

**HEALTHY BUCKS LEADERS**  
**SUSTAINABILITY AND TRANSFORMATION PLAN**  
**VISION, PRINCIPLES AND GOVERNANCE STRUCTURE**

**1. INTRODUCTION AND BACKGROUND**

The NHS shared planning guidance 2016/17 – 2020/21<sup>1</sup> outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

As in previous years, NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and care system will work together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

To do this, local health and care systems will come together in STP ‘footprints’. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances.

This paper seeks approval for the approach taken by partners in the Buckinghamshire health and social care system to develop an STP and lay the foundations for integrated working across the county.

**2. VISION**

Healthy Bucks Leaders<sup>2</sup> (HBL); have proposed a vision for the Buckinghamshire Health and Care System which reaffirms the Health and Well-Being Board Strategy:-

*‘Everyone working together so that the people of Buckinghamshire have happy and healthier lives’*

This will mean placing a greater emphasis on creating an environment that allows local people to make healthier choices and greater support so residents can actively manage their own long term conditions.

The Health and Well-Being Board have developed priorities, outcomes and performance indicators in four key areas:-

- Healthy Lives
- Children, Young People and Families
- Good health and Well-Being in Adults
- Healthy Workplaces, environments and thriving communities

---

<sup>1</sup> Delivering the Forward View; NHS Shared Planning Guidance 2016/17-2020/21, NHS England, December 2015

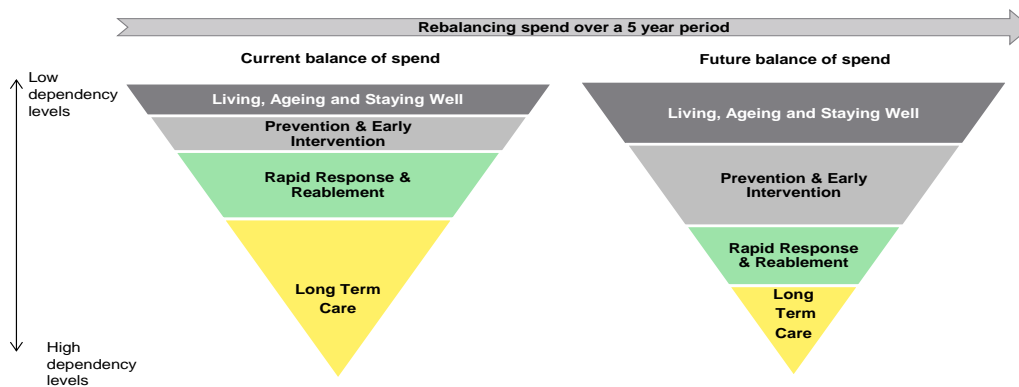
<sup>2</sup> A Group of Chief Executives and Senior Directors working in partnership to improve health and social care in the county from the following organisations; Buckinghamshire Healthcare NHS Trust, Oxford Health NHS Foundation Trust, Buckinghamshire County Council, South Central Ambulance Service, Aylesbury Vale CCG, Chiltern CCG

**Figure 1 Health and Well-Being Board Priorities**

Health and Wellbeing Board priority			Outcome examples <i>Change that occurs as a result of activity</i>	Potential Indicator examples <i>Way of knowing change happens – whether occurred and by how much</i> <i>For example ...</i>
Previous	Revised area focus (proposal)	Cross-cutting principles		
Everyone takes greater responsibility for their own health and wellbeing and that of others	Healthy Lives	<b>SYSTEM TRANSFORMATION</b> A focus on 're-designing a system for Bucks' Health and Social Care for the future' Awareness of emerging issues and co-ordinated working on joint issues	<ul style="list-style-type: none"> <li>Increase in the number of people living healthy lives</li> <li>Reduce the prevalence of long term conditions</li> <li>Reduce inequalities</li> <li>Increase number of people with good emotional Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of physically active adults</li> <li>Alcohol-related hospital admissions</li> <li>Age specific incidence of Type 2 diabetes</li> <li>Proportion of Adults who are a healthy weight</li> <li>Adult smoking prevalence (routine and manual)</li> <li>NHS Health Checks uptake</li> <li>Early Years Foundation Score</li> </ul>
Every child has the best start in life	Children, young people and families		<ul style="list-style-type: none"> <li>Increase in number of people with a healthy pregnancy</li> <li>Increase in number of children with good development in early years</li> <li>Reduction in children looked after/in need</li> <li>Reduction in NEETS</li> <li>Improved emotional wellbeing</li> <li>Reduce inequalities</li> </ul>	<ul style="list-style-type: none"> <li>Low birth weight</li> <li>Infant mortality</li> <li>Development Age 2.5 years</li> <li>School readiness in children Quintile 5</li> <li>Excess weight in 4/5 and 10/11 year olds</li> <li>Physically Active TLM Q</li> <li>Emotional Wellbeing in children</li> <li>GCSE's achieved for children in care</li> <li>Emotional wellbeing children in care</li> <li>Children in Care PER 100K POP</li> <li>Homeless or other material disadvantage</li> </ul>
Adding years to life and life to years	Good health and wellbeing in adults		<ul style="list-style-type: none"> <li>Reduce prevalence of dementia and other long term conditions</li> <li>Improve self care and management of LTC</li> <li>Increase seamless care</li> <li>Reduce inequalities</li> <li>Reduce avoidable deaths</li> <li>Increase healthy life expectancy</li> </ul>	<ul style="list-style-type: none"> <li>Social isolation - % of adult social care users with as much social contact as they would like</li> <li>Hip fractures in people aged 65 and over</li> <li>Population vaccination coverage - flu</li> <li>Readmission to hospitals in 30 days</li> <li>Dementia diagnosis rate</li> <li>Re-ablement services (effectiveness and coverage)</li> <li>Healthy life expectancy</li> </ul>
Everyone has the opportunity to fulfil their potential	Healthy places, environments and thriving communities		<ul style="list-style-type: none"> <li>Increase proportion of new developments with health designed in – including active travel, green spaces. Reduce crime and fear of crime</li> <li>Increase in the proportion of homes for life</li> <li>Increase access to suitable quality housing</li> <li>Reduce homelessness</li> <li>Increase active travel</li> <li>Transport</li> <li>Increase social capital and trust</li> <li>Increase co-design and co-delivery of services</li> </ul>	<ul style="list-style-type: none"> <li>% People using green spaces for leisure</li> <li>Active travel measure</li> <li>Killed or seriously injured on roads</li> <li>Excess winter deaths</li> <li>Violent crime, including sexual violence</li> <li>Stable appropriate accommodation (LD and MH)</li> <li>Sickness absence</li> <li>Carer reported quality of life</li> </ul>

Over the five year period the aim of partners is to rebalance the health and social care spend in Buckinghamshire to increase support for Living, Ageing and Staying Well and Prevention and Early Intervention initiatives.

**Figure 2 Rebalancing Buckinghamshire Health and Social Care Spend**



### **3. PRINCIPLES AND WAYS OF WORKING**

Principles and ways of working have been agreed by Healthy Bucks Leaders in the development and delivery of the Sustainability and Transformation Plan.

#### **3.1 General**

- We are all working to a common goal of ensuring the people of Buckinghamshire have happy and healthier lives. We will place greater emphasis on the environment that allows local people to make healthier choices. Greater support will be provided so residents can actively manage their own long term condition.
- The Buckinghamshire system will focus on reducing health inequalities between and within communities.
- There will be total transparency between us in sharing operational and planning information on operational pressures, quality issues and finance.
- Parity of esteem between mental and physical health is important to all stakeholders.
- We will initiate work that will make a difference and is aligned to our agreed vision
- We will agree key priorities to work on in 2016/17 towards our vision

#### **3.2 Specific**

- A shared leadership narrative will be developed and communicated to staff, leaders, public
- Openness and transparency – leaders to discuss what is/is not needed from our own organisational perspective
- HBL receives progress reports and removes any blocks
- Any work delegated is resourced.
- In some cases not all organisational leaders will need to be actively involved in all areas
- Key messages to be taken back to our boards and staff at the end of each meeting
- Frequency of meetings – Leaders to commit to be held fortnightly for 2 hours to support production of STP but recognised that some issues will need to be addressed in a way that allows others to engage
- A facilitated debate and discussion on certain areas to allow the leadership group to deal with 'difficult issues' may be required

#### **3.3 Financial and Contractual**

- 2016/17 is the first year of our System Transformation and the decisions we take in setting 2016/17 contracts will be consistent with our developing STP
- There is one pot of money and our collective task is to get the best value from that pot. Our aim will be to maximize value and take out "high cost low value" activity where possible.
- We will agree the priorities for improving the quality of services and the resources to be invested in these priorities.
- Our investment decisions will be consistent with our developing the STP.
- Investment is dependent on agreed service changes being identified and delivered.

- Financial risk in year will be a shared responsibility. The system will take collective responsibility to support each individual organization in taking necessary action to achieve their own financial duties.
- There will be a shared responsibility for redesigning pathways.
- Financial plans and contracts will be underpinned by agreed operational and capacity plans.
- Planning and contracting will reflect both the modelled impact of demographic changes and the need to meet the NHS Constitution standards.
- The transactional burden of contracting will be reduced to those activities that can be shown to add value or are inescapable external requirements.

#### 4. GOVERNANCE AND LEADERSHIP

##### 4.1 Workstreams

In the development of the Sustainability and Transformation Plan HBL have agreed to focus on the key transformation workstreams. Leads have been agreed for each area and are responsible for identifying support, governance, clinical and council leadership and undertaking with colleagues a 'gap' analysis identify priorities and challenges as a first phase of work.

**Figure 3 STP Transformation Workstreams**

Workstream	Lead
Prevention and Self Care	Trevor Boyd/Jane O'Grady, BCC
Long term Conditions, Frailty and Elderly	Lou Patten, AV CCG
Maternity and Paediatrics	Neil Dardis, BHT
Mental Health and Learning Disability	Stuart Bell/Dominic Hardisty, OH
Planned and Specialist Care	Neil Dardis, BHT
Urgent and Emergency Care	Annet Gamell, Chiltern CCG
The digital roadmap/Interoperability	Colin Thompson/David Williams, AV CCG, BHT

In addition, two cross cutting groups have been established to help support the development of the plan in Buckinghamshire. Representatives from these groups will attend every Healthy Bucks Leaders meeting:-

##### 4.2 Finance Directors

The Finance Directors responsibility is to support the following areas of activity:-

- A baseline activity and financial model – understanding of the 'gap' in the system
- Scenarios to model impact of different models of care on the Buckinghamshire System
- Long term financial model to achieve sustainability in the Buckinghamshire system by 2020

The current financial challenge which the STP is to address with new arrangements and models of care was estimated as £185m for the years 2014/5 to 2018/19 in a report compiled for Buckinghamshire in 2014<sup>3</sup>. This will need to be refreshed based on a more up to date assessment of the systems position as part of the programme.

### **4.3 Chief Operating Officers**

The Chief Operating Officers responsibility is to develop the overall plan for an integrated health and care system in Buckinghamshire that delivers sustainability based on the proposed outcomes by 2020:-

- Fully integrated pooled budgets for health and social care
- Single out of hospital model of care
- Shift of resources from hospital to community
- Fully integrated primary and community IT system
- Single patient portal
- Single CCG
- Shared back office and estates

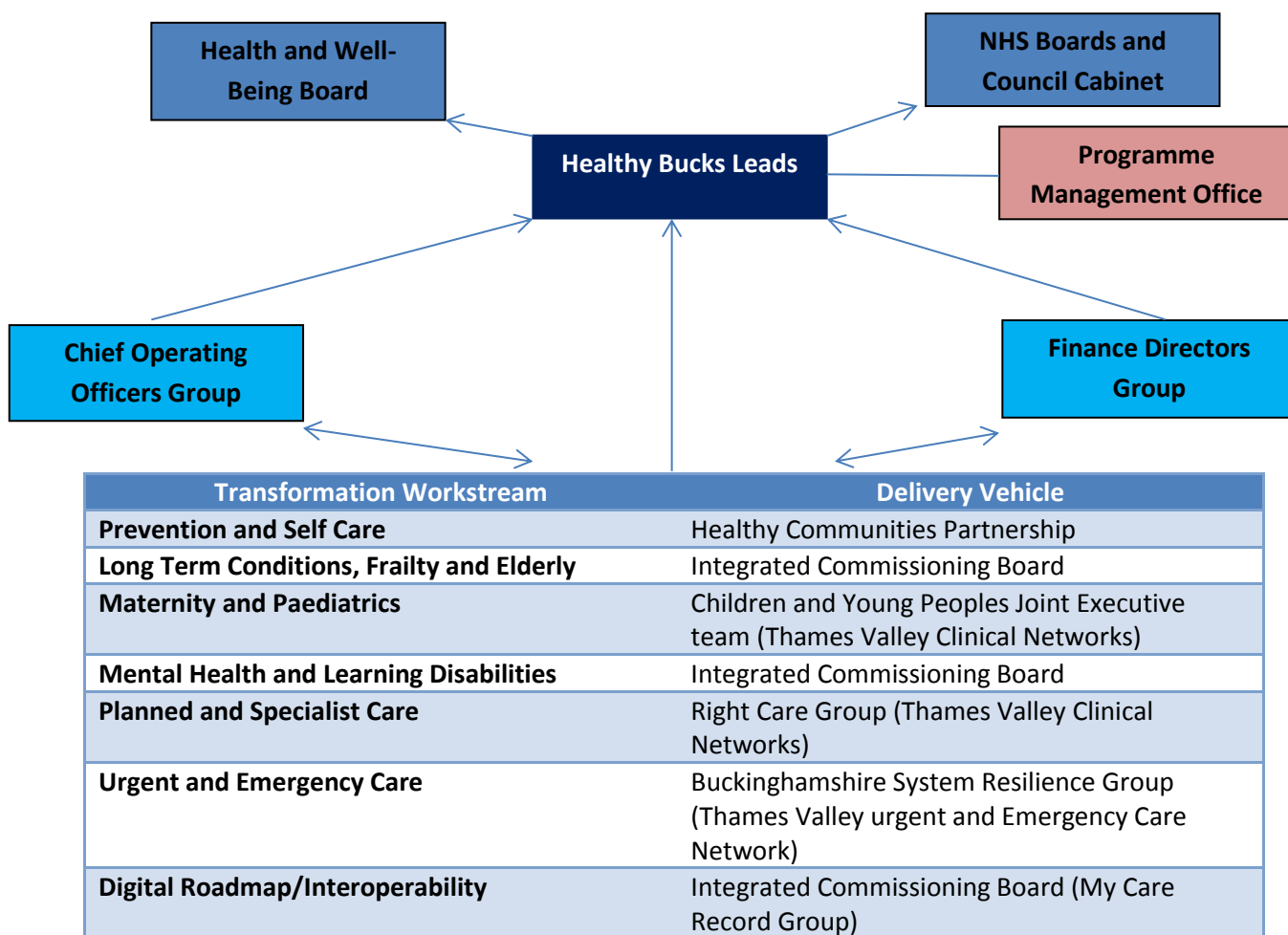
Attachment 1 provides as a first draft analysis of the key outcomes and delivery vehicles for the Buckinghamshire system over a five year period. Further work will be progressed to crystallise outcomes over the period in all workstream areas.

It is proposed that a system wide Integrated Commissioning Board is established to steer the development of joint commissioning as well as long term conditions, frail, elderly, mental health and learning disabilities and digital workstreams.

---

<sup>3</sup> Healthy Buckinghamshire, Phase One Report, PwC, August 2014

**Figure 1 Governance Structure for HBL delivery of the STP**



#### 4.4 Thames Valley System Alignment

The HBL recognise a strong connection with the Thames Valley ‘footprint’ in the development of the STP. It was agreed that there would be alignment between what is developed on a Thames Valley level and how work at Buckinghamshire level would feed into this process.

Shared learning across Thames Valley will take place as plans develop. It is acknowledged that for Buckinghamshire County Council the remit for the STP would be on a Buckinghamshire basis.

### 5. COMMUNICATION AND ENGAGEMENT

It is proposed that the Buckinghamshire health and social care partners adopt a mechanism to communicate and engage with patients and communities on substantive changes in the health and social care system that involves all partners. An engagement programme on Community hubs is already taking place over the Summer and it is proposed to use this headline ‘Your Community, Your Care’ for all communication on engagement activities linked to the STP and integration agenda in the county. Attachment 3 provides a flyer outlining the approach.

## **6. RECOMMENDATIONS**

The Health and Well Being Board is asked to endorse the:-

- Vision and principles for system working
- Governance and leadership structure both to develop an STP and to develop integrated services for health and social care in Buckinghamshire
- The development of an Integrated Commissioning Board to steer a number of the workstreams
- Outcomes and key delivery vehicles for the development of the STP and integrated health and social care system for Buckinghamshire
- Communication and engagement proposal for the STP and integrated agenda in Buckinghamshire
- Joint communications on our approach with stakeholders

**David Williams**  
**Director of Strategy and Business Development**  
**Buckinghamshire Healthcare NHS Trust**

**On behalf of:-**

**Healthy Bucks Leaders**  
**March 2016**