

HEALTH AND WELLBEING BOARD
12th September 2019



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Director
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ITEM 08

**Derbyshire Sustainability & Transformation Partnership:
Update on Progress**

Purpose

- 1.1 Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) have been asked to develop five-year Long Term Plan implementation plans, covering the period to 2023/24, by autumn 2019. This must form our system's response for implementing the commitments set out in the NHS Long Term Plan.
- 1.2 The Derbyshire system is treating this as a 'refresh' of our previously submitted plans and this approach was the subject of a prior discussion at this Board on 28 May 2019 and 18 July 2019.
- 1.3 This paper provides an update on the progress with the plan refresh.

Recommendation

- 2.1 To receive the update on the Derbyshire STP refresh.

Reason

- 3.1 The report is presented for assurance and information that the Derbyshire STP is progressing with its plan refresh and seeking to engage broadly with local stakeholders in the preparation of plans.

Supporting information

- 4.1 Since the publication of the Joined Up Care Derbyshire Sustainability and Transformation Plan (STP) in October 2016, progress has been made to drive forward the ambitions set out in response to the case for change that was defined at that time.

We are now required to develop 5 year plans in response to the ambitions set out in the NHS Long Term Plan published in January 2019.

The Derbyshire system has agreed that our plans will be a refresh of the original STP rather than a completely re-write with a shift in focus to:

- People not patients
- Outcomes to ensure that the people of Derbyshire ‘have the best start in life, stay healthy, age well and die well’
- The wider determinants of health such as housing, education and air pollution management
- Stronger focus on addressing inequalities and population health management
- Our transition to becoming an Integrated Care System by April 2021
- The refresh will be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this will drive our approach. In doing so, ALL partners will be involved in developing and subsequently delivering our 5 year plan.

4.2 The NHS Long Term Plan Implementation Framework

The NHS Long Term Plan Implementation Framework (LTP IF) was published on 27 June; this document sets out the specific requirements that must be evidenced in our 5 year plans.

Within this framework there are various critical foundations to wider change described as ‘foundational commitments’. These are:

- Delivering a new service model for the 21st century
- Transformed ‘out-of-hospital care’ and fully integrated community-based care
- Reducing pressure on emergency hospital services
- Giving people more control over their own health and more personalised care
- Digitally-enabling primary care and outpatient care
- Better care for major health conditions: Improving cancer outcomes
- Better care for major health conditions: Improving mental health services
- Better care for major health conditions: Shorter waits for planned care
- Increasing the focus on population health – system development

4.3 In response to the confirmed timescales for submission, we have revised our local timescales to enable these to be met as follows:

Action	Deadline
Work stream review and update of original Outline Business Cases to inform STP plan and submit to STP core team to incorporate into the refresh	26 July
STP Team review of plans and feedback to work streams	9 August
Stakeholder engagement sessions/ Lay Representative confirm and challenge sessions to further inform and update 5 year plans (having developed the initial view of plans and priorities work streams should engage with the public if they haven’t done so already to further inform the plans). * see note below	16 August
Work streams ensure all feedback built into final submissions to the STP Team	19 August
Final OBCs to be submitted to STP Team	19 August

Review/ refinement and read across of plans	30 August
STP Team final consolidation and write up of STP refresh (ongoing work with final inputs received above)	30 August to 13 September
Submission to JUCD Board	13 September
JUCD Board sign off (draft plan)	20 September
Submission to NHSE/I	27 September
Trust Boards, Governing Body, Health & Wellbeing Boards approval	End October
Final submission to NHSE/I	15 November

All other commitments set out in the NHS Long Term Plan must be delivered by the end of the five-year period, however there will be flexibilities to set local priorities and agree the pace of delivery based on the needs of our local population.

The technical guidance has now been issued and clarifies the submission requirements with four component parts:

- **System Narrative Plan:** to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan.
- **System Delivery Plan (Strategic Planning Tool):** to set the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs. The system delivery plan will also cover the LTP 'Foundational Commitments'.
- **Metrics tool:** a small number of metrics have been confirmed in the technical guidance and some are in development. We are anticipating circa 35 metrics in total.
- **Detailed workforce submission** in addition to the strategic planning tool a further workforce tool requiring more granular Trust level detail will be required. This tool will be released via Health Education England at a future date.

With regards to the strategic narrative the following areas must be identified in the STP refresh:

Section	Content
Outline and plan for achieving key transformation priorities	<ul style="list-style-type: none"> Describe local transformation and major service change priorities. This should include plans for integrated care models and service change at place and neighbourhood levels Overview of approach to delivering LTP foundational commitments (Chapters 2 and 3 of LTP Implementation Framework) Plans for improving prevention and addressing health inequalities Plans to develop both the provider and commissioner landscape e.g. provider collaboration, arrangements to streamline commissioning System approaches to key enablers including workforce, digital and estates Major milestones and plans for monitoring achievement of plans
System development activities	<ul style="list-style-type: none"> Outline of expected trajectory to become an ICS (see Designing Integrated Care Systems recently published) and key activities to support ICS development Plans to build local partnership coalition and to ensure ongoing engagement including with patients and public System governance and arrangements for collective decision-making
Key assumptions and supporting narrative for finance, activity and workforce plans	<ul style="list-style-type: none"> Outline of key assumptions underpinning finance, activity and workforce plans Confirmation that system partners have agreed the finance, activity and workforce plans and have a shared commitment to deliver them Key risks to the delivery of the five-year plan and mitigating actions (including service quality, operational performance, transformation, finance) Approach to workforce planning
System financial management	<ul style="list-style-type: none"> Plans for system financial management, including arrangements to support management of collective financial resources. Approach to payment reform and description of any planned contractual changes Plans to agree and drive system-wide efficiency programmes, including how system partners will work together to deliver them

Progress is being made in relation to the strategic narrative element with Outline Business Cases developed for each workstream. These have now been reviewed and feedback returned to respective leads to identify areas where further development is required. A key area where relevant workstreams are being asked to strengthen the plans is in relation to better reflection of the wider determinants of health as the system has given its commitment to further develop this in our plans; particularly as our case for change highlighted the fact clinical care only directly contributes to 20% of the populations overall health and wellbeing.

Further developments and links are also being established in relation to the wider determinants from a strategic perspective (Housing, Fire and Rescue for example) and we will be considering how best to join up our plans and approaches going forwards to ensure better outcomes for the population.

In addition, links are being established with the system planning leads to ensure a joined up approach to planning and reflecting the transformation plans in organisational plans. It is intended to use the planning leads to support the completion of the planning tool process as this will inform individual organisational operational plans for 2020/21.

During the process an immediate gap which has been identified is in relation to the BI support to the refresh process; without this the plans in terms of activity profiling are light. As a result work is underway to release dedicated resource to ensure the plans are realistic, deliverable and demonstrate the anticipated impact which support Derbyshire to become financially sustainable going forwards.

Public/stakeholder engagement

5.1 An update was provided at the Board’s meeting on 18 July 2019, describing the approach taken to involving local patients and stakeholders in the plan development at place, workstream and Board level. This initial engagement comes to a close on 13 September with an engagement event being led by Joined Up Care Derbyshire Board members with more than 80 invited stakeholders from a very broad spectrum including MPs, representatives from the voluntary sector and PPG chairs.

Engagement will be evident throughout the STP refresh and will continue beyond this initial planning phase as priority projects move into implementation. This will benefit from an emerging model of engagement at Place and Primary Care Network level to ensure that local changes are co-produced and consulted upon with local patients where this is required.

5.2 Joined Up Care Derbyshire is committed to building upon this engagement in the progression of plans.

Other options

6.1 None applicable to this paper.

Financial and value for money issues

7.1 None applicable to this paper.

Legal implications

8.1 None applicable to this paper.

Other significant implications

9.1 None applicable to this paper.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor Other(s)	Vikki Taylor, Derbyshire STP Director	02.9.19

