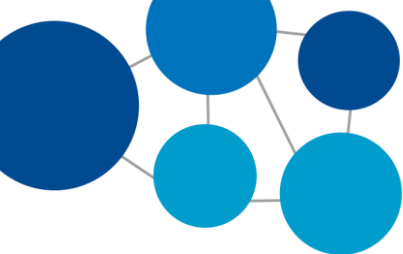


# Programme Board

## Meeting Agenda

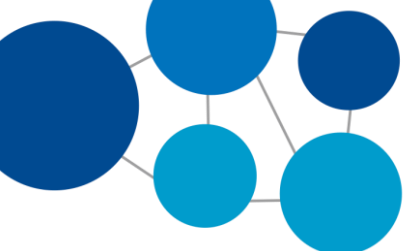
Wednesday 31<sup>st</sup> January 2018 | 2:30pm-5:00pm | Seminar Room 1, SECC, Royal Shrewsbury Hospital

	Item	Lead	Papers
1.	Apologies		
2.	Declaration of Interests	<i>SROs</i>	
3.	Minutes of meeting held on 13 <sup>th</sup> November 2017	<i>SROs</i>	Enc. 1
4.	Matters Arising – Action List from the last meeting	<i>SROs</i>	Enc. 2
5.	Programme Director's Report	<i>Phil Evans</i>	Enc.3
6.	Revised Programme Critical Path 2018	<i>Phil Evans</i>	Enc. 4
7.	Consultation Planning Update	<i>Niki McGrath</i>	Presentation
8.	Draft Action Plan resulting from External Assurance/Reviews and CCG Approval caveats	<i>Phil Evans</i>	Enc. 5
9.	Governance arrangements for the next stage of programme decision making post consultation	<i>SROs</i>	Verbal
10.	Feedback from STP Workstreams – STP Director's report January 2018	<i>Phil Evans</i>	Enc. 6
11.	Programme Risk Register	<i>Phil Evans</i>	Enc. 7
12.	Publication of Board Papers	<i>SROs</i>	
13.	Any Other Business	<i>All</i>	
14.	Dates of Next Meeting		



## Enclosure 1:

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**Future Fit Programme Board.**

**Monday 13th November 2017 | 2:30pm -4:30pm | SECC, Seminar Rooms 1&2.**

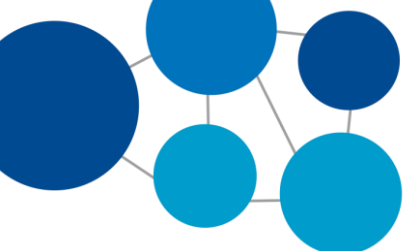
Dave Evans (Chair)	<i>Accountable Officer T&amp;W CCG</i>
Mr Edwin Borman	<i>Medical Director SaTH</i>
Hayley Thomas	<i>Director of Planning and Performance Powys Teaching Health Board</i>
Dr Stephen James	<i>Clinical Director of Information &amp; Enhanced Technologies Shropshire CCG</i>
Dr Jo Leahy	<i>Clinical Chair T&amp;W CCG</i>
Dr Julian Povey	<i>Clinical Chair Shropshire CCG</i>
Simon Wright	<i>Chief Executive SaTH</i>
Claire Skidmore	<i>Director of Finance Shropshire CCG</i>
Karen Calder	<i>Shropshire Council</i>
Pam Schreier	<i>STP Communications and Engagement Lead</i>
Sam Tilley	<i>Director of Corporate Affairs Shropshire CCG</i>
Debbie Vogler	<i>Future Fit Programme Director</i>
Daphne Lewis	<i>Healthwatch Shropshire</i>
Frances Hunt	<i>Chair of Powys CHC</i>
Liz Noakes	<i>Telford &amp; Wrekin Council</i>
Craig Macbeth	<i>Director of Finance RJA</i>
Graham Shephard	<i>Shropshire Patient Representative</i>
Cathy Riley	<i>SSSFT Representing Neil Carr.</i>
Haley Barton	<i>STP Project Support / Future Fit Programme Administrator</i>

**Apologies:**

Dr Simon Freeman	<i>Accountable Officer Shropshire CCG</i>
Jan Ditheridge	<i>CEO Shropshire Community Health</i>
Jess Sokolov	<i>Deputy Clinical Chair Shropshire CCG</i>
Rod Thomson	<i>Shropshire Council</i>
Andy Begley	<i>Shropshire Council</i>
Neil Nisbet	<i>Director of Finance SaTH</i>
Phil Evans	<i>STP Programme Director</i>

**Mins of last meeting:**

To be fed back to Haley Barton, who will feed back to David Evans for a style change.



**Programme Directors report:**

**Dave Evans:** Following a meeting with NHSE/NHSI they have asked for further clarification and some further information on a number of points, this has been submitted today (13.11.2017) by Pam Schreier to NHSE and NHSI. We are hopeful although we are still waiting to hear that there will be a teleconference with NHSE on 16<sup>th</sup> November 2017 to take the evidence and information requested in order to see what decision the regulators make.

**Hayley Thomas:** In terms of additional reporting it would be helpful to get a sense check of what additional information has been submitted to NHSE/NHSI.

**Dave Evans:** The additional information was regarding financial information, mitigations in terms of the options and information regarding beds.

**Pre Consultation Business case:**

The Programme board members will recall that we had this document at the previous meeting in July 2017 in draft form. This document is now in final draft and has been put onto the agenda for information only; as part of the assurance process this is going to the Telford CCG Board on the 14<sup>th</sup> November 2017 and to an extraordinary Shropshire CCG Board on the 15<sup>th</sup> November 2017 for formal final sign off.

**Liz Noakes:** Referring to the bottom of page 135, it talks about the Joint Committee's recommendation of preferred option, the last paragraph It goes on to say "The Programme Board and its Stakeholder organisations with a unanimous decision to support option 1 and option 2" this might have been a unanimous decision at the Joint Committee but it hasn't been agreed on at this Future Fit Programme Board and Sponsor bodies. It might be worth rewording this section

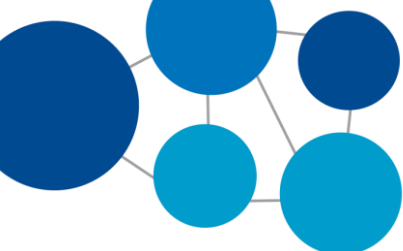
**Dave Evans:** The Programme Board did agree on going out to consultation with two options and the "do nothing" option, there wasn't however a unanimous decision on a preferred option. Dave does agree that the wording needs to be changed.

**ACTION:** Dave Evans has agreed to clarify the above at the T&W CCG Board meeting on the 14<sup>th</sup> November 2017.

**Liz Noakes:** In terms of capital it says in the PCBC, it's assumed that capital is being sourced through PDC. Simon Wright attended the Joint HOSC meeting where it is apparent that it needs to be clear if we don't get capital then it could cost more to borrow from elsewhere in a different way. How is that being built into the business case?

**Simon Wright:** Simon has offered assurance that this has been built into the PCBC, the Strategic Estate partner has always been represented to be part of the capital sum, and the repayment costs are exactly the same as the treasury which is 3.5% at the moment.

**Liz Noakes:** Liz has a final point to highlight in terms of revenue, there is a section which talks about the acute trust has confirmed the assumptions won't have an impact on the CCG. It seems difficult



to give this guarantee for the next 20 or 30 years, Liz feels that the assumptions have changed for instance the lower assumption around income around bringing activity into the county. The cost of demography has reduced significantly. Liz asks the board members to confirm if they are happy to accept these assumptions given that they have changed considerably.

**Dave Evans:** The issue around reputation is it was felt that there is a degree of over ambitiousness; this is why the adjustment was made, the Trust have confirmed however that they still don't see this materially affecting or having any impact on the requirement of the CCG's for additional funding so this is still within tariff.

**Simon Wright:** The impact of elements of income has changed so the figures have been adjusted. The county currently spends a lot of money on out of county care which could be brought more locally. Wherever possible we would want our patients to be cared for within the county.

**Hayley Thomas:** In terms of the governance of this meeting , bringing the PCBC here the changes that are being made to the PCBC regardless of how small the changes may be still need to be shared with this group in order for us to have sight and not miss, materially what has changed.

**Dave Evans:** Dave agrees that the changes to the PCBC need to be tracked and shared with the membership however from a governance perspective this document needs sign off from the CCG Boards and it does not require any sign off from the Future Fit Programme Board.

**Liz Noakes:** From a council point of view we will receive this document but not endorse it.

#### **Consultation Plan and Consultation Documents:**

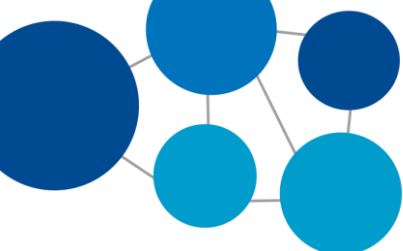
**Pam Schreier:** The cover sheet details the changes to this current version, the main changes are an additional page around out of hospital care, bed numbers and workforce along with an additional paragraph around capital funding. These are to reflect the comments that have been received on the PCBC and the consultation documents from the HOSC but also from NHSE/NHSI.

**Jo Leahy:** Isn't it the same situation as with the PCBC that it is not down to this group to approve these documents, it is down to the CCG Board to approve them?

**Graham Shephard:** Looking at the previous meeting notes, we can see that this group has had sight of the consultation plan but not the designed consultation documents.

**Dave Evans:** Yes, technically it is down to the CCG Boards to approve these documents. An earlier version of this document has come to this meeting but not a designed version.

**Liz Noakes:** Initially the consultation document focuses on the reconfiguration for the Urgent Care Centre and planned care, this document doesn't sufficiently look at Women's and Children's services. Stroke services have a section on why it was moved to Telford and there doesn't seem to be a section on Women's and Children's.



The financial case isn't sufficiently explained in the summary document, the summary suggests that we're going to be spending a lot of money on buildings. The narrative just says that these buildings are better value for money with little explanation as to why they are.

The Trauma Network and its place in the consultation document is clearer now, It would be helpful for Wales as they don't have a Trauma Network in the way that we do, the public need to be made aware of this. It also refers to impact on Powys and then it refers to rural Shropshire, the letter that this board received from the Trauma Network referred to Wales and Powys.

The last comment is referring to page 28 and the scenarios, the first scenario the statistics that are quoted are A&E attendances not emergency care journeys – this needs to be corrected.

**Liz Noakes:** Referring to the cover report it is not clear on where bed numbers or workforce is referred to in this document.

**Pam Schreier:** Pam has offered assurance that this information is included on the back of the long consultation document.

**Hayley Thomas:** The reference to mid-Wales had been dropped out.

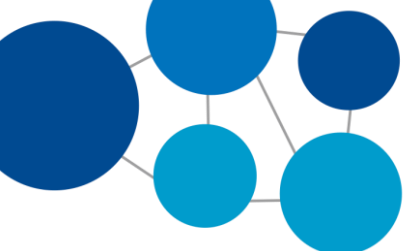
**Pam Schreier:** We had three main points come from PTHB and they have all been addressed.

**External review action plan update: Senate Review.**

There is a meeting on the 29<sup>th</sup> November 2017 where they will give sign off on the actions. The remaining actions are green and yellow there are no outstanding items on the action plan. From talks they are happy with where we are at.

**Hayley Thomas:** Referring to page 9, the point about the community offer being linked up with neighbourhoods and the link with workforce. Based on the feedback that we've had is this action still amber?

**Dave Evans:** We believe this action is likely to be green but until we have the meeting with the Senate we cannot change this. We are confident that these workstreams are very robust.



**Governance arrangements for the next stage of the programme decision making post consultation:**

**Dave Evans:** The final decision needs to be taken by the two CCG's post consultation, the CCG's have started the discussion around the process that we will follow, there is agreement across the two CCG's that it will be a Joint Committee, there is also agreement that there will be an independent chair. Where we still have work to do is on the exact composition of what that committee will look like and whether or not there will be further independent members voting or non-voting is to be determined and the size of representation from both CCG's is still to be decided.

**Graham Shephard:** Why is it felt that the Joint Committee needs to be different from the previous membership in August 2017?

**Dave Evans:** The issue around the sign off including the OBC may have financial implications on the CCG's therefore there is a view around whether or not we would want to delegate that responsibility around the potential impact to that individual voting member, is still something the the two CCG's would want to consider.

**Jo Leahy:** Telford board would want to reflect extensively on what the membership should look like for the final decision making Joint Committee.

**Dave Evans:** The view still remains the same in terms of the process, once public consultation is completed and the responses have been considered and a decision has been made by the two CCG's this group reverts into the STP as part of the ongoing STP process rather than a separate piece of work.

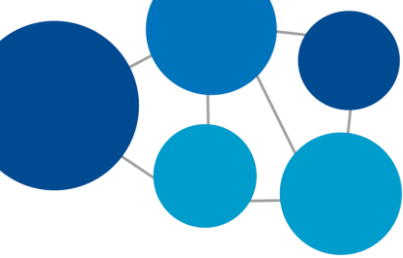
**Programme Risk Register:**

**Edwin Borman:** In regards to risk number 14 Is there any update from the NHSE Panel more importantly on the timescale in which they are working to?

**Dave Evans:** The areas that we received feedback on following the meeting on the 19<sup>th</sup> were that they wanted further clarification/ information on a number of areas, these being: finance, bed numbers and workforce. This information has been submitted and there is a teleconference set up for this Thursday 16<sup>th</sup> November 2017 to discuss. We are hoping to go out to public consultation by the end of November 2017.

**Hayley Thomas:** Referring to point 21 and 23, we have to seriously reflect on the risk register the work that has been done on this. There is concern over the risk register keeping pace on the work that has been done.

**ACTION:** Dave Evans to update risk register this week and distribute to the membership.



**Publication of board papers:**

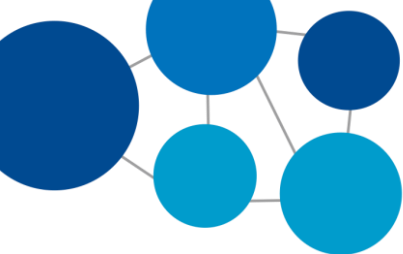
**Dave Evans:** Dave has suggested that we don't publish the risk register at the moment or the longer consultation documents until amendments have been made although they are already out for the board meeting tomorrow.

**Any other business:**

No items of any other business.

**Date of next meeting:**

Wednesday 31<sup>st</sup> January 2018 | 2:30pm-5:00pm | Seminar Room 1 SECC Building RSH

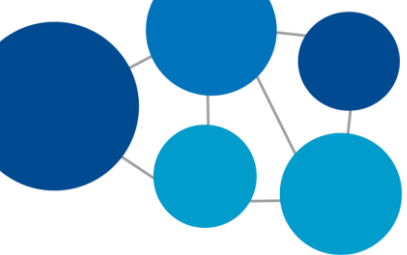


## Enclosure 2:

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Action	Meeting Date	Agenda Item	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/U pdate	RAG rating	Status
1.	8 <sup>th</sup> June 2017		Debbie Vogler to bring back a revised PEP to the Programme Board	Debbie Vogler	Future Meeting		This item came back to the November 2017 board meeting		Closed



2.	8 <sup>th</sup> June 2017		Bring back revised governance structure to board meeting	Debbie Vogler	Future Meeting		This item came back to the November 2017 board meeting		Closed
3.	31 <sup>st</sup> July 2017		STP Governance Structure to be updated	STP PMO	November meeting		This item came back to the November 2017 board meeting		Closed
4.	13 <sup>th</sup> November 2017		Dave Evans to update the risk register and distribute to the membership	Dave Evans	January 2018 meeting				Open
5.	13 <sup>th</sup> November 2017		Dave Evans to clarify the JC's recommendation at the T&W CCG Board	Dave Evans	November T&W CCG Board				Closed

## Enclosure 3:

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**Future Fit Programme Director's Update to Programme Board**  
**31<sup>st</sup> January 2018**

**Phil Evans, STP/Future Fit Director**

The purpose of this report is to provide the Programme Board with a summary of progress with delivery of the Future Fit Programme Plan.

The table below is a summary dashboard of the status of delivery of the key components of the Futurefit Programme Plan. It includes a summary of key risks and/or issues.

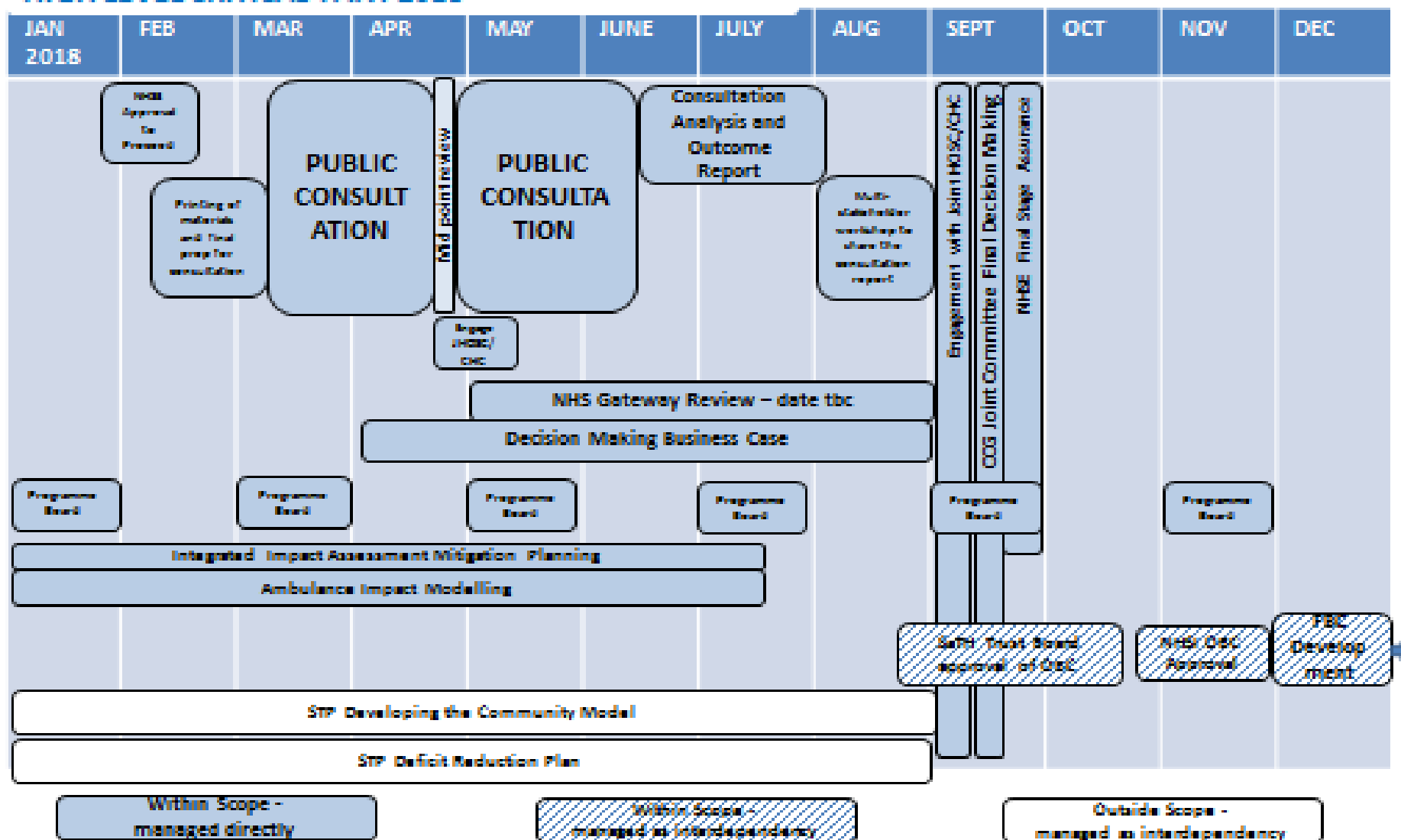
		Last updated	29 <sup>th</sup> January 2018
		RAG rating	<b>Key Issues/risks</b>
<b>1</b>	<b>Programme Governance</b>		<ul style="list-style-type: none"> <li>CCG Boards have agreed to a joint committee for the next decision making stage of the programme and are currently considering the terms of reference/membership of the committee.</li> </ul>
<b>2</b>	<b>NHS Assurance Gateways</b>		
	West Midlands Senate Review		<ul style="list-style-type: none"> <li>The Programme attended the Clinical Senate Council meeting in November to present a briefing on progress against the action plan from the Senate Review in 2016. The programme has received written confirmation that that Senate are supportive of the progress the programme has made with the action plan implementation prior to going to consultation.</li> </ul>
	NHS Gateway Review		<ul style="list-style-type: none"> <li>Action plan completed and approved. All action items are RAG GREEN.</li> </ul>
	NHSE Formal Stage 2 Assurance		<ul style="list-style-type: none"> <li>Formal feedback on the NHSE Assurance Panel in Oct/Nov 2017 has been received by the programme and actions requiring completion prior to Decision Making Business Case stage have been incorporated into the Programme Action Plan which is submitted in draft to the Programme Board on 31.1.18.</li> <li>At the time of writing this report the programme has not yet received confirmation from NHSI in relation to the availability of capital.</li> </ul>
	Pre- Consultation Business Case		<ul style="list-style-type: none"> <li>Pre-Consultation Business Case approved by CCG Boards in November and submitted to NHSE Assurance Panel.</li> </ul>
<b>3</b>	<b>Options Appraisal/</b>		<ul style="list-style-type: none"> <li>IIA Mitigation Plan Steering Group established and met once. Terms of reference to be revised and scope of workplan to be defined as an urgent priority. This is a key programme</li> </ul>

	<b>Preferred Option</b>		deliverable by the end of the consultation period and there is a programme risk related to capacity to adequately support the delivery of a robust mitigation plan by this deadline.
<b>4</b>	<b>Formal Consultation</b>		<ul style="list-style-type: none"> <li>The Consultation Institute chaired a meeting as part of the Quality Assurance of the formal consultation to check on progress to risks, discuss the IIA and E&amp;D activity. TCI will provide formal feedback from the meeting.</li> <li>The C&amp;E team issued a letter in conjunction with the Voluntary and Community Sector Association (VCSA) to its members providing information about the proposed approach to formal consultation and offers of support including briefings and toolkits. The letter was well received by members.</li> <li>A Stakeholder Reference Group, jointly chaired by the two Healthwatch organisations, has been formed and met to review progress. The group will now provide feedback on the stakeholder matrix, development of website and marketing materials for the consultation.</li> <li>We provided an update to the Assurance Workstream, feeding back on The Consultation Institute's Risk Assessment Workshop and ensuring all risks identified were included on the Future Fit risk register</li> <li>Additional meetings attended to discuss the consultation included: Shropshire Disability Network; Montgomeryshire CHC and Shropshire Health &amp; Wellbeing Board Communications &amp; Engagement Group</li> <li>Advice was provided to the team leading the MLU Review with regard to progressing towards consultation, the 50 day NHSE assurance process and concerns with regard to a potential consultation at the same time as Future Fit (based on the outcome of a recent Judicial Review).</li> <li>A meeting was held with Jonathan Bletcher and Trish Thompson to bring them up to speed with current position, next steps and key risks.</li> </ul>
<b>5</b>	<b>Developing the supporting community model to support required left shift</b>		<ul style="list-style-type: none"> <li>Community model narrative of the PCBC significantly expanded including activity modelling and triangulation with acute modelling.</li> <li>STP Neighbourhood and Out of Hospital Model Development continues in parallel to the Future Fit programme for acute reconfiguration.</li> </ul>
<b>6</b>	<b>Programme Funding/ Budget Mgmt</b>		<ul style="list-style-type: none"> <li>2018/19 budget to be confirmed by SROs.</li> <li>Contract extensions have been offered to the two members of communications and engagement team (1.8 WTE).</li> </ul>
<b>7</b>	<b>SATH OBC/FBC</b>		<ul style="list-style-type: none"> <li>Nothing further to update at this meeting.</li> </ul>

## Enclosure 4:

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## HIGH LEVEL CRITICAL PATH 2018



## Enclosure 5:

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**FUTURE FIT PRIORITY ACTION PLAN 2018 (RESULTING FROM EXTERNAL  
REVIEW/ASSURANCE FEEDBACK AND BOARD APPROVAL CAVEATS)**

Requirement source	Review/assurance requirement	Deadline for completion	Lead officer	Action progress update	Progress RAG rating
NHSE Assurance Panel Oct/Nov 2017	<b><u>Mitigation Plan (Trauma)</u></b> - Detailed plans to mitigate potential negative impacts of the final proposal in relation to trauma patients should be agreed and included in the post consultation decision making business case.	Aug 2018	P Evans	Will form part of the IIA Mitigation Plan work described below.	
NHSE Assurance Panel Oct/Nov 2017	NHSE to assure the decision making business case	Aug 2018	P Evans		
NHSE Assurance Panel Oct/Nov 2017	<b><u>Benefits Realisation</u></b> - Further detail on expectation of improvements in performance that the proposals will drive and the key underpinning milestones to achieve such improvements to be included in the decision making business case	Aug 2018	SATH/SSP		
NHSE Assurance Panel Oct/Nov 2017	<b><u>Engagement with Specialist Commissioning</u></b> - Ensure robust engagement with Specialist Commissioning in relation to any potential impacts on Neonates, Cancer and Trauma	Pre DMBC	P Evans		
West Midlands Clinical Senate Review 2016	<b><u>Ambulance Impact Modelling</u></b> - Commissioners to undertake a modelling exercise to explore the potential impact of service changes on ambulance activity. Evidence in business case the involvement and views of the providers including air ambulance	By the end of consultation	P Evans	Specification drafted. Insufficient capacity/ expertise available internally to lead this piece of work so a procurement exercise is planned.	
West Midlands Clinical Senate Review 2016	<b><u>IT Strategy</u></b> - An IT strategy and delivery Plan is developed and potential risks and mitigations are explicitly identified in these plans	Prior to OBC submission to CCG Boards	S James		
West Midlands Clinical Senate Review 2016	<b><u>Supporting Community Model</u></b> a) Community service alignment across the system should be revisited. The panel advises that clarity is needed with regards to the current community capacity, the role of community hospitals, pathways for the frail elderly and how care would be joined	Aug 2018	L Wickes (SCCG) A Hammond (T&W CCG)		

	<p>up with statutory and other community providers.</p> <p>b) Clarify how the required commitments from other key stakeholders will be developed and delivered</p>				
West Midlands Clinical Senate Review 2016	<b>Alignment with STP</b> - The panel was of the view that further alignment work should be undertaken to ensure work streams are fully aligned with the STP	Mar 2018	P Evans	The Clinical Design Workstream has transferred from the Future Fit programme to STP. The Workstream terms of reference were reviewed at the January meeting. Clinical membership has been strengthened through the addition of Directors of Nursing. Programme Board, Assurance and IIA Workstreams remain under the management of the Future Fit programme.	
West Midlands Clinical Senate Review 2016	<b>Workforce</b> - A cultural shift may also be required and the panel felt that more detailed work needs to be done to ensure that the workforce, across the board, including GPs are able and willing to deliver the proposed model	Aug 2018			
CCG Board caveats – SOC approval	<b>Integrated Impact Assessment</b> - IIA Mitigation Plans developed	By the end of consultation	P Evans/ J Harding	IIA Mitigation Steering Group established. Independent clinical chair via Director of Nursing RJAH. First meeting held. Priorities in the next month are to finalise and agree the terms of reference and scope of the workplan and prioritise the areas within the IIA reports requiring detailed mitigation planning.	
CCG Board caveats – SOC approval	<b>Acute Workforce</b> - Further clarification to provide assurance on inter-dependencies of clinical specialties and the levels of workforce and capital investment required. Further testing of workforce models detail through the clinical design group pre implementation.	Pre Implementation			
CCG Board	<b>Repatriation</b> - Clarification on the	Pre	SATH		

caveats – SOC approval	proposed repatriation including Quality Impact Assessments. Further testing of areas for repatriations requested pre DMBC.	DMBC	SSP		
CCG Board caveats – SOC approval	<b><u>Community and/or primary care alternatives to acute care</u></b> - This would also need to include the potential impact on primary care and community services in a range of activity shifts, together with an analysis of the change in financial flows away from the acute sector that will enable this activity transfer to take place	Pre DMBC	<u>Shropshire</u> L Wicks N Wilde <u>T&amp;W</u> A Hammond	Forms part of the ongoing work within the STP and the development of the Neighbourhood/Out of Hospital models.	
CCG Board caveats – SOC approval	<b><u>Affordability</u></b> needs further testing, including the assumptions around investments and efficiency savings and should be supported by robust sensitivity analysis. Further due diligence work will be required pre DMBC.	Pre DMBC	SSP/ Directors of Finance		
Joint Committee caveats – PCBC approval	(NB this action links to a number of other specific actions listed above) At the Joint Committee the importance of putting in place key areas of mitigation for those populations who would be disadvantaged by any final decision, was emphasised as a key requirement. Specifically that there was: <ul style="list-style-type: none"> <li>• appropriate paediatric cover in place at the urgent care centre on the planned care site;</li> <li>• that mitigation is put in place for travel and accommodation needs for Women and Children using the EC site and for older people using the planned care site;</li> <li>• that carefully balanced ambulance services were put in place;</li> <li>• and that the local NHS is really innovative with developing workforce solutions.</li> </ul>	Pre DMBC			

## Enclosure 6:

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Title of the report:	STP Programme Update
Responsible Director:	Phil Evans, STP/Future Fit Director
Prepared by:	Joanne Harding, Head of STP PMO
Input from:	All input identified below

**Purpose of the report:**

The purpose of this paper is to provide an update with a high level RAG rated Programme Status Report against the STP Programme Structure, Governance and Delivery Plan.

**Key issues or points to note:**

The Dashboard below gives a sense check as to the individual components that make up our system wide STP and our progress towards system wide working

### Criteria used to demonstrate progress towards system working

Accountable care systems are place-based systems which have taken on the collective responsibility for managing performance, resources and the totality of population health. In return, they receive greater freedoms and flexibilities from NHS England and NHS Improvement.

(Shropshire STP is still in discussion stage re ACS across system leadership, the criteria below is for information)

Effective leadership and relationships	<ul style="list-style-type: none"> <li>• Strong leadership team, with mature relationships across the NHS and local government</li> <li>• Effective collective decision-making that does not rely solely on consensus</li> <li>• Clinicians involved in the decision-making, including primary care</li> <li>• Evidence that leaders share a vision of what they're trying to achieve</li> </ul>
Track record of delivery	<ul style="list-style-type: none"> <li>• Evidence of tangible progress towards delivering Next Steps on the Five Year Forward View especially: redesign of UEC system, better access to primary care, improved mental health and cancer services</li> <li>• Leading the pack on delivery of constitutional standards, especially A&amp;E and cancer 62 day</li> <li>• Ability to carry out decisions that are made, with the right capability to execute on priorities</li> </ul>

Strong financial management	<ul style="list-style-type: none"> <li>• Demonstrated ability to deliver financial balance across the system</li> <li>• Where financial balance is not immediately achievable, control totals are being achieved and there is a compelling system-wide plan for returning to balance and/or resolving historic debt</li> <li>• System will be ready to take on a shared control total and has effective ways of managing collective risk</li> </ul>
Coherent and defined population	<ul style="list-style-type: none"> <li>• A meaningful geographical footprint that respects patient flows of at least 0.5m</li> <li>• “Core” providers in the area provide ~70%+ of the care for their resident population</li> <li>• Is contiguous with STP or if not has clear division of labour with STP and is not simply a ‘breakaway’ area</li> <li>• Where possible, is contiguous with local government boundaries</li> </ul>
Care redesign	<ul style="list-style-type: none"> <li>• System has persuasive plans for integrating providers vertically (primary care, social care &amp; hospitals) and collaborating horizontally (between hospitals), supported by a solid digital plan</li> <li>• Widespread involvement of primary care, with GP practices collaborating through incipient networks</li> <li>• Commitment to population health approaches, with new care models that draw on the best vanguard learning</li> <li>• Includes a vanguard with plans to scale or has demonstrated learning from the best new care models</li> </ul>

**STP Director's Update to STP Partnership Board**  
**Jan 2018**

**Phil Evans, STP/Future Fit Director**

The purpose of this report is to provide the meeting audience and distribution list with a summary of progress in regard to delivery of the STP Programme Development & Delivery.

This report will be used at all Board Meetings from 2<sup>nd</sup> Weds of each month until the following 2<sup>nd</sup> weds of next month

RAG rating		Key Updates / Issues / risks	Last Updated: 10/01/2018
1.0	Sharing a Patient Story – where available and approved for wider sharing		
2.0	Overall STP Programme Governance		
2.1	STP Programme Structure  & Reporting  STP PMO Contact  <a href="mailto:Phil.Evans1@nhs.net">Phil.Evans1@nhs.net</a>  <a href="mailto:Jo.Harding1@nhs.net">Jo.Harding1@nhs.net</a>	<ul style="list-style-type: none"><li>STP Programme Structure, Leadership and agreed system priorities are being refreshed.</li><li>STP PMO Team is now established and are aligned to the programme Delivery Groups and Enabling Groups</li><li>STP Coordination and communication of programme activities will be facilitated by Office 365 and STP Partner organisations will have full sight and functionality to contribute to system plans via this platform in coming months.</li><li>Shropshire Council is working with STP Digital PMO Programme Manager to develop a “STP System wide website” to support overall communication and engagement of wider STP activities.</li></ul>	
2.2	STP PMO  Finances  Last update  15/12/17 JH  STP PMO Contact  <a href="mailto:Jo.Harding1@nhs.net">Jo.Harding1@nhs.net</a>	<ul style="list-style-type: none"><li>The STP PMO is operating within the STP overall budget controls set by STP Partners</li><li>All partners have now been issued with 17/18 invoices</li><li>Outstanding payments due from<ul style="list-style-type: none"><li>SCCG</li><li>TWCCG</li><li>SSSFT</li></ul></li><li>Payments received from<ul style="list-style-type: none"><li>SaTH</li><li>RJAH</li><li>SCom</li></ul></li></ul>	
3.0	Programme Delivery – Out of Hospital Transformation		
3.1	Telford Neighbourhood  Last updated by  Awaiting update	<b>Workstream 1 - Community Resilience &amp; Prevention</b> (Neighbourhood working)  <b>Community Resilience</b> <ul style="list-style-type: none"><li>518 people have completed Making Every Contact Count training.</li></ul>	

RAG rating	Key Updates / Issues / risks Last Updated: 10/01/2018
<p>Louise Mills (Workstream 1)</p> <p>Ruth Emery (Workstream 2 &amp; 3) Updated 13/12/2017</p> <p>STP PMO Contact <a href="mailto:Andrea.Webster5@nhs.net">Andrea.Webster5@nhs.net</a></p>	<p>Attendance has recently focussed on staff from Council Early Help &amp; Support, social care providers and GP practices.</p> <ul style="list-style-type: none"> <li>• MECC/Active Signposting training has been developed for receptionists in consultation with Practice Mangers. 100 staff participated in the pilot. Further training scheduled for January.</li> <li>• Safe and Well Visits (Shropshire Fire and Rescue Service) - during the first 3 months of the project 33 referrals were made to My Choice.</li> <li>• The Healthy Telford Blog is now established providing a mechanism to share local stories, news, ideas and best practice. The blog has an average of 1000 visitors each month <a href="https://healthytelford.wordpress.com">https://healthytelford.wordpress.com</a></li> <li>• A network of 36 trained Community Health Champions across Telford and Wrekin, working with each other and their wider communities</li> </ul> <p><b>Social Prescribing</b></p> <p>Newport</p> <ul style="list-style-type: none"> <li>• Establishment of the Newport &amp; District Community Patient Group to support co-production of the programme</li> <li>• A Weekly link worker clinic at Newport Cottage Care. Referrals are slow and more work is required on partner engagement and developing pathways. Clients are presenting with low level mental health issues, anxiety, depression, loneliness &amp; isolation (including carers)</li> </ul> <p>Examples of recent social prescribing solutions:</p> <p>(1) Lady whose Partner had to go into care - was becoming increasingly isolated at her own admittance – Is considering becoming a Volunteer for Feed the Birds and also hoping to join the new Nordic Walking group in the New Year. Invited to attend Neighbourhood Meeting to help her to mix more with the community</p> <p>(2) Lady supporting Autistic son – put in touch with My Choices for access to request support review, informed of different options including shared lives, advocacy and employment and training support, Branches and local mental health drop in</p> <p>(3) Husband and wife (Husband Carer) - Referred to Carers Centre and Thursday CAB session for benefits support and Senior Gym for supervised physical activity and social sessions for wife</p> <p>(4) Local resident (attends cottage care) wanted advice and help to reduce her transport costs to her activities over the week – investigated and sourced local quotes and linked her up to a new service who provide a better service for her than taxis</p> <p>(5) Young Person attended with mum – signposted to BEAM drop in Hollinswood and other local community groups that can offer her support. Ongoing support of Parent Carer negotiating the education support system. Also funded some training to set up her own community group in Newport</p> <p>Community Development Initiatives in Newport linked to the social prescribing</p>

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	<p>programme</p> <p>Linking with Newport Retirement Living Complexes (Wrekin Housing Trust) – engaging residents about projects and also using rooms for training</p> <ul style="list-style-type: none"> <li>• Collaborative working between Newport Rotary and Walking for Health to establish a ‘Bench to Bench Project’ to enable inactive residents to begin gentle graduated physical activity. Local volunteers are mapping benches and producing paper maps which will be around the community. It is envisaged that led walks will start in the New Year.</li> <li>• Nordic Walking group: local resident now qualified as Nordic Walk Leader and leading weekly walks</li> <li>• Feed the Birds - In Partnership with Shropshire Wildlife Trust and Community Participation Team. 3 Volunteers trained in Newport who will be matched to isolated clients in their local areas</li> <li>• A Pilot programme is being developed with Wrekin Housing Trust Retirement living schemes in Wellington. More physically able residents are volunteering to work across schemes to support isolated residents on other local schemes. 3 Volunteers are being recruited across 2 pilot schemes in Wellington. When this is evaluated it is hoped to expand to the Newport schemes.</li> </ul> <p>Central East Telford</p> <ul style="list-style-type: none"> <li>• Citizen’s Advice clinics running successfully within Donnington and Charlton Medical Practices</li> <li>• Music to movement sessions for the inactive at Donnington surgery. Patients are being signposted from Long Term Conditions reviews. 9-10 attendees.</li> <li>• Branches are now linked in</li> <li>• A local community focus group has been established – with support volunteers are mapping community assets</li> <li>• Meeting held with Shawbirch PPG – very supportive, GPs interested in developing some ideas &amp; have requested meeting in the new year.</li> </ul> <p><b>Healthy Lifestyles Service</b></p> <ul style="list-style-type: none"> <li>• The Healthy Lifestyle Service includes a small number of Healthy Lifestyle Advisors.</li> <li>• There are just 2 GP surgeries who do not have a dedicated HLA but discussions are in place to address this. In addition to this some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP’s being encouraged by the positive outcomes of patients resulting in more referrals.</li> <li>• Positive links with Speciality Consultants at Princess Royal Hospital have been developed – resulting in an increase in referrals of patients from their clinics Since April the service has delivered brief interventions to 19,911 people (2016/17 outturn position was 19,263); completed 2,082</li> </ul>

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	<p>Health Checks; worked with over 1000 adults to develop personalised healthy lifestyle plans and made 7,617 onward referrals to community based support. The team are now operating at full capacity.</p> <ul style="list-style-type: none"> <li>100 adults have participated in creative arts programmes as part of the Building Better Opportunities Programme. A large number of participants experienced poor mental health, issues with physical disability and pain management, substance misuse and rehabilitation, or socially isolated</li> </ul> <p><b>Workstream 2 – Neighbourhood Teams</b></p> <ul style="list-style-type: none"> <li>Directly bookable slots for GPs to access Early Help and Support Workers has commenced in some GP practices, which is gradually being rolled out to all practices.</li> <li>Estates workshop has taken place with GPs, SSSFT, ShropCom to scope estates provision across the locality and gain an understanding of services delivered and where from, and consider where estates could overlap between health and the local authority to support collaborative working.</li> <li>Two MOUs have been drafted – one for the Neighbourhoods (i.e. how the practices will work together as a neighbourhood), and the second for the operation of the Neighbourhood Teams</li> <li>Service specification for Neighbourhood Teams currently underway, due for completion by the end of November.</li> <li>The CCG is working with the Strategy Unit to develop an evaluation strategy to measure the impact of neighbourhood working, to ensure robust, real measurables are in place for the programme.</li> <li>Work continues to progress with Social Prescribing, including 100 reception staff trained in Making Every Contact Count (MECC) and further training scheduled for January.</li> <li>MDT meetings have commenced in Newport Neighbourhood (includes mental health, community nursing, social care, therapists etc.) to support patients at risk of admission to hospital, and identify ways that patients can be supported who have been identified by a risk stratification tool.</li> <li>First draft of Alliance Agreement for integrated teams has been drafted and is currently being reviewed by stakeholders.</li> </ul> <p><b>Workstream 3 – Systematic specialty review</b></p> <p><b>Diabetes</b></p> <p>STP Area won £200k in funding over two years to increase Diabetes Structured Education and achievement of NICE Treatment Targets (TT) and we also developed locally a CCG GP Incentive scheme to improve TT achievement. The following work has been taking place to support patients to be managed more optimally:</p> <ul style="list-style-type: none"> <li>Additional specialist support and advice via neighbourhood level MDT (support to primary care) with case reviews and consultant clinics</li> <li>individualised practice support (e.g. visits to practices to discuss their results, share best practice and identify training/support needs)</li> <li>incentive scheme to improve all 3 targets.</li> </ul>

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		<ul style="list-style-type: none"> <li>structured patient education (provided by ShropCom) Outcomes: The percentage of patients with diabetes who achieve all three targets (BP, Chol, HbA1c (blood glucose levels)) in Telford &amp; Wrekin has increased. 546 more people have achieved all three target values and are now at reduced risk of diabetes related complications.</li> <li>Ongoing work: Work continues to improve the overall level on this measure whilst also reducing inter-practice variation.</li> <li>Work continues to encourage more patients to take up the structured education, and a press release has been developed to go out in the next two weeks intended to increase awareness of the education on offer</li> <li>New Three Tiered Diabetes Model of Care has been developed, we are working with ShropCom to mobilise a pilot, or demonstrator site, in at least one of the four neighbourhoods, commencing 2nd April 2018. Workstream 1 - Community Resilience &amp; Prevention</li> </ul>
3.2	<p>Shropshire Neighbourhood</p> <p>(Out of Hospital Programme)</p> <p>Last Updated by</p> <p>Lisa Wicks</p> <p>13/11/17</p> <p>STP PMO Contact</p> <p><a href="mailto:Andrea.Webster5@nhs.net">Andrea.Webster5@nhs.net</a></p>	<p><b>Workstream 1 - Community Resilience &amp; Prevention</b></p> <p><b>Working across organisations to connect vulnerable or at risk communities with support to improve health and wellbeing outcomes.</b></p> <ul style="list-style-type: none"> <li><b>Resilient communities</b> – developing and making best use of local assets in communities; developing hyper local directories and community connectors – on going</li> <li><b>Social Prescribing</b> – demonstrator sight in operation (Oswestry), rolling out to Albrighton, Bishops Castle, and Brown Clee next (early 2018). Early discussions with Shrewsbury based practices for third phase. Awaiting news of national funding – Health and Wellbeing Fund</li> <li><b>Diabetes Prevention</b> – working to connect pilot models with the National Diabetes Prevention Programme – evaluation on tenders in Jan 2018</li> <li><b>Fire Service Safe and Well</b> – rolled out across Shropshire and T&amp;W – connecting people with lifestyle, loneliness, falls risk and warmth risk to support.</li> <li><b>Physical Activity</b> – developing community postural stability instructor programme – delivery to begin early 2018; developing MSK prevention training offer; Falls risk campaign, 'Let's Talk About the F Word'; improving access to physical activity options in communities; developing Everybody Active Every day.</li> <li><b>Housing</b> – working across health and care to develop a range of options for step up and step down facilities; linking to one public estate and STP estates</li> <li><b>Mental Health</b> – Delivering Health Checks for those with enduring MH conditions, developing sanctuary scheme for to prevent section 136 crisis, connecting low level MH to Social Prescribing and community support such as Shropshire Wild Teams</li> <li><b>Carers</b> - Delivering all age carers strategy; improving hospital discharge to support carers, improving access to information and advice, carers assessments and support for young carers; improving support for those with dementia and their carers through Dementia Companions – pilot in Oswestry and Ludlow from November 2017.</li> </ul> <p><b>Workstream 2</b></p> <p>Work has commenced within the localities to develop the out of hospital model of care (based on the 9 commissioning clusters). The design work will be</p>

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		<b>Last Updated: 10/01/2018</b>
		<p>overseen by a CCG's design authority as part of the programme governance. Admission avoidance modelling has been undertaken by practice to inform the out of hospital model. The model is based on the following:</p> <ul style="list-style-type: none"> <li>• Rapid Turnaround at the Front Door</li> <li>• Community beds and Crisis Resolution</li> <li>• Hospital at Home</li> <li>• Community Services</li> <li>• Non-core enhanced services</li> </ul> <p>Outcome based specifications will be developed by locality for each element of the model based on:</p> <ul style="list-style-type: none"> <li>• Maintenance of good health</li> <li>• Locally determined practice-level management of cohort conditions</li> <li>• Timely, efficient access to cluster-level core services</li> <li>• Health crisis prevention through cluster-level case-management</li> <li>• Admission avoidance through Integrated locality-level crisis resolution</li> <li>• Efficient and effective treatment and stabilisation of acute need</li> </ul> <p>A review of MIU, DAART and Community Hospitals has also been undertaken and a case for change developed. Pre-engagement is currently taking place and feedback will be considered by the Clinical Reference Group at the end of November.</p> <p>A health needs assessment for Shropshire has also been commissioned to inform the out of hospital model of care.</p>
3.3	<p>Powys Neighbourhood</p> <p>Last updated by</p> <p>Andrew Evans</p> <p>STP PMO Contact</p> <p><a href="mailto:Andrea.webster5@nhs.net">Andrea.webster5@nhs.net</a></p>	<p>The Locality Model comprises of five key service components as follows:</p> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Community Resource Team and Virtual Ward</li> <li>• Community Hospital: Health and Social Care Centre (Core Elements: Health &amp; Wellbeing Advice Hub, Health and Wellbeing Day Centre, Intermediate Care Unit (Step up/Step Down), End Of Life Unit</li> <li>• Community Hospital: Diagnostic and Treatment Centre (Core Elements: Minor Injuries Unit, Diagnostic Unit, Assessment and Treatment Unit, Day Care Unit</li> <li>• Acute Hospital Care</li> </ul> <p><b>Unscheduled Care Improvement Plan</b></p> <p>The vision for unscheduled care in Wales is that people should be supported to remain as independent as possible, that it should be easy to get the right help when needed and that no one should have to wait unnecessarily for the care they need, or to go back to their home. We will achieve this by working with patients and carers as equal partners to provide prudent care. We will put quality and safety first, working with staff to improve the care we deliver by identifying and removing any waste from our work, and openly sharing our outcomes or learning</p> <p><b>Planned Care Improvement Plan</b></p> <p>The vision for planned care in Wales is to improve the flow of patients along their healthcare journey by ensuring that their experience of assessment, diagnosis and treatment is based on augmented, safe and reliable systems. In essence this means that we must ensure that people</p>

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		<b>Last Updated: 10/01/2018</b>
		access care at the right level for their needs: right care; right time; right place; right people
4.0	<b>Programme Delivery – Acute &amp; Specialist – in Hospital Transformation</b>	
4.1	<p>Local Maternity Services</p> <p>Last update:</p> <p>Programme Lead – Fiona Ellis 10/01/2017</p>	<ul style="list-style-type: none"> <li>Transformation Plan – NHS England have released guidance for identifying Baselines and trajectories and the LMS plan is being refined accordingly. Funding bids are being developed ready for submission to NHS England on 31<sup>st</sup> January 2018 for non-recurrent funding in 2018/19. The amount available has not been confirmed. Reporting against local measures will commence this month.</li> <li>Maternity and Newborn Service Reconfiguration – Proposals to re-model Midwife Led Services have been endorsed by both Shropshire CCG and Telford and Wrekin Governing Bodies. A period of consultation is now being planned and is anticipated to commence early in 2018. Neonatal and Consultant let unit reviews have commenced.</li> <li>Perinatal Mental Health – A funding bid is being finalised in preparation for the expected bidding opportunity during January 2018 for Perinatal Mental Health funding.</li> </ul>
4.2	<p>Muscular Skeletal Services</p> <p>Updates to be provided by Sabrina Brown</p> <p>15/12/2017</p> <p>STP PMO Contact</p> <p><a href="mailto:maggie.durrant@nhs.net">maggie.durrant@nhs.net</a></p>	<ul style="list-style-type: none"> <li>Shropshire MSK Programme Board has been established and includes the following work streams: <ul style="list-style-type: none"> <li>Physiotherapy</li> <li>SOOS</li> <li>Value based commissioning</li> <li>Rheumatology</li> <li>Communications</li> <li>Education, support &amp; Prevention</li> </ul> </li> <li>A standard MSK community based physiotherapy service specification has been drafted and approved at the CCG's November Clinical Commissioning Committee meeting. The specification will facilitate consistency in service provision and reporting across the four providers. This is the first stage to a number of service improvement initiatives for physiotherapy. Work is currently underway to model up the enhancement and expansion of conservative management services as an evidence based alternative to surgical procedures.</li> <li>Shropshire Orthopaedic Outreach Service is currently implementing a redesign and expansion of an existing community based specialist MSK service. Additional staff has been recruited and premises identified to serve as hubs in Shrewsbury and the South of the County. Plans are in place to go live during this financial year 17/18.</li> <li>The nationally mandated elective care high impact MSK triage intervention for all orthopedic referrals will be completed via RAS/ SOOS via a phased approach to full implementation</li> <li>MSK VBC: The Value Based Commissioning process is operating well at the</li> </ul>

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		Robert Jones & Agnes Hunt provider however a small number of issues are outstanding and are scheduled to be resolved shortly. The policy has been updated and is scheduled for approval at the January CCC meeting.
4.3	Urgent Emergency Care  Updates to be provided by  Claire Old	<ul style="list-style-type: none"> <li>• UEC tracker submitted to NHSE, no questions raised or feedback received.</li> <li>• System Winter plan has been included in the submission</li> <li>• Confirmation that we have received the 197k from NHSE</li> </ul>
4.4	Future Fit /  Sustainable Services Programme  Updates provided by Phil Evans  Last update provided by Pam Schreier 15/12/17  STP PMO Contact  <a href="mailto:pam.schreier1@nhs.net">pam.schreier1@nhs.net</a>	<ul style="list-style-type: none"> <li>• All information has been provided to NHSE and no further requests for additional information are expected.</li> <li>• Conversations continue between SaTH, NHSI and the Treasury regarding capital funding ahead of approval to proceed.</li> <li>• All public facing consultation documents and the PCBC has been signed off in draft and await NHSE approval.</li> <li>• Public facing consultation materials and the website continue to be developed and all necessary translations into Welsh being progressed.</li> <li>• The consultation plan and event planner are being developed with public facing, deliberative and third party events being added as information becomes available. Early drafts of this were shared for feedback with the Joint HOSC.</li> <li>• As part of the Consultation Institute QA process a further meeting is planned for the new year.</li> <li>• The FF Assurance Group and the Clinical Design Group met on 14 December 2017.</li> <li>•</li> </ul>
5.0	<b>Programme Delivery – Enablement of Transformation</b>	
5.1	Digital Enablement Group  Last updated by  Rob Gray  12/12/17  STP PMO Contact  <a href="mailto:robgray@nhs.net">robgray@nhs.net</a>	<ul style="list-style-type: none"> <li>• Office 365 pilot implementation for STP team has been priced up. <ul style="list-style-type: none"> <li>• Licence costs have been agreed.</li> <li>• Implementation costs from the CSU are being reviewed.</li> </ul> </li> <li>• Started to nominate owners (sponsors) for each programme and project. <ul style="list-style-type: none"> <li>• Those without owners will be cancelled from the programme</li> </ul> </li> <li>• Design Authority: <ul style="list-style-type: none"> <li>• Piloting project process with End of Life module.</li> <li>• Planning to fit in with overall integrated care record.</li> <li>• Clinical workshop scheduled to define process requirement</li> </ul> </li> <li>• Clinical Professional Reference <ul style="list-style-type: none"> <li>• Reinstated regular meetings.</li> <li>• Primary aim to nominate clinical lead for every programme and project - agreed by group</li> <li>• EoL process to set template.</li> </ul> </li> <li>• Information Governance <ul style="list-style-type: none"> <li>• Agreed to nominate an IG lead for every project as advisory contact</li> <li>• Agreed to send rep to other group meetings to get overview of all workstreams.</li> <li>• Agreed to chase Owner for the scope for the data sharing gateway project.</li> </ul> </li> </ul> <p><b>Key risks:</b></p> <ul style="list-style-type: none"> <li>• <b>lack of project managers offered by contributing organisations.</b></li> <li>• <b>Lack of attendance at group meetings</b></li> </ul>

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		Last Updated: 10/01/2018
5.2	<p>Strategic Workforce Group</p> <p>Last updated by Heather Pitchford 02/11/17</p> <p>STP PMO Contact <a href="mailto:Sara.edwards3@nhs.net">Sara.edwards3@nhs.net</a></p>	<p><b>Strategic Workforce Group</b></p> <ul style="list-style-type: none"> <li>SaTH have agreed to employ the first cohort of apprentices to enable the Agile Workforce Programme to continue at pace. We are receiving some extra support from HEE with this to feed into the national programme</li> <li>First iteration of Mental Health Plan submitted on time, meeting planned 9th Jan with stakeholders to agree strategy for March submission</li> <li>Many requests for plans are coming through with Cancer Plans next on the horizon. Workforce Group discussing strategy for completing these requests on next agenda along with a plan to produce a system wide baseline by March 18</li> <li>There is a need to revise TOR</li> </ul> <p><b>System Organisational Development workstream</b></p> <ul style="list-style-type: none"> <li><b>Transformational Change through System Leadership</b> application was successful. NHSE are supporting a Team to enhance our neighbourhood Programmes of work. Participants include STP PMO, ShropCom, SCCG, T&amp;WCCG Programme will include out of hospital care for Adults</li> <li>The Kings Fund are supporting <b>STP system wide OD</b>, this includes <ul style="list-style-type: none"> <li>Facilitated STP Programme Delivery Refresh session on 22<sup>nd</sup> Nov, this has approx. 50 confirmed attendee's</li> <li>Facilitated System Leaders Session via 1:1 &amp; group session Date 20<sup>th</sup> Dec 17</li> <li>Future co-designed workshops to support system transformation</li> <li>A full debrief from the 22<sup>nd</sup> Nov session will be available once write up is complete</li> </ul> </li> </ul> <p><b>Training &amp; Development Workstream</b></p> <ul style="list-style-type: none"> <li>Funding bids have been received by HEE and all allocations made in draft prior to final sign off</li> <li>Final allocation is expected to be £522,600</li> </ul>
5.3	<p>Strategic Estates Group</p> <p>Last updated by Becky Jones 11/01/18</p> <p>STP PMO Contact <a href="mailto:maggie.durrant@nhs.net">maggie.durrant@nhs.net</a></p>	<ul style="list-style-type: none"> <li>Baseline data validation is ongoing to provide the baseline information for the Workbook and asset mapping.</li> <li>SHAPE data validated, meeting DoFs on 11/01/18 to discuss STP Strategic Estates Workbook. Although information has been requested, information given as to why it's needed and support offered in gathering, the current position is that the Workbook details are not fully reflective of the current position. The Workbook is a living document and as such can be regularly updated. It will therefore be a standing item at the LEF and work will continue to ensure it is up-to-date. However, the submission in March will have to be a 'current position' rather than a complete position.</li> <li>Close work continues with Shropshire County Council on the asset mapping work</li> <li>Shropshire Community Needs Workshop being planned for 27 February</li> <li>Telford &amp; Wrekin Community Needs Workshop planned for 17 April</li> <li>Data mapping progressing well and identifying ways to share data across health and Council to enable programme of mapping to continue and opportunities to be identified</li> </ul>

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		<b>Last Updated: 10/01/2018</b>
		<ul style="list-style-type: none"> <li>• Presentation to Voluntary Sector Assembly on 16 Jan to ensure stakeholder engagement</li> <li>• Shropshire CC hosting a mapping system to pull together all baseline data to use to plan opportunity projects based on health, housing or employment needs identified through the asset mapping process. Supported by Telford and Wrekin Council</li> <li>• New LEF Joint Chair identified as Amanda Alamanos (NHSE) and Tim Smith (Shropshire CC) to give whole system support and linkage</li> <li>• Presentation given to Telford CCG PCCC to discuss efficiency and transformation approach and received positive response</li> <li>• Strengthening links with other workstreams</li> <li>• Agreed that LEF will look at energy efficiencies, linking in with Back Office Group and individual nominated at LEF</li> <li>• One Public Estate (OPE) received some funding so hopeful of using some of it to progress the Whitchurch project forwards. Initial project meeting now taken place, really positive progression</li> </ul> <p><b><u>Key risks</u></b></p> <p>Finance and data support still required for Workstream</p>
5.4	<p>Strategic Back Office</p> <p>Updated provided by Ros Preen</p> <p>15/12/17</p>	<p>A refocus is required for the new year, facilitated by;</p> <ul style="list-style-type: none"> <li>• The more substantive STP PMO support arrangements starting to have traction both directly for the group but also generally across the work streams,</li> <li>• The ability to review the refreshed health provider corporate service data which was submitted to NHS Improvement at the end of November and will enable further benchmarking to be undertaken, and</li> <li>• A quick conversation with Midlands and Lancs CSU to explore their support model which is up and running in 4 STP footprints (meeting being scheduled for January)</li> </ul> <p>The group acknowledges the contributing/associated work going on in other enabling work streams, principally;</p> <ul style="list-style-type: none"> <li>• Workforce in relation to their focus on looking at options to support collaborative bank and recruitment processes (still in early stages), and</li> <li>• Integrating our 'public estate' through the Estates work stream.</li> <li>• It is anticipated that the Digital work stream could at some point bring into its remit a focus on the IM&amp;T 'back office' which will require further support</li> </ul> <p>The Back Office working group will meet in January and will be looking for options in the rest of the 'back office' and to expand thinking around the Carter agenda/ model hospital etc taking into account all of the above.</p>
5.5	<p>Communication &amp; Engagement Group</p> <p>Last updated by Pam</p>	<ul style="list-style-type: none"> <li>• The communications and engagement work stream met on 14 December 2017.</li> <li>• Leads aligned to each work stream provided feedback, where available, on work streams progress. In-depth feedback was provided on the Telford&amp; Wrekin and Shropshire Neighbourhoods activity.</li> </ul>

RAG rating		Key Updates / Issues / risks
		<b>Last Updated: 10/01/2018</b>
	<p>Schreier 15/12/17</p> <p>STP PMO Contact</p> <p><a href="mailto:pam.schreier1@nhs.net">pam.schreier1@nhs.net</a></p>	<ul style="list-style-type: none"> <li>Winter communications was discussed in-depth including the draft winter communications and engagement plan, (for which the Programme Director is asked to confirm governance procedure for sign off; the plan for the additional funding secured from NHSE and the links to the A&amp;E Delivery Group and a request for one coordinated message from all providers at times of escalation or adverse weather conditions.</li> <li>PS provided an update on Future Fit activity and potential timescales for consultation.</li> <li>PS reported that further work will be undertaken in the coming weeks to explore the proactive, positive activity in the A&amp;E Delivery Group to identify potential good news stories and interviews for the media.</li> <li>The SRO updated on the work progressing with the Kings Fund and the meeting due to take place on 20 December 2017.</li> <li>AW attended from the STP PMO and presented the directors update and advised on the new members of the PMO and their responsibilities.</li> <li>Communications around MLU, the Maternity Review and going forward the Women and Children's element of the Future Fit programme was discussed. DB will invite PS and AH to a meeting/conference call to discuss joined up messaging following SaTH's discussion with its retained agency on 15 December 2017.</li> <li>Wider STP Communication &amp; engagement strategy still needs to be developed and work has commenced on this and will be progressed in the new year.</li> </ul>
5.6	<p>STP "System" Finance Group</p> <p>STP PMO Contact</p> <p><a href="mailto:Jo.harding1@nhs.net">Jo.harding1@nhs.net</a></p>	<ul style="list-style-type: none"> <li>Review of governance documents to support work stream.</li> <li>A methodology that tracks system finances needs to be developed and agreed.</li> <li>Financial Modelling resource required to support system modelling of finances.</li> </ul>
5.7	<p>STP Clinical Design Group</p> <p>Last updated by</p> <p>Jharding</p> <p>15/12/17</p> <p>STP PMO Contact</p> <p><a href="mailto:Jo.harding1@nhs.net">Jo.harding1@nhs.net</a></p>	<ul style="list-style-type: none"> <li>Agreed to review TORs in light of STP focus rather than just FF</li> <li>Agreed view from the group that the group needs to evolve to become and STP Clinical Design Group with wider representation from Clinical Leads with clear tasks to support delivery of system transformation.</li> <li>Focus needs to be on system wide pathway development</li> </ul>
6.0	<b>Cross Cutting Work Programmes of work</b>	
6.1	<p>GP5YFV</p> <p>STP PMO Contact</p>	<ul style="list-style-type: none"> <li>The Shropshire STP GP5YFV Workforce plan has now been reviewed by our DCO NHSE Assurance panel. The panel would like to feedback that the plan is FULLY ASSURED with a score of 63.69% (pass score is 50%).</li> </ul> <p>The panel noted that the plan was well structured and clear but lacking in</p>

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	<a href="mailto:Sara.edwards3@nhs.net">Sara.edwards3@nhs.net</a>	<p>detail in some areas with scope to further develop strategically. Specifically the panel would like to see greater focus on the STP footprint rather than individual CCG's to demonstrate increased connectivity across the whole area; it felt that the plan could be more ambitious with further exploration and commitment to exploit national schemes and funding sources and also HEE funding for training. It is clear that work is still in progress and further transformation schemes will need to be included within the plan to diversify workforce and increase multi-disciplinary working. It is suggested that Shropshire, whilst not feeling the same heat as other STP's, could make the most of the headroom that exists locally to get ahead of the transformation curve as workforce pressures are expected to worsen. The plan will be challenging to deliver and there are material risks for delivery which will need to be checked and mitigated.</p>
6.2	<p>Mental Health</p> <p>Awaiting update</p> <p>Richard Kubilis</p> <p>Frances Sutherland</p> <p>STP PMO Contact</p> <p><a href="mailto:Sara.edwards3@nhs.net">Sara.edwards3@nhs.net</a></p> <p><a href="mailto:Andrea.webster5@nhs.net">Andrea.webster5@nhs.net</a></p>	<ul style="list-style-type: none"> <li>• Mental Health Workforce Planning submission is required fully worked up by end of March 18</li> <li>• First meeting of this group took place on 9<sup>th</sup> Jan where system wide representation attended to contribute to the development of this plan</li> <li>• Clinical lead identified as Cathy Riley from SSSFT</li> </ul>
6.3	<p>Transforming Care</p> <p>Programme Manager</p> <p>Di Beasley</p>	<ul style="list-style-type: none"> <li>• Update to be provided</li> </ul>
6.4	<p>Frailty</p> <p>Updates to be provided by</p> <p>Michael Bennet (1&amp;2)</p> <p>Emma Pyrah (3&amp;4)</p> <p>01/12/17</p> <p>Gemma McIver</p>	<p>5 Work streams within the Frailty Programme of work</p> <p>Frailty Programme Board reinstated – first meeting scheduled 21.12.17 (Programme Exec lead Fran Beck)</p> <p><b>Workstream 1 - Prevention &amp; Primary Care</b></p> <ul style="list-style-type: none"> <li>• CSU developed Frailty tool to support electronic Frailty Index (eFI)</li> </ul>

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<p>STP PMO Contact</p> <p><a href="mailto:Andrea.webster5@nhs.net">Andrea.webster5@nhs.net</a></p>	<p>completion and risk stratification of frail patients</p> <ul style="list-style-type: none"> <li>• Frailty risk stratification being piloted within identified neighbourhood to target support to high risk patients</li> <li>• <i>My Health Record</i> (Frailty card) being developed to capture baseline information of patients and support decision-making to appropriate clinical care. Plan to pilot in specific care homes when agreed</li> </ul> <p><b>Workstream 2 - Crisis / admission avoidance</b></p> <ul style="list-style-type: none"> <li>• Review of Intermediate Care Team (ICT) pathways and processes to support admission avoidance. ICT includes BRC and Carers Support Worker and addition capacity via iBCF monies</li> <li>• T&amp;WCCG commissioned Care Home MDT to deliver training, skill development, clinical assessment and admission avoidance from care homes. Recruitment of staff to commence December / January. Rapid Response aligned to specific care homes to support and admission avoidance</li> <li>• ICT daily attendance in ED to support admission avoidance</li> </ul> <p><b>Workstream 3 - Flow through acute hospital</b></p> <ul style="list-style-type: none"> <li>• Phase 2 of the Frailty Front Door at RSH operational service relaunch on 13<sup>th</sup> November 2017 supported by the Acute Frailty Network. Phased increase from 10am-2pm to 9am-5pm Mon-Fri during November as workforce comes on stream.</li> <li>• Memorandum of Understanding agreed at A&amp;E Delivery Board setting out all key stakeholder partners commitments and responsibilities in phase 2 of this project from November 17 – March 2018 and an additional pump priming funding.</li> <li>• Data recording and reporting schedule agreed and formal reporting to the project group to commence from 6.12.17.</li> <li>• PDSA programme and timeline to be agreed by 13.12.17.</li> <li>• Weekly frailty leads meeting refocused to concentrate on Frailty Front Door (project lead Emma Pyrah). Patient rep joined the group on 1.12.17.</li> </ul> <p><b>Workstream 4 – Discharge to Assess</b></p> <ul style="list-style-type: none"> <li>• Fact Finding Assessment (FFA) and process refreshed and updated documentation implemented.</li> <li>• D2A reset session held with stakeholder partners in November 2017 to revisit the original D2A principles from 2015 and confirm they remain fit for purpose. Revised set of underpinning principles and processes to be signed off at the next meeting 29.12.17.</li> <li>• Shropshire Council have commissioned an additional 20 pathway 3 beds (interim placements for patients requiring complex assessments) which increases capacity for discharge and the ability to identify</li> </ul>

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		<p>patient's potential for rehabilitation/enablement.</p> <ul style="list-style-type: none"> <li>Shropcom are working with Shropshire LA to introduce from December a trusted assessor role for care homes, supported by SPIC.</li> <li>Detailed action plan against the LGA 8 High Impact Changes in development. Concern expressed that the system does not have a formal reporting mechanism for progress on this when it is a mandated requirement which is reported on through NHSE and BCF formal routes. To be discussed at A&amp;E Delivery Group.</li> <li>D2A Task &amp; Finish Group continues to meet monthly</li> <li><b>Workstream 5 End of Life</b> Below</li> </ul>
6.5	<p>End of Life</p> <p>Update provided by Cath Molineux</p> <p>12/12/2017</p> <p>STP PMO Contact</p> <p><a href="mailto:Andrea.webster5@nhs.net">Andrea.webster5@nhs.net</a></p>	<ul style="list-style-type: none"> <li>National Workshop planned for 8<sup>th</sup> Feb 18 for our STP via NHSE The workshops will demonstrate how effective EoLC can deliver 'next steps' priorities, including urgent and emergency care, cancer, financial sustainability and personalisation and choice.</li> </ul> <p>The workshops will support development of local strategy and delivery plan across Shropshire</p> <ul style="list-style-type: none"> <li>End of Life planning – project at discovery stage to prep for mandate creation. Workshop scheduled for Dec 13<sup>th</sup> (see notes below)</li> </ul> <p><b>'Ensuring our services provide high quality care that is affordable and sustainable' ( Shropshire STP)</b></p> <p>The SCHAT Palliative and EOL Strategy for adults 2017-2020 is not about trying harder and doing better for the last few days of life but by doing things differently further upstream. This approach needs to be taken across the whole system, in the pathways for people with long term conditions/co-morbidities/cancer and also integrated into the neighbourhood team approach.</p> <p>Systems and practitioners need to work upstream with all patients with any type of long term condition/co-morbidities, so treatment options and decisions have been previously discussed and mapped out. Actual care will be appropriate to preferred care options, already discussed and planned ahead for and reduce very significantly the number of inappropriate high cost interventions being delivered and the number attending A/E because treatment options will be managed proactively and less reactively.</p> <p>Upstream working is recognising as early as possible in any disease trajectory when a person is in at least in the last 12 months of life. This approach reduces the current position where there is a crisis in the last few days and weeks of life and that person will end up in hospital.</p> <p>The STP already sets out the demographics depicting the rise in our older population, those with Long Term conditions and increase in single households</p>

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	<p>and the unsustainability of the current and future demand.</p> <p><b>Data is required to quantify this; for example:</b></p> <ul style="list-style-type: none"> <li>• Those attending AE and the nature of emergency admissions and interventions costed and used inappropriately;</li> <li>• The types and numbers of high cost LTC interventions where the patient dies within a certain time limit when other care and treatment options could have been used.</li> <li>• Those being admitted 3 times a year or more( particularly those patients with severe frailty).</li> </ul> <p>What are expected outcomes as result of implementing this approach:</p> <ul style="list-style-type: none"> <li>• Improved patient/family/carer/partner experience</li> <li>• Appropriate use of interventions for all LTC/Cancer/Co-morbidities-disease trajectories</li> <li>• Care and treatment options are planned ahead</li> <li>• Increase in number of people who have an advance care plan reflecting their wishes and preferences including where they want to die.</li> <li>• Reduce demand on the acute sector</li> <li>• Having upstream/planning ahead conversations as an intervention- seen as a positive, with symptom management and still get a quality of life</li> </ul> <p>What happens if we don't do upstream working?</p> <p>Paying for inappropriate care- wasting limited resources. When appropriate for treatments to continue or when to stop. Making most of restrictive resources.</p> <p>Demand on acute services continues to rise.</p> <p><b>Current Situation</b></p> <ul style="list-style-type: none"> <li>• Shropshire does have a system EoL Group but does not yet have an EoL Strategy for Shropshire.</li> <li>• The EoL group has been working on smaller issues that arise ie discharge meds for patients coming home from SaTH etc etc.</li> <li>• The Community Trust have a strategy and the hospice are just refreshing theirs, it is recognised that a wider system strategy joining together the priorities from each organisation is required. A small group met and developed a list of strategic objectives from the two existing strategies and the Ambitions for Palliative and end of life care (2015/20) to provide local direction for 3-5 years.</li> </ul> <p>These are:</p> <ul style="list-style-type: none"> <li>• To ensure equal access to palliative and end of life care.</li> </ul>

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		<ul style="list-style-type: none"> <li>○ Systems to identify patients for referral</li> <li>○ Access Criteria</li> <li>○ Processes for referral</li> <li>○ Referral documents</li> <li>○ Frailty</li> <li>• Ensure access is based on need not condition. <ul style="list-style-type: none"> <li>○ Establish a needs based model that identifies phase of illness and a system for prioritization</li> <li>○ Links with non-cancer specialists</li> </ul> </li> <li>• Establish systems of prognostication to identifying patients in the last year of life. <ul style="list-style-type: none"> <li>○ GSF register</li> <li>○ Frailty register</li> <li>○ Important conversations</li> </ul> </li> <li>• Establish the concept of 'Living Well' <ul style="list-style-type: none"> <li>○ Documentation supports / directs the professional to identify patients' preferences/goals for living</li> <li>○ Culture of care is enablement</li> <li>○ Programs for palliative rehabilitation are established</li> </ul> </li> <li>• Further develop homecare models to support a preference to be cared for and die at home <ul style="list-style-type: none"> <li>○ Hospice to continue to develop the H@H service</li> <li>○ H@H is placed on a sustainable financial footing</li> <li>○ Integration of H@H with the Hospice Outreach Service</li> </ul> </li> <li>• Ensure a competent workforce <ul style="list-style-type: none"> <li>○ Identify education needs across services</li> <li>○ Robust systems for appraisal and CPD across groups</li> <li>○ Establish education programs</li> </ul> </li> <li>• Establish systems that support advanced and anticipatory care planning and timely access to services. <ul style="list-style-type: none"> <li>○ Identify key worker</li> <li>○ Consider joint documentation (patent held?)</li> </ul> </li> <li>• Work in partnership to ensure that care is coordinated between services. <ul style="list-style-type: none"> <li>○ Commissioning</li> <li>○ Services compliment not replicate each other</li> <li>○ There is shared documentation where possible (RESPECT, EOL care plan, PPC)</li> </ul> </li> <li>• Consider compassionate communities voluntary support as an extension to services <ul style="list-style-type: none"> <li>○ Severn Hospice continued roll out of coco</li> <li>○ Volunteering is seen as an arm to wider services</li> <li>○ Clinical services refer to established volunteer support</li> </ul> </li> </ul>	

Key ( based on STP PMO system intelligence)

	Unknown	Need to engage and receive update from Programme Lead
	On track – no issues requiring escalation	
	Require Programme Delivery Executive Lead & or SRO input	Where this is required, this will be detailed in recommendations and noted for relevant SRO

	Require STP Partnership Board input	Where this is required, this will be escalated via STP Partnership Board by STP Programme Director
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