



Derby City Council

COUNCIL CABINET
3 August 2016

ITEM 10

Report of the Cabinet Member for Integrated
Health and Care

**Health & Care System Sustainability and Transformation Plan
for Derby City and Derbyshire**

SUMMARY

- 1.1 The NHS [Five Year Forward View](#), published in October 2014, considered the progress made in improving health and care services in recent years and the challenges that the system faced leading up to 2020/21.
- 1.2 One of the consequences was that the NHS is required to produce a five year Sustainability and Transformation Plan (STP) which is place-based and should drive a new vision for the future of Health and Care services.
- 1.3 It is envisaged that the development and implementation of an effective STP should support the Health and Wellbeing Board (HWB) in its duty to encourage integration and in the delivery of its key objectives.
- 1.4 Given the closeness of the ambitions of the STP and the HWB, it is envisaged that the both City and County HWBs could have a significant role to play in the development, delivery and oversight of the STP. A recent Joint meeting of Derby City and Derbyshire HWBs considered the role of HWBs alongside STP development.
- 1.5 The first stage in the development of the STP has rightly been about analysing our challenges within the Derby City and Derbyshire health and care system, whilst fostering strong local leadership and collaboration to progress the plan.
- 1.6 Analysis has identified five key priorities (place based care, urgent care, prevention, efficiency and system management). However, there are a number of other plans being developed in specialist service areas to support system sustainability and transformation.
- 1.7 The Council's Home First Service already works closely with health colleagues to support the care system. Further leadership and operational integration opportunities may be possible to enhance the service whilst realising efficiencies. To frame these opportunities consultation is required with key stakeholders.
- 1.8 Going forward it is imperative that all partners agree system governance arrangements and processes in order to have effective partnership working to implement the STP.

RECOMMENDATIONS

- 2.1 To approve the further development and delivery of the Derby City and Derbyshire Sustainability and Transformation Plan (STP).
- 2.2 To approve joint working with other system leaders in NHS and local government in support of meaningful health and care integration, improving the health and wellbeing of our population to reduce health inequalities.
- 2.3 To approve the development of clear and agreed system wide governance arrangements in support of an effective STP to achieve recommendation 2.2.
- 2.4 To approve consultation on an integrated delivery model for Home First services.

REASONS FOR RECOMMENDATION

- 3.1 Supporting the development and delivery of the STP will:
 - Assist in achievement of financial sustainability across the local health and care system and help reduce the gaps of health and wellbeing; and care and quality.
 - Encourage health and care integration and assist HWB in meeting its responsibilities via the Health and Wellbeing Strategy 2014-2019 to improve the health and wellbeing of the local population.
 - Assist local government to effectively deliver upgraded prevention, social care services and public health improvements for our communities;
 - Demonstrate that successful STPs must harness the energies and knowledge of local government and health and wellbeing boards to deliver population health. It is acknowledged that a number of STP footprints are being led by local government leaders.
- 3.2 Supporting clear governance arrangements (whilst not altering the local, statutory architecture for health and care) will:
 - Provide a clear structure for organisations to work effectively together at scale and pace across communities to make positive progress in addressing the needs of their population, and delivering the Five Year Forward View.
 - Permit the incremental development of a different type of planning process going forward to allow partners to work across organisational boundaries and sectors, and to foster necessary change not just in terms of process, but in also in terms of culture and behaviour.
- 3.3 The Home First service could be enhanced through integration with community health services.



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Report of the Strategic Director of People Services

SUPPORTING INFORMATION

- 4.1 The NHS Five Year Forward View, published in October 2014, considered the progress made in improving health and care services in recent years and the challenges that faced leading up to 2020/21. These challenges include:
- The quality of care people receive, which can be variable
 - The burden preventable illness constitutes
 - Financial pressure faced by health and care organisations
 - Changing needs and expectations of the public. New treatments options are emerging, and there is an expectation of better and more care delivered closer to home.
- 4.2 To implement the Five Year Forward View, the NHS Shared Planning guidance (December 2015), has required every health and care system to create an ambitious local blueprint to accelerate change. This blueprint for action– entitled the Sustainability and Transformation Plan (STP) – is a place based plan which supports fulfilment of the Five Year Forward view and seeks to create a vision for the future of local Health and Care services. The STP is to be built around an understanding of the needs of local populations and requires local system leaders to demonstrate how they will address the triple aims of the 5YFV, namely:
- Closing the health and wellbeing gap
 - Transforming the quality of care
 - Achieving sustainable finances
- 4.3 All STP areas have to make an assessment of the three gaps, alongside a consideration of local challenges where patients and populations need to see most improvement. This analysis will help to identify the key priorities needed to be tackled over the next five years to achieve sustainable transformation.

- 4.4 Success of STPs and place-based planning is seen to be dependent on, "...an open, engaging, and iterative process that harnesses the energies of clinicians, patients, carers, citizens, and local community partners including the independent and voluntary sectors, and local government through health and wellbeing boards"¹
- 4.5 Guidance² also proposes STPs are developed '...with, and based on the needs of, local patients and communities and" must "command the support of clinicians, staff and wider partners' and should build on '...existing engagement through Health and Wellbeing Boards'.
- 4.6 Guidance also suggests the potential benefits in ensuring appropriate alignment and integration of key local plans such as HWBS and JSNAs.
- 4.7 This suggests an important role for the Health and Wellbeing Board in the STP process, especially given HWBs already have a responsibility to:
- Encourage the integration of health and care;
 - Understand the health and care needs of the local population (via JSNA process);
 - Prepare and publish a plan to meet the health and care needs of the population (Health and Wellbeing Strategy).
- 4.8 These duties clearly align with the requirement of the STP to consider local integration of health and care, to set evidence-based priorities and to build on existing plans such as HWBS to effectively address the health and wellbeing gap.
- 4.9 A clear conclusion must be that Health and Wellbeing Boards are well placed to take on a number of roles and responsibilities in relation to development of an effective and locally focused and owned STP that addresses the needs of our population.

¹ NHS England, NHS Improvement, Care Quality Commission, Health Education England, National Institute of Health and Care Excellence and Public Health England (2015) [*Delivering the Forward View – NHS Planning Guidance 2016/17-2020/21*](#). December 2015, Gateway Reference: 04437. (Page 4)

² NHS Guidance - [*Developing Sustainability and Transformation Plans to 2020/21*](#). Letter published 16th February 2016, Gateway Reference: 04820.

- 4.10 At the recent joint HWB meeting between Derby City and Derbyshire HWBs organised to debate and discuss the implications, progress and governance of the emerging STP, it was recognised that HWBs were in an excellent position to:
- Support the development of, and help shape the STP – particularly in relation to the health and wellbeing gap and aligning the HWBS to the STP could support this;
 - Play a key role in the implementation and delivery of the STP;
 - Provide oversight and play a role as a ‘critical friend’ in both the development and delivery of the STP so providing a ‘safe space’ for wider debate and discussion by all system leaders;
 - Provide a wider understanding of the wider determinants of health and wellbeing and provide vital links to wider key stakeholders and communities.
 - Champion key elements of the STP that will reduce the health and wellbeing gap and promote positive public health outcomes,
 - Promote wider engagement of other partners and stakeholders; which was evidenced by the successful Joint Derby City and Derbyshire HWB meeting.
- 4.11 The first stage in the development of the local STP has focused on analysing the scale of the challenges within the health and care system.
- 4.12 This process has allowed the identification of five key levers (or priorities) for re-shaping the system which are believed should address these challenges. These five system levers have been identified as;
- place-based care
 - upgrading prevention and self- management
 - transforming urgent care,
 - improved system efficiency - across commissioners and providers
 - system management.
- 4.13 In addition to these five priorities, there are a number of other plans being developed in other specialist service areas such as mental health, children's health, and cancer services.
- 4.14 With regard to prevention, the STP has sought a better understanding how all partners will invest and radically upgrade this. From this examination, a number of initiatives have been identified to deliver "at scale" specialist behaviour change services and interventions. These include proposing an integrated wellness service and using settings approaches such as health promoting hospitals and healthy workplaces to reach people. These should assist in reducing the impact of smoking, harmful drinking, obesity and inactive lifestyles to reduce inequalities.

- 4.15 However, it is essential that the STP does not embrace a narrow biomedical definition of health but takes a broader view of health and wellbeing that takes into account the social and physical environment as well as individual lifestyles and behaviour. This is why the prevention offer must address a more "societal" vision of health and wellbeing which acknowledges that the drivers of "poor health often lie in the "conditions in which people are born, grow, live, work, and age". The vision of both Derby City and Derbyshire HWBs acting as "champions" to support and promote this vision is a sound approach.
- 4.16 The timetable for the development of the STP is ambitious. The full draft plan needs to be submitted to NHSE by the end of October 2016..
- 4.17 To support this, all STP areas have had to submit "checkpoint" document to NHSE at the end of June 2016 to gauge progress. These draft plans are a clear acknowledgement that different local STPs are being developed from varying starting points.
- 4.18 It is envisaged further support and managerial conversations will be held to provide "bespoke" feedback and support to STP teams. This means that rather than expecting to have one 'sign-off' moment for all 44 STP plans across the country, it is anticipated that this process will occur in a series of waves over weeks and months, with those areas who are more advanced achieving earlier agreement than those who will require more work.

- 4.19 NHS England requires each STP area to set out governance arrangements for agreeing and implementing a plan and to this end, CCG Chief Officers, NHS Provider Chief Executives and Local Authority Strategic Directors of care services have worked together to develop proposals for the governance arrangements for the STP which have been discussed at STP System Group³. Governance arrangements include:
- Purpose and aims: to enable and support the STP process (consistent with the guidance);
 - Agreed set of principles;
 - Decision making;
 - Clear Structure – how components of the planning system will fit together and link with existing structures;
 - Description of the responsibilities / expectations for each of the main components;
 - Agreement and sign-off of the governance arrangements by statutory bodies.
- 4.20 Home First is the Council's in-house domiciliary and residential rehabilitation care and support service that is focused on preventing hospital admissions, enabling people to remain at home for longer and assisting people to leave hospital at the earliest point following a medical episode. Home First is aligned to community based NHS services such as therapy and district nursing and forms a key strategy in the overall integration agenda and in the Council's role in delivering joined up care. The service employs approximately one hundred staff. It operates as a demand management and income generating service which supports the health, wellbeing and independence of vulnerable adults while helping the Council deliver its budget strategy to reduce dependence on long term social care services.
- 4.21 The general fund budget for Home First is currently £2.1m, of which £1.89m is funded by the NHS through the Better Care Fund (BCF). The Better Care Fund was established in April 2015 as a national requirement by the Department of Health to provide an opportunity to transform local NHS and social care services so that people are provided with better integrated care and support. Nationally, it encompasses a substantial level of funding to help local areas manage pressures and improve long term sustainability but it is important to note that none of the fund is "new" money, rather it comes from realigning funding from within existing NHS commitments.
- 4.22 There is a 2017/18 MTFP requirement to save £843k from the Home First service. An alternative service delivery model needs to be implemented to realise the savings, which are anticipated to come from delaying or reducing the cost of care packages, as a result of a more effective joined up health and social care offer. One key aspect of this revised service model is integration with community NHS services, which are often being provided to the same households as Home First services. Consistent leadership and Integrated working by NHS and social care staff shall deliver better co-ordination of services, appropriate information sharing between health and social care professionals and therefore improved customer experience and greater efficiency.
- 4.23 Cabinet is therefore requested to approve exploration and consultation dialogue with all stakeholders including staff, to progress Home First integration with Health. Any firm recommendations from consultation and findings shall be reported back to Cabinet for final approval.

OTHER OPTIONS CONSIDERED

5.1 None.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Olu Idowu Alison Parkin Liz Moore Jayne Sowerby-Warrington Kirsty Everson Cate Edwynn
For more information contact: Background papers: List of appendices:	Perveez Sadiq Service Director Adults & Health 643550 None Appendix 1 Implications

a shared understanding of STP..

IMPLICATIONS

Financial and Value for Money

- 1.1 There is a requirement in the planning guidance to return the system to aggregate financial balance in 2016/17. There is an estimated £243m NHS funding gap over the next five years across Derbyshire. The Council has a saving target of £843k from the Home First service in 2017/18.

Legal

- 2.1 There is a requirement to consult properly on any proposal that would affect somebody's well-being. Following a Judicial Review challenge, the Court of Appeal identified four principles to be achieved in undertaking effective consultation, namely:
- consultation must take place at a time when proposals are still at a formative stage
 - the proposal must be balanced, with the proposer giving sufficient reasons for the proposal so as to 'permit intelligent consideration and response'
 - adequate time must be given for consideration and response
 - the product of consultation 'must be conscientiously taken into account in finalising any statutory proposals'.
- 2.2 It is therefore essential that the consultation is conducted in a comprehensive way and considered fully before a final decision is made.
- 2.3 The Council will need to be satisfied that the governance proposals in place to implement the STP are appropriate in relation to any decision being made about services which the Council has a legal duty to deliver.

Personnel

- 3.1 Home First staff will be consulted about working differently with health colleagues and being part of integrated teams, with line management changes for the service. Any potential proposals about the transfer of staff from or to the Council under TUPE regulations shall be the subject of a further report to Cabinet.

IT

- 4.1 None arising directly from this report.

Equalities Impact

- 5.1 One of the three key challenges in the STP is to close the health and wellbeing gap. We intend to do an equality impact assessment of the STP before it is finalised, using members of Derby Diversity Forum, many of them who are users of health services as customers or carers.

Health and Safety

6.1 None arising directly from this report.

Environmental Sustainability

7.1 None arising directly from this report.

Property and Asset Management

8.1 None arising directly from this report.

Risk Management

9.1 None arising directly from this report.

Corporate objectives and priorities for change

10.1 The STP will support the Council's priority to keep people healthy, safe and independent for as long as possible. Integration of health and care services is a national requirement.