HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

<div style="border:1px solid black; display:inline-block; padding:10px;">

APPENDIX 1

</div>

SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) UPDATE

AUTHOR: TOM CAHILL, STP LEADER Tel: 01707 253900 AND HELEN EDMONDSON, ASSOCIATE PROJECT DIRECTOR, STP

1.   PURPOSE OF THE REPORT

1.1   To provide members with an update on the Hertfordshire and west Essex Sustainability Transformation Partnership (STP).

2.   BACKGROUND

2.1   STP Aims

2.1.1   The STP brings organisations together to develop plans to support the delivery of the NHS Five Year Forward View. The Partnership will show how local services will evolve, develop and become clinically and financially sustainable over the next three years (to 2020/21). Through the Hertfordshire and west Essex STP the NHS and county councils have embraced the opportunity to work together to improve the health and wellbeing of our population.

2.1.2 The STP overall aims are to:

- Improve health and wellbeing
- Improve the quality of health and care services
- Provide efficient and affordable care

2.2   Challenges

2.2.1 The main challenge the STP face results from the increasing demand for services, particular in the urgent and emergency care system, including mental health, which puts significant pressure on our hospitals and GPs. The population is growing (a 10% increase forecast in the 10 years 2011-2021) and ageing (45% increase in people aged over 85 from 2011 to 2021) and we need to ensure that our health and social care workforce can meet these challenge in ways that make the most of all of the resources available to us.

2.2.2 NHS organisations within the STP footprint have been financially challenged for a number of years with all three acute providers recording deficits in 2014/15. These worsened in aggregate in 2015/16 but improved in 2016/17 through use of non-recurrent measures and receipt of Sustainability and Transformation Fund allocations. On a normalised basis the provider deficits were almost identical in 2015/16 and 2016/17 at £106M and £104M.

2.2.3 The position for commissioners is better than for providers, with 2 of our 3 organisations reporting balanced positions. A third experienced financial difficulties in 2016/17 and are in financial turnaround in 2017/18.

2.2.4 The financial plans for Hertfordshire and west Essex are based on the need to manage the demand on the health and care system and introduce efficiencies to prevent an overspend that, if no action is taken, is calculated to rise to £548M by the end of 2020/21. Of this, £397M is attributed to the NHS, and £151M to social care.

2.3   STP Priorities
In particular our priorities are to
- Reduce **unwarranted variation** in all health and social care settings (clinical pathways).
- Reduce level of **demand/referrals and activity** for secondary care/specialist services, through earlier intervention and by shifting care.
- Deliver priorities of **Five Year Forward View**, Urgent & Emergency care, Primary Care, Mental Health, Cancer and Finance.
- Establish **"Place Based and Integrated Care model"** in community and primary care.
- **Increase capacity** to manage demand and activity in primary and community care.
- Focus on **Prevention** and increase self-care and self-management.
- Reduce provision of or stop treatments of **limited clinical effectiveness.**
- Improve condition of our Hospital and Community **estate and environments.**
- **Finance**, deliver within means and work to a single control total across STP.
- **Commissioning**, reduce number and cost of transactions within the STP.
- **Back office /Productivity**. Reduce costs of back office across the STP and transactions; increase productivity.
- Reduce **workforce** costs, plan and reassign workforce to match demand and needs.
- Establish **new architecture** to support delivery, e.g. ACS, ACO, MCPs.

2.4   STP Dashboard

2.4.1 A league table of national STP performance was published on 21 July 2017. The 44 STPs have been ranked in four categories according to performance across 17 health system indicators. The categories are: **outstanding**; **advanced**, **making progress** and **needs most improvement**. Our STP is ranked as "making progress," an improvement on previous assessments.

2.4.2. The league table undertook the assessment by using metrics that are grouped into three areas: Hospital Performance; Patient focused change and Transformation. Examples of the metrics are: waiting times performance in Accident and Emergency departments; cancer patient experience; early intervention in psychosis; emergency admissions rate and financial position. This means that this assessment of the STP's performance is based on the performance of the individual organisation rather than on what the STP is achieving in its own right.

3.   CURRENT POSITION

3.1   Governance
All the health and social care organisations in Hertfordshire and west Essex are members of the STP. The STP has an established governance structure, appendix 1 details this. The structure was set up following the feedback from an external organisation, who was commissioned to review the STP and how it was operating. The new structure provides more rigour and oversight by the Chair Oversight Board and CEO Board.

3.2   Workstreams
The STP has organised its priorities into work streams, these are both transformational and enabling. There are also specific task and finish groups for focused shorter term pieces of work. Appendix 2 details the work streams and task and finish groups. Each work stream has a Senior Responsible Officer, who is either a chief executive or executive director from a member organisation, they also have a clinical lead, director lead, finance and communications lead. The work areas have developed plans that explain what they will achieve, with milestones and identified changes to activity and finance. There is a particular focus on the priority areas, which are aligned to the national priorities as set out the Five Year Forward View.

Examples of the work of the priority workstreams are detailed below:

Urgent and Emergency Care	Primary Care
• GP streaming and reductions in A&E demand - right care, right place, right time • Improved clinical pathways to support urgent and emergency care priorities: stroke, chest pain, pneumonia • Improvement against performance targets	• Extending access to GPs • Develop a GP resilience programme and support for vulnerable practices • Implementing new models of joined-up care in our communities
Mental Health	**Cancer**
• Expanding access to mental health services in acute (hospital) settings. • Expert mental health support in GP practices. • Expanding psychological therapies into treatment pathways for people with long term conditions.	• Co-ordinating cancer prevention campaigns • Implementing the 2 week wait standard • Accelerating screening campaigns • Planning expansion of diagnostic centres

• A new treatment pathway for autism	
Planned Care	**Clinical Support Services**
• Reducing or stopping activity which has limited clinical effectiveness • Managing demand for expensive treatments by advising earlier • Improving the efficiency and effectiveness of treatment pathways, reducing variation • Standardising clinical thresholds / eligibility • Improving the sustainability and affordability of fragile services	• Pharmacy efficiency improvements across the whole system • Medicines waste reduction • Pathology and radiology service improvements
Prevention	**Frailty**
• Expand social prescribing • Champion cardio vascular disease reduction • Promote self-management of health conditions • Monitor health remotely through 'telecare' • Alcohol and obesity reduction initiatives	• Identifying frail patients and planning their care • Improving care and health in care homes • Develop and trial integrated community frailty service model to support people at home, specific focus on falls

3.3 Current financial position

The headline reporting from organisations at the end of July continues to suggest that the overall financial position is on target to deliver the agreed £40M control total, but this remains a significant risk for the STP for this financial year.

3.4 Hospital development

The STP made submissions to the national team in recent months, this included Strategic Outline Cases for the redevelopment of both Watford General/ St Albans City Hospital (SACH) and Princess Alexandra Hospital NHS Trust. In total, in the region of 300 bids have been submitted nationally and NHSI&E are preparing prioritisation of these against an anticipated release of capital funding via the 2017 Autumn Statement. It is anticipated that the national prioritisation process will take place during the autumn, but the local submissions are progressing positively.

4. Challenges Going Forward

4.1 The STP continues to face a number of challenges to deliver the desired service changes for the residents of Hertfordshire and west Essex. All health and social care organisations are planning for the upcoming winter. The winter months are a particularly busy time for health and social care and all organisations are committed to ensuring that services are responsive and resilient during this time.

4.2 The STP and its members are committed to the long term transformation of services, but these are often complex pathways, with the need for meaningful

clinical engagement and commitment from multiple organisations, all of which means the changes are not quickly achieved. The STP will continue to push for these work streams to deliver.

4.3   This is against the backdrop of the emerging thinking around developing new architecture for health and social care, for example Accountable Care Systems and Accountable Care Organisations. The STP has started to discuss what this could mean and is scheduling an externally facilitated workshop to explore this further.

5.   SUMMARY

5.1   The STP and all its members continue to work collaboratively together to meet the challenges and transform the services provided to residents of Hertfordshire of west Essex.

STP Governance Structure

Regulators

Sovereign Bodies

Health and Wellbeing Boards

External Stakeholders

STP Chairs Oversight Board

Chief Executives Board

Local Delivery Partnerships

Herts Valleys

East and North Hertfordshire

west Essex

External Stakeholders include:
- *Patient and public engagement forums*
- *Health and Well Being Boards*
- *Health Overview and Scrutiny Committees*
- *Independent and third sector organisations*
- *District Councils*
- *LMC*
- *Healthwatch*
- *GP Federations*

STP Oversight Board – to lead on alignment of sovereign bodies with STP vision, to ensure Boards are committed to the transformation and to support in the management of external stakeholders (as appropriate).

Chief Executives Board – strategic direction of the STP and to oversee the delivery of STP through the Programme Board and System/Local Delivery Groups.

Key:
- – – – Engagement
- ——— Reporting

STP System Leadership Arrangements

STP PMO

Clinical Transformation Workstreams	Enabling Transformation Workstreams	Task and Finish Groups

Clinical Transformation Workstreams

Urgent & Emergency	Primary Care
Planned Care	Mental Health and Learning Disabilities
Frailty	Cancer
Women's and Children	

Enabling Transformation Workstreams

Clinical Support Services	Prevention
Collaborative Commissioning	Place Based and Integrated Care
Estates, Facilities and Capital	Technology
Comms and Engagement	Workforce

Task and Finish Groups

Medicines Management	Back Office
Procurement	POLCE and Exclusions
Reduce Agency Spend	