



## HEALTH & WELLBEING BOARD

**Subject Heading:**

Update on Integrated Care Partnership (previously ACO), locality boundaries and STP

**Board Lead:**

Conor Burke / Barbara Nicholls

**Report Author and contact details:**

Keith Cheesman, Interim Head of Integration  
01708 433 742

[keith.cheesman@havering.gov.uk](mailto:keith.cheesman@havering.gov.uk)

**The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy**

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

### SUMMARY

Following the submission of the Strategic Outline Case in September 2016, work is underway to deliver an Integrated Care Partnership and also to develop 'fast track' localities teams that will design and test a new way to deliver better care and improve the health and wellbeing of our population. It is recognised that the transformation will be very challenging and can only be delivered through strong democratic and clinical leadership to champion and support the changes.

This paper sets out a brief update on progress and particularly the intended configuration of the three localities for Havering.

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Also, this paper provides an update on the North East London Sustainability Transformation Plan (NEL STP) and in particular will describe the progress made to date on the governance structure for the Plan.

### RECOMMENDATIONS

Health & Wellbeing Board is asked to note the detail of this report and to agree the defined locality areas.

### REPORT DETAIL

Our health and wellbeing system is facing significant challenges. The existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand as a result of pressure from population growth, rising levels of long term conditions, variable levels of deprivation, and a constrained financial situation. The status quo is therefore simply not an option.

The locality delivery model is a more intelligent way of delivering health and social care, built around a defined population rather than around institutions, with a focus on delivering better outcomes. The model was developed with primary care leaders and partner organisations through a programme of workshops in early in 2016.

As a result of the Devolution opportunities and development of a Strategic Outline Case (SOC) for Barking Havering and Redbridge we have a much clearer picture of what we can do together to address our challenges.

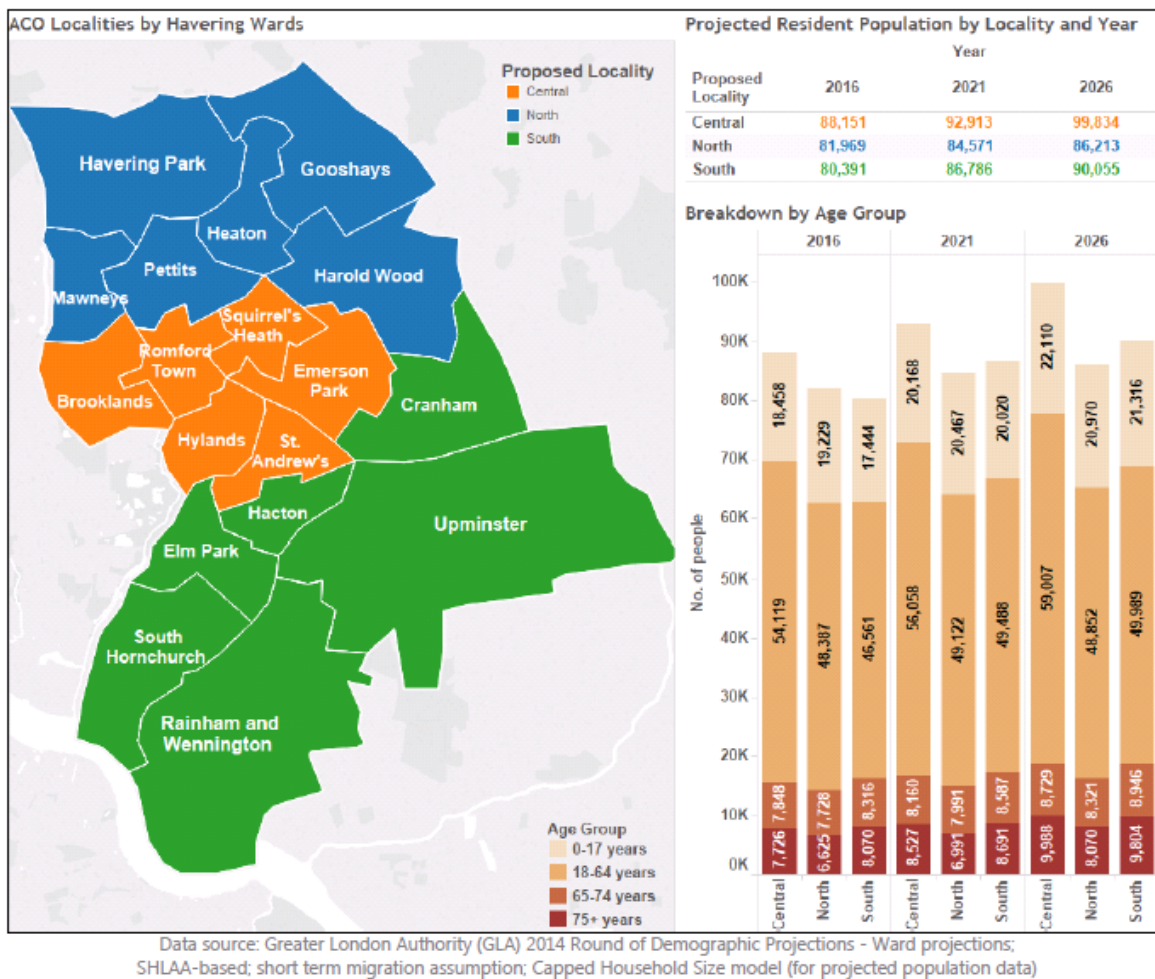
Research suggests that the best way to meet the needs of our people is through development of a new locality delivery model, which integrates health and wellbeing services for our population, based on place-based care - this builds on local experiences with Health 1000, and international experience with examples such as the Alzira model in Spain. We want to develop local teams empowered to deliver better outcomes for our local population.

Identification of the issues, needs and opportunities was informed by:

- **Public and staff engagement** – involving 8,000 people over the past twelve months who work in health and care, or live, in Barking and Dagenham, Havering and Redbridge.
- **Voluntary sector engagement** - dialogue and workshops, with voluntary sector organisations across Barking and Dagenham, Havering and Redbridge, as well as north east London and national.

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The localities model responds to the outputs of this programme of engagement, where health and care staff highlighted the impact that artificial barriers between services can have on the delivery of high quality care, and a number of the population reported feeling confused about the services available to them, which ones were the right ones to access, and how and when they should access them. Detailed work to develop the model is being conducted through the Havering Localities Development Group through a series of workshops and development sessions. The map below shows the Havering localities as currently defined. These have taken into account current population as well as future population growth, and a breakdown of age by locality is also included for information:



**Figure 1:** Proposed Havering Localities, by ward and estimated resident population of all ages, children (aged 0-17 years), adults (aged 18-64 years) and older adults in two bands (aged 65-74 years and 75+ years) and for 2016, in five years (2021) and in ten years (2026)

Initial consideration of the option to create an Accountable Care Organisation concluded that the structural realignment required for a new and separate organisation would add relatively little over and above what could be achieved by closer integration of services, closer commissioning arrangements and the localities model. Therefore, thinking moved towards an Accountable Care System,

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where much of the spirit of that original intent is retained but without the additional organisation form. Recognising that the BHR Health and Care system has been working together through the Integrated Care Coalition for some years, the term “Integrated Care Partnership” has been adopted for the group of senior politicians, clinical leaders and senior management of the partner organisations that started meeting as the “Democratic and Clinical Overview Group” at the beginning of 2016 and which steered the development of the SOC.

A sub-group has been formed to consider how joint commissioning arrangements between the CCGs and Local Authorities across the three boroughs can be developed.

### **North East London Sustainability Transformation Plan (NEL STP)**

Partners from across North East London are working together to deliver a common plan to drive genuine and sustainable change, putting the patient and their experience at the heart of quality improvement and achieving improved health outcomes in the longer term by developing the STP for north east London. This involves organisations including: 7 CCGs, 8 Local Authorities and 5 NHS Provider organisations. Also involved are GP provider groups, colleagues from NHS England, NHS Improvement, Health Education England and UCL Partners.

The STP is a plan for working together across north east London where it makes sense to do so. A number of local plans are aligned to the STP that help achieve those ambitions including the BHR accountable care plans mentioned above. All 44 STPs nationally have now been published, and you can read the NEL STP, delivery plans for the priority workstreams and a summary on our website

The top three stated ambitions are:

- 1. Promoting prevention and self-care** – to reduce the burden on health care services, we want to encourage more people to look after themselves and their health so that they stay well.
- 2. Improving primary care** – to meet the rising demand placed on our primary care services, we will transform primary care by working together and using multi-disciplinary teams comprised of community, social care and healthcare professionals.
- 3. Reforming hospital services** – most of our hospital care does not currently meet the required standards. We will change this by reforming hospital care through redesigning patient pathways and working together more closely.

The launch of the 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, the governance and leadership arrangements are being updated to ensure they continue to remain effective with appropriate membership.

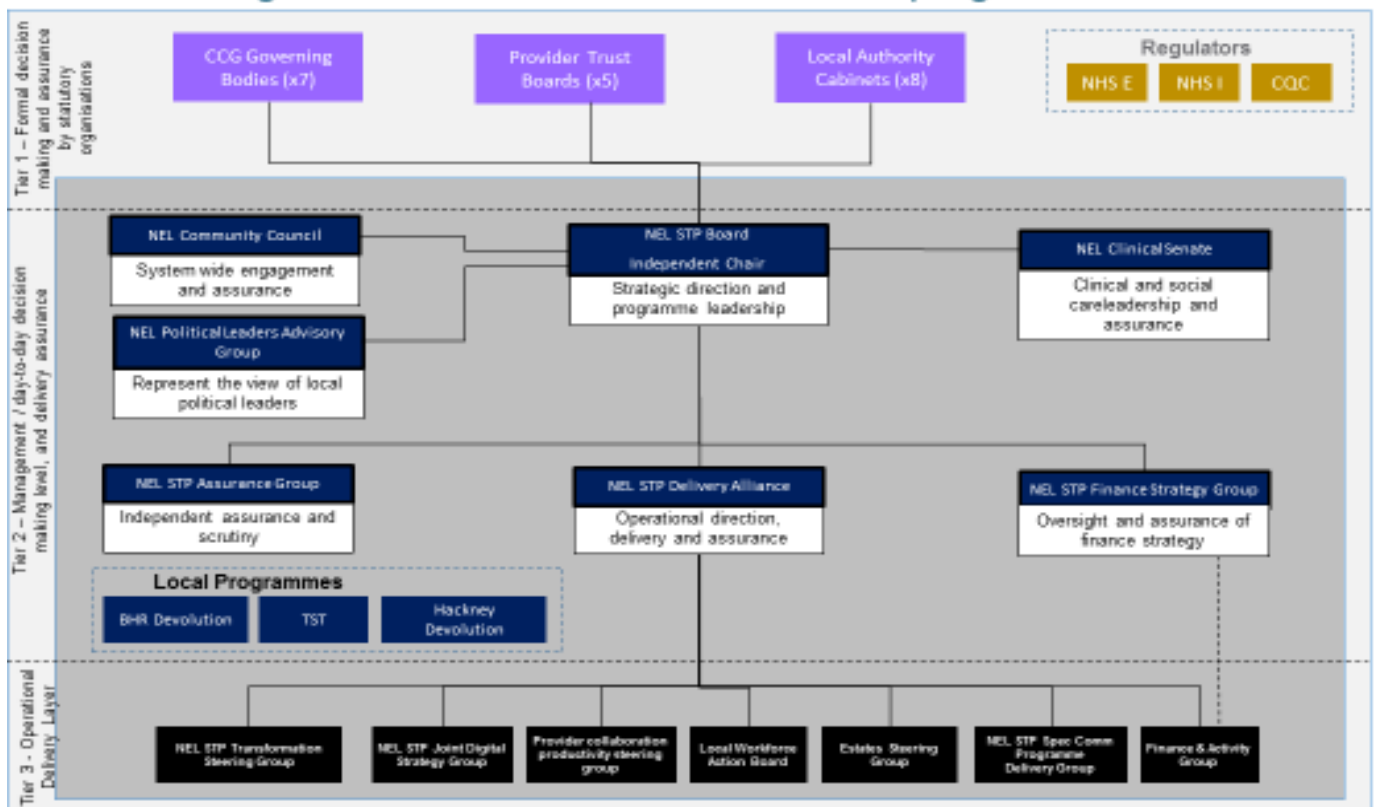
A governance task and finish group (including health organisations, local authorities and Healthwatch) has been set up to review and update the governance arrangements to reflect this change in focus. Through this group a shadow

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governance structure has been developed, with initial terms of reference for the key governance forums. This governance structure recognises and respects 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 NEL STP Board), several new bodies have been added to strengthen the level of assurance and engagement, most notably:

- Community Council – A council of residents, voluntary sector, councillors and other key stakeholders to promote system wide engagement and assurance
- Assurance Group – An independent group of audit chairs to provide assurance and scrutiny
- Finance Strategy Group -To provide oversight and assurance of the consolidated NEL financial strategy and plans to ensure financial sustainability of the NEL system.

### Shadow governance structure for NEL STP programme



Focus is now on the 2017-19 operational planning and contracting round. These contracts will reflect two-year activity, workforce and performance assumptions that are agreed and affordable and we're working towards the target deadline of having all 2017-19 contracts signed by 23 December 2016.

NEL workstreams are being supported to take forward the transformation of clinical and support services to start to implement the good ideas and solutions in their

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delivery plans.

A Memorandum of Understanding has also been developed for the shadow governance arrangements and this is currently with boards of local authorities, NHS Trusts and CCGs for review and sign off. Once this happens the governance arrangements will be tested for a period of six months.

In scope for this MoU are:

- Governance arrangements for the development of the North East London STP
- Governance arrangements for the implementation of the STP schemes defined in the North East London STP
- Alignment with the wider health system plans and governance, including devolution programmes and regional boards
- Development and operation of the governance arrangements for the NEL STP Financial Strategy to achieve the system control total (once agreed)

Out of scope are:

- Local organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities
- Internal organisational decision making processes
- Local governance arrangements for the delivery of local (non-NEL wide) programmes including the BHR Accountable Care System

The NEL STP system level governance arrangements that support the development and implementation of the NEL STP will require collaboration and active engagement from all system partners to ensure the interests of all organisations are appropriately represented.

A key aspect of this process is the agreement of a common set of principles that will guide the development of the new governance arrangements. The proposed set of principles for the NEL STP system governance, which have been developed collaboratively by the Governance Working Group and endorsed by the STP Board, are outlined as follows:

- **Participation:** Representation and ownership from health and social care organisations, local people and lay members to clearly demonstrate collaborative and representative decision making
- **Collaboration:** All parties will work collaboratively to deliver the overall NEL STP strategy, in the best interests of the wider system and local people
- **Engagement:** Local people will be engaged and involved in the NEL STP governance to ensure their views and feedback are considered in the decision making processes. This engagement should operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups)

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- **Accountability:** Define clear accountabilities, delegation procedures, voting arrangements and streamlined governance structures to support continuous progress and timely decision making. Delegation of work to the groups with the relevant expertise and authority to deliver it
- **Autonomy:** Recognise the autonomy of the health and social care partners of the NEL STP. Operate in a manner that is compliant with legal duties and responsibilities of each constituent organisation and the NHS as a whole (e.g. legal responsibility for consultation on service changes). Ensure alignment with the local organisations' governance and decision making processes recognising statutory and democratic procedures
- **Subsidiarity:** Ensure subsidiarity so that decisions are taken at the most local level possible, and decisions are only taken at a system level where there is a clear rationale and benefit for doing so
- **Professional Leadership:** Demonstrate strong professional leadership and involvement from clinicians and social care to ensure that decisions have a robust case for change and senior level support
- **Accessibility:** Ensure complete transparency in all decision making to support the development of mutual trust and openness between organisations. Provide the necessary assurance to system partners on key decisions. Collaborative working and information sharing between working groups to ensure consistency.
- **Good Governance:** Recognise that good system level governance will require robust planning and horizon scanning to ensure that proposals are presented to the statutory organisations in a timely way, that align with their local governance and decision making processes. However, where necessary local organisations will try to be flexible to support the system level governance

It is proposed that this Memorandum of Understanding will be superseded by a formal partnership agreement between these organisations, no later than April 2017 when the shadow NEL STP governance arrangements are formalised.

**BACKGROUND PAPERS**