Agenda Item 13.3

Lincolnshire Sustainability and Transformation Partnership

TITLE OF REPORT	STP update for Governing Bodies and Trust Boards
STATUS OF REPORT (decision and approval, position statement, information, confidential discussion	Information
LEAD AND JOB TITLE	Sarah Furley, STP Programme Director
AUTHOR AND JOB TITLE	Yolanda Martin, Strategic Lead for STP Communications and Engagement
DATE	1 June 2018
APPENDICES	

PURPOSE OF REPORT
To update Governing Bodies and Boards of Directors of recent key developments in the delivery of the Lincolnshire STP.

RECOMMENDATIONS
To note the progress on delivery of the Lincolnshire STP.

1. Background

This paper is to update Governing Bodies and Trust Boards of the seven NHS organisations in Lincolnshire on the Lincolnshire Sustainability and Transformation Partnership (STP).

2. Case for Change

As stated in previous papers there is a strong case for change which is shared by the collective leadership, partner organisations and stakeholders in Lincolnshire.

The Case for Change was published in June 2016 and today, the case remains. Despite excellent dedication and commitment of staff, the NHS in Lincolnshire is severely challenged as follows: -

- Deteriorating quality
  - ULHT is in Quality Special Measures
  - As a system, we are in Category 5 (this is the lowest category) for urgent and emergency care
  - As a system, we are in escalation for not achieving constitutional standards for cancer
  - CCGs are a long way from Right Care upper quartile performance
- Significant staffing challenges
  - We have a recruitment challenge with a high vacancy rate ≈ 9%
  - As a consequence, we have very high use of agency/locum staff (average 400 Whole Time Equivalent each month)
  - We have been more successful with GP international recruitment. An extra 26 GPs are now in post compared to this time last year.
- Deteriorating finances
  - 2017/18 deficit predicted as £82.5m as a system; final figures are still being worked on
  - ULHT in Financial Special Measures
  - All CCGs carrying significant financial risk in 2018/19.

There is shared acceptance that Lincolnshire is a challenged health economy and the status quo is neither safe nor sustainable.

2. Lincolnshire STP – Current Position

This paper updates Boards in relation to progress, and incorporates within it updates on:

- Progress of the STP Acute Services Review
- Public engagement and consultation.

4. The STP as a system

During 2017/18, STPs have evolved from plans, to partnerships and current national thinking describes STPs as working at a system level with a co-ordinating function. There is a clear expectation that all STP 'footprints' including Lincolnshire, move towards system working in the best interests of patient care and the NHS as a whole.

At the beginning of May 2018, NHS England and NHS Improvement published a commitment to work together to;

- Integrate and align national programmes and activities, operating through single teams where appropriate
- Integrate NHS England (NHSE) and NHS Improvement (NHSI) regional teams, to be led in each case by one regional director, working for both organisations, and move to seven regional teams to underpin this new approach. Currently there are four regions, each with their own NHSE and NHSI directors and teams.

So, just as local STP as systems are working together to develop new collaborative relationships and integrate care locally, NHSE and NHSI are starting to do likewise. A copy of correspondence relating to this is attached for information.

Lincolnshire will be in the geographic region called 'Midlands' including Staffordshire, Shropshire and Telford and Wrekin; Derbyshire; Lincolnshire; Nottinghamshire; Leicester, Leicestershire and Rutland; Black Country and West Birmingham; Birmingham and Solihull; Coventry and Warwickshire; and Herefordshire and Worcestershire. It is expected that regional directors will be identified by early autumn with these new arrangements taking effect thereafter.

Lincolnshire NHS welcomes these changes and it is envisaged that NHSE and NHSI will increasingly use the STP as a co-ordinating function for commissioning assurance, planning for the system as well as for service improvement/change programmes. The links which Lincolnshire has with Nottinghamshire and Leicestershire are particularly important, but we are clear that we will also retain strong working relationships with NHS organisations in North Lincolnshire, Peterborough and Kings Lynn in the best interest of patient care.

Within Lincolnshire, we have been developing in line with the emphasis on system working over the past 12 months. The STP Plan is a system plan. Through the Lincolnshire Coordinating Board and the System Executive Team, we have been developing more joined up system planning and this will continue to evolve. National policy currently expects that over time all systems will develop into Integrated Care Systems (ICSs) and a number of systems elsewhere have been designated as ICSs. The system focus in Lincolnshire at the moment is on improving system working and performance and progressing the STP.

5. The STP as a plan

Lincolnshire has been working on seven key priorities since April 2017 and this work continues.

In this section, the paper sets out recent progress and some of the key outcomes for 2018/19.

5.1 Mental Health

The priority for mental health during 2018/19 remains the same as in 2017/18 which is to enable more people with complex mental health needs to be cared for in Lincolnshire rather than to travel out of county, often a long way from family and friends.

Over the last nine months considerable progress has been made, including the key actions:

- The opening of the psychiatric intensive care unit (PICU), with 10 male beds, which has resulted in a significant reduction in the number of people receiving care out of county, often only one person at any one time, rather than the previous 10.
- Psychiatric Clinical Decisions Unit (PCDU) which has been open since the New Year and this is now providing a 24-hour assessment period at Lincoln County Hospital to ensure patients are assessed in a specialist unit rather than remain in A&E for long periods of time. This is a county wide service.
- The expanded Crisis Resolution and Home Treatment service provides a 24-hour assessment service for people to be supported at home. This is a county wide service, locality based.
- Increased numbers of bed managers providing a seven day a week service to improve 'flow' of patients through mental health beds. These posts are reducing the length of time people are spending out of county.

5.2 Integrated Neighbourhood Working

5.2.1 Integrated Neighbourhood Working
The work programme for integrated neighbourhood working is at a critical phase with six localities (Phase 1) starting to implement localised responses to the countywide vision.

All phase 1 localities are implementing their local plans and key actions over the last three months include:
- Gainsborough is nearing its first year anniversary and has supported 350+ individuals with personalised care and support planning, advice and guidance and social prescribing offers.
- Stamford is focusing on frail individuals and has just started working with the national Acute Frailty Network and Peterborough Hospital to develop pathways between secondary, primary and community care.
- Grantham and Spalding are introducing new roles (Practice Care Coordinators) who are being developed as the link between primary care and community – this is seen as a crucial function in the south of the county's development of neighbourhood working.
- Lincoln South is continuing to work closely with the care homes in their locality and will be focusing on spreading the integrated approach developed with primary care to further develop their local neighbourhood working.
- Boston is focusing on supporting the development of the frailty pathway between Pilgrim Accident and Emergency Department and the 'core' team – plus improving discharge out of secondary care.
- Lincoln North is one of the phase 2 sites and progressing with plans and will be working across the local system to support palliative and end of life patients with a focus on personalisation.

The overarching work programme for 2018/19 for Phase 1 localities and the remaining localities (Phase 2) will be focusing on the following themes:
- Population Health Management to understand the interventions and associated costs by localities
- Information, advice and guidance – the procurement of the library of information, currently out to tender
- Care Navigation and Social prescribing – model being implemented with third sector infrastructure colleagues; links being made to the wellbeing service.
- Personalised care and support planning – linking to the Integrated Personalised commissioning programme.
- Delivery and implementation will be supported with external expertise particularly around rapid testing (100-day approach) and 'Plan, Do, Study, Act' cycles to enable the local systems to be able to test out new ways of working.
- Ensuring the impact of neighbourhood working can be measured and establishing regular reporting and communications to share the findings.

5.2.2. Enhanced Support to Care Homes Programme

- Clinical assessment service (CAS) for care homes – This project has now extended access to over 80 care homes across the county and the initial results show:
    - Between 50-70 calls are taken each month
    - 98% of calls are dealt with via community services
    - Previously 32% of the calls would have led to an ambulance call
    - 14% fewer patients experienced an emergency admission.
- Preventing falls and fractures in older people – promotion of the frailty pathway with health and social care professionals and independent and third sector. The frailty pathway and toolkit is now available

and being rolled out across the county via a dedicated website and a wide range of familiarisation sessions.
- End of life care – work continues within each of the neighbourhoods to establish anticipatory care plans to ensure people living with a long term condition are better supported by health care practitioners, carers and their family members to plan for an expected change in their health or social status, including health improvements and staying well.

5.3 Implementation of GP Forward View

This work continues to move forward into 2018/19 where the key focus will remain as:
- Primary care workforce
- Primary care workload
- Primary care re-design.

Key actions to support these three priorities include:
- The application to secure 39 new GPs via an international recruitment process has been successful and work is now underway with NHS England to implement this.
- Workforce planning – work has now commenced with one of the emerging GP federations initially to develop a local workforce plan that will ensure practices are able to see the impact of different ways of working. In particular, the impact the neighbourhood programme will have and through this what workforce will be required in the future. It is expected to roll out this approach to other federations if successful.
- All four CCGs submitted an application for funding to commence roll out of e-consultation during 2018/19. Three pilot sites have now been agreed across Lincolnshire.
- All four CCGs have submitted plans to show how 7 day access to general practice will be developed by the end of this year.

5.4 Urgent and Emergency Care Transformation

The urgent and emergency care work stream is well established as part of national expectations and guidance for the delivery of care, meeting of performance targets such as the A&E 4 hour standard and in terms of how urgent care services (eg NHS 111, 999 and out of hours call services) are expected to be integrated.

The key transformation projects during 2018/19 are as follows:

- Decision on the local provider of NHS 111 online – a new national service requirement to have an online version of 111 in place by July 2018.
- To further develop the capabilities of the clinical assessment service (CAS) who currently triage all the 111 calls requiring input from a clinician (approximately 50% of all 111 calls go through this route). The ability for CAS to undertake video-consultation, to take direct calls from paramedics 'on scene' and to take direct calls from care homes, this will build on the CAS for care homes project already in place.
- Develop the capability for direct booking of appointments for clinically triaged and, appropriately urgent, 111 callers into urgent treatment centres or primary care. This is currently being tested with the Louth urgent treatment centre.
- To work across the county to develop standardisation for the designation of urgent treatment centres, to be in place by December 2019. We will be engaging with the public about this and will listen carefully to their views.
- To complete the review period of the first three months of operation of the urgent care streaming service in the A&E departments (where clinically appropriate patients are streamed into a primary care service rather than A&E).

5.5 Operational Efficiencies

The aim of this work stream is to improve operational efficiency and value for money across the system, contributing £60 million savings by 2021. Further detail will be considered as part of a separate working group. In the meantime, a summary of the key areas of work during the last quarter of 2017/18 is outlined below.

The two main arms of the portfolio cover:

- Prescribing and pharmacy – governed by a proactive steering group, maintaining oversight and coordinating a system view for all potential projects and programmes of work including providers, the STP delivery unit and CCGs. This area of work is well supported with active interest and a high level of engagement across the system. This helps greatly in identifying new opportunities for development and progression of initiatives successfully.
- Operational efficiency – this area of work is gaining momentum, with pockets of operational efficiency projects having taken place within each separate organisation. Collaboration is now taking place in a number of areas.

The main achievements during 2017/18 are as follows.

5.5.1 Pharmacy and prescribing

The pharmacy and prescribing programme has promoted a number of schemes over the year and some of the key achievements are:

- Implementation of Blueteq: a system to manage high cost drugs which ensures that drugs are appropriate, safe, cost effective and managed in accordance with NICE guidelines.
- The introduction of a network of clinical pharmacists across the system, with the appropriate framework and competency support mechanisms, to provide medicines management benefits and release time for GPs. The county has also been successful in its bid to lead a clinical pharmacy apprenticeship scheme, as part of the national Trailblazer initiative.
- The introduction of a new system for providing patients with nutritional supplements upon discharge from hospital – led by dieticians and providing a safer, more convenient approach that also saves money.
- Introduction of standardised products in respect of wound care as well as oral nutritional supplements, saving costs across the system.
- Successful application for the first stage of the national NHS Testbed site initiative which brings the opportunity to secure funding to develop an innovative central repeat prescribing initiative in conjunction with business partners.
- Design of a single governance and oversight structure which streamlines decision making and ensures a countywide view is maintained across the prescribing programme.

5.5.2 Operational Efficiency

The main focus has been on establishing the priorities and addressing them on a system level. Key themes in the year were:

- The establishment of a new shared services partnership board which is overseeing the development of shared services and the underpinning principles, governance and associated priorities. Three areas are currently actively exploring shared services arrangements.
- The initiation of a project to review the feasibility of rationalising the use of corporate estate. The project has gained momentum and is focusing on how corporate services may best utilise space across the system, and agile working principles that might facilitate this. The project is working well with the countywide one public estate initiative such that other local public sector partners are informing the review.
- Collaboration of the provider trusts in addressing the national procurement transformation requirements, and working to align practices, standards and procurement opportunities locally to secure better value for money.
- Establishment of a system approach to the commissioning of pathology services. For the first time, the seven local NHS organisations are working together to agree the best approach to secure better value for money, in a more consistent way, and to seek to reduce any inefficiencies or duplication.
- Starting to build a central point of information and reference to inform efficiency initiatives (for example corporate benchmarking data and model hospital metrics).

Moving in to 2018/19, further work is expected to focus in on workforce efficiencies across the system.

5.6 Planned Care

The key success in respect of the planned care programme has been the completion of the first 100 day programme. This has been a nationally facilitated, locally led programme of work that supported 'rapid improvement' across three specialties; dermatology, ophthalmology and diabetes.

The work was led by local, cross system teams who worked together to determine their own objectives and the action required to achieve these, they were encouraged to test different ways of working and delivering care over the 100 day period.

The draft outcomes are as follows which are currently being finalised;

5.6.1 Dermatology

This project worked within East Lincolnshire CCG locality with an aim of reducing the waiting times for routine appointments from 8 to 6 weeks and to reduce by 25% the number of people referred to the two week wait pathway who could have been dealt with elsewhere.

The team developed and held four spot clinics in the community, these were delivered by a multi-professional team, including a consultant with the following impact:

- The team has diverted 54% of patients who came through the spot clinic away from secondary care
- Patient satisfaction outcomes are extremely high
- The team has made a cost saving of 48.2% per patient seen
- While the sample was small, and the impact on waiting times is not yet clear, the team is confident that scaling this approach can lead to significant decreases in waiting times
- The next step is to roll out the approach more broadly, and add a treatment/surgery option after every clinic.

5.6.2 Ophthalmology

This project worked within the Lincolnshire West CCG locality with the aim to increase from 58% to 80% the number of people referred for cataract surgery who were ready for the procedure.

Activities included:

- The development of a YouTube video providing patient information in respect of cataract surgery. This resource had over 400 views in the first month.
- A trial that ensured more flexibility as to when a person was suitable for surgery.
- As well as the cataract project, the group also created a process for orthoptists to grade general paediatric referrals and this will be implemented over the summer.

Twenty two patients were seen via the new system, all of whom went onto have surgery. It is recognised that further testing is required to ensure the pilot process is robust enough to roll out more widely; this is taking place now and concludes in the next three weeks.

5.6.3 Diabetes

This project worked within the South West Lincolnshire CCG locality and worked with a mixed team, including three GP practices. Its main aim was to support more patients locally rather than being seen by the specialist diabetes team in acute hospital and to provide greater access to information and advice for patients and professionals.

The main developments undertaken by the group included:

- The establishment of 'virtual clinics'; these enabled the wider diabetes team to review patients using technology.
- Four routine, acute hospital diabetes clinics were reviewed during the 100 day period and of 38 patients seen, 14 (37%) no longer required specialist care and were returned to their GP for follow up.
- The establishment of nurse led triage – this resulted in 38 (98%) out of the 40 patients being supported by the community team and/or their GP practice requiring no hospital appointments.
- Over 60 patients, carers and supporters attended a patient led co-production event to provide the team their views as to what support they needed to live well with their diabetes.

Again this small scale project is now being taken forward to inform how diabetes services should be delivered in the future and this is now a priority for 2018/19.

In conclusion, the 100 day methodology has demonstrated excellent results and has been evaluated well by those involved. It is now being considered how all these results can be expanded to the whole population and the methodology has been adopted by Lincolnshire NHS. The methodology is next being used in respiratory, general surgery and gynaecology.

5.7 Other enabling programmes

The seven priorities are all supported by a number of enabling work streams covering:

- Technology – this includes various solutions such as technological infrastructure (eg networks), the care portal and telehealth solutions.
- Capital and estates – significant work is taking place to deliver an Estates and Capital Strategy by the middle of July, a national NHSE England requirement of all STPs across the country. A workshop for key stakeholders is planned in June to agree priorities for this strategy.
- Workforce and organisational development – ensuring that the workforce has the right skills, in the right place, at the right time to provide the appropriate care. The workforce plans are being developed to ensure that the recruitment and training of staff will allow the appropriate roles to be filled.
- Finance – ensuring system financial leadership and utilising collective available financial resources to support the delivery of the system-wide priorities.
- Communications and engagement – ensuring robust and meaningful engagement with patients, carers, staff, volunteers and stakeholders to support the successful implementation of the STP.

6. Lincolnshire STP - Acute Services Review (ASR)

Lincolnshire began an acute service review in December 2017 which posed the following question:

What is the optimum configuration of United Lincolnshire Hospitals NHS Trust (and the role of neighbouring acute trusts), in order to achieve a thriving acute hospital service in Lincolnshire (and for the population as a whole) achieving clinical and financial sustainability across the Lincolnshire NHS health economy?

Since December 2017, the work on the acute services review has continued at pace between senior clinical staff and NHS professionals and remains an internal NHS work programme. It is anticipated that the review will suggest significant service change and require capital investment to achieve these changes and we are therefore following the guidance published in March 2018 from NHS England *Planning, assuring and delivering service change for patients* which fully describes the current policy position, including regional and national gateways, that are required. The Lincolnshire STP is required to follow this guidance, part of which states (section 7.3):

It is essential that only those options that are sustainable in service, economic and financial terms are offered publicly. No service change option should be exposed for public engagement/consultation unless prior to launch there is a high degree of confidence that it would be capable of being delivered as proposed, that it does not imply an unsustainable level of capital expenditure and/or projected spend profiles that cannot be reconciled to available resources and will not be affordable in revenue terms. All options must be affordable within commissioner revenue allocations and provider revenue financial targets.

The NHS will put detailed service options into the public domain when they have been fully assessed for clinical viability and financial sustainability and have passed through the NHS England assurance process. Therefore, we will formally consult with the public once this process is completed.

As many elements of this process are national, it is not possible to say when public consultation will commence, although it will not be in this calendar year. A full and open public consultation will be required to inform any final decisions on the configuration of services through the acute services review.

7. Public engagement

The NHS in Lincolnshire, including the STP, is fully committed to engaging openly with the public and this work is ongoing. The guidance (noted earlier) also clearly refers to the need to engage with the public.

Over the last two years, we have been talking to and engaging with members of the public across the county, with NHS staff and with other key stakeholders to inform the development of our five year plan. This engagement built on the work already undertaken through Lincolnshire Health and Care (LHAC) which reached more than 18,000 Lincolnshire residents.

Since the publication of the STP on 6 December 2016, we have continued our countywide engagement in order to raise awareness of the STP as a plan and seek people's views.

This engagement has included:

- Attending 190 events, briefings and engagement sessions to hear from groups and communities
- An options appraisal event in January 2017 attended by circa 150 local healthcare professionals and partners
- Worked with BBC Radio Lincolnshire on raising awareness and understanding of the STP with three live debates in February 2017 across the county with 60 people in attendance at each event and extensive coverage across local media and interest on social media
- Engaged with more than 3,000 patients and stakeholders, including attending patient groups and support networks, Healthwatch meetings, and drop in sessions in GP surgeries and children's centres
- '2021' engagement carried out by United Lincolnshire Hospitals NHS Trust, which included many face to face events with the public and staff, plus a survey which generated 805 responses from members of the public, staff and Trust members
- Targeted engagement regarding learning disability services as advised by the Health Scrutiny Committee for Lincolnshire. This included five events across the county, with more than 70 participants, and a survey of relevant staff which generated 43 responses.

Our engagement work continues with patients, carers, members of the public and staff to gather feedback and raise awareness about the future plans for the NHS in Lincolnshire. In summary, since January 2018 we have engaged with circa 2,400 people, visited more than 170 groups covering 34 localities across the county.

Among the work currently taking place, is our public engagement about how we improve local mental health and dementia services for older adults. As part of this we are seeking views about providing 7 days per week community services, giving patients and carers a better, more responsive service when it is needed the most. We have held five initial events, and to date have held three sessions to feed back to participants what they have told us so far.

In terms of integrated neighbourhood working, our engagement with key stakeholders continues in each of the neighbourhood areas – Boston, Gainsborough, Lincoln, South Lincolnshire, South West Lincolnshire and Stamford.

We are engaging with the public, staff and stakeholders regarding a pilot to improve trauma and orthopaedic services at our four main hospitals, with the aim of meeting national quality standards, cancel fewer planned operations, improve patient experience and save money.

The NHS is fully committed to building on this work. By early July, the Lincolnshire STP website will be relaunched to include updated information on our progress, the case for change and the acute services review. We will also be holding a number of public engagement events across the county over the summer, and will be launching an online survey as a further method by which the public can share their views. To support this work, we have produced a number of materials, including postcards, banners, and posters which will be published on our website. Information materials regarding the case for change are currently in production and will be published.

Once the NHS England assurance process on the acute service review has been completed, the Lincolnshire STP will hold a full public consultation exercise across the county. This will include all the options related to hospital services.

8. Consultation

Where substantial changes are proposed to NHS services, there is a duty to consult the local authority Public Health, Health & Wellbeing Boards and Health Scrutiny Regulations 2013 made under s.244 NHS Act 2006.

9. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The Sustainability and Transformation Partnership utilises the Lincolnshire County council Joint Strategic Needs Assessment as a key source of demographic information upon which to build the Case for Change and identify the key priorities.

The seven key priorities identified above are linked to, and align with Lincolnshire county Council's Health and Wellbeing Strategy and work is currently taking place to ensure even closer working with the Health and Wellbeing Board as its revised priorities are confirmed.

10. Conclusion

The report outlines the main priorities, and articulates the work areas that are progressing and developing to address those priorities.

It is presented to inform Governing Bodies and Trust Boards of current progress in delivering the STP.

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09/05/2018

To:

Midlands and East region, STP leads
Midlands and East region, CCG Accountable officers
Midlands and East region, Provider Chief Executives and Chairs

Dear colleagues,

NHS Regional Geographies

As you know, NHS England and NHS Improvement are working together to:

- integrate and align national programmes and activities, operating through single teams where appropriate

- integrate NHS England and NHS Improvement regional teams, to be led in each case by one Regional director, working for both organisations, and move to seven regional teams to underpin this new approach

Just as local systems are working together to develop new collaborative relationships and integrate care locally, NHS England and NHS Improvement want to do likewise. We are confident that by working in a more joined up way at all levels of our organisations we will help deliver better outcomes for patients, better value for taxpayers and better job satisfaction for our staff.

We are writing to you today with a proposal for the two future regional teams for Midlands and East, i.e. which geographies and systems would fall under the responsibility of a single Regional Director. In doing this, we have considered the following factors: local relationships and politics; existing patient flows; the spread of challenged systems (both operationally and financially) and the size of populations and organisations (refer to annex A).

The proposed option is to have a Midlands regional team and a Central & East of England regional team:

- **Midlands** would include Staffordshire, Shropshire and Telford and Wrekin; Derbyshire; Lincolnshire; Nottinghamshire; Leicester, Leicestershire and Rutland; Black Country and West Birmingham; Birmingham and Solihull; Coventry and Warwickshire; and Herefordshire and Worcestershire.

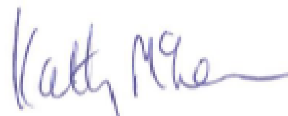
- **Central and East of England** would include Northamptonshire; Cambridgeshire and Peterborough; Norfolk and Waveney; Suffolk and North East Essex; Bedfordshire, Luton and Milton Keynes; Hertfordshire and West Essex; and Mid and South Essex.

It is expected that joint Regional Directors will be identified by early autumn with these new arrangements taking effect very shortly thereafter.

We will be taking a formal proposal for the new geographical footprints to our respective Boards, which will meet in common on 24 May. Before we do this, we would welcome your views on these proposals or any alternative that you think we should consider. We would expect STP leaders to consult with local authority colleagues about these changes and we will be sending a communication to the Local Government Association about this.

Please send your views to england.jointworking@nhs.net or nhsi.jointworking@nhs.net by **17.00 on Tuesday 15 May 2018**.

Best wishes,



Matthew Swindells
National Director: Operations and Information
NHS England

Kathy McLean
Executive Medical Director and Chief Operating Officer
NHS Improvement

Annex A – Key facts considered

	Proposed Region	*Central & East*	*Midlands*
Pop"	Population (M) (GP registered 2016)	7.3	10.1
STP Landscape	No. of Category 3 STPs	1	3
	No. of Category 4 STPs	1	1
Provider Landscape	No. of Acute Providers (with Type 1 A&E)	19	20
	No. of Category 4 Acute Providers (with Type 1 A&E)	2	4
	No. of Acute Trusts in Financial Special Measures	0	2
	No. of Acute Trusts in Quality Special Measures	2	3
	No. of Acute Trusts in NHSI 15 Trust Initiatives	0	3
	No. of other providers	16	22
	Total 16/17 Provider Turnover (£M)	8129	13380
Commissioner Landscape	No. of CCGs	22	39
	No. of 'Inadequate' CCGs (16/17)	1	6

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27/03/2018

To:
- NHS provider chief executives and chairs
- CCG accountable officers
- STP leads

Dear colleague

NHS England and NHS Improvement: working closer together

NHS England and NHS Improvement are today announcing some key steps that we are taking to bring our organisations closer together. We wanted to let you know why we are making these changes and how we want to involve you in their design.

At its heart, what we are announcing is about recognising that we have one NHS, that commissioners and providers in each part of the country are serving the same people, and that we need to use the resources that Parliament gives the NHS to greater benefit for local patients. This requires a much stronger focus on collaboration and joint working nationally as well as in local health systems.

Subject to our Boards' approval of more detailed proposals, we will begin to establish the following working arrangements from September 2018:

- increased integration and alignment of national programmes and activities – one team where possible
- integration of NHS England and NHS Improvement regional teams, to be led in each case by one Regional Director working for both organisations, and a move to seven regional teams to underpin this new approach.

A more joined-up approach across NHS England and NHS Improvement will enable us to:

- **work much more effectively with** commissioners and providers in **local health systems** to break down traditional boundaries between different parts of the NHS and between health and social care
- **speak with one voice**, setting clear, consistent expectations for providers, commissioners and local health systems
- **use NHS England and NHS Improvement's collective resources** more effectively and efficiently to support local health systems and the patients they serve
- **remove unnecessary duplication and improve the impact** from our work, delivering more for the NHS together than we do by working separately.

There are a number of examples of how we are working together already, including a number of joint national and regional appointments and a single national programme for urgent and emergency care, winter planning and A&E performance.

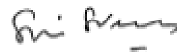
NHS England and NHS Improvement still have distinctive statutory responsibilities and accountabilities and nothing we are proposing cuts across these. The legislation also means that a formal merger between our organisations is not possible, instead we propose to combine forces for those functions where we can better work as one.

Over the coming months we will work with you, our staff and our partners on the details of how this new approach will work. We want to design these joint ways of working with you and agree how we will measure success with all of the organisations that they will affect.

We look forward to working with you as we use our collective effort to improve the NHS and patient care.

Yours sincerely

Ian Dalton
Chief Executive
NHS Improvement



Simon Stevens
Chief Executive
NHS England