

Health and Wellbeing Board

9th June 2016

Sustainability and Transformation Plans

Responsible Officer Julie Davies

Email: Julie.davies47@nhs.net

Tel: 01743 277500

Fax:

1. Summary

- 1.1 As the NHS England website states, 'In December 2015, the **NHS shared planning guidance 16/17 – 20/21** outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the **Five Year Forward View** vision of better health, better patient care and improved NHS efficiency.
- 1.2 To deliver plans that are based on the needs of local populations, local **health and care systems came together in January 2016 to form 44 STP 'footprints'**. The health and care organisations within these geographic footprints are working together to develop STPs which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.'
- 1.3 The Shropshire STP programme is being led by Simon Wright, Chief Executive of SaTH and the footprint for this area is the county of Shropshire; Shropshire Council area and Telford & Wrekin.
- 1.4 Appendix A provides a brief STP update for the HWBB (following the presentation of the STP at the February Board meeting) and Appendix B is the response from NHS England regarding the submission of initial Shropshire STP return.

2. Recommendations

1. The Board note the progress of the STP as outlined in the appendices.
2. The Board discuss and provide input to the STP development.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

3.1 The HWBB works to reduce inequalities across Shropshire.

4. Financial Implications

None associated directly with this report. The STP however, must address the financial deficit of health and care in Shropshire.

5. Background

See summary

6. Additional Information

N/A

7. Conclusions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder)
Cllr Karen Calder
Local Member
Appendices
Appendices A & B below

Update for Partner Boards

This paper provides an update on the STP process so far and set out steps for agreement moving forward.

The STP is intended to be a strategic document that sets out the key priorities for the Shropshire and Telford & Wrekin footprint through to 2020/21.

It must be at a sufficient level of detail to allow tangible discussions to be held on the 2-3 big topics that are worthy of extra-ordinary effort for extra-ordinary gain. It is not expected to include every issue that systems will be dealing with over the 5 year period. It should cover how we will:

- Close the health and well-being gap – prevention, self-care, social capital
- Close the care & equality gap – models of care for acute, community, primary care
- Close the financial and efficiency – Deficit Reduction Plan

Of particular note for the HWBB will be the workstream that is being created around 'Neighbourhoods'. There will be a workstream for both Shropshire and Telford and Wrekin; each workstream will have Chief Officer Sponsorship from Clive Wright and Richard Partington respectively, along with Executive Leadership. These two workstreams will further develop solutions for place-based services, social capital and prevention and self-care. The workstreams will have a reporting line to the HWBB to ensure they develop proposals that are consistent with the priorities in the Health and Well-Being strategy, the JSNA and the Better Care Fund.

We have submitted an interim submission based on a centrally-determined template; this was not intended to be an executive summary of the final document, more an outline of work done so far and emerging priorities. We have also had a one to one session with the Chief Executive of NHS England and Chief Executive of other Arms Length Bodies (ALB); this is due to the fact that we were pre-designated as a high risk system. The feedback from this interim assurance process is attached.

A central element of the STP is the progression of the Strategic Outline Case for hospital services; following approval further work will take place on the wider models of care for the population. At a recent joint CCG board meeting the Strategic outline Case was approved by Telford & Wrekin CCG and not approved by Shropshire CCG. Further work is now in hand to describe the resourcing of the shift of activity from the acute services and the intention is for the Strategic Outline Case to be re-presented to the Shropshire CCG Governing Body for approval in June. The Strategic Outline Case needs to be approved in order to have a viable STP; the STP will be submitted by 30th June 2016. We will continue to progress the work on prevention and self-care and the Deficit Reduction Plan over the coming weeks.

It had been intended to submit the proposed STP to the Boards for the May/June cycle starting with RJAH FT Board on the 24th May 2016; we would then collate feedback and submit at the end of June. This is no longer possible because it was not approved by Shropshire CCG.

We have been informed that we will be called to another one to one session with ALB Chief Executives in July, following which we will receive feedback and guidance about how to proceed. In light of all the above, the STP will be submitted on 30th June following approval from the STP Partnership Board. Following feedback from national teams we will further refine the plan and submit to partner boards for approval of the final plan at a later date.



To
Simon Wright
Chief Executive Shrewsbury and Telford Hospital Trust

cc to
CEOs from NHS England, NHS Improvement, CQC, PHE, HEE, NICE and LGA

By email

13th May 2016

Dear Shropshire and Telford and Wrekin

Thank you for your initial STP return and for making the time to come and discuss it with the ALB CEOs last week. They have asked us to feedback on their behalf, so that we can work with you to take this forward. The panel was impressed by the commitment to develop a genuinely sustainable plan that will transform the quality of care for your population over the next five years, and the evidence of partnership working across commissioning, provision and local authorities.

This letter captures some of the key elements of our discussion, sets out what we expect to see in your plan on June 30th and the support we can offer in the intervening period. This is not exhaustive, and so should be read alongside other STP guidance and advice from your regional ALB Programme Board.

As we discussed, the plans need to simultaneously address the in-year challenge of delivering the 16/17 position as well as putting in train the actions that will be needed to ensure a high quality, financially sound health system by 2020/1. We no longer have the luxury of trading off short stability against long-term benefit and it is our collective challenge to ensure the solutions we develop for today's problems provide a bridge to our strategy for tomorrow.

We recognise that your STP is a complex geography with many moving parts, and although we did not discuss all the areas that will be part of your STP plan, in our conversation we discussed a number of key themes that we expect to be fully developed as part of your plan, including the need to:

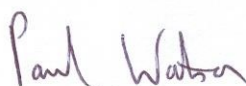
- Continue to develop a shared purpose across the footprint, using the STP to build the momentum you have already created, and drive the transformation required to close the three gaps (health, quality and finance).
- Set out a tangible/detailed model of care – including your acute services model and plans to improve primary and community services – with clearly defined choices and benefits for your population, not just in 2020/21 but working back from this for each year and in relation to your 16/17 control total, so that we can be assured it stacks up.
- This should include your plan for orthopaedics and reflect the scale of the challenge with regard to your frail elderly population.
- Set out clearly any dependencies for your plan to work – including any capital requirements (and in recognition of the current context, potential innovative options to meet them).

- Set out your plans to work with LAs and other partners to deliver not just the service changes, but the cultural changes required to support it.

To support the planning process, we will shortly release an 'indicative allocation' for 2020/1 for each footprint. These figures are – as the title suggests – indicative: final allocations will be subject to allocations decisions that are for the NHS England Board to make in due course. Overall the funding available for the healthcare system will be greater in 2020/1 than it is today, although the levels of future growth may be less than the NHS has enjoyed historically. We need to be clear that this is not about 'cutting' budgets, but about identifying the best possible use of resources so that we can meet the forecast rise in demand, and wherever possible, reduce that demand by improving the population health. The point of making these indicative figures available now is to provide a basis for local conversation about the best way to drive the necessary transformation, allowing you to reverse engineer back from 2020/1 to the 16/17 position.

We will use your June STP submission as the basis for a further conversation about concrete options, impact and timelines, so that together we can develop and implement a sustainable plan for transformation at pace.

Finally, we would like to personally thank you for taking on this vital leadership role, and do let us know if there is anything else the national or regional team can do to support you.



Paul Watson



Dale Bywater