

**Clinical Commissioning Group Governing Body
Paper Summary Sheet**

Date of Meeting: 22 November 2016

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/16/11/17 Sustainability Transformation Plan Update and Operational Planning 2017/18 Update
Author:	David Noyes – Director of Planning, Performance and Corporate Services
Lead Director/GP from CCG:	David Noyes – Director of Planning, Performance and Corporate Services
Executive summary:	Following centrally issues direction, the CCG has been co-operating across the BSW region in the formulation of a Sustainability and Transformation Plan. Key workstreams which have been established and set to work are planned care, urgent care and prevention, supported by enabling work on IT, finance, workforce and estates. The plan sets the strategic direction for the region, and remains coherent with the CCG’s 5 year strategy, while at the same time offering the potential to develop at scale solutions where it makes sense so to do. Underpinning the STP, the CCG has to develop a 2 year operational plan, which sets out in greater detail much of the work required to enable delivery of the STP as well as describing how within the county we intend to continue to develop services.
Evidence in support of arguments:	National and regional data benchmarking, including right care, utilised throughout the formulation of the plan, and consultation with clinical leadership.
Who has been involved/contributed:	Engagement across the region from each partner organisation in the STP footprint, from both health and social care
Cross Reference to Strategic Objectives:	To deliver strategic plans which address the needs of the local population and involve patients, practices and partners.
Engagement and Involvement:	Further work to do in engaging the public with regard the STP and likely consequences.
Communications Issues:	Once agreed the CCG will need to communicate the outcomes of the planning cycle.

Financial Implications:	Enactment of the plan, and further work, will be required to ensure that the CCG remains in a financially viable position.
Review arrangements:	Oversight of the delivery of the plan will utilise existing governance arrangements.
Risk Management:	This addresses the CCG identified risk regarding long term financial viability
National Policy/ Legislation:	Coherent with the Five Year Forward View
Equality & Diversity:	Equality Impact Assessments will be required for each project arising, as is the standard requirement imposed by the rigour of the Programme Management Office.
Other External Assessment:	Progress with and delivery of CCG plans is regularly monitored by NHS England Area Team
What specific action re. the paper do you wish the Governing Body to take at the meeting?	<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Note progress and endorse current direction.

Bath and North East Somerset, Swindon and Wiltshire

Sustainability and Transformation Plan Summary



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1. Introduction

Health and care organisations across Bath and North East Somerset (B&NES), Swindon and Wiltshire have begun working together in an exceptional new way to meet the many challenges facing the health and care system.

Overall across B&NES, Swindon and Wiltshire the standard of health and care services is very good compared to other areas of England. However there are still improvements that need to be made to make sure that these services are the best they can be – both now and in future years.

Our Accident and Emergency (A&E) departments are under pressure, in some areas patients are waiting too long for GP appointments and there are gaps in quality with some parts of our region benefitting from better health and care services than others.

Additionally there are increasing financial pressures. In the last financial year (2015/16), our combined spend on healthcare, across all our NHS organisations (such as GPs, hospitals, Clinical Commissioning Groups and mental health services), was approximately £1,570 per person. When we assess the additional needs that will be required from an older population – and of the growing numbers of people in our area based on national projections - then we estimate that by 2020/21 we will need to spend approximately £1,760 per person. This will exceed our expected budget of approximately £1,650 per person.

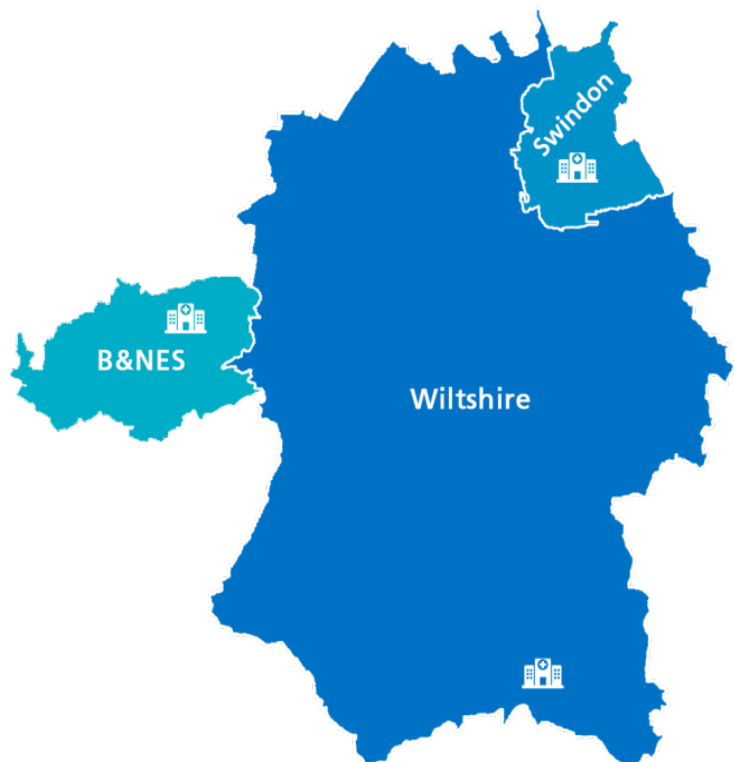
We therefore need to make choices over the next five years on how services are provided. We believe the only way to bridge the financial gap is to turn this into an opportunity to work smarter and more efficiently.

We need to support people to stay healthier and independent for longer.

We need to reduce the duplication, variation and potential gaps between the various health and social care organisations so that residents receive a consistent service and we make the best use of the available resource. We need to make better use of new technology to support people to monitor their own health and wellbeing with access to the right information and support to manage long-term conditions (such as diabetes) as an alternative to hospital-based care.

What is our Sustainability and Transformation Plan?

This is why our health organisations have joined up with our local authority partners and other key stakeholders to agree a plan to improve local health and care services. This local plan for better health and care is known as a Sustainability and Transformation Plan (STP). It will support the delivery of a national plan called the Five Year Forward View. Published in 2014, it sets out a vision of a better NHS, and the steps we should take to get us there by 2020/21. This doesn't mean doing less for patients or reducing the quality of care.



It means working more closely with patients to help keep them healthier and well for longer and designing services to better meet their individual needs.

We recognise that the health and care needs of our local population are diverse and we are developing a joint approach that takes this local variation into account. And it will not stop all the great work already going on locally to improve services.

To succeed, our STP will need to build on where local health (NHS) services are already working together effectively with social care services provided by the local authority. This joined-up approach will help people manage long-term conditions better and will ease pressure on hospitals by providing improved home care services for those who need it. NHS leaders have begun working more closely with their local government partners to develop the STP and achieve a shared vision of care coordinated and centred around the needs of the individual.

This summary sets out our approach, emerging priorities and proposed activity so everyone can see and have their say on what is being proposed. Our STP needs to be developed with, and based upon, the needs of local people, patients, carers and communities and engage clinicians and other care professionals, staff and voluntary organisations.

We welcome your comments on this document and we also look forward to discussing and developing our ideas further with everyone over the coming months.

Our STP partners

The following organisations are working together to develop our STP:

- Avon and Wiltshire Mental Health Partnership NHS Foundation Trust (AWP)
- Bath and North East Somerset Clinical Commissioning Group
- Bath and North East Somerset (B&NES) Council
- Great Western Hospitals NHS Foundation Trust (GWH)
- Health and Wellbeing Boards in B&NES, Swindon and Wiltshire
- Health Education England
- Healthwatch in B&NES, Swindon and Wiltshire
- Royal United Hospitals Bath NHS Foundation Trust (RUH)
- Salisbury NHS Foundation Trust (SFT)
- South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Swindon Borough Council
- Swindon Clinical Commissioning Group
- Wessex Local Medical Committee
- West of England Academic Health Science Network (WEAHSN)
- Wiltshire Council
- Wiltshire Clinical Commissioning Group
- Wiltshire Health & Care

2. Our local area or 'footprint'

B&NES, Swindon and Wiltshire (BSW) have a population of approximately 874,000 people.

There are three local authorities, 110 GP practices, three Clinical Commissioning Groups (CCGs), three hospital trusts, a mental health provider, an ambulance trust as well as organisations providing community services and many voluntary and charitable organisations within our geographical area or 'footprint'. All the hospital trusts are located on the fringes of the STP boundary and patients are referred onto specialist centres outside of the BSW footprint for expert support and treatment, e.g. cancer services in North Bristol NHS Trust and ophthalmology at Oxford Eye Hospital. We have a combined health and care workforce of approximately 40,000 people.

B&NES, Swindon and Wiltshire all have growing populations and have local communities with very different health and care needs. For example:



Swindon is small but densely populated (221,000 people). This population is predicted to rise by 10 per cent to 243,000 by 2026. The STP footprint also includes Shrivenham.



Wiltshire, by contrast, has a much lower population density (483,000 people) spread across large rural areas with Salisbury Plain at its centre.



Wiltshire has a large armed forces presence and there are plans for a further 10,000 servicemen and their dependents to relocate to the area by 2021.



B&NES has a population of 182,000 people. Over 50 per cent live in Bath. The rest live in market towns or diverse rural communities.

There are an above-average number of people aged 20-24 years due to two universities in Bath.



In B&NES the local housing strategy is expected to create an extra 13,000 homes by 2029 and will increase the local population by 16 per cent. 22,000 homes are being built in Swindon between 2011 and 2026.



Across the BSW footprint there is a largely affluent population but there are pockets of deprivation – 6.4 per cent of people live in the most deprived areas of England.

3. Why do we need to change how we provide services?

The NHS's Five Year Forward View highlights three areas where fundamental change is urgently needed in order to ensure services meet the needs of the local population and are sustainable for the future. These areas are relevant to B&NES, Swindon and Wiltshire and reveals widening gaps between current resources and increasing demand:

Improving health and wellbeing

The majority of illnesses that the NHS treats are caused by obesity, smoking or alcohol. Many of these illnesses, such as heart disease or diabetes put significant pressure on health care services but are preventable. To improve everyone's health and wellbeing and for services to be sustainable, we need to get better at preventing disease, not just treating it. We need to strengthen collaboration between public health teams, other council departments and all our partner organisations and encourage everyone to take more responsibility for managing their own care. Local issues include:



Obesity rates that are higher than the national average in some parts of the BSW footprint.



A prevalence of obesity and smoking in Swindon.



Higher than average numbers of people in Wiltshire with hypertension (high blood pressure).



Long term conditions (LTCs) putting pressure on services. In Swindon, LTCs take up 50 per cent of all GP appointments.



5,700 people with undiagnosed diabetes across BSW.



Significantly worse admission rates for self-harm in B&NES and Swindon than the England average.

Improving the quality of care people receive

People are living longer and need a wider range of health and care services over a longer period of time. But care can be disjointed across different organisations and our workforce is not equipped or big enough to handle the increased demand. Local issues include:

- A 6.6 per cent population growth predicted across the footprint over the next ten years
- 40 per cent of the NHS budget being spent on the over 65s who currently make up nearly 19 per cent of the total population. This will rise to over 22 per cent by 2025/26
- Recruitment shortages and health professionals nearing retirement across all health and care sectors. This is a particular issue for GPs, nurses (in our trust hospitals, care homes and those based in the community) and midwifery

- In B&NES, for instance, ten extra GPs will be required for the increased population that will accompany housing growth. At time of writing, Swindon is short of 25 GPs compared to other areas with the same population size.

Ensuring our services are efficient

The BSW health system will have a budget of £1.4 billion next year (2017/18) to commission or pay for services. Our local trust hospitals and partner organisations providing community and mental health services will receive an income of £1 billion.

Although the future challenges are considerable, we are in a better place to deal with them as our 2015/16 financial position was relatively strong when compared to the national position. The combined overspend that year, across all the NHS organisations within our footprint, was around 0.5 per cent of the total budget. In a national review of productivity and efficiency across NHS Trusts in England, the three hospital trusts in our footprint have been shown to be between eight and ten per cent more efficient (using average treatment costs) than similar hospitals elsewhere in England. Some of the ways we are already working smarter are by:



Improving communication between GPs and hospital doctors so that GPs can get specialist advice for individual patients without needing to refer them to hospital.



Sending out reminders about appointments via text to reduce the time a clinician wastes when patients do not show up to see them.



Providing alternative services that reduce the need for patients to stay in hospital overnight.



Introducing new IT systems that help reduce the amount of time clinicians spend on completing paperwork.

Our early focus is on ensuring that the innovative steps that are already underway in one organisation are taken forward in every organisation. The STP has already provided an unprecedented opportunity to bring teams together across a wider geography to share, learn and agree where what is working well in one area could be replicated in another area. This move towards standardisation and more joined-up planning will help us to improve the quality of services and better support the health and wellbeing of everyone living in B&NES, Swindon and Wiltshire.

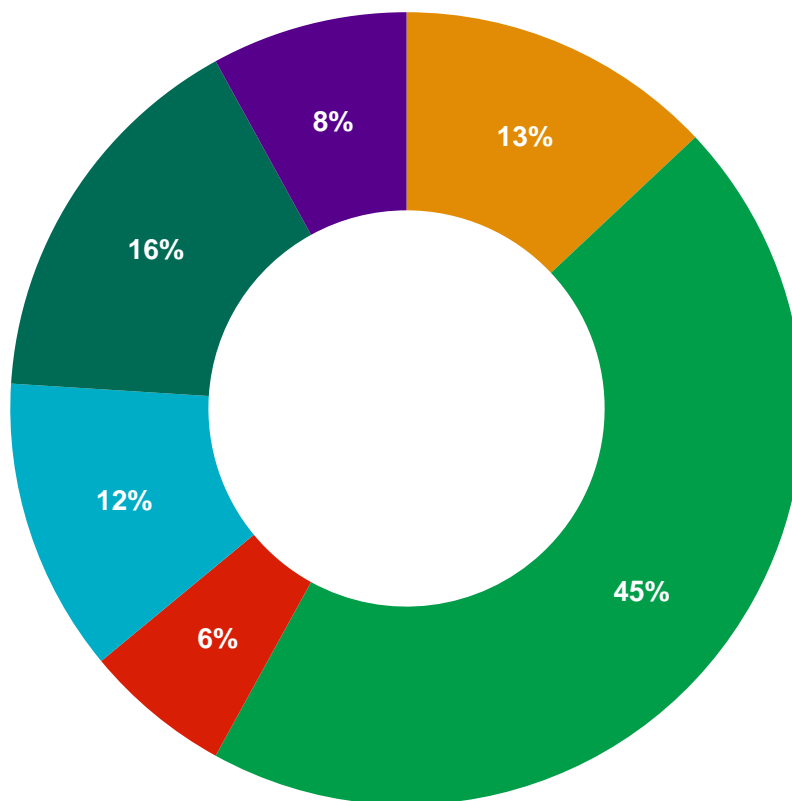
We also need to build on conversations already taking place with the public (through Clinical Commissioning Groups, Healthwatch and other partner organisations) on how we support them to stay healthier for longer. In the future, for example, we will face a choice whether to recruit more doctors and nurses (and potentially provide more hospital beds and clinical space) to manage the projected rise in type 2 diabetes or to work with our local population to improve everyone's diet and lifestyle and reduce obesity levels that causes the increase in diabetes. We know from national evidence that it is cheaper to prevent type 2 diabetes than to treat it so we have already committed in our plan to doing this.

This is just one example of the choices we face in planning our future health and care services. Our plan is at a much earlier stage of development than other STPs and we see this as an opportunity to engage our population in making these choices. Otherwise, if we do not continue to make efficiencies, then we know there will be a gap between our patient's needs and available health and care resources of approximately £300m by 2020/21.

We have started to identify where these savings need to come from as highlighted on the diagram below. It shows, for example, how we are developing local savings plans within each of our organisations and collectively to seek to achieve the amount needed. It also shows what additional NHS funding is available to us if we achieve certain criteria.

However, these plans are at an early stage of development. We will be working with our clinicians and local people to set out the choices we need to make and the potential financial consequences of those so we can develop our plan and monitor its potential impact.

How we plan to close the gap: 2017/18 to 2020/21



- Additional NHS funding
- Clinical pathways redesign
- Local government gap
- Organisational savings plans
- Support services review
- Specialist services volumes

4. Our emerging priorities

Over the next five years we are planning to change services around five priority areas that will improve our population's health and wellbeing, improve the quality of care people receive and ensure our services are efficient:



Priority 1: Transforming primary care

Our GPs and practice-based staff have a critical role to play in delivering our STP, particularly in terms of their contribution to support delivery of primary, community and mental health services that are joined-up and available to patients seven days a week. However, there are a number of challenges including recruitment, premises that are not fit for purpose and limited financial resources.

B&NES, Swindon and Wiltshire all have their separate plans to respond to these challenges. This includes groups of practices working closer together to share resources and practice-based teams of health professionals with a range of skills in a specific condition e.g. diabetes, who come together to work out the best treatment for a patient. Working together across the STP footprint presents an opportunity for GPs and practice staff to explore new ways to transform primary care services.

BaNES, Swindon and Wiltshire CCGs are progressing plans to take on more responsibility for commissioning (buying) primary care services from 1 April 2017. Until now the responsibility for this has fallen to NHS England alone. The three CCGs are working together to understand the opportunities to apply together for delegation from NHS England and share some of the responsibilities that accompany the new role.



Priority 2: More focus on prevention and proactive care

There are a number of initiatives we are exploring as part of this priority and they include:

- A high impact, multi-media health awareness campaign across the footprint to promote flu and pneumococcal vaccinations. This will help protect those at risk of developing serious complications of flu such as pneumonia.
- Targeted support for older people with multiple long-term health conditions to improve their health and wellbeing.
- A new Fracture Liaison Service across B&NES, Swindon and Wiltshire based on the excellent service already being delivered in Salisbury to improve treatment for patients with osteoporosis.
- Roll out of a new Workplace Wellbeing Charter across every health and care organisation to support and improve all employees' health and wellbeing, improve productivity, decrease absenteeism and raise staff morale.
- A joined-up urgent care service across B&NES, Swindon and Wiltshire. Commissioners across the footprint are working together to develop new NHS 111 and GP out-of-hours services that will also include provision for a 'clinical hub' to provide timely, accessible and specialist advice to patients and health professionals.

- Increased capacity for ambulatory care as the alternative to A&E as this service offers a whole-system approach to treating the patient and supporting him/her to go home rather than being admitted to hospital.
- Standardisation of elective (planned) care pathways for patients to reduce variation in quality for patients. For example, there are plans for a new footprint-wide community pain management service so people in B&NES, Swindon and Wiltshire all have the same access to a high quality service closer to home.
- Improved access to psychological support for patients with mental health needs, for example through better signposting to community based services that can help people manage their own condition. This includes improved access to early, targeted and specialist mental support for children and young people including those in care and leaving care.



Priority 3: Making best use of technology and our public estates

Digital technology has the potential to transform health and care delivery in B&NES, Swindon and Wiltshire. The STP presents an opportunity to accelerate adoption of new technology and further join up each organisation's information systems so people do not have to repeat their story over and over to the different health and care professionals involved in their care.

There are also opportunities to increase our use of telehealth tools and apps to promote self-care and deliver support remotely so, for example, there is no need to travel for treatment. We would also like to explore the potential to share our analytical data across organisations so we can better plan for future demand.

Across the footprint, our combined estate costs £175 million per annum to run. We are reviewing all our buildings to establish how we can make best use of our existing space whilst also reducing costs.



Priority 4: A modern workforce

We know our collective workforce is a vital asset and that our emerging vision will not be delivered without their skills, expertise, commitment and passion.

We are exploring a number of workforce initiatives to support the STP and address some of the challenges we face, such as recruitment and retention of staff, particularly in the social care setting and domiciliary care in particular. These initiatives are being supported by funding provided by Health Education England and include:

- A joint approach to workforce modelling and planning
- A programme of activity to support staff health and wellbeing
- A joined-up approach to education and training across all our partner organisations. This will, for example, lead to more focus on helping to develop the skills of care home and domiciliary staff to build a more flexible workforce. And staff that work across more than one organisation will not have to complete two sets of mandatory training.



Priority 5: Improved collaboration across our hospital trusts

The Great Western, Royal United and Salisbury Hospitals are currently facing high demands and limited capacity in common with other trust hospitals providing acute services. They are also challenged in terms of achieving NHS constitutional targets such as patients being seen within four hours in A&E and the maximum time patients should wait between referral to a specialist by their GP and treatment for planned care.

So the three hospitals are exploring ways to reduce costs by sharing some support services and through clinical collaboration. This could include joining up clinical out-of-hours services where practical to do so such as laboratories and pharmacies, developing footprint wide-booking and referral management systems and delivering enhanced seven-day services by joining up out-of-hours provision of areas such as radiology and specialist imaging.

5. How we are working together

Across the footprint we have established ways of working and a structure of governance.

As an STP, we have twice debated whether to establish mental health as a standalone stream of work. Instead we have decided to ensure mental health is a key part of each of three clinical work streams (prevention and self-care, planned and urgent and emergency care) and will develop separate collective mental health plans that are in line with national guidance such as the NHS Forward View for Mental Health.

We have established a Clinical Board (comprising public health professionals, nursing leads, GPs, care professionals, hospital doctors and Allied Health Professionals) that will help shape and drive our plans for transformation. It will ensure that proposals for new services and ways of caring for and treating patients have a strong evidence base and have been co-produced based on the insight and expertise of clinicians as well as patients and carers.

6. Get involved to help us solve the challenges we face

The STP offers our stakeholders a great opportunity to inform our plans for local health and care services.

Across our combined area, we already have a wealth of patient insight and useful information from recent consultation and engagement activity. We will build on this and draw on the experience and clinical expertise of our workforce and those who use health and care services, as well as their carers, to redesign services and develop new models of care that are sustainable.

We have strengthened our relationship with Healthwatch in B&NES, Swindon and Wiltshire and, as the independent body representing the voice of patients and public, the three local Healthwatch organisations are now acting in an advisory capacity for our STP as our plans begin to take shape. Healthwatch sits on the STP Board and communications work stream as 'critical friend' to health and care leaders and they will play an invaluable role in our approach to patient and public participation.

The workforce is a major focus for communications and engagement activity. Staff need to be briefed and mobilised to help champion, shape and implement future changes in services. Health professionals and academics were briefed on the BSW and neighbouring STPs at the annual meeting of West of England Academic Health Science Network on 13 October. A programme of engagement has also already begun within each partner organisation.

The voluntary and charitable sector is also a key participation partner for supporting delivery of our STP and developing prevention and wellbeing approaches. On 13 September we started the conversation about our STP with this key group and independent sector partners. Over 70 people attended our 'Time for Change' event in Devizes and emerging themes included how to make better use of local communities to support domiciliary provision and the importance of mental health and wellbeing across all work streams.

How to get involved in our STP

Our programme of public engagement will commence early in 2017 and will be promoted via each partner organisation's website and other communication channels. In the meantime if you have any questions or feedback on the document, please get in touch by email to ruh-tr.STP-BSW@nhs.net or contact your local Healthwatch office.

Updates on our STP progress, emerging plans and thinking will be shared at partner Board meetings, patient forums and council meetings, so please check individual organisation websites for details of these if you would like to attend. These include:

- Swindon Health & Wellbeing Board on 14 December
- B&NES Health and Wellbeing Board on 7 December

Each STP organisation is also organising its own schedule of engagement with staff.

7. Glossary

Acute care

Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

Allied health professionals

Allied health professionals include dental hygienists, diagnostic medical sonographers, dieticians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory and speech language therapists.

Ambulatory care

Ambulatory care or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospitals.

Health and (social) care services

Social care is the extra support that helps people to stay independent and get on with their daily lives. This care may be practical or emotional and includes practical support in the home, home adaptations and home-visiting services. Social care is provided by local authorities, community providers and a host of charitable and voluntary organisations.

Health care relates to the treatment, control and prevention of a disease, illness, injury or disability and the patient or individual's after-care.

Patient pathway

The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

Primary care

As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. GP practices and community pharmacies are the key primary care services that are a focus for our STP.

Secondary care

Secondary care services are usually based in a hospital or clinic as opposed to being in the community and patients are usually referred to secondary care by a primary care provider such as a GP.

STP footprint

The geographical area covered by our local Sustainability and Transformation Plan (STP). In other words, B&NES, Swindon and Wiltshire.