

**Trust Board Meeting**

**01 June 2017**

<b>Title of the paper:</b>	<b>Strategy update</b>	
<b>Agenda item:</b>	<b>13/49</b>	
<b>Lead Executive:</b>	<b>Helen Brown - Deputy Chief Executive</b>	
<b>Author:</b>	<b>Helen Brown - Deputy Chief Executive</b>	
<b>Trust aims :</b>	Double click on the box to mark as appropriate: <input checked="" type="checkbox"/> To deliver the best quality care for our patients <input checked="" type="checkbox"/> To be a great place to work and learn <input type="checkbox"/> To improve our finances <input checked="" type="checkbox"/> To develop a strategy for the future	
<b>Purpose:</b>	The aim of this paper is to update the Board on the development of the Trust 's strategy.	
<b>Link to Board Assurance Framework (BAF)</b>	<b>PR9</b> Failure to develop a long term clinical, financial and estates strategy	
<b>Previously discussed:</b>		
<b>Committee</b>		<b>Date</b>
<b>Benefits to patients and patient safety implication</b>		
<b>Recommendations</b>		
The Board is asked to note the progress update		



Trust Board Meeting – 01 June 2017

Strategy Update

Presented by: *Helen Brown, Deputy Chief Executive*

**1. Your Care Your Future ~ integrated care and pathway re-design.**

The Trust continues to work with partners on the redesign of a range of planned and unplanned care pathways.

Gynaecology	The Trust is continuing to work with Hertfordshire Community Gynaecology service on the proposed integrated 'tier 3' community gynaecology service. The target go-live date is October 2017. The service is fully engaged and good progress is being made on the delivery and governance arrangements. Under the proposal the Trust will transfer more than 5000 outpatient contacts into the new service. Detailed work to model the financial impact of the changes is currently underway.
Diabetes	<p>HCT is the co-ordinating provider for the new integrated diabetes service. A submission was made to HVCCG in April setting out the proposed operating model and governance arrangements. HVCCG have asked for further assurance on a number of aspects of the model with a further submission due in July.</p> <p>The partnership has successfully secured more than £800k additional funding over the next 2 years through the National Diabetes Treatment and Care programme to support three key service development priorities (Structured Patient Education, Recommended Treatment Targets – HBAC1 and blood pressure and Reducing amputations (diabetic foot pathway). This is effectively pump priming these developments – the partnership will need to fund the services on a recurrent basis from April 2019, on the basis that these services will reduce overall demand once embedded.</p>
Community Musculo-skeletal services.	<p>The Trust is the lead / co-ordinating partner for a joint bid with HCT, the Herts Valley Physio Group, HertsOne GP Federation and the Royal Free London to develop a new community MSK service in line with the commissioning specification. This is a formal competitive procurement process.</p> <p>The service will operate within a fixed finance and activity envelope and a core requirement of the specification is to</p>

	<p>demonstrate a reduction in secondary care consultant led outpatient services. Partners have agreed a joint service model in response to the specification and have agreed partnership and governance arrangements to jointly deliver the service. Demand, capacity and workforce modelling has been undertaken. Financial modelling is in progress.</p> <p>The ITT is due to be submitted on the 12<sup>th</sup> June.</p>
Dermatology.	<p>The Trust's Dermatology team have been working with HVCCG commissioning leads to identify opportunities to redesign dermatology pathways. The first phase of redesign will be the introduction of a tele-dermatology service. The target go-live date is June 2017. The service will be formally reviewed in six months but will be kept under close review over that period to ensure that it is delivering the expected benefits.</p> <p>The service is working up proposals for further redesign of the service as part of a Multi Provider Partnership Collaborative within Q3 and Q4 2017/18. HVCCG would like to implement a fully capitated budget for the service but significant further work to understand future demand and capacity in redesigned pathways will be required before this can be achieved.</p>
Discharge to Assess - FIRST	<p>The Trust has commissioned HCT to provide home based care for patients who are ready for discharge from hospital but are waiting for either assessment for or delivery of a social care package to safely support them to go back home. The FIRST service opened in March 2017. An evaluation of the first six weeks of the service has commenced. A sustainable funding solution needs to be agreed with partners.</p>
Discharge to Assess - Transition HUB	<p>The Trust is working with HCT to develop a 'transition' service for patients who have completed their acute care episode, are medically stable but are expected to require a long term placement in nursing or residential care.</p> <p>The Trust has an agreement in principle with HCT that the management of Simpson Ward will transfer to HCT in June 2017. The ward will be managed alongside HCT's other community beds and will fulfil the 'transition' role described above.</p>
ENT and ophthalmology.	<p>HVCCG have notified providers of their intention to commission new ENT and ophthalmology pathways during the course of this financial year. This will be undertaken via a formal competitive procurement process. Further details on the requirements and timeline are expected in June.</p>

HVCCG has a significant in year and recurrent funding deficit and is currently developing a 'turnaround' plan that will set out how it will achieve a balanced financial position. The Trust leadership team is committed to working collaboratively with the CCG to identify and develop proposals to redesign services to support the health system to return to a balanced financial position. Proposals will be jointly developed between Trust and CCG clinicians with oversight via the joint QIPP board. A key

principle is that changes made need to reduce the overall system cost and will need to be financially sustainable for both the CCG and the Trust, whilst ensuring that local residents continue to be able to access appropriate services to respond to their health needs. .

## **2. Your Care, Your Future - strategic outline case for the redevelopment of acute hospital services.**

The Board approved the strategic outline case at its meeting in February 2017.

NHS E have advised that formal STP support at both a national and local level is required prior to formal consideration by NHS Improvement of the SOC. Formal commissioning support is also required from HVCCG as the Trust's main commissioner.

The Trust has written to all STP partner organisations asking them to formally confirm their support for the SOC by the 23<sup>rd</sup> June. HVCCG will be formally reviewing the SOC at their Board meeting at the end of June. The SOC will also be formally reviewed by the STP CEOs meeting in early July.

The Trust and HVCCG continue to liaise with NHS Improvement and NHS England to clarify national decision making processes in respect of the SOC. It is likely that there will be some delay to the original target timeline of September 2017 for formal approval by NHS Improvement and the Department of Health. Further updates will be provided to the Board as available.

Board members will be aware that there is an active 'new hospital campaign' which is campaigning for a new hospital in a new location (the Greenfield option within the SOC). The Trust has is providing a detailed response to a document produced by the new hospital campaign which challenges the financial assumptions within the SOC.

## **3. Car Parking Strategic Outline Case**

A Strategic Outline Case for a long term parking solution for the Trust is being taken to the finance and investment committee this month and, subject to approval by the committee, will be presented to part 2 of the Board for approval. (The business case includes commercially sensitive information).

## **4. Sustainability and Transformation Plan**

The Trust leadership team continues to fully engage in the STP.

New governance arrangements have been agreed and are currently being implemented. Workstream leads are currently developing TOR and priority areas for the 2017/18 work plan., building on work previously undertaken.

All STP partners have signed up to providing funding to support delivery of the STP and a substantive PMO team has been established.

**Helen Brown**

**Deputy Chief Executive**

May 2017