

Report to Hackney Health and Wellbeing Board

Item No:		Date:	5 October 2016
Subject:	Update on North East London Sustainability and Transformation Plan (NEL STP)		
Report From:	David Maher, Deputy Chief Officer, City and Hackney Clinical Commissioning Group		
Summary:	<p>This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.</p> <p>A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. A summary of the progress to date is presented in Appendix A.</p> <p>The STP Board is establishing a working group of senior representatives from partner organisations to develop the STP governance. This includes Local Authority representation.</p> <p>We are currently planning how we will engage on the draft STP and expect to hold public events across north east London, so we can discuss it with local people. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available.</p>		
Recommendations:	<p>The Hackney Health and Wellbeing Board is asked to note the:</p> <ul style="list-style-type: none"> (i) summary of progress to date (Appendix A) (ii) proposed approach to developing governance arrangements for the STP <p><i>No formal decisions are required arising from this report.</i></p>		
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1 Financial Considerations

The NEL STP will include activities to address current financial challenges. There is a clear emphasis on reconciliation of activity and finance between organisations. Implications for estates and workforce are being considered as part of the development of the STP.

2 Legal Considerations

The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

3 Equality Impact Assessment

The NHS guidance states that the STP is required to meet the health and wellbeing needs of its population. To ensure this a detailed [Public Health profile for north east London](#) was carried out in March 2016 to identify the local health and wellbeing challenges. The profile shows that:

- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor.

All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

4 Attachments

Appendix A: Better health and care: developing a sustainability and transformation plan for north east London (A summary of progress to date), Summer, 2016

Comments of the Corporate Director of Finance and Resources	N/A
Comments of the Corporate Director of Legal, HR and Regulatory Services	N/A

Report

1. Introduction and Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Hackney is part of the NEL footprint.

1.2 STPs are five year plans built around the needs of local populations and are:

- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
- multi-year, covering October 2016 to March 2021
- umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
- required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
- to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes

1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.

1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

1.5 The NEL STP describes how locally we will meet the ‘triple challenge’ set out in the NHS Five Year Forward View, to:

- meet the health and wellbeing needs of our population
- improve and maintain the consistency and quality of care for our population
- close the financial gap

1.6 It builds on existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme

1.7 In addition, it will support the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

1.8 City and Hackney CCG is undertaking its own five year planning process as part of the NEL STP work which addresses all partner corporate priorities. The devolution pilot in Hackney (alongside other work in in the NEL area) has developed innovative commissioning models through the Better Care Fund, to meet the challenge of health and social care integration to support delivery models that are truly people-centred and sustainable in the long term.

1.9 The STP model will recognise the elements of the Hackney plans which are common to the other parts of NEL and draw them into a single system for NEL residents. These models have been developed by each health economy on an autonomous basis and this acts as a good starting point for future changes. The STP, as the umbrella plan, will take the best from existing plans and scale the benefits: this will allow NEL to come to a service model founded on place-based, integrated, person centred care delivered at scale.

1.10 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a ‘checkpoint’ and did not have to be formally signed off prior to submission. The [draft NEL STP](#) June submission formed the basis of a local conversation with NHS England on 14 July.

1.11 Formal feedback on the submission was received at the end of August; it asked that the next draft of our STP, due to be submitted to NHS England on 21 October:

- Clearly articulates the impact the STP proposals would have on the quality of care
- Provides more detail, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners.
- Includes plans for primary care and wider community services that reflect the [General Practice Forward View](#)
- Contains robust financial plans that detail the financial impact and affordability of what is proposed.
- Sets out plans for engagement with local communities, clinicians and staff

2. Proposal

Draft NEL STP

2.1 Initial discussions have led us to identify the following **vision and approach** to ensure the long-term sustainability of the NEL health and social care system. Appendix A provides a summary of the progress to date on the NEL STP.

Vision

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focussed on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

2.2 To implement this vision we have developed a common **framework** that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person centred, place based care for the population of NEL.

2.3 The **focus** throughout our work is to:

- Promote prevention and personal and psychological wellbeing
- Support people to access care closer to home
- Improve quality of secondary care for those who need it

2.4 The following five **enablers** have been identified to support our work.

Workforce: recruitment and retention of a high calibre workforce, including making NEL a destination where people want to live and work, ensuring our workforce is effectively equipped to support delivery of new care models, caring for the workforce and reduction in use of bank/agency staff.

Infrastructure: considering the best use of our estates across the system. We recognise that estates are a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit-for-purpose buildings and to meet the capacity challenges produced by a growing population. The STP will establish appropriate system leadership to ensure that people think about estates at an NEL level whilst building on local priorities.

Communications and engagement: ensuring stakeholders, including local people, understand and support the need to deliver the Five Year Forward View.

Technology: considering the best use of technology to support and enable people to most effectively manage their own health, care and support, and to ensure a technology infrastructure which supports delivery of new care models.

Finance: access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL.

Governance arrangements

2.5 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The **proposed principles for the development of these governance arrangements** are outlined below, and we would welcome any feedback on these principles:

- The governance will be as collaborative and streamlined as possible to ensure timely decision making
- Patients and local communities will be represented to ensure their voices are heard
- There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
- Decisions will be taken at the most appropriate level
- Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
- All areas of the NEL health and care system will be represented in the governance process
- The system level governance will be aligned with local delivery plans and governance arrangements

2.6 The STP Board has agreed to take an **inclusive and engaging approach to developing the governance arrangements** required, recognising the need to ensure all partners are thoroughly engaged in the process and the governance implications across the system are understood and aligned to the existing organisational governance and regulatory regime. The STP Board is establishing a working group of senior representatives from partner organisations to develop the STP governance. This includes Local Authority representation. The group is chaired by Marie Gabriel, Chair, East London NHS Foundation Trust. The group aims to have a proposal for the governance arrangements developed for testing and implementation in October. This initial set of arrangements will operate in shadow and be reviewed in January 2017 to check its effectiveness, with the aim of full implementation from April 2017. Best practice and expert advice will be sought to support the development of the governance. It is also anticipated that NHSE will release guidance at the end of September 2016.

2.7 Since the submission on 30th June discussions have been held to agree how we will work together to carry out the more detailed **transformation planning** that is required for the next submission in October. This process began with a series of workshops in July in each of the following areas in the NEL STP footprint: Barking & Dagenham, Havering and Redbridge; City & Hackney; and Waltham Forest, Newham and Tower Hamlets. Following these meetings the NEL Clinical Senate met and ratified a proposal to progress a range of transformation initiatives at three delivery levels (locally led / locally led with NEL coordination / NEL led with local delivery).

2.8 To implement this model 10 core workstreams have been established with SROs and Delivery Leads identified. Each workstream is developing their own governance and working group arrangements to support the process with more detailed planning ahead of the next submission in October, engaging with local lead across the system.

2.9 The workstreams are:

- Prevention (locally led with NEL coordination)
- Local Integration plans (locally led)
- Primary Care (locally led with NEL coordination)
- Planned Care (NEL led with local delivery)
- Maternity (NEL led with local delivery)
- Cancer (NEL led with local delivery)
- Unscheduled Care (NEL led with local delivery)
- Mental Health (locally led with NEL coordination)
- Medicines Optimisation (locally led with NEL coordination)
- Learning Disabilities, including the Transforming Care Partnership programme (locally led with NEL coordination)

2.10 As an example, a workshop was held with CCG and Local Authority representatives on 23 August to discuss the priority prevention programmes where joint working across NEL may enable greater benefits than are achievable through local working alone. This resulted in the recommendation to coordinate our efforts across NEL in three priority areas initially:

- Smoking cessation and tobacco control
- National Diabetes Prevention Programme rollout
- Workplace health

2.11 Nominations are being sought to take part in working groups to further progress our plans in these areas, once they are confirmed by Directors of Public Health.

Next steps

2.12 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- *Stage one:* individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October.
- *Stage two:* NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

2.13 We will use the **summary of progress to date** on the draft NEL STP which will be used to facilitate **engagement over the coming months**, enabling us to gather feedback, test our ideas and strengthen the NEL STP.

2.14 We are meeting with local public and voluntary stakeholders to discuss the plan. We held a successful meeting where partners, lay members and voluntary groups considered the challenges and opportunities of the STP. We have developed a website, <http://www.nelstp.org.uk> which shares some key points, links and background information about the STP and draws attention to the newly developed summary plan. We are also seeking to work with the voluntary sector to commission local organisations to engage with local people.

2.15 **Further work will continue** beyond this to develop the plan in more detail. For more information go to <http://www.nelstp.org.uk> or email nel.stp@towerhamletsccg.nhs.uk

3. Implications to consider

- 3.1 Whist we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. Much work within Newham and NEL more generally (including having a local authority Chief Executive on the STP board), has helped to address this. There is a need to consider how:
- **resources are allocated between different organisations and the way that risks and rewards are shared** (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
 - **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
 - **lessons from Vanguards and the Better Care Fund can be shared.**
- 3.2 We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.
- 3.3 In addition, the STP footprint does not align easily with other London Devolution Programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

Appendix A: Better health and care: developing a sustainability and transformation plan for north east London (A summary of progress to date), Summer 2016

<http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf>



NEL-STP-summary-2
016.pdf