

	<b>Health and Wellbeing Board 18 July 2019</b>
<b>Title</b>	<b>An update on NHS Long-term Plan and its implications on local health and social care</b>
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<b>Wards</b>	All
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## Summary

The NHS Long Term Plan (LTP) envisages shifts in health and care provision with a greater focus on prevention, a shift of resources to community services and the integration of services around the needs of populations. Structural change is envisaged through the development of “Integrated Care Systems” (ICS). In principle, these changes should support our corporate aim that “our residents live happy, healthy, independent lives with the most vulnerable protected”.

This report updates the Board on how health services are responding to the Long Term Plan in North Central London (NCL), including the “InterGreat” events, how Councils have inputted into developments so far and some of the key considerations.

## Recommendations

### 1. To note and comment on the content of the report

- 1.1 The NHS Long Term Plan (LTP) sets out a new set of requirements for the NHS, which will impact on how services are designed and delivered across the country. The North Central London Sustainability and Transformation Partnership (the STP) has been developing proposals for greater integration of

services through the “InterGreat” meetings across the sub-region and in each borough. This report sets out some of the key requirements within the LTP, how these are being developed within NCL and Barnet and some key implications and considerations for the Board.

- 1.2 There is a history of collaborative working between Barnet Council and local health services, at the strategic level through the North Central London Sustainability and Transformation Plan that has a strong representation from north London Councils, the Health and Wellbeing Board and operationally through a range of integrated services and programmes of work, such as around neighbourhood health and care working, mental health and learning disabilities and estates, Care Closer to Home networks (now Primary Care Networks), social prescribing and diabetes pathway. Some of these have been presented to the HWB Board previously.

## **2. THE NHS LONG TERM PLAN**

- 2.1 NHS England (NHSE) published the LTP for the future of the health system in January 2019. It sets out plans intended to significantly improve health outcomes for the population by moving away from episodic, reactive treatment of disease or individual conditions towards a greater focus on meeting the needs of the whole person and communities, through more preventative, proactive and joined up care and support, keeping people at home wherever possible and desirable.
- 2.2 Some of the main resident benefits envisaged in the LTP, include:
- Increasing healthy life expectancy and embed prevention in the NHS agenda
  - Improving health outcomes in areas such as heart disease, stroke and cancer;
  - Significant targets to improve access and quality of mental health services for adults and children (supported by a commitment to increase the rate of funding for the mental health system at a greater level than the overall increase in funding to the NHS);
  - Helping more people to live independently at home for longer and preventing unnecessary hospital admissions (supported by an increase in primary and community care funding with a ring-fenced pot, and the creation of primary care networks and expanded multi-disciplinary primary and community teams).
  - Changes will be supported by different services working together in more integrated ways to support holistic care and improved experience of care
  - A more detailed briefing on the LTP is available from the Local Government Association<sup>1</sup>
- 2.3 To deliver these resident benefits the LTP set out a 5-year funding settlement with an average 3.4% increase pa. This represents an increase from recent years, however, it is important to recognise that the health economy within NCL is one of the most financially strained in the country with a structural deficit of around £150m; the NCL increase in funding in 19/20 equates to around £114m.

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<sup>1</sup> See <https://www.local.gov.uk/sites/default/files/documents/20190117%20LGA%20briefing%20-%20NHS%20Long%20Term%20Plan%20FINAL.pdf>

In addition, the LTP did not provide any clarity on funding for social care or public health, which is critical to deliver the resident benefits set out above. This financial context will make it challenging for local systems to make the investments in prevention, primary and community health and care envisaged.

- 2.4 The LTP also set out some significant changes to commissioning through all STPs becoming Integrated Care Systems (ICS) by April 2021. Integrated care systems are defined by NHSE as systems where, “NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.”<sup>2</sup> In a pure conception they involve an entity, alliance or partnership, which holds the entire budget for population health, which could include, adult and children’s social care; public health; primary and community health services; mental health services and acute care. There are various early examples of new ICS arrangements around the country that are summarised in appendix I.
- 2.5 The expectation is ICS will support increased integration of different services, such as primary and community care and mental and physical health as well as health and social care. The benefits of this are expected to be that with “organisations and frontline professionals working together more closely” that “patients [will see] services work in a more joined up way, [will only have] to tell their story once and [will receive] care better tailored to their individual needs”.<sup>3</sup> This will be underpinned by much better data and information available between organisations and services to support targeting of more proactive, preventative support and an increased focus of regulators and the improvement architecture of the NHS on how providers work collaboratively to improve resident outcomes.
- 2.6 Alongside this increased role for providers there is the expectation that health commissioning will become more long term, strategic and that the cost of commissioning will be vastly reduced. The key requirement is that in time there will be one CCG for each STP area, which would mean Barnet CCG merging with the other 4 NCL CCGs. Whilst there is no published timeline we understand that NHSE are expecting local systems to move at pace on this requirement. In addition, each CCG is expected to make 20% management savings in 19/20.
- 2.7 The LTP argues for a greater level of integration between the health and social care systems, and sees ICSs as the key mechanism through which the NHS will work with local authorities at “place level”. However, in lieu of the long awaited green paper for social care there is little clarity of a national vision for social care and the LTP had little detail around how health and care services may integrate, the wider role of local authorities more generally in promoting wellbeing, tackling health inequalities and as a leader of place. There was also a lack of clarity of where democratic accountability may play a part in ICS’.

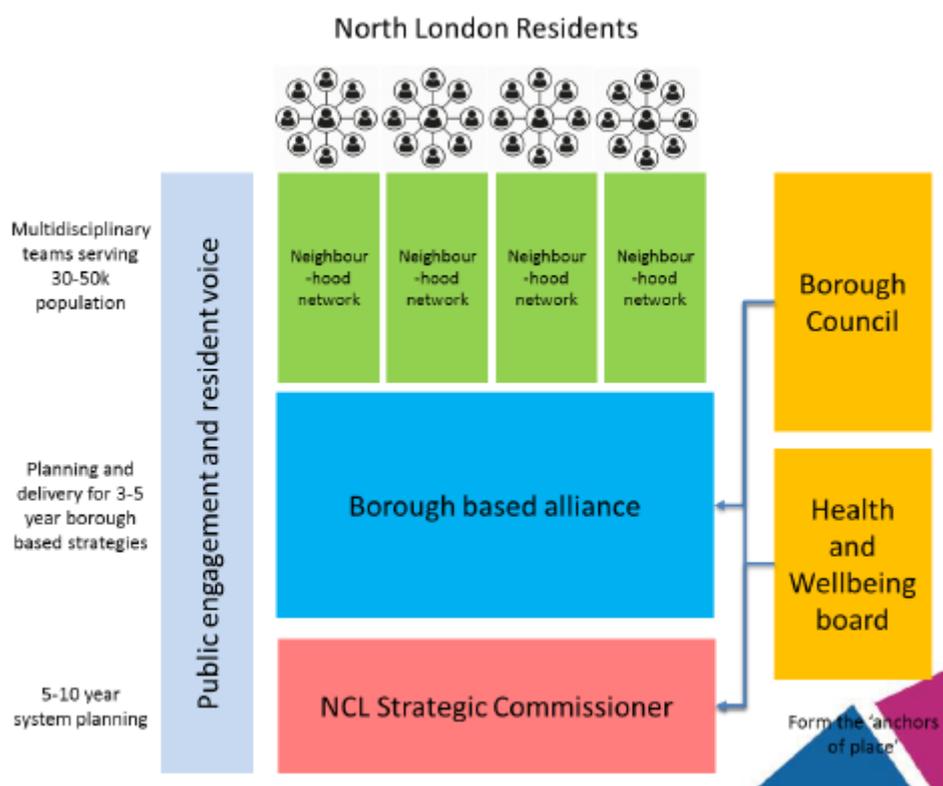
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<sup>2</sup> <https://www.england.nhs.uk/integratedcare/integrated-care-systems/> accessed 22.05.19.

<sup>3</sup> As above

### 3. DEVELOPMENTS IN NCL

- 3.1 Ahead of the publishing of the Long Term Plan the STP convenor, Helen Pettersen, hosted an NCL workshop around the future of health and care in north London, called “InterGreat”. The purpose of this was to test some proposals around changes to how health and care services could be arranged that broadly respond to the Integrated Care Systems set out in the LTP.
- 3.2 Following the initial event, 5 further workshops were held (1 in each borough) between January and March, which included Members Cllr Stock from Barnet and senior officers from Council Management Team alongside senior colleagues from Barnet health providers and the CCG, VCS and patient representatives and HealthWatch. The event demonstrated shared aspirations to reshape health and care services in Barnet to improve resident outcomes and the various organisations committed to ongoing meetings to further develop the Barnet response to this work.
- 3.3 Following the InterGreat sessions the STP programme team developed a set of draft high level proposals for how health and care services may be arranged, summarised in the diagram below:



- 3.4 This demonstrates some progression from the LTP in clarifying that providers will work together at a borough level to shape services around local residents (rather than an STP level), in recognising that the Council is an anchor of place and in proposing a role for the Health and Wellbeing Board in overseeing plans. There is also a commitment that “the borough is the dominant level for the planning and delivery of health and care services”. More recently, NCL – wide

Design Group has been set-up, chaired by Clinical Leads to develop a model with an intention of developing “shadow arrangements” later this year.

- 3.5 In addition, the STP recently appointed Mike Cooke, former Chief Executive of Camden Council, as the Independent Chair of the STP. This new role has been established to “provide independent leadership of the STP, establish a Partnership Board for North Central London by April 2020, support the implementation of the STP and the development of an Integrated Care System (ICS).”<sup>4</sup>

#### 4. IMPLICATIONS FOR BARNET HEALTH AND WELLBEING BOARD

- 4.1 **Scope of responsibility for the borough based partnership:** ICS proposed design suggests commitment to the borough being the meaningful level for the planning and delivery however details on the level of autonomy this entails and the relationship with the “STP strategic commissioner” is currently being worked out. A key opportunity for the Health and Wellbeing Board is that we will provide the whole system leadership in setting out high level outcomes for our population and be able to influence the development of local primary and community care services to ensure that they respond to the needs of Barnet’s population. At recent local ‘InterGreat’ workshop, we used Joint Strategic Needs Assessment to propose the following outcomes:
- a) **Increasing healthy Life expectancy and improving lifestyle behaviours;**
  - b) **Focus on wider determinants of health such as employment, education and housing and their relationship on health;**
  - c) **Strengthen community resilience and improve self-care;**
  - d) **Improve access to and quality of health and care;**
  - e) **Develop workforce fit for future**
- 4.2 **Enhanced democratic accountability:** New arrangements will have an opportunity to strengthen democratic accountability, which is much more easily achieved within a strong autonomous borough partnership. It is envisaged that local Health and Wellbeing Boards will play an important role in driving local priorities and outcomes in line with population needs.
- 4.3 **Strengthened public accountability:** STP has articulated a strong commitment for co-production and wide engagement. It will be important to ensure that this should be on the borough level building on existing infrastructure and approaches, where this works well. This will ensure that local views are heard and used to inform planning of local health and care services. One of the aims of the LTP is to support communities to take more control over their own health and wellbeing and Barnet Dementia Action Alliance demonstrates an example where there is an extensive engagement with the public, businesses and VCS to develop a collective strength based approach to a major health challenge.

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<sup>4</sup> Job advert from <https://www.jobs.nhs.uk/showvac/1/2/915511158> accessed on 22.05.19.

- 4.4 **Shared commitment to change:** Developing more integrated arrangements will require a significant culture change from all partners to thinking about the total resources for health and care and making bold proposals to deliver more preventative and pro-active services. This will require a high level of trust and an enduring commitment from all key partners to change how services are delivered and to shift the balance of resources.
- 4.5 **Breadth of the partnership:** It is important that any new arrangements, if they are to deliver a meaningful change, consider the whole population and are committed to addressing the wider determinants of health, such as employment, housing, education and community safety. As part of this, it will be crucial that the whole system is involved and partners engaged including police, voluntary and community services, the whole Council and a wide range of small and medium businesses locally.

## 5. RECOMMENDATIONS

- 5.1 The Board is asked to note and comment on the report.

## 6. REASONS FOR RECOMMENDATIONS

- 6.1 The local response to the LTP was developed with partners and submitted to the NCL STP. There is a clear appetite across the partnership to explore different arrangements and there are clear opportunities for improved outcomes for our residents from increasing investment in proactive and preventative health and care services and interventions. Continuing to actively engage and shape proposals presents the best opportunity to realise improved outcomes.

## 7. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 7.1 NHS Long Term Plan gives a mandate for ICS formation to the NHS and, in some parts, public health. Local Authorities are not mandated to work across partnership and could decide not to do so.
- 7.2 This is not recommended as Local Authorities are well placed to articulate the needs of our population, include views of local residents and tackle wider determinants of health; all crucial components for improving health and wellbeing outcomes.

## 8. POST DECISION IMPLEMENTATION

- 8.1 Regular updates on ICS/ICP formation will be brought to the HWB Board.

## 9. IMPLICATIONS OF DECISION

### 9.1 Corporate Priorities and Performance

- 9.1.1 This area of work is clearly aligned to the Barnet 2024 outcome: “our residents live happy, healthy, independent lives with the most vulnerable protected”. The priorities will also support the delivery of the Health and Wellbeing Strategy.

## 9.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

9.2.1 Engaging with this process is achieved within our existing resources. The aim of developing a strong borough based partnership would be to invest in more pro-active and preventative interventions and models of care that would support residents to be independent, maintain their health and wellbeing and to ensure efficient use of social care and health resources.

## 9.3 **Social Value**

9.3.1 Added value will be in strengthening partnership arrangements across the whole system to addresses wider determinants of health, such as employment and housing, to have strong community engagement and good voluntary sector involvement.

## 9.4 **Legal and Constitutional References**

9.4.1 The Council's Constitution (Article 7, Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of the Health and Wellbeing Board which includes to work with partners on the Health and Well Being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.

## 9.5 **Risk Management**

9.5.1 Risks will be managed in relation to Barnet's corporate approach to risk.

## 9.6 **Equalities and Diversity**

9.6.1 In developing proposals we will have regard to the council's Equalities Policy together with our strategic Equalities Objective - as set out in the Corporate Plan - that citizens will be treated equally with understanding and respect; have equal opportunities and receive quality services provided to best value principles.

9.6.2 Progress against the performance measures we use is published on our website at:

[www.barnet.gov.uk/info/200041/equality\\_and\\_diversity/224/equality\\_and\\_diversity](http://www.barnet.gov.uk/info/200041/equality_and_diversity/224/equality_and_diversity)

## 9.7 **Corporate Parenting**

9.7.1 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to this report.

## 9.8 **Consultation and Engagement**

9.8.1 The Council regularly engages with residents around health and wellbeing

priorities and this is informing our approach to developing proposals. As proposals begin to emerge we will ensure these are shaped by resident engagement.

## **5.8 Insight**

5.8.1 The Council's position is informed by local, sub-regional and regional engagement; our understanding of the health and wellbeing of our communities articulated in the JSNA and our experience of developing effective integrated services with health partners.

## **10. BACKGROUND PAPERS**

N/A

## Informative Note I

Some brief examples of areas that are reported as developing new integrated care system type arrangements:

### **Salford (pop 230,000):**

Acute hospital, community health, mental health and social care incorporated within an integrated care organisation. Core primary care not included, but part of wider integrated system. Initially continuation of block and PBA for organisations, with a plan to move to capitated payments over time. Salford Royal NHS Foundation Trust likely to provide acute, community and social services, and sub-contract for others. Currently working with commissioners and Salford Primary Care Together (GP provider body) to develop accountable care organisation model. Plan for a 5 year contract with option to extend for a further 5 years.

### **Northumberland (322,000):**

Very similar scope to Salford, but with a plan to transfer a whole population budget immediately. Led by Northumbria Foundation Trust and planned 10 year contract.

### **South Somerset (135,000-500,000)**

Seeking to set up a joint venture vehicle between the acute Foundation Trust, General Practice and possibly wider partners with responsibility across acute, community, mental health and some primary care (not core primary care). Intending to explore including social care later. Plan to start with south Somerset and expand to county wide over time.

### **Dudley (318,000)**

Scope is to include core and enhanced primary care, community and mental health, some outpatient and urgent care. Social care not included initially. Build around GP neighbourhoods. Seeking a single company to deliver and sub-contract services under a long term contract.

### **Wakefield (363,000)**

Scope of integrated budget is non core primary care; community health, most mental health and some adult social care and public health. No acute services are included, however, the intention is to shift activity from acute to community with a focus on prevention and early intervention. Looking to transfer a whole population budget for 10 years to a new organisation with partners exploring a joint venture.

### **Cornwall**

Cornwall Council is set to take over the functions of Kernow Clinical Commissioning Group as part of the development of an accountable care system. Local Government Chronicle reports that the system, which is set to begin operating in shadow form from April, will see an "integrated, strategic commissioning function" based in the council, which will commission services from one or more "accountable

care partnerships” based around the existing NHS providers. These are Royal Cornwall Hospitals Trust and community and mental health services provider Cornwall Partnership Foundation Trust.

## **Manchester**

Manchester has won new delegated powers as a health system, which has seen each borough developing joint integrated commissioning arrangements in a variety of forms and new provider partnerships, this has included City of Manchester Council and 3 CCGs establishing a new commissioning organisation, and in some areas (such as Oldham, Rochdale, Thameside) the Council CEX becoming the accountable officer of the CCG. The emphasis has been on individual borough level plans being a key building block of the overarching system plan, whilst responding to system wide drivers where required. Integrated commissioning has also enabled a greater focus on wider determinants of health such as employment pathways and integrating wider public sector services with health and care, such as housing and community safety.