

**REPORT TO:** Health Policy and Performance Board

**DATE:** 7<sup>th</sup> February 2017

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Cheshire and Merseyside Sustainability and Transformation Plan

**WARDS:** Borough Wide

## **1.0 PURPOSE OF THE REPORT**

The purpose of this report is to share the Cheshire and Merseyside Sustainability and Transformation Plan (STP) with the Health Policy and Performance Board.

## **2.0 RECOMMENDATION:**

The Health Policy and Performance Board is asked to:

- i) Note the contents of the Cheshire & Merseyside Sustainability & Transformation Plan (STP);
- ii) Note the commitment to continued local engagement and the requirement to comply with statutory requirements for public involvement, and to seek the views of the Health Policy and Performance Board about the next phase of local engagement.

## **3.0 SUPPORTING INFORMATION**

### **3.1 Background**

The NHS Five Year Forward View, published in October 2014, set out strategic intentions to ensure the NHS remains clinically and financially sustainable. The Forward View highlighted three key areas:

- The health and wellbeing of the population;
- The quality of care that is provided; and
- NHS finance and efficiency of services.

Subsequently, the 2015/16 NHS planning Guidance set out the steps for local health systems to deliver the Five Year Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop Sustainability and Transformation Plans, to cover the period from 2016/17 to 2020/21.

A total of 44 areas (or 'footprints') were identified across England to work together as health and care systems to develop Sustainability and Transformation Plans (STPs) that set out how these gaps can be addressed. STPs represent a change in the way that the NHS in England plans its services; with a stronger emphasis on collaboration to respond to the challenges facing local services and a focus on place-based planning for whole systems of health and care.

While STPs are primarily being led by the NHS, developing credible plans will require the NHS to work in close partnership with social care, public health and other local government services, as well as third sector organisations and local people.

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It covers a population of 2.5 million, has 12 CCGs, 20 providers and 9 local authorities.

The Cheshire and Merseyside STP was submitted to NHS England on 21<sup>st</sup> October 2016. This was drafted as a requirement of the NHS England Planning Framework and follows on from a first submission in June 2016. NHS England required time to review the October submission and set a publication date for the Cheshire and Merseyside STP for 16<sup>th</sup> November 2016.

The STP is drafted as a technical document responding to the requirements of NHS England. A public summary and frequently asked questions document have been produced to support public understanding of the rationale and the content of the plan. The STP document refers to a number of accompanying appendices which have also been published and can be accessed alongside the plan on all local NHS websites.

## 3.2 STP Priorities

The STP sets out four common priorities for Cheshire and Merseyside:

1. **Support for people to live better quality lives by actively promoting health and wellbeing.** The plan sets out priorities to address the factors that have a negative impact on population health and that are increasing pressure on services.
2. **The NHS working together with partners in local government and the voluntary sector to develop joined up care,** with more care accessible outside of hospitals to give people the support they really need when and where they need it.
3. **Designing hospital services to meet modern clinical standards and reducing variation in quality;** to establish consistency and improvement in clinical standards for hospital care across Cheshire and Merseyside.

4. **Becoming more efficient by reducing costs, maximising value and using the latest technology;** reducing unnecessary costs in managerial and administrative areas, maximising the value of clinical support services and adopting innovative new ways of working, including sharing electronic information across all parts of the health and care system.

### 3.3 Local Delivery Systems

The Cheshire and Merseyside STP is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery will be through the plans developed by the three local delivery systems (LDS): North Mersey; the (Mid Mersey) Alliance; and unified Cheshire & Wirral.

All three local delivery systems will deliver the same four key priorities set out in the Cheshire and Merseyside plan. However, each local plan will tailor the way these priorities are delivered to reflect the particular needs of their population and the local health and care system.

The three Local Delivery Systems are at different stages of development. For some areas, collaborative plans to improve health outcomes and to address the future sustainability of the health and care system have been in development for some time. For other areas, partners may have been collaborating for a shorter time and their local plans largely represent ideas still to be shaped into firm proposals.

### 3.4 The Alliance Local Delivery System (LDS)

The Alliance Local Delivery System (LDS) is made up of 4 Clinical Commissioning Groups (NHS Halton, Knowlsey, St Helens and Warrington CCGs) and 5 NHS providers (5 Boroughs Partnership NHS Foundation Trust, Bridgewater Community NHS Foundation Trust, St Helens & Knowsley Teaching Hospitals NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust and Southport & Ormskirk Hospitals NHS Trust). The Alliance LDS is also engaging with the local authorities covering the boroughs of Halton, Knowsley, St Helens and Warrington.

The Alliance LDS builds upon the work already being done at a local level, the proposals submitted by the Alliance LDS include options and models of transformation for the local health system that aim to address a funding shortfall of £202 million, whilst at the same time improving health, wellbeing and outcomes by:

- Prevent the demand from materialising (**Prevention at scale**)
- Provide more (cost) effective ways of responding to the demand (**Out of Hospital Care**)

- Find more productive/efficient ways of delivering acute hospital care **(Reducing Variation & Improving Quality, Clinical Support Service Collaboration)**
- Making our overhead and running costs as efficient as possible **(Back Office Collaboration and Working Together more effectively)**

The proposals set out in the Alliance LDS were submitted to NHS England, and form part of the Cheshire and Merseyside STP. Following formal publication of the Cheshire and Merseyside STP, we are now further developing these proposals into outline plans and will commence wide scale programme of engagement and communication during 2017.

#### **4.0 POLICY IMPLICATIONS**

Since the Health and Social Care 2012 Parliament, through the Secretary of State for Health, sets a Mandate for the NHS to deliver. The delivery of this Mandate is overseen by NHS England and taken forward by Clinical Commissioning Groups. The production of the Sustainability and Transformation Plans across England has been mandated by NHS England, NHS Improvement and the other arms-length bodies and represents the response of providers and commissioners in the NHS to the financial settlement for the NHS agreed by Parliament within which they are required to deliver NHS Constitution and other standards.

#### **5.0 OTHER IMPLICATIONS**

It is recognised that there is significant public interest in STPs and the process by which proposals will be developed and agreed.

The view of NHS England is that there should be a public conversation to gain views on the proposals contained in the STP and its constituent parts in the form of the LDS plans.

It should be noted that the STP is a planning footprint and not a statutory entity. Consequently, with regard to accountability, individual NHS organisations will remain responsible for ensuring their legal duties to involve are met during the design, delivery and implementation process of specific proposals. This includes ensuring that any reconfiguration proposals which represent a potential significant variation in service are subject to public and local authority overview and scrutiny and formal public consultation.

A full engagement plan is being developed for the next phase of public and stakeholder engagement for the STP, with NHS and local authority representatives involved in shaping an overarching plan for Cheshire and Merseyside, which also reflects the different approaches that may be taken by each LDS. The Health Policy and Performance Board is

asked to give a view on any additional engagement approaches on the contents of the STP in this context.

## **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **6.1 Children and Young People in Halton**

NHS provided services for children and young people are included in the scope of the STP and the LDS delivery plans.

### **6.2 Employment, Learning and Skills in Halton**

None as a result of this report.

### **6.3 A Healthy Halton**

The *One Halton* approach has been incorporated into the Alliance LDS submission as part of the STP and features prominently in the demand management and prevention at scale work stream.

### **6.4 A Safer Halton**

None as a result of this report.

### **6.5 Halton's Urban Renewal**

None as a result of this report.

## **7.0 RISK ANALYSIS**

The STP Programme Team and the LDS teams are developing an assurance system to identify and mitigate the risks of this programme.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

In sharing the STP with the public and seeking further engagement the NHS is:

- Giving due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Giving regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

## **9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Cheshire and Merseyside Sustainability and Transformation Plan (STP)

Cheshire and Merseyside STP Public Summary

Frequently Asked Questions