

# HEALTH AND WELLBEING BOARD

26 July 2016

<b>Title:</b>	<b>Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board</b>
<b>Report of the Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> ALL	<b>Key Decision:</b> No
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<b>Sponsor:</b> Conor Burke, Accountable Officer, Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups	
<b>Summary:</b> <p>This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP). While the mandate for the STP development and sign off lies with health partners, we are working closely with local authorities to develop the approach to sustainability and transformation as we recognise that their involvement is central to the success of our ambitious plans to develop truly person-centred and integrated health and social care services.</p> <p>A draft 'checkpoint' STP was submitted to NHS England on 30 June 2016; it formed the basis of a local conversation with NHS England on 14 July. A summary of the key points of the current STP submission is included in Appendix A. We expect to hold public events across north east London over the summer, so we can discuss it with local people. Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available.</p> <p>For Barking &amp; Dagenham, Havering and Redbridge, it remains the case that the detail of the local contribution to the Sustainability and Transformation Plan for north east London has been developed through the established programme to draft a business case for an Accountable Care Organisation. A summary of that work is included in the Appendices.</p>	
<b>Recommendation(s)</b> <p>The Barking and Dagenham Health and Wellbeing Board is recommended to provide:</p> <ul style="list-style-type: none"><li>• feedback to the NEL STP Team on the draft priorities of the checkpoint submission to enable us to test ideas and strengthen the STP</li><li>• suggestions regarding the key principles that should underpin any NEL-wide governance for the STP</li></ul>	

## Reason(s)

The NEL STP Board is developing a plan as stipulated by the NHS England guidance. The plan will reflect the work that has been initiated as part of the local devolution bid approved in December 2015, and which is being taken forward through the local programme to develop a business case for an Accountable Care Organisation.

## 1 Introduction and Background

- 1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Barking and Dagenham is part of the north east London footprint.
- 1.2 STPs are five year plans built around the needs of local populations and are:
  - based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
  - multi-year, covering October 2016 to March 2021
  - umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
  - required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
  - to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes
- 1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.
- 1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

- 1.5 The NEL STP describes how locally we will meet the ‘triple challenge’ set out in the NHS Five Year Forward View, to:
- meet the health and wellbeing needs of our population
  - improve and maintain the consistency and quality of care for our population
  - close the financial gap
- 1.6 It builds on existing local transformation programmes and supports their implementation. These are:
- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
  - City and Hackney: Hackney devolution in part
  - Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
  - The improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures
- 1.7 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a ‘checkpoint’ and did not have to be formally signed off prior to submission; it will form the basis of a local conversation with NHS England. For NEL this took place on 14 July.
- 1.8 For Barking & Dagenham, the work to develop the detail underpinning the STP is being taken forward jointly with Havering and Redbridge through the work to develop the business case for an Accountable Care Organisation<sup>1</sup>. The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, will be reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the NEL STP.
- 1.9 In terms of shaping local work, and informing the development both of the NEL STP and the ACO business case, there has been significant activity to bring a range of perspectives and priorities into an emerging overall strategy. The ACO Strategic Outline Case has been drafted (see summary at Appendix D) and will be discussed at the Democratic and Clinical Oversight Group (DCOG) on 21 July, followed by a consultation period. The case will be presented to Scrutiny, HWB and Cabinet (along with all other participating organisations’ governance) during the autumn.
- 1.10 The Board is reminded that the decisions on any formal organisational arrangements surrounding the Accountable Care Organisation will be taken through the appropriate statutory governance mechanisms in place for all constituent organisations, and none of the collaborative arrangements in place are designed to replace this requirement.

## **2 Proposal and issues**

- 2.1 We have identified six priorities to ensure the long-term sustainability of the NEL health and social care system. Appendix A provides a summary of the submission including the priorities and actions we are going to take to address them.
- 2.2 NHS England is clear that the Sustainability and Transformation Plan submission remains as policy in development and should not be shared. Board members will

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<sup>1</sup> For further details on the Accountable Care Organisation proposition and its background, refer to Board papers for 20 October 2015 (minute 33), 8 December 2015 (minute 51), 26 January 2016 (minute 68), 8 March 2016 (minute 81).

receive an update on the submitted document. A public facing summary of the draft NEL STP is being developed and will be shared widely when it is available.

### **Joint working/planning**

- 2.3 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The proposed principles for the development of these governance arrangements are outlined below, and we would welcome any feedback on these principles:
- The governance will be as collaborative and streamlined as possible to ensure timely decision making
  - Patients and local communities will be represented to ensure their voices are heard
  - There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
  - Decisions will be taken at the most appropriate level
  - Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
  - All areas of the NEL health and care system will be represented in the governance process
  - The system level governance will be aligned with local delivery plans and governance arrangements
- 2.4 The NEL STP, the NEL Sustainability and Transformation Board (STB) will continue to act as a central voice, representing the NEL system. (The STB includes representatives from all CCGs, providers, local authority STP leads, Health Education England, NHS England, NHS Improvement, patients and lay members. It draws on the expertise of the STP Executive, a smaller group of senior leaders who will continue to work through content and provide recommendations to aid the decision-making process.) The Local Authority lead for the eight boroughs' engagement with the STP process is currently the Chief Executive of London Borough of Waltham Forest, Martin Esom.
- 2.5 A **governance workshop** involving senior leaders from Local Authorities, CCGs, providers as well as lay representatives to develop the governance arrangements for the next phase of the NEL STP programme took place on 8 July. The useful workshop highlighted the need to identify and agree what we are aiming to achieve and set up the appropriate governance. The DCOG model was referred to as a good example of joint governance arrangements across the ACO. We welcome suggestions regarding the best way to set up NEL-wide governance for the STP.
- 2.6 We are keen to move forward in establishing how we will work together to carry out the more detailed **transformation planning** that will be required. This process began with a **workshop** on 14 July for BHR partners, replicated by a further event during July in each area of NEL (i.e. BHR, Waltham Forest & East London, and City & Hackney), to take stock of:
- What is already included in the STP (in transformation and productivity)
  - What this means for each NEL area in terms of savings / delivery
  - How this compares to the other areas, and what does it tell us about where the opportunities are for NEL wide work

2.7 The BHR Devo/ACO steering group members are invited together with GP primary care and three pilot localities leads.

2.8 In addition on 20 July we will have held a NEL wide discussion as part of the Clinical Senate to review the transformation and productivity work that is ongoing across the patch, with a view to agreeing how we will work together through the STP to maximise further opportunities. In this session we will aim to:

- Agree objectives and aims for STP transformation
- Review and agree all transformation opportunities in NEL
- Agree level at which each opportunity is best pursued
- Carry out prioritisation exercise to agree which NEL / STP level opportunities to pursue and in what order of priority
- Agree governance and ways of working for STP transformation
- Map out more detailed four month timeline
- Agree initial resourcing and structure of programme

### **Next steps**

2.9 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- Stage one: individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October
- Stage two: NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

2.10 We expect to hold **public events** across north east London over the summer, so we can discuss the STP with local people. **A summary document** is being developed and will be launched in July, which will be used to facilitate meaningful engagement over the coming months, enabling us to gather feedback, test our ideas and strengthen the NEL STP.

2.11 Further work will continue beyond this to develop the plan in more detail.

### **Issues for consideration**

2.12 Whilst we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. Much work within BHR and NEL more generally (including having a local authority Chief Executive on the STP board), has helped to address this. There is a need to consider how:

- **resources are allocated between different organisations** and the way that risks and rewards are shared (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
- **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
- **lessons from Vanguard and the Better Care Fund can be shared.**

2.13 We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to

hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.

- 2.14 In addition, the STP footprint does not align easily with other London Devolution Programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. All three BHR local authorities are part of the Local London Partnership as three of eight London boroughs and we have joined together to develop and implement a coordinated programme to both seek meaningful devolution deals with regional and national government, and effectively deliver on any responsibilities transferred to the sub-region. (The other five boroughs are Bexley, Enfield, Greenwich, Newham and Waltham Forest.) Leaders and Mayors for the boroughs that form part of 'Local London' have received a report and presentation on 15 July about the health devolution work in Barking & Dagenham, Havering and Redbridge, and began to consider how the footprint of the STP can be reconciled with the differing Local London geography, as well as what the BHR ACO work can bring to devolution work in Local London.
- 2.15 The other NEL STP local authorities such as Hackney, City of London and Tower Hamlets are partners in other London Devolution Programmes. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

### **3 Mandatory Implications**

#### **Joint Strategic Needs Assessment**

- 3.1 A recent public health profile of north east London (March 2016) is being used to help us understand the health and wellbeing, care and quality and the financial challenges locally and identify priorities for inclusion in the NEL STP.
- 3.2 The profile shows that:
- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
  - There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
  - There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
  - NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
  - NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
  - Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
  - Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
  - With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis

identified that for NEL rates of admission for people age 65+ with dementia are poor.

- 3.3 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.
- 3.4 The public health profile for north east London identifies common themes that are also identified with the Barking and Dagenham JSNA, as outlined below:
- According to the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking the borough is 8th worst in England.
  - In Barking and Dagenham there is predicted to be an increase in population from 203,060 to 223,185 between 2015 and 2020, an increase of 9.9%. The 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years, the highest growth for this age group in England and Wales. In 2013 the numbers of children under 5 years made up 10% of the population and between the ages of 0-19 made up 32% of the population.
  - By the end of March 2014, 10,797 people had been detected with diabetes in Barking and Dagenham, a 6.7% rise on the March 2013 figure (10,260) and a 28.6% rise on the March 2010 figure (8,349). The prevalence of diagnosed diabetes in the borough is 7.3%, higher than the England average of 6.2%. It is estimated that 16% of the total number of people predicted to have diabetes are currently undetected.
  - Barking and Dagenham has a significantly higher prevalence of overweight and obese adults when compared with London and is similar to that of England. In 2013/14 Barking and Dagenham had the ninth highest proportion of overweight and obese children in Reception class (26.8%) and the third highest proportion in Year 6 (42.2%) in England. Provisional measurements for 2014/15 indicate that the prevalence of children in reception year that are obese or overweight increased by 1%, while the prevalence of overweight or obese children in year 6 fell by 1.9%.
  - Cancer contributes significantly to the health inequalities gap. There are 352 cancer deaths per 100,000 people each year in LBBB, the second highest rate between all London CCGs after Tower Hamlet. This is over 21% higher than the England average of 290 death per 100,000 population. The one year survival rate for all cancers in 2012 was 64%, the lowest in London at 69.7% and 69.3% for England.

### **Health and Wellbeing Strategy**

- 3.5 The NEL STP links well with the Barking and Dagenham Health and Wellbeing Strategy 2015-18 which identifies three important stages of life: starting well, living well and aging well. Many of the emerging themes of the STP are covered in B&D HWBB strategy including prevention; care and support; and improvement and integration.

### **Integration**

- 3.6 The STP will act as an 'umbrella' plan for change: holding underneath it a number of different specific local plans to address certain challenges. It will build on existing

local transformation programmes and support their implementation. These include the Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation).

### **Financial Implications**

Completed by: Helena Pugh, Local Authority Engagement Lead, NEL STP

- 3.7 The NEL STP will include activities to address current financial challenges across the health and social care economy. The ambition is to ensure that all NHS organisations are able to achieve financial balance by the end of the five year period of the plan.

### **Legal Implications**

Completed by: Helena Pugh, Local Authority Engagement Lead, NEL STP

- 3.8 The NEL STP Board is developing a plan as stipulated by the NHS England guidance.

### **Risk Management**

- 3.9 Risk management arrangements are being put in place by the north east London STP Board as part of planning for the STP; the board will be considering any risks on an on-going basis, will nominate officers responsible for identifying and carrying out mitigating actions.

### **Patient / Service User Impact**

- 3.10 The involvement of patients, staff and communities is crucial to the development of the STP. We want it to be based on the needs of local patients and communities and command the support of clinicians, staff and wider partners. Where possible, we will build on existing relationships, particularly through health and wellbeing boards and patient panels and forums. As described above we expect to hold public events across north east London over the summer, so we can discuss the STP with local people.

## **Public Background Papers Used in the Preparation of the Report**

NHS Five Year Forward View <https://www.england.nhs.uk/ourwork/futurenhs/>

- Guidance on submission of Sustainability and Transformation Plans <https://www.england.nhs.uk/wp-content/uploads/2016/05/stp-submission-guidance-june.pdf>

## **List of Appendices**

**Appendix A:** Summary of the actions proposed in response to each priority in the NEL STP submission to NHS England

**Appendix B:** **DRAFT** North east London: Sustainability and Transformation Plan Submission (**Confidential – shared in confidence**)

**Appendix C:** **DRAFT** North east London: Sustainability and Transformation Plan Further Appendices (**Confidential – shared in confidence**)

**Appendix D:** Summary of the BHR ACO Strategic Outline Business Case