

REPORT TO THE TRUST BOARD: PUBLIC
3 December 2020

Title	Strategic Activity Update
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Purpose of the report

The aim of this report is to provide the Trust Board with an update on key areas of the Trust’s strategic decision-making, planning and management. It is structured to provide information on national policy developments and our partnership working in local integrated care systems.

Summary of key issues

The NHS England & Improvement Boards have published *Integrating Care, Next steps to build strong and effective integrated care systems across England*, a discussion document that lays out proposed next steps for the operational development of Integrated Care Systems.

The Trust is working closely with partners to plan for and deliver restoration and recovery in both the Bedfordshire, Luton & Milton Keynes Integrated Care System, and the East London Health & Care Partnership (North East London Sustainability & Transformation Partnership), including how we sustain the benefits of close system working across commissioners and providers during the pandemic to date.

The Trust is working with partners in both STPs to develop into a maturing Integrated Care System by April 2021.

The Trust has agreed phase 3 plans with STP/ICS partners and is in the process of mobilising them, whilst also beginning to prepare plans for 2021/22.

Strategic priorities this paper supports

Improved experience of care	<input checked="" type="checkbox"/>	This paper covers the Trust’s strategic planning process and strategy development, and therefore supports all of the Trust’s strategic priorities.
Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Committees/meetings where this item has been considered

Date	Committee/Meeting
	This report is routinely submitted to the Executive Service Delivery Board

Implications

Equality Analysis	The Trust strategy has specific goals to address health inequalities, and this will be a focus of both our population health and equalities workstreams.
Risk and Assurance	The developments in this report provide assurance that the Trust is effectively engaging with external partners, developing services to improve patient care and outcomes, and maintaining value for money.

Service User/Carer/ Staff	The service developments in this report should have a direct beneficial impact on service users and carers.
Financial	The acquisition of additional income has positive financial benefits for the Trust.
Quality	Service developments are specifically designed to improve quality.

Supporting documents and research material

N/A

Glossary

CCG	Clinical Commissioning Group
STP	Sustainability & Transformation Partnership
ELHCP	East London Health & Care Partnership
NELCA	North East London Commissioning Alliance
BLMK	Bedfordshire, Luton & Milton Keynes
5YFV	Five Year Forward View
CQC	Care Quality Commission
INEL STB	Inner North East London System Transformation Board
FYFVMH	Five Year Forward View Mental Health
IHI	Institute for Healthcare Improvement
ICS	Integrated Care System
PCN	Primary Care Network
WEL	Waltham Forest & East London, i.e. the boroughs of Newham, Tower Hamlets, and Waltham Forest
Place based system	The Trust works with seven place-based systems: BLMK: Bedford Borough, Central Bedfordshire, Luton ELHCP: City & Hackney, Newham, Tower Hamlets South West London: Richmond

1.0 Background/Introduction

- 1.1 The Trust operates in a complex and diverse health and social care environment due to changing population needs and expectations and the move towards more collaboration across organisations, in line with the NHS Long Term Plan.
- 1.2 The Trust is part of two Sustainability and Transformation Partnership (STP) footprints: East London Health & Care Partnership (ELHCP, the North East London Sustainability & Transformation Partnership); and Bedfordshire, Luton & Milton Keynes (BLMK, which is a “first wave” Integrated Care System). The footprints are comprised of local NHS providers, Clinical Commissioning Groups (CCGs), and Local Authorities.

2.0 Policy update

2.1 The NHS England & Improvement Boards have published *Integrating Care, Next steps to build strong and effective integrated care systems across England*¹, a discussion document that lays out proposed next steps for the operational development of Integrated Care Systems.

2.2 The paper sets out proposals for how systems and organisations will accelerate collaborative ways of working in the future, in particular:

- Stronger partnerships in places between the NHS, local government, and primary care
- Providers stepping forward in formal collaborative arrangements that allow them to operate at scale
- Developing strategic commissioning through systems with a focus on population health outcomes
- Giving ICSs a firmer footing in legislation, and removing legislative barriers to integration

2.3 Responses are required by 8 January 2021.

3.0 Phase Three planning update

3.1 In August 2020, NHS England published “Implementing Phase 3 of the NHS Response to the Pandemic”, requiring STP/ICSs to prepare plans against key priorities for the Winter.

3.2 The Trust has worked closely with partners in both STPs to prepare phase 3 plans, which have now been agreed and are being mobilised. Both STPs have in particular agreed plans for the Mental Health Investment Standard, and the delivery of the NHS Long Term Plan priorities for mental health. Our agreed plans include investment in the following areas:

Mental health

- Improving access to our children and young people mental health services
- Improving access to our primary care talking therapies
- Increasing the capacity of our perinatal mental health services
- Ensuring as many people as possible with serious mental illness are offered physical health checks by their GP
- Ensuring that people in crisis do not have to go to hospital out of the area
- Providing mental health support to health and social care staff through Winter

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>

- Ensuring our mental health crisis services are ready for Winter
- Improving accommodation pathways and support for people receiving mental health aftercare (Bedfordshire & Luton) – in particular our investment plans require us to improve outcomes and quality for people with serious mental illness in residential or nursing care and supported accommodation, and to reduce the current cost of these placements.

Community health and primary care

- Putting our Integrated Discharge Hubs on a firmer footing
- Developing more capacity in our rapid response services (Newham & Tower Hamlets)
- Providing bridging home care support for people discharged from hospital (Bedfordshire)
- Improving end of life care services (Tower Hamlets)
- Improving discharge pathways for people who are homeless (City & Hackney, Newham & Tower Hamlets).

3.3 The phase 3 planning requirements include a particular emphasis on tackling the inequalities that have been highlighted as a consequence of the first wave of COVID-19. The Trust has an active inequalities programme, and is also now leading the inequalities programmes of both STPs.

3.4 NHS England has invited all STPs to prepare proposals for Service Development Funding for 2021/22, and for further investment in phase 3 plans against specific priorities (Staff support, and winter pressures). The Trust has led work in both STPs to prepare applications for Service Development Funding to develop our approach to suicide prevention, crisis alternatives, implementing the new national framework for Community Services, a new staff support offer, and winter pressures.

3.5 We expect phase 4 planning guidance to be published later this year, to support planning for 2021/22.

4.0 Sustainability & Transformation Partnerships/Integrated Care System Update

Bedford, Luton and Milton Keynes Integrated Care System (BLMK)

4.1 The BLMK ICS Partnership Board met in public on 11 November 2020 (papers are available here <https://www.blmkpartnership.co.uk/wp-content/uploads/2020/11/Partnership-Board-11-November-2020-Combined-v2.pdf>).

4.2 The ICS has appointed a new executive lead, Felicity Cox, who has taken over from Richard Carr. Patricia Davies, the Accountable Officer for BLMKCCGs has announced her intention to leave her current role in Spring 2021.

4.3 The ICS is currently working with Carnall Farrar, a healthcare consultancy, to further develop the infrastructure of the ICS, in the context of the formation of the

single CCG across Bedfordshire, Luton and Milton Keynes, and the national drive towards becoming a maturing ICS by April 2021.

- 4.4 The BLMK ICS is currently in the second wave of an intensive 20 week national “ICS Accelerator” programme to develop its approach to population health management. Population health management approaches use data linked across health and care partners to help clinicians understand the relationships between health conditions and wider determinants in the populations they serve, and to design and test new approaches to prevention and care delivery to improve outcomes, quality and value. The national programme in particular is focussed on supporting teams working around Primary Care Networks to use data driven insights to transform care.
- 4.5 The BLMK ICS Mental Health Programme, comprising the Trust, Central North West London NHS Foundation Trust, and BLMK CCGs, is testing working in a more integrated way across providers and commissioners through a new Programme Delivery Group.

East London Health & Care Partnership (North East London STP)

- 4.6 During November, the member practices of the seven Clinical Commissioning Groups in North East London voted to form a single Clinical Commissioning Group across North East London², coterminous with the North East London STP, which will come into effect as of 1/4/21.
- 4.7 The CCGs are now working to determine the detail of the governance arrangements which will be in place, with an emphasis on delegation to place to ensure that decisions about health and care will take place as close to local people as possible.
- 4.8 Jane Milligan, the Accountable Officer for North East London CCGs and Lead Executive for the STP has announced her intention to leave her current role in Spring 2021.
- 4.9 The STP has submitted an application to NHS England/Improvement to be designated as an Integrated Care System. The application details how the STP meets the consistent operating requirements of an ICS, i.e.:
- System capabilities in place to perform the dual roles of an ICS to coordinate transformation activity and collectively manage system performance
 - Streamlined commissioning arrangements
 - Plans for developing and implementing a full shared care record
 - System plans that reflect key local recovery, performance and delivery challenges
 - Capital and estates plans

² [https://www.barkingdagenhamccg.nhs.uk/downloads/BHR-CCGs/News-and-pub/News/The future of health and care in NEL August 2020.pdf](https://www.barkingdagenhamccg.nhs.uk/downloads/BHR-CCGs/News-and-pub/News/The%20future%20of%20health%20and%20care%20in%20NEL%20August%202020.pdf)

- A leadership model for the system
- System wide governance arrangements.

- 4.10 The STP has made good progress against all of the consistent operating requirements, in particular in the context of our response to COVID-19, such that the practical implications of the designation are at this stage that it will support our collective momentum towards further integrated working as a maturing ICS.
- 4.11 The attached paper at Appendix 1 provides an update from the STP on current areas of focus and development.
- 4.12 The STP will be participating in the next wave of the national “ICS accelerator” Population Health Management programme.
- 4.13 The Trust is working very closely with CCG and other STP partners, both across NEL and across all of the relevant subsystems, to develop the leadership, systems, processes, and governance which will make the future of integrated working in East London a success. In particular, the Trust is working with the City & Hackney, and the Newham, Tower Hamlets and Waltham Forest & East London systems to develop our approach in advance of 2021/22, as above.

5.0 Action being requested

- 5.1 The Board is asked to **RECEIVE** and **NOTE** the report.

Integrated Care System development for north east London:

Overview and Update

18 November 2020

Authors	Simon Hall, Director of Transformation, ELHCP; Warren Leung, Programme Manager, ELHCP.
Sponsor	Jane Milligan, Accountable Officer, NHS North East London Commissioning Alliance and Lead for ELHCP
Purpose of Paper	
<p>This paper sets out the context for our local development as an integrated care system (ICS) in north east London. It also covers our emerging proposed vision, objectives and principles for the ICS, and how we intend to develop our future ICS operating model.</p>	
Context	
<p>The development of Integrated care systems (ICSs) were a core part of the vision outlined in the NHS Long-Term Plan, and are intended to bring about changes in how health and care services are planned, paid for and delivered. They have evolved out of Sustainability and Transformation Partnerships (STPs), which are local partnerships formed in 2016 to develop longer term plans for the future of health and care services for their area. In comparison, ICSs are intended to be a closer form of collaboration in which NHS organisations and local authorities take on greater responsibility for collectively managing resources, performance and for improving and integrating the way care is delivered.</p> <p>As it currently stands ICSs are voluntary partnerships with no formal powers or accountabilities. It is anticipated that formal legislation may follow at some stage, but until that time statutory powers and responsibilities for performance management, resource allocation and service delivery still remains individually with NHSE/I, Local authorities, CCGs and NHS Trusts. However, moving to more collaborative, integrated ways of working still offers many benefits to improve health and care.</p>	
NEL Overview	
<p>There is a strong culture of collaborative working across health and care organisations in north east London, and our development to become a maturing ICS builds up on this.</p> <ul style="list-style-type: none"> • We operate a federated model of integration, where decision-making takes place as close to the patient as possible but where we come together to strategically plan, co-ordinate delivery and manage performance. • Our key building block is the borough-based partnerships where we work closely with Local Authority and other partners to help people stay healthy and tackle inequalities. • Our eight local authorities work together as local Integrated Care Partnerships (ICPs) in the City of London and Hackney (C&H) and in Barking and Dagenham, Havering and Redbridge 	

(BHR). Collaborative working takes place across the three boroughs of Waltham Forest, Newham and Tower Hamlets.

- We are developing provider collaborations, such as our acute provider alliance and our mental health collaborative. We are currently working to develop increased co-operation between primary care providers, building on our existing Primary Care Networks (PCNs) and GP Federations.
- Our PCNs and GP practices are engaging well on a range of levels and practices are overwhelmingly supportive of our approach to integrated working as demonstrated in the recent vote in favour of developing a single Clinical Commissioning Group covering north east London from April 2021.
- Our public health colleagues are working across NEL to tackle the inequalities agenda with renewed vigour and are building a programme to position our Anchor Institutions as local drivers of change.
- We are now developing new ICS governance, led by our ICS Chair Marie Gabriel CBE. We are working closely with political leaders, community leaders, clinicians and NHS leaders to do this, and plan to have a workshop in December 2020 to agree next steps and firm up our priorities for working together.

This paper summarises our immediate and longer term emerging priorities, that are the essence of why we have decided to apply to be formally designated an ICS by NHSE/I. It is the next step on the journey outlined in our system response to the NHS Long Term Plan.

NEL ICS Priorities, Programmes and Objectives

Immediate Priorities:

The immediate priorities for our maturing ICS include:

- Improving quality of care delivery and reducing unwarranted variation: working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred. This includes taking urgent action to improve service delivery in particular parts of our system where this is having an adverse affect on health inequalities.
- We have a major programme of work as a partnership on Anchor institutions (see later on in this paper) that we are undertaking across a wider footprint of public sector organisations across north east London. We are keen we use this initiative to galvanise work around the wider determinants of health to make a real difference at addressing inequality.
- Invest in local integrated primary and community infrastructure: help people stay well for longer and support them at home when they need it.
- Population health management and intelligence; using the information we have to direct resources and action where it is most needed and maximise our impact, in the context of significant population growth over the next ten year period.
- Digital revolution: taking advantage of advances in technology to change the way we access and provide care radically (e.g. information technology, artificial intelligence), and based on the experience and learning of making rapid advances in the use of digital technology during the Covid-19 pandemic.
- Workforce transformation: changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21st century health and care provision. We have particular challenges in north

east London to meet our projected population growth and demand for services locally, the age profile of some of our key workforce groups coming up to retirement, and meeting recruitment challenges our providers are already facing across health and care services.

Programmes:

Our key programmes are themed upon the life course journey and are focused on how we will make sure the people of north east London start well, live well and age well. This means looking at our diverse and rapidly growing population and how we can develop and provide care that meets their changing needs; supporting them to live long happy and healthy lives.

A key element of enabling this links to prevention and being an ICS will increase the opportunities to work further with local government in addressing the wider determinants of health, preventing disease and promoting wellbeing. This collective purpose will result in aligned system leadership; greater clarity on roles and accountability and increased use of our communal resources for investment in prevention and spending that improves population health and reduces health inequalities.

A better start in life

Improving maternity services and supporting young people to have the best start in life they can.

Living well

Supporting people to live healthy and happy lives, to manage any long-term health problems, and to age well.

A good end in life

Helping people as they get older, and supporting people and their families through death ensuring dignity and choice of where to die

Better mental health

We want mental health to be everyone's business with support services based close to peoples home and personalised to their needs. Through a new collaboration of mental health provision, our focus on families, on young people and on crisis and community services is intended to improve the responsiveness and effectiveness of our services for patients and staff significantly.

Reducing inequalities

We are committed to working in partnership with patients and communities who experience health inequalities to help reduce these, help them to access the support that suits them, and promote environments that are fair and free of discrimination.

Objectives:

Our existing objectives include involving local people in supporting how health and care services are shaped across NEL. This will be done via:

- A commitment to co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Involving local people with lived experience in the transformation of health and care services
- Engaging and involving the community and voluntary sector in shared decisions on services.

- Where significant change is required, we will ensure engagement opportunities for local people throughout the process.

NEL ICS Governance

Principles:

- Our 80:20 principle and federated model of integration recognises the fact that decisions about health and care need to take place as close to local people as possible and will only take place across a larger area if there is a strong benefit to doing so.
- We intend the way we work to be clinically and resident driven and will embed that in all levels of decision-making.
- We will ensure that we create governance arrangements that are size balanced to remain effective but include appropriate representation.
- We will work closely with our local authority partners to strengthen democratic accountability.
- We will recognise the sovereignty of all our partner organisations and work to build consensus on our key priorities.

ICS Governance:

We are committed to co-create and design our governance with ICS colleagues in the context of London and national guidance. Our proposals remain in development, and we are planning a workshop in December with ICS leaders. We are a partnership not an organisation, so will ensure that our governance is:

- Designed to 'future-proof' ourselves as much as possible should there be legislative change but designed with the needs of our system as paramount
- Co-creation work with Healthwatch, lay members and PPI leads to ensure patient and public voice is embedded throughout our system and structures, with an appetite for a more radical approach
- We will review and refine our governance as we go, ensuring it is fit for purpose. What we establish now is not set in stone.
- We will not replicate functions that relate to statutory bodies such as audit committee but will support and encourage informal meetings and collaboration between peers (e.g. audit committee chairs currently meet quarterly)
- Governance is one part of the picture and should support our partnership, but it's relationships and ways of working that are critical to our success
- Our wider engagement will be key. We will bring stakeholders from our member organisations, the VCS, academic partners and others together for partnership discussions on our priorities to harness their expertise.

Our Federated Model

Our intention is not to centralise decision-making but to have strong system assurance and oversight. The NEL ICS level will provide strategic direction across the footprint and oversee delivery and implementation, which will mostly take place at the local level. The vast majority of responsibility will be delegated down to the local level, but the NEL ICS level will maintain some functions where it is appropriate to operate at scale.

Our borough based partnerships are the building block of local decision-making and will each have a local partnership board. Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships will bring all partners together to improve services.

Anchor System

Health inequalities have been exposed and exacerbated by the Covid-19 pandemic and our local population is facing stark economic challenges. In light of this, NHS and local authority partners will collaborate as an 'anchor system' to use our assets for social, economic and environmental benefit. We will identify joint priorities for action to address inequalities and the wider determinants of health in NEL, in equal partnership with our local communities and organisations.

An anchor charter has been developed that focuses on what ICS member anchor institutions across the wider public sector in north east London can do. As part of this, organisations are being encouraged to collaborate as an anchor system to increase collective local impact and maximise social value across four priorities:

1. Local employment and training
2. Procurement
3. Buildings and land
4. Climate action

Core principles

- Our work is guided by local data and community insights.
- We will work collaboratively with local partners and London/national colleagues.
- We will consider the inequalities impacts of everything we do.
- We will use quality improvement methods to enable learning and continual improvement.

Financial Strategy Development

A NEL Financial Strategy Group has been meeting since November 2019. The group is chaired by the GP Chair of City and Hackney CCG and includes all health partners with the intention to expand membership to the local authorities.

Purpose of the group:

- To lead the development of the NEL integrated financial strategy to support delivery of the LTP
- To provide strategic direction on how best to achieve the overall system control total
- To provide technical support to the ELHCP Exec over allocation of the LTP Transformation Funding
- To take account of neighbouring systems, and any interface issues that arise e.g. cross-boundary flows
- To oversee a system delivery plan to underpin the implementation of the strategy

Statement of Intent:

As partners we have agreed to work collaboratively to design an appropriate finance and contracting framework to support the vision of Integrated Care as described in the Long Term Plan. In doing so the group considers five key tests:

- How can we best spend our health and care resource to improve population outcomes?
- How do we best arrange financial flows through organisations to incentivise our workforce?
- How do we reduce non-value adding activity in finance, to attract and develop leading finance teams?
- How do we organise our corporate governance to enable and empower a system-wide population health approach?
- How do we co-develop a culture that promotes collaboration and mutual support?

Developing our maturing ICS

Becoming an ICS is not about achieving the designation of ICS for its own sake, but about learning to work in new ways. The focus of our attention as a maturing partnership is on delivering service improvements, improving health and well-being, and on taking urgent action to reduce health inequalities. This agenda will be shaped by our Long Term Plan system response, our Covid-19 restoration and recovery plan, and our overall strategic priorities as organisations. We have agreed to focus on four areas of development to make us more effective to deal with these challenges:

New ways of working

- Building our approach to population health management
- New commissioning arrangements, financial allocation and risk sharing
- A collaborative approach to quality and performance delivery

Organisational development

- Investing time in building trust and common purpose across all areas; turning organisational and clinical leaders into system leaders
- Building new alliances between provider organisations
- Helping embed this into all areas of NHS and partner working

Communication and engagement

- Building a simple and compelling narrative about what is happening and why
- Ensuring we engage in true co-production with the public
- Listening and adapting to what people say

Good governance

- Complete the engagement on our governance at the NEL level and within our 3 ICPs
- Being clear what happens at NEL level, in each ICP, in each borough and inside PCNs and neighbourhoods
- Sovereign bodies understanding their place within that governance

We are currently working jointly with NHSE/I to agree a system development plan to support this journey.

Priority areas for ICS delivery

Our emerging six key priority areas as an ICS are:

1. Address health and economic inequalities across north east London

- Addressing variation in clinical outcomes across NEL, with a particular emphasis on taking urgent action to tackle health inequalities and in the context of rapid population growth

2. Champion our people

- Supporting our workforce: implementing our NEL People Plan focusing on improving morale, flexible working, equality of opportunity
- Patient and public participation: involve our local people in every aspect of our work

3. Develop and deliver our NEL ICS

- Borough and local partnership based integrated care arrangements including developing our integrated Primary Care Networks, provider alliances and transition to an ICS with one single CCG now agreed.
- Develop an accountability framework to enable us to deliver a self-improving system

4. Invest in our services

In order to transform our services and clinical models we need to balance the need for community, primary care (including quality, capacity and infrastructure), mental health and social care investment with acute demands

5. Improve our capacity and infrastructure to match our significant population growth

- Deliver our estates strategy
- Enhance our workforce
- Roll out digital transformation
- Delivering efficient clinical services – maximising NHS capacity for all of our population

6. Modernising and improving integrated service delivery

- Addressing acute and primary care challenges, with a particular focus on outer north east London
- Focus on improving leadership, clinical culture and sustainability, particularly in outer north east London
- Taking advantage of the opportunity afforded by the Whipps Cross redevelopment to create a new health and social care campus for our communities
- Improving the quality, efficiency and capacity of elective services across Northeast London

Enablers:

- Achieve financial sustainability through a robust financial framework and new approach to contracting
- Performance: establish a NEL oversight and assurance approach