

Sustainability & Transformation Plan (STP)

Executive summary

This paper provides the context to the development of the B&NES, Swindon and Wiltshire STP and highlights the progress made since the Committee was last updated in November 2016.

It provides examples of projects being progressed through the STP and details the work undertaken to distil how we can best utilise the STP to accelerate improvements in health and care.

In March, NHS England will publish a national update to their underpinning policy for STPs (the Five Year Forward View). It is anticipated this will provide greater clarity on the role of STPs going forward.

Proposal

That the committee:

a) Review, comments and supports the approach being taken to develop the Sustainability & Transformation Plan for the B&NES, Swindon & Wiltshire area.

Reason for proposal

STPs are a nationally mandated vehicle for collaborative planning within health and social care across England.

Author: David McClay (Programme Director)

Contact details: david.mcclay@nhs.net Tel: 01380 733825

On behalf of James Scott; STP Senior Responsible Officer

Programme Update

1. Purpose of report

- This report has been compiled as a briefing to the Wiltshire Health Select Committee on the development of the local Sustainability & Transformation Plan.

Background

- NHS England has created 44 Planning footprints that have been asked to develop Sustainability & Transformation Plans setting out how each area will deliver improvements in line with the national Five Year Forward View policy.
- Each STP is at a different stage in its development. The Bath & North East Somerset (B&NES), Swindon & Wiltshire STP brought a high-level summary of its plan to the Health Select Committee in November. Since then, the full 'Emergent Plan' was published on the 14th December. An easy-read version is now being developed and will be published on the 17th March.
- The December 'Emergent Plan' set out the strategic direction on a range of topics in which health and council bodies will work together on over the next 5 years. The plan is aimed at addressing the three national challenges of health inequalities, quality of services and finance.
- The following five strategic aims were set out:
 - a. To create locality-based integrated teams supporting primary care
 - b. To shift the focus of care from treatment to prevention and proactive care
 - c. We will develop an efficient infrastructure to support new care models
 - d. Establish a flexible and collaborative approach to workforce
 - e. Enable better collaboration between acute providers
- The plan also sets out a number of early priorities that are to be worked-up, reviewed and implemented over the next two years. These early priorities largely reflect the existing plans that had been developed by CCGs, health providers and councils, with common features articulated through the STP.

2. Progress

This section outlines the progress made in the development of the STP since the summary document was brought before the committee in November 2016.

2.1 Organisational Development & Leadership

- A series of workshops have taken place with relevant Council Directors, Acute Chief Executives, CCG Accountable Officers and health-sector Directors of Finance to agree on the range of topics within the scope of the STP, and to bring clarity to the role the STP will play with regards to those topics. This work is reaching its conclusion and a summary will be brought to the March STP Board for discussion and approval.

- A recent item identified within scope is the need to support and oversee the development of Accountable Care configurations in B&NES, Swindon and Wiltshire that, in turn, support the development of new population-based care models.
- The output from the workshops has been used to develop STP behaviours and principles that all partners will pledge to adhere to whilst working on the programme.

2.2 Engagement

- An easy-read version of our emergent plan that was published in December 2016 is now being developed and will be published on the 17th March 2017.

Public engagement in the development of the STP will take place at two levels:

- **Generic engagement on the priorities within the plan** - This will take place through the core STP team. The Head of Communications for Wiltshire Council has agreed to trial an initial engagement exercise that will survey interested people (registered on the council database) on their views on the priorities set out within the emergent plan and whether this resonates with them. We're presently agreeing timescales with relevant council officers. Wiltshire & Swindon Users' Network has agreed to adapt the survey and reach out to engage with harder to reach groups and individuals. If successful the questions will be rolled out to Swindon and B&NES residents. Healthwatch colleagues will also be undertaking broader engagement activity in May and June, the details of which are currently being worked up.
- **Engagement on specific service changes and estate developments** – in the main this will progress through CCGs for all health-related changes. Examples are the recent changes proposed within Swindon to standardise IVF access criteria; within Wiltshire regarding the plans for Melksham, Chippenham and Trowbridge estate; and the early work being undertaken in BaNES with regards urgent care (led by Healthwatch).

The STP stipulated at its inception that formal consultation and oversight requirements arising from planned changes to services will apply and that in Wiltshire these will be channelled through established mechanisms such as Area Boards.

- A **Social Partnership Forum** has been established to brief and engage workforce representatives in the development of the plan and to enable them to discuss concerns raised by our workforce through their union.
- A **Clinical Board** is now functioning that will oversee the development of change proposals from a clinical perspective. The Board will also act as a stimulus for quality improvement plans. The Board will be supported by Clinical Reference Groups, mirroring the approach of the CRG currently established that drives clinical strategy within the RUH footprint.

2.3 Estates

- An assessment of the land and buildings being used by health care across the footprint (including an assessment of the condition and utilisation of the buildings) has been undertaken.
- This has provided a helpful stock-take and our plan published in December acknowledged that we will not have sufficient funds to future-proof all the buildings within the footprint and our approach is that the development of our future estate will be based around the needs of populations and linked to council plans – such as the One Public Estate programme in Wiltshire.
- Our December plan also acknowledged that buildings (and the proximity of services) provide significant reassurance to the public and therefore the future estate plans must be progressed in conjunction with a public dialogue on the future configuration of services in that area. As outlined above, the plan is to progress these conversations through local CCGs and in conjunction with conjoined topics such as future plans for primary care (notably General Practice) and community provision of health and social care.

2.4 Workforce

- Working collectively to improve the health and wellbeing of our workforce is a key priority for the STP. An assessment of each organisation's policies for workforce health and wellbeing is nearing completion and the next phase will see the adoption and spread of the most effective ideas across all organisations with an overall aim of improving workforce health and wellbeing with a by-product of reducing absence due to ill health.
- The AWP team – that lead on our workforce workstream – have been trained in the use of a workforce planning tool that we will deploy in 2017/18 to enables those teams undertaking service redesign to quantify the nature and level of resource required.

2.5 New Models of Care

- As outlined in both the engagement and estates section above, we now have greater clarity on the scope and nature of the role the STP will play in service redesign.
- Topics such as planned care lend themselves to a higher level of collaboration across the footprint. Our aim is to standardise pathways and the specifications for services to ensure there is consistency of access. A significant number of policies have been aligned across the three CCG areas and work continues on aligning the functionality of referral management centres.
- A key strategic priority is to shift our collective focus from care delivery to promoting – and enabling – the public to take greater control over their health and wellbeing. The workstream has self-assessed against the Public Health

England national Menu of Interventions (a list of recommended interventions and the associated evidence base) to formulate a workplan for the next 12 months. Key achievements to date have been the enrolment in the second wave of the National Diabetes Prevention Programme and the adoption within Swindon of a successful model of fracture liaison that is presently available at Salisbury Foundation Trust and at the Royal United Hospital, Bath Foundation Trust.

- On urgent care, through the STP, the three CCGs have collaborated on the re-procurement of an Integrated Urgent Care Service across BSW that includes the current 111 service across the three areas but has additional elements for each CCG.

A key priority for next year will be working collaboratively on strengthening mental health liaison services.

It is envisaged however that in driving a shift away from acute hospital provision of urgent care, the new pathways need to be owned and designed through engagement at a local level and in conjunction with discussions over the role of General Practice, estates, and the future model of health and social care.

- The STP has also agreed to develop a new workstream dedicated on driving delivery on specific priorities within the national mental health strategy (Five Year Forward View). The workplan is being finalised and prioritised but aspects within scope are CAMHS; Perinatal Mental Health; Acute Adult Mental Health; common Mental Health conditions; Mental Health and Justice; and secure services.

2.6 Digital

- Three digital plans (Local Digital Roadmaps) existed at CCG/Council level prior to the STP coming into being. The early focus has been on agreeing what elements of the three existing plans could be accelerated through collaborating at scale.
- It is felt there is added value in exploring how we would benefit in collectively developing our IT infrastructure, working together on ensuring that clinical teams can all access a shared record, and on collaborating over bidding for national funds for digital improvement. Links have been made, and will continue to be strengthened, with the Wiltshire Single View functionality.
- Our plan is to use big data to undertake population analytics that will enable us to understand the current demands on health and social care as a diagnostics exercise to inform reviews of care models. Similar analysis in other areas revealed that as much as 50% of the financial resource was currently deployed on caring for 4% of the population. They found that this analysis was useful in broadening the debate from one focused on the impact of people growing older, to also focusing attention on those people of working age that had multiple chronic or long term conditions. The terms of the analysis are being considered at present but the intent is to draw data from primary care,

community care, social care, acute, and mental health service databases – subject to information governance.

2.7 Collaboration across acute providers

- A review of what is termed ‘back office’ functions (non-clinical departments) has been undertaken and a small number of areas have been identified for further assessment.
- A rolling programme of reviewing clinical specialties across the 3 acute providers is underway. Six specialties have already been reviewed, these are Care of Older People, Gastroenterology, Pain, Radiology, Dermatology and Pathology to establish if the number of staffing challenges we face in these areas could be addressed more effectively through collaboration. The overall aim is to ensure the continuity of services to patients in the face of growing pressures over staff availability and/or rising demand.

3.0 **Next Steps**

- Nationally, in March NHS England will be publishing an update to the Five Year Forward View. It is expected this will set out the role of STPs and identify a small amount of resource towards their operation. In return, STPs will be asked to develop robust Implementation Plans during Quarter 1 in 2017/18.
- Locally we’re in the process of finalising our priorities for 2017/18 for review at our STP Board meeting in March. This will form the basis of our Implementation Plan.
- Within our key priorities will be the need to significantly increase our capability to communicate and engage with key stakeholders across the footprint. Key within this will be working with existing bodies and through existing mechanisms to engage more broadly at a programme level (on our priorities) and at CCG/Council level on specific service redesign.
- A further key area will be ensuring that social care and public health features more prominently within all aspects of our plan. We benchmark well when compared to other STPs in terms of council engagement but we feel that with such a strong foundation, we could do more to ensure we work together for the benefit of our population.
- On finance, the forecast outturn position across the health bodies within the STP for 2016/17 is largely in line with plan. Our focus within the programme thus far has been on modelling the future pressures and identifying a worst case scenario position. Through 17/18 our intent is to refine our forecasting and establish routine monitoring of the overall STP financial position across health and social care. This monitoring would be fed into the STP Board for review and discussion.

- STPs remain non-statutory vehicles for collaboration over planning. We will be reviewing the links between STPs and statutory bodies in light of any national steer set out in the Five Year Forward View Refresh.

4.0 Main considerations for the committee

- The committee is asked to note and comment on the progress of the BSW STP and on the summary of next steps set out.

5.0 Environmental impact of the proposal

- None

6.0 Equality and diversity impact of the proposal

- Many of the projects within the programme are aimed at reducing the variation in access to care across the BSW area. Within the preventative workstream the STP is pursuing a number of projects aimed at reducing the onset of chronic disease such as Type 2 diabetes.

7.0 Risk assessment

- None

8.0 Financial implications

- None

9.0 Legal implications

- None

10.0 Options considered

- Not applicable.

Conclusion

The paper is seeking the views and support of the Committee with regards to the ongoing development of the STP.

Background papers

A full copy of the Plan published in December is available at

<http://www.wiltshireccg.nhs.uk/wp-content/uploads/2016/12/BSW-STP-Final-14.12.16.pdf>