

## Wiltshire Council

### Health Select Committee

11 July 2018

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**Subject: Overview and Scrutiny engagement with the Sustainability and Transformation Partnership**

#### **Purpose**

1. To inform the Health Select Committee of current national Overview and Scrutiny (OS) engagement with Sustainability and Transformation Plans (STP), as the committee has previously listed this as an area of interest for future work.

#### **Sustainability and Transformation Partnership (STP)**

2. These are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.
3. Further information on STPs can be found on the NHS England [website](#).
4. The Bath and North East Somerset, Swindon and Wiltshire STP partners are:
  - Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP)
  - Bath and North East Somerset Clinical Commissioning Group
  - Bath and North East Somerset (B&NES) Council
  - Great Western Hospitals NHS Foundation Trust (GWH)
  - Health Education England
  - Healthwatch in B&NES, Swindon and Wiltshire
  - Royal United Hospitals Bath NHS Foundation Trust (RUH)
  - Salisbury NHS Foundation Trust (SFT)
  - South Western Ambulance Service NHS Foundation Trust (SWASFT)
  - Swindon Borough Council
  - Swindon Clinical Commissioning Group
  - Wessex Local Medical Committee
  - West of England Academic Health Science Network (WEAHSN)
  - Wiltshire Council
  - Wiltshire Clinical Commissioning Group
  - Wiltshire Health & Care

#### **Background**

5. The committee previously received information on STP, as follows:

6. 15 November 2016 ([minutes](#)) – an update on the development of the B&NES, Swindon and Wiltshire STP.
7. 10 January 2017 ([minutes](#)) – following consideration of the emergent STP at the Health and Wellbeing board ([15 December 2016](#)) this was an opportunity for the committee to consider the STP and prepare questions and areas for enquiry for its subsequent meeting in March 2017.
8. 7 March 2017 ([minutes](#)) – the resolution of the committee was “(...) to recommend that the successor Committee under the next Council continues to focus on [STP] as a work priority, with consideration given to a dedicated task group.”
9. When the committee considered the [Bath and North East Somerset, Swindon and Wiltshire, Sustainability and Transformation Plan Summary DRAFT - November 2016](#) it was informed that:
  - a Clinical Board (comprising public health professionals, nursing leads, GPs, care professionals, hospital doctors and Allied Health Professionals) had been established, that would help shape and drive the plans for transformation;
  - As the independent body representing the voice of patients and public, the three local Healthwatch organisations were acting in an advisory capacity for the STP as plans began to take shape. Healthwatch sat on the STP Board and communications work stream as ‘critical friend’ to health and care leaders.
10. The “[next steps on the NHS five year forward view](#)” (published in March 2017) addresses STPs (page 31 to 34).
11. Although it recognises that the way STPs work will vary according to the needs of different parts of the country, it stipulates a need for a basic governance and implementation ‘support chassis’ and that from April 2017 STPs will:
  - Form an STP board;
  - Appoint an STP chair / leader;
  - Ensure the STP has the necessary programme management support;
  - Be able to propose an adjustment to their geographical boundaries.
12. It also states that “*the way to judge the success of STPs - and their constituent organisations - is by the results they are able to achieve. We will publish metrics at STP level that will align with NHS Improvement’s Single Oversight Framework for NHS provider trusts and NHS England’s annual CCG Improvement and Assessment Framework, which will be published in July*”.

## National activities with regards to STPs

13. Following a desk-based review, below are some examples of OS activities on STPs:

### Lancashire & South Cumbria

14. It should be noted that Lancashire and South Cumbria are working to become a shadow integrated care system made up of five Integrated Care Partnerships.
15. A one-day workshop considering “Challenges & Opportunities” and what actions need to be identified:
- For the STP officers
  - For the Health Scrutiny Committee (in terms of where they can add value / influence)
16. It identified the following actions for the Health Select Committee:
- Where can they influence?
  - Role for the H&WB partnership
  - To assist single GP practices to come together and support
  - Selling the benefits of collaboration
  - Mandate bringing GPs together to collectively review the primary care services
  - Talk to GPs we are already engaged with to use their influence with others
  - Open/honest communications with the public
  - Education – clear, simple messages
  - Member education for scrutiny committee
17. The full outcomes of the workshop can be accessed [here](#) (Item 7).

### Hampshire, Isle of Wight and Frimley

18. A task group to monitor the progress and provide appropriate scrutiny of the core programmes of the two STPs covering the Hampshire geography.
19. The task group has the following terms of reference:
- To develop a good understanding and working knowledge of the two STPs in Hampshire (Hampshire and Isle of Wight, and Frimley)
  - To monitor the progress of the various core programmes sitting beneath the STPs, and to provide appropriate scrutiny of these workstreams.
  - To make any recommendations to STP leads, as appropriate, and to refer topics to the HASC for wider scrutiny through formal meetings.
20. The topic areas that will be specifically explored by the working group in relation to both the Hampshire and Isle of Wight STP, and the Frimley STP shall be:

- New models of care (to include primary care)
- Acute reconfiguration (to include Urgent and Emergency Care)
- Mental Health

The themes of prevention and actions to promote greater self-management are cross-cutting and will feature throughout the above programmes.

21. More details on the task group can be accessed [here](#).

The North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) - which covers Barnet, Camden, Enfield, Haringey and Islington

22. A joint health overview and scrutiny committee (JHOSC) is in place across the NCL footprint. The JHOSC has the STP on its agenda as a standing item. The STP leadership aims to liaise closely with the JHOSC so that it can plan ahead for any likely need for public consultation. In addition to the JHOSC, plans are discussed with relevant individual local authority overview and scrutiny committees.
23. The JHOSC invited the public and stakeholders to share their views, ambitions and concerns about current local health and care provision across North Central London at a series of events.
24. The focus of the meetings will be to receive and gather evidence in response to the draft NCL STP plan that was submitted to NHS England on 21 October 2016.

Essex

25. There are three STPs (Hertfordshire and West Essex, Mid and South Essex, Suffolk and North East Essex). However the Essex Health Overview Policy and Scrutiny Committee (HOSC) retains both a strategic oversight role for all three footprints and a role on some specific locality issues not impacting the whole footprint.
26. The Essex HOSC has established two Joint Health Overview and Scrutiny Committees, one with Southend-on-Sea Borough Council and Thurrock Council to review service changes and proposals arising from the Mid and South Essex STP and the other with Suffolk to review service changes and proposals arising from the Suffolk and North East Essex STP.
27. No joint scrutiny arrangements have been agreed with Hertfordshire HOSC to date.
28. The three STPs have provided a strategic update for the Essex HOSC.
29. Committee's training day were held to discuss its future approach and how to manage the development of the three STP plans with footprints over parts of Essex.

30. One of the outcome was for the Essex HOSC to develop STP leads from amongst its membership who can monitor local STP developments and keep the HOSC Chairman and Vice Chairmen informed as to issues that the HOSC may need to consider and/or prioritise.

### Cornwall

31. An inquiry was held which looked at the original proposal for STP, since then it has been a standing item for progress updates to the health select committee.
32. OS members attended STP's workshops in locality areas and fed back to HSC and further work is being undertaken to establish the best way forward for OS engagement.

### Local Government Association (LGA)

33. Following feedback on how the STP and partnerships with NHS colleagues are in local areas and reporting of common themes and issues, the LGA has collated 'frequently asked questions' and some background information on STPs. The full information can be accessed [here](#).
34. The LGA also produced [STPs: examples of current practice](#), which provided an overview of the themes contained in STPs. Example STP were highlighted where footprints were evidencing progress on important topics to local government and health and care systems more generally.

### Centre for Public Scrutiny (CfPS)

35. The NHS Clinical Commissioners jointly with CfPS have developed an [STP checklist](#), which provides a series of questions that can be asked to support effective dialogue and decision-making within STPs. The questions are arranged along the 4 following sections:
  - Governance, scrutiny and accountability;
  - System-wide financial control totals;
  - Public engagement;
  - Partnerships and collaborative working
36. In July 2017 the CfPS published the [Governance of Sustainability and Transformation Partnerships: the verdict so far](#), which identified, in situations where there is presence of multiple priorities and competing interests, a potential for scrutiny to play a role by identifying common and shared objectives around which to galvanise support and to overcome silo-working behaviours.
37. The CfPS also recognises that the ongoing national and local changes to health and social care delivery make it increasingly complicated to identify accountabilities and hold providers and commissioners to account.

## **Main considerations**

38. The development of STPs in 2016 have altered the landscape of local delivery. Understanding the impact of STPs, identifying the best routes to engage with the NHS and other partners, and using the levers open to health scrutiny are all essential to help deliver needed change and efficiencies whilst safeguarding essential services for local people.
39. The STP is by definition a partnership therefore consideration should be given to joint scrutiny with Bath & North East Somerset and / or Swindon, and / or open communication with Bath & North East Somerset and Swindon to inform them of the scrutiny of the STP undertaken by this committee.

## **Proposal**

### **It is proposed that:**

- 1 - The Health Select Committee considers the different approaches available, some listed in the report, and agrees the way in which it feels scrutiny of the STP could be best undertaken.**
- 2 – The proposal for scrutiny of the STP (as per recommendation 1 above) be referred to the Overview and Scrutiny Management Committee for inclusion on the OS forward work programme.**
- 3 - The Chairman and Vice-Chairman of the Health Select Committee approach their counterparts at Bath & North East Somerset and Swindon as well as the respective Cabinet Members of each authority with responsibility for the STP to discuss and agree the way in which scrutiny of the STP could best be undertaken, in light of the decision made by this committee and Management Committee (as per recommendations 1 and 2 above).**
- 4 - That the Chairman and Vice-Chairman report the outcome of their communication with Bath & North East Somerset and Swindon (as per recommendation 3 above) to the next available meeting of the Health Select Committee.**

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**Background papers** None

**Appendices** None