

Health and Wellbeing Board

29 March 2017

Report title	The Sustainability and Transformation Plan (STP) Update and Local Health and Care System next steps	
Decision designation		
Cabinet member with lead responsibility	Councillor Roger Lawrence	
Key decision	No	
In forward plan	Yes	
Wards affected	All	
Accountable director	Linda Sanders, Strategic Director - People CWC Helen Hibbs, Chief Operating Officer CCG David Loughton, Chief Executive RWT	
Originating service	People	
Accountable employee(s)	Linda Sanders	Strategic Director People
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Report to be considered by

Recommendation(s) for action or decision:

That the Health and Wellbeing Board is recommended to:

Note, comment and direct on any actions required in response to this consideration of issues connected to the development of care and health systems in the City of Wolverhampton in the light of the update on the next steps for the Black Country Sustainability and Transformation Plan.

1.0 Purpose

- 1.1 For the Health and Wellbeing Board to note and comment on emerging issues relating to the development of the care and health system for the City of Wolverhampton in the light of the next steps for the Black Country Sustainability and Transformation Plan.

2.0 Background

- 2.1 In a report on the Black Country Sustainability and Transformation Plan considered by the Health and Wellbeing Board at its meeting of 30 November 2016, the Board were reminded of the context in which the Sustainability and Transformation Plans process and content had developed over time. In particular, the more recent influence of the NHS Five Year Forward View published in October 2014 was noted. That document suggested some possible models of care through which it was argued change might be delivered in the health system as a means to ensure local sustainability of NHS Services.
- 2.2 The Health and Wellbeing Board will want to note developments since the publication of the Black Country Sustainability and Transformation Plan. It is acknowledged that STPs of other areas such as Shropshire and Telford may impact on the services provided in or experienced by the citizens of City of Wolverhampton but the focus of this report is the Black Country STP. The Health and Wellbeing Board may wish to consider formally extending invites to the Chair of adjoining STP areas where it is believed the plan may have an impact on health and social care in Wolverhampton.
- 2.3 The context of the wider STP process was influenced most recently by the NHS Five Year Forward View published in October 2014. That document suggested some possible “models of care.” The document argued that change in the health system nationally was required as a means to ensure local sustainability of NHS Services.
- 2.4 There have continued to be significant developments in respect of local health care arrangements for the people of the City of Wolverhampton since the publication of the Black Country STP.
 - Firstly, following a meeting of Black Country NHS Chief Executives and local government representatives on 16 March 2017, it is clear that the STP process is very much “back on the agenda.” The meeting noted:
 - Whilst some good and innovative work is going on in the Black Country, NHS England and NHS Improvement are not yet certain of the contribution of the STP to this work;
 - Progress is seen on the next steps in developing an NHS provider encompassing learning disability, mental health and some other community services across a wider sub-regional footprint has been announced. Those services provided in the City by the Black Country Partnership NHS Foundation Trust come within the purview of the developing new provider.

- There was strong commitment given to the principle of subsidiarity where by things that can be done on a place basis (local authority footprint) There was full recognition of the need therefore to clarify what needs to happen at a black country level and what can happen at a place / local authority level.
- In moving into a new phase for the STP, urgency is required. It is understood that a “System Leader” (probably a full-time job) is required to be appointed for the Black Country with more authority to drive change. A specification for the role is being developed.
- Secondly, the development of the West Midlands Combined Authority Wellbeing Board including the focus given through the “*WM Thrive*” initiative on mental health.
- Thirdly, in this context, Clinical Commissioning Group partners across the Black Country area have shared with the Association of Black Country Councils early consideration which they are giving to the opportunities of the future of commissioning in the Black Country and possible implications. The focus here is on increased collaboration within the NHS which has been a theme emphasised in numerous publications by the Kings Fund amongst others in reflecting on the future. A recent report by the BBC Health Editor, Hugh Pym – available at: <http://www.bbc.co.uk/news/health-39116005> - also reflects on related themes in a wider perspective. Mr Pym argues that health policy is aimed at un-doing the current NHS commissioning / provider arrangement in favour of a more collaborative approach. He characterises the national view as being “*the fastest ships in the convoy will lead the way and others will have to catch up.*” Some areas have already moved in this direction – for instance, the three Clinical Commissioning Groups in Leeds have agreed to appoint a single chief executive and set up a joint board, (cf. <https://www.hsj.co.uk/hsj-local/commissioners/nhs-leeds-west-ccg/city-ccgs-to-appoint-single-chief-and-joint-board/7016570.article>)
- Locally, there has been a growing focus amongst partners in the City of Wolverhampton on the need to promote greater alignment of the care and health care system building on the community-focus.

3.0 Progress, options, discussion, etc.

With regard to the sub-regional developments:

- The Black Country STP and its planned four main work-streams (Local Place-based care; Extended hospital collaboration; Mental Health & Learning disability ; Maternity & Infant Health) have continued and the content of the Black Country NHS Chief Executives outlines above has been noted. There is more reflection below on the “Local place-based care” theme.
- With regard to the development of the new NHS provider for mental health and learning disabilities, all parties will be committed to ensuring that this supports the direction of securing sustainability of those services brought within the new NHS Trust in the

interests of the people and localities in which the services of the new provider will be delivered.

- The development of the West Midlands Combined Authority Wellbeing Board will increasingly create a sub-regional environment where co-ordination and sequencing with City plans will be influential.
- There may be opportunities for the Council if there is greater focus on CCG commissioning at a sub-regional level e.g. to secure greater coherence for local place-based activity across the health / public health / care continuum.

For the City of Wolverhampton, with regard to “local -place-based care theme” there are three main aspects:

- Firstly, there is an understanding that localities would continue to develop their own approach to aligning systems in their localities. In the City of Wolverhampton, to date a Transition Board has brought together officers from across the care and health systems, including Healthwatch for focused debate and action on this. The changing environment suggests a need to be more explicit about the commitment to systems alignment in the activity of this group and as a result the Transition Board is evolving into the Systems Development Board.
- Secondly, engagement with people is a key aspect of this and there has been planning with Healthwatch to promote the next stage of engagement with people across the City in relation to the challenges being faced across the care and health sector. Such engagement will be a helpful contribution to shaping the general future for the care and health system in the City as well as linking to formal consultation required on any specific service development.
- Thirdly, with growing local focus on greater alignment of the care and health system, learning from the development of the new care models associated with the NHS Five Year Forward View Health and Social Care Leaders in the City of Wolverhampton are working together to create an accountable care system under the heading of '*WV Health and Care Partnership*'. Principles underpinning such a development have been worked on and include strong commitments to our workforce and to strengthening integrated locality working. What the model will look like will pay careful attention to both local priorities and the national direction of travel, which is still emerging. Consultation with stakeholders and the public in what these changes will involve and what our local model will look like will be arranged to secure co-production.

4.0 Financial implications

- 4.1 There are no direct financial implications arising from this report. Any actions arising from the Strategy and the associated plans will be delivered from existing budgets held by organisations within the Black Country Sustainability and Transformation Plan [GS/22032017/F]

5.0 Legal implications

- 5.1 There are no legal implications to this Report at this stage but advice will be sought as needed when discussions develop.

[RB/23032017/H]

6.0 Equalities implications

6.1 Equalities considerations will need to be at the heart of future development of care and health systems including with regard to addressing health inequalities.

7.0 Environmental implications

7.1 A key intention of the Sustainability and Transformation Plans was to ensure sustainability of health systems over the

8.0 Human resources implications

8.1 There are no human resources implications arising from this report at this time.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications at this stage.

10.0 Schedule of background papers

10.1 Not applicable.