

**The Sheffield Plan  
Governing Body meeting**

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**6 October 2016**

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<b>Sponsor</b>	Peter Moore, Director of Strategy and Integration
<b>Is your report for Approval / Consideration / Noting</b>	
<p>Noting and progress to date approved.</p> <p>Governing Body is also asked to note the paper circulated separately in advance of the meeting: Item 22: Shaping Sheffield: Sheffield Plan, which will support the discussion.</p>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Yes – whole CCG allocation is linked.	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
This paper relates to all identified objectives.	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b> No	
<b><i>If not, why not?</i></b> Not applicable. Addressing inequalities is central to the plan.	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
This plan within this paper has been written with feedback from patients, carers and public through various forms.	

## Recommendations

The Governing Body is asked:

- To note the context in which the STP is being developed, and the challenging timescales that have been set.
- To note that many of the constituent parts of the plan reflect plans that are already in train – both at South Yorkshire and Sheffield level.
- To note that the plan represents an opportunity to transform service provision in a way that better enables us to meet the three goals of improved health & wellbeing, improved service quality, and improved efficiency.
- To consider whether there are improvements to the way the plan is being developed that will enable greater involvement and engagement of groups not currently involved.
- To consider whether there are elements of the plan or process that need to be made more visible and explicit

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**Summary:** This paper summarises the latest position on the development of the South Yorkshire and Bassetlaw STP and the Sheffield Local STP, key next steps and points for discussion.

It sets out the content of the Sheffield Local STP, its case for change including some detail behind the current financial figures as derived from the STP calculations. And it describes the key things we will do based on the inputs and discussion to date.

It notes the work in progress to develop the detail within the plan, including work from Price Water House Cooper to develop our financial strategy and a further timeout session for the Transforming Sheffield Programme Board.

Key steps now are finalising the detail of what we are going to do alongside finalising our financial strategy. This will happen by the end of September to feed into the South Yorkshire and Bassetlaw STP in time for submission of the STP to NHS England on October 21<sup>st</sup>. Following that there will be a programme of work to take us to signing off contracts by 23<sup>rd</sup> December and then 17/18 delivery plans by early February.

The CCG Governing Body needs to consider the current stage of progress in relation to both the South Yorkshire and Bassetlaw STP and the Sheffield STP and agree how it would like to be kept involved and informed in future shaping of the plan.

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## **1 Introduction**

- 1.1 This paper builds on the previous discussions with Governing Body members and shares both the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and the Sheffield Place Based Plan as a component of the STP.
- 1.2 It is important to note that whilst the plans are nearing their final iterations there is still a significant amount of work to complete to:
- a) Ensure that we have plans that are built upon robust assumptions we can have collective confidence in
  - b) We agree a set of clear priorities, that are signed up to by system, and that will deliver system wide impact
  - c) Recognise that the submission to NHS England represents a plan upon which a great deal of consultation can then be built. NHS England has recently published guidance on consultation and engagement specifically for STPs.
- 1.3 It is worth reminding the Governing Body that these plans are based on the work we have been doing over previous years to work together to transform our services, both across South Yorkshire and Bassetlaw and locally in Sheffield. It pulls together our collective aims and works and sets out how we will work differently to ensure that we are in a position to deliver.
- 1.4 Within Sheffield, the components of the Place Based Plan are built on published strategies, including the Primary Care Strategy, the Urgent Care Strategy and the Out of Hospital Strategy. Within South Yorkshire, the Working Together Programme has been established for some time and has set out a number of change programmes for some services. These plans have been developed with a diverse set of stakeholders from across the city as described in the plans themselves.

### **2.1 South Yorkshire and Bassetlaw Sustainability and Transformation Plan: Key Messages and Timeline**

- 2.1.1 The South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) is the local version of the national plan, the Five Year Forward View. Published in 2014, it set out a vision of a better NHS, the steps we should take to get us there, and how everyone involved need to work together.
- 2.1.2 The Five Year Forward View highlights three areas where there are growing gaps between where we are now and where we need to be in 2020/21. These gaps are:
- the health and wellbeing of the population
  - the quality of care that is provided
  - and finance and efficiency of NHS services

- 2.1.3 Both the South Yorkshire and Bassetlaw and Sheffield plans are written for, by, and with local people with the aim of ensuring we all receive better care, are healthier, and have an NHS that runs more efficiently by early 2021.
- 2.1.4 The South Yorkshire and Bassetlaw STP comprises a strong community of stakeholders, including many voluntary sector organisations, 208 GP practices, five local authorities, five clinical commissioning groups, five acute hospitals, two of which are integrated with their community services, two associate acute hospital trusts, four mental health providers, five Healthwatch organisations and two ambulance services. It is also working closely with STP associate partners in North Derbyshire and Mid-Yorkshire. Across the region, the STP partners employ 74,000 staff across health and social care and administer £3.9bn public funds every year.

## **2.2 The health and wellbeing gap**

- 2.2.1 In South Yorkshire and Bassetlaw, people are living longer, but there are high levels of deprivation, unhealthy lifestyles and too many people dying prematurely and from preventable diseases.
- 2.2.2 Whilst life expectancy is increasing, healthy life expectancy is not, and there are significant inequalities between best and worst. The inequality is not just a geographic issue as it affects people with a serious mental illness, those with a learning disability and others. The inequality can be expressed in terms of both physical and mental wellbeing.
- 2.2.4 Our health and care services want to support people more to do this – by making it easier to get expert advice and to access free healthy living schemes. We also want to support people to connect with and develop local links and networks in their neighbourhoods, building trust and understanding across communities. The simple fact is that a healthier population is a happier population – one which relies less on the NHS and other care services to treat problems that could have been prevented.

## **2.3 The quality gap**

- 2.3.1 Across South Yorkshire and Bassetlaw, we know that quality, experience and outcomes can vary and we know that care can be disjointed from one service to another because our many organisations don't always work as closely as they should. We have some good Care Quality Commission feedback for our organisations but we also know there are some areas for improvement. And we also know that people want their health and care support and treatment in a place and at a time that is right for them. For many, this means care that is provided at home, or closer to home, and not in a hospital.
- 2.3.2 We want the same quality of service for people, as close to them as possible. Doing this jointly means a better solution for everyone – whether people live in Staveley, Shafton, Sharrow or Shireoaks.

## **2.4 The finance gap**

- 2.4.1 Along with health and care services across the country, South Yorkshire and Bassetlaw faces financial pressures and our hospitals and other organisations are struggling to balance their books. There are a range of causes for this, including rising demand for care among our population and that many people now often have more complex health conditions, such as obesity and heart disease, which require more complex treatment.
- 2.4.2 Extra money has been provided for NHS organisations but we still estimate a gap of around £727 million across health and social care in South Yorkshire and Bassetlaw in the next four years. We believe there's more we can do to alleviate some of the financial pressures over the next four years. We need to find new and better ways to meet the needs of local people and do things more efficiently and with less waste. This doesn't mean doing less for patients or reducing the quality of care. Rather, it means more preventative care, and bringing care out of hospitals and closer to home.

## **2.5 The thinking so far**

- 2.5.1 Over the last few months, work has been taking place with patient groups, the voluntary sector, hospitals, GPs, local councils, commissioners of services and the universities to discuss what needs to happen in South Yorkshire and Bassetlaw. Conversations and planning are in the early stages of looking at addressing the challenges facing health and care services and improving the health of the population.
- 2.5.2 The coalition of partners has been led by STP lead Sir Andrew Cash and supported by the already established Commissioners and Providers Working Together programme management offices. Work to date has included:
- STP guiding coalition – two fully inclusive South Yorkshire and Bassetlaw system wide events shaping and consulting on the plan
  - STP executive steering group – all chief executives (Local Authority and Trust) and accountable officers meeting fortnightly and also as part of a two day timeout
  - STP executive coordinating group – STP lead, plus accountable officer representative from CCGs, chief executive representative from trusts and local authorities and the workstream leads meets weekly to drive the plan forward
- 2.5.3 The STP programme office has been working with 15 workstream leads (trust provider chief executives and CCG chief officers) to establish the main priorities and to show how South Yorkshire and Bassetlaw will create a long term sustainable health and care system for the population.

The workstreams are:

- CCG place based plans – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.
- Urgent and emergency care

- Maternity and children's
- Mental health and learning disabilities
- Cancer
- Elective and diagnostics
- Public sector reform
- Workforce
- Finance
- Digital and IT
- Carter, procurement and shared services

2.5.4 The South Yorkshire and Bassetlaw thinking is in line with Sheffield's; starting with where people live, in their neighbourhoods focusing on people staying well - introducing new services, improving co-ordination between those that exist, supporting people who are most at risk and adapt our workforce so that we are better meeting the health and care needs of people in their homes and clinics. We want care to flow seamlessly from one service to the next so people don't have to tell their story twice to the different people caring for them, and everyone is working on a shared plan for individual care.

2.5.5 At the same time, partners agree that everyone should have better access to high quality care in specialist centres and units and that, no matter where people live, they get the same standards, experience, and outcomes for their care and treatment. The STP will do this by working together more closely, by developing a networked approach to services.

2.5.6 The partners also believe that people with mental health and learning disabilities must be treated with the same respect and regard as those with physical health issues, and as well as committing to ensuring they have the same access to services, it wants to improve their life chances.

2.5.7 Developing and supporting staff is the only way to achieve these ambitions and partners envisage a flexible workforce that comes together in neighbourhood hubs and specialist centres to offer people the best and most appropriate care.

2.5.7 Appended is a paper that was recently discussed with the Sheffield Health Overview and Scrutiny Committee setting out some other aspects of the STP development.

### **3 The Sheffield Local Sustainability and Transformation Plan: Key Messages and Timeline**

#### **3.1 Overview**

3.1.1 The latest iteration of the Sheffield Local STP (version 0.7) sets out the local Sheffield context, its vision and aims, the Sheffield case for change and what we will do and how we will do it.

3.1.2 It is important to note that this is still being further developed, in particular:

- Support from Price Water House Cooper in developing the Sheffield Financial Strategy (linking back into the South Yorkshire and Bassetlaw STP) and how the gear shift in where Sheffield spends its money will look over the course of the plan
- A further Transforming Sheffield Programme Board session to review the key messages and to fully agree our systems priorities based on where we will get the best impact
- Editing and formatting

## **3.2 Key Messages**

3.2.1 Key messages from the plan are:

- There is a case for a radical upgrade in prevention, which we will need to find a way to support both by investment as well as building prevention into the way that we work
- The gaps around health and wellbeing are well known and rehearsed in particular with poorer outcomes for life expectancy, healthy life expectancy (a substantial gap), educational attainment unemployment and housing compared to the England average
- We have particular challenges around delayed transfers of care following admission and for people staying at home 91 days after leaving hospital; and access to hospital services are becoming increasingly challenged against national expectations (performance indicators like 18 week referral to treatment standards)
- We know that there are services that don't offer value for money and therefore need to be reviewed with a view to decommissioning or recommissioning differently
- We need to work differently as a system, developing strong and visible system leadership that builds the culture and capability required to deliver what we plan to

## **3.3 Finance**

3.3.1 The Sheffield Local STP forecast deficit based on a do nothing scenario is - £235m, this figure is taken from the methodology used for the South Yorkshire and Bassetlaw STP financial calculations. Sheffield has commissioned a piece of work from Price Water House Cooper to secure a more detailed understanding of the Sheffield money and inform our Financial Strategy for managing our money across the system; this will map out and support investment as well as detail the shift in spend from hospitals into prevention, communities and primary care. The required investment will also set out how Sheffield will use any incoming transformational funds.

3.3.2 To help understand the STP calculations it is important to understand:



- That the STP process requires NHS organisations to calculate per national rule set:
  - CCGs – Compares our allocation with projected expenditure. Thus includes price and demand led cost pressures, together with investment to meet FYFV national priorities in primary care and mental health. Gap (or efficiency target) is derived by assuming we meet business rules e.g. 1% surplus each year as well as pressures/investment requirements.
  - Sheffield CCG has allocation uplift which is well below average in all years to 20/21 as adjudged to have existing funding more than 5% above “fair shares” target funding, which means our financial gap likely to be higher than average.
  - Trusts – Gap comprises any historic deficit plus the 2% efficiency requirement embedded in national NHS prices and as a result of expected loss of other non-activity based income e.g. national education & training grants.
  - Following new guidance ALL organisations are assumed to deliver 2016/17 control totals, and hence deliver QIPP/CIP (i.e. efficiency) programmes in full and recurrently. Hence the Gap now looks at 4 years from 2017/18.
  - No guidance on how Local Authorities calculate their Gap. Work to confirm the approach across the 4 South Yorkshire LAs covering adult & Children's social care and PH grant is being done currently.
  - No organisation able to assume any share of national STP funding. Sheffield Trusts should receive c£22m sustainability funding non-recurrently in 2016/17. Trusts will similarly receive non recurrent support in 2017/18 and 2018/19 but amounts to be confirmed. For 2020/21 the South Yorkshire and Bassetlaw STP area has an indicative allocation of £105m. The element which Sheffield might receive as part of this will play out as part of resolving SY&BL system wide STP plan.
  
- Solutions have to be mapped to NHS efficiency programme headings for STP but broadly fall into 3 categories:
  - Individual organisational business as usual (BaU) efficiencies – Trusts must deliver min 2% either through Carter workstreams e.g. rationalisation of back office functions and estates or other actions; for CCGs main area of BaU is GP prescribing; LAs to identify efficiency proposals
  - Reduction in demand in particular for acute hospital care (urgent and elective) but also long term nursing and social care. Modelling continues as to whether we can simply reduce the growth in activity or are actually able to reduce activity below 2016/17 levels. This is important particularly as the first avoids the need to increase capacity etc. but the second requires a reduction in workforce, estate etc. and likely therefore modelling suggest can't expect to release 100% of costs in short-medium term. The Local health & social care Place Based Plans are seen as primary source of identifying solutions to reduce demand, including enhancing out of hospital capacity, self-care and prevention actions.
  - Reconfiguration of acute services where these could lead to consolidation of the number of sites from which selected services are provided. This is

to ensure resilience and quality of service as well as potentially reduce costs for providers. Costs for commissioners assumed to stay the same if volume of activity remains the same.

### 3.4 What we are going to do

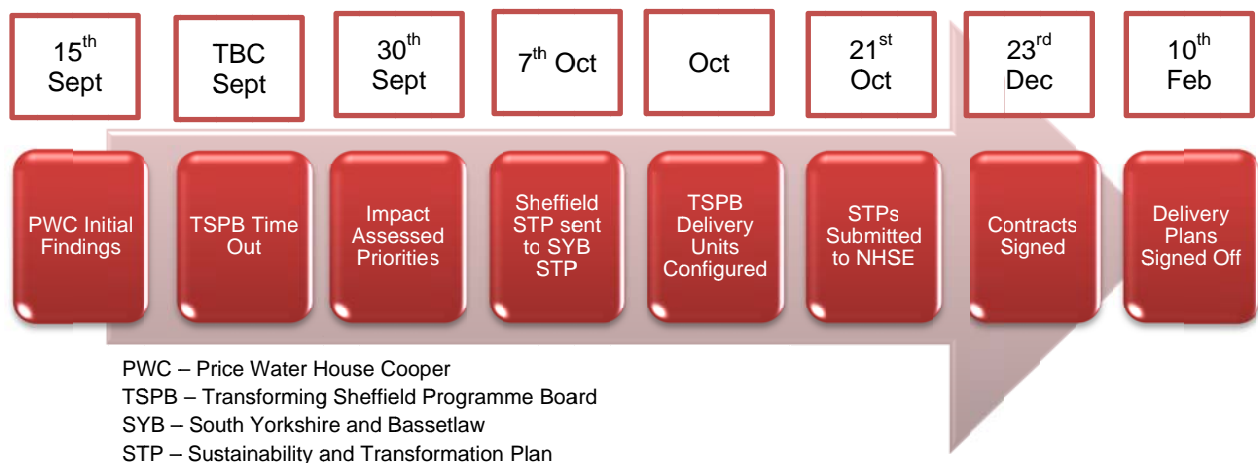
3.4.1 The plan sets out programmes of work across each of the tiers of health (pages 19-24). These need to be prioritised to ensure that we are able to deliver them effectively and will require a staged approach that considers impact and phasing. This will be described fully by the end of September and will be informed by both the work that Price Water House Cooper is undertaking as well as the next Transforming Sheffield Programme Board session. Figure 1 below describes what the programmes over the next 5 years look like at this stage as well as year 1 priorities (the latter having been developed as part of the first Transforming Sheffield Programme Board timeout session).

**Fig. 1 Sheffield Plan Programmes of Work and Year 1 Focus:**

<u>Programmes</u>	<u>Year 1</u>
<b>Early Years and Families</b>	We will empower parents, families and carers to provide healthy, stable and nurturing family environments
<b>Education and Aspiration</b>	We will Implement a new Vulnerable Young People's Service  We will Increase the proportion of school ready children
<b>Heart of Sheffield</b>	We will recognise the link between employment and physical and mental health and help more people into work
<b>Helping More People into Work</b>	We will agree a single risk stratification process for our population and agree how we use this so that we can then target our resources so we can help those most at risk
<b>We Are The NHS</b> (self-care and social prescribing)	We will agree a single risk stratification process for our population and agree how we use this so that we can then target our resources so we can help those most at risk
<b>Strengthening Primary Care</b>	We will invest heavily into the development of neighbourhood working
<b>Care Planning and Person Activation</b>	We will work with our staff and teams to promote flexibility, to promote patient centred services and to promote a culture in Sheffield where staff across organisations are enabled to resolve difficult issues which
<b>Help to Stay at Home</b>	
<b>Accountable Care System with MCPs</b>	

	impact on patients and communities
<b>Referral and Pathway Coordination</b>	We will tackle inequalities head on by making disproportionate investments in effort and resources into those communities with most need

### 3.5 Timeline



3.5.1 This timeline will develop in detail informed both by the final detail of the plan and priorities as well as the national NHS operational planning guidance expected during September.

## 4 Summary

- 4.1 This paper summarises the latest position on the development of the South Yorkshire and Bassetlaw STP and the Sheffield Local STP, key next steps and points for discussion.
- 4.2 It sets out the content of the Sheffield Local STP, its case for change including some detail behind the current financial figures as derived from the STP calculations. And it describes the key things we will do based on the inputs and discussion to date.
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- 4.5 The Governing Body needs to consider the current stage of progress in relation to both the South Yorkshire and Bassetlaw STP and the Sheffield STP and agree how it would like to be kept involved and informed in future shaping of the plan.

## **5 Questions for the Board**

### **The board is asked:**

- To note the context in which the STP is being developed, and the challenging timescales that have been set.
- To note that many of the constituent parts of the plan reflect plans that are already in train – both at South Yorkshire and Sheffield level.
- To note that the plan represents an opportunity to transform service provision in a way that better enables us to meet the three goals of improved health & wellbeing, improved service quality, and improved efficiency.
- To consider whether there are improvements to the way the plan is being developed that will enable greater involvement and engagement of groups not currently involved.
- To consider whether there are elements of the plan or process that need to be made more visible and explicit

### **Author and Date**

Nicki Doherty 19<sup>th</sup> September 2016

### **Appendices**

- 1) Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee. 14<sup>th</sup> September 2016 on the SYB STP.
- 2) Slides used in this presentation with Scrutiny.
- 3) Sheffield Place Based Plan V0.7