

WOLVERHAMPTON CCG

GOVERNING BODY
11 OCTOBER 2016

Title of Report:	Black Country Sustainability and Transformation Plan
Report of:	Director of Strategy and Solutions
Contact:	Steven Marshall
(add board/ committee) Action Required:	<input checked="" type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	<p>To seek agreement from the Governing Body for the Black Country Sustainability and Transformation Plan (STP) to be submitted on 21 October as a draft work in progress which will be subject to full consultation and engagement.</p> <p>The report also sets out the process for consulting and engaging with patients, the public and wider stakeholders following the October submission and in advance of formal sign off and implementation of the Black Country STP</p>
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	Agreeing and contributing to the STP is one of the 9 'Must dos' for the CCG as outlined in the Operating Plan
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
<ul style="list-style-type: none"> • Domain 3: Financial Management 	One of the key aims of The STP is to support work to return the system to financial balance over the course of the STP.
<ul style="list-style-type: none"> • Domain 4: Planning (Long Term and Short Term) 	The STP is a key element of the CCG's Strategic and Operational planning framework



1. BACKGROUND AND CURRENT SITUATION

- 1.1. Sustainability and Transformation Plans (STPs) are local plans to improve health and care plans, they will support the delivery of a national plan called the Five Year Forward View (5YFV). Published in 2014, it set out a vision of a better NHS, and the steps to take to achieve the vision by 2020/21.
- 1.2. To succeed, STPs will need to be developed with, and based upon, the needs of local patients and communities and engage clinicians and other care professionals, staff and wider partners such as local government.

2. BLACK COUNTRY STP

- 2.1. There are 18 partners to the Black Country STP who have been engaged over recent months in establishing a broad plan for sustainability and transformation of local health and care, which can be delivered by 2020/21.
- 2.2. The key areas upon which the partners have focused have been care and quality; health and wellbeing; and finance efficiency. Initial proposals have centred on:-
 - How demand for services might be more effectively managed through integrated working between primary care, secondary care, mental health, community services and social care.
 - How to reduce variation in secondary care through standardised pathways and more efficient use of staff and facilities.
 - How to improve the commissioning and provision of mental health services and to reduce the need for patients to be placed out of area
 - How to improve commissioning and provision of maternity and infant health servicesAll partners are working towards plans which deliver the above and also lead to a balanced financial position for the STP footprint.
- 2.3. There is much work to be done on the detail of the above proposals which will in turn highlight a range of implications for patients, the public, staff and the individual partner organisations. In developing the required detail it is essential that the appropriate consultation and engagement is undertaken to ensure that all organisations have a mandate to formally agree a final plan which can be submitted to the national sponsoring bodies. Subject to national sign off the plans would then move to implantation over the next 4 to five years.

3. NEXT STEPS

- 3.1. The current iteration of the Black Country STP will be submitted to NHS England on 21 October and it will be considered by the national sponsoring bodies. It is expected



that the plan will either be given approval, in which case it is likely to move to implementation from around January 2017, or further work will be mandated to achieve the required level of detail to enable final approval.

4. CLINICAL VIEW

- 4.1. Clinical views will be sought through the engagement work detailed below.

5. PATIENT AND PUBLIC VIEW

- 5.1. The 18 partner organisations in the Black Country STP have all been engaged through regular meetings which have been established to progress the early thinking. These meetings have also involved representation from Healthwatch across the Black Country and more recently arrangements have been put in place for representation from the Voluntary and Community Sector and also Local Medical Committees.
- 5.2. It is intended that following submission of the draft Black Country STP in October that detailed plans for consultation and engagement will be published. The process will involve the full range of stakeholders including:-
- Service users, carers, families
 - Children and young people
 - Staff
 - Clinical Leaders
 - Local Council, MPs and councillors
 - NHS England
 - Press and media
- 5.3. A range of approaches will be employed including forums, written material, websites and social media. The use of existing channels and governance and assurance processes will be maximised to ensure formal and informal opportunities to gain opinion and influence are realised. This will explicitly include Health and Well Being Boards and Overview and Scrutiny Committees.
- 5.4. There will be some events that take place on a Black Country footprint but the vast majority of engagement and consultation will be undertaken through local organisations on a borough by borough basis.

6. RISKS AND IMPLICATIONS

Key Risks

- 6.1. There are no specific risks associated with the report. Risks identified in the preparation of the STP are being managed by appropriate workstreams.



Financial and Resource Implications

6.2. There are no specific financial implications associated with this report. The financial implications of the STP for the CCG will be articulated in detail through the on-going planning process for 2017/18 and beyond.

Quality and Safety Implications

6.3. There are no specific quality and safety implications arising from this report.

Equality Implications

6.4. The engagement activity detailed above will seek views from across the community, including those with protected characteristics. Further analysis will take place as details of proposals relating to the STP emerge.

Medicines Management Implications

6.5. There are no specific medicines management implications arising from this report.

Legal and Policy Implications

6.6. There are no specific legal or policy implications arising from this report.

7. RECOMMENDATIONS

7.1. That the Governing Body agree to the submission of the Black Country STP on 21 October noting that it is a draft work in progress which will be subject to full consultation and engagement.

Name	Steven Marshall
Job Title	Director of Strategy and Transformation
Date:	October 2016

RELEVANT BACKGROUND PAPERS

NHS Planning Guidance 2016/17 and 2017/18



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Medicines Management Implications discussed with Medicines Management team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager		
Signed off by Report Owner (Must be completed)		

