

HEALTH AND WELL-BEING BOARD

9 FEBRUARY 2016

Sustainability and Transformation Planning – 2016-2021

Board Sponsor

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

Author

David Mehaffey, Director of Strategy, South Worcestershire CCG

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:
 - a) Note the requirements of the NHS Planning Guidance for 2016/17 and the need to develop a Sustainability and Transformation Plan covering 2016-2021.
 - b) Note that the planning footprint required for the plan needs to be proposed to NHS England by 29 January 2016.
 - c) Approve the proposed governance arrangements for overseeing the development and delivery of the Sustainability and Transformation Plan.

Background

2. On 22 December 2015, NHS England issued new planning guidance covering one year operational plans for Clinical Commissioning Groups (CCG) and a requirement to develop a Sustainability and Transformation Plan (STP) covering the health and social care economy from 2016-2021.
3. This paper summarises the key requirements of the STP and identifies a range of issues that the Health and Well Being Board will need to be lead on.

Introduction

4. On 22 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 Sustainability and Transformation Plans (STP) covering a defined “planning footprint”.

The Planning Footprint

5. At an NHS England planning workshop on 14 January 2016 it was made clear that planning footprints will need to be on a sub-regional basis, beyond the boundaries of individual CCGs and spanning multiple Health and Well Being Boards. This almost certainly precludes the STP footprint being Worcestershire alone and initial indications suggest that an STP footprint to covering Worcestershire and Herefordshire would be suitable. This would support existing NHS patient flows and the potential for more joined up clinical pathways.
6. In recent years Worcestershire CCGs have been part of a network covering Arden, Herefordshire and Worcestershire so planning on this level is not unusual for NHS bodies. Bringing together plans over a wider footprint enables us to formalise the existing arrangements and explore new ones to deliver high quality services that are financially sustainable.
7. Future NHS Transformational funds will be allocated in line with the STPs and it is therefore vital that the plan is developed on a footprint that will maximise the potential in this area.
8. We are therefore initially intending to submit a proposal for a Worcestershire and Herefordshire STP. The proposed planning footprint needs to be submitted to NHS England on 29 January 2016 and a verbal update on the whether the proposal is approved will be provided at the Health and Well-being Board meeting on the 9 February 2016. In doing this we will be clear that we expect to continue to develop other relationships beyond this footprint where relevant.

Requirements of the Planning Guidance

9. As in previous years each CCG is required to produce a one year operational plan identifying the finance, activity and performance plans for the CCG. CCGs will

be able to share a copy of their plans with the Health and Well Being Board in due course.

10. The more significant aspect of the guidance is the requirement for the Sustainability and Transformation Plan. The Health and Well Being Board will have central role in the development of this plan.

11. Whilst the overarching footprint of the plan could be covering Worcestershire and Herefordshire, due to the “layering” of services, there will be the need for a dedicated Worcestershire section as well chapters covering local service developments at lower levels (CCG and Locality).

12. Likewise, because of existing regional commissioning arrangements (for example Ambulance Commissioning and Specialised Services) there will also need to be a section on higher layers. The purpose of the STP will be to bring the various levels of planning together into one integrated document.

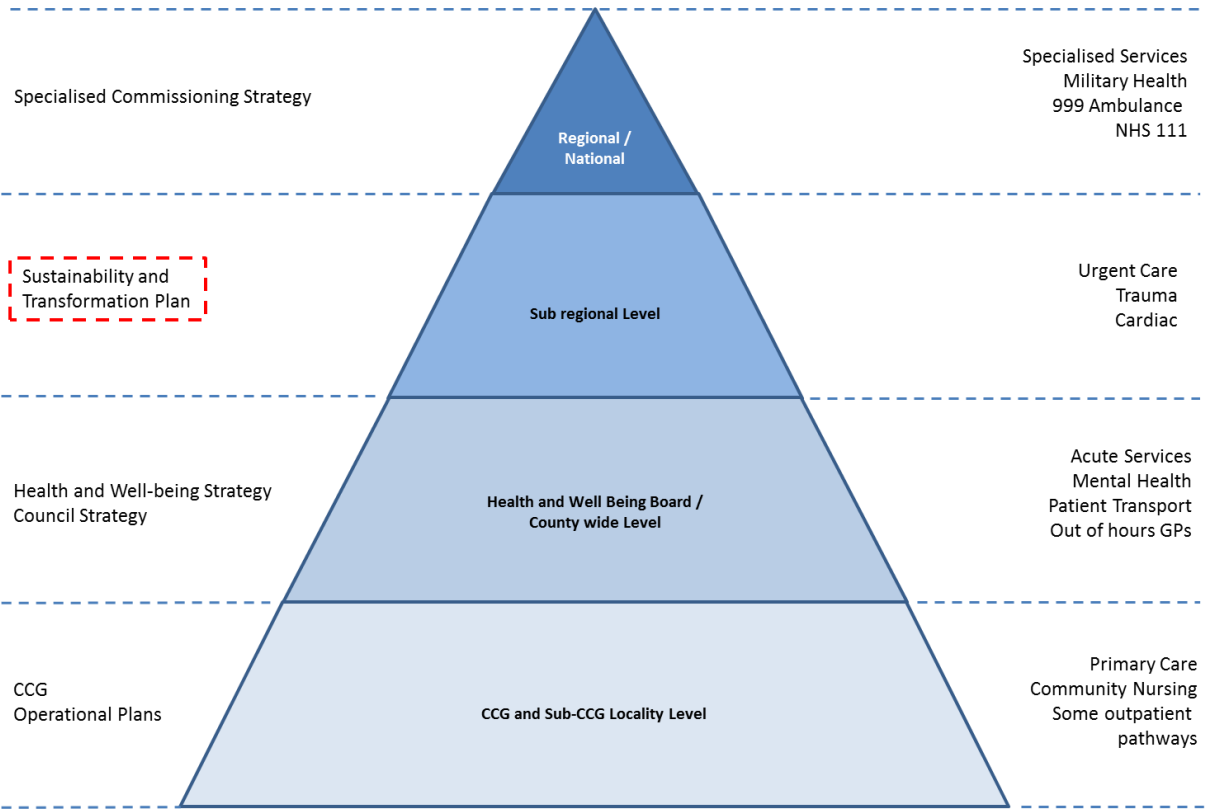
13. Furthermore, there will inevitably be additional relationships that need to be developed outside this footprint. For example patients in the north of the County looking towards Dudley or Birmingham, in the east towards Warwickshire and the south towards Gloucestershire. There is also an additional dynamic for Herefordshire regarding its border with a different health system in Wales. The planning footprint will not prevent or preclude these relationships from being developed as it is clear that simple footprints cannot be imposed on complex systems without flexibility.

Existing Commissioning Layers

Existing
Planning Frameworks

Layers of Planning

Existing
Services



14. The guidance says that the plan must:

- a) Bring local leaders together as a team
- b) Define a shared vision for the local community (including local government)
- c) Identify a programme of coherent activities to deliver this vision
- d) Outline the arrangements to oversee the delivery of the programme
- e) Ensure that there is learning and adaptation as the programme is implemented.

15. The guidance also states that plans must be “place-based” with the following scope:

- a) CCG and NHSE commissioned activity
- b) Specialised commissioning through the 10 commissioning hubs
- c) Primary medical care
- d) Integration with Local Authority services
- e) Voluntary sector services

16. Finally the guidance says that plans must include the following content:

- a) Prevention
- b) Self-care
- c) Patient empowerment
- d) Workforce
- e) Digital
- f) New models of care
- g) Finance

17. In terms of the financial aspect of the plan this must identify how commissioners and providers will work together in areas such as demand moderation, allocative efficiency, provider productivity and income generation to ensure that the local NHS can balance its books.

18. Further guidance will be issued during February to help local systems shape their plans and clarify the respective responsibilities of partners.

Governance Proposals

19. At this stage it is recommended that the following arrangements are considered for overseeing the development of the plan. However, it is important to recognise that some aspects of this may need to change as the guidance becomes clearer:

- a) Overarching system ownership of the plan to rest with the two Health and Well Being Boards, with each one taking ownership of their geography and working together as necessary on the sub regional issues.
- b) The Chairs and Vice Chairs of the two Health and Well Being Boards liaise to ensure that sub regional issues are appropriately reflected in the plan.

- c) For the Worcestershire aspects of the plan, the Health and Social Care Leaders Forum to act as programme board.
- d) For the Worcestershire aspects of the plan, a cross-system working group is formed to undertake the detailed work. This group should include director level representation from the CCGs, Social Care, Integrated Care, Acute Trust and Community Trust, along with senior coordinated input from the Voluntary and Community Sector, Primary Care Providers, Healthwatch and any other body that is recommended.
- e) An individual or groups of individuals are nominated by the working group to engage with their Herefordshire equivalents to ensure the sub regional issues from the plan are properly managed and implemented as part of the wider programme.

Timeframe

20. The plan needs to be submitted in draft by the end of June 2016. The following milestones are therefore recommended:

- a) 9 February – Health and Well-being Board agrees approach and governance arrangements.
- b) End of April 2016 – Draft STP is distributed to HWB members for review.
- c) 10th May – Health and Well-being Board reviews progress on the draft and delegates responsibility to the Health and Social Care Leaders forum to approve the submission for the end of June 2016.
- d) End of May 2016 – Target date for completion of draft strategy to allow one month to present to Councils, Boards and Governing Bodies.
- e) End of June 2016 – Draft STP submitted to NHS England.
- f) July onwards – NHS England review of submissions, following which Health and Well Being Board formally approves the plan and recommends it to statutory bodies for implementation.
- g) October 2016 – Implementation of the plan begins.

Legal, Financial and HR Implications

21. 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. These will be identified and reported in due course.

Privacy Impact Assessment

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

Equality and Diversity Implications

23. An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Supporting Information

- 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>

Contact Points

County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this report

David Mehaffey, Director of Strategy, South Worcestershire CCG

Tel: 01905 681965

Email: david.mehaffey@worcestershire.nhs.uk