Health and Wellbeing Board
Hertfordshire

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

UPDATE FROM HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

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1.   Purpose of report

1.1   This report provides an update on the progress that the Hertfordshire and west Essex Sustainability and Transformation Partnership (STP) has made since the last report made to the Health and Wellbeing Board.

2.   Summary

2.1   This report summarises activity across the STP over the past three months. It includes an update on the Programme Management Office work plan against objectives set previously.

2.2   Workstreams are generally progressing well and have been asked to set out further details of their plans, including projected activity and finance impacts, in a workbook to aid future reporting.

2.3   In July 2017, a national STP performance dashboard was published for the first time, giving an assessment of each STP, based on a number of factors. This is expected to be an annual process. The Hertfordshire and West Essex STP has been rated as – *'making progress'*.

2.4   The report also details the local discussions taking place regarding the way that health and social care organisations are structured, with particular reference to Accountable Care Systems (ACS).

2.5   The local NHS has made submissions for capital money to improve the West Hertfordshire Hospital NHS Trust and The Princess Alexandra NHS Trust estates. The bids are progressing positively.

2.6   Bids have also been submitted by the STP cancer workstream to the Cancer Alliance. Capital bids must meet the requirement of improving patient pathways for cancer treatment, for example by speeding

diagnosis and treatment times, as well as increasing capacity in the system.

3.   Recommendation

3.1   To note the progress made and to continue to support improvements.

4.   Background

4.1   <u>NHSE Stocktake</u>
Tom Cahill, STP Leader, Deborah Fielding, Chief Executive West Essex CCG and Peter Cutler, STP Programme Director attended a meeting with Dr Paul Watson and Elliott Howard-Jones at NHS England regional headquarters in Cambridge on 19 July 2017. The purpose of the meeting was for a general stocktake on progress to date and a discussion about further assistance that might be available from NHS England.

Key main points discussed:

- It was noted that good progress had been made with the STP subsequent to the external review, with a strong governance structure; workstreams focused on NHS national priorities, and a strengthened Programme Management Office;

- STP encouraged to focus efforts and resources on the priorities for healthcare set out in the Five Year Forward View (FYFV) – notably Urgent and Emergency Care; Planned Care; Cancer; Mental Health and achieving financial balance.

4.2   <u>STP Dashboard</u>

4.2.1   A league table of national STP performance was published on 21st July 2017. The 44 STPs have been ranked in four categories according to their 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.

4.2.2   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 an amalgamation of the performance of the STP's individual organisation rather than on what the STP is achieving in its own right. NHS England has suggested that this model will be refined and updated in future.

4.2.3 The areas where it is clear that STP provider organisations are not meeting the required targets are: A&E waiting time performance; 62 day waits for cancer patients and financial control.

4.2.3 Workstream leads have been asked to ensure that their plans reflect regulatory performance requirements. These will be monitored on a monthly basis.

5. Accountable Care Systems

5.1 The development of Accountable Care Systems was discussed at the July STP leaders' event, when they were clearly signposted as the direction of travel. Further guidance has since been published concerning Accountable Care Systems (ACS) and Accountable Care Organisations (ACOs).

5.2 Further discussions have taken place amongst Hertfordshire organisations, including discussing the options for an ACO in Hertfordshire, noting the progress made in west Essex. It has been agreed to organise a further session on developing an ACS, this will be facilitated by an ACS expert.

5.3 On 20th September 2017, the local system hosted a workshop led by a team from Canterbury, New Zealand, which focused on:
- 'The Canterbury Story and Frailty Focus' led by Carolyn Gullery, CDHB, General Manager.
- Planning and funding, their approach to integrated care and how it has demonstrated measurable reductions in demand for hospital and long-term residential care services including their community falls programme which targets the over 75s.
- 'Engaging Clinicians with Data' led by a Medical Director.

5.4 The workshop took on board the lessons from Canterbury and also reflected on the need for rapid implementation compared to the speed of transformation in this example.

6. Capital update

6.1 The national allocation of capital resources against the 2017/18 'Tranche 1' funding has now been made. STP bids were submitted by West Herts Hospital Trust (WHHT) against this funding in April 2017, but these were ultimately unsuccessful.

6.2 Princess Alexandra Hospital (PAH) and WHHT also made submissions against 'Tranche 2' capital resources and the unsuccessful 'Tranche 1' schemes have also been resubmitted. Included in the 'Tranche 2' bids are the Strategic Outline Cases for the redevelopment of both Watford General/St Albans City Hospital and The Princess Alexandra NHS Trust. Approximately 300 bids have been submitted nationally and

NHS Improvement and NHS England are preparing their prioritisation of these against an anticipated release of capital funding via the 2017 Autumn Statement. The STP understands that our area's bids are progressively positively.

7. Workstream update

A summary of major workstream plans is provided at Appendix 1.

8. Update on Programme Management Office (PMO) Work plan

8.1 The PMO team continue to make progress in delivering the PMO work plan. Particular highlights are:

- Appointment of three programme managers, who started on 2 October 2017.
- Development and publication of workstream work book that provides templates for project monitoring and reporting
- Establishment of monthly reporting of STP wide finance and activity information
- Establishment of regular bulletins for stakeholders and staff
- Establishment of high level STP risk register
- Agreement of team objectives.
- Scheduling of Director and Senior Clinician engagement events.

8.2 Over the next weeks, the PMO team will be concentrating on ensuring that all workstreams complete the work book which will provide details of the milestones and KPIs that will be delivered, alongside the identification of any associated risks and plans to mitigate these. Where there are issues with the delivery of detailed plans this is being escalated for discussion at Gateway meetings. Work will also continue to implementation of Local Delivery Partnerships and the drafting of an updated STP plan.

9. Communications and Engagement

9.1 STP-wide public consultations on the NHS funding of local treatments, procedures and prescriptions took place for 10 weeks between July and September 2017. Following the consultation, detailed preparations are being made for a specially-convened Joint Commissioning Committee to be held in public in Welwyn Garden City on Thursday 12 October 2017.

9.2 It is expected that the committee's decisions will generate a significant degree of public and media interest. During the 10-week consultation process, more than 500 people attended meetings which explained the STP vision and challenges and more than 2,500 people submitted consultation responses.

9.3 The STP website, www.healthierfuture.org.uk , is continuing to receive a significant number of visitors, with 10,500 unique users visiting the website in the last quarter.

9.4 More than 2,000 people read the most recent edition of the STP newsletter and the new STP Leader's Update has been positively received.

9.5 An Easy Read version of the STP plan, 'A Healthier Future', designed be accessible to adults with learning difficulties or disabilities, has been produced and is available to read or download from the STP website.

9.6 In response to a request from NHS England, a proactive, STP-wide winter communications plan was produced in partnership with comms leads from across the STP. A more detailed action plan will now be developed.

10. Governance

10.1 At the STP Chairs' Oversight Board meeting held on 14 September 2017, a STP Memorandum of Understanding was approved. Each Chair was asked to present it to their Board for approval.

Appendix 1:   Work stream Deliverables

Priority Work stream	Timescale for agreed milestones
Urgent and Emergency Care SRO: Katie Fisher Director Lead/ Programme Lead Sharn Elton Gateway Meeting: 22.9.17	• Clinical contact by NHS 111 (Herts already have) , West Essex compliant from March 2018 • Direct booking in hours into NHS 111, starting in Herts December 2017 • Direct booking out of hours into Herts up 70 % by December 2017. West Herts at 40% March 2018 • 95% A&E 4 hour target March 2018 • 100% of patients handed over within 15 mins by March 2018 • Co-location of GP streaming with A&E departments by December 2017. • CHC full assessment in acute setting down to 15% March 2018. • Review objectives against the newly published national specification. 15th October 2017.
Cancer SRO: Nick Carver Director Lead/ Programme Lead Kate Lancaster Gateway Meeting: 31.7.17	• Roll out HPV cervical screening March 2018 • FIT testing for Bowel screening March 2018 • Scoping of work needed to offer appointments in 7 days for patients on two week pathway. Dec 2017 • Implement agreed Inter Trust policy April 2018 • Ensure STP ready to be put forward as pilot site for FIT diagnostic and prostate pathway. March 2018 • Complete analysis of latest patient experience results, and share learning. Dec 2017
Priority Work stream	**Timescale for agreed milestones**
Primary Care SRO: Beverley Flowers Director Lead/ Programme Lead Denise Boardman Gateway Meeting: 8.8.17	• East and North Herts GP Extended Access at 50% by March 2018 • % pop coverage for weekend appointments in Herts 50% March 2018. • All practices participating in Care Navigation. Dec 2017.
Mental Health and Learning Disabilities SRO: Karen Taylor Director Lead/	• Evaluate effectiveness of IAPT LTC Early Implementer pilots and consider ongoing funding / roll out to E&N Herts. Dec 2017. • Evaluate impact of Hertfordshire perinatal mental health service launched service and consider roll out to West Essex. June 2018

Programme Lead Simon Pattison Gateway Meeting: 1.8.17	• Work with providers to implement revised models for Finalise pathways for both autism and ADHD. Dec 2017 • Pilot local management of CAMHS Tier 4 beds. Dec 2017 • Full STP cover of mental health services 24/7 in acute settings. March 2018.
Planned Care SRO: Deborah Fielding Director Lead/ Programme Lead Deborah McInerney Gateway Meeting: 31.7.17	• POLCE: Review the policy long list and identify further opportunities. March 2018 • Reduction in variation of referrals from Primary Care into secondary care through the implementation of pre- referral protocols, shared decision making, thresholds for referral and peer review. • Review current outsourced activity to understand scale of expenditure and implications on capacity and waiting times of ceasing outsourcing. March 2018. • Review outpatient efficiency in terms of new and follow up activity. • Refresh fragile services review to ascertain where there are opportunities within the STP for the three acute sites to collaborate to improve patient outcomes and sustainability. • Review MSK services; to agree primary care protocols, secondary care referral thresholds, diagnostic requirements in primary care before referral and secondary care to primary care discharge protocols, plus length of inpatient stay. • Implement shared decision making.
Frailty SRO: Kathryn Magson Director Lead/ Programme Lead Alex Green Gateway Meeting: 19.9.17	• Apply the "deciding right" approach to the development of a single plan. • Ensure use of a frailty index in primary care and other health and social care settings (e.g. Acute Trusts, Community Trusts, Voluntary Sector) – to ensure mild, moderate and severe frail patients are identified and targeted appropriately i.e. Case management of moderate frail, MDT management of severe frail. • Ensure STP wide access to the appropriate EoL medication at all times, through an appropriate process. Ensure as seamless process as possible for selecting medications for anticipatory and reactive prescribing. • Establishment of: a. Approach to integrated FALLS assessment;

	b. Common information and resources for falls c. Shared data and falls outcome indicator sets and monitoring of their effective implementation; Systems to facilitate falls self-assessment, self-management and self-care planning • Improve medicines management in the frail. • Work with care homes to apply STOPP/START tool to patients identified as frail to achieve improved medicines optimisation. Work stream connections to enable delivery: - *technology* WS with deciding right and data sharing - *primary care* WS with EFI and population risk stratification - *prevention* WS and falls - *mental health* link with dementia - *medicines optimisation*
Medicines Optimisation SRO: Lance McCarthy Director Lead/ Programme Lead Trevor Smith Deep Dive CEO Board 19.9.17	• Open the bag campaign. Jan 2018. • Roll out to Herts Valley and West Essex of care home pharmacists. • Ward stocktake and rationalisation of what is held. March 2018 • Introducing biosimilars where appropriate • Transfer pharmacy information electronically from acute trusts to community pharmacists • Implement community pharmacy proposal in three localities.

Report signed off by	Eg Exec/Board of CCG, Local Authority Board meeting etc
Sponsoring HWB Member/s	Identify Board member(s)
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: E.g. Starting Well
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned)	
Equality and diversity implications	
Acronyms or terms used. eg:	
Initials	In full
ACS	Accountable Care System
FYFV	Five Year Forward View
PMO	Programme Management Office
SOCs	Strategic Outline Cases
STP	Sustainability and Transformation Partnership