

Sustainability and Transformation Plan

Footprint Name and Number:
Shropshire and Telford & Wrekin (11)

Region:
Shropshire and Telford & Wrekin



Coverage

Geography



CCG boundaries

- NHS Telford & Wrekin CCG
- NHS Shropshire CCG

Local Authority boundaries

- Telford & Wrekin Council: Unitary Authority
- Shropshire County Council

Key Footprint Information

| | |
|-------------------------------------|---|
| Name of Footprint and Number: | Shropshire and Telford & Wrekin (XX) |
| Region: | Shropshire and Telford & Wrekin |
| Nominated lead for the footprint: | Simon Wright, CEO Shropshire and Telford Hospitals |
| Contact Details (email and phone): | |
| Organisations within the footprint: | <p>Shropshire Clinical Commissioning Group</p> <p>Telford & Wrekin Clinical Commissioning Group</p> <p>Shropshire Community Health NHS Trust</p> <p>The Shrewsbury and Telford Hospitals NHS Trust</p> <p>Robert Jones & Agnes Hunt Foundation Trust</p> <p>South Shropshire & Staffordshire Foundation NHS Trust</p> <p>ShropDoc</p> <p>Shropshire County Council</p> <p>Telford & Wrekin Council</p> <p>Powys Teaching Local Health Board</p> |

The Main Components

- ▶ The case for change
 - ▶ Four main themes
 - ▶ The development of Neighbourhoods
 - § Community resilience
 - § Prevention of ill health
 - § Neighbourhood clinical teams
 - ▶ The reconfiguration of acute services
 - § Future Fit
 - § A review of orthopaedic and musculo-skeletal services
 - ▶ The continuing development our other services
 - § Mental Health, Learning Disability, Childrens services, Cancer etc
 - ▶ Making the best use of our resources
 - § Financial sustainability
 - § Merging of Back Office functions
 - ▶ Enabling functions (workforce, Technology, Estate etc)
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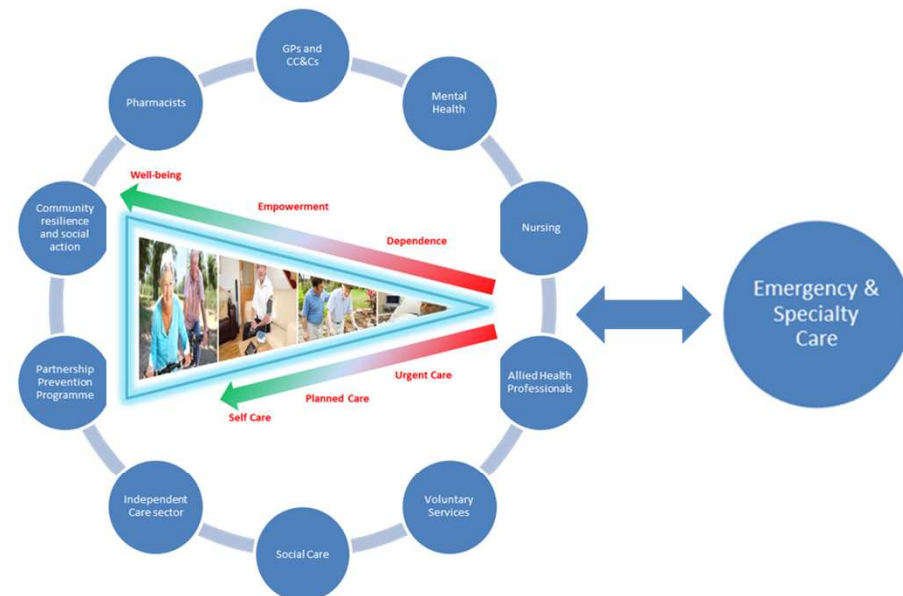
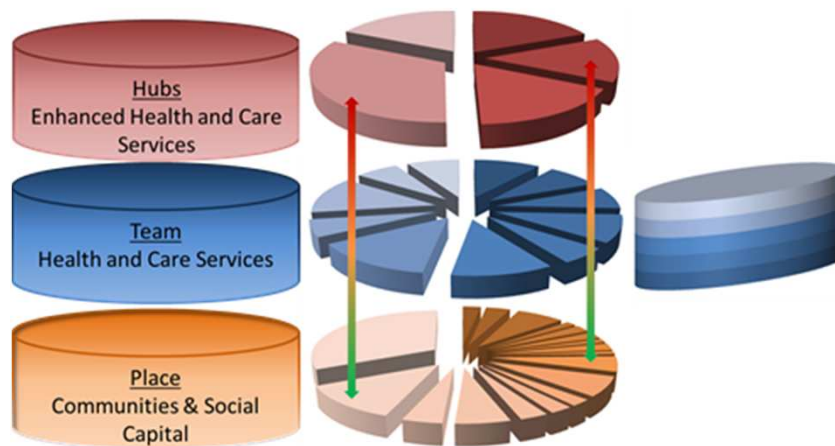


Neighbourhood working

Neighbourhood working – Shropshire

Objectives

1. To build **resilient communities** and develop social action
2. Develop whole population **prevention** by linking community and clinical work – involving identification of risk and social prescribing
3. Implement **neighbourhood care models** including teams and hubs



Review of beds in the community (Shropshire)

Neighbourhood working will require some access to locally provided beds for patients. This will enable care to be delivered in the most appropriate environment and improves quality of care for patients. At present these are provided through community hospitals, local authorities and care homes. As Neighbourhood working develops, the local provision of beds is being reviewed. The stages in the review are:

- Complete stocktake of all non-NHS beds in the community – September 2016 (complete)
- Complete analysis of projected activity shifts from hospital by condition – Sept 2016
- Agree most appropriate ways of meeting current and projected activity in the community – Oct 2016
- Model number of beds needed at hub level to meet projected demand
- Model clinical and financial sustainability of different options – Dec 2016
- Agree future model for beds in the community – March 2017



Acute reconfiguration

Reconfiguration of Acute Services

Objectives

- The Future Fit model for acute hospital care describes an urgent care network, within which one central emergency centre works closely with peripheral urgent care centres; two urban urgent care centres and a number of rural locations where urgent care is provided on a locality basis. For planned care, a central diagnostics and treatment centre will provide 80% of planned surgery whilst the majority of assessment, diagnosis and follow up will be performed closer to peoples' homes
- The programme is focused primarily on acute service configuration between Shrewsbury and Telford Hospitals with the development of an OBC for a single Emergency Centre.
- The Neighbourhood model of care is an essential element of acute reconfiguration in enabling the left shift from acute to community provision.

Progress to date

- The Strategic Outline Case for the reconfiguration of services between Shrewsbury and Telford hospitals has been approved by the Boards of SaTH and the two CCGs. Shropshire CCG's approval was conditional on a number of issues being addressed in development of the FBC
- Significant public consultation has been undertaken
- A rural urgent care prototype has been established at Bridgnorth to help understand the extent to which urgent care needs can be addressed in rural situations
- Clinical pathway groups have been established for 6 long-term conditions to support the shift from acute to community care and will help inform the work of the Neighbourhood teams

Key Milestones

- Senate Review October 2016
- Review of Women and Childrens options – September 2016
- Pre-consultation Outline Business Case to NHS Boards – October 2016
- Gateway Review – November 2016
- Public consultation – Dec-Mar 2016/7
- Decision on OBC – May 2017

Outcomes

- 4,200 patients currently being seen in hospital would no longer need hospital care
- 27,218 outpatient appointments no longer seen in hospital



Developing our other services

People with mental ill-health

| Objectives | Progress to date | Key Milestones | |
|---|--|---|---|
| <ul style="list-style-type: none"> To work towards parity of esteem between physical and mental health , improving the quality of care for patients To implement the Five Year Forward View for Mental Health To promote good mental health Working in partnership with all organisations , voluntary, private and public To co-produce services/pathways with people with lived experience of services, their families and carers To ensure support is available to help people to help themselves To ensure support is available at the earliest opportunity to reduce the likelihood of escalation and distress and support recovery Effective Crisis pathway in place Proactive support for those within criminal justice system Effective services delivering person-centred care, underpinned by evidence, which supports people to led fuller, happier lives New payment mechanism in place to support effective outcomes | <ul style="list-style-type: none"> Joint mental health strategy Plans in place to develop 24/7 mental health support Access and recovery targets for IAPT achieved RTT early intervention psychosis service System for monitoring out of area placements Rehab pathway under review Dementia strategy and action plan CQUIN to develop agreed clinical outcome measures All age psychiatric liaison in place 7 days a week 12 hours a day Third sector led employment event held Mental health stakeholder forum in place | <ul style="list-style-type: none"> Five Year Forward View Local Commissioning Strategy Comprehensive needs assessment CCGs signed up to Time to change (Good mental health in workplace) IAPT access rate of 16% with recovery rate over 50% CBT available face to face and on line RTT for early intervention psychosis 50% Reduction in Out of area acute Mental health in patients Second Sec 136 suite Plan for 7 day working April 17 Implemented 7 day working Clear articulation of crises pathway | <ul style="list-style-type: none"> October April 2017 April 2017 April 2017 June 17 September 17 Q4 16/17 April 2017 April 17 September 17 December 16 |
| Outcomes | | | |
| <ul style="list-style-type: none"> To have more people recovering from mental ill health Reduced stigma of mental health People access support (voluntary sector and primary care services) and reduced numbers requiring secondary mental health services Crisis pathway available 24/7 No out of area placements for in patient care unless very specialist care required Hospital liaison in place for acute mental health, children and young people, substance misuse and dementia Referral to treat times aligned to physical health response times Increased employment rates for those with severe mental illness Increase in peer support in mental health Outcomes measured and reported for mental health services Payment mechanism in place that has an outcome payment for an agreed % of contract Reduction in suicide rates | | | |



People with a Learning Disability

Objectives

- **To improve the quality of care** by ensuring people are cared for in an environment that is safe and secure
- Working in partnership with all organisations , voluntary, private and public
- To co-produce services/pathways with people with lived experience of services, their families and carers
- To improve the life chances of people with LD
- To improve the physical health of people with LD
- To ensure specialist support is available for those with profound and complex health needs
- To support people, with LD/autism with behaviours that challenge as close to home as possible.
- To support people in their own homes where possible
- To ensure reasonable adjustments are made when people with a LD are admitted to acute care
- To develop an integrated approach to learning disabilities commissioning across NHS and local authority

Outcomes

- 7% of people with an LD who are on the GP registers are offered an annual health check
- Care and Treatment reviews held for all people who are at risk of admission or who are admitted to an inpatient bed
- Personal health budgets offered and supported to people with a LD
- Reviews undertaken for all people with an LD who die (unexpected or expected) to understand how care could be improved
- Within national target for CCG and NHSe commissioned in patient beds for LD/ autism with behaviours that challenge

Progress to date

TCP plan written collaboratively across whole footprint
CCG commissioned beds within target
Case written to support development of an intensive home care team
Intensive support team for challenging behaviour in place
Care and treatment review procures in place
At risk of admission register and support mechanisms in place

Key Milestones

- | | |
|--|--|
| • Reduction in NHSe commissioned beds | Commence Q2 16/17 within national targets by 2018/19 |
| • West Midlands Quality care review undertaken to understand management of patients in an acute ward | April 17 |
| • New model of community learning disabilities service in place | September 17 |



Children and young people

Objectives

- To implement a comprehensive CAMHS service with reduced waiting times and raised awareness of children's mental health issues amongst professional and other staff
- To develop an integrated paediatric model of care which provides the Right Care approach to include continuity of care and services closer to home.
- Special Educational Needs and Disabilities (SEND) Education, Health and Care Plan effective care delivery.

Progress to date

- 0-25 Emotional Health and Wellbeing service. Includes crisis support, CBT, Systemic Family Treatment, training for professionals and better access for Looked After Children. Tender across both CCGs issued in August 2016
- Redesign of neurodevelopmental pathways. Reconfiguration of existing CAMHS service to reduce waiting times
- Developmental programmes for workers in universal services
- Eating Disorder service, jointly commissioned with South Staffs CCGs and provided by SSSFT. Current caseload is 119; anticipated to increase by 100 referrals pa
- All age Psychiatric Liaison service. Hospital based to support children attending A&E or admitted with emotionally related disorders
- Perinatal Support programme to train professionals to recognise early signs of emotional problems
- Cross-cutting programme to provide robust needs analysis and approach to record keeping, engagement and transition
- Future Fit, Clinical pathways group, developing a 'Paediatric asthma pathway' for the Shropshire health economy.
- SEND self assessment gaps/areas for improvement identified and action plan in progress action.

Outcomes

- Reduced waiting times for assessment by CAMHS service
- Comprehensive Eating Disorder service
- Reduced hospital attendances and admissions for children and young people .
- Robust health response to EHCP including performance monitoring of providers.

Key Milestones

Implementation of the CAMHS programme: 0-25 Emotional Health and Wellbeing service. Tender approved and new service commences Q4 2017

Paediatric Asthma Pathway
Pathway and supporting business case to be developed by 30 September 2016.

SEND

Action plan in progress to respond to gaps/areas requiring improvement by January 2017.



Making best use of our resources

Finance

- ▶ If we don't do anything, the health community (excluding local authorities) reaches 2020/21 with a deficit of £129.4m
- ▶ However, this is unrealistic because £62.3m should be achieved through normal annual efficiency savings
- ▶ There are plans to achieve a further £73.9m of savings through acute reconfiguration and through schemes targeted at reducing duplication, repatriating activity from outside Shropshire and specialised services.
- ▶ This can achieve financial break-even across the health community but not necessarily for individual organisations. This is an essential feature of the STP



Reducing Duplication

Objectives

To reduce costs without affecting service provision by rationalising organisations, back office functions and estate costs; and by greater exploitation of IM&T

Progress to date

- The health community has set a target to reduce Back Office Functions cost by £1.8m (inc Pathology)
- Payroll, Purchasing/Supplies, Estates (cleaning) already shared between SaTH, ShropCom and RJAH
- Scoping exercise has highlighted IT, HR and Complaints for further consideration

Key Milestones

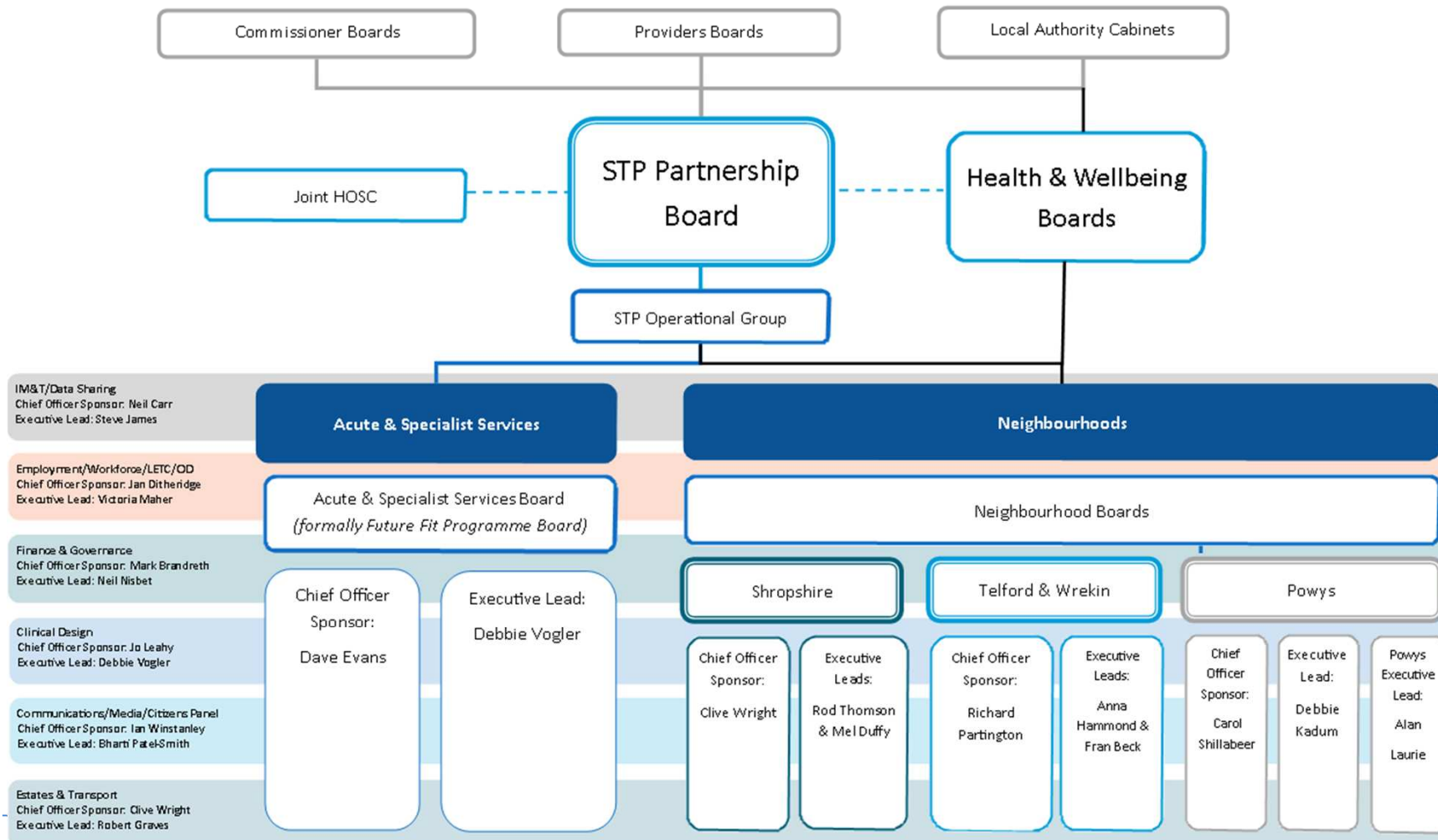
October 2016 – Define ambition for consolidating Back Office functions.
Develop Business Case for further amalgamation and submit to NHSE

Outcomes

- Reduce costs by £1.8m through greater sharing of functions
- Fewer organisations to reduce overhead costs and increase efficiency

| Service Area | Specific Aspect of the Service | Benefits | Barriers /Risks |
|--------------|--|--|---|
| IT services | Helpdesk and out of hours support | Could provide longer support periods and knowledge being shared. Cost savings from reduction in workforce. | Staff redundancies. Geography. |
| HR | Recruitment, workforce management, temporary staffing and ESR processing | Would create a knowledge sharing environment, reduce costs and provide consistency, resilience across the health economy and economies of scale. | Policies would need to be aligned. Staff redundancies. Geography. |
| Complaints | | Consistency in approach. Cost savings from reduction in workforce. One central portal for patients to liaise with across the health economy. | Lack of local/organisational knowledge |

STP Governance Structure



For the Health and Wellbeing Board

- ▶ The STP will continue to be developed until 20th October. However, this is the last scheduled HWB meeting before that date, so the latest version of the STP (as of Friday 23rd September) is presented.
- ▶ The Board is asked to discuss the STP and feedback their conclusions
- ▶ The Board may wish to delegate approval for the final submission of the STP

