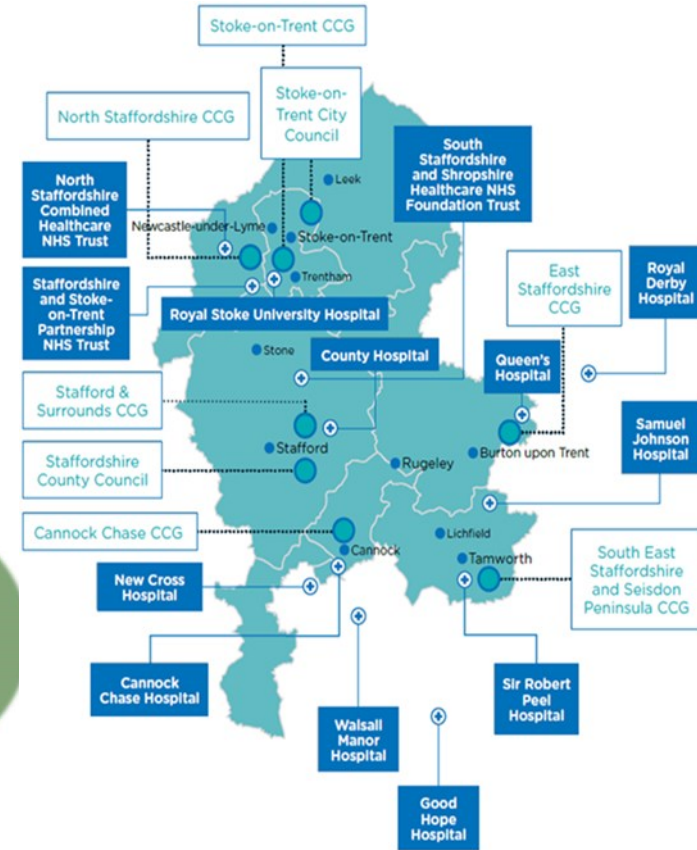# STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Staffordshire Sustainability and Transformation Plan

Strategic Framework for the Programme

1. Introduction

1.1 Staffordshire and Stoke on Trent (SSoTs) Together We're Better programme commenced in November 2015.

1.2 This has been reinvigorated with new leadership and governance to deliver the Staffordshire Sustainability & Transformation Plan (STP).

1.3 Staffordshire faces a number of significant challenges in delivery of health and care, from performance across all the constitution standards to financial balance, quality (as measured by CQC assessments and increased demand for services.

1.4 This sets out framework for development and delivery of the Sustainability and transformations plan (STP) to ensure its successful completion.

2. Purpose of the STP

2.1 The NHS is required to produce a five year sustainability and transformation plan (STP), place-based and driving the Five Year Forward View.

2.2 It is recognised that the local NHS system will only become sustainable if they accelerate their work on prevention and care redesign. This is therefore not just a health issue.

2.3 Every health and care system has been asked to come together to create their own ambitious local blueprint, covering October 2016 to March 2021.

2.4 This requires:
- Place based planning for local populations.
- System leadership through team working, developing a shared system, planning and execution.
- The process needs to allow for learning and adapting. and requires an open, engaging and iterative process, harvesting the energies of clinicians, patients, carers, citizens and local community partners, including the independent and voluntary sectors and local government, through health and wellbeing boards.

2.5 The challenges facing the Health & Care System.

Reviewed at the workshop on 6th April 2016, the key challenges are:-

- Increasing elderly population and explosion of chronic disease and comorbidities
- More than half of the population of Stoke live in the most deprived areas.
- Obesity levels exceed English averages and levels of diabetes are rising.
- Acute health service providers are failing to meet core consultation standards, especially in urgent care and cancer.
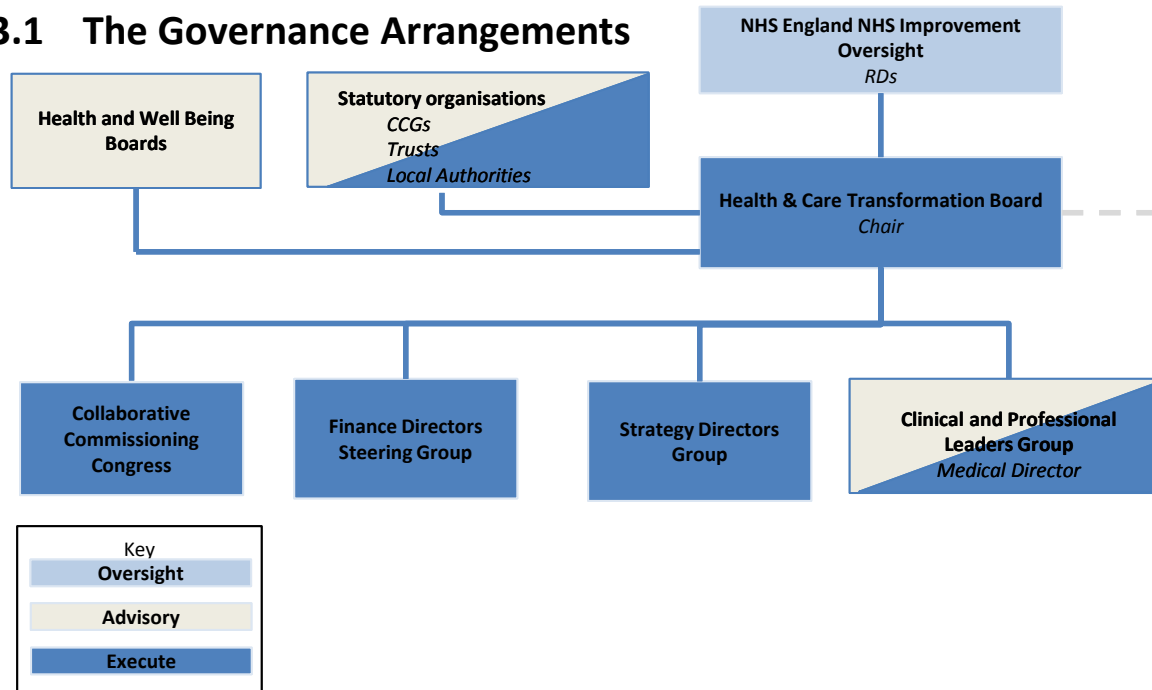
2.6 Vision for the STP

Vision

Staffordshire and Stoke-on-Trent will be vibrant, healthy and caring places where people will be as independent as possible and able to live happy and healthy lives, getting high quality health and care support when required.

Aims

- Deliver better outcomes for the citizens of Staffordshire and Stoke-on-Trent
- Increase the proportion of people's lives that they spend healthy
- Develop a clinically and financially sustainable health and care system.

Priorities

- Urgent Care
- Primary Care & Community Services
- Clinical & Financial Sustainability
- Health Inequalities

Workstreams

Priority Workstreams

- Frail Elderly & LTC
- Urgent & Emergency Care
- Enhanced Primary & Community Care
- Planned Care (Inc. Specialised Commissioning)
- End of Life

Other Workstreams

- Cancer
- Mental Health
- Prevention & Well-Being

Enabling Workstreams

- Communications & Engagement
- Workforce
- OD & System Leadership
- IT & Technology
- Travel
- Contracting
- Cost Reduction

Risks

Risk Register

2.7   The key challenges and vision have focused the STP on four key challenges:-

- To deliver sustainable improvements in the urgent care system through introducing a Staffordshire wide improvement in care of the frail elderly and other key pathways, addressing the Keogh requirements and exploring the potential for the introduction of community based clinical hub(s).

- To enhance the primary and community services, for example, through the development of Multi-Speciality Care providers across the county, providing consistently high standards of care that enable more people to be supported in the community, reducing the reliance on the acute sector. This will also provide opportunities for addressing the workforce challenges across the sector.

- To ensure the clinical and financial sustainability of the health and care system as a whole. The system is currently using more than its fair share of the national resource. Issues of duplication of services in all sectors, planned care capacity, levels of provision and workforce. It is also acknowledged as a core deliverable for each workstream.

- Addressing the key health inequality issues for the population of Stoke on Trent and the rising levels of obesity across the whole county, utilising examples of evidence based best practice shared by PHE.

3. Structure of the Programme

3.1 The Governance Arrangements

NHS England NHS Improvement Oversight
RDs

Health and Well Being Boards

Statutory organisations
CCGs
Trusts
Local Authorities

Health & Care Transformation Board
Chair

Collaborative Commissioning Congress

Finance Directors Steering Group

Strategy Directors Group

Clinical and Professional Leaders Group
Medical Director

Key
Oversight
Advisory
Execute

Membership
Independent Chair
NHS England (Midlands and East) Operational leads
Programme director
Medical Director
Healthwatch
Chief Officers for:
6 CCGs:
- North Staffordshire CCG,
- Stoke-on-Trent CCG,
- East Staffordshire CCG,
- Cannock Chase CCG,
- South East Staffordshire and Seisdon Peninsula CCG, and
- Stafford and Surrounds CCG

2 Local Authorities:
- Staffordshire County Council
- Stoke-on-Trent City Council

5 Provider Trusts:
- University Hospital North Midlands,
- Burton Hospitals NHS FT,
- Staffordshire and Stoke-on-Trent Partnership Trust
- North Staffordshire Combined Healthcare FT,
- South Staffordshire and Shropshire Healthcare FT

- **The Programme Board will meet on a monthly basis.**

All working within a Strategic Framework sets out the parameters within which the workstream SROs discharge their responsibilities including:
1. **A common purpose; agreed system-wide challenges; system-wide objectives and priorities.**
2. **Clear Governance arrangements have already been discussed and agreed.**
3. **A work programme, key milestones, programme structure, and agreed scope for each work stream.**
4. **Principles and strategy for engaging patients and other key stakeholder groups and for communicating with staff and the public.**

3.2   The Core Workstreams

- The programme will be delivered through a number of delivery and enabling workstreams.

- Each workstream is led by a Senior Responsible Officer (SRO), who is a chief officer/chief executive in the Staffordshire system.

- The roles of the SRO was agreed at Programme Board of 18th April 2016

- The scope of each of the workstreams will be approved at the Programme Board and formally form part of this framework.

- Each workstream will have:
  – Clear objectives
  – Agreed milestones, KPIs and outputs
  – Detailed delivery plan
  – Fomal PID(s), to be approved at Board

- The Enabling workstreams will also accord with these requirements and will support the core workstreams, but equally identify issues/opportunities to be addressed by the system.

3.3 Key Steps for Success
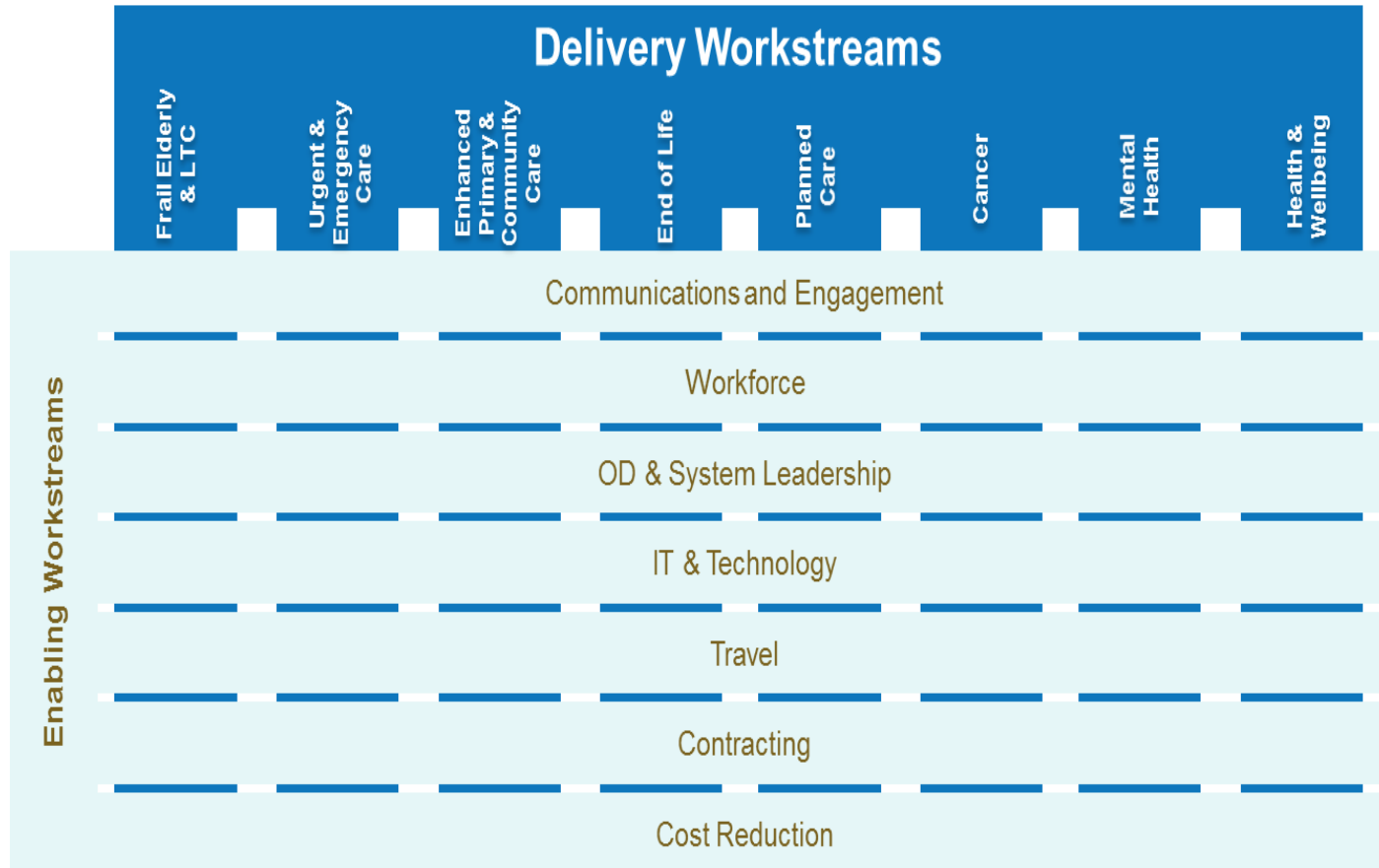
3.4 The Role of the Workstreams

- Each of the workstreams is designed to support the development of the thinking to drive the STP for Staffordshire

- The initial focus is to identify the key issues to be addressed in the relevant area and the options for addressing these challenges to improve the sustainability of the Staffordshire system

- Sustainability is determined by both quality and financial affordability for the system. This will support cost reduction through improved quality, reduced waste, improved system efficiency and reduction of overheads.

- The workstreams will develop into the working groups for the delivery of the agreed STP once plans are agreed and the lifespan of any group will be determined by the defined deliverables at each stage

4.   Management Arrangements

4.1   The Formal Assurance of the Programme

- **The Programme Board is accountable to the Regional Leads for NHSE and NHSI through the Independent Chair.**
- **NHSE and NHS Improvement are responsible for the formal assurance of the Programme.**
- **Monthly assurance meetings will be held with the Independent Chair and Programme Director.**
- **Any issues from the assurance process will be reported to the Programme Board.**

4.2   The Programme Board Decision Making

- **The members of the Programme Board will all be jointly responsible for ensuring decisions are made to move the system to a financially and ethnically sustainable service model.**
- **The board will recognise the individual statutory responsibilities for each organisation, but will expect the leadership to work together to ensure a Staffordshire-wide plan can be delivered.**
- **A formal decision making process will be agreed to enable joint decision making within the NHS.**
- **An advisory panel will be set up with each Local Authority to ensure the appropriate executive leads can be fully appraised of key issues to enable decision making within their governance systems.**

4.3   Communications and Engagement

- **Best practice advice on communications and engagement will be provided through the enabling workstream to each SRO.**

- **The core principle in taking forward the STP after June submission of the draft options will be based on co-production, with full engagement with key stakeholders, including patients and public.**

- **Mapping of the communications and engagement plans and key stakeholders for the relevant area will be the responsibility of the SRO, but this will be assured by the communications and engagement workstream.**

5. Emerging Hypotheses

- A transformation of primary and community care at pace across SSoT is required in order to reduce demand and ensure a future sustainable workforce allowing citizens to be treated in a more suitable setting.

- If we can solve our demand issues by changing clinical behaviours earlier in the pathway, we move from an expensive and workforce heavy 'urgent' healthcare system to a much more planned and orderly one, giving citizens more control.

- We need to change the way patients interact with the healthcare system, there is currently too high an expectation and reliance on what the system can deliver rather than self caring, this will empower patients to be in charge of their own healthcare.

- Adopting new models of care at scale, including urgent and emergency care and integrated health and social care will allow citizens to access their health and care support at the right place and the right time.

- We need to reduce the reliance on bed based care to allow people to stay at home for longer.

- Managing variation across the system will close the quality and reduce the financial gaps, giving a consistent service to patients.

6. The Practical Steps

- **Demand and capacity model complete**   **3 June**

- **Programme Workshop (2)**   **7/8 June**

- **Capability and Capacity Review**   **20 June**

- **Draft STP**   **w/c 20 June**

- **Final Submission of Options**   **End June**

Then full engagement in exploring options before moving to decisions and implementation