



Derby City Council

HEALTH AND WELLBEING BOARD

23 November 2017

ITEM 5

Report of the Sustainability and Transformation Partnership

Joined Up Care Derbyshire – Sustainability and Transformation Partnership Update

SUMMARY

1.1 **Purpose of the Update:** This update gives an overview of what was discussed and agreed at the Sustainability and Transformation Partnership (STP) Board and provides brief details on the latest developments at other meetings taking place as part of the programme.

1.2 **The STP Board met in October and covered key priorities for the system including winter planning and the financial challenge for Derbyshire.**

Actions from the previous meeting to be highlighted included:

- NHSE Specialised Commissioning East Midlands Hub are now be a member of Derbyshire's STP Board to ensure that Derbyshire service development/transformation proposals are properly informed and integrated with specialised commissioning plans and priorities.
- Regional Director of Nursing for Specialised Commissioning, was welcomed by the Board. .

SRO Leads for workstream areas, Primary Care and Learning Disability, are to be agreed following the departure of Accountable Officers from the system.

1.3 **Highlights from the Senior Responsible Officers Report include:**

- A draft workforce plan to deliver the GP Forward View was submitted on October and the plan will come back to the STP December Board for further discussion.
- The chief executive of Derbyshire Community Health Service NHS Foundation Trust, announced her decision to step down from the role as Interim Senior Responsibility Officer (SRO) for the STP, at the end of October.

Following this decision the of Chair of Derbyshire's STP, will discuss with the NHS regulators the next steps for the process of the appointment of a new SRO.

- The Chief Executive Officer for Derbyshire CCG, gave a brief update on his first three weeks in his new role. He reported that there is a real appetite to commission together and that an interim structure across the CCGs has been put into place.
- STP Interim Review highlighted workstream success and where more work needed to be done. It was noted that successes had been seen in some key

work areas including:

- 96% of people experiencing first episode psychosis were treated within two weeks of referral
- A reduction in the number of emergency hospital admissions
- 35% of all Derbyshire's population registered to a GP have access to extended hours at evenings and weekends
- There are areas where performance is not at the level required including, for example: increased A&E attendances, performance against the four hour A&E target at Derby and cancer waiting times.

1.4 System Financial Performance

It has been reported repeatedly that there needs to be a shift away from working in organisational silos and doing nothing, as the estimated financial gap of more than £240m in our health system and £136m in our local authority over the next three years remains a challenge.

The system wide financial position has not improved and this year there is a financial gap of around £70m in the NHS.

At the Board meeting it was agreed there was a need to review system wide transformational priorities. This is now being worked upon to inform the system plan for 2018/19.

The focus on new ways of managing and sharing financial risk across the health and care system was also discussed and the Board were asked to consider:

- Agreeing a year-end financial position for 2017/2018 as quickly as possible to allow focus and time on 2018/2019
- Plan collectively, rather than bilaterally.
- Incentivising transformation, by using different contractual mechanisms.
- Maximising financial flexibility by taking a system approach.
- Developing a system plan, rather than separate unconnected organisation plans.

The Board agreed to dedicate time to this at the away day in October where there was a focus on the financial plan and work stream priorities.

1.5 Contracting

Initial contracting conversations are starting to take place and a number of key areas have been identified where organisations could work together to improve clinical outcomes and potentially support the financial challenge. These areas include diabetes, Discharge to Access (D2A) and learning and development transformation.

All organisations acknowledged that the usual contracting methods will not help support the changes needed and that we need to do things differently.

Other points to note included:

- All provider organisations will come together to provide a single response to the contracting intentions set out by the Clinical Commissioning Groups,

demonstrating the need to tackle contracting differently.

The Board agreed to continue the contracting discussions over the coming weeks.

1.6 Winter update

Chief Executive, Derby Teaching Hospital NHS Foundation Trust (DTHFT), who leads the urgent care work stream, informed the STP Board that the Derbyshire wide A&E Delivery Board has a clear set of actions for all organisations to deliver in preparation for winter.

He highlighted that the planned actions will support making sure each part of a patients pathway is working seamlessly and freeing up beds for the people who really need them.

Work already taking place includes the city focus on putting more health and social care support workers in place to help people be seen in the right place at the right time and not admitted into hospital unnecessarily. Derbyshire County Council social workers and community care workers will be located in DTHFT to support getting patients assessed and back home.

The STP Board were asked:

- To ensure they were addressing any actions set out to support the delivery of the winter plan.
- Commit to increase capacity to support patient pathways which enable people to be treated in the right place and free up beds in hospital for those who really need them.
- Make sure effective flu planning and vaccinations are being delivered for staff and those most at risk.

1.7 Forensic and Rehabilitation Business Case

The development of a care pathway to provide specialist rehabilitation and recovery for forensic patients out of hospital has been considered and agreed at both the Provider Alliance Group (PAG)* and Clinical Professional Reference Group (CPRG)*.

Both groups recommended the proposal was approved by the STP Board to allow the approach to be developed into a full business case and potentially implemented across Derbyshire.

The approach addresses significant gaps in community support for patients which results in them being unnecessarily admitted into hospital. The new model will enable patients to be cared for more effectively, closer to home and as a result reduce the need for people to stay in hospital.

The proposal sets out using the funding available in a different way to enable the development of this model, which if implemented county wide could potentially release money to be re invested in the long term.

The board agreed to working up a full business case which will be presented at the STP Board in December.

*To read a definition of the PAG and CPRG please go to 4.1

1.8 Derbyshire System wide Performance Report

A Derbyshire wide progress dashboard has been developed to bring together data from across the system.

The Director of Public Health, Derbyshire County Council who leads the work presented the dashboard which clearly shows performance across the main indicator's monitored by NHSE including: A&E four hour wait or delayed transfer of care.

The system wide reporting will ensure consistency across the system and link to other report systems including Better Care Fund.

Next steps agreed by the Board included a deep dive to be carried out into Cancer performance and the findings will be reported at the December STP Board.

1.9 Communications and Engagement

A basic standalone website has been developed thanks to support from Derby City Council – www.joinedupcarederbyshire.co.uk

This will enable all organisations to sign post all staff, partners and all stakeholders to one place for information on our plans and priorities for the future of health and social care in Derbyshire.

The basic website will be developed further with resource from NHSE over the coming months to ensure it is accessible to all and provide suitable functionality for the programmes of work.

A new simple newsletter has also been produced to provide a channel for public and staff. This can also be found on the website in the news section. This has been developed with support from across the system and specifically Chesterfield Royal Hospital.

The first Partnership Engagement Forum took place on October 25th and the chief executive of Healthwatch Derbyshire, has been asked to chair the meeting. As the chair of the PEF she will be joining the STP board from next month.

If you are interested in getting involved in Joined Up Care Derbyshire or have a question please contact joinedupcarederbyshire@nhs.net

1.10 Updates from other meetings taking place in September

Highlights from CPRG*

The group agreed to:

- The development of a system wide clinical strategy to support the STP priorities
- The development of a Clinical Governance Framework to support new models of care being developed.
- Maternity Transformation plan being signed and submitted to NHS England at the end of October, due to the extremely tight timescales set out, by the Nurse and Director of Nursing, Quality and Patient Experience at Southern Derbyshire Clinical Commissioning Group, Chief Nurse and Quality Officer and Chief Officer at North Derbyshire CCG.

Highlights from PAG*

The Group discussed:

- The requirement for a single strategic commissioning plan, which will be developed by the Clinical Commissioning Groups through their joint decision making structures.
- An urgent need for capacity to be aligned to workstream priorities to support system wide approaches.
- Consider how approval for workstream proposals/ business cases is secured in the most system focused and streamlined way possible.
- Address system wide versus organisational actions taking place as a result of the financial challenge, which may not be aligned to the system approach and priorities.

*To read a definition of the PAG and CPRG please go to 5.1

RECOMMENDATION

- 2.1 To note the continued commitment and progress being made both nationally and in Derbyshire towards implementation of Sustainability and Transformation Partnerships.
- 2.2 To note that Derby City Council received a petition signed by 4,179 Derby residents raising concerns about budget cuts and bed losses arising from the STP, and that this petition was due to be considered by Council on 22 November 2017 under the Petitions Scheme at the time of this report going to print.
- 2.3 To receive an update in respect of the matter detailed at paragraph 2.2 at the Health and Wellbeing Board meeting on 23 November 2017.

REASONS FOR RECOMMENDATION

- 3.1 To ensure the Health and Wellbeing Board remains fully briefed and involved in the ongoing development and delivery of the STP.

SUPPORTING INFORMATION

- 4.1 Clinical representatives from all organisations involved in Joined Up Care Derbyshire (our Sustainability and Transformation Plan, or 'STP') came together for Clinical and Professional Reference Group (CPRG) and Providers of services met for the Provider Alliance Group (PAG).

CPRG and PAG form a key part of the Joined Up Care Derbyshire governance which will support the change and new ways of working across Derbyshire.

CPRG will drive change from a clinical perspective and support the delivery of clinical quality standards. PAG brings together the Senior Responsible Officers (SROs) for each work stream and is vital in supporting the work streams to make things happen.

- 4.2 To find out more about the governance structure visit <https://joinedupcarederbyshire.co.uk/what-is-joined-up-care-derbyshire/governance/>
- 4.3 To find out more about the workstream and priorities visit <https://joinedupcarederbyshire.co.uk/what-is-joined-up-care-derbyshire/work-areas/>
- 4.4 To read the plans in full visit <https://joinedupcarederbyshire.co.uk/plans/>

OTHER OPTIONS CONSIDERED

- 5.1 Not applicable, we are required to have a STP in place.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	
For more information contact: Background papers: List of appendices:	Jenny Goodwin jenny.goodwin2@nhs.net None Appendix 1 – Implications

IMPLICATIONS

Financial and Value for Money

1.1

Legal

2.1

Personnel

3.1

IT

4.1

Equalities Impact

5.1

Health and Safety

6.1

Environmental Sustainability

7.1

Property and Asset Management

8.1

Risk Management and Safeguarding

9.1

Corporate objectives and priorities for change

10.1