

## **HEALTH AND WELL-BEING BOARD**

### **14 FEBRUARY 2017**

## **Sustainability and Transformation Plan – Progress Update**

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### **Board Sponsor**

Dr Carl Ellson, Chief Clinical Officer SWCCG and Simon Trickett – Interim Chief Officer RBCCG and WFCCG

### **Author**

David Mehaffey

(Please click below  
then on down arrow)

### **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

No

If yes please give details

Impact on Safeguarding Adults

No

If yes please give details

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

Consideration

### **Recommendation**

- 1. The Health and Well-being Board is asked to note progress on the development of the Sustainability and Transformation Plan (STP) and in particular note progress on the public engagement work.**

### **Background**

- 2. This is the eighth update to the Health and Well Being Board on the development of the STP. In the last update (November 2016) members of the Health and Well Being Board received a copy of the near complete draft plan that was being submitted to NHS England and had the opportunity to comment on its development and priorities.**

## Scope of the STP

3. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, the 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:

- **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.
- **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.
- **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.

4. There are four key priorities identified in the STP alongside three programme enablers:

- **Priority 1 – Maximise efficiency and effectiveness**
  - 1A – Infrastructure and back office
  - 1B – Diagnostics and clinical support
  - 1C – Medicines and Prescribing
- **Priority 2 – Our approach to prevention and self care**
  - 2A – Prevention
  - 2B – Self Care
- **Priority 3 – Developing out of hospital care**
  - 3A – Developing sustainable primary care
  - 3B – Integrated primary and community services
  - 3C – The role of community hospitals
- **Priority 4 – Establish clinically and financially sustainable services**
  - 4A – Improving urgent care
  - 4B - Improving mental health and learning disability care
  - 4C – Improving maternity care
  - 4D – Elective care
- **Enabling Change and Transformation**
  - 1 – Workforce and Organisational Development
  - 2 – Digital
  - 3 - Healthy communities and the VCS

## Submission of draft plan

5. The draft STP was finally published on 21<sup>st</sup> November 2016 and has been widely distributed through paper copies and on a dedicated website:

[www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk).

6. This website contains a copy of the full plan and the summary plan. It also has a public survey and provides details of the events and road shows that are planned as part of the engagement work.

## Engagement to date

7. Throughout the process of developing the STP, we have recognised the importance of effective stakeholder engagement. Our approach during the early stages of development was through voluntary and community sector (VCS) involvement through representatives on the STP programme board. HWB members will be aware that Healthwatch and VCS representatives from both Counties are represented on the STP Programme Board

8. In addition to this our engagement process (#yourconversation) has been launched. The scale of engagement work to date is:

- 416 surveys completed
- 8 engagement events undertaken
- More than 6,000 “hits” on the website, with 49% clicking on the STP summary link
- Twitter - 28 re tweets and 3,067 impressions
- 6 STP launch articles produced for the local media
- 12 STP related media stories (most related to bed numbers)

9. The headline messages are:

- Overall, most people said they were glad to give a view and thanked us for the opportunity to do so.
- Some patient and public respondents expressed their concerns about the potential loss of community hospital beds. This has been a feature of stakeholder concerns e.g. League of Friends and MPs and has been the focus of increasing media interest. This become even more significant over the last few weeks and is probably now the primary concern raised at STP events/group sessions.
- There was consistent feedback around the use of technology and the view that not everyone has access to a computer or wants to communicate this way.
- Many people shared the challenges they have experienced around getting a GP appointment.

- There was a consistent concern raised around the difficulties of recruiting and retaining staff.
- Most people recognise they have a responsibility to look after their own health, but most say they need more information about both prevention and self-care to do so.
- The preferred way to access this information was via a GP or other health care professional, with websites also being mentioned. Many people said they want more GP or specialist time to talk about their conditions, and there was also a strong theme around health campaigns to offer clear advice from one trusted source. There is a view that education about health should start early, and that it should be disseminated through schools and work places.
- The carers who responded said they wanted to be treated with respect as expert care partners – and given information to help themselves and the cared for. They also request reasonable adjustments be made to accommodate their needs.
- Most respondents think routine and non-urgent care should be provided locally – lots of suggestions were made but in summary the view was that community settings should provide all care except where a condition is life threatening. The vision of lots of respondents is a local hub where many services are provided – health, care but also a place where the community can come together to help itself.
- Most want GP appointments to be changed or increased and would be happy to see a professional other than the GP. The view is that if GP access was improved, this would reduce demands on A&E, which they would like to see focusing on emergency and life-threatening conditions only. The view was that the public need more information about where to go when they are ill so they can make a more informed decision – the suggestion was that this information should be available everywhere that people congregate.
- Transport remains a key area of concern when there is a possibility of services being relocated.

10. During the final month of engagement, more public drop-in events will be held and engagement work will be undertaken at events being organised for the Future of Acute Hospitals in Worcestershire formal consultation. The equality data indicates responses were largely from certain groups so work is also been undertaken to engage other smaller voluntary or community groups. As highlighted above, engagement will also be increased in relation to our staff as it is evident that many of them are not aware of the STP and the work that is being undertaken, despite briefings being circulated. As such, engagement will need to be more face to face with staff in the final weeks.

11. Other areas of focus for engagement work over the coming weeks will include:

- **Staff engagement** – feedback to date from staff has been mixed with many staff commenting that they had little knowledge or awareness of the STP. The communications and engagement group has recommended that each

individual organisation holds staff engagement sessions and more opportunities for staff to become involved with workstreams and other STP developments.

- **Bed numbers** – STPs have received a high profile in the national media and specific stories and articles have been picked up locally. Most of the articles have been linked to acute and community hospital bed numbers and how this aligns with the drive for more out of hospital care. Further work and communication will be required around the detailed bed modelling work that has been undertaken to date and the assumptions that need to be met to achieve the bed number requirements identified in the Herefordshire and Worcestershire STP.
- **Transport** – This continues to be a recurring theme and further work is required to build on some of the previous engagement undertaken as part of the Future of Acute Hospital Services review. A specific piece of work is being scoped out by the communications and engagement work stream to examine this in more detail.
- **Technology** – The engagement work has identified significant variation in the enthusiasm for use of applications such as Skype for supporting alternative access routes to healthcare. Specific focus group sessions will be developed to explore this issue in more detail and to identify options that address the range of requirements individuals have.

## Progress on delivery

12. Progress is being made in a number of key areas whilst the STP is going through the engagement and discussion phase. These actions are not contrary to the engagement phase and would be unlikely to be affected by feedback based on what we have received to date. The key areas of progress are:

- **Operational Planning** – The key milestones from each STP programme area have been pulled together to form an STP Operational Plan, which is owned by the four CCGs and which will be the main implementation document.
- **CCG structural and operational changes** – A joint committee has been formed across the four CCGs with a specific remit to oversee delivery of the STP operational plan and project milestones. This committee has delegated powers from the four Governing Bodies in this area. In addition a further change to the CCG management structure has been agreed and there is now a single Chief Finance Officer across the three Worcestershire CCGs in addition to the single Chief Operating Officer, Director of Strategy, Director of Primary Care and Director of Organisational and Corporate Development.
- **STP Delivery Board** – A new group comprising of the strategy leads for each key NHS partner organisation has been formed to act in a Programme Management Office (PMO) capacity to drive delivery and implementation.
- **STP Prevention Board** – A specific STP prevention Board has been established and will meet for the first time in February. The role of this board will be to coordinate the prevention and self-care work that partners have

committed to in the STP. This will include advising on how partners can “make prevention part of everything they do” (as per the STP agreement) and to review and oversee the impact of those actions in delivering the prevention agenda that is so critical to the STP.

- **Efficiency and effectiveness workstream** – work has started to explore the potential for joining up the public sector back office and estate across the STP footprint. Initially this is going to involve undertaking an option appraisal for a single Worcestershire public sector headquarters for Worcestershire organisations.
- **Clinical workstreams** – pre-existing action plans continue to be implemented, for example through the Accident and Emergency Delivery Board. However, many other areas are subject to the engagement and discussion process we will await the completion of that exercise before pressing ahead in these areas..

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

13. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

### **Privacy Impact Assessment**

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

### **Equality and Diversity Implications**

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

### **Contact Points**

#### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

#### Specific Contact Points for this report

Sarah Dugan, STP Chief Executive Lead

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### **Supporting Information**

16. A full copy of the plan and summary plan can be accessed through [www.yourconversationhw.nhs.uk](http://www.yourconversationhw.nhs.uk).