

STW STP Long Term Plan

December 2019

nropshire, Telford & Wrekin STP

Shropshire, Telford & Shropshire Sustainability and Transformation Partnership (STP) is one of 44 STPs across England Shropshire, Telford & Wrekin STP is made up of 8 health and social care partners

STP Partners

Shropshire Council	Telford & Wrekin Council	
NHS Shropshire Clinical Commissioning Group	NHS Telford & Wrekin Clinical Commissioning Group	
Shrewsbury and Telford Hospital NHS Trust	Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	
Midlands Partnership NHS Foundation Trust	Shropshire Community Health NHS Trust	

Shropshire, Telford & Wrekin STP's Long Term Plan

- Shropshire, Telford & Wrekin STP's Long Term Plan sets out our ambitions for health and care for our residents over the next five years
- ▶ It is a response to the requirements set out in the national NHS Long Term Plan launch in January 2019
- It brings together the ambitious aspirations of our partners and how we will collaborate to bring about the necessary changes to health and care driving improvement and innovation for the benefit of local people and the staff delivering care

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Key milestones/next steps

- NHS Long Term Plan published January 2019
- Shropshire, Telford & Wrekin STP long term plan submitted to NHSE/NHSI - 15 November
- Publication of our plan following pre-election period and NHSE/I approval
- Engagement on our plan and development of delivery plans
 -ongoing from January 2020
- Shropshire, Telford & Wrekin STP delivery plans submitted end of March

Long Term Plan -Chapters s ummary

Foreword	From our independent chair	
Executive Summary	Summary of main document	
Chapter 1: Our System Structure and Governance to support delivery of change	Building on previous plan, system & clinical leadership, governance, quality, ICS development, vision and narrative	
Chapter 2: Shropshire, Telford & Wrekin at a glance	Demographics, deprivation & inequalities, life expectancy, premature deaths and mortality	
Chapter 3: Population Health Management	How we are using data, evidence and insight to drive transformation priorities, population need and future demand	
Chapter 4: Delivering a new service model for Prevention and Place based integrated Care	Overall approach to out of Hospital Care Prevention, Place based care, Primary Care, Frailty & End of Life Care	

Long Term Plan -Chapters summary

Foreword	From our independent chair		
Chapter 6: Acute Care Development	Hospital Transformation Programme, focus on Urgent & emergency care, maternity & neonatal services, Elective Care & Cancer		
Chapter 7: Support Services	Non clinical (back office support) Clinical: Pharmacy, Pathology & Imaging programme to be fully worked up		
Chapter 8: Our People	Workforce understanding, development of new roles to meet future need Transformation to support individual Clusters / Programmes		
Chapter 9: Digital Enabled Care	Electronic records, information Governance, infrastructure & security Analysis, artificial intelligence		
Chapter 10: Estates	Estate utilisation, building maintenance, energy efficiency, future estate requirement and estate efficiencies		
Chapter 11: Financial Sustainability & Productivity	Setting out our financial position, efficiencies and expected financial trajectories		

Chapter 1: Our System Structure and Governance to support delivery of change

hropshire, Telford & Wrekin Together as One

Our Vision

We will work together with the people of Shropshire, Telford and Wrekin to develop innovative, saf and high quality services delivering world class care that meets our current, and future, rural and urban needs.

We will support people - in their own communities - to live healthy and independent lives, helping them to stay well for as long as possible.

As the world faces up to a climate emergency, we are committed to delivering an internationally recognised system known for its environmentally friendly services that make the best use of our resources."

Together as One we will:

- Provide a greater emphasis on prevention and self-care
- Helping people to stay at home with the right support and fewer people needing to go into hospital
- Giving people better health information and making sure everyone gets the same high quality care
- ▶ Utilise developing technologies to fuel innovation, support people to stay independent and manage their conditions
- ► Attract, develop and retain world class staff
- Involve and engage our staff, local partners, carers, the voluntary & community sector and residents in the planning and shaping of future services
- Developing an environmentally friendly health and care system

Shropshire, Telford & Wrekin Sustainability and Transformation Partners<mark>hip</mark>

Four Strategic Priorities

port people in S,T&W lead Ithy lives

Develop an integrated care system that joins up health and social care

Develop a system infrastructure

Improve communication a involvement

Five Delivery Clusters

Integrated Care System Development

lental lealth Prevention & Place Based Care

Acute Care Development

Supporting Services

Enablers

Clinical

People

C&E

Estates

Digital

PHM

Financ

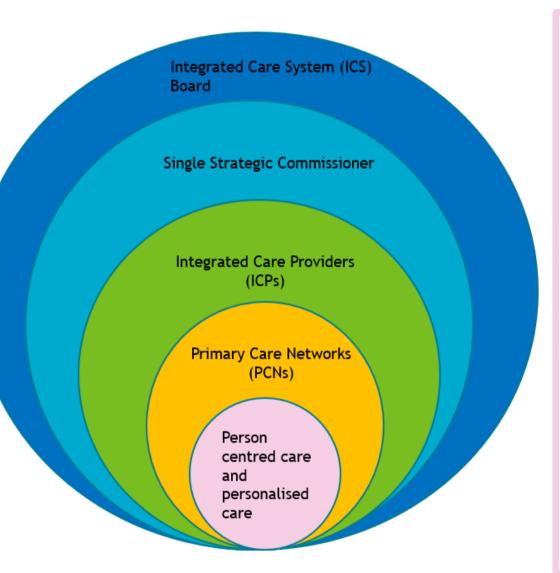
System Development to an Integrated Care System (ICS)

Our aim is for Shropshire, Telford & Wrekin to be an Integrated Care System (ICS) by April 2021.

The role of the ICS is to:

- provide health and care leadership
- ▶ take the lead in planning and commissioning for our population
- develop and oversee the implementation of an overarching health and care strategy
- oversee and facilitate the delivery of a safe, sustainable and effective health and care system
- drive transformational change which is sustainable

ir approach to system development



Key milestones/ambitions

- Shadow Integrated Care System (ICS) Board from January 2020
- Full ICS to be in place by April 2021
- Single CCG by April 2021 responsible for strategic commissioning
- Underpinned by:
 - Establishment of Integrated
 Care Provider arrangement
 - Development of Primary Care Networks

Chapter 2: Shropshire, Telford & Wrekin at a glance

- In this chapter, we describe our population's health and wellbeing.
- We looks at:
 - the demographics and geography of the area,
 - the population
 - areas of deprivation
 - life expectancy
 - wider determinants of health.
- ▶ It is this understanding, underpinned by evidence, robust data and local insight that drives our key programmes of work.
- The detail relating to our priority areas are then covered within the associated chapters of our Long Term Plan.

Chapter 3: Population Health Management (PHM) - data, vidence and insight to support delivery transformation

ur vision is for the Shropshire, Telford and Wrekin's health and social care system to be data iven, intelligence-led and evidence-based to ensure the delivery of health and care services chieve the maximum population health impact.

ur priorities are:

Infrastructure

Information Governance

Digital

Engagement

Regional support programme

Wider determinants of health

Integrated Care System

- Population level profiling, planning and prioritisation
- · System and financial modelling
- · Support outcomes-based commissioning
- Performance management at a population level

Place or Locality

- Understand our communities and the determinants of health impacting on them, including inequalities
- Identify biggest threats to health of population
- Identify opportunities to redesign care and develop proactive preventative interventions
- Enable planning and commissioning of services that can act upstream of traditional healthcare
- Identify variations in outcomes across populations.

Primary Care Neighbourhood/Network

- Identify gaps in care that have greatest clinical and financial impact
- · Risk stratification
- Case identification and management
- Monitoring impact of interventions

Individual Patient Care

ICS

Locality

PCN

Person

- Personalised care planning, holistic approach to person's needs
- Proactive identification of individual risks to offer tailored support to reduce these
- Individual records available across settings/providers

hapter 4: Prevention and Place Based Integrated Care delivering a new service model for the 21st century

vision is to keep people healthy for as long as possible, more independent and living at home, as well as bing to reduce health inequalities by improving the health and wellbeing outcomes for those who live in the re deprived communities.

evention and nequalities

and communities are hrive. People feel ered to keep wes as well as they embedding on and centred care across ng we do.

Place-based integrated care

Transformed out of hospital care; delivering as many services as possible in communities and as close to people's homes as possible; improving the way services are provided with a greater focus on helping people earlier and supporting people to manage their own health and wellbeing.

Primary Care

General Practice to continue as the bedrock of the NHS, aligned to place-based care, allowing flexibility for the workforce, delivering continuity and improved access for patients especially when facing complex health needs.

Frailty

People will spend more of their lives living well and independently in their own homes for as long as possible, leading fulfilling lives with a lower requirement for personal self care.

End of Li

To standardise E so that everyone needing EoL care experiences the high quality, equitable and personalised care wherever the live.

Chapter 5: Mental Health Prevention and Wellbeing including Learning Disability and Autism

Our vision is to co-produce the best care to patients, people and families in our local communities by working effectively with partners to help people live well

Our priorities are:

- To promote good mental and physical health and prevent the development of mental disorders
- To develop resilient, emotionally healthy communities where people are open about their emotional and mental wellbeing
- When people need care and support, it will be provided in the right place, at the right time
- Fewer people will experience a mental health crisis and if they do, they will receive care in a place close to their home

Our strategy is to deliver	Our approach is
 Whole person Place-based care Using a whole population approach That addresses wider cultural and societal systems of disadvantage 	 Co-produced Trauma informed Local and personal Psychologically informed Holistic

Chapter 6: Acute Care Development

on is to deliver safer maternity care, where choice and personalisation is

entre of everything we do.

We will work collaboratively to provide acute care and advice in different forms and address inequalities in outcomes. Patients will not always be required to come to a hospital. Where it makes sense to do so, we will undertake diagnostic tests before a hospital visit or on the same day. The scale of same day services will be larger than it is today. More planned hospital services will be open in the evening and at weekends. In some cases, we will be able to provide review and outpatient procedures even more locally than that, closer to home.

Hospital Transformation Programme	Urgent and Emer	gency Care	Elective Care
the future system secures and £312m in two vibrant hospitals with dation of emergency care on one planned care on the other. mponents are: Emergency Centre comprising: one regency Department and one Critical Unit Planned Care Centre Urban Urgent Care Centres I Planned Care (outpatients, nostics) on both hospital sites	Our community will have time consistent, high quality and sa emergency care service. Assessment and lifesaving tre available 24/7 provided by a nin an environment conducive to experience.	afe urgent and eatment need to be multidisciplinary team	 Enable sustainable elective care services that a combination of: Primary prevention Improving efficiency of pathways and se Developing strategic partnerships with or acute hospitals The priorities are drawn from areas that indivisignificant savings opportunities or areas when have capacity and workforce constraints that impact on sustainability for the medium to lotterm which will limit the ability to meet the neather local population.
Maternity Service	es		Cancer Services

All residents receiving cancer diagnosis, treatment and after care in Shro

Telford & Wrekin, will have access to timely, state of the art treatment, all

them the ability to live well following the end of their treatment.

hapter 7: A Partnership People Plan

e vision is that by 2021 we materially improve the health and wellbeing of our populations, empowering our communities to be illness and independent for as long as possible, providing community based integrated health and social care models of care; and when eded, ensuring our patients receive the safest acute based services. Ambitions and priorities for delivery of transformed services in future can only be achieved with a sufficient workforce with capability to provide services to meet local need.

Shropshire, Telford & Wrekin LWAB People Strategy

Attract, recruit, retain

Retention Strategy
Collaborative Recruitment
'Team STW'; Employment Offer and
Branding
Health and Wellbeing of our people
Agile Workforce; integrated, rotational
and new roles
Collaborative Bank
System-wide People Development Plan
Widening Participation

Planning & Modelling

System-wide workforce profile (baseline)
Service/pathway specific workforce
plans
Longer term collective planning and
forecasting
Supply improvement
Workforce modelling tools
Benchmarking

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OUTCOMES

- Realise the vision
- Improved outcomes for service users, families and staff
- Better understanding of system workforce
- Ability to optimise system workforce
- Support and enable service improvement and redesign, especially across boundaries

Education

Redesign roles and skills
EDT needs for system
Current EDT offer; gaps & duplication
Develop 'core' system EDT offer
System-wide approach to induction
Standardise statutory and mandatory
training (skills passport)
System-wide approach to Preceptorship

OD & Leadership

Leadership; shared leadership development approach STW STP leadership offer Managing talented people Service / Quality Improvement Methodology Culture and values Equality and diversity



STP Workforce Leaders

and Groups

Our Values

system-wide engagement, involvement and leadership; working in co-operation with all our stakeholders; stimulating continuous improvement and innovation for high quality person-centred delivery; driving forwards prevention and the integration of health and social care to create a more holistic approach for our people and communities; and supporting the redesign of roles and skills

Chapter 8: Support Services

We will work together to improve a range of non-clinical services (including our business support services uch as human resources, finance, payroll etc, travel and transport and our green agenda) and clinical ervices by sharing best practice across all our partners to provide a more integrated way of working.

Ion-clinical Business Support Services

Our vision is to deliver that are operating efficiently and ffectively, contributing to a reduction in the financial eficit, with sustainable savings, simplified nd standardised services, performance management nd functions, achieving high quality and locally elivered support services.

Focus our attention on direct patient care delivery and look for efficiencies across the system using a shared approach to business support Review and further transform established shared service arrangements

Agree the appetite for transformational change in order not to delay implementation of back office efficiency programmes

Make effective use of technology to support workforce and central business intelligence

Clinical Support Services

We will, through partnership working and external collaborations, ensure that pathways will become more efficient and effective to enable place-based care for our population.

The three clinical priority areas are:

- Pharmacy
- Diagnostic Imaging
- Pathology

Chapter 9: Digital Support for 21st Century

care

Our vision is to enable the best possible care by making the right information available to the right people, at the right time and in the right place. Our priorities are:

- Electronic Records: Providing as much relevant patient information to carers in electronic format as possible.
 - Move the acute hospitals towards an Electronic only system of storing patient records.
 - Move the Robert Jones and Agnes Hunt Orthopaedic Hospital towards a new Electronic patient record system.
 - Join up citizen information from the organisations that already have electronic systems to present a single view of all records for each patient. This will be the Integrated Care Record.
 - Link with other areas on our borders in the national initiative for the Local Health Care Record
 - Ensure the patient/citizen is able to access and contribute to their own health record to enable them to understand and play a part in their own health and wellbeing.
- Analysis: With access to information, we want to be able to learn from it to improve outcomes for each individual, eventually using tools such as AI to search for matching diagnoses with the most successful treatment.
- Governance: Ensure we have the correct rules in place followed, to protect citizen data at the highest level, and at the same time ensure that it is available for use to provide the best care for the citizen and the population.
- The technical parts: set the standards to ensure the citizen information is secure on the devices used, and when in transit across the network. Also utilise best practice across the organisation to manage the technical estate to the highest standards.

Chapter 10: Estates

We put people first, we are 'people' and not 'building' focused.

STW STP Estates Strategy



'People' and 'Place' not 'Building' focused



Chapter 11: Financial Sustainability & Productivity

The health and care system in Shropshire, Telford & Wrekin faces significant financial challenges

- Funding for the two Clinical Commissioning Groups is set to increase to £850m by 2023/24, which represents an overall increase of £120m (3.1% per year).
- The future funding position for social care services remains uncertain until announcements regarding Fairer Funding mechanisms are made.
 - the demands on our resources are growing faster than those available. As a result, our local health and social care services are under increasing financial pressure.
- both Clinical Commissioning Groups and SaTH are forecasting significant deficit positions in 2019/20. The pressure on the Local Government finance system funding Adults' and Children's Social Care and safeguarding services is equally challenging
- In simple terms, we are spending more money locally than has been allocated to us which is not sustainable. This makes the financial challenge greater in future years, and we are working hard to address this challenge in each of our organisations and working in partnership across the system

Chapter 11: Financial Sustainability & Productivity

Our plans aim to deliver clinical and financially sustainable services by:

- Delivering care more efficiently and improved deployment of our workforce
- Providing the right services at the right time in the right place for elective and non-elective care, including services within our acute and specialist hospitals and mental health, primary and community-based services
- Projects delivering savings across the system through better utilisation of Estates and nonclinical support services
- ► These improvements cannot be achieved without investment to support the changes in urgent and emergency care, planned care, prevention and care closer to home

Chapter 12: Next steps

Delivering the plan:

- We will do this by developing implementation plans for each of our key areas of work. These will need to show what our plans mean for the residents of Shropshire, Telford & Wrekin. They will provide the detail of how and when we will achieve our priorities and the difference these will make.
- We will align system capacity and capability to enable even greater focus on delivery
- We will make our Long Term Plan accessible to all of our stakeholders and continue are
 engagement, including our staff; local people; voluntary, community, faith and religious
 groups; seldom heard groups; politicians and everyone working in health and care across the
 county. We will ask for their views and to help us translate our ambitions and
 priorities into the delivery of safe, high quality health and care services to meet the needs of our
 local population.
- Our approach will be facilitated by the development of our Integrated Care System by April 2021 to begin the transition from planning into delivery