Agenda

Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Date **Wednesday 3rd April 2019**

Time **7.00 p.m.**

Venue **Council Chamber**
Old Town Hall, Broadway
Stratford, LONDON E15 4BQ

Rokhsana Fiaz OBE
Mayor of Newham

Katherine Kerswell
Chief Executive (Interim)

London Borough of Newham I Newham Dockside I 1000 Dockside Road I London I E16 2QU

MEMBERSHIP

City of London Corporation
Common Councilman Christopher Boden

London Borough of Hackney
Councillor Ben Hayhurst – **vice-CHAIR**
Councillor Patrick Spence
Councillor Yvonne Maxwell

London Borough of Newham
Councillor Anthony McAlmont
Councillor Dr Rohit DasGupta
Councillor Winston Vaughan - **CHAIR**

London Borough of Tower Hamlets
Councillor Eve McQuillan – **vice-CHAIR**
Councillor Gabriela Salva-Macallan
Councillor Kahar Chowdhury

Substitutes:
City of London Corporation
Common Councilman Michael Hudson

OFFICERS

Robert J Brown - Senior Scrutiny Policy Officer

AGENDA

1. WELCOME AND INTRODUCTIONS (1900HRS -)

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST (- 1910HRS) (Pages 1 - 4)

This is the time for Member to declare any interest they may have in any matter being considered at this meeting. The Code of Conduct is set out in Part 5.1 of Newham Council's Constitution.

4. MINUTES OF PREVIOUS MEETING (1910HRS -) (Pages 5 - 16)

The Committee are asked to agree the accuracy of the minutes of the previous meeting.

5. INEL JHOSC TERMS OF REFERENCE AND PROTOCOLS (- 1920HRS) (Pages 17 - 24)

The Committee is asked to approve the amended INEL JHOSC Terms of Reference.

6. NHS LONG TERM PLAN AND REFRESHING THE NORTH EAST LONDON (NEL) SUSTAINABILITY AND TRANSFORMATION PLAN (STP) (1920 - 1950HRS) (Pages 25 - 40)

7. ESTATES STRATEGY (1950 - 2050HRS) (Pages 41 - 50)

To discuss the East London Health and Care Partnership's Estates Strategy and implications across the INEL JHOSC footprint; including the failing of Central Government to award Capital for bids submitted totally £430m.

A list of successful bids can be found here.

8. WORKPLAN (2050 - 2055HRS) (Pages 51 - 56)

9. DATE OF NEXT MEETING (2055HRS)

Dates of the 2019 INEL JHOSC meetings are:

- Wednesday 19 June 2019
- Wednesday 18 September 2019 – JOINT INEL / ONEL JHOSC meeting
- Wednesday 27 November 2019

All meetings run from 1900hrs until 2100hrs at Old Town Hall, Stratford.

9a) FOR INFORMATION: REPORTS AND STUDIES (Pages 57 - 128)

- Centre for Public Scrutiny: Delivering Effective Governance and Accountability for Integrated Health and Care;
- The Kings Fund: Understanding NHS Financial Pressures;
- The Kings Fund: Payments and Contracting for Integrated Care;
- National Audit Office: Local Authority Governance;
- Association of Public Service Excellence: Risk and Commercialisation.

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**Declarations of Interest**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Daniel Fenwick** Monitoring Officer London Borough of Newham daniel.fenwick@newham.gov.uk
Report Author	**Daniel Fenwick** Monitoring Officer London Borough of Newham daniel.fenwick@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

That INEL JHOSC:

- **Declare any Declarations of Interest that may arise through discussions on various agenda item.**

Background

Members are required to complete their respective Register of Interests and to keep this register up to date by informing their Monitoring Officer in writing within 28 days of becoming aware of any change in respect of their DPIs.

This is an opportunity for Members present to declare any additional interests that they feel may not have been declared previously.

Key Improvements for Patients

- Clearer understanding of decisions made by elected officials and any transparency of potential conflicts of interest.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

- n/a

Members' Declarations of Interest

Matters for Consideration
Revised Guidance – February 2016

The following is offered as a guide to Members. Further details are set out in the Members' Code of Conduct, attached as Part 5.1 of the Council's Constitution.

1. Disclosable Pecuniary Interests

Disclosable Pecuniary Interests (DPI) are covered in detail in the Localism Act 2011. Breaches of the law relating to these may be a criminal offence.

1.1 If you have a DPI in any matter on the agenda you must not participate in any discussion or vote on that matter. If you do so without a prior Dispensation (see below) you may be committing a criminal offence, as well as a Breach of the Code of Conduct. The Council's Constitution requires any Member declaring a DPI to leave the meeting (including any public seating area) during consideration of the matter.

1.2 Members will be asked at the start of the meeting if they have any declarations of interest. The Council's Code of Conduct requires you to make a verbal declaration of the fact and nature of any DPI. You are also required to declare any DPIs before the consideration of the matter, or as soon as the interest becomes apparent, if you were not aware of it at the start of the meeting.

2. Non-Disclosable Pecuniary Interest or Non-Pecuniary Interest

2.1 The Council's Code of Conduct requires you to make a verbal declaration of the existence and nature of any "Non-Disclosable Pecuniary Interest or Non-Pecuniary Interest". Any Member who does not declare these interests in any matter when they apply may be in breach of the Code of Conduct.

2.2 You may have a "Non-Disclosable Pecuniary Interest or Non-Pecuniary Interest" in an item of business where:

2.2.1 A decision in relation to that business might reasonably be regarded as affecting your well-being or financial standing, or a member of your family, or a person with whom you have a close association with to a greater extent than it would affect the majority of the Council taxpayers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the authority's administrative area, or

2.2.2 It relates to interests which would be a DPI, but in relation to a member of your family or a person with whom you have a close association and that interest is not a DPI. If the matter concerns your spouse, your civil partner or someone you live with in a similar capacity, it is covered by the provisions relating to DPIs.

2.2.3 It could also cover membership of organisations which you have listed on your Register of Interests (including appointments to outside bodies), where there is no well-being or financial benefit accruing to you but where your membership might be said to be relevant to your view of the public interest.

2.3 A person with whom you have a close association is someone who is more than an acquaintance, and is someone you are in contact with over a period of time, whether regularly or not. It is someone that a reasonable member of the public might think you would be prepared to favour or disadvantage when discussing a matter which affects them and so covers friends, colleagues, business associates, or someone you know through social contact.

2.4 Family should be given a wide meaning. In relation to the family of both you and your partner, it would include the parents, parents-in-law, children and step children, brothers and sisters, grandparents, grandchildren, uncles and aunts, nephews or nieces, together with the partners of any of these persons.

2.5 You should make a verbal declaration of any such interest in a matter to be considered at the meeting at the start of the meeting, or before the consideration of the item of business, or as soon as the interest becomes apparent if you are not aware at the start of the meeting of the interest.

3. Register of Members interests

Members are required to complete the Register of Interests and to keep this register up to date by informing the Monitoring Officer in writing within 28 days of becoming aware of any change in respect of their DPIs.

4. Dispensations

In certain circumstances the Monitoring Officer is able to grant a dispensation to you which will enable you either to participate in the discussion on a matter, to vote on the matter, or both. Dispensations can only be granted in limited circumstances. If you believe that you are able to claim a dispensation you must seek advice as soon as possible from the Monitoring Officer, who will consider your request.

The Monitoring Officer, under Section 33(2) of the Localism Act, has granted the following general dispensations to all Members until the Annual Council meeting in 2018, on the grounds that the dispensation is in the interests of the inhabitants of Newham and/or it is appropriate to grant the dispensation to maintain a similar position as applied under the previous code of conduct. This means Members do not need to leave the meeting if their Disclosable Pecuniary Interest arises and is:

- An interest common to the majority of inhabitants in their ward.
- An interest so remote that it is not likely to prejudice their judgement of the public interest.
- Council housing unless related to their own particular tenancy.
- School meals and/or transport unless relating to their own child's school.
- Statutory sick pay for members.
- Members allowances.
- Setting Council Tax or precept.
- Agreeing any Local Council Tax Benefit Scheme.
- Interests arising from membership of an outside body to which the authority has appointed or proposes to appoint them.
- The Local Government Pension Scheme unless relating specifically to their own circumstances.

5. Bias and Predetermination

If in relation to any decision, your outside connections may make it appear to a reasonable person that there is a real danger of bias, or predetermination you should seek advice as to whether it is appropriate for you to participate in any discussion about the matter and in the decision, regardless of whether or not you consider that you should declare an interest as defined above.

For further advice about these matters please contact the Monitoring Officer, Daniel Fenwick on 01708 432714

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**Minutes of Previous meeting**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

That INEL JHOSC:

- **Approve the minutes of the previous meeting.**

Background

For INEL JHOSC to agree and approve the notes of the previous meeting as an accurate account of discussions held and actions.

Key Improvements for Patients

- n/a

Implications

Financial Implications

n/a

Legal Implications

n/a

Equalities Implications

n/a

Background Information used in the preparation of this report

- n/a

INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (INEL JHOSC)

Meeting held on 13th February 2019
In Council Chamber, Old Town Hall, Broadway, Stratford, LONDON E15 4BQ

Present:

London Borough of Hackney
Councillor Ben Hayhurst (vice-Chair)
Councillor Patrick Spence
Councillor Yvonne Maxwell

London Borough of Newham
Councillor Anthony McAlmont
Councillor Winston Vaughan (Chair)

London Borough of Tower Hamlets
Councillor Kahar Chowdhury

The meeting commenced at 7.15 p.m. and closed at 8.30 p.m.

1. WELCOME AND INTRODUCTIONS

Robert Brown, Senior Scrutiny Policy Officer welcomed everyone to the INEL JHOSC meeting and invited attendees to introduce themselves.

Robert Brown welcomed London Borough of Waltham Forest Councillors Saima Mahmud and Richard Sweden to the meeting as Observers.

2. APOLOGIES FOR ABSENCE

Apologies for Absence were received from:

City of London Corporation
Common Councilman Christoper Boden

London Borough of Newham
Dr Rohit DasGupta

London Borough of Tower Hamlets
Councillor Eve McQuillan

Apologies were also received from Alan Steward (East London Health and Care Partnership) who was due to be present as a witness, however was unable to attend due to personal circumstances. Selina Douglas (MD, WEL CCGs) and David Maher (MD, City & Hackney CCG) stood as witnesses in his place.

3. ELECTION OF CHAIR

Robert Brown explained the process for electing a new Chair of INEL JHOSC and invited Members to propose, second, then vote on a new Chair.

Cllr Ben Hayhurst proposed Cllr Winston Vaughan; seconded by Cllr Kahar Chowdhury (London Borough of Tower Hamlets).

This was voted on and unanimously agreed.

Robert Brown passed proceedings over to Cllr Winston Vaughan.

4. ELECTION OF VICE-CHAIR

The Chair explained the process for electing a new vice-Chair of INEL JHOSC, along with a new second vice-Chair and invited Members to propose, second, then vote on new vice-Chairs.

Cllr Kahar Chowdhury (London Borough of Tower Hamlets) proposed Cllr Ben Hayhurst (London Borough of Hackney); seconded by Cllr Patrick Spence (London Borough of Hackney).

This was voted on and unanimously approved.

The Chair then invited nominations for the second vice-Chair.

Cllr Kahar Chowdhury (London Borough of Tower Hamlets) proposed Cllr Eve McQuillan (London Borough of Tower Hamlets); seconded by Cllr Yvonne Maxwell (London Borough of Hackney).

This was voted on and unanimously approved.

RESOLVED: That the following were duly elected:

Chair:	Councillor Winston Vaughan (London Borough of Newham)
Vice-Chair:	Councillor Ben Hayhurst (London Borough of Hackney)
Vice-Chair:	Councillor Eve McQuillan (London Borough of Tower Hamlets)

5. DECLARATIONS OF INTEREST REGISTER

Cllr Yvonne Maxwell (London Borough of Hackney) declared that she is a Trustee of Homerton University Hospital NHS Foundation Trust.

No additional declarations were made.

6. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were dated November 2017 and as such, the Chair highlighted that many of those present were now not members of INEL JHOSC.

The Chair asked if Cllrs Maxwell, Hayhurst and Susan Masters (who was in attendance as an observer) could approve the minutes of the last meeting as an accurate record of the meeting; they were approved as a true and correct record of the previous meeting.

At this point the Chair asked if the Agenda could be altered to accommodate Selina Douglas, Managing Director, WEL CCGs who is attending following a Board Meeting and would be arriving after 1930hrs; this was agreed.

7. INEL JHOSC TERMS OF REFERENCE

The Committee agreed to approve the updated Terms of Reference with the additional following amendments previously submitted having been amended:

QUORUM

- Point 19: The quorum for meetings will be “1 Councillor from 3 of the 4 Boroughs”.
- If a quorum is not reached 30 minutes after the time appointed for the start of the meeting, the meeting will stand adjourned.
- During any meeting, if the Chair counts the number of members present and declares there is not a quorum present, then the meeting will adjourn immediately.
- Remaining business will be considered at a time and date fixed by the Chair. If he/she does not fix a new date, then the remaining business will be considered at the next meeting.

RESPONSE TO QUESTIONS

- If a sufficient response cannot be provided at the meeting to resolve a matter then the Questions will be directed to the appropriate Director.

8. INEL JHOSC PROTOCOLS

The Committee agreed to approve the INEL JHOSC Protocols with the acknowledgement that this would be a working document and up for review at a future meeting to look at the effectiveness of the protocols.

The Committee acknowledged that the document is a working document and would subsequently be changed as and when required.

9. NHS LONG TERM PLAN

David Maher (Managing Director, City & Hackney CCG) and Selina Douglas (Managing Director, WEL CCGs) introduced themselves and explained that as the NHS Long Term Plan is scheduled for discussion at INEL JHOSC's 20 March 2019 meeting (rescheduled to 3 April 2019) and again at the joint ONEL / INEL JHOSC meeting scheduled for 18 September 2019, they would give a brief verbal update on work streams with more up-to-date information available at the next meeting.

David Maher confirmed that the good work being done around Mental Health across City & Hackney is to be rolled out to the rest of North East London and confirmed that he would present proposals to INEL JHOSC at a future meeting to be confirmed.

10. PATIENT TRANSPORT

Dr Charlotte Hopkins (Deputy Medical Officer, Barts Health NHS Trust), Ellie Hobart (Acting Director, Corporate Affairs, Tower Hamlets CCG) and Daniel McLean (Project Manager, Transport Eligibility Engagement & Implementation, Barts Health NHS Trust) attended INEL JHOSC to discuss proposed changes to Barts Health NHS Trust's Non Emergency Patient Transport Service (NEPTS).

Daniel McLean led Members through the previously distributed presentation and highlighted key issues that led to Barts Health Trust having to take a fresh look at NEPTS.

Daniel McLean explained that Barts Health Trust want to revert back to Department of Health's 2007 Guidance which was followed until the commencement of a previous provider, resulting in an overspend of £1m per month.

Reverting back to Department of Health's 2007 Guidance, Daniel McLean explained that delays would be reduced by approximately 15%, improved access and reduced delays for vulnerable patients and parity of service across NHS Trusts.

Members asked if this was the same as Homerton University Hospital NHS Trust and their use of NEPTS. The Chair asked Robert Brown to obtain this information.

Daniel McLean explained that the key areas of change would be:

- Re-Introduction of an eligibility criteria for NEPTS;
- Introduction of eligibility criteria applied to Carer's;
- 3-strikes policy (though Ellie Hobart confirmed that this would not be enforced).

Daniel McLean led Members through the various engagement activities and the timeline moving forward and confirmed that no patient will be taken off NEPTS until they have been assessed and spoken with.

Daniel McLean confirmed that SERCO have the transport service contract when taken calls to book transport and staff have been trained to ensure clear information is provided to all patients.

Members asked why the costs had increased to £1m overspend and asked why monitoring of the contract had not previously occurred.

Ellie Hobart explained that the CCG were aware of issues previously and have been working towards resolving these issues; thus working with Barts Health Trust and a way forward.

Members asked what is in place to ensure one-way travel could be booked; Barts Health NHS Trust confirmed that the "Book One Way Journey" function has been added to the patient transport system (Cleric) and staff have been advised of the changes.

A discussion was held on alternatives for those who would not be eligible for NEPTS and Barts Health NHS Trust confirmed that two alternatives had been explored during the consultation period:

- a park and ride scheme was found to not be commercially viable or timely with the cost of premises / land in the NE London area;
- Barts Health NHS Trust had met with London Councils regarding the London Taxicard scheme and are very interested in exploring suggestions of a part funded solution to bring safe health and social care transport alternatives.

Dan McLean confirmed that he would update INEL JHOSC November 2019.

Barts Health NHS Trust confirmed that between 4.4-5.1% of 396,854 journeys were aborted journeys and have halved since the decision to bring NEPTS in-house.

A discussion was held on journey figures, aborted journeys and ensuring sufficient training was given to SERCO.

Barts Health NHS Trust agreed to provide the figures of:

- Number of aborted journeys by Trust;
- Number of aborted journeys by Patient;
- Number of aborted journeys due to change of appointment;
- Number of aborted journeys due to wrong transport being sent.

Daniel McLean confirmed that the following would still be automatically eligible:

- Children;
- Mobility dependent;
- Continuous oxygen;
- Severe Learning Disabilities;
- Severe Mental Health conditions;
- Had major surgery within previous 4 weeks;

which represented 21% of current patients using NEPTS.

Questions were asked regarding the Equality Impact Assessment (EQIA) as Members wanted to ensure vulnerable patients would not be adversely affected by decisions made to assess all current patients.

Members asked about how this would affect Mental Health patients and the proposal to re-locate beds across NEL.

David Maher confirmed that he would look into this and respond.

Ellie Hobart confirmed that a robust EQIA is being completed and will present more information and additional feedback November 2019.

Daniel McLean explained that patients were informed of changes to the service in May 2018. Letters were sent to patients, several workshops were facilitated with approximately 100 attendees (mainly patients).

Daniel McLean confirmed that all appointments booked before go-live will be honoured in the event that appointments fall after the go-live date.

Daniel McLean explained that once a patient has been deemed ineligible to travel, patients will be informed and they will be provided with one calendar months notice.

Members asked if they could attend the call centre to see how patients are being assessed and how travel is being scheduled; this was agreed.

Dianne Barham from Tower Hamlets Healthwatch confirmed that they endorsed the proposals and had worked with Barts Health NHS Trust on ensuring proposals were suitable for patients.

Members endorsed the introduction of the Department of Health's medical eligibility criteria for NEPTS across Barts Health NHS Trust, in partnership with WEL CCGs and asked that Barts Health NHS Trust attend INEL JHOSC in November 2019 to update Members on implementation of the NEPTS criteria. Barts Health NHS Trust confirmed they would attend.

11. INEL JHOSC WORK PLAN

The Committee agreed that the following will need to be standing items on the Agenda:

- Single Accountable Officer update

The committee asked that the following items be put on the agenda:

- Chief Finance Officer and financial arrangements across the CCGs
- Mental Health proposals across INEL JHOSC

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Pan London JHOSC Network

Notes of Meeting of 6th December 2018

The pan London JHOSC network is an informal opportunity for elected Members of London JHOSCs to meet and share experiences. These notes represent a brief summation of the issues covered and any key points for action.

1. Cllr Kelly (Camden) chaired.

2. The meeting was attended by elected members and officers from across the six London JHOSCs. Speakers were from the Healthy London Partnership (Will Tuckley) and the Kings Fund (Helen McKenna and Leo Ewbank).

3. **Will Tuckley** – the Chief Executive of Tower Hamlets and co-chair of the London Health and Care Strategic Partnership Board – reported on the development of health devolution in London and the role of local government within it. Local government was inextricably linked to the NHS but progress in integration between social care and health services had been slow. Sustainability and Transformation Plans (STPs) had involved the development of systems where such services where commissioned and provided together. However, their development had been rushed, there had been little involvement of elected Members and social care had not been given high priority.

   There had been an agreement to develop London-wide joint working a year ago and there were now some powers that it had been granted. The London Health Board had already existed and is chaired by the Mayor. There were now five Members on this, who are appointed by London Councils. In addition, the London Health and Care Strategic Partnership Board had been set up, which he co-chaired. Clinical Commissioning Groups (CCGs) were now consolidating and collaborating more on a sub-regional and regional basis. The changes brought opportunities which he felt local government needed to take advantage of. These included:
   - Greater integration of services;
   - Influencing the modernisation of NHS estate;
   - The opportunity to use transformation funding;
   - Co-design of public health initiatives;
   - Developing proposals for a sustainable health and social care workforce.

   It was important to persuade health partners that local government could assist them in addressing the challenges that they faced. He stated that there had not yet been a discussion about the role of scrutiny in devolved structures in London but was happy to raise this.

4. **Helen McKenna** and **Leo Ewbank** from the Kings Fund presented on their recent report "Sustainability and Transformation Plans in London: An Independent Review" focusing on governance and the democratic process. They stated that it was clear that STPs were here to stay. However, London was not as far advanced as other areas of the country in

developing Integrated Care Systems (ICS). Local authorities were essential for the further development of STPs. It was acknowledged that there had been a democratic deficiency in the way that STPs had been developed which needed to be addressed. One key issue that needed to be addressed was that STPs were not separate legal entities and power sill lay with their constituent organisations.

5. Members attending the Forum felt that the culture within the NHS needed to change. There was also a need to have greater involvement from the voluntary and community sectors within STPs. There were challenges to working on a sub-regional basis and these included a lack of understanding by individual boroughs of joint working. The organisational and statutory framework did not encourage joint working but it was essential that local authorities adapted to the changing landscape so they were best able to exert influence. JHOSC Chairs could play a useful role in providing accountability for devolved pan London health and care structures.

6. The following action points were highlighted:
   - Continued work with the Kings Fund to increase understanding of scrutiny of health and social care;
   - JHOSC Chairs to work with London Councils to provide scrutiny of devolved pan London health and care structures;
   - Health and Well Being Boards should continue to be held to account locally;
   - CCG budgets should be scrutinised by HOSCs;
   - Joint working to be promoted within boroughs to develop greater awareness of its need and potential benefits;
   - Links between housing associations and HOSCs should be developed further so that there is better awareness of their work; and
   - Parity of esteem between Cabinet and scrutiny still needed to be achieved.

7. The meeting ended at 10.15 a.m.

Contacts:

Rob Mack rob.mack@haringey.gov.uk or Ally Round ally.round@camden.gov.uk

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**INEL JHOSC Terms of Reference**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

That INEL JHOSC:

- **APPROVE** the updated Terms of Reference

Background

Following the INEL JHOSC meeting February 2019, amendments and comments were submitted regarding the updated Terms of Reference. These are now ready to be APPROVED by Members.

Key Improvements for Patients

- Clearer understanding of issues by Cllrs to enable them to make informed decisions.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

- n/a

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

TERMS OF REFERENCE

(draft as at 26 March 2019)

INTRODUCTION

1. Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (Reg 30) ensure that there are sufficient scrutiny procedures and policies in place to cover the cross-Borough wide NHS Sustainability and Transformation Plan (STP).

ROLE

2. Consider and respond to any health matter which:
   2.1. Impacts on two or more participating local authorities or on the sub region as a whole, and for which a response has been requested by NHS organisations under Section 244 of the NHS Act 2006; and
   2.2. All participating local authorities agree to consider as an INEL JHOSC

3. To collectively review and scrutinise any proposals within the STP that are a substantial development / variation of the NHS or the substantial development / variation of such service where more than one local authority is consulted by the relevant NHS body pursuant to Reg 30;

4. To collectively consider whether a specific proposal within the STP that's is not a substantial development or variation is only relevant for one authority and therefore should be referred to that local authority's Health Scrutiny Committee for scrutiny;

5. In the event that a participating local authority considers that it may wish to consider a discretionary matter itself rather than have it dealt with by the joint committee it shall give notice to the other participating councils and the joint committee shall then not take any decision on the discretionary matter (*other than a decision which would not affect the council giving notice*) until after the next full Council meeting of the council giving notice in order that the council giving notice may have the opportunity to withdraw delegation of powers in respect of that discretionary matter;

6. To require the relevant local NHS body to provide information about the proposals under consideration and where appropriate to require the attendance of a representative of the NHS body to answer such questions as appear to it to be necessary for the discharge of its function;

7. Make reports or recommendations to the relevant health bodies as appropriate and/or the constituent authorities' respective Overview and Scrutiny Committees (OSC) or equivalent;

8. Each Council to retain the power of referral to the Secretary of State of any proposed "substantial variation" of service, so this power is not *solely* delegated to the JHOSC.

9. To review the procedural outcome of consultations referred to in any substantial development / variation, particularly the rationale behind contested proposals;

10. To undertake in-depth thematic studies in respect of services to which the NHS Trusts contribute and where a study is done on a Trust wide and cross borough basis;

11. To take account of relevant information available and in particular any relevant information provided by Healthwatch under their power of referral;

12. To maintain effective links with Healthwatch and other patient representative groups and give consideration to their input throughout the Scrutiny process;

MEMBERSHIP

13. The INEL JHOSC will be a committee serviced by the participating local authorities on a two-yearly cycle – *the current local authority hosting the INEL JHOSC is the London Borough of Newham* in accordance with section 101(5) of the Local Government 1972;

14. The membership shall be made up of three members from each of the larger participating local authorities and one from the City of London Corporation; making a total of 10 members, with each council's membership being politically proportionate and with non-executive councillors making up the membership.

15. Substitutions will be accepted if a councillor is not able to attend a meeting of the JHOSC and that councillor has informed the Chair and Scrutiny Officer at least five working days in advance of the meeting.

16. Guidance suggests that co-opting people is one method of ensuring involvement of key stakeholders with an interest in, or knowledge of, the issue being scrutinised. This is already a power of overview and scrutiny committees by virtue of the Local Government Act 2000. However, the Guidance also recommends other ways of involving stakeholders by, for example, giving evidence or by acting as advisers to the committee.

17. A Chair (from the host authority) will be appointed by the JHOSC at the first meeting.

18. A vice-Chair (from non host local authorities) will be appointment by the JHOSC at the first meeting. Where agreed, a second vice-Chair may also be nominated to ensure parity across the Membership.

QUORUM

19. The quorum for meetings will be one member from three of the four bodies (London Boroughs of Hackney, Newham, Tower Hamlets and City of London Corporation) represented.

20. If a quorum is not reached 30 minutes after the time appointed for the start of the meeting, the meeting will stand adjourned.

21. During any meeting if the Chair counts the number of members present and declares there is not a quorum present, then the meeting will adjourn immediately.

22. Remaining business will be considered at a time and date fixed by the Chair. If he/she does not fix a new date, then the remaining business will be considered at the next meeting.

DECISION MAKING PROCESS

23. Decisions will be taken by consensus. Where it is not possible to reach a consensus, a decision will be reached by a simple majority of those members present at the meeting. Where there are equal votes the Chair will have the casting vote.

REPORTING ARRANGE MENTS

24. Prior to the agenda for each meeting of the JHOSC being finalised officers will convene a planning / pre-meeting with the Chairs of the individual HOSC's or their nominee, along with key individuals presenting papers from the NHS and other informal briefings as considered appropriate;

25. In terms of the JHOSC's conclusions and recommendations the Guidance says that one report has to be produced on behalf of the JHOSC. The final report shall reflect the views of all local authority committees involved in the JHOSC. it will aim to be a consensual report.

26. In the event there is a failure to agree a consensual report the report will record any minority report recommendations. At least seven members of the JHOSC must support the inclusion of any separate minority report in the committee's final report.

27. Any report produced by the JHOSC will be submitted to the local authority's council meetings for information.

28. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days (*calendar, not working*) of receipt of the request.

29. In the event that any local authority exercises its right to refer a substantial variation to the Secretary of State, it shall notify the other local authorities of the action it has taken and any subsequent responses.

FREQUENCY AND ADMINISTRATION

30. INEL JHOSC to meet quarterly, with at least one meeting within a 12 month period aligned with ONEL JHOSC to consider issues that cover the STP footprint;

31. To constitute and meet as a Committee as and when participant boroughs agree to do so subject to the statutory public meeting notice period;

32. Meetings will usually be led by each authority rotating on a two-yearly basis with the Chair being a councillor from the current lead local authority;

33. The lead administrative and research support will be provided by the a Scrutiny Officer from the borough which holds the Chair with the assistance, as required, from the officers of the participating boroughs;

34. Meetings of the JHOSC will be rotated between participating authorities as agreed by the JHOSC. The host authority for each meeting of the INEL JHOSC will be responsible for arranging appropriate meeting rooms; ensuring that refreshments are available providing spare copies of agenda papers on the day of the meeting; and producing minutes of the meeting within 10 working days;

35. Each authority will identify a key point of contact for all arrangements and Statutory Scrutiny Officers are at all times to be kept abreast of arrangements for the JHOSC;

36. If there is a specific reason, for example, if the issue to be discussed relates to a proposal specific to the locality of one Local Authority area the meeting venue can change to a more appropriate venue. The lead Local Authority would remain the same, even if the venue changes;

37. Any changes to the host authority must be agreed by the committee;

38. Agenda and supporting papers to be circulated and made publicly available at least five working days before the meeting;

39. Actions to be circulated to those with actions as soon as possible after the meeting – no later than three working days following the meeting;

40. Meetings to be held in public, with specific time allocated for public questions;

PETITIONS, STATEMENTS AND QUESTIONS

41. Members of the public and members of council, provided they give notice in writing or by electronic mail to the proper officer of the host authority (and include their name and address and details of the wording of the petition, and in the case of a statement or question a copy of the submission), by no later than 12 noon ***ONE WORKING DAY BEFORE*** the meeting, may present a petition, submit a statement or ask a question at meetings of the JHOSC.
42.

43. Any petition, statement or question must relate to the terms of reference and role and responsibility of the committee and to the subject item being discussed;

44. The total time allowed for dealing with petitions, statements and questions at each meeting is fifteen minutes;

45. Statements and written questions, provided they are of reasonable length, will be copied and circulated to all members and will be made available to the public at the meeting;

46. There will be no debate in relation to any petitions, statements and questions raised at the meeting but the committee will resolve;

    46.1. "that the petition / statement be noted"; or
    46.2. if the content relates to a matter on the agenda for the meeting: "that the contents of the petition / statement be considered when the item is debated";

RESPONSE TO QUESTIONS

47. If a sufficient response cannot be provided at the meeting to resolve a matter then the Questions will be directed to the appropriate Director, who will requested to respond to questions within 10 working days.

PRINCIPLES OF EFFECTIVE SCRUTINY

48. Scrutiny undertaken through the JHOSC will be focused on improving the health and health services for residents in areas served by the JHOSC through the provision and commissioning of NHS services for those residents;

49. Improving health and health services through scrutiny will be open and transparent to Members of the Local Authority, health organisations and members of the public.

50. All Members, officers, members of the public and patient representatives involved in improving health and health services through scrutiny will be treated with courtesy and respect at all times.

51. Improving health and health services through scrutiny is most likely to be achieved through co-operation and collaboration between representatives of the various Local Councils, NHS Trusts, representatives of Healthwatch and the Clinical Commissioning Groups commissioning hospital services;

52. Co-operation and joint working will be developed over time through mutual trust and respect with the objective of improving health and health services for local people through effective scrutiny.

53. All agencies will be committed to working together in mutual co-operation to share knowledge and deal with requests for information and reports for the JHOSC within the time scales set down.

54. The JHOSC will give reasonable notice of requests for information, reports and attendance at meetings.

55. The JHOSC, whilst working within a framework of collaboration, mutual trust and co-operation, will always operate independently of the NHS and have the authority to hold views independent of other Members of representative Councils and their Executives;

56. The independence of the JHOSC must not be compromised by its Members, by other Members of the Council or any of the Councils' Executives, or by any other organisation it works with;

57. Those involved in improving health and health services through scrutiny will always declare any particular interest that they may have in particular pieces of work or investigation being undertaken by the JHOSC and thus may withdraw from the meeting as they consider appropriate;

58. The JHOSC will not to take up and scrutinise individual concerns or individual complaints.

59. Where a wider principle has been highlighted through such a complaint or concern, the JHOSC should consider if further scrutiny is required. In such circumstances it is the principle and not the individual concern that will be subject to scrutiny.

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**NHS Long Term Plan and Refreshing the North East London (NEL) Sustainability and Transformation Plan (STP)**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Jane Milligan** Accountable Officer, NELCA / STP / ELHCP janemilligan1@nhs.net
Report Author	**Simon Hall** Director of Transformation, ELHCP Simonhall2@nhs.net **Alan Steward** System OD and Transition SRO, ELHCP alansteward@nhs.net
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

That INEL JHOSC:

- **Note and Comment on the recommendations within the STP NHS Long Term Plan, particularly with respect to the role of Neighbourhoods< place and the development of the Integrated Care Systems;**
- **Note and Comment on the approach to refreshing the East London Health and Care Partnership (ELHCP) Strategy for 2019-2024 and the timescale proposed.**

Background

North East London, which covers the local authorities of Barking and Dagenham, City of London Corporation, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest hosts over 2.1million residents served by over 300 GP Practices, two community trusts and three hospital trusts. Over the next 15 years, the population is expected to grow the equivalent of a new London Borough that will put significant pressure on local health and care services. The refresh of the Sustainability and Transformation Plan - based on the NHS national Long Term Plan commitments - outlines how they plan to achieve what they need to, with the resources they have and the timescales in which they are working towards.

Key Improvements for Patients

- Clearer understanding of issues by Cllrs to enable them to make informed decisions.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

- n/a

East London Health & Care Partnership

Towards Integrated Care: Delivering on the NHS Long Term Plan Commitments in North East London

Simon Hall
Director of Transformation, ELHCP
March 2019

Who we are – North East London

East London Health & Care Partnership

We are:

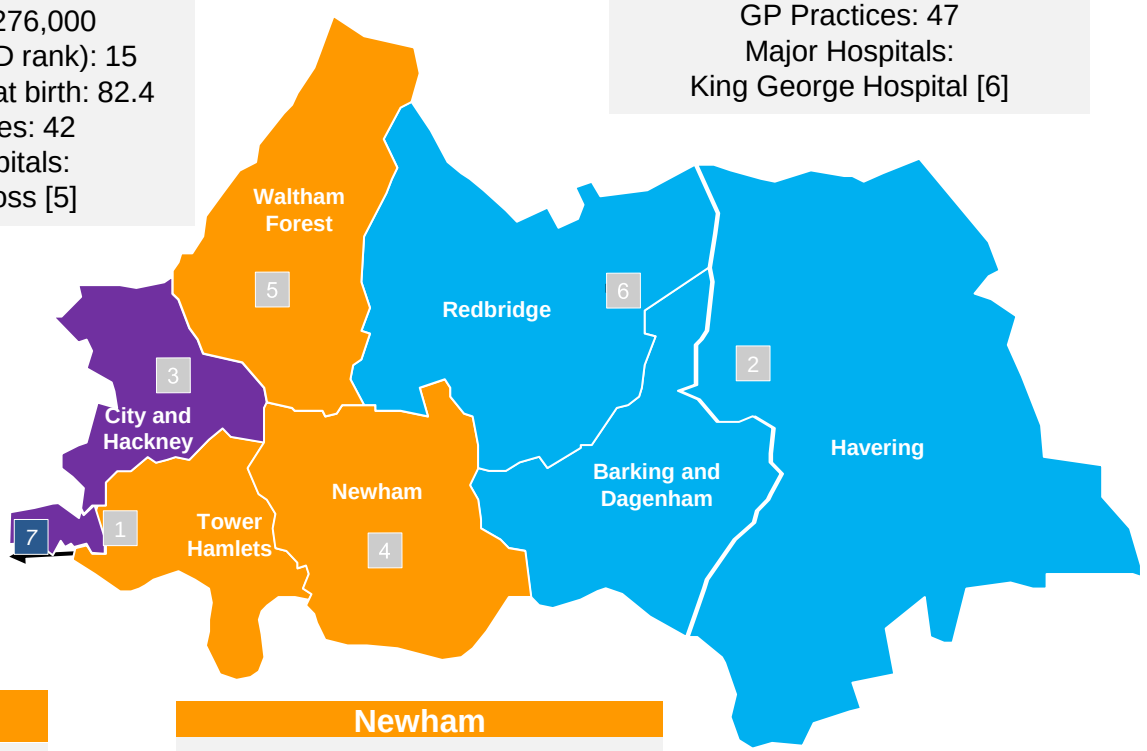
- **7 CCGs**
- **8 London Councils**
- **5 NHS Trusts – 3 acute and 2 community**
- **304 GP Practices**

Waltham Forest

Population: 276,000
Deprivation (IMD rank): 15
Life Expectancy at birth: 82.4
GP Practices: 42
Major Hospitals:
Whipps Cross [5]

Redbridge

Population: 300,600
Deprivation (IMD rank): 119
Life Expectancy at birth: 82.7
GP Practices: 47
Major Hospitals:
King George Hospital [6]



City and Hackney

Population: 277,000
Deprivation (IMD rank): 2 (Hackney) & 226 (City of London)
Life Expectancy at birth: 80.9 (Hackney)
GP Practices: 44
Major Hospitals
Homerton[3]
St Bartholomew's [7]

Havering

Population: 250,500
Deprivation (IMD rank): 166
Life Expectancy at birth: 81.9
GP Practices: 40
Major Hospitals:
Queen's Hospital [2]

Tower Hamlets

Population: 296,300
Deprivation (IMD rank): 6
Life Expectancy at birth: 81.0
GP Practices: 41
Major Hospitals
Royal London [1]

Newham

Population: 338,600
Deprivation (IMD rank): 8
Life Expectancy at birth: 81.3
GP Practices: 50
Major Hospitals
Newham University Hospital [4]

Barking and Dagenham

Population: 206,700
Deprivation (IMD rank): 3
Life Expectancy at birth: 80.0
GP Practices: 40

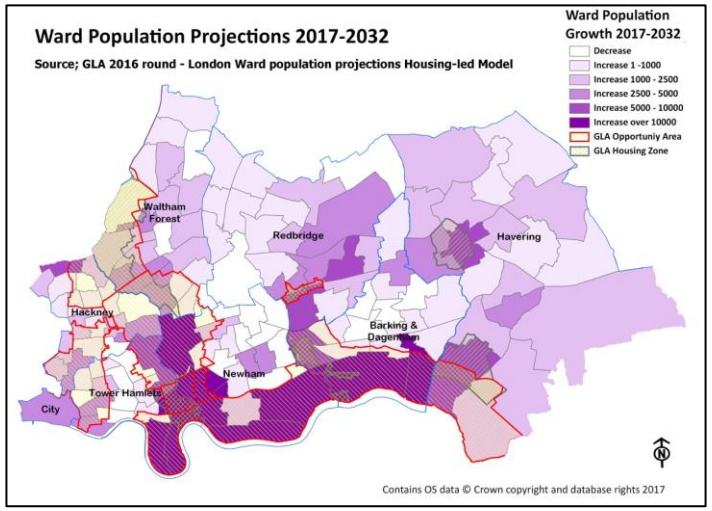
Our Challenges:

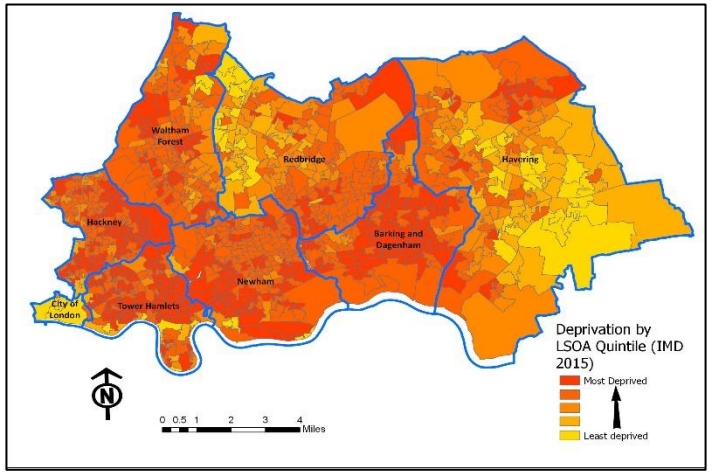
East London Health & Care Partnership

We have

- the highest population growth in London – equivalent to a new borough in the next 15 years
- Poor health outcomes for local people including obesity, cancer, mental health, dementia
- A changing population with increasing diversity, people living longer especially with 1 or more health issues and a high reliance on health and care services
- High deprivation with high proportions relying on benefits, experiencing fuel poverty, unemployment and poor housing and environments
- Service quality issues including a high reliance on emergency services, late diagnoses and treatment and access to services particularly primary care
- Health and care workforce with a high turnover, recruitment difficulties and high reliance on temporary agency workers
- Funding – there is a gap between the demand and cost of services with the resources available - if we do nothing. This is estimated at £1.2bn over the next 5 years

We also recognise that there is significant variation between each borough – health and care outcomes, population, services and quality, relationships between organisations and resources





The NHS Long Term Plan sets out the ambitions to transform our health and social care over the next 10 years

East London Health & Care Partnership

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- preventing 14,000 premature deaths through education and exercise to patients with heart problems
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- with more rapid community response teams to prevent unnecessary hospital spells and speed up discharges
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it

We will do this by:

- **Doing things differently** – giving people more control of their care, joining services up, more care closer to home
- **Preventing ill health** – increasing health prevention initiatives
- **Increasing the workforce** – making the NHS a better place to work, creating more routes into the NHS, and recruiting more professionals
- **Increasing digital** – make accessing the NHS more convenient, better digital services and patient records, improved use of data for planning
- **Value for money** – reduce duplication, and spend on administration

Our System Achievements since 2016

East London Health & Care Partnership

Improvements in Quality and Performance

- Significant improvements in Care Quality Commission ratings across all Trusts: ELFT – Outstanding; Homerton & NELFT – Good; BHRUT & Barts have exited special measures.
- Of our 7 CCGs, 1 is rated Outstanding and a further 3 are rated Good.
- Improvements in primary care, with the proportion of good or Outstanding GP practices improving in all CCGs – with 1 CCG now having only Good or Outstanding practices.
- Improvements in cancer services, with the 62-day treatment standard achieved for the last 18 months consistently.
- 100% coverage of 7-day primary care access.

Progression to Integrated Care

- Development of strong place based delivery systems building on Devolution Pilots (City/Hackney and BHR) and Tower Hamlets Vanguard.
- ELPR (East London Patient Record) rolled out in WEL and C&H and underway in BHR. Usage doubled in 1 year (current 112,000 views per month)
- ELHCP health analytics programme (Discovery) adopted as a core component of the London Health Care Record programme.
- Personalised care programme agreed for STP building on significant progress made in TH on personal budgets.

Developing our local Workforce

- International GP recruitment, 8 GPs in 18/19

Successful medical student expansion scheme, 32 additional places in 19/20

- 21 Physician Associates graduating through ELHCP scheme (on target to have more PAs than rest of London combined)
- GP retention initiatives enabled more GPs to stay living and working in east London.
- Medical student expansion scheme
- Good progress in apprenticeships made, particularly at Barts
- Healthy Workplace Charter adopted by all Councils and majority of Trusts.

Innovation and Service Development

- £5.2m secured for a cancer early diagnostic centre.
- Improved NHS 111 service successfully implemented
- Development of a first cut Estates Strategy for the NHS across ELHCP.
- Direct booking for GP hub and home visiting services enabled on-line.
- £7.5m London wide digital infrastructure capital funding secured, £3.5m in 2018/19.
- ERS (Electronic Records) programme delivered and paper switch off achieved for outpatient referrals to hospitals.

We already have major programmes addressing many of the commitments in the Long Term Plan

East London Health & Care Partnership

Area	ELHCP Programme	Gaps / Areas to address
Cancer	☑	• Targeting specific groups incl CYP and older men • Lung cancer
End of Life	☑	• Consistency - training and CYP
Maternity	☑	• Consistency - digital records, care plans and Saving babies Lives care bundle
Personalisation	☒	• Integrate work on social prescribing, personal health budgets, care plans
Urgent and Emergency Care	☑	• Consistency – UTCs, frailty
Mental Health	☑	• Consistency - investment in primary and community services
Children & Young People	☒	• Consistency - LD / autism / SEND • Transition arrangements – child – adult
Primary Care	☑	• Consistency - working at scale (Networks) • Enhanced role – prevention, care homes, digital services
Digital	☑	• Consistency - digital apps and care records, remote monitoring • Integrated child protection
Workforce	☑	• Expanded and integrated recruitment and retention • Focus on leadership, involvement and OD • New ways of working including digital and flexible workforce,
System Reform, Estates and Resources	☑	• Resources to support transformation and investment in community / primary • At scale delivery where effective • ICS and system approaches to sustainability incl. contracting

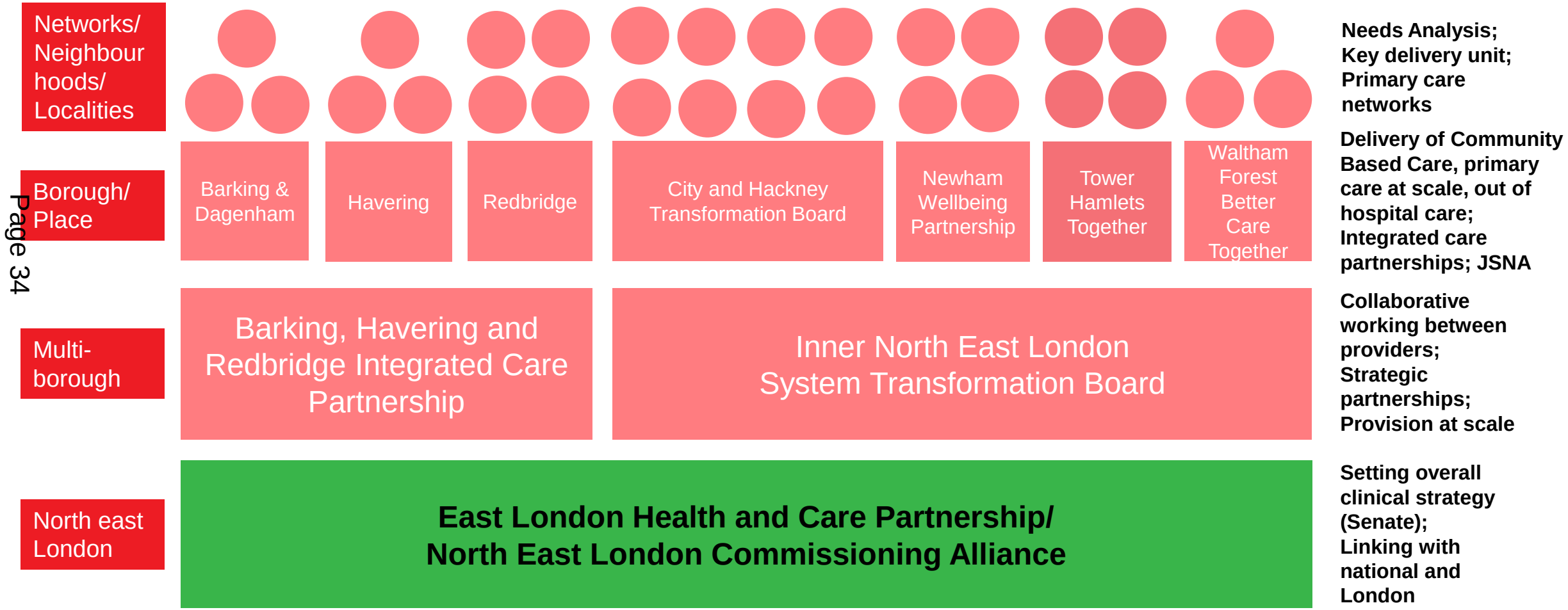
The NHS Long Term Plan has a number of commitments and issues where we need to focus further 2019-23

East London Health & Care Partnership

Personalisation	Workforce	Primary Care	Prevention	Resources
• Consistent social prescribing approach (new link workers in primary care) • Developing personal health budgets (e.g. extended offer to people with cancer) and clear linkage with personal budgets in social care • Personal care records and care plans • Use of telehealth and remote monitoring	• A partnership approach with local councils and other partners (e.g. skills advisory panels) • Better use of technology and smarter working across partners (e.g. maternity passport) • Extend support and use of volunteers / apprentices • Further commitments and targets to be released in April	• Development of primary care network infrastructure to support improved service delivery • Support to prevention and lifestyle management (social prescribing) • Care home support	• Support to self-care and building local resilience • Community wealth building / regeneration – work / leisure / crime (the wider determinants of health) • Emphasis on health inequalities (linked to London Mayor's Health Inequality Strategy)	• Pooling of resources to support transformation • Shifting resources into community and primary care from hospitals • Need to ensure that health and care systems become "sustainable"

Integrated Health and Care in North East London
(March 2019 DRAFT)

East London Health & Care Partnership



Common framework for integrated care delivery and planning in north east London

East London Health & Care Partnership

Neighbourhood Network/ Locality	• Understanding local need, including predictive analysis • Coordinating care for the defined population of local people • Improving service access and quality of care for local people • Addressing inequalities and unmet need • Co-producing and co-designing health services with patients and the public • Helping local people to stay healthy to include the wider determinants of health and positive mental wellbeing • Using personalised interventions to support care navigation, e.g. social prescribing/personal health and care budgets • Mobilising community assets to improve health and wellbeing • Primary care networks, delivering enhanced services (e.g. long-term condition management at GP practice/group level)
Borough/ Place	• Developing local health and care plans to integrate health, social care and voluntary and community services at neighbourhood/network and borough level to address key challenges and improve outcomes for local people • Ensuring borough-based service commissioning and delivery, linked to place based strategies • Supporting the development of neighbourhoods and networks and to hold them to account • Addressing inequalities within and between neighbourhoods/networks • Focus on effective use of resources across the system, improving outcomes and service quality for local people • Delivery of local community-based services (e.g. Children & Young People's services, IAPT)
Multi-borough	• Strengthen system support for local health and care integration partnerships and plans • Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource and the development of provider alliances • Develop and enable a collaborative approach to tackling significant system challenges • Delivery of key clinical strategies best planned across multi-borough footprint (e.g. frail elderly pathway, homelessness, planned care/outpatients, prevention) • Achievement of key performance standards (e.g. cancer diagnostic standard, mental health investment standard) • Delivery of networked services (e.g. diagnostics)
ELHCP	• Oversight and support of system development and 'once for north east London' infrastructure development (e.g. Discovery) • Delivering on enablers to support system development including digital, workforce, estates and financial sustainability • Holding systems to account for delivery of outcomes-based care for local people • Leading transformation programmes best planned across the north east London footprint (cancer, maternity, mental health) • Providing strategic overview and direction for multi-borough and place-based transformation programmes (e.g. end of life care, primary care, prevention, personalisation) • Leadership of clinical strategy for north east London through the Clinical Senate (e.g. neuro-sciences)
NELCA	• Strategic commissioning development around key priorities and outcomes • Development and agreement of commissioning strategy to support the ELCHP transformation plan • Commissioning governance and decision making • Future responsibility for specialised commissioning

Refreshing the ELHCP Strategy: High Level Engagement Timetable

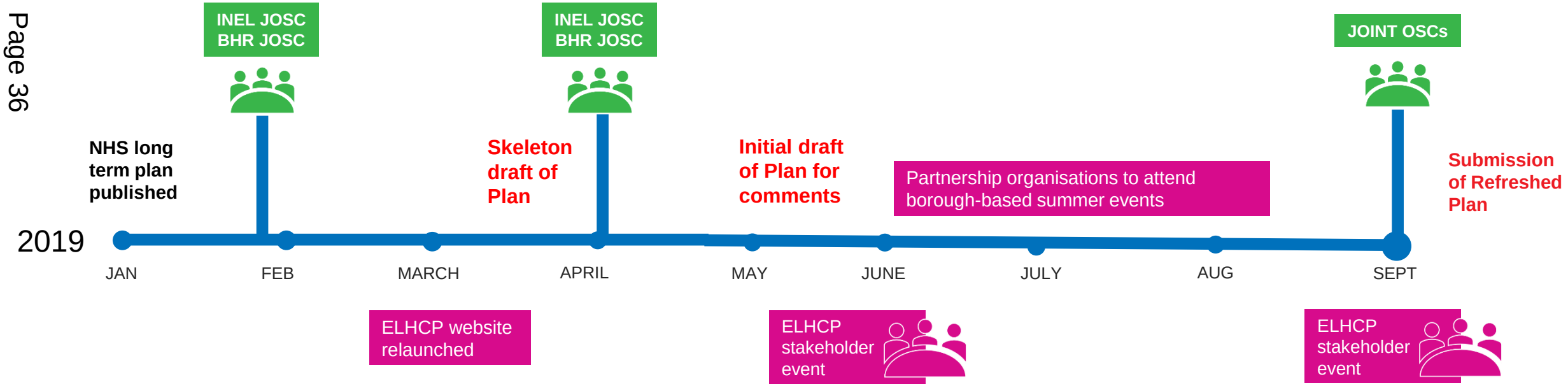
East London Health & Care Partnership

Engagement and discussion with Health & Wellbeing Boards in each local Council area; Engagement with local politicians;

Integrated commissioning meetings at Place level; CCG and NHS provider Boards;

Public engagement events – at neighbourhood and Borough level, with local provider and commissioner leadership

Healthwatch events – local and cross-ELHCP activity co-ordinated by Waltham Forest Healthwatch



ELHCP Citizens' Panel: ongoing panel questions on issues related to the NHS long term plan & ELHCP refresh

Ongoing opportunities on social media and website to contribute comments/ideas

The King's Fund

The NHS, local authorities and the long-term plan: in it together?

15 March 2019

Authors

Richard Humphries

This blog was originally published on the Local Government Chronicle (https://www.lgcplus.com/services/health-and-care/richard-humphries-turf-wars-are-adding-to-local-systems-woes/7028137.article?blocktitle=top-stories&contentid=20100) website and entitled, 'Turf wars are adding to local systems' woes'.

The NHS long-term plan, published in January, attracted a mixed reception in some local government circles. Excoriated as 'a mind-bogglingly complex list of unconnected solutions (https://www.hsj.co.uk/policy-and-regulation/rambling-long-term-plan-fails-to-grip-nhss-problems/7024137.article)', new Local Government Network boss Adam Lent slammed the 'hierarchical, status-obsessed culture of the NHS', earning a swift riposte from Health Service Journal editor Alastair McLellan that local government has a chip on its shoulder about the NHS (https://www.hsj.co.uk/policy-and-regulation/local-government-should-stop-criticising-the-nhs-and-learn-from-it/7024340.article) and should learn from it not criticise it.

A different starting point to understand what the plan means for local government is to acknowledge the realpolitik of health spending. At one level the plan can be viewed as a 'thank you' letter from the NHS to the Treasury for its birthday present of an extra £20 billion over the next five years. As the Institute for Fiscal Studies (https://www.ifs.org.uk/publications/13854) has pointed out, this means that the path for over half of day-to-day public service spending has already been largely decided, thus pre-empting the outcome of the spending review. This was never likely to endear the NHS to local government, with sibling rivalry inflamed by the suggestion in the plan that the government and NHS might consider playing a bigger role in commissioning some public health services currently commissioned by local authorities.

But what is clear that this is a plan written by the NHS for the NHS, not for the whole health and care system, since the funding settlement excludes public health, social care and education and training. Although it has much to say about prevention and population health – key to the future sustainability of the NHS and social care – the plan sees substantive progress as relying on action elsewhere. So the footprint of aspiration is much smaller than that of the earlier *Five year forward view*.

Much of the responsibility for the plan's omissions ought to be laid at the door not of NHS England but the government's dismal failure to deliver joined-up policy-making. Continuing cuts in local authority public spending undermine the plan's ambitions for prevention and health improvement. There is still no sign of the five-times delayed social care Green Paper, with fears that social care is crashing out of the domestic policy radar in Brexit fashion without any kind of deal. Helpfully the plan states that 'the government is committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years' – a useful piece of ammunition in spending review representations. Here it would be churlish for local government not to acknowledge the unprecedented support by NHS leaders for more social care spending that was instrumental in securing an extra £2 billion in the 2017 budget. In the meantime, the absence of a sustainable funding settlement for social care leaves the risks with councils, much of which will be exported to an already fragile provider market, over-stretched family carers – and to the NHS. That social care for all ages now accounts for two-thirds of all non-schools council spending is having dire consequences for other services that are critical to health such as housing, parks and leisure services. The possibility of a fiscal boost to stimulate the economy in a post-Brexit emergency budget might offer the faintest glimpse of a thin silver lining in the clouds of continuing austerity.

Despite its omissions, there is some real meat in the long-term plan that local government can welcome. The prioritisation of primary care and community services rather than hospitals for extra resources, including better NHS support for people in care homes, echoes calls by the Local Government Association (LGA) and Directors of Adult Social Services (ADASS) for more investment in care closer to home and should help some of the pressures in adult and children's social care. And the expansion of the personalised model of care to the whole country owes much to the pioneering success of personalisation in many local authorities. If implemented effectively and at scale it will bring the NHS into a much better aligned modus operandi with social care. But arguably the most striking feature of the plan from a local government perspective is the evolution of sustainability and transformation partnerships (STPs) into integrated care systems (ICSs) across the whole country by April 2021. The plan makes clear

that local authorities will be key partners in developing place-based approaches to improving population health and through the ICS will work in a much a more collaborative way with providers. Our work at The King's Fund on existing ICSs (https://www.kingsfund.org.uk/publications/year-integrated-care-systems) identifies effective engagement of local authorities as a key enabler of progress. Localists will welcome the plan's sensible rejection of top-down prescriptions for how social care and CCG budgets should be aligned in favour of local agreements.

There is still much to do in thinking through how councils can be a true partner in ICS's given profound differences with the NHS in governance, funding and lines of accountability. How far these can be addressed by locally-agreed workarounds without legislative change? How can a system of total control that excludes council spending on public health, social care and other health-creating services really deliver place-based population health? Where does the important role of health and wellbeing boards in tackling population health fit with the larger geographies of ICSs? Tensions within some of the emerging ICSs, reported by the Local Government Chronicle (https://www.lgcplus.com/) , also reflects softer issues about local culture and politics, especially in places where progress is held back by a history of poor relationships between local leaders and their organisations.

The plan marks another milestone in the twists and turns of local government's relationship with the NHS since 1948. But the political and economic climate has never been less auspicious, with deep uncertainty arising from Brexit, its impact on the economy, public finances and the public service workforce and the continuing failure of central government to deliver a coherent joined-up policy framework. In this daunting context, if local government and the NHS are serious about a shared commitment to improving the health and wellbeing of local populations, throwing rocks at each other, fighting territorial turf wars or just walking away will only add to the woes of local systems. Instead, learning the lessons from the early days of STPs, local authorities need to be centrally engaged in the production both of local five-year ICS plans and in developing the plan's national implementation programme for that will take account of the spending review outcomes for public health, social care, capital and workforce. As ever, the success of these partnerships hinges on the ability to manage difference without compromising the achievement of shared purpose. The NHS long-term plan will not work without the full involvement of local authorities; and in securing a better funding settlement the NHS is a powerful ally that local government can ill afford to lose. Locally and nationally, they are truly in it together.

Subscribe to our email newsletter (/node/4469) and follow @TheKingsFund (https://twitter.com/thekingsfund) on Twitter to see new content as it's published, along with our other news.

Related content

The NHS long-term plan explained

On 7 January, the NHS long-term plan was published setting out key ambitions for the service over the next 10 years. In this explainer, we set out the main commitments in the plan and provide our view of what they might mean, highlighting the opportunities and challenges for the health and care system as it moves to put the plan into practice.
By Anna Charles et al - 23 January 2019
(/publications/nhs-long-term-plan-explained)

The NHS long-term plan: five things you need to know

The NHS long-term plan has been launched and long it indeed is, in every sense of the word, clocking in at a weighty 120 pages. Here's my take on the top five things you need to know.
By Richard Murray - 8 January 2019
(/blog/2019/01/nhs-long-term-plan)

The King's Fund response to the NHS long-term plan

This is an ambitious plan that includes a number of commitments which – if delivered – will improve the lives of many people. NHS leaders should be applauded for focusing on improving services outside hospitals and moving towards more joined-up, preventative and personalised care for patients. But some significant pieces of the jigsaw are still missing, and there should be no illusions about the scale of the challenge ahead.
7 January 2019
(/press/press-releases/kings-fund-response-nhs-long-term-plan)

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**North East London (NEL) Strategic Estates Plan**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Henry Black** Chief Finance Officer North East London Commissioning Allicance / STP henryblack@nhs.net
Report Author	**Henry Black** Chief Finance Officer North East London Commissioning Allicance / STP henryblack@nhs.net **AnaMaria Icleanu** STP Estates Programme Lead anamaria.icleanu@nhs.net **Tim Madelin** STP Associate Director of Estates t.madelin@nhs.net
Witnesses	**Henry Black** Chief Finance Officer North East London Commissioning Alliance / STP **AnaMaria Icleanu** STP Estates Programme Lead **Tim Madelin** STP Associate Director of Estates
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets
Recommendations: That INEL JHOSC: • **Note and Comment on the paper and ways forward for the Estates Strategy;** • **Support the way forward for the Estates Strategy.**	

Background

North East London (NEL) received news that their Capital Bids submissions were not successful and as such have had to take a re-look at how they can work with stakeholders and partners to more forward plans to upgrade various aspects of the Estates Programme. This paper ensures Members have an opportunity to put forward recommendations on how the NHS can be supported and more forward with plans and proposals for redeveloping various parts of the Estate.

Key Improvements for Patients

- Clearer understanding of issues by Cllrs to enable them to make informed decisions.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

- n/a

East London Health & Care Partnership

North East London Strategic Estates Plan

Wave 4 and next steps update

Inner North East London Health Overview Scrutiny Committee

3 April 2019

East London Health & Care Partnership

WAVE 4 OUTCOME & NEXT STEPS

Wave 4 outcome

East London Health & Care Partnership

We received formal notification from NHSE that the bids (see following slide) submitted by ELHCP were unsuccessful after the information had been published in the Health Service Journal.

The process involved considerable work from members of the estates workstream, input from partner organisations and a robust prioritisation process.

We submitted eight bids totalling £472m and one large scheme of £343m. Ambitious disposals feature in almost all bids and each bid is a system priority critical to achieving the performance metrics agreed for estates.

During the process of producing the strategic estates plan there were no indications of significant issues with our process.

A few weeks before the submission deadline, we were advised that the St Georges disposal receipts could not be counted as a ‘monetised’ benefit towards the scheme.

This has had a significantly negative impact on the perceived value for money.

We are confident that we submitted a robust, well-evidenced and realistic set of bids that would significantly progress our plans to meet the care and health needs of our local populations.

Partnership organisations are proactively seeking alternative funding solutions to address the inevitable and significant issues caused by the decision. However there are limited options available to us to fund these crucial capital projects.

Wave 4 bids potential alternative funding sources

East London Health & Care Partnership

Scheme Name	BIDDER	Gross Capital cost £	Alternative Funding Sources currently being considered
St Georges Health Centre	BHR CCGs /NELFT	£17,000,000	• Private finance: third-party developer – discussion had with Octopus and Cura who are very interested in developing the scheme • NELFT options: Discussion had with NELFT to explore if this can be one of the options to be considered • NHS PS – NHS PS currently engage in discussion • CHP/LIFT Only some private finance routes are off balance sheet as RHIC and do not have a CDEL impact, conversation had with RHIC on the scheme, RHIC still not signed off by the treasury and requires after a 12 months procurement process which rule out the target date for St Georges 2021. • Looking at JV options with the Council
St James Health Centre	Waltham Forest CCG	£7,253,000	• Council building – no Section 106 available • NHS PS – was part of the NHS PS Capital pipeline – recent discussion with NHS PS have confirmed that they funds can only be used for successful Wave 4 scheme and no other schemes • Private finance: third-party developer – discussion had with Octopus who are very interested in developing the scheme • CHP – RHIC – scheme too small for this delivery route (<£10m)
City & Hackney portfolio bid	C&H CCG	£18,882,000	Devolution pilot, looking at potentially borrowing from local authorities and proposed land swaps with NHS PS
Barts Health Orthopaedic Centre	Barts Health	£4,956,000	Self-funded internally
Acute Reconfiguration Queens and KGH Hospitals	BHRUT	£49,091,000	No external existing funds PFI building, could be funded using public finance, or through PFI Co, with cost recovered through a higher unitary payment
Maternity expansion at Queens Hospital	BHRUT	£14,189,000	No external existing funds PFI building , could be funded using public finance, or through PFI Co, with cost recovered through a higher unitary payment
Queen's Children's and Young Person's Assessment Unit CYPAU	BHRUT	£8,420.000	No external existing funds PFI building , could be funded using public finance, or through PFI Co, with cost recovered through a higher unitary payment

East London Health & Care Partnership

STP estates strategy next steps

Engagement

East London Health & Care Partnership

Key stakeholder engagement

- The strategic estates plan (SEP) draws together existing plans/information submitted and prepared by each organisation
- Key stakeholders commented and reviewed SEP prior to publication in October 2018
- Key stakeholder feedback was extensive and robust, and changes were made to the SEP as a result of their comments
- ELHCP followed process set out by NHSE to develop the SEP

Approach to patient & public involvement

A draft communication and engagement strategy was reviewed by the estates strategy working group and by the estates board. It is currently being shared with comms leads in partnership organisations before going back to the estates board for agreement and implementation.

As we have stated, public consultation end engagement on estates programmes and projects will take place at local level, and will be planned and implemented by commissioners/and or providers, as appropriate.

For example, local plans such as the redevelopment of the Whipps Cross hospital site and the Rainham and Beam Park Housing Zone project have been the subject of reports to councillors in Waltham Forest and Barking and Dagenham respectively.

We have been, and will continue to report on the work of the estates workstream directly to elected members.

Involvement

"We need to ensure that health and care estate-based changes are based upon robust, clear evidence and that a commitment to effective consultation and engagement is evident in the planning and implementation of the individual estates strategies."

Draft ELHCP communication and engagement strategy

The Partnership is committed to involving the public, patients, staff, families, carers and everyone involved in health and care services.

We welcome the attention of the public and all those who want to see high quality, sustainable care and health services for local people.

Ongoing work to engage patients, service users and the public on the NHS long-term plan which sets-out the drivers and aspirations for the next ten years and beyond is being led by Waltham Forest Healthwatch.

Engagement and updating of the SEP is ongoing as work continues to include assets and infrastructure managed and owned by the east London local authorities.

Proposed next steps

East London Health & Care Partnership

- ELHCP Estates Plan has been published on our website and agreed with all stakeholders – working together with communications team on the engagement plan for developing a transparent clear plan for all stakeholders including engagement with patients and public
- The ELCHP partners will develop this plan into a robust strategy that reflects the full transformation implications of the sustainability and transformation plan (STP). The key driver for the strategy is the Partnership's clinical vision and the developing models for integrated health and care services.
- Greater integration of the strategic estates plan with local authority plans to ensure best use of public assets and support for new ways of commissioning integrated care services. There is still more to do to include the social care and community infrastructure that will support new ways of providing services for local people and integrating the IT innovation to determine less capacity requirements.
- We are currently progressing with the detailed investment plan, working through possible sources of funding for schemes in the pipeline, and linking our work with the LEB/LEDU programmes.
- Through our Governance with monthly Estates Operational meetings we have started reviewing and doing the assurance on various business cases (Wellington way, Suttons wharf, Froud Development and Pontoon Docks in Newham)
- One Public Estate: C&H have submitted OPE around St Leonard's to develop the business case for the site. TH/Whitechapel site looking to maybe join the next phase, same for Redbridge (KGH and Goodmayes master-planning for both sites)

INNER NORTH EAST LONDON (INEL)
JOINT HEALTH and OVERVIEW SCRUTINY COMMITTEE (JHOSC)

Report title	**INEL JHOSC Workplan**
Date of Meeting	Wednesday 3 April 2019
Lead Officer and contact details	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Report Author	**Robert Brown** Senior Scrutiny Policy Officer DDI: 020 3373 7142 I robert.brown@newham.gov.uk
Witnesses	n/a
Boroughs affected	• City of London Corporation • Hackney • Newham • Tower Hamlets

Recommendations:

That INEL JHOSC:

- **Note and Comment on the workplan the the programme of items.**

Background

To ensure INEL JHOSC meet to discuss issues that affect the INEL area and is of a substantial variation, a workplan has been created to ensure appropriate items are discussed and not duplicated across other Health and / or Scrutiny forums.

Key Improvements for Patients

- Clearer understanding of issues being discussed, forthcoming issues and items being discussed in other forums, ensuring no duplication of officers' time. by Cllrs to enable them to make informed decisions;
- Improved collaborative working between local authority and NHS colleagues.

Implications

Financial Implications

none

Legal Implications

none

Equalities Implications

none

Background Information used in the preparation of this report

- n/a

Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)

Meeting: **Inner North East London (INEL) Joint Health and Overview Scrutiny Committee (JHOSC)**
Chair: Cllr Winston Vaughan (Newham) **vice-Chair** Cllr Ben Hayhurst (Hackney)
Support: Robert J Brown, Senior Scrutiny Policy Officer; Cllr Eve McQuillan (Tower Hamlets)
Venue: Old Town Hall, Stratford, 29 Broadway, LONDON E15

Dates of meetings: 1900-2100hrs
13 Feb-19
3 Apr-19
19 Jun-19
18 Sep-19
27 Nov-19

	13-Feb-19	03-Apr-19	19-Jun-19	18-Sep-19	27-Nov-19	26-Feb-20	24-Jun-20	30-Sep-20	25-Nov-20
APOLOGIES	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden Cllr Eve McQuillan	Cllr Rohit DasGupta Common Councilman Michael Hudson Common Councilman Chris Boden		this meeting will be a joint INEL / ONEL JHOSC meeting to discuss STP-wide issues, commencing at 1600hrs		tentative date	tentative date	tentative date	tentative date
		moved from 20 March 2019 due to Tower Hamlets Full Council meeting							
	AGENDA	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**	**AGENDA**
STANDING ITEMS (20mins)	Chair's Announcement	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions	Welcome and Introductions
	Welcome, Apologies and Introductions (inc substitutes)	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence	Apologies for Absence
	Declaration of Interest Register	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest	Declaration of Interest
	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting	Minutes of Previous meeting
	Submissions	Submissions	Submissions	Submissions	Submissions	Submissions	Submissions	Submissions	Submissions
	Work Plan	Work Plan	Work Plan	Work Plan	Work Plan	Work Plan	Work Plan	Work Plan	Work Plan
AGENDA ITEMS (100mins)		(RJB) NELCA / ELHCP - AO update and NHS Long Term Plan - *Jane Milligan, Simon Hall, Alan Steward*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*	NELCA / ELHCP - AO update - *Jane Milligan*
	Election of Chair Election of vice Chair Terms of Reference / Membership / Protocols		(NELCA) Early Diagnostic Centre for Cancer - *Simon Hall*	(NELCA) STP / NHS Long Term Plan - *Simon Hall / Alan Steward*	(NUHFT) Non-Emergency Patient Transport Service - *Ellie Hobart*				
	NHS Long Term Plan - *Simon Hall / Alan Steward*	(RJB / NELCA) STP / ELHCP Estates Strategy - *Henry Black, Chief Financial Officer* - *Tim Madelin, Estates* - *Anamarie Icleanu, Estates* - *Marie Burnett, NELSON* - *???, NHS Property Services*		(LAS)					
	Patient Transport - *Ellie Hobart*		(ELHCP) Moorfields Eye Hospital update on Engagement - *Denise Tyrrell*	(C&HCCG) NHS Workforce (as part of Long Term Plan) - *Simon Hall / Alan Steward*	(NELCA)				
			INEL System Transformation Board - *Ati Adepoju*	(ELHCP) Moorfields Eye Hospital - *Denise Tyrrell*					
INFORMATION ITEMS		Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories	Reports from NHS England, The Kings Fund, Health Service Journal, National Audit Office and others Forthcoming proposals, surveys and points of interest for Members News reports and stories

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November	December	January	February	March	April	May	June	July	August	September	October
AGENDA	Agenda	Agenda	Agenda	AGENDA	AGENDA	AGENDA	AGENDA	NO MEETINGS	AGENDA	AGENDA	AGENDA
Vaccine Preventable disease and 0-5 childhood immunisations - 19Nov18	Community Based Adult Social Care new charging policy impact assessment - 11Dec18	Digital Primary Care and Implications for GP Practices - agree ToR - 07Jan19	Response to CQC Inspection on Housing with Care - 04Jan19	Review on Digital Primary Care and implications for GP Practices - 12Mar19	Review Digital Primary Care and the implications for GP Practices - 08Apr19	No meetings	13-Jun-19	No meetings	Health in Hackney Scrutiny Commission	12-Sep-19	No meetings
Update on Integrated Commissioning - 19Nov18	Tower Hamlets Adult Social Care User Survey 2017/18 - 11Dec18	Health Based Places of Safety - 07Jan19	Obesity Strategic Partnership briefing - 04Jan19	Housing with Care Service - Action Plan responding to CQC - 12Mar19	Integrated Commissioning - Planned Care - 08Apr19	THT Integrated Systems and Care - 13May19	19-Jun-19		Hackney Health and Wellbeing Board	Moorfields Eye Hospital - 18Sep19	
Changes to Breast Screening Services in Hackney - 19Nov18	Residential and Nursing Care Homes and Home Care Provision in the Borough - 11Dec18	Barking, Havering and Redbridge NHS Universities Trust - Cancer Services Update - 15Jan19	Review on Digital Primary Care and implications for GP Practices - 04Jan19	6mth update on implementation of recommendations of 'Supporting Adult Carers' review - 12Mar19	Integrated Learning Disabilities Service - 08Apr19	15-May-19	12-Jun-19		Tower Hamlets Health Sub-Scrutiny	NHS Long Term Plan - 18Sep19	30-Oct-19
Implementing the Overseas Visitors charging regulations - 19Nov18		King George Hospital outline business case update - 15Jan19	Integrated Commissioning - Unplanned Care - 04Feb19	Adult Services Local Account - 12Mar19	East London Health & Care Partnership Finance update - 09Apr19				Tower Hamlets Health and Wellbeing Board		
East London Health and Care Partnership report - 06Nov18		Health Life Expectency -Annual Public Health Report - 14Jan19	Health and Substance Misuse - 12Feb19	Newham University Hospital Maternity Services - 19Mar19	Community Urgent Care Update - 09Apr19				Newham Health & Adult Social Care Commission		
Update on Neighbourhood Health and Social Care Services - 06Nov19		Implementing Health Impact Assessments Policy in TH - 14Jan19	Health Based Places of Safety - 12Feb19	Developing a TH Transport Strategy - 11Mar19	North East London Foundation NHS Trust - 09Apr19				Newham Health & Wellbeing Board		
Healthwatch Update - 06Nov18		Local Transformation Plan for Children, Young People, Mental Health and Emotional Wellbeing - 14Jan19	Reablement Service Scrutiny Review Action Plan - 12Feb19	NHS Long Term Plan and refresh of the ELHCP Strategy - 11Mar19	Adults Safeguarding - 30Apr19				City of London Corporation Health and Social Care Scrutiny		
Special Educational Needs and Disability (SEND) City of London Area Inspection outcome - 06Nov18		Report on Actions taken following local area SEND review - 14Jan19	Health and Social Care Budgets - 12Feb19	Update Report on Screening and Immunisation Report - 11Mar19	Social Aspects of People Living with Cancer - 30Apr19						
NEL Health Places of Safety - 06Nov18		5Jan19 - CANCELLED	Non Emergency Patient Transport Service - 12Feb19	Prevention update - 06Mar19	Suicide Prevention Strategy - 30Apr19				INEL JHOSC		
			verbal update on NHS Long Term Plan - 12Feb19	Integrated Commissioning Governance Review - 06Mar19	STP Estates Strategy - 03Apr19				ONEL JHOSC		
			INEL JHOSC ToR and Membership - 27Feb19	Prevention Condordat for Mental Health - 06Mar19							
			City of London Health Profile - 27Feb19								
			Clinical Commissioning Group assessments for Mental Health, Dementia, LD and Diabetes - 27Feb19								
			NHS 10 year plan - 27Feb19								
			City of London Air Quality Strategy - 27Feb19								

Health in Hackney Scrutiny Commission

Tower Hamlets Health Sub-Scrutiny

Newham Health & Adult Social Care Commission

City of London Corporation Health and Social Care Scrutiny

Hackney Health and Wellbeing Board

Tower Hamlets Health and Wellbeing Board

Newham Health & Wellbeing Board

INEL JHOSC (City of London Corporation, Hackney, Newham, Tower Hamlets)

ONEL JHOSC (Waltham Forest, Barking & Dagenham, Redbridge and Havering)

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NHS Long Term Plan

Supporting NHS and local government relationships

Programme

- Welcome and introduction
- Insight sessions:
  - NHSLTP – where are we now?
  - View from local government
  - Delivering at local level
- Break
- Action learning and reflection
- Lunch and networking

NHS Long Term Plan

Where Are We Now?

Roger Davison

Director of System Partnerships
NHS England

NHS Long Term Plan

View from Local Government

Cllr Richard Kemp CBE

Local Government Association
Community Wellbeing Board

Local Government Association

“We can work it out”

The NHS and local government working together

Centre for Public Scrutiny

Councillor Richard Kemp. Local Government Association

19th. March 2019

www.local.gov.uk

There’s a Beatles song for everything

“We Can Work It Out”

Try to see it my way,
Only time will tell if I am right or I am wrong,
While you see your way,
There's a chance that we may fall apart before too long.

We can work it out.
We can work it out.

Whatis the starting point?

A shared understanding of the World and Community.

We do this through:

- The strength of the Joint Strategic Needs Analysis
- The inputs of all data including from none ‘Health or Social Care’ sources
- A sharing of large scale data
- A sharing of small scale data

Who are the problem solvers?

The health of the population is too important to be left to the NHS

Councils and our partners stop people becoming ill.

The **NHS** makes them better if we have failed!

Partners include:

Housing providers

Schools

Park providers

Leisure Services

Fire Service

Police Service

Community Sector

Voluntary Sector

Challenges to partnership

- Attitude
- Horizontal or vertical decision making
- Horizontal or vertical target setting
- Concertation on outputs and not outcomes
- Sectoral Defence mechanisms
- Different reporting mechanism
- Different targeting mechanisms

The 3 key words:

- Trust
- Respect
- Sharing

LGA

- Peer Challenges
  - General
  - Specific
- Mentoring
- Conferences
- Sharing best practice and innovation
- Developing best practice guidance

Questions?

Transforming Health and Social Care Through the Power of People

Donna Hall, CBE
Chief Executive
Wigan Council/Wigan CCG

The Impact – Achievements

Contribution to acute stability and system demand. NHS-Social Care Interface Dashboard: Wigan 4th best performing nationally, strongest of 23 Councils in the North West

Radical workforce redesign, high levels of staff satisfaction

Healthy life expectancy in the most deprived areas increased by seven years

Financially stable while still making key investments

89% of domiciliary and 75% of care home providers rated 'good' or 'outstanding'. 3rd most improved nationally

Getting people home from hospital: Wigan best performing in North West and 5th in country

Over three quarters of people supported by our 'Outstanding' Reablement service require no further ongoing social care support

Community Book - innovative online community matching tool plus £10m community investment

A Different Way…..

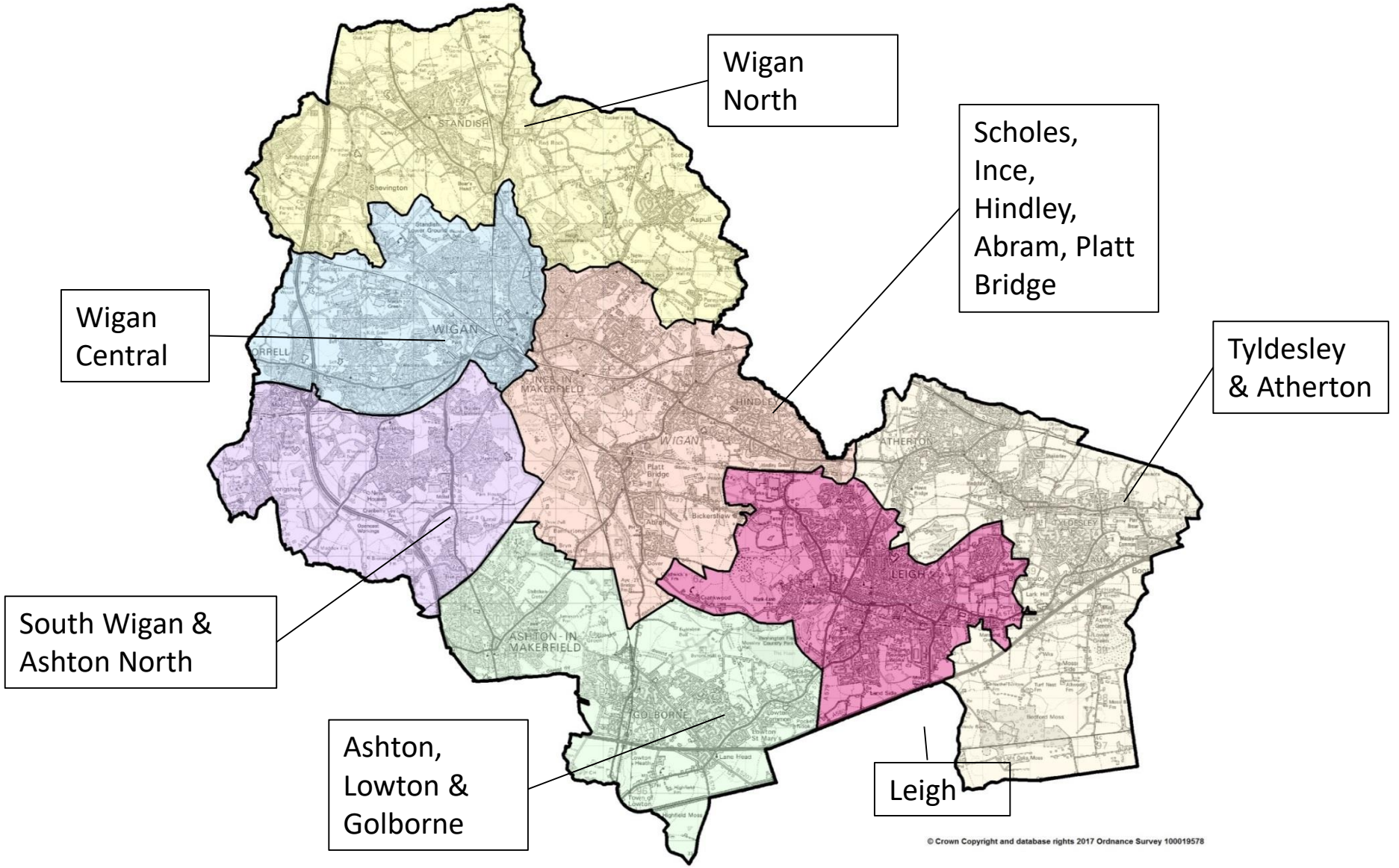
From a traditional approach

- Individual contracts based on service line specifications that measure outputs and not outcomes
- Multiple providers contracts and conflicting specifications and silo based individual provider focus
- Duplication of provision and overlaps in service delivery
- User effort and confusion in navigating the services across a complex system
- Disease or service specific focused creating dependency
- Getting the best out of the contract for commissioners

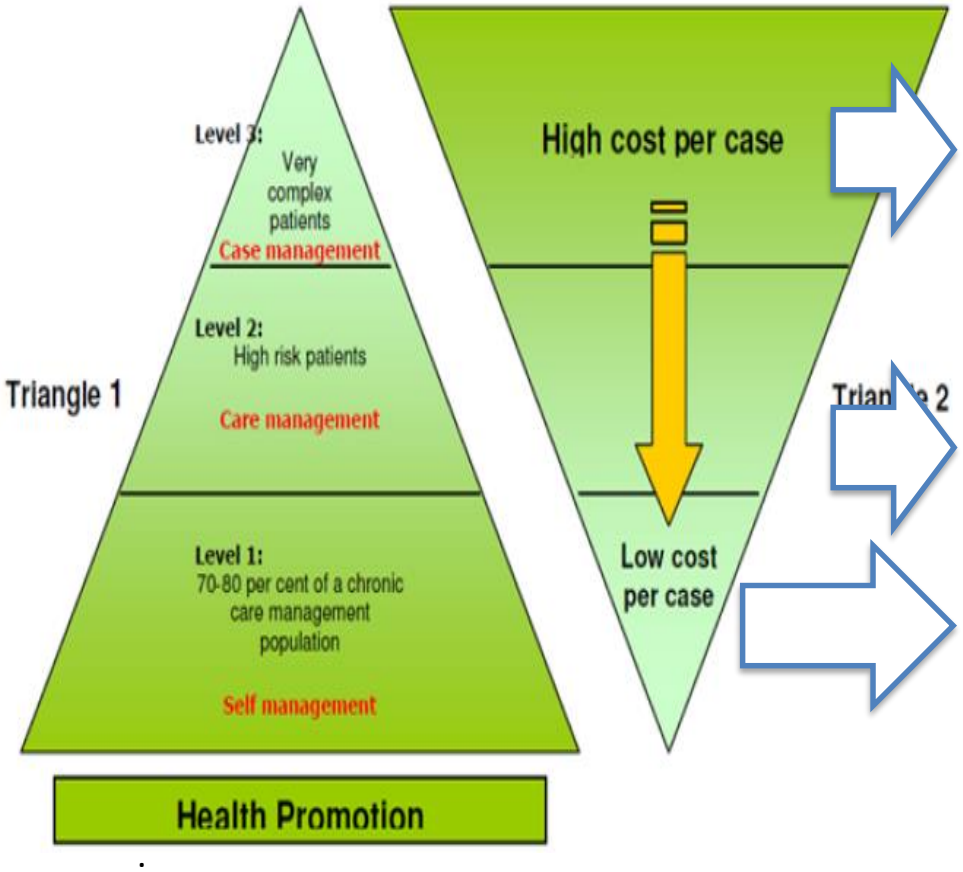
To an asset based approach

- Focus on outcomes and the holistic needs of individuals and their families
- Co-production of frameworks and delivery models between commissioners and providers
- Development of co-ordinated care pathways and reductions in duplication
- Focus on easy access to services and providers working together to provide a seamless joined up arrangements services
- Strengths based promoting independence
- Getting the best out of the system for residents

Integrated Place Based Teams: 30-50k



Risk Stratification to Drive Partner Based Intervention - Non Elective Admission – >10% Risk Score



SDF	Hindley	Leigh	LiGA	SWAN	TABA+	Wigan Central	Wigan North
Number of patients with a Risk Score >50%	300	351	196	252	293	407	264
Percentage of SDF population	0.7%	0.6%	0.6%	0.6%	0.6%	0.7%	0.6%
Number of patient with a risk score between 25%-50%	684	783	440	500	639	881	616
Percentage of SDF population	1.5%	1.4%	1.4%	1.2%	1.3%	1.4%	1.4%
Number of patients with a risk score between 10%-25%	2512	3129	1732	2321	2723	3390	2425
Percentage of SDF population	5.5%	5.5%	5.6%	5.7%	5.4%	5.6%	5.6%

Level 1 patients 10-25%, Level 2 patients 25%-50%, Level 3 >50%

The Deal

Wigan Council

Our part

- Keep your Council Tax as one of the lowest
- Help communities to support each other
- Cut red tape and provide value for money
- Build services around you and your family
- Create opportunities for young people
- Support the local economy to grow
- Listen, be open, honest and friendly
- Believe in our borough

Signed

Councillor David Molyneux, Leader of Wigan Council

Your part

- Recycle more, recycle right
- Get involved in your community
- Get online
- Be healthy and be active
- Help protect children and the vulnerable
- Support your local businesses
- Have your say and tell us if we get it wrong
- Believe in our borough

Signed .....

WiganCouncilOnline wigancouncil @wigancouncil wigan.gov.uk

The Deal

For providers

Wigan Council

Our part

- Develop a diverse and vibrant market that celebrates the assets, gifts and aspirations of Wigan residents
- Work in true partnership with ethical, high quality providers and residents, sharing challenges and co producing solutions
- Create an environment where creativity and innovation thrive based on openness and transparency
- Pay a fair price for high quality provision as part of a total reward and recognition package
- Have high expectations and a rigorous approach to quality assurance

Signed

Councillor David Molyneux, Leader of Wigan Council

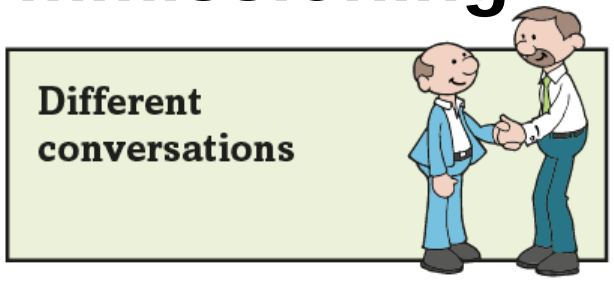
Your part

- Provide services that celebrate the assets, gifts and aspirations of Wigan residents
- Demonstrate a relentless pursuit of quality and ethical provision that delivers the best possible outcomes for Wigan residents
- Provide creative and innovative solutions and embrace collaboration and transparency
- Provide value for money and a decent reward and recognition package for your well motivated and supported workforce
- Strive for excellence and passionately engage in quality assurance

Signed

WiganCouncilOnline wigancouncil @wigancouncil wigan.gov.uk

The Deal Principles = Asset Based Commissioning

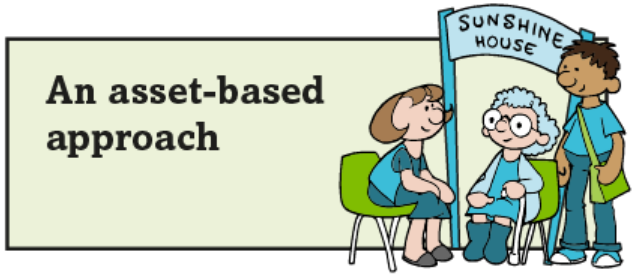


Different conversations with partners, part of collective endeavour to support Wigan citizens to live great lives. Co-production, relationships, trust, shared outcomes (plus robust decommissioning when required)

Citizen and community knowledge drives market shaping. Neighbourhood based focus, e.g. Homecare, understanding Wigan as a place important element of tender process, share tools such as Community Book to help partners connect citizens to their community

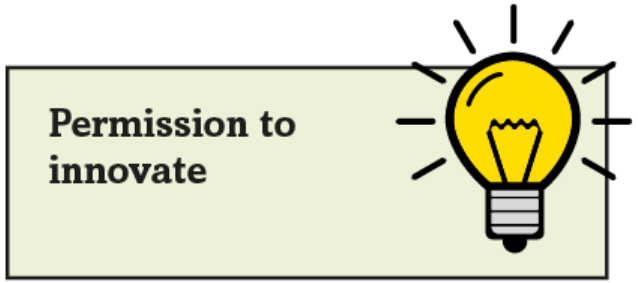
Providers key part of place based models, connected to huddles, community assets and wider reform agenda e.g. Care Homes, Wellbeing Teams

The Deal Principles = Asset Based Commissioning



Asset based approach embedded into our commissioning model, recognising assets of people, communities and partners and ensuring all support recognises and develops the assets of our communities and citizens. Inclusion driving principle

Be Wigan behaviours of Be Positive, Be Accountable and Be Courageous shared by commissioners, partners and front line staff – reframes relationship, all energy focussed on high quality and great outcomes



Wigan asset based commissioning liberated creativity and passion of partners to deliver great outcomes and positive experience to citizens e.g. people powered technology. Enabled innovators such as Community Circles and Wellbeing Teams

Key Features of Ethical Homecare in Wigan

- Appropriate reward and recognition for workforce
- Carers paid national living wage independent of age, travel time, training, contracts
- Transparent, standardised, affordable and sustainable rate agreed with partners
- 16 neighbourhood zones, strengthen community connections and reduce travel
- Support based on outcomes, not time and task, no 15 mins for personal care
- Provider partners connected to community assets supporting community connections
- Provider leadership, workforce and commissioners share Deal behaviours – Be Positive, Courageous, Accountable – Deal training being delivered across partnership
- Embracing permission based working, positive risks, innovation and creativity e.g. beer and bet group
- Next phase – learning from introduction of Wellbeing Teams and building on integrated community services working with health colleagues re Wigan version of Burtzoorg

Care Homes Reform

Wigan's Care Home Provider Forum December 2017

We're doing things differently in Wigan and we're getting great results!

- Care Home Quality in Wigan is the 3rd most improved in the country over the last 12 months – service improvement process
- Asset Based commissioning – foundation for Care Home Reform
- 88% homes good or outstanding, positive DTOC figures

The Story So Far

- Wigan Innovation Fund - £1 million available
- Community Circles
- Dementia friendly environments
- Butterfly Community
- People Powered Technology
- Army of champions – e.g. cancer
- Health mapping
- GP mapping
- Workforce development – Council, hospital and college
- Asset based working – if I could I would
- Multi generational working – schools, nurseries and care homes working together

The Case for Change – the Origins of ICS

Growing and ageing population means pressures on services are greater than they have ever been

Waiting times are rising and health services are struggling to cope with demand against a backdrop of significant financial cuts

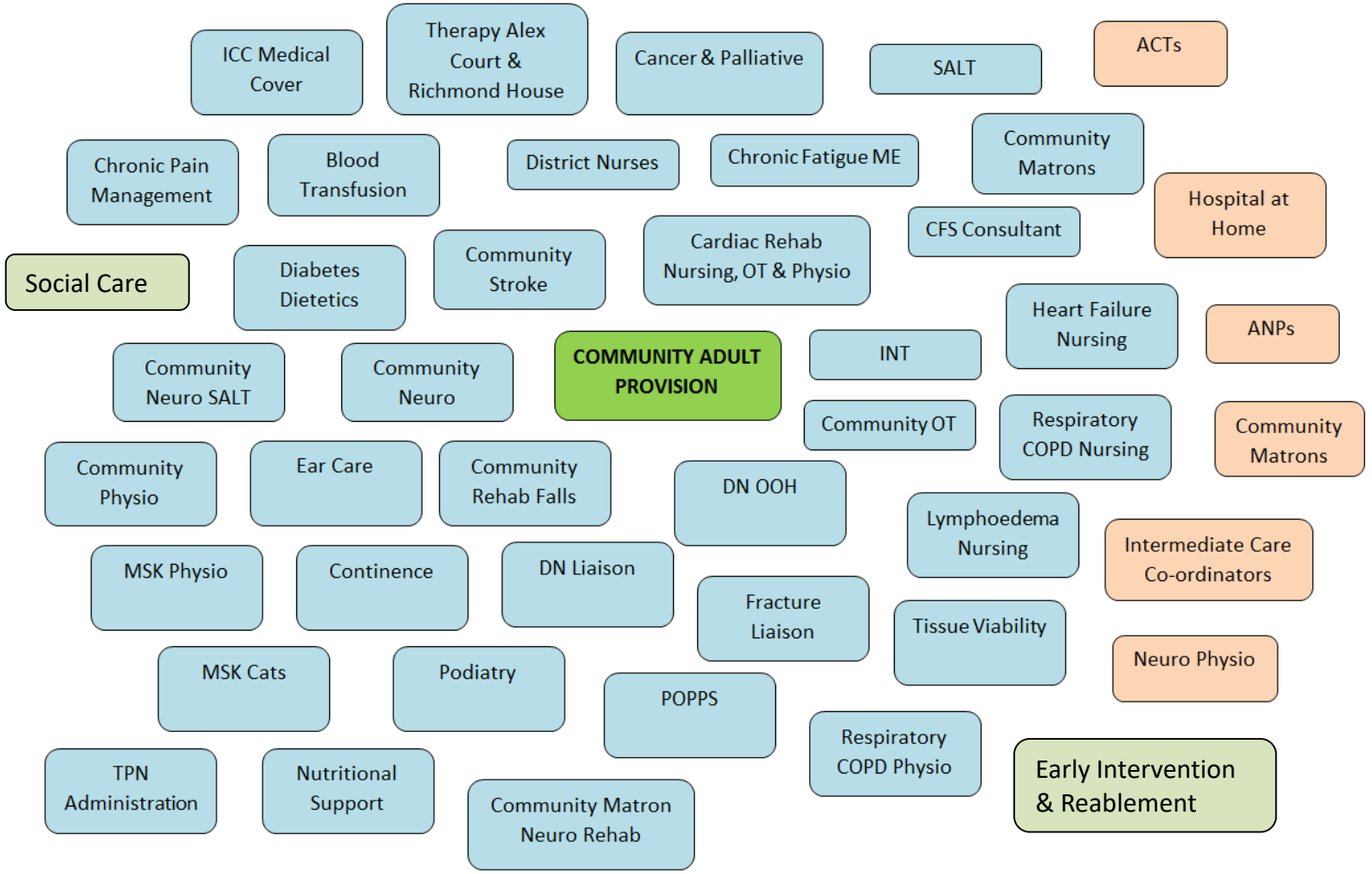
Frail elderly and deteriorating patients getting stuck in hospital settings when care could be more adequately maintained in community

Duplication in provision targeting the same groups of patients rather than a integrated approach to managing people

Legacy of community services commissioned on an individual service line basis across multiple organisations

Opportunities to pursue MCP models as set out in the 5 Year Forward View

From this multiple service lines and unwieldy arrangements …..



Our Design Principles

- Bringing the workforce together through **co-location, shared resources**; oxygen, milk, strengths and skills
- Applying the **Asset Based Approach** to assessment and care planning
- Re-designing of work in teams to make it easier to see **improved outcomes for residents and patients (Performance and KPIs)**
- **Multi-skilling of nursing and therapy** staff and development of **generic worker** across health and social care
- Development of **risk stratification to be informed by SDF profiles**
- **Identifying High Intensity users with Primary Care to develop personalised care plans**

The Benefits

Benefits to the patient

- Care closer to home maximising independence
- Avoiding unnecessary hospital attendance and admission
- A health and care team that know them
- Reduction in the number of times telling their story
- A focus on self care and shared care, building on an individual's strengths

Benefits to Primary Care

- Health & care teams that wrap around clusters/SDF
- Rapid response to patients at risk of admission and deteriorating
- Improved communication from community teams in relation to patient assessment and treatment
- Improved relationships and named staff for clusters/SDF

Benefits to secondary care

- Reduced attendance & admission for patients who can be treated in community
- Assessment & management of patients in community who are deteriorating or are likely to be re-admitted
- Watch list of high risk patients recently discharged from hospital, including those returned to nursing homes and intermediate care
- In-reach to wards to support effective discharge

Healthier Wigan
better care for you and your family

NHS | Wigan Council

Thank you for listening

Questions?

Break

Supporting NHS and Local Government Relationships

Interactive Session

Objectives

1. An interactive session to explore the NHS Long-Term Plan and NHS / Local Government Relationships
2. Small group discussions to share and compare experiences and approaches in different areas
3. An opportunity to reflect on the insights from the presentations
4. Plenary discussion to explore ways to strengthen relationships

Group learning agreement

- All starting from different points
- Valuing different perspectives
- Confidentiality
- Sensitivity
- Small group activities
- Plenary session
- Talking wall

Exploring the NHS Long-Term Plan

- 12 prompt cards with different aspects of the NHS Long-Term Plan (some blank for your own suggestions)
- Discuss in your small group using the cards to assist the conversations
- There are no right or wrong answers – share your perspectives
- Feedback plenary

Exploring the NHS Long-Term Plan

1. What are the most significant parts of the Long-Term plan for your local area?

2. What are the biggest challenges for delivering the plan?

3. What do you need to find out about next to help you support the local delivery of integrated health and social care?

Prompt cards

- Primary care networks
- Workforce
- Asset based approaches and public engagement
- Place based commissioning
- Digital technology, data and online services
- Integrated Care Systems
- Prevention
- Tackling health inequalities
- Mental health
- Early diagnosis of cancers and other conditions
- Blank – your suggestion
- Blank – your suggestion

Building effective NHS and Local Government relationships

How can the NHS and Local Government create and sustain effective relationships to deliver outcomes for local people?

Ways of working that will build effective relationships…	Ways of working that will prevent effective relationships….	Ways to monitor the health of local relationships ….

Thinking about different types of relationships

1. Relationships between Local Government and clinicians

2. Relationships between critical friends of the system: councillors and non-executives / lay members / overview and scrutiny

3. Relationships at scale - relationships between the local level and the STP / ICS level

Summary and conclusions

Review of the talking wall

Three actions to take back to your council or organisation

Summary

Conclusions

Responsibility for NHS workforce to be devolved locally

By Annabelle Collins | 7 March 2019

Dido Harding and Julian Hartley send letter to chief executives to set out key actions

Want to devolve more responsibility for workforce issues to STPs and ICS

Letter proposes a series of actions to improve culture, leadership and workforce shortages

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Local areas will be given much greater control over NHS workforce policy with responsibilities being devolved to local areas from national bodies, a letter to NHS chief executives has revealed.

Workforce implementation plan chair Dido Harding and national executive lead Julian Hartley said in a letter sent to chief executives yesterday that they would look to devolve more responsibility for workforce issues to sustainability and transformation partnerships and integrated care systems.

There will also be a review of how national bodies regulate trusts, with the letter making clear positive leadership in the NHS was not “consistently demonstrated across the system in national bodies, providers or commissioners” and there was a need to acknowledge this and “improve our leadership culture and capacity”.

The letter said the actions it set out could be taken this financial year “within existing budgets”, but it did not say how much money would be allocated.

It said flexible working needed to be increased “significantly” through the use of technology and a change in HR practices to improve retention.

The letter confirmed the plan will be published in early April and will include a 2019-20 “action plan”, with a “more detailed version of how our workforce will transform over the next ten years”.

Workforce has become a major area of concern for NHS providers and policymakers in recent years with the service facing vacancies of more than 100,000. The NHS long-term plan failed to offer any solutions with the issue pushed back to the spending review later this year.

The letter from Baroness Harding and Mr Hartley asked for responses to key questions and proposed actions from chief executives by 15 March.

The key themes and actions within the letter were:

Roles and responsibilities for workforce in local areas:

- The workforce plan will devolve more workforce responsibility to local systems
- It will also clarify the roles of national bodies and align those that have a shared workforce strategy
- It will help systems to identify skills gaps and help systems address these
- It wants to create a single, workforce dataset available to national and local bodies and also address the gaps in the data, beginning with primary care

Improving leadership culture:

- The support given to challenged organisations by NHSI/E will be reviewed so it reflects "inclusive and passionate leadership"
- Regional talent boards will be rolled out
- Consultation on common job descriptions, competency, values and behaviour frameworks for board level roles following reports by Tom Kark QC and Sir Ron Kerr
- The well-led framework used by NHSI and the CQC will be reviewed along with the way NHSI/E regulates trusts
- A new leadership compact setting out the values, behaviours and competencies expected of senior leaders

Nursing and midwifery workforce:

- There will be an additional 5,000 clinical places for nursing students in the September 2019 intake
- It pledged to better engage with universities to ensure there are enough places for nurses and midwives
- There will be a new campaign to target school leavers and attract them to nursing
- The plan will support nurses better between education and employment and said it will look at expanding Health Education England's 'Repair' initiative, which aims to reduce attrition from courses
- There will also be a review of return to practice processes

New ways of working and new roles:

- The workforce plan will include a review of areas for CPD investment and there was a recognition this is crucial for morale and retention

- Organisations and systems will be supported to maximise the use of the apprenticeship levy
- The plan wants to equip the workforce for the digital age and leaders will be given the tools to develop skills
- An “easy to use” learning hub will be developed and will include content on “everything from robotics to genomics”
- Four new multi-professional credentials are proposed and will be developed by the National Academy of Advancing Practice

Ability to recruit and retain staff:

- The letter said it aimed to expand the NHS Improvement retention programme to all trusts and proposed developing an equivalent programme for primary care
- It suggested streamlined induction and training process and enabling employees to work across different employers and settings with their qualifications
- It pledged to review the impact of pensions policy on retention and look at how to resolve this

Downloads

Letter: Interim Workforce Implementation Plan: emerging priorities and actions

Letters | PDF, Size 0.24 mb

Source

NHSI letter

Source Date

March 2019

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London's developing health landscape: STPs, integration and population health

6 December 2018

Helen McKenna and Leo Ewbank

The King's Fund

Outline

- Sustainability and transformation partnerships
- STPs in London: areas of focus and progress
- Areas of interest to JHOSC: public engagement, governance, transparency
- The wider health agenda today
- Our recommendations and a few concluding thoughts

Sustainability and transformation partnerships: where we've come from

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What are STPs again?

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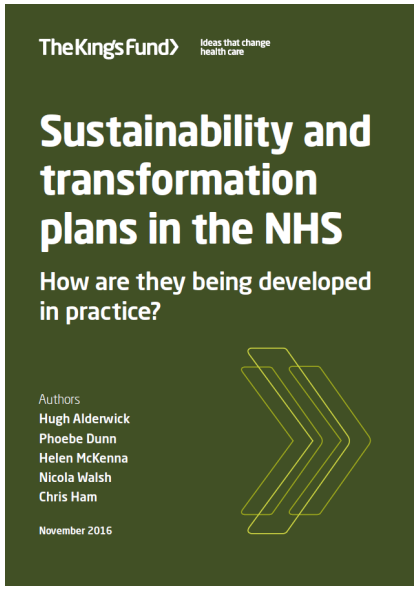
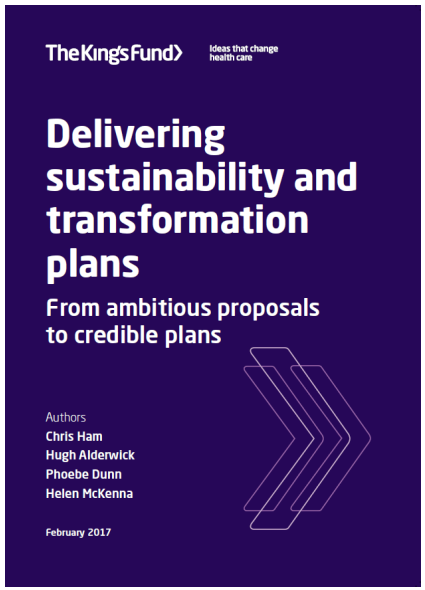
Difficult beginnings: the early development of STPs

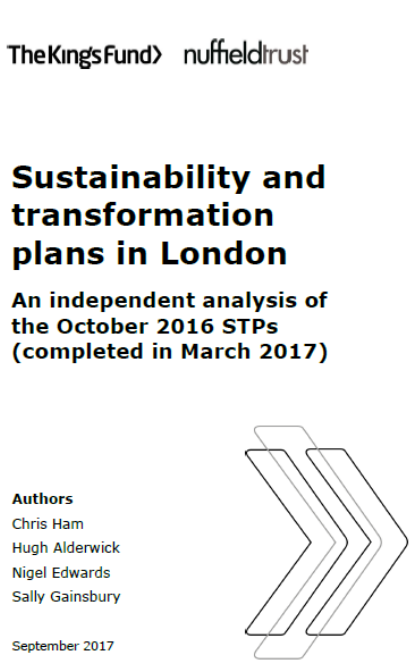


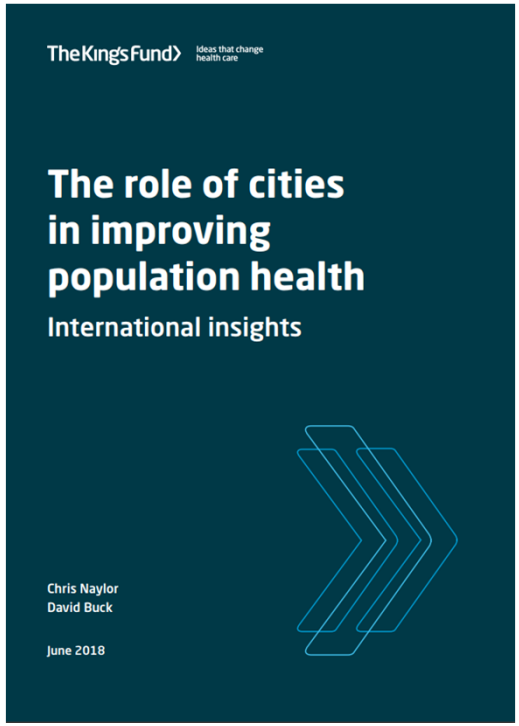


STPs in London

The King's Fund

Our work





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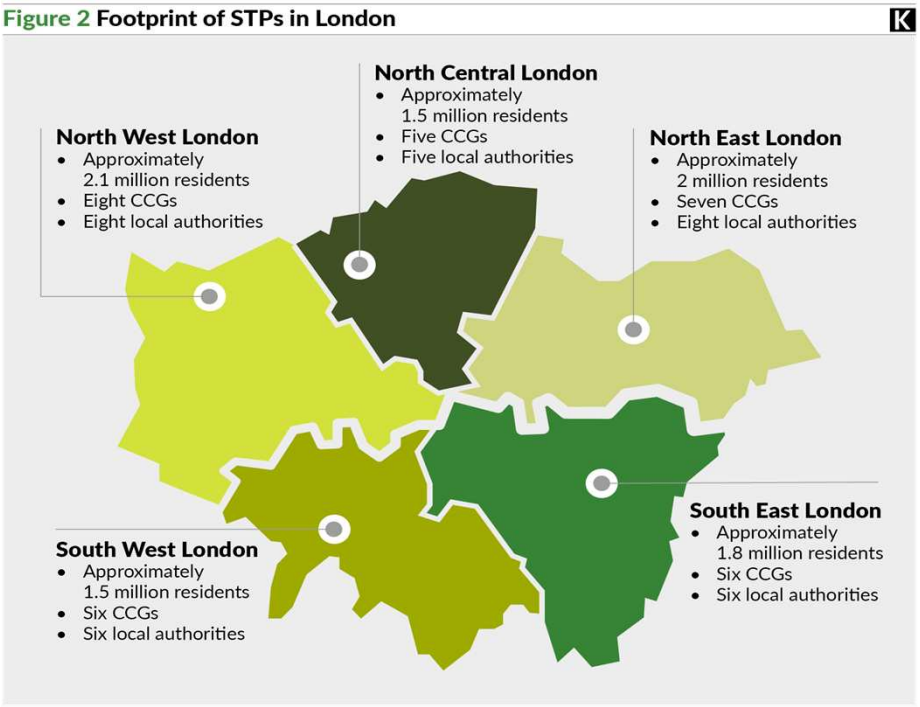
STPs in London: the context



London is unusual for a number of reasons:

- Size
- Diverse population
- Organisational complexity
- Major teaching hospitals with national and international roles
- Complex patient flows

The King's Fund

STPs in London: what has been their focus?

- Leadership and governance
- Building relationships
- Refreshing priorities

STPs in London: other areas of progress

The King's Fund

But on balance London's STPs are behind the curve

'London presents a puzzle for advocates of place-based systems of care…Despite [some] achievements, STPs in London are less advanced than in many other parts of England, and none has yet progressed to become an integrated care system.'

Why?

Financial, operational and workforce challenges

Ongoing lack of clarity of vision

Sometimes national policy doesn't map onto London

STPs don't make it easy for local authorities to participate fully

System architecture doesn't support collaboration

A few areas of particular interest for JHOSC

The King's Fund

Public engagement

'The initial plan was woefully ignorant of the people they wanted to do these plans to, the community they wanted to serve…It was a gaping hole.'
(director of public health)

- Much effort to engage communities over the last 12 months.
- Yet success probably variable.
- Clinical engagement area for further work across STPs (notwithstanding input of CCGs).
- Some STPs recognise further work needed, but questions remain about how to do optimally.

Governance

- Much effort into strengthening each STP's governance over last year
- Governance exists at multiple levels (CCG/trust, STP, London devolution – see Fig)
- London's is an unusually complex landscape

Figure 3 Simplified diagram of structures for strategic oversight of pan-London work on health and social care

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Transparency

- Process of STP development widely recognised as deficient
- National bodies played a role in this
- Key challenge for STPs going forward to communicate more effectively about what they are doing

The wider health and care agenda today

The King's Fund

STPs are here to stay and the goal is to catalyse integrated care

'Our aim is to use the next several years to make the biggest national move to integrated care of any major western country…This will take the form of Sustainability and Transformation Partnerships covering every area of England and for some geographies the creation of integrated (or 'accountable') care systems.'

NHS England 2017

Integrated care systems developing across England

- 14 areas (in two waves)
- Varying sizes of population and system characteristics
- At different stages of development
- More are expected to follow
- The most advanced moving towards a population health approach

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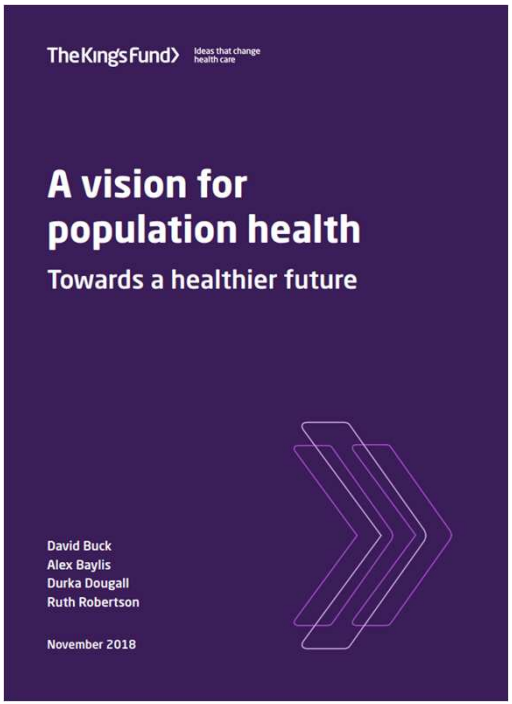
From integrated care to population health



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New money, new long-term plan (imminently) and local multi-year plans to be developed

Table 1: NHS England Funding Settlement, 2018/19 to 2023/24

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Cash (£bn)	114.6	121.8	128.2	134.4	141.1	149.0
Real (2018/19 prices £bn)	114.6	119.7	123.5	127.1	130.9	135.6
Real change with pension adjustment		4.4%	3.2%	2.9%	3.0%	3.7%
Real change without pension adjustment		3.3%	3.3%	2.9%	3.0%	3.7%

Note: Figures in 2018/19 prices are deflated using the Office for Budget Responsibility's Economic and Fiscal Outlook deflators, published alongside the Autumn Budget 2018.
Source: Autumn Budget 2018

- New five-year NHS funding settlement
- Some (small) additional money for social care
- STPs asked to develop new five-year plans by summer 2019

Our recommendations and some concluding thoughts

The King's Fund

Actions of others are also critical if STPs are to succeed

Local authorities must be fully engaged

Teaching hospitals need to be fully engaged

Align the resources and expertise of other bodies to support STPs

Review London-wide governance arrangements

Develop a refreshed vision for future of health and care in London

Amend the law to align with the work STPs have been tasked with delivering

The King's Fund

A few thoughts on democratic accountability in health and care

- The NHS and local government have different traditions of democratic accountability (top down vs bottom up).
- STPs complicate this because they are not legal entities and the constituent organisations retain their formal accountabilities.
- Some ICSs, eg Buckinghamshire and Frimley, have developed new governance structures that bring together NHS and local authority input.
- Building relationships with the players in local systems is also key; this takes times.
- Possibly a case for differentiating between areas of agreement and areas of difference vis-a-vis STPs' plans.

Thank you

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