

Sustainable Transformation Plans

Briefing for CYC Health and Adult Social Care Policy and Scrutiny Committee

Summary

1. This paper provides an overview of the current planning arrangements for Clinical Commissioning Groups (CCGs), in particular NHS Vale of York CCG.

Background

2. The planning guidance issued by NHS England in March 2016 asked for all CCGs to collaborate across wider geographical areas to create Sustainable Transformation Plans (STPs) for the next five years (2016-21). This requirement was in addition to the submission of an annual operating plan, and for NHS Vale of York CCG, the 2016-17 year represents Year 3 of its five-year plan, “My Life, My Health, My Way”, which was widely consulted on at the time of its creation in 2014, and which sets out the ambition for the Vale of York area.

Establishment of geographical footprints

3. NHS England asked CCGs to work together to create and deliver transformation across wider geographical areas than at single CCG-level, taking into account patient flows at secondary and tertiary level. The final decision on footprints was taken by NHS England to create groupings of a certain minimum size and reach, giving a final set of 44 groupings for which sustainable transformation plans are to be developed. The Vale of York area was considered as part of a Humber, Coast and Vale group; York Teaching Hospital Foundation Trust maintains sites at Scarborough and Bridlington, and the urgent and emergency care network works across this geography.

Development of STPs

4. A continuing focus of CCGs as commissioners will be within the already established localities working with the existing partnerships and populations, including local authorities, health and wellbeing boards and providers.

However, increasingly CCGs will need to work beyond current geographical boundaries in order to address the care quality, health outcomes and financial gaps facing the NHS, as outlined in the Five Year Forward View. We all face risks associated with vulnerable services linked to workforce, and share issues around the uses of technology and digital records. It is not likely that we can address all of these issues successfully alone.

5. The recent planning guidance sets out a direction of travel towards place based planning rather than a continued focus on individual organisational planning alone. For many issues the place will continue to be an individual CCG or local authority footprint, for example integration and transformation of community-based services across the Vale of York and targeted prevention activity with wards. For some, however, there will be other levels of planning as appropriate, for example the System Resilience Group level focused on delivering NHS Constitution waiting time targets, or the six-CCG level for specialised commissioning, Cancer pathways and Urgent and Emergency Care pathways.

A shift of emphasis

6. The emphasis on commissioning for places has been developing with the delegation of primary care commissioning to CCGs and this will be reinforced by the likely delegation of specialised commissioning by NHS England. Specialised commissioning will require more formal arrangements between CCGs in order to enable this to be carried out at scale. In addition, the move to place based planning means that CCGs will need to work jointly with providers on the approach to develop plans that achieve sustainable services. The geography covered by place based work will vary subject to the nature of the services being commissioned and the degree of interdependence with other commissioners and providers.
7. The Humber Coast and Vale group will work across stakeholders to develop a list of shared priorities, based on evidence from Public Health England and the local public health team's analyses. The group can then identify the quality, health and finance gaps at scale and be clear about the plan for addressing these.
8. The governance arrangements will ensure there is appropriate representation across the STP and that the needs of our populations are considered equally.

The governance arrangements will facilitate joint decision making and the principle of subsidiarity, including making sure there is maximum operational devolution. The focus of the governance structure will be to propose recommendations back to the boards, governing bodies and committees of the individual statutory organisations to allow them to take informed decisions.

9. In taking this forward no single CCG will be a lead commissioner; the approach is based on shared responsibility across the 6 CCGs. As peers CCGs would develop and agree what work needs to be done at a system level and then review progress with joint arrangements for holding to account. The adoption of shared responsibility will involve a shift in attitude rather than accountability. It is about moving to collaborative leadership of a network of people in different places at different levels in a system in order to create a shared endeavour and to co-operate to bring about significant change.
10. In summary:
 - CCGs will not be able to close the quality, health and finance gaps without collective action on some issues;
 - there will be multiple levels of place but for some issues the appropriate place will be the STP;
 - collaborative working will require formal agreements and governance structures, but it will be important to determine a way of ensuring delivery based on peer working, support and facilitation.