

Appendix 1: General update October 2017

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1. Introduction

The East London Health & Care Partnership brings the 12 local NHS organisations and eight borough councils together to protect and improve health and care services.

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by NHS 111 staff, GPs, community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most, supported by the right team of staff from across health and social care, with the right resources, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't just to make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be

done to safeguard our most vulnerable people, such as the elderly, disabled and those with mental health difficulties.

‘Barrier busters’

The East London Health & Care Partnership isn’t afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The Partnership’s main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services and outcomes
- To have the right staff in the right place with the right resources to meet the community’s needs
- To be a well-run, efficient and open Partnership

The Partnership is not seeking to take away local control of services. It recognises that while east London faces some common problems – such as the high rate of preventable illness and a shortage of clinicians and care staff – the local make up and characteristics of the area vary considerably and services must be tailored and managed accordingly.

The good work already being done to meet more localised needs will continue. The Partnership is not there to undo what works, slash budgets or act secretly behind closed doors. Instead, it will drive forward wider benefits that can only be achieved by everyone working together, coming up with new ideas and better ways of working that can put a stop to duplication and unnecessary expense.

The Partnership is therefore shaping the way it tackles its priorities around three localised areas, bringing the councils and NHS organisations within them together as local care partnerships:

- Barking, Havering and Redbridge
- City of London & Hackney
- Newham, Tower Hamlets and Waltham Forest

They will be responsible for ensuring the people living in these areas get high quality standards of care designed around their needs.

The Partnership in full will drive forward the things that can only be achieved by all of the councils and NHS organisations across east London working together. This includes:

- good quality urgent and emergency care for the area
- the availability of specialist clinical treatments
- a better use of buildings and facilities;
- the recruitment and retention of doctors, nurses and other health and care professionals
- an increased use of digital technology to speed up the diagnosis and treatment of illness
- ways of working that put a stop to duplication and unnecessary expense

The involvement of councils is enabling the provision of health and care services to be aligned with the development of housing, employment and education, all of which can have a big influence.

But the biggest single factor in the long term is to prevent ill health and deaths caused by the effects of lifestyle choices such as diet, lack of exercise and smoking.

2. Sustainability & Transformation Plan (STP)

The development of a Sustainability & Transformation Plan (STP) was the original reason for the East London & Health Care Partnership came together, but it is now just one of many things the Partnership can and wants to do.

The purpose of the STP was to set out how local health and care services will transform and become sustainable over the following five years, building and strengthening local relationships and ultimately delivering the vision of the NHS *Five Year Forward View*.

Forty-four such plans have been developed across England. They are geographically set around ‘footprints’ that have been locally defined, based on natural communities, existing working relationships and patient flows, considering the scale needed to deliver services, transformation and public health programmes required.

The East London Health & Care Partnership STP has been defined as one for north east London (NELSTP) by NHS England because it has divided the capital into five ‘footprints’: north east, north central, north west, south west and south east.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the NEL STP was submitted to NHS England (NHSE) and NHS Improvement (NHSI) on 21 October 2016.

The NEL STP describes how the organisations involved in the partnership will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap

The plan is formally a 'draft' and will continue to evolve as the organisations involved develop it further, agree shared solutions and receive feedback from stakeholders.

Indeed, the plan has advanced considerably since it was submitted. This is mainly due to the establishment of stronger and more purposeful relationships between the organisations concerned, as well as the increasing involvement of a wider group of interested parties, such as the housing and voluntary sectors.

It has led to a series of transformation workstreams being created to focus on the following:

- Prevention
- Urgent & Emergency Care
- Primary Care Services
- Mental Health
- Cancer
- Maternity
- Medication
- Digital and Online Services
- Workforce
- Estates

All the workstreams have initial ideas on what they plan to do and what it will mean for local people. These are now being developed further in terms of how things can be achieved, and when.

Some of the schemes will require additional funding to take them forward and the Partnership is bidding for this from NHSE. A variety of other sources are being pursued too.

More information about the Partnership, and the initial workstream plans, is given in Appendix 2 *Better Care and Wellbeing in East London*.

Once the plans are sufficiently developed – especially in terms of how they could be put into practice and when – and any necessary funding and resources are secured, the Partnership will engage fully with stakeholders and, where appropriate, the wider public so they can contribute their views and ideas.

Some improvements are already being made by the workstreams. A summary of these will be presented at the meeting.

3. Partnership Governance

The organisations behind the East London Health & Care Partnership member organisations:

NHS

Clinical Commissioning Groups

Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts

Barking, Havering and Redbridge University Hospitals Trust; Barts Health

NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS; Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The Partnership itself is not a statutory body, so it cannot make any formal decisions. These are made by the relevant governing bodies or systems or the member organisations. It does, however, have a governance structure for its activities. This is attached as Appendix 3.

The structure was put in place in early 2017 but, following feedback from member organisations, it is now being reviewed. Some of the groups, such as the Clinical Senate, have been functioning well, but others have proved not so productive, mainly due to their size. A key focus of the review is the role, make-up and size of the Partnership Board and Community Group.

4. Development of Accountable Care Systems (ACS) and a single accountable officer.

Proposals for new commissioning arrangements across east London have been approved by all seven CCG governing bodies.

This means the proposals can now progress to the next stage, which will see the start of recruitment to the new role of single accountable officer and the designing of new governance structures to support the new commissioning arrangements.

The aim of the new arrangements is to establish commissioning that is truly integrated around patients, putting their needs first and in line with the expectations of the NHS Five Year Forward View, and harnesses the benefits of CCGs working together and collaborating with other NHS organisations, local authorities and the voluntary sector.

Providing care that is better coordinated and more joined-up care between GPs and hospitals, physical and mental healthcare and social care will mean breaking down barriers that currently hinder this happening.

Additionally, the new plans aim to ensure that discussions and decisions happen at the most appropriate level, for example, due to its scale, specialised commissioning will take place at an east London level.

The approved proposals also reflect the very strong desire to build sustainable local Accountable Care Systems (ACSs) in east London. The new arrangements are a starting point for that and may evolve over time to reflect progress with implementation of local ACSs.

There is a recognition that while the borough and system focus is important in delivering the best services for local people, there is also a need to work at scale across a wider patch to standardise some functions and some ways of working that are common across all east London CCGs.

CCGs remain accountable to their local populations and their stakeholders, including health and wellbeing boards and overview and scrutiny committees.

It is expected the single accountable officer – who will be appointed by the seven CCG governing bodies in November – will be the accountable officer for each of the CCGs separately. Stakeholders will also be involved in the recruitment process.

The single accountable officer will be a member of each CCG governing body, and act with each, to take local responsibility for local performance. They will lead a small corporate team comprised of borough/system leaders and corporate directors and take the STP lead role too.

In line with this, each CCG will have a local senior manager and a team to provide strong local leadership. They will be responsible for the delivery of plans within the local system, local finances and the engagement of local partners to drive greater integration.

Governance structures will be developed to support the new arrangements, with joint decision-making through CCG governing bodies acting together via a joint committee and committees in common.

The joint committee will be responsible for the strategic functions that need to be done at east London level.

The committees in common will enable functions where CCGs wish to collaborate at a system level, thereby supporting local accountability and sovereignty.

There will be wider engagement with stakeholders over the coming weeks to discuss and test the new arrangements before a further report is taken to November's CCG governing body meetings to finalise the arrangements.

It is intended the new set up will then operate in shadow form from 1 January 2018, prior to full implementation from 1 April 2018.

5. Engagement

The Partnership has engaged with various key stakeholders over the past several months, but it has mostly been to establish relationships rather than talk about specific plans.

The groups we have engaged with so far include the police, fire and ambulance services; professional associations such as the BMA; housing, education and local business organisations; the voluntary and charity sector; some community groups; and public and patient representative bodies.

It's a very diverse audience, with many different levels and types of interest. Keeping them engaged and involved in what we are doing is one of our biggest challenges, but this is essential if we are to achieve our goal. We need to invest considerable time and resource in it and ensure there is a regular dialogue.

A previous attempt to bring people together, through a single reference group as part of the Partnership governance structure, proved impractical due to the numbers involved and diversity of interests.

Instead, we are now looking at developing smaller ones based around localities or areas of interest, complementing existing forums and networks. This includes the borough Health & Wellbeing Boards, which bring many of the right people together already.

Just mapping the various interests has been a challenge. While many networks are already in place, they don't always join together very well. Many of the organisations we have spoken to have welcomed our efforts to connect them.

As with our partner organisations, the priority has been to address the poor image of STPs. It's why we now talk about a partnership, and people working together, rather than a plan.

People agree about the challenges facing health and care services and that something needs to happen to ensure they can meet current and future demands. What they want to know is how we intend tackling those challenges and what it will mean for them.

The detail they want, to inform the engagement we need to do, is only just starting to emerge as the Partnership comes together to develop substantive ideas and solutions. Once these are sufficiently developed, and any necessary funding and resources are secured, the Partnership will start holding meaningful conversations with people over the coming months.

The information in Appendix 2 is a starting point. A suite of other communications resources, including videos and an improved Partnership website, are also being developed, with help from stakeholders.

We are also taking advice on who we need to talk to, and the best way to reach them.

As already said, there are many groups need to engage with. We are establishing regular meetings with the local Healthwatch and community voluntary sector organisations for help this – not just with our communications and engagement activities, but the development of ideas and plans generally.

We are also working closely with our communications and engagement colleagues in the partner organisations to make use of their local insight and networks.

While some of our activities are pertinent to everyone in east London – such as those around prevention, signposting of services and improvements to NHS111 – the intention is to frame most of them at a local level, so they have more relevance. Again, we will work closely with our communications colleagues in doing this.

The wider Partnership launch held in Stratford last July proved very successful, especially the showcase of current and planned improvements to services. We now want to take this out on the road early in 2018 and hold a similar event in each borough – predominantly badged under the relevant local partnership.

A roadshow style of engagement – i.e. going to where people are, rather than expecting them to come to you – is clearly the right way to reach specific communities and hard-to-reach groups. There are many existing forums and networks we can visit, some of whom have already expressed an interest.

The borough events the Partnership supported in the summer – namely the Mayor’s Newham Show and Waltham Forest Garden Party – demonstrated the effectiveness that working together can have in terms of attracting public attention. Both were highly successful, pulling in lots of people. We plan to more of this, joining up not only with our own member organisations but the police, fire and other sectors too.

London Fire Brigade is particularly keen to work with us. It has around 100 staff involved in a school visit programme and is happy for us to piggyback it with health education information.

Our universities and colleges are also willing to help, as are business organisations like the Canary Wharf Group and East London Business Alliance. They all afford access to large numbers of the people we need to engage with.

While we want to put the focus on the local partnerships, there are of course times when we want to promote the wider east London partnership and the things that are best done as one – such as workforce recruitment or to support of a public health campaign.

Events like the Health & Housing Conference in October '17 are also an effective means of stakeholder engagement, especially as they go beyond the confines of the STP. Again, we hope to do more of these. We are also looking at holding some conferences or summits aimed at specific interest groups, such as young people.

But one of the most important groups we must engage with is our staff. We want them to feel informed and 'on message' about the challenges facing health and care services. It is vital they feel part of what we are doing.

Staff are the eyes and ears in terms of what matters to local people and are an invaluable source of views and ideas that will help us get it right. Our internal communications will reflect this, recognising the contribution everyone makes and encouraging and valuing people's opinions and suggestions.

We intend running an interactive programme of engagement with staff over the coming winter to create awareness and understanding of what the Partnership is about; what it is planning to do; what it means to them; and what they can do.

Keeping our many different stakeholders engaged and involved in what we are doing is one of our biggest challenges, but this is essential if we are to achieve our goal.