

STRATEGIC ITEM

Committee: Health and Wellbeing Board

Date: 19 April 2016

Agenda item: Sustainability and Transformation Plan

Wards: All

Subject: Sustainability and Transformation Plan

Lead officer: Adam Doyle, Chief Officer MCCG

Contact officer: Cynthia Cardozo, Director of Transformation
MCCG

Recommendations:

- A. To note the Sustainability and Transformation Plan process
 - B. To be aware of the timelines for approval
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1 Purpose of report and executive summary

The NHS shared planning guidance 16/17 – 20/21 outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

As in previous years, NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

To do this, local health and care systems will come together in STP ‘footprints’. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. Merton is part of the SWL STP footprint.

This update provides the Health and Wellbeing Board on the process to date.

2 Background

NHS England has published further guidance and has requested for an initial submission from each footprint, by 15th April, in order to check STP development.

Within this submission NHS England have asked us to set out:

- The leadership structure, decision making processes, and supporting resources we have put in place; and
- Major areas of focus and the key decisions we will need to take as a system to drive transformation, with a focus on three key issues –

improving health and wellbeing; improving care quality; and closing the finance / productivity gap

To have a realistic prospect of developing good plans by the summer, we were asked to have agreed three things for each of the STP footprints by Easter:

- (i) the governance arrangements and processes needed to produce an agreed STP and then to implement it;
- (ii) the scale of the challenge locally for each of the three gaps; and
- (iii) key priorities identified to address each gap.

Each footprint has been asked to set out governance arrangements for agreeing and implementing a plan. This should include the nomination of a named person who will be responsible for overseeing and coordinating their STP process – a senior and credible leader who can command the trust and confidence of the system, such as a CCG Chief Officer, a provider Chief Executive or a Local Authority Chief Executive. In south west London we have agreed that Kathryn Magson, Chief Officer of Richmond CCG will take this role on. Kathryn will be responsible for convening and chairing system-wide meetings and facilitating open and honest conversations that will be necessary to secure sign-up to a shared vision and plan.

3. DETAILS

Strong STPs will set out a broader platform for transforming local health and care services. We will work with the footprints to help us develop the detailed requirements. However, as a minimum, it is expected that all plans will:

- describe a local cross-partner prevention plan, with particular action on national priorities of obesity and diabetes and locally identified priorities to reduce demand and improve the health of local people;
- increase investment in the out-of-hospital sector, including considering how to deliver primary care at scale;
- set out local ambitions to deliver seven day services. In particular: (i) improving access and better integrating 111, minor injuries, urgent care and out-of-hours GP services; (ii) improving access to primary care at weekends and evenings; and (iii) implementing the four priority clinical standards for hospital services every day of the week;
- support the accelerated delivery of new care models in existing Vanguard sites; or in systems without Vanguards, set out plans for implementing new models of care with partners;
- set out collective action on quality improvement, particularly where services are rated inadequate or are in special measures;
- set out collective action on key national clinical priorities such as improving cancer outcomes; increasing investment in mental health services and parity of esteem for mental health patients; transforming learning disabilities services; and improving maternity services;

- ensuring these and other changes return local systems to financial balance, together with the increased investment that will come on-stream as set out in NHS England's allocations to CCGs; and
- be underpinned by a strategic commitment to engagement at all levels, informed by the 'six principles'.

4. ALTERNATIVE OPTIONS

Nil of note

5. CONSULTATION UNDERTAKEN OR PROPOSED

STPs will need to be developed with, and based on the needs of, local patients and communities and command the support of clinicians, staff and wider partners. We therefore anticipate robust plans for genuine engagement as part of the decision making process. We are still finalising how the engagement programme will work across south west London.

6. TIMETABLE

What	Who	When
Further engagement and support on gap analysis and STP development	National bodies	w/c 29 February 2016
Gap analysis / data developed with each footprint	National bodies / Regional Directors / footprints	Throughout March 2016
Short return, including priorities, gap analysis and governance arrangements	Each footprint	11 April 2016
Outline STPs presented	Footprints to attend regional events to discuss emerging plans with peers and national bodies	w/c 22 April 2016
Each footprint area to develop plans and build support with their boards and partners	As set out in local governance arrangements	During April/May/early June 2016
Ongoing engagement and support from national policy experts and teams to support priority development	National policy teams and experts	During April and May 2016
Each footprint to submit their STP	To Regional Directors and then the 5YFV Board of national body Chief Executives	30 June 2016
Series of regional conversations between national teams and footprints	The NHS national body Chief Executives, National Directors, partners and footprints	Throughout July 2016

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

These will be considered in line with the STP implementation plan.

8. LEGAL AND STATUTORY IMPLICATIONS

These will be considered in line with the STP implementation plan.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

A full equality impact assessment will be completed as part of the process.

10. CRIME AND DISORDER IMPLICATIONS

Nil of note

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Nil of note

12. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Nil of note

13. BACKGROUND PAPERS

Nil of note