

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

7th SEPTEMBER 2016

SUSTAINABILITY AND TRANSFORMATION PLAN – PROGRESS REPORT

REPORT OF: DAVE EVANS, ACCOUNTABLE OFFICER, TELFORD AND WREKIN AND SHROPSHIRE CCGS

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

2. RECOMMENDATIONS

The Board is asked to note progress to date on developing the Sustainability and Transformation Plan (STP).

3. IMPACT OF ACTION

The aim of the STP is develop a transformed system of care that is high quality, financially sustainable, and efficient and delivers on national standards all the time. Central to this will be our ability to build resilience and social capital into people’s environment so they have the knowledge and skills to help themselves to live healthier and happier lives.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Strengthen our communities and community based support.</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes/No	<i>If yes, please list relevant Co-Operative Council objective(s)</i>
	Will the proposals impact on specific groups of people?	
	Yes/No	<i>If yes, briefly summarise any impact(s) – see separate guidance note for groups to consider</i>
TARGET COMPLETION/DELIVERY DATE	The final STP is to be submitted to NHS England on 21 st October	

FINANCIAL/VALUE FOR MONEY IMPACT	Yes	The final version of the STP will include reference to the financial position of local authorities. It will be important that both the NHS and local authorities understand and negotiate the impact of their actions on each other.
LEGAL ISSUES	No	
EQUALITY & DIVERSITY	Yes	The STP will reference on number of specific groups such as the elderly and people with mental health problems or a learning disability.
IMPACT ON SPECIFIC WARDS	No	
PATIENTS & PUBLIC ENGAGEMENT	Yes	There has already been significant public involvement in the development of plans to reconfigure hospital services between Shrewsbury and Telford. A formal consultation will take place on this later in the year.
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	

PART B) – ADDITIONAL INFORMATION

1. STP Progress Report – August 2016

1. The latest iteration of the STP was submitted to NHS England on 30th June 2016 and reviewed by a panel chaired by Simon Stevens in early July. The principle points of feedback were:
 - The STP was well received and we were complimented on the progress that has been made since April.
 - There were questions as to how the location of the Emergency Care Centre will be determined, and a discussion about the capital requirements.
 - There is an expectation that we will have made progress on the development of Neighbourhood working before the next submission
 - There needs to be more detail of the impact of the STP on the Quality of services
 - There needs to be more reference to mental health services.
 - Further work is needed with both local authorities to understand the interaction between their financial positions and the STP.
 - More detailed workforce plans are needed to clarify how the workforce gaps will be filled.
2. The next, and final, submission of the STP is now the 21st October, although the revised financial template (and possibly an interim STP) will be required by 16th September. NHS England is expecting clear implementation plans for each of the main elements of the Plan.
3. NHS England has emphasised that STPs are not to be made publicly available until they are formally signed off in October.
4. The Local Digital Roadmap has also been submitted and positively reviewed. A further iteration is due at the same time as the STP and will need to demonstrate the links between the two programmes.
5. The local governance arrangements have been updated (attached at Appendix 1). The Operational Group will comprise the Executive leads from each of the value streams and enabling groups. Agreement has been reached by the Partnership Board that £500k will be made available to support the STP programme, although the precise use of this funding has yet to be determined.
6. To help ensure that progress on implementation can be routinely tracked, the health and care community is proposing to commission additional support to develop a series of outcome measures and monitoring mechanisms that reflect both clinical and financial performance.
7. The 4 priorities for the Shropshire, Telford and Wrekin STP are:

- i. To develop and implement a model for Neighbourhood working based upon:
 - Supporting individual communities to become more resilient.
 - Supporting patients in times of crisis.
 - Developing Neighbourhood Care Teams
- ii. To reconfigure hospital services. Primarily the Future Fit programme
- iii. To make best use of our resources

Financial sustainability. The health and care community faces very significant financial challenges over the next few years. These have to be addressed whilst safeguarding the quality of services.

Reducing duplication. There is potential to reduce costs without affecting service provision by amalgamating organisations, back office functions and estate costs; and by greater exploitation of IM&T.

- iv. Business as usual

While services are transformed and organisations may change, it is essential that existing services continue to function to the highest standards.

8. Good progress has been made in developing the Neighbourhood models of care for Telford and Wrekin and for Shropshire. These programmes are led by the respective local authorities. The two programmes are different (reflecting their different histories and local circumstances) but have the following common elements:
 - A focus on community resilience – which aims to support local people to stay healthy and which is independent of the main statutory agencies
 - Local health promotion initiatives
 - Joint working with the local voluntary sector
 - GP practices increasingly working together and becoming the building blocks for community based teams
 - Care services and community services working with General Practice to provide a consistent level of non-hospital based services.
 - The identification of some services that, for reasons of scale, would need to be available across a number groupings of practices
 - Secondary care clinicians providing support to out of hospital services
9. The Neighbourhood workstreams will assume responsibility for work previously undertaken by the Community Fit and Rural Urgent Care groups. Future Fit will continue to refer to the acute reconfiguration project and become part of the overall STP governance structure.
10. Further work on the Deficit Reduction Plan is being undertaken and will be available shortly.

11. Work is being commissioned to review orthopaedic and musculo-skeletal services to ensure that these are as efficient and well organised as possible.
12. Communication leads are developing a narrative and slide deck to help explain the STP to both internal and external audiences. It is appreciated that there was insufficient time during preparation of the June STP submission for proper oversight by Boards and other stakeholders. A very early draft of the next iteration of the Plan will be made available as soon as possible to maximise transparency and allow for meaningful feedback.
13. The priorities for the next month are to:
 - Circulate early drafts of the Plan
 - Develop clear communications about the Plan
 - Develop implementation plans for the main elements
 - Finalise the governance arrangements
 - Finalise the Deficit Reduction Plan
 - Implement a performance structure for the Plan
 - Ensure, as far as possible, that the STP 'becomes the day job'.

2. **IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None.

3. **PREVIOUS MINUTES**

- Sustainability and Transformation Plan update report: HWBB: 15th June 2016

4. **BACKGROUND PAPERS**

None.

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