



PAPER B

Purpose: For Decision

Committee report

Committee	EXECUTIVE
Date	15 DECEMBER 2016
Title	HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN
Report to	DEPUTY LEADER AND EXECUTIVE MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

EXECUTIVE SUMMARY

1. The Hampshire and Isle of Wight Sustainability and Transformation Plan was submitted to NHS England by the deadline of 21 October 2016. Due to the very tight timescales imposed by NHS England, the final document became available for comment only a few days before the submission deadline. This meant that the council was not in a position to provide any formal endorsement at that point in time.
2. Subsequently, the plan was released for publication on 23 November 2016 and Executive is being asked to consider its contents and make a decision as to whether it wishes to offer such an endorsement or provide any other formal comment on its content.
3. This report provides members with an overview of the plan, highlights some of the concerns that have been identified and presents a number of recommendations that are available to Executive members for decision making purposes.

BACKGROUND

4. It is widely recognised and understood that there are significant funding challenges within the health and social care sector, largely as a result of a population that is living longer but also with multiple longer term physical and mental health conditions, resulting in an ever increasing pressure on public services. If not resolved, it is acknowledged that the current National Health Service and social care system will fail. Sustainability and Transformation Plans (STPs) are an initiative driven by NHS England to address these challenges, with NHS organisations in different parts of the country being asked to come together to develop 'place-based plans' for the future sustainable delivery of health and social care services.

5. As one of the 44 STP areas identified by NHS England, Hampshire and the Isle of Wight has been established as an area 'footprint' for the development of an STP for the region.
6. A report to the Executive on 13 October 2016 highlighted that the Hampshire and Isle of Wight Sustainability and Transformation Plan was due to be submitted to NHS England by their deadline of 21 October 2016. This report also set out the expectation that there would be an indication of consensus to it from the public sector organisations responsible for the delivery of health and social care services across the area. At that point in time however, the final version of the plan was not available to accompany the report and the indications were that it would not be received until shortly before the submission deadline.
7. At the meeting of the Executive, concerns were raised about the very tight, nationally imposed timescales involved and the potentially significant financial impact on Island residents that required access to mainland services. Whilst recognising the need to progress the plan, members agreed that there was not sufficient opportunity to give it detailed consideration and support before the required submission deadline. As a consequence, the Chief Executive was authorised, in conjunction with the Executive members for Adult Social Care and Integration, Public Health and Children's Services and the Chairman of the Health and Adult Social Care Scrutiny Sub-Committee to consider and agree an appropriate response to the plan, on behalf of the council and for inclusion with the final submission to NHS England. This was duly undertaken. The response is shown at appendix A for information.
8. The Hampshire and Isle of Wight - Sustainability and Transformation Plan was submitted to NHS England on 21 October 2016 and is attached at appendix B for consideration.
9. By way of summary, the plan highlights that the specific challenges for the region are :
 - a. The demand for health and social care services is growing at an unsustainable rate;
 - b. Whilst people are living longer, they are increasingly spending longer in poor health;
 - c. Too many people are admitted to hospital and stay in hospital longer than they need to;
 - d. In most sectors there is a struggle to recruit and retain sufficient numbers of staff and to support the continued professional development and quality of practice amongst staff;
 - e. There is a projected gap between the funding available and the cost of delivering NHS services of £577m by 2020/21 with an additional funding gap in social care of £192m;
10. In order to address these challenges, the STP document identifies six core delivery programmes for the priority work that is necessary to improve outcomes for residents; improve satisfaction levels and deliver financial sustainability. These are:

- a. **Prevention at Scale** - investing in prevention and supporting people to look after their own health
- b. **New Care Models** – strengthening and investing in primary and community care
- c. **Effective Patient Flow and Discharge** - simplifying the urgent and emergency care system
- d. **Solent Acute Alliance** - improving the quality of hospital services
- e. **Mental Health Alliance** - making tangible improvements to mental health services
- f. **North & Mid Hampshire Configuration** - creating a financially sustainable health system for the future

These work strands are underpinned by four enabling programmes:

- g. **Digital Infrastructure** – to give patients control of their information and how it is used and to build a fully integrated digital health and social care record and infrastructure to allow staff to access from any location;
- h. **Estate Infrastructure Rationalisation** – to provide an estate infrastructure needed to deliver new models of care and deliver savings;
- i. **Workforce** – to ensure that the right people, skills and capabilities are available to support a transformed health and social care system;
- j. **New Commissioning Models** – To reduce unnecessary duplication of commissioning activities and secure cost reductions in expenditure through working at scale.

11. The key components of a future model for the delivery of health and social care across the region therefore are:
- a. **To empower people to live a healthy life** by being supported to proactively self-manage their own health and are supported to stay well via preventative interventions;
 - b. **New models of care** through extended primary care teams who wrap care around the person making it easy to access and receive tailored support in the community;
 - c. **Specialist Care** being easy to access and people receiving the best quality and most innovative care available to them through more effective pathways of care;
 - d. **Improved care for acutely unwell people** through an alliance of acute and mental health providers to make the most of limited available resources.
12. The STP recognises the Island faces unique challenges because of its small population. This means that some health services have only a low throughput of patients, thus making the unit costs of providing those services much higher. This also provides difficulties for specialist staff to maintain and build their skills. There are also difficulties with recruitment and retention in the areas of general practice, nursing, consultants and care workers, with a number of gaps in speciality areas, which only exacerbates the situation.
13. The STP therefore proposes an alliance of NHS trusts in the Solent area, for the sharing of services, with the aim of creating seven day a week services that are of high quality and safe and sustainable for the future. The plan envisages a service by service review which will seek to establish the right balance between travel for highly

specialist inpatient services and local care for outpatient services. It recognises that for some residents of the Isle of Wight, they may need to travel further for the care they need than they currently do.

14. Underpinning the delivery of the STP is a governance structure to oversee the delivery of the plan's key activities and actions. The Hampshire and Isle of Wight footprint consists of 20 different statutory bodies and four health and well-being boards. Whilst each statutory body will retain its own accountabilities and decision making structures, there is an inevitable need for collaboration and accountability for the delivery of the plan as a whole. It is considered that there will be significant challenges with such a model and so many partners being involved. It is unclear at this point in time how these challenges will be operationally managed but it is proposed that there will be:
 - a. An overarching health and well-being committee that will take a central role in providing strategic oversight of the transformation agenda across the Hampshire and Isle of Wight footprint.
 - b. An executive delivery group (underpinned by a number of operational delivery groups) that will monitor the progress of the core programmes set out earlier, hold each member organisation to account for the delivery of the plan and take decisions in respect of transformation funding. Each of the statutory organisations will have membership of this forum.

STRATEGIC CONTEXT

15. NHS England's Five Year Forward View, published in October 2014, set out the ambition to improve health, care and efficiency within the allocated resources to local health and care systems made available by central government. This determined the need for local health and social care organisations to work in partnership. In December 2015, NHS England outlined Sustainability and Transformation Plans as a mechanism, by which working in partnership could be formalised to ensure that health and care services are built around the needs of local populations and to establish the changes necessary to enable services to become sustainable in the longer term.
16. As such this establishes a direct link to the council's corporate priority to protect the most vulnerable with health and social care, investing in support, prevention and continuing care. It specifically relates to the priority outcome to secure a whole system approach to health and social care on the Island that is affordable and delivers improved health and social care outcomes to people through a person centred approach.

CONSULTATION

17. The timescales and process for the completion and submission of sustainability and transformation plans was set nationally by NHS England. These timescales have been extremely tight, which has prevented comprehensive and meaningful consultation to take place with all stakeholders. Whilst local authorities have been involved with the processes that have informed the production of the Hampshire and Isle of Wight STP, the overwhelming health representation amongst the 'partner' agencies has inevitably led to the focus of the STP being on the significant challenges faced by the health sector.

18. The speed at which plan has by necessity, been developed, has also meant that there has been little opportunity for consultation with other stakeholders and that which has happened has been very limited, light on detail and rushed. Some emerging developments have, however, been considered by the council's Health and Adult Social Care Scrutiny Sub- Committee at its meetings in June, August and October 2016.
19. The published plan was also considered at the meeting of the Island's Health and Well-Being Board on 29 November 2016. Concerns were highlighted at the continued lack of detail in the plan, particularly in respect of the proposed delivery at a local level; the lack of detailed consultation; little opportunity for involvement and influence of local authorities, resulting in insufficient focus on social care challenges and needs and there having been no opportunity for comment from members of the public. Specific concern was also highlighted about the need for greater consideration to be given to the position of Island residents who will be disproportionately affected by services being only available on the mainland. Calls were made for mitigation of any additional costs of travel that may be necessary and a sharing of the impact of travel to the mainland across the region.
20. The Chairman and Vice Chairman of the Board agreed to send a joint letter setting out the Board's response to the STP; the text of this letter is currently being agreed and will be circulated to the Executive if it is available before the meeting.

FINANCIAL / BUDGET IMPLICATIONS

21. There are currently no explicit or direct financial implications to the council from the publication of the Hampshire and Isle of Wight STP. This is in part due to the lack of specific detail about how the plan may be delivered. Ultimately if the plan is to be successful it should help to address the significant shortfall in funding for local authority care, currently estimated to be £192m across the four upper tier local authorities covered by the STP.
22. If the council continues to align its available resources for social care against the overarching principles of the plan, for integrated health and social care which seeks to improve outcomes for Island residents, then there are potential savings to be delivered across the system and future sustainability secured. However, whilst the plan remains a strategic overview and without detailed operational plans, it is difficult to establish at this stage where there may be strains placed upon local authority finances as a result of proposed activities.
23. NHS England is making funds available to underpin the delivery of the approved strategic and transformational funds. The HIOW STP indicates a requirement of £119m revenue support from this fund and an additional £195m in capital funds for the successful delivery of the plan.

LEGAL IMPLICATIONS

24. There is no statutory duty which requires the council to be involved in the development, approval or delivery of the Hampshire and Isle of Wight STP. However, to do so ensures that as far as is reasonably possible, the council can represent the

interests of Island residents to ensure their needs for health and social care are properly taken account of in the STP. Involvement with the STP process is also consistent with the council's corporate priority, "to protect the most vulnerable with health and social care, investing in support, prevention and continuing care".

25. The Care Act 2014 and its statutory guidance requires local authorities to make provision for the promotion of integrated working in services provided by the NHS and other health related services, when carrying out their care and support responsibilities. A similar duty is replicated within health meaning that engagement and involvement with the STP processes is a key element of work already under progress to pursue health and social care integration.

EQUALITY AND DIVERSITY

26. The council and all of the other public bodies in the Hampshire and Isle of Wight STP footprint have to meet the statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
27. Under the Equality Act 2010 we are required to have due regard to our equality duties when making decisions, reviewing services, undertaking projects, developing and reviewing policies. Each of the proposals set out in the STP document will therefore need to be formally reviewed and be subject to equality impact assessments.

OPTIONS

- (a) To note the content of the HIOW STP document as submitted to NHS England
- (b) To endorse the HIOW STP document.
- (c) Not to endorse the HIOW STP document
- (d) To continue to lobby NHS England to ensure that the needs of Island residents are fully taken into account
- (e) To indicate continued engagement with the HIOW STP process but reserve any judgement until the impact on the Island has been fully identified.

RISK MANAGEMENT

28. The council has under the Care Act and related guidance, a statutory duty to promote integrated working and service delivery with health and other health related services. The intention being to transform and improve outcomes for our population as well as to enable overstretched services become more financial sustainable. Whilst it has become clear that the Hampshire and Isle of Wight STP document is largely focussed on the urgent financial challenges faced by the health sector in the region, at its heart are the principles that health and social care integration is an essential component of

system wide sustainability. It is important therefore that the council remains engaged and involved in the STP development as it moves towards becoming operationalised.

29. The enormity of the task to develop a region wide strategic transformation and sustainability plan within a heavily constrained, nationally imposed timescale has presented its challenges for meaningful consultation and local authority engagement. Whilst the council may not necessarily consider it feasible to afford full endorsement to the proposals as a result of the concerns highlighted, it is never the less important to understand and note the direction of travel as well as to continue to champion and represent the adult social care needs of the Island's community.

EVALUATION

30. In its most recent publication, "Adult Social Care Funding: 2016 State of the Nation report" the Local Government Association set out that, "adult social care is an absolutely vital public service that supports some of our most vulnerable people and promotes the wellbeing and independence of many more. For too long the service has too often been seen by decision-makers as an adjunct to the NHS, rather than a service of equal importance. A lack of recognition in terms of profile has combined with a lack of recognition in terms of funding to place our care and support system under enormous pressure".
31. Sustainability and Transformation Plans were intended as one vehicle by which local authorities and the health sector could work closely together to address the significant pressures in both sectors, allow the best and most productive use of all available resources and ensure the independence and wellbeing every individual in the community.
32. It is a matter for debate whether the HIOW STP, in its current form, achieves this objective or whether this judgement can only be made when the further detail, that is inevitably needed to fully understand the implications of the plan, is available. At the same time the need for the council to be involved with the development of the detailed delivery plans is inevitable in order to protect and preserve the needs of the Island residents and be clear about the likely impact on the council's plans for the delivery of its social care services.
33. The lack of wider public involvement in the development and delivery of the HIOW STP (this would seem to be common to all STPs) also raises some concerns about the robustness and deliverability of the plan itself and whether it has taken account of all of the issues it needs to address in its thinking for the future delivery of these services across the HIOW geography. The plan's recent publication is intended to be the beginning of a wider public engagement process with the plan, to be led; it would seem, by the individual partners. This in itself is likely to uncover significant challenges that could impact on the content of the plan and how it is to be implemented.
34. Noting the content of the STP document would provide assurance of the recognition of the importance of the initiative and its underpinning objectives to improve the health and well-being of the Island's population. Whilst the Hampshire and Isle of Wight STP document has now been finalised and formally submitted to NHS England, it is clear that a number of concerns remain which would make it difficult to offer full

endorsement of the plan in its current form. It would also signal continued commitment to work with the partners in the STP to ensure the Island's needs are properly accounted for and to the work already underway to develop integrated health and social care services on the Island as a means to improve outcomes for Island residents.

35. To endorse the STP document would signal that the council understands the challenges faced within the health sector and supports the actions it considers necessary to respond to them. It would not however address the concerns highlighted in this report, nor give assurance that the needs of adult social care have been taken into account and the mitigation secured for the Island's population if more travel is needed to the mainland for treatment. The Hampshire and Isle of Wight STP document is now finalised and the formal submission to NHS England and subsequent document publication signals that there is unlikely to be any changes to its content. There is an intention that there will be detailed operational plans developed and a service by service review undertaken during implementation and a commitment to minimise the impact for Island residents as a result of changes that are to be implemented in pursuit of improving the quality of service provision.
36. Not to endorse the Hampshire and Isle of Wight STP document would send a strong indication to NHS England that the council is not prepared to accept the plan in its current format. It would also signal that the concerns highlighted in this report are such that, assurance would be needed that they will be adequately addressed before any endorsement could be afforded. However, given the severity of the financial situation within the health and social care sector and the very real future unsustainability of service provision, it is unlikely that such an approach would materially change the development and implementation of the plan. The issues it seeks to address are real and current and the health and care system needs to respond to these challenges now. In addition, the statutory duties placed upon the NHS and local authorities to pursue integration of services, would inevitably hinder the ability to undertake the necessary transformation required to improve outcomes for Island residents. Continued lobbying of NHS England to ensure that the needs of the Island population, for both health and social care, are adequately taken into account is therefore an important and on-going necessity.
37. To indicate continued engagement with the HIOW STP process but reserve any judgement until the impact on the Island has been fully identified does not commit the council to making a formal stance on the STP document and allows further opportunity to understand and consider the impact for Island residents as the operational delivery plans are developed and consulted upon. This will provide space for members to engage further with stakeholders and seek further views in order to formulate a more considered opinion as to whether it can reach a position of full endorsement of the plan in the future.
38. It is clear that the future sustainability of health and social care services are under severe threat. As such, doing nothing is no longer an option. Much progress has been made in the pursuit of health and social care integration on the Island as a means by which to deliver a new model of care which not only improves outcomes for those who need to access services but which can reduce costs within the system. NHS England through its five year vision has introduced the initiative of sustainability and transformation plans to be a vehicle for such transformation to take place in

response to the financial challenges faced by the National Health Service. Integral to this approach is the need for collaboration and integration of health and social care services.

39. Unfortunately, as a result of the speed at which such plans have been required to be developed and submitted to NHS England, this has meant that insufficient opportunity has been afforded for local authorities to be fully engaged and indeed for any meaningful consultation to take place. The receipt of the final draft of the Hampshire and Isle of Wight STP document was only a few days before submission to NHS England which meant that it was not possible to give full consideration to the proposals or indeed to afford any endorsement to the document. The plan has subsequently been made publicly available, enabling further consideration to be given to the council's position in respect of endorsement. Activities undertaken to seek such views has highlighted a number of concerns and members will now need to consider whether they have sufficient information upon which to determine if they are in a position to offer such endorsement.

RECOMMENDATION

Executive are recommended to adopt options (c) and (d)

- Option (c) Not to endorse the HIOW STP document and
- Option (d) To continue to lobby NHS England to ensure that the needs of Island residents are fully taken into account

APPENDICES ATTACHED

40. [Appendix A](#) - Isle of Wight Council response to the Hampshire and Isle of Wight sustainability and transformation plan submission to NHS England.
41. Appendix B - Hampshire and Isle of Wight Sustainability and Transformation Plan – **(As Previously Circulated to all Elected Members on 24 November 2016)**
<http://www.isleofwightccg.nhs.uk/HIOW%20STP%20Delivery%20Plan%2021Oct16%20FinalDraft.pdf>

BACKGROUND PAPERS

42. NHS England's Five Year Forward View
<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

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