

Meeting:	Health and social care overview and scrutiny committee
Meeting date:	19 October 2016
Title of report:	Update on Herefordshire and Worcestershire Sustainability and Transformation Plan
Report by:	Director for adults and wellbeing

Classification

Open

Key decision

This is not a key decision.

Wards affected

Countywide

Purpose

To update the committee on the development of the decisions and delivery programmes for the draft Herefordshire and Worcestershire Sustainability and Transformation Plan (STP), which is being submitted to NHS England on 21 October 2016.

Recommendation(s)

THAT:

- (a) the committee note the content of the report;**
- (b) the committee make such recommendations for improvement of the draft STP plan as may seem appropriate in the light of the update; and**
- (c) the committee set out how it wishes to be engaged in the future stages of the STP process, taking account of the proposals for public engagement and consultation.**

Alternative options

- 1 There are no alternative options to the STP. This is a national process, mandated by NHS England (NHSE), in which all NHS organisations are required to participate. There is a national expectation that local councils will engage actively as full partners. Given the interdependencies between health and social care, there are strong reasons for them to do so.

Reasons for recommendations

- 2 The STP programme provides the framework for whole system leadership and collaboration across the footprint of Herefordshire and Worcestershire. This will link into a system wide strategic direction and mechanism to deliver the Health and Wellbeing Strategy and the Children and Young People's Plan within Herefordshire. In turn, this will drive improved wellbeing for our residents, coordinating activities across the council, Herefordshire Clinical Commissioning Group (CCG), and their voluntary and community sector (VCS) partners. It will enable the council and the CCG to engage with wider public sector partners in a co-ordinated manner to increase efficiency and value for money.
- 3 The STP process is intended to provide the central vehicle through which local government and the NHS can work together in order to achieve the 'triple aim' of improving the health and wellbeing of the local population, improving the quality and safety of care delivery, and securing ongoing financial sustainability.
- 4 It is expected that the STP process will be merged with the requirement, flagged by the former Chancellor of the Exchequer in October 2015, for all areas in the country to produce a plan for the full integration of health and social care by 2020. Guidance on this process, based on an expansion of the current Better Care Fund (BCF) process, is expected to be published jointly by the Department of Health and the Department for Communities and Local Government during November.

Key considerations

- 5 On 22 December 2015, NHS England issued the annual and long term planning guidance for CCGs. As well as the regular requirements for one year operational plans, this guidance called for the development of whole system STPs covering a defined 'planning footprint'. The planning footprint for this area is Herefordshire and Worcestershire – a footprint covering a population of approximately 780,000 people. There are 44 footprints nationally, with the average sized footprint covering 1.3m people and the largest footprints covering 2.5m people.
- 6 This Committee received a report on the STP and One Herefordshire on 19 September. Informal updates to the chairman and vice-chairman of the Committee have been made on a regular basis over the past year.
- 7 The STP builds upon local transformation work already in progress, including through the One Herefordshire initiative. The purpose of the STP is to develop the opportunities for local organisations to work on a more sustainable planning footprint in order to address the 'Triple Aim' gaps:
 - Health and wellbeing - The main focus is on achieving a radical upgrade in illness prevention to reduce the long-term burden of ill-health, both from a quality of life perspective for individuals and a financial perspective for the health and social

care system.

- Care and quality - The main focus is on securing changes to enable local NHS provider trusts to exit from their Care Quality Commission (CQC) special measures and to reduce avoidable mortality through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services. One of the objectives of active involvement in the process by the council has been to ensure that this focus is widened to encompass social care services.
 - Finance and efficiency - The main focus is to reduce unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision. Again, one of the objectives of the council's active involvement in the process has been to ensure that full regard is paid to the need for social care services to remain viable, in the context of significant reductions in council budgets.
- 8 An initial submission was made to NHS England in April, outlining the Triple Aim gaps within the STP footprint. A further interim submission, which outlined our approach, key workstreams and some of the key lines of enquiry for the STP, was made to NHS England (NHSE) on 30 June. A feedback meeting was then held between senior officers from across the STP footprint and very senior figures from NHS England, NHS Improvement, the CQC and the Local Government Association (LGA).
- 9 The next submission of the draft STP plan will be made on 21 October. This strategic draft plan will then form the basis of the operational planning cycle for NHS commissioners and providers for the next two financial years (2017/18 and 2018/19). A workshop is being held with members of the committee on 19 October. Based on the information presented at that session, the committee may wish to make recommendations on how the draft STP might be improved.
- 10 The STP documents are not yet public. They are at this time working drafts and are subject to the views of government. When the draft STP submission is made in October and formally approved by the NHS and local authority partners, public consultation will commence.
- 11 The timetable for engagement and consultation with the public is being developed at the current time. Members of the committee will wish to make comments on the approach that ought best be adopted, prior to the start of any formal process, and on how the committee ought to be involved, both in giving views on the consultation process and in considering the proposals itself as a committee. Given that the STP footprint covers both Herefordshire and Worcestershire, it may be considered appropriate for some or all of the consultation processes to be scrutinised by a joint HOSC across both counties. The committee may also wish to seek advice from Healthwatch for their view on how these consultations could be considered.
- 12 The next steps are broadly:
- 21 October: draft plan submitted to NHSE
 - November: draft plan revised and or signed-off by NHSE
 - November – draft plan formally approved by STP partners
 - 23 December: two-year contracts signed by CCGs with NHS providers, informed by

Further information on the subject of this report is available from
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the direction of travel of the STP

- Winter 2016 onwards: extensive public engagement on the suggestions contained in the STP
- Spring 2017 onwards: formal public consultation on STP proposals for service change, developed from the STP plan, timing will be dependent upon the time required to engage and generate options for change with patients and the public.

Community impact

- 13 This proposal will support the delivery of Herefordshire's Health and Wellbeing Strategy and the Children and Young People's Plan.
- 14 Improving value for money and the efficiency of our health services will enable us to increase impact and improve wellbeing across the county within existing and future resources.

Equality duty

- 15 The Herefordshire and Worcestershire STP is intended to provide the means by which the health and wellbeing of the people of Herefordshire can best be maintained and improved. The programme has a particular focus on supporting the best possible level of wellbeing for the county's most vulnerable residents.

Financial implications

- 16 There are no immediate costs associated with the submission of the STP in October. It represents an opportunity to improve future value for money from council resources and spend, and hence offer a route to securing the council's desired outcomes at a time of reducing financial resources. It is a high level planning approach, rather than a detailed service plan. However, it sets the context within which the NHS will allocate its budgets and will have a significant influence over the council's budgets, especially adults and wellbeing, but also affecting children's service. Specific spending implications and decisions will be built into the operational plans of the CCG and the council's medium term financial strategy.

Legal implications

- 17 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 enables the council to review and scrutinise the draft STP because it is a matter relating to the planning, provision and operation of the health service in its area.

Risk management

- 18 The STP can be expected to facilitate joint working across health and social care partners, strengthening the ability of the system as a whole to identify and mitigate future risks to both the system as a whole and to individual partner organisations.
- 19 Should the STP not deliver the required results, it is likely that NHS England would increasingly focus its efforts at a joint Herefordshire and Worcestershire level, based on the STP footprint. This could lead to a loss of focus and resource for the specific issues facing the people of Herefordshire and the loss of opportunities for closer

partnership working across the wider public sector at a Herefordshire level.

Consultees

- 20 Effective stakeholder engagement is a key component to the development of the STP. As part of the planning process, arrangements have been made to ensure that VCS representatives can support development of the plan. Healthwatch and VCS representatives from both counties are represented on the STP programme board. They also sit on the Herefordshire Health and Wellbeing Board, giving them a further route for engagement and involvement.
- 21 In addition to this, over the past few months, the engagement process has been extended to include VCS representatives on all the clinical theme groups. In most of these groups there are multiple attendees and more than 20 VCS representatives in total are involved in the themed groups across the STP development process.
- 22 As the budget prioritisation process is taken to the next level, engagement will extend again to ensure that a wider discussion with stakeholders is undertaken to inform the changes that will be required to ensure that the local system lives within budget. The engagement process will build on this work and as our plans develop further we will engage with VCS and Healthwatch colleagues to explore the best ways to ensure our final plans are co-produced with local communities.
- 23 It is important to note that any specific decisions or service changes required as a result of the STP will be subject to a separate engagement and consultation process as necessary.

Appendices

None

Background papers

- None identified.