

Title	Sustainability and Transformation Plans (STPs)
Date	7th June 2016
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Purpose of this report: To brief the Health & Wellbeing Board on the STP process and next steps

Summary of main issues:

Background

The NHS Shared Planning Guidance asked every health and care system to come together to create their own ambitious 5 year local blueprint to accelerate implementation of the *Five Year Forward View (FYFV)*. These plans are known as Sustainability and Transformation Plans (STPs).

Plans should:

- be place-based and multi-year built around population needs;
- help ensure that the investment secured in the *Spending Review* does not just prop up individual organisations;
- drive a sustainable transformation in patient experience & health outcomes; and
- build & strengthen local relationships with a shared understanding of challenges & scale of ambition.

Plans are required to close the health and wellbeing gap, the care and quality gap, and the financial gap in the NHS, working with partners. 44 STP footprints have been defined across England largely based on patient flows into tertiary acute centres. The overall approach is based on developing STP plans in local systems where it makes sense with key partners e.g. for integrated health & care, and collaborating across the STP footprint as necessary on cross system issues e.g. for urgent & emergency acute care.

Each footprint has a named 'system leader' to drive development of plans. David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group, is the system leader for the local footprint which includes Buckinghamshire, Oxfordshire, and Berkshire West, known as BOBW. The footprint covers a population of 1.8m population, a £2.5bn place based allocation, 7 Clinical Commissioning Groups, 16 Foundation Trust & NHS Trust providers and 14 Local authorities.

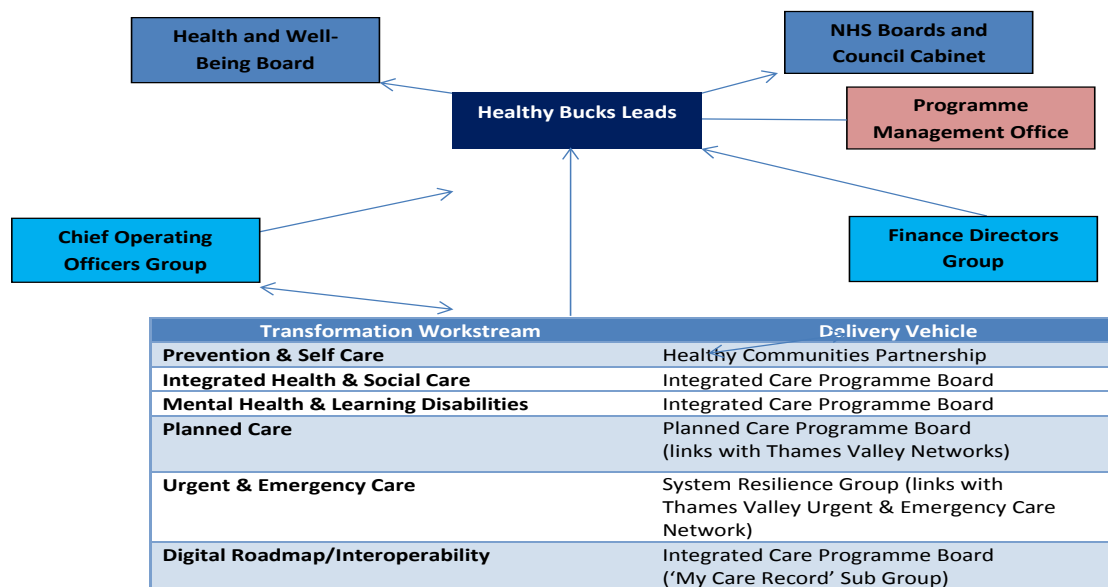
A map of the 'footprint' is shown at appendix 1.

Governance

The BOBW footprint STP is being developed at two levels, at a footprint level for services such as specialised tertiary acute services, and at a local level (County/sub County) for integrated health and care services. There are differences in approach across the NHS England to reflect the size and shape of footprints and issues to be tackled.

Buckinghamshire is therefore developing its' own local 'chapter' of the STP with an emphasis on integrating the commissioning and delivery of health and care.. The development of this plan is overseen by the *Healthy Bucks Leaders Group*. The governance arrangements are shown in figure 1.

Figure 1 Governance Structure for HBL delivery of the STP



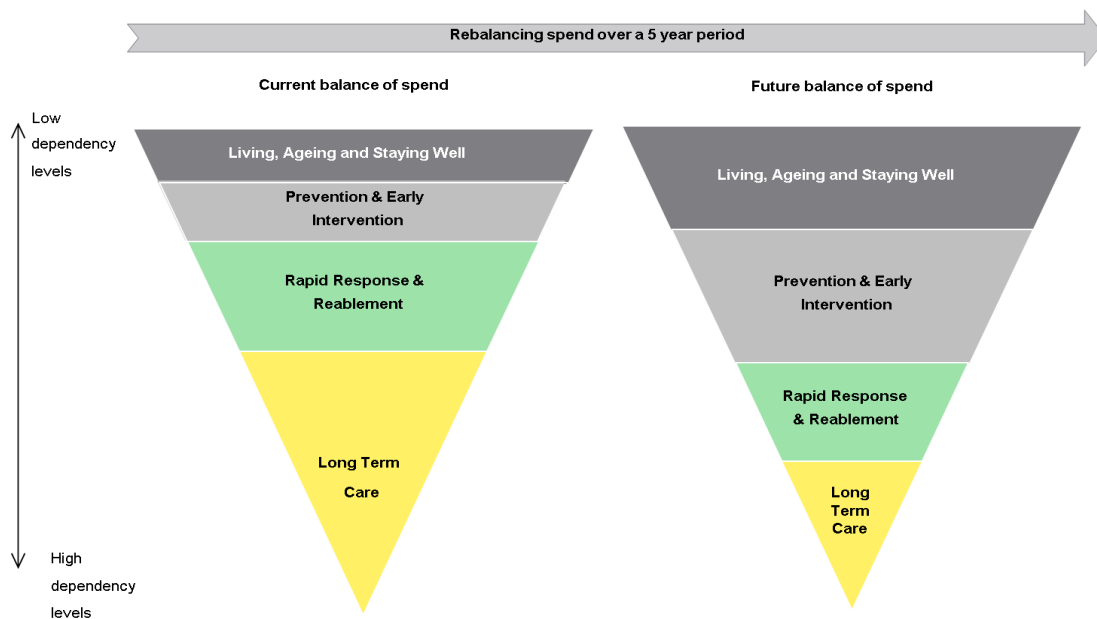
The timescale for development of a first draft plan, for submission by 30th June 2016, is shown at appendix 2.

Key goals

The key STP outcomes for Buckinghamshire residents, by working both strategically across the footprint and locally in the health and care system, are:

- To place an emphasis on prevention and self care to reduce ill health
- To integrate health and care services and avoid unnecessary steps in pathways to reduce waste and duplication
- To deliver urgent and emergency care services in the right place at the right time
- To deploy technology to enable rapid access to advice, care and support – technology enabled service redesign.

The overall focus is to reduce spend on expensive bed-based care into more cost effective prevention & care at home.



Financial implications

STPs will be the single application & approval process for 'growth' funding for 2017/18 onwards. It should be noted that most of the 2016/17 STP resources are already allocated and have largely been used to support NHS organisations in serious deficit.

The size of the financial deficit that would accrue over the 5 year planning period across the health and care system if nothing is done to reduce costs and transform services was estimated two years ago to be £185 million. This sum has now risen, following a refresh of the strategic modelling, to circa £200 million.

Buckinghamshire's notional fair share of transformational resources is in the region of £30 million on a notional 'fair shares' weighted capitation basis.

Whilst there is an emphasis upon stream-lining care pathways, proposals for the deployment of these resources are to be linked to delivering new models of care in different forms of 'organisation' e.g. *Vanguard* models such as Multi Specialty Community Providers, Primary & Acute Care Systems. A Multi

Specialty Community Provider is a model where groups of GPs join with nurses, other community health services, hospital specialists, mental health & social care to create integrated out-of-hospital care. A Primary & Acute Care System is one where the hospital & primary care providers bring together for the first time General Practice and hospital services in a vertically integrated organisation.

Key next steps – developing the STP

It should be noted that Buckinghamshire is not starting with a 'blank sheet' in terms of developing its STP 'chapter' and progressing the integration of health and care commissioning and delivery. A lot of excellent work is already going on across the health and care system to achieve the desired outcomes for residents.

Most performance benchmarking suggests that the health & care system is in upper decile or upper quartile performance cohorts in the NHS in England. However, the significant issues to tackle are both avoiding the need for acute hospital admission and reducing unnecessary lengths of stay in hospital. Over 60% of acute hospital beds used for non elective (emergency) patients are occupied by around 8% of patients i.e. those whose length of stay is greater than two weeks.

This is a significant opportunity to redesign care pathways to reduce this dependence on acute hospital bed based care and support.

A work programme is being developed, under the auspices of the Integrated Commissioning Board and the STP process, to build on these excellent partnership arrangements.

Consultation

The local STP governance arrangements are supported by the health and care system Communications and Engagement Group which is developing the 'branding' of the plan and the process for any formal consultation on the plan should that be required e.g. for any significant changes in the range and location of services.

The Group is also supporting local involvement processes, for example, seeking the community's views on developing integrated care services.

Next steps

The next key point is to submit the STP footprint first draft submission of the plan by 30th June 2016.

Please note it is unlikely that draft STPs will be in the public domain at this point.

Recommendation for the Health and Wellbeing Board:

This paper is principally for briefing members of the Health and Wellbeing Board and views on progress to date.

Background documents:

The link below enables access to NHS England's website pages on STPs.

<https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/support/>

STP footprint map



Key tasks by week to end June 2016

Action	1 18/4	2 25/4	3 2/5	4 9/5	5 16/5	6 23/5	7 30/5	8 6/6	9 13/6	10 20/6	11 27/6
Assure the governance structure & programme plan	√										
Reset the planning baseline – health & care data analysis				√							
Ensure completion of financial modelling & confirm assumptions						√					
Draft the plan to test with stakeholders & reposition in context of <i>FYFW</i>					√						
Refine communications & engagement plan										√	
Align budgets and resource targets to programme workstreams										√	
Submit draft plan & ensure convergence with STP footprint											√