



Humber, Coast and Vale Sustainability and Transformation Planning

Progress Update to the NHS Vale of York CCG Governing Body

2 June 2016

1.0 Background

Sustainability and Transformation Plans (STPs) and footprints are designed to support local commissioners and providers to deliver aspects of the Five Year Forward View. It is classed as an 'umbrella plan' in that it sits above local plans; Health and Wellbeing Strategies, Organisational Operating Plans; and addresses those areas that are better delivered at scale; for example workforce; to enable the local plans to be delivered effectively. STPs will need to describe radical change, at scale, through collaboration to better meet the needs of the local populations going forward. Key focus areas are:

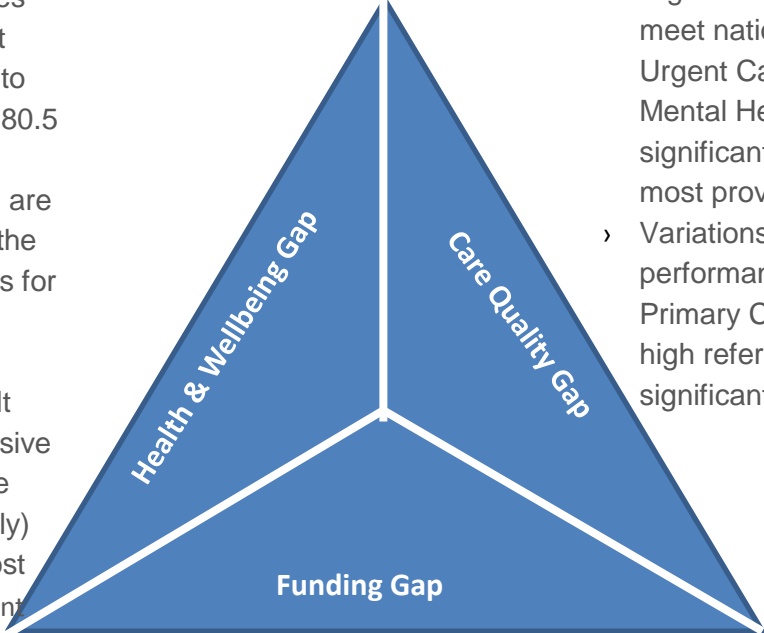
- Health and Wellbeing Gap (with a core focus on prevention)
- Care and Quality Gap
- Finance and Efficiency Gap

2.0 Progress to date

Since the requirement to develop a planning and delivery footprint at scale was announced we have:

- Agreed the STP Footprint – Humber Coast and Vale
- Submitted an initial plan – an initial position statement of progress in developing the full plan as at 15 April 2016
- Got agreement from the CCGs to the principle of a formal Joint Committee of CCGs to support decision making
- Facilitated the development of a Provider Forum
- Received and assimilated a range of Public Health England and Local Public Health 'Health data Packs', all 6 Health and Wellbeing Strategies and all 6 CCG Operating Plans
- Started to develop a relationship with all 6 HealthWatch Groups
- Put in place an interim Programme Team to support the development of the Plan whilst awaiting a longer term programme leadership/support programme.
- Commenced a comprehensive financial analysis
- Held a highly successful system wide workshop

3.0 Summary of 'Gaps'

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- › Average life expectancies across the STP footprint ranges from 76.6 years to 80.6 years for men and 80.5 years to 83.3 years for women. However there are significant gaps across the patch of up to 12.5 years for men and 9.3 years for women
 - › Smoking, child and adult obesity rates and excessive alcohol consumption are above (some significantly) national averages in most areas of the STP footprint
 - › High levels of failure to meet national targets for Urgent Care, Cancer and Mental Health with significant pressures on most providers
 - › Variations in quality and performance across Primary Care leading to high referral rates and significant prescribing
 - › Financial pressures across the system – ranging from £6M per annum for one CCG to a potential health economy gap in the region of £104M. Total STP gap is still to be quantified

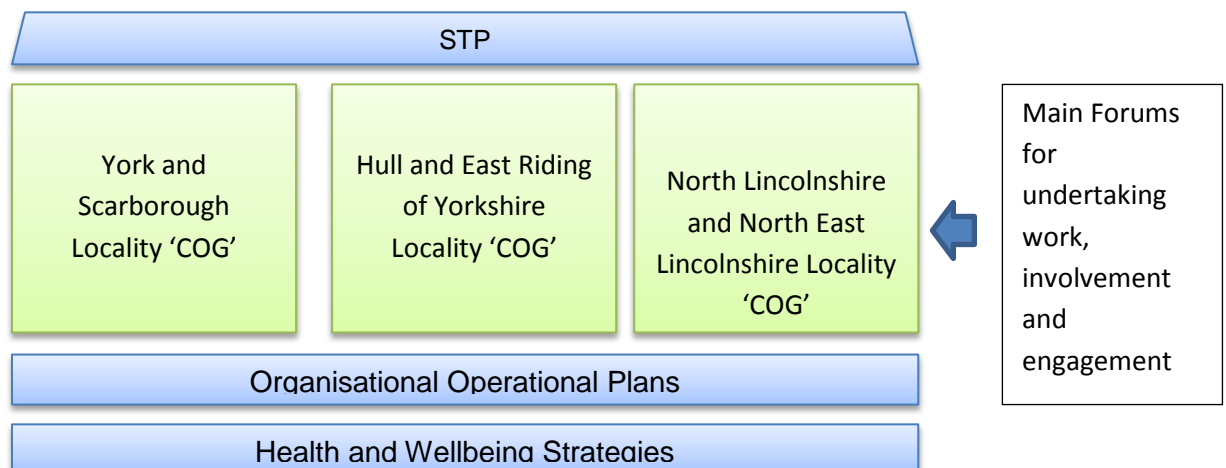
4.0 Priority Work Areas

Based upon the work that has been undertaken to date on the three 'gaps' the following priority work areas have been identified:

- **Mental Health**
An working group has been initiated that is working through those areas that are either (i) currently being worked on at scale such as Transforming Care for individuals with a Learning Disability or (ii) would benefit from that wider working – initial proposal is to look at children's and young people's mental health and wellbeing
- **Cancer**
There are a number of existing groups that will be used to support the STP agenda rather than creating additional meetings. The initial proposal is to look at one cancer type; proposal is lung; across the whole life cycle to include prevention, early detection, utilisation of treatments with proven clinical value and palliation
- **Urgent and Emergency Care**
This will build upon the work commenced by the Urgent and Emergency Care Network and focus on the population needs that are driving the systemised transformation plans that are a current focus for the Network

- **Acute and Specialised**
There is recognition that with the workforce challenges being experienced across acute and specialised care, including mental health services, changes need to be made to more effectively use the clinicians and equipment we have to support our whole population. This will mean service redesign, consolidation and alignment on a scale not previously undertaken.
- **Out of Hospital**
Without effective out of hospital services the envisaged changes in hospital based services will not be possible, Whilst initial discussions have been undertaken regarding the scope of this workstream further work is needed to agree what actions are best taken at the STP level as opposed to local service redesign.

5.0 Delivery Model



The majority of the work will be planned and led by the local 'cogs' which will act as the main "engine rooms" of the STP, with the STP providing that additional leadership, coordination and systemisation that will be needed to deliver the level of service redesign and change envisaged. The NHS Vale of York CCG is part of the Vale of York and Scarborough and Ryedale CCG 'cog', coordinated by the System's Leaders Board. For the Vale of York this will be focussing on system transformation through the local Integration and Transformation Board, moving forward the integration of community-based services.

The Council of Representatives supported the direction of travel towards collaborative commissioning arrangements and delegated to the Governing Body final approval for a joint committee for the STP. This committee will be established in June in shadow form to become fully operational as the Sustainable and Transformation Plan goes live from October 2016. The terms of reference are in development and will include STP priority areas such as:

- a. Major trauma;
- b. Emergency and urgent care;
- c. Cancer;
- d. Specialised services pathways;
- e. Stroke;
- f. Vascular; and
- g. Critical care.

In addition, the wider planning construct would also consider complex mental health and specialised commissioning transitions to CCGs.

6.0 Timetable for the Humber Coast and Vale plan

Appendix A shows the timetable to the submission of the first Plan at the end of June. A significant amount of work is required to better understand and articulate the 3 'gaps' and what that means for the local health and care system for submission by the end of June. It is not anticipated that the submission will include the full action plan, but will set the priorities and direction of travel, with the detailed action planning continuing through the summer period.

Alongside development of this plan will be a communication, involvement and engagement strategy which will support the co-production of the detailed plans to ensure that the changes we deliver reflect actual and projected population needs, system sustainability (both financial and service) and the levels of service quality that we all want to deliver.

7.0 Sustainability and Transformation for the Vale of York

The local system has come together to form the Integration and Transformation Board, reporting to the relevant Health and Wellbeing Boards. This comprises the NHS Vale of York CCG, York Teaching Hospital Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, North Yorkshire County Council, City of York Council, the York CVS and Healthwatch York. The CCG is represented by the Chief Operating Officer and Deputy Chief Operating Officer. The Board will work together to develop the Vale of York STP, to both inform and deliver the local aspects of the Humber, Coast and Vale STP.

A planning workshop was held in May to take this forward and additional capacity has been secured through the Systems Leaders Board to produce a draft plan on behalf of all partners. This work is not anticipated to be finalised by the end of June and will continue to develop over the summer for delivery to commence in October.

8.0 Next Steps

The CCG will be required to approve the submission at the end of June. It is recommended that the Governing Body delegate authority for approval to the Accountable Officer, on the basis of the priority work areas and delivery mechanism's set out in this paper.

The Governing Body will receive updates on the development of the Humber Coast and Vale STP and the local plan for the Vale of York for comment and subsequent approval.

