

Humber, Coast and Vale Update Paper

Hull CCG Board

26/01/2018

Next Steps for Humber, Coast and Vale

A leadership summit was held in December 2017 to reflect on successes of the Partnership to date and discuss the way forward for collaborative working in Humber, Coast and Vale. Following the summit, a discussion paper setting out the way forward has been drafted and is currently under discussion by the Partnership. The full paper is attached as Annex A.

In summary, the proposed way forward maintains a strong focus on local integration: the focus will continue to be based on the six established places and build on the progress and work done to date. Place-based health and care plans will be refreshed for 2018/19 to indicate anticipated impact of local plans in terms of quality, population health, performance (particularly in clinical priority areas) and financial outcomes. Some issues would need to be addressed across a broader geography; this will include, for example, the ongoing Humber Acute Services Review. Humber, Coast and Vale-wide resources will be targeted on key enablers – workforce, capital and estates and digital technology – and continuing to support work on key clinical priority areas (e.g. cancer, mental health).

Regional STP performance

In July 2017 NHS England produced ratings for all STPs. The rating system that was established is based on aggregate performance against a number of key performance targets across the Partnership.

The latest performance dashboards for Humber, Coast and Vale indicate improved performance in some areas, specifically A&E but continued weakness in other key areas. Performance on A&E waiting times has improved over recent months within Humber, Coast and Vale and is now comparable with other STPs in the north. Our weak areas of performance continue to be referral to treatment waiting time performance (18 weeks), cancer waiting times (62 days) and GP extended access. In these areas we are not achieving national targets and are not performing as well as the other STPs in the north. In terms of financial performance, we are not expecting to achieve our Financial Control Totals this year; however, other STPs in the north will be in a similar position this year. The latest dashboard is attached as Annex B.

NHS England plan to refresh the STP scores annually. They may choose to include more indicators on Cancer, Mental Health and Urgent and Emergency Care and other areas such as Diabetes in future assessments.

Capital funding bids

Increasingly, our organisations are being required to work collaboratively in developing bids for national capital and revenue funding, via STPs. In line with this move, a number of collaborative bids for funding have been submitted and/or are under development within Humber, Coast and Vale.

The status of recent funding bids is as follows:



CAMHS Tier 4 – To provide a new build 11 bedded CAMHS (Childhood and Adolescent Mental Health) Inpatient Unit, including nine general beds and two Psychiatric Intensive Care (PICU) beds to meet the needs of young people in the Yorkshire and Humber region. This programme has been approved for loan funding, subject to final Treasury sign off, but not approved to Public Dividend Capital through the STP capital bidding process.

CT and MRI – a Humber, Coast and Vale-wide collaborative bid for additional MRI and CT capacity to meet growing demand. This bid was not approved. Feedback indicates that the proposal was not seen to be sufficiently integrated or transformational. The bid is now being reviewed for re-submission in April. In the interim, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) has been allocated circa £4m, out of the £12m requested, to address immediate pressures.

Humber Acute Services Review

Local partners have begun work on a Humber-wide review of acute hospital services. We are working together to carry out a review of how acute hospital services are provided in the Humber area. The review will consider how to provide the best possible hospital services for the people of the Humber area within the resources (money, workforce and buildings) that are available to us. The review will consider both *current* and projected *future* needs for hospital services, taking into account local plans to improve and extend the types of care and treatment that are available outside of hospital settings. The purpose of this review is to develop plans for delivering acute hospital services that are safe, sustainable and meet the needs of our local populations across the Humber area. This may include delivering some aspects of care outside of hospital settings to better meet the needs of our populations.

A transparent and inclusive approach will be adopted at all stages of the process. We will implement a rigorous process for generating and refining potential future scenarios that will offer a variety of opportunities for clinicians, staff, patients, the public and any other interested parties to share their views and ideas on how services could be delivered differently. Any significant service changes that are proposed will then be subject to formal consultation and the decision-making processes of the constituent organisations in our Partnership.

The review of acute hospital provision across the Humber area will consider how best to organise the acute hospital services that are currently being provided on the five acute hospital sites in the Humber area:

- Hull Royal Infirmary
- Castle Hill Hospital
- Diana Princess of Wales Hospital, Grimsby
- Scunthorpe General Hospital
- Goole Hospital

The review will consider how to provide the best possible care for local people who need acute hospital services within the resources (money, staffing and buildings) that are available to the system.

The review will build on the well-established collaborations between Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull and East Yorkshire Hospitals Trust (HEY) in the provision of acute hospital services but, where appropriate, will consider opportunities to develop additional collaborations with other acute providers. A similar review of acute hospital provision in the York/Scarborough area is being undertaken in parallel. Further arrangements are being made for a specific group of services (e.g. Pathology) to be reviewed on a regional or multi-regional basis.

Mental health hospitals will not be included in the review. This is because mental health is a separate workstream within the Humber, Coast and Vale Partnership with experts from across health and care working on how we can improve care and services. Where there are interdependencies, these will be taken into account.

The purpose of the review will be to look at service arrangements across the Humber area; it is not within the scope of the review to consider any form of organisational merger.

A steering group has been established to oversee the review, chaired by Moira Dumma, Director of Commissioning Operations (Yorkshire and the Humber), NHS England with representation from the four Humber Clinical Commissioning Groups, two acute provider trusts, four local authorities and national regulators and arms-length bodies. The steering group has agreed a programme plan and communications and engagement strategy for the review and a set of principles for the review (set out below). A paper outlining proposals for resourcing the review will be considered at the next steering group meeting on 24th January.

The review will be undertaken in accordance with the following principles:

- A commitment to provide acute hospital services that are patient-focussed, safe and sustainable, meeting the needs of our population both now and in the future.
- The service review will be clinically-led.
- The review will be evidence-based and take into account best practice.
- The review will focus on hospital *services* rather than hospital buildings and organisations.
- The review will be cognisant of local developments in out-of-hospital care and work towards solutions that support joined-up care across the system.
- A transparent, collaborative and inclusive approach will be adopted at all stages of the process, ensuring engagement with key stakeholders from the outset.
- Plans for the future provision of acute hospital services will be developed in accordance with the levels of human, physical and financial resource expected to be available.
- Plans for the future provision of acute hospital services will include maintaining access to urgent and emergency care at Hull Royal Infirmary, Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby.
- The review will be undertaken in accordance with a project plan that sets out objectives, processes, timescales and resources.



Sustainability and Transformation Partnership - The way forward

1. Introduction

This paper follows on from the Humber Coast and Vale Senior Leadership summit held on 6th December 2017. The aim of the summit was to reflect on the progress made across the Partnership to date and to discuss and reaffirm how we intended to work together in the future as a Partnership.

The conclusions from the session are set out below, based around the following headings:

- The principles we will use for our approach to working together
- What functions will be addressed at appropriate geographic levels across the STP footprint
- Our approach to leadership and senior leadership engagement.

This paper builds on these conclusions to propose the way forward as to how the Partnership will re-energise and refresh its activities over the coming months.

2. Principles of our approach

Given the diversity and complexity of the geography of the area, as well as the serious challenges faced in some of the areas, it was agreed that the key focus would continue to be based on the six established places and build on the progress and work done to date. This approach would best allow the Partnership to make progress on our key objectives of:

- Population health and wellbeing
- Effectively managing future demand for services
- Responsive solutions to the needs of local populations and communities
- Integration of health and social care
- Engagement of the community and workforce.

This approach would be the default for addressing the majority of our planning and delivery challenges as this is the natural focus of our health and care communities and key organisational relationships.

However, it was recognised at the summit that not all issues were amenable to achieving sustained solutions at this local scale and that the local partnerships should remain open to exploring the mutual benefits and incentives for working at a larger population scale.

As the national agenda around Accountable Care Systems evolves over the coming months, further consideration will need to be given to our approach.

Annex A

3. Functions and responsibilities

3.1. Place

The strong desire of the Partnership is to continue to build on the place based approach. It is therefore necessary to be clear as to how each area intends to prioritise its activities and develop its plans to meet the agreed strategic objectives. It is also essential to understand the resourcing and planned impact of local plans in terms of quality, population health, performance (particularly in clinical priority areas) and financial outcomes. A planning framework for this is set out in appendix 1.

It is very important to understand what will be produced by the end of this financial year and to have real clarity on the delivery plans for 2018/19. Thought is required to ensure that projects are appropriately resourced and that enabling requirements (including workforce, estates and digital) are identified.

As these processes progress for place plans, consideration will also need to be given to the development of place based organisations towards whole system working and transparency, particularly focussing on effective working across organisational boundaries in terms of financial and performance management.

This recasting of the place plans will be vital to give evidence to justify our approach at local level and will also allow the STP to create a robust overview of the impact of the delivery of its plans for the whole of Humber Coast and Vale.

3.2. Wider than place

It was acknowledged by the leadership community that some issues would need to be addressed across a broader geography, particularly, where service delivery systems are dependent on sustainable hospital services. This is recognised by the current work initiated across the Humber and also across York and Scarborough.

The challenge of achieving sustainable and appropriately integrated solutions for some of the smaller hospitals across the patch is vital to the success of the Partnership, not only in building further clinical networks between secondary care providers but also in terms of integration with out of hospital services and links into each of the place based plans.

The need for effective resourcing of these projects cannot be underestimated both in terms of ensuring effective project management but also to ensure community and service engagement in the process.

3.3. Across the whole Partnership

The overwhelming consensus at the summit was to limit the amount of work that was conducted at an overarching Partnership level for the whole STP. It is therefore proposed to concentrate STP activities and resources on the key enablers, whilst continuing to support the work of the established national clinical priority areas e.g. Cancer and Mental Health. This approach will facilitate developments at place and provide a mechanism for ensuring that the Partnership is well positioned to achieve inward investment into our services from the NHS as resources are made available. It is proposed to establish strategic boards, each led by a senior leader from within our constituent organisations, for the following functions:

Annex A

- Workforce
- Capital and estates
- Digital technology

Whilst some progress has been made on certain aspects of these areas to date, more work is required to be clear on what is required to facilitate full and effective implementation of our plans and to be clear about the investment required in these areas to support the achievement of our ambitions.

Finally, in terms of overarching STP activities and given the critical nature of finances to the credibility of our plans, the current finance function requires further development. This would be to ensure that we maintain effective financial planning and modelling on a continual basis and monitor performance against our plans. This group should also have the function of mutual support and challenge on the effective use of resources by organisations across the partnership.

Appendix 2 sets out the proposed functions and areas for strategic oversight across the Partnership. This strategic approach may require some of the existing arrangements/terms of reference to be reviewed to achieve the right balance between strategy development and delivery at place.

4. Leadership

Key to taking forward our plans is the engagement and commitment of the senior leadership both in the six places and more broadly across the whole geography. This can best be achieved through a distributed leadership model with leaders from constituent organisations and communities also taking leadership responsibility for aspects of the Partnership's work and the leadership community being mutually accountable for both planning and delivery.

In addition to the proposed functions and approach, there is a need to ensure effective strategic and innovative leadership and challenge on plans as they develop. At all levels of the STP we need to ensure that our plans acknowledge and incorporate the evidence base for change, national best practice and that we use sound and established improvement science to deliver change. The Clinical Advisory Group will be a key driver in this process; identifying important clinical issues that need to be considered and ensuring the clinical quality, safety and sustainability of proposals. We may also need to bring groups of leaders together on an ad-hoc basis to do strategic thinking on specific issues.

5. Governance

A revised governance and meeting structure is being proposed to reflect the principle of place, provide greater clarity and effectiveness to the meetings and to reduce the burden that was being reported by Partners. The proposed governance structure is set out in appendix 3.

At the STP level the Executive Delivery Board would initially meet on a monthly basis with membership including the senior leads from each of the places and the STP Finance, Clinical, Public Health Leads. Three Partnership events will be held each year to cover strategic areas and further consideration will be given to how we involve Leaders from the Local Authorities and the Lay Members and Non Executives from the NHS organisations into this.

Annex A

6. STP Resources

It is the intention to keep the STP function overhead to an appropriate level, therefore limiting cost impact to Partners. We recognise there is a need to develop some analytical capacity to support the Partnership and there will be a requirement for non-recurrent support for specific pieces of work, for example the Humber Acute Services Review. Opportunities to realign resources from Partner organisation and regulatory bodies will continue to be explored.

7. Key actions for the next 3 months

- By the end of January an update from each of the places on what will be delivered by the 31 March
- 2018-19 Delivery plans for each place to be produced by end March 2018
- Revised governance arrangements at the STP level to be implemented by February 2018
- Terms of reference and arrangements for the STP Strategic Resources Boards to be made operational by the end March 2018.

APPENDIX 1

HUMBER, COAST AND VALE STP

PLACE BASED HEALTH AND CARE PLANS

SUGGESTED STRUCTURE

1. VISION AND OBJECTIVES

Summary of the overall objectives of the place based health and care plan. This may include short to medium term objectives linked to planned service developments and medium to long term objectives linked to initiatives on prevention, and the wider determinants of health. It is important that objectives associated with the national clinical priority areas are clearly set out.

2. PROJECTS

Summary of the specific projects that have been included in the place based plan, with a view to achieving the identified overall objectives.

3. PROJECT PLAN 1

3.1 Objectives

Summary of the specific objectives of the first project, consistent with the identified overall objectives.

3.2 Key Actions/Deliverables and Dates

Tabular summary of the key actions/deliverables to be completed over the life of the project. An appropriate level of detail should be included to facilitate project monitoring.

3.3 Outcomes

• **Quality and Health**

Summary of the impact of the proposed development on service safety, quality and population health. Where possible, baseline and target levels should be specified for relevant indicators. The projected impacts should be profiled to show changes over time. Where the project relates to a national clinical priority area, it is particularly important that quality and health outcomes are set out clearly.

• **Performance**

Summary of the impact of the proposed development on service performance. Where possible, baseline and target levels should be specified for relevant performance indicators. The projected performance impacts should be profiled to show changes over time. Where the project relates to a national clinical priority area, it is particularly important that performance outcomes are set out clearly

• **Activity**

Summary of the impact of the proposed development on activity levels. This should show projected activity changes in the service that is being developed and any associated changes in activity levels in other related services. The projected activity changes should be profiled to show impact over time.

Annex A

Finance

Summary of the overall financial impact of the proposed development. This should focus on expenditure (rather than income) and should show financial implications for the service that is being developed and any associated financial implications for other related services. The projected financial impact should be profiled to show changes over time.

- **Organisational**

Summary of the impact of the proposed development on individual organisations. Where possible, confirmation should be provided that all affected organisations are aware of the anticipated impacts and are supportive of the proposed development.

3.4 Resource Requirements

Summary of the resource requirements (human, physical and financial) of the proposed plan. If additional resources are required, a resourcing plan should be included.

4. PROJECT PLAN 2 etc.

Similar details (objectives, key actions, resource requirements and outcomes) should be included for each of the projects that have been included in the place based plan. Projects may involve developments in some or all of the areas listed below. It is anticipated that the plan will focus on those areas where significant developments and changes are being implemented.

- Thresholds
- Referral refinement
- Advice and guidance (for clinicians)
- Advice and guidance (for patients)
- Unwarranted variation
- Pathway re-design
- Diabetes
- Care home support
- Frailty
- Integrated urgent care
- End of life care
- Atrial Fibrillation
- Heart Failure
- COPD

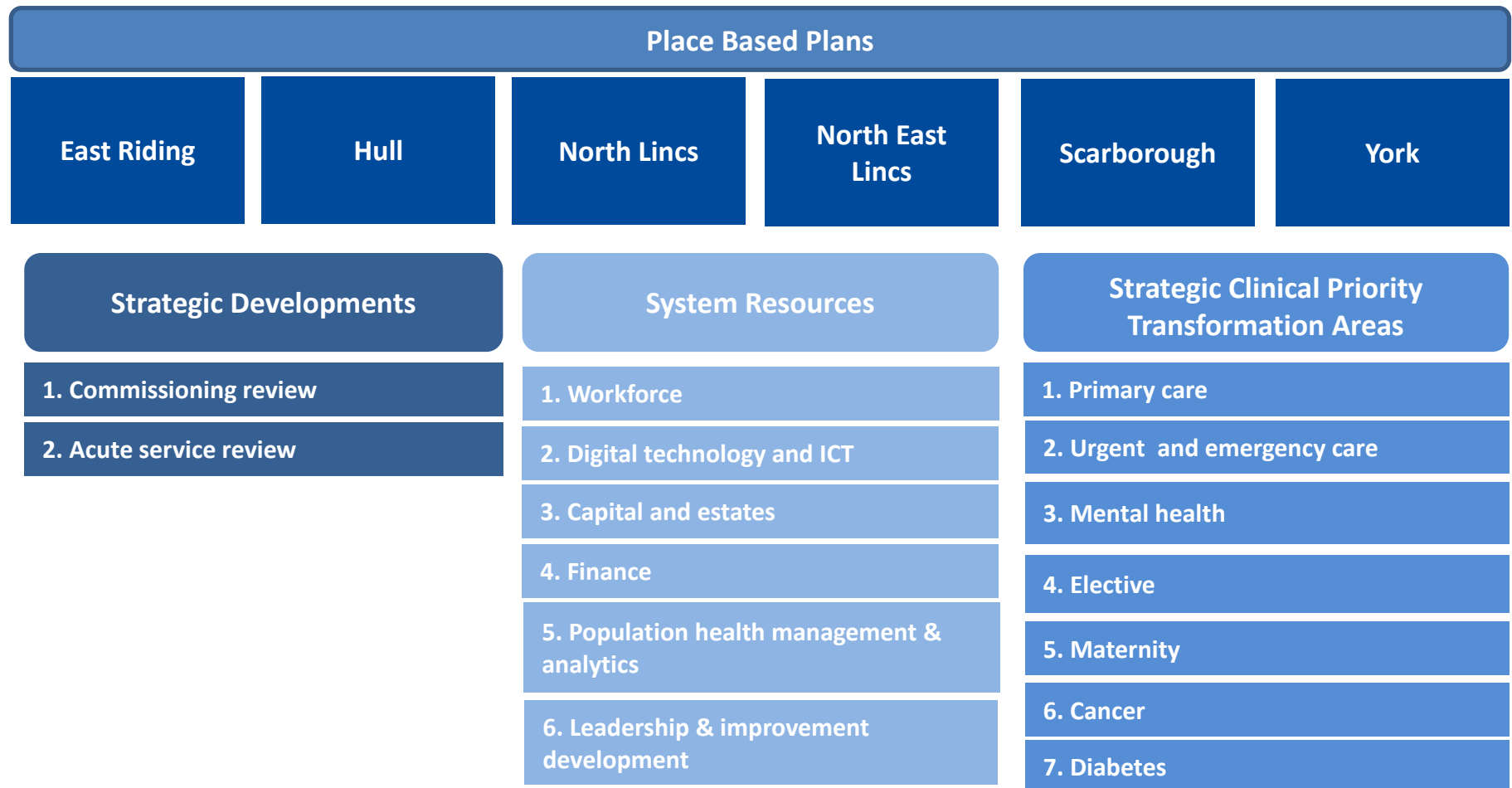
5. LEADERSHIP AND GOVERNANCE

Tabular summary showing the Senior Responsible Officer, Programme Lead, Clinical Lead, Finance Lead and Communications Lead for the place based plan. A simple chart should also be included showing key groups and reporting arrangements through to the STP Executive Group.

6. RISK

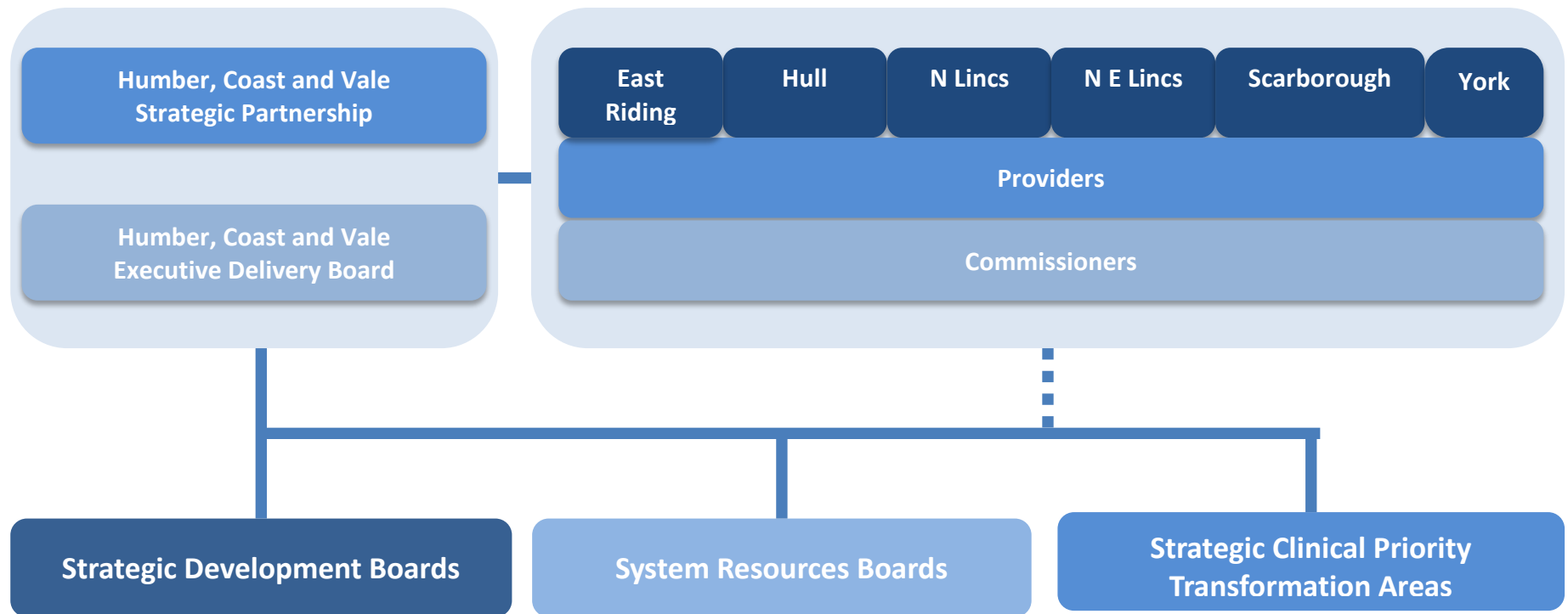
Tabular summary of key risks to the successful achievement of overall objectives. This should include pre-mitigation risk ratings, agreed mitigating actions and post-mitigation risk ratings.

Components of the Humber, Coast and Vale Plan



Appendix 3

Humber, Coast and Vale Governance



Annex B

STP Performance Dashboard

STP Progress Dashboard November 2017 update			Hospital Performance					Patient Focused Change						Transformation					
			Emergency	Elective	Safety			General practice		Mental health		Cancer		Prevention			Leadership	Finance	
			A&E waiting time performance	Referral to Treatment waiting time performance	Providers in special measures	Healthcare associated infections - MRSA	Healthcare associated infections - c. difficile	Extended access	Patient satisfaction	Improving Access to Psychological Therapies recovery rate	Early Intervention in Psychosis 2-week waits	% of cancers diagnosed at stage 1 or 2	62-day waits	Cancer patient experience score	Emergency admissions rate	Emergency bed days rate	Delayed Transfers of Care rate	System-wide leadership	CCG/Trust performance vs. financial control total
STP	Region	July 2017 baseline assessment	Oct-17	Sep-17	Nov-17	Q2 16 - Q2 17	Q2 16 - Q1 17	Sep-17	2017	May-17 to Jul-17	Oct-16 to Sep-17	2015	17-18 Q2	2016	Oct-16 to Sep-17	Oct-16 to Sep-17	Oct-16 to Sep-17	Jun-17	Q1 17/18
Cheshire and Merseyside	North	Category 3 - making progress	89.6%	90.3%	No	1	15	18.8%	87.3%	44.9%	78.5%	51.1%	84.3%	8.9	12,119	59,165	4,834	3 - Developing	-0.3%
Durham, Darlington and Tees, Hambleton,	North	Category 1 - outstanding	97.1%	93.1%	No	2	13	52.4%	87.4%	52.1%	73.7%	53.2%	83.4%	8.8	11,975	52,269	3,108	1 - Advanced	0.0%
Greater Manchester	North	Category 2 - advanced	89.1%	92.0%	No	1	17	58.0%	85.7%	49.7%	71.4%	52.0%	85.7%	8.8	11,773	61,066	5,425	1 - Advanced	-0.2%
Humber, Coast and Vale	North	Category 4 - needs most improvement	90.9%	82.6%	Yes	1	12	3.6%	86.3%	47.5%	70.8%	51.9%	76.5%	8.8	9,682	48,448	4,033	3 - Developing	0.0%
Lancashire and South Cumbria	North	Category 2 - advanced	88.3%	90.0%	No	1	14	16.2%	86.5%	52.0%	78.1%	48.6%	82.5%	8.8	10,565	56,715	6,611	1 - Advanced	0.0%
Northumberland, Tyne and Wear	North	Category 2 - advanced	94.8%	94.1%	No	1	12	44.9%	86.8%	52.5%	80.2%	52.0%	86.1%	8.9	11,305	57,434	2,015	1 - Advanced	0.3%
South Yorkshire and Bassetlaw	North	Category 1 - outstanding	90.4%	93.0%	No	1	16	45.7%	84.5%	50.6%	71.1%	49.7%	84.0%	8.8	11,012	55,915	5,570	1 - Advanced	0.0%
West Yorkshire	North	Category 3 - making progress	90.7%	90.1%	No	1	15	14.8%	85.4%	51.1%	73.5%	51.9%	84.1%	8.8	10,818	53,629	3,606	2 - Established	0.0%
West, North and East Cumbria	North	Category 2 - advanced	92.3%	90.4%	No	0	13	12.5%	87.8%	54.7%	93.4%	51.0%	81.5%	8.6	9,749	44,658	14,672	1 - Advanced	0.0%

Key:

Highest performing
Lowest performing