

Sustainability and Transformation Partnership

**SBC Community Select Committee
Briefing
October 2017**



Overall aims of the STP

- Improve health and wellbeing
- Improve the quality of health and care services
- Provide efficient and affordable care



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Our vision

We want people from Hertfordshire and west Essex to live as healthily and independently as possible, supported by caring, effective and affordable health and care services

Our approach

Working together with our residents -

to support healthy and independent lifestyles

Working together with our staff -

so that they can provide high quality care in the right place at the right time

Working together between organisations -

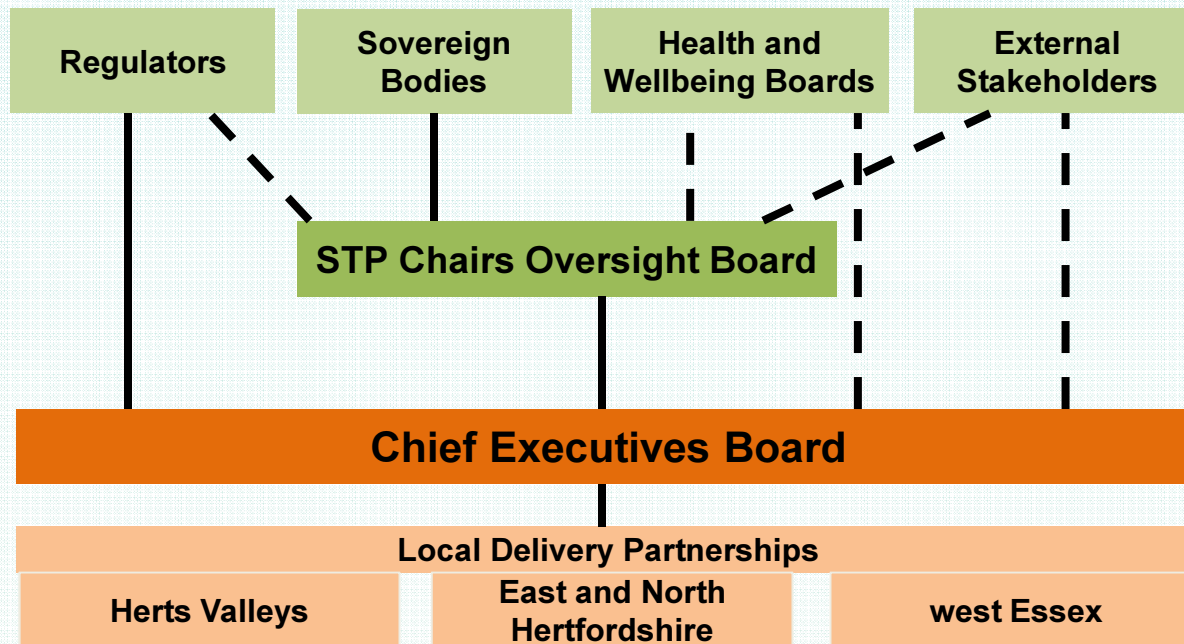
to ensure that the care and support we provide is delivered effectively and efficiently



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STP Governance Structure



External Stakeholders include:

- Patient and public engagement forums
- Health and Well Being Boards
- Health Overview and Scrutiny Committees
- Independent and third sector organisations
- District Councils
- LMC
- Healthwatch
- GP Federations

STP Chairs Oversight Board – to lead on alignment of sovereign bodies with STP vision, to ensure Boards are committed to the transformation and to support in the management of external stakeholders (as appropriate).

Chief Executives Board – strategic direction of the STP and to oversee the delivery of STP through the Programme Board and System/Local Delivery Groups.

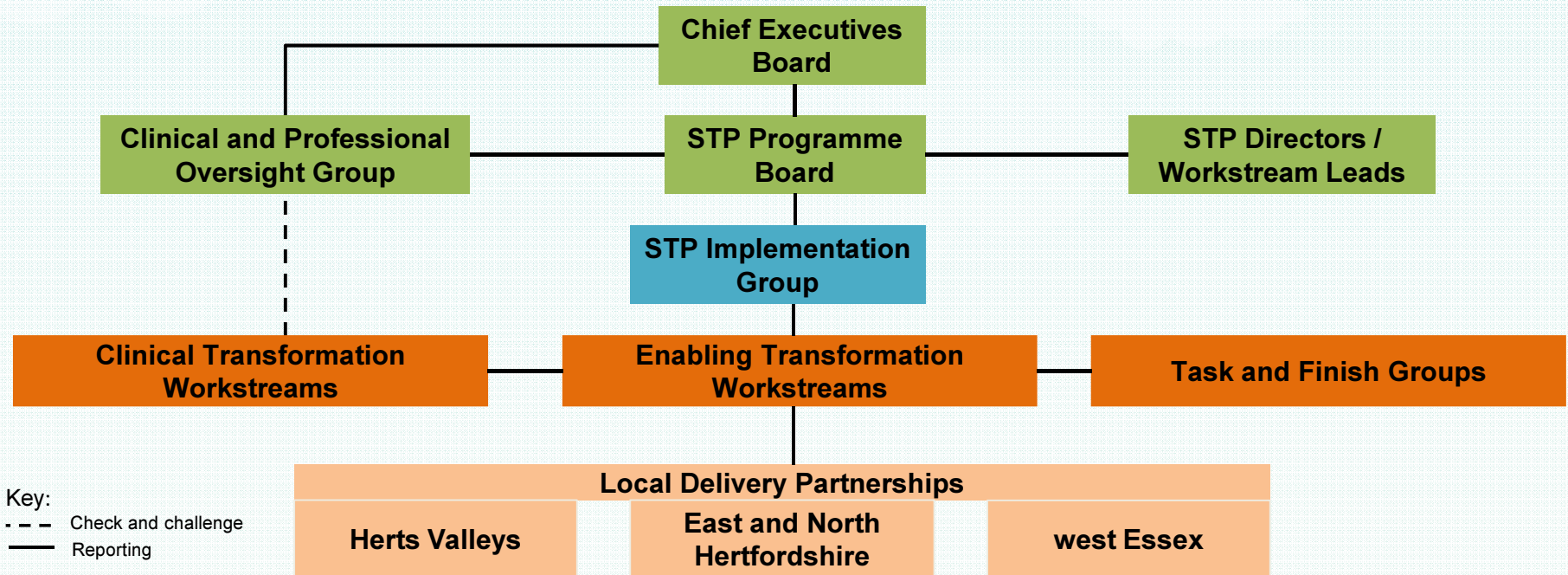
Key:
 - - - - Engagement
 ——— Reporting



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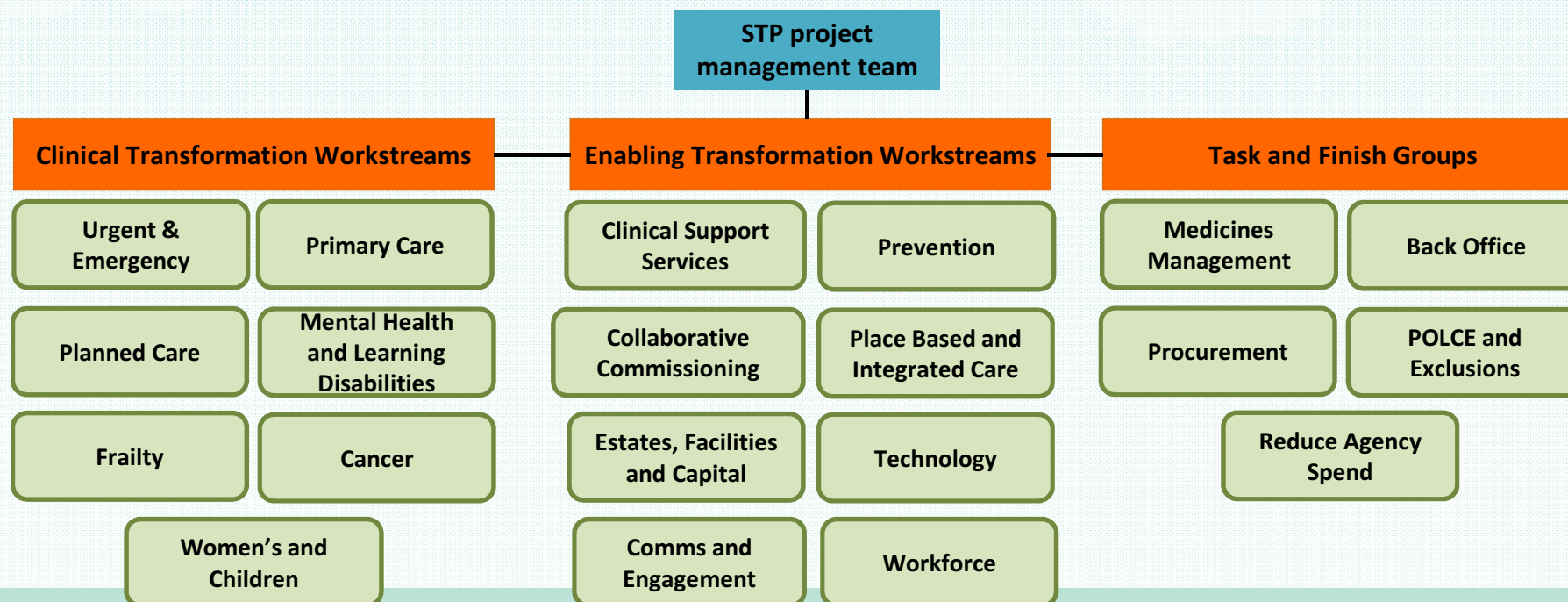
STP Programme Management Arrangements



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STP System Leadership Arrangements



STP Approach

Turnaround



Finance Directors

- Align CIPP/QIPP

Task and Finish Groups

- POLCE / Exclusions
- Meds Optimisation
- Back Office
- Procurement
- Agency
- Outpatients

Transformation



Clinical

Workstreams

Enabling Workstreams

System configuration



Model Changes

- Activity
- Workforce
- Investment
- Finance

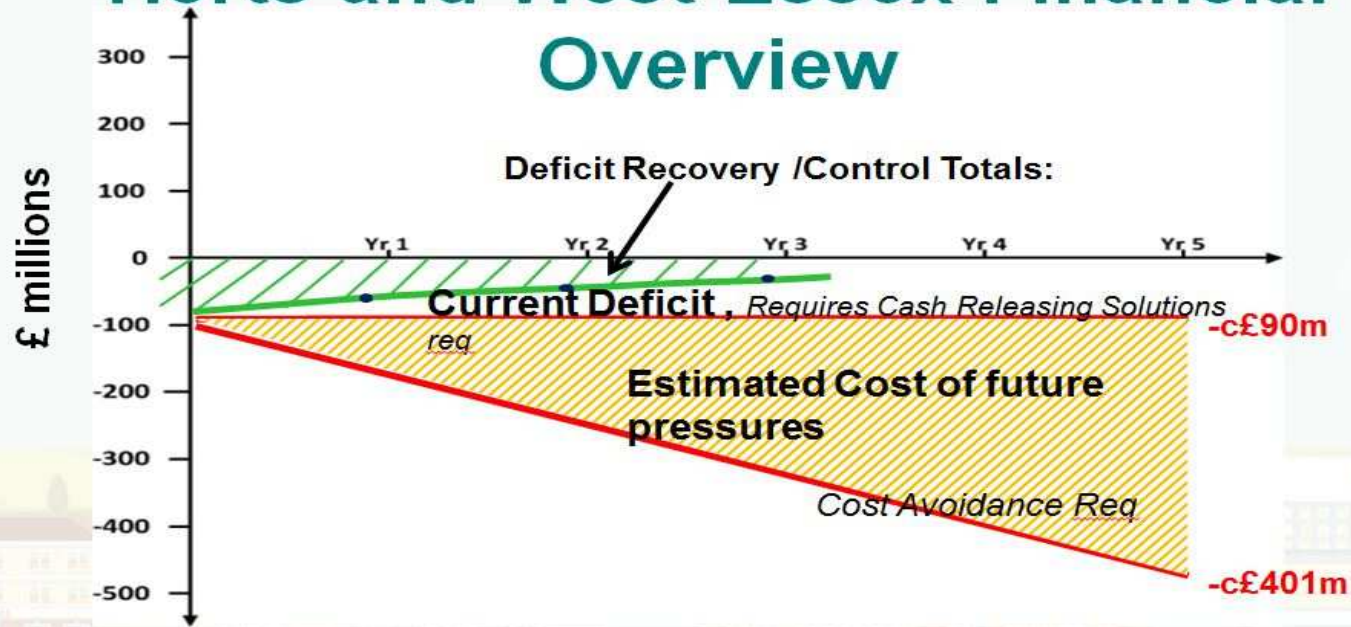
Accountable Care System



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Herts and West Essex Financial Overview



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STP Dashboard- making progress

Hospital Performance	A&E waiting time performance	82.90%
	Referral to Treatment waiting time performance	92.60%
	Providers in special measures	Yes
	Healthcare associated infections - MRSA	0.7
	Healthcare associated infections - c. difficile	13.7
Patient Focussed Change	Extended access	17.30%
	Patient satisfaction with opening times	74.80%
	Improving Access to Psychological Therapies recovery rate	54.50%
	Early Intervention in Psychosis 2-week waits	71.10%
	% of cancers diagnosed at stage 1 or 2	55.80%
	62-day waits	81%
	Cancer patient experience score	8.5
Transformation	Emergency admissions rate	87
	Emergency bed days rate	456
	Delayed Transfers of Care rate	6,003
	System-wide leadership	Established
	CCG/Trust performance vs. financial control total	-0.70%



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STP Priorities

- Reduce **unwarranted variation** in all health and social care settings (clinical pathways).
- Reduce level of **demand/referrals and activity** for secondary care/specialist services, through earlier intervention and by shifting care.
- Deliver priorities of **Five Year Forward View**, Urgent & Emergency care, Primary Care, Mental Health, Cancer and Finance.
- Establish “**Place Based and Integrated Care model**” in community and primary care.
- **Increase capacity** to manage demand and activity in primary and community care.
- Focus on **Prevention** and increase self-care and self-management.
- Reduce provision of or stop treatments of **limited clinical effectiveness**.
- Improve condition of our Hospital and Community **estate and environments**.
- **Finance**, deliver within means and work to a single control total across STP.
- **Commissioning**, reduce number and cost of transactions within the STP.
- **Back office /Productivity**. Reduce costs of back office across the STP and transactions; increase productivity.
- Reduce **workforce** costs, plan and reassign workforce to match demand and needs.
- Establish **new architecture** to support delivery, e.g. ACS , ACO , MCPs.



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Priority Workstreams

Urgent and Emergency Care

- GP streaming and reductions in A&E demand - **right care, right place, right time**
- Improved clinical pathways to support urgent and emergency care priorities: stroke, chest pain, pneumonia
- Improvement against performance targets



Primary Care

- Extending access to GPs
- Develop a GP resilience programme and support for vulnerable practices
- **Implementing new models of joined-up care in our communities**



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Priority Workstreams

Mental Health

- Expanding access to mental health services in acute (hospital) settings.
- Expert mental health support in GP practices.
- Expanding psychological therapies into treatment pathways for people with long term conditions.
- A new treatment pathway for autism.



Cancer

- Co-ordinating cancer prevention campaigns
- Implementing the 2 week wait standard
- **Accelerating screening campaigns**
- Planning expansion of diagnostic centres



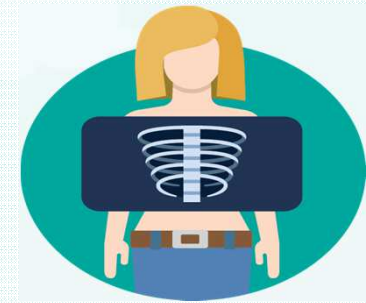
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Priority workstreams

Planned Care

- Reducing or stopping activity which has limited clinical effectiveness
- **Managing demand for expensive treatments by advising earlier**
- Improving the efficiency and effectiveness of treatment pathways, reducing variation
- Standardising clinical thresholds / eligibility
- Improving the sustainability and affordability of fragile services



Clinical Support Services

- Pharmacy efficiency improvements across the whole system
- **Medicines waste reduction**
- Pathology and radiology service improvements



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Priority workstreams

Prevention

- **Expand social prescribing**
- **Champion cardio vascular disease reduction**
- **Promote self-management of health conditions**
- **Monitor health remotely through 'Telecare'**
- **Alcohol and obesity reduction initiatives**



Frailty

- Identifying frail patients and planning their care
- Improving care and health in Care Homes
- **Develop and trial integrated community frailty service model to support people at home, specific focus on falls**



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Accountable Care Structure

NHS England/Improvement Function

- A one stop shop regulator
- Redeployment of staff and budget to support ACS
- Devolve transformation funding package to STP/ACS

Accountable Care System Function

- Strategic Commissioner for local whole population
- System Integration
- Provide system assurance to regulators

Accountable Care Organisation(s)Function

- Single vehicle with whom commissioners contract for population health and care services
- Local health and care service integration
- Improve quality and health outcomes



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ACS Model of Care

