

# Developing 5 year Sustainability and Transformation Plan

## Stakeholder Briefing - February 2016



# Developing a Sustainability and Transformation Plan (1)

## *Establishing a footprint*

The NHS Planning Guidance for 2016/17 introduces the requirement for a five year Sustainability and Transformation Plan. This needs to combine commissioners and providers at all layers (ie specialised, CCGs, public health etc) and identify how the system will be returned to aggregate financial balance.

Development of this plan will drive system transformation on a scale beyond the approaches taken to date. Commissioner and provider positions can no longer be looked at in isolation and the potential to “trade” out of trouble is not an option. It is therefore imperative that priorities are developed jointly and a system wide transformation programme is created to deliver those priorities.

The STP is aimed at a wider geography to ensure that there is a clinical strategy for the wider system – for example emergency care, specialised care, cancer, children’s and maternity services are planned with the right workforce and quality; that meet the national strategy in these services; and within the funding available. The STP will identify those services that must be planned on this bigger footprint and also the issues that need to be addressed – in improving quality, outcomes and value. These plans are the single route by which national transformation resources and support for each patch will be accessed. The process of the STP commenced in January and will complete the national sign off of the plans by July

The initial proposal is for the STP footprint to be built on a Herefordshire and Worcestershire basis. There will inevitably be extended relationships and border issues beyond these two areas (Dudley / Birmingham to the North, Warwickshire to the East, Gloucestershire to the South and Wales to the West), but the core planning footprint needs to be nominated as one layer for strategic planning.

At this stage it appears that Dudley will be drawn into the Black Country footprint, Birmingham to a city based footprint and Warwickshire into an Arden footprint. In Herefordshire there are well established clinical flows to both Worcestershire and Gloucestershire. Although Gloucestershire is in a separate NHS England Region there will clearly be a need to incorporate these patient flows within the STP. Furthermore a significant proportion of Herefordshire’s activity comes from the separately managed health system in Wales and the implications of this will also need to be reflected.

Looking across the geographical patch, the majority of the transformational work is still likely to happen on a county-level footprint – emphasising the need for strong leadership and governance in both core areas. For example areas such as some aspects of acute care, primary care, the Better Care Fund and community services, including community mental health – these will all need to remain as part of their respective county based transformation programmes. However, where there are opportunities to work more strategically across the patch – perhaps in areas such as Urgent and Emergency care (as part of the regional network, continuing healthcare, and specialist mental health.

The H&W footprint covers four existing CCGs, two Health and Well Being Boards, one acute provider, one integrated acute and community provider, one integrated community and mental health provider and one specialist mental health provider. Herefordshire commission mental health services from a Gloucestershire based provider. There are also four existing GP federations covering the 91 GP practices and 765,000 population. With the critical importance of primary care and its growing status on the provider landscape brought about by having at scale operations, these will need to be an integral part of the STP development process.

# Developing a Sustainability and Transformation Plan (2)

## Developing Programme Governance

Our proposed governance structure is designed to recognise that system leadership and direction is required at both levels and wherever possible existing forums are used to drive this change. It is in no way proposing to add an additional layer of governance over the existing programmes. Programmes such as One Herefordshire and those work streams driven by the Worcestershire Health and Social Care Leaders Forum will continue to have independence over decision making and will not be expected to report to the STP board except where there is agreed overlap of programmes.

There are currently two county level groups that oversee system transformation in each area and a number of transformation programmes such as One Herefordshire, FoASHW, Well Connected etc. To ensure that the STP footprint can be taken forward an overarching governance board will need to be formed containing leadership in the key areas identified in the diagram. In NHS terms there is outline agreement for this to happen and discussions are being taken forward with local Health and Well Being Boards to make the case to local authorities and their elected membership who have initially indicated concerns over the purpose of the extended footprint.

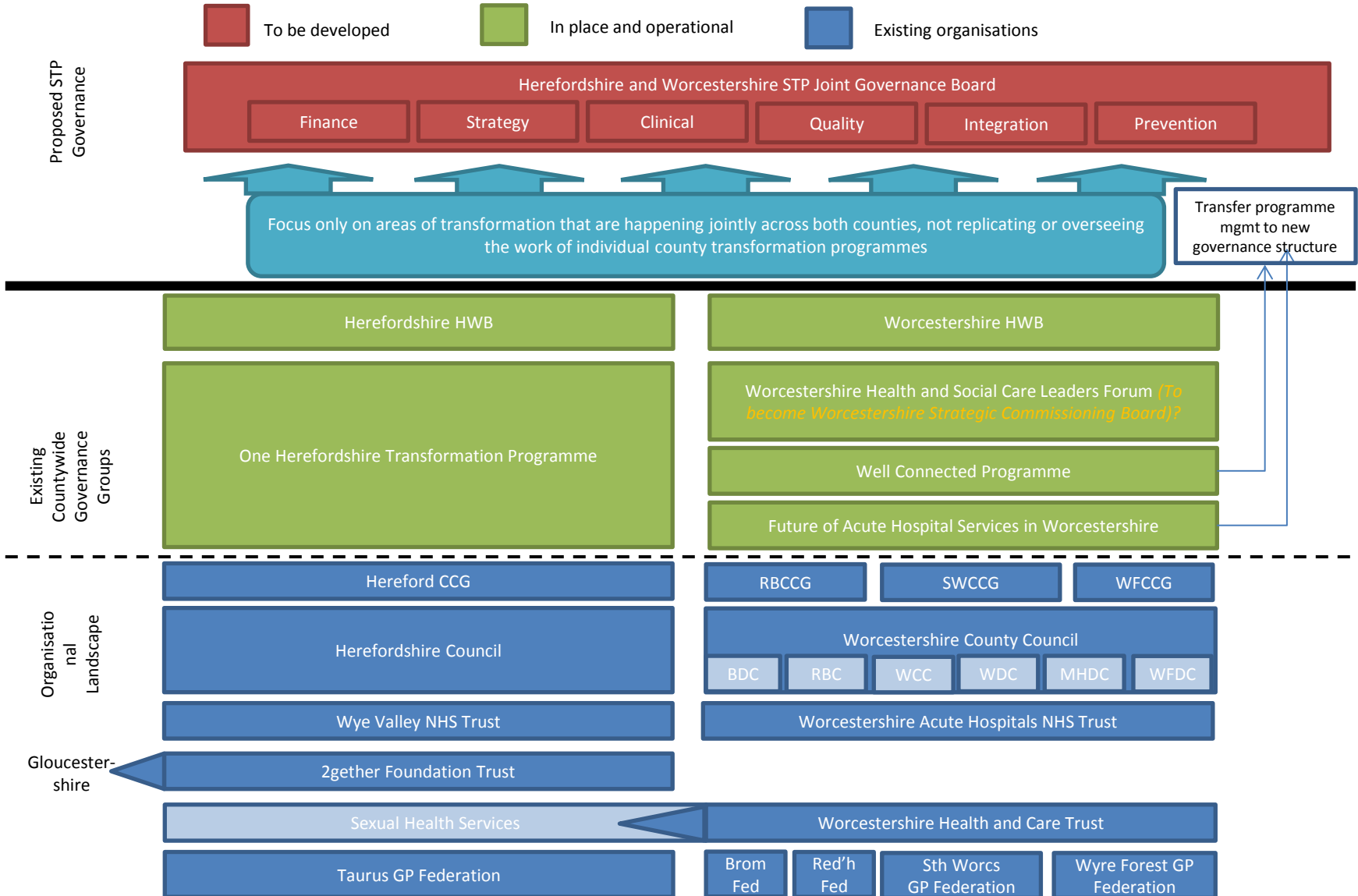
At the STP level, there will need to be two levels to the Governance – a Sponsoring Group to provide leadership and direction which is constituted from all key stakeholders and a Programme Board to oversee the physical delivery of change, which is constituted from nominees of the Sponsoring Group. The reason why these roles will be separated is to ensure that all key stakeholders can be involved in the development of the strategic direction, but to allow delegation of the practical programme implementation to be organised at a manageable level. The detail of this is being worked through.

Existing transformation programmes across both counties already have programme delivery structures in place and the relationship between these and the STP footprint programme need to be worked through. There may be some opportunity to amalgamate certain aspects and this will be explored as an early part of the STP programme development. Where there is clearly no overlap or compelling reason to operate at STP level then the county based transformation programmes will continue as now.

It is clear that development of the STP and delivery of the programme is a significant undertaking and will require a dedicated resource. The NHS guidance is clear about what is expected to be included in the STP and how this needs to address the triple aim. The relationship between the content of the STP and local transformation plans and the resourcing of each area is complex and needs to be developed jointly during the early stages of the work programme.

There will be a number of specific clinical strategies that will be developed and these will be supported by project managers and named clinical leads. There are also a number of cross cutting themes that will be led by dedicated staff who are either seconded to or recruited to the programme team. There will also be support and expertise in key programme enabler areas – not full time roles, but clearly identified requirements resourced from existing partner infrastructure. Clear programme direction and clinical leadership will be agreed to bring everything together. Nominations and representatives from each Health and local health economy are being identified to support the development of this work.

# Developing a Sustainability and Transformation Plan (3)



## Developing a Sustainability and Transformation Plan (4)

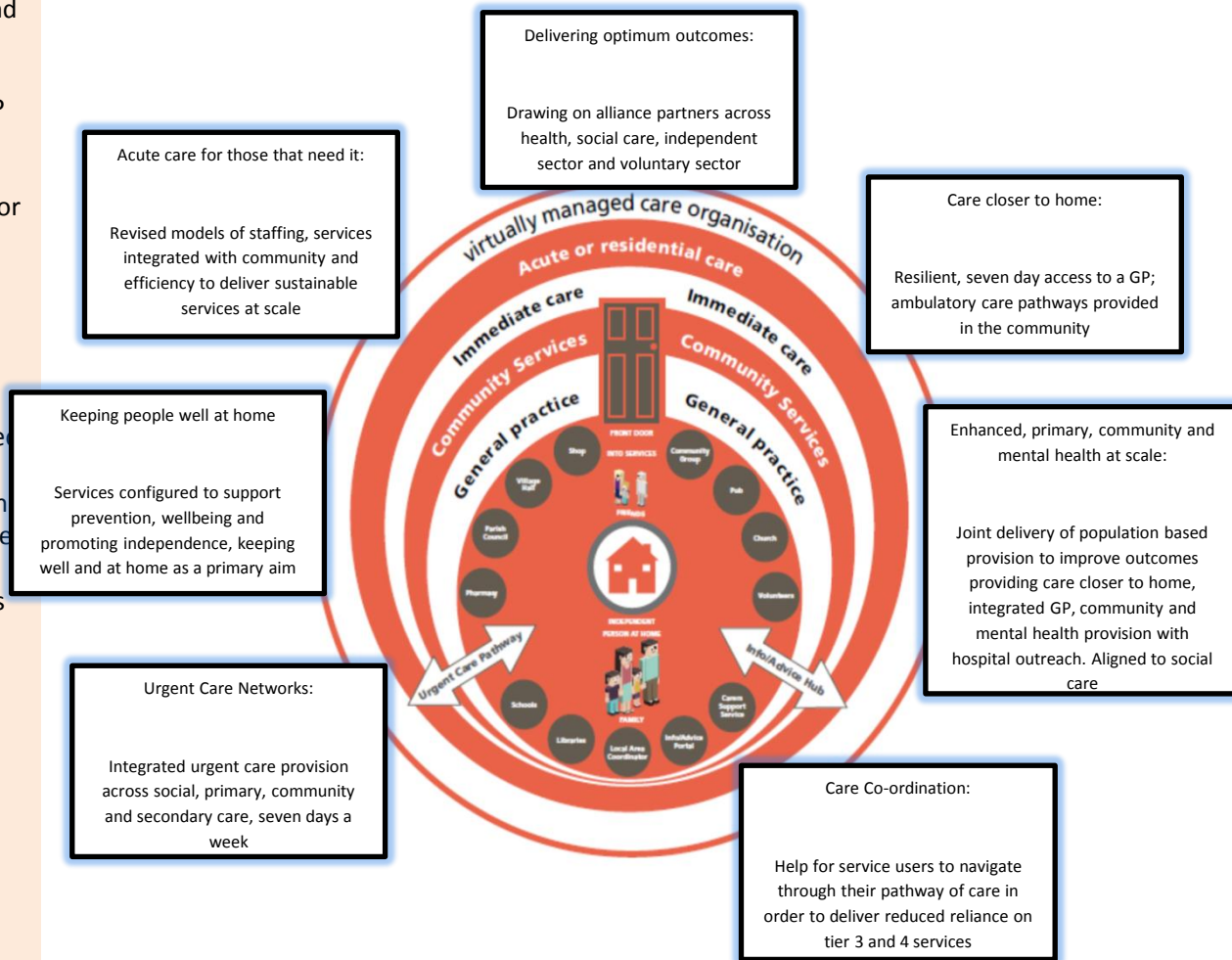
In developing the STP Herefordshire Health bodies and Herefordshire Council colleagues are clear however that they have established a common vision for the county; and this will be a key starting point as the STP work develops. Building of the initiatives that will be linked into the STP work will remain on a Herefordshire locality as this is considered essential for successful delivery.

The vision for the local health and care system in Herefordshire is one where strong communities encourage individual citizens to live healthy lives and offer support when this is required for them to maintain their independence, with sustainable, aligned health and care services for local people. Sustainable services are those delivered via a model of care which ensures that they can be delivered in a clinically viable safe and effective manner at the scale to which they are required locally and within the financial resources available to the system as a whole

One Herefordshire Programme is focused around 4 work streams.

- Supportive Communities
- Community Collaborative
- Urgent Care
- Acute Care

These are lead and supported by key leaders from across the system, and report to the One Herefordshire Programme Board.



# One Herefordshire Workstreams

## *Supportive Communities*

Build on the assets that already exist within the communities and strengthen these to improve community wellbeing and to provide a greater range of resources and support for individuals and families

## *Collaborative Community Services*

Develop integrated teams of multi-disciplinary health and social care professionals based around defined communities, including GP practices – designed to deliver more joined up and more anticipatory care

## *Urgent Care*

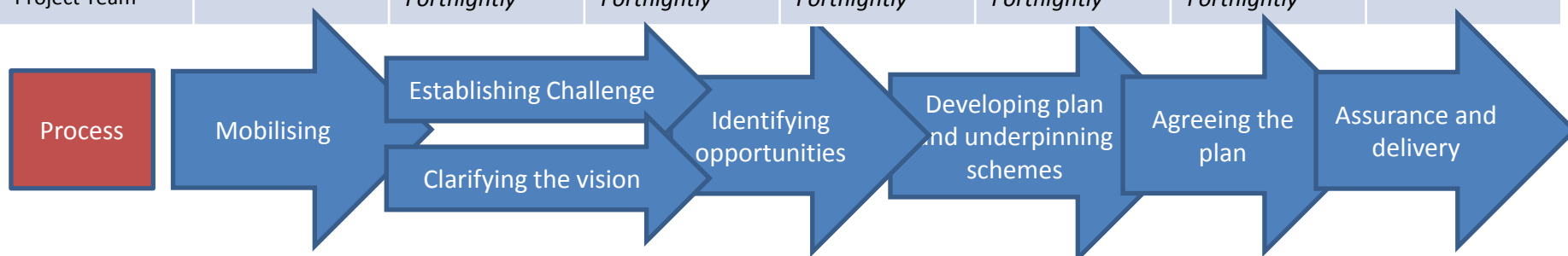
*Deliver an outcomes based approach that will result in improved alignment of all existing urgent care services in the community and in hospital*

## *Acute Care*

Review and redesign secondary care services ensuring patients have access to the most clinically safe and effective specialist healthcare

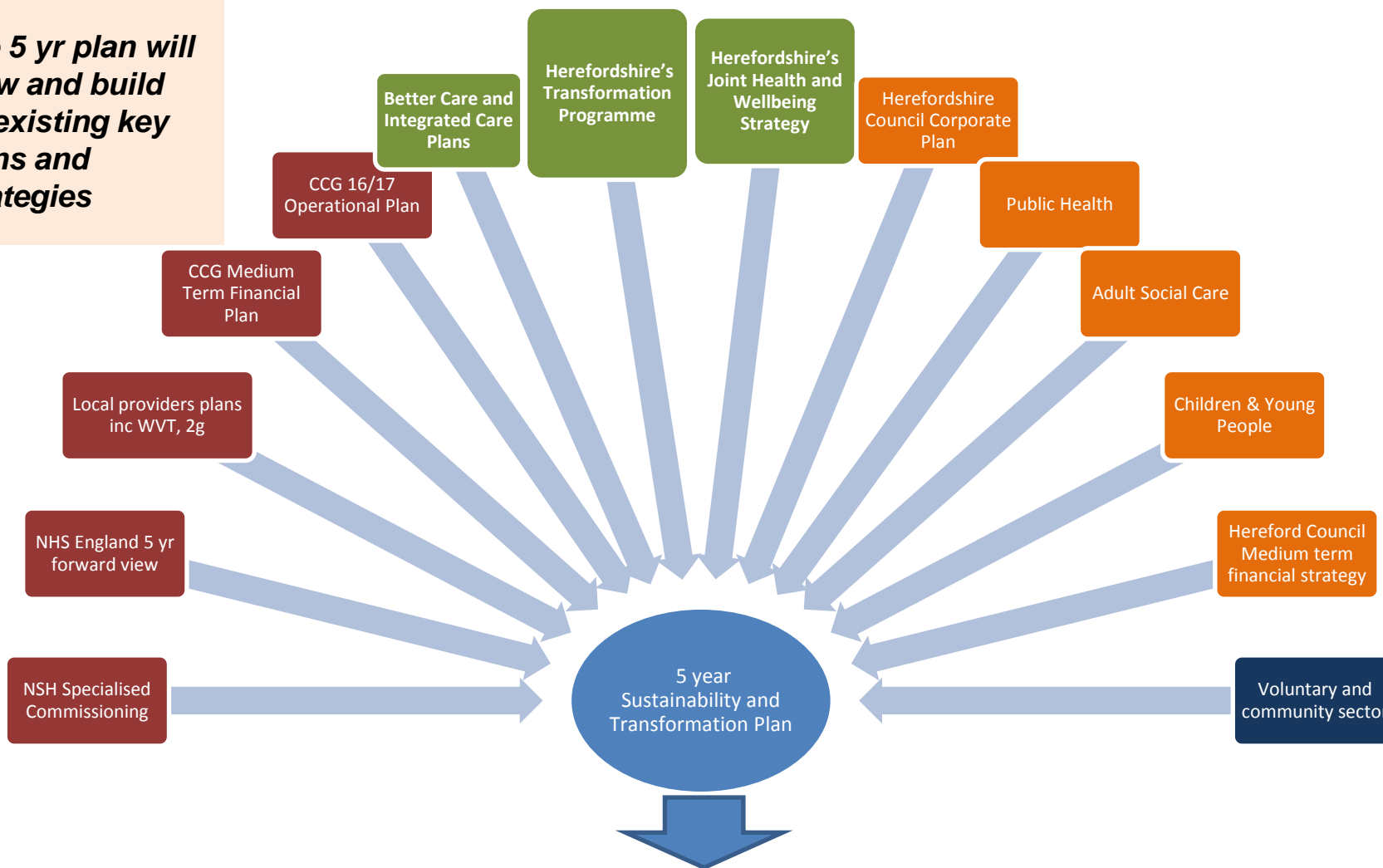
*The development of the 5 year will take place over the next 6 months; An overview of the process and approval points in Herefordshire, are outlined below., a more detailed project plan is being developed*

	Jan	Feb	March	April	May	June	July
NHS England key dates	<i>Footprint submission</i>		<i>End of march outline vision</i>			<i>End of June plan</i>	
Strategic Oversight Board			<i>Date to be confirmed</i>			<i>Review and approval of plan</i>	
Herefordshire HWBB		<i>23<sup>rd</sup> Feb - Briefing</i>			<i>24<sup>th</sup> May Review of draft plan</i>		
One Herefordshire Board							
CCG Governing Body		<i>Update on process</i>	<i>Review of Vision</i>		<i>Review of plan</i>	<i>Approval of plan</i>	
Partners Boards (2g/WVT)			<i>Review of Vision</i>		<i>Review of plan</i>	<i>Approval of plan</i>	
Project Team		<i>Fortnightly</i>	<i>Fortnightly</i>	<i>Fortnightly</i>	<i>Fortnightly</i>	<i>Fortnightly</i>	



## Strategic Planning context

**The 5 yr plan will draw and build on existing key plans and strategies**



2020 – end state – sustainable health and care system; with better outcomes for Herefordshire residents



## Sustainability and Transformation Plan: Current status

### **Agreed footprints for West Midlands**

- Herefordshire & Worcestershire
- However agreed that need to recognise existing arrangements and partnerships e.g. flows and partnerships with Gloucestershire

### **Will build on existing programmes and initiatives**

- *One Herefordshire*
- *Well connected/ Future of Acute Services in Worcestershire*
- *Better Care funds and integrated care plans*

### **Proposal**

- One County approach for some initiatives e.g. BCF
- Two counties e.g. Acute Services
- Three Counties e.g. MH/Cancer
- Sub-county e.g. community teams

### **First steps**

- 'Operationally' a STP planning group across H&W Health bodies in place to meet every 2/3 weeks
- Oversight group will meet 2/3 times up till June to include (AOs, Clinical Leads and HWBB chairs)
- Communications and Engagement and briefing of key partners
- Outline governance framework – key groups to be established nominees requested e.g. Finance, clinical and infrastructure
- First task to establish the 'sustainability' challenge across the footprint
- Identification of key areas and pathways where 2/3 counties approach will add value

### **Planned programme status by August 2016 – drawn from One Herefordshire work**

- **Programme delivery** – PMO function with development and implementation of a consistent and coherent suite of performance and assurance reports
- **Finance**- a robust identification and agreed implementation of the EY savings programme
- **BI** - a fully developed impact assessment of each of the workstreams
- **Communication**- the development and implementation of an integrated "marketing", public involvement, engagement and communication on a range of significant changes
- **Engagement** – a programme of engagement events involving staff and key stakeholders, to build understanding and support for the alliance proposal and transformation programme.
- **Workforce** – detailed development of changes linked to re-design, engagement of clinical staff in shared learning and ensuring consistent and changed practice, identification of skill mix roles linked to future demand and need, growing innovative roles to link secondary, primary and community based care.
- **Service change**– to enable mobile working and to support a process of cultural change and organisation