Health and Wellbeing Board
7th March 2019

STP Director Update

Responsible Officer

Email: **Phil.evans1@nhs.net**

1. Summary

The attached report provides the Board with an update re: STP system response to developing a draft system narrative and the next steps

2. For Information

The Board is invited to:

a) Note System Challenges – Slide 6
b) Note system development towards and ICS – Slide 7
c) Future proposed use of system data to inform shared understanding and drive transformation – Slide 8
d) Delivery & Enablement Programme Updates – Slides 11-16
e) System understanding and approach to Activity, Finance & Workforce.

STP Update for Shropshire Health & Well-Being Board 7th March 2019

This month the STP Directors update is taking a different format due to the collective system working on **19/20 Organisational Operational Plans** and aggregated data submissions for Activity, Finance and workforce.

System partners are continuing to work closely together as we establish refreshed working arrangements and system governance to improve outcomes for our population of Shropshire, Telford & Wrekin whilst making best use of every £ spent.

This update provides an extract from the recent Draft System Operational Plan Narrative submitted on 19th February. This work continues to evolve, all system partners continue to be involved at leadership, operational and delivery level in order to develop an achievable, credible system plan that we can all be part off. The next iteration is due for submission on the 11th April and following that, we have planned engagement and communication activities with all our system delivery and enablement programmes to refresh our system ambitions and deliverables.

This update focuses on what we know about our system thus far and will be combined with system data understanding of activity, finance and workforce in order that we collectively agree our priorities and shared resources to support delivery.

Going forward there will be a greater emphasis on:

- Development of a learning culture to support transformation
- Greater use of system data to establish shared understanding and identify priorities
- A focus on Workforce as a system enabler across all delivery programmes

It's important that we all recognise ourselves as contributing to STP / ICS development both as system partners and wider stakeholders and it's only through this collaborative working that system transformation can be achieved.

If you want to be more involved in the wider system understanding and development, Please don't hesitate to get in touch with the STP PMO who can assist your involvement in the relevant groups / organisations.

Future updates from April onwards will be via STP Quarterly Chair's Bulletin.

For further information contact stw.stp@nhs.net or jo.harding1@nhs.net

DRAFT System Operational Plan

Shropshire, Telford & Wrekin STP

19th February 2019

Our system plan has input from the following System Partners as well as wider stakeholders

Foreword by: Sir Neil McKay, Shropshire, Telford & Wrekin STP Independent Chair

- **This 19/20 system operating Plan forms the first year of our refreshed STP LTP due in the autumn 2019.**
- The Shropshire, Telford & Wrekin STP have worked collaboratively to bring single organisational operating plans from all system partners, including **Local Authority** plans in to an aligned narrative description that captures the following:
    - System Priorities& Deliverables
    - System understanding of activity assumptions
    - System understanding of capacity planning
    - System understanding of strategic workforce planning
    - System Financial understanding and agreed approach to risk management
    - Understanding of efficiencies and our collective responsibility to deliver those.
- In order to develop from an STP to an **Integrated Care System**, we are required to structure and manage ourselves differently going forward.
- Our system will make better use of our collective data to inform the initial **Bronze Data Packs** and later in the year the **Population Health & Prevention Dashboard**, both designed to improve our system business intelligence, understanding and planning for improved outcomes.
- As part of our LTP refresh, our system will be revisiting our ambitions and the expected outcomes for our population served. Details of these will be available in our LTP later this year.
- **System leadership capacity & capability** across all organisations is fundamental to our success and we will be completing two key programmes to support our strategic development in this area:
    - **System Commissioning Capability Programme**
    - **System ICS Development Programme**
- Transformation across all that we do to achieve ICS status by 2021/2022 is our goal. Our focus will be on system delivery and enablement to achieve high quality outcomes for our population whilst making best use of our collective system resources in order to get best value for every £ spent.
- The Long Term Plan refresh is our opportunity to work as a system, to meet our challenges of a growing elderly population with increasingly complex needs. Our system expertise (health, social care & wider stakeholders) will come together via our system **Clinical Strategy Group** that will in turn inform our **System Programme Delivery Group,** this will be the engine room of our system transformation.
- This plan has the support and sign-off through all our system partners via **System Leadership Group** and corresponding individual organisational governance processes.

Sir Neil McKay, Independent Chair

Shropshire, Telford & Wrekin STP

Shropshire, Telford & Wrekin STP local context

- Shropshire, Telford and Wrekin STP can be characterised as a good place to live and work, with a good sense of community and volunteering, and the population we serve recognised as diverse, with challenges set by our geography and demography.
- Shropshire is a mostly rural county with 35% of the population living in villages, hamlets and dispersed dwellings; a relatively affluent county masks pockets of deprivation, growing food poverty, and rural isolation. Telford & Wrekin is predominantly urban with more than a quarter living in the 20% most deprived nationally and some living in the most deprived areas.

- The STP sits between some of the largest conurbations in the country (Birmingham to the South, Manchester and Merseyside to the North), as well as sharing its western border with Wales.
- The STP footprint is served by one acute provider (Shrewsbury & Telford Hospitals NHST), one specialist provider (Robert Jones & Agnes Hunt FT) , one community health provider (Shropshire Community Health NHST) and one mental health provider (Midlands Partnership FT) The ambulance provider is West Midlands Ambulance Service FT.
- There are two CCGs across the footprint; Telford & Wrekin CCG has a large, younger urban population (173k) with some rural areas and is ranked amongst the 30% most deprived populations in England. Shropshire CCG (308k) covers a large rural population with problems of physical isolation and low population density and has a mix of rural and urban aging populations.
- There are two corresponding local authorities in the footprint; Telford & Wrekin Council, and Shropshire Council
- There are two A&E sites within 28 minutes drive time of each other (Royal Shrewsbury Hospital and Princess Royal Hospital), both with growing volumes of attendances, regularly seeing 400-430 attendances across both sites each day.
- Residents of parts of the footprint will have reasonably long drive times to access acute services and the Shrewsbury site is isolated.
- The nearest major trauma centre is at Stoke on Trent (UHNM), in the neighbouring Staffordshire footprint.
- There are some high prevalence rates of mental health conditions identified in Shropshire/ T&W; there is one mental health provider with a full coverage of services available within the footprint. In addition to minimum Tier 3 and 4 inpatient wards, specialist beds and Tier 4 secure/forensic services are provided.

System Challenges

One of the significant challenges the system faces is that the single acute provider, Shrewsbury & Telford Hospitals NHS Trust (SaTH) has continued to be limited by insufficient access to a substantive workforce which has impacted on quality, performance and their financial position and has led to the Trust being placed in Special measures by NHSI. There are also reducing budgets in the care sector and complex political relationships across the system with challenges in Telford in particular where there is a Labour council and Conservative MP.

Demographics & geography:

- Ageing population; in the Shropshire Council area, 23% of the population is 65 years and over: compare to the England average of 17.6% . T&W Council area has a greater number than average of young people but a rapidly growing older population.
- A largely rural Shropshire in contrast with a relatively urban T&W provides challenges to developing consistent, sustainable services with equity of access.
- Shropshire STP area can be described as a low wage economy; consequently the wider determinants of health including education, access to employment and housing are significant issues to consider when developing services that support good physical and mental health.

Operational performance

- A&E: workforce constraints with consultant and middle tier medical and nursing staff vacancies at SaTH have affected performance, with year to date 4-hour performance at 75.87%
- Cancer: the system is failing to deliver consistently against key cancer standards in all specialties due to challenges with staffing combined with high numbers of referrals

Financial position – the system is facing in year financial pressures:

- There is an *underlying* deficit across both commissioners and providers of c.£56m, driven largely by financial challenges within Shropshire CCG and Shrewsbury and Telford Hospitals Trust.
- The two local authorities have been required to make significant savings over recent years, compounded by significant rising costs in delivering social care for both children and adults.

Workforce

- **All providers (including the social care and domiciliary sector) report issues recruiting qualified staff due in large part to the geography and demography of the area.**

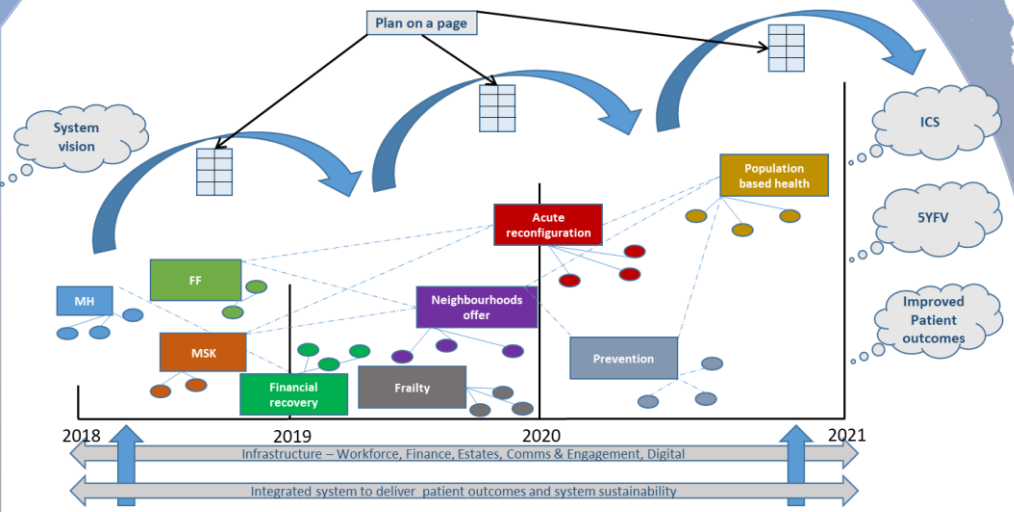
Quality

- Shrewsbury and Telford Hospitals Trust has recently been rated ‘inadequate’ by CQC and is in ‘special measures’. The Trust is involved in an ongoing independent review into neonatal and maternal deaths.
- Shropshire Community Health Trust and Robert Jones & Agnes Hunt FT are currently rated ‘requires improvement’; both are undergoing current inspections.

Reconfiguration

- Public consultation on acute services reconfiguration (‘Future Fit’) completed; Final Decision Making Business Case approved by Joint Programme Board January 2019. Implementation over the next 5 years, subject to NHSI approval.
- Closer joint working between the two CCGs, exploring the options to move to a Single Strategic Commissioner. Interim Accountable Officer appointment for Shropshire County CCG to commence April 2019, following retirement of the incumbent.
- Midwifery-Led Units case for change just completed NHS England strategic sense check ahead of proposed reconfiguration consultation

Neighbourhood	Services wrapped around 30-50,000 GP neighbourhoods
Place	Our four places support the integration of health and care services focussed around the patient. This includes: acute, community mental health, local authority and voluntary sector services.
System	BCWB STP Partnership sets the vision, strategy and pace of system wide development. It will oversea the delivery of the Partnership and ensures effective collaborative working. This is supported by: • STP Health Partnership Board • Black Country Joint Commissioning Collaborative • STP Clinical Leadership Group
Region	NHS England will continue to directly commission some services at a national and regional level, including most specialised services.



Development towards an Integrated Care System

- STP System Leadership are progressing towards an Integrated Care System with aligned strategic thinking and delivery.
  - Shadow ICS board currently being developed
- Renewed Governance and leadership
  - STP governance refreshed (to be agreed)
- Commissioning Capability Programme
  - Development of strategic commissioning and wider partner engagement to shape together
- Integrated Care Development Programme
  - Integrated Care System Development (ICSD) - A programme to develop long term behaviors and capabilities to progress the development of local ICS architecture.
  - Commissioning in our 'ICS System' commissioning arrangements to support our wider objectives in order to transform the quality of care delivery and improve health and wellbeing for our population.
    - Functions of the CCGs
    - Services the CCG provide
    - Alignment of STP/CCG resources where possible
- Understanding the optimal level/scale at which to commission and where greater efficiencies can be sought.
- National Delivery Unit Data pack (Bronze Packs) - a standard data analytical pack produced from national data sources provided to system to identify system opportunities that will contribute towards financial sustainability and improved health and wellbeing outcomes.

Using system data to drive system change – System Bronze Pack – available 7th March 2019

Key Inputs: Multiple data sources across NHSE and NHSI.

Data	Source	Bronze Diagnostic
Right Care Data and Strategic Finance	RightCare	✓
ECIP	NHS Improvement	✓
GP Forward View	NHS England	✓
Model Hospital	Model Hospital	✓
CCG Activity and Benchmarking Tool	NHS England	✓
Local Authority Social Care Data	NHS Digital and LGA	✓
Mental Health Dashboard	NHS England	✓
Enhanced Care Home Data	NHS England	✓
NHS Operational Report	NHS Improvement	✓
BCF Plan (Data & Narrative)	System	Optional – for region to include. Training will be provided on how to access.
Health & Wellbeing/ Pop Health Data	Fingertips/LGA	
STP Plan	System provided	
External Consultancy Reports	System provided	

Triangulation of Data

Key Outputs: A summary 10-15 page output report is created based on the triangulation of the multiple data sources. The 3 key system drivers are documented.

STP/ICS Diagnostic: System Opportunity Overview

Key System Drivers / Summary Hypothe[s]

1 Prevention and Detection

Poor detection leading to outcome related illnesses in respiratory and circulation and higher non-elective spend

- **Respiratory and circulation are the 3rd and 4th highest expenditure areas in the ICS.** Respiratory has c.£13m higher than the national average and circulation c£7m more (16/17)
- Spend on non-elective for these specialties is **£15m higher** than peers. NHS xx & xx are the biggest contributors to this (17/18).
- **2,800 additional bed days** compared to peers are attributable to respiratory and **3,000 additional bed days** compared to peers for circulatory (17/18).
- There are opportunities to improve across respiratory outcome indicators compared to peers. Highest opportunity is for % patients over 65+ receiving the **PPV Vaccine** (17/18).
- The most common reason for avoidable admissions from care home are for patients with a primary diagnosis of Pneumonia or Influenza at a rate of c.0.11 EAs per resident (national rate of 0.9).
- Compared to peers there is a difference of **7[illegible]52 patients** being reported for the **prevalence of COPD** (16/17).
- Compared to peers there is a difference of **17,4[illegible] patients** being reported for the **prevalence of Hypertension** (16/17).

2 System Working and Frailty

The elderly population have high instan[illegible]s of admissions to hospital (including from care homes) a[illegible] are staying in hospital longer than peer organis[illegible]ons

- **DTOCs for XX are 140% higher t[illegible]n peers a[illegible]d XX 90%** [illegible]and xx have high number of bed days due [illegible]DTOCs [illegible]7/18). **22,000 days delays**, mainly xx and xx.
- High proportion of **elderly [illegible]** patients [illegible]e a **LoS >6 days**, 61% for xx and xx, 65% for xx, 68[illegible] fo[illegible] (May 18)
- At xx Hospital **33% of elective [illegible]eriatri[illegible]atients** are classed as short stay with **no pro[illegible]dure** (May 1[illegible]
- **Downward trend [illegible]CHC[illegible]re** from £1m above national average in 15/16 to [illegible]ow nationa[illegible]erage in 16/17. xx and xx have highest opportunity to [illegible]rove 28 day decision making.
- **Low [illegible]DSTs** comp[illegible]ed in the acute setting up to 100% lower than p[illegible]rs – driv[illegible]xx, xx and xx (17/18).
- In 17/18 [illegible]e were **6,900 STP residents in care homes**, 48% nursing, o[illegible]se residents there were **7,900 A&E attends** with 32% attributable [illegible]xx CCG. These accounted for **40,700 bed days.**
- [illegible]re **0.8[illegible] emergency admissions per care home resident**, [illegible]gher th[illegible]e national rate of 0.70 (Q2 17/18).
- H[illegible]h number of **avoidable admissions** from Care Homes across STP - [illegible]% against national average of 13% for influenza and pneumonia. **xx** contributing to **17% avoidable admissions** (Yr to Q2 17/18).
- Number of **injuries due to falls** in over 65s is higher than peers (809 more patients affected) (16/17).

3 Mental Health

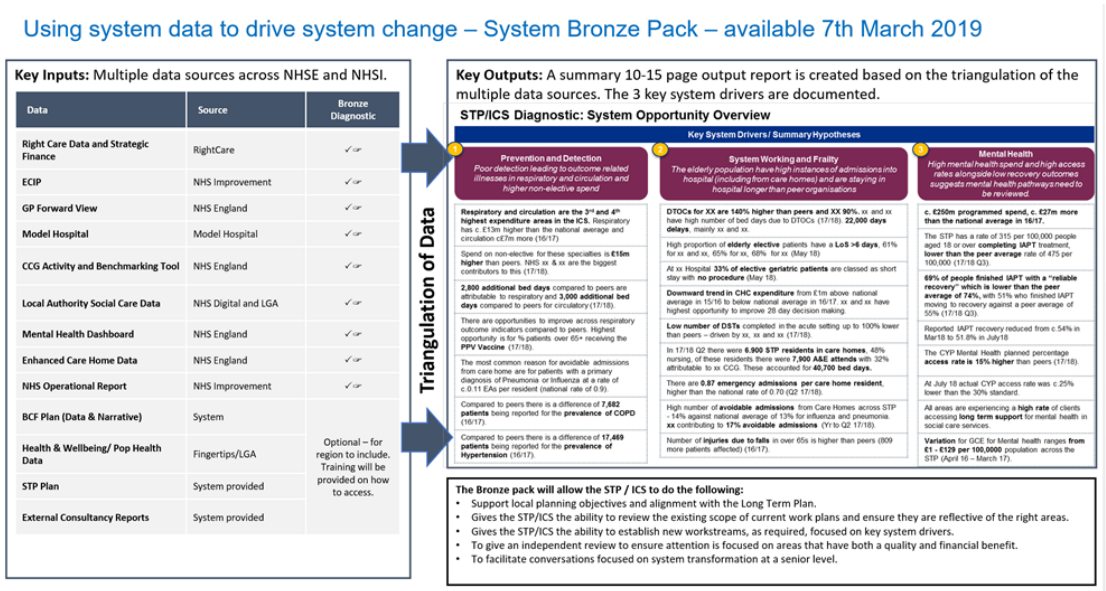
High mental health spend and high access rates alongside low recovery outcomes suggests mental health pathways need to be reviewed.

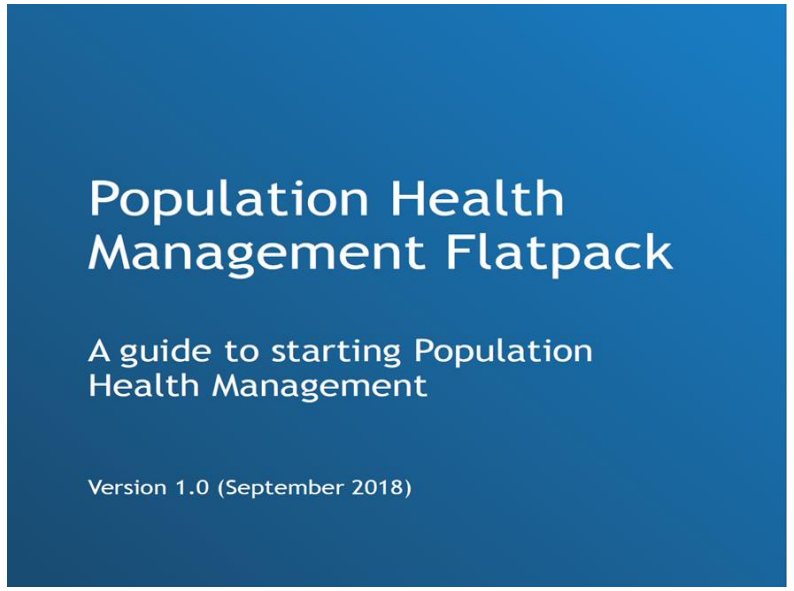
- **c. £250m programmed spend, c. £27m more than the national average in 16/17.**
- The STP has a rate of 315 per 100,000 people aged 18 or over **completing IAPT** treatment, **lower than the peer average** rate of 475 per 100,000 (17/18 Q3).
- **69% of people finished IAPT with a "reliable recovery" which is lower than the peer average of 74%,** with 51% who finished IAPT moving to recovery against a peer average of 55% (17/18 Q3).
- Reported IAPT recovery reduced from c.54% in Mar18 to 51.8% in July18
- The CYP Mental Health planned percentage **access rate is 15% higher** than peers (17/18).
- At July 18 actual CYP access rate was c.25% lower than the 30% standard.
- All areas are experiencing a **high rate** of clients accessing **long term support** for mental health in social care services.
- **Variation** for GCE for Mental health ranges **from £1 - £129 per 100,0000** population across the STP (April 16 – March 17).

The Bronze pack will allow the STP / ICS to do the following:

- Support local planning objectives and alignment with the Long Term Plan.
- Gives the STP/ICS the ability to review the existing scope of current work plans and ensure they are reflective of the right areas.
- Gives the STP/ICS the ability to establish new workstreams, as required, focused on key system drivers.
- To give an independent review to ensure attention is focused on areas that have both a quality and financial benefit.
- To facilitate conversations focused on system transformation at a senior level.

Using system data to drive system change – Next Steps





NHS England

Public Health England

NHS Digital

Shropshire, Telford & Wrekin, plan on a page, STP Plan – to be refreshed through LTP refresh – Autumn 19

Vision – to be the healthiest population in England

Programmes and Priorities:

Population health and wellbeing

- Working across health and care to proactively support people to improve and maintain their health & wellbeing

Community Services

- Developing out of hospital services that support the diverse population we serve
- integrated working and primary care models
- Implement multi-disciplinary neighbourhood care teams
- Ensuring all community services are safe, accessible and provide the most appropriate care.

Acute & Specialist Hospital Services

- Redesigning urgent and emergency care, creating two vibrant 'centres of excellence'
- .delivering high quality, safe services
- Transforming:

Cancer	MSK
Maternity and Paediatrics	ENT
Stroke/ Cardiology	Respiratory
Ophthalmology	Elective Care

Enabled by:

Strong **partnership working** across health, care, public, private and voluntary and community sector

Making the best use of **technology** to avoid people having to travel large distances where possible

Communicating with and involving local people in shaping their health and care services for the future

Supporting those who deliver health and care in Shropshire, Telford and Wrekin, developing the right **workforce**, in the right place with the right skills and providing them with local opportunities for the future

Improving and making more efficient our **back office** functions

Making better use of our **public estate**

Outcomes:

- Improved healthy life expectancy
- Improved system efficiencies
- Increased partnership working across all delivery & enablement programmes

Measured by:
Quarterly Checkpoint review meetings

- Delivery Programmes
- Enablement Programmes

Governed by : *(proposed)*
System ICS Shadow Partnership Board

- Shropshire CCG
- T&W CCG
- Shrewsbury & Telford Hospital
- Shropshire Community Health Trust
- Robert Jones and Agnus Hunt
- Midlands Partnership Foundation Trust
- Shropshire Council
- Telford and Wrekin Council

Population health and prevention

Priorities:

1. Develop system architecture for population health, including a robust understanding of need through business intelligence and the JSNA
2. Support improved working for prevention across all organisations; in particular
    - Develop our wider workforce in behaviour change and motivational interviewing
    - Proactively identify people at risk of ill health and behaviour change conversations, brief interventions
    - Prevent harm due to alcohol, obesity and CVD
    - Support culture change and new working practices that help people at the earliest opportunity
    - Support active signposting and develop a good understanding of how communities support people – linking to Social Prescribing
    - Work across organisations (including the VCSE) to prioritise support for key population groups – address inequity and inequalities by connecting with the national and regional population health management support mechanisms

Deliverables:

- Deliver system data repository, JSNA development and reporting processes
- Implement place based working with the local authorities (connected to primary care and community transformation);
- Deliver Stop smoking services for patients, expectant mothers, long term users of specialist mental health services and learning disabilities;
- Implement social prescribing, targeting CVD and weight loss services to people who need it most;
- Deliver greater uptake of the National Diabetes Prevention Programme;
- Ensuring children have the best start in life including access to mental health and early help support;
- Establish alcohol care teams in hospital and community

Primary care and community services

Priorities:

1. Developing out of hospital services that support the diverse population we serve
2. integrated working across Community Services, Acute Care, Primary Care, Social Care, Preventative services, and the VCS
3. Supporting the development of Primary Care
4. Ensuring all community services are safe, accessible and provide the most appropriate care.

Deliverables:

- Develop & deliver Primary Care Framework
- Develop & deliver Primary Care Networks
- Develop and deliver neighbourhood care models, including Care Closer to Home and Neighbourhood working
- Implement multi-disciplinary neighbourhood care teams across health, care and VCS that includes:
    1. Rapid Response
    2. Intermediate care/ hospital at home
    3. Care home support (including Care Home Advanced, Trusted Assessors, Care Home MDT)
    4. Social Prescribing and prevention services
- Implement frailty at the front door (acute service)

Referral to Treatment & Planned Care

Priorities:

- Streamlined care;
  - Outpatient activity
  - Cancer treatment
  - Musculoskeletal (MSK) services
  - Neurology
  - Local Maternity Services
- Robust pathways;
  - Achieving targets
    - 18 week referral targets – consultant lead treatment
    - 6 week diagnostic test target
    - 52 week treatment target
- Commission sufficient capacity;
- Improve patient experience of appointments and treatments;
  - Outpatient redesign

Deliverables:

- Monitor the acute trusts waiting list to ensure at the end of March 2020 does not exceed the waiting list at the end of March 2018
- Work with providers to develop a process for identifying patients exceeding 6 months on the waiting list and offering them an opportunity to move to an alternative provider
- Develop a process for identifying patients approaching 40 weeks on the waiting list to ensure no patient exceeds 52 weeks

Outpatient Redesign

- The CCGs plan to undertake a programme of work in relation to outpatients redesign. A task and finish group has been established with SaTH & RJAH to look at what changes can be made. The CCGs intend to use this task and finish group to undertake the following actions:
- Identify area where non face to face appointments can be implemented
- Explore areas where patient led follow ups can be implemented
- Develop process for identifying unnecessary frequent attenders and implement mitigating actions for these patients
- Align diagnostics with appointments
- Use national outpatient improvement dashboard to improve clinic utilisation
- Use the learning from the IBD app project to roll out to other areas
- Identify technology opportunities in relation to outpatient appointments

MSK

Priorities:

- Review MSK services within community and secondary care;
- Transforming operational processes and developing a single service model for the whole MSK pathway, using the results of the review and the First Contact Practitioner pilot evaluation;
- Delivering referral targets;
- Delivering quality and financially sustainable services.

Deliverables:

- Completed MSK review;
- New single service model for MSK that integrates with community and secondary care;
- Continue to monitor progress and quality

Maternity

Priorities:

- Improve Safety
  - Stillbirths and neonatal reduction
  - Reduction in brain injury
- Improve Choice and personalisation
  - enabling all women to have a personalised care plan and choice in the care they receive
- Increase midwife led births
  - increase the number of women giving births in a Midwife led unit
- Increasing investment in perinatal mental health
- Develop continuity of carer

Deliverables:

- Develop and progress the Midwife Led Unit Review
- Develop and implement pilot for continuity of carer programme
- Fully implement improvements in safety including Saving babies lives care bundle
- Deliver improvements in choice about maternity care, including by developing personalised care plans
- Implementing the neonatal quality improvement programme
- Develop workforce plan to improve core staffing with clear governance and reporting
- Developing a culture of learning and improvement

Urgent & Emergency Care

Priorities:

7 High Impact Change Model:

- Improvement in ED Systems and processes
- Reduction on Long Lengths of Stay
- Standard work of SAFER patient bed bundle and Red2Green across the system
- Frailty improvement
- Demand and Capacity modelling
- Integrated discharge function
- Ambulance demand and pathways improvement

Deliverables:

- Successful recruitment to the workforce
- Improving access to Same Day Emergency Care (SDEC)
- Improvement and development of frailty at the front door programme
- Sustaining and improving the reduction in long stays
- Ensure that data is available and used effectively to inform clinical decision making and future priority planning
- Discharge planning from moment of admission to prevent deconditioning and ensure a timely, home first approach for as many patients as possible
- Improve ED systems and processes to ensure efficient and effective care for patients
- Identify and manage constraints identified throughout the patient journey to ensure timely and effective care
- Effectively match capacity and demand through the use of data and intelligence
- Better use data to avoid conveyance and ensure patients are treated in the right place in the first instance

Cancer

Priorities:
Ambition – fewer people to be diagnosed with preventable cancers; improve mortality rates and improve patient experience

Priorities:
- Deliver the Living with and Beyond Cancer;
- Deliver cancer services that are accessible, timely and sustainable;
- Workforce and capacity – testing new ways of system working that will deliver more timely care;
- Improve against performance targets;
- Explore opportunities for improving urological cancer through joint working across the system

Deliverables:
- Implement a holistic needs assessment and care plan
- Develop treatment summaries to guide patients and GPs post treatment
- Develop and deliver the living well offer – providing advice, support and signposting
- Deliver the cancer care review – between the GP (or nurse) and patient
- Deliver person centred follow – up tailored to the patients
- Develop joint working processes for urological cancer

Mental Health, learning disabilities & autism

Priorities:
1. Children and Young People
    - Transformation plan
2. Mental Health Workforce Strategy
3. Suicide Prevention Strategy
4. Neighbourhood working
    - Developing an integrated model of delivery to support STP priorities
    - Realign and develop workforce
    - Developing relationships and integrating with community services including primary care, local authority, VCS
    - Perinatal mental health
5. Crisis response and admission avoidance
    - Development of dementia services (including community, rapid response, and
    - Use results of the winter pressures evaluation to
6.Address needs of vulnerable people

Deliverables:
- Develop and implement a system all age Mental Health Strategy
- Implement the suicide prevention strategy and action plan
- Embed mental health pathways into neighbourhood models of care
- Implement the children and young people local transformation plan
- Develop strategy for people with learning disabilities and autism, with clear actions for improvements
- Develop all age support team for individuals and families to reduce need for hospital care
- Development of local SEND partnership arrangements
- Review and joint work on complex care needs for children and adults
- Implement workforce strategy
- Strengthen out of hours crisis response
- Develop local dementia plans

Personalised health budgets and social prescribing

Priorities:

- Developing joint personal health budgets governance and delivery with the Local Authorities
- Develop joint processes and commissioning for CHC (health and care)
- Develop personal health budgets in line with the NHS model of Personalised Care
- Continue to progress the development of local models of Social Prescribing utilising funding to be allocated in 2019
- Connect social prescribing with out of hospital and primary care transformation programmes (Care Closer to Home and Neighbourhoods), and the Better Care Fund prevention strands and voluntary sector grants and contracts

Deliverables:

- Implement a robust system and governance for personal health budgets
- Implement new practices for jointly delivering CHC with local authority partners
- Progression of models of Social Prescribing by joining with out of hospital with additional funding, in connection with primary care
- Connect with data and infrastructure developments as part of Population Health Management programme

Long Term Priorities, linked to LTP

Priorities:
The LTP (Jan 2019) Describes 5 major changes

- Boosting 'out-of-hospital' care and finally dissolving the divide between primary and community health services
- Redesigning and reducing pressure on emergency hospital services
- Enabling more personalised care
- Making digitally-enabled primary and outpatient care mainstream
- Focusing on population health and partnerships with local authority-funded services, through new Integrated Care Systems everywhere

Deliverables:

- Closely working together as a system to deliver greater capacity in out of hospital care, through:
  - Population Risk Stratification
  - Establishing Primary Care Networks
  - Delivery of Integrated Care Teams
  - Case Management of complex / frail patients
- Delivery of a system wide Urgent & Emergency Care Strategy, working across all partner organisations, improving access for patients across the system for those that need it whilst reducing pressure on acute services
- Refresh our Local Digital Roadmap, focusing on:
  - People empowerment ("All people")
  - Processes – workflow and efficiency
  - Pace
- Using our STP Bronze Pack (Mar 2019) and later our Population Health "Flat Pack", using data to increase business intelligence capability and capacity to drive system transformation

System Enablers supporting delivery of priorities – building blocks for delivery

Workforce

Priorities:

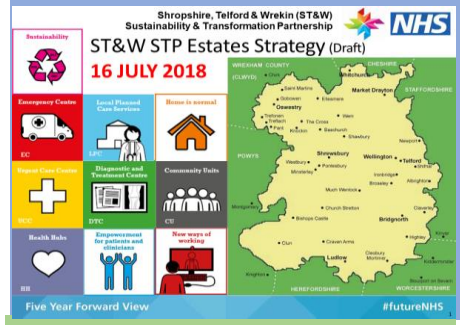
System wide engagement
- Attract, recruit, retain
- Planning & modelling
- Education
- OD & leadership

Deliverables:

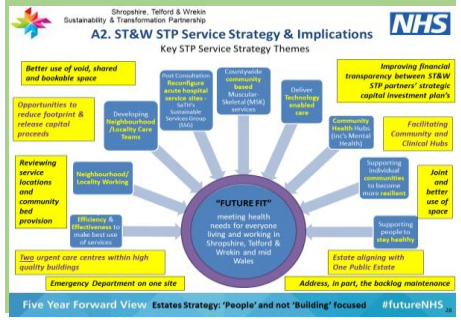
- Industrialise approach to scale opportunity
- Intensive support to redesign programmes;
- Workforce for the digital age (Topol)
- Improvement methodology systemwide
- Designing an employment framework for the ICS model

Estates

Priorities:
- An integrated & co-ordinated public estate, relevant to redesigned patient/service user and staff pathways.
- Ensure estate is accessible, efficient & safe



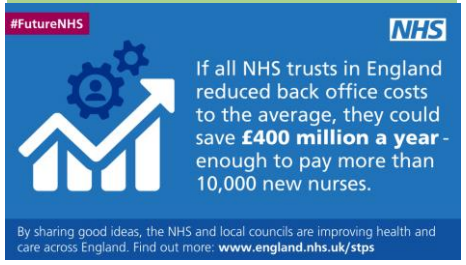
Deliverables:
- Estates Strategy review & future capital bids
- Improve disposal info /data & develop aligned pipeline



Back Office

Priorities:
- Drive costs to the national median or other agreed benchmark, appraising options for rationalisation
- Sponsor & support collaboration & develop stakeholder relationships to assess opportunities for wider public sector benefits
- Agree a change programme

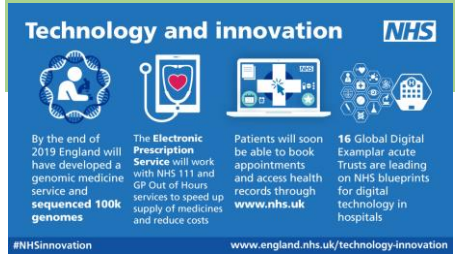
Deliverables:
- Once agreed, implement a change programme
- All providers to adopt an 'open-book' approach to data and information sharing
- Use benchmarking data to support decision making



Digital

Priorities:
- Finalising and agreeing the local digital roadmap to set strategic direction.
- Support partner organisations to achieve standard levels of digital maturity
- Progress towards a shared care record, to enable the best care from the use of all available information.

Deliverables:
- Digital shared care record available for appropriate use.
- A standard of infrastructure across all partner sites and devices to enable digital transformation
- Mobile enabled workforce.



Communication & Engagement

Priorities:
- Communicate our system wide plan re: LTP refresh
- Ensure wider stakeholder engagement and involvement in every delivery and enablement programme
- Develop STP/ICS website & Newsletter

Deliverables:
- Delivery of STP/ICS Comms & Engagement strategy
- Evidenced engagement within every programme of work
- Every organisation has increased awareness of system understanding of transformation programme

System Understanding of Activity Assumptions

The STP partner organisations have stated their system assumptions affecting activity to inform the demand and volume assessments. These high level assumptions are subject to further sense checks to ensure relevance, accuracy and consistency.
Forecast outturn activity as the basis for commencing 2019/20 contract negotiations. The current contract position, driven by activity and price is shown in the table below. No contracts have currently been agreed and negotiations are at various stages of development with activity and price variations chief amongst the reasons for current differences as at 19 February 2019.
Activity levels between commissioner and provider will be aligned having considered and agreed commissioner QIPP, other transformation initiatives including migration of services to community and activity avoidance schemes.

System Capacity Planning

- Significant amount of work was undertaken across the system to model the capacity requirements for winter 2018/19
- Real time activity data has been used to develop this model given the significant, unpredicted growth in demand
- Further work is now required to determine capacity requirements in acute and community settings
- Significant work is being done by the system to improve models of admissions avoidance, such as the ambulance conveyance reduction work. Improvement in ambulatory care models also being undertaken to minimise bed utilisation.
- SaTH is reviewing the bed utilisation over last year along with options for change that would reduce or increase bed utilisation
- Each assumption is then reviewed for impact on workforce and finance to then create the plan for 2019/20
- This is being shared, and further developed, with partners so that a joint plan is developed for the year
- Further work will be required to prepare appropriately for Winter 2019/20 with realistic demand profiling as a basis
- Significant changes predicted and improvement in patient management by direction to out of hospital services will need to be profiled, in order to accurately forecast demand, e.g. 111, urgent treatment centres and Future Fit
- Use valued care in mental health; and improving for excellence to improve the emergency care of people with mental health needs

Local System Winter Planning Approach

- The Plan has been developed through robust engagement of all key system partners overseen by the A&E Delivery Group. System stakeholders have also attended a NHSE workshop in April and 2 local planning workshops in July.
- In parallel, system demand and capacity modelling has been undertaken to determine predicted winter demand and required acute bed capacity to inform the bed bridge calculations.
- All Providers were asked to demonstrate an understanding of their demand and capacity over the winter months and provide an organisational winter plan which includes:
- Additionally, and phasing of escalation
- A workforce model to support 7-day working, senior decision making and escalation capacity
- 7-day working
- Christmas, New Year and Easter period
- Options for further surge capacity if required

System strategic approach to Workforce

The system workforce objectives are:

- To ensure the planning, recruitment and development of an engaged, talented and compassionate workforce for the future system
- To develop a sustainable future workforce who are equipped to meet the needs of our communities

Our **STP People Strategy** sets out how local organisations delivering health and social care services plan to work better together to ensure the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place to deliver quality and sustainable services to members of the public.

- The Strategy identifies four key areas for collective working; 1) Attract, Recruit and Retain; Agile Workforce, 2) Workforce Planning and Modelling, 3) Learning through Education, Development and Training Opportunities and 4) Organisational Development and Leadership including Equality and Diversity. The Strategy is underpinned by principles of system-wide, cooperation and collaboration, improvement and innovation, integration and redesign.
- As a result of achieving the ambition outlined in our People Strategy, we hope to succeed in:
  - Realising the vision of the People Strategy and new models of care
  - Improving outcomes for service users, families and staff
  - Building a better understanding of system workforce
  - Optimising our system workforce
  - Supporting and enabling service improvement and redesign, especially across boundaries
- Since the publication of the NHS Long Term Plan work continues to ensure the People Strategy reflects the ambitions and intentions outlined in the plan e.g. digital workforce and the volunteer workforce are new areas of focus that will be included within the next iteration of the People Strategy which remains a live document.

Our Local Workforce Challenges:

- Fragility of workforce for acute provider across medical, nursing and therapies
- Recruitment challenges and high vacancy rates, related to factors such as national workforce shortages, varying terms and conditions, geographical rurality, levels of morale
- Cultural challenges within organisations, with some staff groups or individuals resistant to change
- Morale and retention of staff as a result of major change or retendering within the system
- An ageing workforce and a reduced community of suitable people to seek to attract
- An uncertain future supply of staff, with difficulty attracting students to some courses, placements and recruitment to jobs upon qualifying
- Different expectations of the younger workforce, e.g. increased part-time and flexible working
- The image of health and social care in the general population

System-wide **approach** supporting strategy delivery

Primary Care
Significant improvement in the quality of workforce data and ability to set targets and trajectories,
The appointment of Primary Care workforce leads
Success in funding proposals for running retention programmes for GPs
Success in attracting funding for new Clinical Pharmacists
Introduction of the Physician Associate internship with four PAs to be placed in local practices
Significant increase in engagement with GP trainees with plans for fellowships and post-qualification support
Improved engagement with GP Nurses via established GP Nurse Educators/Facilitators and delivery of GP Nurse 10-point action plan
Upskilling of primary care workforce in independent prescribing, spirometry, management of long-term conditions, physical assessment and mentorship

Mental Health
Development of system-wide mental health workforce plan which led to the establishment of an STP Mental Health Delivery Group
Appointment of STP Mental Health Programme Director
HEE investment to support delivery of the mental health workforce development plan by upskilling the workforce to achieve Five Year Forward View for mental health
health awareness and first aid training made available across the system including health, social care, domiciliary care, fire service, police, ambulance
Focus on developing a new pathway for 0-25 (CYP) mental health including a workforce model

End of Life (Recommended Summary Plan for Emergency Care and Treatment - ReSPECT)
Implementation of the national ReSPECT model of care led by the STP End of Life Programme through partnership working
Workforce support through the development and implementation of an education programme to deliver ReSPECT training and resources for the system utilising a train the trainer model including all system partners
This will ensure a standardised and consistent process of transition and adoption of ReSPECT
EOLC and Swan Scheme education programmes developed and delivered across system partners supported by the End of Life Care Handbook
EOLC Volunteers trained at SaTH and Shropshire Community Health NHS Trust (looking to scale across the social care workforce)
System-wide access to Sage and Thyme training including communication tools and techniques for all partners acute, community, hospices, council and domiciliary care.

M&E - System Wide Opportunity Analysis

Shropshire, Telford & Wrekin: System Opportunity Overview

Regional Team Hypotheses

1 Day Case Surgery

RightCare shows that the overall rate of day cases in 17/18 is above that of peers, however some areas are still open for improvement.

Model Hospital suggests that the Shropshire and Telford Hospitals Trust could reduce their rate of bed days making better use of day case surgery.
Model Hospital presents the following opportunities

- General surgery – 127 bed days per quarter
- Gynaecology – 42 bed days per quarter
- Breast surgery – 35 bed days per quarter
- Orthopaedic surgery – 30 bed days per quarter

Procedures where day surgery could be optimised include incision and draining of perianal abscess and incision and draining of skin abscess.

Bed days could be reduced for these procedures by 27 days per quarter and 67 days per quarter respectively

2 Medicines Management

Respiratory prescribing has presented the largest prescribing opportunity in 16/17 and 17/18.

16/17 data shows that within respiratory prescribing the STP spend considerably more than peers on Corticosteroids (£869k opportunity) and Adrenoceptor stimulants (**£284k** opportunity)

RightCare data on pathways including prevalence, management and activity may help interpretation of these opportunities.

Biosimilars

Model Hospital has identified some areas where SATH could save money by increasing the uptake of biosimilar medications.

4 Musculoskeletal

RightCare MSK opportunity **£8.47m** in 17/18. The STP are spending more than their peers on a number of MSK indicators . Slightly more specialised commissioning activity occurs than similar peers.

CCGs spending above best 5 peers and the national average on elective admissions for osteoarthritis – Shropshire has one of the highest rates of spend in England in 17/18

In 17/18 NHS Shropshire CCG had one of the highest rates of spend on Primary Hip replacements in the country. 10% of Primary Hip Replacements were cemented compared to an average of 80% among the best 5 peers. However, the CCG are achieving positive health gains from primary hip replacements

Other procedures which stand out include Cervical Spinal surgery with the STP spending 144% more than lowest 5 peers and Sub-acromial decompression with the STP spending 96% more than lowest 5 peers

5 CHC

The CHC SIP programme estimates that based on 2016/17 expenditure levels, there are savings opportunities of **£1.73m** over the three years to 2020/21 in Shropshire

This is an interesting contrast to neighbouring Telford, who have no opportunities. Could the CCGs share approaches?

6 Workforce

Use of temporary staff within MPFT is the highest of all of its comparator hospitals .

RJAH and SATH also use a high proportion of temporary staff compared to their comparator sites.

Commissioning Capability

The system is currently considering the WSOA data pack through the **System Commissioning Capability Programme** that includes health & local authority colleagues.

Expected outcomes:

- All system efficiencies to be considered and actioned as agreed with system partners
- All efficiencies to be included in system financial position
- All risks to delivery to be identified and mitigated with system partners

- WSOA to be superseded in time by STP Bronze Pack (7th Mar 2019) & Population Health & Prevention Dashboard once delivered later this year (expected Autumn 2019)

Managing Collective Financial Resources

- The Managing Collective Financial Resources (MCFR) framework has been developed to support systems to effectively manage their collective resources.
- The MCFR framework identifies six key activities that are critical to managing financial resources collectively. The framework is supported by a resource library of tools and case studies which will be updated regularly.

In addition to the six areas of system activity two additional factors have been identified as particularly important to whole system financial management.

These **factors** are:
- Implementation capacity and capability
- System leadership and culture

Current situation – reality check

The system recognises that at this draft stage, there is still system work to do in order to achieve the following:
- Agreed contract alignment and signing
- Agreed Final organisational Plans
- Final submission of system plans by 11th April

Alignment of Activity, Finance and Workforce data is happening through the triangulation work. Supporting that work is a commitment to reach shared understanding of current position but more importantly put processes in place to close the gaps identified through system collaborative working.

System leadership through chief officers and executives is key in identifying and delivering solutions, a system leadership away day is planned for 27th Feb with a focus on system mitigation of risks, particularly finance. Outputs from this will be included

System planning timeline