

## **Appendix 1: General update July 2017**

### **Index**

<b>1. Background and context (our public narrative) .....</b>	<b>2</b>
<b>2. STP in detail.....</b>	<b>5</b>
<b>2.1 Vision and priorities .....</b>	<b>6</b>
<b>2.2 Governance.....</b>	<b>7</b>
<b>4. Engagement with local authorities.....</b>	<b>9</b>
<b>4. Involving local people and communications/engagement generally .....</b>	<b>10</b>

## **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.

## **Update**

**The Partnership was officially launched on 3 July at an event for representatives of the member organisations.**

**Around 350 people attended the event, which also featured an expo of the improvements already being made across east London and those planned for the future.**

**On 4 July, a similar event was held for other key partners and stakeholders. These included local business organisations and colleges, voluntary and community groups, charities and public and patient representatives.**

**Further events are planned for the early autumn onwards. This includes a health and housing forum to be held in Dagenham on 11 October, involving health and housing providers, and a series of staff and public engagement events across east London.**

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 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 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 east London 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 transformation priorities:

- The right services in the right place: Matching demand with appropriate capacity in east London
- 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

### Update

These priorities have now been categorised under four headings:

- **Healthy and independent local people**
- **Improving services**
- **Right staff, right place, right tools**
- **A well-run partnership**

**More information on this is given in Appendix 2**

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 east London-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 eight delivery plans, can be found on our website [www.eastlondonhcp.nhs](http://www.eastlondonhcp.nhs)

### Update

**The delivery plans are currently being refreshed. Updated versions are due to published in the autumn.**

## **2.2 Partnership 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.

**The Partnership governance structure is attached as Appendix 3.**

Progress has been made in bringing the governance groups together.

### Update

- **ELHCP Community Group – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance.**

**The primary role of this group is to act as a reference group to support the development of the Partnership’s strategies, plans and activities and recommend**

**the most effective way for it to communicate and engage with its many different audiences.**

**A wide range of organisations and people (around 300 in total) from across east London have been invited to co-create the group.**

**An initial meeting was held on 4 July and attended by some 80 people. More information about this is given in section 4 on page 10 below.**

- **ELHCP Mayors and Leaders Advisory Group - To provide a forum for political engagement and advice to the ELHCP STP**

**Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how this Group could develop. See section 3 on page 9 below.**

- **ELHCP Social Care & Public Health Group – Directors of Children’s and Adult Services and Directors of Public Health**

**The directors of adult services are looking to set up a working group to look at the current and future challenges relating to the social care workforce across east London, including recruitment and key worker accommodation**

- **ELHCP Assurance Group – An independent group of audit chairs and local authority scrutiny members to provide assurance and scrutiny**

**This Group is due to hold its first meeting soon. The INEL and ONEL JHOSCs are being invited to nominate members from each to join the Group.**

- **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.**

**This Group is now meeting regularly. It includes council and NHS chief finance officers among its members.**

The arrangements are underpinned by a Partnership Agreement (see Appendix 4) 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.

### **3. Engagement with Local Authorities**

#### **Update**

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

There are now three local authority representatives on the Partnership board:

- Tim Shields, LB Hackney (for City and Hackney)
- Kim Bromley-Derry, LB Newham (for Newham, Tower Hamlets and Waltham Forest)
- Andrew Blake-Herbert, LB Havering (for Barking & Dagenham, Havering and Redbridge)

Cabinet members (health) from the eight east London councils have held three meetings to date to discuss how the Mayors and Leaders Advisory Group could develop.

At the most recent meeting, on 23 June, the cabinet members expressed a strong desire to be more involved in the work of the Partnership, and the shaping of ideas, especially in the development of proposals around accountable care systems and a single accountable officer role. A similar request for more involvement has come from the various Health & Wellbeing boards and some scrutiny committees.

The Partnership chair, Rob Whiteman, and exec lead, Jane Milligan, are now exploring ways of doing this, including having political representation on the Partnership board and in the development of the transformation programmes.

The cabinet members have also been asked to nominate fellow members to join the Community Group (referred to in 2.2 on page 7 above).

Scrutiny members are being asked to join the Assurance Group. The INEL and ONEL JHOSCs have been invited to nominate members from each to join this Group, but this may end up happening on an individual borough basis.

The Partnership is also actively encouraging local authority officers to be involved in the transformation work streams listed on page 7 above.

#### **4. Involving local people and communications/engagement generally**

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

The timescale set by NHS England to produce the initial 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 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 has therefore been to 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 has been to talk about a partnership rather than a plan. It is why we have changed our name to the East London Health & Care Partnership.

The STP itself is still being referred to as such, but it is just one of many things the organisations involved can do together to protect and improve health and care services for the people of east London. Our plans to explore the link between housing and health, starting with a forum about this on 11 October, is one example

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 – the name used by the health service to denote the area.

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 has been 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.

### **Update**

**Many organisations have been invited to join the Community Group and there has been significant interest from across east London.**

**A first get together of interested parties was held on 4 July at Stratford. The event was chaired by Howard Dawber, managing director of the Canary Wharf Group and chair of trustees of the East End Community Foundation.**

**Around 80 people attended the meeting, representing a diverse range of organisations from the London Fire Brigade and London Ambulance Service to local colleges, universities, charities and voluntary groups. Local councillors, Healthwatch members and patient representatives were also present.**

**Participants were asked to give their views and ideas on some of the biggest issues in the area, such as the shortage of key workers, signposting of services and prevention of illness.**

**Notes from the event will be published in July and a further series of meetings are planned for September onwards, after the peak holiday period.**

**In the meantime, some of the organisations and public and patient representatives are being invited to take part in some of the Partnership’s workstreams and other activities, such as improvements to the signposting of services.**

**A determined effort is also being made to involve young people in the Community Group.**

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 have started engaging with them 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 are taking precedence in the immediate future, we eventually want to reach out and engage with as many people as possible, including the wider public.

### Update

The Partnership's website has been rebuilt, with an improved design.  
([www.eastlondonhcp@nhs.uk](mailto:www.eastlondonhcp@nhs.uk))

An easy guide to what the Partnership plans to do and what it means for local people is to be published on the website in July. Printed copies will be made available for people that don't have access to the internet and extracts will be placed in local publications.

Social media and YouTube will also be used to raise awareness of the challenges to health and care in east London, promote service improvements and run prevention campaigns.

The Partnership is also planning a series of public engagement across east London in the autumn. 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.

The Partnership communications and engagement team are working closely with their 300 plus colleagues in the member organisations to create shared opportunities to increase audience reach and give consistent messaging. They are also forging links with wider comms networks across London, including those in other boroughs, the Met Police, London Fire Brigade, TfL, professional organisations, eg Royal College of Nursing, and national charities. The Partnership's comms and engagement is seen as trailblazing in its field.