

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 2017 AT 10:00AM**

**REPORT OF PROGRESS WITH THE HERTFORDSHIRE AND WEST
ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP)**

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1. Purpose of report

1.1 The Health and Wellbeing Board (HWB) has previously been informed of the strategic aims and specific plans of the Sustainability and Transformation Partnership (STP), including its governance and administrative structure. This report updates the Board on progress with:

- workstream deliverables;
- clinical engagement;
- engagement with District Councils to improve place-based care;
- plans to deliver an Accountable Care System (ACS).

2. Summary of recent activity

2.1 The system remains financially challenged but is taking positive steps to reduce its current deficit, being delivered through current organisational savings programmes, enhanced by workstream plans;

2.2 Clinical transformation workstreams have been established in accordance with NHS national priorities. These include:

- Urgent and Emergency Care
- Cancer
- Frailty
- Primary care
- Planned care
- Mental Health and Learning Disabilities
- Womens' and children's services

2.3 Additionally, enabling transformation workstreams and Task & Finish groups have been established. These include:

- Prevention of ill-health
- Place-based care
- Clinical support services
- Technology
- Estates, facilities and capital
- Procurement/Back office
- Collaborative commissioning
- Workforce development
- Agency staffing

Appendix 1 details the workstream management structure.

- 2.4 All of the above workstreams are supported by the STP Programme Management Office (PMO). Detailed plans, objectives, KPIs and financial investment and/or savings targets are identified in project workbooks that are updated monthly to track progress.
- 2.5 Clinical engagement and support for transformation has been strengthened by the appointment of the three Clinical Commissioning Group (CCG) Chairs as clinical leads to the STP. This shared appointment will bring additional clinical resources and oversight to the workstreams to help resolve issues and speed up the process of introducing new models of care.
- 2.6 Place-based care is being enhanced by improving connections to District Councils, the STP has met recently with Stevenage Borough Council and East Hertfordshire District Council to encourage closer links.
- 2.7 The STP is now planning its transition to an Accountable Care System (ACS). This includes revised governance arrangements and the development of a new contracting mechanism to incentivise collaboration rather than competition between organisations within the health and social care system.

3. Recommendation

- 3.1 Members of the Board are requested to note the progress with delivering the Sustainability and Transformation Partnership plan as set out in this report.
- 3.2 Health and Wellbeing Board stakeholders are requested to identify activities within the transformational workstreams that could benefit from additional inputs and resources that are available to support the STP priorities.

4. Background - Progress with Workstreams

4.1 Urgent and Emergency Care (UEC)

There is already a strong performance management structure in place to achieve national targets. This is directly managed by NHS England through local delivery boards in three localities, centred on the acute hospitals: West Hertfordshire Hospital Trust (WHHT), East and North Herts Trust (ENHT) and Princess Alexandra Hospital (PAH).

The UEC workstream aims to add value over and above the existing arrangements. It is focused on developing:

- Improved clinical engagement to improve performance within and between providers;
- Development of seven-day working;
- Additional capacity and expertise in Discharge to Assess arrangements;
- Rapid transmission of learning and best practice across the STP.

A further initiative currently under consideration is the introduction of an IT enabled dashboard which gives system participants access to real-time information across the whole system, to help manage capacity and to escalate issues in good time.

The STP has also developed a whole-system winter operational plan and a winter communications plan.

Current performance is variable across all three systems, and it is still challenging to achieve the 4-hour waiting time target.

4.2 Cancer

The workstream has produced a work plan in accordance with the requirements of NHS England, which has been well-received. The focus now is on delivering the plan. Current activities are delivered through five sub-work streams:

1. **Prevention:** Support the National CQUIN Stop Smoking Initiative with Acute Trusts;
2. **Early diagnosis:** early diagnosis auditing delivery of the two week wait standard. The audit will include Direct Access and Straight to Test. The workstream is developing a business case in preparation for the release of funding to support implementation of FIT testing in primary care for suspected lower gastro intestinal (GI) cancers and redesign of the Prostate pathway;

3. **Treatment:** NHS Improvement (NHSI) has undertaken positive Rapid Response reviews within PAH (Oct 2017) and WHHT (Nov 2017) where learning has been identified for sharing best practice across the STP. ENHT are working with NHSI to implement their improvement plan for the 62 Day wait target with a trajectory for achieving 85% in January 2018. Best practice pathway workshops are being set up within ENHT which will further support achievement of the 62 Day wait target.

4. **Living with and beyond Cancer:** a Task and Finish Group has been established with a national survey recently undertaken within all Trusts for Recovery Package and Risk Stratified Pathways. The T&F Group will conduct a gap analysis on survey results to provide a baseline for a Business Case for Transformation Funding;

5. **Patient experience:** a Task and Finish Group has been established and a discussion paper produced for the STP improvement plan in response to results in National Cancer Patient Experience Survey. Key areas of focus include workforce, training & education, verbal/written patient information and psychological support following discharge. Funding is being sought from Macmillan for three patient engagement events to ensure that the Cancer Improvement Plan is co-produced with patients.

4.3 Frailty

Activity in the frailty workstream is focused on prevention of hospital admissions and support for frail people at home and in localities. Specific targets include:

- A single care plan to be used across the whole system: drafted and out for consultation, to be implemented by 1st March 2018;
- A single approach to risk stratification, to ensure that the target population is identified efficiently;
- A redesigned falls pathway with an emphasis on prevention and ensuring that unnecessary hospital admissions are avoided.

The impact of the proposals is now being modelled through a Vanguard channel shift model which includes the workforce impact and the future skill requirements.

The outcomes expected from the frailty workstream include:

- Improvement in person-centred and co-ordinated care;

- A consistent and collective focus on an improvement in proactive and planned care;
- A sustainable reduction in urgent care demand on primary care, community services, hospitals and social care services;
- An efficient and consistent approach to care planning which reduces duplication;
- Improved and measurable clinical outcomes for patients.

4.4 Primary Care

The Primary care workstream is tasked with delivering the national targets identified in the General Practice Forward View (GPFV). Delivery boards have been established to oversee activities in the three CCG localities, and are closely monitored by NHS England.

The GPFV sets out a five-year programme covering five key areas:

1. Improving models of care
2. Improving access to GPs
3. Workforce development
4. Workload management
5. Practice infrastructure development, including an investment programme

Progress to date includes:

- Extended access hours to GP services, including weekend working, targeting 100% of the Hertfordshire population by March 2019;
- All practices targeted to participate in active signposting by January 2018;
- Delivery of a detailed workforce development plan to NHSE in October 2017, including international recruitment and training the enhanced primary care workforce.

Further work is underway to develop co-commissioning in East & North Herts.

NHS England reviewed STP progress against the GPFV targets on 10th October. Their review was broadly favourable, and highlighted the following:

- Commissioning of primary care services is fragmented across the STP, and could be better co-ordinated;
- Both Hertfordshire CCGs are meeting trajectories for extended GP access, but there are cost pressures associated with IT support;
- Workforce data is comprehensive currently but there are challenges in developing the new skill mix required;
- Transformational funds are being directed appropriately to develop primary and place-based care.

4.5 Place Based Care

The primary care workstream is very closely allied to the Place-based enabling transformation workstream, as the place based care model has been developing across the STP footprint over the past several years and is described as: “people and their carers will be able to manage their health and wellbeing in the places they live for as long as possible”. This means supporting individuals and their families to manage their own health and wellbeing providing the information and advice they need to do this.

Place based care is delivered in localities and these areas include:

- A population size of approximately 30-50,000
- HPFT / HCT / social care locality teams
- Care homes
- GP practices
- Community pharmacies
- Voluntary services
- Public sector estate for health and care -community hospital/hubs
- District councils

There are three established place based care delivery boards across the STP footprint driving the transformation work forward and these comprise senior health and care local provider and commissioning leaders. An integrated operational infrastructure is established underneath the delivery boards to mobilise the work within localities and neighbourhoods.

The focus has been on:

- establishing strong local networks of support delivering integrated proactive flexible care, supporting wellbeing and prevention;
- a single care plan that will be readily shared in real time between professionals which is person centred and owned by the individual;
- primary care models where community services and the wider primary care services work together with GP practices to enable people to live in their own homes (primary care home);
- “teams without walls” that involve multiagency working with single systems, clinical processes and single trusted assessments;
- risk stratification of the population identifying: urgent care, planned care and high needs of care;
- social prescribing within communities;
- integrated pharmaceutical care – pharmacy led prevention and care;
- access and connectivity to specialist advice;
- joint training and support for the workforce across organisations to develop staff skills and to enable the primary care, community and mental health care workforce to work together;
- collaborative information sharing and business intelligence.

A recent audit of the functionality of Place-based care across the STP has been completed for East and North Herts and will be completed for Herts Valleys in January 2018. The audit maps the level of understanding and ownership of six place-based care priorities and progress to date with implementation. The priorities are:

1. Shared leadership
2. Common populations
3. Organisational development
4. Workforce skills
5. Shared delegated resources
6. System levers – information sharing, enabling policies.

A paper will be presented to the Place based care work stream on 6th December providing recommendations to enable sustainable implementation within localities and neighbourhoods based on local progress to date and comparison to national good practice against the place based care priorities.

4.6 Planned Care

The planned care workstream encompasses a wide range of elective care specialties. Clinical engagement in this workstream has improved markedly in the last few months and this has led to a recommendation to initially focus on three key symptom-based clinical pathways:

- Palpitations – cardiovascular
- Breathlessness – pulmonary
- Digestive problems – upper gastro-intestinal

Each of these pathways is due to implement the 100-day improvement methodology supported by NHS England, beginning in the New Year.

The workstream is also tasked with reviewing fragile services across the STP, building upon the success of the vascular services rationalisation programme.

4.7 Mental Health and Learning Disabilities

There are four sub-workstreams making up the bulk of activity and below are the key tasks undertaken currently to improve performance and patient experience:

- 1. IAPT Long term Conditions Integration:** Expand Improving Access to Psychological Therapies into Long Term Conditions pathways. Evaluate the effectiveness of these pilots and, develop a business case for continuation from local funding and cost effective expansion into East and North Herts CCG;
- 2. Primary Care Mental Health:** Develop options and pilot programmes to reduce demand for secondary mental health services by improving

support available in the community through Primary Care Plus models and crisis cafes;

3. **Core 24:** Implement expansion of existing Rapid Access Interface Discharge psychiatric liaison services to meet Core 24 requirements at Lister and Watford Hospitals. Evaluate the effectiveness of these pilots and, if appropriate, develop a business case for continuation from local funding and cost effective expansion at PAH.
4. **Child and Adolescent Mental health Services:** Increase access for children and young people to evidence-based mental health interventions; Reduce the number of children and young people placed in inpatient beds by taking on local commissioning of tier 4 beds, implement new pathways to improve access to autism and ADHD diagnosis with significantly shorter waiting times.

The STP is working closely with the Mental Health Clinical network. On 17th October the STP Mental Health leads met with NHSE, the Mental Health Clinical Network, PHE, and the Right Care Team. This meeting explored local mental health issues and how NHSE, the Clinical Network and PHE can support the achievement of targets locally. The meeting was positive and it was agreed along with other actions that a Right Care analyst will work with the MHLD workstream to interrogate the data and identify priorities for improvement across the STP.

NHSE has offered additional funding which will support workstream programme management and for clinical leadership until March 2019.

4.8 Womens' and Children's Services

Executive Commissioning leads from Hertfordshire and Essex County Councils and from the three CCGs now meet on a quarterly basis to align their commissioning plans and programmes of work, and to enable efficient co-working. Examples include reviews of urgent care pathways and community children's' nursing services.

The Herts & west Essex Local Maternity System Transformation plan was submitted to NHS England on 31st October as per the required schedule. The plan provides details of how the national strategy Better Births, Improving Outcomes of Maternity Services in England, will be implemented across Hertfordshire & West Essex. Feedback about the plan is expected shortly and will be incorporated in the next iteration, prior to implementation of the plan.

The work stream received useful feedback from at the STP Director and Clinical Engagement event held on 31st October at The Colonnades. Two key areas for development emerged, first, the need to engage clinicians across the STP area in discussions about variations in outcomes and performance from children's' services. It was felt by clinical colleagues that this would drive up quality and improve outcomes. The second was the engagement of

providers in service re-design and the workstream leads agreed to ensure that they had the most appropriate clinicians and management support present at future meetings

4.9 Prevention

Prevention of ill-health is a broad agenda for the STP that impacts all of the clinical transformation workstreams. This is becoming increasingly apparent as clinical pathways are developed and additional disease prevention activities are planned. Apart from the well-established existing campaigns to promote exercise, healthy eating and smoking cessation, the workstream is currently focusing on several key deliverables as follows:

Cardiovascular disease (CVD)

The STP Prevention workstream is championing reduction in CVD and will support a bid for British Heart Foundation (BHF) money to enable an improvement in early identification of cases of hypertension. Deadline for the submission is March 2018. All three CCGs aware and the submission is being developed.

It was agreed that a focus on the variation in the identification and management of CVD in primary care would be a work stream priority alongside the Primary care work stream. The workstream will review for impact some of the approaches currently being taken in the CCGs, and then make recommendations.

Self-Management

This work stream will be relaunching the programme of work in December 2017 to support wider provider engagement and a standardised approach to delivery.

The Self-Management workstream has identified important links with the Frailty Workstream for Care Plan development, which will include agreement to self-management actions.

Social Prescribing

Community navigators are now in post and the social prescribing model is being adapted and applied according to local needs in the communities. Communications and engagement with the primary care system are being improved to ensure that a consistent approach is being adopted.

Community Pharmacy

The STP Medicines Optimisation workstream have agreed a Community Pharmacy Proposal led from Herts and west Essex Local Pharmaceutical Committees (LPC). This was presented to the prevention workstream and the proposal was supported with recognition that community pharmacies are key

services to promote and develop the prevention agenda over and above existing work. The pharmacy lead to help clarify what can be done immediately to support prevention.

Colleagues from Public Health England (PHE) recently gave a presentation outlining the tools and resources that are available to support the STP. Their social marketing lead is working with the STP communications workstream to discuss how they can support campaigns promoting the prevention agenda.

4.10 Clinical Support Services

The main focus of this workstream currently is Medicines Optimisation. The NHS spends £274 million annually on drugs across the STP. The Chief pharmacists of the CCG and provider organisations have come together to find ways of working more efficiently and to reduce unnecessary waste. Current priorities include:

- Clinical transfers
- “Open the bag” project – reduce unnecessary prescribing
- Bio-similars replacing more expensive drugs
- Stoma care – investing to save unnecessary prescribing.

The savings target for 2017/18 is £13.8m, of which more than £4 million is additional above CCG and Trust existing savings plans.

The STP approach has been recognised by NHS England as one of the most advanced nationally, and discussions are underway to develop the plans further and to disseminate experience and lessons learned to other systems.

Another activity carried out by this workstream is to oversee the current proposal by NHS Improvement to develop pathology networks in each of the three sub-systems of the STP. This is in accordance with the Carter principles of improving clinical quality and reducing costs.

4.11 Technology

This workstream focuses on delivering a digital roadmap so that technology will support both the clinical transformation and enabling transformation workstreams. It also seeks to promote cost-effective innovation and to integrate health and social care services. Five key projects are included in the programme:

1. Shared care record and interoperability – direct record sharing across the STP by September 2018;
2. Joint business intelligence capability – creation of a virtual team across health and social care and developing a central data warehousing capability, to enable detailed population-based analysis to inform effective commissioning, service design and performance monitoring;

3. Urgent care dashboards – creating a live, updated whole system information facility to support whole system flow, reduce delayed transfers of care and increase efficiency;
4. Collaborative working environment – enable practitioners to easily connect to employer networks across the health and social care estate, sharing documents, calendars and patient records in a secure environment;
5. Assistive technology – support workstreams implementing new models of care to improve care at home.

Shared care records have been successfully implemented in west Essex and are now being rolled out in East and North Hertfordshire. The Urgent Care dashboards are currently being reviewed in each of the three localities of the urgent care system. Assistive technology will be reviewed across the STP to determine the availability and cost-effectiveness of current systems, and the preferred way forward for introducing improvements.

4.12 Estates, Facilities and Capital

This workstream is focusing on the completion of a five-year strategic plan for the effective deployment of STP estates resources to support the new models of care emerging from the clinical transformation workstreams. An initial draft of the plan has been completed and is now being refined with detailed data. The revised plan will be presented and discussed with the STP CEO board in early February 2018.

Key features of the plan include:

- A detailed review of estate condition and investment requirements;
- Mapping of underutilised resources;
- A disposals plan which will reduce running costs and release assets for re-investment;
- Proposals for reducing estates running costs and improving facilities management.

The investment proposals balance the need to improve and refurbish large facilities within acute hospitals with the delivery of community and primary care facilities that enable improved clinical pathways and care closer to home.

4.13 Procurement/Back Office

The procurement Task & Finish Group has made good progress in bringing together procurement professionals from the STP organisations, with the intention of maximising value for money across the whole system. A business case has been produced that recommends moving towards one procurement function among NHS organisations within the STP. In order to drive early savings, a firm of advisers associated with the national Carter efficiency programme has been retained to audit spending and identify savings

opportunities across the three acute hospital trusts as an initial task. The group includes representatives of the two County councils to ensure that opportunities for wider collaboration across the STP are considered.

Further work is now underway to produce a business case for rationalising corporate services, considering the options for improving service performance and reducing costs by adopting a whole-system approach and collaborating across organisations where practical and cost-effective to do so.

4.14 Improved Clinical Engagement

The STP has taken steps to improve clinical engagement and co-production of new models of care emerging from the workstream activity. The three CCG Chairs have agreed to devote 2-days a week collectively to supporting the workstreams and the Clinical Oversight Group, to ensure that clinical input to the development, planning and execution of new models of care and related enabling activities is sufficient. It is expected that the work of the Clinical Leads will be augmented by the recruitment of a senior acute hospital clinician in due course.

4.15 Engagement with District Councils

The STP has taken steps to improve engagement with District Councils, notably in linking with place based care and prevention activities in localities. An example is working with Stevenage Borough Council (SBC) to explore how the STP transformation programme could be developed and effectively engaged and consulted upon at a local level. This is being progressed with SBC's Deputy Chief Executive, the Council's Community Select Committee and the local Health and Wellbeing Partnership forum.

Additionally SBC are organising a Stevenage focused Health Summit to take place on the 7th December and at which an STP Place Based Care related workshop will take place. The Health Summit will test emerging themes and priorities being considered for inclusion within a locally focused Health & Wellbeing strategy recognising the specific challenges that Stevenage has to improve the health of local people.

In general, the STP is keen to develop closer links between District Councils and Place-based care delivery infrastructure. On 28th September, the STP Programme Director made a presentation to East Hertfordshire District Council to introduce the STP, with a particular focus on workstream activity and practical ways in which EHDC could engage with the STP, including help with prevention of illness in localities and with improving engagement and outcomes of planning improved health and social care infrastructure, notably improved access to primary and community care for the local population.

4.16 Developing an Accountable Care System (ACS)

The STP has been encouraged by NHS England to progress with developing an Accountable Care System (ACS). This will emphasise collaboration rather

than competition between STP member organisations and when completed will be comprised of the ACS as a strategic commissioner of health and social care services, contracting with Accountable Care Organisations (ACOs) to deliver services. ACOs will be made up of several providers and/or local commissioners and their configuration across the STP has yet to be determined.

The STP is now planning the delivery of the ACS, to include the following:

- Delivery of service transformation through priority workstreams;
- Performance improvement across the STP system;
- Strategic commissioning and detailed planning based on population health analytics;
- System governance and assurance;
- Establishment of Accountable Care Organisations;
- Delivery of place-based care and support;
- System-wide agreement of a single financial control total and incentives for compliance, including risk-sharing;
- Comprehensive workforce and Organisational Development strategies;
- A single estates, facilities and capital investment strategy based on the concept of one public estate and effective use of technology;
- Robust communications and engagement processes and systems.

Report signed off by	Tom Cahill, STP Leader
Sponsoring HWB Member/s	
Hertfordshire HWB Strategy priorities supported by this report	Starting Well Developing Well Living and Working Well Ageing Well
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned)	
Equality and diversity implications	
Acronyms or terms used	
Initials	In full
ACS	Accountable Care System
ACO	Accountable Care Organisation
IAPT	Improving Access to Psychological Therapies
FIT	Faecal Immunological Testing
LPC	Local Pharmaceutical Committee
MHLD	Mental Health and Learning Disabilities
STP	Sustainability and Transformation Partnership
UEC	Urgent and Emergency Care

Appendix 1

STP System Leadership Arrangements

