

EXECUTIVE SUMMARY

We have a unified vision for our population to be the healthiest on the planet; to achieve this we will need to develop a transformed system of care that is high quality, financially sustainable, and efficient and delivers on national standards all the time. Central to this will be our ability to build resilience and social capital into people's environment so they have the knowledge and skills to help themselves to live healthier and happier lives.

The overall population within the footprint is approximately 470,000 people, but a number of outlying populations, most notably Powys, access services at providers within Shropshire. The population profile differs across the footprint with Shropshire characterized by a low density, isolated and more elderly population, and Telford and Wrekin more urban and with a lower proportion of households where residents are over 65 years of age.

The Shropshire Telford and Wrekin health and social care economy comprises 2 CCGs, four main NHS providers, 2 Councils and a range of smaller private and third sector providers; one of the providers, Robert Jones and Agnes Hunt NHS FT is a tertiary centre for Orthopaedic services.

Life expectancy rates overall have improved steadily in last decade across the footprint; however, rates in Telford & Wrekin remain significantly worse than average and those in Shropshire. Preventable lifestyle-related diseases associated with smoking, alcohol consumption, excess weight and physical inactivity make a significant contribution to the burden of ill health.

The causes of poor health are rooted within our communities and as such the solutions need to be community-based. Enhancing the assets and skills of local people and organisations, we will capitalise on the power of this rich source of social support to build individual and community resilience. We will support people to lead healthier lives and prevent ill health, and empower patients to adopt and promote self-care in order to reduce the demand and dependency on our public services.

The Call to action Consultation process in 2013 set out the clear Case for Change for the reconfiguration of hospital services. The Future Fit clinical model which provided a wider model than just hospital provision then emerged in 2014; as a whole system plan, developed through whole system engagement, the scope of the report is much wider than acute and community hospital reconfiguration. It describes and demonstrates critical interdependencies across the whole economy and points firmly to the need to begin the process of transformational change now. Only by doing this will the reconfiguration of hospital services be successful.

The Future Fit clinical and design principles have been the basis of developing and setting out the three main areas of health care delivery:

- Acute and episodic care;
- Planned care.
- Long term conditions and or frailty

The Strategic Outline Case demonstrates that there are potential solutions which are in line with the Future Fit Clinical Model. This proposed model will need to be supported by integrated health and care services and a networked Rural Urgent Care Service.

Having established the case for whole system transformation, and having agreed that that we need to build social capital around neighbourhoods, we have agreed a number fundamental programmes of work that need to take place during the life of the STP; these are not exclusive as other work will carry on in a business as usual way, but these programmes represent where we intend to put extra-ordinary effort for extra-ordinary gain and are as follows:

- We will progress a radical upgrade in the prevention and self-care agenda, building resilient communities around neighbourhoods and drawing on the social capital that exists in communities. This work will be driven by 3 Neighbourhoods Transformation Groups and will draw on the work already started through the Community Fit Transformation Programme.
- As part of the Neighbourhoods work we will support the development of Community Services and the Primary Care offer for patients, founded on the place based concept of care. This offer will be consistent in terms of outcomes and standards, whilst accepting the place based nature may need different delivery models to suit local need. This work will address the range and location of Community and Primary Care services and offer solutions to organisational form that flow from the new models of care.
- The Strategic Outline Case for Acute Hospital services will now move on to Outline Business Case stage and Senate Stage 2 Review over the 2016 summer; there is a clear critical path set out in this plan and agreed within the health and care community.
- We have agreed to commence a review of the range and location of orthopaedic services commissioned throughout the footprint; currently provided on 3 sites, and at a level beyond comparator peer groups, we need to ensure services provided are appropriate, delivered to consistent outcomes and provide value for money for the taxpayer; this review will also address whether having 2 general acute sites and a specialist orthopaedic site is the right configuration. Draft Terms of Reference for this work have been developed.
- We have an agreed Deficit Reduction Plan which addresses the system wide health deficit of £140.5m by 2020/21; an agreed list of actions to close this gap is included in the plan. All partners agree that we need to work with Social Care colleagues to close the wider Health and Social Care gap; this work is ongoing and all partners are committed to agreeing a plan by September 2016.

The transformation journey has already started in Shropshire, and Telford and Wrekin through the Future Fit and Community Fit Programmes; we are building on that work with the governance and supporting programme infrastructure we are putting in place. We have a Partnership Board comprising Chief Officers of all the health and social care partners. The Operational Group comprises of Executive leads from all partners, along with patient representation and LMC membership. We have established four main transformation groups, with six supporting enabler groups, each with a Chief Executive Sponsor and Executive lead. We have an agreed supporting programme structure that all partners have agreed to resource and which will be put in place by September 2016.