



Appendix 1: East London Health & Care Partnership General Update March 2018

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 Partnership is therefore shaping the way it tackles its priorities around five local areas, bringing together the councils and NHS organisations together within them as local care partnerships to ensure the people living there get high standards of care designed around their needs:

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

The wider Partnership 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 east London
- 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 will put a stop to duplication and unnecessary expense

The involvement of councils is also 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. What the Partnership is doing and the 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. However, it is now just one of many things the Partnership can and wants to do.

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

It sets 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*.

The plan 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 officially remains as submitted, in draft form, but things have moved on considerably since then, as the various organisations and other interested parties have come together to develop shared ideas and solutions. They have created a series of transformation workstreams to focus on the following:

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

All of the workstreams have set out what they want to do and what it will mean for local people (see *Appendix 2 Better Care and Wellbeing in East London*). Their ambitions are now being developed further in terms of how they can be achieved and when.

Some of the ideas are dependent on additional ‘transformation’ funding, and the Partnership is currently bidding for this from NHS England and other sources.

Once plans have been sufficiently developed, and any necessary funding is in place, the Partnership will engage fully with stakeholders, so they can contribute their views and ideas. This includes the wider public, as appropriate.

However, many improvements are already being made. Some examples are shown in *Appendix 3*.

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 member organisations, through their existing governing bodies or systems.

The Partnership does, however, have a governance structure for its activities. The existing one is attached as Appendix 3, but this is currently being reviewed and streamlined, following feedback from the member organisations. More information on this will be available soon.

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

The seven north east London CCGs are now working together as the 'North East London Commissioning Alliance' where it makes sense, and is in the best interests of patients to do so.

The aim of the new arrangements is to establish commissioning that is truly integrated around patients; puts their needs first; is 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 discussions and decisions happen at the most appropriate level. Specialised commissioning is one example of something that is best done at an east London level, due to its scale.

All seven CCG governing bodies agreed in September to the appointment of a single accountable officer. Subsequently Jane Milligan was appointed to the role, and formally took up the post in December.

Jane is the accountable officer for all seven CCGs and sits on their respective governing bodies, supporting them to discharge their statutory responsibilities. She also acts as the executive lead for the East London Health & Care Partnership, which includes the North East London STP.

By linking the accountable officer role with responsibility for strategic planning and the East London Health and Care Partnership the new arrangements are bringing together, in a more effective and transparent manner, all those involved in the delivery of health and social care.

As single accountable officer, Jane will be providing clear system leadership and coordinating the CCGs' work to improve services and health outcomes for all local people, and support the very strong desire to build sustainable local 'Integrated (formally Accountable) Care Systems' in north east London.

By working as a commissioning alliance, the CCGs will be better placed to harness the benefits of greater collaboration across the system with CCGs, NHS organisations, local authorities and the voluntary and community sector working closer together.

The new commissioning arrangements aim to ensure commissioning is truly integrated around local people and significantly improve both services and health outcomes.

This includes:

- Developing prevention and self-care

- Better primary and community services so that services are closer to home
- Demand and capacity planning across hospitals
- The role of specialised health services, the commissioning of which is likely to move from NHS

England London to the Alliance for 2019/20

The North East London Commissioning Alliance aims to organise commissioning arrangements to reduce fragmentation and duplication across the north east London CCGs by adopting common approaches and doing things once where it is appropriate and beneficial to do so.

CCGs remain legally responsible for the delivery of their responsibilities and these arrangements will not change that.

Individual CCGs remain responsible for joint commissioning with local authorities and most of the CCG activity taking place at the borough level – whether this is integrating services with local councils, redesigning key pathways or delivering services at a neighbourhood level.

At a local level each CCG is headed by an acting managing director (MD). They will be providing local senior leadership and support as well as contributing to the wider development of the new commissioning arrangements across NEL.

Acting managing directors were appointed across all CCGs until the end of March 2018 – in BHR Conor Burke was appointed as the interim MD. Ceri Jacobs, currently at NHS-England, has been recruited as the permanent managing director, and will take up her post in April.

An Alliance director of strategic commissioning – Les Borrett (who was formally Waltham Forest CCG's Chief Finance Officer) - has been appointed on an acting basis to June 2018.

Les is ensuring the transformation programmes across north east London are aligned and deliver the Alliance's ambitious improvement plans. He is also leading on making sure the national commissioning planning requirements are met, including needs assessments and demand and capacity planning, and that they are underpinned by robust commissioning and contracting with our major providers.

A major pillar of the new arrangements will be developing robust and transparent governance structures.

Key to this is a new Joint Commissioning Committee (JCC) that will consider strategic functions that need to take place at north east London level and discuss items common to all CCGs.

Each CCG will take part in the decision-making process affecting commissioning of services in each borough. This is being developed as set out in our arrangements that went through the CCG Governing Bodies.

The JCC will look to align all our commissioning strategies, such as urgent care, and undertake some direct commissioning of services like NHS111.

The committee will formally come into effect on 1 April. Until then it will work in shadow form without formal powers or role, but will act as consultative body for the single accountable officer and her team.

5. Engagement

The Partnership has been engaging with various key stakeholders over the past year, but it has mainly been to establish relationships rather than talk about specific plans.

They include the police, fire and ambulance services; professional associations such as the BMA; housing, education and local business organisations; the voluntary and charity sector; community groups; and public and patient representatives.

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

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

Instead, we are looking to develop smaller ones based around localities or areas of interest. Rather than create something new, we are building on existing forums and networks such as Health & Wellbeing Boards and voluntary groups. These bring many of the stakeholders together already.

Just mapping the various interests has been a challenge. While many networks are already in place,

they don't always connect with each other. Many organisations we have spoken to have welcomed our efforts to do this.

It is important to get the language right, too. It's why we talk of a partnership, and people working together, rather than a plan.

A priority has been to address the poor image of STPs; the perception of secrecy and cuts; the view that they are overly ambitious and lack credibility.

People agree about the challenges facing health and care services and that something needs to happen to ensure they meet current and future demands. What they want to know is how we plan to tackle 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 and develops shared ideas and solutions. Once these are agreed, and any necessary funding and resources are in place, the Partnership can then start holding meaningful conversations with people.

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.

As already said, there are many groups we need to engage with, and we are seeking advice and guidance on how we should go about it.

We are working closely with our communications and engagement colleagues in the partner organisations to make use of their local insight and networks. We have established regular meetings with local Healthwatch organisations and are seeking help from the community voluntary sector, not just with our communications and engagement activities but the development of ideas and plans generally.

While some of our activities are pertinent to everyone in east London – such as those around prevention, signposting of services and improvements to NHS111 – we intend to frame most of them at a local level, to give more relevance. Again, we are working closely with all the right people in doing this.

Our first major engagement event was the Partnership launch held in Stratford last July. This was well-received, and we now want to hold similar events across east London in 2018, showcasing the current and planned improvements to services and listening to people's comments and suggestions.

A roadshow style of engagement – 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. A number of existing forums and networks have expressed a desire for this.

The various festivals and events held in boroughs each year are also valuable. Our presence alongside public health, NHS and voluntary sector organisations at the two of the biggest, last summer, demonstrated the effectiveness working together can have in terms of attracting public attention. Both were highly successful, pulling in lots of people, and we plan to do it again this year, joining up with 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 have access to many of the people we need to engage with.

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. We hope to do more of these, on topics such as workforce and prevention, and are also looking to hold events with specific interest groups, such as young people.

But one of the most important groups we must engage with is our staff. They 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. It is vital they feel involved in what we are doing and 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 months to create awareness and understanding of what the Partnership is about; what it is planning to do;

what it will mean for people; and what they can do.

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