Shropshire Council

Date: Thursday, 14 September 2017

Time: 2.00 pm

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer
Tel: 01743 257720
Email: karen.nixon@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

5 SYSTEM UPDATE (Pages 1 - 34)

Presentation/Slides given at meeting (Powerpoint).

a) STP Update, Phil Evans Director, STP Programme

b) Future Fit update, Phil Evans Director STP

c) Out of Hospital Programme, Julie Davies, Director Delivery & Performance, Shropshire CCG

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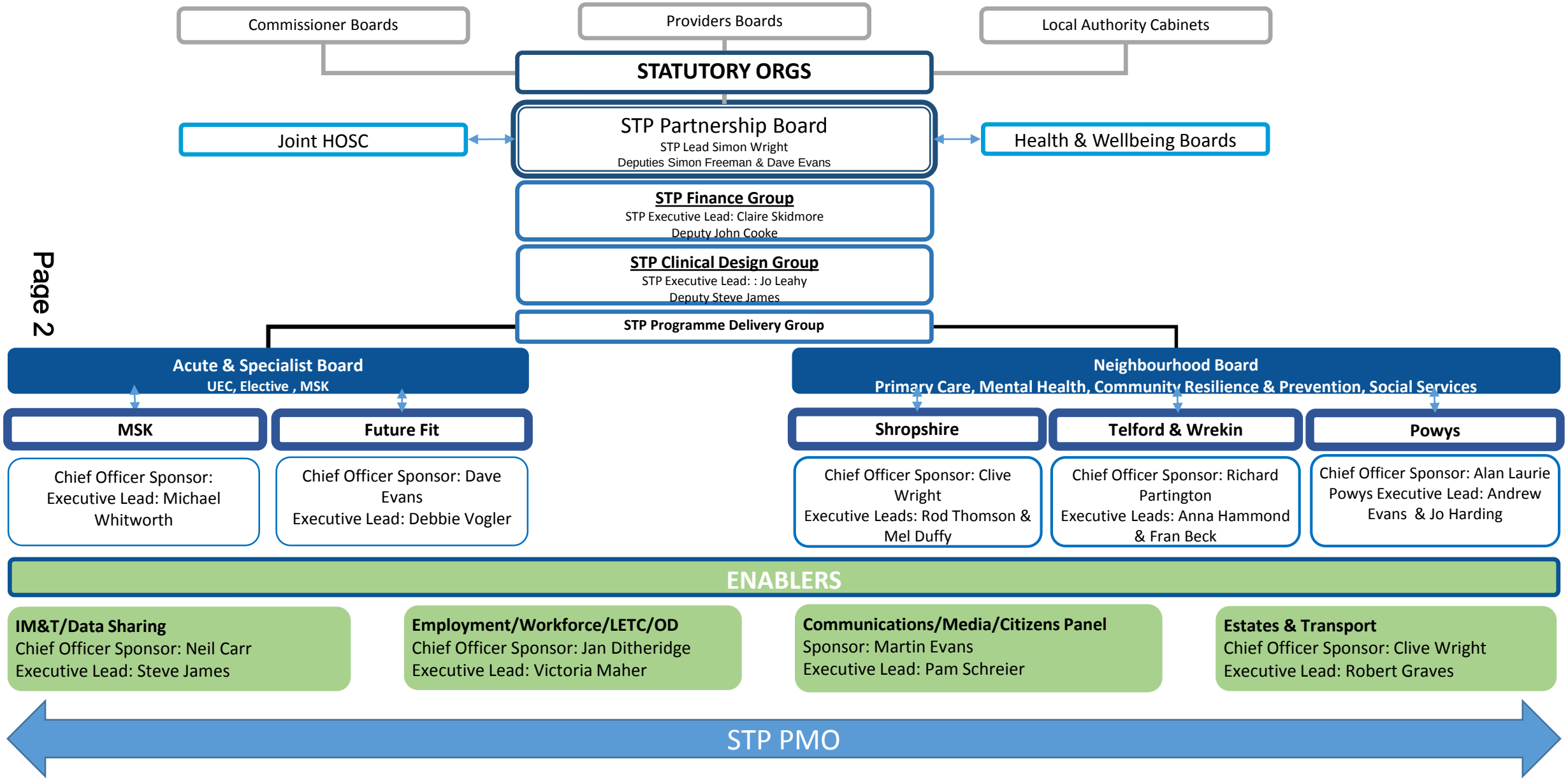
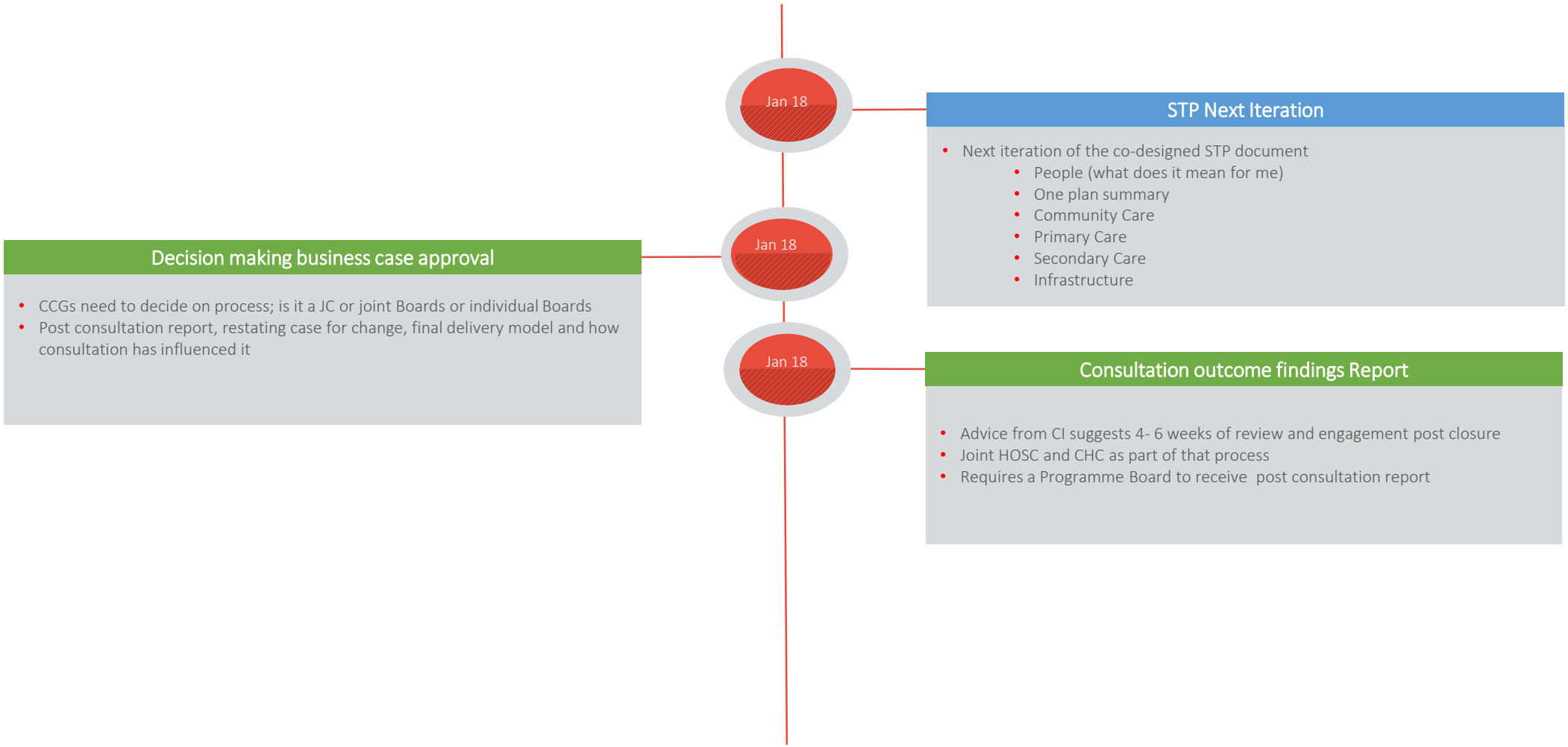
Sustainability and Transformation Partnership

STP GOVERNANCE STRUCTURE



STP PMO Timeline



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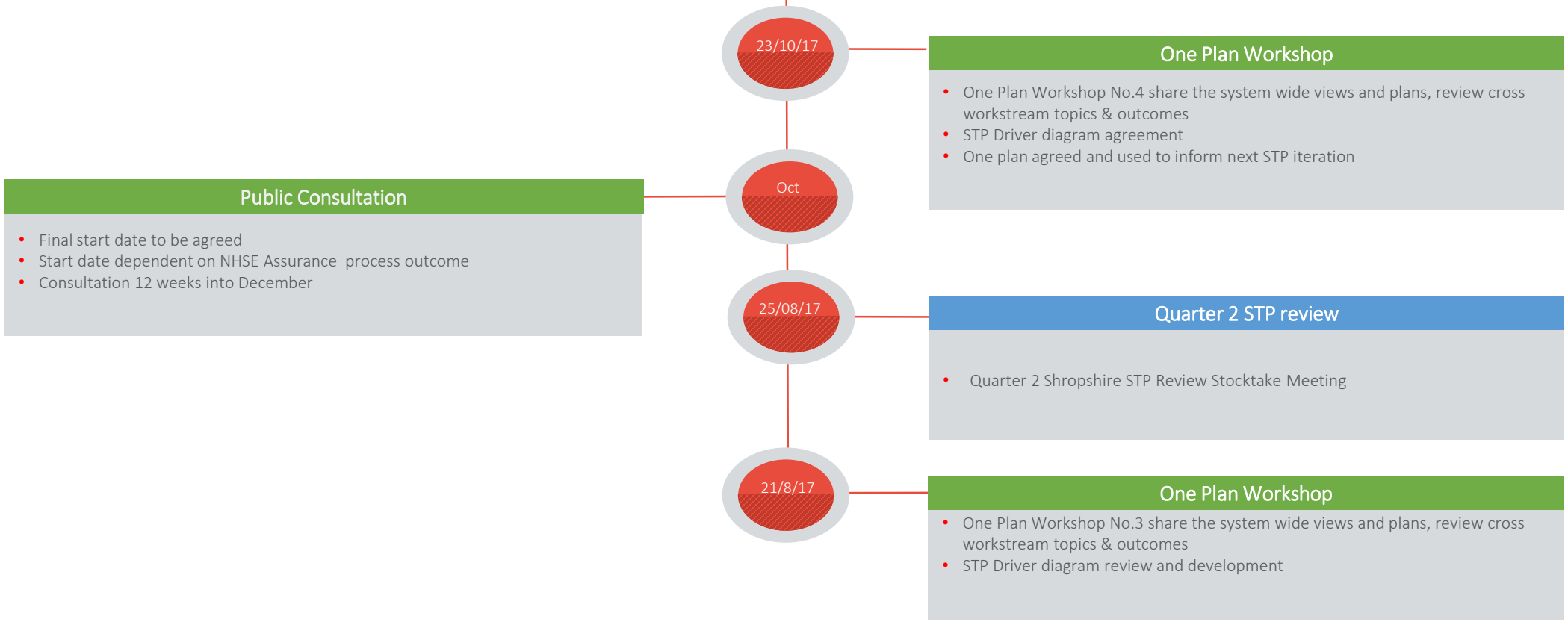

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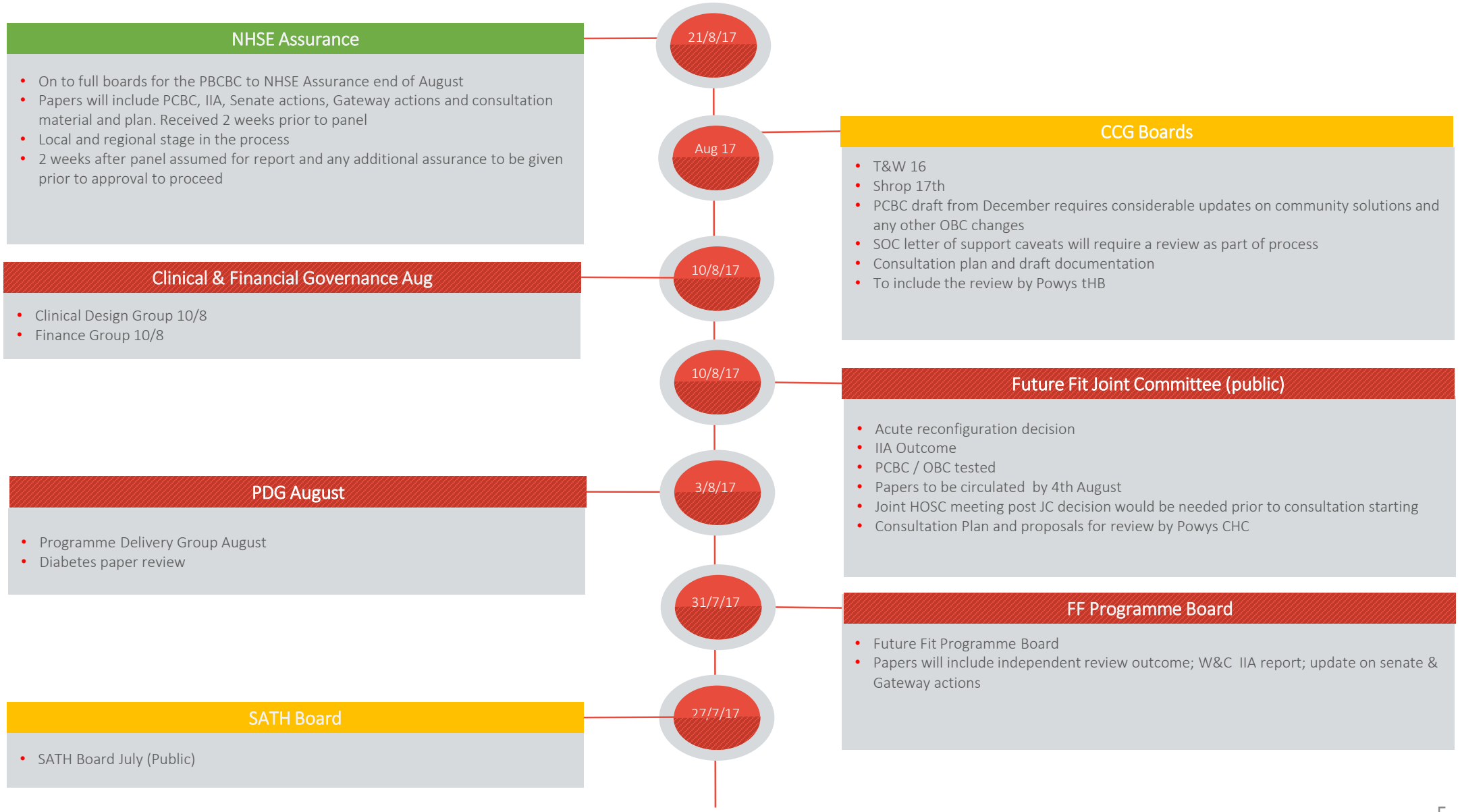

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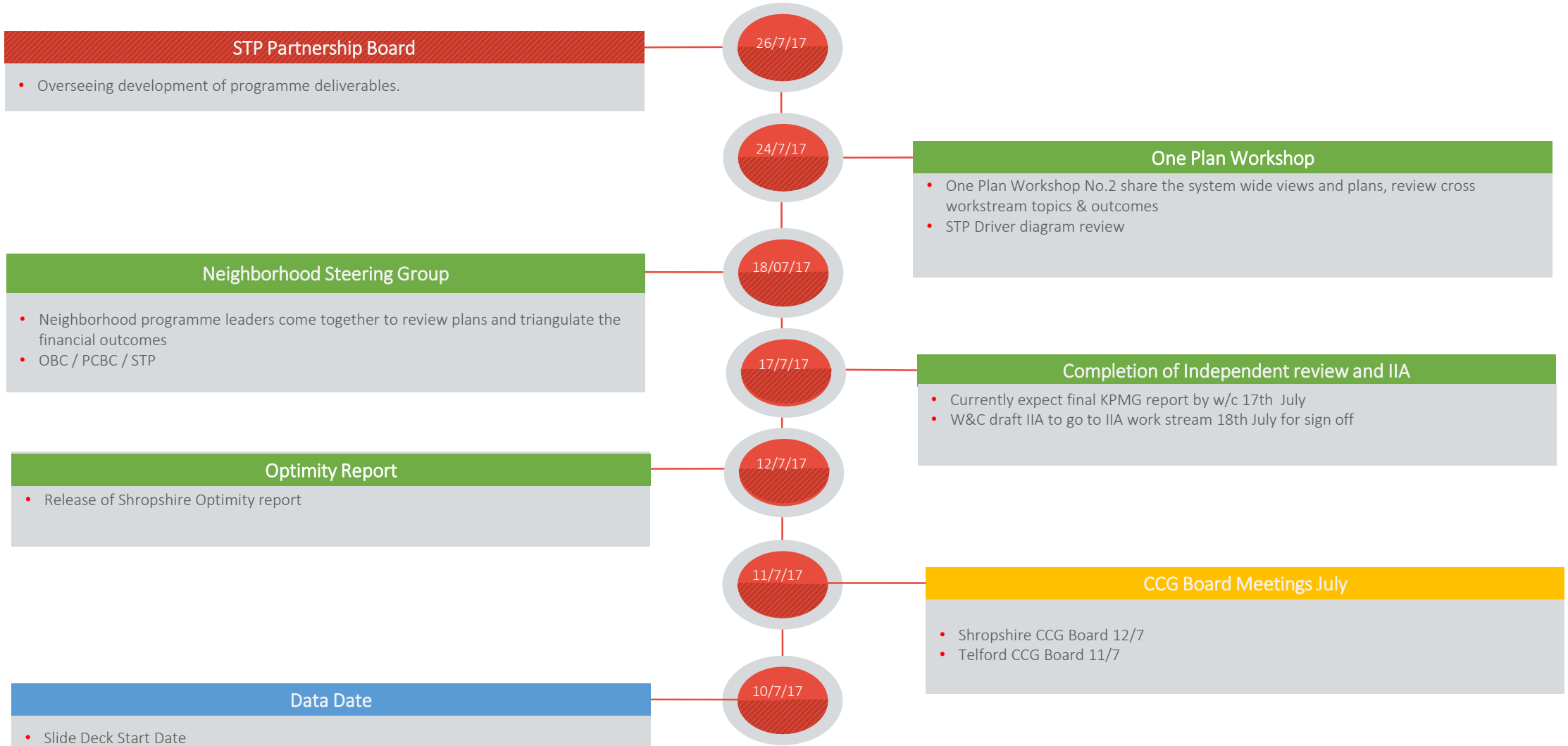

Powys

Two programmes of work

- Admission Avoidance
  - Enhanced management of long term conditions
  - Enhanced community diagnostic and treatment
- Reduced length of stay
  - Care transfer co-ordination
  - GP Led community resource teams
  - Enhanced rehabilitation (therapies)
  - Day care services (day case surgery and Outpatients

Powys focus on Cluster Development Framework: Population based integrated health and social care model

- Start Well, Live Well, Age Well

Telford and Wrekin

Three programmes of work

- Community Resilience and Prevention
- Neighbourhood Teams
- Systematic speciality review & transfer of service to community

Shropshire

Four main programmes of work

- Primary Care Development and GP Five Year Forward View
- Population Health Management
- Secondary Care Admission Avoidance
- Community Services Review
  - Lisa Wicks Commissioning & Redesign Lead is in post
  - Reviewed the 90 day plan submission 1 and mapping next steps to prioritise the projects to maximise impact on system flow.
  - Review the art of the possible for system flow.

STP Neighbourhoods

Fit & Well	Maximising Independence	Receiving Care	System Flow	Planned Care
Population health management	Sustainable Communities	Frail older People & Long Term Conditions		New models of care for outpatients
Use of digital platforms and technology	Living made easy through technology	MSK		Diagnostics
Social prescribing	Prevention programmes – long term conditions, falls	Building the primary care offer including Clinical Pharmacists ,Physician Associates and Treatment Nurses		Early discharge planning
Investment in Prevention	CVD Risk	Dementia model		Reduced LOS
Health Checks	Falls	Community Hubs		Reablement Let's talk sessions to aid discharge
Healthy Aging	Memory service	Integrated staffing models including Crisis Teams		Urgent Care Centres
Suicide prevention	Dementia Companions	Trusted assessor		Ophthalmology
Community PSI		Improved support to care homes		ENT
Networks/Innovators		Specialist provision (inc mental health)		Urology
Health & Wellbeing Centres		Triage & GP Nurse Triage		Theatre
		7 day services		Frailty Team at Front Door
Enablers : Risk identification, care navigation, care planning, single point of access, carer support/champions				
Cross cutting themes: Workforce redesign, digital solutions, single care record, primary care development, estates, patient and public engagement				

STP Neighbourhoods – Shropshire

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STP Neighbourhoods – Telford

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ICS – Admission Avoidance / Shropshire – Average 20 admission avoidance cases per week have been taken onto caseload.
• ICS *are fully engaged and participating in the* ***front door Frailty Team in RSH launched 4th September.***
• Early Supported Discharge / Shropshire –Average of 53 patients per week vs target of 45 discharges per week.

Rapid Response - Admission Avoidance/ Telford – Average 15 admission avoidance cases per week have been taken onto caseload.
• Team will start to build relationships with Care Homes within Telford that have a high number of unplanned admissions and A&E attendances. This is in anticipation of the Care Home MDT that should be in post by December.

Enablement – Early Supported Discharge / Telford – Average of 23.5 cases have been taken onto caseload following discharge from hospital.
• Community Matron in PRH Reviews patients with inpatient staff and in A&E to identify the correct pathway from a community perspective. This is mainly converting patients from a pathway 2 to a pathway 1 bed.

Domiciliary care – Demand has reduced for supporting discharges but use rehab techs to support with admission avoidance cases.

DTOC – Steady improvement reducing delayed transfers of care in community hospitals meeting the recovery plan to achieve 3.5% in September.

Length of Stay Community Hospitals - Reduction to 15.6 days in July. Refresh of SAFER on wards.
Bishops Castle – testing new model of care GP practice + ICS + community hospital staff – early signs very encouraging, GP, staff and patient feedback very positive – avoiding admissions and reducing LoS.

All workstreams are currently focused on 3 key products

1. The narrative that describes the out of hospital/community landscape for the future that will be part of the Outline Business Case (OBC) and also the next Sustainability and Transformation Programme (STP) submission.
2. The solutions for all the neighbourhoods are currently being amalgamated and the executive leads are working with the finance teams to produce a plan with financial assumptions aligned to each of the solutions.
3. Each Neighbourhood (along with all the workstreams) are producing a high level plan of their programmes, including overarching objectives and detail around delivery dates to support the production of one co-designed STP Plan.

For the first time the system will have one joined up plan that everyone will have sight of. People will have sight of the system wide meetings enabling the shared learning and the conversations around the interdependencies.

The Acute workstream comprises of two programmes of work:

1. FutureFit – Acute reconfiguration of services
2. Review of Muscoskeltal Services
    - Commissioning Perspective
    - Provider Perspective

Future Fit has three reviews that it currently needs to complete:

1. Integrated Impact Assessment – Focused on Women's and Children's services, it is an eight week programme of work concluding at the end of July
2. Independent Review
3. Maternity services review – Midwife Led Unit/NHSE Avoidable bay deaths

MSK

The team are working to bring these two programmes of work together and run a system wide approach the MSK

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- Restate case for change
- Programme Progress to date
- Outline options and preferred option
- Programme next steps
- Pre consultation Business Case
- Programme timescales
- Patient and public involvement & Consultation plan

- Workforce challenges
  - Recruitment challenges across a number of specialties due to poor employee experience related to duplication of services across 2 sites
  - High levels of locum cover
  - Staffing levels do not meet recommended levels for A&E, critical care and emergency medicine
  - Unable to staff 24/7 A&E Consultant cover on both sites
- Change in the populations profile; 25% of Shropshire will be over 70yrs old by 2036 significantly higher than national profile (29% Powys)
- Duplication of services across 2 sites leading to economic challenges
- Unable to progress clinical standards and developments in medical technology
- The quality of the patient facilities and the Trust's estate

- Improved A&E waiting times; >98% seen and treated in 2hrs
  - *improved patient experience and timely diagnosis and treatment*
- Access to senior decision makers, enhanced ambulatory emergency care- seen, diagnosed and discharged same day -
  - *Unnecessary hospital admissions avoided*
- 7 day working , reducing LoS and delayed transfers of care
  - *fewer internal patient transfers and outliers improving experience*
  - *improved adjusted rates of mortality, emergency readmission rates and less decompensation in frail older people*
- Separation of elective and emergency flows
  - *reduced cancelled operations, lower LoS with lower infection rates and other clinical complications and improved patient experience*
- Well-designed appropriate capacity and physical settings
  - *role in safer hospitals, promoting more healing for patients and improved patient experience*

Milestone	Timeline for completion
Programme Board met to receive the Independent review of the option appraisal process and the further impact assessment work	**31st July 2017**
CCG Board Joint Decision Making Committee approved Option B and Option C for consultation with Option C1 as preferred option	**10 Aug 2017**
CCG Boards received the draft Pre Consultation Business Case	**15/16 Aug 2017**
Submission of PCBC and other assurance to NHSE	**21st August 2017**
NHSE strategic sense check Panel	**30 Aug 2017**
CCG Boards approve PCBC and draft consultation documentation	**12th /13th September 2017**

Emergency Care site is
Royal Shrewsbury Hospital, Shrewsbury

Planned Care site is
Princess Royal Hospital, Telford

At the Royal Shrewsbury Hospital
24-hour Emergency Department (ED)
Critical Care Unit
Ambulatory Emergency Care Unit (AEC)
Emergency surgery and medicine
Complex planned surgery
Women and children's consultant-led inpatient services

At the Princess Royal Hospital:
Planned inpatient surgery
Day case surgery
Endoscopy
Breast inpatient services
Medical wards

At both hospitals:
24-hour Urgent Care Centre
Adult and children's outpatient services
Day Case Renal Unit
Diagnostic services (tests)
Midwife-led unit
Antenatal Day Assessment Unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning

We will retain and invest in two vibrant hospitals with consolidation of Emergency care on one site and Planned care on the other

Almost 80% of patients will continue to receive their emergency and urgent care at the same site they do now

The Potential OBC Solution - Essential Service Change service balance based on clinical adjacency needs and resolving workforce issues

Emergency Site	Both Sites	Planned Care Site
Emergency Department Critical Care Unit (HDU, ITU) Urgent Care Centre Ambulatory Emergency Care (AEC) Beds approx 510 beds Including: Acute Stroke Unit Coronary Care Unit Women and Children's Orthopaedic trauma Acute Medicine	Outpatients (including Fracture Clinic) Diagnostics Day Case Renal Unit Oncology/Haematology - chemotherapy	Diagnostic and Treatment Centre Urgent Care Centre Elective and Day Case Surgery Endoscopy Beds approx 350 Including: 240 inpatient beds and 110 day case / endoscopy beds Including: Elective Orthopaedics Breast Service Frailty and Elderly Care Rehabilitation

Integrated Care Pathways – LTC, Frail and Elderly etc

NB Inpatient bed base does not include Neonatology and Critical Care numbers

- **Address the issues set out at the NHSE assurance Strategic Sense Check**
- Pre Consultation Business Case and Consultation Plan to CCG Boards 12th and 13th September
- Powys CHC Meeting 12th September to receive consultation plans
- Joint HOSC Meeting tbc September to receive consultation plans
- **NHSE Stage 2 Assurance checkpoint 2nd October**
- Public Consultation begins October 2017-January 2018
- Consultation response analysis and report preparation 4-6 weeks
- **Decision Making Business Case to Governing Bodies by March 2018**
- Full Business Case approval late 2018 (tbc)

- Part of NHSE Assurance process submission 15th September
- Needs approval by the CCG Boards
- Make the case for change and sets out the options being considered and the preferred option
- Describe the future model of care and how its been developed
- Makes the financial and clinical case to commence to public consultation
- Outlines how the proposals meet the Four DH mandated tests for service reconfiguration:
  - Strong Public and patient Engagement
  - A clear clinical evidence base
  - Consistency with current and proposed need for patient choice
  - Support from clinical commissioners

Milestone	Timeline for completion
CCG Boards receive the draft Pre Consultation Business Case and consultation documents for approval	12/13 Sept 2017
Powys CHC Meeting to receive draft consultation documentation	12th September 2017
Joint HOSC Meeting to receive consultation documents and plan	September 2017
NHSE Stage 2 Assurance Panel	2nd October 2017
Shropshire/Telford & Wrekin CCG formal public consultation period	Oct – Jan 2018
Consultation findings and recommendations report received by CCG s	Feb/March 2018
Decision making business case for approval by CCGs	February / March 2018
FBC	2018 TBC

Patient and Public Involvement

MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT

NHS

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Engagement

Presentations/networking with:
- Patient groups
- Powys Teaching Health Board
- Health and social care networks
- Local Joint Councils
- Young health champions
- Senior citizens forums
- Parish Councils
- Cabinet / members
- Health and Wellbeing Board

Deliberative events
- 10 events in six locations
- 300+ participants

Pop up stands
- 68 events
- 38 locations
- 203 x direct feedback
- Increased brand awareness
- Positive workforce engagement
- 500+ people added to the mailing list

Consultation preparation
- process established to consult stakeholders on consultation methods
- consultation survey preparation
- consulting with Consultation Institute on best practice and legal guidance

Stakeholder management

- Fortnightly flash report to senior managers issued
- Regular group and one-to-one briefings
- Parliamentary/Cabinet briefings
- Programme bulletin / Newsletter
- Internal briefings ahead of key news
- Political profiling

Media

- 250+ media enquiries handled
- 53 press releases issued
- 30 rebuttals from the media groups
- Regular media monitoring
- Regular media briefs
- Media training delivered to senior professionals
- Several case studies created and published

Strategic Communication

- Representation at Programme Board
- Key messaging framework
- Brand positioning
- Bid writing, procured funds
- Report writing
- Pre-board briefings

Internal Communication

- Monthly workforce briefings at Telford & Wrekin and Shropshire CCG's.
- Regular briefings at PRH/RSH
- Workforce engagement during pop up stands
- 10 SOC specific pop up stands to date

Media messaging
- Four sessions conducted – Telford and Shropshire

Digital

Website
- Website established Dec 2013
- 13,717 visits to date
- 70.3% visits as a result of twitter hits

Blogs
- 13 blogs on key themes – travel times, long term conditions, clinical design report summary and programme of change

Twitter
- Twitter established in July 2014
- 1024 followers
- 1367 tweets sent
- Average monthly reach over 10,000 accounts

Facebook
- Facebook launched in Mar 2016
- 1077 page likes
- Average weekly reach of 4000 people

Social Sign In
- Run pre-scheduled twitter campaigns
- 75 pop up stand campaign posts
- 274 clicks to NHS Future Fit website
- 234.2k total potential reach
- 148 re-tweets/shares
- 32 likes

Animation video
- Viewed 9000+ times

Administration

- Workstream governance
- Planning and presentations
- Archiving and evidencing activity
- Continual updating of activity plans
- Financial reporting and management
- Support and advice - The Consultation Institute
- Benchmarking
- Facilitating external meetings

Marketing

- Pull up banners, leaflets, clinical design summary, mailing list, comment cards etc
- Promotional items - plasters, hand sanitizer, pens
- Simple infographic and explanation of Urgent Care Centre services poster

Equality and diversity monitoring
- Supporting Integrated Impact Assessment
- Investigating gatekeepers to "hard to reach" groups
- Running and engaging with equality focus groups
- Legal and governance advice

Contact lists
- 1890 stakeholders now on mailing list

Branding/Advertising
- Series of adverts in local newspapers
- Shropshire Star reach 98,146 people
- Telford Journal reach 61,541 people

2 x telephone surveys
- Scientific data collection
- Telephone interviews with residents living in Shropshire (60%), Telford & Wrekin (31%) and East Powys (9%)
- Survey results include responses from approx 3000 people

July 2014 – September 2016

- Integral to programme since 2013 and an ongoing process
- Healthwatch Shropshire, Healthwatch Telford and Wrekin and Powys CHC involved and engaged
- Pre consultation engagement has been considerable
  - Focus groups, pop up stand events, parish councils, smaller-scale public activities, online surveys, newsletters, telephone surveys and social media channels
  - Reaching seldom heard groups - meeting the needs of people with protected characteristics
- Reading groups fully involved in developing consultation documentation and plans

- Many services will remain on both hospital sites, e.g. urgent care/ outpatients/ diagnostics (tests)
- Some services now are only available at one of the two hospital sites, e.g. stroke at Telford
- Some patients now travel outside of county for specialist care, e.g. major trauma
- Almost 80% will continue to go to same site as they do now for emergency and urgent care
- The out of hospital care strategies being developed through neighbourhoods will support care closer to home and choice
- Some people will have to travel further under both options but priority is providing safe, high quality and sustainable services

- High level draft consultation plan and documents in circulation for comments
- Includes feedback from CCG execs and Governing Bodies and patient reading group
- Detailed consultation activity plan for 14-week consultation period in development, which will include:
  - Public Exhibition meetings, roadshows and meetings in public
  - Attending voluntary, community and social enterprise sector meetings
  - Channels to include: PR, advertising, social media, newsletters, partner channels, website

Equalities Duties

- We’re working with the Consultation Institute to ensure we meet our Public Sector Equality Duties
- We’ve held focus groups with seldom heard groups, including traveller communities, LGBT communities and people with drug and alcohol problems
- Two Integrated Impact Assessments, including Equality Impact Assessment
- Consultation documents will be translated into Welsh and available in EasyRead
- Consultation Institute will conduct a mid-point review to identify any gaps in engagement

- More than 225 events held since 2014
- Focus groups with seldom heard groups including:
  - People with drug and alcohol problems
  - Carers of people with long term drug and alcohol problems
  - Homeless
  - Mums and toddlers (on line survey >800 responses as part of IIA))
  - Travellers
  - LGBT
- Two Integrated Impact Assessments including Equality Impact Assessments:
  - The projected positive health impacts are the most significant in all options.

  " clinical health benefits will apply to all patients however greater benefits will be seen to patients who are higher users of hospital services than the general population eg young children, young adults, older people, people with a disability, LGBT groups, BAME groups and people living in deprivation. ……it can be argued they would benefit from a disproportionately positive effect from the projected improvements in clinical effectiveness.".

  - Equally groups would potentially experience a negative equality effect arising out of an impact on access to urgent and emergency care and obstetrics depending on the option

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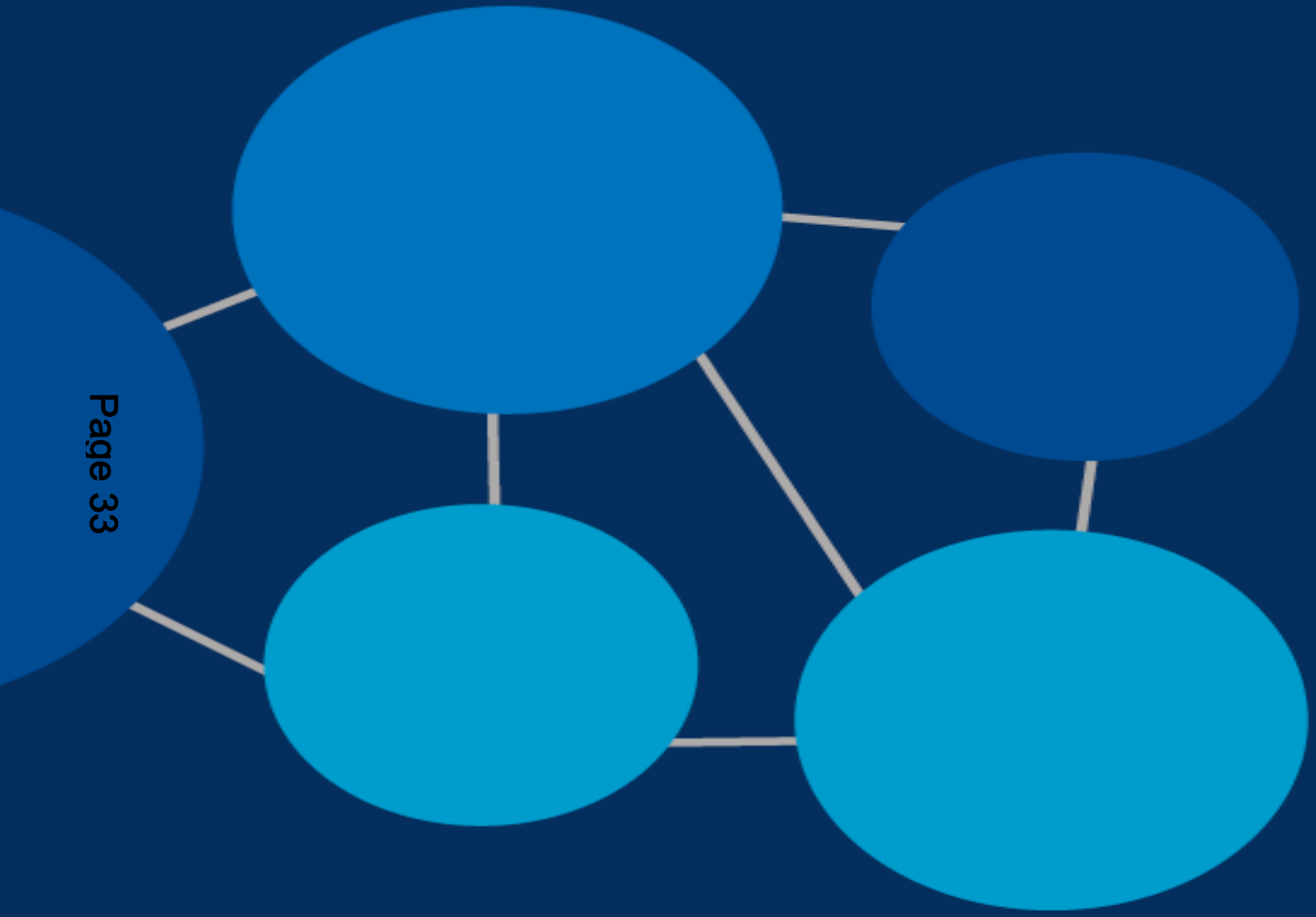

Any questions?

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