

HEALTH AND WELLBEING BOARD

22 November 2016

Title:	Update on North East London Sustainability and Transformation Plan (NEL STP) for Barking and Dagenham Health and Wellbeing Board
Report of the Strategic Director, Service Development & Integration	
Open Report	For Information
Wards Affected: ALL	Key Decision: No
Report Author: Andrew Hagger, Health & Social Care Integration Manager, London Borough of Barking & Dagenham	Contact Details: Tel: 020 2887 E-mail: andrew.hagger@lbbd.gov.uk
Sponsor: Anne Bristow, Strategic Director, Service Development & Integration	
Summary: <p>This report provides a further update to the Board on the development of the north east London Sustainability and Transformation Plan (NEL STP).</p> <p>A further draft STP was submitted to NHS England on 21 October, which is attached at Appendix A. This provides a more in-depth view of the aims priorities, approaches, finances and governance of the STP. The STP team is now awaiting feedback from NHS England and details on next steps in the process.</p> <p>For Barking & 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.</p>	
Recommendation(s) The Barking and Dagenham Health and Wellbeing Board is recommended to note the Draft STP attached at Appendix A	
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. The STP will give access to transformational funding for the health system and is a key strategic lever for the NHS.

1.2 The North East London area encompasses the CCGs, local authorities and provider organisations across Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.

1.1 The STP aims to build upon existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of local hospitals, which aims to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

1.2 For Barking & Dagenham, the work to develop the detail underpinning the STP is being taken forward jointly with Havering and Redbridge through the work around devolution and wider BHR system-wide transformation approaches.

1.3 Previous report and updates have been provided to the Health and Wellbeing Board, with reports to the 26 July and 27 September meetings of the Board.

1.4 A draft STP was submitted on 30 June as a 'checkpoint', which formed the basis of a local conversation with NHS England on 14 July. Formal feedback on the submission was received at the end of August and asked that the next draft of the STP:

- Clearly articulates the impact the STP proposals would have on the quality of care
- Provides more detail, with clear and realistic actions, timelines, benefits (financial and non-financial outcomes), resources and owners
- Includes plans for primary care and wider community services that reflect the General Practice Forward View
- Contains robust financial plans that detail the financial impact and affordability of what is proposed
- Sets out plans for engagement with local communities, clinicians and staff

1.5 The next iteration of the STP was submitted on 21 October 2016 and the NEL STP team are currently awaiting feedback and next steps from NHS England.

2 Key issues in the STP

2.1 The document submitted on 21 October re-emphasised the agreed joint vision for the STP:

- Measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people
- Develop new ways of working to achieve better outcomes for all, focused on the prevention of ill health and out of hospital care
- Work in partnership to plan, commission (buy), contract and deliver services efficiently and safely.

2.2 Whilst each of the health and care economies within NEL has a different starting point, the STP has identified six key priorities which need to be addressed collectively across the NEL footprint. These are:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables placed based care and clearly involves key partner agencies
- Using our infrastructure better

2.3 The STP submissions also highlights the financial challenges across the health system, with an anticipated total financial challenge of £578m in the 'do nothing' scenario. Even after all the existing approaches in place to drive savings out of the system (business as usual efficiencies of 2% p/a, transformation programmes in Hackney, WEL and BHR) there is still a gap of £92m for in 2021. By 2021 the Sustainability & Transformation Fund is expected to be £136m, which is equal to the amount assumed to be required to deliver the NHS Five Year Forward View investment priorities. All NEL local authorities and the Corporation of London have provided financial data for the STP modelling, though it is recognised that further detailed work is required to confirm assumptions and what effect local authority funding challenges and proposed services changes will have on health services and vice versa.

2.4 In addition, further work has been carried out on the governance arrangements for the delivery of the STP. The STP team have recognised that this will be an iterative process as ways of working evolve. There is an agreed route map for the development of new ways of working and decision making. A shadow governance arrangement, reflecting the current starting point, is being developed which will be reviewed and refined as further clarity about the new operating requirements and landscape emerges. A series of governance principles underpins the proposed shadow arrangements and the development of further iterations of the governance structure:

- Participation
- Accountability
- Sovereignty
- Subsidiarity
- Professional leadership
- Accessibility

- Good governance
- Collaboration
- Engagement

2.5 Further details on the STP can be found in Appendix A, which is a narrative summary of the second draft STP submitted to NHS England on 21 October 2016. It should be noted that the full STP, which contains a considerable amount of additional technical detail, is still a draft working document and is subject to change.

Observations on the Sustainability & Transformation Plan process

- 2.6 There is a considerable fit between the STP and the ambitions that have been agreed locally as part of the BHR level devolution work (for example closer integration, enhanced primary care provision, improved prevention). There is a degree of alignment, therefore, with the plans and approaches agreed across BHR and by this Health and Wellbeing Board. The most significant exception concerns its push towards increased provider collaboration across NEL, between Barts and BHRUT in particular, which will see the management arrangements of those Trusts increasingly integrated.
- 2.7 However, there are a number of national concerns about the STP process which are shared by some partners in the NEL system, which Board members should be aware of.
- 2.8 There have been ongoing concerns expressed by local authorities across NEL, and particularly by London Borough of Barking and Dagenham, London Borough of Havering and London Borough of Redbridge at the level of engagement of local authorities in the STP process. Notwithstanding that the basis of the BHR contribution is work that has been shaped through good engagement across BHR, nonetheless the pace and complexity of reinterpreting this at NEL level has meant that local authorities have had limited engagement in the final product. NHS England does not require that local authorities 'sign off' the plan, which is a disappointing step in a plan which is intended to address whole system functioning, and is at odds with the devolution process that BHR had embarked on based on our inability to fix system problems by working alone. There has been an effort made by the NEL STP team to address concerns of local authorities, which has been recognised and appreciated by local authorities, but there are fundamental flaws in the process that remain a concern.
- 2.9 In addition, there has not been full agreement around the financial savings identified by the STP, with outstanding concerns over the system's ability to achieve them in the timescales set out. Many partners, reflecting on the STP geography, share a concern that shifting resources around a system over such a wide patch will disadvantage one or more parts of that system. Moreover, the late attempts to include social care in the financial modelling demonstrate the lack of whole system thinking that underpins the STP, and relegates social care to something that helps to fix the NHS's problems, not an important service in its own right that provides some of our most vulnerable citizens with the support they need to continue their daily lives.
- 2.10 Whilst there is recognition that the governance arrangements will evolve, there is also concern that not enough attention has been paid in practice to the subsidiarity principle around the governance arrangements. A key principle for Barking and Dagenham, and all BHR partners, is that decision making should lie at the local system and borough level as a starting point (with localities as a core delivery

mechanism), with decisions and approaches taken at a NEL level where this is necessary. There is a concern that as the STP grows, more decisions will flow towards the NEL-level, and early sight of the governance options has reinforced this concern. Elected Members and officers continue to contribute their views in order to get a more workable result.

3 Mandatory Implications

Joint Strategic Needs Assessment

- 3.1 A [public health profile for north east London](#) (March 2016) is being used to help 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 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 LBB, 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

- 3.3 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 the Barking and Dagenham HWB strategy including prevention; care and support; and improvement and integration.

Integration

- 3.4 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

- 3.5 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.
- 3.6 As the STP does not yet include the local authority position there are no financial implications arising from the report.

Legal Implications

- 3.7 As set out in the NHS Shared Planning Guidance, all NHS organisations are required to contribute to the production of a Sustainability and Transformation Plan. Local authorities and other non-NHS partners are not required to produce an STP, but have been consulted in their development.
- 3.8 There is currently no proscribed role for Health and Wellbeing Boards to sign off on the final STP.

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.
- 3.11 We are meeting with local public and voluntary stakeholders to discuss the plan. We held a successful meeting where partners, lay members and voluntary groups considered the challenges and opportunities of the STP. We have developed a website, <http://www.nelstp.org.uk> which shares some key points, links and

background information about the STP and draws attention to the newly developed summary plan. We are also seeking to work with the voluntary sector to commission local organisations to engage with local people.

Public Background Papers Used in the Preparation of the Report: None

Other Useful Background Information:

- 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: North East London: Sustainability and Transformation Plan (Draft Submission 21 October 2016)

<http://www.nelstp.org.uk/downloads/Publications/NEL-STP-draft-policy-in-development-21-October-2016.pdf>