

Report for: Health and Wellbeing Board – 31 January 2017

Title: Update on the North Central London Sustainability and Transformation Plan

Report

Authorised by: Zina Etheridge, Deputy Chief Executive, Haringey

Lead Officer: Julie Billett, Director of Public Health, Camden and Islington

1. Describe the issue under consideration

- 1.1 This report updates the Health and Wellbeing Boards on the development of the North Central London Sustainability and Transformation Plan (STP), a five year, strategic plan for the health and care system across the five boroughs of North Central London (NCL) – Islington, Haringey, Camden, Barnet and Enfield.
- 1.2 The NCL STP was submitted as a work in progress to NHS England on 21st October 2016, and shortly afterwards made publicly available via publication on the websites of all five local authorities across North Central London.
- 1.3 This paper provides an overview of the key transformation workstreams set out in the STP, the ongoing work to develop STP plans and workstreams since submission in October 2016, and the developing structures and arrangements that are being established in order to move from plan development to implementation.
- 1.4 The paper articulates some of the key opportunities and alignment between STP ambitions and workstreams and those of the Wellbeing Partnership, but also highlights key issues and concerns, in particular from the perspective of the local authority members of the Wellbeing Partnership. Key themes to emerge from resident engagement and feedback on the NCL STP across Haringey and Islington are also described.
- 1.5 Finally, the report considers how, through the system transformation and integration work being taken forward across the Wellbeing Partnership, partners across Islington and Haringey can support and influence delivery of the NCL STP. The importance of shaping the work being taken forward across the two boroughs, as well as influencing the work across the wider NCL geography, in order to effectively address or mitigate key concerns in terms of STP content, scope, approach and prioritisation of investment is discussed
- 1.6 Children make up approximately 25-30% of the population across the NCL footprint, if we are genuinely concerned with improving population health (health and well being and preventative, mental health strand of the STP) then the clinical and care pathways should have children and young people within them.

- 1.7 The Better Health for London Care Commission report has mentioned the importance of focussing on vulnerable groups, linking up with midwifery, Family Nurse Partnerships, health visiting and training, focusing on the dedicated work stream linked to prevention around obesity and long term conditions such as asthma.

2. Recommendations

- 2.1 The Joint Health and Wellbeing Board is asked to:
1. Note the update on Sustainability and Transformation Plan development and implementation in North Central London.
 2. Note and discuss the key opportunities, risks and concerns set out in this paper. Consider and discuss how the transformation and integration work being taken forward across Islington and Haringey aligns with and can support STP delivery, and how the Partnership, building on our local progress and strengths, can positively influence STP development and delivery in support of our local ambitions.

3. Background Information

- 3.1 Through the NHS Shared Planning Guidance issued in December 2015, every local health and care system in England was asked to come together to create a place-based, multi-year strategic plan built around the needs of local populations. These Sustainability and Transformation Plans (STPs), and this new partnership approach to strategic planning, are intended to be the vehicle for delivering the NHS Five Year Forward View.
- 3.2 Haringey and Islington are part of the NCL strategic planning 'footprint', alongside Barnet, Enfield and Camden. The overarching ambitions of the STP are to:-
- Improve health and wellbeing outcomes;
 - Improve care quality; and
 - Achieve financial sustainability.
- 3.3 Following submission of an initial, high level plan in June 2016, which set out a broad direction of travel for the NCL STP, CCGs, health providers and local authority officers across the health and care system continued to work together over the summer of 2016 to finalise the 'case for change' and to further develop the STP workstreams. The next iteration of the STP was submitted to NHS England on 21st October 2016.
- 3.4 Islington and Haringey Councils took the decision to publish in full the STP document submitted to NHS England on their respective Council websites, alongside the other three local authorities in NCL. Publication was a direct response to considerable concern about the lack of public transparency as well

as Council involvement in the development of the STP plan (see section 4.0 below).

- 3.5 The STP and the accompanying case for change sets out the key population health, care quality and financial challenges facing the health and care system across NCL over the medium term. It describes the health and care needs of the NCL population, as well as the significant variation in need, care quality and health and wellbeing outcomes seen within and between different population groups and geographies across the footprint. It also articulates the scale of the challenge to the health and care system's financial sustainability, given population growth, rising demand, the rising costs of service provision and severely constrained public sector finances. The STP estimates the financial gap in NCL NHS services alone as £876m by 2020/21. For social care, the combined social care budget gap across NCL's boroughs will be in excess of £300m by 2020/21.
- 3.6 The strengths as well as the complexity of the health system in NCL are also described within the STP, with a multiplicity of acute, community, mental health and specialist providers operating in a system that, historically, has neither promoted provider collaboration nor a longer-term, place-based and population health focused approach to strategic planning across these wider geographies. In that context, this shift towards place-based planning across the health and care system is both welcome, as well as difficult to deliver, given the immediacy of current challenges.
- 3.7 NCL's STP describes at a high level the key workstreams and building blocks of transformational change needed across the health and care system, in order to tackle the issues set out in the case for change. The workstreams covered are:-
- Delivering care closer to home, including:
 - population health and prevention
 - transforming primary care
 - mental health
 - urgent and emergency care
 - Optimising planned care pathways
 - Consolidation of specialties
 - Organisational-level and system-level efficiencies
- 3.8 The STP also includes a number of important "enabling" workstreams, covering the health and care workforce; the health and care estate; digital and information; and new commissioning and delivery models.
- 3.9 The document submitted in October is regarded as a work in progress, with workstream plans described at a high level. Work has been ongoing to develop a 'refreshed' plan by the end of January/early February which details these high

level workstream proposals; implementation plans are being developed and will be finalised by 31 March 2017.

4.0 Other recent developments

4.1 Since submission of the STP in October, NHS organisations have been focused on operational planning and agreeing contracts for 2017/18 and 2018/19. This year, the NHS planning process was built around the STP, to ensure that commitments and changes set out in the STP were built into operational plans and contracts for the next two years. In other words, anticipated reductions in secondary care activity linked to delivery of STP interventions have been modelled and built into contracts with providers. The timetable for signing off contracts was bought forward to just before Christmas 2016. In NCL, all contracts were agreed with providers by this deadline. This was a significant achievement and move away from past experience, where contract negotiations continued well into the next financial year. Capacity in the NHS locally can be focused on managing immediate winter pressures and system resilience issues, as well as on wider system transformation.

4.2 Other key developments include some move away from historical, activity-based payment for acute providers (payment by results) through the two-year contracts that have been agreed, in order to incentivise providers to manage demand and promote system-focused behaviours. Although changes to these contracts did not go as far as CCGs had initially hoped, they can be regarded as a positive step in the right direction towards a more population focused approach. Additionally NHS organisations across NCL will now be held accountable for delivery of a system-wide financial control total across NCL, as well as their own organisational control total.

4.3 There remain some significant financial gaps and risks in the system for this year and for 17/18, including the risk of acute hospital activity exceeding the levels planned and budgeted for, and a lack of certainty regarding the level and availability of funding to support delivery of those STP programmes and interventions necessary to achieve transformation and support the required shift in activity out of secondary care into health and care settings closer to home. Indications are that there will be limited or no additional money for some of the transformation workstreams.

4.4 Work to develop a new set of commissioning arrangements across the five NCL CCGs is also moving forward. A Joint Committee of North Central London CCGs will be established (and operate in shadow form, until formally convening in April 2017) for the joint commissioning of acute services, NHS contracts associated with the Transforming Care (learning disabilities) cohort, specialised services not commissioned by NHS England and all integrated urgent care (including the Out of Hours and 111 contracts). A shared management team is being established to work across the five CCGs, with the creation of four executive posts. Appointment to the NCL Accountable Officer post is expected to conclude in January 2017. Responsibility for commissioning other services will remain with individual CCGs

and an executive director will lead individual CCGs – Haringey and Islington CCGs have agreed to share an Executive Director, a positive commitment to our Partnership across the two boroughs which will further support our joint work and enable effective use of commissioning expertise across our local system.

4.5 Public engagement

4.6 Since publication of the NCL STP, residents and stakeholders in Islington and Haringey have been encouraged to provide feedback and input via each respective Council's and CCG's website. Additionally, a public event was convened by Keep Our NHS Public in Islington on 15th December, which was also attended by the Leader of Islington Council, Cllr Richard Watts, senior leaders from Whittington Health NHS Trust and local MPs. Islington CCG met with members of 38 Degrees Islington to discuss the STP, and most recently discussed the STP at their Governing Body meeting held in public, in January 2016. In Haringey, officers have also met with members of 38 Degrees Haringey to talk about the STP and answer their questions, as well as presenting at the Bridge's Voluntary and Community Sector Forum in October 2016. Haringey CCG discussed the STP at their public meeting in September, as well as with their Engagement Network in November, with a follow up meeting planned for January 2017.

4.7 The key issues and themes to emerge from this engagement with residents on the NCL STP are summarised in below.

4.8 Scrutiny of the NCL STP by the Joint Health Overview and Scrutiny Committee (JHOSC)

4.9 During November and December 2016, the NCL JHOSC undertook a review of the draft NCL STP submitted to NHS England in October. The Committee took verbal and written evidence from a range of stakeholders. The Committee produced a report:

<http://democracy.camden.gov.uk/ieListDocuments.aspx?CId=268&MId=7168>)

4.10 This sets out a number of key principles and recommendations across eight key themes, to help inform and challenge the development and delivery of the NCL STP going forward. The eight themes covered by the JHOSC's recommendations are: transparency, governance, finance, digital services, adult social care and integrated working, outcomes, estates and workforce. The NCL STP Transformation Board is currently drafting a response to these recommendations.

5. Key issues for consideration

5.1 STP content

- 5.2 The overall health and care system challenges the STP is seeking to address and the need for whole-system transformation to improve outcomes and achieve system sustainability are widely recognised and supported by partners across the health and care system in Islington and Haringey. Indeed the narrative and challenges set out in the NCL case for change mirror local understanding of the needs and issues that underpin both the work of the Wellbeing Partnership, and local, borough specific integration and transformation activities and programmes focused on health and care.
- 5.3 Moreover, the themes and focus of the STP on prevention, mental health, integrated out of hospital health and care services and supporting residents closer to home, align strongly with the focus and ambitions of the Wellbeing Partnership. The principles of placing residents and patients at the heart of care and orientating the health and social care system around people rather than organisations is a STP aspiration that fits well with overall HWB aspirations and principles in both boroughs.
- 5.4 Whilst the STP makes clear the importance of social care to the whole system, the potential impact on social care from shifting more care out of hospitals, or harnessing the real opportunities from genuine integration have not been fully articulated. Directors of Adult Social Services (DASSs) across NCL convened in January 2017 to agree next steps on engaging with the STP process. The shared view was that the STP presents both risks and opportunities to adult social care, therefore active DASS engagement and influence to ensure new models of care are developed looking across the health and care system is needed.
- 5.5 The focus on prevention and early intervention in the STP is welcome and aligns strongly with our HWBB strategic priorities. Our concern is that an exclusive focus on the short to medium term, and on the benefits that can be realised over this time horizon, will jeopardise the longer term sustainability of the system and population health improvement. There remains an inadequate upstream focus on keeping people well in the first place because of the financial imperative to deliver savings in the shorter term. Inevitably, this shorter-medium term focus within the STP has meant an inadequate focus on children and young people and on giving children the best start in life. Achieving a radical and systematic upgrade in prevention across the health and care system will require a greater proportion of health system spend to be directed towards prevention, and, as we have in the Wellbeing Partnership, strong recognition of the importance and contribution of wider social determinants to health and wellbeing outcomes.
- 5.6 The 'health and care closer to home' workstream sets out a model of integrated and strengthened primary, community, social and mental health care that aligns well with our Wellbeing Partnership vision and workstreams. However, it is important to consider the potential impact of the service transformation proposed in this STP workstream on demand for adult social care for older people and adults with mental health problems, through any shift in care from hospitals into the community. The plan acknowledges that social care is a crucial part of the STP. The STP also recognises the significant potential to look

at workforce transformation to help address challenges in both health and care system and work more closely with, for example, the voluntary and community sector

- 5.7 Improving mental health services in NCL is a key priority in the STP. It is generally recognised that mental health services have historically seen a relative lack of investment compared to services for physical health needs. Improving mental health services in NCL is also an important part of delivering the government's policy of "parity of esteem" between mental and physical health. The STP sets out a clear framework focused on adult mental health. In areas such as mental health liaison, there is a clear case to work together across NCL as these hospital services cover populations from multiple boroughs and the quality of mental health liaison is currently inconsistent. The STP also includes a focus on promoting mental wellbeing, recovery and resilience, which aligns closely with the Wellbeing Partnerships' workstream on mental health recovery and resilience. The Plan includes an on-going focus on prevention and early intervention, developing community resilience and a public mental health approach. Primary care is an area that requires significant development to better meet adult mental health needs. The STP sets helpful expectations, but this needs to be tailored to local needs. Plans include mental health specialist support around clusters of GPs so more needs are met in general practice and easier, swifter access to specialist advice. For those with life-long mental health needs, there must be a greater focus on meeting physical health needs. There is also an opportunity to look at the wider determinants of good mental health, for example strong supported accommodation options and sustainable employment opportunities.
- 5.8 The urgent and emergency care strand of the STP seeks to reduce the risk of unplanned admission to hospital but also to support the discharge of people from hospital in a more timely manner. It is critical to recognise the immediate risk but also the opportunity for adult social care in this context. Both elements rely heavily, but not completely, on the ability to put in place packages of social care or support from the voluntary and community sector, in order to succeed. Like many local authorities across the country, all five Councils across NCL are facing demand pressures and reduced budgets, meaning key providers in the community – namely residential, nursing and homecare organisations – are finding it difficult to sustain their businesses and are closing their facilities and leaving the marketplace. This is resulting in less beds or support for people in their own home being available for local authorities to commission. This strand of work requires system-wide thinking between the NHS and local authorities across NCL to plan new models of care and investment in the right part of the system to alleviate this pressure.
- 5.9 In terms of workforce, there is an opportunity to think more broadly about how we harness the strengths of our workforce in health and social care. For the NHS, this includes both clinical and managerial staff, and for local authorities it includes managers, frontline practitioners (e.g. social workers) but also staff in the voluntary and community sector (e.g. volunteers who offer befriending, support at home etc). There is an opportunity to look across these systems at all our staff, their skills and competencies, and create new roles and career

pathways that harness the strengths of staff in our respective organisations and systems, support staff to work more closely together on the ground and provide employment and career progression opportunities, particularly for local residents.

- 5.10 In the more acute hospital-focused workstreams, in particular looking at productivity and elective pathways, there is a lack of detail within the current plan on what is being proposed and what the impact of the associated changes will be.

5.11 STP Processes and Governance

- 5.12 To date, there has been a lack of transparency, public and resident engagement and consultation in the development of the NCI STP. This has been a key weakness in the STP process to date and is the reason why the Councils took the decision to publish the STP as soon as it was submitted to NHS England. All partners to the joint HWBB want to see resident involvement at the heart of service transformation and experience tells us this is critical to the future success of any plan. The adult social care communications lead from Islington Council has been seconded to lead and develop the communications and engagement work of the STP going forward, which is a positive step towards addressing this gap and increasing transparency and resident engagement.
- 5.13 There has also been a lack of democratic oversight and legitimacy within the STP process, with no political leadership involvement in STP structures and governance. If it is to be a truly integrated system in the future, then joint governance and decision making is needed to ensure the accountability of any new arrangements through oversight by elected members of the statutory responsibilities of the local authority that could be part of an integrated system. The health and wellbeing board should also have an important role in any future governance arrangement. As the STP shifts from a phase focusing on plan development to plan implementation, all STP governance structures and arrangements are being reviewed to ensure they are fit for purpose, including the Transformation Board and the Clinical Cabinet. Importantly this provides the political leadership of all five boroughs with the opportunity to say how political involvement and democratic oversight should be best secured.
- 5.14 There is also concern that changing commissioning arrangements risk a potential loss of focus, capacity, expertise and strength of relationships at the local level that are essential to local commissioning and integration owing. In order to ensure the continued strength of local commissioning and joint work between and across both CCGs and both local authorities, it will be important to continue to invest in and develop local commissioning arrangements that are best designed and delivered close to communities.
- 5.15 The key themes that have emerged from resident feedback and engagement across Haringey and Islington broadly align with the concerns set out above and with the issues covered in the JHOSC's recommendations. A brief summary of the issues raised by residents is as follows:

- A lack of transparency, of genuine co-production or simply not asking the right questions of local groups to help shape the STP. Specific concerns related to insufficient publicity of the STP, and that the language used to describe the plans was inaccessible to a public audience. Residents and stakeholders noted that the user voice was necessary in order to make proposals work.
- Given the lack of opportunities to input into the STP before it was submitted, residents were also concerned that future changes will be made to services without resident input and consultation.
- Insufficient detail in the plan to really understand what changes are being proposed. People were keen to have more practical and specific details on some of the themes of the STP, including the assumptions and modelling that lay behind proposals contained in the Plan.
- Concern as to whether the STP will result in improvements to the local NHS for patients or instead result in cuts to services.
- Lack of clarity as to how the STP arrangements were structured and how governance would work, and what it would mean for the public in terms of accountability.
- Whilst some expressed the view that there was little to disagree with in the plan, how the proposals would be implemented and funded was a key concern.
- Some scepticism was expressed as to whether the necessary shift in investment and resources into local, community, primary care, social care will be achieved, given the financial challenge facing the NHS and wider public sector.
- The need for assurance that service quality would be maintained.
- The need for a priority focus on workforce issues.
- In some fora, resident concerns regarding NHS privatisation and about the future of health care estates were also raised.

6. Alignment to strategic outcomes and approach going forward

- 6.1 Given its focus on transforming the way that health and care services are commissioned and provided in NCL, and its ambition for improving health and wellbeing outcomes for NCL residents, the STP is a key determinant of the work of the Haringey Islington Wellbeing Partnership. In turn, the Wellbeing Partnership is an important vehicle for delivering key aspects of transformation and change within the STP, across Haringey and Islington.
- 6.2 In Haringey and Islington, our move towards an accountable care partnership approach and genuinely thinking how we use our collective resources and assets across the system to improve outcomes, reduce demand for and reliance on secondary care, and strengthen community, primary, social care and prevention.
- 6.3 However, the STP and associated developments must not constrain or limit our ability to take forward our Wellbeing Partnership population-based plans for integration and improving health and wellbeing outcomes. There will be necessary and important work for our Partnership to take forward that is not contained within the scope of the STP – and our ambition for integration in

these other areas of mutual interest and concern should not be constrained by this.

- 6.4 Through our local CCG/borough level work, and through the Partnership, Islington and Haringey are at the leading edge in terms of implementing some of the new service models and transformation articulated in the STP. A few such examples include: the development of integrated locality teams and networks, value based commissioning service for psychosis, the ambulatory care service at Whittington Health, community reablement and rehabilitation pathways, primary care mental health teams, locality navigators, and the development of integrated digital care records. Through our local work we can help to test, develop and build learning to support adoption and scaling up as appropriate across the wider NCL geography.
- 6.5 The joint HWBB has the opportunity to use its system leadership role to help shape the further development of the STP and its implementation over the coming months and years. We will continue to engage with, influence and shape STP development and delivery, but transparency, robust and meaningful resident engagement and co-production and political accountability are essential to how we move forward and to the future of STP development and delivery across our two boroughs. HWBB partners want to continue to work very closely together to engage with the public to promote transparency, public engagement and political accountability. In doing so, we want to ensure that the STP can become a driver for health and social care integration.

7.0 Statutory Officer Comments (Legal and Finance)

This development complies with Section 195 of the Health and Social Care Act 2012 (duty to encourage integrated working), which provides that, a Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

8.0 Environmental Implications

There are no significant environmental impacts related to the development of the STP for North central London. However, improved integration and joint working can help reduce duplication, which in turn can have a positive impact on the environment.

9.0 Resident and Equalities Implications

The Council must, in the exercise of its functions, have due regard to the need eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantage, take steps to meet needs, in particular steps to take account of disabled persons disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice

and promote understanding. No specific resident impact assessment is required in regard to this report.

10 Use of Appendices

None.