

MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	12/10/2016
TYPE	An open public item

<u>Report summary table</u>	
Report title	Sustainability & Transformation Plan (STP) Briefing
Report author	James Scott, Senior Responsible Officer, B&NES, Swindon & Wiltshire STP
List of attachments	None
Background papers	None
Summary	<p>The Health and Wellbeing Board is a key stakeholder in the BSW Sustainability and Transformation Plan.</p> <p>This briefing updates the Board on the progress of the BSW STP and enables it to comment on the merging priorities within the draft plan.</p>
Recommendations	The Board is asked to note and comment on the briefing content.
Rationale for recommendations	None
Resource implications	None
Statutory considerations and basis for proposal	No statutory considerations applicable
Consultation	No formal consultation has been undertaken.
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

B&NES HWB Update – September 2016

Purpose of Report

The challenges faced by the NHS and social care services over the next planning period have been well documented both nationally and locally. In early 2016 NHS England established 44 Sustainability and Transformation Plan (STP) footprints as a vehicle for developing local solutions to the key demographic, quality and financial challenges.

This report outlines the progress made since the programme was established in April 2016 and next steps towards delivering both the next phase of the plan development, and commencement of the system-wide transformation work to be outlined within it.

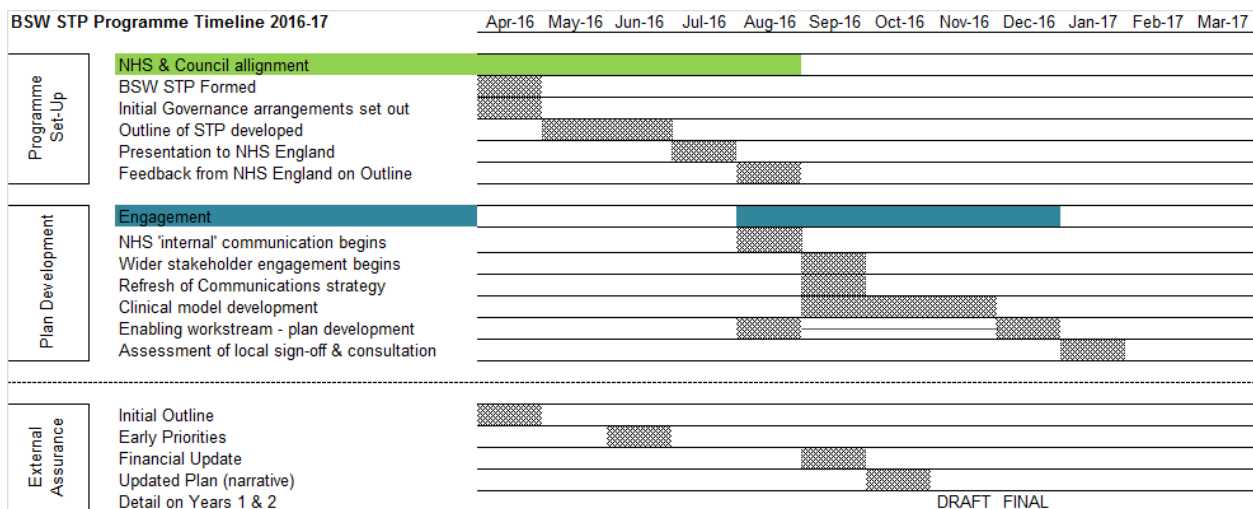
The Board is asked to note this report, and consider how best the Health and Wellbeing Board can further support the development of the STP.

Context

The STP is an NHS-led programme that aims to gain collective ownership of the challenges facing health and social care in the future. There's a firm belief that these challenges will only be overcome through working in partnership and collaboration with citizens, councils, and the voluntary sector and independent sectors.

The BSW footprint posted a near break-even position in 2015/16 (deficit of -£6m) and was therefore not required to develop a detailed and comprehensive five year plan until earlier this year.

The timeline below outlines the two initial phases of the programme in terms of setting up the programme and gaining organisational alignment across the NHS.



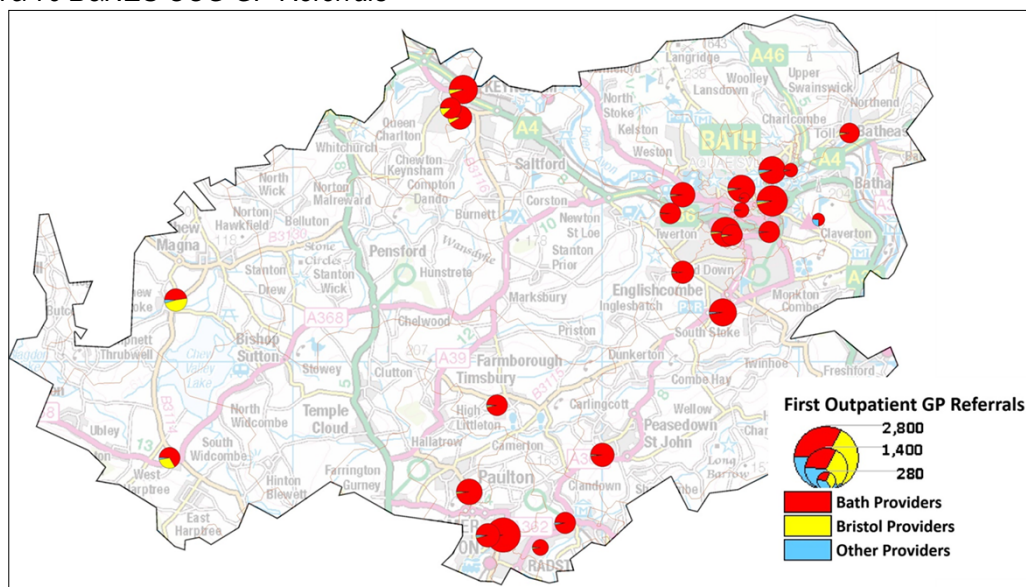
Whilst our local situation is much stronger than many other STP regions across England, our work during June confirmed that our current models of care are unaffordable due to our population levels rising, growing (proportionately) older, and the rising cost of care delivery.

If we took no action to improve how we deliver our services, the gap between the cost of providing these services and the income/funding available will be c£300m/year by 2020/21, making services unviable and impacting on quality and outcomes for patients.

It is predicted that efficiencies can be gained by bringing together all care providers to focus on the needs, and the voice, of citizens – reducing duplication, standardising pathways and ensuring that we work together to address workforce gaps across urgent and planned care pathways.

There has been some debate as to the alignment of CCGs and STP footprints. The rationale for the inclusion of B&NES within the Bath, Swindon & Wiltshire footprint is driven by patient flow and the fact that the vast majority of B&NES referred activity flows within B&NES (see map below), and the RUH catchment (and the main provider) is fairly evenly split across B&NES and Wiltshire (with only small amounts of activity in Somerset and South Glos).

Map 1: 2015/16 B&NES CCG GP Referrals



(source B&NES CCG)

Progress since June

An outline of a B&NES, Swindon and Wiltshire Sustainability and Transformation plan was shared with NHSE at the end of June 2016. That version of the Plan set out a strategic direction of travel for the footprint structured around five early priorities:

1. Create locality based integrated teams supporting primary care
2. Shift the focus of care from treatment to prevention and proactive care
3. Redefine the ways we work together to deliver better patient care
4. Establish a flexible and collaborative approach to workforce
5. Enable acute collaboration and sustainability

Following our submission the STP team met with NHSE and a variety of national bodies in July to discuss and review the plan. NHSE acknowledged that our Plan was at an embryonic stage yet fed back positively on the initial content.

Within the programme, Workstreams have been working during July and August to establish governance structures, with all workstreams having established Programme Boards and developed draft programme plans that were shared at our engagement event on the 13th September.

The emerging care models

The STP emerging vision is to place the citizen at the heart of our health and social care system.

The STP seeks to facilitate the development of an effective and responsive integrated community service provision that can deliver the care patients need closer to home, whilst maximising their

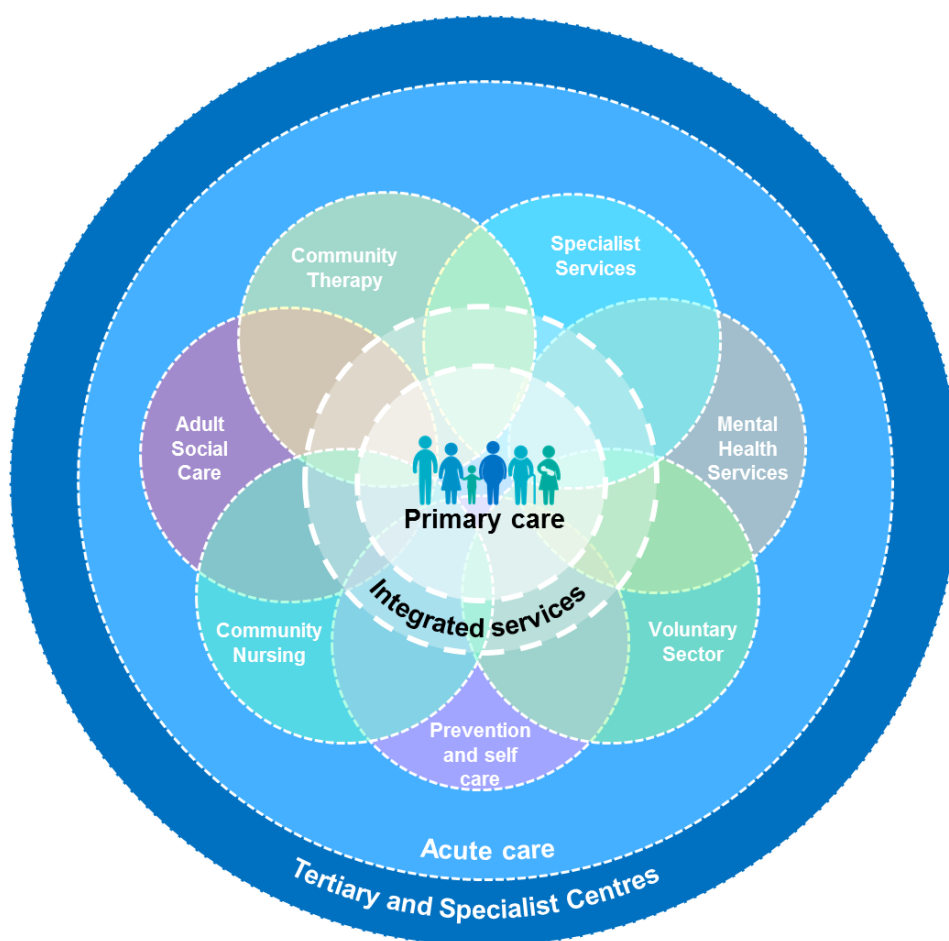
wellbeing, ability to manage their own health, and reduce the need for secondary and specialised services.

The proposed models will support earlier intervention, joined up social and health care planning, crisis management, enhanced self-care options, clearer sign posting, more tiered access to urgent care services, and clinically evidenced triage and treatment.

A key principle for the STP is to utilise and maximise the benefits of working at a footprint level whilst at all other times ensuring that services are tailored to meet the needs of local citizens. Our commitment to this way of working is articulated as 'design once; implement locally'.

Whilst the establishment of primary care cluster/federations models is being led by the CCGs in line with already established local plans and the General Practice Forward View, the STP workstreams are focusing on the following to help facilitate the creation of this integrated, wrap around community service.

A draft pictorial representation of our emerging model is set out below:



The initial priorities being assessed through the three care workstreams and three enabling workstreams are as follows:

<p>Urgent and Emergency Care</p>	<ul style="list-style-type: none"> ○ Improving NHS 111 call handling – better sign posting, clinical triage. ○ Expansion of Ambulatory Care pathways, alternative care pathways to ED. ○ Expanding Geriatrician models (community / front door) – rapid assessment and reducing decompensation. ○ Mental health liaison and crisis services – supporting patients to be treated in the most appropriate settings.
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Planned Care	<ul style="list-style-type: none"> ○ Demand management – clinically appropriate thresholds, evidence based, the ‘right treatment, at the right time’. ○ Reduced clinical variation, parity of access for all. ○ Outcome based ○ Capacity planning to tailor services to demand from the system as a whole, increasing flexibility. ○ Networked models – sharing best practice and resources. ○ Pre and post-operative support to enhance recovery and outcomes.
Preventative and Proactive Care	<ul style="list-style-type: none"> ○ Tackling obesity – addressing the long term impact of unhealthy lifestyles. ○ Reducing social isolation, and improving wellbeing. ○ Frailty assessments and support to help the elderly maintain independence. ○ Self-management of long term conditions – improving confidence, reducing demand on services, and reducing patients at risk of developing co-morbidities. ○ Diabetes prevention programme
Workforce	<ul style="list-style-type: none"> ○ Shared approach and aligned training to improve consistency. ○ Identifiable, improved, employment offer to help attract and retain the best staff. ○ Joint workforce planning – considering workforce as a whole, with organisations assessing how they can support each other in high pressure areas. ○ Staff health & wellbeing – recognition of the importance of maximising our most valuable resource
Estates	<ul style="list-style-type: none"> ○ Maximise estate utilisation across the patch – reduce inefficiency and expenditure of existing resources. ○ Align secondary care, primary care and local authority estate to ensure a whole footprint approach is taken and resources shared. ○ Consolidate to allow for modernisation and improved efficiency. ○ Ensure optimum location – closer to patients’ home wherever possible.
Digital	<ul style="list-style-type: none"> ○ Real-time, integrated health records across health a social care – to allow for faster, informed and join up decision making with less duplication. ○ Collaboration on in-house developments and analytics – to reduce expenditure, ensure consistency and interoperability, and spread best practice. ○ Support clinical workstreams with self-care apps development, widening access to tele-health etc.

Stakeholder Engagement

There has been publicity over recent weeks as to the level of detail within the public domain regarding STPs. Those areas of the country that have been experiencing material financial deficits have been developing their plans over the last 12-24 months and may therefore have quite specific plans for certain services such as A&E units and acute/hospital provision.

Within the BSW footprint however we have an opportunity to engage our stakeholders from the beginning in the redesign of clinical models to ensure that the future services meet the needs of citizens in a cost-effective way.

We held an engagement event on the 13th September to start a conversation with organisations from the voluntary and independent sectors as we are mindful of both the vital role they play in care planning and delivery and the current uncertainties within that sector resulting from recent community procurement processes.

Through that event we are seeking to build their involvement in the redesign of our clinical models alongside the use of citizen and patient involvement. As our care models emerge – and as we start to model our funding envelope alongside them – we will review the scale of the changes and

the need for formal consultation. As an STP we are firmly committed to formal consultation where it is required and through dialogue with statutory bodies.

We view the 13th September event as the start of a series of engagement events over the next 12 months that we will be holding to update key stakeholders on the evolution of our clinical models in addition to utilising existing engagement and communication channels within B&NES.

In addition we have launched our Clinical Group that comprises professions from a broad spectrum of disciplines within health and social care. This Group will help ensure that the clinical workshops are focusing in on high impact areas and that any proposed changes are evidence based and co-designed with patients.

Next Steps

- Next iteration of the Plan to be shared with NHS England on the 21st October.
- Development of Plan content throughout Sept to November.
- Refinement of enabling plans (such as Estates, Digital and Workforce) alongside the clinical models.

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Please contact the report author if you need to access this report in an alternative format