North East London Health & Care Partnership

Update on North East London Health and Care Partnership

Joint Health and Scrutiny committees

July 2022

North East London Health & Care Partnership

Introduction and overview

- The following slides provide an update on the latest developments across the North East London Health and Care Partnership including:
  - A reminder of the North East London Health and Care Partnership, its formal governance as of 1 July and its purpose, priorities and principles
  - An overview of the establishment of NHS North East London on 1 July including board membership, executive leadership and governance
  - An overview of the approach to a financial strategy for North East London
  - An overview of the NEL HCP people and communities strategy

North East London Health and Care Partnership (NEL HCP)

NEL HCP - the Integrated Care System

- The North East London Integrated Care System is known as North East London Health and Care Partnership and is chaired by Marie Gabriel and with Zina Etheridge, ICB CEO, the system convenor.

- NEL HCP is a formal alliance of partners with a role in improving the health and wellbeing of our residents. Together we set the overall strategy that will guide our collective work and hold the wider health and care system to account for how services are delivered in a more joined up way.

- As of 1 July the governance of the NEL HCP will be via the Integrated Care Partnership, a core statutory component of the system. In north east London partners have agreed that we will establish an inclusive ICP, including all local authorities, and with wide membership across our partnership. It was agreed that a smaller 'steering committee' would be established to plan and coordinate the business of the ICP. The proposed membership of the ICP 'steering committee' includes the ICB Chair, two elected members – inner and outer, two NHS trust chairs – acute and mental/health, the ICB chief executive, a VCSE collaborative nominee, a Healthwatch group nominee and a primary care collaborative leader

North East London Health and Care Partnership purpose, priorities and principles

Our purpose:

"We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity."

We will design and operate the NEL ICS in a way that:

- improves quality and outcomes
- secures greater equity
- creates value
- deepens collaboration

NEL's flagship priorities

- Children and young people – *to make NEL the best place to grow up*
- Mental health – *to improve the mental health and well being of the people of NEL*
- Employment and workforce – *to create meaningful work opportunities for people in NEL*
- Long-term conditions – *to support everyone living with a long-term condition in NEL to live a longer, healthier life*

NHS North East London

The establishment of NHS North East London

- In April 2022 the Health and Care Act achieved Royal Assent. As a result on 1 July CCGs were disestablished and replaced by Integrated Care Boards (ICB). Our ICB is known as NHS North East London (NHS NEL).
- NHS NEL is led by Marie Gabriel CBE, Chair and Zina Etheridge Chief Executive as well as a newly appointed board and team of senior executives.
- We have moved from the governing body of the CCG, made up of primary care leaders and lay members, to an integrated Board that retains an important role for primary care but includes a broader range of other members from our Trusts, local authorities and the voluntary, community and social enterprise sector.
- We have an agreed constitution which can be accessed online: https://www.england.nhs.uk/wp-content/uploads/2022/06/8-nhs-north-east-london-icb-constitution-010722.pdf

NHS North East London Integrated Care Board members

NHS North East London

2x NHS Trust partner members

2x primary care partner members

Marie Gabriel
Chair

Zina Etheridge
NHS NEL CEO

Shane DeGaris
Barts/BHRUT Group CEO

Paul Calaminus
ELFT CEO

Dr Jagan John
GP

Dr Mark Rickets
GP

1x VCSE* partner member (TBC)

3x non-executive members

Henry Black
Chief Finance & Performance Officer

Diane Jones
Chief Nursing Officer

Paul Gilluley
Chief Medical Officer

Rajiv Jaitly
Audit

Imelda Redmond
Quality

Diane Herbert
Remuneration & workforce

2x local authority partner members (TBC)

*VCSE refers to the voluntary, community and social enterprise sector

NHS North East London

NHS North East London executive leadership team

Zina Etheridge
Chief Executive Officer

Paul Gilluley
Chief Medical Officer

Diane Jones
Chief Nursing Officer

Henry Black
Chief Finance and Performance Officer

Charlotte Pomery
Chief Participation and Place Officer

Francesca Okosi
Chief People and Culture Officer

Johanna Moss
Chief Strategy and Transformation Officer

Shared decision-making within NEL

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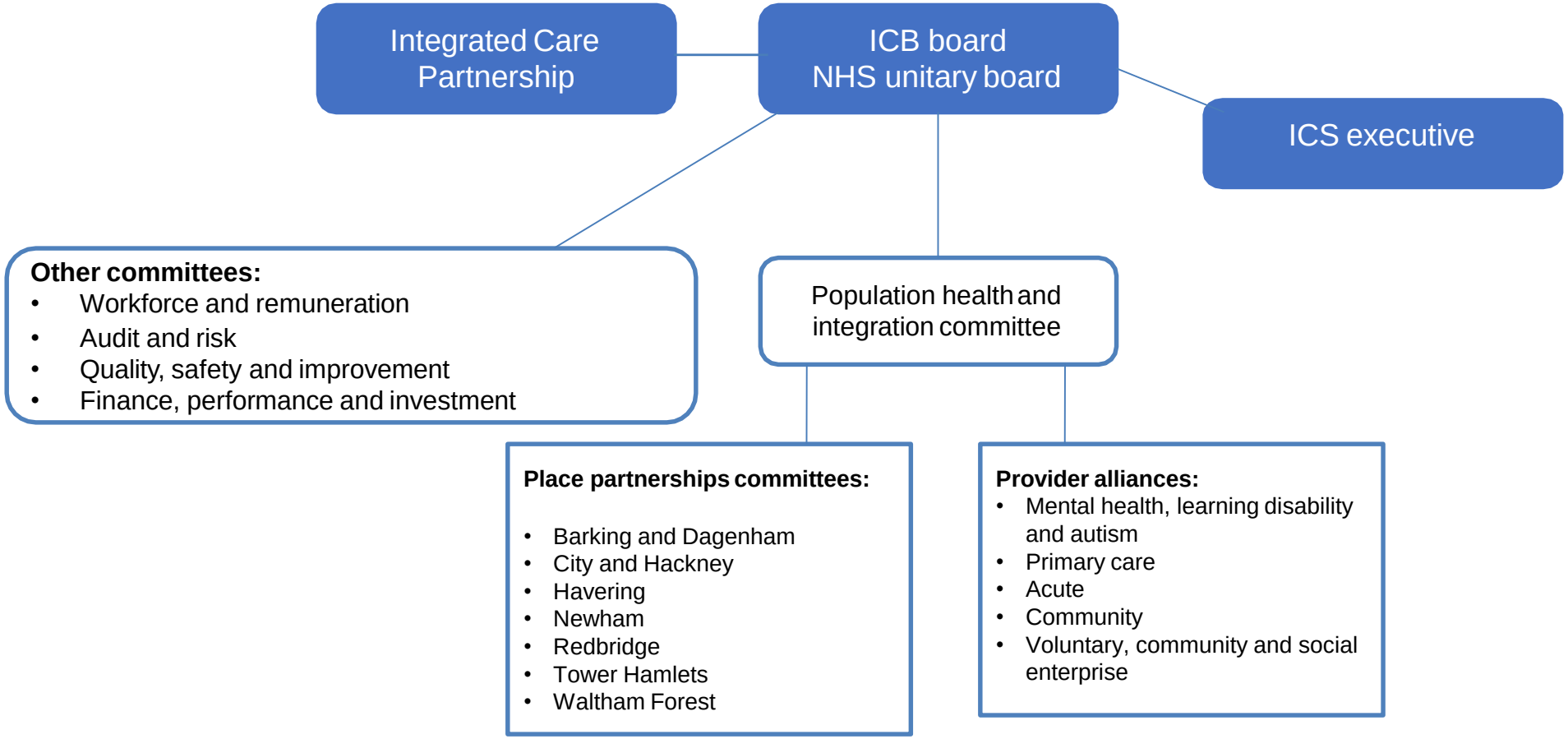

North East London Health & Care Partnership

NEL Financial strategy

We have developed a set of eight objectives for the future financial regime within north east London, aligned to our overall system design principles

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Improving quality and outcomes

1. **1.Incentivise transformation and innovation** of clinical practice to improve quality.
2. 1.Support delivery of **care closer to patients' homes**, specifically to invest resources in services that take place outside of the hospital environment, to ensure patients have the opportunity to be treated and cared for in their own home for as long as clinically safe and feasible.

Securing greater equity

3. 1.Refocusing the system and how it spends its money **to focus on population health**, including proactive investment in measures that make people healthier
4. **Increase investment in prevention**, earlier intervention and the wider determinants of health, including environmental sustainability
5. **1.Level up investment** and address any historic anomalies in funding distribution.

Creating value

6. 1.Support our providers to **reduce transactional costs, improve efficiency** and reduce waste and duplication.
7. **1.Support the financial stability** of our providers and underpin a medium term trajectory to financial balance for all partners.

Deepening collaboration

8. 1.Underpin the **integration of health and social care** for people living with long term or chronic health conditions who currently receive care from multiple agencies.

We expect our financial regime will iterate over time as we 'learn by doing', but we will use these objectives to set our direction and to help us course correct

Background and context

A new legislative environment

NHSE requires ICBs to spend within their allocations and that ICBs with their partner trusts ensure that they are delivering a balanced financial system.

This will need to be set out in financial plans for the system that describe how we intend to manage resources within our allocationfor the financial year, including plans to manage any risks identified.

There is also a duty on all NHS organisations to consider the wider impact of their decisions and in reference to the NHS triple aim.

Moving from…

Separate, opposing roles for providers and commissioners

Competition between providers

Moving to…

Collective stewardship of resources as a partnership

Mutual accountability for maximising value for money

Pressures and challenges

North East London Health & Care Partnership

Pressure on budgets increasing:

- Covid allocation (the money we were given to manage through the pandemic) – is being reduced from £184m to £79m (**reduction of £105m,** c.57%)
- Allocation growth for 22/23 is £112m c.3.5%; Mental Health Investment Standard uplift 4.77%, £16m –to be funded from core allocation

•Growth allows for 2.8% inflation –**current forecasts circa 7-10%**

What are we doing to manage this?

Driving efficiencies across a range of areas in parallel by:

improving the profile of investment

- Increasing resources for prevention and doing fundamentally different things

•Redistributing funding to reduce inequalities

Reorganising care pathways and improving outcomes

- Increasing early intervention
- Integrating services (in particular for those with multiple LTCs)

•Reducing the need for health and care through work with community partners

Technical efficiency (doing the same things at a lower unit cost)

- Cost improvement programmes (CIO)
- Productivity programmes (theatres, OP, etc)
- Procurement
- Bank and agency rates
- Back office consolidation

Overview of proposed approach to financial allocations and shared planning

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Allocations

- Funding received from NHSE is allocated out across the system.
- Allocations – alongside associated savings targets – are made once through a central process to Place Committees, trusts, or to be held centrally by the ICB.
- Funding supports system priorities, recognising the joint goals of improving health; reducing health inequalities and maintaining financial sustainability.
- Allocations made by NHS North East London Board take into account: Historical spend (as a proxy for the cost of current care provision); expected population growth and demographic changes; any equalisation of resource required between different populations/boroughs or services; savings targets; system-wide priorities; and the expected impact of shared transformation & savings plans.

Partnership working and developing shared transformation & savings plans

- Partners take collective stewardship of resources, operating virtual budgets that are based on the aggregate spend/totality of budgets from relevant partners
- Decisions to do something different with collective resources are made through agreement and based on demonstrable evidence (rather than a unitary commissioning decision)
- All partners have equal status in determining priorities, agreeing actions and collectively living with the consequences

The Transformation Cycle workstream is expected to support system agreement on the **coordinating partner**, responsible for bringing together partners to create shared transformation & savings plans for different care types

Further work required

We still need to consider how best to:

- **Manage our (limited) capital** as a system.
- **Support the formal ICB governance** to ensure that decision-making is based on the best available data and analysis and informed by the experience and views of system partners.
- **Attach conditions/requirements to budgets.** We need to be clear what budgetary responsibility means and that each of our budget holders are in a position to take that on.
- **Develop shared plans**, focused on our populations, describing how we will transform services and pathways, that we can use as the basis for future revenue (re-)allocations.
- **Support effective (financial) decision-making at place**. Agree what information we want to report at place, to support effective discussions between partners.

Agreeing our approach – the financial principles

- **Principle one: Trust partners (NELFT, ELFT, Barts Health, BHRUT, Homerton and LAS) should hold and manage budgets for the care they provide and should receive "block payments" directly from the ICB to cover this.**
- **Principle two: For non-trust budgets the default assumption is that Place Committees (on behalf of PbPs) hold budgets, unless coordination/planning for the services concerned is best done over a larger footprint.**
- **Principle three: All partners will take collective stewardship of resources, ensuring that we plan, transform and operate services to maximise the impact of the NEL £.**

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North East London Integrated Care System

Working with People and Communities Strategy

2022-2025

About the strategy

- Sets out our vision to ensure participation is at the heart of everything we do
- Describes our commitment as a partnership to work with local people to develop health and care services which meet our communities defined needs and aspirations
- We want everyone to feel part of this strategy and recognise we have more to do to make this happen
- By working in partnership, we will build on existing great practice locally and work up new solutions together, to ensure that people in north east London can participate in all that we do
- The strategy was developed through the NEL participation and engagement working group which brings together engagement and participation leaders from health and care organisations across NEL.
- Through the development of the strategy there were 40 local patient and public meetings, a range of focus groups, a NEL residents panel survey, a survey across colleagues and discussions with local Healthwatch.
- The working group have agree a set of standards for participation. These are a proposed shared way of how we will work together in a meaningful way, in partnership with our local communities:
    - Commitment
    - Collaboration
    - Insight and evidence
    - Accessibility
    - Responsiveness

How the strategy embeds the participation standards:

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Commitment: we are **committed to putting people participation at the heart of our work** from the earliest opportunity.

- Developing an infrastructure of participation and co-production within our governance and leadership
- Truly listening to people and providing opportunities for local people to be involved in planning and decision-making in a wide variety of ways
- Ensuring we give something back to people who are involved in our work. This could include training, acknowledgement, new skills, credit vouchers or payment
- Developing a culture of honesty and transparency, committing to evaluation and learning from our mistakes
- Providing our staff with the skills and knowledge to listen and act upon feedback from local people to ensure that participation and co-production is part of the culture and individual staff development of the ICS
- Developing mechanisms for our people and communities to hold the ICS to account for its commitment to participation

Collaboration: We will talk to each other and **identify where we can work together** to achieve a high standard of participation with the communities we serve.

- Building on the collaborative work we have already undertaken to integrate care, manage population health, tackle health inequalities and ensure productivity
- Ensuring that all partners are brought together to plan at the earliest possible opportunity, including Healthwatch and the community and voluntary sector
- Developing joint priorities and messaging, and avoiding duplication
- Sharing best practice and championing innovation
- Finding common solutions to collective challenges
- Developing how our joint standards will be delivered, resourced and evaluated

Insight and evidence: We will **share insight and produce plans based on evidence and feedback** from our local people.

- Using a range of insight gathering tools including the NEL Community Insight System, commissioned from our local Healthwatch and using a wide range of existing and bespoke insight from local people and the NEL Citizens Panel
- Identifying where we have common priorities and coordinating the sharing of relevant insight for example around our agreed flagship priorities
- Having structures in place which ensure we build and develop our work based on existing feedback and insight
- Making sure we are asking the right questions when we seek insight and experience from local people
- Using insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and enable participation

How the strategy embeds the participation standards:

North East London Health & Care Partnership

Accessibility: We will **ensure participation is accessible to all local people.**

- Exploring together how as organisations from across north east London we collectively remove barriers to participating in engagement activities
- Providing transparent access to all the relevant information and giving people the tools they need to participate, the support and training available and how they will be rewarded
- Proactively seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities
- Purposefully seeking to hear from and involve a diversity of local people and communities
- Ensuring that we are actively using the Accessible Information Standards and providing information in community languages and plain English
- Ensuring our spaces and venues are easy to access for all
- Ensuring people are supported to use online platforms and technology and provide training where required
- Ensuring children and young people are involved and catered for where appropriate

Responsiveness: We will be **responsive to the local voice.**

- Asking local people how they would like to be involved to ensure we are hearing their voice in a meaningful way
- Being clear about the way in which our communities can influence design and decisions, then following through and implementing change based on their influence
- Keeping local people informed about the way we have implemented change as a result of listening to what they told us
- Sharing responses in a timely manner and ensuring that where people have fed in their thoughts and experiences they are kept informed about outcomes
- Understanding that the diverse communities we serve will experience services differently, and tailoring our approach to be responsive to their respective needs
- Providing clear evidence of the impact of individual and collective participation, providing ongoing feedback
- Supporting people and communities to evaluate participation and developing mechanisms for their oversight of implementation

People participation and quality improvement

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- People participation is integral to improving the quality of care of our services and the health outcomes of our population
- We intend to co-create a common approach to quality across our ICS in partnership with local people and will build on successful participation approaches to ensure our residents are helping us improve services
- We will also work with service users of all ages, and use personal stories to improve our services and reduce inequalities and inequity
- To support these priorities, we have established a System Quality Group with an inclusive membership including people with lived experience and Healthwatch colleagues

Quality improvement in action: local residents shape Mile End Early Diagnosis Centre

Participation was at the heart of the development of Mile End Early Diagnosis Centre, which provides capacity for an extra 16,500 vital procedures annually for local residents across north east London.

Patients were involved from the very start of the project, and they have provided invaluable input into both the design of the building and the patient pathway itself, to ensure the patient journey was right from day one.

Since opening in March 2021, the centre has received 100 % positive feedback from service users.

Read more about one service user's experience here and watch another service user introducing the centre in this video here. Our ambition is for all new developments to begin with participation at the outset.

Examples of how we are embedding participation in our four flagship priorities

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Babies, children and young people

By working with young people on projects such as the 'All About Me for the Benefit for Everyone' conference, developing a 'Youth Heath Champions' programme and with the programme board co-chaired by a young person, we ensure that our work is always considering the needs of children and young people, helping develop and improve services with those who use them.

Long Term Health Conditions

A health equity audit for cardiac rehabilitation will begin in May 2022 to enable the system to understand how health inequalities impact on the quality of life for patients eligible for cardiac rehabilitation in NEL. Understanding what living with an LTC means for our local people, how it impacts on their ability to live a happy life and how best we can make support accessible, is absolutely central to this programme of work.

We are developing an LTC participation and engagement plan which includes:

- Embedding co-production in the development of resources and the planning of services
- Using feedback and lived experience to inform future programme planning
- Developing effective public facing communications of health messages and support available such as structured education and annual reviews

Mental health

- The programme benefits from the incredible coproduction work that takes place within our two main providers of mental health services – East London Foundation Trust and North East London Foundation Trust – and the way they empower service users to act as full partners in the delivery of care, and in the improvement of services.
- Since 2018, we have held **three Mental Health Summits**, which have brought service users, carers, and community and faith organisations together with providers of health and care services
- **Our next Summit, planned for Summer 2022,** aims to take this one step further. This time, service users will shape and lead the event from beginning to end, signalling our programme's shift from co-production to patient leadership in all aspects of its design and delivery.

Employment and workforce

Through our positive partnership working we secured £250k from the Mayor's Academies Programme (MAP) to establish a Health Hub in NEL, working with employers to remove barriers and blockers to recruitment for local residents. Through the hub, we will support 750 individuals from underrepresented groups to find work.
In addition to this, we have grown a network of over **150 Health and Social Care Ambassadors**. In partnership with Care City, a locally based community interest company we have established a **young persons' panel** to check and challenge our plans and strategies.

Next steps

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Embedding a culture: ensuring participation is everybody's right and everybody's responsibility

Equipping and enabling staff through training, lunch and learns and establishing a community of practice as well as ensuring colleagues are supported to undertake meaningful equality and quality impact assessments.

Participation in our formal governance

Participation is embedded through our formal governance via membership of the VCSE and Healthwatch at key decision making fora, patient stories, participation embedded within all reports, ensuring the patient/resident/carer voice is at the heart of everything

Monitoring and evaluation

This will take the form of:

- An annual review
- Abig conversation with patients, service users, residents and carers to evaluate our first year and identify priorities
- Through the ICB partners will hold ourselves mutually to account and be advised on progress
- Scrutiny committees

Continuing the development of this strategy

We will be proactively seeking ongoing feedback on the content of the strategy over the next year
We will be running a series of workshops with local people to design a mechanism for involving people at a NEL-wide level
We will be developing delivery plans to sit alongside the strategy and an easyread version
For more information: Amy Burgess, Senior Engagement Manager amy.burgess7@nhs.net