NHS

Please fill in key information details below

Name of footprint and no:
6 Humber, Coast & Vale

Region:
North

Nominated lead of the footprint including organisation/function:
Emma Latimer, Chief Officer, NHS Hull CCG (Interim Lead)

Contact details (email and phone):
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Organisations within footprints:

NHS Hull CCG
NHS Vale of York CCG
NHS North Lincolnshire CCG
NHS North East Lincolnshire CCG
NHS Scarborough & Ryedale CCG
NHS East Riding of Yorkshire CCG

Hull and East Yorkshire Hospitals NHS Trust
York Teaching Hospital NHS Foundation Trust
Humber NHS Foundation Trust
East Midlands Ambulance Service NHS Trust
City Health Care Partnership
Care Plus
Focus

Kingston upon Hull City Council
City of York Council
North Lincolnshire Council
North East Lincolnshire Council
North Yorkshire County Council
East Riding of Yorkshire Council

Northern Lincolnshire & Goole Hospital NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Rotherham, Doncaster and South Humber Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
Yorkshire Ambulance Service NHS Trust
Northern Doctors
Navigo

Section 1: Leadership, governance & engagement

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Humber Coast and Vale covers a large geographical area and has a diverse population. Whilst there has been some level of collaboration across the CCGs, co-production and engagement at scale across this footprint has not been evident to date. The STP gives us an opportunity to align our strategic plans with the five year forward view and to influence and design services across the patch that are ambitious, accessible, safe and sustainable alongside delivering the clinical and financial outcomes we require for the local population.

- **Collaborative leadership and decision-making.**

Humber, Coast and Vale is in the process of implementing a robust governance structure to support the development and delivery of the STP as detailed below. This includes the establishment of a CCG Joint Committee with delegated authority to facilitate collaborative commissioning decisions. The appointment of a system leader is imminent but a local leader has been nominated and has the support of the local system. In the short term programme support has being identified, including a programme director, programme management office and a range of external support to ensure that we have a rigorous process in place to develop and implement the plan. A dedicated communication / engagement lead will assigned to support the development of the STP. Wider decision making is identified through the governance structure. We will utilise established governance systems where appropriate and develop additional processes as required.

- **An inclusive process.**

Our STP will be firmly grounded in existing *place based* work across all organisations and will utilise existing information and systems to ensure that a wide range of individuals are involved in the development of the plan. A stakeholder map is being developed identifying all the parties that need to be involved and engaged to co-produce the STP, including specialised commissioners and NHS England direct commissioners. The extensive governance framework captures the number of organisations and representatives that will be included in the development of the STP. We will involve patients and the wider community through existing mechanisms particularly in areas where service change at scale is anticipated to take place ,building upon existing consultation and engagement mechanisms to ensure that the public voice is at the forefront of new ways of working. As part of the governance structure we are looking to have Healthwatch lead on a number of the work streams (transport, communications, etc.). Healthwatch will also be part of the Programme Board to ensure that the STP remains patient focused and is driven from a bottom up approach.

Section 1: Leadership, governance & engagement

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- **Local government involvement.**

The Governance structure includes a local authority forum, this will include elected members and lead officers of the local authorities within the STP footprint . This forum will enable the politicians and communities to be consulted on the development of the STP and to act as advocates for their local populations and provide intelligence from within the local government system to help inform the plan. The footprint does cross proposed health devolution boundaries, however the footprint was developed to reflect patient flows through the secondary and tertiary health systems which is one of the prime drivers of the STP footprint .

- **Engaging clinicians and NHS staff.**

Clinicians and other professionals are central to any transformation plan as they, along with patients/clients, are experts in the practical aspects of health systems. Each work stream will have a medical lead and other clinicians / professionals as appropriate as required We also believe that local government representation; e.g. Directors of Adult Social Care and their teams; have an important role to play in changing the health and care landscape and see a role for them tin driving the system change that will deliver improved health and wellbeing. Regular workshops and briefings will also be held to gather views and foster active participation by clinicians, professionals and other staff members.

- **Challenges to effective, inclusive planning are:**

(i) Delay in identifying a system leader
(ii) Lack of existing working relationships across the whole of STP footprint (sub footprint integrated working is common but whole footprint working is just evolving
(iii) Focus on organisational priorities rather than the needs of patients and the wider population
(iv) Changing patient and public behaviour to maximise self awareness and self management of health and wellbeing
(v) Resource implications of delivery and execution against the background of transformation funding disappearing

Humber Coast and Vale STP proposed governance structure

Local System

Vale of York Scarborough & Ryedale

Hull East Riding of Yorkshire

Local System

North Lincolnshire North East Lincolnshire

System Enablers

Digital Health Interoperability

Involvement, Communication & Engagement

Workforce

Leadership & OD

STP

Care System Design Board

- Acute & Specialised Care
- Mental Health
- Urgent & Emergency Care
- Cancer
- Out of Hospital Care

Finance and Investment Group

- Estates
- Travel Advisory Group
- Intelligence Function
- Finance

Provider Forum

Programme Board

Programme Management Group

NHS Improvement & CQC

Health Watch

External Advisory Panel (Senate)

Joint Committee

Local Authorities Forum

Health and Wellbeing Board

Statutory Organisations

Key

- Governance meeting/workstream
- Working teams
- Coordinating administrative processes
- Advisory bodies

Section 2a: Improving the health of people in your area

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Hypothesis

We recognise that improving health is not just about access to healthcare but is about addressing the wider determinants of health. We, therefore, want to use the STP to strengthen our relationship with Local Authorities and Local Enterprise Partnerships to ensure people have access to education, affordable warm housing and employment. Additionally we recognise the need to ensure that provision of prevention messages needs to be an integral part of NHS care and we will further explore the opportunities available to us to clarify and consolidate the wider NHS and social cares role in strengthening delivery of prevention messages. The health and wellbeing of our own staff is central to our ability to having an effective workforce and we will be seeking to implement consistent workplace charters and the NICE guidance on health and well being, focusing on Five Ways to Wellbeing to improve mental health in the workplace

Population Need

- There are three age peaks which will be influential in framing future service provision – 0-4 years, 15-24 years and 'middle age' (45-49 & 60-64). These offer key opportunities to influence lifestyle behaviours and to have maximum impact on future wellbeing. Focusing on these groups will drive a shift from managing ill-health to secondary and tertiary prevention of deteriorating health. This will also contribute to increasing healthy life years, which is an area where there is significant variation across the footprint.
- Significant deprivation is present across the footprint with areas of significant deprivation where 30% of children live in poverty. The STP offers opportunities to build upon local health and wellbeing plans to identify and share best practice across the footprint.
- Mortality is worse than England across a wide range of disease areas, By supporting systematic changes in service models across the footprint, reducing variability in outcomes and promoting 'every contact counts' the STP can support a system wide focus onto preventing health deterioration as opposed to solely managing ill-health.
- Adult mental health services need transforming at both CCG and Specialised levels. The opportunities of improving wider wellbeing are significant as mental health need to have parity with physical health.
- General lifestyle is a common denominator to a number of the determinants of ill health, however the majority of these are best managed within a more local forum with the STP acting as an enabler where wider collaboration / learning exchange will add value.

Challenges to improving health

(i) The majority of healthcare's focus is on managing ill-health not maintaining wellbeing. There will have to be is a significant shift in focus to deliver against the challenges, both qualitative and financial, being experienced in the current system

(ii) Delivering the cultural change required to focus transformation of care to a health and wellness model of care as opposed to a deficit model of ill-health

(iii) The overall diversity of the STP's population with regard to the health outcomes and the health and wellbeing challenges means that a single STP wide approach to prevention will not deliver the required improvements across the population. The STPs main role may be facilitating localities to deliver change by focusing on some of the system challenges that have proven to date to be intractable

Section 2b: Improving care and quality of services

Hypothesis / Priorities

- The local system is often focused upon managing ill-health and not upon preventing ill health, but we recognise that there are increasing opportunities. We cannot continue to work in a system where the treatment of ill health continues to overshadow the prevention agenda. We need to develop contracts that incentivise providers to deliver increased quality and better outcomes around prevention. This means that there will need to be a cultural shift across patients, public and staff around future expectations of health care.
- Workforce development in out of hospital settings will be imperative to support the central role of care in the community. Currently there are a number of gaps across the area that will need significant attention to develop new models of care.
- Cancer mortality levels are in general worse than England average and as such the proposal is to develop a Cancer Alliance across the footprint to support integrated, end to end care and improved outcomes.
- Having analysed local RightCare data areas of opportunity exist around musculoskeletal, respiratory, diabetes, cardio-vascular
- Mental Health – mortality rates are higher than England average for adults with severe mental illness and whilst work has been undertaken to develop services for children and adolescents with mental health issues a comparable piece of work is required for adult services
- Out of Hospital Services – without having resilient out of hospital care services, opportunities to redevelop hospital based services are limited. Therefore there is a need to develop out of hospital services which offer a consistent high quality alternative to hospital services that patients and the public want to and do utilise
- Utilising public health intelligence we need to undertake a capacity and demand review to ensure we have safe, sustainable, affordable services in the right place to meet our local populations needs.
- The rationalisation of urgent and emergency care services across the footprint offers a significant opportunity to promote the right care, right place concept which will have a positive impact upon outcomes.

Challenges

(i) Development of a mature Provider Network that is able to collaborate effectively

(ii) Patient and public perception that <u>all</u> care should be delivered locally

Section 2c: Improving productivity and closing the local financial gap

Hypotheses / Priorities

We are currently conducting a financial baseline to define the current health and social care spend and gap against health and social care demand over the next five years. Baseline data is being collated from across Local Authorities, CCGs, acute, mental health and community providers. This will develop a single version of the truth and provide information on the aggregated income and expenditure position for the organisations across the system.

Our approach will provide clarity for the leadership discussions and provide the necessary insight required to develop interventions.

We will consider productivity and efficiency improvement through the application of a range of benchmarking analysis to assess CIP schemes in a robust way and to size the order of magnitude savings opportunities (for example):

- Strategic and effectiveness related drivers
  - Admission, intervention and referral rates
  - Case-mix
  - Out-of-area patient flows
- Efficiency related cost drivers
  - Workforce size and shape
  - Length of stay
  - Theatre utilisation
  - Outpatient productivity
- Structural cost drivers
  - Estates cost, multi-site operations

Technology needs to be utilised as a key enabler to promote improved productivity by eliminating duplication and to support wellbeing. The delivery of a local digital roadmap will go some way to mitigating this but it is recognised that inter-operability and information is an often quoted barrier which needs to be overcome quickly.

Challenges to improving productivity and closing the local gap

- Current policy relating to income generation for providers
- Ability to transition services is limited in a system where there is limited/no funding for double running costs
- The range of financial positions across providers and commissioners, including local authorities, are such that differential solutions and timescales are required

Section 3: Your emerging priorities

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In identifying our emerging priorities we have:

- Utilised local public health intelligence and RightCare to provide us with a sound theoretical basis to our priorities
- Considered which of the identified priorities are best fit to be reviewed and delivered at scale
- Agreed that each workstream covers all ages, children, adolescents and adults and follows a life course approach where applicable

Our Public Health Intelligence identifies that:

- Under 75 cancer mortality is a challenge across the STP (4 out of 6 CCGs) and our patients with cancer have higher rates of diagnosis following emergency presentation
- Mortality rates are higher for our population members that have significant mental illness
- Pressures on A&E and the unplanned care system is having a negative impact across the whole health and care system with 3 out of the 6 CCGs having a significantly higher than England average of emergency admissions for conditions that should not require hospital admissions and all acute provider organisations struggling to deliver NHS Constitution targets
- Cardiovascular service delivery and outcomes is a challenge for both CCG and specialised commissioners with 2 of the 6 CCGs having significantly worse under 75 mortality rates and the other 4 having worse mortality than England
- Out of Hospital Services – without having resilient out of hospital care services, opportunities to redevelop hospital based services are limited. Therefore there is a need to develop out of hospital services which offer a consistent high quality alternative to hospital services that patients and the public want to and do utilise

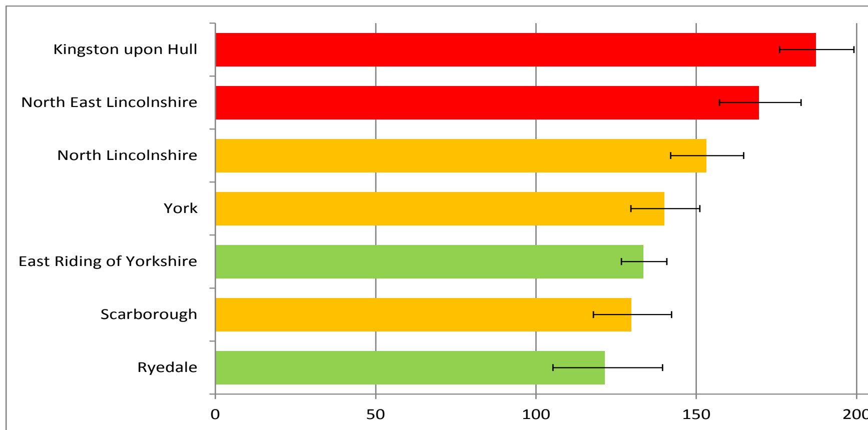
System Enablers

Whilst we have identified a number of priorities from our available intelligence we are also aware that there are a number of wider system enablers which need to be addressed to promote successful transformation. These include

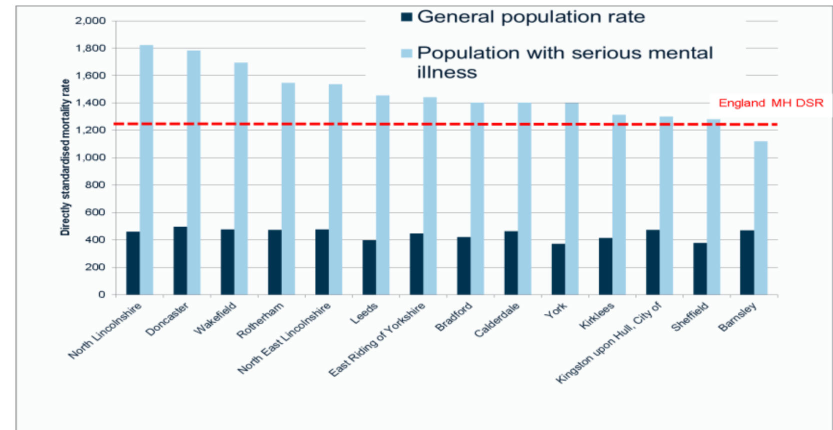
- ***Digital Interoperability*** – without systems that interface and can easily share data it is difficult to deliver the full benefits of our proposed service changes
- ***Involvement, Communication and Engagement*** – core to our ability to co-produce the STP is our ability to involve, engage and communicate effectively. We will be developing a comprehensive plan which builds on existing and planning involvement/engagement activities and will develop a suite of routine briefings to keep all stakeholders up to date
- **Workforce** – as previously identified we need a fit, knowledgeable, flexible skilled workforce that is ready and willing to change the existing system into the new vision of health and wellbeing promotion
- **Leadership and OD** – system change does not happen without changes in culture, organisational systems and processes. To deliver this at scale requires a different set of leadership and transformation skills

Section 3: Your emerging priorities

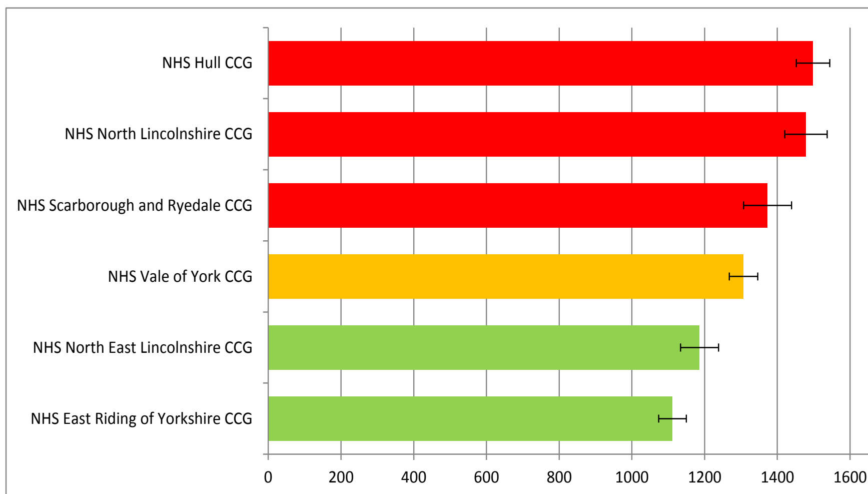
Cancer – a leading cause of <75 mortality



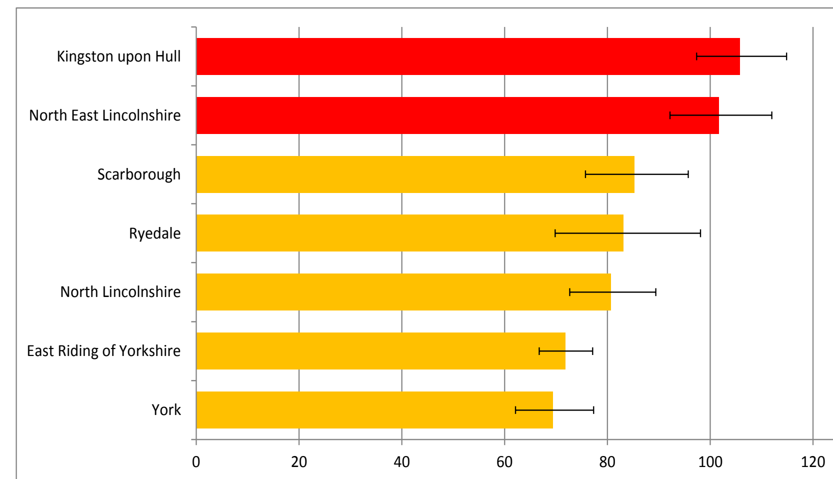
Mortality rates in under 75s with significant mental illness



Emergency admission for acute conditions that should not require admission



Under 75 mortality from cardio-vascular disease



Section 4: Support you would like

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Please discuss your emerging thinking in the following areas:

- **Organisational Development** - creating a truly innovative and collaborative initiative relies not only on the best system and process design, but as much on ensuring that the professional culture is fit for purpose. We require support for providers (including community services and practices) on this cultural change journey through running a series of workshops or other developmental support.
- **Social Marketing & Communication** - we are looking to achieve sustainable behaviour change by adopting a truly patient-centred approach; social marketing will enable us to understand people and change their behaviour, directing patients to an appropriate service and away from A&E. We could draw upon national experts to fully understand people and develop products, services and messages which provide people with an exchange they will value. We could develop a robust public facing campaign, exploring all communications opportunities looking at storytelling, messaging and intervention.
- **Shared learning with other sites** – we see value in strengthening regional links across pan Y&H activities for YAS and specialised services (Vascular, Paeds) and we would be keen to work with other comparator areas to share experiences, learning and best practise.
- **Financial Development & Investment** – move towards outcomes creates challenges in terms of contract currencies. National support and access to funds would be welcome to further develop our thinking and create wider incentives to drive the right behaviours and patient flows.
- **Expert advice** – for example: practical implementation of capitated models at scale
- **Political** – Provision of guidance on how to manage politically contentious service transformation that ahs a clear evidence base but will impact upon the provision of a number of local services including providing political air cover to the senior system leaders.
- Additional expert **clinical / professional capacity** to supplement a lack of local clinical / professional capacity within providers (inc GPs, Ambulance trust, acute and community care, local authorities) to deliver the significant opportunities it could reduce the ability to transform services at scale
- More explicit **links with the LGA** to ensure coproduction and gain wider system support
- Support to STP leaders around **leadership at scale** and effective communication of contentious issues