Shropshire Council

Date: Friday, 18 July 2014

Time: 9.30 am

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

Contact: Karen Nixon, Committee Officer
Tel: 01743 252724
Email: karen.nixon@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

10 FOR DECISION/ENDORSEMENT: CCG 5 Year Plan (Pages 1 - 76)

A report will be made.

Contact: Paul Tulley, Shropshire CCG, Tel 01743 277500.

This page is intentionally left blank

Shropshire Council

NHS Shropshire Clinical Commissioning Group

Shropshire together

Health and Wellbeing Board
18 July 2014

SHROPSHIRE AND TELFORD & WREKIN STRATEGIC PLAN 2014/15 – 2018/19

Responsible Officer **Paul Tulley**
Email: Paul.Tulley@shropshireccg.nhs.uk Tel: 01743 277581

1. Summary

1.1 Attached with this report is the Five Year Strategic Plan prepared by Shropshire and Telford & Wrekin CCGs.

1.2 The plan draws substantially on the clinical model developed by the Future Fit programme and on the priorities and plans developed by the Shropshire and Telford & Wrekin Health and Wellbeing Boards, including in particular the recent Better Care Fund plans.

1.3 Both the Future Fit programme and the development of Better Care Fund plans will be subject to further substantial work over the coming year and it is anticipated that the Five Year Plan will be developed further as these work programmes continue.

2. Recommendation:

2.1 That the Board support the Shropshire and Telford & Wrekin Strategic Plan 2014/15 – 2018/19.

3. Risk Assessment and Opportunities Appraisal

3.1 The development of the Strategic Plan presents an opportunity to ensure that partners across the health and social care system have a shared vision for the future of health and care provision, that the plans of individual organisations are aligned to this vision and that governance and delivery plans are in place through which partners will work together to implement it.

4. Financial Implications

4.1 There are no immediate financial implications associated with this report.

5. Background

5.1 The development of a Five Year Strategic Plan is a requirement placed on CCGs by guidance from NHS England: "Everyone Counts: Planning for Patients 2014/15 – 2018/19" (Gateway reference 01000). The guidance is available at www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf.

6. Additional Information

n/a

7. Conclusions

n/a

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr. Karen Calder
Local Member All
Appendix Shropshire and Telford & Wrekin Strategic Plan 2014/15 – 2018/19.

NHS Shropshire and NHS Telford and Wrekin CCGs

Draft Strategic Plan

2014/15 – 2018/19

Shropshire, Telford & Wrekin

Draft Strategic Plan

2014/15 – 2018/19

Submission details	Which organisation(s) are completing this submission?	Shropshire, Telford and Wrekin CCGs	
	In case of enquiry, please provide a contact name and contact details	Sam Tilley Head of Planning & Partnerships Shropshire Clinical Commissioning Group (CCG) Tel: 01743 277500 E-mail: samantha.tilley@shropshireccg.nhs.uk Website: www.shropshire.nhs.uk Address: William Farr House Site, Mytton Oak Road, Shrewsbury, Shropshire, SY3 8XL Andrew Nash Chief Finance Officer/Deputy Chief Officer Telford and Wrekin CCG Tel: 01952 580359 E-mail: andrew.nash@nhs.net Website: www.telfordccg.nhs.uk Address: Halesfield 6, Telford, TF7 4BF	

Contents

Foreword

This strategic plan has been prepared to meet the requirements of the NHS England planning guidance *Everyone Counts: Planning for Patients 2014/15 to 2018/19.*

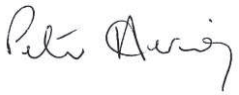
It should be read in the context of the Future Fit programme - through which local partners are working to address some of the strategic challenges facing the health and social care system - and in particular the Clinical Model document which has recently been approved by the Programme Board: the opportunities for improvement have been clearly articulated; the case for change is widely accepted within the clinical community, by patient and public representatives, by partner organisations and by the Joint Health Overview Scrutiny Committee; and programme structures have been put in place to develop the clinical vision and new models of care which will form the cornerstone for the transformation of health and care services in Shropshire. Over the coming months these service models will be subject to extensive clinical and public engagement both to test the principles and to develop the more granular detail which will be needed to both inform an option appraisal for the configuration of hospital services and to develop transformation plans for those elements of the models which are not dependent on major changes to hospital configuration. Alongside longer term plans for service transformation, individual organisations need to ensure that health and care services can effectively respond in the short and medium terms to the clinical, operational and financial challenges which they face.

As a plan developed at a point in time, this document does not describe in detail the transformation of service models which we will be implementing as this detailed work has not yet been completed. That does not mean that there are no plans for change, and specific service improvement plans, consistent with the vision described in this strategic plan, are included in the plans of individual partner organisations. The health and care system also recognises the critical role that the Better Care Fund is going to have in shaping the future of health and care services in Shropshire/Telford & Wrekin in particular as a powerful enabler for the development of integrated community services.

The Shropshire/Telford & Wrekin health and care system faces very real challenges. We are committed to meeting those challenges, individually and together, to deliver the vision for excellent and sustainable health and care which the Future Fit Clinical Model describes and which is outlined in this plan.

Caron Morton
Accountable Officer
Shropshire Clinical
Commissioning Group

Dave Evans
Chief Officer
Telford & Wrekin Clinical
Commissioning Group



Peter Herring
Chief Executive
Shrewsbury & Telford
Hospital NHS Trust

Neil Carr
Chief Executive
South Staffordshire& Shropshire

Jan Ditheridge
Chief Executive
Shropshire Community

Wendy Farrington Chadd
Chief Executive
Robert Jones &Agnes Hunt
Orthopaedic Hospital NHS
Foundation Trust

Stephen Chandler
Director of Adult Care
Shropshire Council

Paul Taylor
Director of Adult Care
Telford & Wrekin Council

Current Position	Key Lines of Enquiry addressed
The Strategic Context in Shropshire The Shropshire/Telford & Wrekin (STW) area is served by Shropshire Clinical Commissioning Group (44 GP practices), and by the Telford and Wrekin Clinical Commissioning Group (22 GP practices). Clinical Commissioning Groups are responsible for commissioning the following services: Community health services. GP out of hours services. Ambulance services. Mental health services. Specialist health services for people with learning disabilities. Acute hospital services. Telford and Wrekin Clinical Commissioning Group serves a population of approximately 172,000, which is mainly centred on the new town of Telford but covers the surrounding rural areas and towns including Newport. It has co-terminus boundaries with Telford Borough Council and there are strong partnership links between the two bodies in health and social care. Shropshire Clinical Commissioning Group serves a population of approximately 302,000. Shropshire is a large rural county. The county town of Shrewsbury is central to the county with a number of market towns geographically spread across the area. Shropshire Clinical Commissioning Group has co-terminus boundaries with Shropshire Council and the two agencies work closely together. Specialised services, primary care, services, offender healthcare and services for members of the Armed Forces are commissioned by NHS England. National Picture The NHS belongs to the People - A call to Action (NHS England 2013) set out a number of future challenges for the NHS: Ageing society, Long Term Conditions and rising expectations. Shropshire is not exceptional in this and JSNAs across both CCGs reflect these trends. *Changing patterns of illness.* Long-term conditions are on the rise as well, due to changing lifestyles. This means the	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning for Value packs and other benchmarking materials? Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?

emphasis needs to move away from services that support short-term, episodic illness and infections towards services that support earlier interventions to improve health and deliver sustained continuing support, again in the community.

Higher expectations. Quite rightly, the population demands the highest quality of care and also a greater convenience of care, designed around the realities of their daily lives. For both reasons, there is a push towards 7-day provision or extended hours of some services, and both of these require a redesign given the inevitability of resource constraints

However, there are additional challenges that must be also be considered.

Local Picture

Changes in our population profile - The remarkable and welcome improvement in the life expectancy of older people that has been experienced across the UK in recent years is particularly pronounced in Shropshire where the population over 65 has increased by 25% in just 10 years. The general population is anticipated to grow by at least 15,000 over the next 10 years according to ONS data. However, further to this the Shropshire Core Strategy Policy (CS10) suggests that 21,799 new homes will be built by 2016. There will continue to be expansion of Telford, with the addition of an estimated 20,000 new homes over the next 10 years with an estimated population increase as a result in the order of 50,000. The demography of Telford has changed over the past 10 years and now is more reflective in age of the national picture. This growth is forecast to continue over the next decade and more. As a result the pattern of demand for services has shifted with greater need for the type of services that can support frailer people, often with multiple long-term conditions, to continue to live with dignity and independence at home and in the community.

Rurality and Access

Shropshire is one of the largest and most rural inland counties of England and incorporates two unitary councils: Shropshire Council and Telford and Wrekin Council. The county is characterised by a combination of large and small market towns, villages and small isolated hamlets, together with the new town of Telford and its associated housing developments and the county town of Shrewsbury.

The geography of Shropshire County, with its long distances and travel times to acute hospitals, scattered and disproportionately elderly population and limited public transport, makes the provision of a comprehensive range and increased scale of community-based health services especially important. This becomes vital if the local health economy is to respond effectively to the challenge of the increasing elderly population combined with funding pressures. The geography of rural areas means particular challenges around providing services efficiently. Limited public transport increases the need for care close to home for the elderly and those from lower socio-economic groups without easy access to their own transport.

Improved and timely access to services is a very real issue and one which the public sees as a high priority. There is a network of provision across Community Hospitals that is part of the redesign of services to increase local care. Quality The Publication of the Francis Inquiry into failings at Mid Staffordshire Hospital has been one of the most significant events in the recent history of the NHS and has firmly placed quality at the top of the NHS agenda. Further to this the NHS Outcomes Framework sets out the improvements against which the NHS Commissioning Board will be held to account. All service development and improvement initiatives will be assessed against quality and safety standards supported by an agreed Quality Impact Assessment (QIA) Tool with quality assurance and improvement as the key guiding principles Two Site working In Shropshire and Telford and Wrekin the inherited pattern of services, especially hospital services, across multiple sites means that services are struggling to avoid fragmentation and are incurring additional costs of duplication. The clinical and financial sustainability of acute hospital services has been a concern for more than a decade. Shropshire has a large enough population to support a full range of acute general hospital services, but splitting these services over two sites is increasingly difficult to maintain without compromising the quality and safety of the service. Most pressingly, the Acute Trust currently runs two full A&E departments and does not have a consultant delivered service 16 hours/day 7 days a week. Even without achieving Royal College standards the Trust currently has particular medical workforce recruitment issues around A&E services, stroke, critical care and anaesthetic cover. All of these services are currently delivered on two sites, although stroke services have recently been brought together on an interim basis. This latter move has delivered measurable improvements in clinical outcomes. Developing the future clinical services strategy for the acute Trust and any proposed change to the configuration of services across its two main sites, has to address any clinical quality, safety and sustainability issues and therefore ensure the maintenance of safe and appropriate staffing levels; it has to ensure services are designed to respond to future demands and demographic trends; and it has to ensure improvements in efficiency and productivity as well as presenting a financially viable future for the Trust. Workforce *The Human Resource*. Shropshire is not exceptional in relation to the health care related workforce challenges it faces: issues of recruitment and retention in relation to medical posts, an aging workforce and the need to address a shift form an acute centred workforce to a more community centred workforce are evident. Shropshire's rural profile and the issues of access and travel distances this brings are also a consideration. In particular current workforce issues relate to A&E services, stroke, medicine, critical care and anaesthetic cover.	

Clinical standards and developments in medical technology. Specialisation in medical and other clinical training has brought with it significant advances as medical technology and capability have increased over the years. But it also brings challenges. It is no longer acceptable nor possible to staff services with generalists or juniors and the evidence shows, that for particularly serious conditions, to do so risks poorer outcomes. Staff are, of course, aware of this. If they are working in services that, for whatever reason, cannot meet accepted professional standards, morale falls and staff may seek to move somewhere that can offer these standards. It is also far more difficult to attract new staff to work in such a service. Clinicians are a scarce and valuable resource. Future plans must seek to deploy them to greatest effect.

Finance

The NHS budget has grown year on year for the first 60 years of its life ……in one decade across the turn of the 21st century its budget doubled in real terms. But now the world economy and the UK economy within that is in a different place. The NHS will, at best, have a static budget in real terms going forward. Yet the changing patterns of population and resultant need, the increasing costs of ever improving medical technology, the difficulties in simply driving constant productivity improvements in a service that is 75% staff costs and that works to deliver care to people through people, mean that without changing the basic pattern of services then costs will rapidly outstrip available resources and services will face the chaos that always arises from deficit crises.

Further to this, recent spending settlements for local government have also slowed, placing greater demand on social care budgets with the potential consequence of increasing demand on health services and therefore increasing health costs.

The local health economy across Telford & Wrekin and Shropshire has recently refreshed its analysis of the financial challenge which it faces over the next five years and from this work it is evident The health system has a significant financial challenge to meet over the next five years.

Technology

The case that technology is changing the way that we live our lives is irrefutable. The need to promote this technology to support the health and social care sector in the future has been made, but to date there is less impact than would have been expected in the way people are cared for. The need to improve the understanding of what technology can do and its limitations is something that needs collaborative working across commissioners and providers. It may also need significant changes in systems and working patterns for some areas.

Provider Landscape

South Staffordshire and Shropshire Healthcare NHS Foundation Trust provide adult and older people's mental health services in the county. Multidisciplinary and multi-agency teams work in partnership with local councils and closely with the

voluntary sector, and independent and private organisations to promote the independence, rehabilitation, social inclusion and recovery of people with a mental illness. Facilities include the Redwoods Centre in Shrewsbury which opened in 2012 and provides 80 adult mental health beds for Shropshire, Telford and Wrekin and Powys and 23 low secure beds for the West Midlands.

The Shrewsbury and Telford Hospital NHS Trust (SaTH) is the main provider of district general hospital services for half a million people living in Shropshire, Telford and Wrekin and mid Wales, Services are delivered from two main acute sites: Royal Shrewsbury Hospital (RSH) in Shrewsbury and the Princess Royal Hospital (PRH) in Telford. Both hospitals provide a wide range of acute hospital services including accident and emergency, outpatients, diagnostics, inpatient medical care and critical care. Total bed capacity across the two hospitals is 819.

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) is a leading orthopaedic centre of excellence. The Trust provides a comprehensive range of musculoskeletal surgical, medical and rehabilitation services; locally, regionally and nationally from a single site hospital based in Oswestry, Shropshire, close to the border with Wales. As such, the Trust serves the people of England and Wales, as well as acting as a national healthcare provider. It also hosts some local services which support the communities in and around Oswestry.

Shropshire Community Health NHS Trust provides community health services to people across Shropshire and Telford and Wrekin in their own homes, local clinics, health centres and GP surgeries. These services include Minor Injury Units, community nursing, health visiting, school nursing, podiatry, physiotherapy, occupational therapy, support to patients with diabetes, respiratory conditions and other long-term health problems. In addition, it provides a range of children's services, including specialist child and adolescent mental health services. Shropshire's four community hospitals have a total of 113 beds.

Of the 66 GP practices across Shropshire and Telford and Wrekin, 44 are in Shropshire and 22 in Telford and Wrekin. Local practices have recently formed a GP Federation. Walk in Centres are located in Shrewsbury, Telford town centre and at the Princess Royal Hospital. Shropshire Doctors Co-operative Ltd (Shropdoc) provides out of hours primary care services to 600,000 patients in Shropshire, Telford and Wrekin and Powys. NHS England holds contracts with 101 dental practices and 127 pharmacies across the STW area.

Wider Social Care Landscape

The STW area is served by the two Unitary Councils of Shropshire and Telford and Wrekin that have responsibility for delivery and oversight of a range of social care and support and for some health related provision for adults and children. There are 74 Councillors in Shropshire Council and 54 in Telford & Wrekin Council.

Health and Wellbeing Boards (HWBB) are in place in both councils. Established under the Health and Social Care Act 2012, they are a key part of broader plans to modernise the way NHS and social care services work together.

Whilst Shropshire and Telford & Wrekin have distinct Health and Wellbeing Strategies there are common themes that run throughout both: reducing health inequalities, supporting people to live independently, lifestyle and health choices and emotional health and wellbeing. The table below sets out the priorities within each Strategy and their correlation around these themes:

	Reducing Health Inequalities	**Supporting People to Live Independently**	**Lifestyle and Health Choices**	**Emotional Health and Wellbeing**
Telford & Wrekin	Improve life expectancy and reduce health inequalities	Support people to live independently	Reduce excess weight in children and adults Reduce teenage pregnancy Reduce the number of people who smoke Reduce the misuse of drugs and alcohol	Support people with Dementia Improve adult and children's carers' health and wellbeing Support people with Autism Improve emotional health and wellbeing
Shropshire	Health inequalities are reduced Health, Social Care and wellbeing	Older people and those with Long Term Conditions will remain independent for longer	People are empowered to make better lifestyle and health choices for their own and their	Better emotional mental health and wellbeing for all

	services are accessible, good quality and 'seamless'		families health and wellbeing		

Both Health and Wellbeing strategies describe how resources will be targeted to areas of greatest need and outline how they will be delivered in partnership by a whole range of organisations across the private, public and voluntary and community sectors.

Summary

There are already some very good health services in Shropshire, Telford and Wrekin. They have developed over many years to try to best meet the needs and expectations of the populations served, including that of Mid-Wales. Nevertheless, when looking at the changing needs of the population now and that forecast for the coming years, the aspiration for quality standards for our population, as medicine becomes ever more sophisticated; and when looking at the economic environment that the NHS must live within; then it becomes obvious that the time has come to look again at how services are designed to meet the needs of the local population and provide excellent healthcare services for the next 20 years.

Local clinicians and respondents to the local Call to Action surveys and events also see this opportunity to systematically improve care as being a necessary response in addressing the many challenges faced by the service as it moves forward into the second and third decades of the 21st century.

System Vision	
We envisage a system where, through working together, we have created a pattern of services that offer excellence in meeting the distinctive and particular needs of the rural and urban populations of Shropshire and Telford & Wrekin.	What is the vision for the system in five years' time?
A Call To Action In November 2013 STW ran a major consultation exercise with public and clinicians under the national Call to Action for the NHS. Information about the Call to Action – who responded and what they said – can be found at http://www.shropshireccg.nhs.uk/call-to-action. The response was very clear in saying that the public wanted full engagement in thinking through options for the future and that nothing should be predetermined. Nevertheless, in the light of the factors described above, there was real consensus between public and clinicians about the following: • An acceptance of there being a case for making significant change. • A belief that this should be clinically-led and with extensive public involvement. • A belief that there were real opportunities to better support people in managing their own health and to provide more excellent care in the community and at home. • An agreement that hospitals are currently misused. This is not deliberate but as a result of poor design of the overall system and the lack of well understood and properly resourced alternatives. • A belief that it is possible to design a new pattern of services that can offer excellence in meeting the distinctive and particular needs of the rural and urban populations of this geography - but if we are to succeed we must avoid being constrained by history, habit and politics. A key message about the design of services was that it needs to be radical and sustainable: a 5-10 year long term plan should be informed by: • Clinicians driving clinically sensible change. • A clear understanding of demand and capacity. • Clinical safety. • "Form follows function" and is not compromised by current building stock.	What key themes arose from the Call to Action engagement programme that have been used to shape the vision?

- The use of technological solutions.
- Simpler assessments to allow easier navigation by clinicians, NHS staff and patients.

The particular challenges identified by this health economy are set out in detail in the Current Position part of this document. These are consistent with the challenges identified in 'A Call To Action' and the local response to these results runs as a theme through this document.

Work underway locally to *reach* the strategic vision is described in more detail later in the document. However, work carried out which has been instrumental in assisting us to develop this vision can be best described under the following headings:

- Future Fit
- Health & Wellbeing
- Mental Health Modernisation

For those areas that are not the commissioning responsibility of the CCG's, such as primary care, there is an acknowledgement of the importance of building this into local planning to compete the picture and more details of this can be found in the sections below.

Future Fit

In order to address the challenges set out above Shropshire CCG, Telford & Wrekin CCG, Shrewsbury and Telford Hospitals trust (SaTH), Shropshire Community Health Trust and Powys LHB have committed to work collaboratively to undertake a Clinical Service review (CSR) engaging fully with their patient populations, to secure long term high quality and sustainable patient care. The review will focus on acute and community hospital services in Shropshire and Telford & Wrekin.

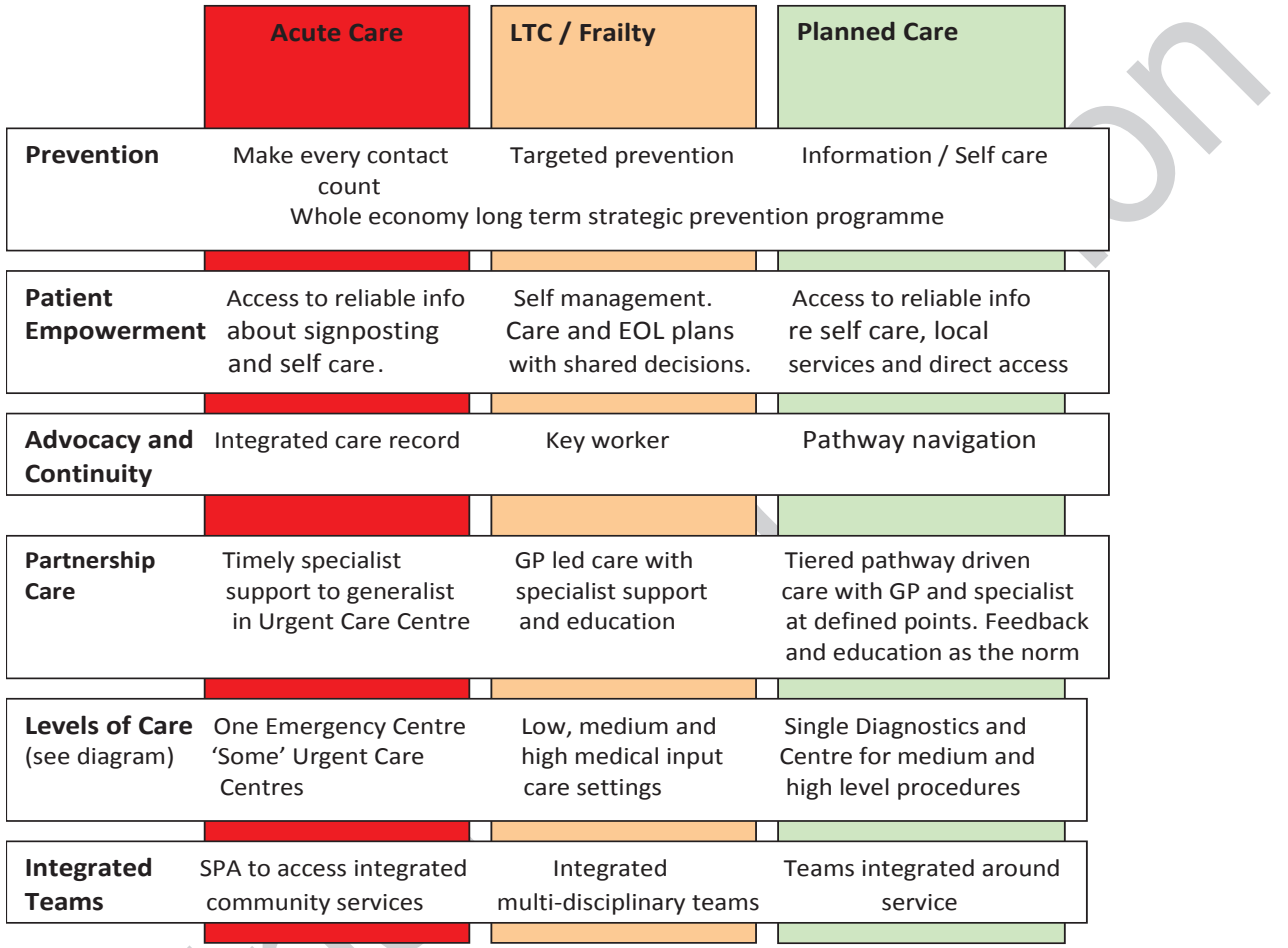
The vision for the transformation of service models set out in this plan draws heavily on the clinical design work stream of the NHS Future Fit programme, through which local partners are working to address some of the strategic challenges facing the health and social care system. This has, in turn, drawn on the strategy, service redesign and pathway development that CCGs have been leading over recent years, working closely with patients, providers and partners, including the two Health and Wellbeing Boards as well as a range of local, national and regional intelligence, detailed later in the document.

Over the coming months these service models will be subject to extensive clinical and public engagement both to test the

principles and to develop the more granular detail which will be needed to both inform an option appraisal for the configuration of hospital services and to develop transformation plans for those elements of the models which are not dependent on major changes to hospital configuration.

This strategy must be read in the context of the Future Fit programme: the opportunities for improvement have been clearly articulated; the case for change is widely accepted within the clinical community, by patient and public representatives, by partner organisations and by the Joint Health Overview Scrutiny Committee; and programme structures have been put in place to develop the clinical vision and new models of care which will form the cornerstone for the transformation of health and care services in Shropshire. A detailed clinical vision document has been written to support the FutureFit programme, a copy of which has been supplied with this document.

The vision for service transformation described below is drawn from the output from the Future Fit clinical design work. The figure below presents a high-level representation of the key elements of models of these models of care.



Whole system synergies

Health and Wellbeing (Better Care Fund)

Strategic thinking in relation to health and wellbeing incorporates the Health and Wellbeing priorities, set out on pg11 of this document, as part of the work on the Better Care Fund. These priorities build on the local intelligence contained with the JSNAs

As a result of dedicated Health & Wellbeing Board sessions, provider discussions and drawing on patient and public engagement programmes across Health and Local Authorities, it is clear that for STW the Better Care Fund represents an opportunity to transform the local health and social care landscape. What has emerged is the commitment to focus on four overarching principles and to use the Fund as an enabler to develop a system which has these principles at its heart:

- Prevention
- Early intervention
- Building community resilience
- Independent living

These align with the core service models being developed as part of our FutureFit programme:-

"Acute and episodic care" aligns with BCF element 3
"LTC/Frailty" aligns with BCF elements 2 and 4

The cross cutting theme of prevention is fully aligned with BCF element 1.

Further detail on the interventions aligned with the Better Care Fund are set out in the Improvement Interventions section. However, it is important to note that the service delivery of these models within the strategic vision will to a degree vary across Shropshire and T&W due to the differences in demography and rurality. For example Telford & Wrekin are planning to deliver an alternative to in-patient hospital care for people who can be cared for closer to home, building on existing integrated community health and social care Enablement/Rehabilitation model. Shropshire will achieve the same aims with a combination of an integrated community service and community hospital facilities. Nevertheless the overarching principles remain as a common thread across the plans

During the transition year of 2014/15 work will continue with providers, local stakeholders, patients and the public to further refine and develop this vision.

How does your plan for the Better Care Fund align/fit with your 5 year strategic vision?

Mental Health Modernisation

In 1956 a promise was made to the people of Shropshire to build a new patient facility to replace the old asylum 'Shelton Hospital'. In September 2012, over 50 years later, the Redwoods Centre opened and Shelton Hospital finally closed. This was done via a partnership between South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Shropshire County and Telford & Wrekin PCTs and both local authorities.

The opening of the Redwoods Centre did not just represent the availability of better in-patient facilities, but a wider strategic approach to modernising mental health services. Partners recognised that without significant change, the way services were delivered would remain the same; and patients would not benefit from innovation. Consequently, in preparation for the closure of Shelton, all stakeholders involved committed to a wider 'modernisation programme', one which would challenge expectations and transform services

Patient groups were engaged throughout the process and supported the concept of investing more in Home Treatment, Crisis Resolution and Assertive Outreach services. The aim was to ensure these could become more responsive and accessible as the first line of support while increasing the numbers of staff in Community Mental Health Teams and in the Memory Service.

Since the local modernisation programme the Government has confirmed its commitment for the NHS to increase its focus on Mental Health services through the publishing of "Closing the Gap: Priorities for essential change in mental health" (Department of Health, 2014). This includes building on the objectives set out in the 2011 strategy "No health without mental health" and sets out the areas where people should see the fastest change e.g. high quality services with a focus on recovery, establishing clear waiting time limits, tackling inequalities in access.

NHS England has also challenged CCG's to focus on *parity of esteem* to ensure that mental health services are given the same focus as physical health services. This is set out in the 2014/15 mandate from the Government to NHS England to "put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole" (Department of Health, November 2013) The government has also published the "Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis" (HM Government, 2014), the aim of which is to ensure that local agencies work together to improve care provision for those experiencing a mental health crisis.

Parity of esteem between physical and mental health needs and services has also emerged as a core component of the FutureFit clinical vision. The models of care described in the three main areas of Acute, Long Term Conditions and Planned Care have been contributed to by mental health professionals and further detailing will demonstrate more clearly the potential for closer integration. Partnership care in particular was felt to be a model which was equally applicable

to mental health services. Psychological management of all long term conditions should be 'part of the day job' and, within the context of partnership care, mental health specialists should have a greater role in the education and upskilling of generalists. Young people have particularly stressed the need for support for problems with stress and self harm.

Along with delivery against the nation targets set out by Government, highlighted above, the CCG's will be revisiting the assumptions of the original mental health modernisation plan to ensure that the original outcomes have been met.

In summary, in five years' time STW anticipate having a system that provides the right care, at the right time, in the right place, delivering better care within our allocated resources. Local citizens will be fully included in all aspects of service design and patients will be fully empowered in their own care. Patients will have a far greater participatory role and will be at the centre of every decision. All decisions will be evidence based with significant clinical input, there will be an open and transparent culture, and a commitment to listen and learn and constantly strive for improvement. 'Compassion in practice', effective reporting and learning from safety incidents will be standard practice across all providers

The impact of the challenges facing the health system have been factored into the CCGs five year finance and activity modelling and, therefore, the scale of the financial challenge has been quantified for the health economy at £80m over the next five years. The challenge is being addressed through the implementation of Urgent Care, Medicines Management, Long Term Conditions and planned care strategies running in parallel to, and supporting, the Futurefit sustainability programme and the implementation of the Better Care Fund. Each of these strategies and programmes are risk assessed on an ongoing basis with overall risk managed at Governing Body level through the Board Assurance Frameworks.

The key benefits to be secured from the FutureFit programme are:

- Highest quality of clinical services with acknowledged excellence in our patch;
- A service pattern that will attract the best staff and be sustainable clinically and economically for the foreseeable future;
- A coherent service pattern that delivers the right care in the right place at the right time, first time, coordinated across all care provision;
- A service which supports care closer to home and minimises the need to go to hospital;
- A service that meets the distinct needs of both our rural and urban populations across Shropshire, Telford & Wrekin and in Wales , and which anticipates changing needs over time;
- A service pattern which ensures a positive experience of care; and
- A service pattern which is developed in full dialogue with patients, public and staff and which

- feels owned locally.

The key benefits to be achieved will be set out in a Benefits Realisation Plan which will be developed as part of Phase 1 of the programme. This plan will set out the measurable benefits and key performance indicators to be realised under the following headings:

- Improved clinical effectiveness (outcomes);
- Improved experience of care, including environment;
- Reduced harm;
- Better support for people with long term conditions, minimising their need to rely on hospital based care;
- Better support for people to live independently;
- Most effective use of resources across the whole care system;
- Equitable access to the full range of services; and
- Improved staff recruitment, retention and satisfaction.

The details of deliverables in relation to the Better Care Fund are set out later in the document. However, what our service users will experience is more flexibility of provision, increased choice and more appropriate care settings being provided locally in their localities. They will also experience improved outcomes with better provision for long term conditions and an agenda focused on prevention and ensuring higher quality of life years for our younger generations.

The following sections further describe key areas of focus within the system vision:

Urgent and Emergency Care

Urgent and emergency care is one of three core elements of the service model for health care delivery which is being developed by the FutureFit clinical design. The principles and model of care which have been presented in the initial output from the FutureFit programme are fully consistent with the vision set out in the Phase One report from the Urgent and Emergency Care Review.

An analysis of the urgent and emergency care system was commissioned by partners in the urgent care system in 2013 and formed the basis of the working programme of the Urgent Care Working Group in 2013/14. This has enabled partners on the Urgent Care Working Group to establish a shared understanding of patient flows, services and facilities and population needs which will inform decisions around the establishment of an urgent and emergency care network during 2014/15.

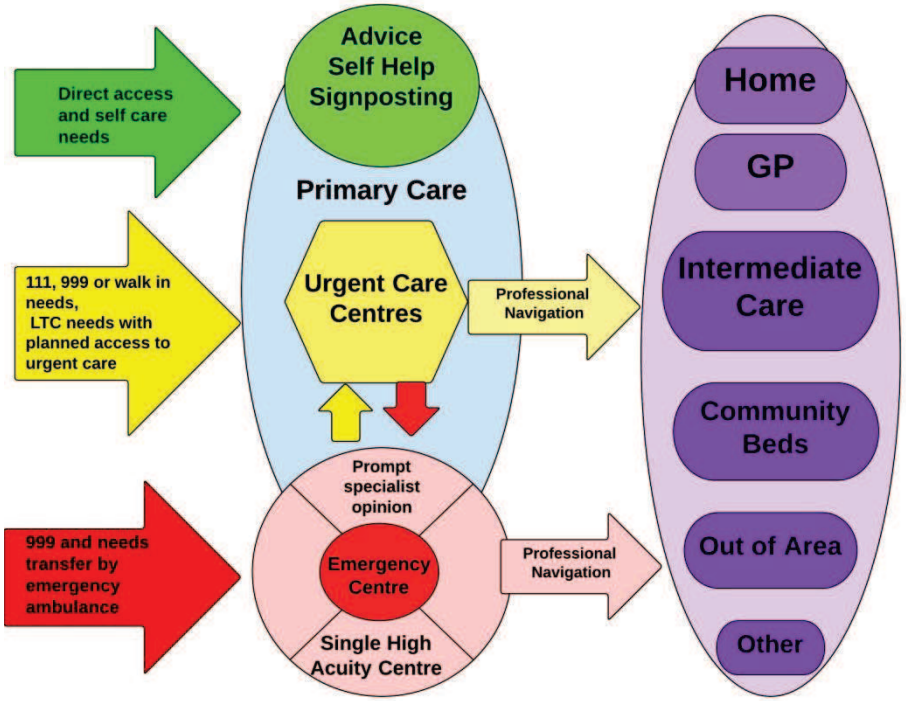
Early discussions have been held with partners across the Shropshire and Staffordshire area regarding the footprint of the

How does the vision include the six characteristics of a high quality and sustainable system and transformational service models highlighted in the guidance? Specifically:

1. Ensuring that citizens will be fully included in all aspects of service design

urgent and emergency care network. The development of urgent and emergency care is detailed and complex work and it will take and careful process management for a final position for future configuration to emerge. However, developments will involve elements of the following: ○ Patient flows – access to information that will provide easy trustworthy and localised information regarding self help, advice and signposting ○ Use of telephone single point of access ○ Urgent and emergency care centres ○ Partnership support – easily and quickly available to support generalists in lower acuity settings ○ Professional navigation – a single point of access for professionals to arrange further care and support for patients following their urgent/ emergency care contact ○ Integrated Community Care – Urgent/ emergency care delivered in a context of whole system integration.	and change, and that patients will be fully empowered in their own care 2. Wider primary care, provided at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care *6.* Specialised services concentrated in centres of excellence (as relevant to the locality)

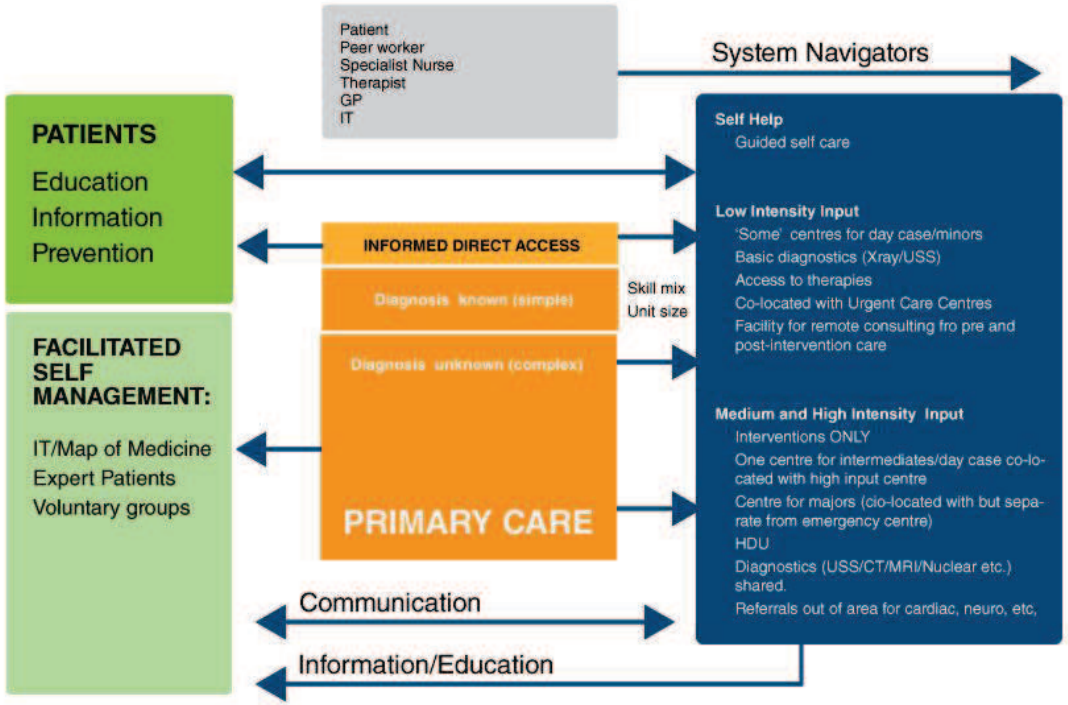
Diagram of the acute and episodic model of care



Both CCGs are part of the collaborative commissioning arrangement led by Sandwell & West Birmingham CCG to commission urgent and emergency ambulance services. The CCGs are working together with WMAS in the review and development of a tariff based system that will deliver the appropriate incentives to support non-conveyance to hospital as appropriate and to maximise the hear & treat and see & treat opportunities. Locally the ambulance service is a member of the Futurefit Programme Board and a key stakeholder in shaping the future of the urgent care landscape in Shropshire. As services are redesigned and develop over the coming months and years it will be essential to maintain co-operation with the provider of the 111 service and to maintain and develop the Directory of Services to reflect local improvements in available service provision to further maximise more suitable care alternatives to admission via the local Urgent Care Working Group

Planned Care Planned care is one of three core elements of the service model for health care delivery which is being developed by the Future Fit clinical design. The model of care which is being developed through this work is aiming to create a less complex and fragmented system that will improve quality (outcomes and patient experience) and achieve improvements in productivity. The ambition is to improve productivity by 20% within 5 years, the specific details of which are contained in individual CCG's operating plans Elements of productivity improvement that have already been implemented for at least some specialties/pathways include greater utilisation of advice and guidance, new pathways for GP access to diagnostics, new community-based services as an alternative to hospital care, promoting day case surgery and the implementation of enhanced recovery utilising local expertise from Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust.	

Diagram of planned care model



New services in the community will continue to be procured to ensure services are appropriately provided as close to the patients' home as possible and the shift towards prevention, intervention and wellbeing progressed.

Specialised Services

The commissioning of Specialised Services has undergone a significant restructure over the last year with the consolidation under NHS England. Much work has been done with the introduction of Clinical Reference Groups to ensure Specialised Services are appropriately defined within prescribed service specifications.

Recently a Staffordshire Shropshire Specialized Commissioning group has been set up with the intention of developing the concept of co-commissioning between CCGS and NHS England. The intention is to :-

- collaborate in developing commissioning strategies for disease pathways where elements of the pathways' are

commissioned by both CCGs and NHS England and

- coordinate the management of providers in their delivery of services for our patients.

Initial priority areas for joint working have been identified as CAMHS Tier 3 / 4, Cancer, Neuro-rehabilitiation and Obesity services.

Whilst for 2014/15, the specialist service contracts have a period of stability, the commissioning intentions beyond this could see some more material changes as outlined in a strategy document issued by NHS England "Prescribed Specialised Services Commissioning Intentions 2014/15 – 2015-16". This is particularly relevant given the recently published financial challenges the specialized commissioners face and we will be kept apprised of developments which may affect the plans of our providers and have a knock-on effect for CCG commissioners.

Locally it is anticipated that the following issues will impact upon our local providers:

- From 2015/16 under revised Identification Rules it is expected that the range of services provided and commissioned as specialised services will grow. This will include areas such as Revision Surgery which may offer opportunities for RJAH to meet demand from surrounding providers who may not meet service specifications.

- Strategic Clinical Services Review – NHS England currently commissions 143 specialised services and will be developing a commissioning framework for each service to ensure consistency of commissioning. As each review is developed NHS England will decide how best to take forward the procurement of services which could result in re testing the market place and may directly impact on local providers and their planned revenue.

- Prime Contractor – Commissioners will lead a process to invite proposals for prime contractor delivery where this enables consolidation and networking of specialist provision which again may directly impact our local providers.

Whilst a number of these developments may impact on the longer term planning of local providers, STW will use the intervening period to ensure providers are well placed in terms of service provision and in developing networks to support a potential future shift in prime contractor role to maximize provider opportunities for growth and minimize any financial risk to the local health economy.

Primary Care

The contribution that primary care will be asked to make to the transformation of health and care services is central to the clinical vision and models of care that are being developed as part of the Future Fit programme.

The Shropshire and Staffordshire Area Team is developing an evolving vision of primary care based active consultation with CCG's, Local Authorities and Healthwatch. The key elements of the desired future state are as follows:

- Clear minimum expectations across Shropshire and Staffordshire in terms of access and quality. This is complemented by revalidation requirements and CQC inspection. Therefore understanding what the "core" offer from Primary Care services in the area is will enable individual CCGs alongside NHS England to more effectively support general practice and plan service changes to enhance outcomes.

- The guiding principles will be developing sustainable primary care services that enable both clinicians and patients, utilise technology and support the concept that "home is normal". In some areas this will be delivered through a model of Primary Care at scale and in others, due to geography and rurality it will be delivered through an integrated local model. Both models will increase the resilience of the primary care model in that area and improve patient outcomes and experience, to include addressing variation in care and services

Whilst primary care delivered at scale may have merit in some of the more urban areas across the geography of Telford & Wrekin and Shropshire, Primary Care through integrated models may also have merit where at scale isn't feasible due to geography or rurality. This model will enable individual GP practices to offer the same services as the "at scale" model within a rural footprint:

- Using the local GP practice as the "hub" the core services provided in that area will be integrated, either physically or virtually, into a "team around the practice"
- Utilising technology adequately will allow this "team" to link with expert advice from the local acute hospital and other providers in the area and thus ensure that local patients can be treated more effectively within their rural environments without delay, expense and risk of long journeys
- A model categorising patient care not into diagnosis categories but "level of care" will be considered to enable adequate development of the team structure thus allowing individual practices the flexibility to use their skills most appropriately whilst being supported by the wider team

In taking forward developments in Primary Care the Area Team have established a group to develop a collaborative approach to the commissioning of primary care services and following Simon Steven's recent letter the CCGs have

submitted a proposal to the Area Team to co-commission elements of Primary Care services along the principles outlined above. *A Modern Model of Integrated Care* Long Term Conditions (LTC) is one of three core elements of the service model for health care delivery which is being developed by the Future Fit clinical design. Collaborative working and service integration are central to the high level model of care.	

Diagram of long term conditions model of care

The key overarching aims in relation to LTC are to shift resources to strengthen self-care and prevention, to ensure that the patient remains at the centre of their care, to work with a multidisciplinary focus with the GP at the centre, ensuring effective case management of patients. In addition work will also be undertaken to reduce time spent in hospital by people with LTC. Further schemes will focus on Pulmonary Rehabilitation, respiratory services, development of diabetes services and the role of telehealth

Each of the CCGs has established strategies and plans for long term conditions which support the delivery of the aims set out in the paragraph above. These are consistent with the high level models produced by the Future Fit programme and the development and implementation of existing priorities will continue alongside the Future Fit programme. Both CCG strategies focus on developing care closer to home and the establishment of integrated care teams based on clusters of GP practices. It is anticipated that this approach will result in a reduction of admissions to acute hospital beds.

CCG Operating Plans include more detail on the actions which are being taken to improve services for people with long term conditions and ensure that people with multiple long term conditions are offered a fully integrated experience of support and care.

CCG BCF submissions also include the detail of the plans to integrate care across health and social care.

Engagement of Citizens

Both CCGs have put the engagement of citizens in their care, in the design of services and in commissioner decision-making at the heart of their everyday business. CCG committees are established which review the work programmes and activities of the CCGs to ensure that patients and the public are being effectively engaged in all aspects of the commissioning process. Support is provided to patient and public representatives to enable them to engage effectively in this work.

The CCGs led a major local engagement process as part of the national Call to Action programme. Almost 3,000 responses were received and the Call to Action process was brought together at a conference in November 2013 at which the Chief Executive of NHS England was the keynote speaker. Key messages from the Call to Action – from the public and from local clinicians – are particularly shaping the Future Fit programme but are also being used within other key development strands for the CCGs. There is strong representation from patient groups on the Programme Board and a substantial programme of public and patient engagement will ensure that there is meaningful and authentic citizen participation in the design of the plans and decision-making process.

There is a strong network of practice patient participation groups (PPGs) which provide a strong foundation for public engagement. CCGs have also been working closely with Healthwatch organisations and building wide networks of

engagement to include PPGs, voluntary sector organisations, disease specific groups, groups based in particular localities, disease specific groups and young people.

Engagement with young people includes the development of Youth Champions. The aim is for these young people to become active and valued partners, working with service providers and commissioners, to jointly deliver better health and wellbeing outcomes. In addition to the benefits for local organisations and wider communities, the young people taking part will individually benefit through improved confidence and a sense of pride in their achievements.

Further information on the specific approaches of each CCG are set out in the CCGs' Operational Plan submissions.

Carers
Both Shropshire and Telford & Wrekin CCG's have dedicated work streams focusing on the role of and support for carers. Examples of current schemes are:

- Funding carer breaks – provision of non-residential respite and support services for family carers
- Shared lives for people with dementia - respite provided in people's own homes on a regular basis rather than institutionalised respite care
- Hospital carers link worker - supporting carers of people coming out of hospital in order to ensure they have information about the support and services available to them
- Dementia CQUIN including supporting carers – now included in acute contracts

The Royal College of General Practitioner's recommendations in general practice for improving support to carers will be used the basis to develop the local NHS strategy. The CCG's will also work in partnership with their local councils and voluntary sector organisations to develop a new health economy wide strategy, following the publication of the Care Bill.

Local Councils and CCGs already work together to support carers. This work will form a strand of work under the better Care and will build on existing local arrangements as well as absorbing funding for carer breaks (in line with the NHS Operating Framework 2012-13 stipulations.)

The work within the areas outlined above is linked to the delivery of the system vision via the implementation of the CCG's Operational Plans. A summary of these plans can be found in the Improvement Interventions section of this document.

Alignment with Provider Vision

Provider organisations have been involved in the development of the 5 year strategic plan and the triangulation between system vision and individual provider plans. The following gives a summary of the strategic position of each of the key local

providers:

Shropshire Community Trust is currently reviewing and refreshing its strategy, supported by a new executive team formed in early 2014 and has already adopted a new structured approach to transformation and efficiency. That new approach includes strong leadership for transformation; purposeful engagement with staff, clinical leaders and partners over change; revised governance arrangements and systems, and development of improvement methodologies.

The Trust's core purpose is: " to support adults and children often with complex and long term health needs to cope with those needs at home where they want to be, living their normal lives. We do this by helping people to manage their own health and providing services to them, at or near home'.

Trust strategy is based on the huge potential for community health services to deliver a substantial change to the overall pattern of care in the local health economy in line with local health economy plans to ensure the right care is delivered at the right level in the system. The strategy strives to improve patients' experience and independence through services close to home, and help to manage increasing demand at the most appropriate level within tight financial constraints.

Refreshed strategic objectives are in the process of being refined and developed. In working draft they are:

(a) To deliver locality-based teams and services that are grouped around GP practices and natural localities
(b) To improve the availability of services with flexible hours as standard, including 7 day working and extended hours
(c) To work with partners to deliver more integrated care
(d) To grow and develop community services ,including care and prevention, in the local health economy

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) sets out its strategic intention to become the leading national NHS specialist orthopaedic provider as:
'To be the leading centre for high quality sustainable orthopaedic and related care achieving excellence in both experience and outcomes for patients'

This is supported by three principle strategic objectives:
'To be the provider of choice for patients through the provision of safe, effective and high quality orthopaedic and related care'

'To improve outcomes for patients through partnership working with patients, staff and commissioners of services at a local and national level, and through clinical networks with other providers'

'To develop a vibrant and viable organisation where people achieve their full potential and success leads to investment in services for patients.'

As a specialist hospital working on a national footprint their strategic position reflects this. However, the pressures of managing increasing demand in a financially constrained landscape are still relevant and are cited within their planning assumptions

As well as continuing to achieve internal improvements in productivity the Trust's strategy also seeks to increase its income by attracting referrals from outside the Shropshire and mid Wales area.

The South Staffordshire & Shropshire Healthcare NHS Foundation Trust's strategic ambition recognises the need to improve service delivery and the experience of service users, carers, staff and stakeholders, within the challenges of a reducing financial envelope and that to do so requires major service redesign and development of innovative, efficient ways of working including developing partnerships outside the NHS.

The Trust has set out the following key areas for development over the next two years:

- To ensure all services and service developments support the individual's personal journey of recovery
- To reduce reliance on bed based provision for dementia and acute acre
- To define and agree outcome measures that demonstrate the quality treatments provided
- To remodel the community mental health pathway, which will be primary care led with specialist expertise and interventions easily accessible
- To remodel the acute/ crisis pathway to ensure admission is purposeful with emphasis on home based community support and treatment as soon as safely practical

Shrewsbury and Telford Hospital NHS Trust highlights within its Two Year Operating Plan a number of long standing problems which now place critical pressure on the clinical and financial viability of future services as well as the future challenges of an ageing population and achieving safe staffing levels.

The Trust sets out its main challenges as follows:

- The impact of split–site and significant duplication of services spreading expertise too thinly.
- Recruitment difficulties in key staffing groups.
    - Inadequate capacity to consistently deliver healthcare targets.

- Shortcomings in performance management and systems.
- Historic cultural issues.
- Maturity of relationships across the health economy.
- The underlying financial deficit and the cost-inefficiency of the current service model.
- The chronically inadequate liquidity position and a failure to invest in capital equipment, IT and the estate.
- Gaps in junior doctor rotas pose serious risk to medical staffing shortfalls which will create the need for rationalising services onto one site in emergency medicine, critical care and general medicine.
- Inability to fully implement 7 day working on the current model.
- Inability to attract and recruit additional consultants in key specialties and particularly emergency medicine and elderly care does not allow us to achieve minimum Royal College expectations.
- Inability to achieve the highest standards of care that we aspire to as a Trust as we rely on locum for cover and shoring up duplicated services across our two sites.
- Restricted ability to maximise operational efficiency and deliver the 4% productivity improvement that is required of us in the current clinical model leaves us vulnerable in our ability to demonstrate the financial viability of the Trust.

The Trust goes on to outline the following challenges that will have a key focus going forward:

- Quality and Safety: Providing the best clinical outcomes, patient safety and patient experience
- Healthcare Standards: Delivering consistently high performance in healthcare standards
- People and Innovation: Striving for excellence through people and innovation
- Community and Partnership: Improving the health and wellbeing of our community through partnership
- Financial Strength: Building a sustainable future

The Trust also states a number of mitigating actions to address these challenges which include working closely on both the Future Fit and Better Care Fund programme. More details of this can be found in the Improvement Interventions section

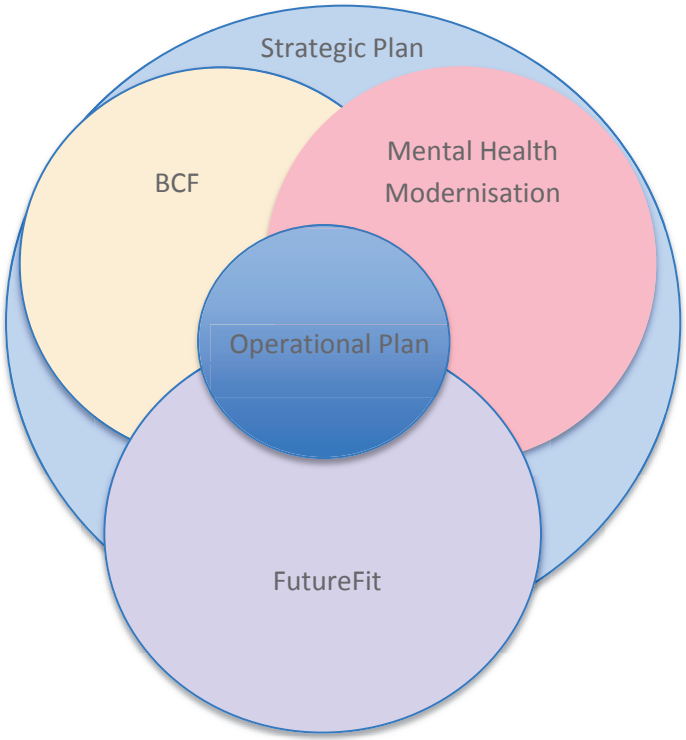
In particular the Trust highlights that having evaluated all possible options it believes that, in the longer term, there is no other feasible clinical solution than to centralise all acute, emergency and critical care facilities on a single site creating a new Specialist Emergency Care hospital for Shropshire.

Provider plans demonstrate a common understanding of the local and national pressures facing the health and care system locally and the willingness to work together to tackle these issues. Plans are cited on Future Fit and Better Care

Fund developments and in particular there is a shared drive towards transforming services and addressing issues of access, quality and demand that show alignment with the CCG's key principles of:

- **Home is normal** – being able to receive care as close to home as possible
- **Sustainability** of services, including developing a local workforce and financial viability
- **Empowering** patients through self-care and maintenance
- **Looking to the future** in everything we do, through new ways of working and integration, use of technology and planning for future generations

Summary



In summary the Strategic Plan is made up of three key component parts: Future Fit, Better Care Fund and Mental Health Modernisation. Contained within them are several strands of work which contribute to achieving this strategic vision. The operational plan acts as the key delivery document for the first two years of the overall five year strategy.

All these interlinking component parts work together to perform overlapping, but also distinct, roles in the achievement of the vision set out to the beginning of this section. As work develops over the coming months to further develop what are significant programmes of work, the way in which the strands of work will contribute to the delivery of the strategic vision will be refined and defined more explicitly.

Improving quality and outcomes	
Quality The Publication of the Francis Inquiry into failings at Mid Staffordshire Hospital has been one of the most significant events in the recent history of the NHS and has firmly placed quality at the top of the NHS agenda. Although the public inquiry was focused on one organisation, it highlights a whole system failure. The 1,782 page report has 290 recommendations which cut across and have major implications for all levels of the health service across England. There is no doubt that any plans for reconfiguration of provision must have quality as its central focus. In his report (2010), Robert Francis QC calls for a whole service, patient centred focus. His detailed recommendations do not call for a reorganisation of the system, but for a re-emphasis on what is important, to ensure that this does not happen again. These themes, outlined below, are embedded within transformation plans: - Emphasis on and commitment to common values throughout the system by all within it; - Readily accessible fundamental standards and means of compliance; - No tolerance of non compliance and the rigorous policing of fundamental standards; - Openness, transparency and candour in all the system's business; - Strong leadership in nursing and other professional values; - Strong support for leadership roles; - A level playing field for accountability; - Information accessible and useable by all allowing effective comparison of performance by individuals, services and organisation. In addition this document demonstrates how the transformation plans over the coming years will contribute to the NHS Outcomes Framework domains, set out below and have these principles at their core: - Preventing people from dying prematurely; - Enhancing quality of life for people with long term conditions; - Helping people to recover from episodes of ill health or following injury; - Ensuring that people have a positive experience of care; and - Treating and caring for people in a safe environment and protecting them from avoidable harm. As well as embedding these principles in the development of future healthcare, they will be reinforced by the implementation of local QIPP programmes, In addition all reconfiguration initiatives will be assessed against quality and safety standards at both a macro and micro level supported by an agreed Quality Impact Assessment (QIA) Tool with quality assurance and improvement as the key guiding principles.	How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations? b) Improving health outcomes in alignment with the seven ambitions c) Reducing health inequalities?

Significant progress has already been made by the CCG's to ensure systems are in place to monitor quality of health services commissioned across providers. However there is still much to do and there is a recognition of the need to work in partnership to provide assurance of quality, safety and positive patient experiences across the local health and social care economy.

Health Inequalities

As the programme of transformational work develops, clear links will be made between the implementation of key changes and the planned improvement and health outcomes and reducing health inequalities. Both CCGs are working working with Health and Wellbeing Board partners to strengthen commissioning for prevention. The wider strategic commitment for each of the Health & Wellbeing Boards is set out on page 10. Prevention is identified as a priority in both Better Care Fund submissions and work is being carried out using the tools provided in the "Commissioning for Prevention" guidance to target that work even further over the coming months.

Tackling health inequalities is a priority for both CCGs. The JSNAs have been a significant source of information in building up a local profile to support the best use of resources. This intelligence tells us that people living in the most deprived fifth of the population, particularly men are significantly more likely to have lower life expectancy and higher premature mortality than the average. However, different population groups have different experiences of health inequalities: young women from the most deprived areas are more likely to smoke in pregnancy and not breastfeed their babies, mental illness is more likely to be experienced by vulnerable groups (e.g. looked after children) and physical inactivity and prevalence of disease is more likely to be experienced by older age groups. Men with severe mental illness die 20 years younger than average and for women with severe mental illness it is 15 years. 42% of all tobacco is smoked by those with mental health problems and this group also have higher levels of obesity.

Telford and Wrekin as a whole is relatively deprived with certain areas (such as Malinslee and Woodside) ranked within the top 10% most deprived nationally (Index of Multiple Deprivation, 2010). Almost a third of Telford & Wrekin's young people live in areas ranked in the most deprived nationally.

Whilst Shropshire, overall, is less relatively deprived compared to national comparators, the same health inequalities gradient applies to the population within the county, with those who are more deprived consistently having more ill-health and lower life expectancy than those who are less deprived. Shropshire also has a relatively older population and will have an increasingly ageing population over the next five years; therefore it is likely that the prevalence of disease will increase.

Shropshire is also a large, sparsely populated rural county which creates particular challenges in relation to health

inequalities. Smaller pockets of deprivation may not be apparent at the aggregate population levels at which comparative information is compiled so that rural deprivation is less visible within this data. A rural health survey undertaken recently for the Shropshire Health and Wellbeing Board identified access to services and fuel poverty as issues of particular priority for people living in rural areas.

Tackling health inequalities and delivering a sustainable NHS for future generations go hand in hand and to this end the use of local intelligence is key in targeting resources to areas of most need. A summary of the population profile for STW is outlined in the Current Position section of this document. However, the more detailed information set out below outlines why health inequalities is high on the agenda locally and why tackling it is so fundamental to delivering the system vision set out in this Strategic Plan.

Working in Partnership

Shropshire has a long history of working in partnership with the voluntary sector and in 2013 the CCG and Council signed a Compact outlining the principles on which business with the voluntary sector would be carried out. The Voluntary and Community Sector Assembly (VCSA) operates as the co-ordinating body for voluntary sector agencies in the area and is supported by a co-ordinator post funded by Shropshire Council. The VCSA elected chair has a seat on the Health and Wellbeing Board

Telford and Wrekin have an equally robust approach to working with the Voluntary sector which includes co-production via the Programme Management Board and engagement with the Chief Officers Group

STW has comprehensive engagement programmes with stakeholders, patients and carers as part of the fabric of both FutureFit and the Better Care Fund developments over and above core organisational engagement programmes

Locally both CCGs hold patients and the quality of care that they experience at the centre of local work. STW believe that measuring outcomes rather than units of activity will create ambitions that are meaningful across health, social care and most importantly for local patients. Both CCG's will continue work locally with patient participation groups and Healthwatch to develop the use of health outcomes as measures of success for the delivery of good quality health and special care services that meet the needs of patients and their carers. These local measures will vary across Shropshire and Telford & Wrekin CCGs based on the specific needs of their local populations and reflecting the differing degrees of rurality as set out later in this section.

The basis for setting outcome ambitions for STW CCG's is the NHS Outcomes Framework, in particular the seven outcome measures highlighted by NHS England and the local measures selected by the CCGs to reflect individual health priorities. Through the implementation of this plan, the CCG's will deliver improvements in those patient outcomes as set

out in the table below during the next five years.

National Outcome Ambition	Outcome Indicator	Aggregated current performance
Securing additional years of life for the people of England with treatable mental and physical conditions	*Potential years of life lost from conditions considered amenable to healthcare: adults, children and young people*	2182.13
Improving the health related quality of life of the 15+ people with one or more long-term condition, including mental health conditions	*Health related quality of life for people with long-term conditions*	71.1
Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	*Unplanned hospitalisation for chronic ambulatory care sensitive conditions*	681.21
	Unplanned hospitalisation for asthma, diabetes end epilepsy in under 19s.	342.66
	Emergency admissions for acute conditions that should not usually require hospital admission	1151.58
	Emergency admissions for children with lower respiratory tract infections	382.46
	Composite measure -	1817.26
Increasing the proportion of older people living independently at home following discharge from hospital	*No indicator available – please see section below.*	
Increasing the number of people with mental and physical health conditions having a positive	*Patient experience of hospital care*	158.6

At the Unit of Planning level, what are the five year local outcome ambitions i.e. the aggregation of individual organisations contribution to the outcome ambitions?

experience of hospital care		
Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community	*Awaiting feedback from area team as CCGs can only see performance on OOH experience*	5.9
Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	*Indicator in development – please see section below.*	

Local Outcome Ambition	Outcome Indicator	SHROPSHIRE CCG		TELFORD CCG	
		Baseline	Outcome	Baseline	Outcome
Enhancing quality of life for people with dementia	*Estimated Diagnosis Rate for People with Dementia*	42%	TBA		
Improving functional ability in people with long-term conditions	*People with COPD & MRC Dyspnoea scale >=3 referred to pulmonary rehab programme*	Baseline being determined for Q4 2013/14	20% improvement by March 2015 TBA improvement by March 2018	Baseline being determined for Q4 2013/14	20% improvement by March 2015 TBA improvement by March 2018
Reducing premature deaths in people with learning disabilities	*The % uptake of health checks for adults with learning disabilities*	53.9%	60% by March 2014 TBA by March 2018		
Smoking at time of delivery				23%	18% by March 2018
Experience of integrated care	*To be determined nationally*			TBA	TBA

The following national ambitions have been set but have yet to have indicators agreed:

Increasing the proportion of older people living independently at home following discharge from hospital
In Shropshire the ambition has been set within the Better Care Fund that the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement/rehabilitation services will increase by 15% between March 2013 and June 2015. This will be a direct measure of the effectiveness of our new Integrated Community Service piloted during the recent winter period and planned for further roll out and development over the next 6-9 months.

In Telford the ambition has been set to increase the proportion of people (65 and over) still at home after 91 day by 10% (N.B. variation between CCGs reflects different populations and current clinical pathways – T&W already has an established Enablement Service). BCF will expand the existing service by integrating acute and more community/social care staff into the community based enablement team. A "team around the practice" concept will also be developed to support integrated working to reduce avoidable admissions; and will integrate commissioning of voluntary sector provision to ensure best value.

Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care
Locally assessment have been made of the contributory factors such as rates of C-Diff and MRSA; harm resulting from falls and avoidable pressure ulcers. Although improvement plans are in place and are supporting significant progress in reducing these causes of harm, our strategic commissioning focus will continue to be on eliminating risk for our patients.

The CCGs also plan to work closely with organisations on their mortality review programmes which will include continual surveillance of their mortality statistics and actively participate as a CCG alongside strategic clinical networks and neighbouring CCGs to ensure unwarranted variation is addressed and delivery on the ambition of eliminating avoidable deaths in our hospitals caused by problems in care is achieved. Through this approach The CCG's will also seek assurances around the dissemination of learning and implementation of quality improvement plans across all our providers.

Engagement to shape improvement
Both CCGs have mechanisms for engaging with their member practices and ensuring clinical expertise is at the heart of decision making. In Shropshire GP Locality Committees meet regularly with the chair of each committee holding a place on the Governing Board. In Telford there is a monthly GP Forum where GP representatives from each of the member Practice attend to discuss and consider decisions which need to be made by them. This Forum is also attended by the CCG Chair, Chief Operating Officer, Executive Leads and Lead Commissioners. Both CCGs also have core organisational engagement programmes with the public and patients that ensure views of local communities play a fundamental role in service planning. The CCGs also link with engagement programmes run via their local councils Stakeholder engagement is also a key part of service management and redesign and is managed on a programme basis. Engagement is also a key

element of work undertaken via the Health and Wellbeing Boards In relation to the current key areas of work there are specific programmes of activities related to FutureFit, the Better Care Fund and Mental Health modernisation. In relation to Future Fit there is a specific workstream associated with Engagement and Communications. The overall goal of the workstream is to empower patient and community leadership at the heart of the programme, ensuring the creation and delivery of a compelling vision for Excellent and Sustainable Acute and Community Hospital Services. A significant piece of work on engagement was undertaken via the Call to Action campaign. In all 3156 responses were received and this feedback has been utilised in the development of the FutureFit Programme and generally in the development of services across the LHE. There is a commitment to work collectively with stakeholders, including politicians to invite agreement from them to the case for change, the clinically led model and the principles of decision making. Better Care Fund consultation and engagement builds on the platform already in place via organisational core engagement programmes and the Future Fit engagement programme. Across both CCG's Better care Fund plans and implementation structures place patient and clinician representation at each level. In relation to the mental health modernisation work, the current review of progress includes engagement with patients, carers and other stakeholders to determine their experiences as a result of the changes made to date. The questions asked through the period of engagement will be based on the assumptions set out in the initial business case. The CCG Patient & Public Involvement leads and representatives from the Councils will be involved in the process. The intention to engage has been presented at both CCG patient engagement groups. Local Authorities, Healthwatch, Carers groups, Voluntary sector forums and other appropriate groups will be involved. As well as engagement events, information will also be collated from complaints departments, the Friends & Family initiative and the real time patient experience surveys that are on-going. The setting of local ambitions was informed by intelligence and local analysis looking both at historical performance trends and benchmarking of performance against other CCG areas. Health and Wellbeing Boards were involved in setting the outcome ambitions and in determining local outcome priorities. Specifically data, intelligence and local analysis was triangulated from the following resources - JSNA - CSU benchmarking report	How have the community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions? What data, intelligence and local analysis were explored to support the development of plans for improving outcomes and quantifiable ambitions?

- Anytown planning resources - Commissioning for Prevention toolkit - Patient and Public engagement/ consultation The JSNA's have been a significant resource in developing local plans and have informed the 'Local Picture' section within the Current Position part of the document above. The information contained in the JSNA's has been the key source of intelligence in developing local plans. The outcome ambitions, Health and Wellbeing Board priorities and Better Care Fund Plans are well aligned to the local JSNA's. Outcome ambitions were developed with Health and Wellbeing Boards both in informal workshops and formal public meetings.	How are the plans for improving outcomes and quantifiable ambitions aligned to local JSNAs? How have the Health and well-being boards been involved in setting the plans for improving outcomes?

Sustainability

In order to ensure achievement of the outcome ambitions as set out above it is essential that the health and social care economy is financially sustainable.

Current Financial Context

Within the Unit of Planning footprint are the following main health organisations:

Shropshire CCG (SCCG)
Telford and Wrekin CCG (T&W CCG)
Shrewsbury and Telford Hospital NHS Trust (SaTH)
Shropshire Community Health Services NHS Trust (SCHT)
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)
Shropshire and South Staffordshire Mental Health NHS Foundation Trust (SSSFT)

The economy is also supported by the following Local Authorities:

Telford and Wrekin Council
Shropshire County Council

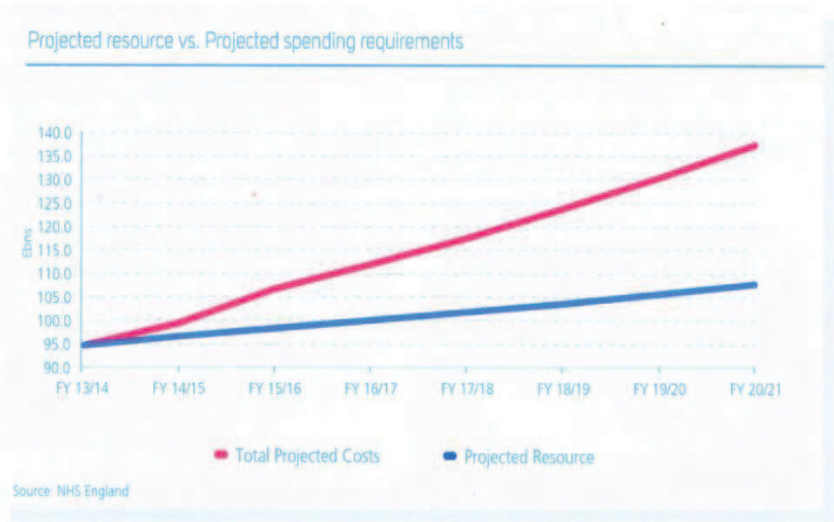
The financial outturns of the health organisations at the end of 2013-14 were as follows:

Organisation	Surplus/ (deficit) £'000
Shropshire CCG	2,166
Telford CCG	73
SaTH	65
SCHT	45
RJAH	1,000
SSSFT	4,000

Are the outcome ambitions included within the sustainability calculations? I.e. the cost of implementation has been evaluated and included in the resource plans moving forwards?

Financial Planning 2014-15 to 2018-19 - assumptions

NHS England's "A call to Action" document acknowledged that the NHS had succeeded in achieving £20bn in efficiency savings by 2015 but set out a further challenge for £30bn savings by 2021 as a result of an ageing society, changing burden of disease, lifestyle risk factors in the young, rising expectations and increased costs.



The burden of the financial gap will affect both commissioning and Provider organisations through:

- Tariff deflator/in built price efficiency resulting in Cost Improvement Programmes (Providers)
- Zero allocation growth resulting in the requirement for Quality, Innovation, Productivity and Prevention programmes (Commissioners)

Shrewsbury and Telford Hospital's strategic plan includes an assumption that the Future Fit programme will deliver a new single-site emergency care centre, with a capital cost of c£200,000,000, which will be completed within the next 5 years (the plan assumes October 2018). This would provide a sustainable solution to the principal service and workforce sustainability challenges which the Trust currently faces. The cost of capital is assumed to be funded from savings

realised through single site working. However, the Trust has assumed that, having improved its productivity through the move to a new facility, it would not be able to make the full level of efficiency savings built into the national tariff and that the shortfall would be funded by commissioners. This assumption will need to be worked through in detail with the trust once more detailed financial modelling and feasibility study reports are available from the FutureFit work later this year. Currently this assumption has not been formally agreed with the commissioners and therefore is not reflected in CCG financial plans. It is recognised by the Trust that securing approval and delivering the implementation of such a substantial capital development within this timescale will be extremely challenging.

The Trust plan does not assume any change to activity plans and tariff price assumptions arising from the new development and is, in this regard, cost-neutral to commissioners. However, the Trust has assumed that, having made improved its productivity through the move to a new facility, it would not be able to make the full level of efficiency savings built into the national tariff and that the shortfall would be funded by commissioners. This assumption has not been agreed with commissioners and is not reflected in CCG financial plans.

In order to evaluate the level of savings plans required across the health economy the organisations across Shropshire have agreed to use the Future Fit activity modelling base case assumptions as the basis for medium term financial planning. The results from the modelling became available after organisations had submitted plans for 14-15 and 15-16, however, they will be used for financial planning for 16-17 through to 18-19. A summary of the trajectories that will be used are shown below.

Future Fit Base Case Modelling Assumptions

Moderated Improvement in Age Specific Health Status 5 year trajectory		
Commissioned activity - All Admissions	%	0.80
Commissioned activity - Electives (incl Mat and Other)	%	3.10
Commissioned activity - Emergency	%	-2.80
Commissioned activity - First outpatients	%	-3.70
Commissioned activity - Follow up outpatients	%	-0.20
Commissioned activity - Out patient Procedures	%	12.60

No change in Age Specific Health Status		
Commissioned activity - All Admissions	%	2.80
Commissioned activity - Electives (incl Mat and Other)	%	4.70
Commissioned activity - Emergency	%	0.00
Commissioned activity - First outpatients	%	-4.60
Commissioned activity - Follow up outpatients	%	-1.80
Commissioned activity - Out patient Procedures	%	10.90

The modelling includes assumptions around:

Demographic Change - population size, age profile and health status
Commissioner Activity avoidance strategies - Ambulatory care sensitive conditions, Medicines related, Self Harm related, Falls related, Alcohol related, smoking related, Obesity related, End of Life Care, Cancelled Operations, Procedures of Limited Clinical Value, Frail Elderly, readmissions, GP Referral management, New to follow up ratios, Consultant to consultant referrals, frequent A&E attenders
Provider Efficiency Strategies – Increased use of day surgery, Enhanced recovery, excess bed days, Ambulatory emergency care, Stroke early supported discharge, Psychiatric Liaison, Pre-op length of stay, Frail Elderly step down, A&E investigations and attendance duration.

2014-15 Financial Plans for each organisation include the following CIP/QIPP assumptions

	SaTH £'000	SCHT £'000	RJAH £'000	SSSFT/MH £'000	Other £'000	Total £'000
SCCG	2,960	357	1,150	1,100	3,044	8,611
T&WCCG	2,632			500	2,936	6,068
CIP targets	4.6%	4.8%	4.0%	6.4%		

Schemes/workstreams have been identified for the full value of the 14-15 QIPP targets and work is ongoing on a collaborative basis between the CCGs and Providers to refine the detail, implementation and monitoring of the Programmes for 14-15 and to flesh out the detail of the savings requirements for 15-16 which are at a similar financial level. All organisations recognise the key to getting the best out of QIPP/CIP opportunities is to work collaboratively both across organisations and, within organisations, across organisational structures. As such involvement has been and continues to be at the following levels: a) Provider Clinicians and operational managers working alongside commissioners to develop new pathways/services in line with the CCGs service development plans and the Future Fit Clinical redesign workstream. b) Divisional heads (both clinical and managerial) invited to engagement workshops to get an overview of the Better Care Fund, QIPP plans and how they impact on the providers and also actively contributing to the Future Fit agenda c) Directors being involved in high level QIPP discussions through contract related meetings, Health Economy Financial sustainability working groups, through the development of the Better Care Fund and through contributing to the Future Fit agenda. d) Chief Officers meeting regularly to have oversight of health economy issues, including financial sustainability. The level of Involvement/engagement with Providers has differed depending on the individual impacts of the QIPP programme	

In achieving the above QIPP/CIP savings the planned financial positions of the organisations are:

I&E forecast	14/15 £m	15/16 £m	16/17 £m	17/18 £m	18/19 £m
SATH	- 8.20	- 6.00	- 3.20	- 2.30	0.80
SCHT	0	0	0	0	0
RJAH	1.00	1.00	1.00	1.00	1.00
SSSFT	3.60	2.60	2.90	3.20	3.20
Shropshire	3.60	3.60	3.90	3.90	4.00
Telford & Wrekin	-	2.00	2.00	2.10	2.10

As can be seen from the above table there are a number of organisations not meeting national requirements to maintain at least a 1% surplus each year with SaTH forecasting deficits for 4 of the next 5 years.

The health economy is looking to both the Future Fit programme and the Better Care Fund implementation to design clinically appropriate and financially sustainable services for Shropshire for the future. Successful achievement of these programmes will bring organisations back into financial balance and address the next 5 years QIPP/CIP savings requirements. It is estimated that the total commissioning savings required to meet QIPP targets, achieve the investment required in the better care fund and bring CCGs up to a minimum 1% surplus over the 5 years is £53m with providers also needing to achieve a further £125m in CIPs.

As mentioned above it is anticipated that, in addition to the overall financial gap there will be a movement between points of delivery as a result of the implementation of the Better Care Fund which will have the impact of reducing the financial envelope for acute services at SATH from a combined value of £205.2m in 13-14 to a combined value of £188.9m in 2018/19. This will be achieved through the implementation of the improvement interventions described in the next section. The funding required to invest in the BCF interventions has been accounted for in the QIPP targets of the CCGs for 14-15 and 15-16.

Commissioning and provider organisations are also collaborating to address the gap through congruence of benchmarking

information (e.g. Right Care Right Value, Anytown)

Finance and Activity Triangulation

The 2 year plans submitted by the CCGs and the 2 Acute Providers (The community and mental health provider contracts are mostly block) are triangulated below:

Finance and associated Activity	CCG View 2014/15 Plan		Trust View 2014/15 Plan		CCG View 2015/16 Plan		Trust View 2015/16 Plan	
	Activity	**TOTAL £000s**	**Activity**	**TOTAL £000s**	**Activity**	**TOTAL £000s**	**Activity**	**TOTAL £000s**
	000		000		000		000	
Shropshire CCG								
2. ACTIVITY WITH MAIN PROVIDERS								
Shrewsbury and Telford Hosptials								
1st O/p attendances	50	7,561	48	7,265	50	7,561	49	7,257
F/u o/p attendances	83	7,012	80	6,848	83	7,012	81	6,840
Elective (IP and DC)	23	21,072	23	21,064	23	21,072	23	21,040

spells								
Outpatient procedures	58	8,528	57	8,326	58	8,528	58	8,316
Non-elective spells	24	44,016	26	45,935	24	44,016	26	45,882
A&E attendances	57	5,922	56	5,897	57	5,922	57	5,890
Other	0	26,491		25,579	0	25,503		25,309
Shrewsbury and Telford Hosptials		119,602		120,914		119,614		120,535
Robert Jones and Agnes Tunt								
First Outpatients attendances	18	3,144	18	3,144	14	3,117	18	3,141
Follow up Outpatients attendances	49	3,541	49	3,541	29	3,510	49	3,537
Elective (inpatient and Daycase spells	6	15,721	6	15,721	6	15,584	6	15,705
Outpatient procedures	3	350	3	350	0	347	3	350
Non-elective spells	0	1,049	0	1,049	0	1,040	0	1,048
A&E	0	0	0	0	0	0	0	0

attendances								
Other	0	4,173	0	4,173	0	4,137	0	4,169
Robert Jones and Agnes Tunt		27,978		27,978		27,735		27,950

Finance and associated Activity	CCG View 2014/15 Plan		Trust View 2014/15 Plan		CCG View 2015/16 Plan		Trust View 2015/16 Plan	
	Activity	**TOTAL**	**Activity**	**TOTAL**	**Activity**	**TOTAL**	**Activity**	**TOTAL**
	000	£000s	000	£000s	000	£000s	000	£000s

Telford and Wrekin CCG

2. ACTIVITY WITH MAIN PROVIDERS

Shrewsbury and Telford Hosptials								
First Outpatients attendances	38	5,496	61	6,557	38	5,440	61	6,549
Follow up Outpatients attendances	57	4,828	77	4,925	57	4,778	78	4,919
Elective (inpatient and Daycase spells	16	16,809	16	17,173	16	16,636	16	17,153
Outpatient procedures	31	4,516	40	4,811	31	4,470	41	4,805
Non-elective spells	19	31,920	20	32,752	19	31,593	20	32,715
A&E attendances	44	4,376	44	4,439	44	4,332	45	4,434
Other	0	15,571	0	16,819	0	15,411	0	16,640
Total Shrewsbury and Telford Hosptials		83,516		87,476		82,659		87,215

Robert Jones and Agnes Tunt								
First Outpatients attendances	6	432	3	443	6	425	3	443
Follow up Outpatients attendances	7	630	5	646	7	620	5	645
Elective (inpatient and Daycase spells	1	1,966	1	2,025	1	1,935	1	2,023
Outpatient procedures	0	66	0	68	0	65	0	68
Non-elective spells	0	113	0	106	0	111	0	106
A&E attendances	0	0	0	0	0	0	0	0
Other	0	1,655	0	1,574	0	1,629	0	1,572
Total Robert Jones and Agnes Tunt		4,862		4,862		4,787		4,857

The difference between the SCCG and SATH figures for non-elective activity is known about and accounted for by £1.3m of SCCG QIPP schemes which have not been included in the contract value because they will be implemented later in the current year. Once implemented contract variations will be raised to adjust the contract values accordingly. The SATH and T&W CCG contract for 14-15 is currently being finalised and once signed the figures will be triangulated and included in the plan.

From a Telford and Wrekin CCG perspective, the following observation should be noted in respect of the contract with SaTH;

The CCG's plan incorporates adjustments for QIPP and BCF, however the Trust have not aligned their plans with these assumptions at this time.

All parties to the plan will work toward full alignment of the five year plan during July 2014.

Providers are currently updating years 3-5 of their plans and further triangulation will be provided once this work is complete. For SaTH this work includes externally commissioned support to verify that their plans to get back into financial balance are realistic.

Finance and activity triangulation headlines can be found in the Plan on a Page at Appendix A

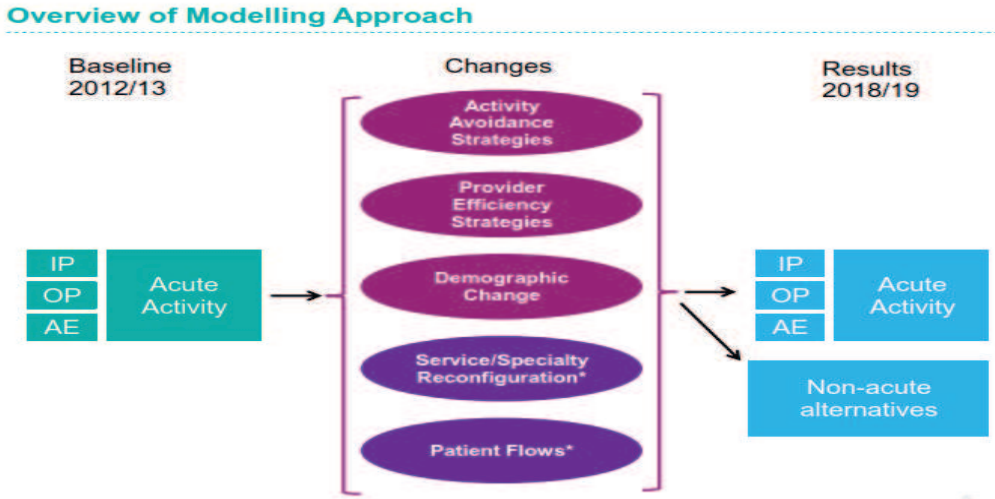
Can the plan on a page elements be identified through examining the activity and financial projections covered in operational and financial templates?

Improvement interventions	
When considering the pattern of services currently provided, local clinicians and indeed many of those members of the public who have responded to the recent Call to Action consultation, accept that there is a case for making significant change provided there is no predetermination and that there is full engagement in thinking through the options. They see the opportunity for: • Better clinical outcomes through bringing specialists together, treating a higher volume of cases routinely so as to maintain and grow skills. • Reduced morbidity and mortality through ensuring a greater degree of consultant-delivered clinical decision-making more hours of the day and more days of the week through bringing teams together to spread the load. • A pattern of services that by better meeting population needs, by delivering quality comparable with the best anywhere, by working through resilient clinical teams, can become highly attractive to the best workforce and can allow the rebuilding of staff morale. • Better adjacencies between services through redesign and bringing them together. • Improved environments for care. • A better match between need and levels of care through a systematic shift towards greater care in the community and in the home. • A reduced dependence on hospitals as a fall-back for inadequate provision elsewhere and instead hospitals doing to the highest standards what they are really there to do (higher dependency care and technological care). • A far more coordinated and integrated pattern of care, across the NHS and across other sectors such as social care and the voluntary sector, with reduced duplication and better placing of the patient at the centre of care. They see the need and the potential to do this in ways which recognise absolutely the differing needs and issues facing the most dispersed local rural populations as well as those urban populations too. This then is the positive case for change - the opportunity to improve the quality of care provided to the local, changing population. **<u>Key Improvement Interventions</u>** There are a number of key schemes which will be implemented over the next 5 years which will deliver real change in Shropshire: Future Fit Better Care Fund Mental Health Modernisation	Please list the material transformational interventions required to move from the current state and deliver the five year vision. For each transformational intervention, please describe the : • Overall aims of the intervention and who is likely to be impacted by the intervention • Expected outcome in quality, activity, cost and point of delivery terms e.g. the description of the large scale impact the project will have • Investment costs (time, money, workforce) • Implementation timeline Enablers

FutureFit

FutureFit is a major programme of work through which the significant challenges in acute and community hospitals set out earlier in this document will be addressed. This is supported by the creation of a clinical vision to take forward the development and implementation of the preferred option for the configuration of acute and community hospital provision locally.

Through the Futurefit Programme, bespoke analytical work has been used to identify expected changes in demand and opportunities for improvement. The methodology used is summarised in Figure 1 below.



This work applies best practice to current models of care. Further work will be undertaken to assess the impact of the new models of care being developed through the clinical design workstream.

Similar work has also been undertaken to establish a baseline position on the utilisation of Shropshire's community hospitals.

One of the key tasks for the local health system in the coming year will be to identify which elements of the new models of care are dependent on major changes to hospital configuration (which will be managed through the subsequent phases of

required for example

the programme) and which can be implemented – whether fully or in part – within the current hospital configuration. From this, a comprehensive programme of improvement interventions will be developed aligned with Future Fit clinical models and activity and financial plans.

Better Care Fund

For those improvement interventions that require investment in integrated health and social care services, Health and Wellbeing Boards will take lead responsibility for commissioning service transformation through the Better Care Fund. It is also anticipated that the Urgent and Planned Care Working Groups and the Long Term Conditions Steering Groups will also have a key role to play.

The Better Care Fund, when overlaid with the remit of FutureFit sets out a comprehensive system wide transformation programme on an unprecedented scale which it is anticipated will result in significant improvements in health and social care support available in the county.

The Strategic Vision section of this document sets out the overarching principles adopted in relation to the Better Care Fund. Taking into account the application of these principles to the population needs across the area, Shropshire and Telford and Wrekin will be focusing on the following *key* pieces of work:

Shropshire:

- *Prevention* – To create a multi agency Prevention focus group to identify and deliver key prevention activity. In particular focusing on Falls as the major work stream
- *Early Intervention* – To continue to support the roll out of the Care Home Advanced Scheme (CHAS) across the county
- *Managing and Supporting People in Crisis* – To continue to support the development of the Integrated Community Service (ICS) In particular to support the roll out of the scheme county wide following the successful pilot scheme in Shrewsbury & Atcham
- *Living Independently for Longer* – To support the existing Community & Care Co-ordinators scheme and to facilitate its roll out to all GP practices across the County, to build on the current work developing Compassionate Communities across Shropshire and to work closely with Shropshire Council and the Voluntary sector to build community resilience, in particular building on Shropshire Council's 'Locality Commissioning' schemes.

Building Community Capacity

- To support improvements in the infrastructure of the voluntary and self help sector including reviewing current spend, improving effectiveness, jointly designing services and expanding engagement.

Enhanced community services as an alternative to hospital provision

- To review how existing services funded by the resources being pooled in the BCF can be maximised to improve and enhance quality, value for money, and outcomes.
- To establish an enhanced and expanded integrated and multi-disciplinary 'Out of Hospital Service' and model provision of Out of Hospital care including sourcing funding to assist the transfer of staff from acute to community services.
- To establish processes for referrals/access/assessment and support by the enhanced integrated service including the establishment of a Single Referral Point.

Develop a Team Around the GP Practice.

- To enhance access and collaboration on developing 7 day services.
- To redesign pathways and develop effective case management and risk stratification
- To continue prevention, early intervention and wellbeing within increasing financial pressures

Mental Health Modernisation

It is now 18 months since the new inpatient mental health provision, the Redwoods Centre was opened. Progress delivering the Modernisation Plan has been closely monitored by commissioners. It is important that the assumptions in the original modernisation plan are revicited to establish whether they have been met and the model of care envisaged is still the most appropriate to meet the needs of our future populations. A review of the modernisation of mental health is currently being undertaken.

The scope of the review covers:

- Inpatient bed facilities provided by SSSFT for Shropshire and Telford & Wrekin patients
- Out of Area patient placements where the bed has been purchased due to a gap in local capacity rather than the need for specialist placement
- Community Services provided by SSSFT for Shropshire and Telford & Wrekin patients

<u>Reducing premature death in people with severe mental illness</u>

A number of key work streams have been committed to in order to reduce premature death in people with severe mental illness:

- An external evaluation of the Rapid Assessment Interface and Discharge service
- All service users in receipt of care coordination to receive an annual health check in liaison with primary care to ensure health needs are addressed. This is included in the CQINs agreed as part of the contract with SSSFT.

- Further develop joint working arrangements between the smoking cessation service and mental health service users to ensure access to support both in an impatient and community setting.
- Improve working arrangements with out of hours GP services in order to create a simpler single point of access so that mental health and primary care health services can work together more effectively.
- Development of a single point of access for young people with mental health problems

Parity of Esteem

As well as those work programmes outlines above, the following work will be carried out to ensure the delivery of Parity of Esteem

- *Delivering improvement in access to psychological therapies.* Both CCG's have specific action plans with the SSSFT to ensure achievement of the given targets for 14/15.
- *Improving diagnosis and support for people with dementia.* This is a key priority for both CCG's and targeted work in in train to improve diagnosis rates in line with national expectations.
- *Crisis service provision.* Both CCG's are currently working with providers and other stakeholders to undertake a review of mental health services against the "Closing the Gap" requirements. This includes the need to ensure that people with mental health issues who require urgent care have the same access to care as those with physical health issues.
-

Further to this the CCG's will be working Closely with the Police and other professional colleagues in respect of section 136 patients so that their experience is less often one of a police station as their place of safety. This is in line with the mandate set out in the Crisis Care Concordat (HMG, 2014)

Workforce

STW work in partnership to annually review provider workforce plans in light of future commissioning intentions to ensure workforce issues are appropriately managed and are mitigated against, as far as possible, in a timely manner. In particular as part of this year's review of workforce plans providers were asked to demonstrate how they were working collaboratively with other local providers to address workforce issues on a County wide footprint, sharing resources and expertise to support the development and effectiveness of the workforce as a whole. This sentiment will continue to be reinforced and supported over the coming years

Operational Plans

The Operational Plans of both CCGs set out the improvement interventions which will take place over the first 2 years of this 5 year strategy and will set in motion the beginnings of reaching the strategic vision outlined in the System Vision section of this document. However, whilst the areas of commonality have been clearly highlighted, it is clearly necessary for each CCG to tailor its interventions to its particular populations, which are distinct. The two operational plans therefore reflect the different operational approaches required to address the particular needs of each community.

Summary of Telford & Wrekin Operational Plan

Telford and Wrekin CCGs approach to whole system transformation revolves around the 6 characteristics. Because of areas of commonality with Shropshire the plan reflects this whole economy approach. Telford & Wrekin's 2 year plan approach is to communications and engagement with staff, the public, patients, carers and partners. This is part of the overall review of the approach to equality and inclusion which not only addresses management of staff but work with local patients and other stakeholders.

The 2 year operational plan illustrates how whole system thinking deals with all stages of the interface with member practices, patients and partners e.g. the plan show how the approach to winter planning has been reviewed and improved, the management of projects through the economy-wide project management office and Telford &Wrekin's response to the Call to Action which has resulted in the inclusive Future Fit Programme and a Clinical Strategy review that has given focus to the emerging interventions such as management of patients with long term conditions through expansion of services, redesign of clinical pathways for disease areas and strengthening self-care.

Telford & Wrekin's overall approach to quality has been refreshed and the plan shows how the 6Cs have been embraced as core components of the quality strategy. This will be deployed through staff and provider populations, enhancing patient experience and choice. The TRAQS team will help to track patient feedback and promote choice through their interaction with patients.

The CCG is driving improvements in the care of patients with mental health conditions and is deploying effective mechanisms to ensure and promote a parity of esteem. Work with paediatric patients and their families will be a focus of service redesign and there is a focus on improving compliance with SEND requirements and CAMHS e.g. through the Family Connects process.

Feedback from A Call to Action and engagement with GPs has led to consideration of clustering of practices with tailored teams of integrate care professionals wrapped around the practices based on local need. This will further enable the embedding of 7 day working. Work with CCG members through a series of groups has also underpinned the new models of care emerging from the Future Fit Programme e.g. re-examination of the emergency and urgent care provision to ensure

Do the objectives and interventions identified below take into consideration the current state?

Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described?

that it represents the best value for money and care solutions.

Work on 18 weeks RTT has now an embedded and robust approach to managing performance which has auditable Remedial Action Plans to improve performance and increase elective care productivity. There is a clear route for sourcing and procuring alternative provision for patients.

The plan recognises the importance of working with the Area Team to enable collaborative working for primary care and specialised commissioning.

All of Telford & Wrekin CCG's future intentions are evidence based and confirm that key areas of focus such as respiratory, cardiology, and frail and complex are robust. This was further confirmed through the "deep dive" undertaken by the CSU based on the Commissioning for Value packs. This evidence based approach has been used to review and refine the approach to winter planning and to ensure that the 2 year operating plan provides a platform for the 5 year strategy and gives confidence that the 7 interventions will deliver the system vision.

The 2 year plan particularly focuses on 7 key interventions based on Telford & Wrekin's commissioning intentions, and the NHS England aspirations for the 6 characteristics of the modern NHS:

1. In collaboration with the Council, support the development of 'self-care' and the voluntary sector.
2. Expand integrated community services, by diverting capacity from the acute sector into community care.
3. Work with the Local Area Team to strengthen primary care, and continue to implement the programme of planned care pathway and service redesign
4. Implement a new whole system approach to Urgent and Emergency Care.
5. In collaboration with Shropshire CCG and Staffordshire and Shropshire Healthcare Foundation Trust, review the Mental Health Modernisation programme to establish:

    a) whether the original benefits have been achieved;
    b) to identify next steps towards provision of an 'Excellent Mental Health model'

6. Complete formal Procurement for a number of services to either improve quality/performance; ensure the RTT target is met; and/or to deliver QIPP savings.
7. Continue to improve the quality of medicines management in both primary and secondary care; and to focus on cross-cutting initiatives where the JSNA and other intelligence have highlighted specific problems in our population, e.g. Respiratory conditions, cancer and CVD.

The CCG is working in partnership with Telford and Wrekin Council in recognition that, as of April 2014, individuals eligible for NHS Continuing Healthcare will have the right to request a personal health budget (PHB). This will lay the foundations and develop an effective infrastructure to respond to the policy direction that the '*right to request'* becomes a *right to have* a personal health budget from October 2014. In addition, from April 2015, the CCG anticipates being in a position to offer a personal health budget to anyone with a long-term condition who could benefit from a PHB. It is anticipated that this will make a significant contribution to strategic aim of the CCG to strengthen capacity for self-care.

Of particular note, as a result of constrained financial resources Telford & Wrekin CCG and SaTH were unable to agree to contract for 2014/15 and as result the two organisations sought support through a process of arbitration. The outcome of the arbitration has had the following implications for the CCG's strategic plan. With the following specific implications for Telford & Wrekin CCG:

- The CCG plans to achieve its statutory financial duty in 2014/15, with a planned breakeven position.
- The CCG faces a 3% QIPP challenge in 2014/15
- In 2015/16 the CCG plans to return to a "business rules" 1% surplus and this will entail a more challenging QIPP target than previously planned

The CCG and the Trust are undertaking a joint review of rehabilitation services and this may lead to service redesign

Summary of Shropshire's Operational Plan

Shropshire 2 year Operational Plan is structured around the 5 Domains and the 21 planning fundamentals, focusing in detail on what will be delivered over the next two year period

Domain 1 – Preventing people from dying prematurely

Shropshire CCG will be working closely with Public Health colleagues to develop a local response to the Commissioning for Prevention guidance in order to identify the local high impact prevention measures and to develop implementation plans to support this. In particular to understand how best to improve life expectancy for men in our most deprived areas and to enhance work on reducing smoking in pregnancy. A full review of cancer services will also be undertaken. The CCG will be developing its response to the 'Closing the Gap: Priorities for essential change in Mental Health' including implementing the recommendations from the RAID review, developing health checks for mental health service users and improved out of hours mental health provision. There will also be continued work on implementing health checks for adults with learning disabilities.

Domain 2 – Enhancing the quality of life for people with Long Term Conditions

There will be a focus on enhancing the diabetes and Pulmonary Rehabilitation services along with admission avoidance and reducing time spent in hospital for people with LTC. There will be an expansion of the Integrated Community Service

(ICS) and the Care Home Advanced Scheme (CHAS) along with the introduction of competency based education and training for care home staff linked to admission avoidance. Further to this three new paediatric pathways will be introduced along with carers champions in GP practices.

Domain 3 – Helping people recover from episodes of ill health or following injury

As highlighted above the ICS and CHAS schemes will be further developed with the focus on reducing re-admissions and maintaining independence. A new wheezing pathway will also be introduced. There will be clinical reviews of follow up ratios of those specialities above the WM average. In addition there are plans to appoint a joint Rehabilitation and Reablement post with Shropshire Council which will focus on commissioning more integrated rehabilitation to improve recovery. Work will also continue to consolidate stroke services on one hospital site. There will be a review of current Enable services supporting people with mental health issues into employment

Domain 4 – Ensuring that people have a positive experience of care

The CCG will continue to develop and embed robust systems and processes to engage, empower and support patients in matters relating to their own experiences. This will be achieved by building on current CCG strategic developments including the implementation and evaluation of the Local Health Economy End of Life strategy, engaging with forums such as our Young Health Champions and improving provision and access for people with mental illness. Following a review of local maternity services jointly commissioned by SCCG and TWCCG a programme of improving women and their families experience of maternity settings will continue. In addition the local health economy is part of a national pilot for improving patient feedback and experience across a Long Term Condition (LTC)pathway for Diabetes using the Friends and Family Test (FTT). The evaluation from the pilot will be used to inform further innovative approaches to improving positive engagement with challenging to reach minority groups. A variety of systems and processes ensure that we capture, question and act on relevant contemporaneous feedback and data to improve patient safety, experience and outcomes across all services and the improvements and learning are implemented.

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Robust systems and processes will be implemented to ensure that relevant contemporaneous feedback is captured, questioned and acted upon and data is used to improve patient safety, experience and outcomes. A programme of the skills and expertise across key roles within CCG to interrogate and act on data to improve transparency will be developed and implemented during 2014/15. The CCG remains committed to reducing the incidence of avoidable harms via the National and Local Health Economy strategy and working groups. Measurable improvements in the prevention and control of Health Care Associated Infections are supporting significant progress towards eliminating avoidable deaths in hospital caused by problems in care and this work will continue. The CCG will continue to Deliver safe care to children in acute settings by ensuring effective implementation of the acute paediatric reconfiguration, with services moving from RSH site to PRH site which will see a reduction in bed provision and ensuring successful implementation of 3 revised pathways for wheeze/diarrhoea and vomiting/constipation

Through the structure of the 21 fundamentals the plan also highlights further areas of focus, in particular 7 day services,

financial resilience, safeguarding and parity of esteem.

Summary of provider planned initiatives contributing to transformational change

As part of their planning activities, local providers have outlined key deliverables for the next 2-5 years. These are summarised below:

Shropshire Community Trust

Development of Community Hubs - (aligned to the Futurefit clinical model)
Development of community bases or 'hubs' based on community hospitals/larger community premises offering proactive sub-acute care and both step up and step down reablement, alongside assessment, a wider range of ambulatory care, and voluntary sector support especially for self care and social needs. There is potential to develop the model using opportunities from optimising current bed use and resulting efficiencies.

Urgent care, including urgent care centres **(**aligned to the Futurefit clinical model**)**
Development of MIUs and DAART as part of new urgent care centre provision, with links to ambulatory care and diagnostics at local level.

Teams around the practice and Integrated Community Services (Integrated Community Service)
Development of more productive teams around the practice, and also the roll out and development of Integrated Community Teams. For Shropshire this will build on the new Integrated Community Services (ICS) approach in Shrewsbury implemented in 2013/14, based on discharge to assess, admission avoidance, rapid response and broader multi-agency integration than previously. For Telford it will strengthen wrap around practices, and broaden integration building on the existing reablement team approach.

Childrens' Services – CAMHs and services for children with disabilities and special educational needs (aligned to Mental Health Modernisation)
Development of the CAMHS service including addressing waiting times. Developing services including CAPA, SPA and for autistic spectrum disorder. For children with disabilities and special educational needs, working closely with local Councils to enable jointly planned services including options for personalised budgets and direct payments for support. Maximising the benefit from the new health visitor model, and fully exploring the potential of the community children's nursing service and hospital at home concept in the light of other local strategic work including 'Future Fit'.

Linked working with communities (aligned with Better Care Fund)

Development of stronger links with communities and existing Compassionate Communities and Community and Care Co-ordination initiatives to harness community capacity and contribute to patient empowerment and self management and maximise benefits to patients through seamless working.

Cross cutting themes include increased partnerships and integration, including with the third sector and mental health, 7 day working, workforce development and technology support including for integrated care records, mobile working and assistive technology.

Robert Jones and Agnes Hunt
Notwithstanding the Trust's national provision, they are fully committed to working collaboratively with the local CCGs to manage increasing demand on orthopaedic services driven by an ageing population to ensure its services remain both affordable and accessible to the local populations of Shropshire and Telford & Wrekin.

The Trust has outlined its alignment with Commissioner plans as:
- Supporting commissioners in reducing growth in demand by actively working with them on identifying further QIPP schemes
- Agreement of a long term strategic relationship with BCU to support their capacity issues
- Reducing reliance on local commissioners by increasing market share across a wider commissioner base
- Supporting providers who are struggling to meet RTT for orthopaedic services
- Continuing to meet demand and exceed specialised services definition requirements, play an active role in the formation of the future strategy of specialised services and where there is potential consolidation of provision ensure we are well placed to benefit.

There will also be specific work focussing on:
- Waiting time requirements
- Theatre capacity
- Clinical capacity
- Demand for surgical services
- Bed capacity
- Service improvement
- Enhanced Recovery development
- Outpatient pathway development
- Seven day service provision
- Investments in technology

The South Staffordshire & Shropshire Healthcare NHS Foundation Trust

The Trust' Clinical Strategy's key priorities include:

1. Providing care based on the holistic principles of Recovery - this is illustrated by the increased emphasis on employment in mental health services
2. Providing care closer to home - leading to increases in community services and reduced reliance on inpatient care through integrated pathways and closer alignment to primary care
3. Providing care based on evidence based best practice - ensuring clinical services are aligned with National Guidance and informed by other data, for example patient feedback, complaints and incidents
4. Providing effective integrated patient centred care working in partnership with other health and social care providers across complex pathways
5. Providing care that recognises the physical care needs of those with mental health problems or learning disabilities
6. Enhancing quality by ensuring that all of the lessons learned from key reviews such as Francis are embedded and delivery of CQUINs and other quality indicators become business as usual
7. Continue to use feedback from partners, staff and service users/ carers to be a lever for improvements, and service change
8. Ensure individual clinicians have their own information about the quality of their care, and take action to make improvements in a way that adds value to both the service delivered to the patient and the support needed by the clinical teams
9. Continue to review and strengthen our systems to ensure good governance, and continue to maintain a culture of openness and learning

The Trust have outlined a number of areas within their business plan which contributes to the overall Future Fit Programme of transformational change. The mental health and dementia services review of models of care focuses on recovery based models which aim to deliver care in partnership with primary care and partners from other sectors, in order to offer earlier assessment and interventions reducing the need for specialist care including admissions into hospital. The details of planned improvement interventions for specific service areas are outlined below.

Mental Health and Dementia Services

- Recovery model
- Reduce need for admission and reduce average length of stay

- Evaluate the quality of services through agreed outcome measures
- Remodelling of community work to be primary care led with clear pathways and ease of access to specialist expertise and interventions as required
- Acute/Crisis Pathways remodelling to ensure that admission where required is purposeful and that there is an emphasis on care at home with support and treatment
- Explore assistive and digital technological enhancements to care
- To work with partners to develop integrated pathways of care so that there is a continuity of provision across the pathway
- Personality Disorder Strategy
- Work with partners and commissioners to develop a response to the Adult ASD Strategy
- Promotion of the service user employment strategy in order to support recovery
- Extended availability of services 8-8 7 days
- Assessment and treatment close to home and increasing access to locally available psychological services
- Work with Facilities and Estates to enhance local provision and support mobile working
- Effective transitions for young people moving from CAMHS to AMH

Learning Disabilities

- Development of intensive support services: enhancing community based care, reducing placement breakdown, avoid hospital admissions and reduce length of stay. Support out of county placements back into local provision.
- Modernisation of provision at Oak House

Specialist Services

- Enhance service models to improve clinical outcomes
- Co production of pathways with partners to enhance localised assessment and intervention
- Development of use of assistive and digital technology

Shrewsbury & Telford Hospital NHS Trust

The future development of Shrewsbury & Telford Hospital NHS Trust is synonymous with the Futurefit programme which has been covered in detail throughout this document. A detailed schedule of work associated with reaching agreement on the future vision for hospital based services in Shropshire and its implementation is underway, the end result of which

cannot be pre-empted in this document. In addition the Trust has established a number of initiatives to address immediate issues including plans to mitigate the risks of two site working outlines earlier in this document. Further details of interventions are listed below: - Progress plans to extend 7 day working - Embed a sustainable 7 day model of care for Stroke services - Scope the development of emergency ambulatory care and Urgent Care Centres - Complete workforce reviews and develop plans in challenges specialties - Complete a service review of challenged specialties, commencing with cardiology and ophthalmology and consider proposals to redesign these services - Scope options for resolving bed capacity shortfalls e.g. Hospital at Home services, working with alternative providers, implementing different models of care both internally and across the LHE - Participate in planning new models of care as part of the Better Care Fund - Complete a root and branch review of Cancer services - Participate in a strategic review of access to Orthopaedic services - Develop community service models and increase direct access for GP's - Transfer Women's and Children's services to Princess Royal Hospital, embed revised pathways and agree implementation model for Women's and Children's services remaining at Royal Shrewsbury Hospital	

Governance Overview

Future Fit is a collaborative programme through which health and care partners across Shropshire, Telford & Wrekin and the area of Powys which looks to Shrewsbury and Telford Hospital as its main provider of acute hospital services, are working together to address some of the strategic challenges set out in this plan. Membership of the programme board includes Shropshire and Telford and Wrekin CCGs, Powys Local Health Board, Shropshire Doctors, a general practice representative, Shrewsbury and Telford Hospital NHS Trust, Shropshire Community Health NHS Trust, Shropshire and South Staffordshire Foundation Trust, Robert Jones and Agnes Hunt Foundation Trust, West Midlands Ambulance Service, Shropshire and Telford & Wrekin Councils, Shropshire and Telford & Wrekin Healthwatch, Montgomeryshire Community Health Council, patient representatives from each commissioning area. The programme is also developing strong links with the Joint Health Overview and Scrutiny Committee and with both Health and Wellbeing Boards and is commissioner led in line with NHS England planning guidance.

The creation of the programme demonstrates a recognition across the health and care system of the case for changes and a commitment to work together to create a sustainable future for healthcare for Shropshire and Telford & Wrekin. Programme support and governance structures have been put in place to ensure that the management of the programme meets best practice standards and there will be external assurance of the process and key products from the programme. This includes the involvement of the West Midlands Clinical Senate to review the clinical models, the formal assurance role of NHS England, OGC Gateway reviews at appropriate points throughout the programme and oversight by Shropshire and Telford and Wrekin Councils' Joint Health Overview and Scrutiny Committee.

Governance structures are also in place via the Health and Wellbeing Boards to address the Better Care Fund requirements. In addition to this further governance arrangements are in place in relation to the Urgent Care and Planned Care Working Groups

Arising from the clinical visioning work within the FutureFit programme plans are being developed for the creation of a clinical senate to provide system wide clinical leadership to the implementation of the vision set out in this document.

In relation to mental health modernisation governance is direct to CCG Governing Boards, along with this there is a regular structure of joint quality and contract monitoring meetings. Further to this there are learning Disability Partnership Boards in place which also feed into the CCG's Governing Boards as well as governance structures in the local Councils

The clinical vision for the FutureFit programme is supported by the Programme Board which has broad membership across

What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?

140120 Shrop CSR PEP V1 0_excl Appen

the Local Health Economy. Following a further period of engagement the clinical vision will be presented to the CCG's and provider boards in the near future. The Future Fit Programme includes the following partners: • Patient Representatives • Healthwatch Shropshire • Healthwatch Telford and Wrekin • Montgomeryshire Community Health Council • NHS England Shropshire & Staffordshire Area Team • Powys Teaching Health Board • Robert Jones and Agnes Hunt Hospital NHS Foundation Trust • The Shrewsbury and Telford Hospital NHS Trust • South Staffordshire and Shropshire Healthcare NHS Foundation Trust • Shropshire Clinical Commissioning Group • Shropshire Community Health NHS Trust • Shropshire Council • Shropshire Doctors Cooperative Ltd ("ShropDoc") • Telford and Wrekin Clinical Commissioning Group • Telford and Wrekin Council • Welsh Ambulance Services NHS Trust • West Midlands Ambulance Service NHS Foundation Trust In addition to the stakeholders above, work on the Better Care Fund also involves voluntary sector partners via the respective voluntary sector forums. In addition to the engagement programmes already highlighted in this document in relation to the Better Care Fund, FutureFit and the development of this Strategic Plan, particular workshop sessions have been held with key providers to secure their input into the plan, alignment of vision and to agree the final plan for submission Our local Area Team, representing NHS England have been involved in the development and progress of all local plans and transformation work	

Approval of Plans Health and Wellbeing Boards are cited on the development of the Futurefit Programme and have signed off Better Care Fund Plans. Both Health & Wellbeing Boards have been kept appraised of the development of the CCGs' 5 year strategic plans. Shropshire's Health & Wellbeing Board and CCG Board considered a draft of the Strategic Plan at their respective meetings in June. Formal sign off will be given at the subsequent meetings in July Similarly in Telford & Wrekin the draft plan has been considered by the Boards and will be formally signed off by the CCG Board in July and the Health & Wellbeing Board in September. The Plan will also be presented to provider Boards over the summer	Who has signed up to the strategic vision? How have the health and wellbeing boards been involved in developing and signing off the plan?

Values and principles	
In 2013, Shropshire and Telford & Wrekin CCGs, alongside the main local providers and local authority partners, agreed a Health & Social Care Partnership Compact, which set out a vision and principles for collaborative working. This was incorporated into the Principles of Joint Working set out in the Future Fit Programme Execution Plan. Key principles were agreed which "have become, and must remain, central to the operational planning and delivery of transformational change across the health and social economy". These principles are: • The central role of attitudes, behaviours and relationships. • Healthy stakeholder organisations which are capable of large scale change. • Enduring full stakeholder involvement. • Clinical engagement at the heart of the change process. • Working across organisational boundaries. • Developing integrated teams. The following Principles of Collaborative Working are set out in the Compact: • We will seek authentic savings – making changes which reduce costs through higher quality, service redesign and real productivity. We will seek to avoid making changes which save costs in one part of the system only to result in equal or greater costs to another organisation. • We will share the financial risk of making agreed system-wide changes which form part of our work programme, using an open-book approach to assess the costs and benefits of system and service change to individual organisations with the aim of reallocating resources across the health and care system to reflect impacts arising from the changes. • We will make shared decisions about which major whole-system innovations to roll-out at scale, recognising that any innovation may not always favour all parties and that at times some individual sacrifice for the common good will be necessary. • We will share appropriate information and records where that facilitates improved outcomes for the people we serve. • We will take collective responsibility for making progress towards our shared strategic vision and will agree a shared set of objectives and measures of success through which we will individually and collectively hold ourselves to account.	Please outline how the values and principles are embedded in the planned implementation of the interventions

• We will commit our organisations to a programme of collaborative work, to be agreed through the Shropshire, Telford and Wrekin Chief Officers Group. We will provide the necessary resources to individual projects and programmes and ensure senior clinical and executive participation and leadership, usually through existing groups and structures. • We will share in the overall governance of the work, through individual boards and jointly through the Chief Officers Group. • We will share organisational plans and be transparent about budgets, costs, activity and utilisation data where that is required to enable the best joint decision making and the agreement of three-year financial strategies for each part of the health and social care system and for the system overall. • We will respect the need for individual organisations to pursue their own objectives alongside these whole system objectives. We recognise that aspects of the system will be subject to competition, whether through national policy or local decisions made by commissioners, and that this may in some circumstances limit the information which an individual organisation is willing or able to share. All efforts will be made to minimise the risk that this might compromise achievement of the objectives of this Compact. • We will remain mindful of the impact we may have on other providers within our wider health economy not represented in this compact agreement. • This Compact will support and complement the wider strategic role of Health and Wellbeing Boards in setting health and well-being strategies for Local Authority areas and overseeing achievement against them.	
The CCGs published a document setting out the feedback from the Call to Action. At the associated conference a set of principles were developed for the Futurefit programme which capture the feedback from the public: • Patients are at the heart of everything we do. • All factors have been taken into account. • All decisions must be based on accurate or best-available information. • There is shared confidence that problems and issues will be addressed. • Decisions will be objective and rational, but also compassionate. • Processes will be transparent. • Decisions will be based on shared principles. • There must be two-way, honest and accurate communication with affected people. • Easily understandable language must be used. • Everyone affected by a decision must have an equitable opportunity to be involved in helping shape the decision.	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?

• A decision must attempt to address the problem for as many people as it can. • Any risks arising from the decision must be identified and mitigated as far as possible. • There must be access to specialist advice to help make the decision. Ongoing monitoring must be in place to ensure the outcome of a decision is an expected.	

Appendix A: Plan on a page

We envisage a system where, through working together, we have created a pattern of services that offer excellence in meeting the distinctive and particular needs of the rural and urban populations of Shropshire and Telford & Wrekin.

System Objective
A service pattern that will attract the best staff and be sustainable clinically and economically

System Objective
A coherent service pattern that delivers the right care in the right place at the right time, first time, co-ordinated across all care provision

System Objective
A service which supports care closer to home and minimises the need to go to hospital

System Objective
A service that meets the distinct needs of both our rural and urban populations and which anticipates changing needs over time.

System Objective
A pattern of service which ensures a positive experience of care

System Objective
A service pattern which is developed in full dialogue with patients, public and staff and which feels locally owned

Delivered through: Clinical models

Whole system models of care describing whole patient journeys. Clinically led design with strong patient engagement.

Delivered through: Workforce

Workforce engagement, support and development central to our change programmes. Redesigning roles to meet the needs of new patterns of service delivery with staff working across different care settings.

Delivered through: Change Management

Using change management methodology for system and process improvement, which support continuous learning and development.

Delivered through: Shifting finance, shifting focus

Commissioning and contracting models which support the delivery of new clinical models and patterns of service delivery and which reflect the whole patient journey and support a re-focus of care away from a

Delivered through: Managing risks/working together

Taking collective responsibility for making progress towards our shared strategic vision

Overseen through the following governance arrangements

- FutureFit
- Health & Wellbeing Boards (Better Care Fund)
- Planned Care Working group
- Urgent Care Working Group
- Possible development of a clinical senate
- System Resilience Group

Measured using the following success criteria

- 3.2% improvement in PYLL
- Improving the health related quality of life for those with LTC
- 15% improvement in unplanned hospital admissions
- Increase the number of people entering IAPT services by 15% by March 15
- Increase the level of recovery for those accessing IAPT services to 50% by March 15
- 10-15% improvement in patient experience of Hospital care
- Increase by 20% people with COPD referred into a rehabilitation programme
- Increase the dementia diagnosis rate to 67% by March 15
- Reduce permanent admissions of older people to residential and nursing care
- Increase the proportion of older people who are still at home 91 days after discharge
- Most effective use of resources
- Equitable access to the full range of services
- Improved staff recruitment , retention and satisfaction

System values and principles

We value above all else the extent to which our collective efforts will achieve real improvements in services for the people we serve. We recognise that everything we do will be achieved through our staff, stakeholder partners, with the help and support of patients, their carers and the general public and volunteers. We will demonstrate the high esteem in which we hold people, and the respect we have for them, by leading in accordance with the principles set out in the Concordat we have collectively signed up to. In particular, we will make sure that there is. a clear clinical vision for change that inspires those involved in delivering it.

Principles: Home is normal. The level of care should match the level of need and unnecessary escalation of care should be avoided. A commitment to 7 day working as part of an integrated local health economy approach. Recognition that a commitment to quality and safety is paramount for clinicians. The need to get the system right for the next 10-20 years.