

**North Yorkshire County Council  
Scrutiny of Health Committee  
27 January 2017**

**Sustainability and Transformation Plans - update**

**Purpose of Report**

The purpose of this report is to provide Members with a summary of discussions at the Scrutiny of Health Mid Cycle Briefing, that took place on 16 December 2016, and an overview of the current state of the Sustainability and Transformation Plan (STP) process.

This report also highlights a number of concerns that remain regarding the development of the three STP plans that cover North Yorkshire and suggests some lines of enquiry that the Members may wish to pursue.

**Background**

1. The North Yorkshire Scrutiny of Health Committee has been scrutinising the development of the NHS England Sustainability and Transformation Plans over the past 9 months. At the last meeting of this committee on 18 November 2016 a 'stock take' report was discussed which provided: an overview of the STP process; the priorities and financial position of the three STPs that cover North Yorkshire; and suggested further lines of enquiry. In response, the committee resolved to:

*Call an urgent meeting with the 3 lead officers for the Sustainability and Transformation Plans that cover North Yorkshire (1) Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; 2) Humber, Coast and Vale; and 3) West Yorkshire and Harrogate) to address the committee's concerns that the current plans do not meet the health and wellbeing needs of the population of North Yorkshire.*

*Specifically, that the implementation of STPs will result in:*

- *the diversion of NHS funding from North Yorkshire to support large urban populations in places such as Middlesbrough, Leeds, Bradford, and Hull*
- *the downgrading and/or closure of services provided by smaller hospitals in North Yorkshire (the Friarage, Harrogate, Ripon, Scarborough) and those used by people from North Yorkshire (York, Darlington), such as Accident and Emergency and consultant-led maternity and paediatric services.*

The meeting with the lead officers took place at the Mid Cycle Briefing (MCB) of the committee on 16 December 2016.

**Sustainability and Transformation Plans**

**Overview**

2. There are 44 STPs in England and each one covers the period October 2016 to March 2021. The STPs range in scope, 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.
3. 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.
4. The plans also need to take into account current workforce shortages within the NHS and promote collaboration between health organisations.
  5. The formal consultation on any major service changes will take place in June 2017 to avoid a clash with local government and mayoral elections in May.

### **North Yorkshire**

6. North Yorkshire is covered by three STPs: 1) Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby; 2) Humber, Coast and Vale; and 3) West Yorkshire and Harrogate. In line with the approach taken in the NHS Five Year Forward View, each STP has an estimated ‘Do nothing deficit’ by 2020/21. These are:
  - Humber Coast and Vale STP - £420 million
  - West Yorkshire and Harrogate STP - £1.075 billion
  - Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby - £253.8 million

These estimates include figures for social care.

7. The aim is to reduce these estimated deficits down to £0 by 2020/21 by tackling the three ‘widening gaps’ identified in the NHS Five Year Forward View. These are health and wellbeing, care and quality, finance and efficiency.

### **Three distinct approaches**

8. The three STPs that cover North Yorkshire are being developed in line with NHS England guidelines and share many of the same priorities and objectives. They are, however, differentiated by their local context and perspective, as below:
  - Humber Coast and Vale - from the start there has been a strong focus upon a ‘bottom up’ approach and meaningful engagement with patients and carers about their health needs and how services could best meet those needs in the future
  - Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby - the development of the STP has benefited from work that was already underway to look at service redesign as part of the ‘Better Health Programme’
  - In West Yorkshire and Harrogate - the STP has also benefited from a pre-existing strategic review programme, known as the ‘Healthy Futures Programme’. It is built up from six local area place-based plans covering Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds, and Wakefield.

### **Scrutiny of Health**

9. The North Yorkshire Scrutiny of Health Committee is involved in the three Joint Scrutiny of Health Committees that cover the STP footprints. It is of note that both the Joint Scrutiny of Health Committees for Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby and West Yorkshire and Harrogate pre-date the STP process. The scrutiny of STPs has been included in the pre-existing joint scrutiny arrangement for the ‘Better Health Programme’ and the ‘Healthy Futures Programme’, respectively. As such, the scrutiny of these programmes only covers an element of the

STP process, typically major service changes at acute trusts, and not the totality of what is being proposed through STPs.

## **Mid Cycle Briefing - 16 December 2016**

10. A Mid Cycle Briefing is a closed meeting of the committee Chairman and Spokespersons. As such, formal minutes are neither taken nor published and members of the press and public do not attend. Please see Appendix 1 for details of those people who attended the meeting. What follows, therefore, is a brief summary record of the key issues raised by the STP leads, in response to questions from the members of the Mid Cycle Briefing:

### **Principles**

- The STP process is a collaborative planning process. It is not about the creation of a new NHS-led organisation or corporate body
- The STP must add value to what is already underway
- The aim is to improve care pathways and invest in preventative, community based services to help move inappropriately and inefficiently spent funding out of hospitals and back into the community
- There are large distances to travel and the aim is to keep services as local as possible
- There is a need to do more prevention and early intervention and look at tackling the wider determinants of health and wellbeing
- There is a need to ensure that hospitals are clinically effective and financially sustainable in the long term.

### **Opportunities**

- The coverage of county by three STPs offers a unique opportunity for the County Council to influence the health system across all those health service areas that provide acute services to the people of North Yorkshire. North Yorkshire may have lesser influence if it ends up in one STP
- The STP offers an opportunity to re-direct funding from large hospitals to community-based health and social care services.

### **Governance and funding**

- Local governance, local plans and local delivery continue to have primacy
- Under the STP, funding will continue to be allocated to the Clinical Commissioning Groups (CCG)s as the statutory organisations.

### **Shared priorities across the STPs**

- Prevention
- Primary care development
- Mental health and mental wellbeing across all service areas
- Investment in integrated community provision
- Strategic commissioning
- Acute care collaboration at scale
- Efficiency planning to bring systems into balance.

### **Implementation**

- Accountable Care Systems will emerge in some places, as part of the implementation of the STPs, which will see a changing role for the CCGs
- Further work needs to be done to support an increase in the efficiency and responsiveness of the Yorkshire Ambulance Service

- Existing transformation plans, such as work around Whitby, will not be changed as part of the STP process, as long as there is local support and a robust business case for the work that is already underway
- Development of community hubs will be a key element for the delivery of health and social care services in the more remote and sparsely populated areas of the county, such as Craven.

11. It was noted that it was not possible to provide details of planned changes to services in a given STP area as the plans are still being developed. It was too early in the process.

12. At the end of the meeting the STP lead officers agreed to provide, for this report, answers to some questions that there had not been sufficient time to address in the meeting and also a summary of their current position. The answers that have been provided are included in full in Appendix 2. The response from Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP was not available in the time for the publication of this report.

## **National perspective**

### **National statements**

13. There have been a number of statements issued by NHS England senior managers over the past 2 months that give some indication of the next steps for the STP planning process. Some of the issues raised are outlined below:

- There is a recognition that the STP process needs to be refreshed to improve communications with staff and communities
- The majority of the 44 STPs will remain as collective, strategic planning groups but a small number, around 5, will become entities in their own right with a remit to manage the system
- There will be a stronger focus on reducing back office costs within the NHS and a number of pilot STPs will lead on this work, with a view to rolling it out across all STPs
- As of April 2017, STPs will become the single application and approval point for local organisations to access NHS transformation funding.

14. The recent focus upon winter pressures and the sharp increase in A&E attendance and emergency admissions has highlighted shortcomings in the way that health and social care services are commissioned and provided. The winter pressures have also revealed the sheer scale of hospital based treatment costs, the fluctuations in demand for hospital services and an apparent inability to regulate or anticipate that demand. Recent press releases by NHS England indicate that the week ending 1 January 2017 saw a 34 per cent rise in A&E attendances and a 19 per cent rise in emergency admissions, compared with the same period last year.

### **National debate**

15. A number of national commentators, organisations and agencies have identified some shortcomings in the STP process, in publications like the Local Government Chronicle and the Health Service Journal, as summarised below:

- The level of government funding made available to adult social care is insufficient, creating a social care 'gap' which makes it unlikely that all of the NHS savings highlighted as part of the NHS Five Year Forward View will be achieved

- It is argued that the prospect of judicial review of any major service changes in inhibiting the STP process
- Additional funding to the NHS that was to support service transformation is being used to reduce budget deficits, reducing the ability of the NHS to redesign community based services and care pathways in a way that will reduce pressure on hospitals
- NHS workforce issues, such as uncompetitive pay and the impact of Brexit, remain and threaten any transformation of services
- Insufficient thought has been given to the digital elements of the STP plans, particularly how the 10 universal capabilities outlined in the local digital roadmap guidance will be achieved
- There has been a lack of engagement with district councils in the STP planning process to date.

16. It is of note that the STP process is still seen as the vehicle for reforming the NHS, driving down costs and improving the quality of care. Concerns remain, however, as to quality and robustness of the plans that are being developed and the processes that are being put in place to deliver them.

## **Local perspective**

### **North Yorkshire County Council and STPs**

17. North Yorkshire County Council continues to request that the Secretary of State and NHS England review the STP boundaries with a view to creating one STP for North Yorkshire. This position is supported locally by the North Yorkshire Local Medical Committee (which represents GPs in the county), City of York Council, East Riding Council and Hull City Council.
18. The Council has also adopted the position to note but not sign off the three STPs at this stage.
19. In the interim, senior officers from the NYCC Health and Adult Services (HAS) department are working across the three STPs to ensure that there is input from social care and public health. There is a challenge, however, in servicing three separate STPs and the various strategic and operational meetings that they hold, particularly when they are geographically dispersed (typically Hull, Leeds and Tees Valley).

### **North Yorkshire Health and Wellbeing Board**

20. The Council continues to work with partners on the North Yorkshire Health and Wellbeing Board (HWB) to find a way in which health and social care commissioning and service provision can be integrated and a joint approach taken across the county. This work pre-dates the emergence of STPs but is now being seen as a way in which the Council can make sense of three STPs and ensure that the voice of North Yorkshire is heard. A paper will be going to the HWB on 18 January 2017 entitled 'Development of future joint/integrated commissioning arrangements in North Yorkshire'.

## **Conclusions**

21. The Mid Cycle Briefing discussions provided a useful opportunity for the STP lead officers and members of the Scrutiny of Health Committee to work through a number of issues that were of concern and gain some measure of reassurance that the voice of North Yorkshire would be heard. Whilst it is accepted that the plans are still under

development and much of the detail around the future of NHS services is yet to be finalised, there are a number of issues which remain of concern:

- The ability of the non-NHS services, particularly those working at a county level, to meaningfully engage with the planning process across three STPs that are physically based in Leeds, Hull and the Tees Valley
- A lack of clarity about the extent to which a broad range of organisations who provide key services to people at risk in the community are being engaged, such as district councils and the community and voluntary sector
- That the increasing demand upon social care services will impact upon NHS services, placing the achievement of identified NHS savings in doubt
- The shortage of necessary capital funding to enable service transformation
- The impact of any NHS-led service re-configuration upon travel distances and times, particularly to emergency and urgent care services, for people in the more rural and sparsely populated areas of the county
- The risk posed to local health and social care, community-based funding and services in the county by the need to support acute care and increase capacity in large, urban population centres elsewhere
- The risk that local priorities will be overridden by system-wide STP priorities
- The risk that proposed major service changes will emerge on a piecemeal basis prior to any formal engagement process undertaken by the STPs and that it is not clear how this will be managed.

22. Whilst there are concerns, it is recognised that the STP process is a catalyst for change that will accelerate the co-ordination and integration of health, social care and community services. It is the logical extension of the work that has been done over the past 5 years through the Better Care Fund and other initiatives and it has the potential to secure the long term future of acute trusts, whilst also re-directing funding to community-based health and social care services.

### **Recommendations**

That the Committee notes the report and pursues the lines of enquiry outlined below.

How is the STP process going to be able to:

1. Deliver integrated health and social care services in a large rural county, split across 3 STP footprints
2. Address the shortages in qualified, skilled and experienced health and social care staff, staff who are urgently needed to enable the transformation of services and to deliver integrated and new forms of care
3. Allocate finances within their STP, in particular capital funding, which is seen as essential in transforming service delivery in North Yorkshire. For example, mental health inpatient facilities at York and Harrogate and community hospitals at Whitby and Ripon
4. Address concerns nationally and locally about governance, scrutiny and accountability issues, in particular in relation to the new organisations that are being developed for service delivery, such as Accountable Care Organisations?

**Daniel Harry**

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18 January 2017

**North Yorkshire Scrutiny of Health Committee**

**Mid-Cycle Briefing on 16 December 2016**

**Discussion on Sustainability and Transformation Plans**

**Attendance**

The meeting was attended by:

**County Councillors**

Jim Clark (Chair)

Margaret Ann De Courcey-Bayley (Vice-Chair)

Philip Barrett

John Clark

David Simister.

Apologies – Cllr David Billing.

**West Yorkshire and Harrogate STP**

- Ian Holmes, West Yorkshire STP Program Director
- Amanda Bloor, Chief Officer of Harrogate and Rural District CCG

**Humber Coast and Vale STP**

- Emma Latimer, Humber Coast and Vale STP lead and Chief Officer Hull CCG
- Chris O'Neil, Humber Coast and Vale STP Programme Director
- Simon Cox, Chief Officer, Scarborough and Ryedale CCG

**Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP**

- Alan Foster, Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP lead and Chief Executive, North Tees and Hartlepool NHS Foundation Trust
- Janet Probert, Chief Officer, Hambleton, Richmondshire and Whitby CCG

Rob Webster, the lead officer for the West Yorkshire STP, did not attend.

**North Yorkshire Scrutiny of Health Committee  
Answers to Supplementary Questions from the Mid Cycle Briefing on 16 December  
2016**

**West Yorkshire and Harrogate STP**

How will the STPs work with local government to stabilise the care market in the county?  
What will be done to help recruit and train the nursing staff required to run nursing homes?

Please see the attached slide taken from the HaRD published plan which describes the approach to the care market.

More broadly, at STP footprint level a workforce 'enabling' work stream has been established through the West Yorkshire and Harrogate Local Workforce Action Board (LWAB). Its aim is "*To ensure that workforce is a positive enabler and not a constraint to achieving the WY STP plan*" Membership of the group includes colleagues from Local Authorities, commissioners and providers.

Four Workforce work programmes have been agreed, each with specific projects aimed at ensuring the right staff, with the right skills to meet foreseeable needs *for the whole system*.

In seeking to understand the current workforce and the future needs in the light of STP plans, the group is mindful of the needs of the care home sector and other parts of the health and care 'jigsaw' which are part of the whole- for example the independent sector, research. Colleagues in both registered and non-registered roles move between sectors and workforce planning needs to provide for the future workforce needs of all parts of the 'system'.

LWAB is mindful of the workforce needs of the care home sector and the critical part played by care homes in overall system flow. As we start to quantify future workforce numbers (and the resulting training requirements) we will be including estimates of the needs of the care home sector. Help from NYCC in quantifying forecast workforce needs for the sector- and any new roles likely to emerge, would greatly assist this process.

A number of localities in the WYH STP are trying out innovative approaches to supporting the care home sector. For example- in Harrogate there are dedicated GPs for each care home and geriatricians aligned to each locality. The HDFT Infection Prevention and Control team has worked closely with care homes locally to improve quality and the community nursing teams have provided additional support and training in the prevention of pressure ulcers. Airedale has some excellent examples of using tele-health to support care quality in the care home sector and Harrogate is seeking to adopt some of these initiatives.

Have you taken into account the reduced funding for social care and the increased demand upon social care services?

The information has been produced with cooperation and involvement of local government officers. We recognise the challenges facing the health and social care economy and the increased demand on both social care and health services over the STP time period. The Do Nothing and Do Something position reflects the position of social care.

Do your plans enable the STP 'do nothing deficit' to be met? If not, then what is the consequence? What else may NHS England consider?



The STP is a draft plan which demonstrates a way that the “do nothing deficit” can be closed from £1.1bn to less than £0.2bn with the health gap being closed. However it is important to note that the STP Do Something is not a final signed off plan but is a high level plan of how it could close the gap and will be subject to existing commissioning processes and engagement prior to being finalised.

How are you going to access suitable capital funding to transform the way in which services are delivered?

The proposals do assume that significant capital investment to enable the transformation required to deliver. However, this is in the national context of severely restricted access to capital in the NHS over the next few years. Through the STP we are bidding for transformation funding as and when it becomes available nationally. Indeed we have been successful in gaining access to capital and non-recurrent revenue as part of the only Accelerator Zone for Urgent Care in England.

We are currently also in the process of bidding for transformation funds around cancer, mental health, learning disability and diabetes for which we will know the outcome by the end of March. We are also within our local sub STP areas working with local government around alternative access to funds to enable the changes proposed.

How will collective decisions be reached? How will the STP hold partner organisations accountable for their performance?

The STP is based on the principle of subsidiarity. The work is done and decisions are taken as close to the patient as possible – and will be taken through the existing decision making processes.

Where relevant parties agree that work should be done at a WY&H level, governance arrangements are being developed to allow collective decision making. This includes a joint committee of CCGs and a committee in common across the Acute Trusts in West Yorkshire and Harrogate. Similar arrangements are emerging for mental health and community providers.

The STP does not hold partner organisations to account for their performance. We are working closely with NHS England and NHS Improvement to develop closer partnership working and shared objectives so that there is a consistent focus on what needs to be done across the system.

There has been historical under-investment in community health services in North Yorkshire over the past 2 to 3 years. What will the STPs do to correct this?

Harrogate and Rural District CCG has over the last 3 years has uplifted the contract value for community services by a growth that reflects the local demographic assumptions.

In addition through the Vanguard programme community services have received an additional non recurrent investment to allow redesign of services of £2.2m.

In order to invest in any service, funding needs to be diverted from another area of spend. The STP plans focus on prevention of ill health, reducing both demand on and variation in, hospital care use and a focus on local place based integration of health and care services.

Allocations will not change as result of STP but working this way can help drive efficiency through transformation and release resource from one part of the system to invest in another.

All to provide a breakdown of the 'do nothing' deficit for their STPs and the elements that cover North Yorkshire. The breakdown to be provided by service type. For example, by hospital and by CCG. The breakdown also to clarify whether the figures include social care.

For Harrogate and Rural District 'place':

- The overall 'do nothing' position is £38.9m deficit by 2020-2021 – this includes all health and social care spend
- The 'do nothing' position is £35.5m deficit by 2020-2021 for CCG, hospital and specialist services.
- The 'do nothing' position for the CCG is £16.4m deficit by 2020-2021

All to provide details of how much money they intend to try and move from large acute providers to community services over the next 5 years.

This figure is an STP aggregate aspiration and will vary from place to place. It is subject to change as proposals are firmed up and year end positions and contract negotiations are concluded

At this point in time, the STP represents a set of high level proposals rather than specific worked up financial or operational plans. The aspiration underpinning the proposals is to move funding from acute to non-acute services through differential growth in resources to different sectors. At **WY&H level in aggregate**, the described ambition is to achieve around a 3% and 4% growth per annum in community services and mental health services respectively, funded through managing growth in acute expenditure to 1% per annum.

Craven is one of the most remote parts of the country. What are your priorities for services and funding in that area?

Rurality issues has been one of the key priority areas for Airedale Wharfedale Craven Commissioning Group in Craven, not just for 2017 going forward, but from our inception in 2013. We have worked closely with the voluntary sector in Craven, NYCC and Craven District Council and have a very positive relationship in working together on the schemes we have implemented to address rurality and health inequalities.

Our programmes have included

- keeping people well
- those who are ill or have a long term condition(s)
- care home health
- access issues

Operating within a single strategy across the Bradford District and Craven area provides us with great opportunities to share models of care and delivery across different areas whilst ensuring the people we serve remain at the centre of their care offer, which has to be tailored to their environment.

How will you work with the STP for the Morecambe Bay area to address the needs of people in the Bentham and Ingleton areas?

We all work to a set of geographical boundaries and are ever mindful of ensuring there is no adverse impact to the people who live along those boundaries. With regard to Bentham, specifically, we work closely with our CCG colleagues who cover Bentham to ensure that they are included in our discussions on commissioning intentions and service reviews. For example, there has been a meeting recently about AWC accountable care developments and the catchment population of the main provider trust to establish the geographical boundary for accountable care plans.

Ian Holmes, Programme Director, Healthy Futures

## Humber Coast and Vale STP

How will the STPs work with local government to stabilise the care market in the county? What will be done to help recruit and train the nursing staff required to run nursing homes?  
STP partner organisations, including local authorities, are working together to address the health and wellbeing, healthcare and social care needs of each community. As part of this process partners will agree short and longer term measures to address challenges, including current pressures in social care.

Within our workforce workstream we will develop a framework that enables employers to attract, recruit, develop and retain the health and social care staff that we need across Humber Coast and Vale (HCV) to deliver high quality sustainable care to service users, enable service transformation and introduce new ways of working.

Our Local Workforce Action Board (LWAB) has planned two initiatives to help us to make sure we have the skills we need to deliver our strategy across HCV.

- Support staff at scale - We are investing in bringing through additional support staff and investing in developing their skills. These support staff will work in hospital and in the community to develop skills across primary, secondary and social care. There will be a clear progression structure to help retain staff and the opportunity to work in different parts of the system. We will look to use our current staff differently for example creating multi - disciplinary roles for receptionists, pharmacist and mental health practitioners. This programme will start in 2017 which is when staff will enter the workforce.
- Advanced Practice at scale - We are investing in developing 'advanced practitioners' both in hospital and in the community. This will help to fill gaps in the workforce and will have a clear career path to encourage people to continue working with us. This programme will begin in 2017 and staff will take two years to qualify.

Have you taken into account the reduced funding for social care and the increased demand upon social care services?

Reduced funding and increased demand for social care has been taken into account in the development of our plans. We have targeted investment in both primary care and out of hospital care. We have built this into our overall financial model which anticipates achievement of a balanced position through to 2021.

Do your plans enable the STP 'do nothing deficit' to be met? If not, then what is the consequence? What else may NHS England consider?

Yes, currently we have an estimated £420 million deficit by 2020/21. Through the 10 workstreams listed below, we plan to address the deficit and balance our books.

- Hull
- East Riding
- Vale of York
- Scarborough and Ryedale
- North Lincolnshire
- North East Lincolnshire
- Strategic Commissioning
- In Hospital
- Mental Health
- Enablers.

Of the overall 'do nothing' deficit of £420 million for the Humber Coast and Vale STP, it is estimated that £73 million of this gap, or 17%, will be closed through initiatives described within the STP programme. The remaining amount being closed through organisational level schemes (QUIPP, CIP and organisational level savings). This is broken down by workstream as below.

<b>Workstream</b>	<b>VoY</b>	<b>S&amp;R</b>
Place based care	£14.2 million	-£0.7 million
In hospital	£3.1 million	£3.1 million
Strategic commissioning	£1.7 million	£1.8 million
Mental health	£0.3 million	£0 million
<b>Total</b>	<b>£19.3 million</b>	<b>£4.2 million</b>

How are you going to access suitable capital funding to transform the way in which services are delivered?

We have submitted a request for additional capital funding to facilitate our proposed service developments. In the event that additional central funding is not made available, we believe that we will be able to fund the required developments through existing capital allocations and alternative, revenue based financing models.

How will collective decisions be reached? How will the STP hold partner organisations accountable for their performance?

The Strategic Partnership Board and the Executive Group set the strategic direction of the programme, and make key decisions and recommendations. Partner organisations will hold each other to account through discussion at SPB meetings.

All members of the HCV STP are currently in the process of signing up to the Memorandum of Understanding (MoU). The MoU states - "Members of the HCV Strategic Partnership Board representing their organisations will need to have sufficient authority to attend on behalf of its organisation and make decisions on its behalf, whilst acting at all times in accordance within the terms of their own organisations governance and the NHS Constitution (where applicable)."

Each workstream will be held to account through its Senior Responsible Officer and Programme Manager. Lead Programme Managers will be asked to submit a monitoring report every 4 weeks to the PMO. The monitoring report will request information on:

- Progress against milestones
- Progress against metrics (financial and non-financial)
- Risks / issues
- Issues they may want to raise to Executive Group.

There has been historical under-investment in community health services in North Yorkshire over the past 2 to 3 years. What will the STPs do to correct this?

The STP plans include a shift in emphasis from secondary care to community and primary care services. The plans aim to reduce the growth into the secondary care sector through prevention and alternative service models in primary care and community services. This will see additional investment and a shift of resources into these areas, and help to both reduce the pressure on secondary care and close the financial gap.

How will you ensure that Scarborough, which is 40 miles away from the nearest alternative hospital, continues to have viable acute services?

The STP plan will be delivered through local, place based approaches. The Scarborough and Ryedale CCG patch will build upon the work undertaken through the Ambition for

Health programme, supported by all major public stakeholders, including North Yorkshire County Council. This commits to providing clinically and financially sustainable services in Scarborough and Ryedale, including using alternative service and care models.

The programme of work is geared towards maintaining local access to urgent and emergency care, paediatrics, and obstetrics for the Scarborough and Ryedale population. The wider scope is to reduce the reliance (and pressure) upon acute hospital care through greater use of self-care, primary care and community services. The STP will look at how hospital services across a wider footprint are configured to make them financially and clinically sustainable, providing the best available care in the most appropriate settings.

How will the STP address the £10m financial gap that is facing the Scarborough system, once the 'acquisition' funding comes to an end?

The STP model includes the loss of the financial support currently being received by York Foundation Trust. This adds to the system financial gap which is then addressed through the STP plans by 2021.

Chris O'Neill  
Programme Director  
Humber Coast and Vale STP

**Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP**

The response was not available at the time of publication of this report.