

HEALTH AND WELLBEING BOARD
8 November 2017

Title:	Update on the East London Health & Care Partnership and Sustainability and Transformation Plan (STP)		
Report of the East London Health & Care Partnership			
Open Report: Yes		For Decision: Yes	
Wards Affected: ALL		Key Decision: Yes	
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Sponsor: Anne Bristow, Deputy Chief Executive & Strategic Director, Service Development & Integration, London Borough of Barking and Dagenham.			
Summary: This report provides the Board with an update on the development of the East London Health & Care Partnership and Sustainability and Transformation Plan (NEL STP). For Barking and Dagenham, Havering and Redbridge (BHR) it remains the case that the detail of the local contribution to the NEL STP has been developed through the established programme to draft a business case for an Accountable Care Organisation (ACO).			
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note the update.			
Reason(s) The East London Health and Care Partnership, as outlined in the attached Partnership Agreement, is accountable to the BHR Integrated Care Partnership, Barking and Dagenham's membership of which is accountable to this Board.			

1. Introduction and Background

- 1.1 The population of Barking and Dagenham, and the wider region, is growing rapidly. Between 2001 and 2011 LBBDD's population rose from 164,000 to 186,000 and is projected to reach 275,000 by 2037. As well as growth, our population is becoming more complex and our health and wellbeing needs are intensifying and diversifying. For example, recent research by the University of Liverpool and University College London suggests a likely 25 per cent increase in the number of people requiring care in the UK between 2015 and 2025, a pattern we can expect to see mirrored in Barking and Dagenham.
- 1.2 This is placing increasing strain on already pressured budgets across health and care services. Despite NHS budgets having been protected during the programme of public sector austerity followed by the past three national Governments, funding for the NHS is failing to keep up with both demand and economic growth. Between 2015/16 and 2020/21 funding increases will average 0.7 per cent a year in real terms, compared to the long-term average of approximately 4.0 per cent a year since the NHS was established. Despite the extra £2bn for adult social care announced in the 2017 Budget, funding of the social care sector is facing similarly severe pressure. This pressure is manifesting with an increasing difficulty to provide safe, secure and high quality services. For example, 75 care home businesses across the UK were declared insolvent in 2016.
- 1.3 The residents of Barking and Dagenham already live with a range of poor health and wellbeing outcomes and inequalities. The healthy life expectancy in Barking and Dagenham is 60 for men and 59 for women, compared to the London average of 64. Obesity – especially among children – smoking, alcohol and drug abuse, a lack of healthy food options and regular activity are particular problems for Barking and Dagenham, and contribute to our already-high health and social care needs.
- 1.4 The severity of this crisis makes efforts to design innovative and sustainable services which transform and integrate the health and care sectors more important than ever. Organisations across the country are approaching service integration and transformation in a variety of ways, at different levels, and with differing outcomes.
- 1.5 Sustainability and Transformation Plans (STPs) were announced in NHS planning guidance in December 2015, with the intention of being 5-year plans establishing the future of health and care services, incorporating the vision of the NHS Five Year Forward View, and how the sector will integrate and transform better and more sustainable services. 44 'footprint' local areas across England have been identified, and NHS organisations, local authorities and other partners in each area have since been developing local 'place-based' plans for the future of their health and care services.
- 1.6 The North East London area encompasses the CCGs, local authorities and provider organisations across Barking and Dagenham, Havering, Redbridge, Waltham Forest, Newham, Tower Hamlets, City and Hackney.
- 1.7 Previous reports and updates regarding the NEL STP have been provided to the Board. A draft STP was submitted to NHS England on 30 June 2016 as a 'checkpoint', which formed the basis of a local conversation with NHS England on 14 July. The

next iteration of the STP was submitted on 21 October 2016, and feedback and next steps are awaited from NHS England.

2. Local Devolution, Transformation and Integration

- 2.1 Many efforts are already underway across the region, attempting to forward health and social care integration and transformation, and build more sustainable services. Barking and Dagenham has a long history of pioneering health and care integration from the bottom-up.
- 2.2 The City and Hackney devolution pilot seeks to build a truly integrated 'system' across the full range of health and social care services, from children's public health to long term social care. Similarly, Newham, Tower Hamlets and Waltham Forest are undertaking their 'Transforming Services Together' Programme.
- 2.3 In BHR integration and transformation efforts have focused in recent years on the Integrated Care Partnership. In September 2015, this meant the scoping of a potential Accountable Care Organisation for Barking and Dagenham, which would unite into one organisation the responsibility for all of health and social care, under joint political and clinical leadership. However, priorities at a more operational level, especially amongst wider primary care, did not match with this vision. As a result, the bottom did not engage with the integration to the same extent as previous initiatives. More recently Barking and Dagenham have developed the locality model, further pushing devolution and bottom-up integration.
- 2.4 The London Borough of Redbridge are leading on the newly established Joint Commissioning Board (JCB), which aims to give joint commissioning significant authority in an attempt to drive integration through mutual benefit and collaboration. Being guided by a necessity to deliver financially sustainable services for both the participant local authorities and the NHS, the JCB will aid the implementation of the new 2017-19 Integration and Better Care Fund by identifying and acting upon areas of mutual interest and reasonable commissioning leads.
- 2.5 The 2017-19 Integration and Better Care Fund, while still in development, will take a staged approach over the next 2 years to ensure that strong and established governance arrangements support meaningful integration and innovation. In year 2 this integration and innovation will be sought in part through joint commissioning identified and implemented by the JCB, and led by the most suitable participants.

3. Governance

- 3.1 A Partnership Agreement has now been developed for the East London Health and Care Partnership, which intends to develop and implement the NEL STP. It is intended that this Agreement secures a common understanding and commitment between the partner organisations of the scope and objectives of the governance arrangements, the principles and processes that would underpin the governance arrangements, and the governance framework that would support the development and implementation of the STP.

4. Equality Impact

- 4.1 An equality screening has been completed which considers the potential equality impacts of the proposals set out in the NEL STP. It includes an overview of all the initiatives included in the NEL STP narrative, an initial assessment of the NEL STP overarching 'Framework for better care and wellbeing' and actions to be undertaken during further detailed equality analysis.
- 4.2 The Equality Impact Assessment has been published and is available here:
<http://www.nelstp.org.uk/downloads/Publications/NEL-STP-Equality-screening2016.pdf>

5. Engagement

- 5.1 A communications and engagement plan has been developed and sets out how communications with staff, patients, the public, partners and other stakeholders will be managed and delivered. This will be regularly reviewed, refined where necessary and shared with all interested parties, with updates on the outcomes achieved.

6. Mandatory Implications

Joint Strategic Needs Assessment

- 6.1 A public health profile for north east London (March 2016) is being used to help understand the health and wellbeing, care and quality, and the financial challenges locally, to identify priorities for inclusion in the NEL STP. The public health profile for north east London can be viewed below:
<http://www.nelstp.org.uk/downloads/Publications/NEL-STP-JSNA-2016.pdf>
- 6.2 The public health profile for north east London identifies common themes that are also identified in the Barking and Dagenham JSNA, as outlined below:
- According to the updated Index of Multiple Deprivation (2010), Barking and Dagenham continues to be in the bottom 7% of most deprived boroughs. In a population weighted ranking the borough is 8th worst in England.
 - Barking and Dagenham there is predicted to be an increase in population from 203,060 to 223,185 between 2015 and 2020, an increase of 9.9%. The 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years, the highest growth for this age group in England and Wales. In 2013 the numbers of children under 5 years made up 10% of the population and between the ages of 0-19 made up 32% of the population.
 - By the end of March 2014, 10,797 people had been detected with diabetes in Barking and Dagenham, a 6.7% rise on the March 2013 figure (10,260) and a 28.6% rise on the March 2010 figure (8,349). The prevalence of diagnosed diabetes in the borough is 7.3%, higher than the England average of 6.2%. It is estimated that 16% of the total number of people predicted to have diabetes are currently undetected.

- Barking and Dagenham has a significantly higher prevalence of overweight and obese adults when compared with London and is similar to that of England. In 2013/14 Barking and Dagenham had the ninth highest proportion of overweight and obese children in Reception class (26.8%) and the third highest proportion in Year 6 (42.2%) in England. Provisional measurements for 2014/15 indicate that the prevalence of children in reception year that are obese or overweight increased by 1%, while the prevalence of overweight or obese children in year 6 fell by 1.9%,
- Cancer contributes significantly to the health inequalities gap. There are 352 cancer deaths per 100,000 people each year in LBB, the second highest rate between all London CCGs after Tower Hamlet. This is over 21% higher than the England average of 290 death per 100,000 population. The one year survival rate for all cancers in 2012 was 64%, the lowest in London at 69.7% and 69.3% for England.

Health and Wellbeing Strategy

- 6.3 The NEL STP links with the Barking and Dagenham Health and Wellbeing Strategy 2015-18 through several mutual themes. These include prevention, care and support, and improvement and integration.

Integration

- 6.4 Integration is a vital component of delivering the NHS Five Year Forward View and, as a result, building more sustainable services. One of the top priorities for the NEL STP is encouraging and implementing health and care integration. It also purports to aid and encourage local integration efforts, though some concerns have been raised regarding the potential limiting of local integration programmes due to the possible top-down approach of the STP.

Financial Implications

Implications completed by Olufunke Adediran, Group Accountant:

- 6.5 This report gives an update on the NEL STP although there are no direct financial implications arising as a result of this report, the STP seeks to address challenges in the health and social care economy and with increasing financial constraints across Local Government and the NHS, there needs to be effective monitoring and control processes in place to analyse the relationship between the input of resources into the system and outcomes.

Legal Implications

- 6.6 **Implications completed by Dr. Paul Feild Senior Governance Solicitor**

The Health and Social Care Act 2012, conferred the responsibility for health improvement to local authorities. In addition as a best value authority under the Local Government Act 1999 there is a duty on the Council to secure continuous improvement. The Health and Well-Being Board terms of reference establish its function to ensure that the providers of health and social care services work in their delivery in an integrated manner.

Risk Management

6.7 N/A

Patient/Service User Impact

6.8 N/A

List of Appendices:

The appendices to this item are included in the 'Supporting Documents' pack.

Appendix 1 East London Health and Care Partnership General Update October 2017.

Appendix 2 Better Care and Wellbeing in East London

Appendix 3 ELHCP governance structure