

Meeting:	Health and social care overview and scrutiny committee
Meeting date:	27 February 2017
Title of report:	NHS sustainability and transformation plan focus on communication and engagement
Report by:	Director of transformation, NHS Herefordshire Clinical Commissioning Group

Classification

Open

Key decision

This is not an executive decision

Wards affected

Countywide

Purpose

This purpose of this report and associated presentation is to update, and seek the views of, the committee on the current and proposed engagement and consultation processes that underpin the development of the Herefordshire and Worcestershire five-year health and care plan (the sustainability and transformation plan [STP]). The presentation outlines:

- the background and current status of the five-year plan
- the engagement work already undertaken, and how the ongoing engagement will feed into the plans development ('Your Conversation')
- provide further clarity on the designation between consultation and engagement processes
- outline the upcoming consultations that are planned for 2017/18

Recommendation(s)

THAT:

- (a) the committee note the engagement undertaken to date, and comment on its effectiveness, in order to identify lessons;**
- (b) the committee determine how and when it should be engaged in future stages of the engagement process in the formal consultations that will**

Further information on the subject of this report is available from
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- derive from this;
- (c) **the committee determine any recommendations it wishes to make about how future engagement and consultation should be undertaken in the coming months**

Alternative options

- 1 There are no alternative options to the development of an STP; all health systems are required by NHS England to develop a five year plan, which outlines the challenge the system(s) faces and proposals to respond to these challenges to ensure sustainability is achieved. Lack of a coherent and credible plan may prevent health bodies from accessing national transformation monies that are key to delivering improved health outcomes, financial balance and quality services for Herefordshire residents. To be successful plans have to be developed in partnership with the council and partners from across the system.

Reasons for recommendations

- 2 It is a function of the committee to review and scrutinise any matter relating to the planning, provision and operation of the health and social care services in its area and to make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised.
- 3 Health overview and scrutiny committees are recognised as an essential part of all health and social care systems with a central role in scrutinising the development of system-wide transformational strategies. NHS England's planning guidance rightly reinforces the need for these committees to be actively engaged in the development of the five year STP.
- 4 In developing its plans and testing future proposals it is important that the appropriate engagement and consultations processes are undertaken. Members will have a good understanding of how these processes can be undertaken in the most effective manner for the communities they represent.
- 5 Commissioners and providers of NHS services (including NHS England, CCGs, NHS trusts, NHS foundation trusts and private providers) must consult the local authority where they are considering any proposal for a substantial development or variation of the health service in the area. Ordinarily, where the services in question are commissioned by NHS England or CCGs (as the case may be), the commissioners carry out this exercise on behalf of providers. Providers of public health services commissioned by the local authority are also required to consult the local authority in the same way as commissioners and providers of NHS services.
- 6 The local authority may scrutinise such proposals and make reports and recommendations to NHS England and the Secretary of State for Health. Legislation provides for exemptions from the duty to consult in certain circumstances, for example where the decision must be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff. As part of the overview and scrutiny process, the local authority will invite comment from interested parties and take into account relevant information available, including that from local Healthwatch.

Key considerations

- 7 Early in 2016, the NHS shared planning guidance required every health and care system to come together to create their own ambitious local blueprint for accelerating implementation of the five year forward view, referred to as a sustainability and transformation plan (STP). STPs will be place-based, multi-year plans built around the needs of local populations.
- 8 Herefordshire health and social care partners continue to work closely together to develop plans and proposals around improving health and care outcomes and services for Herefordshire residents. This work has been brought together locally under the auspices of the One Herefordshire initiative, which served as a sound starting point for the system for the development of the STP. This work has identified the challenges the system faces over the coming years (drawing on the joint strategic needs assessment and joint health and wellbeing strategy) and developed programmes of work/drawn together work areas into a single system wide response. The STP itself is aimed at a wider geography, covering Herefordshire and Worcestershire, to ensure that there is a service strategy for the wider system – for example emergency care, specialised care, residential and nursing 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. It presents an opportunity for the system to identify issues that have proved challenging to solve on just a Herefordshire wide footprint.
- 9 The process of the STP commenced in early 2016 and has continued into 2017. The current draft plan was published in November 2016 and over the last few weeks views have been sought from Herefordshire residents and patients on how they think health and social care provision and improved outcomes can be delivered. Detail on how this has been undertaken is provided in the presentation at appendix 1. This includes an overview of the engagement undertaken to date, early messages from those activities and importantly key up-coming consultation exercises. Further background about the STP and consultation can be found on the website [#YourConversation](#)

Community impact

- 10 The STP has the potential to have a significant positive impact on the experience and outcomes of the people living in the county of Herefordshire. It will outline the future of health services, in conjunction with social care and public health partners, as well as detailing how systems financial sustainability can be delivered. The sustainability challenge can only be met with partners from across the health and social care systems engaging in the development of this work, and governance mechanisms will be put in place to ensure that this is facilitated, ensuring robust accountability.
- 11 In developing the STP, cognisance had been had of both Herefordshire and Worcestershire’s respective health and wellbeing strategies and joint strategic needs assessments. Feedback and responses from engagement exercises previously undertaken, for example on urgent care, mental health and dementia, have also informed the draft plan.

Equality duty

- 12 All partners will ensure that the STP’s key programmes of work undertake an equality impact assessment designed to ensure it pays due regard to the public sector

equality standard and improved outcomes for vulnerable groups. This will include undertaking reviews on any proposed de-commissioning or disinvestment decisions.

Financial implications

- 13 A central tenet of the STP focuses on how the health system, in conjunction with local authority partners, can achieve aggregate financial balance, based on the philosophy that this cannot be achieved purely through service efficiencies, but must rest on improved wellbeing outcomes for the population and ensuring services offer high quality delivery. This include analysis of the financial gap across the two counties, and the change, pathway redesign and transformation programmes that will be required to bring the system into financial balance. For Herefordshire, this work draws on the analysis and assessment already undertaken for the One Herefordshire programme.

Legal implications

- 14 Changes to health and social care services are subject to formal public consultation on proposals prior to decisions being taken. At this stage, the STP process is at a rather earlier stage, seeking to develop an overarching approach and to outline the specific service areas where changes will be required. At this stage, therefore, there is no formal need to consult, as no service change proposals are being put forward for consideration. In due course, as these do emerge, they will be taken through a formal process, as required by the legislation.

Risk management

- 15 The bodies involved in the development of the STP will ensure that they identify and manage risks across the planned work programmes and report this to the appropriate bodies. The key areas of risk are likely to be focused on the delivery of financial sustainability across the health and social system(s), potential inability to deliver NHS constitutional standards, and non-delivery of transformational change. A risk register has been developed to support the STP plan.
- 16 Progress against agreed plans may be subject to review by the council's health and social care overview and scrutiny committee.

Consultees

- 17 In developing the STP, the partner bodies will ensure they draw on existing feedback and outcomes from recent consultation and engagement exercises, as well as looking for opportunities to engage and involve patients and staff in its development going forward. Partners will be engaged via health and wellbeing boards and other key fora. A more detailed communications and engagement plan will be developed to support this work.

Appendices

Appendix 1– Presentation on engagement processes

Background papers

None identified.