

Staffordshire Health and Wellbeing Board	
Title	Together We're Better (TWB): update on progress
Date	7 th September 2017
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Report type	For Debate

Summary

- The Health and Wellbeing Board is advised of:
 - the Sustainability and Transformation Plan's (STP) three priorities for the remainder of the 2017/18 year
 - bringing the finances under control
 - improving performance
 - managing winter better
 - progress on the five key TWB programmes
 - review of governance
 - stakeholder engagement
 - the setting up of a re-deployment team to match existing staff with vacancies across Staffordshire and Stoke-on-Trent.

Recommendations to the Board

- The Health and Wellbeing Board is asked to consider what it can do to support the three priorities as detailed.
- The Chair and Vice Chair of the Health and Wellbeing Board are invited to attend a Health and Care Transformation Board governance workshop to explore and shape how the system moves into delivery mode.
- Members of the Board are invited to consider making their respective organisational vacancies accessible to displaced health and care staff through the re-deployment team.

Background / Introduction

- Together We're Better (TWB) has been discussed by the Health and Wellbeing Board previously. A new Director (Simon Whitehouse) has been appointed with the remit of driving delivery. This report provides the Health and Wellbeing Board with a review of the programme since it was last discussed.
- The Committee is reminded that Together We're Better has one vision, three aims and five priorities.
 - One vision:* Staffordshire and Stoke-on-Trent will be vibrant, healthy and caring places where people will be as independent as possible and able to live healthy lives; getting high quality health and care support when required.
 - Three aims:* improved health and wellbeing, transformed quality of care delivery and sustainable finances.

- *Five priorities:* simplified urgent and emergency care system, mental health, focused prevention, enhanced primary and community care, effective and efficient planned care.

Current activity

The priorities for the remainder of the year

7. The health regulators (NHS England and NHS Improvement) have identified three priorities for Together We're Better:
 - Bringing the finances under control
 - Improving A&E performance
 - Managing winter better as a system
8. The Health and Wellbeing Board is asked to consider what it can do to support these three priorities.
9. It is important to recognise that there is a shift of responsibility nationally through to STPs but that the system will need to balance the operational responsibilities with need for system transformation.
10. The focus is very simple though – we have a collective responsibility to improve the health and care offer for our local population in a way that is affordable and fit for the future. We need to avoid over complicating this message and the Health and Well Being Board has a key role to play in ensuring we maintain a clear focus in this regard.

Bringing the finances under control

11. The financial position of the local health and care system remains exceptionally challenging. At month two the local NHS was reporting a deficit position of £30m – note this does not include social care.
12. The month two position and potential full year deficit for the local NHS of £161m is a deterioration against the 2016/17 performance and the base STP position.
13. The year to date and forecast positions are unsustainable and both in year and recurrent actions will be required to address the financial position across all organisations. The system did not end 2016/17 where it had planned to do and this failure impacts on future year's delivery.

Improving performance

14. On July 21st 2017, NHS England and NHS Improvement released the first progress dashboard for all 44 Sustainability and Transformation Partnerships. They used four bandings; outstanding, advanced, making progress and needs most improvement. Staffordshire and Stoke-on-Trent was rated as 'needs most improvement'.

15. Together We're Better was one of only five placed in this category. The dashboard is a measure of the current system performance and not a measure of the plan or the Partnership. Clearly this is not what we aspire to for our local population and we have a collective responsibility to do better.
16. While the overall result is disappointing, it is worth noting that we were the best in the country for Improving Access to Psychological Therapies (IAPT) recovery rates.
17. At the end of the last financial year, the STP position in relation to the percentage of patients admitted, transferred or discharged from A&E within 4 hours was 85.4% compared to a target of 95%. No one agrees that this is acceptable but it requires a system response and a collective focus to bring about improvement.
18. The publication of the dashboard signals the national direction of travel, which is to hold the system leaders to account for the performance of the system. Improving services and outcomes in Staffordshire and Stoke-on-Trent will not be achieved by organisations acting alone or in isolation. The solutions lie in the whole health and care system working together. The indicators contained within this dashboard will be the focus of future performance reports to the Health and Care Transformation Board and will help prioritise our work programme for the year ahead.

Managing Winter Better

19. NHS England requires Together We're Better to have a system wide winter plan by the beginning of September and work on this has started. This includes primary care, community and acute providers undertaking a full review of case mix and modelling of bed and workforce requirements to share across the system, risk identification and risk mitigation and a review of the escalation process.
20. Regardless of the season, the Partnership continues to focus on simplifying the urgent and emergency care offer. We aim to provide greater clarity to the population presenting to the system urgently. If appropriate, they will be directed to the most appropriate expertise to meet their specific needs; easing the inappropriate over-burdening of A&E departments. Underpinning this is a commitment to maintaining urgent care as close to home as possible.
21. Burton Hospitals NHS Foundation Trust has been awarded capital funds to facilitate a reconfiguration of their emergency department to accommodate an on-site GP streaming service. This is a nationally-mandated model and in other areas has resulted in an improvement in A&E performance. Our local model of care is looking to treat people in primary care managed services rather than hospital based ones.

Update on progress on the five key programmes

22. We will continue to deliver the five priority programmes while focusing on these three issues. The five priority programmes are

- effective and efficient planned care,
- enhancing primary and community care,
- focused prevention,
- mental health and
- simplifying urgent and emergency care.

23. Each programme has a Senior Responsible Officer (SRO) who is a Chief Executive or Accountable Officer for an organisation in the Partnership. They are supported by a Programme Director, Programme Manager, clinical lead and finance lead. They each operate a programme board which reports into the Health and Care Transformation Board.

Effective and efficient planned care

24. The primary focus has been on ophthalmology and orthopaedics as these two areas account for 30% of all planned activity. In orthopaedics, the pathways for hip, knee, shoulder, low-back and radicular pain have been reviewed and are with a wider clinical community for comment before being finalised. Opportunities to standardise procurement of hip prosthetics are being explored. In ophthalmology, the pathways for cataract and Wet Age-related Macular Degeneration (AMD) have been reviewed and proposals will be made about how these pathways need to change.

Enhancing primary and community care

25. This programme includes community hospitals, long-term conditions and frailty, pharmacy, optometry and dentistry, voluntary sector and the new model of care at a local level (including sustaining general practice).

26. The Community Hospitals Programme covers a population of over 1.1m people registered with GPs across six CCGs, two acute hospitals, two mental health providers and one community provider. The ambition is that the person's home should always be the preferred place of care, wherever possible.

27. The focus of the work around long-term conditions has been falls, respiratory disease and diabetes.

28. Twenty-three locality groupings have been identified across Staffordshire and Stoke-on-Trent. These bring together a number of general practices and the community and voluntary sector services provided to that population.

Focused prevention

29. Together We're Better has three aims (improved health and wellbeing, transformed quality of care delivery and sustainable finances). The focused prevention workstream seeks to address 'improved health and wellbeing; it

recognises that the greatest gains in health and well-being are achieved through influencing the environmental, economic and social determinants of health as well as individual interventions. Our populations need to take greater responsibility for their own health through their lifestyle choices – but we need to help them make those choices and ensure that there are options for them to choose. Where individuals are at risk of reduced life chances and a reduced life expectancy, targeted interventions will be offered with increasing levels of intervention to groups with increasing risk of ill health or dependency. Both for children and adults, identification and support for these individuals will adopt a place based approach, linked to the development of the twenty-three locality groupings, and co-ordinating action at a local level.

Mental health

30. The key priority areas are:

- Children and Young People
- Perinatal
- Adult Mental Health
 - Common Mental Health Problems
 - Community, Acute and Crisis Care
 - Secure Care Pathway
- Health and Justice
- Suicide Prevention

31. This includes a focused piece of work in the north of the county on reviewing complex patients placed out of area. There has been an increased in funding for psychiatric liaison at Royal Stoke.

32. Learning Disabilities and Dementia have been added to the work programme.

Simplifying urgent and emergency care

33. This programme is working on a refinement of the strategic intent articulated as part of the STP submission. It is also developing a clear framework within which those enhanced primary and community based services will develop to meet the challenge of moving activity from the acute hospitals into the community.

Review of governance

34. NHS England and NHS Improvement have reviewed the governance arrangements of STPs nationally and have issued their findings to the leads. This is being used to shape a workshop for the Health and Care Transformation Board in the first week of October. We would like to invite the Chair and Vice Chair of the Health and Wellbeing Board to attend and explore how we move the system to one that is focussed on delivery and delivering the system changes that are required. The workshop is being designed to refresh the current arrangements and to ensure we have an approach that supports the clear shift to delivery. It will review five areas: system leadership, joint decision-making, accountability, collaboration and delivery.

Stakeholder Engagement

35. The engagement of clinicians is key to delivering the transformation at the scale and pace required. Together We're Better is recruiting both a secondary care clinician and a primary care clinician as joint Medical Directors. A Director of Nursing is also being recruited. All three will be charged with developing a structure that engages all professions, including those within social care in order to develop a strategy for the local area.
36. At the December meeting of the Health and Wellbeing Board, Members were asked that consideration be given to how the District and Boroughs Councils would be involved in the planning and governance arrangements going forward as well as the prevention workstream. The deputy programme director has been working with colleagues at Tamworth Borough Council. A workshop was held in May, the objectives of which were:
- Develop a shared understanding: To review progress through a Tamworth lens on the STP programmes and achieve consensus where each programme would benefit from Borough Council input
 - Prevention and Wellbeing
 - Enhanced Primary and Community Care
 - Urgent and Emergency Care
 - Planned Care
 - Sharing Intelligence: To ensure participants have a clear understanding of the way in which intelligence is being used to support plans, and how we might triangulate this between partners to support better planning and delivery
 - Shared Opportunity: To identify where there may be opportunities to maximise synergies between the work being developed through the STP and the work being planned for and delivered by the Borough Council and other stakeholders
 - Shared Approaches: To develop our next steps regarding Prevention, Wellbeing and Earliest Help to support the delivery of purposeful transformation and effective utilisation of resources and approaches
37. The public of Staffordshire and Stoke-on-Trent had the opportunity to attend one of ten events hosted by Healthwatch between November and December of last year. The reports from these events have been received by the Health and Care Transformation Board.
38. Engaging Communities Staffordshire has been commissioned to host an ambassadors scheme, which has so far recruited 80 people to seek feedback from their communities. Their first report has also been received by the Health and Care Transformation Board.
39. Two of the five priority programmes have established community reference groups; these were part of the consultation and engagement compact agreed with Healthwatch which stated "overseeing the engagement process should be a reference group with strong representation from patients and the public (at least 5 individuals who represent communities where there will be an impact). Work is ongoing to develop their role.

Re-deployment Team

40. The transformation of health and care is going to result in people needing to change roles. The retention of key skills and competencies is a priority of the local area.
41. There are currently around 1,500 NHS vacancies across a range of bands and specialisms including nursing, medical consultants, allied health professionals, administration and a range of support roles.
42. A centralised NHS re-deployment team has been funded for 12 months. The team maintain a central redeployment register and manage each person on the register, proactively matching the member of staff at risk with potential suitable employment, arranging for them to be interviewed and then collating feedback from interview panels.
43. Since its inception in June of this year, the service has already managed a redeployment list of approximately 200 people and has so far secured redeployment opportunities for a number of them that has resulted in savings in excess of £500,000 in redundancy cost. This has already covered the annual cost of the team.
44. Members of the Board are invited to consider making their vacancies accessible to displaced health and care staff.