

Essex and Suffolk Joint Health Scrutiny Committee

10 March 2017

Sustainability and Transformation Plan (STP) for North East Essex, Ipswich and East Suffolk and West Suffolk

Summary

1. This report provides the joint committee with an overview of the arrangements for taking forward the Sustainability and Transformation Plan for North East Essex, Ipswich and East Suffolk and West Suffolk. It outlines progress made since the Plan was published in November 2016 and deals with issues of finance, governance and arrangements for future public and patient engagement and consultation as the plan progresses.

Objective of Scrutiny

2. The objective of this scrutiny is to provide the joint committee with an opportunity to consider the NHS Sustainability and Transformation Plan (STP) for North East Essex, Ipswich and East and West Suffolk.

Scrutiny Focus

3. The scope of this scrutiny has been developed to provide the Committee with an opportunity to consider the following key areas for investigation:
 - a) What progress has been made on the STP since it was published in November 2016?
 - b) What are the next steps and key milestones?
 - c) What are the key risks and challenges associated with the delivery of the Plan?
 - d) Which elements of the plans within the STP are “footprint wide” (ie likely to result in changes to services for patients in both Essex and Suffolk), as opposed to CCG or local authority based?

Governance:

- e) What arrangements are in place to clarify the different levels at which decisions will be made within the STP?
- f) To what extent have individual organisations signed up to delivery of the STP?
- g) Given that STPs have no legal accountabilities, how will collective decisions be reached?
- h) How will organisations be held to account for delivery?
- i) How will success be measured?
- j) What are the arrangements for transparency, scrutiny and assurance?

Financial

- k) What is included within the system-wide financial control total?
- l) To what extent does the forecast shortfall take account of wider pressures in the health and care system (eg financial, demographic, population growth)?
- m) What are the key risks associated with the savings assumptions set out in the October submission?
- n) How will resources be shared and financial flows operate across the STP footprint?
- o) What processes are in place to help support and monitor financial integrity and audit the flow of resources in terms of cost and value?

Consultation and engagement:

- p) What are the planned arrangements for consultation and engagement?
- q) Who is responsible for this?
- r) What changes have been made following feedback from stakeholders and the public about the Plan to date?
- s) What are the timescales for the production of a consultation and engagement plan?

4. Having considered the information, the Committee may wish to:

- a) consider and comment upon the information provided;
- b) make recommendations to the STP Leader and/or relevant STP Senior Responsible Officer;
- c) make recommendations to NHS bodies;
- d) identify issues which would warrant further scrutiny review;
- e) identify changes upon which the Joint Committee would wish to be formally consulted;
- f) seek further information.

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Background

5. 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.
6. 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.
7. NHS providers, Clinical Commissioning Groups (CCGs), Local Authorities, and other health and care services were asked to come together to form ‘footprints’. The footprint would represent a geographical area within which the various organisations would come together to develop the STP for the local population.
8. In forming footprints, local areas were asked to take into account:
 - a) Geography (including patient flow, travel links and how people use services);
 - b) Scale (the ability to generate solutions which would deliver sustainable, transformed health and care which is clinically and financially sound);
 - c) Fit with footprints of existing change programmes and relationships;
 - d) The financial sustainability of organisations in an area; and
 - e) Leadership capacity and capability to support change.
9. On 15 March 2016, NHS England announced the 44 STP footprints across England, which would be responsible for pulling together the plans. The footprints do not align with county boundaries. In Suffolk, the areas covered by Ipswich and East Suffolk CCG and West Suffolk CCG are in a footprint with North East Essex CCG, whilst the Waveney area of Suffolk is in a footprint with Norfolk. Within Essex, there are also footprints covering Mid and South Essex and Hertfordshire with West Essex. This scrutiny will focus upon the North East Essex, Ipswich and East Suffolk and West Suffolk CCG footprint.
10. 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.
11. Nationally, the footprints cover an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). The North East Essex and Suffolk footprint covers a population of 953,000 people.
12. 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.
13. STPs represent a shift in the way that the 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.
 14. 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.
 15. 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.
 16. The Kings Fund reports that the process of developing STPs has not been easy. The pressures facing local services are significant and growing, and the timescales for developing the plans have been extremely tight. Expectations and timelines for the plans have changed over time, guidance has often arrived late, and there have been inconsistencies in the approaches taken by different national NHS bodies. Leaders have also faced practical challenges to working together on the plans. STP footprints are often large and involve many different organisations, each with its own culture and priorities. Progress made on the plans in different areas has been highly dependent on local context and the history of collaboration between organisations and leaders.
 17. The Kings Fund suggests that local leaders have found it difficult to meaningfully involve all parts of the health and care system in developing the plans. The involvement of local authorities has varied widely between STP areas, ranging from strong partnership between the NHS and local government to almost no local government involvement at all. Patients and the public have been largely absent from the initial stages of the planning process.
 18. The key priority for STP leaders in the short term is to strengthen involvement in the content of the plans – particularly among clinicians and other frontline staff, local authorities, and patients and the public. Staff will need to be equipped with the skills and resources needed to implement the improvements in care described in the plans.
 19. On 17 November 2016, the STP Implementation Plan for Suffolk and North East Essex STP was published. A copy of the plan and associated documents can be found at: <https://www.westsuffolkccg.nhs.uk/health-care-working-together-differently/>

Main body of evidence

Evidence Set 1 has been provided by Susannah Howard, STP Programme Director; Kirsty Denwood, STP Financial Lead and Isabel Cockayne, STP Communications and Engagement Lead, with support from Simon Morgan (North East Essex CCG) and Andy Yacoub (Healthwatch Suffolk) and Thomas Nutt (Healthwatch Essex).

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>

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

<http://www.healthwatchessex.org.uk/news/what-are-stps-and-the-success-regime/>

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

<http://www.healthwatchesuffolk.co.uk/neesuffolkstp/>

Glossary

CCGs – Clinical Commissioning Groups

CHUFT – Colchester Hospital University Foundation Trust

GP – General Practitioner

IHT – Ipswich Hospital Trust

NEDs – Non-Executive Directors

NHS – National Health Service

NHSE – NHS England

NHSI – NHS Improvement

OBC – Outline Business Case

OOH – Out of Hours Service

SOC – Strategic Outline Case

STP – Sustainability and Transformation Plan

