Summary:

This report provides an update to the Committee on the development of the north east London Sustainability and Transformation Plan (known as the NEL STP) and the development of the business case for the Barking and Dagenham, Havering and Redbridge (BHR) Accountable Care Organisation (ACO) devolution pilot.

A draft ‘checkpoint’ STP was submitted to NHS England on 30 June 2016, setting out the high level priorities for the STP, with further work to develop the plan before final submission in the winter. Appendix A provides an update on the plan’s development including the draft vision, priorities and enablers which have been identified to support the work of the STP. (This information has been circulated to the eight local authority areas in NEL.)

For Barking & Dagenham, Havering and Redbridge, the detail of the local contribution to the Sustainability & Transformation Plan for north east London will be the propositions developed through the programme to develop a business case for an Accountable Care Organisation.

The Accountable Care Organisation Business Case is part of the local health devolution pilot to tackle the significant health and wellbeing, care and quality and finance challenges that exist across the health and social care system in our area. A strategic outline case is currently being developed which will set out the way forward for the development of an ACO.

A presentation will be made at the meeting providing an update on progress made between the date of the publication of the agenda and the meeting itself.
Recommendation(s)

The Health and Adult Services Select Committee (HASSC) is recommended to:

(i) Note and discuss the content of the report, and
(ii) Agree to consider the Accountable Care Organisation business case at its September meeting

Reason(s)

The NEL STP Board is developing a plan as stipulated by the NHS England guidance. The plan will reflect the work that has been initiated as part of the local devolution bid approved in December 2015, and which is being taken forward through the local programme to develop a business case for an Accountable Care Organisation.

1 Introduction and Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs) for accelerating the implementation of the NHS Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); Barking and Dagenham is part of the north east London footprint. STPs are place-based, five year plans built around the needs of local populations.

1.2 A draft STP was submitted on 30 June to NHS England. Guidance issued on 19 May set out that the draft STP is a ‘checkpoint’ that will form the basis of a local conversation with NHS England in July. Further work will continue beyond this to develop the plan in more detail.

1.3 For Barking & Dagenham, the work to develop the detail underpinning the STP is being taken forward jointly with Havering and Redbridge through the work to develop the business case for an Accountable Care Organisation.

1.4 The issues that any ACO would need to address in order to achieve improved outcomes from health and social care, in the context of a financially sustainable health economy, are reflected in the contributions from Barking & Dagenham, Havering and Redbridge to the NEL STP.

2 NEL Sustainability and Transformation Plan

2.1 Appendix A provides an update on the progress towards developing the NEL STP, covering the draft vision, priorities and enablers which have been identified to support the work. This update went to the Health and Wellbeing Board on 14 June 2016.

3 BHR Accountable Care Organisation

3.1 On 15 December 2015, the London Health and Care Collaboration Agreement was published by the London Partners (London’s 32 Clinical Commissioning Groups, all 33 LA members of London Councils, the Greater London Authority, NHS England London Region and Public Health England London Region). It set out the overall
commitment of the Partners to the transformation of health and social care through integration and devolution. Alongside it, five pilot projects were announced, one of which was for “Barking & Dagenham, Havering and Redbridge [to] run a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill.”

3.2 The announcement followed the submission of a bid to NHS England London Region for the support to develop a business case, focused on whether the model of an Accountable Care Organisation could deliver the next stage of integrated service delivery across the three boroughs, with the aim of delivering the improvements that are needed in the health of the population, the quality of care they receive, and the efficiency with which it is delivered.

3.3 Accountable Care Organisations are forms of joint health and social care delivery that emerged in the United States in response to the need to improve preventive care, and reduce the costs associated with poorly planned care. They were referenced in the NHS 5-Year Forward View as one of the possible mechanisms for improving joint working across health and social care. In essence, they involve groups of providers taking responsibility for all healthcare for a defined population, under agreements with a commissioner about the sharing of financial risk. It is intended that the health of population, as well as the services that are provided for it, are improved through fully integrated service delivery and an ability to ensure that greater levels of preventive activity are better targeted, both of which should release savings and efficiencies.

3.4 Over the past six months, nine organisations across Barking & Dagenham, Havering and Redbridge (BHR) have worked together to develop a strategic outline case for the development of an Accountable Care Organisation (ACO). Each organisation faces common challenges including a growing population, a rapid increase in demand for services and scarce resources. With this in mind, our system leaders have joined forces to create a single integrated response.

3.5 In BHR, there are significant health and wellbeing, care and quality and finance challenges need to be tackled; we have a diverse, highly mobile and in some cases very deprived population – all with unique health and wellbeing needs. Healthy life expectancy in Redbridge (63.0 years for women, 62.7 years for men) and Barking & Dagenham (55.5 years for women, 61.1 years for men) is far below comparable figures in London (63.8 years for women, 63.4 years for men) and nationally. Patients have often found it challenging to navigate the system and all too often access services in the wrong setting. Our acute trust (BHRUT) is in special measures and has struggled with the rising number of A&E attendances, admissions and referral to treatment time (RTT) pressures – but has demonstrated a real to commitment to working with the system to implement an achievable turnaround plan. All of this together has created a significant financial challenge - in order to continue providing services consistently, if it were to deliver care in the same way that it does today, without achieving any efficiencies, expenditure in 2020/21 is forecast to exceed income by £623 million.

3.6 The first priority is to develop a new integrated health and wellbeing service model for the BHR population; based on the principles of place based care, we are proposing to implement a locality delivery model, complimented by a range of targeted best practice interventions (for example changes to the diabetes and
gastro pathways). Collectively these changes will strengthen the primary, secondary and social care offer in BHR while simultaneously focusing on the importance of prevention and self-care. Multidisciplinary teams involving clinicians and professionals from every part of the system will deliver treatment in homes, care homes, GP surgeries and elsewhere. Carers and patients will find this model easier to navigate, accessible and responsive to their needs. Above all this model will promote personal autonomy, helping the population to access high quality services in the right setting every time.

3.7 The service model is designed to promote wellbeing services which will tackle the root causes of poor physical and mental health, recognising that prevention is critical to helping manage forecast demand over the next five years and beyond. As part of the locality delivery model, community hubs will be set up to support people and families with their employment, education, housing and health needs. These hubs will make the best use of existing community assets across BHR.

3.8 As well as changing the service model there will be to the business model including collaborative productivity, transactional commissioning and rationalisation of the estate footprint with further integration to achieve efficiencies in these areas beyond what is possible on an individual organisational basis. Workforce, technology and estates have been identified as the key enablers which will require investment and development.

4 Governance and timelines

4.1 In governance terms, the development of the business case and the content to contribute to the NEL STP is overseen by the Democratic and Clinical Oversight Group, which has been meeting with a fortnightly frequency to take regular update reports and to shape the emerging propositions. Democratic leadership sitting alongside NHS leaders and clinicians is a key to the partnership. The transformation journey ahead is very challenging and can only be delivered through democratic leadership working to support and champion what needs to be done.

4.2 The Democratic and Clinical Oversight Group is chaired by the Leader of Barking & Dagenham Council, Cllr Darren Rodwell, with the Health & Wellbeing Board Chair, Cllr Maureen Worby as a member, together with non-executives, medical directors and CCG clinical directors. The practical work is overseen on their behalf by the Accountable Care Organisation Executive Group and a Steering Group.

4.3 In mid-June, the product of the various workstreams were brought together into an overall account of how the system will function and a strategic outline case has now been drafted which is due to be considered shortly by the steering group. A joint Democratic and Clinical Oversight Group and ACO Executive meeting on 21 July, will consider the strategic outline case for a formal ratification and a Memorandum of Understanding to set out the governance of the transformation plan for the future. Following this the strategic outline case will be taken through the appropriate statutory governance mechanisms in place for all constituent organisations. In Barking and Dagenham this will involve the paper coming to the HASSC and HWBB in September.
5 Consultation

5.1 The involvement of patients, staff and communities is crucial to the development of the STP as it should be based on the needs of local patients and communities and command the support of clinicians, staff and wider partners. Where possible, the STP will build on existing relationships, particularly through health and wellbeing boards and patient panels and forums.

5.2 In terms of shaping local work, and informing the development both of the NEL STP and the ACO business case, there has been significant activity to bring a range of perspectives and priorities into an emerging overall strategy. These have included:

- Workshops for clinicians to develop the priorities for clinical improvement;
- Local authority workshops that have sought to expand a wider vision for population health improvement and links between health impact, worklessness, welfare and housing;
- Substantial work to ensure a developed locality model that can form the basis for the future operating model for accountable care across Barking & Dagenham, Havering and Redbridge;
- Two voluntary sector workshops to expand the range of voices informing the development of the potential ACO proposition;
- Regular meetings of senior finance representatives of the constituent organisations, facilitated by PwC, in order to ensure that the emerging financial model is robust, both in terms of the challenge and the activities that can close the gap.

5.3 A telephone survey of 1,000 people from each of the three boroughs has been completed and the first cut of the results are being reviewed to see how they shape and refine the vision for local health and social care services. Additionally, a staff survey received 746 responses, by far the highest number of respondents (around a third of the total) being from Barking & Dagenham Council. Again, this is providing useful information to guide thinking about the future model of services.

6 Implications

Joint Strategic Needs Assessment

6.1 A recent public health profile of north east London (March 2016) is being used to help us understand the health and wellbeing, care and quality and the financial challenges locally.

Health and Wellbeing Strategy

6.2 The NEL STP links well with the Barking and Dagenham Health and Wellbeing Strategy 2015-18 which identifies three important stages of life: starting well, living well and aging well. These are included in the draft one page summary at the back of Appendix A. Many of the emerging themes of the STP are covered in B&D HWBB strategy including prevention; care and support; and improvement and integration.
Integration

6.3 The STP will act as an ‘umbrella’ plan for change: holding underneath it a number of different specific local plans to address certain challenges. It will build on existing local transformation programmes and support their implementation. These include the Barking and Dagenham, Havering and Redbridge: devolution pilot (ACO).

List of Appendices:

Appendix A: Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan (briefing note provided by NEL STP Programme Office)