



HEALTH & WELLBEING BOARD

Subject Heading:

**Update on North East London
Sustainability and Transformation Plan**

Board Lead:

**Conor Burke, Accountable Officer,
Barking & Dagenham, Havering and
Redbridge CCGs**

Report Author and contact details:

**Helena Pugh, Local Authority Engagement
Lead, NEL STP**
020 3816 3813
nel.stp@towerhamletsccg.nhs.uk

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report provides an 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. Appendix 1 provides an update on the plan's development including the draft vision, priorities and enablers which have been identified to support the work of the STP. As part of the STP development, several workshops are being held with key stakeholders to ensure their perspectives are reflected and woven into the STP.

A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016, and further work is continuing to develop the plan in more detail. Additional updates will be presented to the Board as they become available.

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For Barking & Dagenham, Havering and Redbridge, the detail of the local contribution to the Sustainability and Transformation Plan for north east London will be the propositions developed through the established programme to develop a business case for an Accountable Care Organisation.

N.B. On 30 June 2016 we submitted a draft STP to NHS England. Following further discussions with NHS England regarding our draft submission, due to take place on 14 July, we will be developing and sharing with our stakeholders a summary of the draft NEL STP. This summary document will be used to facilitate meaningful engagement on the NEL STP over the coming months, enabling us to gather feedback, test our ideas and strengthen our STP. For more information go to <http://www.nelstp.org.uk> or email nel.stp@towerhamletsccg.nhs.uk

RECOMMENDATIONS

The Havering Health and Wellbeing Board is recommended to:

- (i) Discuss the approach set out in Appendix 1 covering the vision, draft priorities and enablers which have been identified to support the work
- (ii) Provide feedback to the NEL STP Team

No formal decisions are required arising from this report.

REPORT DETAIL

1. 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) for accelerating the implementation of the NHS Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Havering is part of the north east London footprint. STPs are place-based, five year plans built around the needs of local populations. Further guidance was issued on 19 May which sets out details of the requirements for 30 June. The guidance states that the draft STP will be seen as a 'checkpoint' and does not have to be formally signed off prior to submission; it will form the basis of a local conversation with NHS England in July. Further work will continue beyond this to develop the plan in more detail.

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1.2. For Havering, the work to develop the detail underpinning the STP is being taken forward jointly with Barking & Dagenham and Redbridge through the development of the business case for an Accountable Care Organisation. The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, will be reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the NEL STP.

2. Proposal

2.1 Appendix 1 provides an update on the progress towards developing the NEL STP, covering the draft vision, priorities and enablers which have been identified to support the work.

2.2 Locally there has been significant engagement activity to bring a range of perspectives and priorities into an emerging overall approach to inform the development both of the NEL STP and the ACO business case including:

- Workshops for clinicians to develop the priorities for clinical improvement
- Local authority workshops that have sought to expand a wider vision for population health improvement and links between health impact, worklessness, welfare and housing
- Substantial work to ensure a developed locality model that can form the basis for the future operating model for accountable care across Barking & Dagenham, Havering and Redbridge
- Two voluntary sector workshops to expand the range of voices informing the development of the potential ACO proposition
- Regular meetings of senior finance representatives of the constituent organisations, facilitated by PwC, in order to ensure that the emerging financial model is robust, both in terms of the challenge and the activities that can close the gap

2.3 A telephone survey of 1,000 people from each of the three boroughs has been completed and the first cut of the results are being reviewed to see how they shape and refine the vision for local health and social care services. Additionally, a staff survey received 746 responses. This is providing useful information to guide thinking about the future model of services.

3. Engagement

3.1 The involvement of patients, staff and communities is crucial to the development of the STP. We want it to be based on the needs of local patients and communities and command the support of clinicians, staff and wider partners. Where possible, we will build on existing relationships, particularly through health and wellbeing boards and patient panels and forums.

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3.2 In addition, we are taking account of recent public engagement on the transformation programmes outlined above and where relevant the outputs are being fed into the STP process; this will ensure that the views of residents from each local authority area are incorporated into the draft submission. A specific session was also held for Healthwatch and patient engagement forum chairs to discuss the STP and how they would like to be engaged.

4. Financial considerations

4.1 The NEL STP will include activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

5. Legal considerations

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

6. Equalities considerations

6.1 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 of the NEL population 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 of the population eating 5-a-day.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.

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- 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.

6.2 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.

Appendices

Appendix 1: Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan

BACKGROUND PAPERS

- NHS Five Year Forward View <https://www.england.nhs.uk/ourwork/futurenhs/>
- Guidance on submission of Sustainability and Transformation Plans <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf>