



HEALTH AND WELLBEING BOARD
2 June 2016

ITEM 5

Report of the Chief Officer of Southern
Derbyshire CCG/ STP Senior Responsible
Officer

Sustainability and Transformation Plan – Update

SUMMARY

- 1.1 The NHS is required to produce a five year Sustainability and Transformation Plan (STP) which is place-based and drives the [Five Year Forward View](#) – which sets out a vision for the future of the NHS.
- 1.2 The timetable for the development of the STP is ambitious. The full draft plan needs to be submitted to NHS England by the end of June 2016.
- 1.3 The Health and Wellbeing Board (HWB) has previously received and approved STP development governance arrangements and considered the HWBs role within the development and delivery of the STP. This report provides an update on the progress to-date in the development of the STP.
- 1.4 A 'short return' was submitted in April and feedback has been that 'good progress' has been made to-date and there is confidence that the Derbyshire system will be able to produce a robust detailed delivery plan by 30 June.
- 1.5 Since the submission of the short return, significant work has been undertaken to further develop the plan. This includes the identification of the key initiatives that aim to ensure the sustainability and effective transformation of the local system and will close the health and wellbeing, care and quality and finance and efficiency gaps currently within the existing system.
- 1.6 The submission for June, is currently planned to have four 'big ticket' areas:
 - 'Place' – developing models of service delivery working with small population groups (approximately 50,000 population);
 - Prevention – increasing the place of prevention in the system including opportunities for primary, secondary and tertiary prevention (definitions can be found in Appendix 2);
 - Urgent care – considering how the urgent system can be further improved;
 - Infrastructure – considering the opportunities to improve the effectiveness and efficiency of how we commission and provide services and how we best utilise our estates and assets across the health and care system.

- 1.7 Prior to the submission of the final plan at the end of June, a development workshop is planned with both the Derby and Derbyshire Health and Wellbeing Boards. The purpose of the workshop will be to appraise the Boards as to the proposed content of the Derbyshire STP and for the Board to provide input and feedback prior to submission. In addition it will explore the role of the Board in the implementation and oversight of the STP post submission. The proposed date for the workshop is the 21st June, 1-4pm at Derby City Council.

RECOMMENDATION

- 2.1 To note the progress made to-date in the development of the STP and offer continued support both to the development and implementation of the STP.

REASONS FOR RECOMMENDATION

- 3.1 To support the national requirement for the local system to develop a STP for Derbyshire to achieve financial sustainability across the local system and to reduce the gaps in health and wellbeing and care and quality.
- 3.2 Supports the duty of the Board to encourage integration and in meeting its responsibility to improve the health and wellbeing of the local population.

SUPPORTING INFORMATION

- 4.1 Further information and guidance on the development of STPs can be found on NHS England's website here <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>.

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)	Cate Edwynn, Director of Public Health
For more information contact: Background papers: List of appendices:	Alison Wynn 01332 643106 alison.wynn@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Definition of prevention

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. We know there is a significant local challenge within Derbyshire to do likewise for the local system.

Legal

- 2.1 None arising directly from this report.

Personnel

- 3.1 None arising directly from this report.

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.

DEFINITION OF PREVENTION**Primary Prevention**

Primary prevention is taking action to reduce the incidence of disease within the population before the disease occurs. This is achieved through universal measures that reduce lifestyle risks or by targeting high-risk groups. Such measures include immunisation programmes, which may be open to all or targeted to high risk groups, or healthy diet, fitness and smoking cessation campaigns.

Secondary Prevention

Secondary prevention aims to reduce the impact of a disease, by detecting and treating it as early as possible in its course. The intervention is often during the asymptomatic phase, in an effort to delay or reduce symptoms and negative effects. This can be implemented through screening programmes, which aim to identify pre-symptomatic disease for early treatment, or through measures such as diet and exercise programmes or daily low-dose aspirin to prevent further heart attacks.

Tertiary Prevention

Tertiary prevention is undertaken to reduce the negative impact of established disease, aiming to minimise the impact of disease on life quality and life expectancy. This is done by reducing complications and disability, through interventions such as cardiac or stroke rehabilitation programmes.

Definition source: Public Health England & East Midlands Clinical Senate (2015) [*Meeting the Prevention Challenge in the East Midlands: A Call to Action*](#)