

	<p align="center">Health and Wellbeing Board</p> <p align="center">21 July 2016</p>
Title	NCL Sustainability and Transformation Plan
Report of	Commissioning Director – Adults and Health, LBB CCG Accountable Officer – Barnet CCG
Wards	All
Date added to Forward Plan	May 2016
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix 1 – NCL STP Summary progress report
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Summary

In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision. Local health and care systems have come together in STP ‘footprints’ with Barnet included in the North Central London (NCL) sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.

Recommendations

1. That the Health and Wellbeing Board reviews and comments on the NCL Sustainability and Transformation plan.

1. WHY THIS REPORT IS NEEDED

- 1.1 In December 2015, the NHS shared planning guidance 16/17 – 20/21 outlined a new approach to help ensure that health and care services are built around the needs of local populations. Every health and care system has been working together to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision.
- 1.2 Local health and care systems have come together in STP ‘footprints’ with Barnet included in the North Central London sub-regional area. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. The plan for a plan was submitted to NHS England on the 30 June.
- 1.3 The current submission is a reflection of the current position in NCL. While good progress has been made in a number of areas, at this stage it still represents a ‘plan for a plan’. NCL STP Transformation Board are working on producing the full STP with detailed, worked up plans for each of the work streams for submission at the end of September as part of the second STP cohort.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The STP guidance is clear about the crucial role of Health and Wellbeing Boards, highlighting that success requires the engagement of all partners across a local system. The guidance goes on to encourage STPs to build on the work of the local Health and Wellbeing Board, including local needs assessments and Joint Health and Wellbeing Strategies.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The NCL STP Transformation Board will meet with NHS England in July to go through the submission.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The requirement for STPs came out of the NHS shared planning guidance 16/17 – 20/21 and supports the delivery of the Five Year Forward View.
- 5.1.2 The STP reflects local and regional need and builds on local strategic plans (such as the Corporate Plan, Joint Health and Wellbeing Strategy and CCG Operating Plan)

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The most compelling and credible STPs will secure funding from April 2017 onwards from NHS England.

5.2.2 STPs bring together local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 The Health and Wellbeing Board has the following responsibility within its Terms of Reference:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; the Better Care Fund; and Section 75 partnership agreements between the NHS and the Council.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for: Overseeing public health; Developing further health and social care integration.

5.4.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

- 5.4.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities. At Section 195 of the Health and Social Care Act 2012 there is a new duty, The Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

- 5.4.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.
- 5.4.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.5 Risk Management

- 5.5.1 There is a risk, without aligned strategies across health and social care at an NCL level, financial and service improvements will not be realised.

5.6 Equalities and Diversity

- 5.6.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

- 5.6.2 The protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

5.7 Consultation and Engagement

- 5.7.1 Working groups and consultation activity to date has included engagement with general practice, a mental health stakeholder workshop, engagement on the procurement of 111 process in urgent and emergency care work stream and the estates working group.

5.8 Insight

- 5.8.1 The STP has used local Joint Strategic Needs Assessments and Case for Change information.

6. BACKGROUND PAPERS

- 6.1 None.