Committee and date	Item No
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THE SHROPSHIRE UNSCHEDULED CARE STRATEGY 2011-2014 (INCLUDING SHROPSHIRE COUNTY AND TELFORD & WREKIN)

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Summary

The report provides an update to the Board regarding the final version of the Pan Shropshire Unscheduled Car Strategy 2011-2014 and the first draft of the accompanying Operating Framework and summarises the next steps around the implementation of the strategy.

The strategy has been presented to, and approved by the Shropshire Clinical Assurance Panel (October 2011).

CONTEXT AND IMPLICATIONS	
Financial implications	A financial review of all the proposed projects identified within the strategy is being undertaken. A draft of the financial implications is contained in the draft Operating Framework.
OD/HR implications	
Promoting equality and diversity - implications	An Equality Impact Assessment has been undertaken. No impact has been identified.
What patient and public involvement has there been in this issue, or what impact could it have on patient/public experience?	Patient and public involvement has been an integral part of this strategy development. An urgent care focus group with patient representatives from each locality has been established and patient representatives have attended various stakeholder/network meetings.

Recommendations:

A. To note the contents of this report and approve the Pan Shropshire Unscheduled Care Strategy for 2011-2014.

B. For the Board to receive and comment on the first draft of the Operating Framework relating to the Unscheduled Care Strategy with a view to approving a final version at a later date.

1. Introduction

1.1 The purpose of this paper is to:

(i) Provide the board with an update regarding the development of the Pan Shropshire Unscheduled Care Strategy.
(ii) To seek approval from the Board for the ratification of this document.
(iii) To provide the Board with a summary of the plan for implementation of the projects identified within the strategy.

2. Background

2..1. Further to a review of urgent care provision across the Health Economy and the end of year performance for 2010/11, it has been identified that there is a need for a whole system commitment to early and sustainable improvement across urgent care.

2..2. The need to review and redesign the urgent care system across the Health Economy has been identified as a priority for Shropshire's Clinical Commissioning Group.

2..3. To enable timely, clinically appropriate and cost effective urgent care to be delivered, there was a recognition that the whole health and social care system is require to work together in partnership. Consequently, a Pan Shropshire approach has been adopted (Shropshire County and Telford & Wrekin.

2..4. The work began by asking patients what they thought through a county wide network of focus groups. These produced seven key 'patient statements' which have formed the basis for the development of the Shropshire Unscheduled Care Strategy.

2..5. The previous Urgent Care Network was disbanded and a series of Stakeholder meetings were convened to lead the initial stage of the strategy development, adopting behavioural change management approach and based on the patient statements. These events are attended by professional leads from each of the identified urgent care providers.

2..6. More recently a re-constituted Urgent Care Network has been established, with representatives from Chief Executives of each of the key organisations as members. The purpose of this group is to oversee the development of an integrated urgent care strategy, to be responsible for its implementation and to provide a forum of constructive challenge for every stakeholder organisation.

3. Strategy Development

3..1. The emerging urgent care strategy has been developed under the leadership of Dr Bill Gowans. This process has been guided by the principal that in order to

achieve transformational, large scale and cultural change, it is necessary to first identify the attitudes, behaviours and relationships in ourselves and others (including patients, providers and commissioners) which are required in order to succeed. Only then can the necessary structural and organisational changes be made.

3..2. To date, five stakeholder events have been held. The first stakeholder meeting established agreement on the need for change and generated a wealth of ideas on service developments. The second meeting provided a forum for discussion and prompted members of this group to sign up to a 'framework for change'. The third stakeholder meeting included presentations from each provider detailing their aspirations, plans and commitment to changes they had identified to improve the delivery of urgent care across the Health and Social Economy. The fourth meeting focused upon the need to move from an aspirational to an operational phase and introduced a project management framework which had been developed to oversee this process. The fifth meeting allowed every project group to present their work so far and to place this in a strategic whole system context.

3..3. Patient representatives have attended all five stakeholder events and the collation of the views expressed in patient focus groups has been an integral part of the strategy development.

3..4. Provider and commissioner views were convergent with the views expressed by the patient representatives and have been easily aligned to agree the project domains of the urgent care strategy from which the 19 specific projects have been developed.

3..5. A final version of the Pan Shropshire Unscheduled Care Strategy 2011-2014 has been produced. This strategy has been presented and ratified by the Shropshire Clinical Assurance Panel in October 2011.

3..6. The first draft of the Operating Framework of the strategy has now also been published. This will be an evolving, working document which details the aims, objectives, metrics, timelines and financial implications of every project group, the strategic whole system changes to be delivered and the financial implications for the whole health and social economy.

4. Implementation

4..1. The priority areas for service improvement have been identified within the strategy and have consequently been used to develop a project list.

4..2. Clinical programme sponsors and supporting project managers have been identified for each of the identified projects. Group members for each project have been carefully recruited to ensure appropriate health and social economy representation. Project plans including aims, objectives, metrics, timescale

mapping and resource planning has been undertaken for each of the projects listed.

4..3. The detail within the individual project plans has been utilised to develop an Operating Framework for implementation of the strategy. This plan includes a detailed summary of each of the proposed projects, how the impact of the project will be measured and a full summary of the financial implications of implementing the project.

4..4. Each of the projects included within the operational plan will contribute to the QIPP (Quality, Improvement, Productivity and Prevention) plan for 2012/13. The unscheduled care element of the QIPP plan is being derived entirely from the strategy and will therefore have a well defined clinical and operational basis so that the QIPP plan forms a seamless part of the strategy and vice versa.

5. Risks and Mitigating Actions

Risk	Mitigating action
Limited human resources for project management on such a large scale.	Identified project management leads from within existing resources to oversee the management of the projects. Shared responsibility for the implementation of the strategy across all relevant providers.
Implementation of the strategy may incur additional community and social care costs which are not offset by reductions on tariff based care with SaTH.	Financial modelling of the project proposals to be undertaken by finance teams to negate this impact.
Potential for duplication of services in reconfiguring services.	Project management lead to draft business cases around proposed service redesign to highlight his risk and prevent duplication.