

**Clinical Commissioning Group Governing Body  
 Paper Summary Sheet  
 Date of Meeting: 22 March 2016**

For: PUBLIC session  PRIVATE Session

For: Decision  Discussion  Noting

<b>Agenda Item and title:</b>	<b>GOV/16/03/20 Sustainability and Transformation Plans (STP)</b>
<b>Author:</b>	Bob Deans, Attain
<b>Lead Director/GP from CCG:</b>	DeborahFielding
<b>Executive summary:</b>	This paper provides an overview on establishing the Sustainability and Transformation Planning footprint across BaNES, Swindon and Wiltshire.  It also includes the Executive Team's considerations about where the Wiltshire specific and STP priorities are aligned.
<b>Evidence in support of arguments:</b>	Delivering the Five Year Forward View NHSE and NHSI strategic delivery framework
<b>Who has been involved/contributed:</b>	Executive Team and Governing Body
<b>Cross Reference to Strategic Objectives:</b>	NHS triple aim – closing the Health and Well being gap, closing the Finance and Efficiency Gap, closing the Care and Quality gap.  CCG vision - to support and sustain independent living; to deliver high quality care and outcomes; to develop a sustainable health and care system.
<b>Engagement and Involvement:</b>	To be identified
<b>Communications Issues:</b>	Delivery framework in draft form and under discussion – awaiting first STP Board meeting.

<b>Financial Implications:</b>	To be identified
<b>Review arrangements:</b>	STP will be reviewed by Governing Body on a regular basis
<b>Risk Management:</b>	Create STP Board with key CCG leadership and assure resources in place to deliver
<b>National Policy/ Legislation:</b>	A requirement as part of delivering the Five Year Forward View
<b>Public Health Implications:</b>	None identified
<b>Equality &amp; Diversity:</b>	An EIA has not been undertaken.
<b>Other External Assessment:</b>	The emerging plans will be scrutinised by Health and Wellbeing Boards, NHSE and NHSI
<b>What specific action re. the paper do you wish the Governing Body to take at the meeting?</b>	Note for information and consider actions.



**Wiltshire**

***Clinical Commissioning Group***

# **STP Development across BaNES, Swindon and Wiltshire (BSW)**

**15 March 2016**

*'The right healthcare for you, with you, near you.'*



**WORKING  
FOR  
CARERS**

# Contents

- The agreed STP footprint
- Developing working relationships across BSW
- Progress since February and Next Steps
- Wiltshire CCG's priorities in the new environment



*Bath and North East Somerset  
Clinical Commissioning Group*



*Swindon  
Clinical Commissioning Group*



*Wiltshire  
Clinical Commissioning Group*

# BSW

## Developing Our Sustainability and Transformation Plan

15<sup>th</sup> March 2016 – further to proposed approach presented to NHSE on  
26 February

# Our Commitment

- B&NES, Swindon and Wiltshire have committed to work together to develop a compelling Sustainability and Transformation Plan (STP) which will accelerate our delivery of the objectives of the *Five Year Forward View* to benefit our population.
- We will jointly develop a vision which will guide the development of the plan, supported by a mission which will directly address our gaps on health and wellbeing, quality and finance.
- We are committed to engaging with the population of BSW - patients, service users, carers – so that there is a well developed evidence based definition of need, priorities and transformational approaches.
- The STP will be developed on a whole system basis – commissioners, providers and local authorities working together to develop the right plan for BSW, irrespective of current organisation boundaries.
- To achieve our goals we will put in place strong, robust governance and appoint a single leader for development of the STP.

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Tracey Cox  
Accountable Officer  
NHS Bath & North East Somerset CCG

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Nicki Millin  
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NHS Swindon CCG

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Deborah Fielding  
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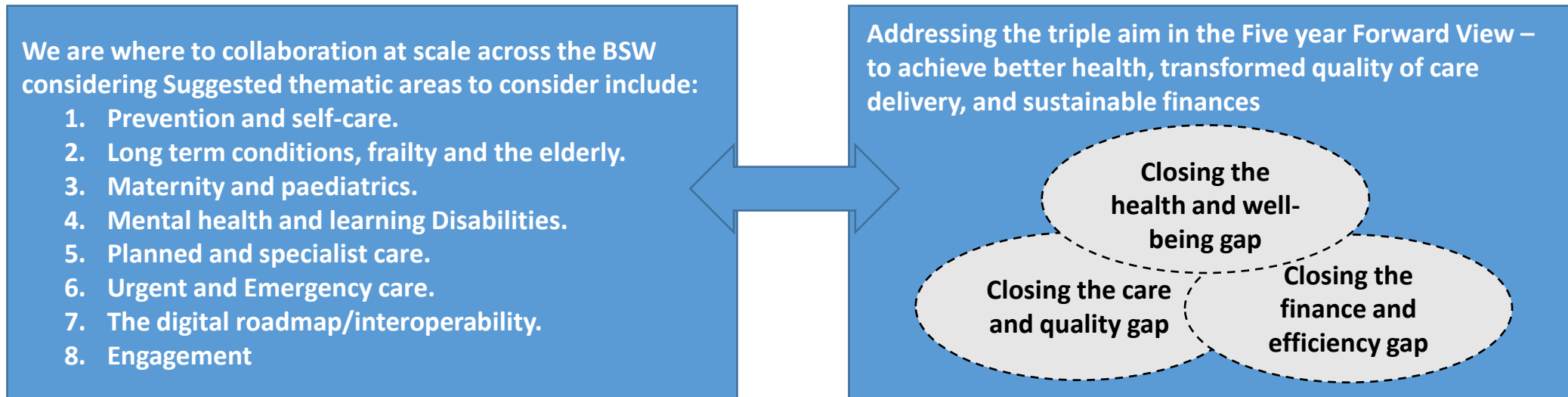
## The purpose of this pack is to describe the agreed approach and next steps across Bath and North East Somerset, Swindon, Wiltshire

- The process for developing the Umbrella STP, including the leadership model for coordinating its production and development of key contents.
- Governance arrangements to ensure effective development of the plan in the short term and early thoughts on system governance to ensure effective implementation in the medium to longer term.
- An early vision/ story board for the footprint
- The process for engaging all partners and local populations.
- The scope of delivery plans and on what geographical footprint.
- How we will identify opportunities for working at scale particularly on the underpinning strategies such as workforce, estates etc.
- Our initial estimates of additional capacity and capability requirements.
- Next steps/ initial milestones

# Sustainability and Transformation Plan: delivering the Forward View

*Delivering the Forward View* requires the NHS to produce two separate but connected plans:

- **By March 2016** – a one year **Operational Plan** for 2016/17, organisation-based and consistent with the emerging STP.
- **By June 2016** – a five year **Sustainability and Transformation Plan** (STP) through to March 2021, place-based and driving the Five Year Forward View



- In order to pursue the local priorities discussed later in this pack, the Healthcare Delivery Group must also ensure that these are aligned with the STP process and priorities. The resource implications for both are significant and the workstreams interdependent and so the approaches should be considered in parallel.
- For this reason a comprehensive outline to of the STP process and resource requirement is detailed her to inform local decision making regarding the ambitions for transforming Urgent and Emergency Care; an later on Planned Care.



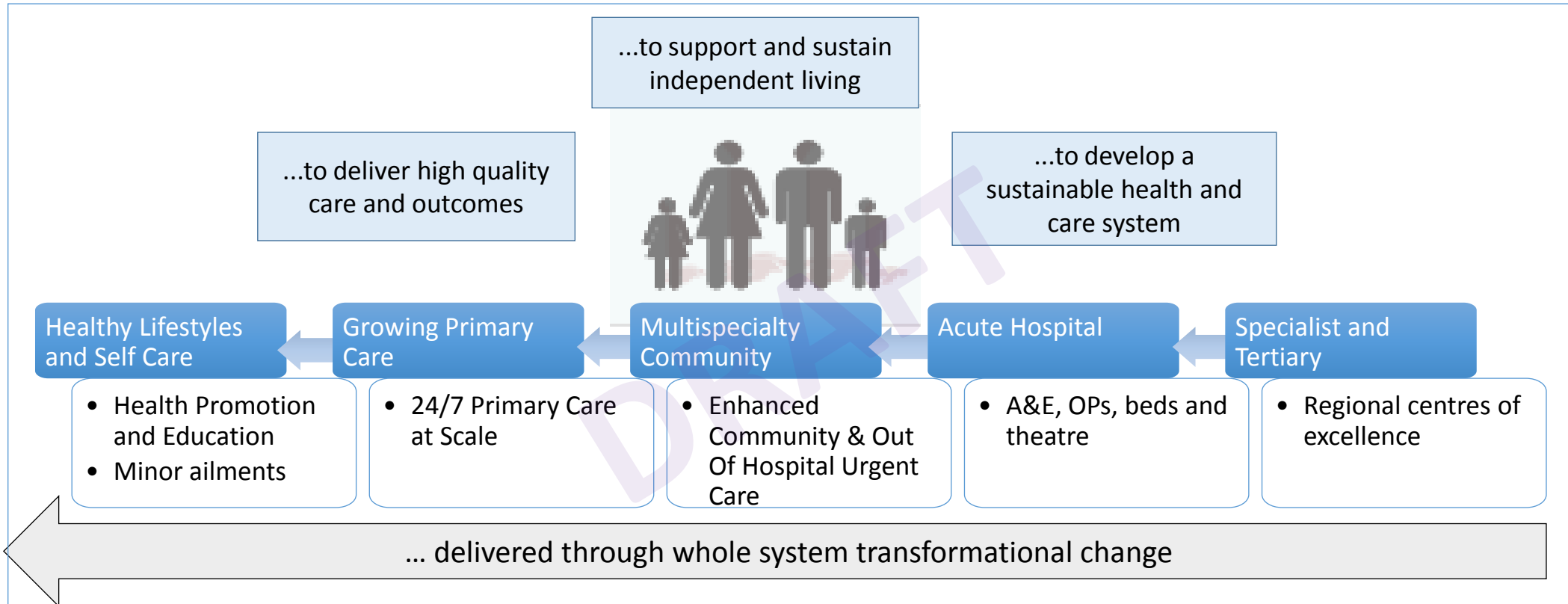
# Leadership Model

- We will establish a BSW System Leaders Group comprising of Chief Executives and clinical leaders from all key organisations within the BSW footprint.
- On the 11<sup>th</sup> March 2016 commissioning and providing CEOs agreed that James Scott would be the nominated lead to develop and co-ordinate the STP.
- James will have dedicated time to the STP, whilst continuing as CEO at RUH.
- There is a further meeting of all CEOs scheduled for (w/c 28<sup>th</sup> March) where the governance and project support will be considered
- Development of our BSW vision and mission will be an early priority for the leadership group
- A further key priority will be to identify the capacity and capability requirements to support our process.
- The STP leadership group will guide and review STP development, taking collective responsibility for both content and implementation.
- It is clear that short, medium and longer term delivery of the STP is fundamental to achieving the objectives of the *Five Year Forward View* and that this requires personal and organisational commitment to changing the models of care and working across organisational boundaries to achieve the required scale of change.

# Governance Framework

- The single group across BSW which will lead development and implementation of our “umbrella” STP will comprise of the following organisations :
  - **Bath & North East Somerset CCG**
  - **Swindon CCG**
  - **Wiltshire CCG**
  - **Bath & North East Somerset Council**
  - **Swindon Council**
  - **Wiltshire Council**
  - **Great Western Hospital**
  - **Royal United Hospitals Bath**
  - **Salisbury Foundation Trust**
  - **Avon & Wiltshire Partnership Trust**
  - **Sirona Care and Health**
  - **SEQOL**
  - **Wiltshire Health & Care**
  - **South West Ambulance Service**
  - **NHS England**
  - **NHS Improvement**
- We will have arrangements that ensure we engage across neighbouring STP footprints for larger scale requirements linking to centres of excellence for services such as trauma, cancers, specialised services etc.
- We see the governance required to develop the STP as part of a continuing new way of working across the BSW footprint which enables both change at scale while also supporting local ownership and delivery in a way which is sustained in our local communities.
- The governance framework will need to ensure there is reference and linkages to a wide range of other fora e.g SRGs

## Formulating a vision for BSW (*Example – draft overarching BSW STP vision*)

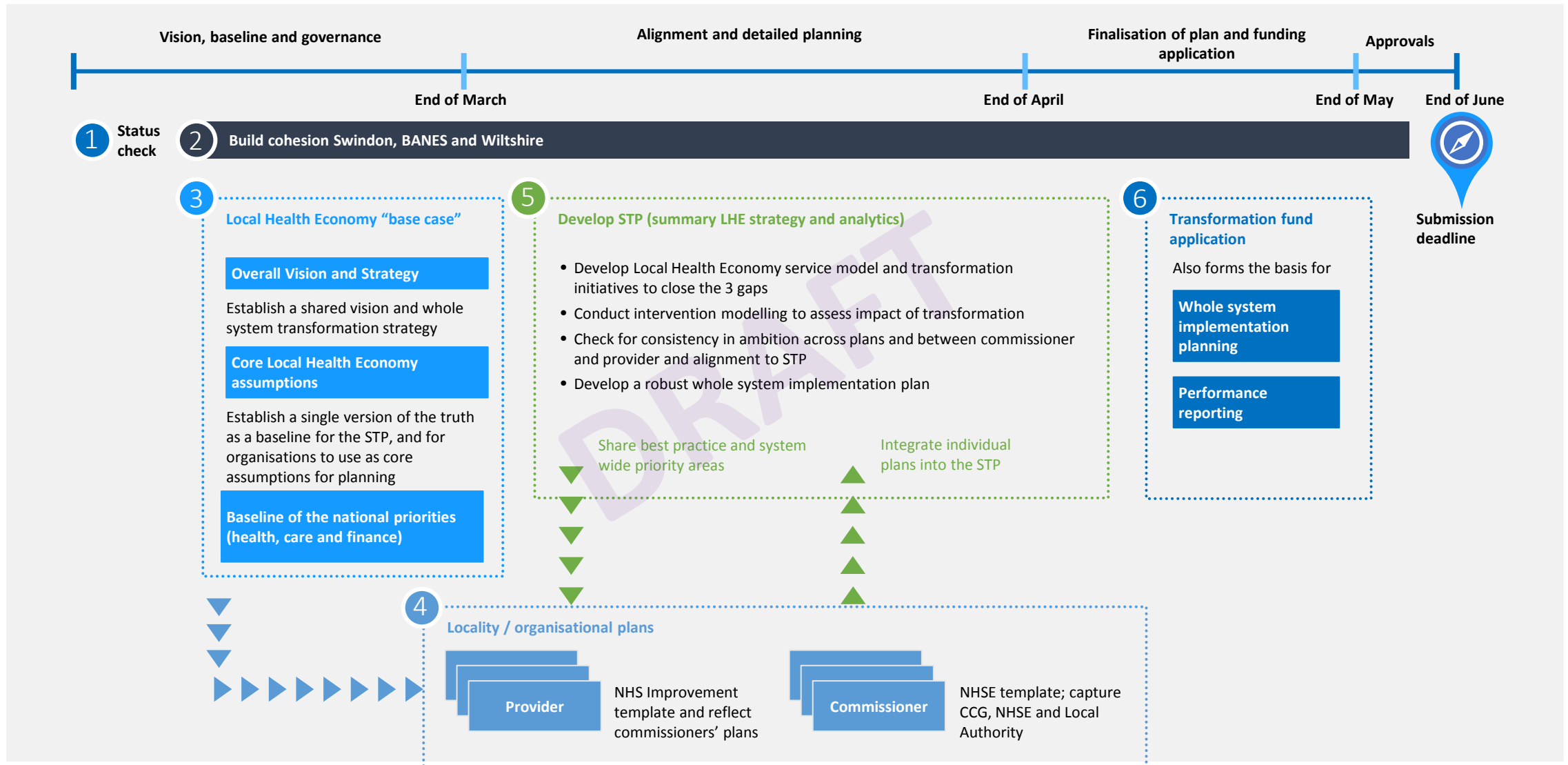


- B&NES, Swindon and Wiltshire have each developed compelling visions to meet local needs – what we have in common is desire to deliver high class quality and outcomes for patients through: promoting good health and independence, person centred care, targeted preventative services whilst offering safe and effective health and care services that reduce the need for hospitalisation.
- However, we recognise that the goals of the *FYFV* and the need to work effectively across BSW requires us to develop a compelling shared vision which will drive future working across the footprint.
- As well as agreeing our vision we plan to develop a mission to directly address our gaps on health and wellbeing, quality and finance. .
- The overarching BSW vision and mission will guide the development of the STP and the associated implementation plans.

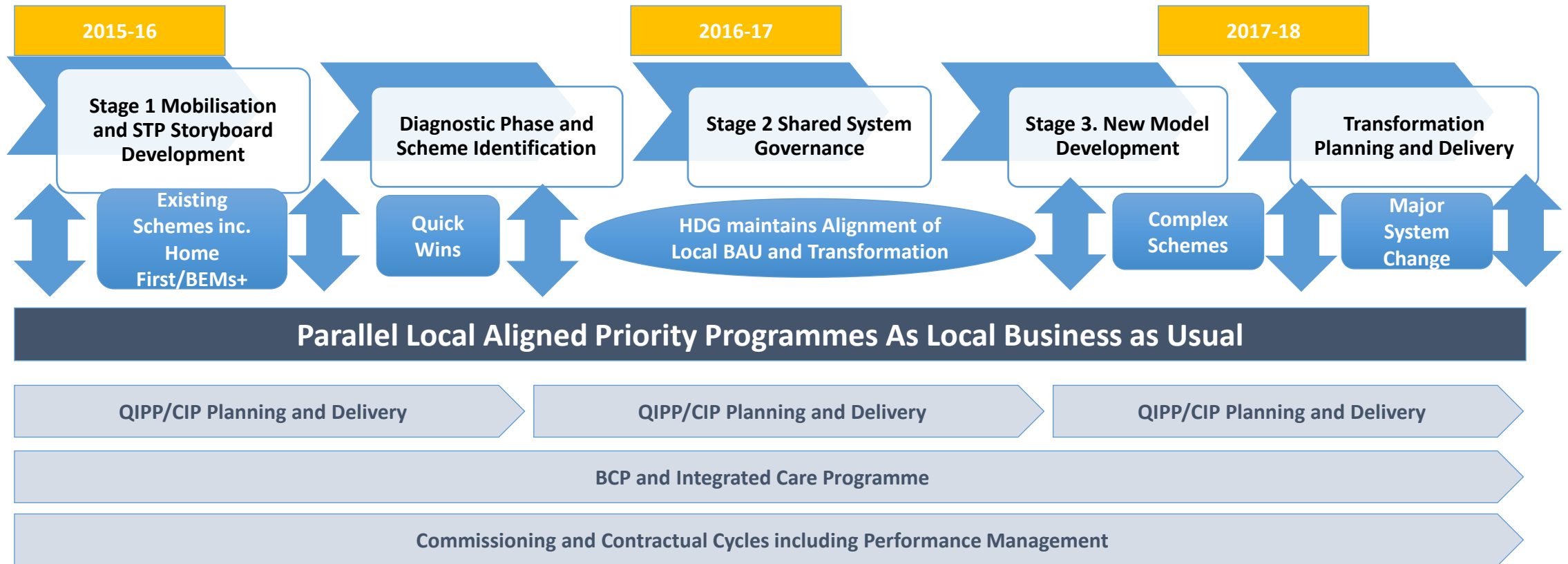
# STP Development

- We recognise that the STP must be the product of genuine co-production from across the BSW system. This is the only way that the STP will encompass both the scale of change and ownership which is required.
- We also recognise that the STP must be delivered at pace and meet the timetable for development and submission. Therefore, there is a need for intensive effort and prioritisation. The leaders across BSW are committed to developing a compelling STP which meets the needs of the population and which will be judged as a plan which deserves support and which should move swiftly to implementation to achieve the required level of transformation.
- We also recognise that there is a need to maintain and improve current service delivery. In this context we are planning to achieve both of these objectives and to ensure that the STP is clearly linked to our local Operational Plans.
- In the following slides we demonstrate some of the thinking to enable linking and delivery of business as usual, Operational Plans and the STP.

# Potential approach to developing an STP



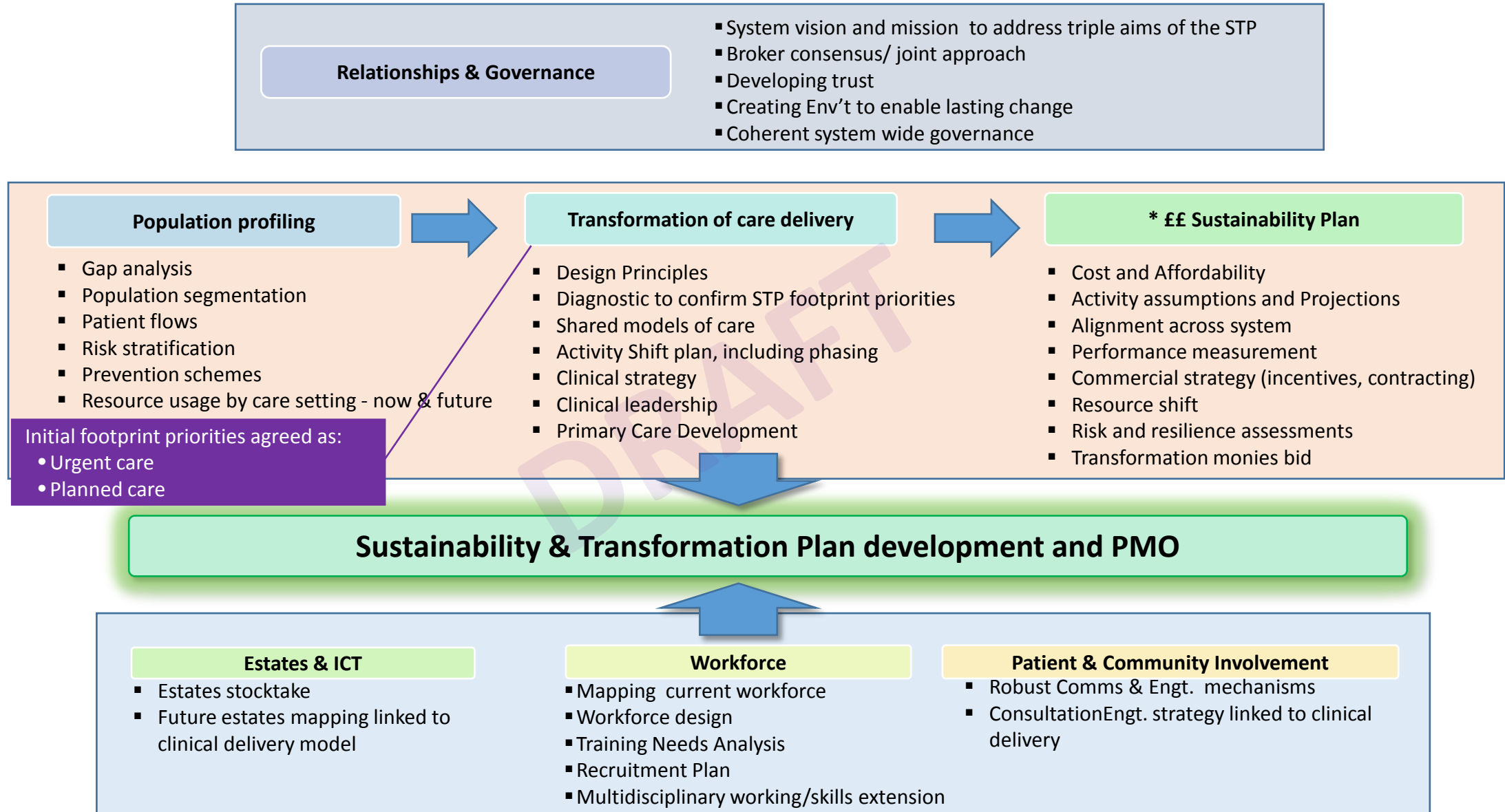
# STP Process to Run in Parallel with Local Business as Usual Activities



As part of our thinking we would want to transition from STP development to implementation as quickly as possible, starting with some projects in 2016/17 and be in a position to implementation larger scale transformation in the following year (contracts and leases permitting). The maximum possible effort should be made to leverage the benefit of schemes already in place in parts of the footprint.

We recognise that our planning and resourcing must support both at scale transformational change and delivery and tracking of local programmes.

# Bringing together the key features of STP development



# Engaging patients, partners and our people

- Development of the STP must be built on wide engagement of key stakeholders, starting with the population of BSW - patients, service users, carers – so that there is a well developed, evidence based definition of need, priorities and transformational approaches.
- B&NES, Swindon and Wiltshire have each developed strong engagement approaches and these will be leveraged and built upon – working in partnership with organisations such as HealthWatch – to provide the right foundations for building the STP.
- Driven by this overarching approach commissioners and providers will work in partnership we will work with providers to design the new models of care, starting with a focus on prevention, which address our population's need. This will entail a step change in cross organisational working.
- We recognise that some of the transformational plans may necessitate formal consultation and our STP development and implementation timescales will reflect such requirements.



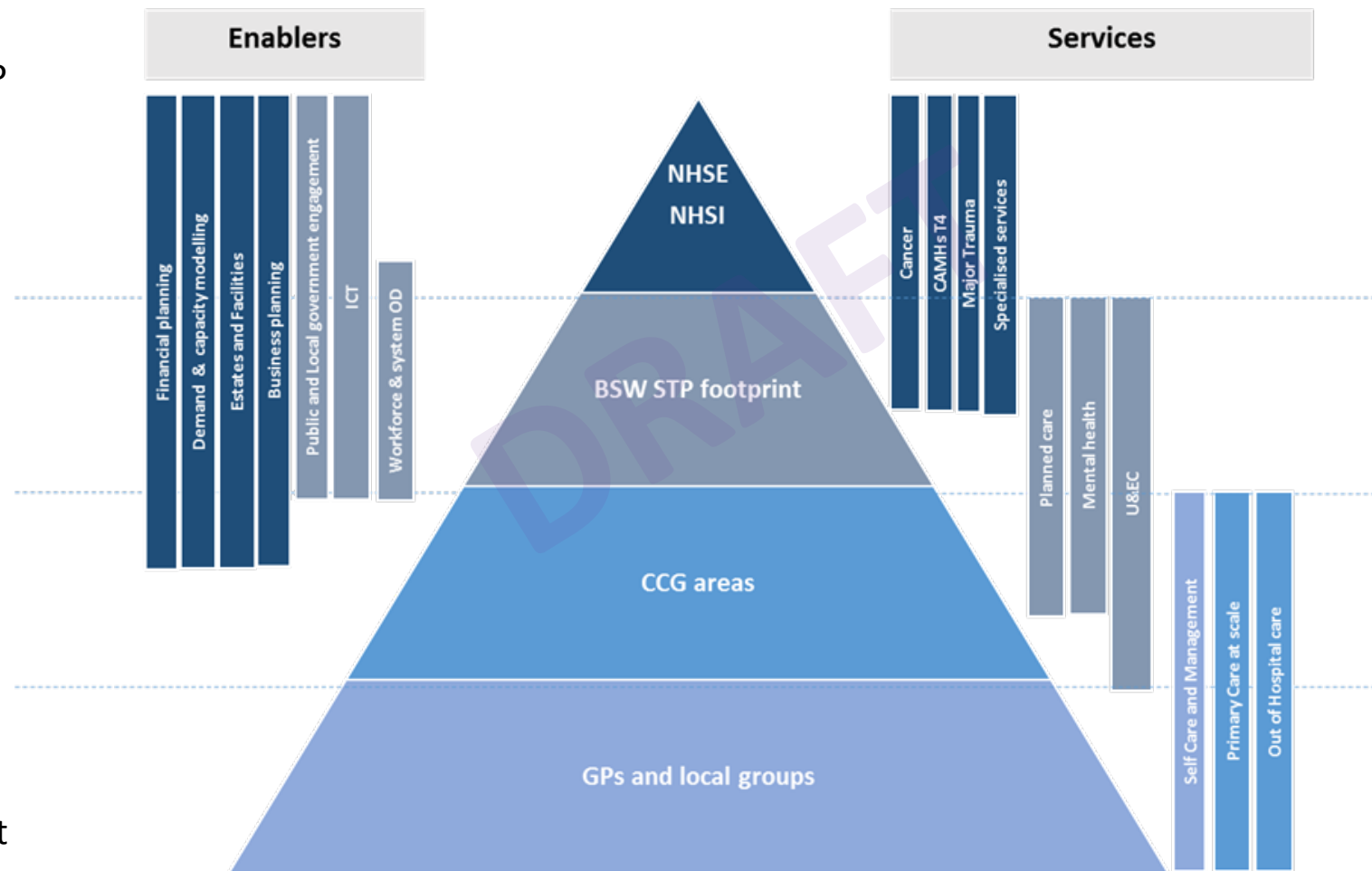
# Our Potential Clinical Leadership Model :

## Key to Achieving Sustainable Transformation at Scale

- In order to ensure that the programme can achieve transformation at scale the establishment of a change network of Clinical Leaders is a critical element of the mobilisation process. A mix of clinicians, with operational and strategic support will need to be nominated on a cross-organisational basis to ensure that the plans developed are owned and supported at a local level. The objectives for each tier will be determined during formal programme mobilisation, but would be based on similar principles to those outlined below.
- The Clinical Network will be a key agent for change, supported by the programme director, and consistently engage with regarding key messages and developments to be disseminated. This network should be aligned with both local and national clinical agendas and cross representation with existing networks and delivery teams is highly important.
- There will be a range of change programmes and projects which will require clinical leadership, this could include
  - Transformation sponsors, who oversee programmes
  - transformation leaders who will need to direct change, including cultural change, working across traditional organisational boundaries
  - Front line teams to deliver integrated care

# Opportunities to work at scale across the planning and delivery footprints

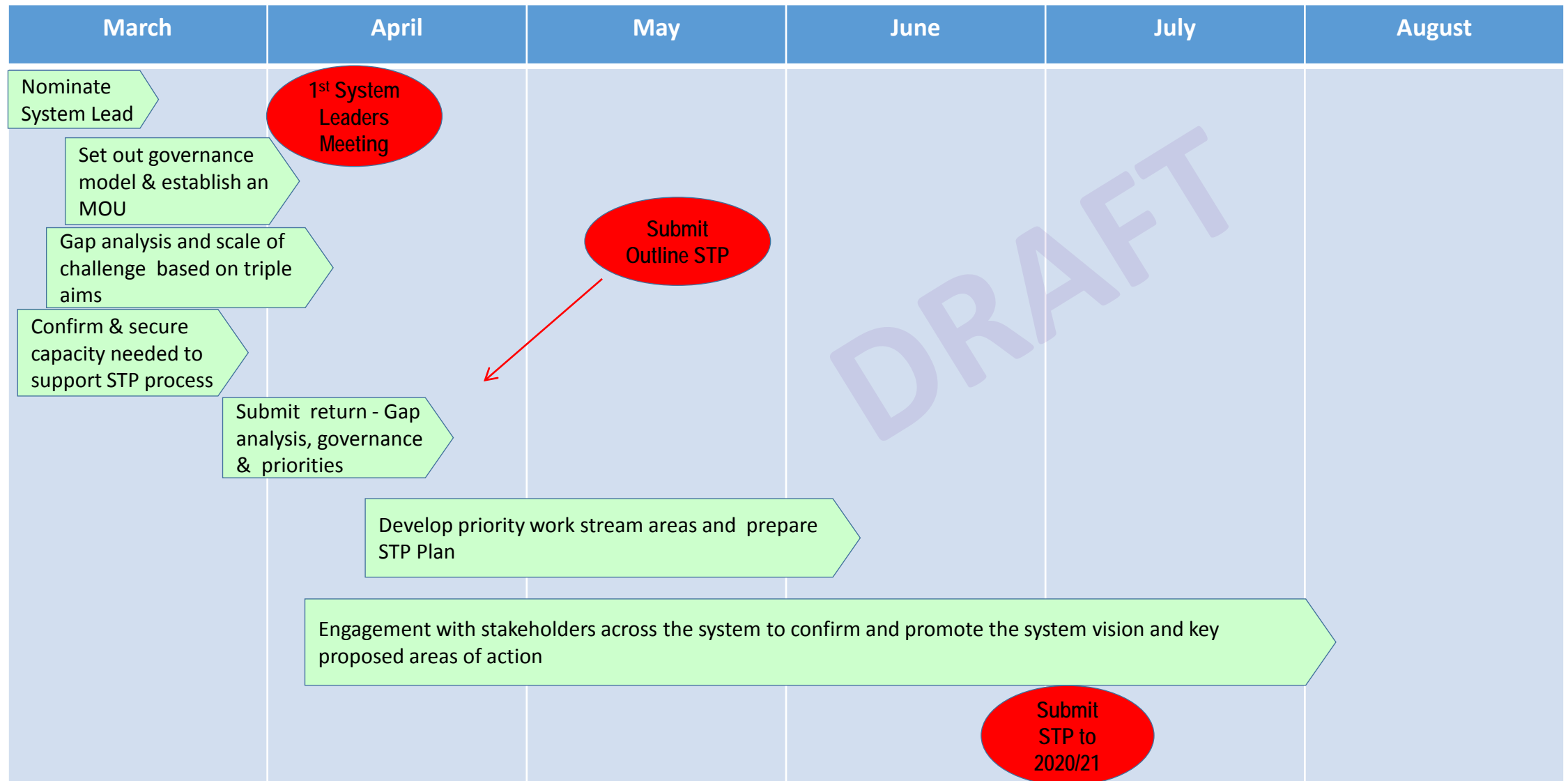
- This model looks to demonstrate that the national planning focus, STP and local priorities must be considered as a whole not as separate entities.
- The approach is layered to reflect the importance of place based planning and delivery balanced with opportunities to improve health outcomes, quality, and economics more effectively at scale
- The diagram is colour coded to indicate at which layer planning and delivery should be led from
- Urgent and Emergency Care and Planned Care, along with a series of enablers are likely to be the first areas to be planned and delivered at scale across BSW



# Scale, Scope and Working Principles

- The combined total population across BSW is in the region of *one million and a joint health commissioning budget in excess of £960million*. This is the whole health budget and does not include the social care and public health budgets. Work is required to identify the system budget for the pathways in scope
- We recognise the need for flexibility and that some plans need to involve organisations outside of our footprint e.g. planning and delivery partnerships/networks built on specific need and dependent on population need, demand, capacity and geographical complexities.
- This work should include physical health and mental health, including 111, OOH, primary care, integrated community health and social care services, ambulance services and the acute sector.
- In achieving systems alignment we will map the balance of 'local' and 'at scale' priorities based on the following workstreams and areas:
  1. Prevention and self-care.
  2. Long term conditions, frailty and the elderly.
  3. Maternity and paediatrics.
  4. Mental health and learning Disabilities.
  5. Planned and specialist care.
  6. Urgent and Emergency care.
  7. The digital roadmap/interoperability.
  8. Engagement
- Planning and delivery would build on the following groupings:
  1. GP practices and localities
  2. CCG wide
  3. BaNES, Swindon and Wiltshire
  4. Larger footprint with NHSE and NHSI where indicated e.g. more specialised services and mental health
- There is some variation in demand for specific services and demographic makeup and a wide mix of rural and urban communities with varying degrees of affluence. The challenges are however broadly similar.
- While it may not be in the gift of the group to determine the model for specialist or independently provided services, such as Cancer and Primary Care, every effort should be made to ensure these components and pathways are aligned with the new models developed for Urgent and Planned care.
- Similarly when conducting system wide diagnostic activities, all activity that is currently taking place in the system, whether referrals out or into the area from elsewhere, should be captured to ensure a comprehensive understanding of system capacity and performance is reached.
- With all these areas in mind it is important to give careful consideration to deeming any aspect of the system definitely out of scope, but there may be occasion to do so where a separate discreet piece of work is already underway when the programme commences

# Overview of Next Steps



# Risks and Constraints

## Capacity and capability to deliver

- As has been previously identified there are considerable resource requirements associated with delivering a programme of Transformation at this scale. Organisational capacity across the catchment area will have a key impact on the likelihood of successful changes in the Urgent and Planned Care models
- Clinical leadership and change capabilities will determine not only the legitimacy of the models developed but the likelihood of improvements being sustainable in the longer term.

## Challenge in reaching a common language and goals

- It has been identified that the definitions of discharge criteria, clinical assessment, clinical diagnosis, performance and quality indicators are just a few of the areas where inconsistent language and goals may effect the chances of successful collaboration
- In order to work together in a truly collaborative way the Wiltshire Delivery Group and programme teams will have to work quickly to address these disparities and come to common understanding and a shared vision going forward

## Changes in national priorities

- Whilst it is not likely that national priorities will move away from the principle outlined in the FYFV and Strategic Planning approach. The organisations may have to be flexible in their application of these principles should the local or national political environment change
- It is not foreseen that Urgent Care or Planned Care will cease to be important areas of focus, shifts in clinical thinking may affect the design of new models over the course of development and implementation

## Contractual, Systems and Facilities constraints

- The duration of some major contracts and facilities lease may affect the ability of the system to mobilise rapidly to make significant change in the shorter term
- Identified quick wins and pilot schemes may need to be adopted in the first instance with a clear longer term road map in place to deliver the wider scale changes.

# First Steps?

## **Governance arrangements**

- Assurance to Individual Boards/Governing Bodies/HWBs etc.
- Shared Leadership – clinical and managerial
- Programme Management
- Arrangements for holding to account (role of ‘Chairs’)

## **Diagnostic**

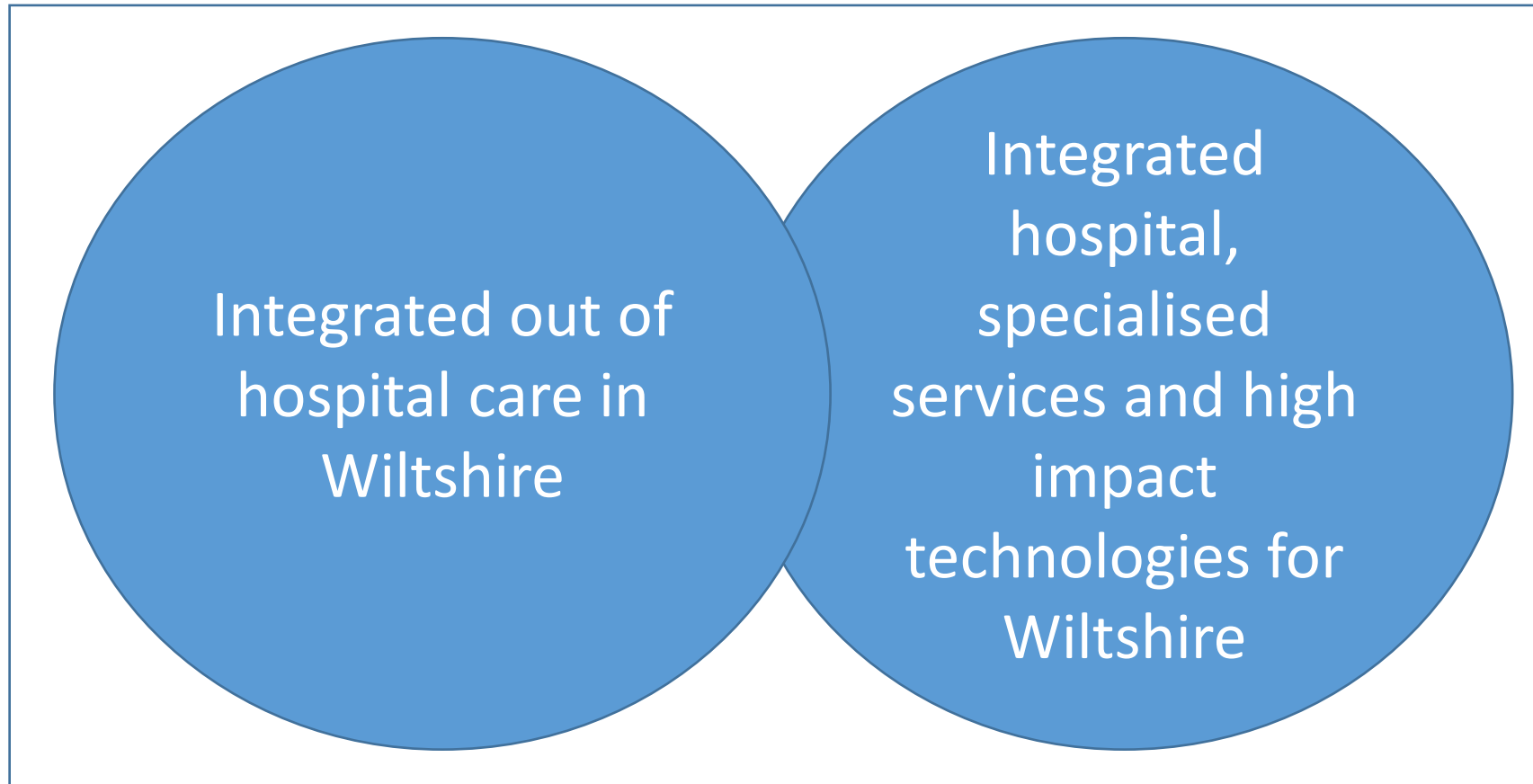
- What works well
- What can we spread/scale up
- What should we do at what level? Together and separate
- What are the opportunities for working at scale (e.g using Right Care evaluation) including enablers
- What people resources can we pull together?

## **Traction**

- Securing buy in and engagement from all organisations
- Securing resources to manage, back fill and assure BAU
- Setting up the programme
- Delivering first gains.

# Feedback from the Executive Awayday

## Wiltshire working together on two fronts



# Developing Accountable Care in Wiltshire

Developing new models of integrated care that offer effective Out of Hospital support is our priority at Wiltshire level. This means building on the opportunities created accountable care through:

- The recent community services procurement,
- Working with our social care and well being partners
- Growing primary care

## Service delivery:

- Outcome based
- Integrated
- Urgent care, same day, seven days a week

## How the Out of Hospital delivery model could work

- Community led
- GP led
- Works bottom up
- Pulls acute services down
- Includes day to day commissioning

Accountable  
Care

## The scope of the integration

- Includes primary care
- Includes social care
- Included well being
- Includes community mental health
- Community care resources (ring fenced)



# How Wiltshire and the STP align

Our understanding of how our approaches in Wiltshire and the STP align suggest issues and impacts across three main areas, encompassing services, implementation approaches and wider considerations that could impact on BSW and Wiltshire

## Service impact:

Ring fence and shrink the acute sector  
Fit the acute infrastructure within available resources  
Apply thresholds of care  
Understand and align supply and demand  
Explore at scale opportunities  
Optimise clinical networks and workforce

## The STP

### The approach – “how”:

- Align local strategies to the STP
- Align delivery resources
- Work at pace and scale
- Leverage knowledge management – learning and sharing
- Share risk across the system
- Recognise how to use shared resources differently to reduce bureaucracy and duplication

### External considerations:

- Assess whether BSW is the footprint for other NHS bodies such as the Urgent and Emergency Care Network
- How do we use the STP and the footprint to develop a different relationship with the regulator?
- Can we use the STP as a consultation vehicle for moving to new payment models?