# **Cabinet – 27 July 2016**

## Development of the Black Country Sustainability and Transformation Plan and the Walsall Together Programme.

Portfolio: Councillor Ian Robertson, Health Councillor Diane Coughlan, Social Care

## Related portfolios: None

Service: Adult Social Care

Wards: All

- Key decision: No
- Forward plan: No

## 1. Summary

- 1.1 In December 2015, the NHS shared planning guidance 16/17-20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency
- 1.2 This report provides an update to the Cabinet on the development of the Black Country Sustainability and Transformation Plan.
- 1.3 It also outlines the implications for Walsall and describes how health and care partners in Walsall propose to work together to transform services in a programme called "Walsall Together."
- 1.4 Exceptionally, this report is for the Cabinet members to note as although matters not requiring a decision will not normally be submitted to Cabinet, the production and subsequent delivery of the STP will require further reports to Cabinet in relation to financial implications and potential service redesign. This report provides context for these further reports.

## 2. Recommendations

2.1 That Cabinet notes the development of the Black Country Sustainability and Transformation Plan and the Walsall Together Programme and that further reports will be submitted in due course

## 3. Report detail

- 3.1 The NHS has published national guidance which requires health and social care organisations to work together to produce a place-based Sustainability and Transformation Plan ("STP"). Partners in Walsall are developing the STP as part of a wider footprint which also includes Wolverhampton, Dudley, Sandwell and West Birmingham.
- 3.2 The sponsor group for the Black Country STP, comprising senior officers of NHS organisations and local authorities within the STP area, has agreed four principles to guide the development of the plan:

**Subsidiarity** – building on local arrangements and partnerships

Mutuality - acting together to maximise access to development funding

Added Value - avoiding duplication or compromise of existing work/partnerships

**No boundaries** – not allowing the creation of the STP to create new boundaries that compromise the delivery of care

- 3.3 The plan will focus in particular on where collective action across the Black Country footprint will add greatest benefit for local people. It is anticipated that this will include:
  - Tackling unwarranted variations in healthcare identifying pathways and standards which when applied consistently across the Black Country, will improve outcomes for patients and reduce health and care costs.
  - Opportunities for collaboration between the four acute hospital providers, including through the Black Country Alliance.
  - Alliances in the provision of specialist mental health and learning disabilities services.
  - Place based integrated care each of the four areas are developing local solutions to the integration of community based services, including a greater focus on prevention. This is the Walsall Together programme.
- 3.4 A draft plan was submitted on 30 June (and is currently embargoed). These plans are submitted to the national leadership in the NHS and will inform decisions about the transformation of health and care delivery in the intervening years to 2020.
- 3.5 As such, the submission is recognised as a "work in progress". There is no requirement for board approvals and/or consultation at this early stage but an expectation that there will subsequently be more formal engagement with boards

and partners, and conclude through the Health & Wellbeing board in September 2016. Sign off is required by 16 September 2016.

## 4. Walsall Together Programme

- 4.1 The Healthy Walsall Partnership Board was established in 2015 as a partnership between Walsall CCG, Walsall Healthcare NHS Trust, Walsall Council and Dudley and Walsall Mental Health Partnership NHS Trust. The purpose of the Partnership is to improve the health of the people of Walsall through the establishment of an integrated health and social care system for the borough. It was agreed that the focus of the work in the first instance would be upon improving care provided to older people and that, thereafter, the Board would provide collective leadership to developing strategic plans to build a sustainable health and social care system for all the people of Walsall.
- 4.2 Two workshops have recently been held to take stock of the work of the Healthy Walsall Partnership Board. The workshops included members of the Partnership Board. The main conclusions from the 1<sup>st</sup> workshop were:
  - The Walsall health and care system faces substantial challenges now and over the next five years addressing health inequalities and improving the quality of health and care services
  - The financial gap for all the partners is £62m in year and will continue to grow
  - The Partnership needs to do more to achieve the improvements and sustainability of the whole system
  - The principles and purpose on which the Partnership Board was founded provide a sound basis on which to move forward, but a different and more effective delivery approach is needed to develop and implement a whole-system transformation plan for health and care in Walsall.
- 4.3 The Principles: We will work together to
  - Have health and care services in the community that empower children, young people, adults and older people to live happier and healthier lives.
  - Create informed access to a range of support that enables people to stay fit, well and independent. We might call this a "community offer" and it is a range of low cost support that directly enables people to have a bit of help to keep them well
  - When there is a service need, it will be easy to access and will connect and integrate across the acute, voluntary sector, primary care, mental health and community service boundaries.
  - When a service is needed we will provide timely intervention and support to stem ill health, prevent social isolation and tackle inequalities.

- That support will be for the shortest possible phase to optimise recovery or return to the position that was in place beforehand
- We will work to place the user at the heart of services, so any support is informed and co-produced
- The result of all of the above is that people will receive the right support at the right time to meet their needs and conditions.
- All care , support , access, advice and interventions, will be joined up in Walsall, understood by the deliverers (staff) and the community will know where to ask/go for the right support
- 4.4 Having agreed a number of actions and the principles the Partnership has now focussed on how the issues identified should be addressed. The main outcomes from the workshop where:
  - It was agreed that the partnership transformation plans and programme should be known as "Walsall Together".
  - The partnership had agreed a shared vision through which the purpose and aspiration of the programme can be clearly communicated to stakeholders and the wider public.
  - A more rigorous approach has been adopted through which the programme is developing and controlling its activities. This approach will be managed through a Programme Management Team comprising senior staff from each of the partner organisations, reporting to the Walsall Together Board.
  - Some dedicated resource is now in place to support the programme and an interim Programme Director has been appointed to establish the new programme management arrangements.
  - Following a successful clinical engagement event a Clinical Leadership Group has been established as a formal component of the Partnership governance structure. Public and patient engagement will also be strengthened, building on the arrangements that have been put in place by the Health and Wellbeing Board.
  - The following priority workstreams were identified to be taken forward through the Walsall Together programme:
    - Locality Teams
    - ➤ Access
    - Resilient Communities
    - Intermediate Care
    - Health of Very Young Children/infant mortality
    - End of Life care

- > Dementia
- Diabetes prevention and self-care
- Information Technology
- 4.5 The Walsall Together proposals were discussed at a meeting of the Health and Wellbeing Board's Strategic Advisory Group held on 1 June and at the Health and Wellbeing Board on 20<sup>th</sup> June 2016.

## 5. Council priorities

5.1 The STP and Walsall Together plans meet each of the Walsall Council priorities.

## 6. Risk management

6.1 Each plan holds an active risk register and risk management approach.

## 7. Financial implications

7.1 The Walsall Together programme will support delivery of the priorities and plans set out in the joint Better Care Fund plans. Further reports will be submitted to Cabinet in relation to financial implications as necessary in due course.

## 8. Legal implications

8.1 None at this stage.

## 9. **Property implications**

9.1 An enabling workstream is to make the most efficient use of the health and care estate. Further details on this will be presented in due course.

## **10.** Health and wellbeing implications

- 10.1 The STP will include plans to address the health and wellbeing gap, drawing on the intelligence set out in the Joint Strategic Needs Analysis of the Black Country local authorities.
- 10.2 The Walsall Together programme will support delivery of the priorities and plans set out in the joint Better Care Fund plans.

#### 11. Staffing implications

11.1 The STP/Walsall Together programme will require staff across the partnership to work together in the planning and delivery of service transformation.

## 12. Equality implications

12.1 Equality impact assessments will accompany each significant service development.

## 13. Consultation

- 13.1 There is a workstream of communication and engagement for each plan.
- 13.2 The Health and Wellbeing board has received a report on the development of the plan.

## **Background papers**

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