

## BUCKINGHAMSHIRE HEALTHY BUCKS LEADERS Developing our System Transformation Plan

### Introduction

NHS England requires every health and care system to create a 'System Transformation Plan' as a local blueprint for accelerating implementation of the Forward View. STPs will cover the period between October 2016 and March 2021, and will be subject to formal assessment in July 2016 following submission in June 2016.

The emphasis is on Place based commissioning, where planning is undertaken by whole systems for local populations. The expectation is that the system leaders come together as a team, develop a shared vision with the local community (including local government), set out a programme of activities to make it happen, take responsibility for execution against plan and learn/adapt over time.

Buckinghamshire has a strong history of working together as a system, but we will need to carefully describe our collaborative approach and produce a robust STP, or we may be subject to intervention by NHSE and NHS Improvement. The STP must cover:

- all geographic areas of CCG and NHS England;
- commissioned activity including specialised services and Primary Care
- better integration with local authority services, including prevention and social care

It must have an open, engaging, and iterative process across clinicians, patients, carers, citizens, local community partners including independent and voluntary sectors and local government through health and wellbeing boards.

STPs will be subject to a single application process for being accepted onto programmes with transformational funding for 2017/18 onwards – and significant central money (The Sustainability and Transformation Fund, STF) is attached. This protected funding is for initiatives such as new care models, primary care access and infrastructure, technology roll-out and to drive clinical priorities such as diabetes prevention, learning disability, cancer and mental health.

For 2016/17 only, to enable timely allocation, the limited available additional transformation funding will continue to be run through separate processes. **The most compelling and credible STPs will secure the earliest additional funding from April 2017 onwards.**

The criteria for assessment of STPs include:

- the quality of plans, particularly the scale of ambition and track record of progress already made;
- the reach and quality of the local process, including community, voluntary sector and local authority engagement;
- the strength and unity of local system leadership and partnerships, with clear governance structures to deliver them; and
- how confident NHSE are that a clear sequence of implementation actions will follow as intended, through defined governance and demonstrable capabilities.

### Defining our Transformation Footprint

The first critical task is for local health and care systems to consider their transformation footprint – the geographic scope of their STP – proposals to be submitted by Friday 29 January 2016 for national agreement. Taken together, all the transformation footprints must form a complete national map and the scale of the planning task may point to larger rather than smaller footprints.

Note that we await further guidance on the STP process (due sometime in January 16). This will set out the timetable and early phasing of national products and engagement events that

are intended to make it much easier to answer the challenges we have posed, and include how local areas can best involve their local communities in creating their STPs.

The purpose of this paper is to set out a proposal for our Buckinghamshire system planning footprint, for further discussion at the Healthy Bucks leaders Group on 13<sup>th</sup> January.

**All Health Bucks System Leaders are asked to:**

- 1. Agree the design principles and outline model for our Buckinghamshire planning footprint;**
- 2. Agree how the ongoing detailed work will be undertaken on behalf of the system so that we have a robust description ready for submission to NHSE by Friday 29<sup>th</sup> January.** (Note the second point is not covered by this paper)

NHSE states that Transformation footprints should be locally defined and based on natural communities, existing working relationships and patient flows. They should take account of the scale needed to deliver the services, transformation and public health programmes required. They must describe the fit with other footprints, e.g. local digital roadmaps and learning disability units of planning and it is expected that the plans may adapt over time.

### **Levels of Planning and Transformation**

Our health commissioning system is based upon the levels of scale required for effective and efficient service provision to our patients.

#### **1. Patient level**

At the lowest level there will be individual patient centred health & social care, commissioned by the patient.

#### **2. Locality Level- population clusters of 20k-100k**

Buckinghamshire GP Practices have organised themselves into seven commissioning localities, made up of clusters of GP Practices with registered patient populations of between 20k – 100k.

These localities form the smallest units of our 'place' based model, with groups of providers, commissioners, the public and stakeholders coming together to understand their population health and social care needs so that suitable services may be procured. Note that these geographical populations are not set in stone and may change over time.

Working at this level, the transformational agenda can achieve:

- Localised community cohesion and use of volunteers;
- Integrated community health and social care teams (see napc primary care home)
- Preventative initiatives through local mobilisation and responses to local health issues;
- Development of Multi Specialty Providers and PACS as described in FYFV;
- Some commissioning of very localised services

#### **3. County wide level – population of 500k**

Secondary care, Mental Health, Community Nursing and Out of Hours Primary Care services are commissioned at this population level, based upon a mixture of county wide health needs analysis (the JSNA) and checked against an aggregate of the seven localities.

At county level, economies of scale are achieved for commissioning these most frequently used health services for our patient population. Furthermore, the services are commissioned from one main provider of secondary and community services, one main provider of Mental Health and one main provider of out of hours primary care services. At county level, our

main secondary and community provider and our out of hours provider achieve levels of scale that enable them to be financially viable organisations.

Working at this level, the transformational agenda can achieve significant change for the majority of services used by our population:

- Buckinghamshire wide transformation of out of hospital services;
- Wider integration of primary, social, mental health and secondary care services
- Development of larger PACS models or an Accountable Care Partnership

The system's key strategic aim is to build care as close to home as possible, transforming our out of hospital services and building our community services to enable this to happen. Whilst some of our patient flows don't quite fit with this model (e.g. Frimley activity in South Bucks, flows to MKFT in north Aylesbury), our locality units will actively monitor these flows and will be able to highlight any significant activity shifts at an early stage.

#### 4. Beyond the County; Commissioning and Providing at scale

Other health services are commissioned for populations beyond our county boundaries as they require greater economies of scale in order to be cost effective and efficient.

LD services are commissioned with a large partner CCG in order to achieve at least a 1m population footprint, whilst other services such as NHS 111 and 999 services will continue to be commissioned as a minimum across Thames Valley with a population of over 2m, overseen by the Urgent and Emergency Care Network.

Beyond this there are layers of specialist commissioning, commissioned and provided for populations greater than 4m and up to national population levels for some highly specialist services. A framework for these levels of commissioning is currently national work in progress, linked to economies of scale and financial risk management.

Working at this level, the transformational agenda can achieve change for the small groups of Buckinghamshire residents who require these specialist interventions.

### **Conclusion**

The guidance describes the STP as the 'umbrella plan', holding underneath it a number of different specific delivery plans, some of which will necessarily be on different geographical footprints.

Our main transformation programme needs to be focussed on our key service providers of secondary, community, mental health and primary care, as these cover the majority of demand from our local population's health needs. **It is therefore proposed that the county level is declared as our main footprint for system transformation.**

Other transformational delivery plans will be based upon our larger commissioning footprints, for example LD will be described across Herts Valleys & Buckinghamshire, whilst urgent and emergency care will range across multiple levels, from localities to CCG level and Thames Valley wide.

### **Next Steps**

HBL are asked to approve this proposal for our main STP footprint and to agree how the ongoing detailed work will be undertaken on behalf of the system so that we have a robust description ready for submission to NHSE by Friday 29th January.

**Lou Patten**  
**11<sup>th</sup> Jan 2016**