

**Appendix 1**



**Report to Healthier Communities  
and Adult Social Care Scrutiny and  
Policy Development Committee  
14<sup>th</sup> September 2016**

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**Report of:** Commissioners Working Together

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**Subject:** Update on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan

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**Author of Report:** Will Cleary-Gray, Programme Director

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**Summary:**

This paper is to update the OSC on the developing South Yorkshire and Bassetlaw Sustainability and Transformation Plan and inform them of next steps for engagement.

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**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

**The Scrutiny Committee is being asked to:**

The Committee is asked to note the update and next steps

**Background Papers:**

N/A

**Category of Report:** OPEN

# **South Yorkshire and Bassetlaw Sustainability and Transformation Plan – an update**

## **1. Introduction**

1.1 In January 2016 health and care organisation across England were asked to come together to develop sustainability and transformation plans (STP) to take forward the Five Year Forward View strategy for England; building on existing work already taking place in local communities.

Led by Sir Andrew Cash, 17 of South Yorkshire and Bassetlaw's health and care, education and research organisations are working together to improve local services for our combined population.

## **2. South Yorkshire and Bassetlaw Sustainability and Transformation Plan**

2.1 There have been some big improvements in health and social care in South Yorkshire and Bassetlaw in the last 15 years. People with cancer and heart conditions are experiencing better care and living longer, waits are shorter and people are more satisfied. We are proud of our local services and the huge progress we've made so far.

However, people's needs are changing, new treatments are emerging, the quality of care is variable, and preventable illness is widespread.

With this, and the need to develop a local STP, in mind, over the last few months, we've been working 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.

We are in the very early stages of looking at how we can address the challenges facing our health and care services and improve the health of our population.

We have a strong community of stakeholders, including more than 10,000 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. We are also working closely with our STP associate partners in North Derbyshire and Mid-Yorkshire. We employ 74,000 staff across health and social care and administer £3.9bn public funds each year.

Our thinking starts with where people live, in their neighbourhoods focusing on people staying well. We want to introduce new services, improve co-ordination between those that exist, support 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.

At the same time, we 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. We will do this by working together more closely, by developing a networked approach to services.

We 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, we want to improve their life chances.

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

## **2.2 We want to improve the quality of care people receive**

We want to make sure that the care people receive is always high quality – regardless of where they live, which medical professional they see, and whether they are treated at a GP surgery, care home or elsewhere.

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.

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.

## **2.3 We want to improve health and wellbeing for everyone**

In South Yorkshire and Bassetlaw, people are living longer, but we have high levels of deprivation, unhealthy lifestyles and too many people dying prematurely and from preventable diseases.

Poor eating habits can lead to weight gain, which in turn can result in serious complications like type 2 diabetes. Smoking and alcohol consumption, which are particular issues in our region, are also harmful and can increase the risk of cancer. We also know that there are higher than average deaths in people under the age of 75 from cancer, heart disease and serious mental illness.

Our levels of childhood poverty are significantly higher than the national average and the gap is widening. We also have significant deprivation and inequalities, with a difference in healthy life expectancy of more than 20 years across our area – and we have higher than the national average of teenage conceptions and mums smoking during pregnancy.

Many of these can be prevented by different lifestyle choices and keeping a check on our health.

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.

#### **2.4 We want to ensure our services are efficient**

Along with health and care services across the country, we face 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.

Extra money has been provided for our NHS organisations but we still estimate a gap of around £727 million 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 What next?**

We have been asked by NHS England to present a high level financial analysis of the gap in resources in mid-September. By mid-October, we expect local conversations with patient and voluntary groups and partners to have progressed across all our areas to a place where we have more detailed plans and our final submission will be on 21 October.

We then expect to pre-consult on the plan widely with the public in the New Year.

From October, we are starting formal consultation on proposals to hyper acute stroke services and children's surgery and anaesthesia services across our region. Both these proposals are based on reviews which showed that people have different experiences and receive different standards of care depending on where they live. Both these reviews are examples of some of the work to improve services across South Yorkshire and Bassetlaw and will lead to more sustainable services for Stoke and Children's care.

### **3 What does this mean for the people of Sheffield?**

3.1 We believe that to improve care for the people of Sheffield (and South Yorkshire and Bassetlaw as a whole), health and care services need to work more closely together, and in new ways.

By working in this way, we will also be able to contribute to the region's economic growth, helping people to get and stay in work. As well as supporting their health and wellbeing, this will help to keep South Yorkshire and Bassetlaw economically vibrant and successful.

## **4. Recommendation**

4.1 The Committee is asked to note the update and next steps