HEALTH AND WELLBEING BOARD

5 SYSTEM UPDATE (Pages 1 - 34)

Presentation/Slides given at meeting (Powerpoint).

a) STP Update, Phil Evans Director, STP Programme

b) Future Fit update, Phil Evans Director STP

c) Out of Hospital Programme, Julie Davies, Director Delivery & Performance, Shropshire CCG
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Sustainability and Transformation Partnership
Jan 18

• Next iteration of the co-designed STP document
  • People (what does it mean for me)
  • One plan summary
  • Community Care
  • Primary Care
  • Secondary Care
  • Infrastructure

Consultation outcome findings Report

• Advice from CI suggests 4-6 weeks of review and engagement post closure
• Joint HOSC and CHC as part of that process
• Requires a Programme Board to receive post consultation report

Decision making business case approval

• CCGs need to decide on process; is it a JC or joint Boards or individual Boards
• Post consultation report, restating case for change, final delivery model and how consultation has influenced it
Public Consultation

- Final start date to be agreed
- Start date dependent on NHSE Assurance process outcome
- Consultation 12 weeks into December

One Plan Workshop

- One Plan Workshop No.3 share the system wide views and plans, review cross workstream topics & outcomes
- STP Driver diagram agreement
- One Plan agreed and used to inform next STP iteration

Quarter 2 STP review

- Quarter 2 Shropshire STP Review Stocktake Meeting

One Plan Workshop

- One Plan Workshop No.4 share the system wide views and plans, review cross workstream topics & outcomes
- STP Driver diagram review and development
**NHSE Assurance**
- On to full boards for the PBCBC to NHSE Assurance end of August
- Papers will include PCBC, IIA, Senate actions, Gateway actions and consultation material and plan. Received 2 weeks prior to panel
- Local and regional stage in the process
- 2 weeks after panel assumed for report and any additional assurance to be given prior to approval to proceed

**Clinical & Financial Governance Aug**
- Clinical Design Group 10/8
- Finance Group 10/8

**PDG August**
- Programme Delivery Group August
- Diabetes paper review

**SATH Board**
- SATH Board July (Public)

**Future Fit Joint Committee (public)**
- Acute reconfiguration decision
- IIA Outcome
- PBCBC / OBC tested
- Joint HOSC meeting post JC decision would be needed prior to consultation starting
- Consultation Plan and proposals for review by Powys CHC

**CCG Boards**
- T&W 16
- Shrop 17th
- PBCBC draft from December requires considerable updates on community solutions and any other OBC changes
- SOC letter of support caveats will require a review as part of process
- Consultation plan and draft documentation
- To include the review by Powys tHB

**FF Programme Board**
- Future Fit Programme Board
- Papers will include independent review outcome; W&C IIA report; update on senate & Gateway actions

**STP PMO Timeline**

- 31/7/17
- 7/7/17
- 3/8/17
- 10/8/17
- 21/8/17

- **NHSE Assurance**
- **Clinical & Financial Governance Aug**
- **PDG August**
- **SATH Board**
STP PMO Timeline

STP Partnership Board
- Overseeing development of programme deliverables.

Neighborhood Steering Group
- Neighborhood programme leaders come together to review plans and triangulate the financial outcomes
- OBC / PCBC / STP

Optimity Report
- Release of Shropshire Optimity report

Data Date
- Slide Deck Start Date

10/7/17
11/7/17
12/7/17
17/7/17
18/07/17
24/7/17
26/7/17

One Plan Workshop
- One Plan Workshop No.2 share the system wide views and plans, review cross workstream topics & outcomes
- STP Driver diagram review

Completion of Independent review and IIA
- Currently expect final KPMG report by w/c 17th July
- W&C draft IIA to go to IIA work stream 18th July for sign off

CCG Board Meetings July
- Shropshire CCG Board 12/7
- Telford CCG Board 11/7
Neighbourhoods

**Powys**

Two programmes of work

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

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

- Start Well, Live Well, Age Well

**Telford and Wrekin**

Three programmes of work

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

**Shropshire**

Four main programmes of work

- Primary Care Development and GP Five Year Forward View
- Population Health Management
- Secondary Care Admission Avoidance
- Community Services Review

  - Lisa Wicks Commissioning & Redesign Lead is in post
  - Reviewed the 90 day plan submission 1 and mapping next steps to prioritise the projects to maximise impact on system flow.
  - Review the art of the possible for system flow.
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<thead>
<tr>
<th>STP Neighbourhoods</th>
<th>Fit &amp; Well</th>
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*Cross cutting themes:* Workforce redesign, digital solutions, single care record, primary care development, estates, patient and public engagement.
ICS – Admission Avoidance / Shropshire – Average 20 admission avoidance cases per week have been taken onto caseload.
• ICS are fully engaged and participating in the front door Frailty Team in RSH launched 4th September.
• Early Supported Discharge / Shropshire – Average of 53 patients per week vs target of 45 discharges per week.

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

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

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

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

Length of Stay Community Hospitals - Reduction to 15.6 days in July. Refresh of SAFER on wards.
Bishops Castle – testing new model of care GP practice + ICS + community hospital staff – early signs very encouraging, GP, staff and patient feedback very positive – avoiding admissions and reducing LoS.
All workstreams are currently focused on 3 key products

1. The narrative that describes the out of hospital/community landscape for the future that will be part of the Outline Business Case (OBC) and also the next Sustainability and Transformation Programme (STP) submission.

2. The solutions for all the neighbourhoods are currently being amalgamated and the executive leads are working with the finance teams to produce a plan with financial assumptions aligned to each of the solutions.

3. Each Neighbourhood (along with all the workstreams) are producing a high level plan of their programmes, including overarching objectives and detail around delivery dates to support the production of one co-designed STP Plan.

For the first time the system will have one joined up plan that everyone will have sight of. People will have sight of the system wide meetings enabling the shared learning and the conversations around the interdependencies.
The Acute workstream comprises of two programmes of work:

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

Future Fit has three reviews that it currently needs to complete:
1. Integrated Impact Assessment – Focused on Women's and Children's services, it is an eight week programme of work concluding at the end of July
2. Independent Review
3. Maternity services review – Midwife Led Unit/NHSE Avoidable bay deaths

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

- Restate case for change
- Programme Progress to date
- Outline options and preferred option
- Programme next steps
- Pre consultation Business Case
- Programme timescales
- Patient and public involvement & Consultation plan
• Workforce challenges
  • Recruitment challenges across a number of specialties due to poor employee experience related to duplication of services across 2 sites
  • High levels of locum cover
  • Staffing levels do not meet recommended levels for A&E, critical care and emergency medicine
  • Unable to staff 24/7 A&E Consultant cover on both sites
• Change in the populations profile; 25% of Shropshire will be over 70yrs old by 2036 significantly higher than national profile (29% Powys)
• Duplication of services across 2 sites leading to economic challenges
• Unable to progress clinical standards and developments in medical technology
• The quality of the patient facilities and the Trust’s estate
• Improved A&E waiting times; >98% seen and treated in 2hrs
  • improved patient experience and timely diagnosis and treatment

• Access to senior decision makers, enhanced ambulatory emergency care- seen, diagnosed and discharged same day -
  • Unnecessary hospital admissions avoided

• 7 day working, reducing LoS and delayed transfers of care
  • fewer internal patient transfers and outliers improving experience
  • improved adjusted rates of mortality, emergency readmission rates and less decompensation in frail older people

• Separation of elective and emergency flows
  • reduced cancelled operations, lower LoS with lower infection rates and other clinical complications and improved patient experience

• Well-designed appropriate capacity and physical settings
  • role in safer hospitals, promoting more healing for patients and improved patient experience
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<th>Timeline for completion</th>
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<td>Programme Board met to receive the Independent review of the option appraisal process and the further impact assessment work</td>
<td>31st July 2017</td>
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<td>CCG Board Joint Decision Making Committee approved Option B and Option C for consultation with Option C1 as preferred option</td>
<td>10 Aug 2017</td>
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<tr>
<td>CCG Boards received the draft Pre Consultation Business Case</td>
<td>15/16 Aug 2017</td>
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<tr>
<td>Submission of PCBC and other assurance to NHSE</td>
<td>21st August 2017</td>
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<tr>
<td>NHSE strategic sense check Panel</td>
<td>30 Aug 2017</td>
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<tr>
<td>CCG Boards approve PCBC and draft consultation documentation</td>
<td>12th /13th September 2017</td>
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Two Options with a preferred Option

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

Almost 80% of patients will continue to receive their emergency and urgent care at the same site they do now
The Potential OBC Solution - Essential Service Change service balance based on clinical adjacency needs and resolving workforce issues

Emergency Site

- Emergency Department
- Critical Care Unit (HDU, ITU)
- Urgent Care Centre
- Ambulatory Emergency Care (AEC)

Beds
approx 510 beds
Including:
Acute Stroke Unit
Coronary Care Unit
Women and Children’s Orthopaedic trauma
Acute Medicine

Both Sites

- Outpatients (including Fracture Clinic)
- Diagnostics
- Day Case Renal Unit
- Oncology/Haematology - chemotherapy

Planned Care Site

- Diagnostic and Treatment Centre
- Elective and Day Case Surgery
- Endoscopy

Beds
approx 350
Including:
240 inpatient beds and
110 day case / endoscopy beds
Including:
Elective Orthopaedics
Breast Service
Frailty and Elderly Care
Rehabilitation

Integrated Care Pathways – LTC, Frail and Elderly etc

NB Inpatient bed base does not include Neonatology and Critical Care numbers
• Address the issues set out at the NHSE assurance Strategic Sense Check

• Pre Consultation Business Case and Consultation Plan to CCG Boards 12\textsuperscript{th} and 13\textsuperscript{th} September

• Powys CHC Meeting 12\textsuperscript{th} September to receive consultation plans

• Joint HOSC Meeting tbc September to receive consultation plans

• NHSE Stage 2 Assurance checkpoint 2\textsuperscript{nd} October

• Public Consultation begins October 2017-January 2018

• Consultation response analysis and report preparation 4-6 weeks

• Decision Making Business Case to Governing Bodies by March 2018

• Full Business Case approval late 2018 (tbc)
• Part of NHSE Assurance process submission 15th September

• Needs approval by the CCG Boards

• Make the case for change and sets out the options being considered and the preferred option

• Describe the future model of care and how it has been developed

Makes the financial and clinical case to commence public consultation

Outlines how the proposals meet the Four DH mandated tests for service reconfiguration:
  • Strong Public and patient Engagement
  • A clear clinical evidence base
  • Consistency with current and proposed need for patient choice
  • Support from clinical commissioners
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<td>Powys CHC Meeting to receive draft consultation documentation</td>
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<tr>
<td>Joint HOSC Meeting to receive consultation documents and plan</td>
<td>September 2017</td>
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<tr>
<td>NHSE Stage 2 Assurance Panel</td>
<td>2nd October 2017</td>
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<td>Shropshire/Telford &amp; Wrekin CCG formal public consultation period</td>
<td>Oct – Jan 2018</td>
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<tr>
<td>Consultation findings and recommendations report received by CCGs</td>
<td>Feb/March 2018</td>
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<tr>
<td>Decision making business case for approval by CCGs</td>
<td>February / March 2018</td>
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Patient and Public Involvement
Pre Consultation Engagement

Engagement
- Presentations/networking with:
  - Patient groups
  - Pensions/Teaching Health Board
  - Health and social care networks
  - Health and Wellbeing Board
  - Young health champions
  - Local community forums
  - Parish Councils
  - Cabinet/members
  - Health and Wellbeing Board
- Deliberative events:
  - 18 events in six locations
  - 300+ participants

Stakeholder management
- Pop up stands:
  - 16 events
  - 38 locations
  - 200+ direct feedback
  - Enhanced audience engagement
  - Across local service provider
  - 1,000 people added to the mailing list
- Consultation preparation:
  - Process established to consult stakeholders on consultation methods:
  - Consultation survey preparation
  - Consulting with Consultation Institute on best practice and legal guidance

Strategic Communication
- Representation at Programme Board
- Key messaging framework
- Social media
- Engagement event
- Media
- Pre-board briefing

Digital
- Website:
  - Website established Dec 2013
  - 1,247 visits in date
  - 70.5% visits a result of twitter links
- Blogs:
  - 31 blogs on key themes – travel times, long term conditions, clinical commissioning
  - 746 unique page views
  - Twitter:
    - Twitter established in July 2014
    - 1,024 followers
    - 1,367 tweets sent
    - Average monthly reach over 10,000 accounts
  - Facebook:
    - Facebook launched in Mar 2016
    - 1077 page likes
    - Average weekly reach of 4,000 people
- Social media:
  - Social media campaign posts
  - 10K clicks to NHS Future Fit website
  - 12K total potential reach
  - 148 no tweets/shared
  - 37 likes
  - Animation video:
    - Viewed 900+ times

Administration
- Workstream governance
- Planning and governance
- Chairing and evidence activity
- Continuous engagement in locality plans
- Financial reporting and management
- Support and advice
- The Consultation Institute
- Benchmarking
- Facilitating external meetings

Media
- Stakeholder management:
  - Forthrightly flash report to senior managers issued
  - Regular group and one-to-one briefings
  - Participant (PAC) briefing
  - Programme bulletin/newsletter
  - Political briefing
  - Ahead of key news

Internal Communication
- Internal communication:
  - 250+ media enquiries handled
  - 53 press releases issued
  - 40 staff briefings from the media groups
  - Email: Futurefit@nhs.net
  - Regular media briefings
  - Media training delivered to senior professionals
  - Several case studies created and published

Marketing
- Pull up banners, leaflets, clinical design summary,
  - mailing list, comment cards, etc.
  - Promotional items - pens, hand sanitiser, pens
  - Simple infographic and explanation of Urgent Care Centre services
  - Social media:
    - Social media campaigns
    - Twitter:
      - Future Fit’s Twitter/mash up stands:
      - 103K specific pop up stands to date

Contact lists:
- 1,930 stakeholders now on mailing list

Branding/Advertising
- Series of adverts in local newspapers
  - Sparsholme, Telford
  - Worcestershire: 370,145 people
  - Shropshire and Telford: 21,241
- 2 x telephones surveys
  - Public opinion and action
  - Telephones: interviews with residents living in Shropshire (60%); Telford and Wrekin (5%); Worcestershire (5%)
- Survey results include responses from 2,209 people
• Integral to programme since 2013 and an ongoing process
• Healthwatch Shropshire, Healthwatch Telford and Wrekin and Powys CHC involved and engaged
• Pre consultation engagement has been considerable
  • Focus groups, pop up stand events, parish councils, smaller-scale public activities, online surveys, newsletters, telephone surveys and social media channels
  • Reaching seldom heard groups - meeting the needs of people with protected characteristics
• Reading groups fully involved in developing consultation documentation and plans
• Many services will remain on both hospital sites, e.g. urgent care/ outpatients/ diagnostics (tests)
• Some services now are only available at one of the two hospital sites, e.g. stroke at Telford
• Some patients now travel outside of county for specialist care, e.g. major trauma
• Almost 80% will continue to go to same site as they do now for emergency and urgent care
• The out of hospital care strategies being developed through neighbourhoods will support care closer to home and choice
• Some people will have to travel further under both options but priority is providing safe, high quality and sustainable services
• High level draft consultation plan and documents in circulation for comments
• Includes feedback from CCG execs and Governing Bodies and patient reading group
• Detailed consultation activity plan for 14-week consultation period in development, which will include:
  • Public Exhibition meetings, roadshows and meetings in public
  • Attending voluntary, community and social enterprise sector meetings
  • Channels to include: PR, advertising, social media, newsletters, partner channels, website
Equalities Duties
• We’re working with the Consultation Institute to ensure we meet our Public Sector Equality Duties

• We’ve held focus groups with seldom heard groups, including traveller communities, LGBT communities and people with drug and alcohol problems

• Two Integrated Impact Assessments, including Equality Impact Assessment

• Consultation documents will be translated into Welsh and available in EasyRead

• Consultation Institute will conduct a mid-point review to identify any gaps in engagement
• More than 225 events held since 2014

• Focus groups with seldom heard groups including:
  • People with drug and alcohol problems
  • Carers of people with long term drug and alcohol problems
  • Homeless
  • Mums and toddlers (on line survey >800 responses as part of IIA))
  • Travellers
  • LGBT

• Two Integrated Impact Assessments including Equality Impact Assessments:
  • The projected positive health impacts are the most significant in all options.
    “clinical health benefits will apply to all patients however greater benefits will be seen to patients who are higher users of hospital services than the general population eg young children, young adults, older people, people with a disability, LGBT groups, BAME groups and people living in deprivation. ……it can be argued they would benefit from a disproportionately positive effect from the projected improvements in clinical effectiveness.”.
  • Equally groups would potentially experience a negative equality effect arising out of an impact on access to urgent and emergency care and obstetrics depending on the option