Evidence Set 1

Essex and Suffolk Joint Health Scrutiny Committee

10 March 2017

Local health and care plans for north east Essex and east and west Suffolk

Information in this report was produced on behalf of:	
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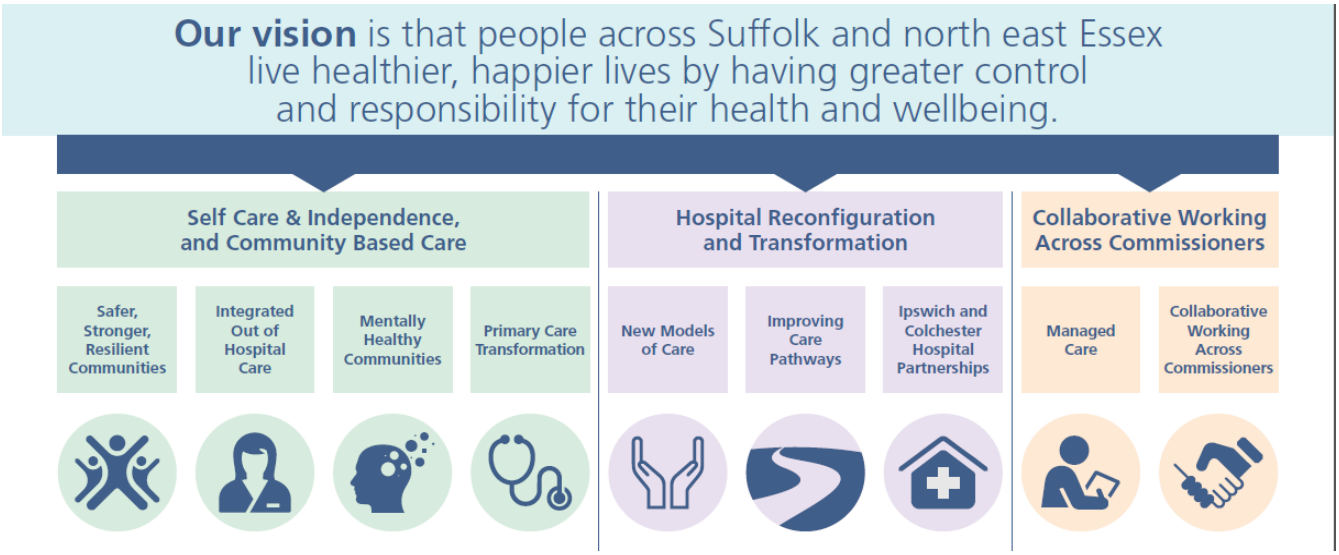
1.0 Background

NHS England set out ambitions in the Five Year Forward View in 2014 to reduce inequalities in health and care, improve financial sustainability and improve prevention work. No one organisation can do this on its own.

This led to NHS England asking for a proposal from north east Essex and east and west Suffolk for how this might work. This proposal, known as the Sustainability and Transformation Plan (STP), was submitted to NHS England during October 2016.

At its heart is the ambition for NHS and social care organisations to collaborate, not compete. The local system's vision and three programmes, and what makes those up, are set out in the table below.



2.0 Progress

Since the launch on 17 November 2016 of public-facing documents, and feedback from the public and regulators NHS England (NHSE) and NHS Improvement (NHSI) there has been a focus on; strengthening the support team; agreeing two-year contracts; and improving governance.

A programme director, Susannah Howard and independent chairman, Alan Burns have been appointed to support the STP lead, Nick Hulme (Chief Executive of Colchester and Ipswich hospitals). These two further posts are being jointly-funded with the money the system already has and are specifically aimed at making sure of its success through good data collection, planning and peer-to-peer challenge to drive change.

The relationships already developed have given significant advantages. For example, in December north east Essex and west and east Suffolk were the first systems to agree two-year contracts, giving greater stability to the system. Previously one year contracts were agreed with providers in January and February every year. The collaborative relationships also saw much improved integration over the busiest winter months (December, January and February) which is when more people access services.

A list of other key actions are here:

- Ipswich and Colchester hospitals' Long Term Partnership – Strategic Outline Case (SOC) agreed, moving to next phase Outline Business Case (OBC) and including engagement with a number of reference groups to support;
- Joint Alliances in east and west Suffolk and north east Essex (NEE) have been formed and a Memorandum of Understanding prepared for sign off. The two Suffolk Alliances are currently further progressed than NEE, given their longer history of collaborative working;
- North East Essex Accountable Care System Chief Executives' Group established:
- Development of the GP Five Year Forward View for the system submitted to NHS England;
- Three events have been organised for: Project Management Officers; Voluntary Sector; Non-Executive Directors (NEDs) and Chairs in March to support the development of next steps within the system;
- Developed new terms of reference for new governance structures;
- Chief Executive Senior Responsible Officers for the three programme boards identified;
- Renew representation for all organisations across new STP governance structures. Finalise dates and venues for all meetings;
- Bids for transformation funds developed and submitted to NHS England;
- Dates for new Programme Board meetings planned for 2017;
- Finalise arrangements for STP/Health and Wellbeing Boards Link Group;
- Finalise template for monthly delivery workstream highlight reports;
- Collate first delivery workstream highlight reports in March 2017 and produce first delivery programme board dashboards.

2.1 Governance:

At the time of writing, a meeting is scheduled for 9 March 2017, which will give greater clarity on governance, partnership working, next steps and key milestones. An update will be provided for the joint committee at the meeting on 10 March 2017.

2.2 Key risks:

- Capacity of senior staff to deliver both organisational and system leadership roles;
- Identification of project resources to ensure comprehensive delivery of STP workstreams;
- Local authority elections in May 2017 will impact on joint working for a period of time.

2.3 Key challenges:

- Links with county and local borough councils need to be strengthened.
- There have been some requests for system representatives to join regional networks, such as the Cancer Alliance and Local Maternity System. This needs to be agreed and organised, or there is a risk we are not represented.
- Each programme lead has the responsibility to ensure that the communications and engagement planning is robust and coordinated.

2.4 Elements affecting both north east Essex, west and east Suffolk

The two programmes dealing with hospital reconfiguration and transformation and working across commissioners have the elements which affect both north east Essex and east and west Suffolk.

No changes are being proposed at the moment. Ideas to develop proposals for public engagement will be developed with patients.

Colchester Hospital University NHS Foundation Trust and Ipswich Hospital NHS Trust announced in January that their boards had agreed three options. Engagement with patients and hearing their feedback will be vital to the formation of the outline business case which will be given to the boards in July.

There are some elements of the collaborative commissioning programme which might affect patients and the public. For example, there is a suggestion that the re-procurement of the NHS 111 and out of hours services will be done by the three CCGs covering this system.

3.0 Finances

a) What is included within the system-wide financial control total?

No formal system wide control has been agreed. The STP sets out the savings required for the system to be balanced by 2020/21. It does not include the speed at which those savings will be delivered. The operational planning control totals that have been issued for the NHS organisations, once agreed, will determine the speed of recovery. The 2017/18 and 2018/19 planning round for health is not yet complete so a health control total for these two years is not yet available. The final operational plans submission date is anticipated to be 27 March 2017. Once these plans are finalised the STP organisations will need to determine whether they would like to apply for a system control total on which to be monitored. This however is not a mandatory requirement.

b) *To what extent does the forecast shortfall take account of wider pressures in the health and care system (eg financial, demographic, population growth)?*

The STP shows the 'do nothing' position and has been built based on individual organisational plans all of which include assumptions around demographic growth, activity growth, price inflation and additional mandated investments. Therefore, the shortfall takes into account all known variants.

c) *What are the key risks associated with the savings assumptions set out in the October submission?*

The main risks included in the October submission regarding savings opportunities were as follows:

- Savings opportunities may under-deliver against plan – therefore there is a risk that sustainability may not be achieved in the timescales set out.
- Savings opportunities may have been double counted – many of the STP solutions cross over different organisations and service delivery models. Therefore, there is a risk that some of the solutions may be counting the same savings opportunity.
- System control totals may not match the financial bridge assumptions – this is already apparent in that the latest operational plan control totals will challenge the system more in the early years of the STP than had previously been anticipated. There is a risk that the system cannot accelerate the STP solutions proposed to keep in time with the control total requirements.
- Social care plans and assumptions have an impact on health and have not been included and vice versa – there is a clear need for both health and care plans to be shared to ensure that what might be considered a positive solution to one party actually has a negative impact on the system position as a whole.

d) *How will resources be shared and financial flows operate across the STP footprint?*

At present NHSE and NHSI are working to their own control totals and therefore resource sharing in control total form is not allowable. Where possible, plans are beginning to be progressed around risk sharing and where else pooled budgets may be appropriate across health and social care. It is likely that some staff resources will be shared as organisations start to work more collaboratively and there will be some funding available to make STP-wide appointments. The financial flows will remain as present within the remit and control of the different statutory bodies that are part of the STP.

e) *What processes are in place to help support and monitor financial integrity and audit the flow of resources in terms of cost and value?*

All organisations are accountable bodies with their own statutory requirements. This has not changed and financial control lies within the accountable organisation and is audited as at present. The STP is being managed as a programme and the governance of this clearly leaves financial responsibility with the individual organisations. A wider sharing of financial information will be encouraged as part of working more collaboratively.

4.0 Consultation and engagement

The first submission of the draft local health and care plan was based on more than 40 pieces of engagement, which were used to develop strategies for urgent care, hospital improvements, housing, mental health, including learning disabilities, primary care, end of life, maternity, cancer and hospital plans.

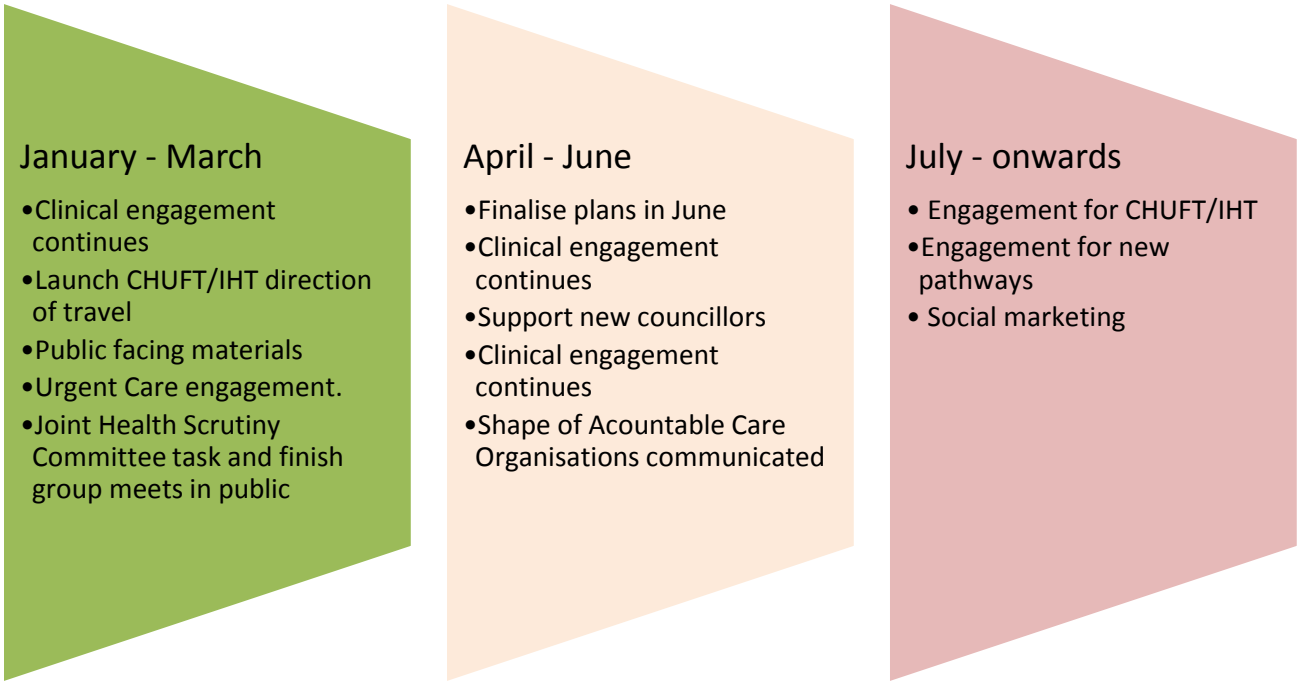
It also included feedback from health focused annual events, such as Supporting Lives, Connecting Communities, Patient Revolution and Feet on the Street, the Health and Care Review 2014 in Suffolk, The Big Care Debate and Urgent Care Review in north east Essex and Healthwatch Essex and Suffolk reports on 111/Out of Hours (OOH) and ambulance services and lived experience of health.

Our collective aim is to generate meaningful insight to shape the planning and delivery of future services, owned by the organisations responsible for making the decisions. Led by Isabel Cockayne, from Suffolk CCGs, and Healthwatch Essex Chief Executive, Dr Tom Nutt, alongside Simon Morgan from North East Essex CCG and Healthwatch Suffolk Chief Executive, Andy Yacoub, this workstream is informed by experts from all organisations involved. This makes up the Communications and Engagement Advisory Board.

This Advisory Board designed the principles of engagement together, based on the 2016 People and Communities Board "Six principles for engaging people and communities" for use over the next two years. These are:

- Use lived experience and other insights to drive change, putting people at the heart of care.
- We will identify and communicate best practice across the NHS – and also tackle areas of improvement.
- Use a network approach, pooling resources and sharing skills.
- Use social marketing and trusted information to support change in behaviours.

This figure (below) shows a high level plan covering the next few months.



As part of the work to develop improved mandates for the planning purposes, each programme will be asked to deliver communications and engagement updates, or be supported to write them. These will be collected in one overarching public engagement plan, with milestones. It is expected this work will be completed by June 2017. Appendix 1 provides a diagram of how it is envisioned, with some of the examples of ongoing work or planned work highlighted.

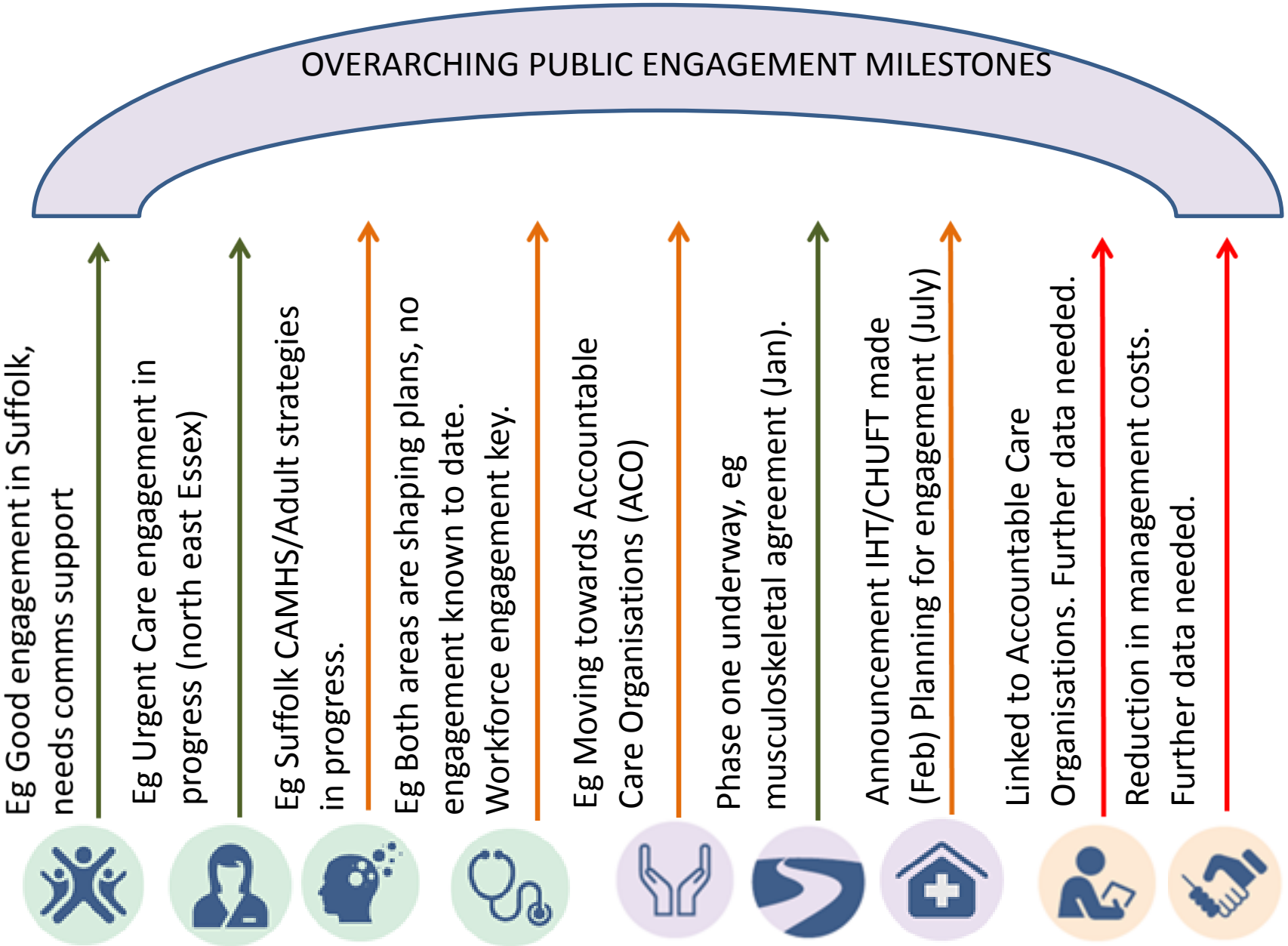
Comments and communications so far

Channels of feedback were set up on 20 November 2016 and responses to the requests for information have been collected through the local Healthwatch, as well as statutory communications and engagement teams, such as Patient Advice and Liaison Services, and other partners. The main questions asked have been around the governance of the process, which the joint scrutiny committee will have an update on following the meeting on 9 March 2017.

NHS England has confirmed that there is no need to consult on the proposals as a whole. However, it is clear that there is a need for each of its component parts, particularly where it affects patients and the public, which will require careful planning and engagement. The Senior Responsible Officers are clear that they each have a responsibility to support this element of the plan. The milestones of each of the organisation's plans for engagement will be collected in the overarching communications and engagement plan to reduce confusion of what is being asked of the public and when. As stated earlier, this plan will be developed by the end of June 2017.

Another part of the communications and engagement work included a film, developed by Healthwatch Essex, which received national attention following its launch in February 2017. Healthwatch Harriet raised awareness in an accessible way, and has been watched by more than 1000 people. (see: http://www.healthwatchessex.org.uk/news/healthwatch-harriet-grills-nhs-bosses/)

Coverage of the bids for money has also appeared in the last few weeks in the local media, outlining plans for the future of diabetes and improving access to psychological therapies.



Note: Each of the images relate to the workstreams set out on page one of this report. These are examples only.