

Annex: Template for the 15 April checkpoint

Please use the following slides for your submission, and remove the earlier slides to keep the pack concise (max 10 slides).

Please fill in key information details below

Name of footprint and no: Suffolk and North East Essex (NEE Submission)

Region: Midlands and East

Nominated lead of the footprint including organisation/function: Nick Hulme (Chief Executive, Ipswich Hospital NHS Trust)

Contact details (email and phone): nick.hulme@ipswichhospital.nhs.uk 01473 702087

Organisations within footprints:

Suffolk:

Ipswich and East Suffolk CCG, West Suffolk CCG, West Suffolk NHS Foundation Trust, Ipswich Hospital NHS Trust, Norfolk and Suffolk Foundation Trust, Suffolk County Council, Suffolk GP Federation CIC, East of England Ambulance Trust, Healthwatch Suffolk

North East Essex CCG:

Colchester Hospital University NHS Foundation Trust, Anglian Community Enterprise CIC, North Essex Partnership NHS Foundation Trust, GP Primary Choice, Essex County Council, Tendring District Council, Colchester Borough Council, Healthwatch Essex, Community Voluntary Services

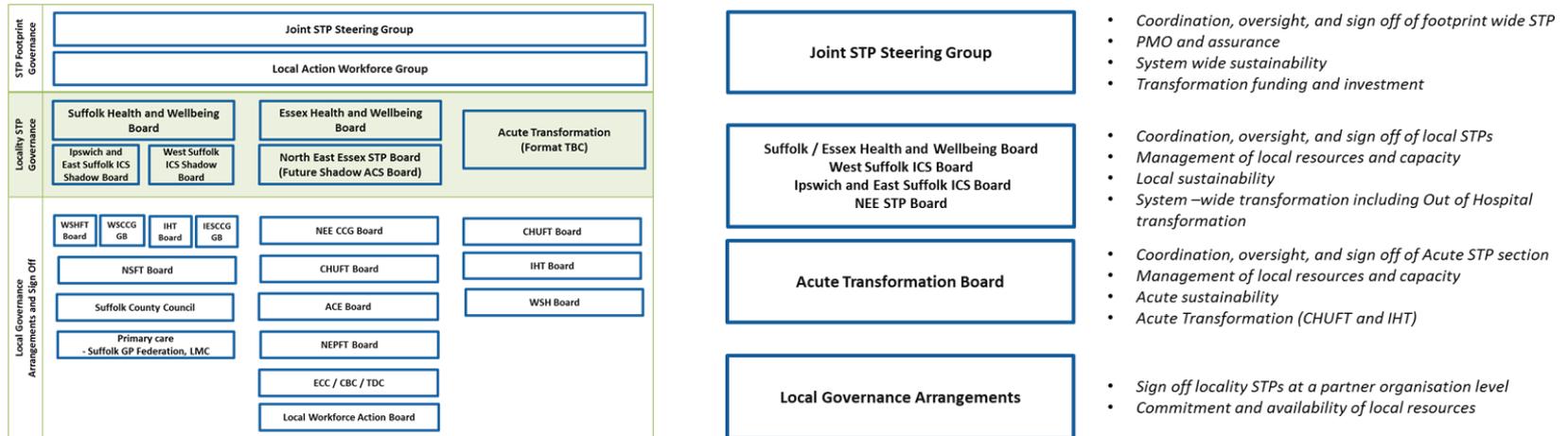
Section 1: Leadership, governance & engagement

Please discuss progress you have made (and any challenges) in the following areas:

Across North East Essex we have established an 'STP Board' to provide the required level of leadership and partnership working across the local care economy - the first time that a forum of leaders from the local care economy has come together to develop a placed based plan which will shape the local system and deliver the level of transform required to achieve a sustainable future for local care services.

The STP Board, Chaired by Sam Hepplewhite (NEE CCG AO) includes representation at a Chief Officer level from the CCG; all local NHS provider organisations; Essex County Council (commissioning and operations); second tier local authorities (Colchester Borough and Tendring District Councils); local community voluntary services organisation; and Health Watch. It is proposed that this group will transition over time into a shadow Integrated Accountable Care System Board, which oversees the design and implementation of our Accountable Care System for Out of Hospital Care across North East Essex. Our STP Board will feed into the Essex Health and Wellbeing Board, who will provide strategic oversight of our local plans in parallel to those covered by the footprint of the Essex Success Regime and West Essex. We will also engage at a local level with, our LWAB, Tendring District Council's own Health and Wellbeing Board.

The role of the NEE STP Board, and how this fits into the wider leadership and governance arrangements across the combined STP footprint is set out in the diagram below:



We also have developed strong partnership arrangements with local government commissioners through our joint Strategic Commissioning Committee, which has a remit to develop vision and strategy for local commissioners across North East Essex - leading and implementing an integrated health and care system that empowers patients, and provides more coordinated, proactive and responsive care. This group will ensure that the priorities of local communities are clearly understood and reflected within the STP, and that all placed based initiatives commissioned across North East Essex as a whole are aligned with, and contribute towards, the programme of work set out in the STP.

Please discuss progress you have made (and any challenges) in the following areas:

We are committed to working closely with a wide range of local government, community, and voluntary sector partners across North East Essex to ensure that we harness close links with our community in order to involve them in shaping the future of their community and the local care economy. This approach has, and will continue through the development and implementation of the STP, to enable us to reach boarder sections of our local population across a far wider range of topics which impact upon their health and wellbeing than can be reached by traditional NHS organisations alone – including areas such as planning, housing, the environment, education, sport and leisure facilities, and community resilience. Essex Health watch are also a key member of our North East Essex STP Board.

During 2014, the CCG, working with its community partners, launched its Big Care Debate which gave people an opportunity to say how they would like health and social care to develop across north east Essex. The feedback we have received from these events shows our local communities want high quality health and social care services delivered in their locality, closer to home. The main themes of the *Big Care Debate* are summarised below, which have helped to shape our thinking to date:

Self Care

Taking personal responsibility for their own health and wellbeing

GP Services are highly valued and the first point of contact for care. They need to link closely with other services

Access to information and services, through signposting and simple language was viewed as important.

Prevention

People also wanted clear information about how to stay healthy and stay in control

Integration

Services should be more joined up, especially around discharge form hospital



At the start of February 2016, the CCG and its community partners launched a second Big Care Debate aimed at finding out local peoples' views on instances of waste or duplication within local health and social care services. The engagement activities also sought peoples' experiences of services and how they thought communities could further support people to maintain a happy and healthy lifestyle within their own neighbourhood. The Big Care Debate 2 will conclude at the end of April 2016, and the key themes emerging from it will continue to shape the development of the STP

As a system we have also engaged widely with staff across both Primary, Community, and Social care in preparation for the transformation of Out of Hospital care. This has included the alignment of social care staff with GP practices, moving community staff into neighbourhood teams in order to deliver care around practices, and engagement with GPs around the need to transform Primary Care and deliver at greater scale. Further work needs to be done in order to engage with staff in a hospital setting around how acute services can be provided in a more joined up way, in settings closer to the patients / citizens home's.

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

Please see slide 6 for potential areas of focus for improving health and wellbeing

High deprivation: 30% of Tendring district's wards are in the most deprived 20% nationally. Pockets of deprivation also exist in Colchester

Significant variation in health and wellbeing: 13 year difference in life expectancy in Tendring and 9 in Colchester

Levels of mental ill health - often not recognised - are higher than the national average

50% increase in the number of people over 65 by 2034 – more long term conditions

Lifestyle choices remain poor - high levels of smoking, alcohol use, poor diet, obesity and low levels of physical activity

Educational attainment is worse than expected given current levels of wealth

There is a significant opportunity to improve the health, wellbeing, and educational attainment of our population - making areas of Tendring and Colchester more desirable places to live and ensuring that people are able to develop their full potential - and in turn reducing pressure on the care system

Multi agency approach

Prevention Initiatives and Enablers

Mobilise power of local communities

Childhood Obesity

Essex Weighs In - promote lifestyle change in these weight and physical activity

Daily Mile initiative

promote better fast food offers from independent providers

Tier 2 weight management services across Essex

Better planning provide opportunity for sport leisure and green space

Diabetes Prevention

First wave site for the Diabetes prevention programme

Register of Pre Diabetic Patients in Primary Care

NHS health checks programme and HbA1C testing

Working closely with Healthy Living Pharmacies

Smoking, alcohol and physical inactivity

Focus on target population groups

Promoting more appropriate attitudes to alcohol consumption

Invest in A&E based alcohol liaison staff

Providing Opportunity for Activity - Sport Leisure /Green Space

A reduction in avoidable admissions

Supporting people to stay independent for as long as possible

Managing street drinking and licencing

Managing houses of multiple occupation

Evidence based interventions – Health checks, falls, CVD, AF, Continence, ESD, social isolation

Close the health gap between mental and physical health

Addressing those with moderate and severe mental health needs

Ascertain and manage depression in older people

Recognise and manage mental health issues during and after pregnancy

Poor housing and environmental health

Developing an inclusive strategy for Public Health – Establishing strong partnerships across all sectors

Tackling the broader determinates of health and lifestyle factors – including education, housing, the environment, and planning

Optimising the community role in prevention – through better planning, community enabling, and resilience

Section 2b: Improving care and quality of services

Please see slides 6 & 7 for potential areas of focus for improving care and quality

Vision

“By 2021 we want a local health and care system which supports people to take responsibility for their own health and wellbeing and which focuses on prevention and early intervention. Care will be delivered by a multi-skilled workforce working in neighbourhood teams and delivered predominantly in the home or community, with hospital services used only where they add value. Technology will play an important role helping people to monitor their own health and to stay independent for as long as possible. In achieving this vision, the health and care system will work closely with other key partners, such as voluntary sector, housing, education, leisure and transport as a matter of course; and all services will be designed in conjunction with service users”

Improvement Priorities

Our Priority Population Groups

In line with our local challenges, as a system we have we have prioritised the following populations:

- The frail elderly
- Children & young people
- People with Mental Health care needs
- People with learning disabilities

Performance, Quality, and Safety

Performance

- RTT incomplete: 88.7% (92%)
- 62 day cancer: 80.4% (85%)
- A&E: 80% (95%)

System wide quality issues

- Delay in ambulance response times
- Safe and timely flow of patients across system
- Care home capacity, safety and quality standards
- GP Capacity
- Mental health bed capacity / safe and timely discharge of service users

Provider specific issues

- Acute – CQC rating overall inadequate
- Mental Health – CQC rating overall requires improvement:
- Primary Care – 4 practices with CQC rating overall inadequate, special measures, others requiring improvement:

Thematic review of SIs includes incidents associated with perinatal mental health; diagnostic incidents; suboptimal care of deteriorating patients; treatment delays; intrauterine deaths; unexpected deaths; admissions to ITU; never events; apparent/actual/suspected self-inflicted harm; apparent/actual/suspected homicide; medications management

Opportunities to address unwarranted variation

Key spend and outcomes opportunity areas we have identified through right care include:

- Gastro-Intestinal
- Respiratory
- Cancer
- MSK
- Genito Urinary

New models of Care

**Integrated Accountable Care System (Out of Hospital Care), incorporative of Primary Care at Scale
Acute Transformation and Reconfiguration**

Enablers

Leadership

Commercial contracting methods

Workforce

IT

Estates

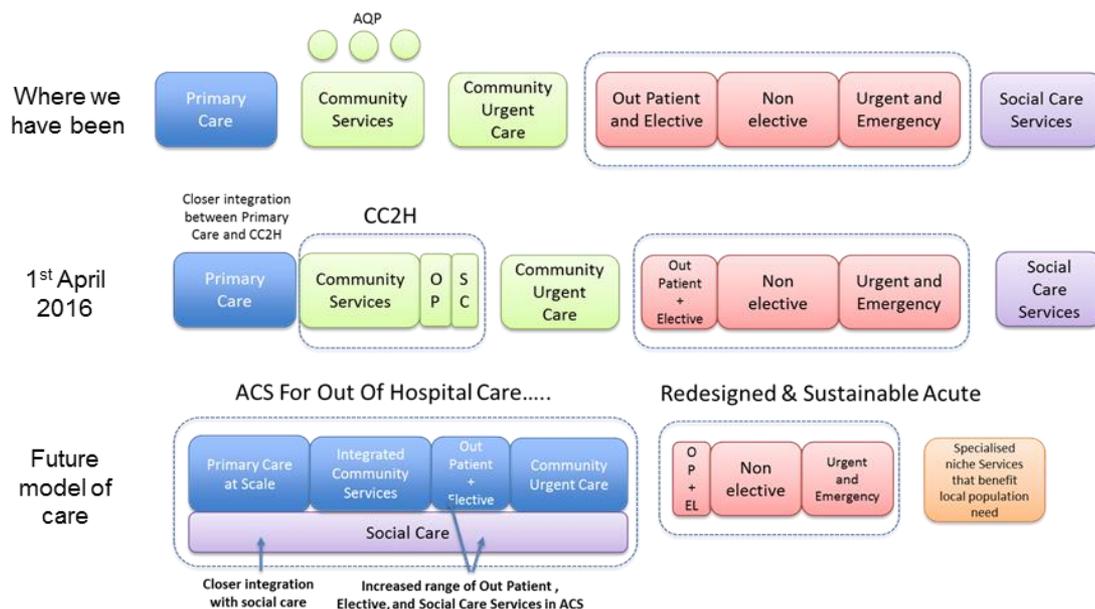
Section 2b: Improving care and quality of services

Please see slides 6 & 7 for potential areas of focus for improving care and quality

New Models of Care

We view the development of a new model of Out of Hospital Care as the key driver in delivering our vision, and addressing many of the priorities, performance and quality issues, and opportunities set out above. issues set out above. We have already made significant progress along this journey. In line with the Multi-Speciality Community Provider model set out in the Five Year Forward View, our outcomes based Care Closer to Home programme has already integrated traditional community services with a number of elective pathways and some elements of social care in order to deliver more seamless care and improved outcomes, whilst delivering efficiency savings and incentivising reduced demand for non elective care.

As a priority, we plan to build on these successful foundations to accelerate the development of an Integrated Accountable Care System for Out of Hospital Care - shifting care into out of hospital settings where it is clinically safe and appropriate to do so, aligning incentives to further reduce non-elective admissions, and integrating both health and social care around local GP clusters using an MDT approach – an example of which we have already piloted in the CO15 area in close joint working with the Essex County Council.



We have the support of our local system partners to expand the scope and remit of the Accountable Care System over a longer period of time, to include the broader determinants of our population's health and wellbeing - such as planning, housing, education, families, community assets, and leisure and transport - and develop a system wide approach which incentivises the shift from treatment to prevention and early intervention.

Alongside the development of our ACS, will need to transform Primary Care to ensure that it can operate at greater scale, and reconfigure acute provision to ensure that services that need to delivered in an acute setting can be done so safely and sustainably.

Please see slides 6 & 7 for potential areas of focus for improving care and quality

Transformation of Primary Care

Transforming primary care provision and reducing variation in general practice is one of our main priorities as we appreciate that high quality primary care services are essential to our out of hospital vision and the wellbeing of our patients. We are working with our GP Federation and an external provider, who has experience working with practices in Manchester, to practically achieve a reduced number of practices, resulting in a more sustainable financial and clinical model across NEE. We aim to have an integrated model across health and social care delivered from hubs serving between 30,000 and 50,000 patients across 7 days a week which are closely aligned to our care closer to home service.

Reconfiguring Acute provision to secure a right sized, sustainable Hospital

Another major driver in achieving high quality care and system sustainability is the reconfiguration of acute services within our local hospital, Colchester Hospital University Trust.. This will enable us to improve the productivity of local acute provision, address concerns over the delivery of core performance standards, and achieve improved levels of quality and safety. This transformation will be delivered through increased collaboration between acute and specialist care providers across the wider STP footprint, and is specifically addressed within the Acute Transformation work stream of the STP.

Key Enablers

The key enablers of our plans to transform care include:

- **Effective Leadership and partnership working** – We recognise that effective system leadership will play a vital role in achieving sustainability. No single partner can deliver the scale of transformation proposed on its own, and delivering our vision will therefore require true partnership working across health, local government, the voluntary sector, housing, education, leisure and transport.
- **Commercial, finance and contracting methods** – alignment of financial incentives across the system to promote the delivery outcomes rather than activity, support the shift from treatment to prevention and early intervention, and reduce demand for care services – especially in an acute setting. This includes the potential to build on the new contracting approach already established under Care Closer to Home and move towards a fully for capitated budget model and risk share arrangements with our Accountable Care System partners. Work is already underway with ECC to define and pool budgets associated with older people and carers.
- **IT** – Using the local digital roadmap to deliver shared care records in order to promote integrated and seamless care across traditional organisational boundaries, and enable extended access and seven day working. The role that new technology can play in promoting self care is of vital importance and needs to be developed as priority.
- **Workforce and OD** – We recognise that Primary Care represents a major workforce challenge – and through our role as lead for Primary Care Workforce we have commissioned the Essex Primary Inter professional Care for Workforce Development (EPIC WD) as a hub for the training and development of future Primary Care workforce, which are able to deliver future requirements in line with the Five Year Forward View. We have an active role in the Essex Workforce partnership and therefore fully appreciate the challenges that the whole system is facing especially around urgent, acute and mental health care. Our AO is also the CCG representative on the HEE EoE board which enables us to access best practice examples across the EoE. We are also progressing plans for collaborative workforce development across the system as a whole
- **Estates** - We understand that Estates will be a key enabler of transformation going forward, and have established a multi agency working group across all partner organisations in order to baseline the current estate and map out requirements for transformation.

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

Please discuss your emerging thinking in the following areas.

The sustainability challenge

- The CCG's total 2015/16 expenditure for North East Essex was £438.6m in 2015/16, against our allocation of £430.5m
- The total 2015/16 position for the system is currently an in-year deficit of approximately £51m. Of this:
 - £8.1m CCG draw down
 - £39.5m sits in the CHUFT
 - £3.5m sits with NEPFT
 - ACE, our Care Closer to Home provider, currently operates without a financial deficit (it will re-invest any surplus)

Delivering system sustainability

We recognise that the current financial situation across North East Essex is not sustainable, and we will need to deliver against the key priorities and transformational initiatives set out in section 2 in order to achieve financial balance over the next five years and beyond.

Analysis by right care highlights that we are a significant outlier for non-elective care, with an estimated savings opportunity of over £9 million if we can reduce this level of variation. Whilst the level of savings associated with elective care are less significant, improvements in this area point to a savings opportunity of over £3.5m.

Our system believes that the biggest savings will be delivered by reducing the demand for acute services. Our Care Closer to Home model has already delivered efficiency savings in the region of £1.7m, and we have also put contractual incentives in place to share any of the savings associated with a reduction in the level of non elective admissions in the over 65s. Our plans to shift further activity out of hospital, develop new models of community urgent care through a 'hub' model, and increase our focus on prevention and early intervention as we continue to develop the ACS will lead to further savings against these opportunities. Our plans to transform Primary Care and extend access to GP appointments will also play a fundamental role in reducing demand for urgent and emergency care services and delivering system sustainability.

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

Please discuss your emerging thinking in the following areas.

The efficiency and productivity of our Acute provision will also have a significant impact on delivering sustainability. The Carter review estimates that £21m worth of efficiency savings can be made in CHUFT alone. The acute transformation work across IHT and CHUFT will also deliver operational efficiencies and enable a recued range of services to be delivered in an acute setting on a sustainable basis across a wider geographical footprint. Our mental health provider, NEPFT, is also currently in the process of merging with SEPT, which will deliver further operational efficiencies.

Further work required to better understand the financial gap

System Finance leads across the STP footprint (representing all major providers, commissioners, local authority and Public Health), are working together to compile an agreed consistent view of the 5 year “do nothing” financial gap and to model the impacts of our STP on demand, activity and finances across health and care. The Finance leads have identified the following requirements for financial modelling and will agree how this will be resourced w/c 11/4:

- 5 year system-wide financial sustainability plan
- A shared understanding of the system-wide (do nothing) financial gap
- To identify cost / deficit drivers to inform system transformation (to close the financial gap)
- To identify variations in activity / costs through benchmarking within the system (eg across providers) and externally
- A mechanism for evaluating the system-wide impacts of our proposed Transformation Programme
- Public Health have made some estimates of the impact of the prevention strategy which will be utilised
- All underpinned by robust population and activity analysis and projections

Please discuss your emerging thinking on what the key priorities are to take forward in your STP, and why:

Our main areas of focus in delivering the priorities set out in the Five Year forward View and addressing local challenges include:

- **Ensuring that we have strong and effective system leadership and partnership working in place** across North East Essex in order to enable a collective view of our priorities and challenges outside of traditional organisational boundaries and drive the required programme of whole systems transformation. We are only at the very start of this journey, and recognise that it will take time to develop the required level of trust to make this a reality. This will require decision to be made which put the needs of people and the system above exiting organisations. (Addressing the Sustainability, Quality, and Health and Wellbeing gap)
- **Managing demand for care** – through prevention, supported self care, and behavior change, whilst also through ensuring that people who do need interventions receive the right care, in the right place, at the right time in order to reduce the overall demand for services. (Addressing the Sustainability and Quality gaps)
- **Mobilising the power of local communities** in order to prevent ill health, promote healthier lifestyle choices and self help, and foster increased resilience at both a personal and community level – leading to a change in behavior and a reduced reliance on public services. This will require us to work closely with partners across the wider system and actively involve communities in local decision making (Addressing the Health and Wellbeing gap)
- **The accelerated development of an integrated Accountable Care System for Out of Hospital Care**, which ensures that services are delivered by a multi-skilled workforce, predominantly in the home or community, with hospital services used only where they add value. This will involve making tough decisions such as shifting care into different settings and pooling budgets across organisational boundaries to ensure that we make the most effective use of resources across the system as a whole. Commissioners will also need to be bold in order to re-focus the system from treatment to preventing and early intervention by giving the accountable care system the freedom and incentives to do so. (Addressing the Sustainability and Quality gaps)
- **The development of a more sustainable model of Primary Care operating at greater at scale** – including decisions regarding the form, structure, and contracting route for General Practice. (Addressing the Sustainability and Quality gaps)
- **Acute reconfiguration**- to further develop the work on the clinical and financial sustainability of acute provision in the STP footprint will include some clinical reconfiguration of pathways and workforce across the providers. This will inevitably result in a collaboration between Colchester and Ipswich Hospitals. (Addressing the Sustainability and Quality gaps)
- **Attracting, developing, and retain a workforce which meets our future needs** – exploring a more strategic approach to recruitment and retention of staff which could include recruitment of urgent care staff as a system with rotation, joint posts and increased training opportunities. (Addressing the Sustainability and Quality gaps)

Please discuss your emerging thinking in the following areas:

We would like **regional or national support** in the following areas to help us develop our plan:

- Reconfiguring and merging Trusts – both Acute and MH – will require support around choice and competition, workforce, managing communications, and external support to increase the pace of change
- Different models of Primary Care – including advice and support around the implementation of new contacting options, legal form, and structure etc.
- Support for the delivery of Integration – especially practical support around areas such as pooled budgets and capitation, and how this has been developed elsewhere

National barriers or actions we think need to be taken in support of your STP include:

- Our plans for mobilising the power of local communities would benefit significantly from a devolution approach. We appreciate devolution is already in train across Suffolk, but we are unsure how county council boundaries across the Suffolk / NEE; and Mid / South Essex STP footprints will support and enable this. There is therefore a clear need to break down the barriers between different parts of the public sector, at acknowledge the need for cross boundary working.

We would like to access to expertise or best practice from other footprints around the following:

- Learning from the success regimes, both Essex and wider, about accelerating the pace of change, especially with regard to Acute reconfiguration