



HEALTH & WELLBEING BOARD

Subject Heading:

Work of the Integrated Care Partnership

Board Lead:

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

- ☒ Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- ☒ Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- ☒ Theme 3: Provide the right health and social care/advice in the right place at the right time
- ☒ Theme 4: Quality of services and user experience

SUMMARY

The transformation of the health and social care economy for Barking & Dagenham, Havering and Redbridge is being managed through the BHR Integrated Care Partnership (ICP). The ICP Board is chaired by Cllr Maureen Worby, Cabinet Member for Social Care & Health Integration in London Borough of Barking & Dagenham.

The ICPB held a special session on 31 October, in which members of the Board reviewed the current position on governance, transformation priorities, and future developments of the ICPB work plan. The discussion was positive, and reaffirmed all parties' commitment to the Partnership, whilst also pushing for a clearer emphasis on tackling wider determinants of poor health and increasing the pace around delivering demonstrable change. At the close of the workshop, the Chair issued a challenge to provide three clear, publicly demonstrable outcomes that would result

from the collaborative work of the ICPB; this is currently being worked on by partners.

This report summarises the position on governance, the current BHR NHS transformation programme priorities, and the areas that are being considered by the ICPB for the future development of the programme. It also includes an overview of the NHS Financial Recovery Plan, which is being managed alongside the wider ICPB programme.

The Integrated Care Partnership is a collaborative programme for delivering sustainability in the health and care services of Barking & Dagenham, Havering and Redbridge. It does not replace the decision-making arrangements of the constituent partners at this point, and therefore it is important that the Health & Wellbeing Board is able to review progress and influence the direction that the work is taking.

RECOMMENDATIONS

Members of the Health & Wellbeing Board are recommended to:

- Note the content of this report, where it details the governance and current direction of travel of the Integrated Care Partnership, including the issues that arose from its recent consideration of the programme so far;
- Note the proposals around locality boards and any considerations around how this might be established;
- Provide any comment back to the Integrated Care Partnership Board on the work that it is undertaking, and how the Health & Wellbeing Board can be more meaningfully involved in future;
- Agree the proposal that a further report comes back which outlines the ways in which the ICPB work programmes will support delivery of the new Health & Wellbeing Strategy for Havering.
- Note the presentation on the NHS Financial Recovery Programme and discuss the key areas of focus and any areas of concern raised by the proposed approach; and
- Agree how the HWBB would like to receive the final version of the Recovery Plan when it has been updated following Regulator feedback.

REPORT DETAIL

1. Background

- 1.1 This report updates on the work of the Integrated Care Partnership Board (ICPB) and seeks Havering Health & Wellbeing Board comments, feedback and endorsement of the ongoing work of the ICPB
- 1.2 At a workshop attended by ICPB members on Wednesday 31 October, the Board reaffirmed the BHR ICP vision, the importance of focussing on



developing resilience and focussing on prevention, and confirmed partners commitment to working together to deliver the joint vision

- 1.3 At the conclusion of the workshop, the Chair of the ICP Board issued a clear challenge to senior leaders to develop a clear way forward for the Integrated Care Partnership, craft a more coherent narrative about the benefits to be delivered, and to identify three big tangible changes that will be delivered in the year ahead. This work is underway for consideration at the January 2019 meeting of the ICP Board.

2. Governance of the Partnership

- 2.1 The vision and structure of the Partnership is outlined at Appendix 1, including the reporting lines of the Joint Commissioning Board, Provider Alliance and Health & Care Cabinet. These are the three main operating groups for the Partnership, and their roles are:

- The Joint Commissioning Board takes a system overview of the contracting and planning arrangements for health and care services, and ensures that competing or duplicating contracts and incentives are removed;
- The Provider Alliance brings together the providers of services to plan and deliver the new ways to deliver health and care services that will be needed in an integrated care system;
- The Health & Care Cabinet is a professional and clinical collaborative that shapes the priorities of the emerging integrated care system and ensures that all developments are influenced by clinical and professional experience and perspective.

- 2.2 The governance also includes the relationship with regulators, NHS England and NHS Improvement in particular, acting together in a single oversight of the health and care system. This is a significant step, and only achievable because there is a clear structure for collaborating across BHR. This allows a single conversation with the regulators about the financial pressures applying across the system, rather than resting with any single agency. Whilst it is more relevant at this point in an NHS context, it is helpful to NHS partners to be able to operate in this way, and therefore assists the collaboration with local authorities on responding to the priorities that are locally determined.

3. Transformation priorities

- 3.1 The Partnership brings together the long-term ambitions to transform services with the immediate priorities for system recovery and savings requirements for partners. It is intended that the response to immediate pressures is therefore evaluated in the context of what delivers the long-term vision of an integrated care system.
- 3.2 A set of transformation workstreams have been established. Four of these are the primary focus of the Integrated Care Partnership Board itself, whilst



others are being run by NHS partners under the principles and general overall direction set by the ICPB. The four main priority areas are:

- Older People and Frailty;
- Mental Health;
- Children & Young People; and
- Long-Term Conditions.

3.3 There is currently a significant amount of work being undertaken to ensure that the plans that are being established are genuinely reflective of all partners' agency priorities wherever possible. A local authority lead and a clinical health-sector lead is being identified for each transformation workstream. Appendix 2 sets out the transformation programme structure.

3.4 A review of the locality governance is an important element of establishing joint oversight between the ICPB and the Health & Wellbeing Board.

4. Integrated Care Partnership Board: agreement to the programme

4.1 Whilst the ICPB has agreed this programme in broad terms, and supported the development of the governance which will allow a better mechanism for collaboration, there are a number of areas that they have signalled for further development. These are:

- A requirement to focus on developing resilience, prevention and self-care in order to reduce demand for acute hospital services and long term health and care arrangements;
- A substantial, system-wide, financial deficit, exacerbated by significant population growth not currently reflected in increased funding allocations;
- Difficulties in separating the wood from the trees, in mobilising a complex programme, ensuring joint ownership and in developing and communicating a coherent and compelling narrative.

4.2 It also identified some opportunities:

- The opportunity to re-focus the narrative and to identify three key priorities for the year ahead and to communicate these effectively to Cabinet Members, senior leaders, partners, staff and residents;
- Work underway to refresh Health and Wellbeing Strategies and provide a clear strategic and borough specific context for the Integrated Care Programme.

Specific areas for development

4.3 Prevention and Resilience

It is recognised that a greater focus is required on building resilience and that the existing approach of requiring that prevention activity featured in the work programme of each transformation priority was insufficient. A stronger approach across the Partnership's activity, supported by the wider input of local authorities together with their Public Health colleagues, and linked to the three Health & Wellbeing Strategies is therefore required.



4.4 **Localities and Health and Wellbeing Boards**

At the workshop it was recognised that while localities feature heavily in the ICP vision, there is currently insufficient visibility or focus on how this approach is being delivered. Localities need to be more clearly visible in the programme delivery. At the same time, fresh thinking is required about how best to engage H&WB Boards in the ICP programme. An option that was discussed, was that HWBBs could provide a mechanism for championing localities, ensuring locally-drive change is delivered on the ground, and for ensuring that 'place' is central to place-based care approaches.

4.5 **Clarity and transparency**

There was criticism at the workshop that while on the one hand small issues gravitated upwards to the ICPB, it was not always clear where decisions are being made or who is being held accountable. Consideration therefore needs to be given to where decisions are best taken, the mechanism for holding different bodies and organisations accountable, and for preventing duplication. In general terms:

- The ICPB should be used for big decisions, after due consideration by the appropriate governance of partners, focussing on strategy, managing sub regional and acute contracts;
- The JCB should act as a Programme Board, holding Transformation Streams to account and ensuring that these are jointly owned, adequately resourced and accountable for delivery;
- The Health and Care Cabinet is responsible for providing clinical assurance, direction and oversight;
- Transformation Boards should operate consistently and be accountable to the JCB.

This also related to the discussion about the meaningful involvement of Health & Wellbeing Boards.

4.6 **Communication and Engagement**

The Partnership needs to do much better: co-design needs to feature in each transformation stream, better ways of working with the community sector are required. As well as clinical leadership, localities require citizen involvement and local leadership. A substantial programme of communication is required to set out the purpose and successes of the Integrated Care Programme.

4.7 **Joint Transformation Fund**

This has been identified as a priority in order to give clear resources that help the collaborative work to have impact; it was agreed that this should be progressed further.

4.8 **System-wide Health and Care Budget**

Work is underway as part of the submission to NHSE of a Financial Plan in December 2018 to create a single system-wide budget position. However, given timescales this is currently a more NHS-focused activity, and will need to be further developed to include a meaningful understanding of the local



authority contribution to a system budget. As well as setting out a route towards equilibrium, consideration should also be given to how to prioritise investment in prevention, localities and resilience and how to operationalise a capitated approach to budgeting, where appropriate.

4.9 Other issues that should be in scope

There was some discussion about the omission of issues around disability, including learning disability, in the scope of the programme (for example, the reporting lines of the Transforming Care Programme Board) and that, since this was a major concern for local authorities, it should have greater prominence. This was also the case for some of the routine joint planning forums such as A&E Delivery Board.

Next steps for the ICPB

- 4.10 The above issues have all been considered by the Joint Commissioning Board, with various ways forward being proposed.
- 4.11 Partners are considering the establishment of a joint programme office for 2019/20 which will ensure that there is the resource in place to set the pace that is desired by all partners. Mark Eaton, Director of Recovery for BHR CCGs has established resources to support the transformation programmes, and partners need to consider their contributions to form a jointly owned programme office.
- 4.12 Matthew Cole, Director of Public Health for Barking & Dagenham, has proposed a framework of measures around prevention which will be considered by the Joint Commissioning Board on 28 January 2019, and which sets outcome indicators under four domains: the wider determinants of health; our health behaviour and lifestyles; the places and communities in which we live; and an integrated care system. This is intended to help to reframe the discussion on the transformation priorities.
- 4.13 All organisations' communications leads are engaged in a network, led by Rowan Taylor, Head of Communications for BHR CCGs, and are beginning to consider the staff and public communication priorities to support delivery of the transformation workstreams.

5. NHS Financial Recovery Programme

- 5.1 The presentation attached at Appendix 3 is provided to give the HWBB an update on the progress of the Financial Recovery Plan for the BHR System that is being jointly submitted by the CCGs, BHR University Trust (BHRUT) and NELFT (North East London Foundation Trust) to bring the NHS Partners/System back to financial balance by March 2021.
- 5.2 The document was submitted to regulators (NHS England for the CCGs and NHS Improvement for BHRUT and NELFT) in December 2018 and will be approved with any revisions by the partner boards in January 2019 during



which process the document will be made fully available to the public, partners and wider stakeholders.

- 5.3 This is an ambitious plan that relies on transforming services and improving outcomes for patients as the core driver for financial recovery across multiple organisations and which will have both financial benefits to and will need support from Social Care and Public Health colleagues.

6. Next steps and issues for the Health & Wellbeing Board to consider

- 6.1 The Health & Wellbeing Board will wish to note the governance and transformation plans for the Integrated Care Partnership.
- 6.2 The Board may wish to consider the plan for the establishment of the Locality 4 Board for Barking Riverside, and how the other locality boards may be established in order to strengthen the role of the Health & Wellbeing Board is overseeing delivery of ICPB programmes in Barking & Dagenham.
- 6.3 It may also want to decide on what further routine reporting the Health & Wellbeing Board would want in order to be assured that they have a routine input and oversight of the delivery of the ICPB agenda in this borough, and that it delivers the Health & Wellbeing Strategy.
- 6.4 Finally, the Board will wish to be assured that the work of the ICPB is supporting delivery of its Health & Wellbeing Strategy. Now that there is an emerging stronger transformation plan for the ICPB, and the HWBS has been agreed in final form, the HWBB may want to request a further report in due course setting out the ways in which the ICP programme delivers the Health & Wellbeing Strategy.

7. List of Appendices:

Appendix 1: Vision and Structure of the Integrated Care Partnership

Appendix 2: Structure of the Transformation Programme for the BHR ICP

Appendix 3: NHS System Recovery Plan presentation

IMPLICATIONS AND RISKS

Financial implications and risks:

No direct implications arising from this report which is for information purposes only.

Any significant decisions arising from the ICPB will be subject to normal governance processes within the relevant organisation.



Havering

L O N D O N B O R O U G H

Legal implications and risks:

No direct implications arising from this report which is for information purposes only.

Human Resources implications and risks:

No direct implications arising from this report which is for information purposes only.

Equalities implications and risks:

No direct implications arising from this report which is for information purposes only.

BACKGROUND PAPERS

None