

<p style="text-align: center;"><b>Health and Wellbeing Board</b> 11 March 2019</p>	 <p style="text-align: right;">Tower Hamlets <b>Health and Wellbeing Board</b></p>
<p><b>Report of:</b> East London Health &amp; Care Partnership</p>	<p><b>Classification:</b> Unrestricted</p>
<p style="text-align: center;"><b>The NHS Long Term Plan and the Refresh of the ELHCP Strategy</b></p>	

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**Recommendations:**

The Health and Wellbeing Board is recommended to:

1. To note and comment on the recommendations in the NHS Long Term Plan, particularly with respect to the role of Neighbourhoods, Place and the development of Integrated Care Systems.
2. To note that much of the learning from recent years' work in Tower Hamlets is reflected in the Long Term Plan nationally – including the Tower Hamlets Together Vanguard.
3. To note and comment on the approach to refreshing the ELHCP Strategy for 2019-24 and the timescale proposed.

## 1. DETAILS OF REPORT

### 1.1 The NHS Long Term Plan

On 8 January 2019 NHS England published its Long Term Plan. A summary of the Plan is included in Appendix A. One of the key requirements of the Long Term Plan is that each of the Sustainability & Transformation Plan areas in England review and refresh the plans each developed in 2016 with a view to submitting a refreshed plan to NHS England in September. It is expected that we will do this across all the organisations in the Partnership, and with full engagement with local people, their representatives and local leaders of the health and care system.

We are still awaiting national guidance on the requirements for the refresh of our Plan.

### 1.2 Background to the East London Health & Care Partnership

Securing a long-term future for health and social care means we all have to think differently about the way we use the local services we all rely upon. Unlike most of the country, our population in east London is growing.

The growth and regeneration over the last 30 years in the area has brought huge benefits, but it has also meant a need to keep pace with changing population needs for health and social care, housing and education. All of our local public services are striving to provide high quality services at a time when inequality is growing and technology is reshaping the world around us.

The diversity of our communities reflects the many different forms in which our neighbourhoods have appeared in popular culture from the diaries of Pepys to *EastEnders* and *Call the Midwife*: we live and work with a variety of experience that bring both challenges and rewards.

Around 2 million people live in the eight boroughs that make up east London. Our population is predicted to rise by around 340,000 over the next 15 years and we need to ensure that we have the resources – people and places – to keep them well and fit for their futures.

We have much in common and some differences. Preventing poor mental and physical health earlier and making the transition between different services and levels of support easier, are two areas of common focus. In Waltham Forest we need to focus on childhood obesity. In Havering, a larger older population need help managing the long-term health conditions we all face, and in Barking and Dagenham life expectancy for women and men is the lowest in London.

**What we know is that we cannot contribute to an NHS that is fit for the future and sustainable, affordable social care, *unless* we work together.**

The East London Health and Care Partnership (ELHCP) is one way for us to do that by focusing on the work that it makes sense to do 'at scale'. Looking at issues like

what kind of workforce we need now and in the future, is one example of what can be tackled 'at scale', across the whole of east London. However, there is much that needs to be done that it only makes sense to address at borough, or local system level.

When we talk about the 'system' in east London we are acknowledging not one 'system' but a number of them, all contributing to an often complicated and complex pattern of care and health services. Some of these services work well together, some do not.

### **1.3 How do we come together to make our long-term plans in east London?**

Since 2016 we have been identifying and developing programmes and projects designed to transform the health and care services our communities rely upon. Our geography, common services and workforce has led to the development of local integrated systems that sit within the Partnership. Our overall Partnership includes the NHS commissioning organisations within the North East London Commissioning Alliance (the seven Clinical Commissioning Groups including Tower Hamlets), NHS provider Trusts (Barts Health, Barking Havering & Redbridge University Trust, the Homerton University Hospital Trust, East London Foundation Trust, and North East London Foundation Trust), the GP federations (e.g. the Tower Hamlets GP Care Group), and the eight local authorities that cover east London.

We have reviewed all of our current plans in the light of the NHS Long Term Plan and identified any gaps in what we currently do, and what the Plan asks us to do in the future. There are some gaps and as we refresh our work programmes and projects there is an opportunity to assess what should be done at a place-based level. Most people in east London identify their "place" as their local Council area, and there are eight Council areas in the ELHCP area. Already in places like Tower Hamlets the local Council and local health services have come together in partnerships around commissioning (through a joint team headed by a Joint Director of Integrated Commissioning) and through a well-established "system" collaboration (Tower Hamlets Together).

In addition for the purposes of planning and delivering health services places like Tower Hamlets work closely with other boroughs such as Waltham Forest and Newham, Barts Health, East London NHS Foundation Trust, the councils and clinical commissioners in a collaboration known as WEL. The City of London and Hackney, City & Hackney CCG and the Homerton Hospital also have a history of working together, and when it makes sense for them to join-up up with WEL, this "system" is known locally as INEL (inner north east London).

In Barking, Havering and Redbridge (BHR), where there has been a single CCG for the three boroughs, commissioners in health and care are working with Barking, Havering and Redbridge NHS Trust and North East London NHS Foundation Trust. These three boroughs also have a history of doing some things together.

Working in this way means we can keep our, 'at scale' approach for the three 'enablers' for sustainable care and health services, and build upon existing

relationships. We need the right people, in the right places using the best technology if we want to do more than just create or change care and health services.

Some of the work we've planned will need to change. The financial challenges are not evenly distributed, so we are assessing which priority actions we need to take now and how we can stop people from "falling through the cracks" described in the long term plan.

We are starting a more comprehensive conversation with the public about how we can give them more control over the care they receive and support people to stay well. There are different priorities and pressures within health and care services wherever they are provided and working in partnership will not magically solve the issues we face. We are determined to reduce the waste and inefficiency that 'systems' can create by being transparent and involving patients, families, carers and staff whenever we can to shape services.

#### **1.4 Assessment of ELHCP**

There have been many positives to ELHCP since it was established in 2016. These include:

- Started to build trust, confidence and collaboration between all partners
- Developed formal NEL commissioning alliance
- Emerging collaboration between providers around common services and sharing resources – bank and agency / planned care
- Agreed a framework for ICS development and support
- Secured significant investment into NEL – nearly £25m
- Rated by NHS England as a "good STP", and one of the largest in England (second largest in London)
- Maternity, estates and digital all seen as exemplar programmes

There is also broad agreement that improvement is required in the following areas:

- Changing the relationship / perception of the STP across NEL
- Explicit on deliverables and the role of each part of the system NEL / ICP / Place / Locality)
- Adopting a more-bottom up approach, particularly around ICS/ICP development
- Extending engagement and transparency around the STP with local people
- Too much focus on NHS agenda (London and local) rather than local political risks and delivery

There is consensus amongst all the partners to the ELHCP that there are a number of areas to focus on. These include:

- Focus on developing integrated care partnerships (BHR/WEL/C&H) as the main vehicles for delivering transformation but use wider approaches where benefits of scale are demonstrable and be explicit about the different levels
- Financial sustainability is key for both NHS and Social Care. System needs to focus on cost reductions in the system and ensuring investment in local health and care services (as opposed to acute).
- Demand management / prevention must be a priority with links to population health approaches that draw on the benefits of wider programmes to tackle

social isolation and improve housing, employment and leisure to improve local people's health and wellbeing

- Develop a strong narrative for ELHCP, the approach and the priorities and the role that each level takes in delivering improvements for local people (that reduces health inequalities and unwarranted variation)
- Ensure ELHCP has active leadership from across the system – hospital, community, primary, local councils and VCS –and resources are shared (money, people and expertise)
- A real focus on communication and engagement – ELHCP narrative, progress role – and a move to sponsor more co-production with clinicians and local people.
- Provider collaboration is relatively underdeveloped and this needs significant support
- Use opportunity of the Long Term Plan to engage with staff across NEL and drive key ELHCP messages around collaboration and joint problem solving

## **1.5 The Implications of the Long Term Plan**

We have already started to develop a process for the refresh of our Plan in the context of the Long Term Plan, as outlined in the presentation at Appendix B to this report and are keen to receive comments and suggestions from the Health & Wellbeing Board on how we might develop this further. This work is also dovetailing with the key asks for 2019/20 outlined in national planning guidance.

A detailed Gap Analysis of our current Plan and the current work programmes of each of our ELHCP workstreams compared to the “asks” in the Long Term Plan has been undertaken, and is summarised in Appendix B. It is clear from this analysis that in most areas the Long Term Plan is consistent with our current direction of travel, although there are a number of new asks – particularly around Workforce, for example, which we need to quantify and include in our refresh of the STP Plan. Each of the current programmes will co-ordinate this. It should be noted that the Long Term Plan is relatively silent on estates issues, but this is due to the submission during 2018 of Estates Strategies for all STP areas in England. Our task, where we have existing supporting strategies, will be to ensure that we are confident that the current strategy will enable us to deliver the commitments we have already given and any additional commitments from the Long Term Plan.

## **1.6 Development of Integrated Care Systems**

NHS England/Improvement nationally have set out an overall direction of travel for the development of the future architecture of health and care systems. The Long Term Plan sets a clear direction for ICSs, and it is expected that we will have established our ICS configuration for north east London by April 2021. We will need to ensure that our STP governance reflects this national guidance, but also takes into account our local circumstances as one of the largest STPs population-wise in England with the greatest projected population growth of any part of the country over the next few years.

We already have a Partnership Board (the function that this Executive currently performs), although we will need to reflect on how primary care networks, local

authorities, the voluntary and community sector and others are represented. We already have a non-executive Chair, and will need to strengthen the links between non-executive members of boards and governing bodies across the STP. There is also a need for us to look further at clinical leadership, and the Clinical Senate has begun this work to redefine its role and priorities, and will begin work on how the new Clinical Director roles for each primary care network are developed and supported, and how clinical leadership capacity is supported at all levels including Cancer Alliances and Health & Wellbeing Boards.

Additionally the Long Term Plan contains recommendations with respect to provider integration and a new Integrated Care Provider (ICP) contract, as well as outlining how system financial management will be expected to work in the future. 2019/20 will be a transition year for the NHS, and for us as a system. We will have the opportunity, however, to shape our future locally through our refreshed Strategic Plan which will outline our response to the transformation objectives outlined in the Long Term Plan.

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## **Appendices**

- A: Summary of the NHS Long Term Plan (undertaken by the North East London Commissioning Alliance)
- B: Presentation outlining how we plan to refresh the ELHCP Strategic Plan