

1 Purpose of Report

The purpose of this report is to share the Cheshire and Merseyside Sustainability and Transformation Plan (STP) with the Health and Wellbeing Board

2 Recommendations

The Health and Wellbeing Board is asked to:

- Note the contents of the Cheshire & Merseyside Sustainability & Transformation Plan (STP);
- Note the relationship and interdependencies between the Cheshire & Merseyside Sustainability & Transformation Plan and the Healthy Wirral Plan
- Note the commitment to continued local engagement and the requirement to comply with statutory requirements for public involvement, and to seek the views of the Health and Wellbeing Board about the next phase of local engagement.

3 Background

The NHS Five Year Forward View, published in October 2014, set out strategic intentions to ensure the NHS remains clinically and financially sustainable. The Forward View highlighted three key areas:

1. The health and wellbeing of the population;
2. The quality of care that is provided; and
3. NHS finance and efficiency of services.

Subsequently, the 2015/16 NHS planning guidance set out the steps for local health systems to deliver the Five Year Forward View, backed up by a new Sustainability and Transformation Fund intended to support financial balance and to enable new investment in key priorities. As part of the planning process, health and care systems were asked to develop 'Sustainability and Transformation Plans', to cover the period from 2016/17 to 2020/21.

44 areas (or 'footprints') were identified across England to work together as health and care systems to develop Sustainability and Transformation Plans (STPs) that set out how these gaps can be addressed. STPs represent a change in the way the NHS in England plans its services; with a stronger emphasis on collaboration to respond to the challenges facing local services and a focus on place-based planning for whole systems of health and care.

While STPs are primarily being led by the NHS, developing credible plans will require the NHS to work in close partnership with social care, public health and other local government services, as well as third sector organisations and local people.

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It covers a population of 2.5 million, has 12 CCGs, 20 providers and 9 local authorities.

The Cheshire and Merseyside STP was submitted to NHS England on October 21 2016. This was drafted as a requirement of the NHS England Planning Framework and follows on from a first submission in June 2016. NHS England required time to review the October submission and set a publication date for the Cheshire and Merseyside STP for 16 November.

The STP is drafted as a technical document responding to the requirements of NHS England. A public summary and frequently asked questions document have been produced to support public understanding of the rationale and the content of the plan. The STP document refers to a number of accompanying appendices which have also been published and can be accessed alongside the plan on all local NHS websites.

4 STP Priorities

The STP sets out four common priorities for Cheshire and Merseyside:

1. **Support for people to live better quality lives by actively promoting health and wellbeing.** The plan sets out priorities to address the factors that have a negative impact on population health and that are increasing pressure on services.
2. **The NHS working together with partners in local government and the voluntary sector to develop joined up care,** with more care accessible outside of hospitals to give people the support they really need when and where they need it.
3. **Designing hospital services to meet modern clinical standards and reducing variation in quality;** to establish consistency and improvement in clinical standards for hospital care across Cheshire and Merseyside.
4. **Becoming more efficient by reducing costs, maximising value and using the latest technology;** reducing unnecessary costs in managerial and administrative areas, maximising the value of clinical support services and adopting innovative new ways of working, including sharing electronic information across all parts of the health and care system.

5 Local Delivery Systems

The Cheshire and Merseyside STP is designed to address the challenges of the region in terms of population health and wellbeing, quality of care and financial sustainability. The majority of delivery will be through the plans developed by the three local delivery systems (LDS): North Mersey; the (Mid Mersey) Alliance; and unified Cheshire & Wirral.

All three local delivery systems will deliver the same four key priorities set out in the Cheshire and Merseyside plan. However, each local plan will tailor the way these priorities are delivered to reflect the particular needs of their population and the local health and care system.

The three Local Delivery Systems are at different stages of development. For some areas, collaborative plans to improve health outcomes and to address the

future sustainability of the health and care system have been in development for some time. For other areas, partners may have been collaborating for a shorter time and their local plans largely represent ideas still to be shaped into firm proposals.

6 Cheshire & Wirral Local Delivery Plan

The Cheshire and Wirral Local Delivery System Plan (LDS) covers a wide geographical area and builds on existing improvement programmes including Heathy Wirral, Caring Together, The West Cheshire Way and Connecting Care.

However, we know that increased demand on health services coupled with an ageing population means that if we do not further this work we will face a £314m financial gap by 2020.

The development of our Local Delivery System Plan has provided us with the opportunity to consolidate these improvements. We have used our knowledge of local challenges to identify four priorities to make our health and care system sustainable in the near, medium and long term.

Managing care in the most appropriate setting

There will be a significant focus on prevention to help people live healthier lives and thereby reduce demand on health and care services. This involves building on work already progressed to develop strategies to improve the management of care in areas including Alcohol related harm, Hypertension, Respiratory and Diabetes. By doing this we will be working more closely than ever with other health and social care partners as we develop Accountable Care Systems which allows us to make better use of resources.

Reducing unwarranted variation across our system

This priority recognises that there is variation in how our different health providers apply some policies and clinical pathways. This will mean that hospitals and other care providers develop standardised care pathways and common approaches to areas such as Infection Prevention and Control and Referral Management. In order to do this we will develop Information Technology platforms to support these improvements and to improve the management of patient pathways in a more consistent way.

Back/Middle Office Collaboration

Back office functions are vital to support organisations in achieving their goals and historically many of these functions have existed in isolation although some work has been progressed to share functions such as payroll.

There is an opportunity for us to further improve efficiency and productivity by developing collaborative working across our major support functions and in some cases developing joint teams to support a wider group of health providers. This will enable us to use expertise that has to date not been shared outside individual organisations and for us to utilise the shared purchasing power that collaboration presents in getting a better deal from some of our suppliers.

Changing how we work together

A major part of this priority will be to enable healthcare providers to access shared care records in a local setting to improve patient care and experience. This work is already well progressed and will be furthered to better utilise the use of data to support people who are at risk of developing long term conditions. We will also be working together more as a system and we will be looking at ways in which our leaders, both clinical and non-clinical can work effectively to progress our priorities and to achieve a sustainable health and care system for Cheshire and Wirral.

Engaging with our communities and staff.

Whilst many of our local health systems have already begun to engage with their communities about the challenges faced by the NHS, the development of the LDS plan enables us to widen this engagement in an open and transparent manner.

We are committed to engaging and communicating with our communities and staff throughout and will provide the opportunity for people to have their say on the priorities outlined above as we move forward in partnership

7 Healthy Wirral

The development of the STP as reported to the Health and Wellbeing Board on the 13th July 2016 should not be seen in isolation of the Healthy Wirral Plan previously endorsed by the Health and Well Being Board and as presented to People Overview and Scrutiny Committee on the 8th September 2016.

The Healthy Wirral Plan, co-produced with a wide range of stakeholders is the basis upon which the Wirral system intends to meet the needs of our residents at the same time as recognising

- Population rise: 319,863 in 2011 to 324,226 in 2021
- Over 85s will double in the next 20 years: more multiple, long term health condition
- Health outcomes vary depending on where you live on Wirral
- Increasing financial pressure and demand for services, circa £150m gap
- Wirral CCG receives £11.4m less than that which it should receive under the national funding formulae

The Healthy Wirral Plan has been developed so as to take into account the wider determinates and impact on health, including employment, housing and educational opportunities as well as focussing on improving outcomes on those areas of highest priority.

In summary, the Healthy Wirral Plan has three main components:

- **Better Health**

This includes consideration for many aspects of the Wirral 2020 Plan stressing the importance of a collaborative approach to commissioning services both now and in the future.

This circle describes the approach to preventative and early interventional strategies including Wirral Residents Live Healthier Lives (Alcohol/Substance Misuse and Hypertension all of which feature in the wider STP)

- **Better Care**

This includes those priority areas for Wirral including improving out of hospital care, quality of care and three specific areas of focus including Urgent care, Mental Health and End of Life care

This circle describes the approach to reducing demands on services through improving urgent care and access to primary and community care services. Managing demand is a key theme through the STP.

- **Better value**

This includes consideration of New Models of care, using technology to drive improvement and more joined up care, collaborating together so as to improve efficiency and standardising care as a means of reducing unwarranted variation.

This circle describes the key areas where efficiencies may be sought from including better use of estates, providers collaborating on back office functions where possible, and exploring accountable care. These are also key themes within the STP.



8 Next Steps

It is recognised that there is significant public interest in STPs and the process by which proposals will be developed and agreed.

The view of NHS England is that there should be a public conversation to gain views on the proposals contained in the STP and its constituent parts in the form of the LDS plans.

It should be noted that the STP is a planning footprint and not a statutory entity. Consequently, with regard to accountability, individual NHS organisations will remain responsible for ensuring their legal duties to involve are met during the design, delivery and implementation process of specific proposals. This includes ensuring that any reconfiguration proposals which represent a potential significant variation in service are subject to public and local authority overview and scrutiny and formal public consultation.

A full engagement plan is being developed for the next phase of public and stakeholder engagement for the STP, with NHS and local authority representatives involved in shaping an overarching plan for Cheshire & Merseyside, which also reflects the different approaches that may be taken by each LDS. The Health and Wellbeing Board is asked to give a view on any additional engagement approaches on the contents of the STP in this context.

9 Conclusion

The Cheshire & Merseyside STP must be driven from local plans so as to truly reflect the needs and diversity of needs of respective populations.

Whilst there is a direct correlation between that developed locally (Healthy Wirral) and the that within the STP, this is not as clear as it could be and any future Cheshire & Merseyside level plans will need to better reflect this relationship.

10 Background Papers

Cheshire and Merseyside Sustainability and Transformation Plan (STP)