

## READING BOROUGH COUNCIL

### REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 JUNE 2016	AGENDA ITEM:	6
TITLE:	West of Berks, Oxfordshire and Buckinghamshire Sustainability and Transformation Plan		
LEAD COUNCILLOR:	CLLR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	
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#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The NHS England Planning Guidance, December 2015, asked all health and care systems to develop a 5 year Sustainability and Transformation Plan (STP) for submission at the end of June 2016. Over the following months a footprint emerged which comprised the West of Berkshire Local authorities, Oxfordshire and Buckinghamshire (WeBOB). This STP footprint will encompass a population of 1.8m people, with a £2.5bn 'place based' budget for spending on local services. Within the footprint there are the following organisations:

- 7 NHS Clinical Commissioning Groups
- 6 NHS Hospital Provider Trusts
- 5 Local Authorities

The footprint does not encompass the East Berkshire area.

Council debated the NHSE decision to define the footprint in this manner and relayed concerns to decision makers in DH, NHSE, LGA, and local MPs and CCGs. The Council motion which was agreed is attached for ease of reference at Appendix 1 (Minute 60 refers).

A Plan was submitted to NHSE by WeBOB at the end of April (Appendix 2) with the following emerging priorities:

- Tackling inefficiencies and reducing variation between organisations and geographical areas
- Urgent and emergency care

- Mental health
- Improving outcomes in cancer and maternity services
- Focus on developing the workforce, particularly with regard to General Practice

It has been communicated from NHSE that the WeBOB April submission is Low risk within the overall national context. However it is also clear that all organisations are facing significant budget deficit and financial challenge (£150m for Berks West, £511m for WeBOB). It is anticipated that there could be opportunities for financial reconciliation across the WeBOB Health community footprint, ie any underspends could be contributed to tackle overspends elsewhere although this does not have a direct impact on Local Authorities.

Financial allocations from NHSE to carry through implementation of the STP were announced at the end of May, with the WeBOB support being in the region of £2.4m

A further submission containing a revised draft of the STP is due to be submitted to NHS England at the end of June.

This week Sustainability and Transformation Plan (STP) leads received further guidance on what to include in their 30 June submissions. This guidance included a template that asks how each footprint will achieve financial balance by 2020/21. The template covers most CCG and NHS England commissioning activity, as well as Better Care Fund income and expenditure and asks for voluntary information on additional impacts arising from social care or non-NHS providers where it has been modelled.

For end of June the submission is to cover:

- 3-5 critical decisions which will be required to implement the strategic priorities identified
- An explanation of the anticipated benefits, with a focus on specific outcomes against health, quality and finance (Five Year Forward View triple aim)
- The proposed activities to be undertaken by specific geographic / organisational members
- Detailed modelling of the local activity, workforce and finance
- An early calculation of how the 2021 funding allocation will be spent within the footprint

This report is being presented to provide an opportunity to discuss the potential impact of the STP in Reading.

## 1.2 Appendices

Motion agreed at Council  
April submission to NHSE

## 2. RECOMMENDED ACTION

- 2.1 Members are asked to consider what criteria they wish to be used to evaluate, approve or challenge the WeBOB STP submission due by the end of June; and to delegate authority to Director Adult Care and Health, Chief Exec of the CCG and Chair of the HWB to provide any approval or challenge on behalf of the HWB
- 2.2 Members are asked to consider how they wish to be engaged in the future governance of the STP implementation

## 3. POLICY CONTEXT

- 3.1 The HWB duty under Health and Social Care Act 2012 is to improve integration between practitioners in local health care, social care, public health and related public services so that patients and other service-users experience more "joined up" care, particularly in transitions between health care and social care. The boards are also responsible for leading locally on reducing health inequalities.
- 3.2 Health and wellbeing boards have no statutory obligation to become directly involved in the commissioning process, but they do have powers to influence commissioning decisions made by CCGs. However, CCGs and local authorities may delegate commissioning powers to health and wellbeing boards so that they can lead on joint commissioning.

## 4. CURRENT POSITION/THE PROPOSAL

- 4.1 Current Position and issues:
  - The East of Berkshire does not reside within the footprint of the WEBOB STP and it is not yet understood what challenges this may present to the West of Berkshire particularly in respect of Berkshire wide services.
  - The impact on emerging models of shared financial governance for the acute, community, primary care in West of Berkshire through an Accountable Care System (ACS) and how this is presented within the STP is not yet clear.
  - Changes in the organisation of acute services with respect to operational and financial sustainability, improvements in outcome, networks, outreach etc could potentially impact on Reading residents
  - Any changes to the provision of Specialised Services (which are commissioned by NHS England rather than local CCGs) have not yet been fully scoped and may operate over even larger footprint.
  - Mental health has a significant spend (over £100m) out of area, and several Trusts operate within WeBOB, which will require further work to understand.
  - Although in principle all areas integration plans include stimulating and facilitating more individual accountability for health and sustainable resilient communities, it is currently unclear what the full extent of these initiatives

may be. However driving change via prevention services at the scale of WeBOB may not facilitate a community co production model.

- Releasing the level of financial savings required for all organisations with the footprint will continue to be extremely challenging, and could well include organisational change.
- There is an ongoing requirement to ensure that the governance of the STP takes into account the statutory functions of all member organisations; with particular reference to democratic accountability and compliance with the Health and Social Care Act 2012. It is not yet clear how Health and Wellbeing Boards will be engaged in forming plan and policies, approving, and monitoring progress.

## 4.2 Options Proposed

The WeBOB Sustainability and Transformation plan is not complete at the date of drafting this report, and further information will be shared at the HWB Meeting on 14<sup>th</sup> June. Ahead of that discussion, it is proposed that:

- All the stakeholders in the system need to have a clear understanding of the drivers for new care models that have the potential to deliver a better user experience, higher quality and the potential to lower costs.
- All partner organisations need to support the vision and direction of travel.
- Consideration is needed of each member organisation's statutory functions and the role of its local residents.
- Partner organisations should consider how services can be delivered closer to home and community.
- There is a greater understanding and clarity around the resourcing and funding implications for each organisation of the STP process

Members may wish to receive regular and frequent briefings on progress, and to agree the criteria that will underpin Board approval.

## 5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 It is not yet clear how the plan will be consulted.

## 6. EQUALITY IMPACT ASSESSMENT

6.1 It is not yet clear what issues will arise.

## 7. LEGAL IMPLICATIONS

7.1 There are issues arising from the 2012 Health and Social Care Act to be resolved.

## 8. FINANCIAL IMPLICATIONS

8.1 There are funds identified to resource transformation but plans on expenditure are not yet available.

## 9. BACKGROUND PAPERS

COUNCIL MEETING

22 MARCH 2016

ITEM NO 13 - LOCAL NHS REORGANISATION

This Council notes that:

- On 10 March 2016 NHS England recorded its worst ever performance as the NHS missed almost all of its key waiting time targets in January
- NHS England faces a projected financial deficit of between £2.3 billion and £2.8 billion for this financial year
- Our local hospital, the Royal Berkshire Hospital, has missed its A&E four hour waiting target again in January, is consistently missing cancer referral to treatment waiting time targets and is currently for the first three quarters of this financial year running at a loss of £10.4 million
- The Berkshire NHS Healthcare Trust, which provides mental health and community health services is projected to finish this financial year £2.4 million in deficit whilst five Reading GP practices have been rated by CQC as inadequate and placed in special measures since the start of 2015
- The NHS in England is currently developing local Sustainability and Transformation Plans in order to deliver the NHS Five Year Forward View with the aim of delivering financial sustainability, improved outcomes and better integration with local authority services
- That the NHS planning guidance says that "local authorities should be engaged with these proposals."

Council believes that:

- It is fundamentally flawed for NHS England to propose, without any consultation with local authorities or local people, that the area of planning and organisation of our STP should not be the established working area of Berkshire West (Reading, West Berkshire and Wokingham) but Berkshire West, Oxfordshire and Buckinghamshire
- In order to achieve the £270 million savings at the heart of the business case for this huge NHS administrative area it will be necessary to bring together planning and management into one single operation
- That residents benefit from health and social care decisions being made locally and in close partnership with residents and communities
- That a 'one size fits all' approach to planning health services across Berkshire, Buckinghamshire and Oxfordshire will significantly harm the

ability of local health and care to integrate around local needs, and actively involve local people, communities and the voluntary sector

- That another top down reorganisation of the NHS, so soon after the last disastrous shake up of the 2012 Health and Social Care Act, will reduce the capacity of the NHS to work with the Council and partners to deal with the crisis of demand and funding for healthcare in Reading
- An overriding priority to balance budgets within the new larger planning area without full consideration of the greater needs of Reading could be to the detriment of our health services.

This Council agrees to:

- request that the Managing Director write to the chief executive of NHS England and the Secretary of State for Health detailing the Council's objections to these proposals
- instruct the Managing Director and senior officers to continue with their dialogue with local NHS partners to propose measures to protect the position of locally driven and responsive health and care services by:
  1. securing an absolute commitment to maintain local integration plans based on local needs and priorities
  2. exploring how Reading health resources can be ring-fenced and protected for Reading residents
  3. securing a commitment that Reading Borough Council will have a role and be consulted on developing NHS Sustainability and Transformation Plans
  4. continuing to impress on health partners that social care is an essential part of providing better care for our residents and is central to delivering the NHS Five Year Plan.

Workstream (the narrative below is from slides 4,5,6 of the 15 April submission)	Lead
Improving the health of people in our area	<a href="#">Jonathan McWilliam</a> , Oxfordshire DPH is co-ordinating this work with the other DsPH.
Tackling inefficiencies in patient experience of care will drive increased quality and productivity	Acute Trusts work co-ordinated by <a href="#">Bruno Holthof</a> ; plus AHSN support
Digital interoperability	<a href="#">Lois Leer</a> , Berkshire West CCGs
Urgent and emergency care	This is being progressed through the UECN chaired by <a href="#">Annet Gamell</a>
Mental Health	<a href="#">Stuart and Julian</a> plus CCG leads, <a href="#">Ian Bottomley</a> from Oxfordshire CCG; <a href="#">Debbie Richards</a> , Bucks CCGs; <a href="#">clinical lead</a> from Berks West
Improving outcomes in: Cancer	Part of Acute Trusts work co-ordinated by <a href="#">Bruno Holthof</a>
Maternity	Clinical Senate review due to be published. <a href="#">We need someone to take a lead on this and work with the clinical senate and the report authors.</a>
The GP workforce is at significant risk of becoming unsustainable, putting at risk our out of hospital services development	<a href="#">Graham Jackson and Joe McManners</a>
Significantly reducing variation will drive efficiencies	Spec comm - <a href="#">David Smith</a> as chair of TV collaborative commissioning group  TV Priorities - <a href="#">Lou Patten</a>
The BOB footprint has unique workforce challenges; expensive living costs with a national pay scale for service providers and local high levels of employment mean low numbers of available health and social care professionals	Support to come from HEE - <a href="#">David Smith</a> and <a href="#">Neil Dardis</a> to oversee
Safety Improvement Methodology	<a href="#">NHS Trusts plus Gary Ford</a>