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| <u>MEETING</u> HEALTH & WELLBEING BOARD |
| <u>DATE AND TIME</u> THURSDAY 21ST JULY, 2016 AT 9.00 AM |
| <u>VENUE</u> HENDON TOWN HALL, THE BURROUGHS, NW4 4BG |

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

| Item No | Title of Report | Pages |
|---------|--|--------|
| 1. | NCL SUSTAINABILITY AND TRANSFORMATION PLAN | 1 - 20 |

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| | Health and Wellbeing Board 21 July 2016 |
| Title | NCL Sustainability and Transformation Plan |
| Report of | Commissioning Director – Adults and Health, LBB CCG Accountable Officer – Barnet CCG |
| Wards | All |
| Date added to Forward Plan | May 2016 |
| Status | Public |
| Urgent | No |
| Key | Yes |
| Enclosures | Appendix 1 – NCL STP Summary progress report |
| Officer Contact Details | Dawn Wakeling Commissioning Director Adult and Health dawn.wakeling@barnet.gov.uk |

Summary

In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. Local health and care systems have come together in STP ‘footprints’ with Barnet included in the North Central London (NCL) sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.

Recommendations

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| 1. That the Health and Wellbeing Board reviews and comments on the NCL Sustainability and Transformation plan. |
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1. WHY THIS REPORT IS NEEDED

1.1 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.

1.2 Local health and care systems have come together in STP ‘footprints’ with Barnet included in the North Central London sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.

1.3 The current submission is a reflection of the current position in NCL. While good progress has been made in a number of areas, at this stage it still represents a ‘plan for a plan’. NCL STP Transformation Board are working on producing the full STP with detailed, worked up plans for each of the work streams for submission at the end of September as part of the second STP cohort.

2. REASONS FOR RECOMMENDATIONS

2.1 The STP guidance is clear about the crucial role of Health and Wellbeing Boards, highlighting that success requires the engagement of all partners across a local system. The guidance goes on to encourage STPs to build on the work of the local Health and Wellbeing Board, including local needs assessments and Joint Health and Wellbeing Strategies.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The NCL STP Transformation Board will meet with NHS England in July to go through the submission.

5. IMPLICATIONS OF DECISION**5.1 Corporate Priorities and Performance**

5.1.1 The requirement for STPs came out of the NHS shared planning guidance 16/17 – 20/21 and supports the delivery of the Five Year Forward View.

5.1.2 The STP reflects local and regional need and builds on local strategic plans (such as the Corporate Plan, Joint Health and Wellbeing Strategy and CCG Operating Plan)

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT,

Property, Sustainability)

5.2.1 The most compelling and credible STPs will secure funding from April 2017 onwards from NHS England.

5.2.2 STPs bring together local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for: Overseeing public health; Developing further health and social care integration.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

- 5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

- 5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.
- 5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 Risk Management

- 5.5.1 There is a risk, without aligned strategies across health and social care at an NCL level, financial and service improvements will not be realised.

5.6 Equalities and Diversity

- 5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

- 5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.7 Consultation and Engagement

- 5.7.1 Working groups and consultation activity to date has included engagement with general practice, a mental health stakeholder workshop, engagement on the procurement of 111 process in urgent and emergency care work stream and the estates working group.

5.8 Insight

- 5.8.1 The STP has used local Joint Strategic Needs Assessments and Case for Change information.

6. BACKGROUND PAPERS

- 6.1 None.

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Content

- 1 Background and objectives
- 2 STP governance framework
- 3 Case for change
- 4 Vision
- 5 STP programme structure
- 6 Workstreams
- 7 Current position
- 8 Stakeholder engagement
- 9 Next steps

1. The NHS Five Year Forward View team set out a challenging vision for the NHS. Its aim is to bring local health and care partners together to set out clear plans to pursue the Forward View's **'triple aim'** to improve:

- the health and wellbeing of the population
- the quality of care that is provided
- NHS finance and efficiency of services

The NHS England 2016/17 **planning guidance** outlines a new approach to help ensure that health and care service are planned by **place** rather than around individual organisations.

There are 44 **Sustainability and Transformation Plans (STPs)** being developed in local geographical areas or **'footprints'** across the country that are being submitted to NHS England for approval. North Central London (NCL) is one of the five London footprints.

3. The most **compelling and credible** STPs will secure **funding from April 2017 onwards**. NHS England will consider:

- the **quality of plans**, particularly the **scale of ambition** and **track record of progress already made**. The best plans will have a **clear and powerful vision**. They will create **coherence across different elements**, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically **borrow good practice from other geographies**, and adopt **national frameworks**;
- the **reach and quality of the local process**, including community, voluntary sector and local authority engagement;
- the **strength and unity of local system leadership and partnerships**, with **clear governance structures** to deliver them; and
- how **confident** are NHS England that a **clear sequence of implementation actions will follow as intended**, through defined governance and demonstrable capabilities.

North Central London has a complex health and social care landscape

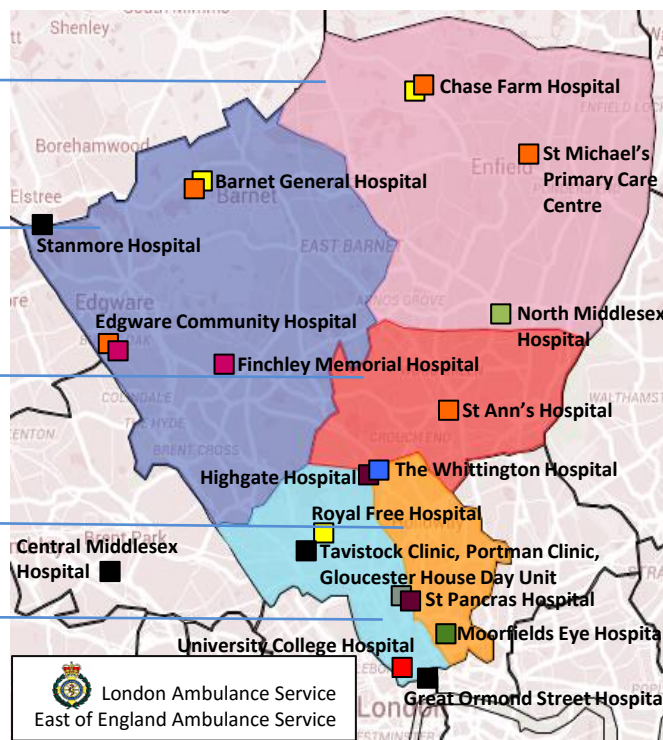
Enfield CCG / Enfield Council
~320k GP registered pop, ~324k resident pop
48 GP practices
CCG Allocation: £362m (-£14.9m 15/16 OT)
LA ASC, CSC, PH spend: £184m

Barnet CCG / Barnet Council
~396k GP registered pop, ~375k resident pop
62 GP practices
CCG Allocation: £444m (£2.0m 15/16 OT)
LA ASC, CSC, PH spend: £158m

Haringey CCG / Haringey Council
~296k GP registered pop, ~267k resident pop
45 GP practices
CCG Allocation: £341m (-£2.8m 15/16 OT)
LA ASC, CSC, PH spend: £163m

Islington CCG / Islington Council
~233k GP registered pop, ~221k resident pop
34 GP practices
CCG Allocation: £339m (£2.7m 15/16 OT)
LA ASC, CSC, PH spend: £138m

Camden CCG / Camden Council
~260k GP registered pop, ~235k resident pop
35 GP practices
CCG Allocation: £372m (£7.2m 15/16 OT)
LA ASC, CSC, PH spend: £191m



Total health spend
£2.5b

Total care spend
c.£0.8b

NHS England

- Primary care spend **~£180m**
- Spec. comm. spend **~£730m**

| | 15/16 OT | |
|--|----------|--|
| £185m | -£12.4m | BEH Mental Health NHS Trust (main sites, incl Enfield community) |
| £136m | £0.7m | Camden and Islington NHS FT (and main sites) |
| £249m | -£8.3m | North Middlesex University Hospital NHS Trust |
| £951m | -£51m | The Royal Free London NHS FT |
| £940m | -£31m | University College London Hospitals NHS FT |
| £293m | -£14.8m | Whittington Health NHS Trust (incl Islington and Haringey Community) |
| £202m | £2m | Moorfields Eye Hospital NHS FT |
| N/A – not in scope for NCL STP finance base case | | Central and North West London NHS FT (Camden Community) |
| | | Central London Community Healthcare NHS Trust (Barnet Community) |

The specialist providers are out of scope: GOSH and RNOH

Tavistock and Portman NHS FT is out of scope financially but within scope for mental health

Vanguards in scope

- Royal Free multi-provider hospital model
- Accountable clinical network for cancer (UCLH)

NCL CCGs activity stats

| | |
|---------------|-----------|
| A&E | 522,838 |
| Elective | 134,513 |
| Non-elective | 163,487 |
| Critical Care | 25,718 |
| Maternity | 45,528 |
| Outpatients | 1,803,202 |

Total GP registered population 1.5m

Our population

- Our population is **diverse and growing**.
- Like many areas in London, we experience **significant churn** in terms of people using our health and care services as people come in and out of the city.
- There is a **wide spread of deprivation** across NCL – we have a younger, more deprived population in the east and south and an older, more affluent population in the west and north.
- There are high numbers of households in **temporary accommodation** across the patch and around a quarter of the population in NCL **do not have English as their main language**.
- Lots of people come to settle in NCL from abroad. The largest **migrant communities** arriving during 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15 the largest migrant communities were from Italy, France and Spain.

We have agreed a number of objectives for the NCL STP

Goals

The **goals** of our STP are:

- To improve the quality of care, wellbeing and outcomes for the NCL population
- To deliver a sustainable, transformed local health and care services
- To support a move towards place-based commissioning
- To gain access to a share of the national transformation funding which will ensure our hospitals get back to being viable, to support delivery of the Five Year Forward View, and to enable new investment in critical priorities

Outputs

The STP needs to deliver several **key outputs**:

- A compelling clinical case for change that provides the foundation for the programme and is embedded across the work, and supports the identification of priorities to be addressed through the STP
- A single version of the truth financial 'do nothing' base case with quantified opportunity impacts based on the priorities identified
- A robust and credible plan for implementation and delivery over five years
- A governance framework that supports partnership working across the STP and collective decision making
- The resource in place to deliver transformation at scale and pace in the key areas identified

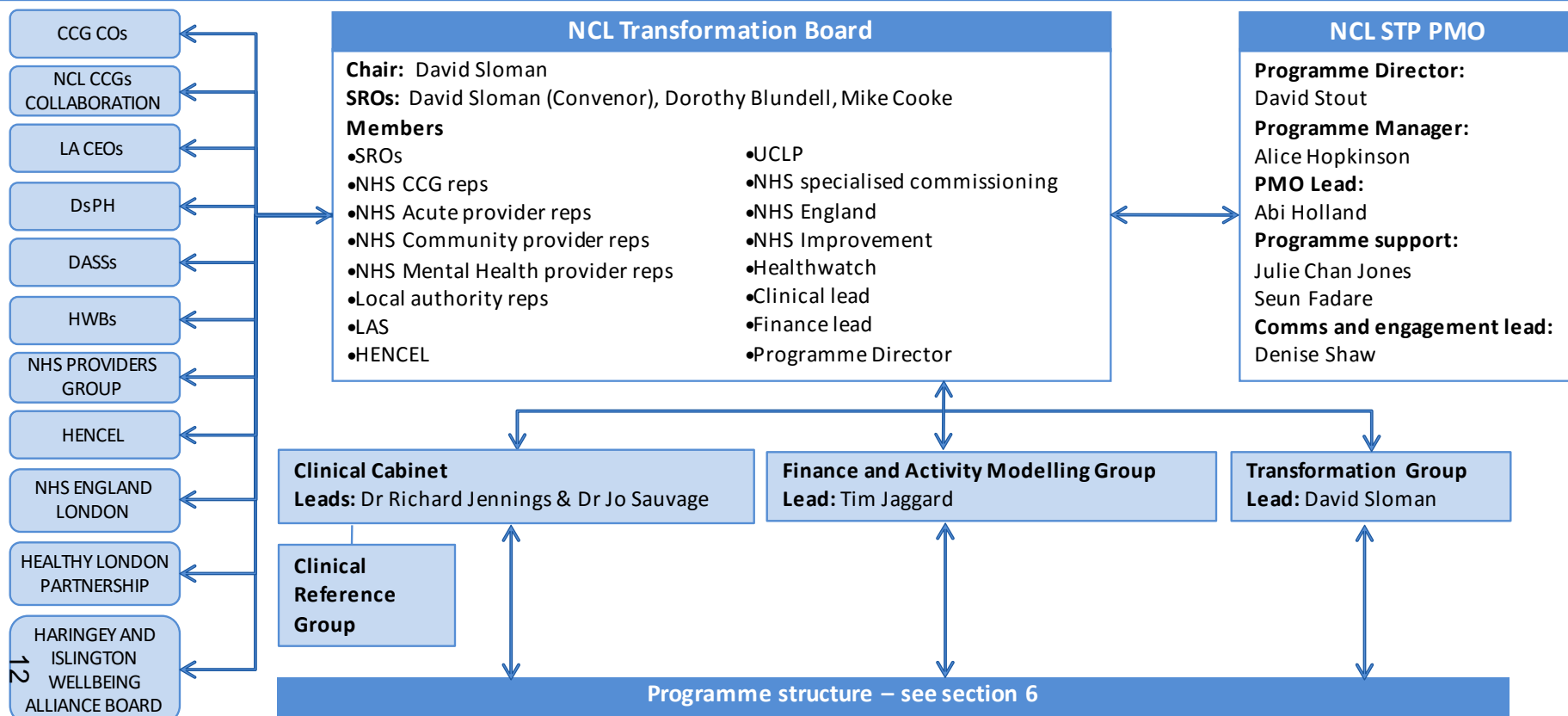
Process

The **process** to developing our STP needs to:

- Be collaborative, and owned by all programme partners in NCL
- Be structured and rigorous
- Move at pace, ensuring quick wins are implemented and transformation is prioritised
- Involve all areas of CCG, local authority and NHS England commissioned activity, including specialised services, primary care and reflecting local HWB strategies

2 We have developed a robust governance structure that enables collaborative input and steer from across the STP partners

The NCL STP **Transformation Board** meets monthly to oversee the development of the programme and includes representation from all programme partners. It has no formal decision making authority, but members are committed to steering decisions through their constituent boards and governing bodies. There are three subgroups supporting the Transformation Board. The **Clinical Cabinet** provides clinical and professional steer and input with CCG Chair, Medical Director, nursing, public health and adult social services and children's services membership. The **Finance and Activity Modelling Group** is attended by Finance Directors from all partner organisations. The **Transformation Group** is a smaller steering group made up of a cross section of representatives from organisations and roles specifically facilitating discussion on programme direction for presentation at the Transformation Board. Every workstream has a senior level named SRO to steer the work and ensure system leadership filters down across the programme. The **Clinical Reference Group** will be mobilised over the summer of 2016 and will provide a forum for input, review and co-design with a broader pool of clinicians and practitioners.



* Programme Governance Structure to be reviewed as programme moves into implementation

Clinical cabinet

- The NCL STP Clinical Cabinet is responsible for the Case for Change. Their role is to lead the further development of STP work
- The Clinical Cabinet will sign off the Case for Change with ultimate responsibility falling to the NCL STP clinical lead

Development and engagement process to date

- The Clinical Cabinet has met five times, since its inception, to develop a robust and accurate Case for Change for North Central London's health and social care
- On 13 June, the Clinical Cabinet agreed the draft Case for Change, pending some outstanding issues; this was then endorsed by the Transformation Board on 22 June
- Draft Case for Change was part of the submission sent to NHS England on 30 June; their feedback is expected in July
- From now until the end of September, the Clinical Cabinet will move the Case for Change from draft to a comprehensive, final document which will be published in late Summer.

Initial messages from the Case for Change

- Some high level messages from analysis relating to our population's health and wellbeing are:
 - People are living longer but in poor health
 - Our different ethnic groups have different health needs
 - There is widespread deprivation and health inequalities
 - High levels of homelessness and households in temporary housing
 - Lifestyle choices put people at risk of poor health and early death
 - There are poor indicators of health for children
 - High rates of mental illness among both adults and children
- When analysing our care and quality metrics, we identify the following:
 - There is not enough focus on prevention across the whole NCL system
 - Disease could be detected and managed much earlier
 - There are challenges in provision of primary care
 - There is a lack of integrated care and support for those with a LTC
 - Many people are in hospital beds who could be cared for at home
 - There are differences in the way planned care is delivered
 - There are challenges in mental health provision and in the provision of cancer care
 - Some buildings are not fit for purpose
 - Information technology needs to better support integrated care.
- Initial financial analysis show we face a significant financial challenge. If we continue on our current spending path, the deficit will rise substantially over the next five years

In response to the case for change, we have collectively developed an overarching vision for NCL which will be delivered through the STP

Our vision is for North Central London to be a place with the best possible health and wellbeing, where no-one gets left behind. It will be supported by a world class, integrated health and social care system designed around our residents.

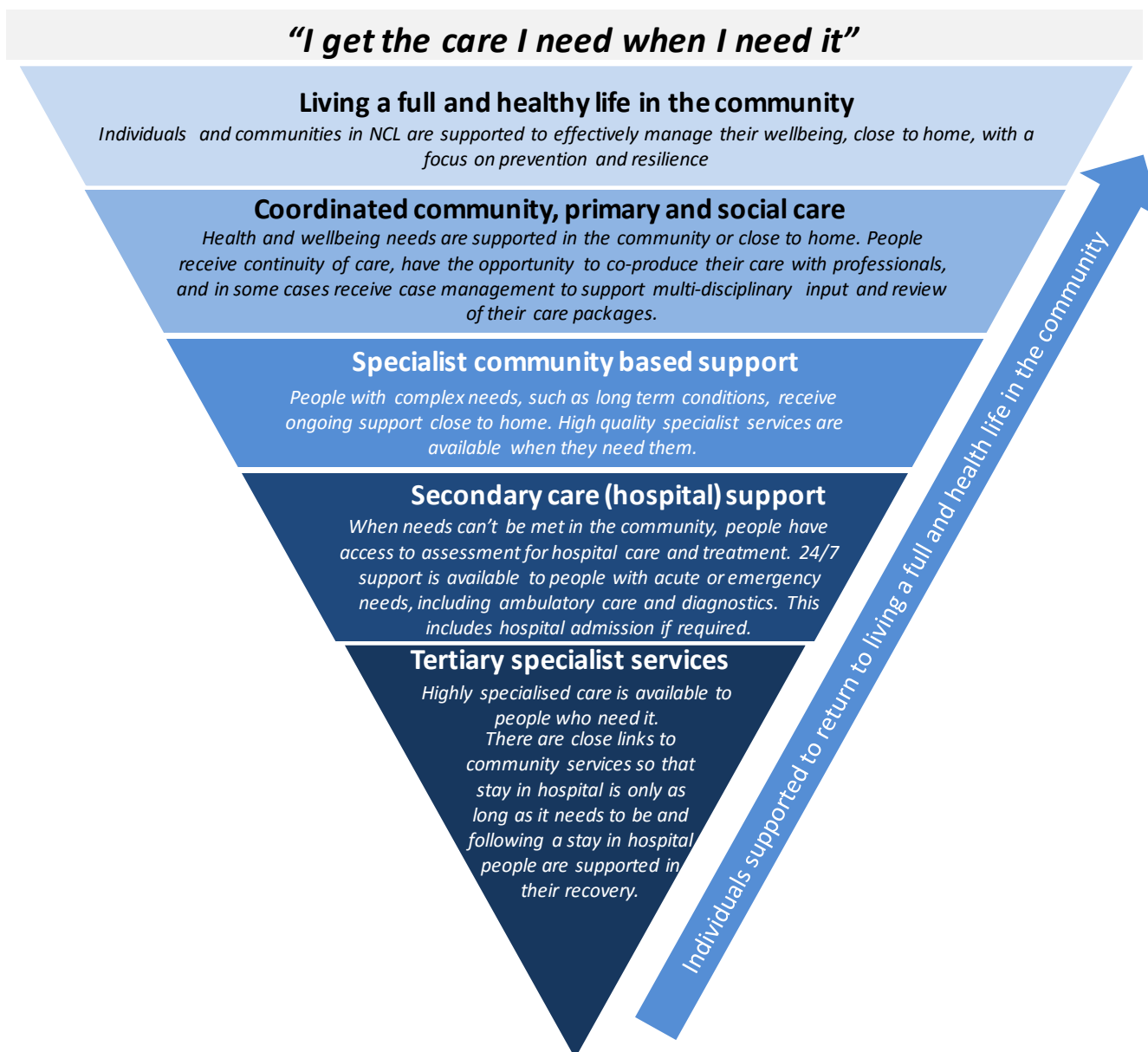
This means we will:

- help people who are well, to stay healthy
- work with people to make healthier choices
- use all our combined influence and powers to prevent poor health and wellbeing
- help people to live as independently as possible in resilient communities
- deliver better health and social care outcomes, maximising the effectiveness of the health and social care system
- improve people's experiences of health and social care, ensuring it is delivered close to home wherever possible
- reduce the costs of the health and social care system, eliminating waste and duplication so that it is affordable for the years to come
- at the same time we will ensure services remain safe and of good quality
- enable North Londoners to do more to look after themselves
- have a strong digital focus, maximising the benefits of digital health developments.

Our core principles are:

- residents and patients will be at the heart of what we do and how we transform NCL. They will participate in the design of the future arrangements.
- we will work together across organisational boundaries and take a whole system view
- we will be radical in our approach and not be constrained by the current system
- we will harness the world class assets available to us across the North Central London communities and organisations
- we will be guided by the expertise of clinicians and front line staff who are close to residents and patients
- we will build on the good practice that already exists in North Central London and work to implement it at scale, where appropriate
- we will respect the fact that the five boroughs in NCL have many similarities, there are significant differences which will require different responses in different localities.

The vision will be delivered through a consistent model of care



5 We are in the process of designing a cohesive programme that is large scale and transformational in order to meet the challenge

| | A Health and wellbeing | B Care and quality | C Productivity | D Enablers |
|-------------------|--|---|---|--|
| High level impact | <ul style="list-style-type: none"> Improves population health outcomes Reduces demand | <ul style="list-style-type: none"> Increases independence and improves quality Reduces length of stay | <ul style="list-style-type: none"> Reduces non value-adding cost | <ul style="list-style-type: none"> Facilitates the delivery of key workstreams |
| Initiatives | <ol style="list-style-type: none"> Population health including prevention (<i>David Stout, STP PD</i>) Primary care transformation (<i>Alison Blair, ICCG CO</i>) Mental health (<i>Paul Jenkins, TPFT CEO</i>) | <ol style="list-style-type: none"> Urgent and emergency care (<i>Alison Blair, ICCG CO</i>) Optimising the elective pathway (<i>Richard Jennings, Whittington MD</i>) Consolidation of specialties (<i>Richard Jennings, Whittington MD</i>) | <ol style="list-style-type: none"> Organisational-level productivity including: <ol style="list-style-type: none"> Commissioner Provider (<i>FDs</i>) System productivity including: <ol style="list-style-type: none"> Consolidation of corporate services Reducing transactional costs and costs of duplicate interventions (<i>Tim Jaggard, UCLH FD</i>) | <ol style="list-style-type: none"> Health and care workforce (<i>Maria Kane, BEHMHT CE</i>) Health and care estates (<i>Cathy Gritzner, BCCG CO and Dawn Wakeling, Barnet Council DASS</i>) Digital / information (<i>Neil Griffiths, UCLH DCEO</i>) New care models & new delivery models (<i>David Stout, STP PD</i>) Commissioning models (<i>Dorothy Blundell, CCCG CO</i>) |

6 What we aim to achieve from each of our workstreams

| | | | |
|----------|-----------------------------|---------------------------------------|---|
| A | Health and wellbeing | Population health | Focus on preventative care to achieve better health and care at a lower, cost, with a reduction in health inequalities |
| | | Primary care transformation | Reduce demand by upgrading out of hospital care and support, for individuals with different types of needs |
| | | Mental health | Joining up of mental and physical health, analysis of social determinants and supporting population to live well |
| B | Care and quality | Urgent and emergency care | Improve care through integrated approach across health and social care |
| | | Optimising the elective pathway | Understand the variation in delivery between acute providers to improve patient safety, quality and outcomes |
| | | Consolidation of specialities | Identifying clinical areas which might benefit from consolidation |
| C | Productivity | Organisational-level productivity | Efficiencies gained through better alignment of health and care services |
| | | System productivity | Improved delivery opportunities in areas such as: workforce management, pharmacy, medical, surgical and food procurement and distribution, pooled digital information and corporate functions |
| D | Enablers | Health and care workforce | Develop new workforce model, focused on prevention and self-care, including review of existing roles and requirements |
| | | Health and care estates | Management of One Public Estate to maximize the asset and improve facilities for delivering care |
| | | Digital/ information | Develop the digital vision: inc. digitally activated population, enhanced care delivery models, integrated digital record access and management |
| | | New care models & new delivery models | Work with Kings Fund to develop our delivery model for population health for NCL |
| | | Commissioning models | Develop strong commissioning through partnership working to develop whole population models of care, improve patients outcomes and financial and quality gaps |

Establishing effective partnership working

- NCL-wide collaborative working is a relatively new endeavour and we continue to **build relationships** across the programme partners to ensure that health and care commissioners and providers are aligned in our ambition to transform care
- We have established a governance framework that supports **effective partnership working** and will provide the **foundation** for the planning and implementation of our strategic programme going forward
- The SROs are working to bring CCGs, providers and local authorities together across the 5 boroughs together **recognising the history and context** that underlies working together in a new way

Understanding the size of the challenge

- We have undertaken **analysis to identify the gaps** in health and wellbeing, and care and quality in NCL in order to prioritise the areas we need to address
- Our draft Case for Change provides a narrative in support of **working in a new way** and provides the platform for **strategic change** through identifying key areas of focus
- Finance directors from all organisations have been working to identify the **projected NCL health and care position** in 20/21 should we do nothing

Delivering impact in year one

- There is already **work in train** that will ensure delivery of impact before next April, in particular, CCG plans to build capacity and capability in primary care and deliver on the 17 specifications in the **London Strategic Commissioning Framework (SCF)**.
- However, **further work** must be done to broaden our **out of hospital strategy** and address issues with regard to the short-term sustainability and viability of general practice
- The **implementation of our Local Digital Roadmap** will support the delivery of the mental health, primary care and estates work, and our two Vanguards are continuing to progress with their plans.

We will ensure all our stakeholders and wider programme partners are appropriately involved in the development of the programme

Engagement to date

- Workstreams have been engaging with relevant stakeholders to develop their plans.
- The general practice transformation workstream has worked collaboratively with the London CCGs (and local groups of GPs) to develop pan-London five year plan
 - Mental health workstream was initiated at stakeholder workshop in January 2016 and a further workshop in May. Further service user and carer engagement is done via programme updates and specification for a citizens panel is being developed
 - Significant engagement was undertaken through repocurement of 111 process in urgent and emergency care workstream
 - The estates workstream has been developed through a working group, with representatives from all organisations in scope including Moorfields, the Office of the London CCGs, Community Health Partnerships, Healthy Urban Development Unit (HUDU) and GLA
 - NCL Digital Roadmap Group meets to define, shape and contribute to the interoperability programme with representation from all key organisations
 - Early engagement with Health & Wellbeing Boards and the Joint Overview & Scrutiny Committee

Communications & engagement objectives

- To support the engagement and involvement of STP partners across all organisations at all levels
- To ensure a strong degree of organisational consensus on the STP content and on the approach to further developing the strategic plan and implementation approach, in particular political involvement and support
- To support and co-ordinate STP partners in engaging with their stakeholders to raise awareness and understanding of:
 - the challenges and opportunities for health and care in NCL
 - how the STP – specifically the emerging priorities and initiatives - seeks to address the challenges and opportunities so that we can develop the best possible health and care offer for our population
 - what the NCL strategic plan will mean in practice and how they can influence its further development and implementation
- To encourage and gather feedback from stakeholders – NHS, local government, local and national politicians, patients and the wider community – that can:
 - influence our emerging plans and next steps
 - help build support for the STP approach
- To ensure equalities duties are fulfilled, including undertaking equalities impact assessments

Delivering the objectives

- Forward planning underway to join up all partners and stakeholders in NCL footprint
- Dedicated communications lead now in place to undertake this
- Stakeholder mapping underway for external and internal bodies through integrated work approaches with CCG communications and engagement leads to include partners such as local authorities, NHS providers, GP practices and others to be determined
- In addition to partners and stakeholders already consulted, we will identify opportunities for more STP partners clinicians/staff to have input into specific work streams asap, particularly local political engagement which will be key for community leadership of change
- Plan to engage more formally with boards and partners after the July conversations
- Effective communications channels will be established for all stakeholders and partners for transparent contributions to ongoing plans and discussions, including staff, clinicians, patients, politicians etc.
- A core narrative is being created to cover our health and care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities – in person-centred, accessible language
- Review requirements for consultation before March 2017

9 Next steps for development of the STP

July/August 2016

- Refine and develop initial approach
- Engage more broadly with clinicians and local leaders

September/October 2016

- Develop a more comprehensive plan
- Confirm the existing governance arrangements support implementation
- public engagement underway

To January 2016

- Develop more detailed implementation plans