INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

Monday, 26 June 2017 at 6.30 p.m.

C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

This meeting is open to the public to attend.

	Representing
Chair:	
Councillor Clare Harrisson	INEL JHOSC Representative for Tower Hamlets Council
Vice-Chair:	
Councillor Susan Masters	INEL JHOSC Representative for Newham Council
Members:	
Councillor Ann Munn	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst	INEL JHOSC Representative for Hackney Council
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councillor Sabina Akhtar	INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaquim	INEL JHOSC Representative for Tower Hamlets Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Christopher Boden	INEL JHOSC Representative for City of London Corporation
Councillor Yvonne Maxwell	INEL JHOSC Representative for Hackney Council

[Please note that the Membership for Tower Hamlets Council and Newham Council is to be confirmed]

The quorum for this body is the presence of a member from each of three of the four participating authorities.

Contact for further enquiries:
Daniel Kerr, Strategy, Policy and Performance Officer,
Tel: 0207 364 6310
E-mail: daniel.kerr@towerhamlets.gov.uk
Web: http://www.towerhamlets.gov.uk/committee

Scan this code for electronic agenda:

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

Any Member of the Committee or any other Member present in the meeting room, having any personal or prejudicial interest in any item before the meeting is reminded to make the appropriate oral declaration at the start of proceedings. At meetings where the public are allowed to be in attendance and with permission speak, any Member with a prejudicial interest may also make representations, answer questions or give evidence but must then withdraw from the meeting room before the matter is discussed and before any vote is taken.

3. MINUTES (Pages 5 - 18)

To agree the minutes of the meeting held on 19 April 2017.

4. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; ACCOUNTABLE CARE SYSTEM (Pages 19 - 50)

5. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; MENTAL HEALTH (Pages 51 - 76)

Date of the next Meeting:
The next meeting of the Committee will be held on Thursday, 9 November 2017 in the C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

This page is intentionally left blank

Inner North East London

Joint Health Overview and Scrutiny Committee (INEL JHOSC)

Membership 2017-18

The Committee comprises 3 Members each from Hackney, Newham and Tower Hamlets and 1 Member from the City of London.

Borough	**Members**
Hackney	Cllr Ann Munn (L)
	Cllr Ben Hayhurst (L)
	Cllr Yvonne Maxwell (L)
Newham	Cllr Susan Masters (L)
	Cllr Anthony McAlmont (L)
	Cllr James Beckles (L)
Tower Hamlets	Cllr Clare Harrisson (L)
	Cllr Sabina Akhtar (L)
	Cllr Muhammad Ansar Mustaquim (I)
City	Councilman Christopher Boden (I)

L=Labour; I- Independent

Only named substitutes are allowed to substitute for a Member should there be a vote.

The London Borough of Waltham Forest is a Member of the Outer North East London JHOSC but their Scrutiny Chair(s) are also invited to attend INEL meetings, as observers, when there are items of mutual interest.

The officer contacts are:

Hackney: Jarlath O'Connell jarlath.oconnell@hackney.gov.uk
Tower Hamlets: Daniel Kerr Daniel.kerr@towerhamlets.gov.uk
Newham: Michael Carr Michael.carr@newham.gov.uk
City: Neal Hounsell Neal.hounsell@cityoflondon.gov.uk

This page is intentionally left blank

Travel to Tower Hamlets Town Hall Offices

By Bus

The site has excellent bus links which connect it to East and Central London and beyond.

The 277 bus route begins and ends at the site, and the 15 begins and ends a 3 minute walk away at Blackwall Station. There are a number of other bus stops close by.

Most local bus services are listed overleaf and shown on the map, with the closest bus stops clearly marked on the enlarged map below.

By DLR and Tube

East India and Blackwall DLR Stations are in the immediate vicinity of the Town Hall site, with many other DLR stations within a short walk.

The closest Tube stations are Canning Town or Canary Wharf (both Jubilee Line).

For further information visit www.tfl.gov.uk/journeyplanner

By Foot

An approximate 20 minute walk from the site is shown by the blue circle (on the map overleaf). Many DLR and both Tube stations are within this zone.

There is pedestrian access to the site from all directions, allowing good access to the surrounding area.

For more information on walking in Tower Hamlets see www.towerhamlets.gov.uk/walking

For walking directions see www.walkit.com

HEALTHY BOROUGH PROGRAMME

tower hamlets becoming a healthy borough

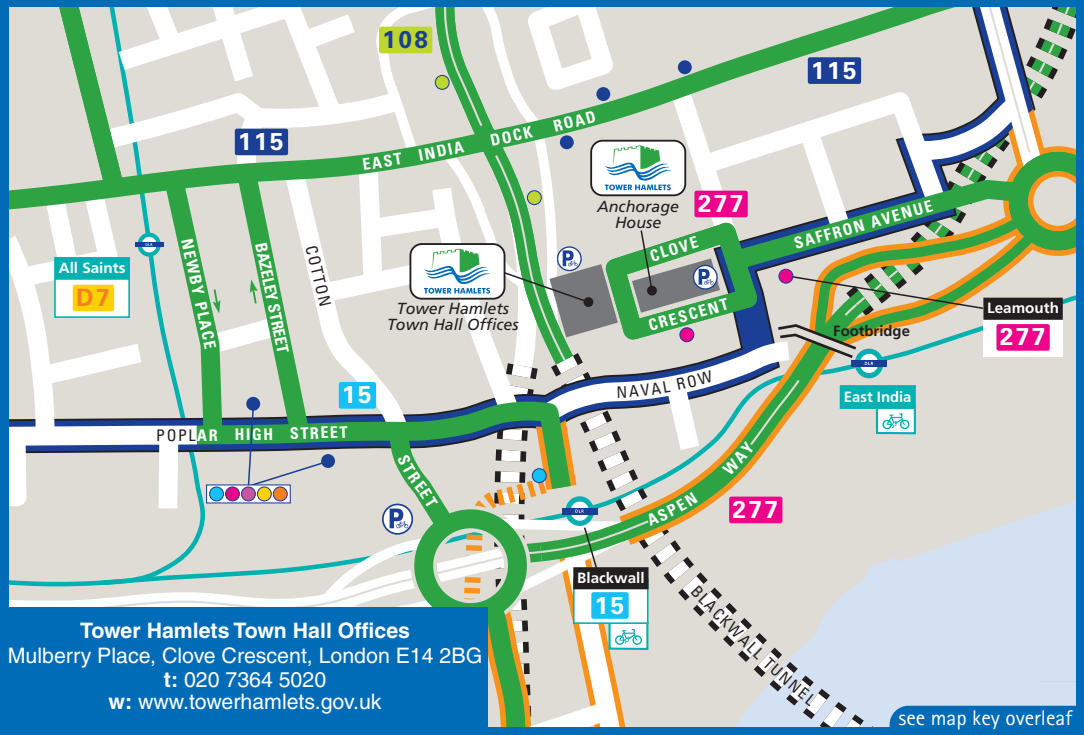
change 4 life

This map has been funded as part of the Tower Hamlets Council Travel Plan which aims to boost the number of staff and visitors travelling to the site by sustainable modes of transport.

Tower Hamlets is one of 9 areas designated as a 'Healthy Town' and has been awarded Government funding to tackle the environmental causes of overweight and obesity. Active Travel (cycling and walking) plays a major role in the programme.

www.towerhamletshealthyborough.co.uk

Design, digital cartography and print by Pindar www.pindar.com 03.10



Tower Hamlets Town Hall Offices
Mulberry Place, Clove Crescent, London E14 2BG
t: 020 7364 5020
w: www.towerhamlets.gov.uk

By Bike

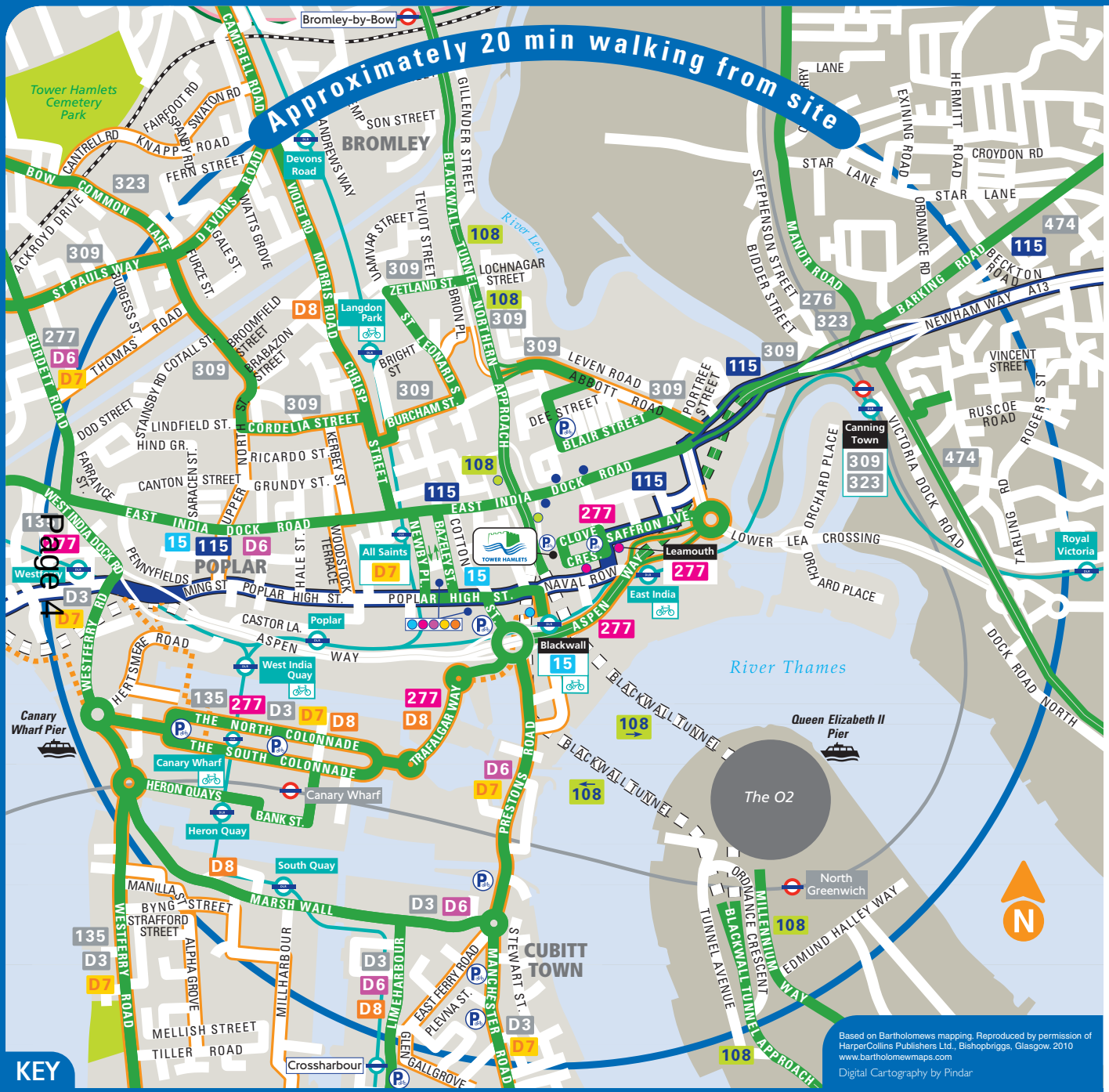
The site is well served by cycle routes, including Cycle Superhighway route 3 opening in 2010.

Cycle parking facilities for visitors are provided at ground level – see map (left).

Extensive cycling facilities are also available for staff who wish to cycle to work; email cycling@towerhamlets.gov.uk for details.

Further information on planning your journey by bike can be found at www.tflgov.uk/cyclejourneyplanner or visit www.towerhamlets.gov.uk/cycling for more information.

Map ▸▸▸



Bus Frequencies

15 Blackwall - Paddington Basin — Daily

Blackwall DLR - All Saints DLR - Limehouse DLR - Aldgate - Fleet Street - Charing Cross - Oxford Circus - Paddington - Paddington Basin

Monday - Friday daytime 6-10 minutes. Saturday daytime 6-10 minutes. Evenings and Sundays 6-10 minutes

Operated by East London

108 Lewisham - Stratford — 24 Hour

Lewisham DLR - North Greenwich - Blackwall Tunnel - Bromley-by-Bow - Stratford DLR

Monday - Friday daytime 8-10 minutes. Saturday daytime 10-14 minutes. Evenings and Sundays 20 minutes.

Operated by London General

115 East Ham - Aldgate — Daily

East Ham - Upton Park - Plaistow - Canning Town DLR - All Saints DLR - Limehouse DLR - Aldgate

Monday - Friday daytime 5-9 minutes. Saturday daytime 8-12 minutes. Evenings and Sundays 10-12 minutes.

Operated by East London

277 Leamouth - Highbury — 24 Hour

Leamouth - Canary Wharf DLR - Westferry DLR - Mile End - Hackney Central - Highbury & Islington

Monday - Friday daytime 5-8 minutes. Saturday daytime 6-10 minutes. Evenings and Sundays 9-12 minutes.

Operated by East London

D6 Hackney - Crossharbour — Daily

Hackney Central - Cambridge Heath - Bethnal Green - Mile End - All Saints DLR - Crossharbour DLR - Crossharbour ASDA

Monday - Friday daytime 6-10 minutes. Saturday daytime 7-11 minutes. Evenings and Sundays 15 minutes.

Operated by First

D7 All Saints - Mile End — Daily

All Saints DLR - Island Gardens DLR - Canary Wharf DLR - Westferry DLR - Mile End

Monday - Friday daytime 8-12 minutes. Saturday daytime 7-10 minutes. Evenings and Sundays 15 minutes.

Operated by First

D8 Crossharbour - Stratford — Daily

Crossharbour - Canary Wharf DLR - All Saints DLR - Bow Church DLR - Stratford DLR

Monday - Friday daytime 9-13 minutes. Saturday daytime 11-12 minutes. Evenings and Sundays 20 minutes.

Operated by First

For further information call 020 7222 1234 or visit www.tfl.gov.uk

Inner North East London Joint Health Overview and Scrutiny Committee 26th June 2017 **Minutes of the previous meeting**	Item No **3**

OUTLINE

Attached please find the draft minutes of the meeting held on 19th April 2017.

ACTION

The Committee is requested to agree the minutes as a correct record.

This page is intentionally left blank

LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

HELD AT 6.36 P.M. ON WEDNESDAY, 19 APRIL 2017

COUNCIL CHAMBER, 1ST FLOOR, TOWN HALL, 5 CLOVE CRESCENT, LONDON E14 2BG.

Members Present:

Councillor Clare Harrisson (Chair)	INEL JHOSC Representative for Tower Hamlets Council
Councillor Ann Munn	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst	INEL JHOSC Representative for Hackney Council
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councilman Wendy Mead	INEL JHOSC Representative for City of London
Councillor Sabina Akhtar	INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaquim	INEL JHOSC Representative for Tower Hamlets Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Susan Masters	INEL JHOSC Representative for Newham Council

Other Councillors Present:

Councillor Richard Sweden	Representing Waltham Forest Council

Others Present:

Dr Osman Bhatti	G.P. Tower Hamlets
Henry Black	Chief Finance Officer, TH Clinical Commissioning Group & NEL STP Finance Lead
Niall Canavan	City & Hackney Clinical Commissioning Group
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
Deodita Fernandes	Senior Programme Manager, East London Health & Care Partnership
Dr Charles Gutteridge	Barts Health Trust
Dr Bhupinder Kholi	Newham

Dr Phil Koczan	Waltham Forest Clinical Commissioning Group
Jane Milligan	Chief Officer, Tower Hamlets Clinical Commissioning Group & Executive Lead NEL STP
Luke Readman	Chief Information Officer, WELC Clinical Commissioning Group
Ian Tompkins	Communications Director, East London Health & Care Partnership

Public

Carol Ackroyd	Hackney Keep Our NHS Public
Nick Bailey	Hackney Keep Our NHS Public
Jan Blake	Newham Save Our NHS
Stephanie Clark	Tower Hamlets Keep Our NHS Public
Frances Corford	Newham Save Our NHS
Martin Darling	Newham Save Our NHS
Ellen Graubart	Hackney Keep Our NHS Public
Coral Jones	Hackney Keep Our NHS Public
Carol Saunders	Tower Hamlets Keep Our NHS Public
Jan Savage	Tower Hamlets Keep Our NHS Public
Ron Singer	Newham Save Our NHS
Andy Walker	

Officers Present:

Joseph Lacey-Holland	Senior Strategy, Policy & Performance Officer
Daniel Kerr	Strategy, Policy & Performance Officer
Farhana Zia	Committee Services Officer

1. PUBLIC PARTICIPATION

The Chair, Councillor Clare Harrisson welcomed everyone to the Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC) meeting and asked everyone to introduce themselves.

Cllr Harrisson also welcomed the 'Tower Hamlets Keep our NHS Public' delegation who posed the following questions to the Committee in relation to the North East London Sustainability and Transformation Plan (NEL STP).

Carol Saunders addressed the Committee stating the following:

Firstly, Simon Stevens told the House of Commons Public Accounts Committee this month: "We are going to formally appoint leads to the 44 STPs. We are going to give them a range of governance rights over the organisations that are within their geographical areas, including the ability to marshal the forces of the CCGs and the local NHS England staff."

In this context, can the Tower Hamlets Scrutiny Committee tell us who will in future be accountable for the planning and commissioning of health services within Tower Hamlets and the NEL footprint, given that – as we understand it – the statutory duty for this rests with the local CCGs or, in the case of public health, with the local authorities?

Secondly, if current arrangements are being rewritten, what role will remain for local authority health scrutiny committees? Does the committee share our concern that local authorities may lose their powers to scrutinise and influence local health service provision and, if so, does it intend to express this view to NHS England?

Cllr Clare Harrisson thanked Carol Saunders for her questions and stated that NHS representatives would address the questions raised as part of Item 4 on Governance.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clare Potter, INEL JHOSC representative for Hackney Council.

3. DECLARATIONS OF INTEREST

No member of the Committee declared a pecuniary interest.

4. MINUTES

The Chair referred members of the Committee to the minutes of the previous meeting held on the 13th December 2016. The Committee agreed and approved the minutes as an accurate record of the meeting subject to the following amendment

Page 8 – Stephanie Clark is a member of 'Tower Hamlets Keep our NHS Public' campaign group and not a member of Healthwatch.

5. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; GOVERNANCE

Jane Milligan, Executive Lead for the North East London Sustainability and Transformation Plan (NEL STP) introduced this item.

She said the STP process signalled a move towards working in a larger geographical area and that the governance arrangements to support the strategy and system level change was essential to ensure the development and implementation of the STP. Twenty organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP which previously known as NEL) STP.

The ELHCP STP plans to hold roadshows in the summer and is consulting Overview and Scrutiny Committees and other stakeholders, in developing its governance structure. The diagram on Page 27 gives an overview of the structure that the STP is looking to achieve. Task groups will continue to develop the document, as it's a live document and groups such as the Mayors and Leaders Advisory Group, Community Group and Assurance Group will feed into the structure.

The ELHCP have developed a draft Partnership Agreement for the governance arrangements, which is not legally binding but is intended to ensure a common understanding and commitment between partner organisations.

Jane Milligan informed the Committee that the STP were aiming to shape and refine the structure going forward.

Dr Sam Everington, CCG Chair, Tower Hamlets CCG and NEL STP Clinical Lead then gave the Committee Members examples of how working together can achieve better results for the patient.

Example 1
A project on Palliative Care has seen multi-disciplinary teams managing terminal care enabling patients the choice to die at home with their loved ones present.

Example 2
Maternity Care has been improved with Midwifery-Led Clinics co-existing with Maternity Units and offering more choice and support to new mothers.

Example 3
Outpatient services have been improved with GPs able to refer patients for blood tests with improved systems to view test results via an email response.

Example 4
The STP will allow for Mental Health Care to be on an equal footing with physical disease, as the organisations within the partnership will be working to integrate their specialisms, to provide a more holistic approach to health and care.

Jane Milligan referred to the question raised by the 'Keep our NHS Public' group and said discussion was necessary as to how oversight and

transparency would be achieved. She said that as the Lead Officer she was a conveyor to the ELHCP STP and each organisation was working collaboratively to achieve the right direction of travel. The ELHCP STP was aiming to bridge the gap between Commissioner and Provider organisations.

The five-year forward view would provide the partnership with an accountable care system and there were no plans to take away the role of Overview and Scrutiny Committees.

This was followed by questions and comments from Members of the Committee and responses from NHS Representatives.

- **Cllr M Mustaquim** – Top of Page 24 states the shadow arrangement came to an end in March 2017. What is operating in its place?

- *Diagram on Page 27, explains what the governance structure should look like. The advisory groups, clinical engagement and assurance groups plus the clinical senate are being developed and local authority Chief Executive representations and political leadership is also being sought. There will be regular periods of review of the structure to ensure the structure is robust and meeting the needs of the partnership.*

- **Cllr S Masters** – What is the composition of the Community Group shown on the diagram and has an equalities assessment been undertaken at a local level? The STP will require a thorough communications and engagement strategy but when will local people have sight of this?

- *The Community Group will be quite large and will encompass other community networks, not just organisations but also residents. A meeting has been organised for the 28th June when various voluntary groups will have the opportunity to become the voice of the public but also become a reference group for the STP. Healthwatch organisations, patient groups and representatives, community and faith groups, police and fire brigade will all have a role and will be part of the communication and engagement strategy.*

- *A detailed piece of work is required with respect to the equalities assessment and the communications and engagement plan is evolving. The ELHCP STP will be meeting with partner organisations and will be launching a coherent communications strategy, with local events planned from June onwards.*

- **Cllr S Masters** – Will the INEL JHOSC have sight of the engagement and communications strategy? What is the timeline for the strategy to become available?

- *The Strategy is being pieced together at the moment and will be shared with the INEL JHOSC.*

- **Cllr C Harrisson** - What is the parity between elected councillors being a part of the decision making process and structure as opposed to local authority representation under the 'Mayors and Leaders' advisory group?

- *Cross working is required to ensure the structure is integrated. The Mayors and Leaders Advisory Group meets on the 26th May and within the partnership agreement a seat will be offered on the Board, with two seats for the Community Group.*

- **Cllr C Harrisson** - Will this be the Mayors and Chief Executives of Local Authorities?

- *Yes but also chairs of the Health and Wellbeing Boards. The ELHCP STP requires some help and feedback on how to make this work.*

- **Cllr A Munn –** Diagrams help to show where final decisions are to be made. Is the ELHCP STP Board, shown in the centre of the diagram, making decisions or will local commissioners and providers be allowed to make decisions themselves? Will there be directives from above as to how and who makes decisions?

- *The idea of the ELHCP STP partnership is to provide challenge to the organisations which sit directly below it. Commissioners, Providers Local Authorities accept the Health and Care sector has to change with an accountable care system. The Partnership will be making recommendations to partners but ultimately, decisions to implement recommendations will be with the statutory organisation.*

- **Cllr A Munn** – Has the ELHCP STP taken into account the population churn for each local authority area? There needs to be an understanding of this as the population in East London varies from borough to borough.

- *We accept the population in East London varies so we are using data from Health and Wellbeing Boards and the Joint Strategic Needs Assessments (JSNA) to inform our predictions and decision making.*

- **Councilman W Mead** – Who will be part of the Assurance Group? Are you seeking representation from individual health scrutiny committees?

- *We will be writing to the INEL and ONEL JHOSC's but wish to work with scrutiny committees to see what will work best for them.*

- **Cllr C Harrisson** – We need to figure out if we need one JHOSC representing the ELHCP STP footprint, however this conversation needs to be had between local authorities to see which Overview and Scrutiny structure would be best.

- **Cllr S Masters** – Has there been an assessment of the Governance Groups put forward in the diagram? It's been said the lowest level – commissioner and providers will be making decision, but how realistic is this?

- *The ELHCP STP partnership can only make recommendations on broad areas, where working together is for the greater good – e.g. workforce, signposting, prevention, whereas local decisions will be required in respect to population needs and equalities.*

The Chair thanked the presenters for their presentation and answers to the questions raised by Members.

6. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; FINANCE

Henry Black Chief Finance Officer, Tower Hamlet CCG and NEL STP Finance lead presented his paper outlining the financial case for change and the reasons for the creation of the STP.

He said that over the course of 2016, the health and care organisations across 7 boroughs in North East London (NEL) had worked together to develop a draft STP plan. The STP set out how the NHS Five Year Forward View would be delivered across the NEL footprint and how local health and care services would need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

He referred members of the Committee to pages 33- 36 of the agenda and explained in detail the various scenarios, projections and modelling undertaken by the STP and why it was important achieve financial sustainability.

Members of the Committee asked the following questions to which Mr Black responded:

Councilman Mead – Page 41 refers to making better use of infrastructure. Are you seeking to co-locate services and free up assets?

Yes, that is the aspiration. NHS needs to make better use of its assets and with the improvement in digital technology there may be less need for 'bricks and mortar' – buildings.

Councilman Mead – What will happen with the funding raised?

The capital receipts would be reinvested but we need to ensure we are utilising our asset stock correctly. The Naylor review stated organisations would retain capital receipts. We need a clear strategy on how we manage space and the number of departments we need. There is opportunity to lobby Parliament on how we access funding.

Cllr C Harrisson – What impact has the Bart's Trusts deficit had on the STP and will you not be shifting the cost onto Local Authorities, who do not have funding, rather than make an actual saving?

We are mindful of this and hope to improve access to care at an earlier stage. The STP is trying to create an accountable care system and this is our direction of travel. Transformation of resources and a whole systems approach is required, which includes local authorities.

Barts Health Trust has the biggest deficit in the Country – but not in percentage terms. The government has acknowledged this and we are working to bring this down. This year the deficit was £82m but we are moving in the right direction to reduce this.

***Denise Radley**, Corporate Director for Health, Adults and Communities at Tower Hamlets added that the figures presented in the report were purely NHS finances and whilst Social Care was moving towards a more integrated model, there were gaps in finance which needed to be factored in.*

ACTION: The STP to provide financial figures showing a more integrated financial model.

Cllr M Mustaquim – Page 33 states the population is set to grow by 18% in the next fifteen years. How are you going to bridge the gap in our borough?

The Clinical Strategy sets this out in more detail. We have modelled population increases in our predications and with the use of technology and care in a community/primary care setting, we can make savings were needed.

Cllr A Munn – 3.5 states £38m is for collaborative productivity. What sort of things does this involve?

The £38m is over the next five years and it will involve things such as a shared bank of staff, rather than the use of agency staff, by creating a more flexible workforce plus savings that can be made in back office functions such as HR and Finance. In addition various schemes can deliver savings such as the shared Pathology service which is being piloted.

Cllr S Masters – Has the impact of Brexit been factored into the financial modelling? Also the savings which you wish to make will come a lot later so population increases will impact on the STP.

The setting up of the STP was a requirement and we are mandated to have this process. We have mapped the population increases expected and will target areas but it is difficult to be precise. Each partner organisation has their own financial plan and have submitted the savings they intend to make. We are on track to achieve these saving for the 1st year.

With respect to Brexit, at this stage we cannot model for this, but we know it will have an impact. Demographics may change has a result.

Cllr B Hayhurst – At the end of December, we were told the hospital budgets would be signed off. Homerton received a greater amount of funding than other hospitals, for the same volume of work. Can you state what percentage decrease the other hospitals on the patch received?

The Bart's Health Trust contract is supported by 12 CCG areas, some have made an investment and others have made a saving. In terms of volume funding is calculated using the national funding mechanism – each unit of work is set nationally i.e. on the national tariff. The Bart's contract has seen a 2.5% increase in its funding.

The Chair, Cllr Clare Harrisson thanked Henry Black and NHS Representatives for their responses.

7. NORTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN; DIGITAL ENABLEMENT (IT)

Luke Readman Chief Information Officer, WELC CCG and NEL STP Lead Officer presented his paper on the Digital Enablement.

He stated the NEL STP was looking to make better use of Information Technology to help support health, social and community care providers, in order to meet the needs of local people.

Digital technology would enable the development of new, sustainable models of care to achieve better outcomes for patients, with a focus on prevention and out of hospital care.

The Presentation attached to the agenda gave a detailed account of how the Local Digital Roadmap's (LDR) become the footprint for the STP and what steps had been taken to bring together the three LDR into one LDR.

Three key themes had emerged

(a) To have a single systems approach
(b) Connectivity – Hospital's being able to see GP records and vice versa
(c) How to drive improvements once data is available.

Four work streams have been developed

- Addressing server problems at Barts Health Trust
- How data is shared across the pathways

- How data is pooled together, with real time data
- How patients can access their own information.

Dr Osman Bhatti, GP in Tower Hamlets, Phil Koczan of Waltham Forest CCG, Dr Charles Gutteridge of Bart's Health Trust, Dr Bhupinder Kohli Newham Hospital proceeded to give examples of how technology had enabled them to provide better, safer care to patients and how this had led to improved outcomes for their patients.

Members of the Committee raised the following questions to which the NHS representatives responded.

Cllr S Akhtar – How easy is it for patients to access their own records?

Mobile phone and desktop access is available and patients can register 'online' with their GP practice. Information available is limited at the moment however with the STP initiative, over time we hope to scale up the data available.

Cllr C Harrisson – One GP registration would be welcomed. It is fragmented at present.

We seek consent of the patient every time they move GP surgery however we are looking to create a 'single citizen' ID, which would apply nationally. Roll out is expected in September/October time.

Councilman W Mead – Are there plans to include hospitals in Central London and not just the providers in the NEL STP footprint?

Our plans are to create a single system across our footprint, before taking steps to network with others. Much depends on hospitals in Central London as to if they want to share information in this way.

Cllr S Masters – It's great to hear the good news stories. What would be the one thing you'd like to resolve as part of the digital offer?

To increase the number of patients accessing their own records. Presently 10% do however it would be good to achieve 90%. We acknowledge a publicity and engagement campaign is required to change human behaviour and get them to use the digital platform. The ELHCP STP is aiming to help organisations within the partnership achieve this.

Cllr S Masters – Would giving patients access to their own records create further work for clinicians especially as patients will have limited medical knowledge and may interpret data incorrectly?

Warnings are given to patients before they access their data. Where technology has been piloted – e.g. an 'abnormal' test result, an explanation is given as to why this might be. Patients can message their consultant/doctor if

they are concerned. Renal Patients – pre and post dialysis have the ability to network with other patients as well as clinicians.

Cllr A Munn – page 59 refers to the sharing of the GP system with Homerton Hospital. How much data can Doctors and nurses see?

The clinicians can view a summary of the patient's data but do not have access to everything. It's a third party view and data cannot be viewed without the patients consent. It's in a webpage format with a 'view on demand' assimilated summary.

Cllr A Munn – Will there be a standardisation of the systems used?

That is the intention – to have a single systems approach.

Cllr A Munn – Will pharmacies be included in viewing patient data?

A system is being piloted – called EMIS. Pharmacists can view limited GP data with the consent of the patient. The Pharmacist can also add to notes stating what advice has been given and/or what has been prescribed or if a test has been done – e.g. blood test etc.

Cllr A McAlmont – Have concerns from practitioners been addressed and what communications strategy do you have in place to encourage patients to access their records.

Addressing concerns from practitioners has been key. Concerns about sharing patient data safely have been raised and an agreed set of protocols has been signed off by the ELHCP STP Board. We are making the first tentative steps of sharing data and we need to monitor and learn from this. Demand for access to patient data is increasing not only from clinicians but also patients.

There are plans for a London wide and National communication campaign to promote online GP services and to make patients more aware of it.

The Chair thanked the NHS representatives for their presentation and their responses to the questions raised.

8. ANY OTHER BUSINESS

The Chair informed Members of the Committee that the next meeting of the INEL JHOSC would be held on the 26th June 2017.

The meeting ended at 8.43 p.m.

Chair, Councillor Clare Harrisson
Inner North East London Joint Health Overview & Scrutiny Committee

Inner North East London (INEL) **Joint Health Overview and Scrutiny Committee** 26th June 2017 **North East London Sustainability and Transformation Plan; Accountable Care System**	Item No **4**

OUTLINE

Over the course of 2016, health and care organisations across 7 boroughs in North East London (NEL) have been working to develop a draft Sustainability and Transformation Plan (STP). The STP sets out how the NHS Five Year Forward View will be delivered across the NEL footprint and how local health and care services will need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

INEL JHOSC has requested that NHS partners provide an overview of how the draft NEL STP will be developed through consultation, engagement and scrutiny processes so that the plans are given appropriate oversight and accountability.

This report and its accompanying summary include items covering:

- Accountable Care Systems

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

This page is intentionally left blank

East London Health & Care Partnership

Meeting Paper Cover Sheet

Document	Inner East London Accountable Care Systems Update to Inner North East London (INEL) Joint Health Overview and Scrutiny Committee (JHOSC)
Version	1.0
Author(s)	The three ACS systems in East London
Presenter(s)	Members of the three ACS systems in East London
Meeting	INEL JHOSC
Date	26 June 2017
Purpose	To update the INEL JHOSC about the ACS systems in Inner East London
Background	The INEL JHOSC requested the East London Health and Care Partnership for an update on the development of the Accountable Care Systems in East London
Recommendations	The INEL JHOSC is asked to support the work of the ACS in East London
Outcome	[

East London Health & Care Partnership

Inner East London Accountable Care Systems
Update to INEL JHOSC
26 June 2017

Inner East London Accountable Care Systems (ACS)

- There are three systems in East London which are in different stages of development – City and Hackney ACS; Waltham Forest East London (WEL which includes Waltham Forest, Newham and Tower Hamlets) ACS; Barking and Dagenham, Havering and Redbridge (BHR) ACS
- For the purpose of this update to the INEL JHOSC, the East London Health and Care Partnership (ELHCP) is focusing on the City and Hackney ACS and the ACS across WEL (with emphasis on what Newham and Tower Hamlets are doing within this ACS)
- The ELHCP has also provided a brief view of the challenges and the vision for change for the BHR ACS

East London Health & Care Partnership

City and Hackney ACS

Background for the City and Hackney ACS

- ACS grew from the Devolution work

  - No appetite for a Accountable Care Organisation or Multispecialty Community Provider/Primary and acute care systems

  - Consensus about the “Hackney and City Pound”

  - Strong CEO Partnership development over 3 years (Office of Public Management facilitated)

- Integrated commissioning with 2 Local Authorities is a key lever to get providers to work together, think cost system and think integrated delivery
- Overarching care model to set frame for ACS

Objectives for City and Hackney ACS

- Improve the health and well-being with a focus on prevention and providing care closer to home, outside institutional settings, and meeting the strategies of the 2 Health and Well-being strategies
- Ensure we maintain financial balance as a system and can achieve our financial plans
- Deliver a shift in focus and resource to prevention and proactive community-based care
- Address health inequalities and improve outcomes, using the Marmot principles in relation to the wider determinants of health and focusing on social value
- Ensure that we deliver parity of esteem between physical and mental health
- Ensure that we have tailored offers to meet the different needs of our diverse communities, including the City
- Promote the integration of health and social care through our local integrated delivery system as a key component of public sector reform
- Build partnerships between health and social care for the benefit of the population
- Contribute to growth, in particular early years services
- Achieve and deliver the ambitions of the East London Sustainability and Transformation Plan (STP)

Service Model

- Enhanced primary care
- Integrated community and social care team in each of the 4 quadrants
- Quadrant based Voluntary and Community Sector Organisations linked to social prescribing and prevention
- Single point of co-ordination
- Empowered patients
- Strong and safe hospital services

Providers

- Homerton – acute (Payment by Results (PBR)) ; non-PBR and Community Health Services
- GP confederation – extended primary care
- City and Hackney Urgent Healthcare Social Enterprise – Out of Hours
- Local Authorities – social care
- East London NHS Foundation Trust
- Voluntary and Community Sector Services

Come together as:

- A Transformation Board
- Within the 4 workstreams

Transformation Board

- Key bit of governance
- All the providers (CEO/Medical Director) plus
  - Healthwatches
  - Local Authority Commissioning
  - Clinical Commissioning Group

  Chaired by Hackney Local Authority Chief Executive Officer
- Takes a place based approach to planning, service design etc. and oversees the work
- Introduces challenge
- Makes recommendations to the 2 Integrated Commissioning Boards (CCB GB members and Local Authority councillors)

Workstreams

4 Workstreams

- Planned care
- Unplanned care
- Prevention
- Children and Young People

    - Each of the above workstreams has a number of initiatives

Enablers

- Primary Care, Workforce, IT, Estates, Communications

Workstream Objectives

- Overseeing contractual performance and proposing changes to contractual arrangements
- Organising service delivery to achieve integration
- Developing and embedding innovative front line practice and delivery
- Implementing transformation initiatives
- Achieving local ambitions and those of the East London STP
- Delivering improvement in population health outcomes
- Delivering NHS Constitution and other standards and metrics
- Maintaining financial balance and delivering savings plans

Workstream construct

Each workstream has

- An Senior Responsible Officer (member of the Transformation Board)
- A dedicated Workstream Director
    - Aligned team
- Clinical pair (from 2 different organisations)
- Patient representative

Workstream has

- A ring-fenced budget made up of all current contracts held by the 3 commissioners (CCG, Social Care and Public health)
- A set of “asks”/transformation plans outlining what expected to take forward (CCG/Local Authority service development commissioning work) – e.g. outcomes, transformation, performance

Governance and assurance

CCGs and Local Authorities have developed a gateway process during 2017/18 for each workstream

- Maintaining momentum but ensuring robust delivery model
- Support gradual transfer of responsibilities/delegation

Key Milestones are

- Decision to change existing contracts – particularly if needed to manage PBR/other in- year spend
- Financial plan for 2018/19 which achieves Quality, Innovation, Productivity and Prevention programme (QIPP) and Local Authority savings target
- New integrated delivery model

Key Next Steps

- Move to transparency on costs – used Capped Expenditure process as building block
    - shadow system control total
- Provider response to local 111 model could be a building block for future - e.g. lead provider vs alliance
- How to contract for delivery in 2018/19
    - Mixed feelings about current alliance contracts
    - Define level of improvement ambition
    - PBR and how 2017/18 lands

ACS across WEL
(Waltham Forest, Newham and Tower Hamlets – only Newham and Tower Hamlets covered in this update)

10 principles to guide the development of systems of care in the NHS

(Taken from Kings Fund Place-based systems of Care)

1. Define the population group served and the boundaries of the system.
2. Identify the right partners and services that need to be involved, within each borough.
3. Develop a shared vision and objectives reflecting the local context and the needs and wants of the public.
   a) There needs to be a way to find a balance between a common vision across WEL with something that is meaningful at a local level.
4. Develop an appropriate governance structure for the system of care, which must meaningfully involve patients and the public in decision-making.
5. Identify the right leaders to be involved in managing the system and develop a new form of system leadership.
6. Agree how conflicts will be resolved and what will happen when people fail to play by the agreed rules of the system.
7. Develop a sustainable financing model for the system across three different levels:
   a) the combined resources available to achieve the aims of the system
   b) the way that these resources will flow down to providers
   c) how these resources are allocated between providers and the way that costs, risks and rewards will be shared. The resources may shift from provider to provider through the ACS or from the CCGs to the ACSes.
8. Create a dedicated team to manage the work of the system.
9. Develop ‘systems within systems’ to focus on different parts of the group’s objectives.
10. Develop a single set of measures to understand progress and use for improvement

Questions that the WEL ACS have asked themselves

1. What are we seeking to achieve for the people of WEL? I.e. our overarching vision.
   a) Is this the integrated care vision?
2. In order to achieve this vision/goals what changes do we need to make to the health and care system?
3. What changes do we need to make to the organisational functions/forms and relationships between organisations? (what's in scope?)
4. How will resources be allocated within the system?
5. How should we go about the move to an ACO/ACS (assuming we agree that we want to), what are steps/where will we start/what do we need to learn?
6. What does effective leadership look like and who should provide it?
7. Do we have the governance structures we need to ensure appropriate oversight, engagement and opportunities for conflict resolution?
8. How will we measure progress?
9. Do we have sufficient resources dedicated to bringing about the changes we wish to see?
10. What outcomes would be achieved that would show that our vision is being realised?
11. Will it be up to the providers to decide on a set outcomes to achieve?
    a) Will these outcomes to be used to measure progress?
12. What structures do we need to ensure ACS?
13. How do the current organisation functions and forms stop us from delivering this vision?
14. How will we develop accountability at a local level when providers work at scale?
15. Payment reforms and open book policies are a huge stumbling block. How will we manage this?

Ambition

What is the end point which each system is working towards, and how does this align across East London (EL)

East London Health & Care Partnership

Question	Newham	Tower Hamlets
What is the model that is being pursued?	• Integrated structure accountable for delivery of health and well-being, with single outcome framework, pooled capitated budget, based on an integrated National Care Model	• Whole population (registered and resident) model based on Tower Hamlets Together (THT) Vanguard. • Community services and primary care first areas of focus. • Aligned to new London Borough of Tower Hamlets Health & Wellbeing Strategy
What is the current / planned scope of the programme?	• Ambition for whole population commissioning and accountability. • Some acute services need to sit at a wider footprint however clear accountability for delivery to sit at a local level.	• Final year of Vanguard Multispecialty Community Provider programme – embedding learning (inc to STP). • April 2017 new Community Health Services (CHS) alliance outcomes based contract implemented (GPCG, Barts Health NHS Trust (BH) and East London NHS Foundation Trust) (ELFT) • June 2017 joint Local Authority/CCG Director of Integrated Commissioning advertised.
What proportion of local budgets are planned to be included within the ACS, and what is the plan for any residual budget not included?	• Currently about £45million for community in phase 1 but final state it will be around 50% of the current budget.	• Appraising options for full capitated budget for ACS, including local authority budgets. • Shadow budgets circa 60% • Recognise need to model with BH, ELFT and STP
What level of ambition is there currently around joint commissioning?	• A population based commissioning approach based on outcomes in which all stakeholders have joint responsibility	• Significant ambition in HWB Board and Strategy. • Joint Commissioning Exec since Sept 2016 • Planned integrated joint commissioning team October 17

Model and reform

East London Health & Care Partnership

To understand the stage that has been reached so far in detailing the model that will be implemented, the level of payment reform required to implement ACOs in development across East London and identify areas for sharing resources

Question	Newham	Tower Hamlets
How far are the functions of the model agreed?	Future model will have integration at multiple levels and methods: • Integrated teams • Co-located teams and services in Hubs • Integrated pathways with joint working protocols • Integration enablers- Shared care record, joint assessments, Multi-disciplinary teams care plans etc.	• Developed for CHS services. Extended primary care teams and locality Multi-disciplinary teams underpinned by a SPA delivered by GP Care group.
What form is the delivery model likely to take (if known)?	• Lead provider model with accountability for outcomes under single framework and supported by payment incentives	• Borough based alliance of providers delivering to a common outcomes framework • Joint commissioning aligned to support this model
Will reform of payments systems be required to support the new model, and if so what mechanisms are being explored?	• Yes. However an open book strategy needs to be developed across the system	• Yes. Currently shadow testing capitation methodology. • Deep dives with providers on End of Life Care, Mental Health and Children to encourage providers development
If capitated budgets are being proposed, for what % of pop?	• Expect to employ capitated budgets and to have full population coverage	• Likely 100% but with some segmentation of outcomes

Aims and Objectives

East London Health & Care Partnership

To understand whether local ACS programmes have defined a set of aims and objectives so far, and how these align across EL

Question	Newham	Tower Hamlets
Have the aims and objectives of your local programme been set?	So far aims have been agreed for the ACS: • improve patient experience and outcomes • get optimal value from every pound • clinical decision-making and service developments will drive proactive management of care and provision of care in the most effective settings • finances will flow around the system in a controlled way that rewards providers appropriately and helps all organisations achieve long term financial balance • develop and use long term contracts to promote financial stability of the providers • it will be governed by a unified leadership team comprising all commissioners and providers, organisations	• Service model and wider strategy adapted from Integration Pioneer • Currently developing a system wide outcome framework with our partners, based on the following themes: 1. Improve patient experience and outcomes so people in NEL live the healthiest lives possible 2. Ensure the long term s are able to access the health and social care services they need 3. Residents are satisfied with the health and care services they receive 4. The system exceeds the required national performance standards within available resources

Outcomes

East London Health & Care Partnership

To understand whether a set of outcomes has been agreed to date, and how these align across EL

Question	Newham	Tower Hamlets
Have any outcomes been agreed to measure success?	• Draft borough wide outcomes framework in place and will form part of the conversations about the future. This will be finalised as part of the ACS board and structured conversations. • Shared incentive scheme being modelled with risk shares built in • MSK risk share agreed	• Agreement of CHS outcomes via CHS contract • Shared incentives built into a Single Incentive Scheme • Draft borough wide Outcomes Framework has been developed. To be finalised following 2 month public engagement post purdah

Programme development

East London Health & Care Partnership

To understand the current state of the programme and the timetable for implementation

Question	Newham	Tower Hamlets
What is the timetable for implementation?	• 2017-18: commence work on enablers; implement single point of access, agree transition plan • 2018-19: Implement new governance; implement new care models ahead of Accountable Care Organisation (ACO) development; agree outcomes framework • 2019-20: ACO established; pooled budgets in place; delivery plan complete. New org if needed.	To March 2017: agree target system outcomes and preferred end state solutions, develop detailed road map 17/18-18/19: Begin implementation of new system values / culture; align workforce strategies; gather data required to monitor outcomes; begin to shift accountability 19/20-20/21: Transition to outcome based payments; formalise Accountable Care governance and new org if needed
Is any procurement required?	• The National Care Model will be procured through Building Healthy Communities will integrate different providers through an overarching outcomes framework	• Not yet determined. CHS already procured • Alliance model would not require procurement
What phase is the programme currently in?	• Currently scoping the roadmap and implementation plan for the ACS, including scope and ambition	• Phase 1: case for change, stakeholder engagement and options appraisal re contracting / org form
How far is a programme structure confirmed / staffed?	• Deputy Chief Officer Senior Responsible Officer of programme • Some resources allocated in 17-18 but limited	• Currently via CCG leads and THT PMO staff (as part of vanguard programme) but post April 17 need to formalise

Governance and engagement

East London Health & Care Partnership

To understand the stage of development of local governance structures and the level of wider engagement in local plans

Question	Newham	Tower Hamlets
How far is a governance structure in place?	• First board meeting on the 17th May	• Agreed joint governance structure with THT in place. THT Board, THT Steering Group and working groups under that. • THT board takes devolved responsibility for recommending annual commissioning intentions from July 2017
Have clinicians been involved in establishing the evidence base?	• We have clinical meetings once a month with the clinical lead and chair. There is also clinical representation at the board level.	• Number of primary and secondary care representatives on the various THT board. Tower Hamlets CCG Governing Body signed off case for change at October Governing Body meeting.
To what extent are wider partners engaged / signed up?	• A task and finish group has been established and are having an inaugural meeting on the 9th November	• Partial. Yes via THT representation but not yet well embedded within the organisations

Learning

East London Health & Care Partnership

To understand the stage that has been reached so far in detailing the model that will be implemented, the level of payment reform required to implement ACOs in development across EL and identify areas for sharing resources

Question	Newham	Tower Hamlets
What are the key successes / challenges currently?	• Success– agreement and development of the outcomes framework • Open book policy • This requires a new way of working for all parties • Providers ability to allocate consistent resources	Successes: NCM vanguard site and integrated community contract let to THIPP Challenges: better outcomes for our patient population within the resources available. Clear roadmap from April 2017 - March 2020
What are the key insights / learning that you have gathered so far?	• Everyone is at a different stage • Commitment from partners fluctuates • It takes longer!	• Engagement of partners in case for change and vision for service model. • Procurement has been lengthy but significant provider development gains achieved. • Many strategic questions remain to be answered but will need to be done in collaboration
What have you developed so far that can be shared?	• Draft Outcomes framework • Urgent Treatment Centre work • Community Pathway mapping	• Community service model, Case for system change, integrated governance arrangements planned with Vanguard provider partners, shadow capitation methodology, strategic questions to be answered

Dependencies

East London Health & Care Partnership

To understand the relationship between our plans to develop accountable care systems and other programmes that will enable or support delivery?

Question	Newham	Tower Hamlets
What are the informatics and data systems that are required?	• As per existing WEL strategy re interoperability and roadmap	• As per existing WEL strategy re interoperability and roadmap
How far are these already in place?	• As per existing WEL strategy re interoperability and roadmap	• As per existing WEL strategy re interoperability and roadmap
What are the implications for other transf. initiatives?	• Key link to primary care and the work to develop networks and the federation.	
What are the implications for enablers – e.g. infrastructure, workforce?	• Need to change our approach towards workforce, estates and IT to support integrated working.	

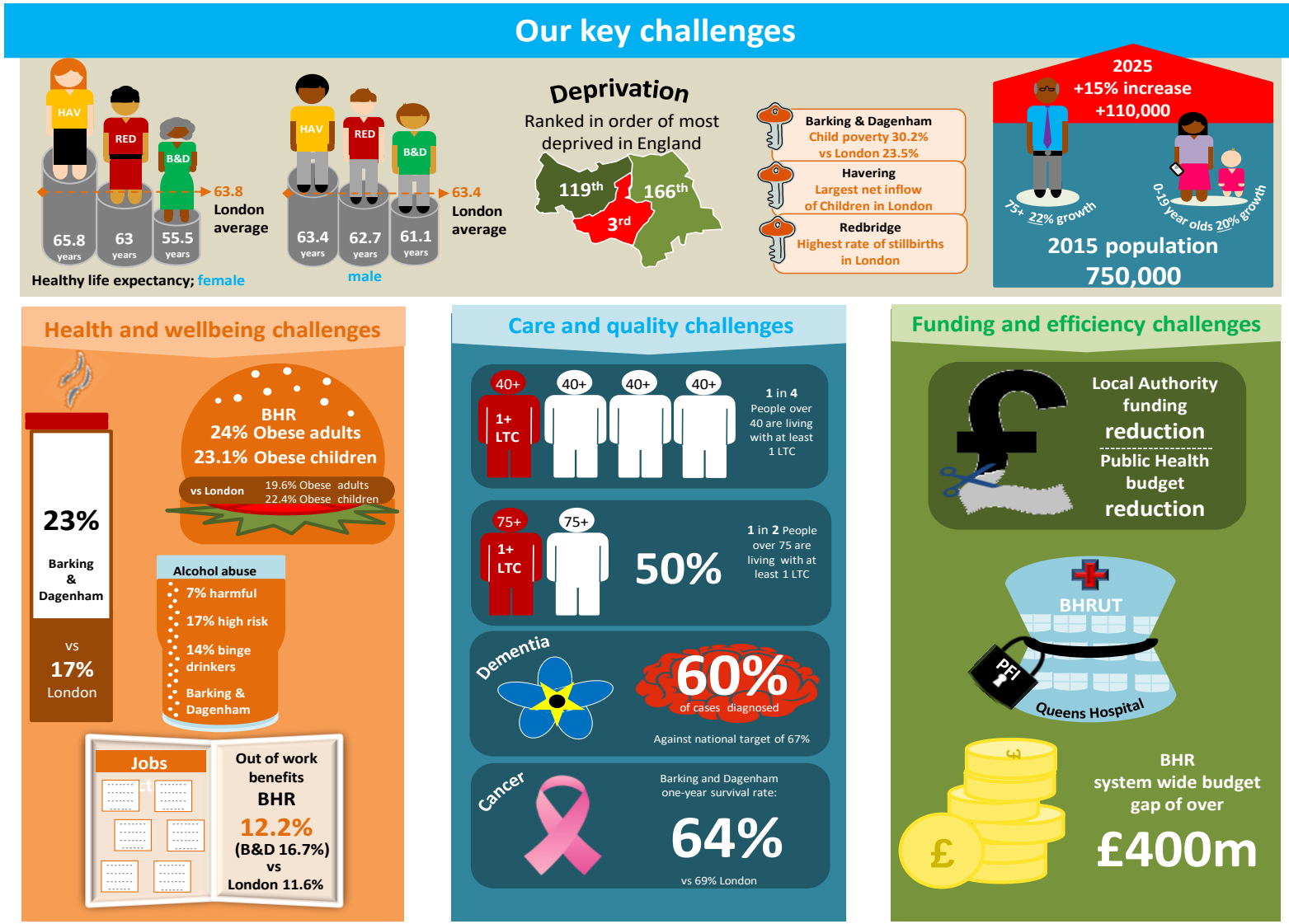
East London Health & Care Partnership

Barking and Dagenham, Havering and Redbridge (BHR) ACS

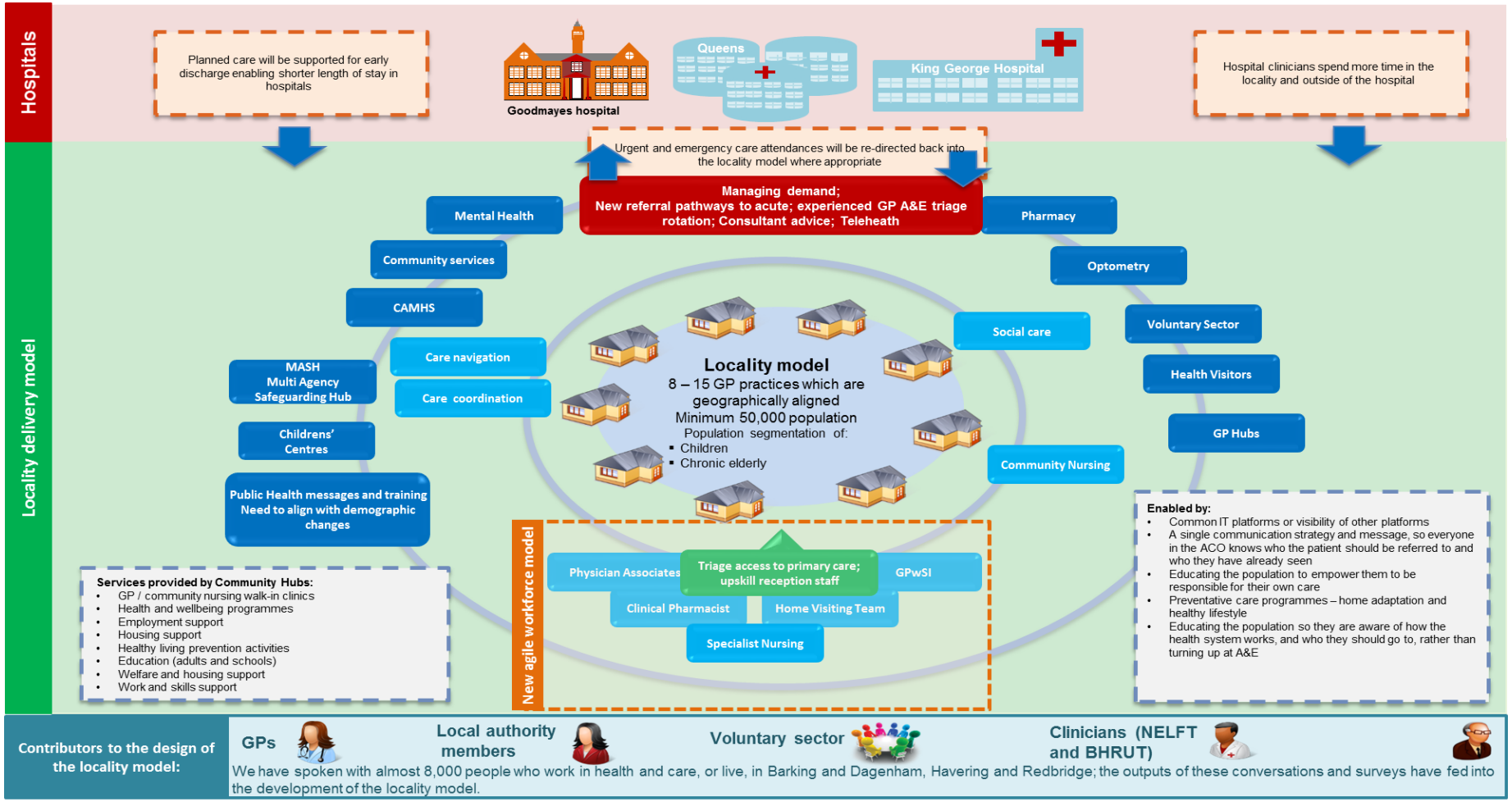
Background and context

- BHR partners including Barking and Dagenham, Havering and Redbridge CCGs, Local Authorities, Barking, Havering and Redbridge University Hospitals NHS Trust and North East London NHS Foundation Trust came together to develop and submit a bid in December 2015 to explore the benefits and potential as a sub regional pilot for London Devolution to develop a business case for Accountable Care
- As a result of this strategic outline case has been developed which recommends a new model of service delivery supported by more effective joint strategic commissioning arrangements; this has been submitted to NHS England
- Our existing model of commissioning and providing prevention and care is struggling to meet the current levels of demand - future pressure from rapid demographic changes including population growth, rising levels of long term conditions and variable levels of deprivation, the status quo is simply not an option
- Our research suggests that the best way to meet the needs of our people and their communities within available resources is through a place-based system of care that promotes healthy living and prevention – this builds on local experiences with Health 1000, national experiences with the Vanguard programme and international experience with examples such as the Alzira model
- The business case recommends the development of a new locality delivery model, which integrates health and wellbeing services for our population, based on the principles of place-based care
- It has been agreed that three fast track locality models would be trialed across Barking (and Dagenham), Havering and Redbridge, to test the benefits of the model
- To support this it has been agreed that an Integrated Commissioning Partnership Board with be established, and has now held its inaugural meeting

Key challenges for BHR ACS



Vision for change – to accelerate improved health and well-being outcomes for the people of Barking, Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and well-being services



This page is intentionally left blank

Inner North East London (INEL) **Joint Health Overview and Scrutiny Committee** 26th June 2017 **North East London Sustainability and Transformation Plan; Mental Health**	Item No **5**

OUTLINE

Over the course of 2016, health and care organisations across 7 boroughs in North East London (NEL) have been working to develop a draft Sustainability and Transformation Plan (STP). The STP sets out how the NHS Five Year Forward View will be delivered across the NEL footprint and how local health and care services will need to transform in order to ensure their financial sustainability and improve their clinical effectiveness.

INEL JHOSC has requested that NHS partners provide an overview of how the draft NEL STP will be developed through consultation, engagement and scrutiny processes so that the plans are given appropriate oversight and accountability.

This report and its accompanying summary include items covering:

- An overview of the work being undertaken to develop local mental health services as part of the North East London Sustainability and Transformation Plan.
- The process of engagement and analysis undertaken to identify the priorities within this fundamental element of the NEL STP

ACTION

- The Committee is requested to give consideration to the report and discussion and provide comments.

This page is intentionally left blank

East London Health & Care Partnership Sustainability and Transformation Plan (STP)

Date of Meeting: Monday 26th June 2017
Meeting Title*:* Inner North East London Joint Health Overview and Scrutiny Committee (INEL JHOSC)
Authors: Richard Fradgley – Mental Health STP Delivery Lead & Director of Integrated Care, East London Foundation Trust David Maher - Mental Health STP Delivery Lead & Deputy Chief Officer, City and Hackney CCG James McMahon **–** Programme Manager, East London Health and Care Partnership
Presenter(s): Navina Evans – Mental Health STP SRO & Chief Executive Officer, East London Foundation Trust Richard Fradgley – Mental Health STP Delivery Lead & Director of Integrated Care, East London Foundation Trust David Maher - Mental Health STP Delivery Lead & Deputy Chief Officer, City and Hackney CCG
Reporting period: Spring 2017
Purpose: This report will provide members of the INEL JHOSC with an overview of the work being undertaken to develop local mental health services as part of the North East London Sustainability and Transformation Plan (NEL STP). It outlines the process of engagement and analysis undertaken to identify the priorities within this fundamental element of the NEL STP. The report will highlight areas where local mental health services are being delivered successfully and where working together through the STP will offer further opportunities in the future. The extent of the future pressures facing local mental health services, particularly if we nothing, will also be illustrated. This report will also set out the planning and delivery model we have established to deliver the Mental Health workstream of the STP.
Background: Locally mental health services have continued to be delivered to a high standard year on year while absorbing significant demographic and non-demographic growth. It is predicted that this level of growth will continue within the duration of the STP. Historically investment in local mental health services has not kept pace with the increase in demand. Despite increased ministerial and public interest in improving mental health services any future funding is still unlikely to be adequate. Local analysis undertaken to support the development of the mental health element of the STP identified significant future demand pressures on local mental health providers. In a 'do nothing' scenario by 2020/21 clinical contacts are likely to increase by 20% (147,000 more) and more beds would be required if we do not continue to develop and enhance our range of community services.

To enable us to continue to deliver sustainable, high quality and accessible mental health services radical transformation is required. The work being undertaken through this STP workstream will support this and can provide the opportunity for local mental health services to become not only the cornerstone of our future local health and care system but amongst the best in the UK. In order to achieve this however partners will also need to work together to address the wider determinants of health such as accommodation, employment and education.

While a key aim of the STP is to support local partners to work together to transform services we are also required to continue to provide significant assurance to National Health Service England (NHSE) in relation to deliver of the access & quality standards within the Mental Health Five Year Forward View (FYFV) and General Practice Five Year Forward View .

The mental health workstream is supporting and assuring the delivery of the national 'Must Do's' for Mental Health:

- The development of additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care;
- More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
- Expand capacity so that more than 53% of people experiencing a First episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral;
- Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases;

The plan has also prioritised:

- Developing a NEL wide suicide prevention plan with the aim of reducing suicide rates by 10% against the 2016/17 baseline.
- Delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

Our plan also makes reference to other deliverables that are expected as part of the broader FYFV for mental health such as access to specialist perinatal services, annual physical health checks, veteran health and psychological therapies for those with SMIs.

While the Mental Health Five Year Forward View supports the further integration of mental health services into primary care and acute hospital settings the mental health workstream of the NEL STP aims to go much further. In developing our plan and identifying the key priorities we have considered in detail how we ensure mental health becomes an integral part of our local health and care system. We know for instance that use of primary, acute and social care by people with mental health conditions is significantly higher than that on people without mental health conditions. There is also significant evidence that

addressing mental health can help with the system quality and value gap.

Given the breadth of the work required to provide ongoing assurance on delivery and place mental health at the centre of the transformation of local services we are establishing delivery groups to address five areas of work:

1. **Improving population mental health and well being**
   This group will incorporate and involve a range of partners including Local Authority Public Health teams and will closely with the STP's Prevention workstream to deliver population-based approaches to mental health, tackling wider determinants, reducing inequalities and managing demand. To improve our populations' resilience to mental health issues we must create a step change in the delivery of mental health promotion, prevention and self-care. The deliver groups' role will be to make the case for change both across the partnership, but also to the wider public and to identify and disseminate good practice across NEL.

2. **Improve access and quality**
   This group will oversee the delivery of FYFV for mental health and related 5YFV commitments across the partner organisation's. The group will also support bids for national funding for FYFV and provide assurance on the outcomes and performance.

3. **Ensure services have the right capacity to manage increasing demand**
   This group will support work to strengthen community capacity and the establishment of a bed base with capacity to meet future demand. The other key area of this groups work will be to undertake or utilize existing benchmarking to identify and address variation, reduce duplication and improve productivity.

4. **Mental Health supporting improved system outcomes and value**
   This group will develop a case for change which illustrates how improving the physical health care outcomes for people with mental illness and address the mental health of patients with physical health problems will support better outcome and improve value. The group will engage and work with both primary care and acute partners to develop integrated care pathways for all relevant patients.

5. **Commissioning and delivering new models of care**
   This group will support the development of commissioning for the whole person and support the integration of mental health into the new models of care, the developing Accountable Care Systems (ACS) and moving forward the wider integration of health and social care.

The mental health workstream steering group has developed a matrix identifying the range of key stakeholders who will be required within each group in order to support effective delivery of their objectives. All groups will require clinical input from primary and secondary care, representation from relevant Local Authority colleagues including Directors of Public Health, representatives from the 3 ACS's as well as support from existing workstream leads and programme management resource.

The STP will allow local partners to develop solutions to the range of issues we face together. The STP provides an opportunity to make mental health an integral part of all the health and social care interventions provided across East London. There is great value to be gained in addressing the wider determinants of mental health once across NEL and the STP enable us to work together to achieve the outcomes we are seeking for our population.

ELHCP's Four Core Priorities

Key Milestones

Key Milestones	Timing	RAG
Workstream documentation complete	May	
Finance, activity and workforce implications outlined	June	
Prioritisation complete & 'Bring Forward' plans developed	September	
Plans for winter pressures developed	September	
QIPP / CIP schemes identified	September	
Big ticket items confirmed (major activity shifts)	September	
Winter pressure initiatives implemented	December	
Closing the 'Gap' – implementation of the 'Bring Forward' initiatives	March	

Governance

Risks and Challenges (List core risks, RAG score and mitigations)

Risks	RAG
Governance structure not agreed	
Various demographic pressures driving demand for mental healthcare	
Wider determinants of mental health often not in place e.g. employment, housing, social interaction (Need L.A. and other partners in room)	
Fiscal constraints continue to place significant challenge upon NHS and Local Authority funding	
Commitment to Parity of Esteem	
Issues with specific areas of mental health spend or related initiatives example; Specialised Commissioning	
Fragmented Commissioning	

Communications and Engagement

The STP Mental Health Workstream will seek to develop a co-production approach to the work it undertakes. A range of engagement will take place will all key stakeholders including service users, carers and staff and regular updates will be provided by the EHLCP briefing room.

Outline support required from:
Inner North East London Joint Health and Overview Scrutiny Committee

1. Support to ensure involvement of Local Authority representatives in the STP Mental Health Workstream and its associated delivery groups.
2. Ongoing support with engaging Local Authority partners in our work to transform local mental health services
3. Ongoing support to develop links between the STP Mental Health Workstream and the wider range of stakeholders within local communities

Recommendations:

The is requested Inner North East London Joint Health and Overview Scrutiny Committee to:

- Consider and comment on our plan and the activities of the STP Mental Health Workstream

East London Health & Care Partnership

Mental Health Deep Dive

Report to the Inner North East London Joint Health Overview and Scrutiny Committee – June 2017

Purpose

- To provide an overview of the analysis which has informed local priorities for Mental Health Service development and transformation
- To highlight successes achieved within local Mental Health services to date
- To identify anticipated future pressures and present potential future opportunities
- To provide an overview of the planning and delivery model we are establishing to deliver the Mental Health workstream
- To present a summary of the priorities we will address in 2017/18
- To promote wider engagement on plans for Mental Health

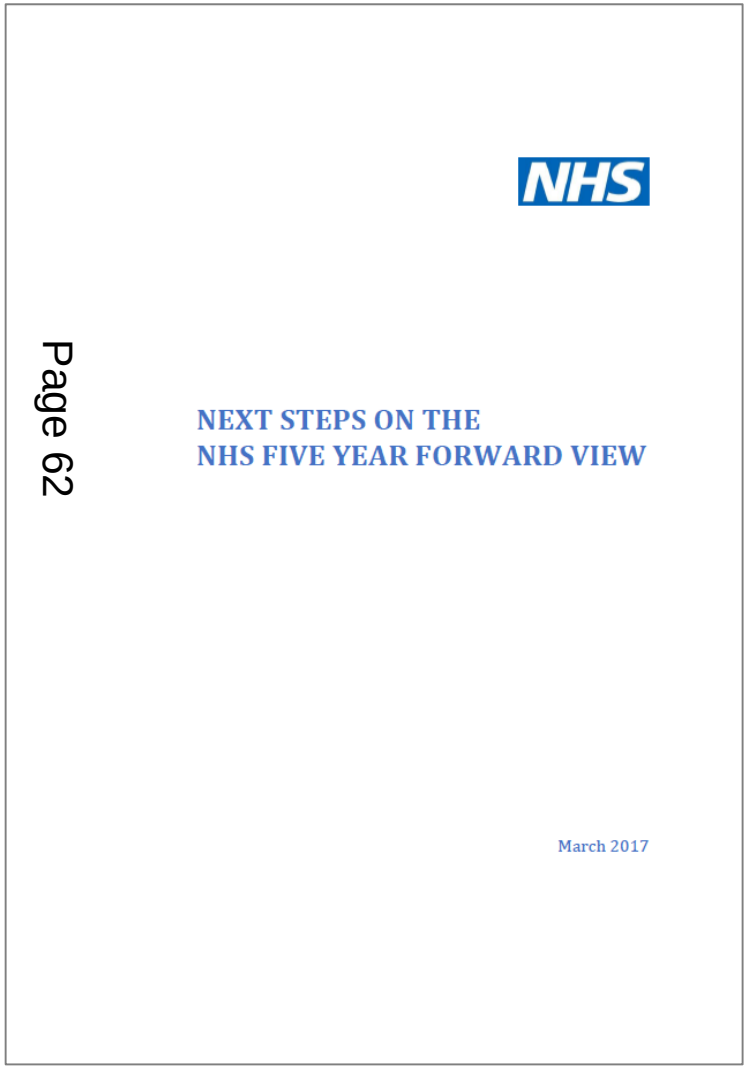
Mental health has national prominence at present

Increasing and intensifying ministerial and public focus on mental health

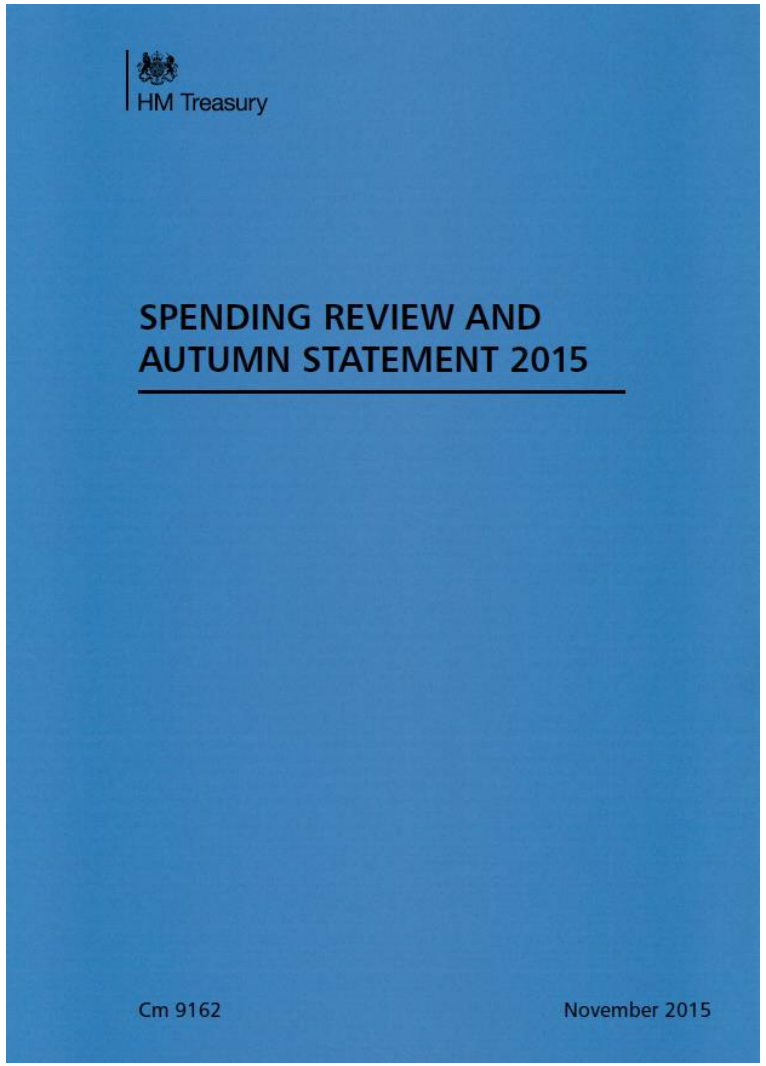
An opportunity for North East London to be a national leader with mental health as a cornerstone of the whole system?

Integration, and improving access and quality in mental health feature prominently in national policy

East London Health & Care Partnership



Page 62



Tackling Mental Health Inequalities is also a London wide policy

East London Health & Care Partnership

ThriveLDN

Thrive London is a citywide **movement for mental health**, supported by the Mayor of London and the London Health Board

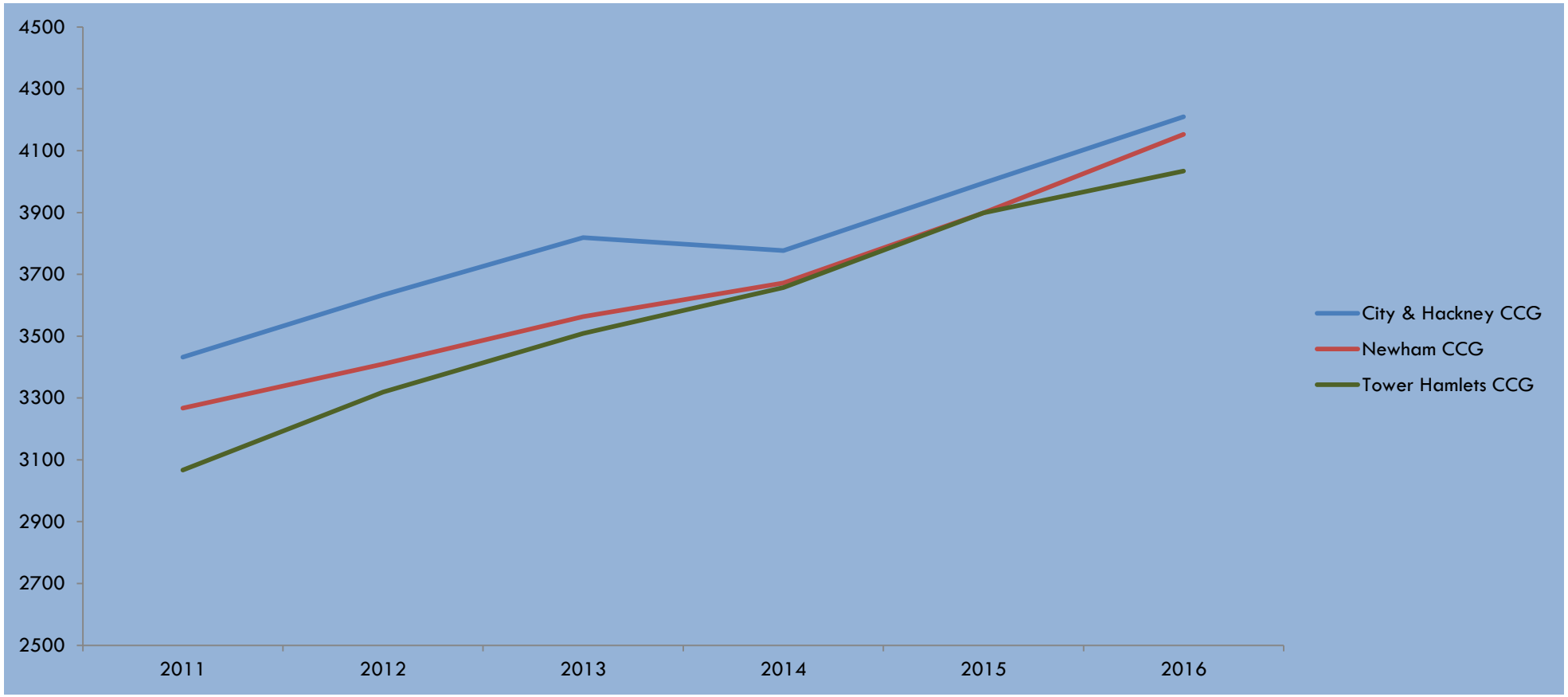
1m
LONDONERS
will experience mental ill health this year

100k
CHILDREN AND YOUNG PEOPLE
will experience mental health issues

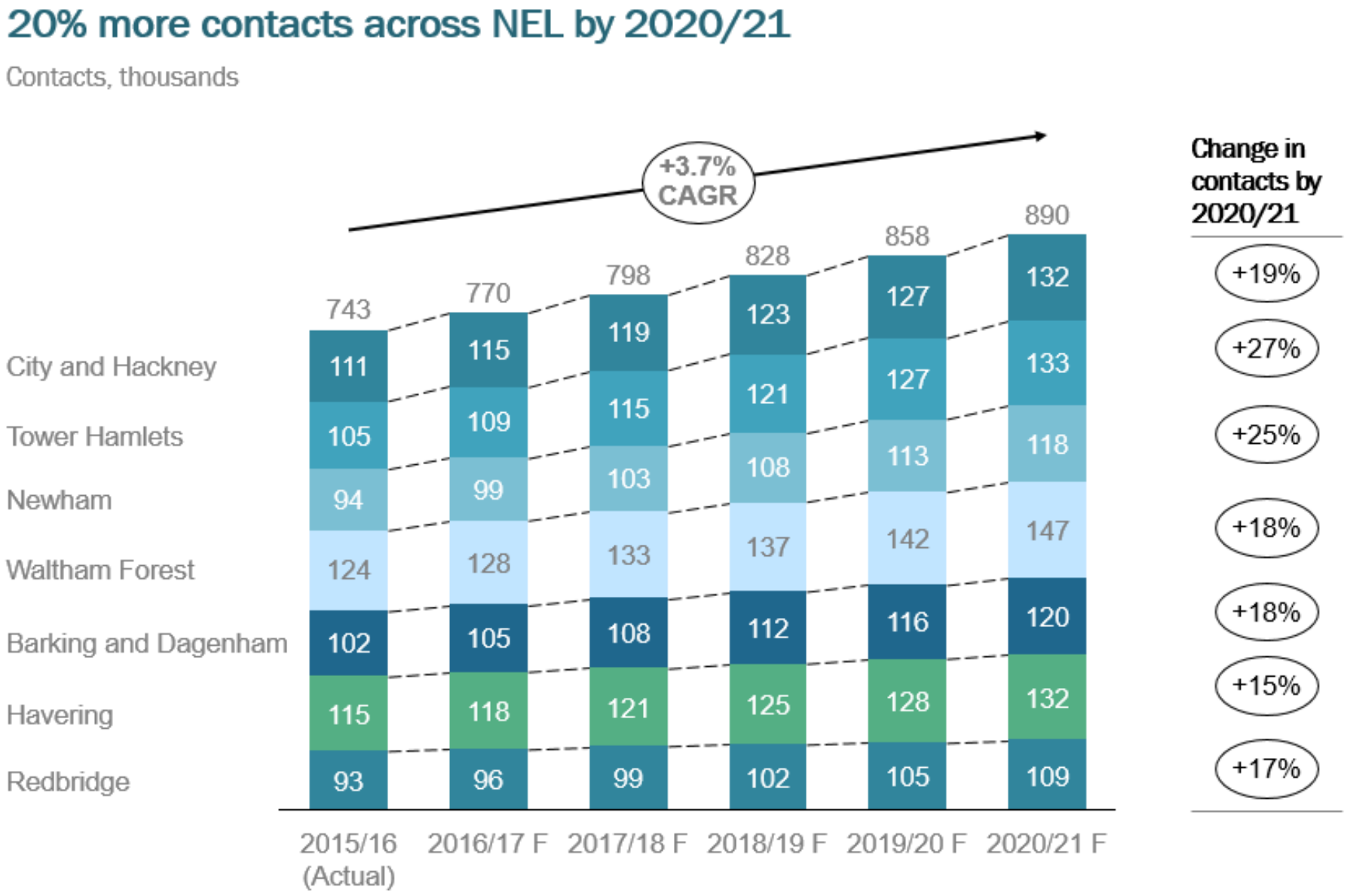
Mental health is a big issue for people in north east London

East London Health & Care Partnership

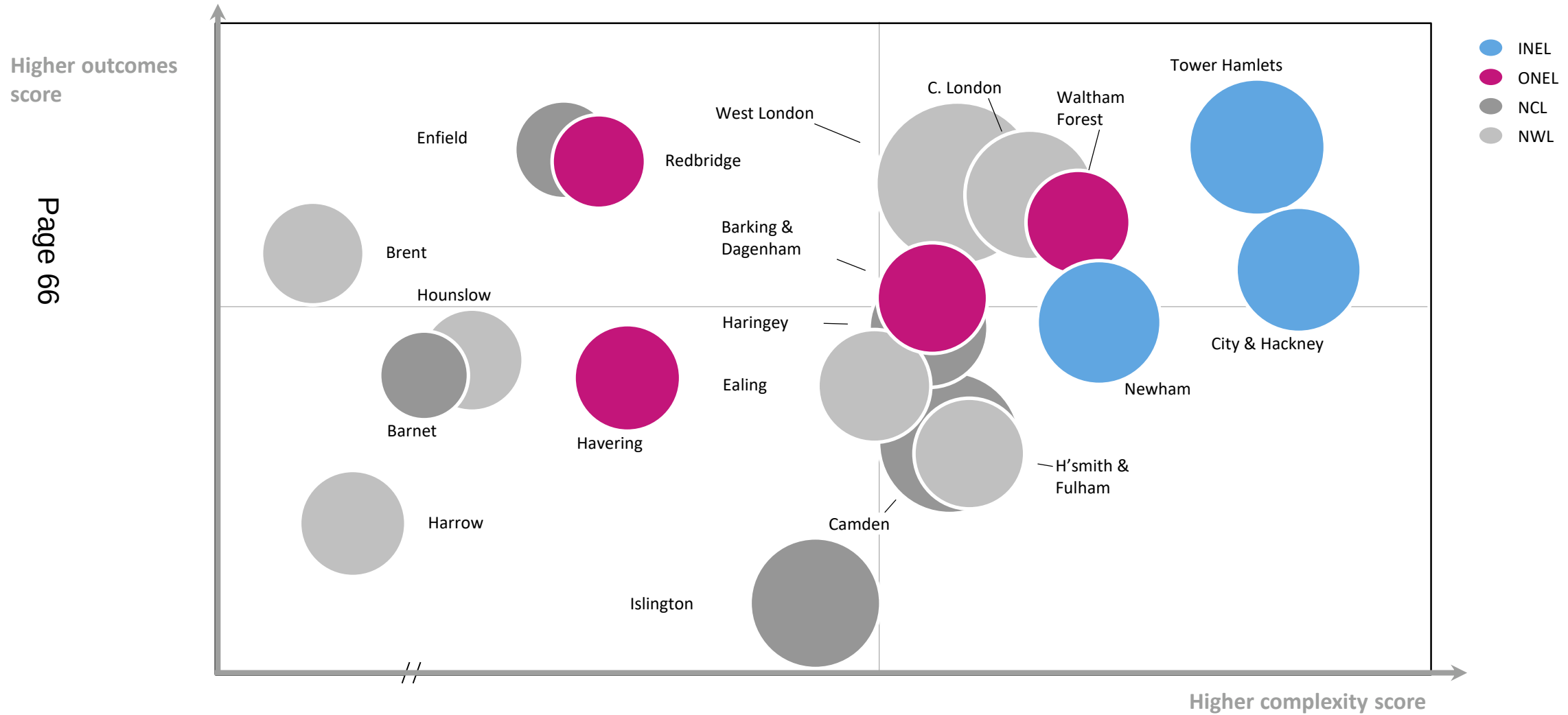
Number of people with a serious mental illness in north east London



Our analysis suggests need and demand will continue to grow



Despite some of the most complex populations in London, NEL achieves generally good mental health outcomes at relatively low spend per head



Mental health population complexity, spend per head and outcomes of NEL and NCL boroughs

Quality of services is generally good, but significant opportunities to improve life and health outcomes

East London Health & Care Partnership

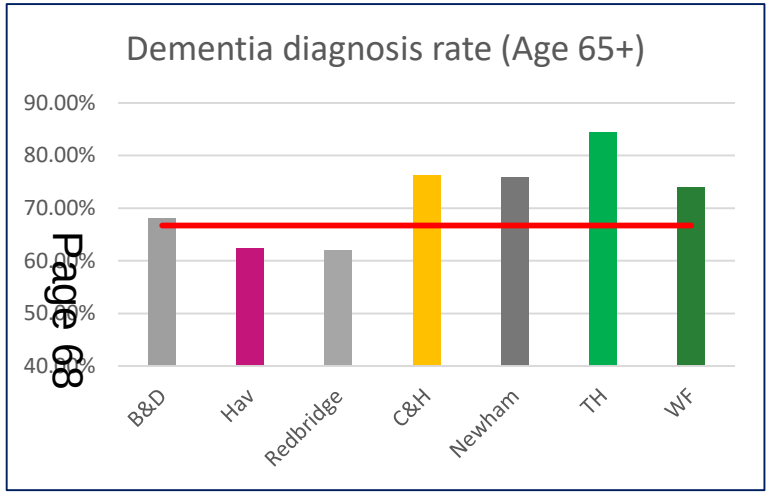
East London NHS Foundation Trust CQC rating 2016

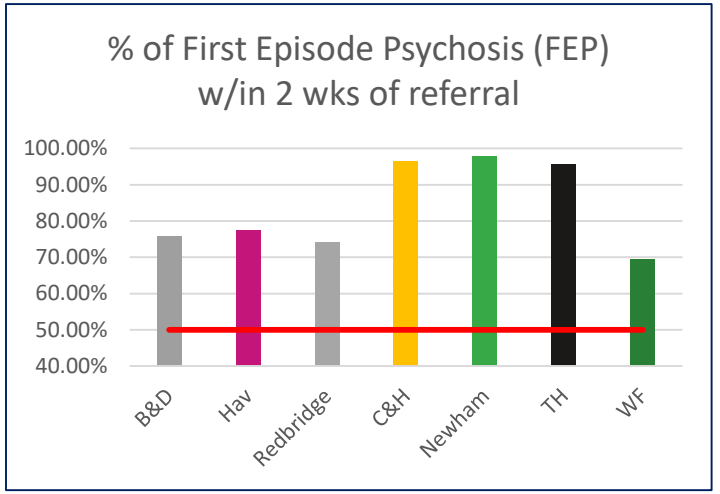
Nationally we know

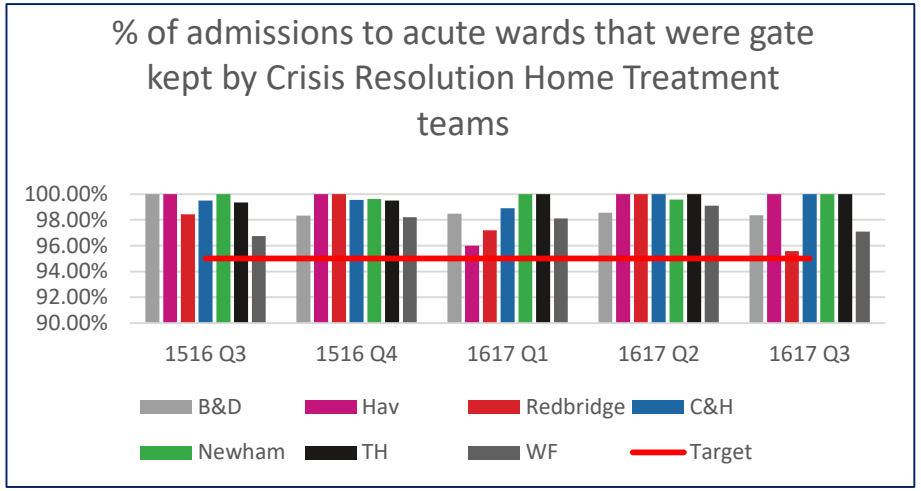
- **People with a serious mental illness and die on average 15 years younger than the population**
- **People with mental health problems use 3.9 times more emergency inpatient care than the general population (excluding mental health)**
- **30% of people with a long term condition have a mental health problem; 46% of people with a mental health problem have a long term condition**
- **50% of lifetime mental health conditions are first experienced by the age of 14, 75% by the age of 24**
- **60% of people in contact with secondary care mental health services are not in employment**
- **47% of people with serious mental illness smoke, compared to 20% in the population**
- **30% of people with serious mental illness are obese compared to 10% in the population**

Where are we now?

Performance







- **Areas for improvement**
  - Access to talking therapies for BME communities
  - Increase Individual Placement & Support (IPS) opportunities for service users on Care Programme Approach
  - Reduce number of people in touch with Mental Health Services but not in employment

Background

- Utilisation of primary, acute and social care by people with mental health conditions is significantly higher than that on people without mental health conditions. There is significant evidence that addressing mental health can help with the system quality and value gap

- Locally mental health specific quality and outcomes are generally good. However there are significant opportunities for further improvement, particularly in addressing health inequalities and addressing the needs of the whole person

- They also identified that current NHS mental health provider productivity could potentially be improved if areas of variation were addressed. Other opportunities exist in the market management of non-NHS suppliers (e.g. care homes)

Successful Service Transformation

East London Health & Care Partnership

City and Hackney – Primary Care Mental Health Service

Treating the whole person

Community wrap around

The Recovery/Wellbeing Model

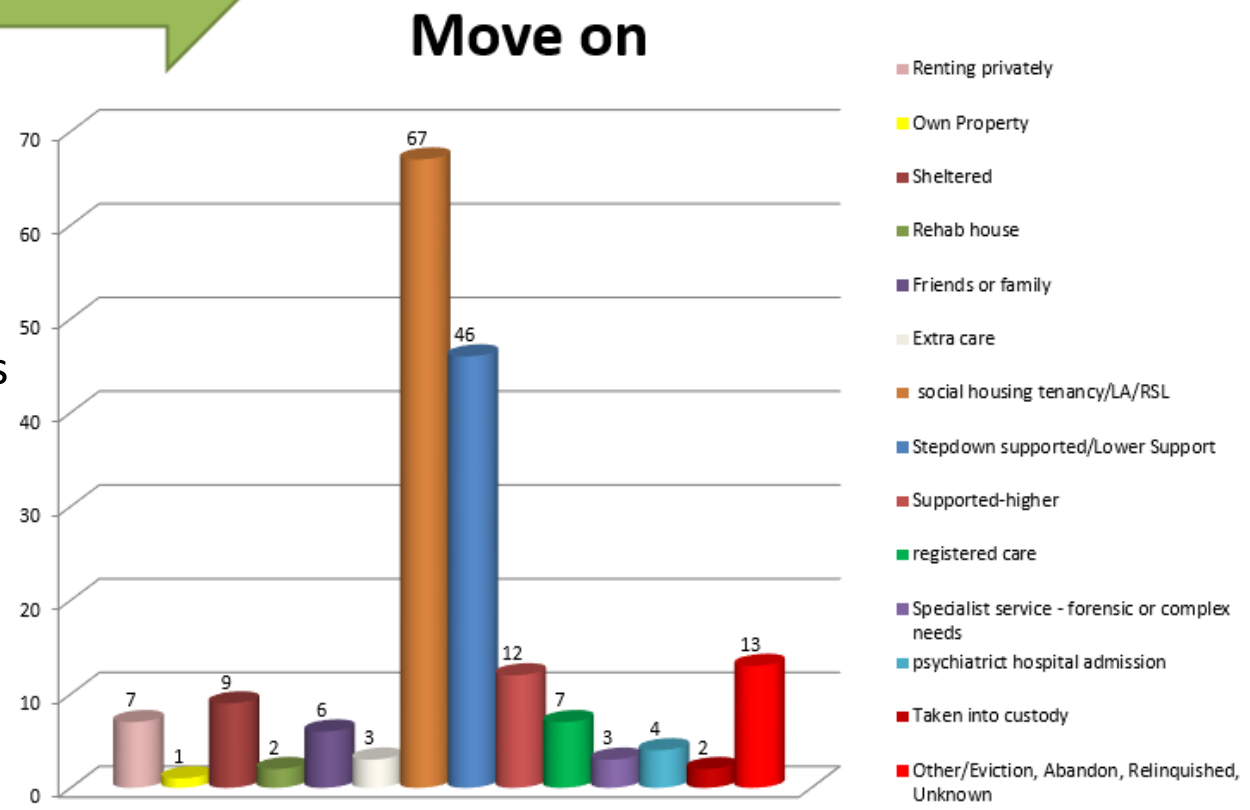
5 Ways to Wellbeing

Successful Service Transformation

Tower Hamlets – Mental Health Accommodation Pathway

Key Achievement and successes

- Implementation of the accommodation pathway
- Move on from high support accommodation
- Reduction in the number of out of borough placements
- Improving the quality and specification of MH accommodation
- Increasing the capacity of Mental Health Accommodation
- Improved collaborative working
- The Resettlement Team



Graph 4 Break down destinations of moves from 2012 to 2015/16

Successful Service Transformation

East London Health & Care Partnership

Newham –: Children and Young People's 'Future in Mind' Transformation Plan

Transformation Priorities:

1. Single Point of Entry - Child and Adolescent Mental Health
2. Emergency and self harm
3. Schools Development
4. Neurodevelopmental and Learning Disability
5. Eating Disorder Services

Our ambition is to improve consistency in health, wellbeing and quality of care while reducing costs across the whole health and care system

East London Health & Care Partnership

	Position today	Our ambition across NEL
Health and wellbeing	• Mixed life outcomes for people with SMI and CMD • Opportunities exist to develop more coherent approaches to prevention and recovery	• Improve outcomes including: recovery rates; scores in health and wellbeing including employment and housing; admissions; mortality
Quality of care	• Access and waiting times for services vary across NEL • Opportunities exist to improve consistency of care and reduce emergency readmissions • Scope to deliver more care in NEL in the community	• Implement the Five Year Forward View access and waiting standards • Continue to improve quality of care • Reconfigure services to achieve a leading position in the UK for share of care delivered in the least restrictive setting
Sustainability	• NEL population is due to grow by 12.9% over the next 5 years • Our area has the highest level of MH need in the country • Demand growth will place significant pressure on MH services	• Invest in prevention and community care to manage demand for inpatient services • Provision community and inpatient capacity to meet demand and reduce out-of-area care • Support MH to deliver a significant positive benefit to the whole care system's sustainability

NEL mental health opportunity areas

East London Health & Care Partnership

Delivering sustainable mental health services as part of a whole health and social care system, placing mental health at the heart of new models of care and delivering the Five Year Forward Views for Mental Health and General Practice

Mental health priorities	What is it?	STP role
1 **Improve population mental health and wellbeing**	• Population-based approach to mental health, tackling wider determinants, reducing inequalities and managing demand • Step change in delivering self-care and preventative, personalised approaches	• Case for change • Good practice analysis & shared learning • Engagement with strategic partners, e.g. Local Authorities, DWP, Police etc
2 **Improve access and quality**	• Deliver FYFV for mental health and GP 5YFV commitments • Meet Single Oversight Framework performance requirements	• Access to national 5YFV funding and assurance on outcomes/performance via STPs, as per planning guidance
3 **Ensure services have the right capacity to manage increasing demand**	• Strengthened community capacity with a bed base to meet future inpatient demand • Improved productivity and reduction in variation	• STP activity plan, & aggregate financial and workforce plans, to be reflected in individual organisational plans • Benchmarking to identify variation
4 **Mental health supporting improved system outcomes and value**	• Improved physical health of people with mental health problems and vice versa • Mental health supporting the system to deliver better outcomes and value	• Case for change including financial case • Pathway development • Engagement with acute partners
5 **Commissioning and delivering new models of care**	• Commissioning for the whole person • Supporting provider sustainability in the context of CCG specific new care models • **Health and social care integration by 2020** • Reducing transactional contracting approaches	• Understanding impact of new contracting and reimbursement approaches by STP across CCG's on providers and **supporting ACS development** • Good practice analysis on informatics, outcome measures, contracting, payment, and partnerships

NB: Priority initiatives to be confirmed by individual working groups once established in Q1

Timeline: Prioritisation of Initiatives and Milestones for 2017/18

East London Health & Care Partnership

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Improve population health and well being Workstream	• Commence joint planning with Prevention and Workforce workstreams on healthy workplace (uptake of Healthy Workplace Charter) • Draft contract amendments for workplace wellbeing • Joint planning with public health on development of NEL suicide prevention strategy		• Determine high-impact initiatives for ELHCP roll-out • Pan-London Digital Mental Wellbeing • Convene delivery groups for public health and offender health	
Improve access and quality workstream	• Psychological therapies (IAPT)Improve access to, waiting times and recovery • Continue to support CYP IAPT delivery • Improve waiting times for EIP services (2 weeks) • Joint synthesis of perinatal transformation with the Maternity transformation plans		• Meet FYFV access and waiting time targets for IAPT, perinatal, CAMHS, EIP and liaison psychiatry in all years • Review operating standards for 24/7 Crisis Resolution/Home Treatment Teams across STP	
Ensure services have the right capacity to manage increasing demand workstream	• Convene clinical group for capacity and system mental health workstreams • Develop mental health response into 111/urgent care redesign • Develop trusted assessment across priority NEL pathways and providers • Review quality and activity in current primary care mental health services across STP to inform future plan • Review variation in clinical pathways (community contacts and bed use) for people with psychosis to inform future plan		• Review of Peer Support Schemes by ACSs • Review digital solutions available for identification, self assessment and treatment (including HLP digital mental health offer) to inform potential future plan • Confirm remedial plan for variation in psychosis pathways • Develop a DTOC protocol for mental health that mirrors the acute approach • Implement HLP s.136 pathway as appropriate	
Mental health supporting improved system outcomes and value Workstream	• Audit of all acute hospital sites in STP footprint against Core 24 standard in order to shape future strategy • Embed mental health clinical leadership into key STP transformation workstreams (prevention, primary care, maternity, urgent care, specialised) with appropriate governance in place to coordinate • Support delivery of other related QIPP schemes		• Define parameters for audit of physical healthchecks and cardio-metabolic pathways • Complete audit of physical healthchecks and cardio-metabolic pathways • Evidence review on opportunities to develop integrated pathways in key/priority areas identified through actuarial modelling	
Commissioning and delivering new models of care workstream	• Consolidated FYFV and ELHCP delivery plan • Develop STP mental health dashboard • Confirm MH Investment Standard commitment • Review potential models and quality & commercial case for STP co-commissioning of medium and low secure CAMHS services • CYP Local Transformation Plans (LTPs)		• MH commissioning dashboard active • Map local ACS delivery models for mental health • Rapid test approaches to integrated pathways • Support workforce workstream with MH workforce planning • Reduce transactional commissioning	

Conclusion

East London Health & Care Partnership

- Delivering on Mental Health is essential to the success of the NEL Sustainability and Transformation Plan

- The NEL STP provides an opportunity to make Mental Health an integral part of all the health and social care interventions provided across East London

- If we are to achieve our vision:

"Delivering sustainable and person-centred mental health services as part of a whole health and social care system, placing mental health at the heart of new models of care and delivering the Five Year Forward Views for Mental Health and General Practice"

The mental health workstream will need to ensure co-production is at the centre of everything we do and that all our partners are fully engaged in delivering the priorities we have identified.