Report for: Haringey and Islington Health and Wellbeing Board Joint Sub Committee

Title: North London Sustainability and Transformation Plan

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1. Describe the issue under consideration

This paper presents the latest version of the STP for the Haringey and Islington Health and Wellbeing Board. It aims to promote discussion and consideration of the implications of the STP for the Wellbeing Programme and for Haringey and Islington as boroughs.

2. Recommendations

2.1 The Haringey and Islington Health and Wellbeing Board Joint Sub Committee is asked to consider the draft North Central London Sustainability and Transformation Plan April 2017 attached as Appendix 1 and the proposed implications for the Wellbeing Partnership and for individual boroughs.

3. Background information

3.1 Introduction

Members of the Joint Health and Wellbeing Board will be aware that healthcare organisations and local authorities within North Central London have been working together over the past year to produce a joint Sustainability and Transformation Plan (STP). This set out plans to meet the challenges faced locally and to deliver high quality and sustainable health and care services in the years to come.

Following publication of the *Case for Change* in September 2016, the draft STP was submitted to NHS England on 21st October 2016 and was published in November 2016. The draft plan was described as a 'work in progress' and comments were invited from the public and other stakeholders while partners continued to develop the more detailed delivery plans.

An updated version of the draft STP was published in February 2017 to reflect the more detailed work that had taken place in advance of agreeing NHS contracts at the end of December 2016 for 2017/18 and 2018/19. A commitment was made to publish a more complete update of the STP, including an updated financial analysis by the end of April 2017.

The document attached for the Health and Wellbeing Board is the updated April 2017 version. The updated plan confirms the overall vision that was put forward in October 2016 and reflects the detailed more granular planning which has been undertaken since.

3.2 Key points in the latest version of the STP

Financial position

Leaders involved in development of the STP have worked hard to identify opportunities to deliver efficiencies in the way in which we health and care savings can be delivered.

However the plan does not yet balance the finances, either next year or by 2020/21. There are significant pressures on budgets particularly in 2017/18. Opportunities are still being explored for further efficiencies, including one-off measures that can improve the financial position in the short-run pending full implementation of transformational changes.

It is also important to note that the plan is not yet a full account of the financial pressures on North London Councils. More work has been since been undertaken to understand the financial positions of councils and particularly social care. However, the majority of work within the updated STP is still focused on addressing the financial gap within the NHS.

Work is currently being undertaken to full determine the impact of the transformational initiatives in health on social care systems; most immediately the implications for the mobilisation of the CHINs (Care Closer to Home Integrated Networks) – as the platform for delivering transformation – and urgent and emergency care supporting admission avoidance and reduced length of stay.

Workstream detail

There is overall consistency in the plans that have formed the core element of the original STP plan and the workstreams and core ideas for delivery have not changed. However, each workstream has now produced plans of key deliverables and set ambitions for what will be achieved in 2017/18.

Clarity on governance

The later version of the STP reflects developments in the governance structure for North Central London. Helen Petterson, the Accountable Officer, for the North Central London CCGs is the convener of the STP. The Clinical Cabinet that was described in the February version of the STP has become the Health and Care Cabinet, reflecting the importance of partnership across health and care organisations in leading this transformational change. Plans are confirmed in the April version for an Advisory Board to be established. This is intended to have an advisory role, enable a collective partnership approach and act as the ‘sounding board’ for the implementation of the STP plans. The membership of this group includes Local Authority leaders, NHS Chairs and Healthwatch. The

plan states the hope that this will go some way to addressing the democratic deficit and ensuring representation of views of the local population.

Over the coming weeks further work will be undertaken to strengthen and clarify the reporting mechanisms within the STP workstreams. This is especially important as successful mobilisation of workstreams need to occur in concert, informed by the key enablers, workforce, digital infrastructure and consideration of estates.

Greater emphasis on social care

The April version of the STP notes the increased involvement of Directors of Children's Services (DCS) and Directors of Adults Services (DASS) across all five councils and their contribution to the development of workstream delivery plans. It also outlines additional analysis that has since been undertaken, focused on: the financial position of North London councils; the social care market; the social care workforce and workstream or other priority areas that would benefit from a more 'system' wide perspective. The five local authorities have identified their priorities for collaboration on adult social care across the region and are developing proposals to take this forward, working closely with health colleagues.

Quality

While recognising transformational change as important for future sustainability for health and care, the Health & Care cabinet are committed to securing the delivery of high quality services for our local populations and to ensure this is a guiding principal in the work that is done.

Moving to 'North London Partners'

In line with national thinking, the STP has been re-framed as a partnership of health & care organisations: *North London Partners in Health & Care*. Other London STPs have adopted a similar approach. The Communications & Engagement workstream proposed the move away from 'North Central London' as North London better reflects the identity of the area we cover and is more clearly recognised by the public.

3.3 Implications for the Wellbeing Partnership

A permissive approach towards new delivery models

The STP is clear that, alongside the development of an NCL structure for commissioning and delivery, there is scope for local definition of delivery models. It states that there is a broad consensus amongst leaders of organisations across the system about moving over time towards:

- Whole system working with a population rather than individual organisational focus
- A deeper level of provider collaboration, including collaboration between primary care, community services, acute services, mental health services and social care

- A transfer over time of some elements of what we currently consider commissioning functions (such as pathway redesign) into these new delivery vehicles
- A move towards some sort of population based capitated budget for the new delivery vehicles
- The retention of a strategic commissioning function responsible for holding delivery vehicles to account.

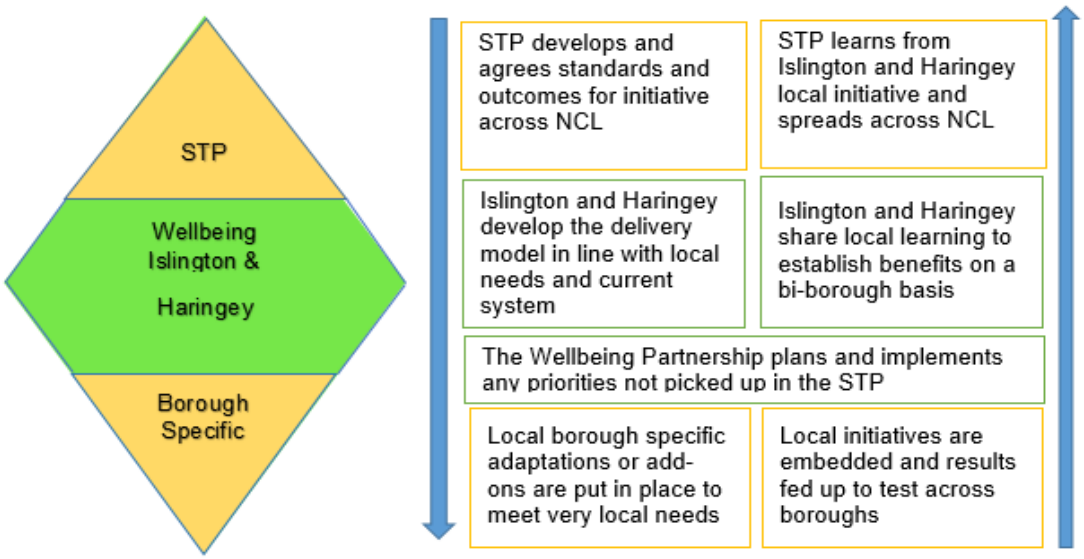
Further, the approach of 'Fastest First' has recently been endorsed by the STP Programme Delivery board. This guiding principle encourages progress and implementation where there is local system readiness, and for this to be seen as an opportunity to 'test and learn', spread and inform wider system innovation.

This leaves the door open for the Haringey and Islington Wellbeing Partnership to develop as an integrated health and social care system and to demonstrate 'proof of concept'.

3.4 Opportunities for Haringey and Islington

The Partnership Agreement puts Haringey and Islington into a strong position both to play a role in delivery of the STP and in starting to go further towards taking a genuinely population-based approach.

The diagram below sets out an iterative process in which the Wellbeing Partnership is both delivering initiatives which contribute towards the aims of the STP, whilst also providing a 'test bed' for innovation that feeds back up to a North London level.



Interactions between STP, Wellbeing Partnership and Boroughs

However, in order to understand the implications of the STP for Haringey and Islington, it is important to try to establish a shared understanding of where responsibilities will sit.

In order to implement that Sustainability & Tansformation Plan it has been necessary to unify and strengthen the commissioning approach across the 5 CCGs. The appointment of Helen Petterson as single Accountable Officer, along with a senior team of directors leading strategy, performance and acute commissioning and finance will deliver this strengthened approach with CCG and council representation on a Joint Committee. The CCGs have delegated authrority to this committee for the commissioning of services from our acute trusts, elements of specialist commissioning, integrated urgent and emergency care.and transforming care.

All other services are to be commissioned locally, with local sovereignty to develop services aligned with local partnerships and local need.

This helps clarify how local autonomy can partner system strategy, specifically to realise the financial opportunities of working consistently at scale, but ensuring local variation is protected.

This paper provides a brief consideration of how these changes might translate into emergent roles and responsibilities. Two different ways of illustrating this are set out. The first approach looks at an individual area of work, looking at unscheduled and emergency care, as an example. This illustrates that some ambitions require central coordination and delivery, some require work at a Haringey and Islington level, where others will be delivered through existing borough work.

The second approach looks more broadly at different functions overall and at the level at which these functions are likely to be delivered.

3.5 Looking at where responsibilities sit for unscheduled and emergency care

The STP sets the ambition of delivering consistent and reliable Urgent and Emergency Care services that are accessible to the public and easy to navigate, inspire confidence, provide consistent standards in clinical practice and lead to a reduction in variation of patient outcomes.

STP role

Certain activities will require action at a five borough level to ensure a consistent approach. This is likely to include the review of Urgent and Emergency Care (UEC) services and benchmarking those services against defined national and London standards. This is to ensure that all UEC services offer the same access to clinical advise or diagnostics, which is not the case at present. The STP will also have a strong role to play in ensuring that other ambitions, such as the implementation of high quality Integrated Urgent Care model, compliant with national requirements is also being delivered locally. This

is how we further optimise the use of NHS 111, a single provider across the 5 boroughs, to integrated services.

Ambitious targets for reducing unplanned admissions have been set at NCL level and the NCL workstream lead will have responsibility for ensuring that, overall and at borough level, those targets are being delivered.

Wellbeing role

The STP also sets out a commitment to develop high quality, responsive, 7 day community services, enabling more care to be provided closer to a person's home and to develop an enanced, community based admission avoidance model.

The Wellbeing Partnership will need to have a strong role in delivery in order for these ambitions to be achieved. Building a strong intermediate tier of care, that act as a bridge between home and hospital has been shown to require operational leadership that can reach across organisational boundaries. This needs to be able to respond both to GPs acting on behalf of patients and to hospitals. In bringing our organisations together and allowing resources to be seen and managed collectively, we are positioning ourselves to develop this leadership across systems which will help us provide services that are responsive enough to impact on reducing admissions both to residential care and to hospital. Haringey and Islington share an overall similar population demographic and a shared community service provider, meaning that we have the potential to move quicker and achieve more on a bi-borough basis than we can either do on our own or at five-borough level.

Progress has already been made towards this. Teams working on integrated care across boroughs have already identified that they will work together to develop a more consistent rapid response service that builds on the best of the existing services in each borough. We have joint leadership for the programme of work so that there is shared learning and we are undertaken a joint analysis of bed-based intermediate care so that we have the potential to manage our beds that support step-up and step-down care across a wider scale where this will help with capacity constraints.

The Wellbeing Partnership, with its strong council input has the potential to make further progress by, for example, taking a shared approach towards managing the market for residential and domicialiary care. We will also, with our well established clinical leadership, be able to act on an understanding of the ways that accountable care system support people to avoid crises by providing targetted interventions for those at high risk of hospital admission. This work already happens through, for example, Integrated Locality Teams invoving GPs and a multi-professional team in Islington as well as MDTs in Haringey and there is an opportunity to learn and spread good practice.

Borough level delivery

However, much work on delivering the A&E targets requires Trusts to be put at the centre of the system with a strong focus on their internal processes and on their ability to call on social care and community services. This hospital and community specific work is continuing at borough level through A&E Delivery Boards which already bring together the services that support individual acute providers. So, for example, implementing high quality ambulatory care services in each Trust will be the responsibility of A&E Delivery Boards to deliver.

3.6 Functions and responsibilities within systems

The following areas offer some suggestions, for discussion, of where responsibilities are likely to fall as a new system emerges across North Central London.

STP responsibility

- Setting strategic direction of travel and addressing financial balance across the STP
- Leadership and coordination of workstreams
- Monitoring workstreams delivery overall and at borough level
- Setting approaches towards health contracts and contract monitoring
- Development of strategic approaches towards workforce development, estates and the development of the IT infrastructure
- Primary care co-commissioning
- Specialist commissioning and provider efficiencies
- Communication and enagement around NCL level plans and delivery

Work to be carried out at a Haringey and Islington level

- Delivery of prevention schemes where a Haringey and Islington shared approach adds value
- Building responsive and integrated community services (health, mental health and social care) that can respond rapidly to support discharge and avoid admissions
- Addressing wider determinents of ill-health – sharing approaches and capacity for community development; employment and housing
- Working towards a system level budget by understanding our shared financial pressures and beginning to involve each other in financial decision-making across organisations
- Strengthening joint approaches between councils towards market development/management, workforce development, involvement of voluntary sector
- Delivery of service re-design programmes that are common to both boroughs; this will cover planned care as well as the existing workstreams established by the Wellbeing Partnership

- Supporting deliver of savings programmes where this add value
- Engagement with patients and the public on all aspects of work carried out at a Haringey and Islignton level.

Borough specific delivery:

- Establishment of local priorities based on local health needs analysis
- Accountabiity for quality, performance and financial balance
- Development of CHINs (Care Closer to Home Integrated Networks) and QISTs (Quality Improvement Support Teams)
- Local engagement of voluntary sector and Healthwatch, patient and public involvement
- Support to primary care for medicines management; estates, access and quality improvement
- Fulfilling lead provider role in relation to acute, community and mental health contracts
- Communication and public enagement about local delivery and plans
- Engagement of member practices and federations.

3.7 Discussion

These ideas are intended to be a prompt for discussion. The Health and Wellbeing Board is asked to consider the proposed implications of the programme for the Wellbeing Partnership and for individual boroughs.

It is important to note the Finance and Activity Modelling that sits within the 5 borough Sustainability & Transofrmation Plan. The modelling sets activity and financial trajectories to work towards achieving financial balance between now and 2020/21.

This paper has outlined how the Wellbeing partnership is placed to develop as a local delivery vehicle to fulfil both the strategic imperatives of the STP and also prototype how this might be undertaken in a smaller population based footprint and within an established partnership.

The next step will be to identify how the partnership could initiate this prototyping through working on locally shared system prioritites aligned with the in year delivery of the STP, as well as complex priorities that currently affect patient care and which require a system response eg. delayed transfers of care or workforce planning and development.

4. Contribution to strategic outcomes

4.1 Contributes towards achievement of financial balance and ambitions set out within both Haringey and Islington Health and Wellbeing Strategies.

5.1 Legal

The Sub-Committee Terms of Reference provides for it to consider and where necessary contribute to the development of the North Central London (NCL) Sustainability and Transformation Plan.

5.2 Finance

There are no further financial implications resulting from this report. However, it is important to note that the plan does not yet balance the finances , either next year or by 2020/21. The plan also does not yet take full account of the financial pressures faced by London Borough of Haringey and other North London Councils. More work has since been undertaken to understand the financial positions of councils and in particular social care.

5. Environmental Implications

None at this stage

6. Resident and Equalities Implications

Public bodies have a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

a) Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

b) Advance equality of opportunity between people who share relevant protected characteristics and people who do not

c) Foster good relations between people who share relevant characteristics and people who do not.

This duty covers the following protected characteristics: age (including children and young people), disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

An equality impact assessment is not needed for this decision but consideration will be needed in the governance process of how members of partnership will pay due regard to the Public Sector Equality Duty in an effective and proportional way when making decisions through the partnership.

7. Use of Appendices

1. STP April 2017 Strategic Narrative
2. Fastest First Paper