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Dear Member

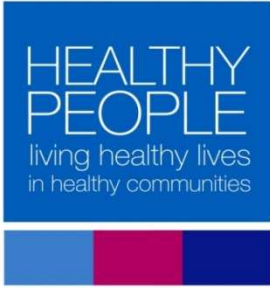
HEALTH AND WELLBEING BOARD - THURSDAY, 24 MARCH 2016

I am now able to enclose, for consideration at the Thursday, 24 March 2016 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
5.	Sustainability and Transformation Plan	(Pages 2 - 23)

Yours sincerely

Lisa Antrobus
Clerk



Northern, Eastern and Western Devon
Clinical Commissioning Group



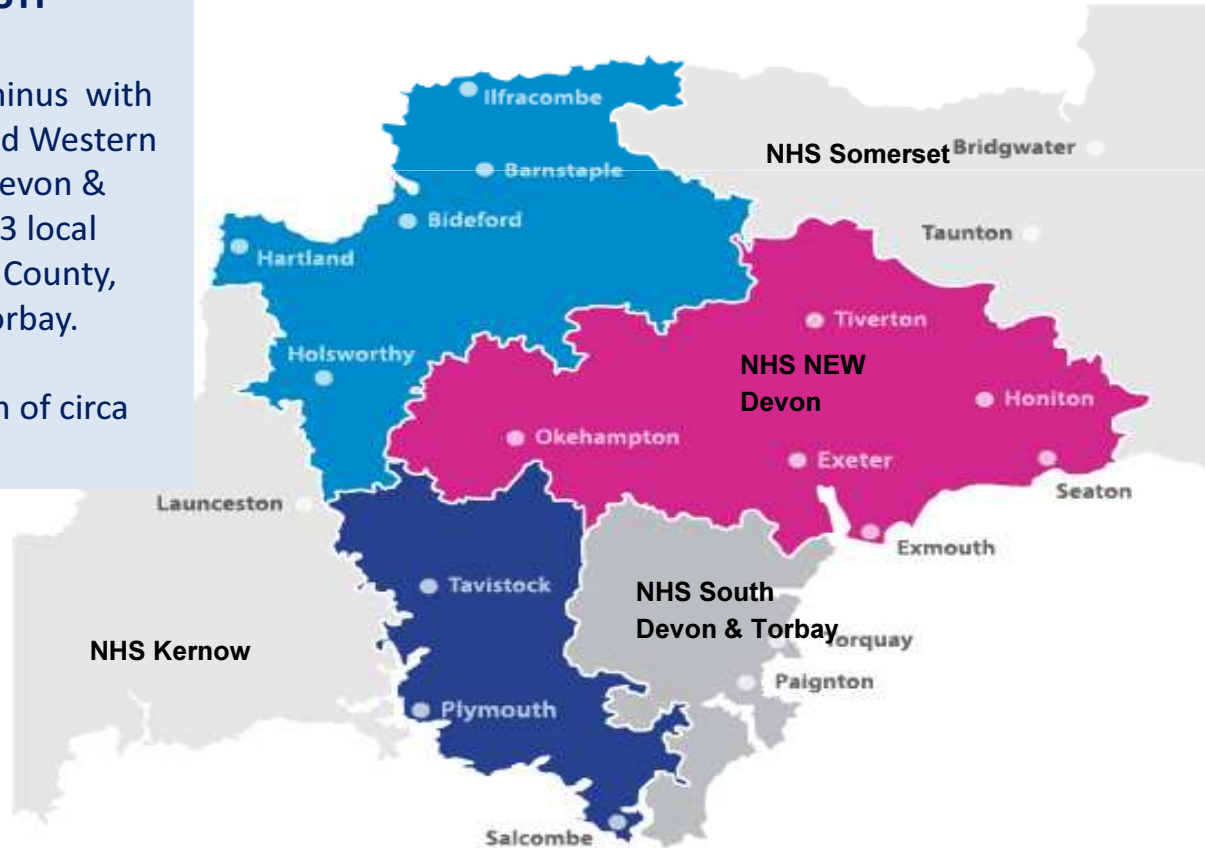
South Devon and Torbay
Clinical Commissioning Group

Developing the Wider Devon STP- Outline approach for NHS England 4 March 2016

The wider Devon STP footprint

covers and is co-terminus with Northern, Eastern and Western Devon CCG, South Devon & Torbay CCG, and the 3 local authorities of Devon County, Plymouth City and Torbay.

It covers a population of circa 1.2m people



Process so far

Operational Plan 16/17

- Narrative, finance and performance submissions following feedback (A&E/RTT)
- Final submission 11th April
- Single narrative all organisations in footprint

STP

- Wider Devon Transformation footprint (29th Jan)
- Short Story submission (4th March)
- NHSE Appointment of STP lead chief executive

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2017/21 STP Key Milestones

Date	Action required
29 January	STP footprint submissions – instructed to adopt wider Devon footprint
29 February	National bodies to engage re support offer
4 March	STP short story submission – one per agreed footprint
Throughout March	Gap analysis and develop data with support
11 April	STP short return including priorities, gap analysis and governance arrangements
22 April	Outline STPs to be presented at series of regional events
April/May/June	Develop plans with support
June 30	Footprints to submit final STP
Throughout July	Regional sense checking

Checkpoint Return (15th April)

Each STP area is asked to make a submission by 15 April focusing on the following **two questions**:

- a. What leadership, decision-making processes and supporting resources you have put in place to make progress?

- b. What are the major areas of focus and big decisions you will need to make *as a system* to drive transformation? ('Gap' Analysis)

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Approach to the Sustainability and Plan

Single question:

What improvements are we going to make for the populations we serve – and how are they going to be delivered?

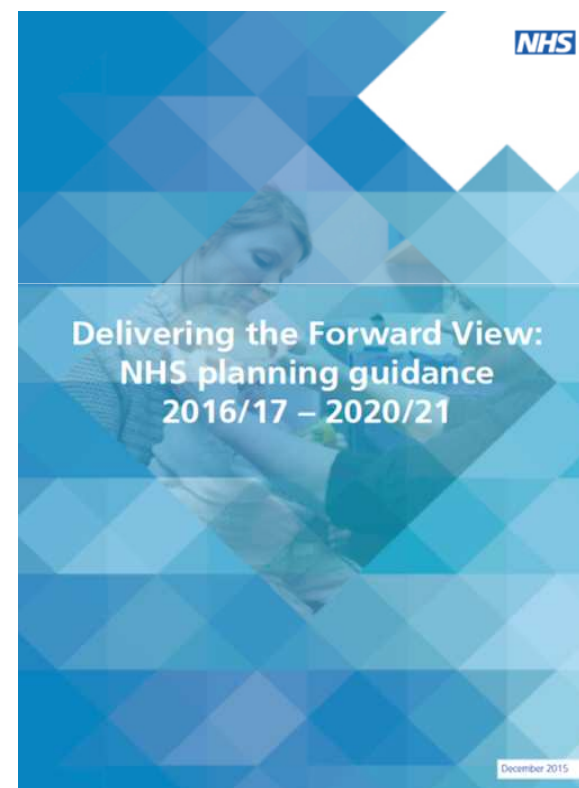
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National Context

All local health & care systems are required to develop a 5 year sustainability & transformation plan (STP) covering period Oct 2016 to March 2021

All NHS providers are required to develop & submit 1 year operational plans for 2016/17

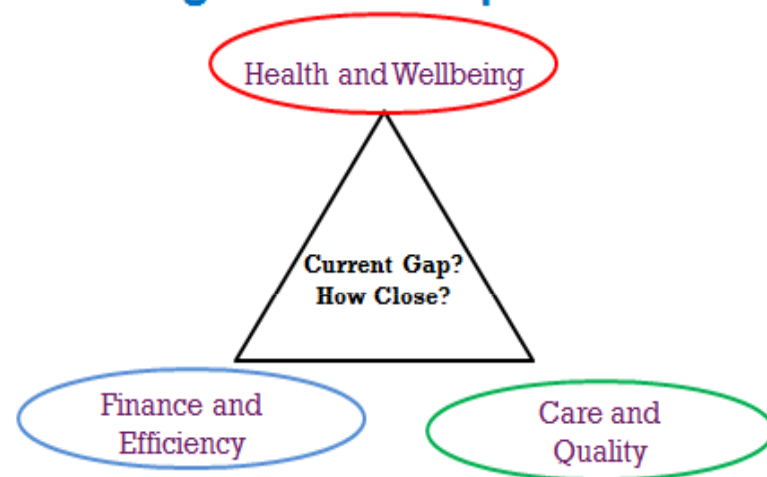
Plans to be consistent with emerging STP & in time to enable contract sign off by end of March 2016



STP Context

- Truly place-based
- Ambitious & holistic
- Closing the gaps
- Delivering the triple aim
- Focus on new care models
- Access to transformation funding
- Larger planning footprint
- Dedicated CEO lead

Delivering the 5YFV Triple Aim



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Strategy to Implementation Key Steps



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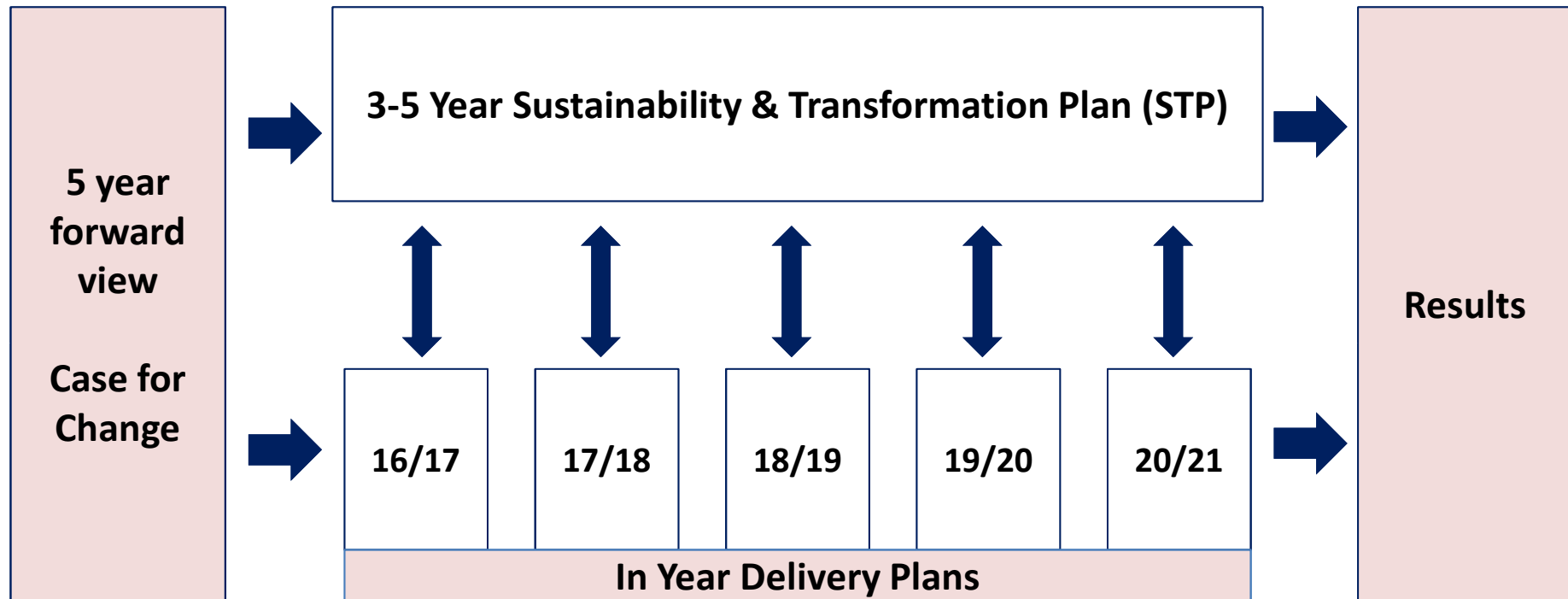
The Approach to developing strategy

- Compelling case for change
- Engaging vision for the future
- Community population needs first
- Design of the safest, best care delivery model we can afford to meet those needs, based around the patient and community
- Work out how to implement it (provision configuration)
- Deliver and ensure benefits realisation
- Monitor and evaluate impact

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Our STP will provide the context and direction for in-year delivery plans, with 2016/17 representing the first year of our 3-5 year plan:

Page 11



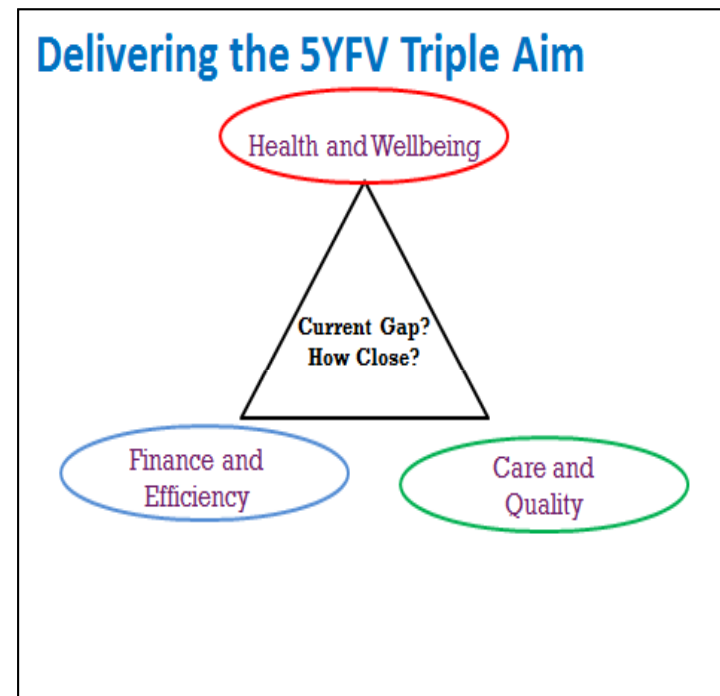
- The Case for Change will drive the focus and prioritisation of changes to be delivered – short-term changes via in-year delivery plans, and medium to longer term transformational changes via the STP
- The approach to developing the STP will be agreed shortly and work will get underway involving all parts of the system – the STP has to be developed by June 16

So what else needs to be in the STP?

- A single set of strategic objectives and priorities for the STP geography inc. health outcome improvements
- Engagement plan around the whole local strategic context
- STP wide service / clinical programme strategies that deliver national and local policy requirements e.g.
 - Maternity & newborn
 - Urgent care
 - Mental Health
 - End of life care
 - children and young people
 - Planned care
 - long term conditions
 - integration
- A set of local implementation plans that respond to local need:
 - SD&T
 - Western locality
 - Northern & Eastern localities
- Enabling strategies that work for the whole STP footprint, not just the bits we're changing – Finance, workforce, estates, IT etc.
- Commissioning development and system OD

Other core content

- Strategic narrative linked to 5YFV
- Public health narrative
- Stock take of existing strategic plans
- Approach to future strategy co-design across the health system
- Milestone map for the 1-2 year strategy development process for the STP area
- How we will develop ways of working across the STP



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Wider Devon Partnership board (High level STP)

JSNAs
Case for change
Vision
Priorities
(HWBSs)
STP

NEW Devon

South Devon & Torbay

System strategy

Joint Strategies

system strategy

Social care

Integration BCF (Devon)

Social care

3rd sector care

Devolution

3rd sector care

High level finance

Community services

Strategic quality/sustainability

Community services

Strategic comms & engagement

Acute & specialised

Mental Health

16/17 operating plan

Prevention

16/17 operating plan

Urgent & Em. Care

Joint contracts (e.g. 111)

Primary care

Digital road map

Primary care

Workforce

Maternity

Locality commissioning plans

Estates

Locality commissioning plans

Emerging vision – needs engagement

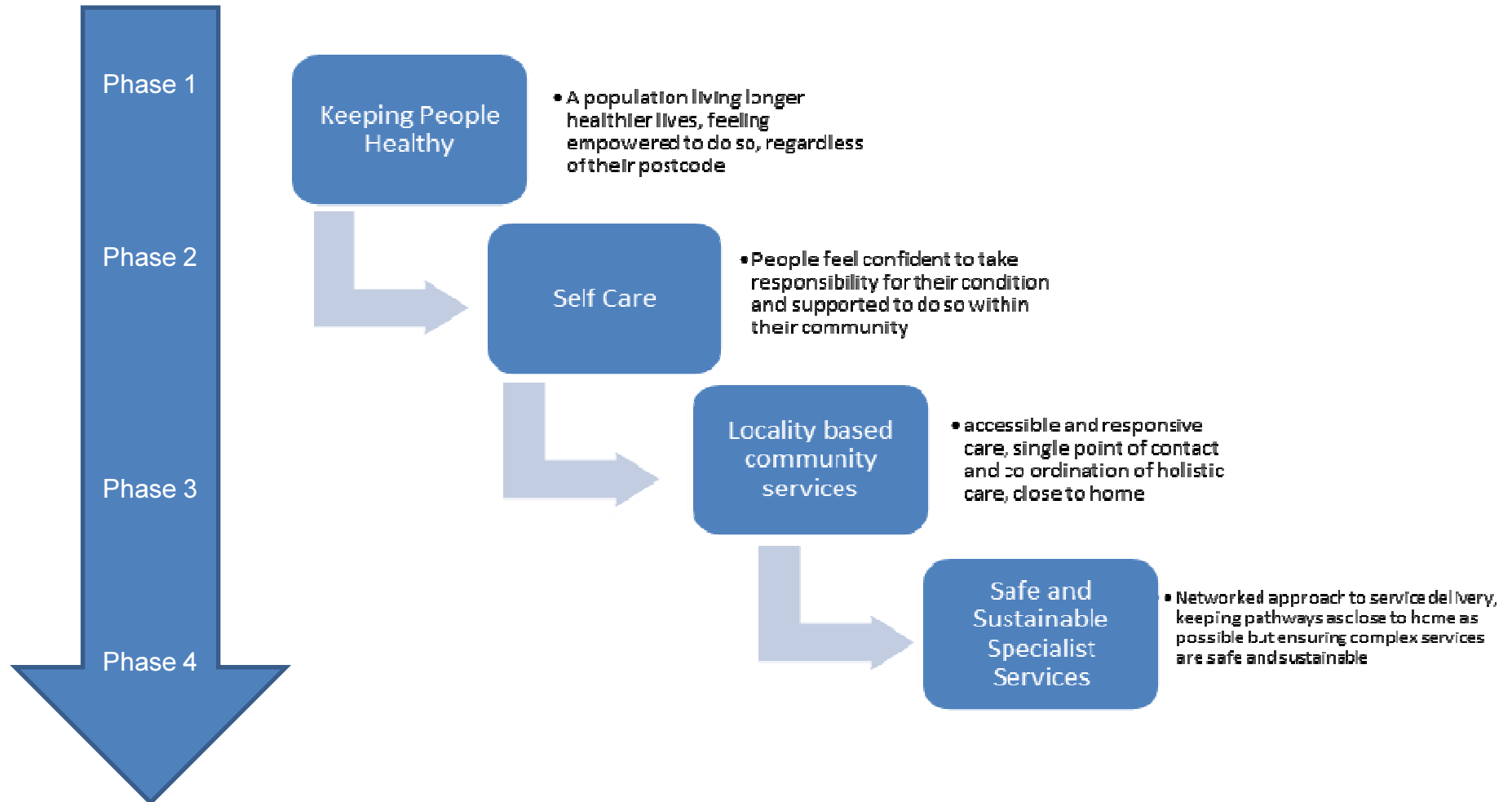
What people of Devon have told us about how they would like to experience care

- I will take responsibility to stay well and independent as long as possible in my community
- I can plan my own care with people who work together to understand me and my family
- The team supporting me allow me control and bring services together for outcomes important to me
- I can get help at an early stage to avoid a crisis at a later time
- I tell my story once and I always know who is coordinating my care
- I have the information and help I need to use it, to make decisions about my care and support
- I know what resources are available for my care and support, and I can determine how they are used
- I receive high quality services that meet my needs, fit around my circumstances and keep me safe
- I experience joined up and seamless care – across organisational and team boundaries
- I can expect my services to be based on the best available evidence to achieve the best outcomes for me

Our vision for transformed care

- From patients to.... people
- From care settings to... places and communities
- From organisations to... networks of care & support
- From what's the matter with you? to...what matters to you?
- From illness management to... health improvement support

Four Phases of Care – STP development process



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Emerging priorities

The success regime is driving these in NEW Devon and the ICO Business Case in SD&T:

- Need to target **improvement on the biggest factors driving poor health in the population** – targeted health improvement efforts in the most deprived areas; care for people with 2 or more LTCs; supporting people to “age well”, especially the most frail; better care for people with both an enduring mental illness and those with dual mental and physical illnesses; greater focus on prevention to delay onset of age and lifestyle related illnesses.
- Greater focus on **empowering people to do more to take care of themselves** and their families.
- Develop care models that are **less reliant on expensive bed based care**, and much more integrated across health, social, and third sector care to deliver more effectively, closer to where people live – more joined up community based care (including primary care) delivered “at scale”.
- For **SD&T the new care model** is already defined in the business case for the new ICO which creates a comprehensively vertically integrated care model for the population. BCF is the driver for health & social care integration.
- Ensure that **acute and specialised services are “right sized” to be safe ,sustainable** and accessible with fewer inpatient beds. For SD&T the urgent & emergency care vanguard will provide the blueprint for a transformed urgent care system. We expect to spread learning from this across the STP footprint. Planned Acute Bed reduction through shift towards community will drive acute services review
- Care delivery improvements to positively influence **quality and patient experience outcomes**
- Develop key **enablers for delivery, especially workforce ,IT and estates** strategies to support transformation

Governance arrangements

Governance arrangements are work in progress at present. Whilst there is clear agreement about and support for working together, arrangements are complicated by the need for currently separate accountability arrangements for the Success regime in NEW Devon and the SD&T urgent care Vanguard programme. We are working through how best to ensure joined up planning alongside clear accountability arrangements and the practicalities around minimising numbers of groups and meetings required to lead and deliver the work. We are not therefore, yet in a position to identify a single name to lead the STP process.

The next slide shows how the two CCGs are currently operating. We are working there being a single Wider Devon Partnership board under which a common executive group will operate to oversee STP work. However, it is important that the finally agreed governance arrangements reflect a truly partnership approach, whilst ensuring robust local leadership for the elements to which we will be held individually to account.

There are already a number of topic specific joint planning arrangements in place (listed in slide 4) and these will be reviewed, but are likely to continue in large part to support STP implementation. SD&T are expected to participate in the acute and specialised work streams within the success regime given the level of interdependence of these services. Other details to be finalised in the next couple of weeks.

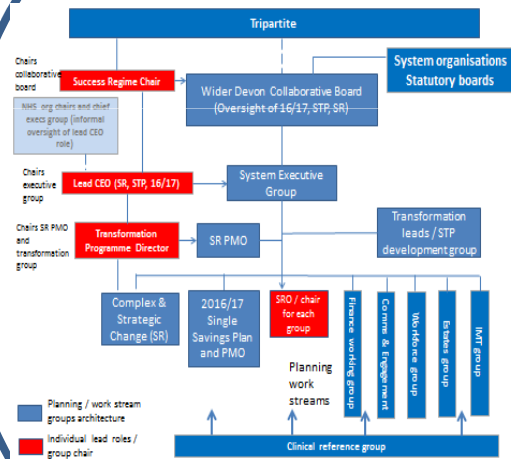
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Devon wide STP Partnership Board

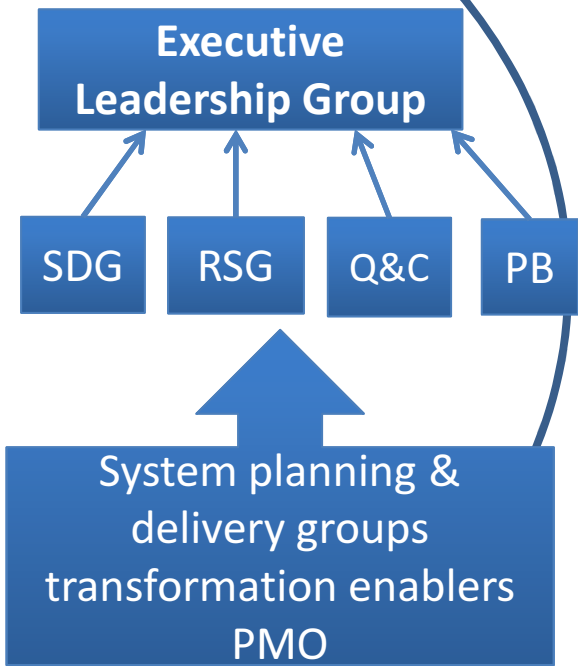
NEW Devon

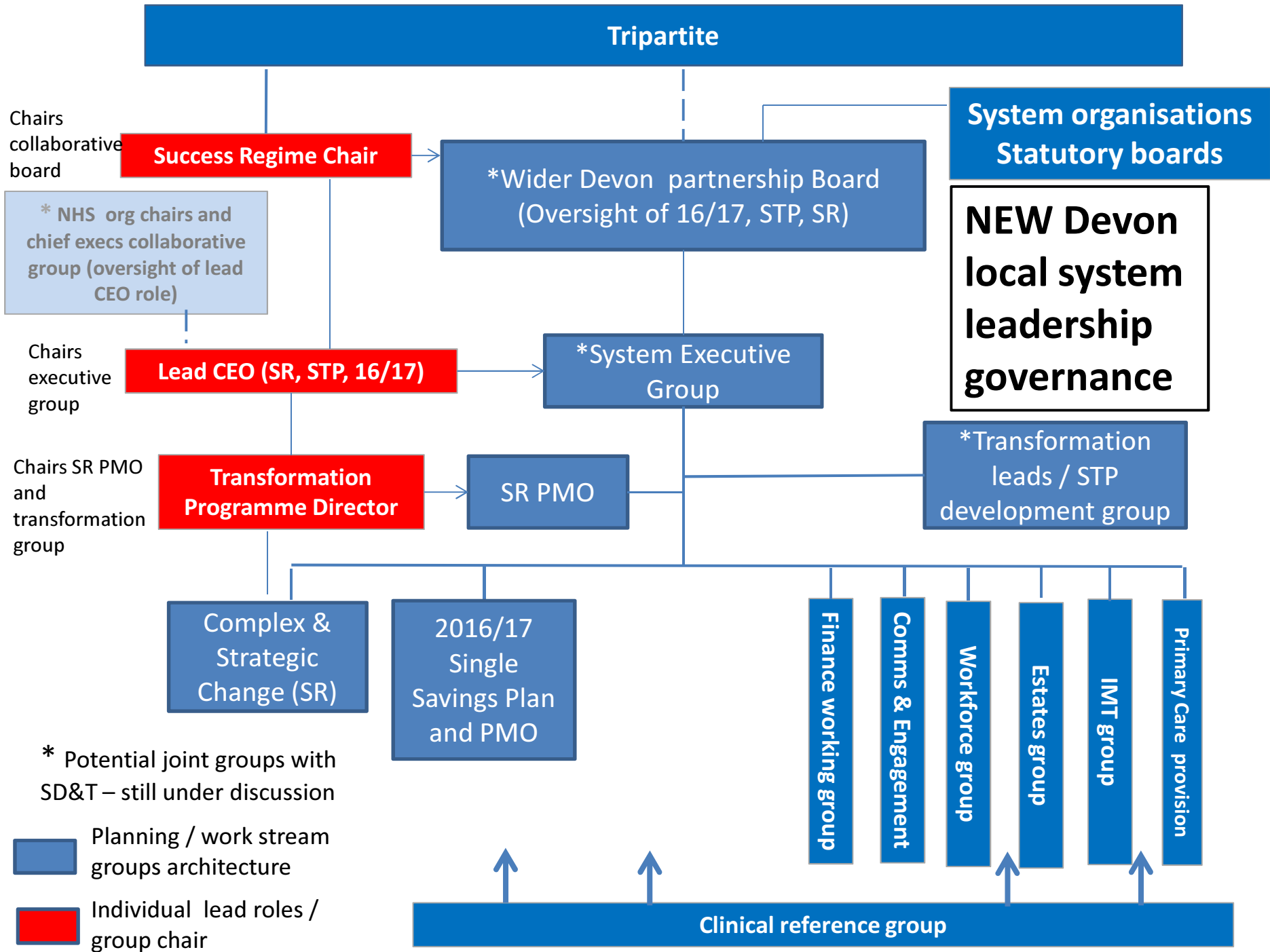
South Devon & Torbay System

Joint Governance structure



Joint planning





SD&T Local STP Governance Proposals

- **Executive Leadership Group** (replacement for JUB – chaired by Nick including CEO of ICO, DCC, DPT & Torbay LA)
- **Strategy Development Group** (Chaired by ST including Strategic Lead for ICO, DCC, DPT & Torbay LA) – coordinate STP submission. *Delegated authority? Query wider strategy role?*
- **Risk Share Oversight Group** to oversee finance and efficiency gap
- **Quality & Care group** to oversee quality and care gap
- **Prevention Board?** to oversee health and well being gap?
- **System wide planning and delivery groups** implementing new care models & key workforce/IT & estate enablers
- **Supported by** communication, planning, transformation and innovation resource and system wide PMO

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SD&T development

- Further engagement around joint footprint
- Must be 'Place based' all stakeholder engagement (via governance structure initially, underpinned by engagement plan)
- Describe vision through 4 Phases of Care with dedicated leads:

Keeping people healthy – delivered via Locality based community services model

Self Care – Paul Hurrell

Locality based community services – Rebecca Foweraker

Safe and sustainable specialist services – Emma Herd

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Where will we get to by end of June

It won't be complete! – There's a 2 year strategic work programme to be developed that won't be complete by June:

- High level joint strategy
- Case for change and high level objectives / priorities
- Prioritised transformational change options to be consulted on and worked up (success regime/Carnall Farrer)
- Route map for developing enabling strategies
- Stocktake of existing strategies and their implementation
- Route map for further strategy development
- Route map towards implementation of SR deliverables
- Process for engagement under way

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