



Shropshire, Telford & Wrekin STP



Sustainability and Transformation Plan



Footprint Name and Number:
Shropshire and Telford & Wrekin (11)

Region:
Shropshire and Telford & Wrekin



STP Directors Update
February 2019



The [NHS Long Term Plan](#) is a new plan for the NHS to improve the quality of patient care and health outcomes. It sets out how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.

- The plan focuses on building a NHS fit for the future by:
 - enabling everyone to get the best start in life
 - helping communities to live well
 - helping people to age well
- Significant focus on population health and prevention and integrating services
- Working across the system with all partners will be a cornerstone to the success of the 10 year plan
- The STP guidance is clear about the crucial role of local government, highlighting that success requires the engagement of all partners across a local system. It encourages STPs to build on the work of health and wellbeing boards, and health and wellbeing strategies. Boards have a role to play in the development of STPs/ ICSs, as a system-wide forum with a democratic mandate from local communities



The NHS Long Term Plan – a summary

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people’s mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How do we make better use of the HWBB?

System control total

12 month operational system plan

LTP narrative

How do we involve local government in 12 month and 5 year planning cycles?

ICS by 2021

Integration

ICS Shadow Board

ICS Road Map

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as ‘primary care networks’, to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as ‘Integrated Care Systems’, to plan and deliver services which meet the needs of their communities.
2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital ‘front door’, better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
5. **Getting the most out of taxpayers’ investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS’ combined buying power to get commonly-used products for cheaper, and reduce spend on administration.



NHS England are Providing a facilitated offer, delivered over a condensed time period:

- System support (Facilitated learning events)
 - Wave 4 Commissioning Capability Programme
 - Leadership
 - Provider alliance
 - Structural architecture
- System Opportunity Diagnostic programme
 - Hypothesis testing, Validation and priority setting
 - Identification of transformation programmes and priorities
 - Qualitative self assessment
- Development of ICS
 - ICS roadmap
 - Meeting the requirement of the ICS MOU



We expect all STPs to become ICSs by April 2021...

- Single set of commissioning decisions at system level, often with one CCG per ICS/STP.
- CCGs take on leaner, more strategic role.
- Providers partner with local government and community organisations on population health, service redesign and Long Term Plan implementation.
- ICS systems will earn greater authority as they continue to develop, and deliver system-wide objectives agreed with NHS England and NHS Improvement
- ICS accountability and performance framework will consistent set of performance measures, including a new 'integration index'.

We expect ICS systems to include...

- **Partnership board** representing commissioners, trusts, primary care networks, local authorities, the voluntary and community sector and other partners;
- **Non-executive chair** and arrangements for involving non-executive members of boards/ governing bodies;
- **Clinical and management capacity** drawn from across their constituent organisations to enable them to implement agreed system-wide changes;
- **Clinical Director** for each primary care network;
- **Clinical leadership**, with alignment to Cancer Alliances, Clinical Senates, as well as Health and Wellbeing Boards.



Integrated care models

- Expanded community multidisciplinary teams aligned to primary care networks
 - GPs, pharmacists, district nurses, community geriatricians, dementia workers, allied health professionals, joined by social care and the voluntary sector.
- Integrated models of care to prevent avoidable hospitalisation and tackle the wider determinants of mental and physical ill-health.
- Enhanced health in care homes (EHCH) model rolled out across England, supporting care homes with a team of healthcare professionals and named GP support
- Acute trust collaboration and Group models, supported by NHS Improvement

Enabling integration

- New primary care network contract (extension to current contract)
 - a single fund for network resources
 - new 'shared savings' scheme, to share gains from reduced avoidable A&E attendances, admissions and delayed discharge, avoidable outpatient visits and overmedication.
- Integrated Care Provider (ICP) contract available for use from 2019, to contractually integrate primary medical services with other services.
- Support for local approaches to blending health and social care budgets between CCGs and local authorities



Prevention and health inequalities

- Long Term Plan introduces national goals for narrowing health inequalities, and requires ICS/STP systems to set out in 2019 their plans to reduce health inequalities by 2023/24 and 2028/29
- ICS/STP systems expected to work with local government and voluntary sector partners to prevent illness and address health inequalities in communities, supported by care model redesign and the integration of NHS and social care services

Population health management

- National support available to ICS/STP systems to improve population health management capabilities
- Increasing sophistication of PHM approaches will support systems to identify areas of greatest health need and match NHS services to meet them, as well as understanding progress against health inequalities.



Financial objectives for the NHS

- All NHS (providers and commissioners) return to financial balance by 2023/24
- Efficiency measures
 - Cash-releasing productivity growth of at least 1.1% a year
 - Reduce variation to improve providers' financial and operational performance (utilising Model Hospital, Rightcare and GIRFT)
 - Demand moderation through better integration and prevention
 - Make better use of capital investment and its existing assets to drive transformation

Developing the NHS Financial Framework

- Control totals and associated PSF/CSF removed from 2020/21 onwards
- New Financial Recovery Fund from 2019/20 to support all providers to return to financial balance by 2023/24, with agreed multi-year recovery plans
- Accelerated turnaround support from NHSI for 30 trusts with most adverse financial performance
- Continued support for payment reform to incentivise proactive management of population health
- Earned autonomy over the use resources for systems, in return for strong financial performance

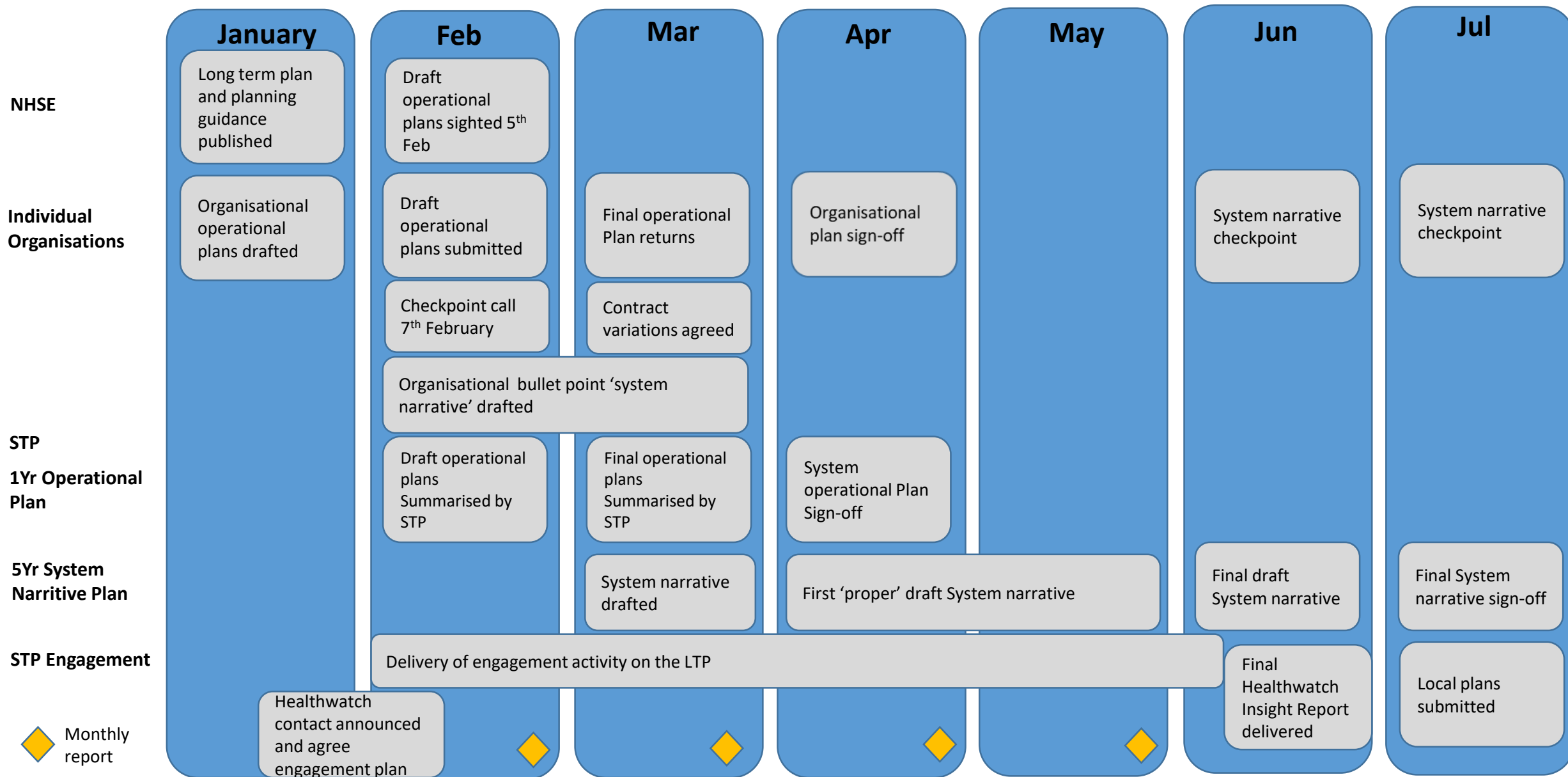


Next steps for STP/ICS systems...

- **2019/20 is a transition year for the NHS**
 - One-year contracting round, one-year operating plans for providers and commissioners, and one-year system operating plans for all STP/ICS systems
- **Refreshed five-year strategic plans**
 - STP/ICS systems will develop five-year strategic plans in summer 2019, based on five-year CCG allocations (2019/20 – 2023/24), including delivery of transformation objectives outlined in NHS Long Term Plan.
- **NHS E&I regional teams support ICS development**
 - Newly integrated NHS E&I regional teams will provide greater improvement support and resource to STP/ICS systems, and agree a development plan and timetable for all STPs to become ICSs by April 2021 at the latest.



What outputs are expected and by when



Monthly report



NHSE has coordinated the production of a quantitative deep dive of all key analytical data and matrix:

- Right Care (2017/18)
 - Model Hospital Programme
 - Getting it Right First Time (GIRFT)
 - Benchmarking from Social Care
 - Benchmarking from CHC
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- Co-produced with NHSI, the information will be collated into a Hypothesis pack for Shropshire
 - Ambition is to support the identify any quick wins and to fully inform the production of an agreed set of transformation priorities.



Day Case Surgery	Medicines Management	Musculoskeletal	CHC
<p>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.</p> <p>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</p> <ul style="list-style-type: none"> • 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 	<p>Respiratory prescribing has presented the largest prescribing opportunity in 16/17 and 17/18.</p> <p>16/17 data shows that within respiratory prescribing the STP spend considerably more than peers on Corticosteroids (£869k opportunity) and Andrenoceptor stimulants (£284k opportunity)</p> <p>RightCare data on pathways including prevalence, management and activity may help interpretation of these opportunities.</p>	<p>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.</p> <p>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</p> <p>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</p>	<p>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</p> <p>This is an interesting contrast to neighbouring Telford, who have no opportunities. Could the CCGs share approaches?</p>
<p>Procedures where day surgery could be optimised include incision and draining of perianal abscess and incision and draining of skin abscess.</p> <p>Bed days could be reduced for these procedures by 27 days per quarter and 67 days per quarter respectively</p>	<p>Biosimilars</p> <p>Model Hospital has identified some areas where SATH could save money by increasing the uptake of biosimilar medications.</p>	<p>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</p>	<p>Workforce</p> <p>Use of temporary staff within MPFT is the highest of all of its comparator hospitals .</p> <p>RJAH and SATH also use a high proportion of temporary staff compared to their comparator sites.</p>



Population Health Management Flatpack

A guide to starting Population
Health Management

Version 1.0 (September 2018)



Public Health
England





Work through the ICS 12 week Development Programme

- Develop Shropshire, Telford & Wrekin ICS Roadmap
 - Clear system Governance and programme management support
 - Aligned to system priorities
 - Further develop System Strategic Commissioning
 - Identify System Redesign Requirements
 - Clinically Led, building on the work of the STP Clinical Strategy Group
 - Understand **WHAT** enablement requirements are needed and **HOW** they will be delivered and by **WHEN**
 - Financial alignment
 - Estates
 - Digital
 - Workforce
 - Back Office functions
- Be clear how as a system we will continually improve and sustain those improvements