

<b>Topic:</b>	<b>Staffordshire Sustainability and Action Plan</b>
<b>Meeting Date:</b>	<b>8 September 2016</b>
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## **1. Introduction**

- 1.1 As the board are aware, the Staffordshire and Stoke on Trent Health and Care community are in the process of developing a five-year transformation plan (STP), to address the key challenges faced in the community in relation to quality of care, access to care, the prevention agenda and the long-term financial sustainability of the provision of care. Inevitably this includes looking at both health and social care impacts.
- 1.2 The Health and Well Being Board are also aware from the presentations at the last meetings that there are significant challenges for Staffordshire to address in all of the areas identified, i.e. the health gap, quality of care and financial gap between funding and expenditure.
- 1.3 The purpose of this paper is therefore to bring the Board up to date with progress since the last meeting and to identify the key issues which the Health and Well Being Board may wish to discuss as this plan develops.

## **2. Recommendation**

The board are asked to note the report and to agree that:

- 2.1 The Board assures itself that there is adequate engagement in the planning process, through requesting update on workstream membership and the engagement programme.
- 2.2 The Board seeks a further update following the next STP submission in October 2016.

## **3. Background and Context**

### **3.1 Progress since the last meeting of the Board**

The Health and Care Transformation Board of the Together We're Better programme has taken on the role of oversight of the STP and representatives of all statutory authorities are members of the Board. The STP has been developed through detailed work of the ten workstreams, with supporting financial and analytical detail to challenge the thinking of these groups. Some priorities for action were identified, based on the key outcomes of the analysis which was shared at the last meeting of the health and well being Board and explored at system level workshop (which included

some members of the health and well being board too). These priorities were reconfirmed as:-

- i. Focussed Prevention: to identify where upstream investment in prevention and early intervention will have a positive impact on both the health of the population and reduce high cost care.
- ii. Enhanced Primary and Community Care: enhance and integrate primary and community care, to enable frail elderly and those with LTCs to live independent lives and avoid unnecessary, costly and upsetting emergency episodes.
- iii. Effective and Efficient Planned Care: reconfigure planned care services to meet patient needs, improve productivity and remove duplication and over capacity.
- iv. Simplify Urgent & Emergency Care System: simplify emergency and urgent care services across the system to reduce avoidable A&E attendances and NEL admissions.
- v. Reduce Cost of services: accelerate the delivery of productivity and efficiency plans. Reduce total bed capacity and rationalise estates. Provider collaboration to reduce management costs.

3.2 All elements of each programme to ensure the mental health needs are addressed within their plan to deliver true parity of esteem.

These are set out in the diagram at Appendix One.

3.3 Since the workshops in June, the STP was further refined and strengthened with additional governance arrangements and details of potential impacts of changes being explored.

3.4 Of note are:

- The introduction of the Health and Care Collaborative, to ensure the social care impacts and challenges are addressed within the plan and that the plan addresses the Health and Care system-wide Staffordshire and Stoke on Trent requirements. Membership includes representation from Staffordshire County Council and Stoke on Trent City Council
- The introduction of a formal meeting of the Health and Care chief executives, to ensure continued system-wide working together in support of the STP.
- The introduction of a Clinical Design Authority, to ensure any planned changes accord with best practice and are clinically and/or professionally deliverable. This group will also be responsible for assuring themselves that there has been adequate clinical and professional engagement in the detail of the elements of the plan has taken place.
- The development of an engagement plan at system level, but also explicit requirement to engage fully in detailed design work with key stakeholders across the system.

- The clarification of the role for the Directors of Finance meeting across the system in ensuring system wide agreements, planning and assuring the delivery of core financial targets, especially CIP and QIPP

and work has commenced to articulate the future model of care for Staffordshire.

3.5 Inevitably such a large and ambitious plan is taking significant time to come together and at this stage is still very much work in progress. A further high level summary plan was submitted to NHSE at end of June, but it is still not possible to share any local plans, as they remain subject to national assurance processes and require more work.

3.6 The Health and Well Being Board are reminded that as discussed during the presentation at the last meeting, for year one of the STP the core deliverables will remain the delivery of sustainable cost improvements through Provider CIP and CCG QIPP and achieving the A&E constitution standards.

3.7 **The Next steps**

The Diagram in the Appendix One highlights the core pillars of the programme and supporting work. Whilst each of these plans is developed supported by engagement with key stakeholders, as they develop their work further, discussion about key ambitions and impacts from each programme will need to involve members of the Health and Well Being Board.

3.8 The STP will need to be further submitted for national review at the end of October 2016. At this point, it is understood that both CCG commissioning intentions and provider operating plans will be required to be consistent with the STP and the impacts of any proposed changes on each organisation through the lifetime of the plan detailed. As the guidance becomes available, this will be shared with the Board.

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