

To the Chair and Members of the HEALTH & WELLBEING BOARD

SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Members with an overview of the Sustainability and Transformation Plan (STP), as set out in the Appendix to this report, and an opportunity for detailed discussion regarding its impact.

EXEMPT REPORT

2. There is no exempt information contained in the report.

RECOMMENDATIONS

3. That the Health & Wellbeing Board considers the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The Health & Wellbeing Board aims to improve health and wellbeing for the residents of Doncaster and reduce inequalities in health outcomes. This aim is closely mirrored in the South Yorkshire & Bassetlaw Sustainability & Transformation Plan in which statutory health and care organisations in Doncaster are partners.

BACKGROUND

5. A presentation will be provided to the Board by Jackie Pederson, Chief Officer, NHS Doncaster Clinical Commissioning Group, and Kim Curry, Interim Director of Adults, Health and Wellbeing, relating to the Sustainability and Transformation Plan.

5.1. Introduction

The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) has been published.

It sets out the vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the STP partnership, including with patient representative groups and the voluntary sector.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region. All feedback will be taken into account before any further work takes place.

The South Yorkshire and Bassetlaw STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations. Representatives of the statutory health and social care organisations in Doncaster have been involved and consulted on its development.

A full version of the plan can be found at www.smybndccgs.nhs.uk

5.2. Summary

The goal of the STP is to enable everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and to live longer.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well. Introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

Prevention is at the heart – from in the home to hospital care, supported by plans to invest in, reshape and strengthen primary and community services. At the same time, everyone should have improved access to high quality care in hospitals and specialist centres and that, no matter where people live, they get the same standards, experience and outcomes for their care and treatment.

Partners want to work together more closely to provide the care in the right place, at the right time and by the most appropriate staff. To do this, innovative, integrated and accountable models of care will be developed and the work of the Working Together Partnership Acute Care Vanguard will be built on.

The plan is also about developing a networked approach to services across South Yorkshire and Bassetlaw to improve the quality and efficiency of services, in areas such as maternity services. It is also about simplifying the urgent and emergency care system so that it is more accessible.

It also focuses on other factors affecting health, including education, employment and housing, not only improve the health, wellbeing and life chances of every person in the region but also to deliver a more financially sustainable health and care system for the future.

People's health is also shaped by a whole range of factors – from lifestyle and family backgrounds to the physical, social and economic environment. At the same time, NHS services tend to focus on treating people who are unwell. The partners want to look at the connections between the £11 billion of public money that is spent in South Yorkshire and Bassetlaw and the £3.9 billion that is focused on health and social care.

By working more closely and in new ways, contributions will be made to the region's economic growth. Helping people to get and stay in work, as well as supporting their health and wellbeing, will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

We will work better together to get the best value and services for everyone. If we don't work differently now, in five years' time, there would be increasing demand on our services and we would have an estimated financial shortfall of £571 million. Therefore, doing nothing is not an option. The way we are organised is out of date compared to people's needs – we therefore need to rethink and improve how health and care services are delivered.

5.3. The case for change

There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer. There has also been improvement in mental health and primary care services. On the whole, people are more satisfied with their health and care services. However, people's needs have changed, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

Quality, experience and outcomes vary and care is often disjointed from one service to another because our hospitals, care homes, general practices, community and other services don't always work as closely as they should. STP organisations have had some good Care Quality Commission feedback but there are areas for improvement.

In addition, there are some people admitted to hospital who could be cared for in the community if the right support was in place. There are growing waiting times for many services and access to primary care needs to be improved.

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In some areas, there is a national shortage of clinical staff. Indeed, we are already consulting on proposed changes to hyper acute stroke services and some children's surgery in the region because such shortages are already having an impact. Furthermore, there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely from preventable diseases and there are significant inequalities across the region.

There are also significant financial pressures on health and care services - with an estimated gap of £571 million in the next four years.

5.4. Working together

The plan is built on a history of strong relationships and being able to quickly develop a strong partnership, where all can see the opportunities and are motivated to deliver significant improvements for the 1.5 million population. It is about working together even better, and in new ways.

It is based on the five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The plans are the foundation of what will be delivered in each area and they set out how the improvements from the new ways of working and prevention will be made. The place plans focus on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also hone in on improving health and wellbeing and the other factors that affect health, such as employment, housing, education and access to green spaces.

Work on place alone won't address the challenges, and so there are also eight priority areas of focus:

- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children's and maternity services
- Cancer
- Spreading best practice and collaborating on support services

5.5. Taking decisions together

To deliver the change needed in South Yorkshire and Bassetlaw, the statutory organisations involved in health and social care have formally agreed to interim governance arrangements to help them to start to work and take decisions together.

An Oversight and Assurance Group will provide oversight governance, a Collaborative Partnership Board (CPB) will set the vision, direction and strategy and an Executive Partnership Board will support the CPB and develop policy and make recommendations to the Board. Already in place are a Joint Committee of NHS Clinical Commissioning Groups (JCCCGS) and an NHS Provider Trust Federation Board.

All these will run in parallel with partners' governance and help make decisions. This interim arrangement will remain in place until April 2017 during which time a review will take place to establish the right governance.

The members of these groups come from all statutory South Yorkshire and Bassetlaw health and social care organisations plus national bodies as appropriate (NHS England, NHS Improvement, Health Education England and others), as well as other providers and representatives from primary care, the voluntary sector and patients, including Healthwatch.

A key principle of the governance arrangements is that local commissioning will remain a local responsibility. The JCCCG will only take precedent over local decisions where it agrees that it would be more efficient and effective for decisions to be made at a South Yorkshire and Bassetlaw level.

5.6. Rethinking and reshaping health and care

In rethinking and shaping how partners currently work, the focus is on:

- Putting prevention at the heart
- Reshaping primary and community based care

- Standardising hospital services

Partners want to radically upgrade prevention and self-care, to help people to manage their health and look after themselves and each other. This will require improvements in how health and care services connect with people to help them stay well and also in how illness is detected and diagnosed.

Investment in health at community levels will be transformed. Focusing more on helping people where they live will also have an impact on people's employment and employability. Primary care services will be improved through the transformation of community based care and support and with GPs coming together at the forefront of new ways of working. Through wider GP collaborations, it will be possible to introduce new services, improve co-ordination between those that exist, support people who are most at risk and adapt the workforce to better meet people's health and care needs.

At the same time, everyone should have better access to high quality care in specialist centres and units and, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. This will be done by standardising hospital care and developing a networked approach to services.

Spreading best practice and collaborating on support services, such as estates, procurement and pharmacy management, will also enable partners to meet the challenges. Technology and digital integration will also play a major role in helping shape the future of health and care services.

Developing and supporting staff is the only way these ambitions will be achieved. The right people, with the right skills in the right place and the right time are needed – whether this is in general practice, the community and neighbourhoods or in hospitals.

Rethinking and reshaping the workforce, developing ways of working that help people live healthy lives in their homes and communities and supporting GPs to be as effective as possible will also be key.

A flexible workforce that comes together to offer people the best and most appropriate care is envisaged.

5.7. Early implementation

A number of priorities, led by NHS Commissioners Working Together and the NHS Providers' Working Together Partnership Vanguard, are already being progressed. Partners agree they want to take these forward using the governance that has been put in place.

The areas are:

- Spreading best practice and collaborating on support services
- Children's surgery and anaesthesia
- Hyper acute stroke services
- Acute gastrointestinal bleeds
- Radiology
- Smaller medical and surgical specialties

5.8. Finance

£3.9 billion is currently invested on health and social care for the 1.5 million population of South Yorkshire and Bassetlaw. This includes hospital services, mental health, GP services, specialist services and prescribed drugs, as well as public health and social care services.

After taking into account the resources that are likely to be available and the likely demand for health and social care services over the next four years, it is estimated that there will be a financial shortfall of £571 million by 2020/21.

If nothing is done to address this, £464 million will be the health service gap, while £107 million will be the social care and public health gap. To achieve the ambitions laid out in the plan, the £3.9 billion investment needs to work differently.

The high level planning assumes a significant reduction in demand for hospital services and potential changes to services which, if fully developed into cases for change, would require public consultation.

5.9. Listening to our staff and communities

Between December 2016 and March 2017, STP partners will connect and talk with the staff in each partner organisation and local communities about the plan. They also will be working with Healthwatch and voluntary sector partners to ensure connectivity with all groups and communities.

All views will be taken into account and fed back into the plans.

5.10. Who is involved?

There are 25 partners involved in the STP: 18 NHS organisations, six local authorities and one children's services trust. The plan has been developed in consultation with them. They are:

- NHS Barnsley Clinical Commissioning Group
- Barnsley Hospital NHS Foundation Trust
- Barnsley Metropolitan Borough Council
- NHS Bassetlaw Clinical Commissioning Group
- Bassetlaw District Council
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Doncaster Children's Services Trust
- NHS Doncaster Clinical Commissioning Group
- Doncaster Metropolitan Borough Council
- East Midlands Ambulance Service NHS Trust
- NHS England
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Foundation Trust
- NHS Rotherham Clinical Commissioning Group
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Rotherham Metropolitan Borough Council
- Sheffield Children's Hospital NHS Foundation Trust

- Sheffield City Council
- Sheffield Health and Social Care NHS Foundation Trust
- NHS Sheffield Clinical Commissioning Group
- Sheffield Teaching Hospitals NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trist
- Yorkshire Ambulance Service NHS Trust

It has also been developed in partnership with:

- Healthwatch Barnsley
- Healthwatch Doncaster
- Healthwatch Nottinghamshire
- Healthwatch Rotherham
- Healthwatch Sheffield
- Voluntary Action Barnsley
- Bassetlaw Community and Voluntary Service
- Doncaster Community and Voluntary Service
- Voluntary Action Rotherham

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

6. There are no alternative options within this report as the intention is to provide the Board an opportunity to consider the Sustainability and Transformation Plan and support the vision, ambition and priorities of the plan.

IMPACT ON THE COUNCIL'S KEY PRIORITIES

7.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The work of Health & Wellbeing Board has the potential to have an impact on all the Council's key objectives.</p>

LEGAL IMPLICATIONS

8. There are no specific legal implications arising directly from this report.

FINANCIAL IMPLICATIONS

9. Section 5.8 summarises finance impact of the plan. There are no specific financial implications arising from the recommendations detailed in this report.

HUMAN RESOURCES IMPLICATIONS

10. There are no specific human resource implications arising directly from this report.

TECHNOLOGY IMPLICATIONS

11. There are no technology implications arising from this report.

EQUALITY IMPLICATIONS

12. There are no significant equality implications associated with this report. Objective 1 in the plan is: "We will reduce inequalities for all and help you live well and stay well for longer". The plan therefore intends to have a positive impact upon equality. Within its programme of work the Health & Wellbeing Board gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

CONSULTATION

13. 25 health and care partners from across the region are involved in the STP, along with Healthwatch and voluntary sector organisations. We plan to consult widely with staff, the public and our stakeholders on the plan in Winter 2016. Future engagement plans are listed on page 43 of the plan.

BACKGROUND PAPERS

14. None

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