

STP, BCT & UHL Reconfiguration Update

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Trust Board paper H

Executive Summary

Context

In order to provide a vision for transformation across the whole health economy, this paper provides an update on the Leicester, Leicestershire & Rutland (LLR) Sustainability and Transformation Partnership (STP) / Better Care Together (BCT) Programme which sets the context for UHL's Reconfiguration Programme.

The LLR STP describes how the local health and social care system plans to restore its financial balance by the 2022/23 financial year through new ways of working. The STP builds on the work developed as part of the BCT programme but with clearer focus on implementing system priorities. Crucially, it makes UHL's case for national/external capital investment and access to transformational funding to support its Reconfiguration Programme. The latest version of the STP plan was submitted to NHS England on 21st October 2016. Partners across LLR are currently collaborating to update this plan.

UHL's Reconfiguration Programme is an ambitious and complex undertaking which has been established in order to deliver both the broader system priorities within the STP and the Trust's strategic direction and clinical strategy. It is important that the Trust Board has visibility of progress in delivering the STP, since the assumptions on transformation in the STP underpin the Reconfiguration Programme. The Trust Board therefore need to be able to provide appropriate challenge to ensure there is sufficient assurance associated with activities undertaken to achieve the desired future state.

Questions

1. What progress has been made since the last Trust Board?

Conclusion

The following progress has been made:

Sustainability and Transformation Partnership (STP)

1. The whole system work on frailty and multi-morbidity continues at pace, in part to inform the detail required for a successful Pre-consultation Business Case.
2. The Partnership is formally reviewing its governance.
3. The 'Next Steps for Better Care Together' document due to be published in July will now be published in August.

Reconfiguration Programme Funding

4. On the 28th March 2018 the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital funding announced in 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first wave. At that time, the Department of Health and Social Care (DHSC) issued a statement declaring the intention to announce one large scale scheme every year going forward over the next five years.
5. The STP Capital Bid was submitted along with the LLR STP Estates Strategy / Workbook on the 16th July for consideration in the wave 4 funding round. The bid was for £367m, which took account of the £30m already approved for the Interim ICU and Associated Clinical Services project.
6. We expect the successful bids will be announced towards the end of the year.

East Midlands Clinical Senate

7. The successful completion of the East Midlands Clinical Senate was another key programme milestone to be achieved. The panel was held on the 5th July and was extremely positive about the reconfiguration proposals, the chairperson Dr Julie Attfield, Clinical Senate Vice-Chair, concluded with the following statement:
8. *"The panel were absolutely in support of the proposed reconfiguration of services from three sites onto two, and on this basis, recommends that the STP proceeds. The report highlights the strength of argument for the change, particularly from a workforce and sustainability perspective....."*
9. The full feedback report will be included in the Pre-Consultation Business Case to demonstrate that the reconfiguration proposals have been clinically scrutinised by an independent panel.

Patient and Public Involvement (PPI)

10. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; each month we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
11. This month, owing to the level of work that has been required to deliver the capital bid and due to the holiday season, there have been no specific Patient and Public Involvement events held outside of the routine project board involvement. However, the Reconfiguration team, and a number of Patient Partners will meet throughout August to discuss and develop a Reconfiguration communications plan outlining service change (including interim arrangements) to patient groups and the wider public.

Programme Risk Register

12. The latest risk register will be reviewed at the next Reconfiguration Programme Board on the 28th August 2018.

Input Sought

The Trust Board is requested to:

- **Note** the progress within the Reconfiguration Programme and the planned work over the coming months.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

- Safe, high quality, patient centred healthcare [Yes]
- Effective, integrated emergency care [Yes]
- Consistently meeting national access standards [Yes]
- Integrated care in partnership with others [Not applicable]
- Enhanced delivery in research, innovation & ed' [Yes]
- A caring, professional, engaged workforce [Yes]
- Clinically sustainable services with excellent facilities [Yes]
- Financially sustainable NHS organisation [Yes]
- Enabled by excellent IM&T [Yes]

2. This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk ...			XX

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Described in the report]

4. Results of any **Equality Impact Assessment**, relating to this matter: [A full EIA is being completed as part of the Pre-Consultation Business Case]

5. Scheduled date for the **next paper** on this topic: [06/09/18]

6. Executive Summaries should not exceed **4 sides** [My paper does comply]

7. Papers should not exceed **7 sides**. [My paper does not comply]

Section 1: Sustainability and Transformation Partnership (STP)

Governance review:

The current LLR STP leadership and governance arrangements were developed and agreed with local partners in Autumn 2016.

These arrangements and their wider supporting structures have in many respects served LLR well. Our system was rated as 'advanced' last year by NHS England and NHS Improvement, and more recent quarterly STP Stocktake meetings with these national regulators have recognised the progress that has been made locally in developing a generally more collective and collaborative approach and relationships to system leadership and improvement.

However, local partners have equally come to the view that now is the right time to revisit the leadership and governance arrangements for our STP to ensure that these adapt and evolve in order to remain fit for purpose.

In particular, there are a number of drivers which suggest now is a good moment to take stock:

- CCG decision 'in principle' on joint working arrangements – intended to create a clearer single NHS commissioning 'voice' that will require rethink of joint committee/decision making forums like SLT
- New STP Lead appointment - system partners will need to agree on a model for STP Chair/Lead role(s)
- The current arrangements are not working well enough for all partners – e.g. local authority feedback, work stream interface/scope alignment issues, NHS Provider Board/NED/lay involvement, university/academic links.
- National 18/19 Planning Guidance – policy expectations re: Integrated System Working, the "roll-out" of Integrated Care Systems, and the growing body of examples from elsewhere, particularly the Wave 1 ICS areas.
- NHSE and I move to integrated regional model is likely to see some functions around local system oversight embedded into STPs.

Many of these issues are national and not unique to LLR, but what is clear from elsewhere is that the responses to these drivers will need to reflect the local context and starting point which is specific to the make-up of our local Partnership.

The overall aim for the Review is:

"To improve the ability of the Partnership to bring different stakeholders together to make positive change happen for local people."

The Review will commence in July 2018 and aim to conclude within 3 months.

During this period, the review Steering Group will:

- report progress to the System Leadership Team on a monthly basis and
- ensure that there is feedback to the LLR Chairs group which includes CCG Clinical Chairs, NHS Provider Chairs (from UHL, LPT, EMAS) and Health & Wellbeing Board Chairs.

A final report will be required from the review partner (The National Leadership Centre) in September 2018; with the draft set of recommendations considered at the October meeting of SLT.

Section 2: Reconfiguration Programme Board Update

Reconfiguration Programme Funding

19. On the 28th March 2018 the Secretary of State for Health and Social Care announced the first capital budget allocation of £760 million against the capital funding announced in 2017 Autumn Budget; unfortunately Leicester's STP was not one of the 40 selected in this first wave. At that time, the Department of Health and Social Care (DHSC) issued a statement declaring the intention to announce one large scale scheme every year going forward over the next five years.
20. The STP Capital Bid, which was approved by the Trust Board on the 12th July, was submitted along with the LLR STP Estates Strategy / Workbook on the 16th July for consideration in the wave 4 funding round. The bid was for £367m, which took account of the £30m already approved for the Interim ICU and Associated Clinical Services project.
21. We expect the successful bids will be announced towards the end of the year.
22. The plan for the Capital Bid and Pre-Consultation Business Case (PCBC) is outlined below. Completed actions are marked in green on the timetable below. Dates highlighted in purple are indicative, and allow time for feedback between assurance panels:

Action	Lead	Completion Date
Procure support to write the PCBC	Sarah Prema	27-Apr
Strengthen Workforce Plan	Louise Gallagher	20-June
Robust activity model across LLR including Bed Bridge and activity to Alliance - 5 years +	Sarah Prema	20-June
Submit Draft STP Capital Bid	Nicky Topham	22-June
Submit Draft LLR Estates Strategy	Darren Kerr	22-June
Issue Senate papers	Justin Hammond	28-June
Clinical Senate	John Jameson	5-July
UHL Trust Board Approve Capital Bid	Paul Traynor	12-July
Submit STP Capital Bid	Nicky Topham	16-July
Submit LLR Estates Strategy	Darren Kerr	16-July
UHL robust Models of Care	Jane Edyvean	31-July
Draft 1 PCBC following Senate Feedback	Nicky Topham	31-July
PCBC support at CCG Commissioning Collaborative Board	Sarah Prema	16-Aug
Page Turn of PCBC with NHSE/I	Sarah Prema	17-Aug
Issue Papers for Regional NHSE Assurance Panel	Nicky Topham	26-Sep
Regional NHSE Assurance Panel	John Adler/ Paul Traynor	10-Oct
Respond to NHSE Regional Feedback	Nicky Topham	6-Nov
National NHSE Assurance Panel (Oversight Group for Service Change and Reconfiguration (OGSCR))	Nigel Littlewood	4-Dec (or arrange extraordinary end Nov)
Respond to NHSE National Panel Feedback	Nicky Topham	11-Dec
National NHSE Investment Committee	Paul Watson	18-Dec
Respond to NHSE Investment Panel Feedback	Nicky Topham	15-Jan
NHSI Resources Committee	Dale Bywater	12-Mar

DHSC / Treasury/ Ministerial Approval	TBC	TBC
Commence Consultation	Richard Morris	TBC

East Midlands Clinical Senate

23. The successful completion of the East Midlands Clinical Senate was another key programme milestone to be achieved. The panel was held on the 5th July and was extremely positive about the reconfiguration proposals. The chairperson, Dr Julie Attfield, Clinical Senate Vice-Chair, concluded with the following statement:

“The Clinical Senate was pleased to be able to assist the LLR STP again, and wishes to thank all the constituent members of the STP for their time and input on the day, and particularly to UHL for hosting the clinical review team, which was held at the same location as the local NHS 70th birthday celebrations.

The panel were absolutely in support of the proposed reconfiguration of services from three sites onto two, and on this basis, recommends that the STP proceeds. The report highlights the strength of argument for the change, particularly from a workforce and sustainability perspective.....

I would like to wish the LLR STP good luck with its aspiration to deliver a sustainable, clinically effective and affordable service in the future.”

24. The full feedback report will be included in the Pre-Consultation Business Case to demonstrate that the reconfiguration proposals have been clinically scrutinised and supported by an independent panel.

Patient and Public Involvement (PPI)

25. The Reconfiguration Programme values PPI and in particular the opportunities for co-production with UHL Patient Partners. A regular update will be provided to the Trust Board on the PPI involvement undertaken within the Reconfiguration Programme; each month we will focus on a specific project and show how our Patient Partners have supported the work of the Project Boards.
26. This month, owing to the level of work that has been required to deliver the capital bid and due to the holiday season, there have been no specific Patient and Public Involvement events held outside of the routine project board involvement. However, the Reconfiguration team, and a number of Patient Partners have planned to meet throughout August to discuss and develop a Reconfiguration communications plan outlining service change (including interim arrangements) to patient groups and the wider public. Progress will be shared at the next Trust Board meeting.

Section 3: Programme Risks

27. Each month, we report in this paper on risks which satisfy the following criteria:

- a. New risks rated 16 or above
- b. Existing risks which have increased to a rating of 16 or above
- c. Any risks which have become issues
- d. Any risks/issues which require escalation and discussion

28. The highest scoring programme risks are summarised below:

Risk	Current RAG	Mitigation
There is a risk that estates solutions required to enable decant of construction space are not available.	20	The overall programme is reviewed and progressed with the space planning team, significant decant space is available (e.g. Brandon Unit, Mansion House) and project work-stream to be identified.
There is a risk that the reconfiguration programme is not deliverable for the agreed capital envelope.	20	Further work assessing assumptions used to develop the capital envelope. Rigorous change control processes in place and ensure any increases in cost are mitigated by appropriate savings. Review of procurement and innovative solutions to reduce costs.
There is a risk that delays to consultation / external approvals delay the programme, which is already challenging.	20	If Women's and/or PACH are progressed through PF2, business case timescales will be longer and delay caused by consultation will have less impact.
There is a risk that the complex internal dependencies between reconfiguration projects are not delivered in the required timescales.	20	Clinical services will not be moved until all services on which they are dependent are available with appropriate capacity. Development of Reconfiguration Programme SOC will identify sequencing and interdependencies between projects.
There is a risk that the Full Business Case for ICU will not be approved because the conditions placed at OBC cannot be met.	20	Detailed work with all services involved in the ICU move to identify transformation and savings.

Input Sought

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