

Somerset Health and Wellbeing Board

12th July 2018

Somerset Sustainability & Transformation Programme (STP) update

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	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Office (Director Level)	Ian Triplow, STP Programme Director	27 th June 2018
	Cabinet Member / Portfolio Holder (if applicable)	Pat Flaherty, STP SRO	28 th June 2018
	Monitoring Officer (Somerset County Council)	N/A	
		Scott Wooldridge	2 nd July 2018
Summary:	The Somerset Sustainability & Transformation Programme (STP) is the forum for ensuring that the long-term development of health and social care in Somerset was planned as one integrated system. Its role would be to decide 'what' provision should be made and ensure its provision, including leading on required public consultation. Chairs/Chief Executives are the leadership team for the Somerset System and coordinated through the STP.		
Recommendations:	That the Health and Wellbeing Board <ul style="list-style-type: none"> Note the current position on the STP 		
Reasons for Recommendations:	The STP partners are working together on a single system in-year and future year plans, with a shared strategic vision		
Links to Somerset Health and Wellbeing Strategy:	The system is working for some time and has an aligned vision and approach for our population. This vision outlines the need for a patient population to be able to access care or support that is joined up. This is further supported by the Somerset Health and Wellbeing Strategy which outlines our commitment to supporting people to live healthy and independent lives, supported by thriving and connected communities with timely and easy access to high-quality and efficient public services when they need them.		
Financial, Legal and HR Implications:	The Somerset System (and through the Somerset System Leadership board) is managing the collective system budget, performance and workforce.		
Equalities Implications:	No negative impacts of the service		
Risk Assessment:	All system changes will go through an individual risk assessment		

1. Background and Position of STP

- 1.1.** Chairs/Chief Executives are the leadership team for the Somerset System and coordinated through the STP. The overriding philosophy to be used as the basis for service delivery would be a single integrated system with decisions based on what was best for Somerset rather than individual organisations.
- 1.2.** The STP is the forum for ensuring that the long-term development of health and social care in Somerset was planned as one integrated system. Its role would be to decide 'what' provision should be made and ensure its provision, including leading on required public consultation. In so doing it would take account of inputs from existing providers.
- 1.3.** CCG and SCC would work within the system leadership to design future services and the strategy for provision across the County. They would propose some aspects of the services review that could be expedited and which would need to follow a rigorous consultation process as proposed by NHS-E.
- 1.4.** In the event of a need to involve regulators in future discussions, this would be done by the SRO after agreement by POG and not directly by individual organisations. Chief Executives would discuss how services that are within their current remit would be provided and integrated so as to reduce costs, reduce demand on acute services and improve care. Areas of the dispute to be referred to and adjudicated by, the leadership team.

2. Areas of focus of the STP

- 2.1.** As a system, we have agreed to improve the financial position in 2018/19 through a focus on system-wide transformation and productivity improvement, together with a programme of investment in primary, community and mental health services. Together, these aim to redress the current service imbalance in Somerset and ensure that only those people that need care in the acute part of our system access it there. Changing the current profile of demand will enable the system to disinvest in bed based care.
- 2.2.** 2018/19 is the first year of a consolidated three-year service and financial recovery programme, which aims to get the Somerset system back to financial balance (including commissioner contingency) by 2020/21.
- 2.3.** To ensure that all parties are signed up to the detail that underpins this approach and to demonstrate how the 2018/19 plan fits with the overall three-year financial recovery plan, it has been agreed by all CEOs that a contractual MoU will be signed. This document aims to set out how this joint service and financial commitment will operate and will be used as the framework for subsequent financial agreements within the three-year recovery plan.
- 2.4.** This new, joint, three-year plan is predicated on an agreement to:
 - Suspend of PBR for the three-year planning period across the STP
 - Provide new funding to providers in 2018/19 to both stabilise some services, and to strengthen primary and community-based services in new demand management initiatives
 - Develop system-wide plans to focus on cost & demand reduction, not income generation
 - Work on the basis of full transparency of all organisational costs,

3. A&E Delivery Board Schemes

- 3.1.** The A&E delivery board has been tasked with reducing the impact of the current unmitigated non-elective growth into the system. Planned growth rates for Somerset have been established following detailed work was undertaken by the SW AHSN. This demonstrates an anticipated growth that is significantly higher than both the South West and National rates compounded in 17/18 by the one-off increase due to the impact of the Weston Hospital overnight closure of ED. The forecast unmitigated planned growth for Somerset is 6% in 2018/19. This, together with the shortfall in capacity experienced during 2017/18, equates to an average acute bed shortfall of 90 beds, rising to 233 beds at times of peak activity.
- 3.2.** Seven schemes have been developed via the AEDB to mitigate the capacity shortfall. These are focussing on further improving patient flow through the system and developing a set of community-based alternatives to admission.
- 3.3.** Collectively these schemes mitigate a significant growth through a combination of admission and length of stay reduction. Resulting in a residual requirement of 92 beds to manage peak levels of winter demand.
- 3.4.** Building on the significant reductions in the level of delayed transfers of care achieved during 2017/18 the Somerset system is commencing a focussed project on reducing the level of 'stranded and super-stranded' patients across both acute and community hospitals. This work commenced the week of 14th May and is being supported by Anthony McKeever, NHSE, SW Winter Director, building on learning from the Cornwall system. Modelling suggests an anticipated impact of 30-70 beds. Detailed business cases have been developed for each of the community-based alternatives. These will be signed off by the SSLB and delivery and benefits realisation monitored via the AEDB. The costs and anticipated benefits of each are summarised in the table below.
- 3.5.** The anticipated residual capacity shortfall will be dealt with through a planned increase in acute bed capacity (of 233) at both of the acute Trusts. The YDH baseline plan already includes provision for the closure of a 22 bedded ward for the remainder of the year.
- 3.6.** Should there be an improvement in the delivery of mitigations, or a reduction in growth, the requirement (and cost) to use all peak escalation beds will be reduced.

4. Other key STP Workstreams

- 4.1.** As part of the wider system working the following areas are being worked through collectively;

 - Health and Care Strategy Development (see separate update)
 - Elective Delivery and improvement programmes
 - Alliance Development working on the integration of Taunton and Somerset Foundation Trust and Somerset Partnership Foundation Trust
 - System workforce and workforce planning
 - System estate and capital planning

- System performance and planning including activity, quality, workforce and financial

4.2. As the work programmes develop for these additional workstreams further detail will be available.

5. Moving towards an Integrated Care System

- 5.1.** The system remains committed to the principle of working within an integrated health and social care model for the future but recognise that the options for the effective establishment of such an arrangement are complex and moving in the context of national policy.
- 5.2.** Collectively the system has made progress in the first stage in this journey with the plans, and actions have been taken to integrate Taunton & Somerset FT with Somerset partnership FT, and are committed to the further exploration of a range of alternative models and ways of working.
- 5.3.** The CCG and Somerset County Council remain committed to an increasing level of joint commissioning and are exploring joint approaches to mental health, children's services and the management of a growing demand for complex care packages.
- 5.4.** At this stage, our major priority will be to rebalance the system through in-year efficiency and investment, and as the outcome of the strategy defines a new framework of service provision, new options for the integrated system working will emerge. NHSE and I have agreed to support the Somerset system on the detail vision, programme and timeline for the development of the Somerset Integrated Care System.