

## **Cabinet – 26 October 2016**

### **Black Country Sustainability and Transformation Plans**

**Portfolio:** Councillor Ian Robertson, Health

**Related portfolios:**

**Service:** Adult Social Care

**Wards:** All

**Key decision:** No

**Forward plan:** No

#### **1. Summary**

- 1.1 To note 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.
- 1.2 To set out the process for consulting and engaging with patients, the public and wider stakeholders following the October submission and in advance of further discussions and progress of the Black Country STP.

#### **2. Recommendations**

- 2.1 That members note the submission of the Black Country STP on 21 October and that it is a draft work in progress which will be subject to full consultation and engagement.

#### **3. Introduction**

- 3.1 Sustainability and Transformation Plans (STPs) are local plans to improve health and care, 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.
- 3.2 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.

## **4. Black Country STP**

- 4.1 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.
- 4.2 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 services

All partners are working towards plans which deliver the above and also lead to a balanced financial position for the STP footprint.

- 4.3 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 implementation over the next four to five years.

## **5. Engaging Local People**

- 5.1 NHS England has recently published a guide 'Engaging local people' for local areas developing STPs. It stresses the importance of stakeholder involvement, in particular patient and public participation. It emphasises the need to work more closely together, and in new ways with people, communities and stakeholders, to achieve the 3 key aims (improvement in care and quality; health and wellbeing; and finance efficiency) in the next 4 years. That is why we need robust local engagement plans as part of the STP process. We need to ensure that our plans articulate how we plan to:
- Engage more formally with NHS boards and those of all partners.
  - Involve staff, clinicians and care professionals, Health and Well Being Boards, Overview and Scrutiny Committees, the voluntary and community sector organisations, patients etc.

The need for an on-going dialogue, using existing channels and networks will help to maximise efficiency and effectiveness (not reinventing the wheel).

- 5.2 To date 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.
- 5.3 The STP Sponsor Group signed off the Black Country Communications and Engagement Strategy at its meeting in August. The communications and engagement leads from partner organisations are working on the detail of the implementation plan to support the publication of the STP proposals post 21 October.
- 5.4 The process will involve the full range of stakeholders including
- Patients, service users, carers, families and their communities
  - Staff
  - Clinicians
  - MPs and local councillors
  - NHS England
  - Press and media
- 5.5 A range of methods and channels will be utilised including face to face, written material, use of partner organisations websites and use of 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.
- 5.6 Some events will take place on a Black Country footprint, but the vast majority of engagement and consultation where appropriate will be undertaken through local partner organisations on a borough (City) by borough (City) basis.
- 5.7 The communications and engagement leads will be working closely with workstream leads in the coming months to identify and execute opportunities for early and on-going engagement. It is really important that whilst our plans are at a formative stage that we ensure we encourage the involvement of a range of stakeholders very early in the process.

## **6 NEXT STEPS**

- 6.1 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 to proceed by NHS England (following consultation and engagement) from around January 2017, or further work will be mandated to achieve the required level of detail to enable final approval. Further and meaningful engagement is need with local government. Progress also needs to be informed by consultation/engagement with the public.

## **7. Council priorities**

- 7.1 The plan will be noted at this stage, but tested further against the priorities of the council at consultation stage.

## **8. Risk management**

- 8.1 To be developed.

## **9. Financial implications**

- 9.1 The STP submission contains a high level summary of the potential financial gap across the Black Country health and social economy over the next five years, and identifies the potential themes that may help to close this gap.
- 9.2 As set out in the report the submission, including the financial summary, is a draft work in progress which will be subject to full consultation and engagement in advance of formal sign off and implementation.

## **10 Legal implications**

- 10.1 Not yet fully outlined.

## **11. Procurement Implications/Social Value (if applicable/remove if not)**

- 11.1 Insufficient detail to understand at this stage.

## **12. Property implications**

- 12.1 Some property rationalisation is likely from further detailed plans.

## **13. Health and wellbeing implications**

- 13.1 To be outlined in more detail as service changes are defined.

## **14. Staffing implications**

- 14.1 No Details.

## **15. Equality implications**

- 15.1 Not included at this stage.

## **16. Consultation**

- 16.1 Formal consultation will be inbuilt to the plan.

## **Background papers**

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