



Title of the report:	STP Programme Update
Responsible Director:	Phil Evans, STP/Future Fit Director
Prepared by:	Joanne Harding, Head of STP PMO
Presenter:	
<p>Purpose of the report: The purpose of this paper is to provide an update with a high level RAG rated Programme Status Report against the STP Programme Structure, Governance and Delivery Plan.</p>	
<p>Key issues or points to note: The Dashboard below gives a sense check as to the individual components that make up our system wide STP and our progress towards system wide working</p>	

Criteria used to demonstrate progress towards system working	
<p>Accountable care systems are place-based systems which have taken on the collective responsibility for managing performance, resources and the totality of population health. In return, they receive greater freedoms and flexibilities from NHS England and NHS Improvement. (Shropshire STP is still in discussion stage re ACS across system leadership, the criteria below is for information)</p>	
Effective leadership and relationships	<ul style="list-style-type: none"> • Strong leadership team, with mature relationships across the NHS and local government • Effective collective decision-making that does not rely solely on consensus • Clinicians involved in the decision-making, including primary care • Evidence that leaders share a vision of what they're trying to achieve
Track record of delivery	<ul style="list-style-type: none"> • Evidence of tangible progress towards delivering Next Steps on the Five Year Forward View especially: redesign of UEC system, better access to primary care, improved mental health and cancer services • Leading the pack on delivery of constitutional standards, especially A&E and cancer 62 day • Ability to carry out decisions that are made, with the right capability to execute on priorities
Strong financial management	<ul style="list-style-type: none"> • Demonstrated ability to deliver financial balance across the system • Where financial balance is not immediately achievable, control totals are being achieved and there is a compelling system-wide plan for returning to balance and/or resolving historic debt • System will be ready to take on a shared control total and has effective ways of managing collective risk
Coherent and defined population	<ul style="list-style-type: none"> • A meaningful geographical footprint that respects patient flows of at least 0.5m • "Core" providers in the area provide ~70%+ of the care for their resident population • Is contiguous with STP or if not has clear division of labour with STP and is not simply a 'breakaway' area • Where possible, is contiguous with local government boundaries
Care redesign	<ul style="list-style-type: none"> • System has persuasive plans for integrating providers vertically (primary care, social care & hospitals) and collaborating horizontally (between hospitals), supported by a solid digital plan • Widespread involvement of primary care, with GP practices collaborating through incipient networks • Commitment to population health approaches, with new care models that draw on the best vanguard learning • Includes a vanguard with plans to scale or has demonstrated learning from the best new care models



**STP Director's Update to STP Partnership Board
Dec 2017**

Phil Evans, STP/Future Fit Director

The purpose of this report is to provide the meeting audience and distribution list with a summary of progress in regard to delivery of the STP Programme Development & Delivery.

This report will be used at all Board Meetings from 2nd Weds of each month until the following 2nd weds of next month

RAG rating		Key Updates / Issues / risks
		Last Updated: 17/11/2017
1.0	Sharing a Patient Story – where available and approved for wider sharing	
2.0	Overall STP Programme Governance	
2.1	STP Programme Structure & Reporting	<ul style="list-style-type: none"> • Reporting continues to be refined with Workstream leads now providing direct input to STP Directors Report. • Office 365 due to be rolled out to support STP system collaboration and sharing / communication of all work streams. Every STP partner will be able to access Programme updates and contribute to overall work programme Expected date Jan / Feb 2018 • Membership of all work streams and enabling groups are being updated and a full Programme Structure will be shared across all STP Partners once complete • Meeting Structures have been updated and will now comprise <ul style="list-style-type: none"> ○ 1st Weds of Month – Meetings, action log from previous meeting to be sent out ○ 2nd Weds of month – updates due and STP dashboard report updated ○ 3rd Weds of the Month – agenda, papers & minutes to be circulated ○ 4th Weds of the month – STP Partnership Board meeting occurs • Reporting for all Boards will be via the STP Directors Update, you may receive this report via more than one route, the report is updated constantly and becomes final on the 2nd Weds of every month
2.2	STP Programme Processes	<ul style="list-style-type: none"> • These continue to be developed and need to align with existing organisational statutory responsibilities and existing processes. Work has commenced on these and are being tested through the Programme Delivery Group • Priorities include: <ul style="list-style-type: none"> ○ Reporting ○ Membership ○ Internal processes ○ Risk register ○ Escalation ○ Office organisation and file sharing ○ Comms and engagement with partners re:progress updates • This work will continue through the Kings Fund OD work with the first workshop planned for 22nd November 2017
2.3	STP Programme Reporting & Risks	<ul style="list-style-type: none"> • This highlight report serves to give the STP system partners an initial high level view of Programmes within our One Plan. Further iterations and development further development of the reporting dashboard will be



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	<p>developed over the coming weeks which will include NHSE dashboard requirements to move from level 3 to level 2</p> <ul style="list-style-type: none"> • A Risk Register has been established, this is reliant on system partners sharing their programme plans and internal risks already identified. The STP PMO can this pull these together to form a system wide Risk register. • Risk register will come to STP Programme Delivery Group meetings and RED rated to be escalated to STP Partnership Board monthly with a plan for approval.
2.4 STP PMO Finances Last update 24/11/17 JH	<ul style="list-style-type: none"> • The STP PMO is operating within the STP overall budget controls set by STP Partners • All partners have now been issued with 17/18 invoices
2.5 STP Programme Team Last update 13/11/17 JH	<ul style="list-style-type: none"> • The STP Team is now fully established following recent recruitment. New starters are on a phased start and will all be fully in post by Feb 2018 <div data-bbox="614 824 1401 1366" style="text-align: center;"> <p>STP Team</p> <pre> graph TD STPB[STP Partnership Board] --> STPD[STP Programme Director Phil Evans 1.0 WTE] STPD -.-> FF[Future Fit Programme Director Debbie Vogler 0.2 WTE] STPD -.-> UEC[Urgent & Emergency Care Programme Director TSC 1.0 WTE] STPD -.-> STPPMO[STP PMO Head of PMO Joanne Harding 1.0 WTE] FF --> PM[Programme Manager Emma Pyrah 0.4 WTE] FF --> C[Comms Lesley] FF --> SCE[Senior Communications and Engagement Manager Niki McGrath 1.0 WTE] FF --> CEM[Communications and Engagement Manager Kathryn Smith 1.0 WTE] UEC --> CE[Comms Exec Martin Evans] UEC --> CEL[Comms & Engagement Lead Pam Schreier 1.0 WTE] UEC --> PS[Project Support Haley Barton 1.0 WTE] STPPMO --> PM1[Programme manager Rob Gray 1.0 WTE] STPPMO --> PM2[Programme manager Penny Bacon 0.5 WTE] STPPMO --> PM3[Programme manager Maggie Durrant 0.6 WTE] STPPMO --> PM4[Programme manager Andrea Webster 1.0 WTE] STPPMO --> PM5[Programme manager Sara Edwards 0.5 WTE] STPPMO --> PM6[Programme manager Jill Barker 0.5 WTE] subgraph Shared_Resource [Shared Resource] CE CEL PS end </pre> <p>November 2017</p> </div>
2.6 System Organisational Development	<ul style="list-style-type: none"> • The Kings Fund are supporting STP system wide OD, this includes <ul style="list-style-type: none"> ○ Facilitated STP Programme Delivery Refresh session on 22nd Nov, this has approx. 50 confirmed attendee's ○ Facilitated System Leaders Session via 1:1 & group session Date 20th Dec 17 ○ Future co-designed workshops to support system transformation ○ A full debrief from the 22nd Nov session will be available once write up is complete • Transformational Change through System Leadership application has been submitted. If successful the Programme commences in Feb 18 • Strategic System Leadership Programme for STP Footprints , PE to provide further information



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		Last Updated: 17/11/2017
3.0	Programme Delivery – Out of Hospital Transformation	
3.1	<p>Telford Neighbourhood Last updated by Awaiting update (Workstream 1)</p> <p>Ruth Emery (Workstream 2)</p>	<p>Workstream 1 - Community Resilience & Prevention Awaiting update</p> <p>Workstream 2 – Neighbourhood Teams</p> <ul style="list-style-type: none"> • Work is progressing with this key area of work. Teams have started to form around groups of practices (i.e. Neighbourhoods), and Early Help and Support Workers assigned to specific practices. • The first of the MDT style around Neighbourhoods bringing together staff from SSST, ShropCom and the local authority took place on 2nd November, commencing in Newport. • As estates workshop has been scheduled for November between health and social care stakeholders to identify the estates available and practical requirements to deliver neighbourhood working. • Work is progressing with the Dementia Workstream with named staff aligned to practices. <p>Workstream 3 – Systematic specialty review Awaiting update</p>
3.2	<p>Shropshire Neighbourhood (Out of Hospital programme) Last Updated by Lisa Wicks 13/11/17</p>	<p>Work has commenced within the localities to develop the out of hospital model of care (based on the 9 commissioning clusters). The design work will be overseen by a CCG's design authority as part of the programme governance.</p> <p>Admission avoidance modelling has been undertaken by practice to inform the out of hospital model. The model is based on the following:</p> <ul style="list-style-type: none"> • Rapid Turnaround at the Front Door • Community beds and Crisis Resolution • Hospital at Home • Community Services • Non-core enhanced services <p>Outcome based specifications will be developed by locality for each element of the model based on:</p> <ul style="list-style-type: none"> • Maintenance of good health • Locally determined practice-level management of cohort conditions • Timely, efficient access to cluster-level core services • Health crisis prevention through cluster-level case-management • Admission avoidance through Integrated locality-level crisis resolution • Efficient and effective treatment and stabilisation of acute need <p>A review of MIU, DAART and Community Hospitals has also been undertaken and a case for change developed. Pre-engagement is currently taking place and feedback will be considered by the Clinical Reference Group at the end of November.</p> <p>A health needs assessment for Shropshire has also been commissioned to inform the out of hospital model of care.</p>
3.3	<p>Powys Neighbourhood Last updated by Andrew Evans</p>	<p>The Locality Model comprises of five key service components as follows:</p> <ul style="list-style-type: none"> • Primary Care • Community Resource Team and Virtual Ward • Community Hospital: Health and Social Care Centre (Core Elements: Health & Wellbeing Advice Hub, Health and Wellbeing Day Centre, Intermediate Care Unit (Step up/Step Down), End Of Life Unit • Community Hospital: Diagnostic and Treatment Centre (Core Elements: Minor Injuries Unit, Diagnostic Unit, Assessment and Treatment Unit,



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		Last Updated: 17/11/2017
		<p>Day Care Unit</p> <ul style="list-style-type: none"> Acute Hospital Care <p>Unscheduled Care Improvement Plan</p> <p>The vision for unscheduled care in Wales is that people should be supported to remain as independent as possible, that it should be easy to get the right help when needed and that no one should have to wait unnecessarily for the care they need, or to go back to their home. We will achieve this by working with patients and carers as equal partners to provide prudent care. We will put quality and safety first, working with staff to improve the care we deliver by identifying and removing any waste from our work, and openly sharing our outcomes or learning</p> <p>Planned Care Improvement Plan</p> <p>The vision for planned care in Wales is to improve the flow of patients along their healthcare journey by ensuring that their experience of assessment, diagnosis and treatment is based on augmented, safe and reliable systems. In essence this means that we must ensure that people access care at the right level for their needs: right care; right time; right place; right people</p>
4.0	Programme Delivery – Acute & Specialist – in Hospital Transformation	
4.1	Local Maternity Services	<ul style="list-style-type: none"> STP PMO is due to meet with LMS Leads to establish working processes and alignment of each programme of work
4.2	Muscular Skeletal Services	<ul style="list-style-type: none"> A Commissioner led programme of work is currently being developed.
4.3	Urgent Emergency Care	<ul style="list-style-type: none"> UEC tracker submitted to NHSE, no questions raised or feedback received. System Winter plan has been included in the submission Confirmation that we have received the 197k from NHSE
4.4	Future Fit / Sustainable Services Programme	<ul style="list-style-type: none"> Verbal update to be provided regarding the NHSE FF assurance process
5.0	Programme Delivery – Enablement of Transformation	
5.1	Digital Enablement Group Last updated by Rob Gray 17/11/17	<ul style="list-style-type: none"> End of Life planning – project at discovery stage to prep for mandate creation. Workshop scheduled for Dec 13th Data sharing register tool – request for funds at STP board approved. Project owner and clinical lead appointed. Project mandate requested. PO creation in progress. Collaboration tools: Office 365 pilot for STP team in progress. Evaluate with view to rolling out to enable collaboration across LHE. Slack trialed but not high initial uptake. Workforce and IG teams also expressed need for collaboration tools Clinical group restarted, to meet 29-Nov. targeted to nominate clinical lead for every project, ensuring meaning and target for each is clear. Key risk: lack of project managers offered by contributing organisations.



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		Last Updated: 17/11/2017
5.2	Strategic Workforce Group Last updated by Heather Pitchford 02/11/17	<ul style="list-style-type: none"> Positive workshop on October 11th. Both Jan Ditheridge and Victoria Maher in attendance. The group agreed to explore 3 key areas within the next 90 days: Agile Workforce, (system wide working) led by Sarah Sheppard Digital Collaboration, lead to be identified working with Rob Gray Show and Tell – workforce intelligence, lead to be identified. The next workshop is planned for November 14th Links to HEE Integrated Care Programme offer and Neighbourhood working are on the agenda along with updates on progress for the 3 key areas Workforce Workstream members agreed the workshop format created good energy and made more progress and so once a quarter there will be a formal business meeting with the other 3 meetings being in the workshop format.
5.3	Strategic Estates Group Last updated by Becky Jones 10/11/17	<ul style="list-style-type: none"> Baseline data validation is currently underway to provide the baseline information for the Workbook and asset mapping. Additional Executive level support is required within this work stream Positive meetings held with Shropshire County Council (2 November) and support given to progress with transformation aspect 9 November met with Directors of Finance to discuss efficiencies and DH Estates Workbook and support for completing it Data mapping progressing well and identifying ways to share data across health and Council to enable programme of mapping to continue and opportunities to be identified New LEF Chair to be identified at LEF meeting, 29 Nov Presentation given to Telford CCG PCCC to discuss efficiency and transformation approach and received positive response STP Strategic Estates Workbook being completed with system support Agreed that LEF will look at energy efficiencies, linking in with Back Office Group <p>Recommendation: STP Partnership Board are asked to consider additional support request from within the system</p>
5.4	Communication & Engagement Group Last updated by Pam Schreier	<ul style="list-style-type: none"> The communications and engagement work stream met on 12 October 2017. Leads aligned to each work stream provided feedback, where available, on work streams progress. Gaps in support on work streams were identified, with estates and back office functions interim leads identified. An update was provided around progress to developing winter communications and engagement plans ahead of a NHS England STP coordinated submission. Wider STP Communication & engagement strategy still needs to be developed, priorities concerning FF are preventing this at the moment
5.5	STP “System” Finance Group	<ul style="list-style-type: none"> Meeting with Finance lead to develop ‘Terms of Reference. Review of governance documents to support work stream. A methodology that tracks system finances needs to be developed and agreed. Financial Modelling resource required to support system modelling of finances.
5.6	STP Clinical Design Group Last updated by	<ul style="list-style-type: none"> Agreed to review TORs in light of STP focus rather than just FF Discussed clinical engagement and leadership and DONs will be invited to the CRG from Nov.



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		<ul style="list-style-type: none"> Phil to meet DONS to discuss clinical leadership and involvement going forward.
6.0	Cross Cutting Work Programmes of work	
6.1	GP5YFV	<ul style="list-style-type: none"> The Shropshire STP GP5YFV Workforce plan has now been reviewed by our DCO NHSE Assurance panel. The panel would like to feedback that the plan is FULLY ASSURED with a score of 63.69% (pass score is 50%). <p>The panel noted that the plan was well structured and clear but lacking in detail in some areas with scope to further develop strategically. Specifically the panel would like to see greater focus on the STP footprint rather than individual CCG's to demonstrate increased connectivity across the whole area; it felt that the plan could be more ambitious with further exploration and commitment to exploit national schemes and funding sources and also HEE funding for training. It is clear that work is still in progress and further transformation schemes will need to be included within the plan to diversify workforce and increase multi-disciplinary working. It is suggested that Shropshire, whilst not feeling the same heat as other STP's, could make the most of the headroom that exists locally to get ahead of the transformation curve as workforce pressures are expected to worsen. The plan will be challenging to deliver and there are material risks for delivery which will need to be checked and mitigated.</p>
6.2	Mental Health	<ul style="list-style-type: none"> We have been asked by NHSE to produce a mental health workforce plan for Shropshire within a very tight timeframe (first draft by December 15th with a final full document in March 18.)
6.3	Frailty Updates to be provided by Michael Bennet / Gemma McIver	<ul style="list-style-type: none"> Considerable work is taking place to support frailty, <p>Awaiting update</p>
6.4	End of Life Updates to be provided by Cath Molineux	<ul style="list-style-type: none"> End of Life planning – project at discovery stage to prep for mandate creation. Workshop scheduled for Dec 13th National Workshop planned for 8th Feb 18 for our STP via NHSE <p>The workshops will demonstrate how effective EoLC can deliver 'next steps' priorities, including urgent and emergency care, cancer, financial sustainability and personalisation and choice.</p> <p>The workshops will support development of local strategy and delivery plan across Shropshire</p>

Key (base on STP PMO system intelligence)

	Unknown	Need to engage and receive update from Programme Lead
	On track – no issues requiring escalation	
	Require Programme Delivery Executive Lead & or SRO input	Where this is required, this will be detailed in recommendations and noted for relevant SRO
	Require STP Partnership Board input	Where this is required, this will be escalated via STP Partnership Board by STP Programme Director