

North Yorkshire County Council

Scrutiny of Health Committee

18 November 2016

Sustainability and Transformation Plans - update

Purpose of Report

This report provides members with details of progress with the development and implementation of Sustainability and Transformation Plans both nationally and locally. The report also highlights some of the challenges faced and areas that committee members may wish to look at in greater depth.

Introduction

1. The North Yorkshire Clinical Commissioning Groups (CCGs) previously brought a report to this committee on STPs at the meeting on 22 April 2016. The report outlined the NHS England rationale, what the STP footprints were likely to be and the governance structures. Since then, the committee Chairman has provided regular verbal updates on local progress with the development of STPs. Over the September and October, the planning process has increased in both pace and scope. The potential impact of STPs has also been discussed more widely in public arenas. As such, it is timely to have a paper that provides an overview of the current position.

Background

2. In December 2015, NHS England asked every health and care system to come together to create their own local blueprint for accelerating the implementation of the 'NHS Five Year Forward View'. These blueprints are known as Sustainability and Transformation Plans (STPs).
3. The 'NHS Five Year Forward View' was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. On page 5 (para 13), it outlines the financial pressures faced by the NHS and what needs to be done to address them:

"In order to provide the comprehensive and high quality care the people of England clearly want, Monitor, NHS England and independent analysts have previously calculated that a combination of growing demand if met by no further annual efficiencies and flat real terms funding would produce a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. So to sustain a comprehensive high-quality NHS, action will be needed on all three fronts – demand, efficiency and funding. Less impact on any one of them will require compensating action on the other two."

4. The emphasis is upon providing a route to sustainably improved services for patients.

Sustainability and Transformation Plans

5. There are 44 STPs in England and each one covers the period October 2016 to March 2021. The STPs range in size, with the smallest area covering a population of

300,000 and the largest 2.8 million. They have principally been determined based upon patient flows to key acute hospital trusts.

6. The plans must cover the following:

- Top local issues that will help close the three 'widening gaps' identified in the NHS Five Year Forward View (health and wellbeing, care and quality, finance and efficiency)
- The full range of health services (with expectations that they will also cover local government social care provision)
- Span a range of delivery plans, covering different geographies
- Not duplicate but fill gaps between existing agreements.

7. The plans also need to take into account current workforce shortages within the NHS and promote collaboration between health organisations, not competition as previously.

Assessment criteria

8. The plans that have been developed to date have been through three separate submission processes, in April, June and October of this year. NHS England is now reviewing the plans and assessing whether they meet the required standard. The plans must satisfactorily address the: three 'widening gaps'; '9 must do's'; and '10 big questions'.

9. The three 'widening gaps' are as previously indicated. The '9 must do's' are listed below:

1. Develop a high quality and agreed STP
2. Return the system to aggregate financial balance
3. Develop and implement a local plan to address the sustainability and quality of general practice
4. Address access standards for A&E and ambulance waits
5. Improvement against 18 week Referral to Treatment target
6. Deliver 62 day cancer waiting standard, continue to deliver the two week and 31 day cancer standards and make progress in improving one-year survival rates
7. Achieve and maintain the two new mental health access standards and continue to meet a dementia diagnosis rate
8. Delivery of local plans to transform care for people with learning disabilities
9. Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.

10. The '10 big questions' are listed below:

1. How are you going to prevent ill health and moderate demand for healthcare?
2. How are you engaging patients, communities and NHS staff?
3. How will you support, invest in and improve general practice?
4. How will you implement new care models that address local challenges?
5. How will you achieve and maintain performance against core standards?
6. How will you achieve our 2020 ambitions on key clinical priorities?
7. How will you improve quality and safety?
8. How will you deploy technology to accelerate change?
9. How will you develop the workforce you need to deliver?
10. How will you achieve and maintain financial balance?

11. Failure to answer these questions to the satisfaction of NHS England can lead to reductions in funding made available to the STP.

Performance management

12. Once the plans have been agreed by NHS England, consulted upon and implemented then they will be assessed against joint performance metrics with system wide targets. These joint performance metrics are to be published in November 2016 and are likely to cover:

- Finance
- Quality
- A&E and referral to treatment targets
- Health outcomes and care redesign
- Cancer
- Mental health and GP implementation plans
- Hospital bed days
- Emergency admissions.

Timetable

13. The timetable for the development, consultation and engagement on the STPs is fluid. Equally, a number of organisations appear to be working outside of the timetable and have already published the STP plans for their area. At the time of writing, the timetable that has been set by NHS England is:

- Draft versions submitted in October 2016
- Summary document published in December 2016
- Formal consultation on any proposed major service changes will commence in June 2017.

14. The view is that the formal consultation on any major service changes has been delayed until June 2017 to avoid a clash with local government and mayoral elections in May.

Public engagement

15. Each STP is a partnership of NHS and other organisations who are working together to develop and deliver a local plan. They are not statutory bodies. As such, each individual organisation remains accountable for ensuring their legal duties around consultation and engagement are met.

16. A key route for engagement with local government that has been identified is through Health and Wellbeing Boards.

STPs covering North Yorkshire

17. North Yorkshire is one of a small number of local authorities that is covered by three STPs. The norm is for the STP to be broadly co-terminous with the upper tier authority boundaries.

18. The three STPs are: 1) Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; 2) Humber, Coast and Vale; and 3) West Yorkshire and Harrogate. Please see the map below.



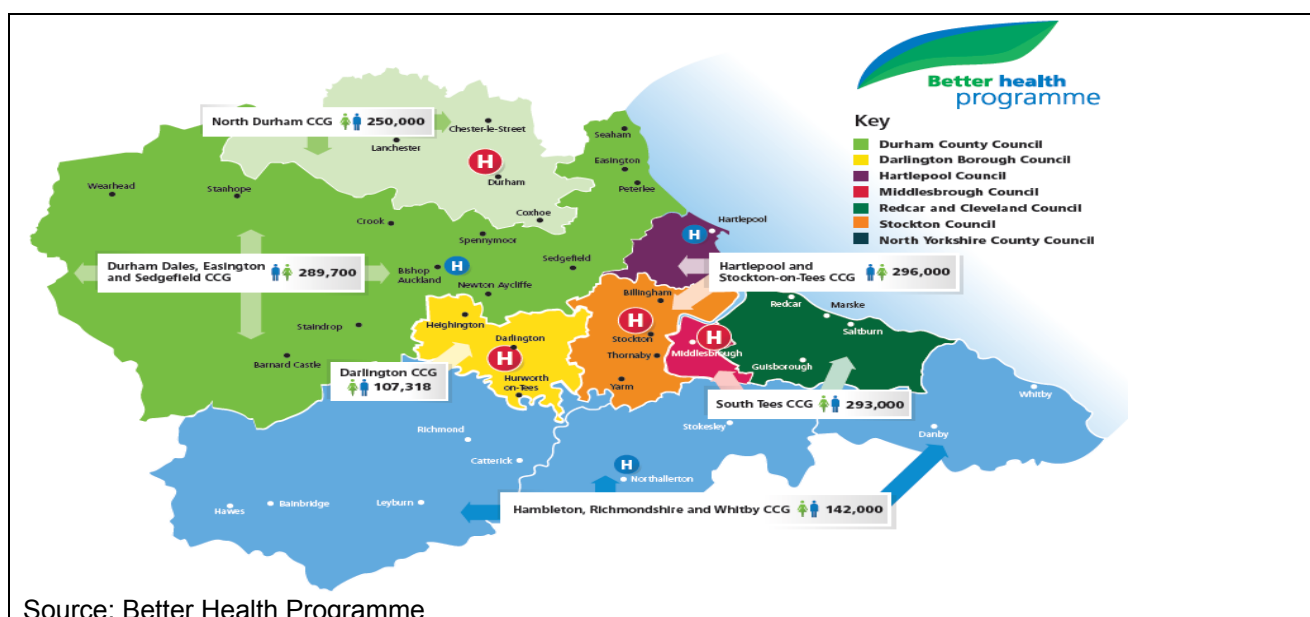
Source: NHS England

19. The leads for the three STPs that cover North Yorkshire have provided a summary of their current position. These are appended and provide an overview of the planning assumptions, governance and key milestones. Committee members are encouraged to refer to these throughout and consider how the implementation of the three plans will work for North Yorkshire.

20. The key facts for each of the STPs, drawn from these summaries and from other sources, are as below:

| Humber, Coast and Vale STP | | |
|--|--|--|
| CCGs | Vale of York CCG Scarborough and Ryedale CCG Plus 4 other in STP | <p> ■ Most deprived quintile in England ■ Second most deprived ■ Average deprived ■ Second least deprived ■ Least deprived quintile in England Sustainability and Transformation Plan area Lower Tier Local Authority Upper Tier Local Authority Clinical Commissioning Group </p> <p>© Crown Copyright and database rights 2015, Ordnance Survey 100016969</p> |
| Population | 1.4 million | |
| Focus | Hull Royal Infirmary | |
| 'Do nothing deficit' by 2020/21 | £420 million | |
| Chief Officer | Emma Latimer, Chief Officer for NHS Hull CCG | |

See Appendix 1 for the full report.



21. It has been proposed that North Durham will move from the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP into the Northumberland, Tyne and Wear STP. The rationale being that this better reflects patient flows.

Health services in North Yorkshire

22. The plans for the three STPs covering North Yorkshire were submitted in October 2016 and have yet to be formally agreed with and published by NHS England. As such, it is difficult to understand how the implementation of the three STPs will impact upon health and social care services in North Yorkshire.
23. It is clear from the STP planning process, however, that large scale financial savings have to be made by 2020/21. Also, that one of the ways in which this will be done is centralising specialist health services in the larger acute hospitals, all but one of which are outside of the county. As such, it is reasonable to suggest that some specialist health services provided in North Yorkshire or in neighbouring areas and which are used by North Yorkshire residents may be down-graded or removed entirely.
24. An insight into the type of changes being considered as part of the development of the three STPs that cover North Yorkshire has been gained through the Joint Scrutiny of the Better Health Programme. Since the implementation of the joint scrutiny process in July 2016, the Better Health Programme has evolved into the STP for Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby.
25. At the meeting of the Better Health Programme Joint Health Scrutiny Committee on 13 October 2016 a number of planning scenarios were presented for the delivery of health services through the STP. These are summarised below:

- Status quo – James Cook as major trauma and heart attack centre, 2 District General Hospitals (North Tees and Darlington Memorial) and three local hospitals (the Friarage, Bishop Auckland, and Hartlepool)
- Scenario 1 – James Cook and North Tees as specialist hospitals and 4 local hospitals (Darlington Memorial, the Friarage, Bishop Auckland, and Hartlepool)
- Scenario 2 - James Cook and Darlington Memorial as specialist hospitals and 4 local hospitals (and North Tees, the Friarage, Bishop Auckland, and Hartlepool)

- Scenario 3 - James Cook as a specialist hospital with five local hospitals (North Tees, Darlington Memorial, the Friarage, Bishop Auckland, and Hartlepool).

(See <http://democracy.durham.gov.uk/ieListMeetings.aspx?CId=1112&Year=0> for the Joint Health Scrutiny Committee papers)

26. Two of these scenarios involve changes to services provided by Darlington Memorial Hospital (DMH). This could result in the downgrading of accident and emergency, consultant-led maternity and paediatric services. It is likely that these services would then transfer to the James Cook University Hospital in Middlesbrough. It is not clear what additional funding the James Cook University Hospital would then receive to manage the additional demand.
27. A concern that such changes raise is one of accessibility to specialist health services and increased journey times. As part of the presentation of these scenarios, NHS England has highlighted research that suggests that it is the quality of care received at the destination that is the most important factor in determining long term patient outcomes and not the length of time spent travelling there. (The following link references research by the Trauma Audit and Research Network into the role that Major Trauma Centres have to play in improving survival rates - <https://www.tarn.ac.uk/Content.aspx?c=3477>.)

National debate on STPs

28. A number of concerns about the STP process have been raised at a regional and national level by a broad range of lobby groups, professional bodies and organisations. The primary concern has been that the plans are being developed too quickly for them to be robust and owned by a broad partnership of local health, social care, public health and community organisations.
29. A number of other issues have been highlighted, many of which could be a consequence of the pace of the development of the STPs, including:
 - A lack of governance and democratic accountability
 - A lack of engagement of non-NHS organisations and the general public
 - An over-emphasis upon deficit reduction
 - A lack of understanding of the impact of funding cuts in other areas for partners, such as public health, social care and housing
 - Doubts as to whether the STPs will be able to deliver the promised financial and performance improvements
 - A shortage of the capital funding needed to transform and modernise health services, especially in 2017/18 and 2018/19
 - The STP footprints make sense in terms of patient flows to the larger acute hospitals but make little sense to any other organisation
 - That 44 STPs is too many and that they need to be reduced in number
 - The chairs of the STP are overwhelmingly senior leaders in the NHS, only 3 STPs are chaired by someone from a local authority
 - A failure to articulate the benefits of the STP process to patients and the public.

North Yorkshire County Council and STPs

30. The Leader, the Chief Executive and the Director of Health and Adult Services have raised concerns with NHS England that the current 3 STP footprints that cover North Yorkshire will not enable an effective or efficient system wide review and

reorganisation of health, social care, public health and community services in the county. As such, North Yorkshire County Council is actively asking the Secretary of State and NHS England to review boundaries and create one STP for North Yorkshire. The Council has also adopted the position to note but not sign off STPs at this stage.

31. In the interim, senior officers from the NYCC Health and Adult Services department are working across the three STPs to ensure that there is input from social care and public health.
32. To date, the highest level of engagement has been with the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP.

The STP is the start of a process not an end in itself

33. The STP is a NHS planning process. Once the plans have been published by NHS England, consulted upon and finalised, the focus will be upon implementation. As previously discussed, the initial phases of implementation may see reductions in, down-grading of and even the closure of some local health services. In the longer term, there is the possibility that a number of structural changes will happen in the NHS, as indicated below:
 - A reduction in the number of STPs from the existing 44, with a smaller number possibly taking on a similar role to the Strategic Health Authorities, which were disbanded in 2013
 - Mergers of CCGs
 - Creation of Accountable Care Organisations and other bodies that integrate services at a sub-county level, based around the larger acute trusts. This may also lead to a diminishing role for CCGs, as their functions are moved elsewhere.
34. Whilst the above are speculative, they reinforce the point that the implementation of the STP plans from the summer of 2017 onwards is only the starting point for further reform and reorganisation of the NHS. The breadth and depth of this is, as yet, unclear.

Recommendation

The Committee is asked to consider the report and identify areas for further scrutiny. In the absence of NHS England agreed and published specific proposals for each STP, it is suggested that Members consider the following questions:

1. What opportunities does the STP process present for health, social care, public health and community services in North Yorkshire?
2. What risks does the STP process present for health, social care, public health and community services in North Yorkshire?
3. Are there any areas of immediate concern that need to be followed up?
4. Is the committee assured that the voice of North Yorkshire is being heard and local priorities taken into account across the three STPs?

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4 November 2016

East Riding of Yorkshire Clinical Commissioning Group
Hull Clinical Commissioning Group
North Lincolnshire Clinical Commissioning Group
North East Lincolnshire Clinical Commissioning Group
Scarborough and Ryedale Clinical Commissioning Group
Vale of York Clinical Commissioning Group



Update on the Humber Coast and Vale Sustainable Transformation Plan (STP) for North Yorkshire County Council Scrutiny of Health Committee

November 2016

Overview

Sustainability and Transformation Plans (STPs) are place-based, multi-year plans for health and care systems that are built around the needs of local populations. STPs will help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They will help build and strengthen local relationships, enabling a shared understanding of where we are now, our ambition for 2021 and the steps needed to get us there.

Since April 2016, people from health and care organisations across the region, together with our vibrant voluntary sector, have been working together to develop the Humber Coast and Vale Sustainability Transformation Plan (STP) proposals. Our vision for our plan is that we create a system that:

- Enables people to start well, live well and age well
- Reduces dependence on hospitals and institutions
- Increases reliance on prevention and self-care

The plan focuses on the wider determinants of health in our footprint, with all public services working together to move our health and care system from one that relies on care delivered in hospitals and institutions to one that helps people and communities proactively care for themselves.

We have identified six priorities that are at the heart of the change we aim to achieve. These are:

- Helping people stay well
- Place-based care
- Creating the best hospital care
- Supporting people with mental health problems
- Helping people through cancer
- Strategic commissioning

A number of people from North Yorkshire have been involved in developing our proposals including:

- Richard Flinton, Chief Executive, North Yorkshire County Council
- Patrick Crowley, Chief Executive, York Teaching Hospitals NHS Foundation Trust
- Simon Cox, Chief Officer, NHS Scarborough & Ryedale Clinical Commissioning Group

The local, statutory architecture for health and care remains the same, as do the existing accountabilities for Chief Executives of local authorities, provider organisations and CCGs.

In June 2016, we made a first submission to NHS England and a more detailed set of proposals was submitted for further review and feedback on 21st October 2016. We will publish our proposals shortly and will carry out further engagement, and where necessary, public consultation as soon as possible.

Overview

System first, organisation second

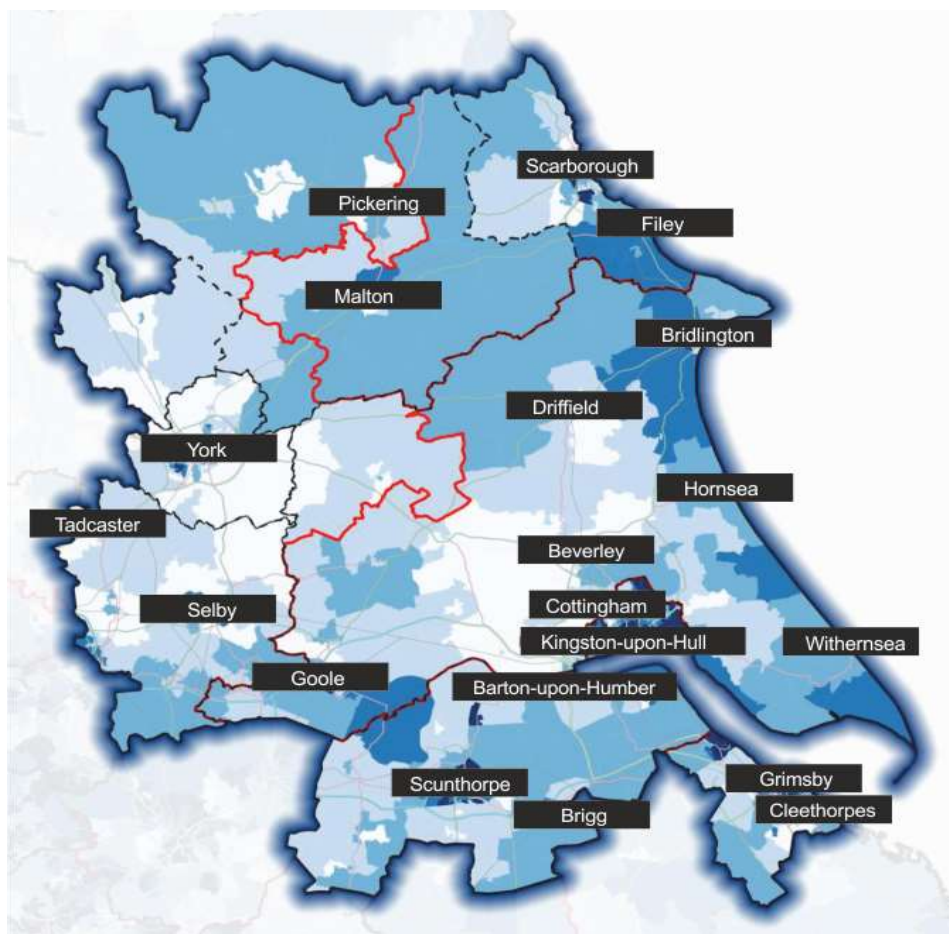
As public sector organisations in Humber Coast and Vale, we are committed to working more closely together to ensure the resources we have are used in the most appropriate way to improve things for our community. We have developed our priorities together and we have established system governance to provide rigour and challenge as we move into implementation.

The organisations delivering public services in our footprint are facing quality and financial challenges of unprecedented scale. All partners are working collaboratively on the wider determinants of health, including housing, education and employment.

Combining the benefits of scale and localism

Our planning footprint covers communities in Hull, East Riding, York, Scarborough and Ryedale, N Lincolnshire and NE Lincolnshire, creating opportunities to share resource in areas where we are currently stretched, providing a better service to patients and a better experience for the staff who work within those services.

Our footprint looks like this:



Public sector reform at the heart of everything we do

The organisations delivering public services in our footprint are facing quality and financial challenge of unprecedented scale. Genuine public sector reform will be required to achieve our vision with all partners working collaboratively on the wider determinants of health, including housing, education and employment.

Delivering our triple aim

We will deliver our big ideas for Humber, Coast and Vale through a relentless focus on three things in our footprint – our “triple aims”:

- Achieving our desired outcomes – “will the service be good?”
- Maintaining quality services – “will the service be safe and operationally sustainable?”
- Closing our financial gap – “will the service be financially sustainable?”

Our people and partners

The STP is led by Emma Latimer, Chief Officer, NHS Hull Clinical Commissioning Group. Our STP Programme Director is Chris O'Neill.

The STP Partnership Board is made up of NHS Commissioners, Providers and Local Authorities.

These are:

- East Riding of Yorkshire CCG
- Hull CCG
- North Lincolnshire CCG
- North East Lincolnshire CCG
- Scarborough and Ryedale CCG
- Vale of York CCG
- Humber NHS Foundation Trust
- North Lincolnshire and Goole NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Hull and East Yorkshire Hospitals NHS Trust
- City Health Care Partnerships CIC
- Navigo
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- York Teaching Hospitals NHS Foundation Trust
- City of York Council
- East Riding of Yorkshire Council
- Hull City Council
- North Lincolnshire Council
- North East Lincolnshire Council
- North Yorkshire County Council
- Care Plus Group

Our challenges

The Humber Coast and Vale STP sets out proposals for the future direction of health and social care services across the region in the face of a number of growing and immediate challenges.

The challenges cover three main themes – the “triple aims”:

- Close the health and wellbeing gap
- Close the care quality gap
- Close the financial gap – the “do nothing” scenario results in a £420m deficit by 2021.

We are proud of our local health and social care services and the thousands of staff who provide them today, but there is much more to be done. 23% of our 1.4m population live in the most deprived areas of England and we are seeing significant variations in health outcomes in our diverse rural, urban and coastal communities. Adults in some areas are leading less healthy lifestyles and as a result are at greater risk of developing long term conditions that seriously impair their lives and future prospects.

We know that there are key facts behind our triple aim to close these gaps:

| | |
|-----------------------------|--|
| Health and Wellbeing | Mortality – Standardised mortality is significantly worse than the national average. On average the death rate of under 75s is 153 per 100,000 Prevention – Smoking, alcohol abuse and obesity rates are higher than the national average Cancer – Cancer is the leading cause of death in under 75s. Cancer kills more than 4,000 people a year in the HCV patch, with lung cancer being the biggest contributor Mental Health – 14% of people aged 16-74 have mental health disorders |
| Quality of Care | The Right Care – 40% of A&E patients require no treatment. 25-50% of hospital beds are used by people who don't need them The Right Place – 27% of people seen by GPs could have had their issue resolved another way. 36.5% of A&E patients went there because the GP practice was unavailable or closed The Right Time – Citizens will wait more than four weeks for to access some mental health services Elective Care – 51% of patients said they couldn't have an appointment at their GP on the day they wanted to |

| | |
|-------------------|--|
| Efficiency | <p>Deficit – If we do nothing as a STP footprint, we will be in a deficit of £420 million by 2020/2021</p> <p>Turnover – Annual turnover of the footprint is £3bn</p> <p>Estates – Total running cost of £208 million, which includes estates which are not used to their full capacity</p> |
|-------------------|--|

Addressing our challenges

Our proposals set out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together. These are place-based plans that aim to ensure we all receive better care, are healthier and have health and care services which run more efficiently by early 2021.

We aim to move from a reliance on care delivered in hospitals and institutions to helping people and communities care for themselves in a proactive care system.

In order to achieve these aims, the Humber Coast and Vale STP has identified these priorities:



Place-based care

Our concept of place-based care is vitally important to the success of our plan. The STP will be delivered locally, with each place appropriately implementing the fundamental components of our vision - increased emphasis on prevention and self-care, rapid development of primary care with targeted investment, the development of accountable care systems and local digital and estate solutions.

Our communities have told us that access to GP appointments is difficult and as a result they turn to A&E and out-of-hours services for help. People want to receive excellent care, close to their home, at times that work with their lifestyle. They are also frustrated that they need to give the same information and story to different professionals, often on the same day.

Our big ideas for place-based care that helps people stay well are:

- Invest significantly in general practice through the implementation of the GP Forward View to improve access to GPs, allow practices to modernise and transform the way they work and over time increase the number of GPs in our footprint.
- Implement new integrated multi-disciplinary locality teams, joining up local services to make sure the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community so people go to hospital only when required. These teams will in general include GPs,

community services, social care, some services usually found in a hospital and potentially services from our vibrant local community and voluntary sector.

- Transform our Urgent and Emergency care services to ensure that people are able to access the level of service that is appropriate to their need on a seven day basis, reducing the need for them to go to hospital.
- Offer high quality smoking cessation services based on what we know works.
- Take steps to identify and act early on cancer.
- Take steps to identify cardiovascular disease and diabetes early on.
- Implement prevention activities that we know work well across all localities, such as obesity, alcohol misuse and tackling falls.



Supporting people with mental health problems

We know that we have a lot to do to improve mental health services in Humber Coast and Vale. More services need to be provided close to home rather than in a hospital and citizens need better access to mental health support services. The local message is the message of the Five Year Forward View for Mental Health –we need to do better.

Our big ideas for supporting people with mental health problems are:

- Improve the support to people to progress on their recovery journey. Ways we will do this include; making treatment in the community our default option, addressing existing gaps in onward placements and services, and making better use of beds across the patch.
- Invest in best start and prevention strategies for the under fives focussed on bonding and attachment. This will be delivered through health visitors, schools and parenting support
- Create new services to avoid unnecessary hospital stays. We will do this in collaboration with the new integrated multi- disciplinary teams. This will involve us designing alternative, more appropriate services.
- Provide services which maintain independence. Due to the style of the care provided in hospital or other care settings, people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how services can accommodate people to both continue with their activities of daily living and be supported to make informed decisions about their care.



Creating the best hospital care

People who work in our hospitals tell us that they want to collaborate, innovate and challenge the way services are currently being delivered. We know that we have a population that is getting older leading to an increase in demand for hospital services and therefore we need to do things differently. Our work will review the configuration of acute and specialised services across the six main hospital sites in the Humber Coast and Vale footprint against our triple aims:

- Achieving our desired outcomes – “will the service be good?”
- Maintaining quality services – “will the service be safe and operationally sustainable?”
- Closing our financial gap – “will the service be financially sustainable?”

Our big ideas for creating the best hospital care are:

- Improve the quality of hospital services by working together to design the best way of doing things, clinically and operationally.
- Develop high quality networked and sustainable specialist services. We would like to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.
- Share support services to become more efficient where there will be little direct impact on the quality of patient care. We are considering doing this for Pathology, Pharmacy, Procurement and Imaging.
- Develop a consistent Humber Coast and Vale level of maternity care.



Strategic Commissioning

Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are commissioning services. Our aim is to strike a balance between planning some services at scale across Humber Coast and Vale so that we can get the best value from them and planning other services on a local level so that they can be built around the needs of individual communities.

Our big ideas for strategic commissioning are:

- Implement a strategic commissioning model that adopts an asset based approach and has a real focus on prevention, well-being, self-care and delivering outcomes that matter for patients.
- Plan hospital services at HCV level to reduce variation, measure the success of services against the things that are important to the population and make best use of the staff, particularly for services where it is hard to recruit people
- Plan services at 'place' level that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than a one size fits all approach.



Helping people through cancer

A focus on improving cancer services is important as Humber Coast and Vale has higher than national average incidence and mortality rates for all cancers. The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we currently treat cancer. We want to simplify the way that cancer treatment is accessed, reduce the current level of variation and increase our focus on the prevention of cancer.

Our big ideas for helping people through cancer are:

- Being smarter with the way we manage our cancer diagnostics. Through managing these services across the patch they should become more efficient which means citizens should be able to access them when they need them.
- Provide a consistent cancer recovery service for all patients across Humber Coast and Vale.
- Explore the possibility of some hospital sites becoming lead providers for some cancers.

Key dates and milestones for the STP in North Yorkshire

Scarborough CCG will be implementing an integrated multi-disciplinary team structure called a Multispecialty Community Provider (MCP) in October 2017. The MCP will bring social care and primary care together under a single organisation so care should feel more 'joined up' for people who live there.

The service aims to help residents stay well through having a single contact for information on health and care services, and rapid access to care close to home for people with an urgent care need.

Organisations in the Vale of York will work together in a new way, called an Accountable Care System (ACS) and develop locality teams to provide a new approach to service delivery from April 2017.

By working together to help people stay healthy, the Locality Teams aim to provide care as close to home as possible rather than having to go into hospital for care.

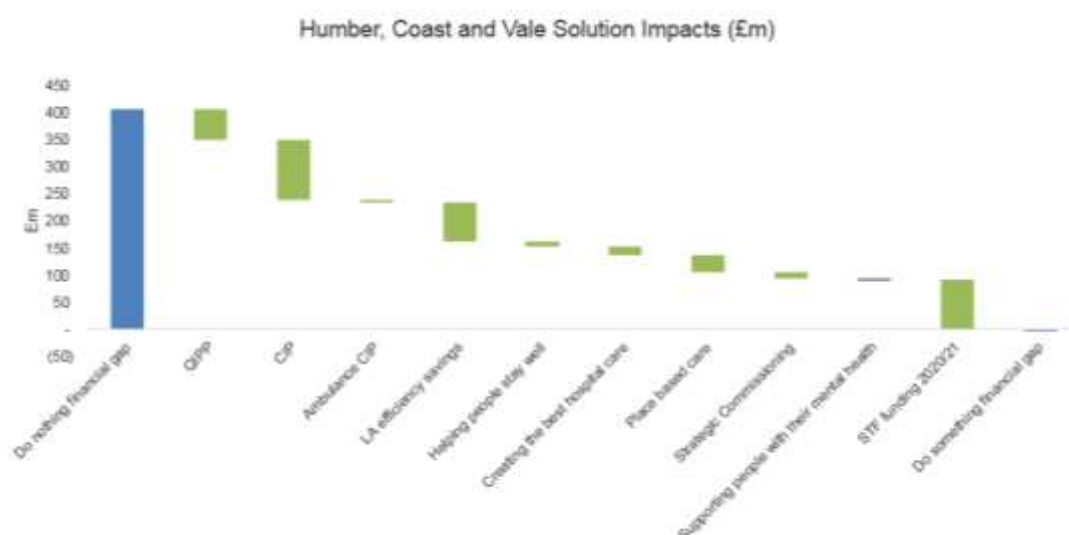
Through locality working there will be support, information and advice to stay well, stop smoking, maintain a healthy weight and prevent ill-health or accidents at all stages of life.

There will be improved diagnosis of dementia and local access to mental health support with new mental health in-patient facilities for the local area in 2019.

Balancing the books by 2020/2021

Our plan is to create a health and social care system that balances from a financial perspective. If we do nothing, we forecast we will have a £420m funding gap by 2020/ 2021. We believe that our plan can enhance health and wellbeing, ensure quality and safety of our services and deliver the savings we need to guarantee a financially sustainable healthcare system for the people of Humber Coast and Vale.

The graph shows the financial impact of our six priorities and that we plan to balance the books by 2020/21. We will work to create a financially stable health care system for the future, having a collective approach to appropriately managing activity, agreeing investment plans and reducing cost where this is identified as necessary.



Our STP priorities are ambitious from many perspectives and HCV STP will require a conversation with NHS Improvement and NHS England representatives about the process for managing resources across these respective sector boundaries.

Collective financial risk management protocols and ways of working are being drafted in order to be in place no later than 1 April 2017.

Next steps

Our next steps are to evolve our programme and governance so we are ready to move from strategy development into implementation. This will include further defining our governance and leadership structures, developing detailed delivery plans for each of our initiatives and agreeing the programme of communications and engagement within our communities.

STP key contacts

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WEST YORKSHIRE & HARROGATE STP

Working in partnership with health services, clinical commissioning groups, care providers and local authorities

Update for North Yorkshire County Council Overview and Scrutiny Committee

1 November 2016

Background

Over the past six months, the leadership and staff of West Yorkshire and Harrogate health and care organisations have been working together on how we develop West Yorkshire and Harrogate Sustainability Transformation Plan (STP) proposals.

We have thought about health and care services for the 2.3million people who live here in three ways:

- What do we need to do to help people stay healthy and well?
- What do we need to do to improve the quality of care and services people receive when they need them?
- What do we need to do to address the finance and efficiency challenge we face?

In developing the plan, we have worked on the basis that STPs are plans not statutory bodies. They do not replace existing local bodies, or change local accountabilities. The plans are built on local plans for Bradford, Calderdale, Harrogate, Kirklees, Leeds and Wakefield that emerge from the work of Health and Wellbeing Boards that has been ongoing since 2012. In Harrogate there is also the Harrogate Health Transformation Board (HHTB) which has an important multi-agency role to play.

West Yorkshire and Harrogate STP

West Yorkshire and Harrogate work is managed collectively and is restricted to that which can only be done at that level.

Over the past six months the leadership and staff of the West Yorkshire and Harrogate health and care organisations have been working together on how we respond to the challenges we face. To support our six local places we are carrying out a range of work collectively across the STP wide area. When we work in this way it is for one or more of three reasons:

- Services cut across the area and beyond the six local places. For example some services are not provided everywhere and require people to travel across local places i.e. stroke and cancer support.
- There is benefit from doing the work once and sharing, so we make the best use of the skill and expertise we have.
- Working together can deliver a greater benefit than working separately.

On this basis we have identified nine priorities for which we will work across a larger area. These are:

- Prevention at scale
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

This means we are working together on best practice, shared solutions to shared problems and the delivery of specialised services across the area, for example stroke, cancer and urgent care.

The latest draft plan was submitted to NHS England on Friday 21 October and we are awaiting formal feedback. We aim to publish the plan as soon as possible, alongside a public facing version and a full synopsis of all the engagement work that has been conducted since 2012.

As many of these issues are not new, the plans are able to draw on significant prior work and engagement with the public.

Over the next six months we will continue to work together to engage with Health and Wellbeing Boards, staff, stakeholders and local communities, to further develop our plans and build on engagement activities to date, ensuring the involvement of everyone in future conversations around proposals for change.

Harrogate and Rural District Local Plan

The local place-based plan for Harrogate and Rural District sets out how local health and care services will transform and become sustainable over the next five years, building and strengthening relationships and ultimately delivering the Five Year Forward View vision.

It has been developed in partnership and signed off by the Harrogate Health Transformation Board. The aim is to help people to live healthier lives whilst building upon the strength of health and social care services and exploring with our communities what they can do to support local people.

We are working to improve the way services are provided with a greater focus on early help and keeping people well. This involves helping people earlier rather than later, for example supporting people to stop smoking, when we know this is the major cause of cancer and working with families who have problems sooner rather than later.

Having a good coordinated set of prevention activities, for example working earlier with people at risk of diabetes, should result in a reduction in admissions to accident and emergency; decrease the numbers of people living with long term conditions and fewer avoidable early deaths.

We also know that early help for children, families and adults is not only better for the person but can prevent or delay the need for more costly social care services in the future.

Eight local priority areas have been identified around where the greatest difference to local people can be made by working together:

- New Care Model: 'What Matters to Us'
- Prevention is better than cure
- Primary care transformation
- Right care
- Mental health
- Integrated urgent care
- Care market
- Integrated health and social care commissioning and service delivery.

Some of these priorities are focused on the Harrogate and Rural District footprint and are already being implemented, such as the new care model '*What Matters to Us*'.

By November 2016 four community care teams will be in place, covering the whole district, aligned to clusters of GP practices and linked to adult social care services. In addition there are ten additional community beds to support discharges from hospital and to prevent avoidable admissions. The final element is an acute response and overnight service, able to respond to people in crisis, wrapping care around them to prevent unnecessary admission.

The new care model places prevention, early intervention and proactive care at its core. Work is increasing on the impact of falls and stroke prevention activities delivered across the whole of the public sector, voluntary and community services, particularly looking for opportunities for closer working. Supporting mental health is also a central part of this recognising how critical this is to enabling people to remain healthy, well and independent at home for as long as possible. A short film is available [here](#) showing what impact the new care model in Harrogate and Rural district is having on people's lives.

Other priorities are at an earlier stage in the planning process and engagement will start with our local communities and workforce as priorities and plans are developed.

A number of priorities within the local place based plan are aligned with collaborative work at a North Yorkshire level through the Joint Health and Wellbeing Strategy, the North Yorkshire Mental Health and Wellbeing Strategy, Mental Health Crisis Care Concordat and a new Learning Disability Strategy for North Yorkshire, which have been informed by the public, patients and wider stakeholders. In addition a Transforming Care Partnership has been established to deliver 'Building the Right Support' for people with learning disabilities across the North Yorkshire and York footprint as this reflects the appropriate economies of scale to commission and manage this redesign programme.

Over recent years collaborative work at a West Yorkshire and Harrogate level has been undertaken through the Healthy Futures programme, which has been extended both in terms of membership and scope through the STP process. As part of the planning process we have identified specific local priorities to support the region wide programmes, for example cancer and stroke.

What next?

Over recent years we have used numerous mechanisms though public and patient involvement forums, social media, our work with hard-to-reach groups, patient insight and specific engagement exercises to learn from the experiences of patients and their carers, community and voluntary organisations, statutory organisations and the wider community and use this insight to guide what we do.

In 2010 a multi-agency partnership came together and agreed to support a neighbourhood management framework known as '**My Neighbourhood**' within the Harrogate district. This was a partnership agreement and approach developed to engage and work within communities, addressing local need with a focus on targeting priority areas and issues across the Harrogate district. 'My Neighbourhood' projects are currently working in four areas across the Harrogate district and the overarching priorities are:

- Financial inclusion
- Welfare reforms
- Employment and skills
- Digital inclusion
- Fuel poverty
- Health and wellbeing
- Promoting and supporting volunteering

The approach was Highly Commended in the HSJ Awards 2015.

The views of children, young people and adults with autism and their families have been central to the development of the **North Yorkshire Autism Strategy 2015-2020**. Together we have identified some key themes in North Yorkshire that are important to people with autism and their families. These themes have been raised frequently by a number of people; however, different people rated the different themes as having higher or lower priority depending on their individual circumstances and the locality within which they lived.

In May 2015 HHTB partners held an 'Open Space' Event where it engaged with members of the public, community and voluntary sector organisations and providers of statutory services on '**What Matters To Us?**

"I have easy-to-understand information about care and support which is consistent, accurate, accessible and up to date, in order to prevent illness, remain as independent as possible and in times of need"

"I know who to contact to get things changed"

"I am in control of planning my care and support and respected as understanding my own health and conditions"

"I feel safe receiving preventative, long term condition management, crisis and end of life care closer to home"

The outcomes from this event helped us to formulate a vision for the New Care Model which we are now implementing.

DISCOVER! Cafe is an engagement tool to support the commissioning of **mental health services** locally by asking a critical question of anyone who has an interest in the provision of mental health services "*what is your best experience of mental health services and how can we do more of that?*" Feedback from the event us to refine the themes and principles that underpin the commissioning of mental health and dementia services:

- Reducing stigma
- Improving access to services
- Building and sustaining a 'community'
- 'Joined-up' services
- Prevention
- Communication and information
- A person-centred approach
- Continuity of care

Discover! Café events were held in February 2015 focused on transforming support for **children and young people's mental health and well-being**. A broad range of stakeholders including the community and voluntary sector, young people and their families, Army Welfare, Department of Work and Pensions and meetings with the Youth Parliament were included in the engagement exercise. Feedback was incorporated into the Local Transformation Plan.

In Spring 2016 we launched a new initiative to give families' and stakeholders the opportunity to share their views on the local **maternity services**. This will help us to understand what currently works well and what we could do more of, with the ultimate aim to help us identify future key priorities for maternity care. Two surveys, one for families and one for stakeholders and a series of Discover! Café engagement events will inform our commissioning strategy and has informed the recent bid for pre-natal mental health support.

Current engagement work includes a new **Dementia Strategy** and a new **Carers Strategy**, to be published in 2017.

Over the coming months we will continue to build meaningful engagement with our public, patients, carers, workforce and partners to influence the shaping of future services in the Harrogate and Rural District locality.

For further information

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North Yorkshire County Council Scrutiny of Health Committee – 18 November 2016

Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby Sustainability and Transformation Plan

Briefing

Across the country, NHS organisations and local authorities are working together in 44 areas called “footprints” to develop sustainability and transformation plans, or STPs. The aim of the plans is to improve:

- the health and wellbeing of the population – there are parts of our region where life expectancy and health are significantly poorer than the England average
- the quality of care that is provided – by providing more care closer to home, and making sure specialist services are of a high quality
- finance and efficiency of services – NHS and social care are experiencing increasing demand which, over the next five years will outstrip resources unless we use our money wisely

HRW CCG is part of an STP which also covers the CCGs in Darlington, South Tees, Hartlepool and Stockton, and Durham Dales Easington and Sedgefield.

STP footprints are decision making forums, not statutory organisations. They are intended to bring people and organisations together to develop a shared plan for better health and care in their area.

An STP acts as an ‘umbrella’ plan: holding underneath it a number of different specific plans to address certain challenges, such as improving prevention, and developing more community based services.

To date, there has been limited local authority engagement nationally on STPs.

Locally, HRW CCG is already working with the local authority and other partners on many of areas identified in the STP, and will continue to do so.

The STP identifies four key areas for change:

- 1. A step change in prevention and early intervention in priority areas are a key focus in order to build community resilience, self-care**

Our focus on prevention is linked to the North Yorkshire Health and Wellbeing strategy. We work closely with the public health team. Key areas of prevention this year are

- Optimising health prior to planned surgery including life style support for weight management and stopping smoking.
- Focusing on services to improve health awareness in order to improve screening, and encourage earlier diagnosis of cancer and
- Avoid emergency admission through primary prevention intervention i.e. smoking, alcohol.

2. Improved integration across health and social care to ensure a system wide response across our Neighbourhoods and communities

Across the STP area there are plans to increase the care available outside hospital, in order to reduce unnecessary hospital admissions and length of stay, and support people to remain independent for as long as possible.

In North Yorkshire we are further ahead than some of other areas, and HRW CCG has already consulted on options for transforming local services and bringing care closer to home.

Existing arrangements between the CCG and local authority will continue as we take this work forward.

A presentation on the recent Transforming our Communities consultation is part of the agenda under another item.

3. Reconfigure district general hospitals into specialist services to raise our quality standards and reduce variation in care outcomes across our system

Many services can be provided close to home, or in local hospitals.

However, for some very specialist procedures, the medical evidence shows outcomes for patients are improved if they are admitted to specialist centres with experienced teams seeing a high volume of patients with similar problems.

This already happens following heart attacks, strokes and serious injuries. In these cases, patients are taken from Hambleton and Richmond by blue light ambulance direct to James Cook University Hospital.

Clinicians believe this approach should be extended to other serious emergencies, like internal bleeding, and, in maternity, for women and babies who may be at risk of complications.

The programme is also examining how planned surgery can be separated from emergency care, in order to improve the patient experience and reduce cancellations.

This work is being taken forward by the Better Health Programme, and engagement events are being held in North Yorkshire to seek patients' views.

North Yorkshire County Council is represented by three councillors on the Joint Overview and Scrutiny Committee that has been set up to scrutinise the Better Health programme.

The JOSC already meets regularly, and will continue to do so up to and through the formal public consultation process that will take place from June next year.

4. Rapid progress of implementation of electronic care records and supporting technology

In both health and social care, we are starting to see examples of technology helping patients to live more independently, carrying out some simple tests and monitoring at home. These are particularly valuable for people living in more remote rural areas.

We want to work with the local authority and other partners to look at how we maximise use of technology and telecare to help support people living independent lives and transform care pathways.

Next steps

STPs were submitted to NHS England in October. The intention is for them to be published during the Autumn, although some have already emerged by other routes.

Governance arrangements are being developed for the STP, and HRW CCG will be a core part of these arrangements.