



Update of 5 Year Refreshed Forward Plan

BCP Health and Wellbeing Board
15th July 2024

Ashleigh Boreham

100 conversations - what we heard

Community Voices

100 conversations



- We thrive when we are connected and have support networks around us
- We want services to focus on providing easier and earlier access to support, leading to better health outcomes and help with crisis prevention
- We want person centered care, being seen as an individual, not defined by a condition “I’m a human not a patient”
- We want to be listened to, trusted and included in discussions and decisions around our care
- We had mixed experiences of getting fast and easy access to services and appointment
- We want services that work together and communicate more to give you more joined-up care when you need it
- We want physical and mental health to be given the same importance



Joint Forward Plan Context



- The Joint Forward Plan approved by System Partners 2023 and published July 2023.
- The refreshed version does not have any fundamental changes and without consultation cannot be changed.
- Opportunity to look back on progress and impact.
- Look forward 2024/2025.
 - Set Context
 - Main Body the 5 Pillars:
 - What we have been doing
 - What we are going to do
 - How we measure Progress and Impact
- Each Pillar shows Year 1-2, Year 3-4 and Year 5 Plus.
- Enabling Plans.
- Governance.
- Risk.
- Case Studies that are continually updated.

Why we need to Transform – the Five Pillars



- To meet the expectations of Dorset citizens and the objectives of the ICB we need to focus more effort and resource on reducing inequity, effects of deprivation and to prevent disease and ill health.
- To do this we need to shift from a health perspective to *Dorset system-working* focused on the true drivers of poor health, inequity and sub-optimal life-outcomes.
- Prevention is fundamental to this – currently less than £1 in every £100 is spent on prevention: we mainly wait for people to get ill.
- SMART objectives and outcomes that matter to Dorset residents.

Making Dorset the healthiest place to live



ICP Strategy 5 Year Forward Plan

Health Inequalities

1

Improve the lives of people
impacted by poor MH

2

Prevent children from
becoming overweight

3

Reduce the gap in
healthy life expectancy

4

Increase the % of older
people living well and
independently

5

Add Healthy Life Years

Estate Plan

Research Plan

Transformation Roadmap

People Plan

Digital Plan

Clinical Plan



We will **improve** the lives of **100,000** people impacted by poor mental health.



We will prevent **55,000 children** from becoming **overweight** by 2040.



We will **reduce the gap** in healthy life expectancy from 19 years to **15 years** by 2043.



We will **increase** the percentage of older people living well and **independently** in Dorset.

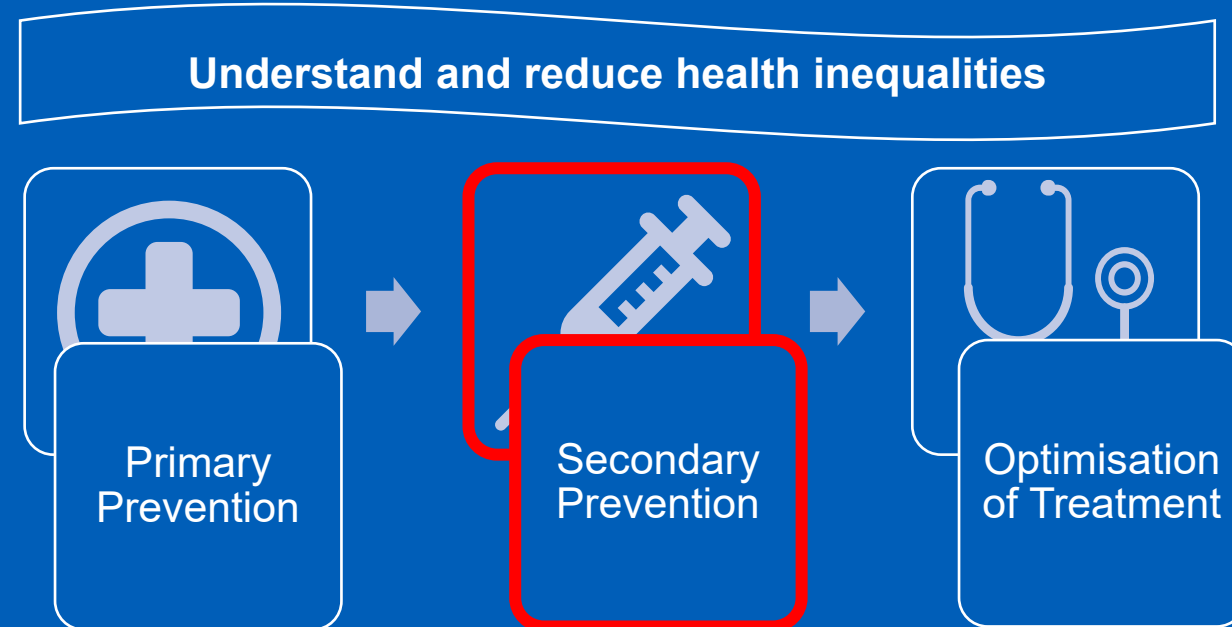


We will add **100,000 healthy life years** to the people of Dorset by 2033.

Transformation across the Health Continuum – Key Principles



- **Understand the impact** of interventions on **health inequality** in terms of access, experience and outcomes
- **Reduce unwarranted variation**
- Focus on
 - Primary Prevention
 - Secondary Prevention
 - Optimal management
- Outcome metrics / evaluation



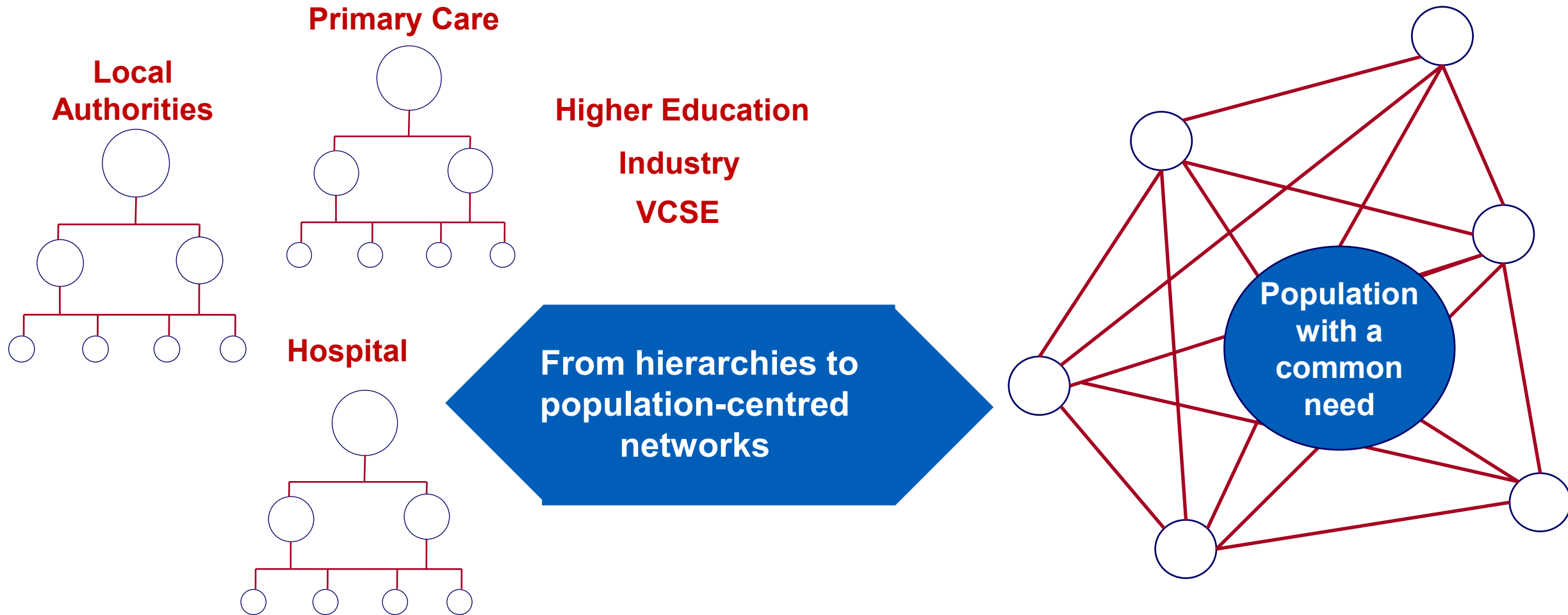
'Some is not a number, soon is not a time'
Don Berwick

How we are doing it

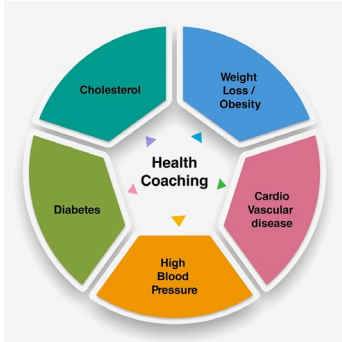


- Prevention and Population Outcomes
- Data driven to focus on reducing inequity
- Shift from low value to high value
- Shift resource allocation – always within the financial envelope
- Dorset system working - Clinical Transformation Networks

Transforming population outcomes through networks



Integrated Model of Care in Place at Place



CVD Prevent Team

Clinical Lead
Operational Lead
GP
Clinical Pharmacist
Advanced Nurse Practitioner
Healthcare Assistant
Digital Care Co-Ordinator
Care Co-Ordinator
Social Prescriber
Health Coach
Reception Staff

Shift investment to where it has high value



“Those areas that spent relatively less on community care in terms of population need have seen higher-than-average levels of hospital and emergency activity, compared to those spending relatively more. On average, systems that invested more in community care saw 15 per cent lower non-elective admission rates and 10 per cent lower ambulance conveyance rates, both statistically significant differences, together with lower average activity for elective admissions and A&E attendances.”