Reporting to:	**Trust Board, 29 September 2016**
Title	**Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STP)**
Sponsoring Director	Chief Executive
Author(s)	Andy Layzell, Programme Director, STP
Previously considered by	
Executive Summary	The Sustainability and Transformation Plan (STP) for the Shropshire, Telford and Wrekin footprint sets out how the local health and care community aims to achieve a profile of services that is clinically and financially sustainable by 2020/21; and which demonstrates increasingly integrated service provision between the NHS and local authorities. The STP is to be submitted to NHS England on 21st October and will remain a confidential document until it has been formally signed off by NHS England. The current version of the document is incomplete and will continue to be developed until the submission date – but this is the last formal opportunity for NHS Boards and the Health and Wellbeing Boards to have an opportunity to discuss its content before that date. The key areas of the STP that require further work are: • The financial analysis. Importantly this demonstrates that the health community can achieve financial sustainability by 2020/21, although it may not be possible for each individual organisation to achieve a break even position in every intervening year. • The modelling of the activity shift away from hospital towards community provision will be critical to provide confidence that the capacity in Neighbourhood Teams is sufficient to relieve pressure on both hospitals and primary care. • A short piece of consultancy to define the outcomes of the workstreams in more detail to ensure that progress can be tracked and that the outcomes are consistent with each other. • A Communications and Engagement Strategy. Although the STP is not yet a public document, ensuring that there is good public and patient involvement in developing plans; and that there is a consistent way of engaging with the public to explain the STP – will be crucial in gaining the public's confidence.

Strategic Priorities	
1. Quality and Safety	☐ Reduce harm, deliver best clinical outcomes and improve patient experience. ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies

5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☐ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. ☐ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well led

☐ **Receive**   ☒ **Review**
☒ **Note**   ☐ **Approve**
	Recommendations
	
	The Board is asked to
	    • Note the progress that has been made since June
	
	    • Provide feedback on any issues that they believe require further clarity before submission
	
	    • Delegate responsibility to the Boards Chair and Chief Executive to sign off the final STP before submission

STP

The Sustainability and Transformation Plan

A very brief
summary

What is the STP?

Geography

CCG boundaries
- NHS Telford & Wrekin CCG
- NHS Shropshire CCG

Local Authority boundaries
- Telford & Wrekin Council: Unitary Authority
- Shropshire County Council

Key Footprint Information

What is the STP?	A single plan setting out how local services will be developed over the next five years, covering the whole of Shropshire and Telford & Wrekin
When will it be ready	The draft Plan has to be sent to NHS England by 21st October
Who is writing it?	All health and care organisations are involved. It is brought together by a Partnership Board, which consists of the Chief Officers from all of the organisations involved
Organisations within the footprint:	Shropshire Clinical Commissioning Group Telford & Wrekin Clinical Commissioning Group Shropshire Community Health NHS Trust The Shrewsbury and Telford Hospitals NHS Trust Robert Jones & Agnes Hunt Foundation Trust South Shropshire & Staffordshire Foundation NHS Trust ShropDoc Shropshire County Council Telford & Wrekin Council Powys Teaching Local Health Board

The Main Components

▸ The case for change

▸ Four main themes

   ▸ The development of Neighbourhoods

      ▪ Community resilience

      ▪ Prevention of ill health

      ▪ Neighbourhood clinical teams

   ▸ The reconfiguration of acute services

      ▪ Future Fit

      ▪ A review of orthopaedic and musculo-skeletal services

   ▸ The continuing development our other services

      ▪ Mental Health, Learning Disability, Childrens services, Cancer etc

   ▸ Making the best use of our resources

      ▪ Financial sustainability

      ▪ Merging of Back Office functions

▸ Enabling functions (workforce, Technology, Estate etc)

Work in progress

As well as the obvious gaps in the document, the final version will contain significantly more detail on:

o The preferred location for the **Emergency Centre**. This will be the focus for the formal public consultation starting in December. The preferred location is the outcome of the non-financial and financial evaluation and does not constitute a final decision.

o The **outcomes and milestones** for each of the Four Main workstreams and seven Enabling Groups. This work, commissioned from Alamac, will ensure that all outcomes are consistent with one another; and that there is a clear overall implementation plan and an immediate '90 day implementation plan'

o The **modelling of the projected activity shift** between hospital and community based services to ensure that the appropriate capacity is in place.

o Additional slides to cover the development of **Neighbourhood working in Powys** and the financial positions of **the local authorities**

o An expansion of the **Business as Usual** slide (the 10 priorities in the NHS Business Plan) to demonstrate the progress that is being made

Finance

▸ If we don't do anything, the health community (excluding local authorities) reaches 2020/21 with a deficit of £129.4m

▸ However, this is unrealistic because £62.3m should be achieved through normal annual efficiency savings

▸ There are plans to achieve a further £73.9m of savings through acute reconfiguration and through schemes targeted at reducing duplication, repatriating activity from outside Shropshire and specialised services.

▸ This can achieve financial break-even across the health community but not necessarily for individual organisations. This is an essential feature of the STP

For Boards

▸ The STP will continue to be developed until 20th October. However, this is the last scheduled Board meeting before that date, so the latest version of the STP (as of Friday 23rd September) is presented.

▸ Boards are asked to discuss the STP and feedback their conclusions

▸ Boards may wish to delegate approval for the final submission of the STP

Neighbourhood working

Neighbourhood working – Shropshire

Objectives

1. To build **resilient communities** and develop social action
2. Develop whole population **prevention** by linking community and clinical work – involving identification of risk and social prescribing
3. Implement **neighbourhood care models** including teams and hubs
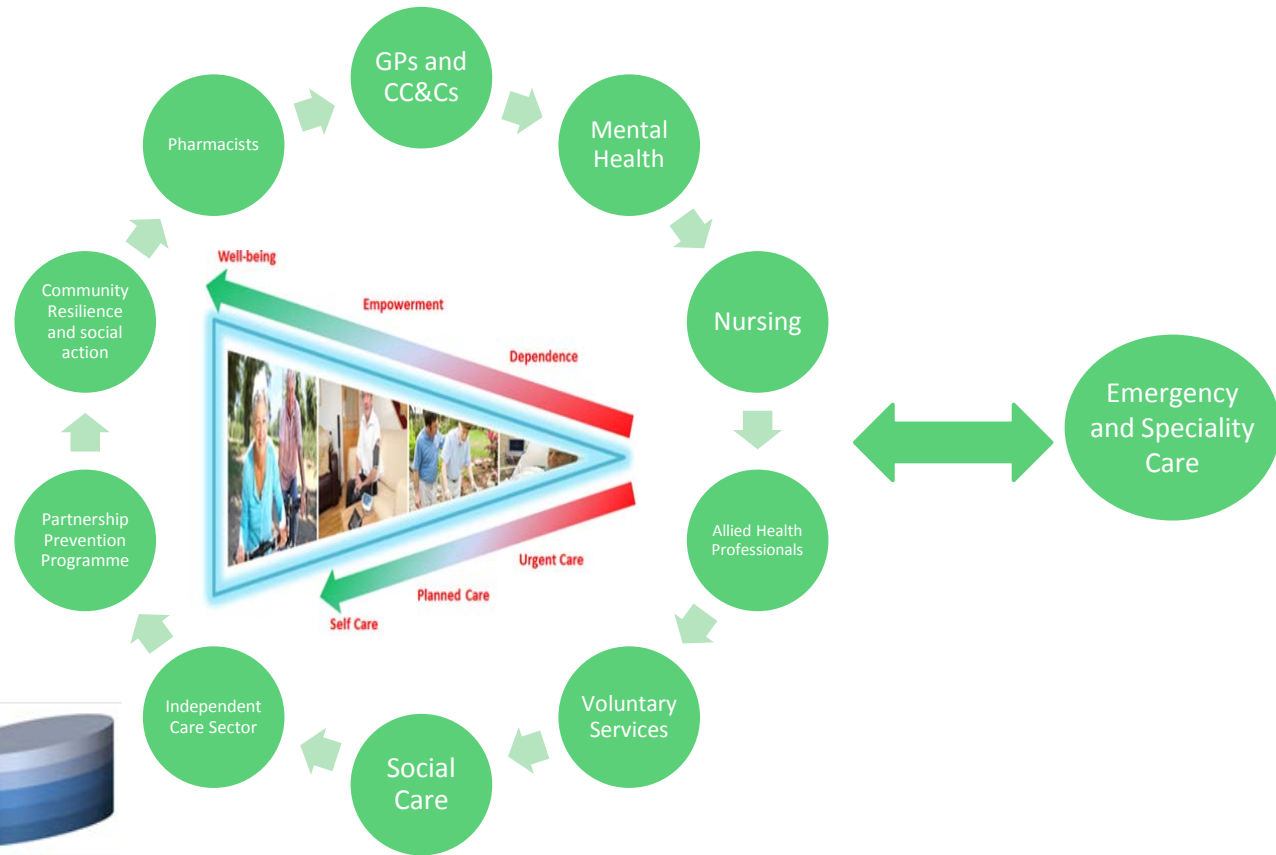
Neighbourhood working /Shropshire/Resilient communities

Resilient communities - Progress to date

- **Active and effective VCS** – at risk from reducing grant/contract funding
- **Active community groups** - need support to thrive
- **Formal and informal volunteering** – needs strategic development
- Resilient Communities
- **Care & Community Co-ordinators** - based in GP practices to assist patients and signpost services
- **Compassionate Communities** – volunteer befriending service to help people with long term illnesses stay in touch with the local community
- **Let's Talk Local hubs** – offer support and advice on issues such as loss of independence, isolation, role of carers, benefits advice etc
- **Everybody Active Towns** – to encourage physical activity
- **People2People** Carers project
- **Early Help Strengthening Families** – Shropshire's Troubled Families initiative

Resilient Communities -implementation

- 4 pilot areas implemented, roll out for rest of county ongoing
- Development of Oswestry as pilot for linking community activity with social prescribing and service redesign (Autumn 2016)
- Assessment of community resilience using toolkit – strengthening weaknesses and filling gaps

Neighbourhood working /Shropshire /prevention

**Social Prescribing model development – September 2016**

- ☐ Engagement with GPs, VCS, and all stakeholders Autumn 2016
- ☐ Pilot November 2016
- ☐ Roll out Spring 2017

6 key additional programme areas

- ▸ Pilot Diabetes & CVD Prevention– Oswestry Autumn 2016
- ▸ Mental Health – Suicide prevention strategy (in development)
- ▸ Safe and Well visits – January (T&W and Shropshire)
- ▸ Future planning – Autumn 2016
- ▸ Carers/ Dementia/ UTIs – all age carers strategy and action plan November 2016
- ▸ Falls Prevention – roll out of Community PSI (start Autumn 2016), New Service Specification (April 2017), link to Fire Safe and Well
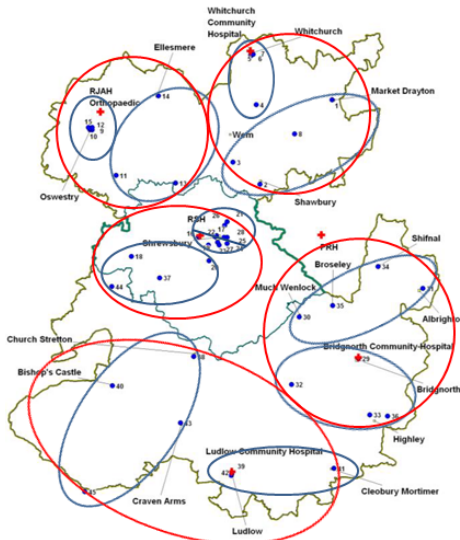
Neighbourhood working /Shropshire/Care Teams
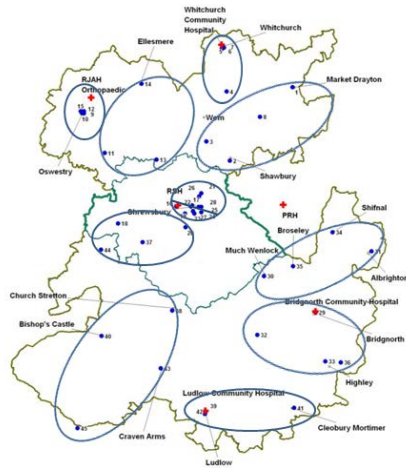
Neighbourhood teams provide:

- Planned Care
- Condition specific pathways (Frailty/CKD etc)
- Long term condition management
- Interface between teams and Social Capital/Voluntary Sector (step up & step down)
- Point of Care Testing
- End of Life
- Domiciliary Care
- Early intervention for Mental Health conditions

Community Hubs provide:

- Same Day response
- Unplanned and or an Increase Care/Support
- Expert advice & reassurance
- Rural Urgent Care (MIU/DAART/Ambulatory Care)
- ICS – Admission avoidance
- Therapy coordination/pathways
- Specialist Nursing Teams
- Mental Health Specialists.
- Comprehensive Geriatric Assessment
- Point of Care Testing
- Diagnostics

Neighbourhood Population	
Bridgnorth North	30543
Bridgnorth South	24881
Ludlow	23155
North East	29175
North West	17068
Oswestry	34523
Shrewsbury North	42555
Shrewsbury Rural	18223
Shrewsbury South	39154
South West	20261
Whitchurch	24261
Grand Total	**303799**

Neighbourhood working – Telford & Wrekin

The Telford and Wrekin Model of Care aims to promote:

▸ Community resilience

▸ Teams working around the patient

▸ Intermediate care

What is our approach to developing neighbourhoods?

- Building some prototypes around natural neighbourhoods.
- Optimising the total resource in the neighbourhood
- A community centred approach that increases access to community resources to meet health needs and increase social participation
- Supporting the development of strong neighbourhoods that can work collaboratively to take action together on health and the social determinants of health
- Needs to be locally determined and accept there are a variety of drivers for change and starting positions
- Incremental and organic change
- Support people properly to make the change (from front line staff to senior teams)
- Empower a broader spectrum of people to support the transformation, rather than the 'usual suspects'!

Neighbourhood working/T&W/Community resilience

Community Resilience

Vision and aims

Telford will have strong and connected communities. The
community will drive the development of local assets and people will :

- Have friends and support networks
- Feel empowered to improve their own and their families health
- Things to do
- A feeling of being safe and belonging to their community
- Confidence to go and help and ask for help
- Centres or 'connecting points' to go to

Why?

- Traditional models of statutory services are no longer fit for purpose: They promote dependence, they are expensive and outcomes could be better
- There is a strong and growing evidence base about the importance of building confident and connected communities in improving outcomes for people
- Individuals benefit from contributing to the wellbeing of others
- Significant proof that poor health can be prevented or delayed
- Needs escalate and peoples health and wellbeing deteriorate because they don't have enough support in the community
- People depend on services because they have very limited alternatives in their own communities

Neighbourhood working/T&W/Neighbourhood Care Teams

Telford Neighbourhood Care Teams

Vision and aims

People with an identified long term health condition will be supported to live
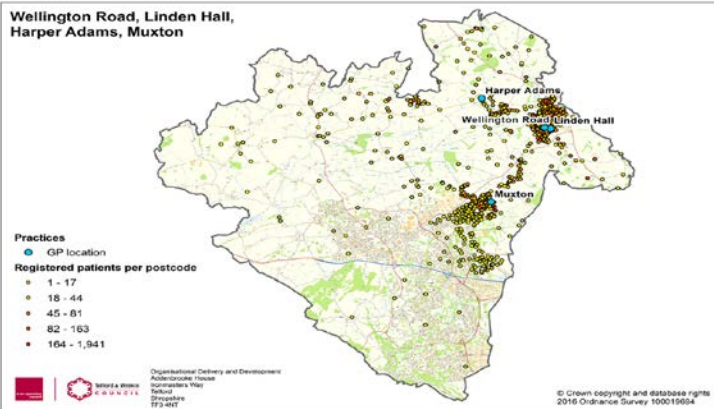their life to their full potential
- The notion of care 'from cradle to grave' will be reinvigorated
- Individual professionals will take responsibility for the delivery of as much care
  as possible, drawing on specialists where necessary
- Professionals will work together to seek out those who would most
  benefit from an intervention/support
- People will share their story once in a way that is right for them
- People will understand their condition and how to deal with it and people will
  self care/self manage where possible
- Carers will be supported

Why?

- We need a much greater focus on prevention
- We need to find people earlier in their disease progression so they can manage their condition
  better, earlier
- A greater number of people have become more dependent on statutory services
- Current services tend to do things to and for people, rather than promoting self-management
- Multiple individuals from different organisations are providing care for any one patient at any one
  time
- The current way of working is not the most effective way of supporting people
- We have lost a holistic nature of care by focusing on 'tasks'
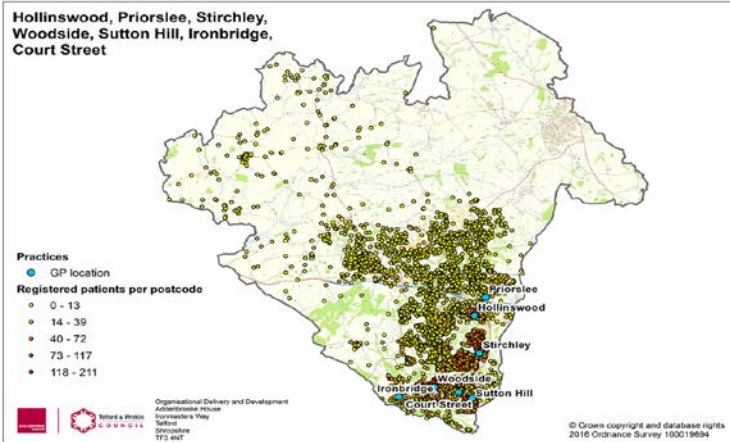
Neighbourhood working/T&W/ Pilot sites

Wellington Road, Linden Hall, Harper Adams, Muxton

Practices
○ GP location
Registered patients per postcode
· 1 - 17
· 18 - 44
· 45 - 81
· 82 - 163
· 164 - 1,941

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Hollinswood, Priorslee, Stirchley, Woodside, Sutton Hill, Ironbridge, Court Street

Practices
○ GP location
Registered patients per postcode
· 0 - 13
· 14 - 39
· 40 - 72
· 73 - 117
· 118 - 211

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Newport Neighbourhood (pop. 33,000)

Priorities:

- Integration of nursing, therapy and care workforce across a single area
- Utilise a different model of care based on Buurtzorg principles
- Align dementia related services with the practice
- Map and better utilise community assets (including local buildings)
- Develop the local offer within this market town, including range of diagnostics and outpatient clinics
- Better support to residential homes

South Telford Neighbourhood (pop. 44,000)

Priorities:

- Integration of health and social care teams
- Greater involvement of drug and alcohol services
- Consideration of those aged 0-5, initially through improved alignment of health visiting
- Implementation of creative support planning and other links with local authority teams

4 Neighbourhoods	
TELDOC	49,615
South Telford	45,427
Newport	27,412
Group 4	59,155