

## TELFORD & WREKIN COUNCIL HEALTH AND WELLBEING BOARD

7<sup>th</sup> DECEMBER 2016

### SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

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## PART A) – SUMMARY REPORT

### 1. SUMMARY OF MAIN PROPOSALS

This report summarises the content of the Sustainability and Transformation Plan (STP) and explains the process for it to become public. It also contains an update on the Future Fit programme. Finally, it introduces the STP Compact – a cross-organisational commitment to joint working and seeks the Health and Wellbeing Board's endorsement for its way of working.

### 2. RECOMMENDATIONS

The Health and Wellbeing is requested to:

- Note the current position with respect to the STP and Future Fit programmes
- Endorse the STP Compact

### 3. IMPACT OF ACTION

The proposals in the STP are intended to help improve the health of the people of Telford and Wrekin and ensure local healthcare services become clinically and financially sustainable over the next 5 years

#### **4. SUMMARY IMPACT ASSESSMENT**

<b>COMMUNITY IMPACT</b>	Do these proposals contribute to a specific HWB Priority	
	Yes	➤ <b><i>Strengthen our communities and community based support Priority</i></b>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	• <b><i>improve the health and wellbeing of our communities and address health inequalities</i></b>
	Will the proposals impact on specific groups of people?	
	Yes	All members of the public, as potential patients, will be affected by the proposals for changes to health services that are set out in this Plan
<b>TARGET COMPLETION/DELIVERY DATE</b>	The Plan sets out proposals for the development of health services up to 2020/21. Detailed implementation plans are still to be developed. The key milestones for Future Fit are set out in the main report	
<b>FINANCIAL/VALUE FOR MONEY IMPACT</b>	No	
<b>LEGAL ISSUES</b>	No	
<b>EQUALITY &amp; DIVERSITY</b>	No	
<b>IMPACT ON SPECIFIC WARDS</b>	Yes	The main focus of the STP is to enable people to become less dependent on healthcare that is delivered through hospitals. This will be achieved with the development of more resilient communities; the prevention of ill health and, wherever possible, the management and treatment of illness in local settings rather than the need to attend hospital.
<b>PATIENTS &amp; PUBLIC ENGAGEMENT</b>	Yes	There has already been significant public engagement in the Future Fit programme and a formal consultation on hospital reconfiguration is planned to start shortly. A communications and engagement strategy will accompany the STP when it becomes a public document.
<b>OTHER IMPACTS, RISKS &amp; OPPORTUNITIES</b>	No	

## **PART B) – ADDITIONAL INFORMATION**

### **1. INFORMATION**

#### **1. *Introduction***

Shropshire, Telford and Wrekin is one of 44 national ‘footprints’ that have been requested by NHS England to draw up 5 year plans to transform local health and care systems to create services that are professionally and financially sustainable. The local STP was submitted on 21<sup>st</sup> October but is not (as of the date of writing) in the public domain until authorised by NHS England. Proposals for the reconfiguration of hospital services (Future Fit) form one part of the STP.

#### **2. *Overview***

There is widespread consensus that our health and social care services need to change if they are to be sustainable in future. Demand continues to grow and funding is not keeping pace, placing increasing pressure on all services – particularly hospitals, general practice and social care. Some of the ways in which patients are cared for needs to change to reflect changes in technology, changes in practice, and changes in the financial situation. All organisations need to ensure their services are delivered as jointly and efficiently as possible. The STP sets out how we aim to achieve this in Shropshire, Telford and Wrekin over the next five years.

The causes of poor health are rooted in our communities and as such the solutions need to be community based. Making the most of the skills and assets of local people and organisations (*community resilience*); supporting people to lead healthier lives (*prevention*); and promoting self-care are beneficial in their own right as well as relieving pressure on the NHS and social care. The starting point for our Plan, therefore, is to focus on fifteen *neighbourhoods* and provide a consistent approach to preventing ill health, as well as promoting the support that these local communities already offer to individuals.

The same neighbourhood structure will be used as a basis for providing health and care services for people who need professional help but for whom hospital is not necessary. GPs, social care, community nurses and therapists, community mental health workers and learning disability practitioners will increasingly work together as a single team to provide a consistent range of services at a local level. These *Neighbourhood Teams* will be the first port of call for people with diabetes and other chronic conditions; for people who might otherwise have to go to hospital but who do not need emergency services; and for people who have recently been discharged from hospital.

For patients who do need hospital care, either because it is an emergency or because they need planned surgery or other treatment, the Plan creates two centres of expertise, one specialising in *emergency care* and the other in routine surgery or *planned care*. This aims to give better clinical outcomes by making best use of relatively scarce consultant time, as well as making financial sense. Specialist mental health and orthopaedic services will also be available locally.

Explaining all these changes to local people and involving them in the design of the new services will be crucial to their success. The focus of other work - on the use of technology;

the development of the workforce; and the use of the estate - must support the development of neighbourhoods and changes to hospital care.

All organisations have agreed to work together to implement the Plan in acknowledgement that it is in the best interests of local people. However, the financial position is sufficiently serious that these changes to services will not, on their own, solve the problem and so the Plan also has a range of other actions that will need to be taken.

### **3. *Neighbourhood working in Telford and Wrekin***

A key focus in the latest iteration of the STP is the development of Neighbourhood working. In Telford and Wrekin, this has been led by Telford and Wrekin Council, working closely with Telford and Wrekin CCG and providers. An outline of the components of the local Neighbourhood work is attached as Appendix 1.

Neighbourhoods are based around General Practices and bring together health and care services, and physical and mental health. Three Neighbourhoods covering Telford have now been identified, with a number of practices still to be formally linked together. To ensure the system will work effectively, pilot sites are being established in the South Telford and Newport Neighbourhoods.

### **4. *Future Fit***

#### **4.1 Revised Decision Making Timeline Following the Options Appraisal September 2016.**

The report summarising the outcome of the financial and non-financial options appraisal in September was submitted to Programme Board on 5<sup>th</sup> October. However, the decision was taken to postpone decision making on a preferred option by both Programme Board and CCG Boards for a month in order to give the Programme the opportunity to respond to concerns raised by Telford & Wrekin Council about the options appraisal process. Both CCG Boards have agreed to establish a Joint Committee for the purposes of receiving the recommendation from the Programme Board on the outcome of the option appraisal process and to identify a preferred option; terms of reference and membership has now been approved by both CCG Boards.

It is anticipated that both the Future Fit Programme Board and the CCGs Joint Committee will meet during November.

#### **4.2 Pre-consultation Business Case (PCBC).**

NHS reconfiguration programmes are subject to assurance and approval by NHS England before entering into a public consultation process. The aims of the PCBC are to make the case for changing acute hospital services in Shropshire and Telford & Wrekin; to describe the future model of care and how it has been developed; to give detail of the pre consultation engagement that has been undertaken with the public, clinicians, staff and other stakeholders in developing the future model of care; and to make the case to commence a formal public consultation process.

The Pre-Consultation Business Case (PCBC) also outlines how the proposals being put forward meet the four mandated Department of Health (DH) tests for service reconfiguration and are affordable in capital and revenue terms. The PCBC will be presented to the CCG Boards over the next month prior to submission to NHSE as part of the Stage 2 assurance process scheduled for December 2016.

The West Midlands Clinical Senate is currently undertaking as part of the NHSE Stage 2 assurance process, an independent clinical review over 3 days during October. This will include a review team visiting both acute sites. NHSE Stage 2 is a formal assurance checkpoint and involves assurance of the proposals against the 4 tests and best practice checks examining all aspects of the plans. These include clinical quality and strategic fit, finance, workforce, activity, programme management, travel impact, resilience, communications and engagement and use of IT. Stage 2 must take place in advance of any wider public involvement, formal consultation process or a decision to proceed with a particular option.

The Programme submitted a comprehensive and detailed set of documentary evidence to the Independent Review Panel in advance of the formal review dates. The Programme expects to receive the final report of the Clinical Senate Review late November. This information will form part of the Pre Consultation Business Case (PCBC) submission to NHSE in November as part of the Stage 2 Assurance Process.

#### 4.3 Communications and Engagement

With an anticipated public consultation start date in December work continues to develop the consultation communications and engagement plan, as well as researching into different options for the consultation document.

### **5. Use of resources**

The health and care community faces very significant financial challenges. The combined health system alone would face a deficit of £131m by 2020/21 if nothing changed. A third of this deficit, however, will be recovered by providers achieving the same annual level of efficiency gains that have been achieved in recent years. Plans to reconfigure current expenditure to enable a financially sustainable position to be reached are still under discussion. Crucially, the aim of the STP focuses on the financial sustainability of the whole health system, not of individual organisations. Local work to review the organisation of back office functions also forms part of these discussions.

The financial challenges facing local authorities are acknowledged although national guidance excludes including them in the financial analysis.

### **6. Governance**

The governance arrangements for the STP programme are set out in Appendix 2.

A compact of Agreement between all the organisations involved has been drawn up by the Partnership Board for consideration by all Boards. This is attached as Appendix 3.

## **7. *Next steps***

It is anticipated that NHS England will approve the STP to be made public by the end of November. A communications strategy has been developed to help explain the totality of the STP (and its relationship to Future Fit) to both internal and external audiences and to engage them in discussion about its content. The STP will continue to develop over the forthcoming months.

## **2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION**

None.

## **3. PREVIOUS MINUTES**

9<sup>th</sup> March 2016 – Health and Wellbeing Board

15<sup>th</sup> June 2016 – Health and Wellbeing Board

## **4. BACKGROUND PAPERS**

**Report prepared by David Evans, Chief Officer, Telford & Wrekin CCG**