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Start well, live well, age well

HUMBER COAST AND VALE SUSTAINABILITY AND TRANSFORMATION PLAN SUMMARY

November 2016



Foreword

Our vision for the Humber Coast and Vale Sustainability & Transformation Plan (STP) is to be seen as a health and care system that has the will and the ability to help its population start well, live well and age well.

We are proud of our local health and social care services and the thousands of staff who provide them today, but there is much more to be done. 23% of our 1.4m population live in the most deprived areas of England and we are seeing significant variations in health outcomes seen in the diverse rural, urban and coastal communities. Adults in some areas are leading less healthy lifestyles and as a result are at greater risk of developing long term conditions that seriously impair their lives and future prospects.

Our ideas are not just about medical solutions. We are facing unprecedented demand for services, a long-term shortage of the skilled people we need to provide them and a looming funding gap of more than £420m by 2020/21. This means that we must make changes that can support our people to be healthier, that improve the quality of care they receive and that balance our books financially. Making changes now is integral to drive improvements for the future.

The STP is an opportunity for the public services and our vibrant voluntary sector to work effectively together in a partnership that can deliver huge benefits. The plan focusses on the wider determinants of health in our footprint, with all public services working together to support people to take more responsibility for their own health. Our proposals are designed to give everyone access to the right care in the right place at the right time. National standards are minimum standards, and we think people in Humber Coast and Vale deserve more.



We believe that the ideas set out in this document are the right approach for the Humber Coast and Vale footprint, but they are not the easiest. We will not make any decisions without consulting our population and our staff on the changes we believe we should make. Indeed, much of what we propose is based on easing the concerns that people have already told us about.

We are now ready to work collectively to deliver the best care possible for the people of Humber Coast and Vale. We will be as efficient as possible with the resources we have to meet our population health and care needs in the best way.

Emma Latimer
Humber Coast and Vale STP Lead and Chief Officer NHS Hull CCG

What's happening?

Since April 2016, people from health and care organisations across the region, together with our vibrant voluntary sector, have been working together. We have developed proposals that we believe will change the way you manage your own health and how you receive health and social care when you need it, in the place where you live.



Why do we need these proposals in our region?



We will work at scale and locally

The Humber Coast and Vale area covers six NHS Clinical Commissioning Groups and six local authority boundaries representing communities in Hull, East Riding, York, Scarborough and Ryedale, North Lincolnshire and North East Lincolnshire - we call this our planning footprint. This scale creates opportunities to share resource in areas where we are currently stretched, providing a better service

to patients and a better experience for the staff who work within those services.

Support services such as finance can also be shared to reduce costs and improve efficiency. Most of the things we do, however, will aim to deliver the best care we can locally, shaped around local need.





Who is involved?

Health services, local authorities, providers and voluntary sector colleagues across our footprint are working together to develop the Humber Coast and Vale STP.

The organisations that make up the Humber Coast and Vale Partnership Board are:



What can we do?

The Sustainability and Transformation Plan (STP) for Humber Coast and Vale is the blueprint for an ambitious approach to prevention and public health that puts your needs at the centre of service redesign.

The plan describes how we will move towards place-based provision of care and services. It focuses on the wider determinants of health in our footprint and how public services will work together to support everyone to take more responsibility for their own health.

Our proposals aim to design a healthcare system that by 2021 helps people to start well, live well and age well, that improves the quality of care and services that you receive and ensures that the system is financially sustainable for the long-term so that we can continue to deliver the services that you need.

We must meet three challenges - our "triple aims"

We will deliver our ideas by concentrating on three things in our footprint. These are our "triple aims":

- **Achieving our desired outcomes – "will the service be good?"**
- **Maintaining quality services – "will the service be safe and operationally sustainable?"**
- **Closing our financial gap – "will the service be financially sustainable?"**

“ I know how to look after myself to reduce my chances of falling ill. ”

“ I know how to get help at an early stage to avoid a crisis. ”

Our vision for 2021 is a system that:

Supports everyone to manage their own care better

Reduces dependence on hospitals

Uses our resources more efficiently

“ I only go to hospital when it is planned and necessary and I am in hospital for the minimum amount of time needed. ”

Six priorities

We have put six priorities that at the heart of the change we want to achieve. These are:

- Helping people stay well
- Place-based care
- Creating the best hospital care
- Supporting people with mental health problems
- Helping people through cancer
- Strategic commissioning



Our priorities

Helping people stay well



We want to focus on prevention – in other words **help people to help themselves to stay well**.

Our big ideas are:

- Offer high quality smoking cessation services based on what we know works
- Give people advice and resources to look after themselves.
- Take steps to identify and act early on cardiovascular disease and diabetes
- Implement prevention activities that we know work well across all localities – such as those that tackle obesity, alcohol misuse and falls.

Place based care



People want to receive **excellent care, close to their home, at times that work with their lifestyle**. They are frustrated that they need to give the same information to different professionals often on the same day.

Our big ideas are:

- Invest in General Practice in order to improve access to GPs.
- Allow practices to modernise and transform the way they work and, over time, increase the number of GPs in our footprint.
- Join up local services so that the health system works for everyone. Local teams will coordinate and deliver as much care as possible in the community. These teams will include GPs, social care, some services currently found in a hospital and services from our vibrant local community and voluntary sector.
- Transform urgent and emergency care services to ensure that people are able to access the level of service that is appropriate to their need on a seven day basis and reduce the need for them to go to hospital.

Creating the best hospital care



People who work in our hospitals tell us that they want to **collaborate, innovate and challenge the way services are currently delivered**. We know that we have a population that is getting older and this is leading to an increase in demand for hospital services.

Our big ideas are:

- Improve the quality of hospital services through working together to redesign clinical and operational processes.
- Develop high quality specialised services. We propose to review complex rehabilitation services, paediatrics, neonatal intensive care and specialised orthopaedics over the next five years.
- Share support services to become more efficient where there will be little direct impact on the quality of patient care. We are considering doing this for pathology, pharmacy, procurement and imaging.
- Develop a consistent Humber Coast and Vale level of maternity care.

Supporting people with mental health problems



We know that we have a lot to do to improve mental health services. More services need to be provided close to home rather than in hospital and **children, young people and adults need better access to mental health support services**.

Our big ideas are:

- We will make treatment in the community our default option, addressing existing gaps in onward placements and services, and making better use of beds across the patch.
- Invest in best start and prevention strategies for the under-fives focussed on bonding and attachment. These will be delivered through health visitors, schools and parenting support.
- Create new services to avoid unnecessary hospital stays. We will do this in collaboration with the new integrated multi-disciplinary teams.
- Provide services that maintain independence. The style of the care provided in hospital or other care settings can mean that people, especially those with dementia, can start to lose their independence. We will work with hospital and community based services to identify how to help people to continue with their activities of daily living and be supported to make informed decisions about their care.

Helping people through cancer



A focus on improving cancer services is important as **Humber Coast and Vale has higher than national average incidence and mortality rates for all cancers**.

The number of people living with and beyond cancer is predicted to increase by 28% by 2030, which means we need to change the way we treat cancer.

We want to simplify the way that cancer treatment is accessed, reduce the levels of variation and increase our focus on the prevention of cancer.

Our big ideas are:

- By managing cancer diagnostics across the patch they should become more efficient, which means patients will be able to access them when they need to.
- Provide a consistent cancer recovery service for all patients across Humber Coast and Vale.
- Take steps to identify and act early on cancer.

Strategic commissioning



Currently, patients may receive a different type of treatment or a different level of care depending on where they access services. Similarly, too many organisations are commissioning services. We aim to strike a balance between planning some services at scale so that we can get the best value from them and planning other services on a local level so that they can be **built around the needs of individual communities**.

Our big ideas are:

- Implement a strategic commissioning model that has a real focus on prevention, wellbeing, self-care and delivering outcomes that matter for patients.
- Plan hospital services to reduce variation, measure the success of services against the things that are important to the population and make best use of the staff, particularly for services where it is hard to recruit people.
- Plan services at 'place' level that will be developed locally on a smaller scale, for example our new integrated multi-disciplinary locality teams. This means that the services offered through these teams should meet the needs of the people who live there rather than a "one size fits all" approach.

How will we make the change happen?

Improving our health and care system in the way we describe will not happen overnight. We are trying to resolve challenges that our communities and public and voluntary sector organisations have been dealing with for a long time. It will also require a significant change in the way we work as organisations. We are putting in place some processes to help us make this happen.

Finance

We have developed a plan that will support us in closing the 'do nothing' £420m funding gap by 2021. Big changes in the way we will work involve us delivering a system control total. This will involve planning and monitoring our services based on what people in our communities think is important, rather than the number of times we see patients.

Governance

Our Strategic Partnership Board and our Strategic Executive Group support us in making the right decisions. Our Clinical Advisory Group will make sure clinical views are at the heart of what we do, but we know we have to do more to support clinicians in this role. We have begun to recruit into our programme team and our governance and resource model will continue to strengthen as we move into implementation.

Workforce

Our Local Workforce Action Board (LWAB) has planned two initiatives to help us to make sure we have the skills we need to deliver our strategy. These initiatives involve developing both support staff and advanced practice staff at scale. Both of these initiatives will significantly help us to fill the gaps we have in our workforce.

Our estate

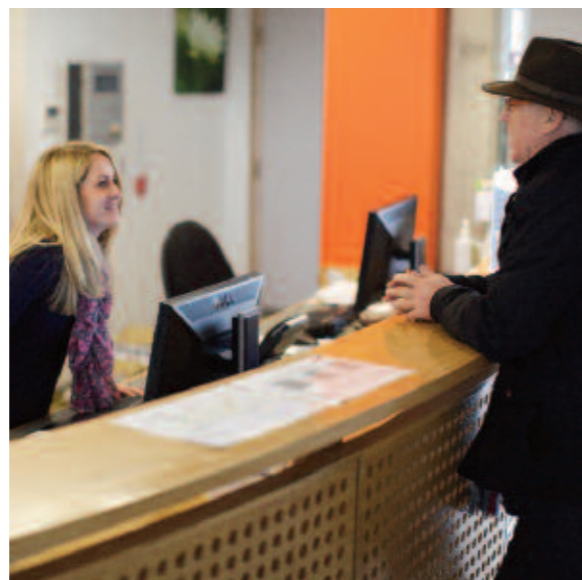
Implementing this plan means we will have different estate needs across Humber Coast and Vale public sector partners. As demand changes we will need to use our estate flexibly to support delivery of our strategy.

Communication and engagement

We have challenging proposals for Humber Coast and Vale and are working on a comprehensive communications and engagement plan that has citizens and patients, staff and partners at its heart. We will not make any decisions without consulting our population and our staff on the changes we believe are needed.

Technology

We have a single plan across Humber Coast and Vale for using technology to transform our health and care services. This includes developing a single electronic care record that can be shared and accessed by health and care professionals, meaning that people will tell their story only once.



How will these proposals affect our communities and staff?

We want to make Humber Coast and Vale a better place to live. We want to develop health and care services that people want to use and work in. Over the next five years, we want people to be able to say:





Tell us what you think

Citizen voice is at the heart of everything we do. The ideas in this plan are based on what many of you have told us you want and need. Over the coming months we will build on the engagement we have carried out over the past two years, talking to our staff and local people about the plan so that many more of you have the opportunity to contribute as the plan develops.

We will be working with Healthwatch and other voluntary sector partners to make sure that we have sought and heard views from a wide range of communities and the ideas from those groups will be built into our plans.

You can contact us now with your views in a number of ways:

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