

## **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).

# Key information

*Please fill in key information details below*

**Name of footprint and no:** Suffolk and North East Essex

**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](mailto:nick.hulme@ipswichhospital.nhs.uk) 01473 702087

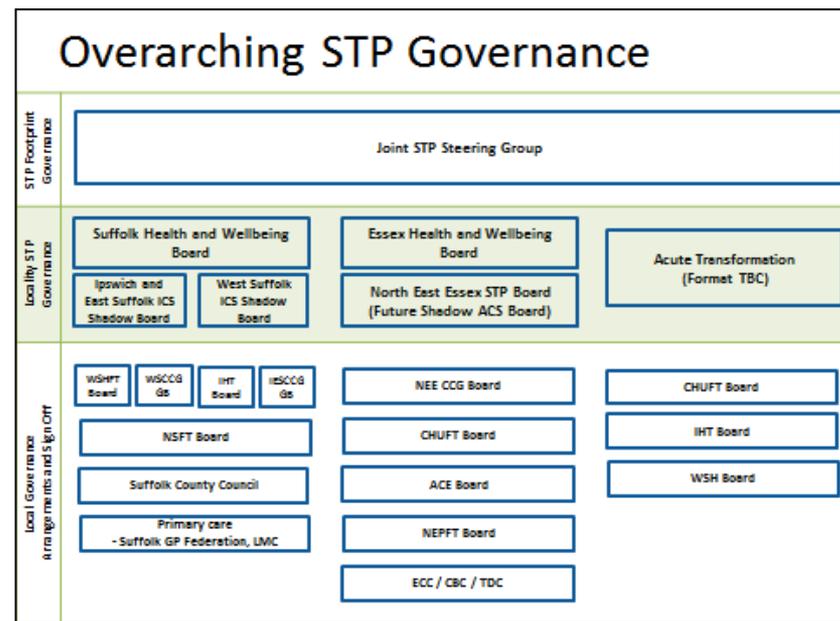
**Organisations within footprints:**

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, Ipswich Borough Council, St. Edmundsbury Borough Council, Mid-Suffolk District Council, Babergh District Council, Suffolk Coastal District Council, Suffolk GP Federation CIC, East of England Ambulance Trust, Healthwatch Suffolk, Voluntary and Community Services.

## Collaborative leadership and decision-making – STP footprint area

- The Suffolk and North East Essex STP footprint is led by Nick Hulme, Chief Executive of The Ipswich Hospital NHS Trust.
- The Suffolk element of the footprint comprises the Ipswich and East and West areas of Suffolk. The Waveney area is included in the Norfolk footprint. References to Suffolk throughout this document apply to the Ipswich and East and West Suffolk area and population.
- The Suffolk and North East Essex systems have appointed STP leads who are bringing together their place-based plans and are collaboratively developing an overarching footprint STP.
- Both systems are building on work which is already well underway in their respective areas. We are keen to create an ambitious blueprint for our footprint area which will deliver a sustainable health and care system which focuses on the needs of the footprint population. Our systems will each continue to progress their respective place-based plans and where applicable will identify opportunities for closer working across county boundaries where this will benefit our populations.
- The diagram opposite sets out our governance arrangements for the STP.
- The Joint STP Steering Group is made up of system leaders from health commissioning organisations, major providers, local authorities and Healthwatch.
- The first meeting of the Joint Steering Group is will take place on 14/4/2016.
- The Suffolk and North East Essex Locality STP governance structure is well established with the Acute Hospital Transformation Programme in the early stages of development.
- The Suffolk Health and Wellbeing Board will drive delivery of the STP in order to deliver its Health and Wellbeing Strategy.



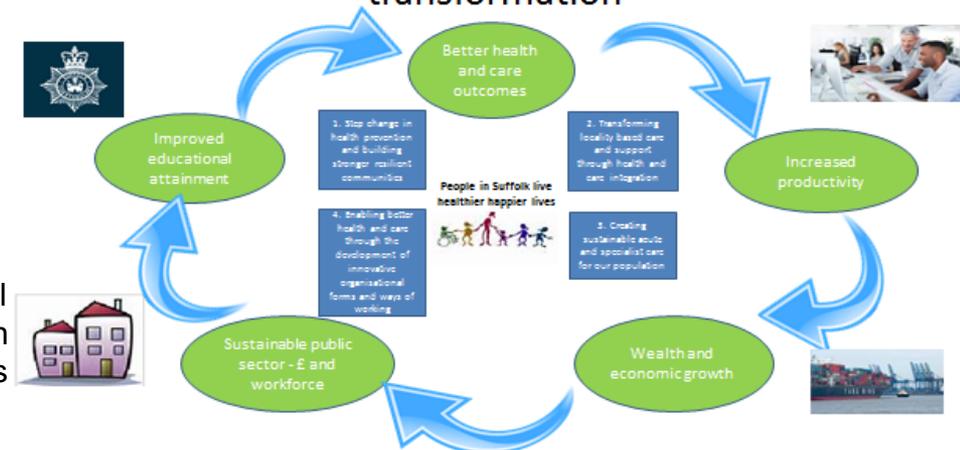
## Collaborative leadership and decision-making – Suffolk

- In Suffolk, system leadership in terms of agreeing the plan and implementation of the plan will sit with the two shadow Integrated Care System (ICS) Boards whose members comprise leaders from health and social care organisations.
- The West Suffolk and Ipswich and East Suffolk health and care systems have agreed to work together towards two ICSs, one for West Suffolk and one for Ipswich and the East. The ICS shadow Boards have been meeting on a monthly basis since mid 2015. The ICSs will be central to delivery of the health and care model and will be enablers for the changes required to achieve financial and workforce sustainability whilst maintaining or improving the service provided for the local population. A number of workstreams have been set up to provide focus on specific priority areas which will be key to the success of the STP.

## Local government involvement

- The health and care system has well established partnership working arrangements across health commissioners and providers, Suffolk County Council, districts and boroughs and local community voluntary services organisations. This includes working together to develop integrated Better Care Fund spending plans.
- The Suffolk health and care system continues to work as part of a wider footprint for devolution across Suffolk, Norfolk, Cambridgeshire and Peterborough. The East Anglia Devolution Agreement states that the system “will work together ... to support each of the counties through their Sustainability and Transformation Planning process to set out plans for moving progressively towards integration of health and social care, bringing together local health and social care resources to improve outcomes for residents and reduce pressure on Accident and Emergency and avoidable hospital admissions.”

## The link to devolution and wider public sector transformation



## An inclusive process

- Our work in Suffolk to engage partners and the public on several strategies over many years has given us the map to develop our strategy for the STP. As a system, we have been regularly engaging since 2010 and our population has been asking us to bring services closer together.
- The picture opposite shows the wide range of engagement activity that has taken place over recent years which has been supported by all system partners and also includes the wider determinants of health and wellbeing such as housing and education.
- System partners are working together to develop a number of events to be held in May to engage with the health and care community including the third sector to further develop our plans and agree how we can work together in their delivery.



## Engaging clinicians and NHS staff

- We have established a number of joint clinical transformation groups to encourage the health and care system to work collaboratively to design fit for purpose clinical pathways and models of care for the future. The membership of these groups includes clinicians and staff from primary, community, acute, mental health and social care as appropriate.
- This approach has resulted in the design of a number of innovative models of care and clinical pathways.
- We will be continuing to use this approach to develop new service models for all our services, aligned to the Transformation Programmes that will be outlined in our STP.

It is tempting to think that prevention is not relevant in a healthy place like Suffolk but preventable disease is needlessly causing early death and disability.

- Residents generally have a long and increasing life expectancy, which is higher than the England average
- **But** recent evidence suggests that healthy life expectancy in Suffolk (the proportion of life which is lived in good health) may be declining and the gap between life expectancy and healthy life expectancy, where people have poor health and use more health and care resources, is increasing.
- **And** life expectancy in Suffolk's more deprived communities is 6.4 years lower than the Suffolk average for men, and 4.2 years lower than the Suffolk average for women; and this pattern may be worsening over time

Our Prevention Strategy "Is Prevention better than the Cure" describes how we can reduce demand in the health and care sector by improving health. It identifies actions that we can do now that have the potential to drive down demand including the following three priorities:

- Reduce avoidable admissions by improving the early detection and treatment of high blood pressure, atrial fibrillation, chronic obstructive pulmonary disease, diabetes and frailty
- Improve the direct and indirect support offered to those who wish to change their lifestyle – tackling smoking, alcohol and inactivity
- Create community and personal capacity and enhance community and personal resilience

An action plan has been drafted with measures and proposed leads across health and care organisations which prioritises actions according to the evidence base and return on investment and which will form an important part of the first of our four Transformation Programmes which are set out in section 2b.

### **Transformation Programme 1. A step change in prevention and the building of stronger, resilient communities**

By upgrading prevention and self-care and building safer, stronger, resilient communities we are proposing to radically change the way people view and use public services, creating a new relationship between people and public services. This will be done through five key developments:

- Enable people to take responsibility and manage their own health and wellbeing by giving them the knowledge skills and confidence that they need (patient activation) including through the use of technology, integrated personal health budgets and choice.
- Develop a range of networks utilising the collective assets of the private, voluntary and community sector and embedded in our localities to support people.
- Significantly increase earlier intervention to prevent mental and physical ill health and identify the 'missing thousands'
- Support children and young people to have the best possible start in life through implementing our Families 2020 Strategy
- Working across Suffolk to ensure that Suffolk has an adequate supply of suitably located, well designed, supported accommodation for those in need

# Section 2b: Improving care and quality of services

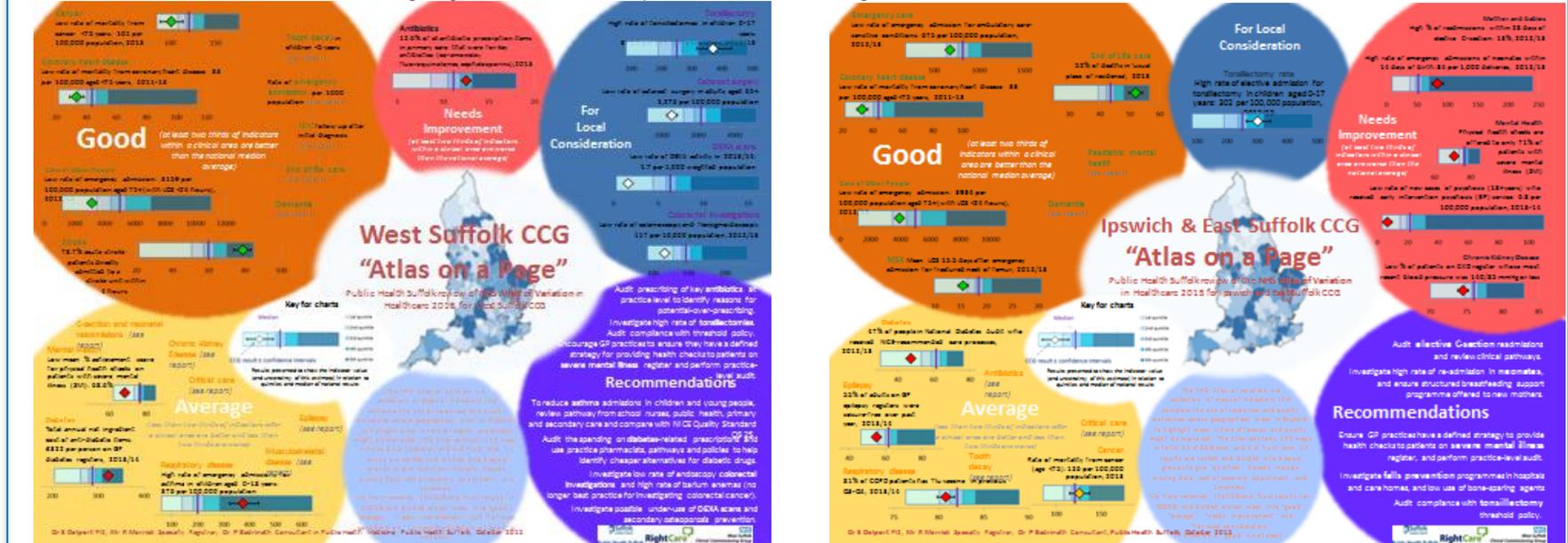


**Our vision is that “people in Suffolk live healthier happier lives”**

We know that we cannot meet the challenges we face through continued incremental change and no single partner or locality can deliver the scale of transformation proposed on its own. Our transformation must be comprehensive covering all aspects of health and care for our local population. We believe we can improve and reshape care delivery and quality across health and care through four interlinked programmes of transformation which are described on the next slide:

1. A step change in health prevention and the building of a stronger, resilient communities (described in section 2a)
2. Transforming locality based care and support through health and care integration
3. Ensuring that our hospitals, mental health, community, social and primary care providers and commissioners are sustainable financially and continue to provide high quality care
4. Enabling better health and care through the development of effective, innovative models of care and ways of working

Currently the system generally has high quality and good performance relative to others, however, we continue to look for improvement and will be focussing our programmes on help us to reduce unwarranted variation in outcomes, quality and safety which are highlighted in our analysis of the 2015 Rightcare Atlas of Variation shown below:



## Our Transformation Programmes (see section 2a for programme 1 )

### 2. Transforming locality based care and support through health and care integration

- “Connect” piloted in two areas, one urban, one rural
- Bringing together the physical and mental health and care workforce - GPs, social workers and district nurses, into Integrated Neighbourhood Teams working together to risk stratify, assess, plan and target coordinated services so that people’s health and care needs are proactively met which should also lead a moderation in activity growth
- Developing and delivering sustainable primary and community care at scale
- Create simpler, coordinated access arrangements for urgent, emergency and planned health and care services operating 24/7
- Develop 24/7 integrated health and care reactive responses to enable people to stay at home and to leave hospital at the earliest opportunity with rehabilitation, recovery and end of life support as appropriate, reducing delayed transfers of care, emergency admissions and hospital lengths of stay.

### 3. System Sustainability

- Management of demand and activity by focussing on prevention, supportive communities and locality based care with more people cared for close to home
- Reducing variation in the outcomes, quality and safety of care, key areas of which for Suffolk are highlighted through the Atlas of Variation, Carter Review and other benchmarking
- Our emerging Acute Hospital Transformation Programme will focus on opportunities for collaboration across providers and with the rest of the health and care system.
- Joint clinical transformation groups will drive outcomes focused transformation with integrated CIP, QIPP and CQUIN delivery through joint teams focusing on productivity, pathways and clinical innovation.
- Primary care
  - facilitate practices working together by engaging with localities and sub-localities as well as via the Suffolk GP Federation
  - invest in training and education to enable continuous improvements in the quality of general practice and to support the recruitment, retention and development of the whole workforce as well as growth of new clinical roles
  - facilitate GPs and Secondary Care Clinicians to collaborate and drive system-wide transformation
- System working to support Norfolk and Suffolk Foundation Trust to support their CQC improvement programme.
- Local authorities are facing continuing financial pressures due to a combination of funding cuts, demand growth and additional cost pressures. Our system based approach focuses on prevention, effective rehabilitation and reablement, seeking efficiencies through joint working, creating a flexible workforce and addressing the wider determinants of health and wellbeing.
- The sustainability of the care home and domiciliary care market is recognised as a major risk for the health and care system. The CCGs and Suffolk County Council are carrying out a strategic market review in order to identify the extent of the problem and to formulate a plan to address it.

### 4. Enablers

- New models of care
- Integrated Care Systems developing in both East and West Suffolk
  - Organisational focus replaced by a place-based population focus
  - Changing the way health and care is commissioned by adopting a more collaborative approach with providers, integrated commissioning across health and care, outcomes based contracting and payment
  - Alignment of performance and financial incentives
  - Potential for capitated budgets and risk share arrangements
- IT
- Local Digital Roadmap
    - delivering full interoperability by 2020 and paper-free at the point of use
    - innovative shared information and intelligence solutions for patients and health and care teams to enable self care and joined up care
- Workforce and OD
- OD plan including establishing a culture based on integrity and trust
  - System-wide workforce plan
    - Working with HEE to compile current workforce by skill mix, care setting and organisation
    - Apply impact of projected changes in demand and demographics
    - Specification of new roles to meet the need of an integrated system
    - = Projected workforce requirement
  - Strategy and plans for implementation
    - Developing capacity and capability across the system
    - Retaining, Recruitment and Retention
  - System leadership development plans
  - Give staff the tools to lead integration and service transformation
- Estates
- Rationalisation across the public sector
  - Bringing teams together

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

- In Suffolk the health and care system is costing [£m tbc] more than funds coming in. With a growing and ageing population, combined with rising expectations and cost inflation, this gap will continue to increase if we do nothing. All organisations are facing financial problems which can lead to a focus on organisational rather than whole population solutions.
- We need to address increasing demand which is driving levels of activity which are not sustainable in our current system. Many people are treated in hospital when their needs could be better met elsewhere; care is not joined up between teams and not always of a consistent quality. We have issues recruiting staff in some key areas and we spend millions of pounds on treating people with illnesses which could be prevented if we could address mental health wellbeing, high blood pressure, smoking, drinking, loneliness, unhealthy eating and physical inactivity.
- Our 4 Transformation Programmes (described in sections 2a and 2b) are focussing on these challenges.
- Our ICSs (see section 1) will be central to the delivery of health and care in Suffolk and will enable the changes required to achieve financial and workforce sustainability whilst maintaining or improving the service provided for the local population. Decisions around resourcing need to be based on the needs of our population and not organisations. A new approach to resource allocation and risk sharing will be an important enabler for delivery of a sustainable health and care system. It is envisaged that some form of capitated payment, covering as much of primary, secondary, community, mental health and social care as possible will be developed. As a first step, the acute trusts and the CCGs are developing a new approach to contracting which provides assurance, aligns incentives and clinical outcomes, and which alongside work across the wider system, will aim to create a sustainable care delivery system for Suffolk within 5 years.
- System finance leads (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:
  - 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 Programmes
    - Our Prevention Strategy includes estimated reductions in activity and return on investment
  - All underpinned by robust population and activity analysis and projections
- Our emerging Acute Hospital Transformation Programme (See section 1) will focus on opportunities for collaboration across providers. Continuing to improve the productivity and efficiency of our acute services will require us to look at reconfiguring our acute hospitals. There are a number of different models of horizontal collaboration and we are in the initial stages of identifying those model options that will best suit our health system. In reconfiguring our acute hospitals we are looking for opportunities to continue to improve the quality of service delivery both today and in the future, maintain performance against core standards, reduce the cost of acute delivery to the system, improve efficiency through delivery of Carter Review recommendations and address future workforce challenges.

- **Describe your main areas of focus**, to address (a) the priorities set out for the NHS in the Five Year Forward View, the mandate and the shared planning guidance, and (b) your own particular local challenges as set out in section 2

### **Our vision is that “people in Suffolk live healthier happier lives”**

We know that we cannot meet the challenges we face through continued incremental change and no single partner or locality can deliver the scale of transformation proposed on its own. Our transformation must be comprehensive covering all aspects of health and care for our local population. We believe we can improve and reshape care delivery and quality across health and care through four interlinked programmes of transformation:

1. A step change in prevention and the building of stronger, resilient communities
2. Transforming locality based care and support through health and care integration
3. Ensuring that our hospitals, mental health, community, social and primary care providers and commissioners are sustainable financially and continue to provide high quality care
4. Enabling better health and care through the development of effective, innovative models of care and ways of working

### **And that we achieve the following health and care outcomes**

- ✓ People manage their own health and social care with the right support when needed
  - ✓ Communities are easy and supportive places to live with a health or care need
    - ✓ The health and care system is coordinated and effective
- ✓ Higher cost interventions are replaced where possible with lower cost interventions

- Any **big decisions** you will need to make *as a system* to drive transformation

The following is an emerging list of strategic challenges which the system faces and which will require decisions to be made as part of the STP process

- Acute hospital transformation including the future of Colchester Hospital University NHS Foundation Trust and the impact on West Suffolk NHS Foundation Trust and Ipswich Hospital NHS Trust
- The future of Community Services, 111 and Out of hours provision in Suffolk – current 1+1 contract with West Suffolk NHS Foundation Trust, Ipswich Hospital NHS Trust and Norfolk Community Health and Care NHS Trust terminates in October 2017
- How to ensure the sustainability and enable transformation of primary care
- How can we ensure parity of esteem between physical and mental health and close the health gap between people with mental health problems and the population as a whole
- Investment in our prevention strategy where benefits will be realised in the short term and longer term - essential to deliver longer term sustainability
- How to ensure the sustainability of the care homes and home care market
- Introduction of capitated budgets, pooling of budgets across existing organisations and risk share arrangements
- How can we maximise the new powers and leverage our devolution deal to deliver the STP?

- Areas where you would like **regional or national support** as you develop your plans.
  - Examples of best practice
  - Evidence base for transformation in other areas eg examples of activity shifts across care settings which have resulted in lower overall costs
  - Support with health economics
  - Modelling health needs assessments (with a focus on mental health)
  - Risk sharing arrangements
- **National barriers** or actions you think need to be taken in support of your STP.
  - Support to explore a system based approach to finance and performance management
  - Adequate prioritisation for STP planning and delivery alongside short term performance – systems given the space to plan and deliver transformational change
  - The facilitation of information sharing across the health and care system
- Areas where you could share **good practice** or where you would like to access expertise or best practice from other footprints.
  - We can share examples of clinical transformation
  - We would like access best practice in activity and financial modelling across whole systems
- Any other **key risks** that may affect your ability to develop and/or implement a good STP.
  - A top down focus on fixing issues in one part of the system which distracts from whole system transformation and which could stifle collaborative design opportunities
  - Procurement and competition rules which could delay implementation of new models of care
  - Stretched resources to plan and deliver STP with large scale system wide transformation alongside ongoing delivery of operational performance requirements and the ability to sustain the energy and commitment of the workforce
  - Lack of alignment at a national level between STP and Devolution planning