

# REPORT TO THE HEALTH & WELLBEING BOARD

8 October 2019

## Developing the SYB Long Term Plan Progress Update: SYB System Strategic Plan

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<b>Report Sponsor</b>	
<b>Report Author</b>	Jeremy Budd, Director of Commissioning, Barnsley CCG

<b>1.</b>	<b>Purpose of Report</b>
1.1	<p>The aim of this paper is to provide an update on:</p> <ul style="list-style-type: none"><li>• Our cross-system and bottom up approach to developing the SYB ICS Strategic LTP narrative response;</li><li>• The progress made in developing our Strategic Plan response to the LTP and a the ambition, emerging themes and priorities ;</li><li>• Next steps.</li></ul>
1.2	<p>The paper is intended to provide an update of progress and enable discussions on the SYB 1<sup>st</sup> draft strategic plan. The Plan includes key drivers for the strategic narrative, including the need to reduce health inequalities and unwarranted variation, improve population health and outcomes, access, quality of care and patient experience and how strategically we flex our resources across the balance of health and care to best meet the needs of all of our local populations.</p>
<b>2.</b>	<b>Recommendations</b>
	<p>The Health and Wellbeing Board are asked to:</p> <ul style="list-style-type: none"><li>• Note the national requirements for NHS planning and SYB progress to date</li><li>• Receive the draft plan</li><li>• Note initial sharing of the draft plan on 27 September</li><li>• Provide feedback on key content including the level of ambition within the plan</li></ul>
<b>3.</b>	<b>Introduction/ Background</b>
3.1	<p>The SYB Strategic plan for 2019-24 has taken into account the LTP Implementation Framework (LTPIF) published 27th June.</p>
3.2	<p>It presents systems with a very challenging planning timetable with both strategic and operational planning for multiple years required simultaneously.</p>
3.3	<p>It sets out three core components of the LTP that ICS's must deliver:</p> <ul style="list-style-type: none"><li>○ <u>Strategic Delivery Plan</u> – a system narrative that describes the ambition and five- year strategy of the ICS, how it will deliver the LTP requirements.</li><li>○ <u>Strategic Planning Tool</u> – that sets out five-year plans at ICS/STP level for finance, activity and workforce in support of delivery of the Long Term Plan</li></ul>

	<ul style="list-style-type: none"> <li>○ <u>Strategic Planning LTP Collection template</u> - that sets out five-year trajectories at ICS/STP level for the LTP metrics</li> </ul>
3.4	The first draft LTP plan was shared with the NE&Y NHSE / I region on 27th September and final plans are expected to be signed off on 15th November 2019.
3.5	SYB will take part in a peer to peer process week commencing 2 October 2019 which is aimed at offering a supportive and development dimension to the NHS regional assurance of plans following which we will receive feedback.
3.6	<p>The LTP plan must be developed following the core principles set out in the LTPIF and which will be used as part of the NHSE/I assurance process. Plans are expected to demonstrate they are:</p> <ul style="list-style-type: none"> <li>• Clinically led</li> <li>• Accessible to the public</li> <li>• Based on local context</li> <li>• Reflecting local system priorities</li> <li>• Addressing health inequalities</li> <li>• Closing the three gaps (set out in the FYFV and covered in the STP)</li> <li>• Describe governance and relationships</li> <li>• Give clarity of service models</li> <li>• Be focused on delivery</li> <li>• Have enabling strategies</li> <li>• Align workforce, activity and finance</li> <li>• Be clear on risks</li> </ul>
<b>4.</b>	<b>Progress to date to develop the SYB Long Term Plan</b>
4.1	The SYB cross-system LTP Task and Finish Group is well established with place and sector representation to provide oversight and coordinate the work to develop our plan. An LTP Finance Group is also in place to oversee the development and population of the financial model. Existing regional infrastructure is coordinating the workforce aspect.
4.2	Engagement work is ongoing. A SYB ICS guiding coalition met in early July to influence the development of our plan and is due to convene again in early October. The key themes identified through the engagement work by Healthwatch, the ICS communications and engagement team and the feedback from the public survey have all been shared to inform the initial plan development. The staff survey and opportunity for local politicians to contribute will end in mid-September and together with all the information will be independently analysed with a final report due at the end of September. Interim reports with key themes have been used to inform the ongoing development of the plan.
4.3	In addition to developing the plan narrative work has been initiated on the other requirements to populate the Strategic Planning Tool. The Finance Group coordinated populating the strategic planning tool. This process has

	<p>been challenging as it brings forward traditional operational planning for multiple years to align to the development of our strategic plan over the lifespan of the LTP. It was completed and shared alongside the draft narrative on 27<sup>th</sup> September.</p>
4.4	<p>We continue to await finance guidance which will set out trajectories for our system within a revised financial framework for 2020/21 onwards moving away from current financial regimes. Trust workforce leads completed a HEE led workforce submission in early September, similar to that in the tool.</p>
4.5	<p>Work has also been undertaken to populate trajectories for the LTP headline metrics. These were also shared on 27<sup>th</sup> September. Alongside this there has also been work to identify key areas where we can improve health outcomes and reduce inequalities.</p>
4.6	<p>The draft strategic Plan narrative was shared with the SYB Health Oversight Group on 26<sup>th</sup> September and the SYB Health and Wellbeing Board Leads on 27 September and initial feedback was given in a number of areas.</p>
4.7	<p>We continue to liaise with the SYB DPHs and Public Health England to ensure that we have a common understanding of population health in SYB, our challenges and health inequalities and to harness their expertise in our developing approach to prevention and reducing health inequalities. More broadly we acknowledge the importance of the wider determinants of health and have identified a number of areas where the NHS can take action to directly impact on wider determinants, to complement boarder joint working with the Local Authorities around these.</p>
<b>5.</b>	<p><b>Building on our local context and a summary of the key emerging themes</b></p>
5.1	<p>Our first strategic plan was published in 2016 and we have just published our 3 year review of our achievements. Throughout 2019 we have been engaging with the public, patients, staff and partners on what they want to see happen next. We used the NHS Long Term Plan, published in January 2019, as the backdrop for our conversations and building on the work in our neighbourhoods and places and the work taking place across SYB and wider. Feedback from our conversations in 2017, on the back of our first plan, has also informed our thinking, approach and priorities which are set out in the draft strategy.</p>
5.2	<p>The feedback and our commitment following the guiding coalition in the summer were to reiterate and reinforce our commitment to tackling health inequalities. Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average, which means that people are on average living fewer years in good health and many are living with multiple long term conditions.</p>
5.3	<p>The shape of our draft plan will begin with expressing our continued journey and our achievements to date which are captured in our 3 year review. It continues to build on the vision we have set out which is “ we want everyone</p>

	<p>on South Yorkshire to have a great start in life, supporting them to stay healthy and live longer” with our ambitions set out in 4 strategic themes:</p> <ul style="list-style-type: none"> <li>• Developing a population health system</li> <li>• Strengthen our foundations</li> <li>• Building a sustainable health and care system</li> <li>• Broadening and strengthening our partnership to increase or potential</li> </ul>
5.4	<p>We have high levels of the common causes of disability and death, including high rates of smoking, obesity, physical inactivity and hospital admissions due to alcohol. Much of this burden of illness can be prevented or delayed.</p>
5.5	<p>Our reinforcing of our commitment will mean we will take a three-pronged approach to systemically tackle the inequalities in health and care, making it central to everything that we do. We will look at interventions at a civic level (with Health and Wellbeing Boards and local Integrated Care Partnerships), in the community (with local community, voluntary, social enterprises and faith organisations and with the voluntary, community and social enterprise sector) and in the health service (across health and care services). Our focus will be on cutting smoking, reducing obesity, limiting alcohol-related A&amp;E admissions and lowering air pollution.</p>
5.6	<p>We will build on the work we have started to give patients more options, better support and joined up care at the right time in the best care setting and we reinforce our commitment to this being as close to home as possible. In our 2016 plan we identified significant challenges to the sustainability of acute services in the region and as a result of a comprehensive and inclusive review of those services, we agreed to develop hosted networks.</p>
5.7	<p>There are now 30 Primary Care Networks (PCNs) in South Yorkshire and Bassetlaw, all preparing to extend the range of convenient local services and create integrated teams of GPs, community health and social care staff. This will strengthen the neighbourhood model to provide fast support to people in their own homes as an alternative to hospitalisation, as well as increase support for people living in care homes and develop social prescribing offers.</p>
5.8	<p>Since our 2016 plan, two of our ‘Places’ have launched urgent treatment centres to help people get the care they need fast and to relieve pressure on A&amp;Es. The LTP plan asks systems to build on this progress with increasingly ‘same day emergency care’ as we balance our focus on hospital and out of hospital care with initiatives in the community and in our hospitals we improve processes and standardise practices. By redesigning hospital support, we will give patients the right to alternative modes of appointment such as online, telephone or video consultations. We will also carry out more planned operations and join up care better by increasing access to shared medical records.</p>
5.9	<p>We have started to make in-roads in our efforts to improve the quality of care</p>

	and outcomes in cancer, children's services, stroke and mental health and learning disabilities and will now step these up at the same time as widening our focus to include diabetes, cardiovascular disease and respiratory conditions.
5.10	Workforce issues are a key driver for much of the work of the ICS. Our workforce challenge is in part because our workforce has not grown in line with the increasing demands on the NHS and also because the NHS hasn't been a sufficiently flexible and responsive employer. Our Plan aims to put this right by tackling nursing shortages and securing current and future supply, make the NHS in South Yorkshire and Bassetlaw the best place to work and improve our leadership culture while introducing new roles, rostering and programmes that enable flexibility for staff.
5.11	In 2016 we set out an ambitious journey to deliver digitally enabled care, but acknowledge that our progress has been limited. Some of our partners have made positive progress in delivering digital capabilities to integrate health and care teams around the person but the context of the LTP informs is that we need to do more. We are determined to ensure that patients and their carers can better manage their own health and clinicians can access and interact with patient records and care plans and decision support where they are. To achieve this, we will establish the basic digital capabilities across integrated health and care, ensure greater use of information and advancing capabilities and digitally enable citizens and professionals.
5.12	We also want to strengthen our approach to innovation and have partnered with the Yorkshire and Humber Academic Health Science Network to establish an Innovation Hub which will become the vehicle for system-wide innovation.
5.13	Bolstered by national transformation funding for some areas, such as cancer and mental health and primary care, we have been able to accelerate progress for patients in these areas. We need to ensure that achieving improved population health outcomes and optimal health and care delivery is not hindered by how we plan or pay for health and care services. We will deliver for tax payers, taking forward efficiency plans while we work with new payment systems and incentives across our NHS organisations to achieve financial balance.
5.14	The STP was underpinned by what we described as three gaps we needed to tackle, the health and wellbeing gap, the quality in care gap and the finance and efficiency gap. Whilst the financial settlement for the NHS is already set out there remain some significant unknowns for the financial context to the LTP and significant challenges remain which include the challenge in funding position in social care. This provides additional context to our strategic considerations and plans and will set the context for the level of ambition our system will need to consider as we develop our strategy and plans.
5.15	Our partnership and governance has evolved across the system and within

	<p>each place. Each of our local places have developed strong partnerships in place across health and care. Across the SYB partnerships and collaborative working has continued to evolve with some adopting more formal arrangements where this make sense to do so. We have already started to broaden and strengthen our partnerships across SYB with Local Government and with the City regions on shared priorities. This is an area of our plan which will need further discussion and time to reflect how we broaden and strengthen out partnerships to achieve our ambitions over the next 4 years.</p>
<b>6.</b>	<b>Key priorities to improve health outcomes and reduce health inequalities</b>
6.1	<p>A data pack has been developed using health outcome related data from the Public Health England (PHE) and global burden of disease websites. Using this we have identified 5 key areas where there is significant potential for health gain in SYB as follows:</p> <ul style="list-style-type: none"> <li>• Best start in life</li> <li>• Improve mental health and wellbeing</li> <li>• Reduce smoking, harm from alcohol and obesity</li> <li>• Improve cardio- respiratory health</li> <li>• Early diagnosis and increased survival from cancer</li> </ul>
6.2	<p>For each area we are now in the process of identifying a headline ambition and metric, and a set of sub metrics, aligning to the LTP metrics where possible.</p>
<b>7.</b>	<b>Conclusion/ Next Steps</b>
7.1	<p>Work will continue to engage stakeholders.</p> <ul style="list-style-type: none"> <li>• The draft narrative was shared on 27th September with NHS England and Improvement and feedback is awaited.</li> <li>• Peer to peer process with the 4 systems in the Y&amp;H and NE region - 2 October 2019</li> <li>• Draft Plan available for Board, Governing Bodies, Councils and key stakeholders</li> <li>• Final draft due 15 November</li> </ul>
<b>8.</b>	<b>Appendices</b>
8.1	SYB ICS Draft LTP Slides – 27 September 2019
<b>9.</b>	<b>Date of Report</b>   1 October 2019