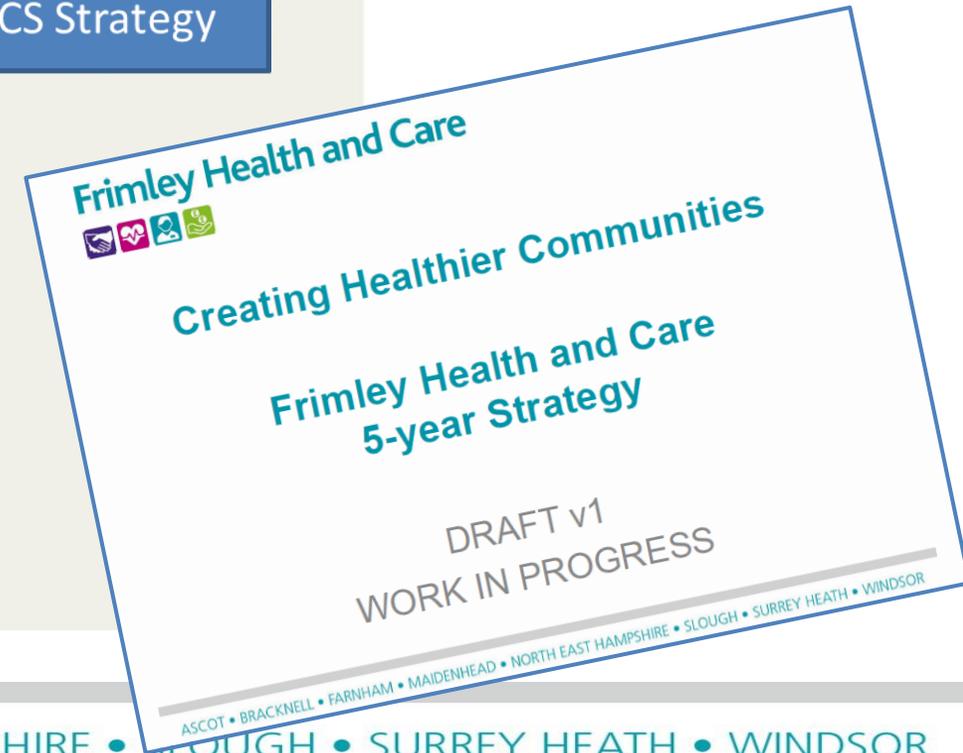
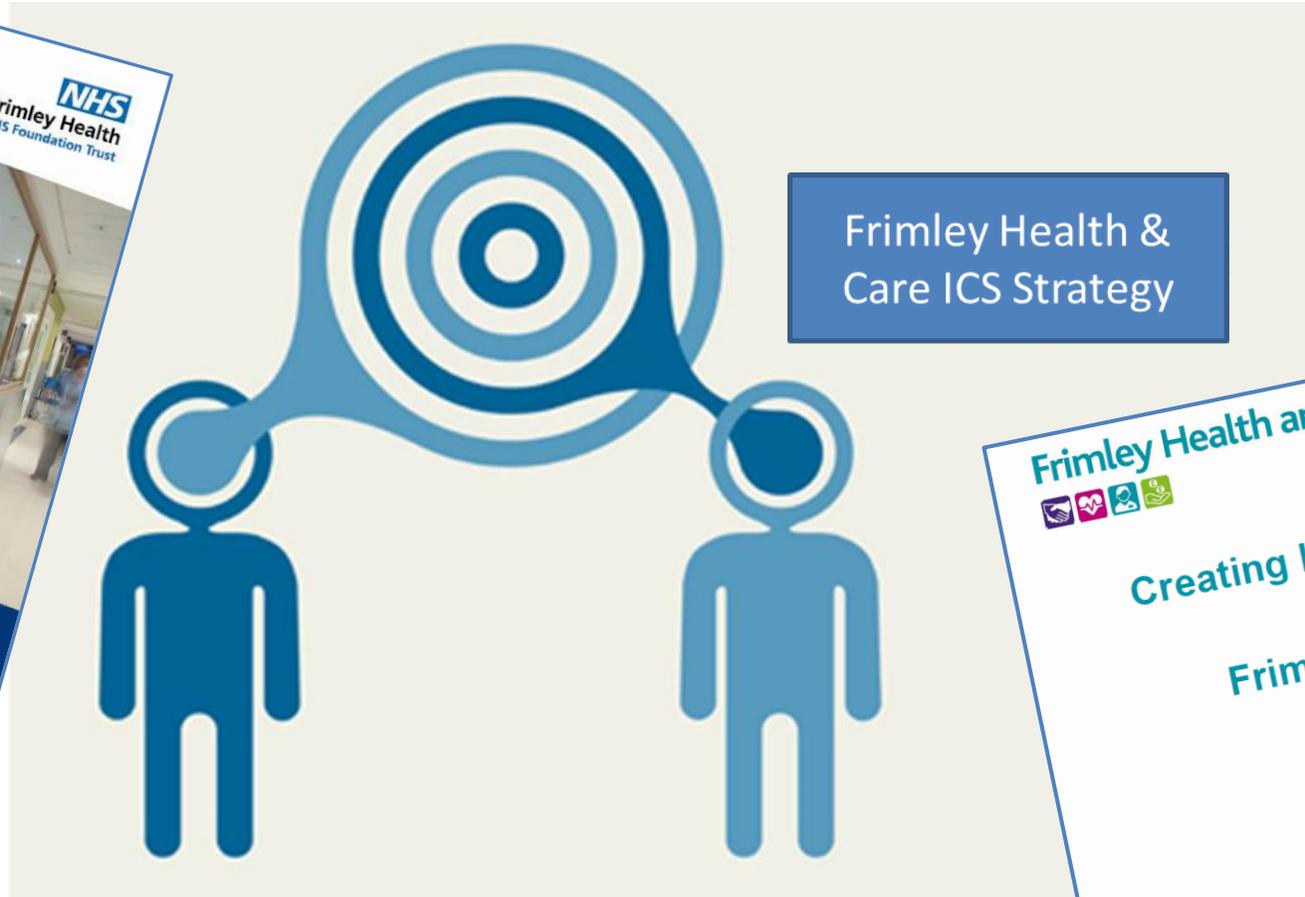
Places

System

Pan System



Our Strategies become One??





Leadership behaviours and governance





How we used to do business...



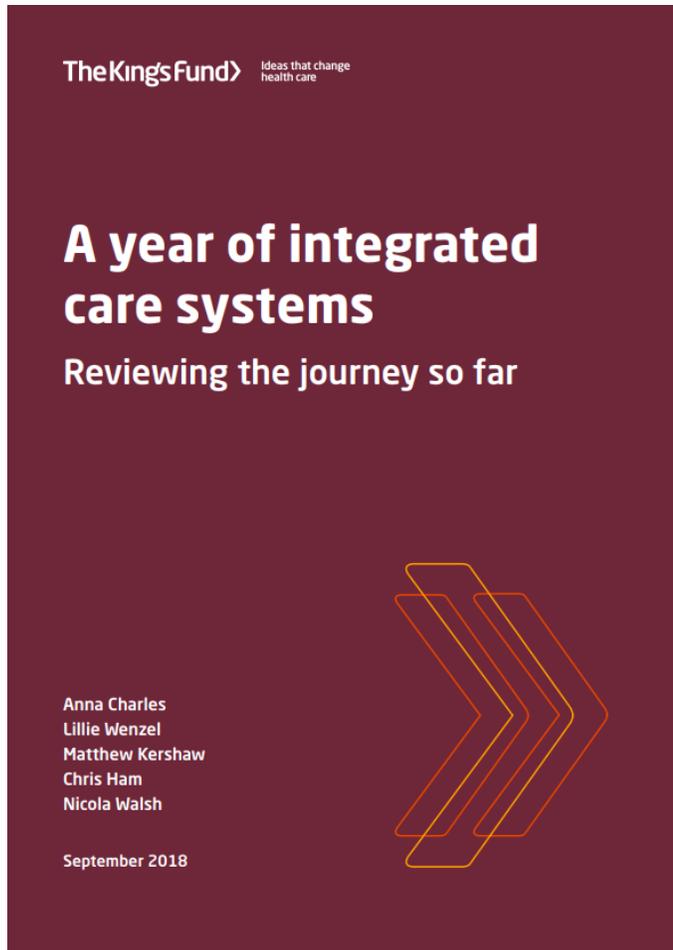
We're friends (usually!)





The most important thing...

‘Moving at the speed of trust’





Changing requirements...

1

Place-based working

Place-based arrangements are key to tackling health inequalities and require further development

2

Provider Collaboratives

Frimley's population would be better served through providers in closer formal collaboratives, within and across systems

3

Strategic commissioning

The model of strategic commissioning needs to support both place-based working and provider collaboratives

4

Financial framework

There is a need for a shared financial framework and system-wide plan

5

Governance

Closer working between all system partners will also need a clearer governance structure

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How the money works



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The Money for 2020/21

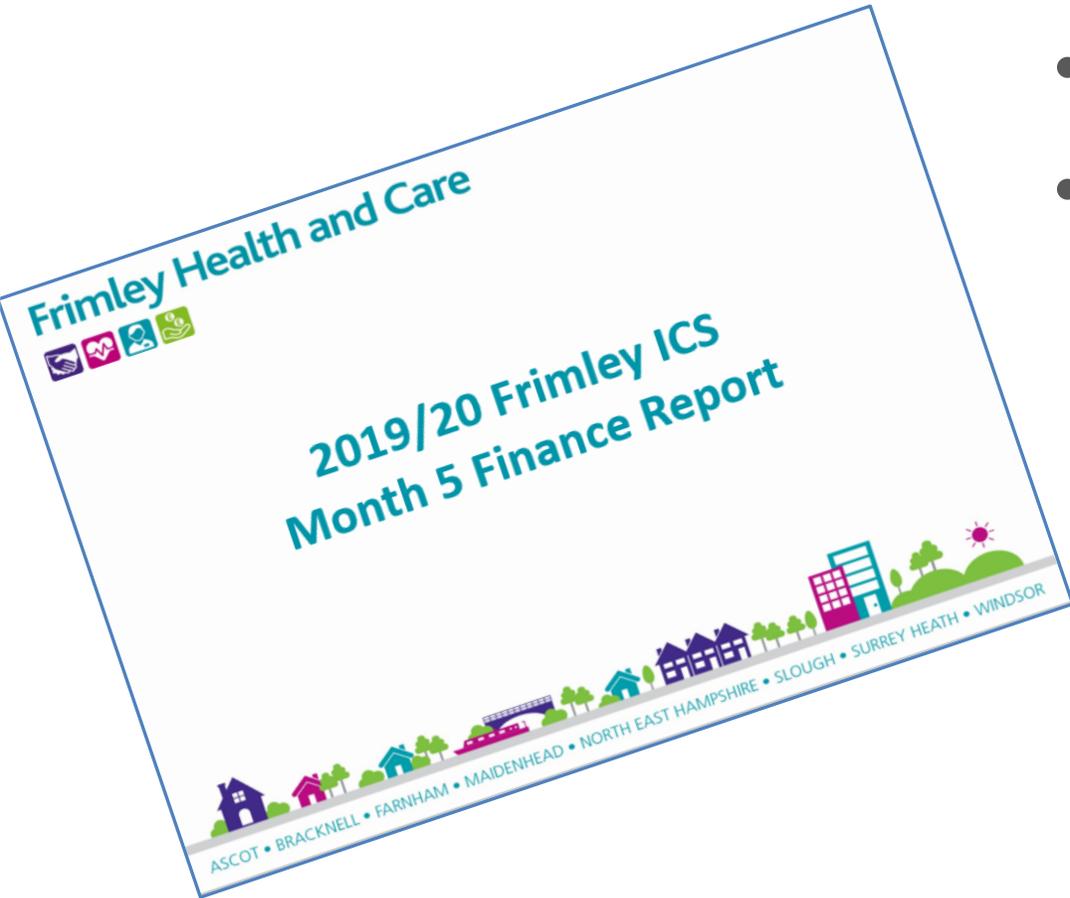
- Total ICS CCG Funding = **£1.1bn**
- Outside ICS NHS Funding = **£0.3bn**
- Local Authority (Social Care) budgets = **£0.3bn**
- 2019/20 agreed system financial control total surplus of **£3.8m** and overall total of **£27.8m**
- 2019/20 all PSF 'at risk' on system control total





How the money works...

- Monthly Finance Reference Group
- Monthly system finance report (inc summary Local Authority positions)



Adjusted (Surplus) / Deficit (£'m)	YTD			Forecast			Risk			M4 Net Risk
	Plan	Actual	Variance	Plan	FOT	Variance	Risk	Mitigations	Net Risk	
Frimley Health	(2.2)	(2.2)	(0.0)	(24.4)	(24.4)	(0.0)	3.8	(3.8)	(0.0)	(3.3)
Berkshire Healthcare (40%)	0.1	(0.0)	(0.1)	(0.8)	(0.8)	(0.0)	0.7	(0.7)	0.0	-
Surrey And Borders Partnership (22%)	0.1	0.3	0.2	-	0.24	0.2	1.6	(0.6)	1.0	-
Total Providers	(2.0)	(1.9)	0.1	(25.2)	(24.9)	0.2	6.1	(5.1)	1.0	(3.3)
East Berkshire	0.5	0.5	0.0	(0.0)	(0.0)	(0.0)	4.0	(4.0)	0.0	-
North East Hampshire and Farnham	0.0	0.0	0.0	(0.0)	(0.0)	-	2.7	(2.1)	0.6	0.6
Surrey Heath	0.0	(0.0)	(0.0)	-	-	-	0.5	(0.2)	0.2	0.2
Total Commissioners	0.5	0.5	(0.0)	(0.0)	(0.0)	(0.0)	7.2	(6.3)	0.8	0.8
Intercompany mismatch	-	0.2	0.2	-	-	-	3.1	0.4	3.5	7.5
Local Authorities	-	-	-	-	-	-	-	-	-	-
(Surplus) / Deficit System	(1.5)	(1.2)	0.3	(25.2)	(24.9)	0.2	16.3	(11.0)	5.3	5.0



Developing a new financial framework (WIP!)

Financial strategy

The financial framework will need to balance core business activity and transformation work. It will need to determine how to:

1. Distribute funds to address inequalities and inequities
2. Distribute funds across settings (e.g. mental health, secondary care, primary care)
3. Distribute funds across issues and disease profiles (e.g. tackling diabetes or reducing smoking)

Financial mechanisms

The financial mechanisms then need to be able to make the financial strategy a reality. These will include:

1. Formula to decide funding allocation
2. The mechanisms by which funding is allocated
3. Any areas of pooled funding
4. The risk share arrangements
5. How impact is measured
6. The outcome-based mechanisms that are used to support these ways of working

The purpose of the financial framework make sure funds are transferred to where they are needed most. This will comprise two elements – the financial strategy and financial mechanisms.



Oscar Wilde



'a cynic is a man
who knows the
price of everything
and the value of
nothing'

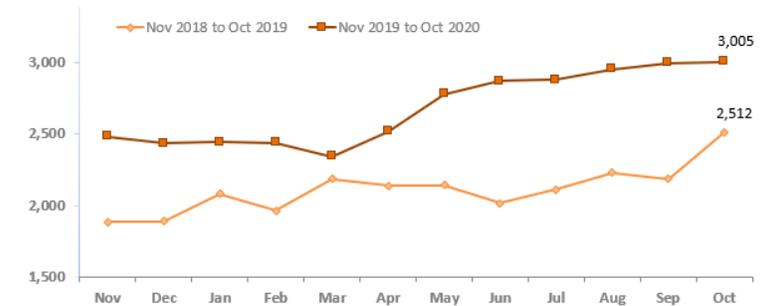
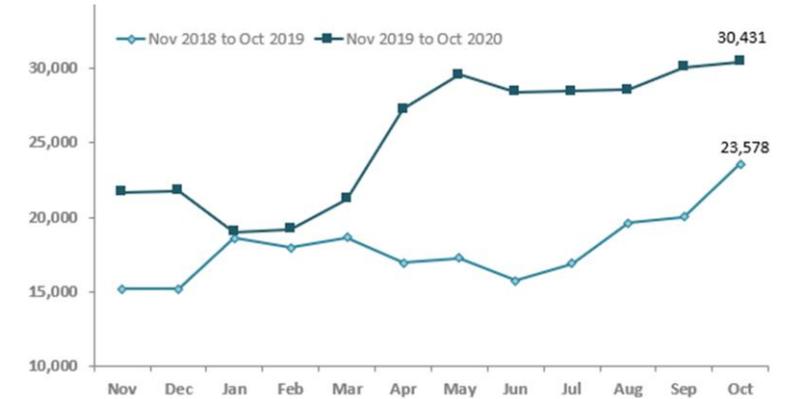
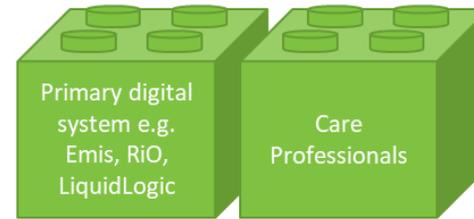
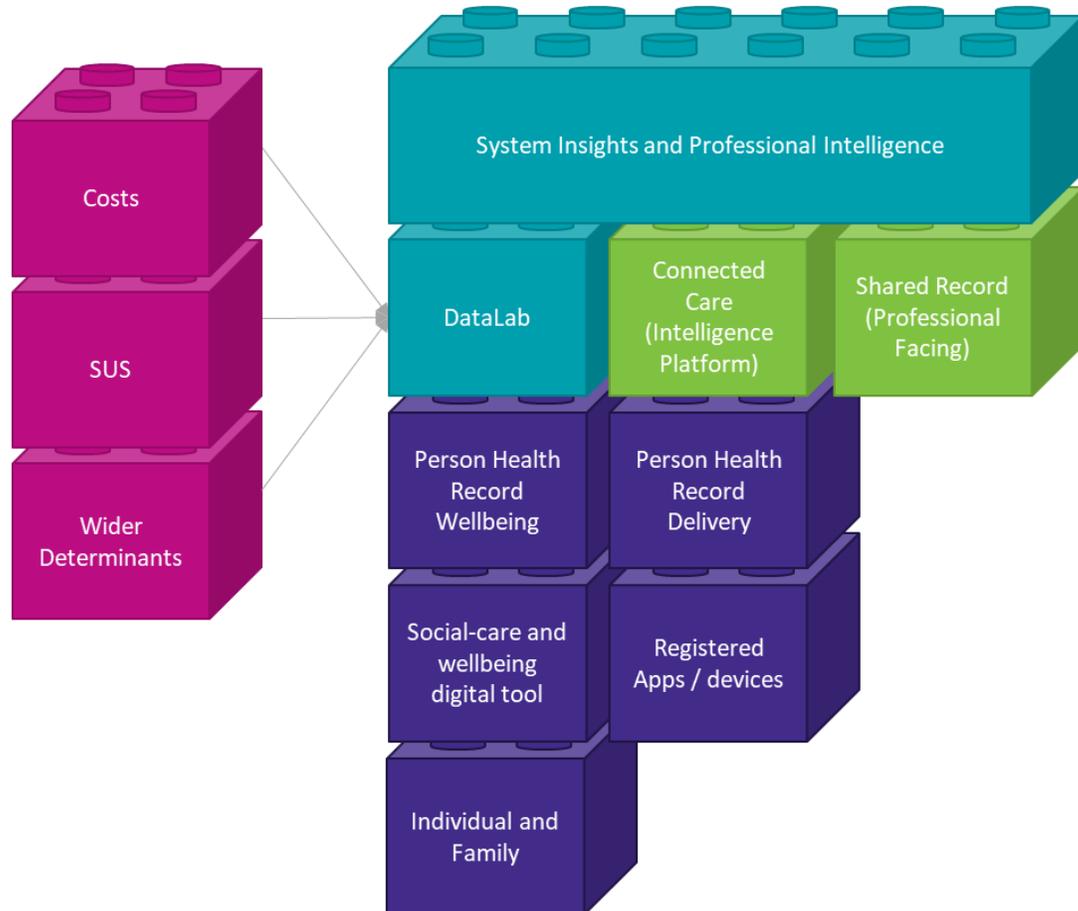


Shared Data – A Key Foundation for Integrated Working





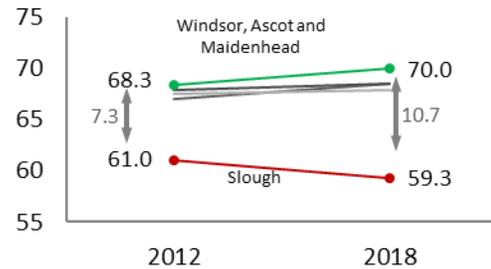
Digital Ecosystem at ICS Level



Frimley Health and Care

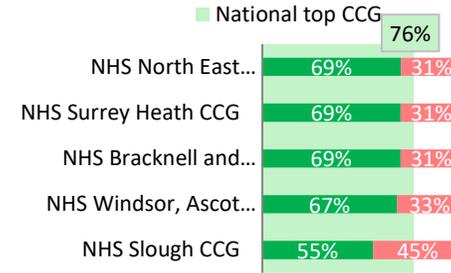


Healthy life expectancy at Birth



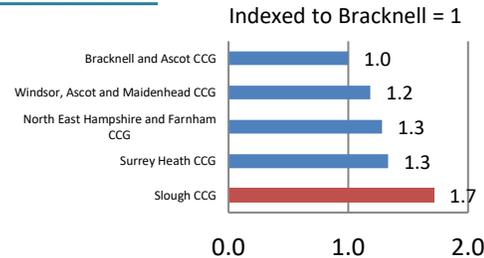
The gap in healthy life expectancy between the highest and lowest local authority areas has **worsened** since 2012

Proportion of people who are feeling supported to manage their condition



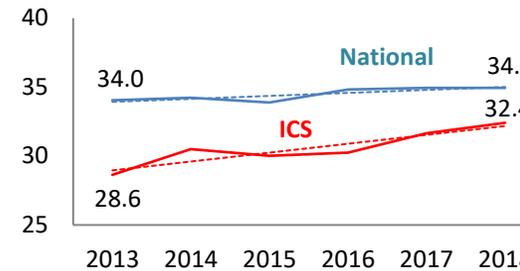
Across the system 31-45% of people **do not feel supported** to manage their condition

Potential Years of Life Lost from conditions amenable to healthcare



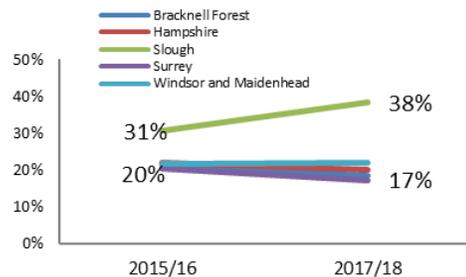
Significantly more potential years of life are lost in Slough than in Bracknell and Ascot

Child excess weight in 10-11 year olds



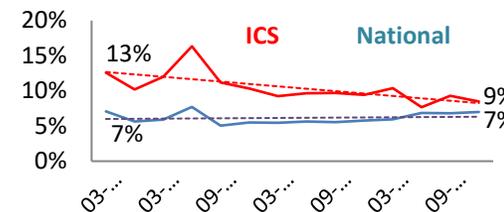
The % of children with excess weight has **increased** from 2013 (28.6%) to 2018 (32.4%) compared to a flatter trend nationally

Percentage of physically inactive adults



A significant proportion of the population are physically inactive and the **variation** across the system is **increasing**

% of adults in contact with Mental Health services in employment



The % of people with MH conditions in employment has **fallen** from 2013 (13%) to 2018 (9%) compared to a flat trend nationally



Lots of Dashboard



Operational Dashboard



BAME Project- Slough



Local Insights



Activity Dashboard



Primary Care and Mental Health



Epidemiology Dashboard



System Insight Dashboard



Care Homes & Workforce



Case Finding Dashboard



LSOA Deep Dive



Enhanced case Findings

Enhanced Case Finding

Search criteria:

CCG: 99M NHS North East Hampshire & Farnham CCG, 15D NHS East Berkshire CCG, 10C NHS Surrey Heath CCG; eFI Category: Severe; Has A&E Activity: TRUE;

In this example, we have filtered to look at Frimley ICS residents who are severely frail and have been to A&E in the last 12 months. From this, our frailty team can then work with primary care teams to ensure the appropriate integrated team approach to best support the patients.

759

Patients found



2020-07-03 09:57

Refresh date

Patient Default View



NHS Number	Full Name	Age	Gender	Ethnic Group	Care Home Resident	GP Practice	Frailty	QoF Registers	A&E Total	Inpatient Elective
,		33	F	White	N	K81066 THE SYMONS MEDICAL CENTRE	Severe	Diabetes; CKD; CHD	19	8
,		93	M	White	Y	K81030 RINGMEAD MEDICAL PRACTICE	Severe	Hypertension; Stroke/TIA	10	1
,		86	F	White	N	K81060 BINFIELD SURGERY	Severe	Hypertension; Stroke/TIA; Dementia	9	3
,		46	F	White	N	K81075 FARNHAM ROAD PRACTICE	Severe	Hypertension; Depression; Diabetes; Asthma	9	6
,		91	M	White	N	K81030 RINGMEAD MEDICAL PRACTICE	Severe	Asthma; CKD; CHD	8	1
,		82	F	White	N	J82181 MAYFIELD MEDICAL CENTRE	Severe	Hypertension; Depression; Diabetes; CKD; Dementia	8	0
,		61	F	Asian or Asian British	N	K81036 THE CEDARS SURGERY	Severe	Diabetes; Atrial fibrillation; Heart failure	8	3
,		80	F	White	N	K81060 BINFIELD SURGERY	Severe	Hypertension; Cancer; Atrial fibrillation; Dementia	7	2



LSOA Deep Dive from Connected Care

LSOA Level analytics, prevalence and deprivation

Drilling down into this area we have used data from connected care to align the health information of our population with the deprivation of the area.

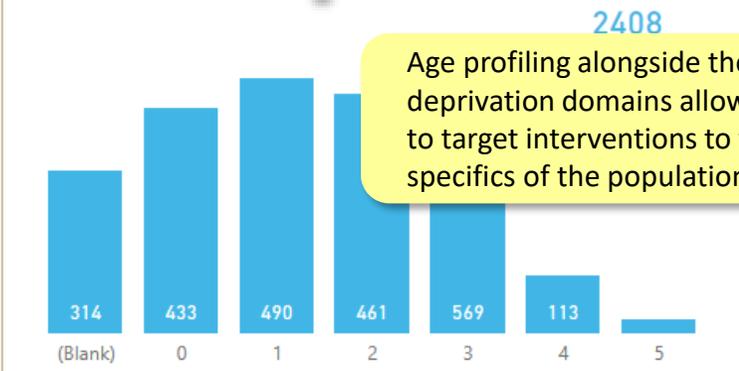
Prevalence and Relative Risk

Condition	Per 1000 rate	Population per 1000	Relative Risk
MentalHealth	17.41	4.85	3.59
ActivityLimitation	4.15	1.25	3.31
Diabetic	84.99	32.00	2.66
HeartFailure	11.19	5.49	2.04
Obese	44.78	22.08	2.03
CHD	30.68	15.87	1.93
SocialVulnerable	29.02	15.10	1.92
Falls	55.56	32.65	1.70
CKD	33.17	19.64	1.69
HeartFailureLVSD	2.90	1.76	1.65
Housebound	33.58	21.58	1.56
Hypertension	119.40	77.68	1.54
COPD	11.19	8.67	1.39
AFIB	14.51	11.02	1.32
Cancer	24.88	19.00	1.31
Depression	60.95	51.63	1.18
Fragility	26.12	30.15	0.87

Using coded patient level data and risk stratification tools we can plot the prevalence and relative risk of specific conditions (shown in order of severity) and also show comorbidity below.

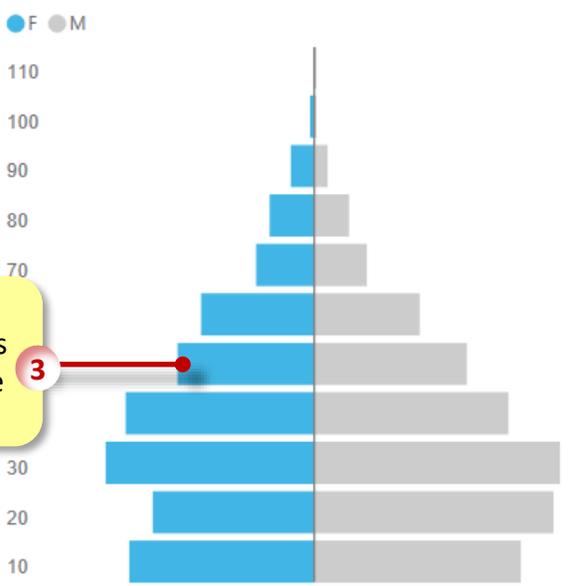


Multi Morbidities (RU Band)

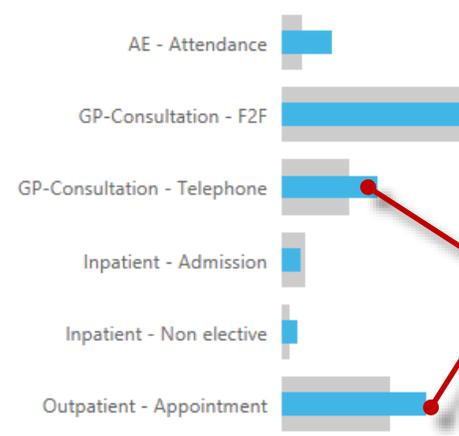


Age profiling alongside the deprivation domains allow us to target interventions to the specifics of the population

Population tree

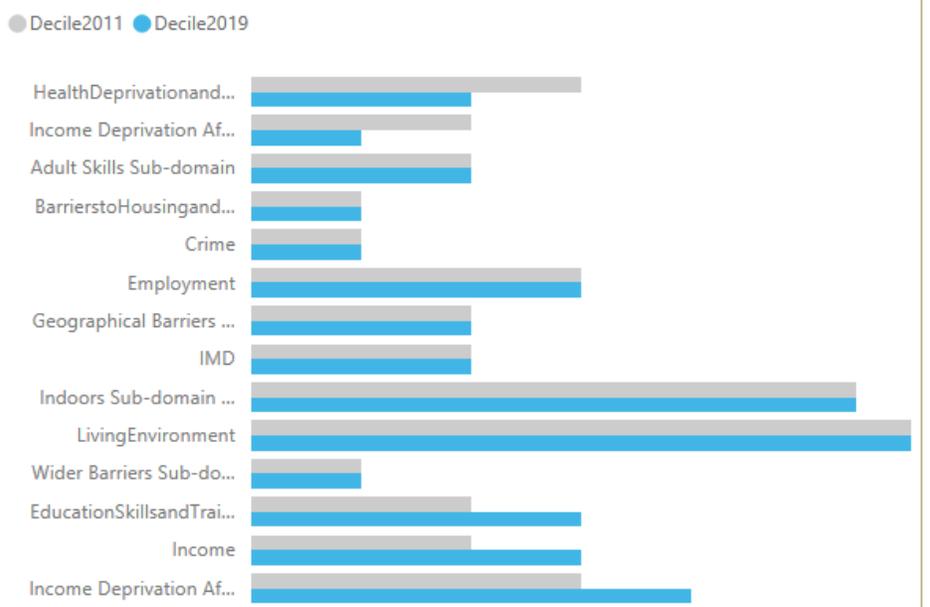


Activity per 1000 rate last 12 months (Total pop in grey)



Resource utilisation over the last 12 months shows this population as heavy users of all healthcare settings, primary and secondary with a slightly lower risk of admission to hospital.

Deprivation quartile change 2011 to 2019 (deterioration in deprivation to the top)



Frimley ICS Operational System Dashboard

The dashboard has been developed to support tactical decision making, ensuring the ICS has visibility into...

The dashboard presents information in 3 main sections:

1) System Wide Covid Activity, 2) Activity by Care setting (Secondary Care, Primary Care, Community Care and Care Homes), and 3) Resources (Fleet etc)

Please click on any of the visuals to drill down into the supplementary Power BI report

It includes a view of primary care confirmed and suspected cases. This was helpful in identifying geographical hot spots and identifying where support and resources were required. We are looking at how we can transition this into an early warning system

1. System Wide COVID Activity

1.a Total Confirmed Cases
DAILY CC DATA - FHFT, OOH, GP

1586

July 15, 2020

1.b Total Suspected
DAILY CC DATA - FHFT, OOH, GP

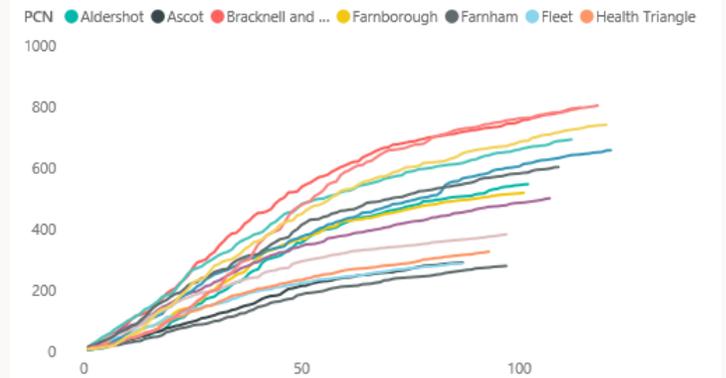
6082

July 15, 2020

1.c Confirmed Cases by Local Authority
WEEKLY PHE DATA BY UTLA19NM (GROUPS1)

UTLA19NM (groups1)	Confirmed Cases % Increase (7d avg.) - latest	Total Cases	Cases per 100k population	Population
Bracknell Forest	0%	762	611	124,640
Slough	0%	1292	765	168,891
Windsor and Maidenhead	0%	812	498	163,170
Surrey	0%	4620	365	1,264,140
Hampshire	0%	5032	356	1,414,384
Total	0%	12518	399	3,135,225

1.d Confirmed and Suspected Cases by PCN
DAILY CC DATA - FHFT, OOH, GP • REFRESHED: 08:44:33



2. Secondary Care

Data Source: Frimley Covid-19 Sit-rep

2.a MFFD (Acute)
DAILY

28

12 July 2020

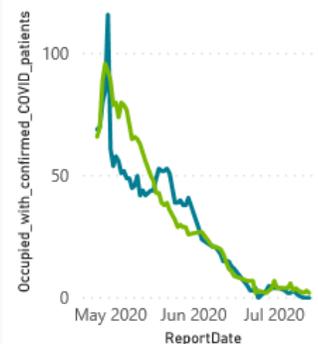
2.b Stranded Patients (+7 da...
SITREP DATA

435

07 July 2020

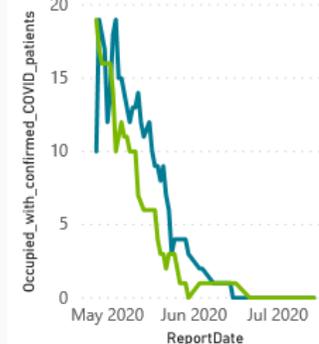
2.c COVID-19 patients
IN ANY BED - DAILY SITREP DATA

FRIMLEY PARK HO... WEXHAM PA...



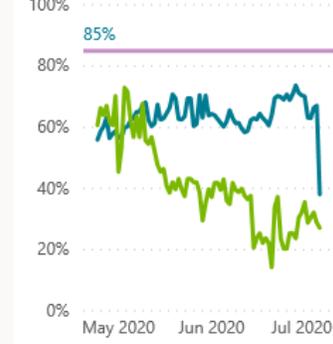
2.d COVID-19 patients
IN HDU/ITU BEDS - DAILY SITREP D...

FRIMLEY PARK HO... WEXHAM PA...



2.e Occupancy Rates
DAILY SITREP DATA

G&A Occupancy R... ACC Occupan...



2.f A&E Type 1 Attendances
WPH ONLY - DAILY SITREP DATA



2.g FHFT Daily Admissions
FPH & WPH - DAILY SITREP DATA



This is an operational dashboard we built in response to Covid-19. It covers non-Covid detail (eg attendances to ED, admissions and medically fit for discharge) as well as Covid confirmed and suspected cases split by LA and PCN

With data all in one place, we aggregated information from primary, acute, community, national, regional, OOH, 111 and care homes to provide an operational view that was useful to support with the pandemic planning

Frimley Health and Care



Impact on finance teams





What does it mean for finance staff?



- Adapt
- Breakdown barriers
- Joint roles
- Focus on costs and value
- Supporting system projects
- Business partners
- The evolving “back office”



Frimley Leadership & Improvement Academy

- 2020 leadership programme, 3rd cohort
- An improvement faculty to support change across the system
- ‘Wavelength’ leadership programme – driving transformation through effective working between clinical, operational and digital experts
- Applying learning from national programmes locally





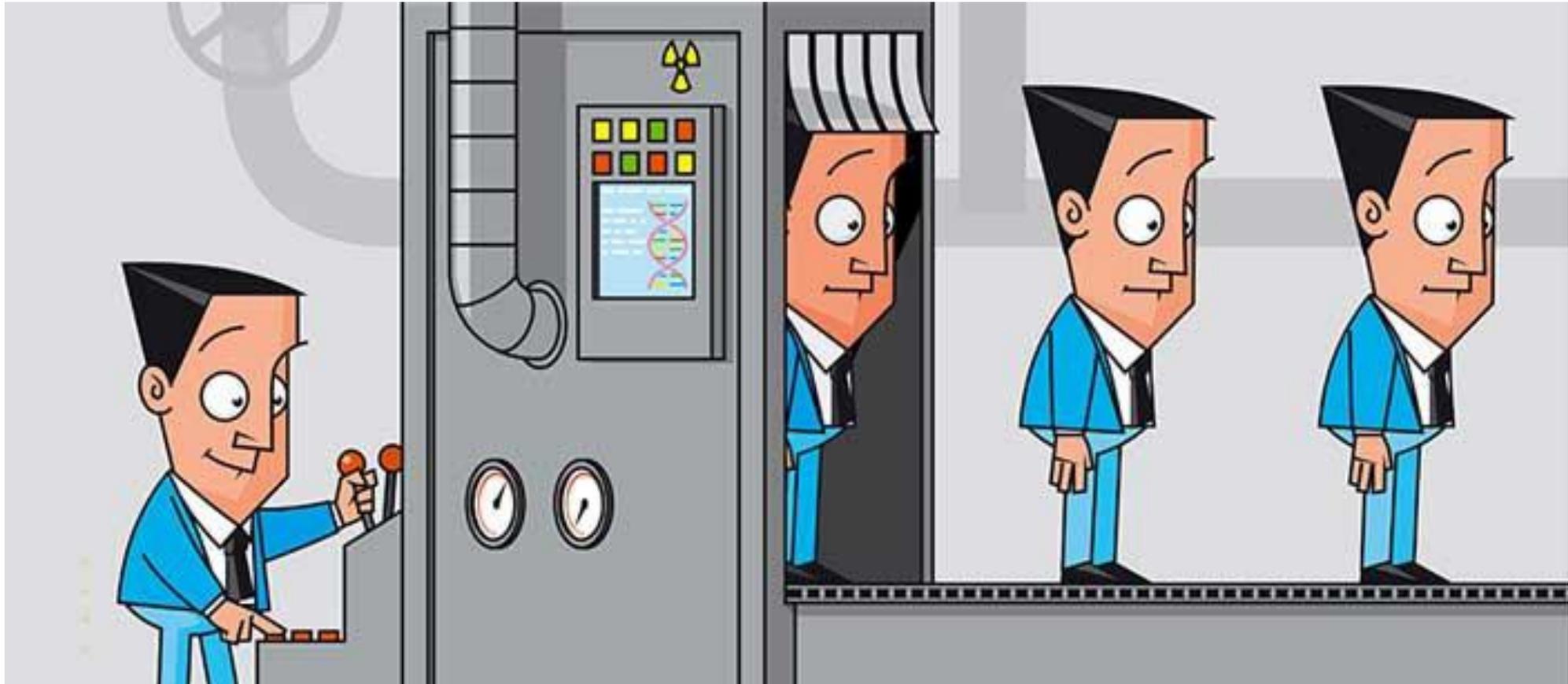
Final Reflections

(Health warning: A personal view!)





Is this right for ICSs ?





Latest developments



FOR HEALTHCARE LEADERS
HSJ



JASMINE RAPSON
The Download: Grin and share it

🏠 CORONAVIRUS SECTORS ▼ TOPICS ▼ HSJ LOCAL ▼ COMMENT ▼ HSJ KNOWLEDGE ▼

Commissioning

LATEST NEWS



NHSE recommends law to abolish CCGs by 2022

26 November 2020 | By Sharon Brennan

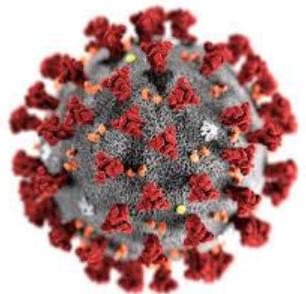
NHS England is backing legislation to abolish clinical commissioning groups by April 2022, strip back competition rules, and require trusts to be part of care alliances, HSJ can reveal.



Is this right for ICSs ?



An ICS: we're an
Integrated Care System
not an
Incident Command
System



Frimley Health and Care



Get on the pitch!

