1. Purpose of report

1.1 The purpose of this report is to update the Committee on the development to date of Hertfordshire and West Essex Sustainability and Transformation Partnership’s (STP’s) Integrated Health and Care Strategy.

2. Summary

2.1 This strategy is a blueprint for delivering a healthier future for the population of Hertfordshire and West Essex.

2.2 It is designed to guide our health and care organisations, staff, the voluntary sector and our population to work in partnership.

2.3 Our approach is based on the principles of population health management. This is a way of targeting our collective resources where they will have the greatest impact, improving the quality of care through improved, affordable services. Our key priorities are:

• Meeting people’s health and social care needs in a joined-up way in their local neighbourhoods, whenever that’s in their best interests - saving time and cutting out unnecessary tests and appointments. Health and care services will support people to live as independently as they can for as long as possible. We will provide care and support to keep people as healthy as possible, rather than reacting when they are in crisis.

• Adopting a shared approach to treating people when they are ill and prioritising those with the highest levels of need, reducing the variations in care which currently exist. Support and treatment will be delivered compassionately, effectively and efficiently, in partnership with people and their families and carers.

• Placing equal value and emphasis on people’s mental and physical health and wellbeing in all we do. Improved mental health care and support for people with disabilities is a core pillar of our strategy and people’s psychological and emotional wellbeing will be supported while their physical health and social care needs are being met.

• Driving the cultural and behavioural change necessary to achieve personalised care delivering the improvements we need. Care professionals,
service users, families and carers will understand the role they have to play in creating a healthier future. Staff will be empowered to drive change throughout the system. We will all be supported and encouraged to take greater responsibility for our own health and wellbeing.

- Ensuring that we have the integrated workforce, technology, contracting and payment mechanisms combining social care and health in place to support our strategy, delivering health and care support efficiently, effectively and across organisational boundaries.

2.4 All of the STP’s organisations are committed to working together to implement this strategy, so that we can make rapid improvements to the health and wellbeing of our population and the sustainability of our health and care system.

3. **Recommendations**

3.1 The Committee is invited to note and comment upon the report.

3. **Background**

4.1 This paper provides an overview of the development to date of the Hertfordshire and west Essex Integrated Health and Care Strategy. The strategy sets out a blueprint for how we will deliver a healthier future for our population through high quality, personalised proactive care which is better joined up, to deliver a healthier future for our population and our services.

4.2 The strategy has been co-designed with health and care professionals and representatives of the area’s community and voluntary organisations within our STP footprint and will act as a guiding framework for health and care organisations, professionals, service users, and our population.

4.3 The Hertfordshire and West Essex health and care system is unsustainable if we carry on as we are and do nothing differently. We can only resolve this by working together as a single system, with a single budget approach at greater scale and in a more integrated way.

4.4 **What’s wrong now?**
- We focus on what people can’t do
- Resources are not targeted effectively
- Care is built around organisational boundaries or individual illnesses and conditions, rather than taking into account the whole person
- Too many people are treated in hospital
- Care is often only provided when things go wrong
- Mental health and the health of people with learning disabilities is not routinely prioritised
- Health and care professionals take different approaches, leading to varied care and treatment for our population
- Organisations and staff are not united by a common approach

4.5 **What will we do differently?**
• Our staff and population will be encouraged to work together to make the most of our strengths
• We will use evidence to target resources, using a population health management approach
• Health and care needs will be met in a joined-up way, based on each person’s needs
• Care will be provided as close to home as possible. High quality specialist hospital treatment will be there when it’s really needed
• Care will be proactive and better coordinated to help people to stay healthy and independent
• We will place equal value and emphasis on the mental and physical health of all of our population
• We will develop care pathways for everyone to follow, to reduce variation in outcomes and promote best practice
• Each organisation and professional will understand their role in delivering this strategy.

4.6 Strategic and operational planning guidance was issued by NHS England (NSHE) on the 16th October 2018. It sets out the expectation that all STPs and NHS organisations prepare for local implementation of the National NHS Long Term Plan which is due to be issued in December 2018. Our strategy and Medium Term Financial Plan are fully in line with this direction of travel.

5. What the strategy covers

5.1 Our Integrated Health and Care Strategy has been written for service users, patients, their families and carers and everyone who supports them. It covers the range of health and care services that our population of 1,520,500 use.
5.2 The strategy builds on the foundation of our ‘Healthier Future’ summary plan published in 2016. It takes into account ongoing improvements to health and care services including local strategies developed by our Health and Wellbeing Boards, County and District Councils, CCGs, and Trusts.

5.3 This strategy is supported by the STP’s:
- developing population health management plan
- medium term financial plan and
- workforce strategy.

It will inform our area’s neighbourhood strategies and places individuals at the heart of an improved, cohesive health and care system.

5.4 A ‘population health management’ approach

‘Population health management’ is an approach which will enable our STP to target our collective resources where evidence shows that they will have the greatest impact.

Social care and health organisations, supported by the community and voluntary sector, will work closely together to deliver joined-up services to defined groups of the population. In this way, we will prevent, reduce, or delay need before it
escalates; and prevent people with complex needs from reaching crisis points.

This graph demonstrates the way in which the population of our area can be placed into three main groups, according to their level of health and care needs. It shows the potential impact that targeted actions can have on maintaining good health, thereby reducing the cost of care.

5.5 The ‘house’ of integrated care diagram outlines our strategic approach:
Using this model, the STP will:

- Develop integrated, person-centred models of care, designed to meet the needs of our population, delivered in local neighbourhoods wherever possible.
- Ensure that effective and efficient health and care is delivered in the right place, by the right person, at the right time.
- Shift care from reactive to proactive when possible, and standardise our approach to treatments.
- Agree the improvements we want to see and report back on their success.
- Transform key pillars of our health and care system, to ensure they are sustainable, resilient, and deliver integrated care.
- Put in place the staff, culture and systems we need to support the transformation we need.

5.6 **What we want the strategy to achieve for our population:**

- Reduce the difference in healthy life expectancy between people with and without mental illness and learning disabilities
- Minimise the risk of developing long-term conditions (especially cancer, cardiovascular disease, respiratory disease, and diabetes)
- Ensure people with disabilities lead an independent life as citizens of their local community
- Optimally manage every individual with a diagnosed long-term condition/need
- Halve the number of people developing more than one long term condition within 10 years
- Increase the proportion of people who are cared for at home or in their local community, as opposed to in hospital
- Increase the number of people who die in their place of choice, according to their wishes, free from avoidable distress and suffering

5.7 What we want the strategy to achieve for our staff:
- Increase the proportion of staff who feel they are motivated, have the right skills, and are empowered to use them
- All staff understand our vision and their role in delivering
- Attract and retain the required number of staff with the right skills and values
- Be innovative and efficient in changing our skill mix and work together in multi-agency and multi-disciplinary teams of people who die in their place of choice, according to their wishes, free from avoidable distress and suffering.

5.8 What we want for our system:
- Close the funding gap and improve efficiency
- Reduce unwarranted clinical or care variation across our system
- Reduce unplanned hospital admissions and A&E attendances by c.20-25%*
- Reduce planned hospital activity by 20 %*
- Reduce occupied bed days*
- Reduce the number of people being permanently admitted to care homes
- Meet all national performance targets e.g. A+E performance, RTT, cancer targets

*Against the projected position set out in the medium term financial plan which illustrates what will happen if we do not take action to work differently.

5.9 To deliver a population health management model of care effectively in our area, the commissioning and delivery of integrated care will be as follows:

An Integrated Care System (ICS), serving the whole population
- Responsible for delivering the Integrated Health and Care strategy – improving the health of the population
- Strategic commissioning based on need, identified through a population health management approach
- Provides professional leadership for the system
- Works in a cross-organisational way
- Oversees planning assumptions, sets financial principles and budgets
- Is responsible for delivering a sustainable system that delivers services that meet national standards
- Ensures we have the workforce, culture and systems we need to support the transformation we need.

Three Integrated Care Alliances (ICAs)
- Responsible for joint and ‘place based’ commissioning
- Organisations that provide health and care services working together collaboratively
- Shared transformation programmes to improve services
- Local risk and reward mechanisms, alignment of incentives, and new contractual forms.
Several localities serving 100-150,000 people
• Enabling staff across organisations to work together in an integrated way to meet the needs of the population
• Development of integrated care hubs
• Single multi-agency and multi-disciplinary operating policies and procedures

A number of ‘neighbourhoods’ serving 30-50,000 people
• With integrated multi-disciplinary teams of health and care staff providing joined-up care
• Establish Primary Care Home networks linking GP practices with other local integrated services
• Social prescribing and support, with provision for continuing health care, nursing and care homes

6. Next Steps

6.1 Programme design/governance
• Boards of STP organisations to sign-off the final draft strategy alongside the medium term financial plan by the end of January 2019
• Review and reset current STP workstreams to deliver the changes set out in this strategy by January 2019
• Revise the design of the programme to reflect new priorities end December 2019
• Expand membership of the STP’s clinical oversight group to include care professionals and a wider range of clinical expertise by January 2019
• Continue to engage stakeholders, professionals, third sector organisations and the public in the strategy during January to March 2019
• Continue to refine the strategy after the NHS Long Term Plan in December 2018

6.2 Model the impact of our plans
• Agree baseline and resource proposal by March 2019
• Undertake detailed modelling work to quantify the impact of the interventions set out in this strategy by March 2019
• Review the modelling outputs in light of the activity and financial assumptions set out in the medium term financial plan by January 2019
• Iterate delivery plans for each workstream by March 2019
• Quantify targets for outcomes and objectives by March 2019

6.3 Develop detailed delivery plans
• Establish an integrated, system wide transformation and implementation methodology by January 2019
• Co-produce detailed delivery plans with care professionals across the system
• Agree what will be delivered in the next 1, 3, and 5 years by June 2019
• Develop implementation plan on a page by March 2019
6.4 Implementation

- Adopt a robust portfolio management approach to manage implementation and realise benefits by March 2019
- Regular reporting against delivery plan milestones and benefits throughout 2019/20
- Regular programme reviews to ensure work continues to be aligned with objectives and outcomes reporting to each key stakeholder during 2019/20