

North Yorkshire Scrutiny of Health Committee
Update on the Humber Coast and Vale Sustainability and Transformation
Partnership (STP)
23 June 2017

Note – this report is in addition to the verbal update being provided on the Durham, Darlington, Tees, Hambleton, Richmondshire and Whitby STP and the West Yorkshire and Harrogate STP that is on the agenda.

Background

Since April 2016, leaders from health and care organisations across the region, together with our vibrant voluntary sector, have been working together to establish the Humber, Coast and Vale Sustainability and Transformation Partnership (STP). It is a partnership of nearly 30 different organisations including NHS Trusts, Social Enterprise Companies, Local Councils and Health Commissioners covering a wide area with a diverse mix of rural, urban and sub-urban communities (see appendix A).

An overarching vision and draft set of proposals were submitted to NHS England in October 2016. This set out the shared vision for our local health and care system of enabling everyone in our area to ***start well, live well and age well***.

To achieve the vision we are working hard to create a health and care system that ***supports everyone's health and wellbeing and that is there to help when people need it***. Our proposed future system will begin with people and be built around their needs rather than being built around organisations, processes or pathways. It will focus on promoting better health wherever possible by connecting people, places and services and delivering genuinely integrated care. We want to become a health improving system rather than an ill-health treating system.

Delivering our vision – our programmes

We are working with all the partner organisations on a complex programme of change. Our plan is sub-divided into 11 interdependent areas of work: six place-based plans and five cross-cutting workstreams, details of which are set out in appendix B.

In each of our six CCG areas we are developing place-based plans, which identify the needs of local people and communities and plan future services to meet those health and care needs. Our local plans focus on ***prevention*** (keeping people well), ***supported self-care*** (helping people to manage their health conditions at or close to home) and ***integrated commissioning and provision*** of local health and care services (so that services are joined up and flexible enough to meet different people's needs). Improving and joining up care outside of hospital settings is central to delivering the changes that are required in our health and care system.

In addition to place-based plans, we have established a number of programmes to plan changes on a regional (i.e. STP-wide) basis looking at hospital-based services, cancer and mental health provision. These programmes will be supported by a number of other projects (enablers) to help us get the basics right, including digital technology, estates, communications and engagement and workforce and organisational development.

The programmes are currently developing a series of proposals and a timeline for implementation. Each programme will have its own communications and engagement plan to ensure the public and other stakeholders are involved in the development of plans and that plans are communicated effectively.

Our Finances

At the time of initial submission of the draft partnership strategy in October 2016, a significant amount of work was carried out to model current and future demand on our health and social care system against the level of funding available both now and in the future. In our submission we predicted that by 2020/21 there will be a gap of around £420 million between the amount of money available and cost of delivering services in the way that we are currently delivering them.

This prediction was based on cost of delivering services on current models and expected future demand. It also assumed the Humber, Coast and Vale system would remain within its spending limits (known as the system “control total”) this year. However, a number of organisations within the partnership have seen their financial position deteriorate in year. Therefore we need to work together to address the pressing financial challenges of today as well as working together on longer term plans to improve the overall effectiveness of local health and care provision. Work is underway at present to refresh the financial models within our programmes to reflect the current system position.

Communications and Engagement

We have developed a comprehensive communications and engagement strategy for the Humber, Coast and Vale STP that is intended to increase awareness, understanding, enthusiasm and engagement across a very wide range of stakeholders. Public and professional support is crucial to the achievement of our objectives, so the implementation of our communications and engagement strategy will be a priority for the STP over the coming months.

Role of scrutiny

Much of the work of the STP will be undertaken in each of our six ‘places’ (CCG areas). Humber Coast and Vale STP leaders and the relevant partnership organisations will continue to consult and engage with individual local authority Health Scrutiny Committees on matters relating to place-based plans. Place-based plans are largely coterminous with local authority boundaries and will focus on delivering integrated commissioning (Local Authority and CCG) and integrated provision (across health and social care, across primary and community care) of services in each area. We welcome the continued input from elected members in this work, including through the scrutiny process.

Where STP programmes propose changes over a wider area, local authority scrutiny committees may wish to meet together and/or form a joint committee. It would be for members to determine the process and timeline for this in line with existing political processes.

Role of Healthwatch

Healthwatch continue to provide constructive feedback and critique throughout. This builds on the baseline report produced in July 2016, which helped to shape the initial STP submission, in October 2016. Healthwatch is represented on the STP Strategic

Partnership Board via a named representative – Sian Balsom of Healthwatch York. Locally, Healthwatch North Yorkshire has contributed to the planning and delivery of STP engagement via the partnership communications and engagement network and through its role on the Vale of York Accountable Care Partnership Board. Engagement and involvement in relation to local place-based plans across North Yorkshire is being led by engagement teams from the two CCGs and York Foundation Trust and collaborative working with local Healthwatch will continue.

Involving lay members and non-executive directors in the STP

The publication of the Five Year Forward View Next Steps document on the 31st March 2017 reaffirmed the requirement for STPs to engage lay members from CCG governing bodies and non-executive directors from NHS Trusts in ensuring the partnership makes best use of the skills, experience and knowledge this group of individuals brings.

In the HCV, the NEDs and lay members have agreed to establish a regular forum to advise the STP programmes and plans, carry out a skills audit of lay members and non-executives from across the organisations to make sure we are utilising all the skills and experience we have collectively.

Staff side forum

The STP has established a Staff Side Forum and the first meeting with the representatives was held on 16 May 2017. It has been agreed to meet with the forum on regular basis to provide updates on the programme of work and pick up issues relating to the HCV STP raised by the staff side representatives.

Building Health Partnerships Programme – 2017/18

The Humber Coast and Vale STP has successfully won a bid for support from the Building Health Partnerships (BHP) programme for 2017/18. The programme provides funded support to enable STPs to engage with voluntary and community sector partners in their area as well as the general public to help improve local health and wellbeing. The BHP programme is jointly funded by NHS England and the Big Lottery Fund and delivered in partnership by Social Enterprise UK (SEUK) and the Institute for Voluntary Action Research (IVAR). The programme will run from April 2017 to June 2018.

Through Building Health Partnerships we would like to bring together health organisations and people who are experts in delivering community development projects (often on very small scale) to think differently about how to improve the health and wellbeing of our local communities. In particular, we are interested in the role the arts can play in helping us to think differently about improving health in our local populations. The programme will enable us to think more creatively and work together to solve a specific challenge in our health system together.

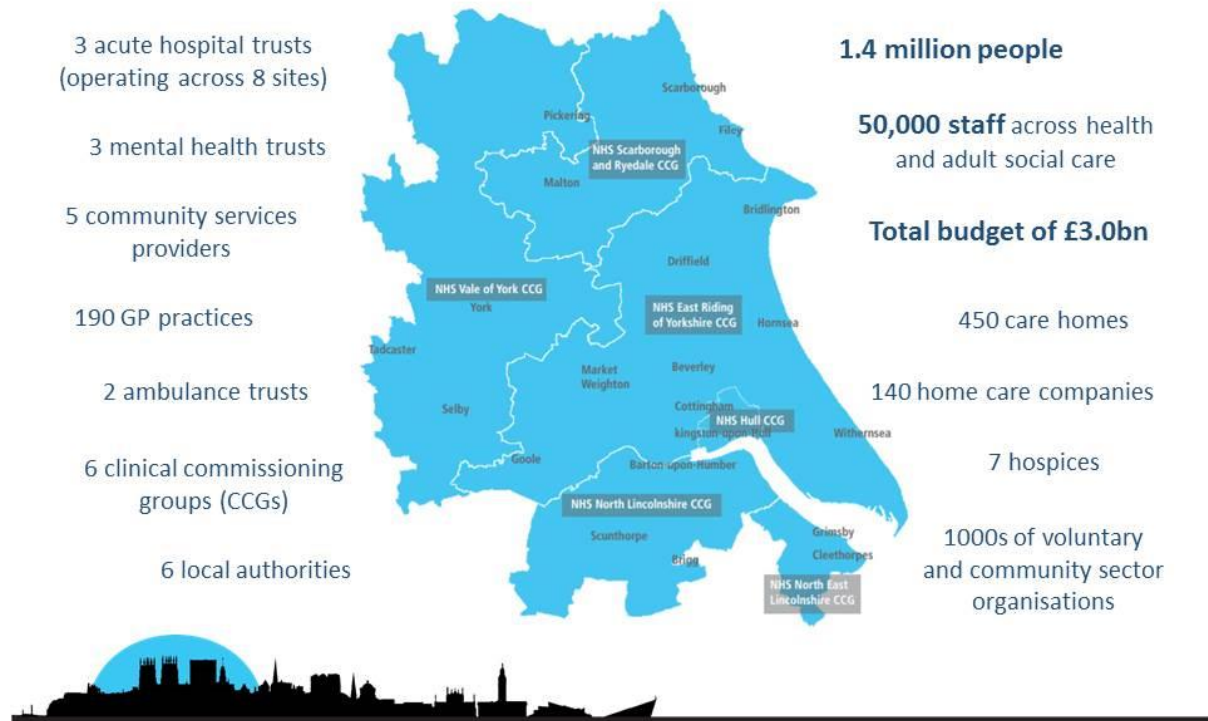
The steering group met together at the end of May and are now working together to plan the first major stakeholder event in early September. Further details will be available on the Humber, Coast and Vale STP website in due course.

Next steps

Work will continue in each of the programmes to develop detailed delivery plans. These documents will set out a clear timetable for proposed changes as well as a

detailed communications and engagement plan that will explain how and when patients, the public and other stakeholders can get involved in development of the STP programmes.

Health and care in Humber, Coast and Vale



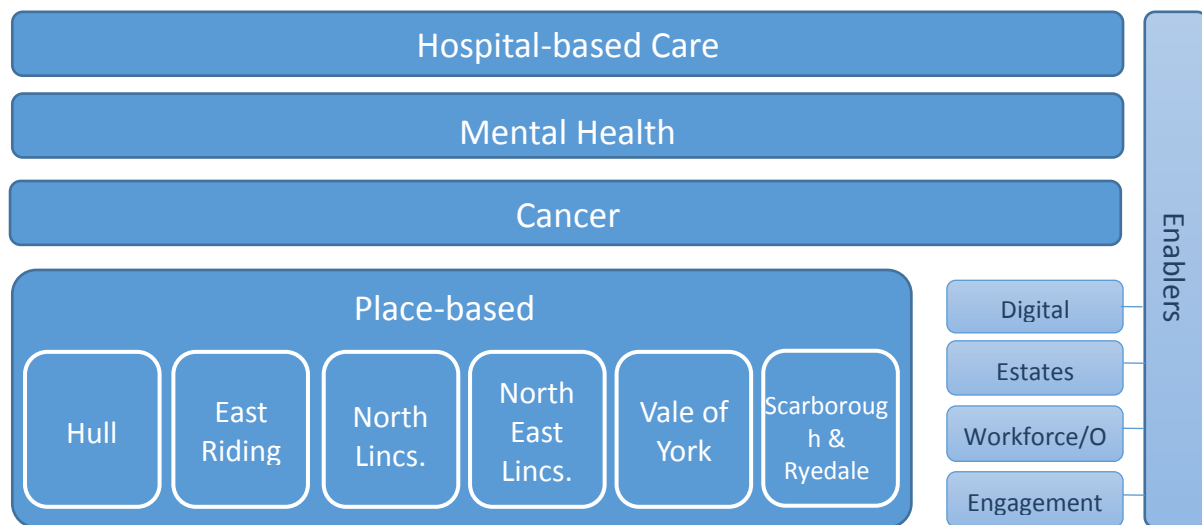
The Humber, Coast and Vale Sustainability and Transformation Partnership (STP) is a collaboration of nearly 30 different organisations across a geographical footprint of more than 1500 square miles taking in cities, market towns and remote rural and coastal communities. Together we form the complex system that is responsible for planning, paying for and providing health and care services within the area known as Humber, Coast and Vale. We serve a population of 1.4 million people, around 23% of whom live in the most deprived areas of England.

The Humber, Coast and Vale 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
- Northern Lincolnshire and Goole NHS Foundation Trust
- Hull and East Yorkshire Hospitals NHS Trust
- York Teaching Hospitals NHS Foundation Trust
- Humber NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust

- City Health Care Partnerships CIC
- Navigo
- Focus
- Care Plus Group
- Yorkshire Ambulance Service NHS Trust
- East Midlands Ambulance Service NHS Trust
- City of York Council
- East Riding of Yorkshire Council
- Hull City Council
- North Lincolnshire Council
- North East Lincolnshire Council
- North Yorkshire County Council

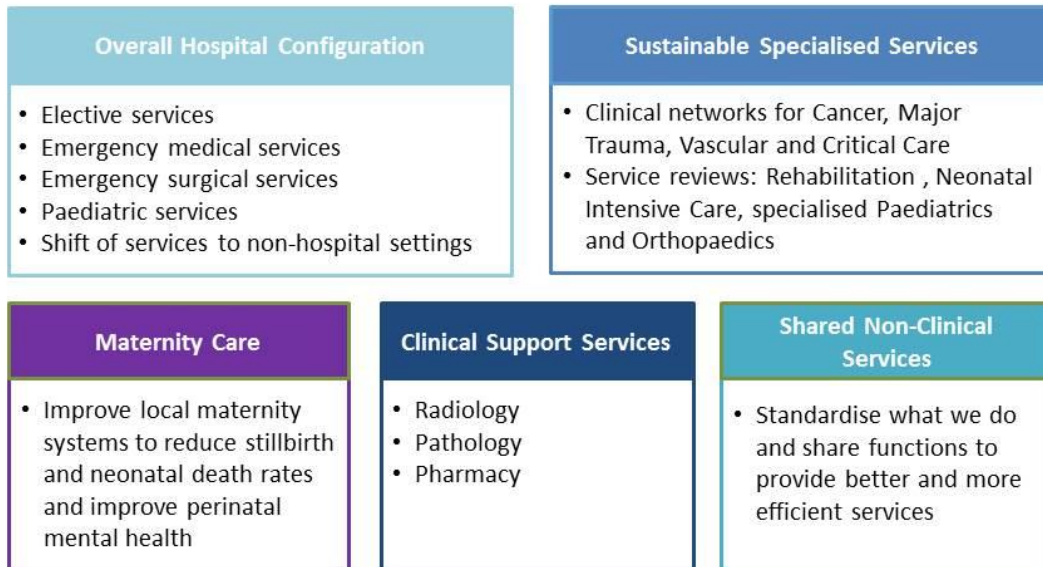
Appendix B – Humber, Coast and Vale Partnership Programmes



Place-based Plans

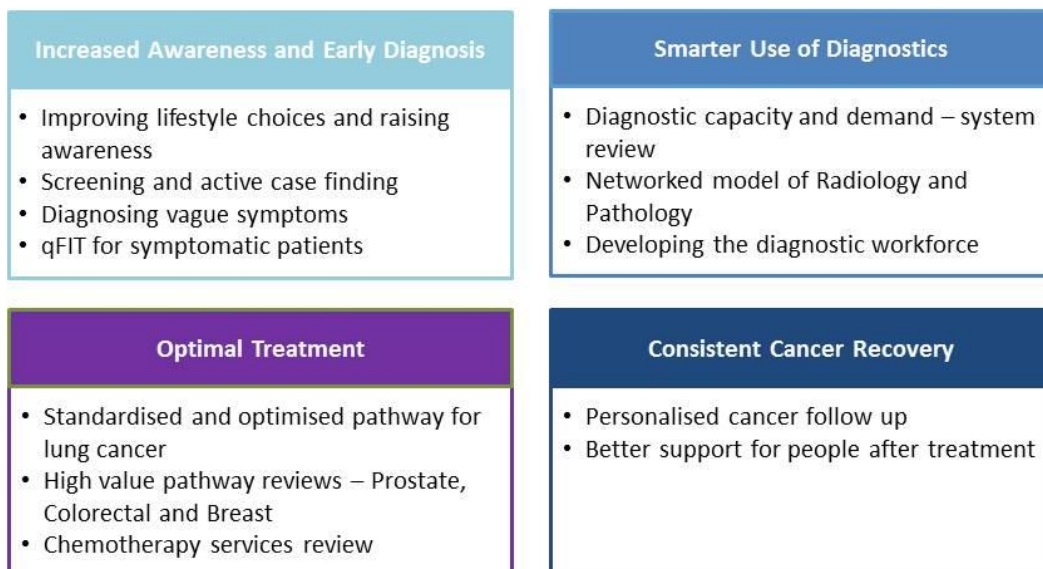


Hospital-based Care



2

Cancer



3

Mental Health



<p>Support on Recovery Journey</p> <ul style="list-style-type: none"> • Treatment in the community to become default option • Addressing existing gaps in onward placements and services 	<p>Avoid Unnecessary Hospital Stays</p> <ul style="list-style-type: none"> • Develop more non-clinical services • Ensure that we have 24/7 intensive home based alternatives to admission and effective 24/7 urgent & emergency liaison mental health services for all ages 	<p>Provide Services Which Maintain Independence</p> <ul style="list-style-type: none"> • Address the independence of those with dementia
<p>Address Health Inequalities</p> <ul style="list-style-type: none"> • Invest in evidence based practice, informed by lived experience to commission services designed to achieve comparable outcomes for all 	<p>Prevention Under 5s</p> <ul style="list-style-type: none"> • Focus on bonding and attachment delivered through health visitors, schools & parenting support 	<p>Consider Physical Health</p> <ul style="list-style-type: none"> • Propose new pathways and prescribing guidelines which address the known potential impact of some mental health medications on physical health

Enabling the Change to Happen

 <p>To address shortages of staff we will expand clinical training and develop new roles. We are already developing two training programmes:</p> <ul style="list-style-type: none"> • Support Staff at scale • Advanced Practice at scale. <p>Transformed Workforce</p>	 <p>We will use the buildings we have to support delivery of our priorities.</p> <p>We will make best use of all public estate in our areas to enable the provision of joined-up care.</p> <p>Estate Strategy</p>	 <p>We will make that all of our plans are shaped through engagement with our stakeholders including:</p> <ul style="list-style-type: none"> • Public • Patients • Staff • Other stakeholders <p>Communication and Engagement</p>	 <p>We will utilise technology to:</p> <ul style="list-style-type: none"> • Give patients access to more information to help manage their own health; • Create a single electronic care record so patients should only be asked things once. <p>IT Strategy</p>
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