

Friday 10 March 2017

Hello my name is Rob, and welcome to the STP update for this week.

### What's been happening this week?

The response of the NHS to the news that social care will receive more funding in the next three years demonstrates that we are bound together in a system with sectors that are reliant on each other. After concerted lobbying by the NHS Confederation, ADASS and the Local Government Association over a number of years, the Chancellor of the Exchequer Philip Hammond delivered his spring **Budget** with new funding for social care. This is backed by a promise of wider reform with a green paper later in the year. Those of us who have been around a while will wait and see whether permanent change emerges as recent decades are haunted by the ghosts of dead social care reviews. You can read more [here](#)

The **leadership day** took place on Tuesday. It was a useful day, full of debates, discussions and decision-making. This included the **Stroke Strategic Case for Change (SCfC)** being approved by the Collaborative Forum, which is made up of the 11 clinical commissioning groups across the area. Stroke is just one area covered by the new seven day standards and commissioners are keen to see a whole-system approach to achieve the greatest benefit for people.

It will be interesting to read the findings from our **stroke engagement work** in April so we can further understand people's views. It's important to note, that although the media focus is on hyper acute stroke units (hyper-acute refers to the first few hours and days after the stroke occurs), our work is very much around the whole stroke pathway from prevention to recovery. Cardio vascular disease affects poorer populations more, who are less likely to be picked up in primary care and subsequently have shorter lives with more disability. That's why a focus on prevention and investing in primary care and rehabilitation will be considered as closely as where specialist emergency treatment occurs.

We are currently looking at improving **elective care** and this was discussed at the Clinical Forum. Elective care is pre-arranged, non-emergency care, including scheduled operations. It is becoming increasingly difficult to sustain the 18-week waiting time standard for elective care. This is for various reasons including consistency and accuracy of patient waiting time data; the impact of emergency pressures and by inconsistencies in the way that patient referrals to hospitals are managed. Amanda Bloor, who leads on the WY&H standardisation of policies theme, and Brian Hughes from NHS England are taking a closer look at this area of work with colleagues from West Yorkshire Association of Acute Trusts (WYAAT). There is a view from both commissioners and providers that reducing variation and increasing standardisation is the right approach. This work will include exploring best practice pathways for patients, adoption of technology solutions and the opportunity to review workforce models.

There was a good discussion at the Clinical Forum around **workforce challenges**. This essential, with the majority of STP resource and all of the care being delivered by our workforce. This conversation was led by Tim Gilpin, Mike Curtis (Health Education England), Chris Mannion (Harrogate Hospital) who gave an update on the development of a Workforce Strategy for the STP.

This strategy will cover a list of actions, mainly around primary care staff, registered workforce, non-registered workforce initiatives and workforce flexibility. The health and wellbeing of our staff cuts across the whole strategy, which covers all health and social care sectors.

From a clinician view, we need to do more around **retaining junior doctors**, as 50% are graduating without continuing to the next stage or their training immediately. Forum members are keen to support the workforce strategy, i.e. junior doctors. [Michael West's](#) report on '[Wisdom, vision and courage are needed to develop people and improve care](#)' is worth a read if you want to know more.

Thanks to Emma Fraser for updating the forum on the **mental health work programme**, building on the work of the Vanguard and the blue print for the [Mental Health Five Year Forward View](#). Good collaboration across the four Trusts that provide mental health care is taking place, and what we see now is the sharing of expertise, and a shared vision to deliver consistent outcomes for people who need care and support. Providers are also working more closely together so people don't have to go out of area when they need specialist help. Work continues around improving child and adolescent mental health services, approaches to suicide and the scoping of autism specific care.

**We had two important discussions in the afternoon leadership session.** The first was on finance, where we endorsed the proposal by the Directors of Finance for the rapid update and delivery of a revised financial strategy. Jonathan Webb will now be taking this work forward with the STP finance leadership, and this work will tie in with the development of the STP implementation plan. The second was an organisational development session led by Practive. The quality of the debate and the conversation that ensued was first class. The over-riding message from this session was that governance and infrastructure are necessary but not sufficient in our success. It is essential that we keep building trust because the relationships between us are what will make delivery of the STP a reality. It is clear that this was one important step on our STP journey and I will be working with the team to consider next steps.

**Finally, I had a good conversation with Jeremy Taylor this week from [National Voices](#).** National Voices is made up of health and social care charities in England. Together they work for a strong public voice in health and care, and services that are built around people. We agreed that there is a real opportunity to work together on our STP and to accelerate our work streams in relation to developing a new relationship with the 3<sup>rd</sup> sector, the Carers' Charter, digital technology, primary and community services and prevention at scale. The ultimate aim would be to deliver improvements in our delivery plan and we are keen to understand the offer that National Voices may be able to make to the sector.

Have a good weekend

### What happening next week?

- The first WY&H STP Programme Lead Meeting will take place on Monday.
- On Tuesday the Standardisation of Policies group will meet.
- STP planner from the local areas also meets on Wednesday, as does the Primary Care and Community work stream.

### What's coming up....

- We are in the process of finalising the engagement and consultation mapping document for WY&H. This builds on the earlier version produced in October. Thanks to Kirsty Wayman for pulling this together.

- The Urgent and Emergency Care Vanguard programme is due to finish on 31 March 2017, the national team is preparing a concise handover 'checklist' for each Vanguard that will clarify arrangements for business-as-usual in 2017/18.

### **For information**

- An event last week for STP communicators focused on how best to engage clinicians and other NHS staff. At the event, BritainThinks, presented findings from focus groups and interviews with different groups of clinicians and other NHS staff. This examined current levels of awareness of change in the NHS. It also makes recommendations on NHS staff's preferred channels to find out about change, and advises what they most want to know about. Other speakers included representatives from Royal Colleges and the NHS front line; Nita Clarke, Director of the Involvement and Participation Association; and Christina McAnea, National Secretary for Health at UNISON. The event closed with an address by Sir Bruce Keogh on the NHS's journey so far, and the future of health and care. Contact Karen if you want to know more.
- Simon Stevens set out ambitions for the future of STPs last week, as he gave evidence to the House of Commons Public Accounts Committee for its inquiry into 'Integrating Health and Social Care'. He confirmed that up to 10 STPs could become 'accountable care organisations', bringing about integrated funding and delivery for a whole population, effectively ending the purchaser-provider split for the first time since 1990. Main announcements are covered [here](#) and you can watch the session [here](#).
- Simon also announced at the Nuffield Trust's Health Policy Summit that hospital bed closures arising from proposed major service reconfigurations will only be supported where a new test is met that ensures patients will continue to receive high-quality care. [Read more](#).
- Michael White made the case for further political support for STPs in an article for the *HSJ*. [Read more](#).