

HERTFORDSHIRE COUNTY COUNCIL**HEALTH & WELLBEING BOARD****TUESDAY 28 JANUARY 2020 at 10:00AM****UPDATE ON THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP***Report of the Director of Adult Care Services*

Author: Iain MacBeath, Director of Adult Care Services and STP Co-Lead (Tel: 01992 556363)

1. Purpose of report

- 1.1. To inform the Hertfordshire Health and Wellbeing Board of the latest developments in the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) and to invite questions and comments.

2. Summary

- 2.1. The STP is a partnership of the existing NHS commissioners and NHS providers in Hertfordshire and West Essex and the two County Councils. The role of the partnership is to act together to transform front-line health and care services and to influence the agenda of other public, private and community sector agencies to improve the overall health and wellbeing of residents.
- 2.2. Beverley Flowers, Accountable Officer of E&N Herts CCG and Iain MacBeath, Director of Adult Care Services for the Council have been co-leading the partnership since July 2019. This interim leadership arrangement is scheduled to end in March 2020.
- 2.3. Our STP became an NHS England 'accelerator' site in September 2019 with 16 weeks' of consultancy support with a number of priorities identified in order to transition from an STP to an Integrated Care System by April 2020.
- 2.4. The STP has also been required to submit a response to the NHS Long Term Plan, published in April 2019.

3. Recommendations

- 3.1. That the Health and Wellbeing Board note and comment on this report.

4. Background

- 4.1. STPs represent a shift in the way that the NHS in England plans its services. While the Health and Social Care Act 2012 sought to strengthen the role of competition within the health system, NHS organisations are now being told to collaborate rather than compete to respond to the challenges facing their local services. This new approach is being called 'place-based planning'.
- 4.2. This shift reflects a growing consensus within the NHS that more integrated models of care are required to meet the changing needs of the population. In practice, this means different parts of the NHS and social care system working together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions.
- 4.3. It also recognises that financial problems in different parts of the NHS can't be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population. In some cases this may lead to 'system control totals' – in other words, financial targets – being applied to local areas by NHS England and NHS Improvement.
- 4.4. In Hertfordshire and West Essex, we are planning to have one Integrated Care System (a partnership which will be responsible for financial planning, assurance and quality at a system level) and three geographical Integrated Care Partnerships, which mirror the geographies of the three current Clinical Commissioning Groups. There will also be an alliance of providers delivering specialist mental health and learning disabilities services to a smaller cohort of people in Hertfordshire.
- 4.5. In addition, GP practices have been asked to consolidate into 'Primary Care Networks' and share resources within that network to take the pressure off general practice and develop new ways of working. This will include sharing a clinical pharmacist, a community navigator and a clinical director.
- 4.6. The Integrated Care System will have 'Population Health Management' at its heart. This means we will use live data on the health of our population to target resources at areas of highest need to reduce health inequalities or effect health improvement. This could happen at a Primary Care Network level where an area is an outlier, at a partnership level or even an ICS level.
- 4.7. We will also collaborate as partners on a number of enabling work programmes – including IT and digital, workforce and estates to pool our resources and get the most from our assets.
- 4.8. A number of clinical workstreams have also been identified as key priorities for our area – where we can change our patient pathways to improve health and save money. Our key priorities are:
 - Children and Maternity
 - Frailty and complex needs
 - Planned care
- 4.9. We have identified other clinical priorities where change is also required and

this work will be undertaken at a more local level by NHS Trusts and commissioners:

- Mental health (including children)
- Cancer
- Urgent Care
- Primary Care

- 4.10. Our three clinical commissioning groups have decided to appoint one Joint Accountable Officer (AO) to lead their organisations and that person will also lead the Hertfordshire and West Essex Integrated Care System. Work is also now underway to produce a proposal for a joint management team to sit beneath the Joint AO with a timeline to expedite this new management structure.
- 4.11. **Long Term Plan Submission:** Each one of the 44 ICS / STPs in the country has been asked to put together a detailed response to the NHS Long Term Plan, published in April 2019. This plan makes a number of national commitments and provides a five-year financial settlement for the NHS, which has to be translated into five years of finance, clinical activity and NHS staffing targets for each STP which add up.
- 4.12. Hertfordshire and West Essex submitted a final draft of their response in mid-November and have received feedback that this has been approved. The executive summary can be found at Appendix A and the remainder of the 200-page submission will be published on the STP website including high level plans for each Integrated Care Partnership.
- 4.13. Harnessing wider partnerships are equally as important to improving health and social care services themselves. The STP has begun a number of partnership meetings to engage local partners in the health improvement agenda:
- A new 'Community Reference Group' to engage patients, carers and the community sector in health improvement work, to build on the work by local Healthwatch and patient participation groups.
 - Integrated Care Partnerships are engaging east and west and within localities on local agendas and improve cross-organisational working
 - The STP has engaged with voluntary and community sector CEOs on how the public sector should engage with them as key partners
 - Engagement with District Council Health Improvement Partnerships (or equivalent) in what role they can play.
- 4.14. A short prompt document has been put together in partnership with two District Councils to provoke discussion on the shared agenda between the NHS locally and districts and boroughs.

5. Next Financial Year – 2020/21 – Shadow Integrated Care System

- 5.1. Our accelerator status in the current year leads to an expectation that as a system we will operate as a Shadow ICS during 2020/21. In practice this will mean:
- Joint financial planning between all NHS and care partners for that year

- Joint performance and quality accountability to NHS England for clinical activity and performance plans
- Joint workforce strategy between organisations
- Greater collaboration between health commissioners and providers
- More joint commissioning arrangements between the NHS and councils
- An Operating Plan for 2020/21 agreed between all organisations.

Background Information

NHS Long Term Plan - <https://www.longtermplan.nhs.uk/>

NHS Accelerator priorities and work programme



Leading Partnerships

Supporting senior leadership to be aligned in supporting areas of ICS improvement. Leadership will use the developed narrative documents as a framework to inform decision making for themselves and their teams.



System architecture

Working with senior leaders to examine subsidiarity across the ICS and ICPs, explore strategic commissioning and test how a mutual accountability function could be embedded within a refreshed ICS governance framework.



System financial payment mechanisms

- Supporting the HWE STP to develop new payment mechanisms in order to be consistent with financial strategy and clinical priorities and interlinked with the developing Population Health Management outputs.
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Population health management

Support the HWE system partnership to deliver against our core priorities through enhancing and improving our understanding and approach to population health management