

## **HEALTH AND WELL-BEING BOARD – Public Meeting 14 June 2016**

### **Sustainability and Transformation Planning**

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#### **Board Sponsor**

Dr Carl Ellson, Chief Clinical Officer, South Worcestershire CCG  
Simon Trickett, Interim Chief Officer, Redditch & Bromsgrove and Wyre Forest CCGs

#### **Author**

David Mehaffey, STP Programme Director

#### **Priorities**

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

#### **Groups of particular interest**

Children & young people	Yes
Communities & groups with poor health outcomes	Yes
People with learning disabilities	Yes

#### **Safeguarding**

Impact on Safeguarding Children  
If yes please give details

No

Impact on Safeguarding Adults  
If yes please give details

No

#### **Item for Decision, Consideration or Information**

Information and assurance

#### **Recommendation**

- 1. The Health and Well-being Board is asked to note the progress on development of the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP).**
- 2. Agree the process for reviewing and commenting on the submission to be made on 30<sup>th</sup> June 2016.**

## **Background**

3. This is the fifth update to the Health and Well Being Board on the development of the STP, with previous reports having been presented to the public meeting in February and May, and the development meetings in March and April.

## **Legal, Financial and HR Implications**

4. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of the STP itself and the specific decisions that will be required as the plan gets implemented. These will be identified and reported in due course and dealt with through self-standing reports.

## **Privacy Impact Assessment**

5. There are no specific issues to highlight at this stage.

## **Equality and Diversity Implications**

6. There are no specific issues to highlight at this stage.

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

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### Specific Contact Points for this report

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## **Supporting Information**

7. Link to the NHS Planning Guidance for 2016/17 - <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

## **Background Papers**

8. As noted above.

## Introduction

9. On 22<sup>nd</sup> December 2015, NHS England issued the annual and long term planning guidance for Clinical Commissioning Groups (CCG). As well as the regular requirements for one year operational plans, this guidance called for the development of whole system Sustainability and Transformation Plans (STP) covering a defined “planning footprint”. The planning footprint agreed for this area is Herefordshire and Worcestershire – a footprint covering a population of approximately 780,000 people. There are 44 footprints nationally, with the average sized footprint covering 1.3m people and the largest footprints covering 2.5m people.

## Purpose of the STP

10. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, Future of Acute Hospital Services in Worcestershire and other local transformation schemes. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:

- i. **Health and Well Being** - The main focus of this particular workstream is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.
- ii. **Care and Quality** - The main focus of this work is on securing changes to enable local provider trusts to exit from the CQC special measures regime and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.
- iii. **Finance and Efficiency** - The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

## Progress to date

11. An interim planning submission was made to NHS England (NHSE) and NHS Improvement (NHSI) and the other Department of Health Arms Length Bodies (ALBs) that oversee the health and social care system in Worcestershire. The headlines of this submission were reported to the Health and Well Being Board at the public meeting on 10<sup>th</sup> May 2015.

12. At the time we reported that the expectation remained in place for the final STP submission to be made to NHS England by 30<sup>th</sup> June 2016. In response to this deadline, the Chair requested an extraordinary public meeting of the Health and Well Being Board on 14<sup>th</sup> June to review and comment on the submission before it was made.

13. It has since been clarified that the submission required for the 30<sup>th</sup> June is not expected to be the final STP submission, but instead a further review point. This will be followed by national discussions to develop the implementation plan and a formal publication of the plan at a later point.

14. We are therefore not in a position to present the final plan to review to this Board, but are able to provide an update to the Board on the developing priorities that are emerging through the process.

## Emerging Priorities

15. A clear requirement of the STP is to identify a small number of significant transformation schemes that will deliver improvements against each of the Triple Aim Gaps. At the May meeting the initial list of priority areas was shared and the ensuing discussion concluded that these needed to be more focused on a smaller number of areas. Subsequent to this meeting, further work has been undertaken to begin refining the priorities into a smaller number of core focus areas. This process is still under development and it is important to recognise that the areas identified below are still draft and have not yet been formally adopted by the programme board.

16. The emerging themes that are being suggested are:

- A focus on **improving health and well-being** and scaling up work on illness prevention, improving resilience (at community and personal level), and maximising the impact of self-care. This will include exploring opportunities for more digital solutions to support efficient working practices and connecting rural and isolated communities and individuals more effectively. It is vital that this aspect of the STP is closely aligned to the Health and Well Being Strategies in both counties and input from Board members to support this is welcomed.
- Developing **multi-specialty community provider** models and changing the way in which services are organised around GP practice localities. This will emphasise the “Home First” concept, and enable more people to be supported to receive the care they need in home or community settings rather than in hospital or a care home.
- Developing improved **networks for secondary care services** (acute medical, surgical and mental health services) to improve service quality, safety and resilience, reduce avoidable mortality and deliver improved patient outcomes. This will address the model of provision for specialised services and review current arrangements for centralisation versus local delivery of individual services.
- Developing a **workforce model** to respond to the implications of addressing points 1-3 above and ensuring that the system has the right size and mix of skills to support the new ways of working. This will include exploring opportunities for new roles as well as addressing sustainability of staffing in core services such as General Practice and acute secondary care specialties.

## **Engagement update**

17. Effective stakeholder engagement is a key component to the development of the STP and we have established an approach whereby voluntary and community sector (VCS) representatives can support development of the plan. The Board will be aware already that Healthwatch and VCS representatives from both Counties are represented on the STP Programme Board.

18. In addition to this, over the past few weeks, the engagement process has been extended to include VCS representatives on all the clinical theme groups. In most of these groups there are multiple attendees and more than 20 VCS representatives in total are involved across the STP development process.

## **Next steps**

19. Prior to the Health and Well Being Board meeting on 14<sup>th</sup> June, there is an STP Programme Board event on the 13<sup>th</sup> June to review progress towards the 30<sup>th</sup> June submission. A verbal update on the key developments from this meeting will be shared at the Health and Well Being Board, but due to the timing of these events it will not be possible to provide anything in writing in advance of the Health and Well Being Board.

20. In terms of the submission to be made it is proposed that a copy of the submission is be emailed to Health and Well Being Board members for individual comment by Friday 24<sup>th</sup> June. The actual submission made on the 30<sup>th</sup> June can then be discussed by Health and Well Being Board members at the July development meeting.

21. At this stage it is anticipated that the STP submission at the end of June will remain a working draft and a future date will be established when the document finalised in the public domain. It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary.