

Appendix 1: General update April 2017

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1. Background and context (our public narrative)

As more and more people choose to live and work in east London, the demand on health and social care services is at an all-time high. Our doctors, nurses, paramedics and other health and care professionals are looking after record numbers of people every day.

Despite the pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country. Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area, we are getting the care we need.

But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as the world and our health needs also change.

It is now able to treat people with new drugs and clinical care that wasn't available in the past. With it comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions like heart failure, arthritis and diabetes.

There are big opportunities to improve care by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

It's a chance to deliver improvements that matter – make it easier to see a GP; speed up cancer diagnosis; offer better support in the community for people with mental health conditions; provide care for people closer to their home.

If we do nothing and carry on providing services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care suffer if not addressed.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

The Partnership is to be officially launched on 15 June at an event for the key partners. This will be followed by a series of similar events throughout the summer for other key stakeholders and community representatives/groups.

With a shared goal to help people live happy, 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 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 and supported by the right team of staff from across health and social care, 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 to just 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 of 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.

'Busting barriers'

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 as necessary.

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 East London Health & Care Partnership's *Sustainability and Transformation Plan (STP)* sets out how these ambitions, and those of the wider NHS through its national *Five Year Forward View*, will be turned into reality.

It describes how the Partnership will meet the health and wellbeing needs of east London by improving and maintaining the consistency and quality of care, and plug the shortfall in funding of services.

The plan proposes improvements across the whole of east London, such as the availability and quality of specialist clinical treatments, how buildings and facilities could best be used, particularly those in need of renewal, and the introduction of digital technology to enhance services for local people.

The overall aim is to make local health and care services sustainable by 2021, but the partnership is looking further ahead for longer-lasting solutions.

The involvement of councils, for example, enables the vision for better health and care provision to be aligned with the development of housing, employment and education, all of which can have a big influence.

The Partnership is committed to being transparent and engaging fully with key stakeholders and the wider public in the development of its plans.

But the biggest single factor in the long term is to prevent ill health – something we can all play a part in, everyone living and working in east London. It's not just down to the authorities.

Public health information and advice will be strengthened. Information and support to help us live healthier lives will be made more widely available – online and through social media. It's up to us to enjoy life to the full by doing those little things each day that help us stay healthy and fit.

We can watch what we eat and drink and get more active. We can go to the pharmacist and get advice from telephone and online services first rather than immediately going to the doctor or calling for an ambulance when we don't need to. We can educate our children about healthcare and plan for care when we are older. We can all do our bit.

If we do this, and get behind the work of the East London Health & Care Partnership, the prize is that we are able to lead happy, healthy and independent lives – but get the care we can trust and rely on when we need it.

To win that prize is down to us all.

2. The STP in detail

The Sustainability and Transformation Plan (STP) sets out how local health and care services will transform and become sustainable over the next 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 throughout England. They are geographically set around 'footprints' that have been locally defined, based on natural communities, existing working relationships, patient flows and taking into account the scale needed to deliver the services, transformation and public health programmes required.

Twenty organisations across eight local authorities have worked together to develop an STP for north east London. They are:

NHS

CCGs: 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 STP has been defined as one for north east London by NHS England, because it has divided the capital into five ‘footprints’: north east; north west; south east; south west; and north central.

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

The plan is currently only a ‘draft’. It will continue to evolve as the organisations concerned develop it further, agree shared solutions, and as we receive feedback from stakeholders.

The 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.

All of the organisations involved in the STP face common challenges, including a growing population, a rapid increase in demand for services and scarce resources. By working together they will be best placed to drive change and make sure health and care services in north east London are sustainable by 2021.

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which include supporting Barts Health NHS Trust out of special measures.

- Vanguard projects eg Tower Hamlets Together

The organisations behind the STP are actively seeking to collaborate where it makes sense to do so, sharing learning from the devolution pilots and transformation programmes.

2.1 STP vision and priorities

The vision of the STP is to:

- Measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.
- Develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
- Work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key priorities:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables place-based care and clearly involves key partner agencies
- Using our infrastructure better

To deliver the STP we are building on existing local programmes and setting up eight work streams to deliver the priorities.

The work streams are cross-cutting NEL-wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services
- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each delivery plan sets out the milestones and timeframes for implementation.

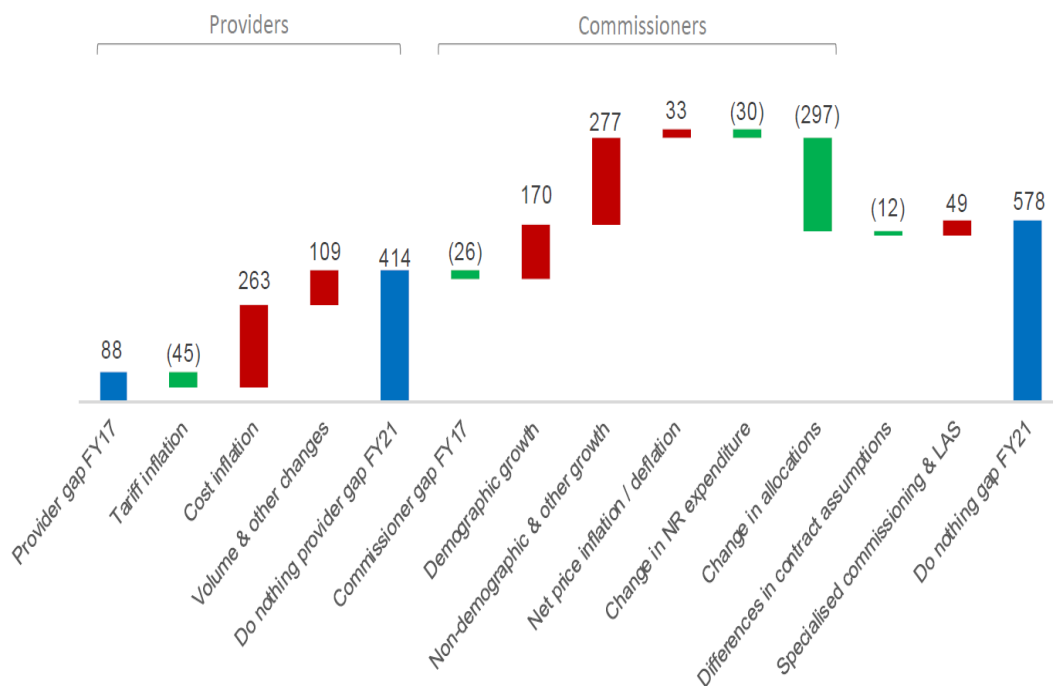
The full STP, and the eight delivery plans, can be found on our website www.nelstp.org.uk

2.2 STP Finances

2.2.1 'Do Nothing Scenario'

The forecast EL provider deficit in FY16/17 is c£88m which will rise by £319m to £414m in FY20/21. EL CCGs are projecting a £26m surplus (including carried over surpluses from prior years) but CCG allocations uplifts of £297m are not sufficient to offset cost pressures over the planning period. Differences in contract assumptions net out to around £12m by FY21 overall and specialised commissioning and LAS add a £49m pressure, resulting in a total financial challenge of £578m in the 'do nothing' scenario to reach a break even position.

Achieving a 1% surplus target for commissioners increases the gap by another c£30m to around £610m.



2.2.2 'Do Something' Scenario

Our total financial challenge in a 'do nothing' scenario would be £578m by 2021. Achieving ambitious 'business as usual' cost improvements as we have done in the past would still leave us with a funding gap of £336m by 2021. Through the STP, we have identified a range of opportunities and interventions to help reduce the gap significantly.

This will be aided by Sustainability and Transformation Funding (STF) funding, specialised commissioning savings and potential support for excess Public Finance Initiative (PFI) costs. Significant work has started to evaluate the savings opportunities.

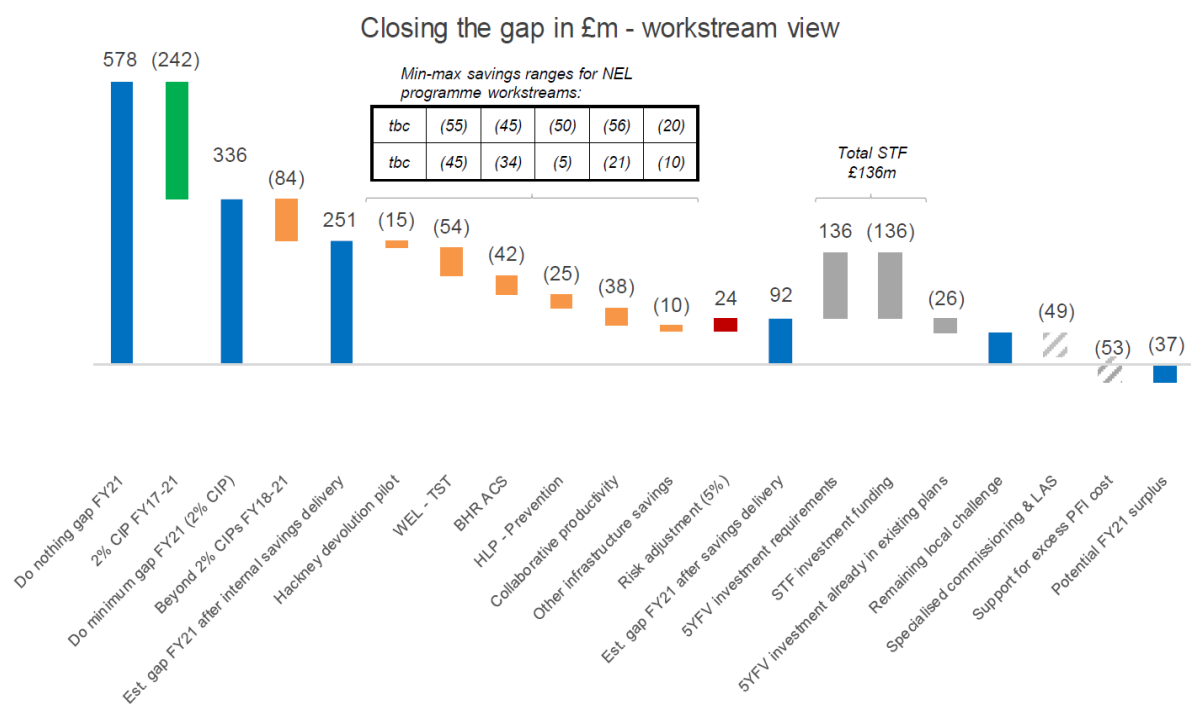
We have developed our governance structures to support the next stages of planning and implementation. Our robust governance structure allows individual organisations to share responsibility while balancing the need for autonomy, accountability and public and patient involvement.

The EL transformation journey has started. We are committed to meeting all NHS core standards and delivering progress in every priority. Together we will deliver a sustainable health and wellbeing economy across EL. It's a significant challenge, but one we welcome as it provides opportunities to make a real and lasting difference to the lives of local people.

Over the course of the last year, ELHCP STP has developed several work streams through which it has identified potential solutions to closing the financial gap.

2.2.3 STP Solutions

The ELHCP STP Work streams have been working closely with STP partners to develop solutions to close the gap. Some of those solutions are listed below.



2.2.4 2% CIP & Beyond 2% CIPs - £326m

Providers are normally expected to deliver business as usual savings of approximately 2%. This is in sync with the expected provider efficiencies within the current tariff guidance and assumptions made by other London STP's. Some providers have put forward CIP schemes over 2%.

2.2.5 WEL TST - £54m

Transforming Services Together sets out to improve and modernise healthcare services across three London boroughs – Newham, Tower Hamlets and Waltham Forest – addressing inequalities, helping patients take control of their own health and tackling the problems faced by health services across the area.

This area of east London has a growing and ageing population, with 270,000 more residents – the equivalent of a new borough or a city the size of Southampton – expected to arrive in the next 15 years.

TST seeks to avoid a projected deficit across the three boroughs in just over a decade. If no changes are made, 550 more hospital beds would be required, which is unaffordable and not the best way to provide services for local people.

Key TST schemes include but are not limited to:

- Expand integrated care to those at medium risk of hospital admission.
- Put in place a more integrated urgent care model.
- Improve end of life care, improving access, capacity and co-ordination in primary care.
- Establishing surgical hubs including interventional Radiology.
- Establishing acute care Hubs on each site.
- Increase proportion of natural births.
- Transform patient pathway and outpatients.
- Reduce unnecessary testing.
- Deliver shared care records across organisations.
- Explore the opportunity that physician associates may bring.
- Developing a strategy for future of mile end Hospital and Whips cross hospital.

2.2.6 BHR ACS - £42m

Accountable Care Organisations (ACO) are a new way of structuring health and social care services, which were referenced by NHS England chief executive Simon Stevens in his Five Year Forward View (5YFV).

The partners working together on the business case for an ACO in Barking and Dagenham, Redbridge and Havering are:

- The three local clinical commissioning groups (CCGs)

- Three local authorities – London boroughs of Havering, Redbridge and Barking and Dagenham.
- The acute hospital provider Barking, Havering and Redbridge University Hospitals NHS Trust
- The community and mental health provider NELFT NHS Foundation Trust. They are working together with UCL Partners, an academic and health partnership providing operational support and clinical leadership.

The primary aim is to improve the experience and quality of care for patients and service users by ensuring it is joined up and seamless, and leads to better health and wellbeing for our residents. However, it is clear that there is a major challenge in the coming years for health and social care to be financially sustainable. A key test for an accountable care organisation will be that it is more efficient, helping us tackle some of the financial challenges facing the NHS and local government and protecting the interest of patients and service users.

Key BHR ACO schemes include but are not limited to:

- Gastroenterology Virtual pathway
- MSK Service Re-design
- POLCE
- Dermatology service redesign
- KGH UCC
- Right Care
- Community Health Service re-design
- Acute provider productivity.

2.2.7 Healthy London Partnership (HLP) Prevention - £25m

HLP was born in March 2015 when London's NHS (32 Clinical Commissioning Groups (CCGs) and London Region of NHS England) agreed to come together using the recommendations set out in Better Health for London as a blueprint to meet the challenges set out in the Five Year Forward View.

A key strength of HLP is its partnership approach, including Public Health England, NHS England, London's 32 CCGs, London Councils and the Greater London Assembly, as well as members of the public and patient groups. We have come together to address the unique health challenges London faces and deliver this transformation.

Our aspiration is based on the belief that a truly great global city is a healthy city. The aim is to take London from seventh in the global healthy city rankings, to the number one spot. We want to make London a place that helps its residents to make healthier choices, improves the health of its most vulnerable, provides consistently excellent care for people when they need it most and enables its health service to prosper and flourish to the benefit of all its citizens.

2.2.8 Collaborative productivity - £38m

ELHCP STP expects to make significant productivity savings within its providers. Key areas expected to deliver these savings are:

- Bank and Agency spend
- Back office
- Procurement
- Theatre Productivity

2.2.9 Hackney Devolution - £15m

Hackney devolution is a shared vision of delivering an integrated, effective and financially sustainable system that covers the whole range of wellbeing-from public health initiatives for school children, timely and appropriate access to GP's and community pharmacists and top quality hospital treatment as well as supporting people to remain independent in their community for as long as possible.

Some of the expected benefits are:

- Giving parents easier access to immunisation for very young children by providing more community based services.
- Tackling Obesity through better co-ordinated services and greater local powers to create a healthy environment.
- Quicker progress towards parity of mental health and physical healthcare services.
- Providing tailored, more integrated support for people at the end of their life.

2.2.10 Conclusion

We have set out a bold plan for how we intend to work together as one system to deliver outstanding health and wellbeing services for all local people. We began by recognising the six key priorities that we needed to answer as a system. A summary of the actions we are going to take in response to each question is set out below:

1. The right services in the right place: Matching demand with appropriate capacity in EL to meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to:
 - Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care.
 - Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary, community and mental health care at its heart.
 - Establishing effective ambulatory care on each hospital site and mental health community based crisis care, to ensure our beds are only for those who really need admission, so we don't need to build another hospital.
 - Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care.
 - Addressing demand for acute and mental health inpatient services: streamlining outpatient pathways, introducing new technology, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice, improving psychosis pathways, and encouraging provider collaboration
 - Ensuring our estates and workforce are aligned to support our population.
2. Encourage self-care, offer care close to home and make sure secondary care is high quality
We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy:
 - Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support in localities and hubs from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges.
 - Investing in mental health, community, Learning Disability, & substance misuse services to improve quality and tackle health inequalities. Ensuring parity of esteem and good mental wellbeing, embedding this throughout all of our services.
 - Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, maximising new technologies and pathway redesign.
3. Secure the future of our health and social care providers, many of whom face challenging financial circumstances. They are committed to working together to achieve sustainability and changes to our EL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (for example procurement, clinical services, back office and bank/agency staff).
 - The providers are now evaluating options for formal collaboration to help support their shared ambitions.
 - ACS development (CH/BHR devo business cases Oct 31 2016) in development with LA and efficiencies being established.
4. Improve specialised care, by working together we will continue to deliver and commission world class specialist services. Our fundamental challenge is demand, and associated costs, are growing beyond proposed funding allocations. We recognise that this must be addressed by:
- Working collaboratively with NHS E and other STP footprints, as patients regularly move outside of EL for specialised services.
 - Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.
5. Create a system wide decision making model that enables placed based care and clearly involves key partner agencies

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the EL health and wellbeing system, and can drive through our plans.

This will be achieved through genuine partnership between the health system and Local Authorities to create a system which responds to our population's health and wellbeing needs.

6. Using our infrastructure better

We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single EL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.

2.3 STP Governance

The launch of the Sustainability and Transformation Plan (STP) process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level. To achieve this, 20 organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP which previously known as NEL) STP.

Initial governance arrangements were put in place by the member organisations of the ELHCP to oversee and direct the development of the draft STP document, which was submitted to NHS England on 21 October 2016.

These arrangements were developed by a 'task and finish group' that included health organisations, local authorities and Healthwatch and included initial terms of reference for the key governance forums.

This governance structure (see Appendix 2) recognised and respected the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the ELHCP STP Board), several new bodies were added to strengthen the level of assurance and engagement, most notably:

- ELHCP Community Group – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- ELHCP Mayors and Leaders Advisory Group - To provide a forum for political engagement and advice to the ELHCP STP
- ELHCP Social Care & Public Health Group – Directors of Children's and Adult Services and Directors of Public Health
- ELHCP Assurance Group – An independent group of audit chairs and local authority scrutiny members to provide assurance and scrutiny
- ELHCP Finance Strategy Group -To provide oversight and assurance of the consolidated East London (EL) financial strategy and plans to ensure financial sustainability of the EL system.

The ELHCP STP operated the governance arrangements in shadow form until 1 April when they implemented formally by the Partnership Board on the understanding they will be reviewed every three months and updated as appropriate.

The arrangements are underpinned by a Partnership Agreement (see Appendix 3) which, while not legally binding, intends to ensure a common understanding and commitment between the partner organisations of:

- The scope and objectives of the ELHCP STP governance arrangements
- The principles and processes that would underpin the ELHCP STP governance arrangements
- The governance framework / structure that would support the development and implementation of the ELHCP STP

The Partnership Agreement has now been circulated to the member organisations of the ELHCP for signature.

2.3.1 Engagement with Local Authorities

The ELHCP engaged widely with stakeholders to shape its governance arrangements. Engagement with local authorities has been paramount and has been achieved through various forums.

On 19 December 2016, Rob Whiteman, ELHCP Chair attended a joint meeting of all the Chief Executive Officers of Local Authorities to discuss the ELHCP STP including its governance arrangements. The meeting was hosted by Martin Esom, Chief Executive of Waltham Forest Council, who is a member of the ELHCP Partnership Board. The chief executives of Hackney and Havering Councils are also now members of the Board, meaning each of the three main transformation areas have a local government representative present.

On 26 January 2017, the directors/heads of communications from all East London NHS organisations and local councils met to discuss how they could work more closely together and join up their communication networks. They have since met twice again on 9 March and 4 May.

On 7 March 2017, the Directors of Children's and Adult Services and Directors of Public Health met to discuss how they want the ELHCP Social Care & Public Health Group to operate. The Partnership is awaiting their formal proposals on this.

On 8 March, political representatives from the eight councils met to talk about the ELHCP Mayors and Leaders Advisory Group and how that might work. A further meeting is scheduled for this group on 26 May.

Regular engagement is also taking place with all of the councils outside of these meetings, at various levels.

2.4 Equality

A screening to consider the potential equality impacts of the proposals has been completed. This is on our website www.nelstp.org.uk

The screening includes:

- An assessment of the level at which the analyses need to be conducted (London-wide, regional, local area or borough level)
- A screening of the overarching Framework for better care and wellbeing

- Description of the actions to be taken
- The screening recognises the initiatives included in the STP will be implemented at different times and that further analyses will need to be undertaken over the life of the programme.

3. Involving local people and stakeholders

STPs have been widely criticised for being put together too hastily with little consultation.

The timescale set by NHS England to produce the plans was tight. As a consequence, there was only a limited time for engagement. Some key stakeholders felt disengaged from the process, as did patient representatives. Also, much of the detail behind the plans was initially kept under wraps giving rise to accusations of secrecy and the STPs being seen as no more than ‘hit lists’ and cuts to services.

NHS England acknowledges this criticism, but it has caused significant reputational damage to what is a genuine and necessary attempt to deal with very real challenges.

The immediate priority of our communications and engagement strategy is to therefore repair that damage.

Most, if not all, of our key stakeholders recognise and understand the challenge. We now need to rebuild their trust and confidence and engage with them in a more positive way so they are involved in developing shared solutions.

A starting point is to talk about a partnership rather than a plan, certainly not an acronym. It’s why we have changed our name to the East London Health & Care Partnership.

The STP itself will still be referred to as such, but it is just one of many things the organisations behind it can do together as a Partnership to protect and improve health and care services for the people of east London.

It was also felt east London was a more appropriate and familiar way of describing the area as a whole rather than north east London.

Next is to communicate in an open and honest way; unravel the jargon, speak in plain and simple language and be accessible and transparent. Most importantly, we must listen to what people have to say.

Relevance is also important. Our communications will reflect a knowledge and understanding of the many different audiences we want to reach and be targeted to suit each group. What does it all mean for them? How are their interests being taken into account? What part can they play?

Local relevance and insight is particularly important. We will work closely with our communications and engagement colleagues in the partner organisations at borough level to make full use of their knowledge and networks.

An online Briefing Room is being set up as a central source of information and materials for members of the Partnership to adapt and use in local communications and engagement activities.

This includes narratives around the STP (what it is and what it isn't); the various transformation plans and programmes (as they emerge); facts and figures; presentations (tailored for specific audience); information videos; and case studies.

At the heart of our stakeholder engagement will be the Community Group – a subgroup of the East London Health and Care Partnership.

Representing key partners and stakeholders, community organisations (including Healthwatch and patient and public involvement groups), the Voluntary, Community and Social Enterprise sector (VCSE), professional bodies and trades unions, the Group's purpose is to act as a reference arm of the Partnership – helping it develop plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences.

An initial meeting of the organisations and people that will be invited to join the Community Group is planned for 28 June.

Another key audience is, of course, frontline staff – not just those in the NHS, but in councils too. Their buy-in is key and we intend running an intensive programme of engagement with them over the spring and summer to create understanding about what the partnership, and the STP, means to them.

We very much want staff to be involved in shaping services and our internal communications will reflect this. They will recognise the contribution everyone has to make, encouraging and valuing people's achievements, opinions and ideas.

If we are to give staff the effective help and support they need it's vital we listen to what they have to say, and demonstrate what we do as a result.

While staff and the other key stakeholders in the Community Group will take precedence in the immediate future, we eventually want to reach out and engage with as many people as possible, including the wider public.

With this in mind the Partnership is therefore planning to have a presence at all of the major summer festival events, including the Havering Show, working alongside council, public health and NHS colleagues to help boost the promotion of campaigns around health prevention and access to services.

The Partnership is also planning a series of public engagement across east London from the summer onwards. Some of these will take the format of TV's Question Time programme, giving people the opportunity to get answers to their concerns and debate popular topics.

Everyone has a part to play in building sustainable health and care services, particularly with regards to prevention.

Smoking cessation, preventing diabetes and improving workplace health are three early priorities for the Partnership, as is reducing obesity and social prescribing. All require attitudinal and behavioural change in a big way.

A lot of work has already been done at a local level to promote prevention, but its success has been limited. Through the Partnership there is now the opportunity to join forces and do much more, using high-impact campaigns specifically designed to grab mass attention and participation.

Building on what's shown to work, and taking into account materials already available locally and nationally, the partner organisations will work together to give a more powerful and coherent message, making full use of the many communications channels and networks across the area.

Running campaigns in this way, with a consistent approach, is especially important in east London where there is high population 'churn'. People need to see and hear the same message, wherever they are.

It's the same with the promotion of services. Too many people are going to the wrong place for treatment because of a lack of information. There is a need to simplify the signposting to services and explain things in a clearer and more meaningful way, free of jargon. The Partnership is planning to do this through an information campaign this summer.

Behavioural change won't, of course, be achieved overnight so these are long-term aims for the Partnership.

4. Other recent activities

Healthy Workplace launch (Prevention workstream)

Dame Carol Black was the keynote speaker at the East London Health and Care Partnership's (ELHCP) Healthy Workplace launch on 29 March. One of the Partnership's aims is to transform workplace health as part of its role in delivering the north east London (NEL) STP. Trust and CCG directors joined public health leads, GPs and pharmacists in an effort to work together as a NEL-wide Community of Practice, to deliver the health and productivity benefits of healthy workplaces. The event was a significant step in the STP's ambition to adopt and progress the Mayor's London Healthy Workplace Charter in all 20 NHS and local government organisations across east London.

A range of workplace health organisations - including Mental Health First Aid, Step Jockey, Wellbeing Insight, Foodtalk, and the Partnership's own Smoking Cessation and Tobacco Control Working Group - engaged participants in lively discussions on how they could meet and exceed the Charter standards.