

		AGENDA ITEM 5
		HOPSC/26/17
Committee:	Health Overview Policy and Scrutiny Committee	
Date:	11 October 2017	
SUFFOLK AND NORTH EAST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP		
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Action required:

Having considered the evidence received today the Committee may wish to:

- a) Make comments or recommendations to the Suffolk and North East Essex STP partners;
- b) Make comments or recommendations to the Chief Executive of Colchester and Ipswich Hospitals;
- c) To consider the update attached, re-affirm the intended distinctive roles of the HOPSC and the Joint HOSC and identify any issues that the HOPSC (as opposed to the Joint HOSC) should pursue.
- d) Seek assurance that adequate time will be allowed for any such consultations and for any action that may be required as a result of STP partners' decisions, before substantial changes to services are implemented.
- e) Seek further information on proposals and/or timelines.

Purpose of report

This report includes essential background for the Committee's consideration of progress on the Suffolk and North East Essex Sustainability and Transformation Partnership (STP) (previously called 'Plan').

At today's meeting Nick Hulme, Leader of the STP and Chief Executive of Ipswich and Colchester Hospitals, will be addressing the Committee on progress on the Suffolk and North East Essex Sustainability and Transformation Partnership (STP).

Background

In November 2016 (Minute 9) the former Essex County Council Health Overview and Scrutiny Committee (HOSC) agreed the formation of a Joint Committee with Suffolk

County Council's Health Overview and Scrutiny Committee to undertake scrutiny of the arrangements for the Sustainability and Transformation Plan (subsequently renamed as a 'Partnership') for North East Essex, Ipswich and East Suffolk and West Suffolk; and to continue looking for opportunities to work jointly with other neighbouring authorities on a case by case basis.

Following the May County Council election, this Committee agreed to renew its representation on the Joint HOSC as Councillors Andy Erskine (representing People and Families Scrutiny Committee), Dave Harris, Colin Sargeant and Andy Wood. Councillor Anne Brown was added as a named substitute.

At present the Joint HOSC is being administered by Suffolk County Council, and a copy of the report prepared by its officers has been attached at Appendix A as additional background for today's proceedings. It summarises the STP and Joint HOSC activity that has taken place so far.

Analysis

Following the May elections, members of the Essex and Suffolk Joint HOSC met informally in July 2017 to discuss the local STP and receive an update from NHS colleagues. At that time it was envisaged that a further formal meeting of the Joint HOSC would be held in September 2017 to receive an update on specific issues identified by the Joint HOSC (and listed in paragraph 7 of Appendix A of this report) and are reproduced below:

- What action has been taken as a result of the recommendations made by the Joint Essex/Suffolk Health Scrutiny Committee meeting on 10 March 2017 and if no action has been taken, what are the reasons for this?
- What feedback has been received from NHS England and NHS Improvement on the STP plans and what action is being taken as a result?
- What is the current financial position for the footprint? What bids have been made for Transformation Funds and how successful have these been? What further bids are planned?
- What are the plans for consultation/engagement and timescales in relation to the STP?
- What progress has been made in relation to developing the Partnership between Ipswich and Colchester Hospitals and what are the next steps? How and when will final decisions be made? What consultation has taken place and what are the plans for future consultation and engagement in relation to the hospitals partnership?

In the meantime alternative arrangements have been agreed for these issues to be considered individually by the Essex HOPSC and Suffolk HSC later in October 2017. The revised approach is due to the fact that the Joint HOSC is not, at this stage, set to receive formal consultation from the NHS, and so there are advantages for the two Councils to consider separately on this occasion. Indeed, some of the issues relate to the STP more generally rather than specific cross border issues. This approach also provides a good opportunity to bring both full Committees up to speed with this work (as there are a number of new members on both).

Today's presentation

Today's contributors will be:

- Nick Hulme, Nick Hulme, Leader of the STP and Chief Executive of Ipswich and Colchester Hospitals
- Susannah Howard, STP Programme Director
- Kirsty Denwood, Chair of the STP Finance Group and North East Essex CCG Financial Director

A briefing paper produced by the STP is attached at Appendix B

Appendix A

Briefing paper prepared by Suffolk County Council for the Suffolk County Council Health Overview and Scrutiny Committee in October 2017

Update on NHS Sustainability and Transformation Partnerships/Plans (STPs)

Summary

2. NHS Sustainability and Transformation Partnerships/Plan (STP) boundaries do not necessarily align with local authority health scrutiny. In Suffolk, the areas covered by Ipswich and East Suffolk CCG and West Suffolk CCG are in an STP “footprint” with North East Essex CCG, whilst the Waveney area of Suffolk is in an STP “footprint” with Norfolk.
3. This report provides an overview of the arrangements in place for scrutiny of the NHS Sustainability and Transformation Plans/Partnerships covering the health and care services provided to Suffolk’s residents, and updates the Committee on progress with the NHS STP for Ipswich and East Suffolk, West Suffolk [Suffolk] and North East Essex (NEE), including progress on developing the Colchester and Ipswich Hospital Partnership.
4. This information will also be presented to the Essex Health Overview, Policy and Scrutiny Committee (HOPSC), as part of a wider report on STPs covering Essex, when it meets in public on 11 October 2017. The meeting is due to take place 10.30am in Committee Room 1, County Hall, Market Road, Chelmsford, CM1 1QH and will be held in public.
5. Norfolk Health Overview and Scrutiny Committee (HOSC) will receive a progress report on the Norfolk & Waveney STP at its meeting on 26 October 2017. Councillors Michael Ladd and Jane Murray of the Suffolk Health Scrutiny Committee (HSC) have been invited to attend this meeting and contribute to the discussion on an informal (non-voting) basis. The meeting starts at 10.00am in the Edwards Room, County Hall, Martineau Lane, Norwich, NR1 2DH and will be held in public.

Objective of Scrutiny

6. The objective of this item is to:-
 - a) bring members of the Committee up to date with arrangements for scrutiny of the STPs;
 - b) provide an update on progress with the Suffolk and NEE STP, including the development of partnership arrangements between Colchester and Ipswich Hospitals.

Scrutiny Focus

7. The scope of this item has been developed to provide the Committee with information which addresses the following key questions:
 - a) What action has been taken as a result of the recommendations made by the Joint Essex/Suffolk Health Scrutiny Committee meeting on 10 March 2017 (see Appendix A) in relation to the Suffolk and NEE STP?

- b) If no action has been taken, what are the reasons for this?
 - c) What feedback has been received from NHS England and NHS Improvement on the STP plans and what action is being taken as a result?
 - d) What is the current financial position for the Suffolk and NEE footprint?
 - e) What bids have been made for Transformation funds and how successful have these been?
 - f) What are the plans for consultation/engagement and timescales in relation to the Suffolk and NEE STP?
 - g) What progress has been made in relation to developing the Partnership between Ipswich and Colchester Hospitals and what are the next steps?
 - h) How and when will final decisions be made in relation to the hospitals partnership?
 - i) What consultation has taken place and what are the plans for future consultation and engagement in relation to the hospitals partnership?
8. Having considered the evidence received the Committee may wish to:
- a) Make comments or recommendations to the Suffolk and NEE STP partners;
 - b) Make comments or recommendations to the Chief Executive of Colchester and Ipswich Hospitals;
 - c) Seek assurance that Suffolk HSC will be kept informed of progress with the Suffolk and NEE STP, and any proposals for substantial changes to services arising from the STP, and that health scrutiny will be formally consulted as required.
 - d) Seek assurance that adequate time will be allowed for any such consultations and for any action that may be required as a result of STP partners' decisions, before substantial changes to services are implemented.
 - e) Identify questions or issues the Committee would wish to see addressed in relation to scrutiny of the STP covering Waveney;
 - f) Seek further information.

Contact details

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Background

- 9. In December 2015, the NHS published "Delivering the Forward View: NHS Planning Guidance 2016/17 -20/21". The guidance asked every local health and care system in England to come together to create a local plan for accelerating the implementation of the NHS Five Year Forward View.
- 10. These plans, called Sustainability and Transformation Plans (STPs), were required to be place-based, multi-year plans built around the needs of the local

population and designed to help drive sustainable transformation in health and care between 2016 and 2021.

11. NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services were asked to come together to form 'footprints'. The footprint represents a geographical area within which the various organisations would come together to develop the STP for their local population.
12. On 15 March 2016, NHS England announced 44 STP footprints across England, which would be responsible for pulling together the plans. The geography of these Plans do not align with county boundaries. In Suffolk, the areas covered by Ipswich and East Suffolk CCG and West Suffolk CCG are in an STP "footprint" with North East Essex (NEE) CCG, whilst the Waveney area of Suffolk is in an STP "footprint" with Norfolk.
13. The first drafts of the plans were required to be submitted to NHS England in June 2016, with final versions being submitted in October 2016.
14. The scope of STPs is broad. Initial guidance from NHS England and other national NHS bodies set out around 60 questions for local leaders to consider in their plans, covering three headline issues: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. STP Leaders were asked to identify the key priorities needed for their local area to meet these challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services.
15. STPs represent a shift in the way that NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services.
16. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.
17. It also recognises that growing financial problems in different parts of the NHS cannot be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population. In some cases this has led to 'system control totals' – in other words, financial targets – being applied to local areas by NHS England and NHS Improvement.
18. Suffolk HSC has previously received reports and updates on the development of the STP for Suffolk and NEE. On 20 July 2016, the Committee agreed to approach Essex HOPSC with a view to establishing a Joint Task and Finish Group to receive formal consultation from the NHS on any emerging substantial variations or developments in service emerging from the Suffolk and NEE STP.
19. On 12 October 2016, Suffolk HSC received an update on the plans for closer working between Ipswich and Colchester hospitals (a strand of work taking place under the Suffolk and NEE STP). Members were informed that the partnership was in its very early stages and provided an opportunity to look at what both hospitals currently provided and develop values and principles to

underpin service redesign to create efficiencies, with patients at the heart of this work. A work programme to identify and evaluate the benefits and risks had started and learning from other successful and unsuccessful partnership arrangements, both medical and non-medical, was being considered. There was a need to keep up the pace of this work, whilst continuing to focus on maintaining and raising current standards in existing services. It was inevitable that difficult choices would need to be made and appropriate engagement with stakeholders would ensure that the final design balanced the needs of all parties. Members of the Committee highlighted the need to ensure dialogue was taking place with key stakeholders, such as the East of England Ambulance Service NHS Trust, in the early stages of development of options for service change. Discussion also took place about the need to manage public perceptions in relation to the potential impact of the partnership on the performance of the two hospitals, and the importance of demonstrating how any proposed changes to services would result in improved clinical outcomes for patients.

20. On 8 December 2016, two Members of Suffolk Health Scrutiny Committee attended a meeting of Norfolk Health Overview and Scrutiny Committee, which was receiving the Norfolk and Waveney STP October 2016 submission. Regular updates on the Norfolk and Waveney STP have also been provided to the Joint Health Scrutiny Committee for Great Yarmouth and Waveney (which includes 3 members of Suffolk HSC and 3 members of Norfolk HOSC)
21. The Essex/Suffolk JHOSC met in public for the first time on 10 March 2017 and a copy of the Draft Minutes of the meeting is attached as **Evidence Set 1**.
22. Following the County Council elections in May 2017, at its meeting on 12 July 2017, the Suffolk HSC agreed [Nominations and Terms of Reference for Joint Committees](#), including arrangements for future working with Essex HOSC and Norfolk HOSC in relation to the STPs. In light of the fact a number of Committees have new members it was agreed that reporting arrangements should aim to bring all health scrutiny councillors up to date with progress to date.
23. At its meeting on 7 September 2017, Suffolk Health and Wellbeing Board received updates on the [Norfolk and Waveney STP](#) and the [Suffolk and North East Essex STP](#). The Board also received a copy of the [Suffolk and North East Essex STP Delivery Guide](#) which is now published, and provides further information about the timescales for delivering various strands of work taking place under the STP banner.

Main body of evidence

Evidence Set 1 – Draft Minutes of the Essex/Suffolk Joint Health Scrutiny Committee for the Suffolk and North East Essex STP Meeting held on 10 March 2017.

Evidence Set 2 has been provided in response to the key questions set out at paragraph 3 above.

Supporting information

December 2015; Delivering the Forward View: NHS Planning Guidance 2016/17 - 2020/21; Available from: <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

Suffolk and North East Essex STP Implementation Plan : 20 October 2016; Available from: <https://www.westsuffolkccg.nhs.uk/health-care-working-together-differently/>

Five Year Forward View 2016-21 – A guide to the local health and care plan for north east Essex, west and east Suffolk; Available from:

<https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2016/11/5YearPlan.pdf>

Reports and an Audio Recording of the Essex and Suffolk Joint Health Scrutiny Committee on the NHS Sustainability and Transformation Plan meeting held on 10 March 2017) can be found at:

http://committeeminutes.suffolk.gov.uk/searchResult.aspx?qry=c_committee~~Essex%20and Suffolk Joint Health Scrutiny Committee

Further information can be found on the Healthwatch Suffolk website at:

<http://www.healthwatchsuffolk.co.uk/NEESuffolkSTP/>

Details of the Norfolk and Waveney STP can be found on the Healthwatch Norfolk website at: <http://www.healthwatchnorfolk.co.uk/ingoodhealth/>

Norfolk HOSC (8 December 2016);

<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/519/Committee/22/Default.aspx> - See Agenda Item 6

Suffolk Health Scrutiny Committee (12 July 2017) Agenda Item 8 - [Nominations and Terms of Reference for Joint Committees](#)

Suffolk Health and Wellbeing Board (7 September 2017); Agenda Item 8 - Update on the [Norfolk and Waveney STP](#); Update on the [Suffolk and North East Essex STP](#) and [Suffolk and North East Essex STP Delivery Guide](#)

Appendix B

Briefing for Essex and Suffolk Health Scrutiny Committees

11 October 2017 and 17 October 2017.

Paper prepared by the Partnership

Introduction

Health and care organisations from across Suffolk and North East Essex formed a Sustainability & Transformation Partnership (STP) to develop a local health and care plan. At the plan's core is the development of a culture of collaboration instead of competition to make the system simpler for people to use.

The STP is focused on programmes of prevention, improving quality, and encouraging innovation. We also need to attract and retain the health and care workforce. It will also help the taxpayer avoid a potential future combined local NHS debt of £246m by 2021, and an additional £114m pressure on social care funding. This does not include any closure of A&E departments or maternity units.

Developments since March 2017 include:

- Assured as “advanced” by NHS England and NHS Improvement in July 2017
- Successful in bids to develop primary care buildings and received funds to help people with diabetes through education programmes.
- Published a delivery guide to clearly set out the outcomes the local health and care plan will achieve.
(Available here: <http://www.healthwatchsuffolk.co.uk/neesuffolkstp/>)
- Publication of Colchester and Ipswich hospitals partnership proposals in August 2017
- Development of clinical involvement, particularly in the partnership and community work.
- Application for a team of voluntary and statutory sector representatives to join a NCVO “Increasing voluntary sector involvement in health transformation” programme, led by Elizabeth Hospice’s chief executive
- Made sure the three hospices and a voluntary sector public health and district and borough councils are part of the overarching STP Programme Board, while continuing to benefit from working with Healthwatch Suffolk and Healthwatch Essex.

Progress against recommendations

Colchester and Ipswich hospitals partnership

The partnership between Colchester and Ipswich hospitals has been carefully developed over several months. In August 2017 both Trust Boards approved an outline business case that recommended the trusts come together to form a single organisation with fully integrated clinical services. The hospitals management teams are in the process of developing a full business case for approval in spring 2018. Following this there would be a period of regulatory scrutiny of our proposals which could lead to a new trust forming in the summer of 2018.

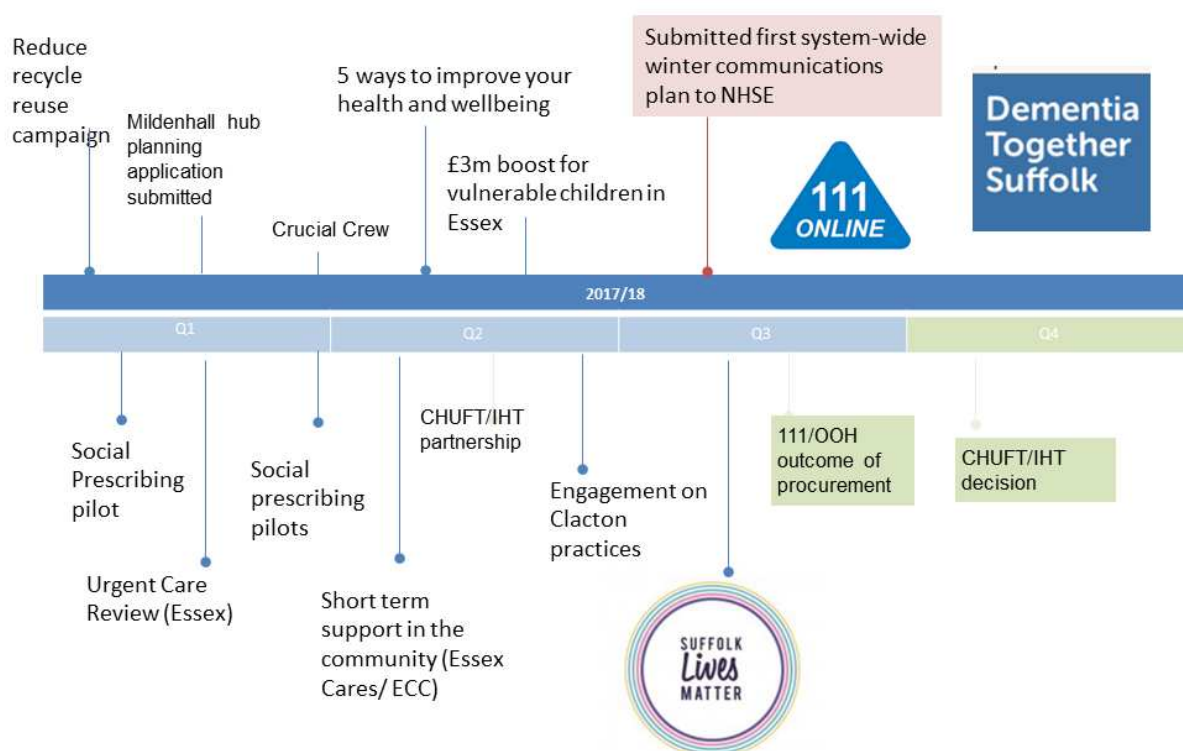
The trusts have engaged staff, patients and stakeholders extensively throughout this process. This is documented in an appendix to the outline business case. (See Outline Business Case for the Partnership between Colchester Hospital University NHS Foundation Trust and The Ipswich Hospital NHS Trust pp 199-127 Communications and Engagement and p189 Engagement log [here](http://www.colchesteripswich.org/publications/outline-business-case))

A number of key concerns including travel issues have emerged which the hospitals will consider and address as the full business case is developed. Over the coming months the trusts will continue to engage local people, staff and patients to reflect people's views about the plans.

Communications and engagement plan

There are more than 100 projects which make up the local health and care plan, each of which is at different stages (see below). Senior communications leads from hospitals, boroughs and district councils are working together to achieve consistent and clear messages. Healthwatch Essex and Suffolk are members of the leadership team, alongside the leads for communications and engagement at Suffolk and north east Essex clinical commissioning groups.

A few of the headlines in 2017/18



There have been a number of events at which members of the public and clinicians have set out a need to have conversations relating to local areas, about that area and with local people. The feedback is clear: People want us to go into each of their localities to have a broad conversation that spans health and social care. This is being co-created with members of communities with long-running understanding of

health and care. Members should note this work has been delayed because of the General Election and local elections.

The involvement of the two counties Healthwatch organisations will ensure consideration of the needs of vulnerable and hard to reach communities.

Specifically for the local health and care plan there will be:

- “Locality based and meaningful” engagement
- Lived experience
- Case studies and testimonials
- Network working
- Briefings for MPs and councillors
- Report back “You said, we did”
- Monthly update – internal update for STP partners

Key role of staff

Plans are still being developed to make sure staff voices are better captured. Early conversations have taken place with unions, who might support the development of models by gathering insights from their members. There are also plans to improve understanding of the local health and care plan and how staff fit in with improved communication, such as the production of a film and a monthly newsletter.

To date clinicians have played a key part in developing some of the services and pathways, such as improved musculoskeletal services, ophthalmology, cancer and diabetes. The vision for the workforce is to be a sustainable resource that is comprised of a diverse skill mix of clinicians and non-clinical workforce that appropriately meets the demand need of the local population. The workforce will work in partnership with neighbouring organisations within the system to ensure a smooth efficient and effective care of the patient and patient pathway. The workforce will be able to address the holistic needs of the patient across both the health and social care spectrum.

The resolution of the workforce issue cannot be addressed in isolation and needs to be considered as part of the wider picture for system. Key components in achieving a sustainable workforce is the model of care and the creation of alliances and their ability to offer greater flexibility in employment, role types and job opportunities to their workforce.

The other key driver will be a change in the skill mix and the shift to using a much wider clinical spectrum to delivery care to the population.

GP Forward View

In the delivery guide on pages 28 and 29, there are details about how organisations involved in the plan aim to improve better working between practices as well as integration with community, acute and social care partners. New models of care are being designed that will shift care away from hospitals and into community locations.

Our priorities include the following:

- Integration between primary care community services and social care.
- Primary care at scale/super practices/a single partnership and allied collaborations.

- Improved use of technology in general practice and within the neighbourhood / locality hubs.
- Innovative estates solutions to ensure the primary care estate and infrastructure is fit for purpose.

Key actions (taken directly from the delivery guide published in July)

Timescale	Action
By the end of September 2017 we will...	<ul style="list-style-type: none"> • Extend GP+ evening and weekend appointment service to 4 other areas for Ipswich & East Suffolk patients. • Open a second GP+ service in Haverhill, offering additional appointments in the evenings and over weekends and bank holidays. • Roll out Care Navigation System Software Solution in pilot practices in North East Essex. • Achieve 85% take up of extended hours (additional 30mins per 1000 patients).
By the end of March 2018 we will...	<ul style="list-style-type: none"> • Continue the roll out of extended access services in West Suffolk with 3 further GP+ Hubs. • Introduce GP streaming at the front door of A&E in both West Suffolk and Ipswich Hospital. • Complete formal legal partnerships in north east Essex and develop hub model for access to evening and weekend appointments. • Complete all planning processes prior to building new North West Ipswich GP Hub. • Agree Masterplan for buildings improvement required in over 20 surgeries in West Suffolk to improve the environment for patients. • Complete Connect programme, aligning primary care, social workers and other community health professionals in 13 locations in Suffolk.
By the end of June 2018 we will...	<ul style="list-style-type: none"> • Extend access to GP service during evening and weekends available across 100% of Suffolk. • Give additional funding to Primary Care for service transformation. • Implement new models of care to stream patients 'on the day' within practices and across practice collaborations.
By the end of March 2019 we will...	<ul style="list-style-type: none"> • Enable care providers from community services, hospital, mental health, social care and primary care to work together as part of an accountable care system to deliver better joined up care for patients and the public. • Extend hub model for access to evening and weekend appointments across 100% of north east Essex. • Review community services in North East Essex to optimise use of existing premises within new models of care, and complete feasibility study and options appraisal to improve the quality of other local estates.

	<ul style="list-style-type: none"> • Have clinical pharmacists, physicians assistants and mental health therapists delivering services in your area as part of the wider Primary Care team.
By the end of September 2019 we will...	<ul style="list-style-type: none"> • Implement 'hub & spoke' model for three collaborations providing evening and weekend appointments in North East Essex. • Use funding incentives for GP practices to develop extended access. • Implement care navigation roles and tools.
By the end of March 2020 we will...	<ul style="list-style-type: none"> • Develop business cases and implement rural Estates Technology Transformation Fund (ETTF) schemes.
By the end of September 2020 we will...	<ul style="list-style-type: none"> • Confirm plans for two further Ipswich hubs.
By the end of March 2021 we will...	<ul style="list-style-type: none"> • Have a minimum of 52 mental health therapists working alongside surgeries.

Feedback from regulators

NHS England and NHS Improvement have given good feedback on the progress of the plan. They have assured the work as advanced (<https://www.england.nhs.uk/wp-content/uploads/2017/07/11-pb-21-07-2017-stp-progress-dashboard.pdf>)

Regulators now expect that more resources will be required to develop the programme.

A small STP Delivery Support Unit has been established, led by Programme Director, Susannah Howard. It has ensured basic support to date to assure the local transformation projects. NHS England and NHS Improvement now want to see this unit developed further. The Delivery Support Unit also provides a neutral base for project leads delivering programmes across the STP footprint e.g. Cancer Alliance Project Manager.

The STP Delivery Support Unit has developed and implemented a project assurance framework to ensure that individual local delivery projects in the STP are strategically aligned to the overall STP vision and pragmatically aligned to STP cross-cutting objectives.

Financial status and bids

To date, the system is reporting that it is on plan. All health organisations reported that they had achieved their control totals for the end of the last financial year, putting the system in a strong position for the future.

In July, the system was awarded the following support for projects.

Newmarket – A £1.3m plan will see primary care services delivered alongside community health services at Newmarket Community Hospital, creating a health and wellbeing hub.

Clacton – The £1.5m scheme will encompass the reconfiguration, refitting and refurbishment of Kennedy House, an NHS premises in Clacton. Two local Clacton GP practices (Epping Close Surgery and Frinton Road Medical Centre) will be able

to move into the building, vacating their existing unsuitable accommodation. Kennedy House will also continue to provide accommodation for Anglian Community Enterprise colleagues to deliver a range of community services and will have a training facility to support the promotion of looking after long term conditions such as diabetes.

Diabetes –The area already works with primary care teams to deliver good quality diabetes care. An additional £955,313 will be used to raise awareness of diabetes prevention and management.

More information can be found about the bids put forward for the system here: <https://www.westsuffolkccg.nhs.uk/extra-funding-local-stp/>

As part of the East of England Cancer Alliance, the system is appointing a Cancer Alliance Project Manager to oversee the delivery of a range of transformation projects

Taking steps towards becoming an Accountable Care System

Some 120 delegates from across all partner organisations came together for an event on Monday 25 September 2017 at Trinity Park in Ipswich. The event was an opportunity to look at next steps for the STP including the opportunity to move forward to become an Accountable Care System (ACS). An ACS can be defined as a group of providers that collaborate to meet the needs of a defined population (King's Fund, 2017: <https://www.kingsfund.org.uk/publications/accountable-care-organisations-explained>). The day includes national and regional speakers from NHS England and will be facilitated by Dame Ruth Carnall. A write up of the presentations and discussion on the day will be made available afterwards.

STP Governance

The 'Next Steps on the NHS Five Year Forward View' document underlined that from April 2017 all NHS organisations should be part of their local STP. Terms of reference for a Suffolk and North East Essex STP Programme Board were agreed in April 2017 supported by a range of governance structures. The STP Board agreed to align the structure of STP Delivery Programme Boards with the emerging structures for Alliance working in Suffolk and north east Essex. All organisations have been asked to nominate representatives to the structures below.



Pictured: STP Lead, Nick Hulme with members of the Board



Suffolk & North East Essex STP – Governance Structure

