

Update to	Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations
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Title	Update and progress on Devon's STP

Introduction

The Devon Sustainability and Transformation Partnership (STP) provides a single framework through which the NHS, local authorities and other health and care providers work together to transform health and care services.

All STP leaders have been working collaboratively in Devon over the past 18 months on an ambitious plan.

This has resulted in significant progress in key areas. For example, a joint approach to tackling financial problems has resulted in over £100 million of savings in 2016/17, and this year Devon is on track to deliver a further £169 million in efficiency savings. There is also a shared commitment to improving performance, which has seen Devon move into the top 20% in England on performance on A&E, cancer and mental health.

The purpose of this report is to:

- ❖ ***Provide a monthly update that can be shared with Governing Bodies, Board and other meetings in STP partner organisations.***
- ❖ ***Ensure everyone is aware on all STP developments, successes and issues in a timely way.***
- ❖ ***Ensure consistency of message amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.***

This update will be shared with all organisations every month, following each Programme Delivery Executive Group (PDEG) meeting. This update may also include national STP news or other important developments.



Items included in this monthly update, following the PDEG meeting held on 20 October 2017, are as follows:

1. Recruitment of a system-wide Chief Executive for Devon, and independent chair.
2. Acute Services Review – phase 1 close-down, phase 2 next steps and proposals for service delivery networks.
3. Devon Accountable Care System organisational design mandate.
4. Learning from the launch of the *In Shape for Surgery* initiative.
5. A project to make best use of spend on high cost drugs.
6. Cancer services – achieving and maintaining the 62 day standard.
7. Devon STP priority workstream areas.

1. Recruitment of system-wide Chief Executive for Devon

Recruitment is now underway to appoint a Chief Executive for the Devon Accountable Care System. The role is hugely influential and will cover:

- Responsibility for developing and leading the new Accountable Care System.
- Leadership of the Sustainability & Transformation Partnership (STP) and its transition into the new Accountable Care System.
- Being Accountable Officer for the 2 CCGs.

The post was advertised in the *Health Service Journal* on 9 October 2017 (see advert below) with a closing date for applications of Wednesday, 1 November 2017. The interview process will take place in December 2017, and will include representatives from across the Devon health and social care system, regulators and an independent assessor.

Devon Accountable Care System, Chief Executive

Exeter, Devon | Attractive Package

The leaders of all of Devon's NHS and local government bodies have been developing an ambitious sustainability and transformation partnership over the past 18 months, aiming to meet the health and well-being needs of the county's population. Historic financial problems are being eradicated, performance is already improving and, above all, there is an increased focus on preventing ill health and on promoting independence through the provision of more joined up services closer to people's homes.

Devon Accountable Care System will aim to address a number of long-term systemic issues facing the NHS as whole, including anticipating the differing needs of an ageing population, the integration of health and social care, and the focus on cure rather than prevention. The new Chief Executive will take on responsibility for developing and leading the Accountable Care System in Devon, providing leadership to the sustainability and transformation partnership and becoming accountable officer for the two CCGs which include all primary care commissioning to Devon, as well some specialist commissioning. The role thus embraces a huge

change agenda, operating in an environment where the emphasis is on coaching, guiding and collaborating with partners, and exerting influence where required.

The successful candidate will need to be a visionary leader with established credentials as a chief executive, gained in a complex, regulated environment, and familiar with health care and the joint agenda with local government and social care. The ability to operate in a complex governance structure, manage an array of partners and stakeholders, and drive for tangible outcomes will be important characteristics.

This role represents an excellent opportunity to take a step forward in health and social care provision and show the way for the future

For more information about the role please visit www.rraresponses.com

PDEG endorsed plans to establish a substantive position of Accountable Care System Independent Chair to replace the role currently occupied by Dame Ruth Carnell, whose contract is due to expire at the end of March 2018.

2. Acute Services Review: phase 1 close-down, phase 2 next steps and proposals for service delivery networks

Phase 1 close-down

In phase 1, clinical leaders recommended a review of 3 areas: Stroke, Maternity, Paediatrics & Neonatology and Urgent & Emergency Care and a range of other smaller specialities. The aim was that services:

- Could be more effective in responding to current and future demand.
- Deliver against increasing standards for safe and high quality care.
- Have increased resilience now and in the future.

Over 100 clinicians, managers and service users were involved in planning the '*Best Care for Devon*', with clinical recommendations to deliver safe, sustainable services.

The first phase has been recognised as an "exemplar" by NHS England, and is already producing tangible benefits:

- Mutual Support Agreement – collaborating to reduce patient safety risks (such as on 52 week waits and cancer services).
- Devon-wide service development priorities (agreed sites for Hyper Acute Stroke Units to improve stroke care and outcomes).
- Service changes agreed – alongside maternity led unit, transitional special care baby unit and histopathology.
- Improved collaboration between 4 acute hospitals – joint posts and emerging clinical networks.



The ASR phase 1 work has concluded the service design phase for all three major reviews, with recommendations agreed for each service. This has now transitioned into the work to operationalise these recommendations. Each Trust is required to provide evidence that they can deliver the clinical recommendation for each service through sustainable workforce arrangements and affordable within the Trust's financial plan.

This work continues to be led by the designated Medical Director and Project Manager. Each provider is required to define in more detail the step changes and implementation plans. Where necessary, the generation of full business cases for implementation may also be required, which will be subject to normal approval processes.

With the work now progressing to prioritise review areas for phase 2, it was agreed that the 'design' stage for Phase 1 now needs to be concluded and resource/leadership confirmed for delivery of phase 1 areas.

Phase 2

The process for selection of Phase 2 services was agreed by Chief Executives in August 2017. The ASR Programme Mandate was reviewed and three key objectives were confirmed to guide the selection process. These are:

- Finance sustainability and value for money.
- Sustainable capacity (including clinical workforce).
- Quality and outcomes.

Information relating to each objective was gathered from providers and commissioners for a range of acute hospital services. This was presented to the Phase 2 selection meeting consisting of clinical and managerial representatives of commissioners and providers, including representatives from Cornwall because of their relationship with PHNT. NHS England commissioners were not represented but had sent a list of specialised services for consideration.

The following selection criteria were agreed:

- Services where the data suggested greatest quality risks or opportunities.
- Services proposed by participants at the meeting as requiring review, based on service knowledge.
- Services where the data suggested greatest sustainable capacity risks or opportunities.
- Services where the data suggested greatest financial risks or opportunities.
- Services where there are 1 or 2 consultant members.

A group discussion took place to rationalise these lists into a single shortlist, guided by the services that occurred most frequently.

A final shortlist of services has been agreed, but a final review will be undertaken before these are announced. The proposed shortlist can be included in a Chief Executive report to the private part of Boards, Governing Bodies and other meetings.

Service Delivery Networks

The majority of ASR phase one reviews recommended the development of a 'network' solution as an enabler to deliver the recommended clinical proposals.

Further work has been done to establish how these networks might be set up to meet differing levels of need.

Three different levels of service delivery networks were proposed to PDEG and were endorsed as follows:

Level 1: Service Quality and Effectiveness Network

Core characteristics:

- Discussion of cases, peer review for specialist advice and support on the care of individual patients.
- Mentor support for learning and improvement for individual clinicians.
- Best practice reviews and Guideline development.
- Peer comparison of processes, pathways and outcomes to agreed priority service improvements.
- Identification of areas of service which may benefit from more integrated delivery between providers (Standard Operating Procedures to establish process for escalation of identification and process for agreeing any SLA).
- Analysis and benchmarking of financial cost of delivering service at provider and Devon level against upper quartile peer organisations with a continual review of efficiency opportunities.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating Trusts.
- Annual learning and improvement summary (potentially via peer review) to host Trust Medical Directors for sharing and discussion through the Medical Directors network meetings and with Commissioner via standard quality assurance processes.
- Accountability for service delivery, performance monitoring and clinical governance of the Trust-specific service retained by the individual Trusts.

Level 2: Service network with cross-site delivery of all or some provision of service

This network would be appropriate where there are services where one or more Trusts do not have the capacity or capability (workforce, infrastructure, etc) needed to deliver that service to the standards required and may have to contract with another Trust to secure that capacity for part or all of the service that they are commissioned to deliver. This may require workforce to travel to provide the service on another site, or patients to travel to another hospital to receive the service.

Core characteristics would include all functions described at Level 1, plus:

- The network would develop and broker agreements on the cross site solutions required, which could include joint (cross Trust) appointments and shared rotas.
- A contractual agreement would be put in place between Trusts for provider A purchasing service capacity from provider B.
- Accountability for quality standards, governance, complaints, performance retained by purchasing provider where they provide the majority of the service pathway.
- Collaborative agreement on subspecialty areas for provision on a specified (potentially single) site via a 'host Trust' arrangement for that element of the service – the host Trust then assumes the accountability for and governance of that element of the service and the commissioner contracts for that service element from that Trust.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across those participating.

Level 3: Lead provider network – one budget, full accountability

This network would be appropriate where the total service for Devon is delivered by a single/lead provider and should be commissioned directly from that provider. The specification will detail the access requirements (where to be delivered and how) and the Lead Provider will need to subcontract for the infrastructure required from other Trusts.

Core characteristics would include all functions described at Level 1, plus:

- Contract income for the total service and singular accountability for quality, performance and governance.
- Provided through a single organisation/lead provider.
- Employer of all staff who deliver the service commissioned, and responsible for deploying these staff to meet the access requirements defined in the commissioning specification.
- Directly accountable via Lead Provider to commissioner (Devon-wide strategic commissioning function).
- Provider will designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating providers.



3. Devon Accountable Care System organisational design mandate

PDEG endorsed a mandate that defines the scope of work to be completed by March 2018 to create the basis of a new health and social care system in Devon. This mandate brings together the organisational design work across the STP into one coherent programme.

A new steering group has been established (see below) that oversees the wide range of organisational design work that is being undertaken. This group is led by Dr Nick Roberts. Other project groups will feed into this group, some are still in development and detailed leadership arrangements are yet to be finalised.

The group will oversee the development of the new Accountable Care System for Devon, which includes a single, strategic commissioner.

OD Steering Programme Group

SRO: Dr Nick Roberts

STP Lead: Mairead McAlinden

Management Lead: Sonja Manton

C&E Lead: Andrew Millward

Programme Manager: Ben Rom

Workforce/OD: TBC

Finance: Andy Robinson

External Support: Mark Cooke (NHSE)

**Project Links: Melanie Walker; Ann James;
Paul O'Sullivan**

Others: System Chief Executives

A core narrative has been developed that explains the development of the new Accountable Care System for Devon.

4. Learning from the launch of the *In Shape for Surgery* initiative

In Shape for Surgery was launched in July 2017. It was undertaken as part of the planned care workstream and was designed to support patients to better prepare for their surgery, save money and reduce demand on services.

Given this was a project that spanned across the Devon system, it was important that learning from the launch was shared so that future projects and programmes could benefit.

Alison Diamond, Chief Executive of Northern Devon Healthcare, led the review, which gained feedback from 33 people involved in the project.

The main lessons learned are as follows:

- **Clarity on process:** it is important that everyone involved is clear on the aims, objectives and timescales of the project.
- **Early engagement:** involving key clinicians and teams early is important, so that their views and ideas are sought to shape the project.
- **Decision-making:** greater clarity is required on what the decision making channels are.
- **On-going engagement:** once the decisions are made, it is important that key people are engaged and informed so that they are aware of what is being launched.
- **Briefing:** before launch it is important that all leaders are briefed so that they can support the project and answer any questions from staff.

5. A project to reduce spend on high cost drugs

PDEG endorsed a project to ensure the NHS in Devon gets best value from its spend on high cost medicines, which is currently in excess of £35 million a year, with historical growth in excess of 13%. Just four clinical areas account for 80% of the use of these drugs – dermatology, gastroenterology, rheumatology and ophthalmology.

The aim of the project is to ensure a consistent approach across all commissioners and providers in Devon to the provision of these drugs, including switching to ‘biosimilar’ medicines wherever possible. A biosimilar medicine is a biological medicine which is highly similar to another biological medicine already licensed for use, but much more cost-effective to produce. It is not a generic equivalent, because it is similar to the original medicine rather than identical. However, it meets the same quality, safety and efficacy standards as the original medicine and shows no difference in patient outcomes.

The project will ensure patients are on the best medication, whilst reducing expenditure and wastage.

6. Cancer Services – achieving and maintaining the 62 day standard

The Devon STP has established a cancer services programme to focus on meeting the target for 62-day standard for cancer treatment from first referral. The number of people being referred with suspected cancer has increased, and all providers in Devon face challenges in achieving government targets for treatment times.

PDEG endorsed the mandate for the Devon wide programme that operates within the STP to ensure delivery of a sustainable 62 day cancer performance standard (delivering consistent aggregate performance of 85%) and clarifies the relationship between the STP programme and the Cancer Alliance.

The programme has the following objectives:

Achieving operational excellence

- Reviewing working practices and duplication of work that lead to delays by:
 - Implementing optimum care and diagnostic pathways with the minimum steps required to complete them.
 - Implementing revised pathways for prostate cancer in 2018/19.
 - Introducing the national optimal lung cancer pathway in 2018/19.
 - Introducing straight to test pathways for all GI endoscopy procedures.
 - Preparing for the introduction of FIT testing for low risk patients in 2018/19.
- Ensuring the 10 high impact cancer actions launched in July 2015 are delivered.

Ensuring sustainable delivery

- Reliably predicting demand for cancer services, to include 2 week wait cancer referrals, 62 day cancer cases and overall number of cancers and use this to estimate future demand for cancer services.
- Ensuring diagnostic waiting times and reporting is sufficient to maintain sustainable delivery of the waiting time standards in preparation for the introduction of the 28 day faster diagnosis standard from 2018/19.
- Reviewing diagnostic demand and capacity at trust level and by modality to assess the impact of using one system capacity to project diagnostic demand to 2020.

The programme will ensure:

- A single approach for the Devon STP that supports its ambition for cancer services, where each provider is consistently and sustainably achieving the standards and achieving the wider requirements of the National Cancer Strategy.
- Optimal pathways including diagnostics, for prevalent modalities in place.
- A single work plan with prioritised response and delivery.
- A single reporting structure, with central planning.

7. Devon STP priority workstream areas

The Devon STP focuses on seven priority workstream areas. PDEG regularly reviews progress in each of these areas, as well as specific proposals as they are developed.

Please see below, the aims of each the main priority workstream areas:

- i. ***Prevention and promoting health:*** we want people and communities to be able to take a more active role in their general health and wellbeing, to prevent ill health and, when illness strikes, to be able to remain as independent as possible.
- ii. ***Integrated models of care:*** aims to reduce reliance on hospital beds and help people to live healthy independent lives for longer, closer to where they live. Care needs to be less fragmented and more joined-up so that it is safer and more efficient.

- iii. **Primary care:** aims to establish a consistent, high quality and sustainable model of primary care.
- iv. **Mental health and learning disability:** to make sure that mental and physical health services are joined-up and meet people's needs.
- v. **Acute hospitals and specialist services:** to make sure that acute hospital services in Devon are safe, high quality, effective and affordable.
- vi. **Productivity:** aims to reduce inefficiency and waste across all organisations, so we make the best use of resources.
- vii. **Children and families:** we want children and young people to be able to access the services they need, as close to home as possible. Services will be more joined-up so that we can better support families and also ensure that children continue to get the care they need as they become adults.

The priority workstream areas are supported by a number of STP programmes.