



HEALTH & WELLBEING BOARD 21 Sept 2016

Subject Heading:

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

Board Lead:

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**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 a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016. A summary of progress to date (see Appendix 1) 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.

The STP Board is establishing a working group of senior representatives from partner organisations to develop the STP governance. This includes Local Authority representation.

Further work is continuing to develop the plan in more detail; the next iteration of the plan will be submitted to NHS England in October. Additional updates will be presented to the Board as they become available.

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 note the:

- summary of progress to date in Appendix A
- proposed approach to developing governance arrangements for the STP

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). 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); Redbridge 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 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.
- 1.9 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; it formed the basis of a local conversation with NHS England on 14 July.

1.10 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

2.1 Appendix 1 provides a summary of progress to date: Better health and care: developing a sustainability and transformation plan for north east London; it is also available at: <http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf>

Governance and leadership arrangements

2.2 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.

Transformation planning

2.3 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).

2.4 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. 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)

2.5 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

2.6 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.

Considerations

2.7 Whilst 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 BHR 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.**

2.8 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.

2.9 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. All three BHR local authorities are part of the Local London Partnership as three of eight London boroughs and we have joined together to develop and implement a coordinated programme to both seek meaningful devolution deals with regional and national government, and effectively deliver on any responsibilities transferred to the sub-region. (The other five boroughs are Bexley, Enfield, Greenwich, Newham and Waltham Forest.) Leaders and Mayors for the boroughs that form part of 'Local London' have received a report and presentation on 15 July about the health devolution work in Barking & Dagenham, Havering and Redbridge, and began to consider how the footprint of the STP can be reconciled with the differing Local London geography, as well as what the BHR ACO work can bring to devolution work in Local London.

2.10 Other NEL STP local authorities such as Hackney and City of London are partners in other London devolution programmes. Therefore careful management will be required within the STP footprint if the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

Next steps

- 2.11 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 (Havering's workshop will take place on 28 September).
 - *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.
- 2.12 **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@towerhamletscqg.nhs.uk

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.
- 3.2 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 of progress to date. We are also seeking to work with the voluntary sector to commission local organisations to engage with local people.

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 for north east London](#) 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.
- 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: 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
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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>