



Health & Wellbeing Board

AGENDA REPORTS PACK

Wednesday, 21st June, 2017 at 6.00 pm

Hackney Town Hall, Mare Street, London E8 1EA

Contact: Peter Gray
Governance Services Officer
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Tim Shields
Chief Executive

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Cllr Jonathan McShane Cabinet Member, Health, Social care and Culture (Chair)	Dr Clare Highton Chair, City and Hackney Clinical Commissioning Group
Dr Penny Bevan Director of Public Health Hackney Council	Paul Fleming Chair, Hackney Healthwatch
Dr Navina Evans Chief Executive, East London Foundation Trust	Tracey Fletcher Chief Executive, Homerton University Hospital NHS Foundation Trust
Alistair Wallace Health and Social Care Forum	Cllr Anntoinette Bramble Cabinet Member, Children's Services
Anne Canning Group Director, Children's, Adults and Community Health, Hackney Council	Kim Wright Group Director, Housing and Public Realm, Hackney Council
Paul Haigh Chief Officer, City and Hackney Clinical Commissioning Group	Laura Sharpe GP Confederation
Raj Radia Chair, Local Pharmaceutical Committee	

NHS England Representative

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Independent Advisers

Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board
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Additional Attendees

Moira Griffiths Group Care and Support Director, Family Mosaic Better Homes Partnership	Jackie Brett Health and Social Care Forum
Sonia Davis Chief Inspector, Metropolitan Police	Ida Scullos Community Empowerment Network
Peter Gray Governance Services Hackney Council	

AGENDA **Wednesday, 21st June, 2017**

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ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members.

Health & Wellbeing Board

This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- The Corporate Director of Legal, HR and Regulatory Services;
- The Legal Adviser to the committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

1. Do you have a disclosable pecuniary interest in any matter on the agenda or which is being considered at the meeting?

You will have a disclosable pecuniary interest in a matter if it:

- relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

2. If you have a disclosable pecuniary interest in an item on the agenda you must:

- Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- You must leave the room when the item in which you have an interest is being discussed. You cannot stay in the meeting room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the room and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

3. Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

- It relates to an external body that you have been appointed to as a Member or in another capacity; or

- ii. It relates to an organisation or individual which you have actively engaged in supporting.

4. If you have other non-pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.
- ii. You may remain in the room, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.
- iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the room unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the room or public gallery whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the room. Once you have finished making your representation, you must leave the room whilst the matter is being discussed.
- iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the room. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non pecuniary interest.

Further Information

Advice can be obtained from Suki Binjal, Interim Director of Legal, on 020 8356 3265 or email Suki.Binjal@hackney.gov.uk

Health & Wellbeing Board

Rights of Press and Public to Report on Meetings

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting. Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting room. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.



FS 566728



MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD

WEDNESDAY, 8TH MARCH, 2017

Board Members Present: Cllr Jonathan McShane in the Chair

Deputy Mayor Anntoinette Bramble, Penny Bevan, Anne Canning, Dr Navina Evans, Paul Fleming, Tracy Fletcher, Paul Haigh, Raj Radia, Laura Sharpe

Apologies: Dr Clare Highton and Kim Wright

Officers in Attendance: Jack Gooding, Kate Heneghan and Nadia Sica (Public Health), Ian Tomkins (NEL STP)

1. Welcome and Introductions

1.1 The Chair welcomed everyone to the meeting and introductions were made.

1 Minutes of the Previous Meeting

2.1 The minutes of the previous meeting were agreed as a correct record.

3. Declarations of Interest - Members to Declare as Appropriate

3.1 There were no declarations of interest.

4. Community Voice

4.1 Ida made a presentation to the Board on issues around obesity. She considered that work in this area was 'patchy'. She said that key issues centred on mental health and support for parents. She referred to the need for increased activity for those with obesity such as walking but also highlighted the associated dangers of air pollution in London. She stressed the need for public involvement and that stakeholders would be invited to Obesity Strategic Partnership meetings. She referred the Board to page 26 of the Board Pack outlining those groups to be involved. She emphasised the importance of 'the whole family' approach to maximise impact and that any publicity on any campaigns should also be produced in foreign languages and distributed widely.

4.2 Nadia Sica, Public Health, confirmed that sessions were available to the whole family. Further, Public Health would investigate producing any publicity in foreign languages. Penny Bevan, Public Health, confirmed that leaflets and posters were to be produced on this and circulated with a print run of 12000.

5. Improving the Health of Children and Young People, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old - Update report

5.1 Kate Heneghan (Public Health), introduced the progress report providing an update and action plan for strategic priority 1 in Hackney's Joint health and Wellbeing Strategy: Improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children under five years old. She drew attention to high obesity rates amongst children in the Borough of Hackney. Public Health were currently reviewing local childhood obesity and physical activity services and pathways. The review was to inform the development of future services and commissioning intentions, with new services to go live in April 2018. The new 1-5 Health Visiting Service had been designed, recommissioned and awarded to Homerton University Hospital Foundation Trust.

5.2 The Board expressed concern at the extent of childhood obesity in Hackney and difficulties in addressing this problem. It noted the difficulties for GP practices in raising the issue of weight with patients. Raj Radia told the Board of initiatives currently being carried out by Pharmacists in this regard, including health champions, regular campaigns and increased efforts to engage with this group. Tracy Fletcher stressed the need for any campaign to be 'hard hitting.' The Chair emphasised that the initiative in this area also needed to be taken at national level to ensure maximum effect. In response to a question from Jon Williams about exercise through walking and the dangers of air pollution in London, Kate Heneghan confirmed that this issue would be addressed in the action plan.

RESOLVED:

To note the content of the attached briefing and agree the future priorities in the report regarding the focus on improving the health of children and young people, in particular tackling childhood obesity and working with pregnant mothers and children aged under five years old.

6. Improving Outcomes for Young Black Men

6.1 Deputy Mayor Bramble introduced the report. She told the Board that the Council and local partner agencies had been working with young people and parents to launch a programme to improve outcomes for young black men, including around education attainment. Deputy Mayor Bramble emphasised that there were many successful young black men and black families in Hackney and that the group should not be stigmatised. However, there was a disconnect with this group that needed to be addressed and partnership working with relevant agencies was ongoing on this.

6.2 Sonia Khan (Head of Policy) told the Board that since January 2015 there had been wide ranging partnership working in this area, developing a theory of change. Partners from all sectors had been engaged and key drivers to inequality and possible solutions had been identified. A plan had been developed and was at the appendix to the report. Cross cutting work was ongoing, including on vulnerable adults and men at risk. Work was also ongoing with the Clinical Commissioning Group on a set of actions in relation to mental health. It was suggested and agreed that a development session with the Health and Wellbeing Board should take place to discuss these issues. In responses to question from Dr Navina Evans, Sonia Khan confirmed that there had

been some initial evaluation and a framework for evaluation was being developed, based on identified outcomes.

RESOLVED:

(1) To note the relevant commitments as outlined in the report.

(2) That a development session be arranged to discuss the issue of improving outcomes for young black men.

ACTION: Sonia Khan

7. Health and Social Care Devolution - Integrated Commissioning Update

7.1 Paul Haigh introduced the report setting out proposals to establish an integrated commissioning model between the London Borough of Hackney and the Clinical Commissioning Group. Parallel arrangements were also being established between the CCG and the City of London Corporation. He referred the Board to the big ticket items at 1.35 of the report together with the overarching Governance Structure for Integrated Commissioning.

RESOLVED:

(1) To note the progress that is being made with integrated commissioning

(2) To note the specific aims of devolution and integrated commissioning that support the priorities of the HWB and the delivery of the JHWS in paragraph 1.7, in particular:

- To focus our collective resources on improving the wellbeing of local people;
- To better coordinate all the determinants of health and wellbeing including employment, education and housing.

(3) To note the 'big ticket' items set out in paragraphs 3.8 to 3.10 and the plans for the system to work together more effectively

(4) To note the proposed reporting arrangements of the Integrated Commissioning Board set in section 10 of the report.

8. North East London Sustainability and Transformation Plan - Update

8.1 Ian Tompkins introduced the report providing a further update to the Board on the development of the North East London Sustainability and Transformation Plan and in particular the shadow governance arrangements, which were currently 'work in progress.' Further work was continuing to develop the plan and additional updates would be made to the Board as they became available.

8.2 The Board emphasised the need to be clear on what was achievable within limited resources over a period of time and to ensure evidence based delivery plan. Further, it was considered that some services would be better developed and provided across a wider Boroughs' footprint.

RESOLVED:

To note the update on the North East London Sustainability and Transformation Plan.

9. Performance Monitoring Framework - for information

9.1 Penny Bevan introduced the report providing an update on progress across a selection of shared local indicators, using a refreshed Health and Wellbeing dashboard, and incorporating amends as discussed at the March and July 2016 Board meetings. It was noted that the dashboard was intended to be used for monitoring and reviewing progress across key areas and assessing the impact of the 2015-18. The Board considered the latest performance and trends in relation to the refreshed data set.

RESOLVED:

To note the report

10. Date of next meeting

10.1 The meeting will be on Wednesday 7th June 2017.

Duration of the meeting: 18:00-20:00 pm

Report to Hackney Health and Wellbeing Board

Item No.		Date	21 June 2017
Subject:	Public Health Mental Health Action Plan		
Report From:	Gareth Wall, Head of Public Health (Adults), LB Hackney		
Summary:	<p>The London Borough of Hackney has signed-up to the Local Authority Mental Health Challenge which has been set by seven leading mental health charities working to improve mental health across England.</p> <p>In response the local authority has appointed Cllr Tom Rahilly as its Member Champion for mental health. An action plan was proposed to the Board in October 2016 setting out five key areas of work that will be led by the local authority, in partnership with other local organisations and individuals.</p> <p>This report updates the Health and Wellbeing Board on work that continues in relation to actions set out in the plan</p>		
Recommendations:	That the update report be noted		
Contacts:	Gareth Wall Gareth.wall@hackney.gov.uk 020 8356 3029		

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Public Health Mental Health - Actions for Hackney

Set out below are updates to three of the five actions that were agreed as a focus to improve mental health in Hackney. These actions are also focused on things that can best be achieved by working collaboratively across the Council, alongside other local organisations, and with residents. The actions were drawn from findings in our [Joint Strategic Needs Assessment](#), as well as other local and national sources of information.

Action 1: Deliver a comprehensive programme of Mental Health Awareness and Literacy training by March 2018, in line with the objectives of the borough's Young Black Men project.

Outcomes for Young Black Men and Boys are disproportionately worse than other groups in a range of social and educational areas. The early identification of and support with mental ill health in Young Black Men and Boys is one important factor that has been identified as significantly contributing to inequality of outcomes.

London Borough Hackney is investing in addressing this inequality through its Young Black Men Programme of which one part is the Mental Health First Aid training programme. Rethink Mental Illness has been commissioned to deliver to front line professional and community members who support Young Black Men and Boys.

Through delivery of the training, the programme aims to increase front line staff and community members' ability to identify signs of potential mental ill health in Young Black Men and Boys early, offer initial support and signpost to further appropriate support.

The free training courses offered under this programme are:

- **Mental Health First Aid (Adult / Standard)**

2 days long – for anyone supporting Young Black Men / Boys

This course equips participants in a similar way to a physical first aid course, teaching participants how to give initial support to someone experiencing a mental health problem until professional treatment can be accessed.

Participants learn to recognise early signs of mental health problems and respond appropriately to assist people in the community, family or workplace. Participants are also provided with local service information so that they can feel confident assisting someone to get the right support.

For more details about the content of the course, see: www.mhfaengland.org/adult-mhfa

- **Youth Mental Health First Aid**

2 days long – for anyone supporting 8-18 year old Young Black Men and Boys

This course delivers the same principals as the adult course, but is for anyone who teaches, works with, lives with or cares for young people (8-18). It will also cover other topics specific to young people that include child, adolescent and family psychosis, bullying/cyber bullying and promoting protective factors and good parenting.

For more details about the content of the course, see: www.mhfaengland.org/youth-mhfa

- **Mental Health First Aid Lite**

½ a day long – for people who can't commit to the two day training

Rethink Mental Illness has been commissioned from February 2017 to deliver this programme of training until the end of March 2018.

Action 2: Maintain signposting systems that explain services relevant to mental wellbeing which

trained staff, partners and residents can use.

A number of directory-based services have been identified in support of delivering this action. A summary of each is provided below. Staff supporting delivery of the action plan are in the process of checking and testing the information on these services to make sure it is up to date. Advice is also being offered to the IT Enabler Group as it take the lead these directory services within the new Integrated Commissioning arrangements.

iCare

The Hackney iCare website is aimed at informing citizens of Hackney about sources of health and wellbeing support, or services provided by the council or voluntary sector groups within the borough. It is designed to support the general population, and as such has signposting to local wellbeing-friendly groups included swimming classes, and befriending groups. It is also designed to support people with more significant care needs, including signposting to support for home support, assessment for grants etc.

The site also has functionality for two more interactive modes of citizen access:

- Self-assessment
Users can take a short self-assessment that poses questions to ascertain individual's level of support need for their health and wellbeing. The assessment will evaluate respondents' level of need for home or more intensive support services. The survey produces a pdf which can be used to self-refer into council services.
- Wellbeing plan
Users can plan a course of wellbeing activities that makes use of local services and groups in a way that will promote healthy lifestyle. Plans are organised around classes, personal wellbeing goals and local resources.

Directory of Services

The Directory of Services (DoS) is a national database of health services, which covers both Hackney and the City and is maintained on a local level. It is the database of information for health services that underpins 111 and a number of other platforms. Dedicated staff within the CSU update the information, rather than relying on providers to update the database which includes information on the services they offer, contact information and opening times as per the NHS Choices model.

MiDos

MiDoS is intended for use by clinicians and contains primary care and secondary care information. There is currently minimal voluntary and social care service data but there is a function to import and/or link to local social care DoS. GPs across Hackney should have access to the system. The interface is slightly different from the DoS interface and enables clinicians/medical professionals to make referral decisions on the basis of the information displayed. 11,000+ urgent care services are already profiled in the DoS across London. Gaps have been identified in CYP, mental health, social care, voluntary and acute inpatient services. Customisation and future development of the system includes additional information/detail on services, clinician and condition specific flow charts and referral forms which can be hosted electronically sent to the receiving service.

E-Consult

E-Consult is an online platform developed by the Hurley Group of practices and EMIS. It is designed to enable patients with non-urgent issues to access advice on-line. Patients have the option of browsing general health information, accessing advice on over-the-counter treatments,

or seeking advice from their GP practice.

Queries sent to practices are reviewed by GPs, and patients are responded to by the end of the following working day. Practices have the option of purchasing eConsult on a 12 month contract, as a mechanism to make more appointments available to patients who require in-person GP consultations.

Approximately 12 practices in Hackney have gone live with the platform.

City and Hackney Health Alliance App

This app is in the latter stages of development and aims to provide City and Hackney residents with information on services available to them, self-care information as well as range of online functions with their GP practices.

For local service information, the Hackney iCare database is maintained through a combination of the service provider updating information and a part-time administrator undertaking regular checks to test the accuracy of data.

It is being developed as part of a suite of demand management activities which the CCG has commissioned the GP Confed to oversee. The Psychological Therapies Alliance app will function as a bolt-on to this app.

Co-ordinate My Care

Co-ordinate My Care is a platform which has been purchased by City and Hackney CCG to be used as the shared urgent care plan across as many settings as possible to improve patient care. It is designed for use by health and social care professionals as they come into contact with patients, in order that their information and care plans are available to them at point of entry into the system. Care plans are developed with patients at high risk of admission, in discussion with their GP.

Action 3: Make Hackney the most welcoming, healthy, accessible and prosperous place in London for residents with mental health disorders by March 2018.

The Action Plan steering group has also received advice from the Dementia Friends co-ordinator for Hackney who is working with the Council and other colleagues to promote the initiative more across the borough and ensure that the local authority is signed-up to the scheme and developing a network of dementia champions within the organisations. Local NHS and VCS partners are already well advanced in relation to the Dementia Friends scheme, and the Council is too within specific service areas such as leisure and library services.

In addition to supporting national campaigns, the Steering Group is looking to learn from the Dementia Friendly approach in promoting mental wellbeing more widely. For example, the borough's highly effective [Five to Thrive](#) campaign was used in May as a basis for promoting Mental Health Awareness Week. From Monday to Friday, each day included a series of activities that promoted one of the five ways to wellbeing. This included:

- An opportunity to drop-by talk to the Public Health Team about the [thisisme](#) campaign to raise awareness of mental health and pick up a free green ribbon to show support. A representative from MIND was also on the stall providing advice and expertise.
- Mindfulness tasters throughout the week. Each session includes practical exercises and a handout of resources, for practicing at home or work.
- Volunteering advice session - information about volunteering and opportunities from the Hackney Volunteer Centre.

- Activity opportunities including: yoga, chair-based yoga, walking groups and running club.
- A promotional event held at Richmond Road Surgery to speak to GPs, nurses, practice managers and residents about physical activity services on offer including: the One You programme, New Age Games, and free cycle training.

Progress on the actions four and five, set out below, will be provided at the next scheduled update to the Health and Wellbeing Board.

Action 4: A series of “Life Events” support packs that provide ideas, advice, phone numbers, video clips, etc. of how to be mentally resilient in times of change or stress

Action 5: Deliver a child-centred, prevention-focused health and wellbeing education service that builds the resilience of all children and young people in Hackney aged 5-19 years, and up to 25 years for those with additional needs.

Report to Hackney Health and Wellbeing Board

Item No:		Date:	21 June 2017
Subject:	Mental Health Programme Board – Five to Thrive		
Report From:	Report Author: Jairzina Weir Designation: Project Manager – Mental Health Programme Board		
	<p>Introduction</p> <p>The City & Hackney Five to thrive initiative was launched in October 2015 to promote mental health and wellbeing in City & Hackney. The five ways to wellbeing are</p> <ol style="list-style-type: none"> 1. Connect 2. Be active 3. Take notice 4. Keep Learning 5. Give <p>To support the initiative we have been working with colleagues in the health, social and voluntary care sector and have set up a steering group with members from local community groups to help drive this work forward.</p> <p>Aim</p> <p>The aim is to support all residents with non acute mental health problems to access local resources and develop habits that support and enhance their emotional wellbeing and build resilience. We want to make sure residents of City and Hackney feel informed and supported to manage their emotional health and wellbeing by providing information and signposting of resources available.</p> <p>As part of the Prevention workstream in integrated commissioning, we will work with key partners and stakeholders to raise awareness and embed the five to thrive principles in the way of life for residents of City & Hackney. It is expected that this will prevent the onset of ill health, prevent escalation and facilitate recovery thus incurring significant reduction in demands on health services.</p>		

Progress update

- New leaflets and posters have been designed and have been distributed to all GP practices, and Pharmacies in City & Hackney. There are plans to distribute to local libraries, community health teams and other areas.
- The Five to thrive website has been updated with local events videos and other MH resources.
- The new GP confederation contract will encourage GPs to give five to thrive leaflets and website details to patients as part of depression reviews and this will be monitored by the Clinical Effectiveness Group.
- Members of the MHPB liaised with the Richmond Road GP practice which held a MH awareness day 11th May to promote five to thrive.
- Five to thrive will be part of the Primary Care Wellbeing App currently being designed by the GP Confederation.
- It is being used in Extended Primary Care recovery plans for patients in our Enhanced Primary Care service.
- Five to thrive is part of the over-arching wellbeing strategy for schools by Hackney Learning Trust.
- It has been incorporated in the lesson plans for secondary schools available from Family Action.
- We have linked Five to thrive to the ELFT Recovery College
- Five to thrive is embedded in all our MH Alliances
- It is part of the Perinatal Mental Health Framework being developed by Homerton Hospital.
- All patients going through our IAPT service will receive information about five to thrive and staying mentally well.
- The CCG MH programme board has convened a five to thrive steering group which meets quarterly. Membership of this group currently includes:
 - London Borough of Hackney – Public Health
 - HCVS
 - Hackney Healthwatch
 - City of London
 - Social Prescribing
 - Long Term Conditions – Social Prescribing
 - Patient and Public Involvement
 - The Learning Trust
 - Local Pharmacy Representative
 - Local Hackney GP
 - Volunteer Centre Hackney

The next steering group meeting is scheduled for Tuesday 27th June at 3pm in the CCG Offices

Financial Considerations

To sustain the current advertising and promotions drive we need to secure £10,000 in recurrent funding to support the printing of leaflets, posters, updating and maintenance of the website and long term support of the initiative.

Report Author: Jairzina Weir

Designation: Project Manager – Mental Health Programme Board

Organisation: City & Hackney CCG

Date: 12/06/17

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Report to Hackney Health and Wellbeing Board

Item No:		Date:	21st June 2017
Subject:	Health and Wellbeing in the Private Rented Sector		
Report From:	Rebecca Smith		
Summary:	<p>Public Health and Private Sector Housing have collaborated to create a fixed term post for a PH officer based in the PSH team. The post holder leads on a project aiming to improve support and address unmet health and wellbeing needs among vulnerable tenants in the Private Rented Sector. This is in response to the growth of the PRS in Hackney, variable conditions within the PRS, and strong evidence on the links between housing conditions and pressures, and both physical and mental health.</p> <p>This report highlights the progress of the project to date, and proposed next steps for the health and wellbeing board.</p>		
Recommendations:	<p>The Health and Wellbeing Board to note and comment on progress made so far</p> <p>The Health and Wellbeing Board to comment on the approach outlined for taking the project forward</p>		
Contacts:	<p>0208 356 7386 Rebecca.smith@hackney.gov.uk</p>		

1 Introduction

Housing is a key determinant of health. Links between poor quality housing and both mental and physical health are well documented. Children living in bad housing are twice as likely to suffer from fair, bad or very bad health as children in good housing, and are more likely to suffer from poor respiratory health and sleep disruption. Working age adults in poor quality housing are more likely to suffer from poor general health, low mental wellbeing, and respiratory problems. Poor standards of housing have a particularly acute impact on very young and older people.¹

Around 30% of Hackney's housing stock is privately rented. While the vast majority of council and housing association properties meet the Decent Homes Standard, many properties in the Private Rented Sector (PRS) do not,

¹https://england.shelter.org.uk/_data/assets/pdf_file/0010/726166/People_living_in_bad_housing.pdf

and are in poor condition. Overcrowding is also an issue in Hackney – on the ‘bedroom standard’ measure,² Hackney has the 5th highest rate of overcrowding in England. 39% of PRS tenants live below the poverty line, which is more than in the social rented sector.³

As the cost of renting privately in Hackney continues to increase, so does the pressure on tenants, and impacts on mental wellbeing. Research has found housing costs to be a large cause of stress and depression.⁴

Public Health has funded a post within the Private Sector Housing team fixed term until March 2018, to lead on a project looking at how we can provide better support to tenants in the Private Rented Sector to improve their housing conditions and health and wellbeing.

The overall aim of the project is to reduce health inequalities and address unmet health and wellbeing needs amongst vulnerable tenants in the PRS, by building capacity in the PSH team and wider public sector to identify and meet these needs more effectively. This is in recognition of the fact that there are several projects providing support to social housing tenants, but there is not currently the same offer for those in the PRS, and that professionals who work with PRS tenants are in a good position to provide advice on health and housing if supported with the skills and knowledge needed.

The project covers three main, interrelated work streams as follows:

- Provide training and support to colleagues in the PSH team that enables them to provide advice to tenants at risk of poor health, and to signpost or refer tenants to relevant services
- Develop a network of public sector agencies that engage with tenants in the PRS (focused primarily on those who provide home visits)
- Identify, collect and analyse data that will help to identify vulnerable tenants and their health needs more easily and quickly

² The ‘bedroom standard’ defines overcrowding as a dwelling with at least one bedroom too few for the number and composition of people living in the household.

³ http://www.hackney.gov.uk/media/8181/society-and-environment-section-6-housing-and-homelessness/pdf/JSNA-society-and-environment-Section_6_Housing_and_homelessness

⁴ http://england.shelter.org.uk/news/january_2013/housing_costs_cause_stress_and_depression_for_millions

Below is an update on progress of the project to date:

Training and support for colleagues in PSH team and network of agencies:

- The proposed training programme has started, with a Mental Health First Aid Lite session delivered to the PSH team at the start of May. This was in line with the stated need from team members for support around working with residents experiencing mental health issues.
- Research has been conducted into the best approach to delivering Making Every Contact Count training to staff, and potential providers have been identified. MECC would be delivered to PSH staff who have been identified as particularly engaged, and motivated members of the network who work with PRS tenants
- Potential 'champions' within the PSH service have been identified, who could act as representatives for PH within their team and provide support to colleagues around PH issues.

Development of network of agencies who engage with PRS tenants:

- Successfully applied to the Design in the Public Sector programme for support in developing the network of agencies, and have taken part in four of the total five workshops of the programme. Design in the Public Sector is delivered by the Design Council, and sponsored by the Local Government Association. The programme has worked with different Local Authorities across the country, and is currently working with a cohort of London boroughs, who applied to take part through a competitive process. The programme supports council teams to apply rigorous design thinking to the development of services.
- Conducted research into how the network of agencies could develop through semi structured interviews with service managers for the agencies we want to engage, and observations of home visits to PRS tenants
- Conducted thematic analysis of qualitative data gathered through semi structured interviews to look at emerging themes to develop the network around
- So far engaged with: Children's Social Care, Adult's Social Care and Safeguarding, Pause and Multiple Needs Services, commissioned services (Seasonal Health Interventions Network (SHINE) / Shoreditch Trust / Health Visiting / Family Nurse Partnership / MRS Independent Living), housing charities (Crisis), London Fire Brigade, Occupational Therapy

- Plans to meet with: home meals delivery, community libraries service, Homerton's ACRT team, HCVS, CAB's Money Smart project, Connect Hackney, CHSCB, Police, London Ambulance Service

Direct support for tenants

- Working with PSH management and SHINE service (who are commissioned by PH to provide support to residents around fuel poverty and energy efficiency) to deliver targeted support to residents with cold homes, or experiencing fuel poverty, and residents over 65 through the ECO energy efficiency scheme⁵. This will provide home improvements to vulnerable residents
- Working with Shoreditch Trust health coaches to incorporate a health coach visit into Environmental Health checks on Houses of Multiple Occupation, including hostels and temporary accommodation
- Communications with landlords around the importance of good quality housing for positive health and wellbeing through presentation to Landlord's Forum and working with Housing Supply team around PH content in landlord newsletters

Identify, collect and analyse data that will help to identify vulnerable tenants

- Working with the Public Health intelligence team to analyse data captured by the PSH team to demonstrate the benefit of home adaptations for other stakeholders. The 'housing and health cost calculator' measures the financial value of these improvements to the NHS and wider society, together with a return on investment over a fixed time

The proposed next steps for the project are as follows:

Training and support for colleagues in PSH team and network of agencies:

- Further consultation with PSH team on their training and support needs, looking at more in depth or specific training around working with people with mental health needs.
- Investigate development opportunities for team 'champions'
- Arrange for talks to PSH team from support services that work with residents, to build awareness of options for signposting tenants with support needs.

⁵ <https://www.ofgem.gov.uk/environmental-programmes/eco/support-improving-your-home>

Development of network of agencies who engage with PRS tenants:

- Hold series of workshops for those agencies who have engaged so far to consult on the design of the network
- Conduct structured surveys with agencies engaged with network to assess current knowledge, skills and confidence in talking to service users about and signposting for housing conditions, and health and wellbeing
- Research and develop a training offer for staff in the network, which agencies can access through the council or external providers (including commissioned training where appropriate)
- Develop a flow chart of 'red flags' that agencies look out for during home visits, including how to start conversations about each and where to signpost or refer for each
- Research models of information sharing across agencies
- Research the suitability of developing a health and wellbeing checklist for home visits, and a health and wellbeing signposting resource for professionals conducting home visits

Identify, collect and analyse data that will help to identify vulnerable tenants

- PSH have commissioned a stock modelling exercise of conditions within the PRS in Hackney. The draft report is now available, and PH intelligence team will be conducting initial analysis of addresses where poor housing conditions and vulnerable tenants exist

Direct support for tenants

- Develop work with health coaches and trial joint HMO inspection and health coach visit
- Liaise with Housing Supply team to incorporate PH content into pre tenancy training for residents moving from social housing to the PRS
- Use BRE stock modelling data to identify households that could benefit from ECO energy efficiency scheme, and deliver targeted comms

2 Financial Considerations

The recommendations arising from this report have no direct budgetary impact. Public Health have allocated a small, flexible budget to the project, and any initiatives to arise from the project requiring financing will be funded from this budget.

3 Legal Considerations

The report and its contents are noted including the recommendations. There are no legal implications arising out of this report.

4 Equality Impact Assessment

This programme aims to support those most vulnerable in the Private Rented Sector (tenants on lower incomes and housing benefits, experiencing fuel poverty, older tenants and those with unmet health needs). However, activity as part of the programme should benefit all those in Hackney's PRS.

5 Attachments

Officer Responsible: *(to be completed by the report author)*

Name: Rebecca Smith	Ext: 7386
Directorate: Neighbourhoods, Regeneration and Housing	Department/Division: Private Sector Housing

Report to Hackney Health and Wellbeing Board

Item No:		Date:	Wednesday 21 June 2017
Subject:	Complaints Charter		
Report From:	Healthwatch Hackney		
Summary:	<p>Last year Healthwatch Hackney NHS Community Voice held a public meeting on 'Complaining Effectively in the NHS' on 31st January 2017, 85 people attended.</p> <p>Homerton and ELFT PALS spoke at the meeting and Voiceability explained their NHS Complaints Advocacy Service. The CCG Primary Care Board also attended to hear about the public view of complaints handled by primary services.</p> <p>At the meeting members of the public called for a local patient's charter on the rights of patients regarding the complaints processes, which all services and providers should sign up to and which treats complainants as valuable contributors to quality service delivery.</p> <p>A copy of the draft Complaints Charter is attached.</p>		
Recommendations:	<p>Health and Well-Being Members:</p> <ul style="list-style-type: none"> a) Adopt the Complaints Charter b) Publicise it on their websites, wards and waiting areas; and c) Provide copy of the Charter to patients and users within their Complaint pack. 		
Contacts:	<p>Jon Williams, Director, Healthwatch Hackney jon@healthwatchhackney.co.uk 020 7923 8351</p>		

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HACKNEY'S COMPLAINTS CHARTER FOR HEALTH AND SOCIAL CARE

THE FOLLOWING BODIES:

Homerton University Hospital, London Borough of Hackney, City and Hackney Clinical Commissioning Group and the East London Foundation Trust

ARE COMMITTED TO:

- **MAKING HEALTH AND SOCIAL CARE IN HACKNEY BETTER FOR EVERYONE**
- **VALUING YOUR COMMENTS, SUGGESTIONS AND COMPLAINTS**
- **ENSURING ALL COMPLAINTS ARE THOROUGHLY AND QUICKLY INVESTIGATED AND RESULT IN ENDURING SERVICE IMPROVEMENTS**
- **TREATING YOU WITH COURTESY, RESPECT AND SENSITIVITY AT ALL TIMES**

VoiceAbility will support and advocate for people with complaints and promote the delivery of this Charter by the bodies listed above

Healthwatch Hackney will promote delivery of this Charter by the bodies listed above, monitor their compliance and propose service improvements

WHEN YOU ARE DISSATISFIED WITH HEALTH OR SOCIAL CARE SERVICES

- Tell us as soon as possible if you are unhappy with our services so we can investigate your concerns and quickly put things right for you
- Tell us if you have any particular needs that we should be aware of, e.g. an interpreter or other ways of ensuring effective communication with you

OUR COMMITMENT TO YOU - WE WILL

- Acknowledge your complaint within three working days and explain how we will handle your complaint/s and what information we need
- Give you the name and contact details of the person who will investigate your complaint
- Keep you regularly updated on our progress during the investigation of your complaint
- Ensure that making a complaint will not adversely affect your ongoing or future treatment

WE WILL FOLLOW AN OPEN AND FAIR PROCESS BY

- Listening to you carefully and fully understanding your complaint
- Requesting all the information we need from you
- Explaining how we will investigate all of your specific concerns
- Being open and honest with you throughout the investigation, i.e. by ensuring the Duty of Candour is fully complied with at each stage
- Sharing evidence and facts with you throughout the process of investigation
- Ensuring that VoiceAbility or other appropriate advocates are able to support you during any complaints investigation
- Explaining our decisions and recommendations, and how we have reached them
- Carefully evaluating all the information we've gathered to make an decision on your complaint, and explaining how to obtain an independent review of your complaint if you are dissatisfied with our findings.

WE WILL GIVE YOU AN EXCELLENT SERVICE BY

- Treating you with courtesy and respect
- Aiming to give you a final decision on your complaint within 35 days working days – or explain the reason for any delay
- Making sure our service is easily accessible to you and giving you support and help if you need it
- Ensuring the information you give us is held securely and confidentially

USE YOUR COMPLAINT TO IMPROVE SERVICE BY

- Listening to your feedback and using it to improve our services
- Apologising if we have made mistakes and aiming to quickly put things right whenever possible
- Sharing with you what we have learned from investigating your complaint and telling you how we have worked to improve services
- With your consent, sharing what we have learnt from your complaint

with other hospitals, local authorities and commissioners

WHAT YOU CAN EXPECT FROM THE ORGANISATION YOU HAVE COMPLAINTS ABOUT

- Giving you a clear final answer to your complaint
- Addressing your complaint as quickly and effectively as possible
- Giving you any information you ask for relevant to your complaint within a reasonable amount of time
- Showing you how we have acted on all recommendations resulting from your complaint

Health Service and Local Government Ombudsmen can make final decisions on complaints that haven't been resolved locally by the NHS or the local authority:

- Health Service Ombudsman: Tel: 0345 015 4033.
www.ombudsman.org.uk
- Local Government Ombudsman: Tel: 0300 061 0614
www.lgo.org.uk/forms/ShowForm.asp?fm_fid=62

ACCESS FOR EVERYBODY

Please let us know if you would like our Charter in a different languages or formats, e.g. Easyread, or large print.

TELL US WHAT WENT WELL

We want to know what went well for you so that services can be improved by learning from your positive experiences.

CONTACT:

You can get a detailed description of what happens at each step in the complaints process from the following websites:

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Report to Hackney Health and Wellbeing Board

Item No:		Date:	21st June 2017
Subject:	Hackney Community Strategy, 2018-28		
Report From:	Sonia Khan, Head of Policy and Partnerships London Borough of Hackney		
Summary:	Update on the process of developing a new Community Strategy for the borough, including details on the draft themes for the strategy and the public consultation planned for summer 2017.		
Recommendations:	<p>The Board are requested to:</p> <ul style="list-style-type: none"> • note the progress in developing the Community Strategy to date • comment on the crosscutting themes of the strategy • consider the role of the Board in supporting delivery of the strategy over the coming years • note that formal public consultation will take place between mid-July and mid-September and are invited to submit comments on the full draft of the strategy through this process 		
Contacts:	Sonia Khan, Head of Policy and Partnerships Tel: 020 8356 5148 Email: sonia.khan@hackney.gov.uk		

1 Background and context

- 1.1 Hackney's new Community Strategy will set out the Council's overarching vision for Hackney as it grows and changes over the next decade. It will provide a backdrop for all of our decision making throughout this period and a focus for working in partnership with residents, businesses, the voluntary and community sector, and statutory agencies.
- 1.2 Although we are no longer required to have a strategy of this kind, the Council feels that it is important for us to have a clear, collective vision of how we want our borough to develop, based on what residents have told us and the evidence we have about how Hackney is likely to change over the coming years.

2 Developing the strategy

- 2.1 The resident insight which underpins this strategy was gathered through a year-long conversation with residents. In 2015, the Council carried out a major engagement exercise, 'Hackney: A Place for Everyone', and heard from over 4,500 local residents and businesses

on their views of how the borough has changed and the challenges and opportunities this presents to their day to day lives in Hackney.

- 2.2 The ideas and issues that emerged as the evidence base was developed, were tested with key internal stakeholders through a leadership scenario planning exercise with Hackney's Management Team and Cabinet, in winter 2016. The event was held in early November and gave participants the opportunity to consider some of the drivers for growth and the pressures which may face our borough over the next ten years by considering some carefully developed scenarios which incorporated the emerging key themes.
- 2.3 Following this session, a draft vision for Hackney in 2028 was created and 5 broad, crosscutting themes suggested both of which were used for a process of co-production and discussion across Council departments. The vision and themes have been developed over the last three months through consultation with Cabinet Members and Council officers and a final draft, including commitments on the Council's role in delivering the collective and ambitious vision for Hackney over the next decade, is due to be agreed internally by the end of June.
- 2.4 The process for developing the Community Strategy has been closely aligned to both the drafting of Hackney's new Housing Strategy and the refresh of the borough's Local Plan and overseen by a group of local academics who have provided critical challenge and oversight of the evidence review and process for developing the strategy.

3 Consulting on the draft strategy

- 3.1 Feedback from residents has played a major part in the development of the Community Strategy to date and residents, the Voluntary and Community Sector and local businesses will all get another chance to help shape the strategy throughout the consultation phase during the summer of 2017. A public consultation will launch in mid-July and run until mid-September during which time, the public will be invited to review and comment on the strategy.
- 3.2 This will be complimented by some focus group discussions with a representative sample of our Hackney Matters citizen's panel, a discussion at a strategic partnership event and a Mayor's Question Time session in September. The consultation feedback will be incorporated into a final version of the Community Strategy for consideration and adoption by Cabinet and Full Council in October 2017.
- 3.3 Timeline to adoption of the Community Strategy:

Jul-17	Aug-17	Sep-17	Oct-17
10th July - 10th September: 8 week online public consultation			Adoption by Cabinet
Focus group discussions on the Community Strategy	Ward Forums invited to consider the Community Strategy	Voluntary sector engagement through VCS Grants Launch and development of VCS Strategy	Adoption by Full Council
Mayor's Question Time to discuss Strategy			Publish strategy
First meeting of Community Strategy Partnership Board to consider implementation of the strategy			
Incorporate consultation feedback and secure internal sign-off for final draft			

4 The draft, crosscutting themes of the strategy

- 4.1 The crosscutting themes are still draft at this point but are the result of a long period of discussion – although the titles and groupings of the themes are subject to change until they are agreed ahead of consultation, the core issues that they consider are rooted in a clear evidence base and will definitely feature in the final draft of the strategy.
- 4.2 A borough where there is a good quality of life and the whole community can benefit from growth – Hackney has seen considerable growth and change over the last decade as well as considerable improvements in Council run services and the borough continues to be an attractive and popular place to live. Although there are some residents who feel Hackney is already too densely populated, given London’s projected growth over the next decade, trying to control growth and stop development is not really an option. This theme actively considers what growth means for Hackney and the best way of managing it so we have the opportunity to shape the change that is coming to maximise the benefits for everyone and address the key challenges. It is important that there is investment in sustainable infrastructure from genuinely affordable housing to schools and health centres, to protect the existing population from growing demand and cater for those people who make Hackney their home over the next decade, ensuring a good quality of life for all residents.
- 4.3 A borough with residents who are ambitious and engaging and want to contribute to community life - Hackney has a distinctive identity and one that we know residents really value. Hackney is known as a borough with a well-established arts community and active local networks, exciting nightlife and an emerging tech sector. Supporting high levels of attainment, business growth, entrepreneurship and collaboration are key to sustaining this identity over the next decade. This theme considers how Hackney’s education offer needs to develop, what new approaches to inclusive growth and local economic development are required and how a new model of citizen engagement can help shape the borough to 2028.
- 4.4 A green and sustainable borough - Hackney is the third most densely populated area in the country and this can put pressure on the availability of green space that residents use for leisure, relaxation and sports, all of which contributes to good emotional and physical wellbeing and opportunities for social interaction. This theme considers how best we can enshrine sustainable practices into all aspects of public policy making including developing to the highest standards of sustainable urban design, innovative transport policy to reduce reliance on car journeys and improve air quality, protecting our parks and green spaces and providing green infrastructure to link up our green spaces by creating attractive and safe pedestrian and cycling routes to encourage greater physical activity amongst residents and visitors to the borough.
- 4.5 An open, cohesive and supportive community - Hackney has a reputation as an open and inclusive borough at the forefront of social movements to promote equality and tolerance. Although residents have noted the emergence of some social segregation between different communities there also seems to be a strong desire to take action which might build bridges with other residents, thus helping to protect Hackney’s community spirit. If the borough is to work for everyone, we need to ensure that the most vulnerable feel safe and protected, especially as some people have lost the informal social networks which would have relied on in the past, such as friends, family, a neighbour or a local business. This theme suggests various actions including working with voluntary and community sector groups to develop approaches to maintaining and enhancing the places and spaces that allow the different

communities in Hackney to connect with each other; and supporting the efforts of local safeguarding boards to deliver engagement activities and campaigns to ensure every resident and business considers their role in making the borough safer for vulnerable adults and children.

- 4.6 A borough with healthy, active and independent residents - Individual behaviour is a significant driver of how healthy we are, from our eating habits and how much exercise we do to whether we smoke. However, these behaviours are often not free choices, but shaped by the local environment in which we live and work for example, access to affordable healthy food options or streets which are conducive to walking and cycling. Local government does have some key levers it can use to shape the built environment and influence the health of the local population such as planning and licensing. These offer key opportunities, especially when it comes to the development of new housing and open spaces, transforming community facilities and how our town centres develop, to have an impact on people's lives across the spectrum from infants to older people. This theme consider a range of actions including working with local partners and providers to integrate health and social care, shaping, designing and delivering services based in the City and Hackney, tailored to meet local residents' needs, and linking in to wider place based preventative strategies; co-ordinating the work of planning, housing and public realm to create healthy and safe streets and neighbourhoods and supporting people with long-term health problems and disabled people to find, stay in and return to quality work as quickly as possible.
- 4.7 We would welcome feedback from the Board on the crosscutting themes and also invite the Board to feedback on the full detail of the strategy during the public consultation taking place between mid-July to mid-September.

5 The role of partners in helping deliver the strategy

- 5.1 The full draft of the strategy includes actions which the Council wants to work to deliver jointly with residents, businesses, other public sector agencies and all of our voluntary and community sector organisations. We are confident that this collaboration will be possible because of the excellent partnership working that is already so embedded in Hackney's culture and the ambition that exists across the borough to protect and enhance Hackney as a place to live and work.
- 5.2 The Community Strategy itself will be monitored by a new dynamic partnership board which will be focussed on setting the vision and direction for Hackney as a place over the coming years and agreeing collective goals that will help us achieve our ambitions. The new Community Strategy Board will meet annually and will bring key officers together from local partnership boards as well as businesses and the voluntary and community sector and will keep the Community Strategy under review, considering progress and identifying new shared goals and how we can work collectively to deliver them.

6 Financial Considerations

- 6.1 There are no financial considerations at this stage as this is just an update on the development of a strategy document.

7 Legal Considerations

- 7.1 There are no financial considerations at this stage as this is just an update on the development of a strategy document.

8 Equality Impact Assessment

- 8.1 Understanding inequality and the activity required to drive down inequality across all aspects of quality of life, have been at the heart of the development of the new Community Strategy. In addition, an equality impact assessment will be completed in summer 2017.

9 Attachments

None

Officer Responsible:

Name: Sonia Khan	Ext: 5148
Directorate: Chief Executives	Department/Division: Policy & Partnerships

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Report to Hackney Health and Wellbeing Board

Item No:		Date:	21 June 2017
Subject:	Update on East London Sustainability and Transformation Plan (NEL STP)		
Report From:	Ian Tompkins, Director of Communications & Engagement, NEL STP		
Summary:	<p>This report (to be given verbally at the meeting on 21 June by Ian Tompkins) provides a further update to the Board on the development of the East London Sustainability and Transformation Plan (previously known as the NEL STP), particularly in relation to finance, the governance arrangements and public engagement.</p> <p>On 21 October 2016 we submitted an updated narrative, updated summary and delivery plans to address our local priorities to NHS England.</p> <p>Further work is continuing to develop the plan in more detail; additional updates will be presented to the Board as they become available. For more information go to http://www.nelstp.org.uk or email: nel.stp@towerhamletscg.nhs.uk</p>		
Recommendations:	<p>The Health and Wellbeing Board is recommended to:</p> <p>Note the verbal update on the NEL STP</p>		
Contacts:	<p>Ian Tompkins Director of Communications & Engagement, Easy London Health & Care Partnership office: 020 8221 8052 or 07879 335180 E-mail address: ian.tompkins@eastlondonhcp.nhs.uk</p>		

1 Financial Considerations

The STP will include activities to address current financial challenges. There is a clear emphasis on reconciliation of activity and finance between organisations. Implications for estates and workforce are being considered as part of the development of the STP.

2 Legal Considerations

The East London Health & Care Partnership Board is developing a plan as stipulated by the NHS England guidance.

3 Equality Impact Assessment

An equality screening has been completed to consider the potential equality impact of the proposals set out in the STP. This can be viewed at <http://www.nelstp.org.uk> and includes:

- An overview of all the initiatives included in the STP narrative to determine at which level equality analyses should be undertaken i.e. East London Health & Care Partnership level, local area level, CCG/borough level or London-wide level.
- An initial assessment of the STP overarching 'Framework for better care and wellbeing'.
- Actions to be undertaken during further detailed equality analyses.

The screening recognises that the initiatives included in the STP will be implemented at different times, hence further equality analyses will need to be undertaken over the life of the STP programme.

4 Attachments

Background papers

Appendix 1: ELHCP Update For Hackney Health & Wellbeing Board 21 June 2017

Appendix 2: ELHCP Governance Structure

Appendix 3: ELHCP Partnership Agreement

Comments of the Corporate Director of Finance and Resources	N/A
Comments of the Corporate Director of Legal, HR and Regulatory Services	N/A

Appendix 1: Update for Hackney Health & Wellbeing Board 21 June 2017

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1. Background and context (our public narrative)

With an ever growing population, and more of us living longer, the challenge to keep us healthy and well has never been bigger.

As more and more people choose to live and work in east London, the demand on health and social care services is at an all-time high. Our doctors, nurses, paramedics and other health and care professionals are looking after record numbers of people every day.

Despite the pressures, local hospitals are continuing to treat A&E patients as fast and effectively as any major western country. Our GP, mental health and community services are among the very best in the country, and local councils are providing vital care to the most vulnerable.

It's thanks to the dedication and hard work of the professionals involved, and the support of many thousands of voluntary carers, community and charity organisations across the area, we are getting the care we need.

But change must be allowed to happen, and things improved, if we are to protect the health and care services we value so much, not just for now but for future generations.

The NHS has constantly adapted and must continue to do so as the world and our health needs also change.

It is now able to treat people with new drugs and clinical care that wasn't available in the past. With it comes an increase in life expectancy, but also a rise in the ailments of old age. More people now have conditions like heart failure, arthritis and diabetes.

There are big opportunities to improve care by making common-sense changes to how the NHS has historically worked and bring it closer to the social care services run by local councils.

It's a chance to deliver improvements that matter – make it easier to see a GP; speed up cancer diagnosis; offer better support in the community for people with mental health conditions; provide care for people closer to their home.

If we do nothing and carry on providing services in the way we do now, without any changes, we will not only miss out on these improvements, we will fail to keep up with the growing demand and simply won't have enough money to keep services going.

In the east London area alone, there will be a £580m shortfall in funding within four years, by 2021. Services and facilities may have to close and standards of care suffer if not addressed.

Change is required, and fast, to help keep us healthy and well in the future and to receive care when we need it.

It's why neighbouring NHS hospitals, community and mental health trusts, family doctors, pharmacies, local councils and others have come together to plan for the future and redesign local health and care services to benefit us all – now and in the years ahead.

Working as the East London Health & Care Partnership, and backed by the leaders of all the organisations involved, they are combining their expertise and resources to develop ways of giving our nurses, doctors and care staff the best chance of success to look after us when we need them to.

With a shared goal to help people live healthy and independent lives, the Partnership's mission is to protect vital services and provide better treatment and care built around the needs of local people, safely and conveniently, closer to home.

A top priority is to reduce the pressures on our hospitals and accident and emergency departments. A&E is all too often used as the only door into health and care services, when ideally people should be supported by community staff and resources in their own homes.

The Partnership also wants better outcomes for cancer patients, people with diagnosed with diabetes and improvements to mental health services, and to help people become independent with access to care at home.

Reshaping services to provide them in the right place, where people need them most and supported by the right team of staff from across health and social care, is a key and urgent requirement.

The response to the demand on services needs to offer better alternatives that help prevent people's health deteriorating. This isn't to just make the most efficient use of the resources and money available, but to provide a better quality of care and services in the community, where local people have told us they want them.

Attempting to improve the hundreds of health and care services for the two million people of east London – a population expected to grow by around 30,000 more people in 2017 alone – is a daunting and complex task, but many of the most beneficial changes can be made quite simply.

Significant improvements are already being made by joining services up and people are starting to feel the benefit. The area now has some of the best care provision and facilities in the country, but there's still much to do.

Although they operate safely, some our hospitals aren't fully equipped to meet the needs of modern healthcare. Waiting times for appointments and treatments must be reduced. And more has to be done to safeguard our most vulnerable people.

'Barrier busters'

The East London Health & Care Partnership isn't afraid to tackle these challenges. It will build on the successes achieved so far and bring health and social care providers even closer together, breaking down any barriers between them as necessary.

The good work already being done to meet more localised needs will continue. The Partnership is not there to undo what works, slash budgets or act secretly behind closed doors. Instead, it will drive forward wider benefits that can only be achieved by everyone working together, coming up with new ideas and better ways of working that can put a stop to duplication and unnecessary expense.

The Partnership's main priorities are:

- To help local people live healthy and independent lives
- To improve local health and care services
- To have the right staff in the right place with the right technology
- To be a well-run Partnership

The Partnership's Sustainability and Transformation Plan (STP) sets out how these priorities, and those of the wider health and care sector, will be turned into reality.

It describes how the Partnership will meet the health and wellbeing needs of east London by improving and maintaining the consistency and quality of care, and plugging the shortfall in funding of services.

The plan proposes improvements across the whole of east London, such as the availability and quality of specialist clinical treatments, how buildings and facilities could best be used, particularly those in need of renewal, and the introduction of digital technology to enhance services for local people.

The overall aim is to make local health and care services sustainable by 2021, but the partnership is looking further ahead for longer-lasting solutions.

The involvement of councils enables the vision for better health and care provision to be aligned with the development of housing, employment and education, all of which can have a big influence.

The Partnership is committed to being transparent and engaging fully with key stakeholders and the wider public in the development of its plans.

But the biggest single factor in the long term is to prevent ill health, something we can all play a part in – everyone living and working in east London. It's not just down to the authorities.

Public health information and advice will be strengthened. Information and support to help us live healthier lives will be made more widely available, online and through social media. It's up to us to enjoy life to the full by doing those little things each day that help us stay healthy and fit.

We can watch what we eat and drink and get more active. We can go to the pharmacist and get advice from telephone and online services first rather than immediately going to the doctor or calling for an ambulance when we don't need to. We can educate our children about healthcare and plan for care when we are older. We can all do our bit.

If we do this, and get behind the work of the East London Health & Care Partnership, the prize is we are able to lead healthy and independent lives, but get the care we can trust and rely on when we need it.

To win that prize is down to us all.

2. The STP in detail

The Sustainability and Transformation Plan (STP) sets out how local health and care services will transform and become sustainable over the next five years, building and strengthening local relationships and ultimately delivering the vision of the NHS Five Year Forward View.

Forty four such plans have been developed throughout England. They are geographically set around 'footprints' that have been locally defined, based on natural communities, existing working relationships, patient flows and taking into account the scale needed to deliver the services, transformation and public health programmes required.

Twenty organisations across eight local authorities have worked together to develop an STP for north east London. They are:

NHS

CCGs: Barking & Dagenham; City & Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

'Provider' Trusts: Barking, Havering and Redbridge University Hospitals Trust; Barts Health NHS Trust; The Homerton University Hospital NHS Foundation Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust

Councils

Barking & Dagenham; City of London Corporation; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

The STP has been defined as one for north east London by NHS England, because it has divided the capital into five 'footprints': north east; north west; south east; south west; and north central.

Originally drawn up in June 2016, and then redrafted following engagement with key stakeholders, the STP was submitted to NHS England and NHS Improvement on 21 October 2016.

The plan is currently only a 'draft'. It will continue to evolve as the organisations concerned develop it further, agree shared solutions, and as we receive feedback from stakeholders.

The STP describes how the organisations involved in the partnership will:

- Meet the health and wellbeing needs of its population
- Improve and maintain the consistency and quality of care for our population
- Close the financial gap.

All of the organisations involved in the STP face common challenges, including a growing population, a rapid increase in demand for services and scarce resources. By working together they will be best

placed to drive change and make sure health and care services in north east London are sustainable by 2021.

The STP builds on existing local transformation programmes and supports their implementation including:

- Barking and Dagenham, Havering & Redbridge (accountable care system) and Hackney devolution pilots
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The improvement programmes of our local hospitals, which include supporting Barts Health NHS Trust out of special measures.
- Vanguard projects eg Tower Hamlets Together

The organisations behind the STP are actively seeking to collaborate where it makes sense to do so, sharing learning from the devolution pilots and transformation programmes.

2.1 STP vision and priorities

The vision of the STP is to:

- Measurably improve health and wellbeing outcomes for the people of NEL and ensure sustainable health and social care services, built around the needs of local people.
- Develop new models of care to achieve better outcomes for all, focused on prevention and out-of-hospital care.
- Work in partnership to commission, contract and deliver services efficiently and safely.

To achieve this vision, we have identified a number of key priorities:

- The right services in the right place: Matching demand with appropriate capacity in NEL
- Encourage self-care, offer care close to home and make sure secondary care is high quality
- Secure the future of our health and social care providers. Many face challenging financial circumstances
- Improve specialised care by working together
- Create a system-wide decision making model that enables place-based care and clearly involves key partner agencies
- Using our infrastructure better

To deliver the STP we are building on existing local programmes and setting up eight work streams to deliver the priorities.

The work streams are cross-cutting NEL-wide programmes, where there are benefits and economies of scale in consolidating a number of system level changes into a single programme. These are:

- Promote prevention and personal and psychological wellbeing in all we do
- Promote independence and enable access to care close to home
- Ensure accessible quality acute services

- Productivity
- Infrastructure
- Specialised commissioning
- Workforce
- Digital enablement

Each delivery plan sets out the milestones and timeframes for implementation.

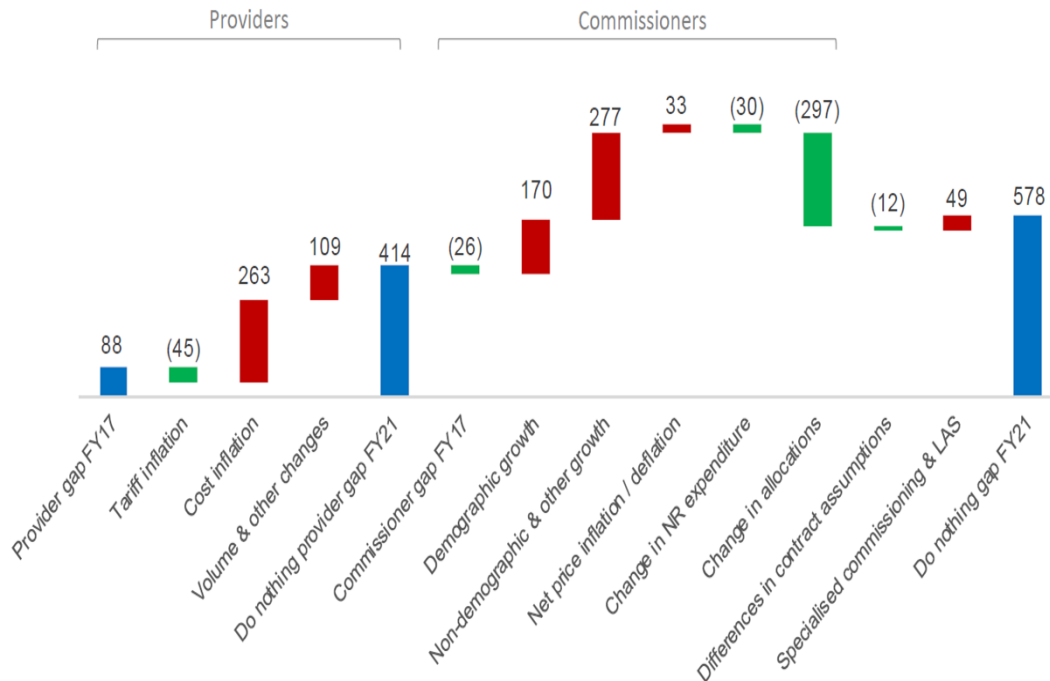
The full STP, and the eight delivery plans, can be found on our website www.nelstp.org.uk

2.2 STP Finances

2.2.1 'Do Nothing Scenario'

The forecast EL provider deficit in FY16/17 is c£88m which will rise by £319m to £414m in FY20/21. EL CCGs are projecting a £26m surplus (including carried over surpluses from prior years) but CCG allocations uplifts of £297m are not sufficient to offset cost pressures over the planning period. Differences in contract assumptions net out to around £12m by FY21 overall and specialised commissioning and LAS add a £49m pressure, resulting in a total financial challenge of £578m in the 'do nothing' scenario to reach a break even position.

Achieving a 1% surplus target for commissioners increases the gap by another c£30m to around £610m.



2.2.2 'Do Something' Scenario

Our total financial challenge in a 'do nothing' scenario would be £578m by 2021. Achieving ambitious 'business as usual' cost improvements as we have done in the past would still leave us with a funding gap of £336m by 2021. Through the STP, we have identified a range of opportunities and interventions to help reduce the gap significantly.

This will be aided by Sustainability and Transformation Funding (STF) funding, specialised commissioning savings and potential support for excess Public Finance Initiative (PFI) costs. Significant work has started to evaluate the savings opportunities.

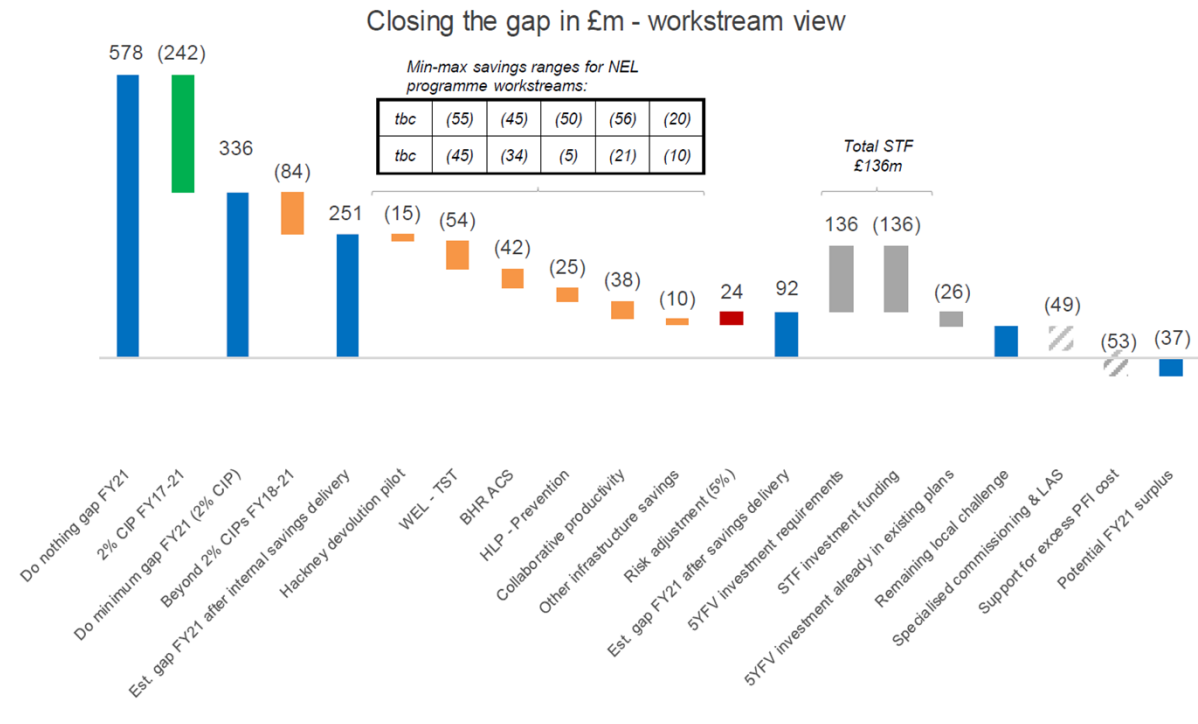
We have developed our governance structures to support the next stages of planning and implementation. Our robust governance structure allows individual organisations to share responsibility while balancing the need for autonomy, accountability and public and patient involvement.

The EL transformation journey has started. We are committed to meeting all NHS core standards and delivering progress in every priority. Together we will deliver a sustainable health and wellbeing economy across EL. It's a significant challenge, but one we welcome as it provides opportunities to make a real and lasting difference to the lives of local people.

Over the course of the last year, ELHCP STP has developed several work streams through which it has identified potential solutions to closing the financial gap.

2.2.3 STP Solutions

The ELHCP STP Work streams have been working closely with STP partners to develop solutions to close the gap. Some of those solutions are listed below.



2.2.4 2% CIP & Beyond 2% CIPs - £326m

Providers are normally expected to deliver business as usual savings of approximately 2%. This is in sync with the expected provider efficiencies within the current tariff guidance and assumptions made by other London STP's. Some providers have put forward CIP schemes over 2%.

2.2.5 WEL TST - £54m

Transforming Services Together sets out to improve and modernise healthcare services across three London boroughs – Newham, Tower Hamlets and Waltham Forest – addressing inequalities, helping patients take control of their own health and tackling the problems faced by health services across the area.

This area of east London has a growing and ageing population, with 270,000 more residents – the equivalent of a new borough or a city the size of Southampton – expected to arrive in the next 15 years.

TST seeks to avoid a projected deficit across the three boroughs in just over a decade. If no changes are made, 550 more hospital beds would be required, which is unaffordable and not the best way to provide services for local people.

Key TST schemes include but are not limited to:

- Expand integrated care to those at medium risk of hospital admission.
- Put in place a more integrated urgent care model.
- Improve end of life care, improving access, capacity and co-ordination in primary care.
- Establishing surgical hubs including interventional Radiology.
- Establishing acute care Hubs on each site.
- Increase proportion of natural births.
- Transform patient pathway and outpatients.
- Reduce unnecessary testing.
- Deliver shared care records across organisations.
- Explore the opportunity that physician associates may bring.
- Developing a strategy for future of mile end Hospital and Whips cross hospital.

2.2.6 BHR ACS - £42m

Accountable Care Organisations (ACO) are a new way of structuring health and social care services, which were referenced by NHS England chief executive Simon Stevens in his Five Year Forward View (5YFV).

The partners working together on the business case for an ACO in Barking and Dagenham, Redbridge and Havering are:

- The three local clinical commissioning groups (CCGs)
- Three local authorities – London boroughs of Havering, Redbridge and Barking and Dagenham.
- The acute hospital provider Barking, Havering and Redbridge University Hospitals NHS Trust
- The community and mental health provider NELFT NHS Foundation Trust. They are working together with UCL Partners, an academic and health partnership providing operational support and clinical leadership.

The primary aim is to improve the experience and quality of care for patients and service users by ensuring it is joined up and seamless, and leads to better health and wellbeing for our residents.

However, it is clear that there is a major challenge in the coming years for health and social care to be financially sustainable. A key test for an accountable care organisation will be that it is more efficient, helping us tackle some of the financial challenges facing the NHS and local government and protecting the interest of patients and service users.

Key BHR ACO schemes include but are not limited to:

- Gastroenterology Virtual pathway
- MSK Service Re-design
- POLCE
- Dermatology service redesign
- KGH UCC
- Right Care
- Community Health Service re-design
- Acute provider productivity.

2.2.7 Healthy London Partnership (HLP) Prevention - £25m

HLP was born in March 2015 when London's NHS (32 Clinical Commissioning Groups (CCGs) and London Region of NHS England) agreed to come together using the recommendations set out in Better Health for London as a blueprint to meet the challenges set out in the Five Year Forward View.

A key strength of HLP is its partnership approach, including Public Health England, NHS England, London's 32 CCGs, London Councils and the Greater London Assembly, as well as members of the public and patient groups. We have come together to address the unique health challenges London faces and deliver this transformation.

Our aspiration is based on the belief that a truly great global city is a healthy city. The aim is to take London from seventh in the global healthy city rankings, to the number one spot. We want to make London a place that helps its residents to make healthier choices, improves the health of its most vulnerable, provides consistently excellent care for people when they need it most and enables its health service to prosper and flourish to the benefit of all its citizens.

2.2.8 Collaborative productivity - £38m

ELHCP STP expects to make significant productivity savings within its providers. Key areas expected to deliver these savings are:

- Bank and Agency spend
- Back office

- Procurement
- Theatre Productivity

2.2.9 Hackney Devolution - £15m

Hackney devolution is a shared vision of delivering an integrated, effective and financially sustainable system that covers the whole range of wellbeing-from public health initiatives for school children, timely and appropriate access to GP's and community pharmacists and top quality hospital treatment as well as supporting people to remain independent in their community for as long as possible.

Some of the expected benefits are:

- Giving parents easier access to immunisation for very young children by providing more community based services.
- Tackling Obesity through better co-ordinated services and greater local powers to create a healthy environment.
- Quicker progress towards parity of mental health and physical healthcare services.
- Providing tailored, more integrated support for people at the end of their life.

2.2.10 Conclusion

We have set out a bold plan for how we intend to work together as one system to deliver outstanding health and wellbeing services for all local people. We began by recognising the six key priorities that we needed to answer as a system. A summary of the actions we are going to take in response to each question is set out below:

1. The right services in the right place: Matching demand with appropriate capacity in EL to meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to:
 - Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care.
 - Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary, community and mental health care at its heart.
 - Establishing effective ambulatory care on each hospital site and mental health community based crisis care, to ensure our beds are only for those who really need admission, so we don't need to build another hospital.

- Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care.
 - Addressing demand for acute and mental health inpatient services: streamlining outpatient pathways, introducing new technology, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice, improving psychosis pathways, and encouraging provider collaboration
 - Ensuring our estates and workforce are aligned to support our population.
2. Encourage self-care, offer care close to home and make sure secondary care is high quality
We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy:
- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support in localities and hubs from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges.
 - Investing in mental health, community, Learning Disability, & substance misuse services to improve quality and tackle health inequalities. Ensuring parity of esteem and good mental wellbeing, embedding this throughout all of our services.
 - Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, maximising new technologies and pathway redesign.
3. Secure the future of our health and social care providers, many of whom face challenging financial circumstances. They are committed to working together to achieve sustainability and changes to our EL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):
- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (for example procurement, clinical services, back office and bank/agency staff).
 - The providers are now evaluating options for formal collaboration to help support their shared ambitions.
 - ACS development (CH/BHR devo business cases Oct 31 2016) in development with LA and efficiencies being established.
4. Improve specialised care, by working together we will continue to deliver and commission world class specialist services. Our fundamental challenge is demand, and associated costs,

are growing beyond proposed funding allocations. We recognise that this must be addressed by:

- Working collaboratively with NHS E and other STP footprints, as patients regularly move outside of EL for specialised services.
 - Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.
5. Create a system wide decision making model that enables placed based care and clearly involves key partner agencies

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the EL health and wellbeing system, and can drive through our plans.

This will be achieved through genuine partnership between the health system and Local Authorities to create a system which responds to our population's health and wellbeing needs.

6. Using our infrastructure better

We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single EL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.

2.3 STP Governance

The launch of the Sustainability and Transformation Plan (STP) process signalled the move towards working in larger geographical areas and the need to develop governance arrangements to support strategy development and change at a system level. To achieve this, 20 organisations in East London have been working together to develop the East London Health and Care Partnership (ELHCP which previously known as NEL) STP.

Initial governance arrangements were put in place by the member organisations of the ELHCP to oversee and direct the development of the draft STP document, which was submitted to NHS England on 21 October 2016.

These arrangements were developed by a ‘task and finish group’ that included health organisations, local authorities and Healthwatch and included initial terms of reference for the key governance forums.

This governance structure (see Appendix 2) recognised and respected the statutory organisations, while providing the necessary assurance and oversight for system level delivery. In addition to reinforcing some of the existing governance forums (i.e. re-focusing the membership of the ELHCP STP Board), several new bodies were added to strengthen the level of assurance and engagement, most notably:

- ELHCP Community Group – A council of local people, voluntary sector, and other key stakeholders to promote system wide engagement and assurance
- ELHCP Mayors and Leaders Advisory Group - To provide a forum for political engagement and advice to the ELHCP STP
- ELHCP Social Care & Public Health Group – Directors of Children’s and Adult Services and Directors of Public Health
- ELHCP Assurance Group – An independent group of audit chairs and local authority scrutiny members to provide assurance and scrutiny
- ELHCP Finance Strategy Group -To provide oversight and assurance of the consolidated East London (EL) financial strategy and plans to ensure financial sustainability of the EL system.

The ELHCP STP operated the governance arrangements in shadow form until 1 April when they implemented formally by the Partnership Board on the understanding they will be reviewed every three months and updated as appropriate.

The arrangements are underpinned by a Partnership Agreement (see Appendix 3) which, while not legally binding, intends to ensure a common understanding and commitment between the partner organisations of:

- The scope and objectives of the ELHCP STP governance arrangements
- The principles and processes that would underpin the ELHCP STP governance arrangements
- The governance framework / structure that would support the development and implementation of the ELHCP STP

The Partnership Agreement has now been circulated to the member organisations of the ELHCP for signature.

2.3.1 Engagement with Local Authorities

The ELHCP engaged widely with stakeholders to shape its governance arrangements. Engagement with local authorities has been paramount and has been achieved through various forums.

On 19 December 2016, Rob Whiteman, ELHCP Chair attended a joint meeting of all the Chief Executive Officers of Local Authorities to discuss the ELHCP STP including its governance arrangements. The meeting was hosted by Martin Esom, Chief Executive of Waltham Forest Council, who is a member of the ELHCP Partnership Board. The chief executives of Hackney and Havering Councils are also now members of the Board, meaning each of the three main transformation areas have a local government representative present.

On 26 January 2017, the directors/heads of communications from all East London NHS organisations and local councils met to discuss how they could work more closely together and join up their communication networks. They have since met twice again on 9 March and 4 May.

On 7 March 2017, the Directors of Children's and Adult Services and Directors of Public Health met to discuss how they want the ELHCP Social Care & Public Health Group to operate. The Partnership is awaiting their formal proposals on this.

On 8 March, political representatives from the eight councils met to talk about the ELHCP Mayors and Leaders Advisory Group and how that might work. A further meeting is scheduled for this group on 23 June.

Regular engagement is also taking place with all of the councils outside of these meetings, at various levels.

2.4 Equality

A screening to consider the potential equality impacts of the proposals has been completed. This is on our website www.nelstp.org.uk

The screening includes:

- An assessment of the level at which the analyses need to be conducted (London-wide, regional, local area or borough level)
- A screening of the overarching Framework for better care and wellbeing
- Description of the actions to be taken
- The screening recognises the initiatives included in the STP will be implemented at different times and that further analyses will need to be undertaken over the life of the programme.

3. Involving local people and stakeholders

STPs have been widely criticised for being put together too hastily with little consultation.

The timescale set by NHS England to produce the plans was tight. As a consequence, there was only a limited time for engagement. Some key stakeholders felt disengaged from the process, as did patient representatives. Also, much of the detail behind the plans was initially kept under wraps giving rise to accusations of secrecy and the STPs being seen as no more than ‘hit lists’ and cuts to services.

NHS England acknowledges this criticism, but it has caused significant reputational damage to what is a genuine and necessary attempt to deal with very real challenges.

The immediate priority of our communications and engagement strategy is to therefore repair that damage.

Most, if not all, of our key stakeholders recognise and understand the challenge. We now need to rebuild their trust and confidence and engage with them in a more positive way so they are involved in developing shared solutions.

A starting point is to talk about a partnership rather than a plan, certainly not an acronym. It’s why we have changed our name to the East London Health & Care Partnership.

The STP itself will still be referred to as such, but it is just one of many things the organisations behind it can do together as a Partnership to protect and improve health and care services for the people of east London.

It was also felt east London was a more appropriate and familiar way of describing the area as a whole rather than north east London.

Next is to communicate in an open and honest way; unravel the jargon, speak in plain and simple language and be accessible and transparent. Most importantly, we must listen to what people have to say.

Relevance is also important. Our communications will reflect a knowledge and understanding of the many different audiences we want to reach and be targeted to suit each group. What does it all mean for them? How are their interests being taken into account? What part can they play?

Local relevance and insight is particularly important. We will work closely with our communications and engagement colleagues in the partner organisations at borough level to make full use of their knowledge and networks.

An online Briefing Room is being set up as a central source of information and materials for members of the Partnership to adapt and use in local communications and engagement activities. This includes narratives around the STP (what it is and what it isn’t); the various transformation plans and programmes (as they emerge); facts and figures; presentations (tailored for specific audience); information videos; and case studies.

At the heart of our stakeholder engagement will be the Community Group – a subgroup of the East London Health and Care Partnership.

Representing key partners and stakeholders, community organisations (including Healthwatch and patient and public involvement groups), the Voluntary, Community and Social Enterprise sector (VCSE), professional bodies and trades unions, the Group’s purpose is to act as a reference arm of

the Partnership – helping it develop plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences.

An initial meeting of the organisations and people that will be invited to join the Community Group is being held on 4 July.

Another key audience is, of course, frontline staff – not just those in the NHS, but in councils too. Their buy-in is key and we intend running an intensive programme of engagement with them over the spring and summer to create understanding about what the partnership, and the STP, means to them.

We very much want staff to be involved in shaping services and our internal communications will reflect this. They will recognise the contribution everyone has to make, encouraging and valuing people's achievements, opinions and ideas.

If we are to give staff the effective help and support they need it's vital we listen to what they have to say, and demonstrate what we do as a result.

While staff and the other key stakeholders in the Community Group will take precedence in the immediate future, we eventually want to reach out and engage with as many people as possible, including the wider public.

With this in mind the Partnership is therefore planning to have a presence at some of the area's major summer festival events, working alongside council, public health and NHS colleagues to help boost the promotion of campaigns around health prevention and access to services.

The Partnership is also planning a series of public engagement across east London from the summer onwards. Some of these will take the format of TV's Question Time programme, giving people the opportunity to get answers to their concerns and debate popular topics.

Everyone has a part to play in building sustainable health and care services, particularly with regards to prevention.

Smoking cessation, preventing diabetes and improving workplace health are three early priorities for the Partnership, as is reducing obesity and social prescribing. All require attitudinal and behavioural change in a big way.

A lot of work has already been done at a local level to promote prevention, but its success has been limited. Through the Partnership there is now the opportunity to join forces and do much more, using high-impact campaigns specifically designed to grab mass attention and participation.

Building on what's shown to work, and taking into account materials already available locally and nationally, the partner organisations will work together to give a more powerful and coherent message, making full use of the many communications channels and networks across the area.

Running campaigns in this way, with a consistent approach, is especially important in east London where there is high population 'churn'. People need to see and hear the same message, wherever they are.

It's the same with the promotion of services. Too many people are going to the wrong place for treatment because of a lack of information. There is a need to simplify the signposting to services and explain things in a clearer and more meaningful way, free of jargon. The Partnership is planning to do this through an information campaign this summer.

Behavioural change won't, of course, be achieved overnight so these are long-term aims for the Partnership.

4. Other recent activities

Healthy Workplace launch (Prevention workstream)

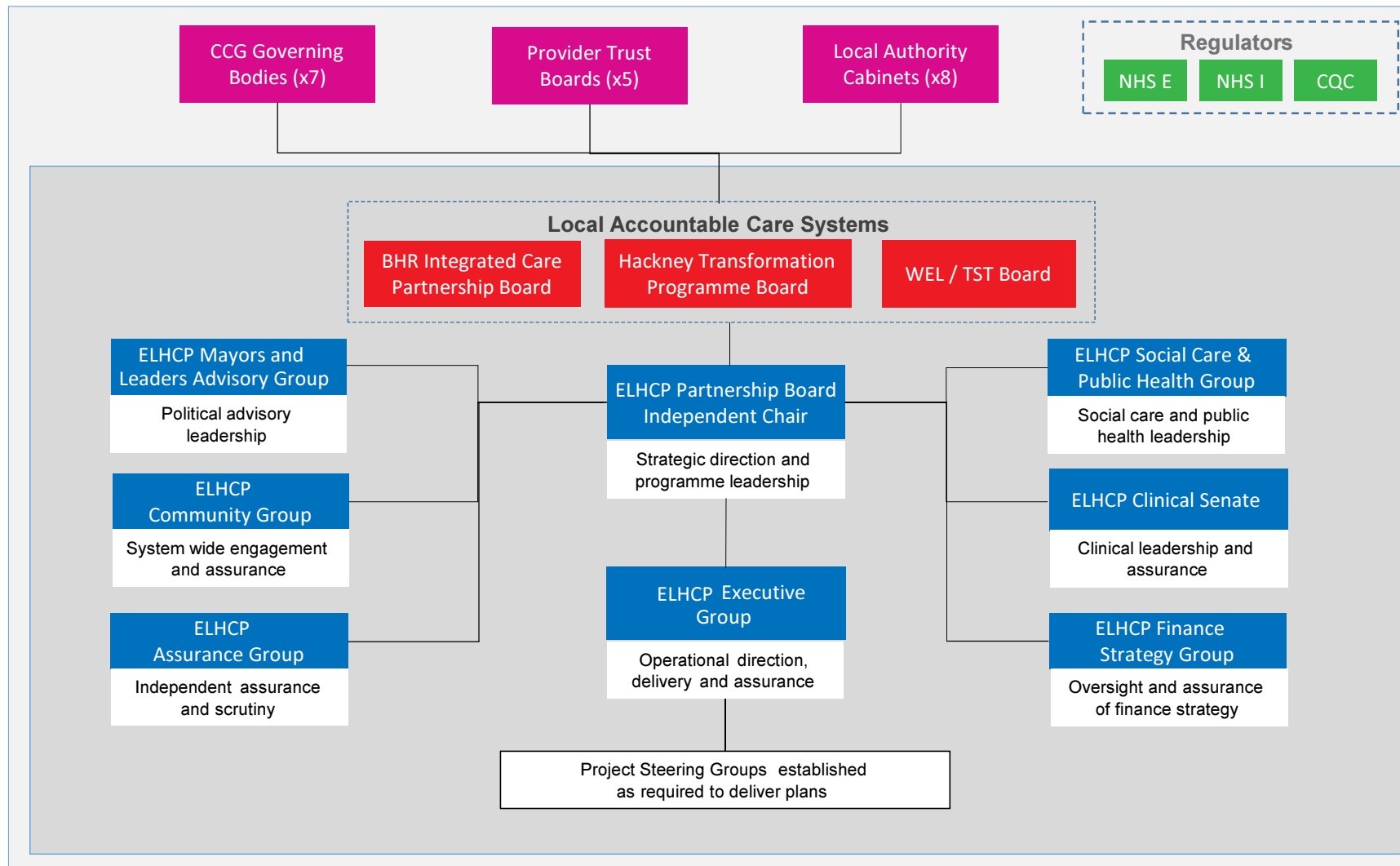
Dame Carol Black was the keynote speaker at the East London Health and Care Partnership's (ELHCP) Healthy Workplace launch on 29 March. One of the Partnership's aims is to transform workplace health as part of its role in delivering the north east London (NEL) STP. Trust and CCG directors joined public health leads, GPs and pharmacists in an effort to work together as a NEL-wide Community of Practice, to deliver the health and productivity benefits of healthy workplaces. The event was a significant step in the STP's ambition to adopt and progress the Mayor's London Healthy Workplace Charter in all 20 NHS and local government organisations across east London.

A range of workplace health organisations - including Mental Health First Aid, Step Jockey, Wellbeing Insight, Foodtalk, and the Partnership's own Smoking Cessation and Tobacco Control Working Group - engaged participants in lively discussions on how they could meet and exceed the Charter standards.

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Governance structure



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East London Health and Care Partnership

Partnership Agreement

Version 2.10

31 March 2017

1. Purpose

This Partnership Agreement describes how the health and social care partners in East London (EL) (listed in **Appendix D**) will co-operate as The East London Health and Care Partnership (ELHCP), setting out the partnership arrangements to support the implementation of the East London Sustainability and Transformation Plan (EL STP).

This Partnership Agreement, built on the EL STP Memorandum of Understanding (MOU), is separate to the East London Sustainability and Transformation Plan (STP). Sign-off or endorsement of the overarching STP will take place on an individual organisational or borough level.

PART 1 – PARTNERSHIP ARRANGEMENTS

2. Introduction

Delivering the Forward View NHS Planning Guidance 2016-17 to 2020-21 released in December 2015¹ set out a requirement for local areas to come together develop a shared five-year sustainability and transformation plan.

The launch of the sustainability and transformation planning process signalled a new paradigm, with a move towards greater local co-operation including the need to work in the partnership to develop strategy and change at a local level.

In response to this guidance 20 organisations across East London – in The City of London, Barking and Dagenham, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest - have been working together to develop the EL STP:

- The EL STP describes how these Parties will co-operate to turn the ambitions of the NHS Five Year Forward View into reality and deliver the vision of better health and wellbeing, improved quality of care and stronger NHS finance and efficiency.

The EL STP acts as a system level plan for change supported by and aligned to a number of local plans to address certain challenges, such as:

- City and Hackney (CH): Hackney devolution pilot, bringing providers together to deliver integrated, effective and financially sustainable services.
- Barking and Dagenham, Havering and Redbridge (BHR): bringing together health and social care services under a single local accountable care system (devolution pilot)
- Newham, Tower Hamlets and Waltham Forest (WEL): “Transforming Services Together” programme to improve the local health and social care economy.

¹ Delivering the Forward View, NHS Planning Guidance 2016-17 to 2020-21, NHS England, December 2015, <https://www.england.nhs.uk/wp-content/uploads/2015/12/planning-guid-16-17-20-21.pdf>

An initial set of governance arrangements was established to oversee and manage the development of the draft EL STP that was submitted to NHS England and NHS Improvement on 30 June 2016.

Following this submission the programme moved into the next phase, focused on detailed planning and the mobilisation and implementation of the delivery programmes. The partnership arrangement now needs to be updated to reflect these changes agreed by the STP Board in focus and branding, so that it supports the prioritisation of the different elements of the EL STP projects.

3. Objectives of the ELHCP Partnership arrangements

The objectives of the ELHCP Partnership arrangements are to:

- Support effective collaboration and trust between commissioners, providers, people and carers to work together to deliver improved health and care outcomes more effectively and reduce health inequalities across the EL system
- Provide a robust framework for system level decision making, and clarity on where and how decisions are made on the development and implementation of the EL STP
- To review and ensure clinical sustainability of services at STP level
- Provide clarity on system level accountabilities and responsibilities for the EL STP
- Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations in East London
- Enable collaboration between Parties to achieve system level financial balance over the 5 year STP timeframe and deliver the system control total (once agreed), while safeguarding the autonomy of organisations
- Ensure learning and capacity building across the three accountable care systems.

4. Scope of the ELHCP Partnership arrangements

4.1. In scope

- Partnership arrangements for the East London STP
- Partnership arrangements for the implementation of the STP schemes defined in the East London STP
- Alignment with the wider health system plans and partnership , including devolution programmes and regional boards
- Development and operation of the partnership arrangements for the EL STP Financial Strategy to achieve the system control total
- Support the development of Accountable Care Systems to enable working towards a sustainable health economy by moving away from tariff based system to a capitation based system to achieve financial stability and to incentivise the right clinical behaviours

4.2. Out of scope

- Organisational governance arrangements for CCG Governing Bodies, Provider Trust Boards and Local Authorities
- Local partnership arrangements for the delivery of local (non-East London wide) programmes:
 - Hackney devolution pilot
 - Barking and Dagenham, Havering and Redbridge (BHR) Accountable Care System (devolution pilot)
 - Transforming Services Together programme.

5. Principles for the ELHCP Partnership

The development of effective system level partnership arrangements, mobilisation and implementation of the delivery programmes in the EL STP requires collaboration and active engagement (where relevant) from all Parties to ensure the interests of all Parties are appropriately represented.

A key aspect of this process is the agreement of a common set of principles for partnership ways of working and culture. Accordingly, the Parties have adopted the following as a basis for collaborative working between the parties:

- ELHCP Principles (as set out below)
- ELHCP Financial Principles (agreed by the Finance Strategy Group in March 2017 as set out at **Appendix B**)
- The Nolan Principles (as set out at **Appendix B**)

ELHCP Principles

- **Participation:** Representation and ownership from health and social care organisations ('The Parties'), local people and lay members to clearly demonstrate collaborative and representative decision making
- **Collaboration:** All Parties will work collaboratively to deliver the overall EL STP strategy, in the best interests of the wider system and local people
- **Engagement:** Local people will be engaged and involved in the ELHCP governance to ensure their views and feedback are considered in the decision making processes. This engagement should operate at 2 levels; individual level and organisational level (i.e. via patient representative forums and other local community groups)
- **Accountability:** Define clear accountabilities, delegation procedures, voting arrangements and streamlined governance structures to support continuous progress and timely decision making. Delegation of work to the groups with the relevant expertise and authority to deliver it

- **Autonomy:** Recognise the autonomy of the Parties (health and social care partners) of the ELHCP Partnership. Operate in a manner that is compliant with legal duties and responsibilities of each constituent organisation and the NHS and Local Authorities as a whole (e.g. legal responsibility for consultation on service changes). Ensure alignment with the local organisations' governance and decision making processes recognising statutory and democratic procedures
- **Subsidiarity:** Ensure subsidiarity so that decisions are taken at the most local level possible, and decisions are only taken at a system level where there is a clear rationale and benefit for doing so
- **Professional Leadership:** Demonstrate strong professional leadership and involvement from clinicians and social care to ensure that decisions have a robust case for change and senior level support
- **Accessibility:** Ensure complete transparency in all decision making to support the development of mutual trust and openness between organisations. Provide the necessary assurance to system partners on key decisions. Collaborative working and information sharing between working groups to ensure consistency.
- **Good Governance:** Recognise that good system level governance will require robust planning and horizon scanning to ensure that proposals are presented to the statutory organisations in a timely way, that align with their local governance and decision making processes. However, where necessary local organisations will try to be flexible to support the system level governance.

6. Governance structure

The current proposed governance structure for the ELHCP Partnership is included in **Appendix A**.

This appendix also includes draft summary terms of reference for the key governance groups in this structure, which will be refined further by the groups.

7. Voting rights and process

Voting rights and processes will be defined in relevant terms of reference.

8. Major system changes

The key system level decisions that will fall under the scope of the ELHCP Partnership arrangements are outlined below.

This list will be updated from time to time to reflect the latest set of EL system level decisions:

- Approval of the EL STP
- Budget for the EL STP programme
- System level financial strategy and system control total
- Whipps Cross Hospital re-development strategy

- Changes to King George Hospital Emergency Department
- The relevant elements of the East London Mental Health strategy
- The relevant elements of the East London Primary Care strategy
- East London system level estates plan
- The approach to specialised commissioning for the East London sector
- Risk pooling principles and financial arrangements
- Delegation in place to allow Tower Hamlets CCG Remuneration Committee to approve Very Senior Management posts on behalf of all the other ELHCP CCGs.
- Decisions about capital allocations

PART 2 – MISCELLANEOUS LEGAL PROVISIONS

9. Liability

This Partnership Agreement describes arrangements for aligned decision making of the Parties which they agree is necessary to achieve the objectives in Clause 3.

Parties agree that the governance bodies set up under this Partnership Agreement do not have any authority to make binding decisions on behalf of the Parties and that each Party (and not the governance bodies) will retain liability for the actions of the relevant Party.

10. Duration of the Partnership Agreement

This Partnership Agreement replaces shadow arrangement and takes effect from 1 April 2017.

The Parties expect the duration of the Partnership Agreement to be for the period of 2017-2021 in line with the duration of the STP or otherwise until its termination in accordance with Clause 14.

11. Effect of the Partnership Agreement

This Partnership Agreement does not and is not intended to give rise to legally binding commitments between the Parties.

The Partnership Agreement does not and is not intended to affect each Party's individual accountability as an independent organisation.

Despite the lack of legal obligation imposed by this Partnership Agreement, the Parties:

- Have given proper consideration to the terms set out in this Partnership Agreement; and
- Agree to act in good faith to meet the requirements of this Partnership Agreement.

12. Subsidiarity

The Parties acknowledge and respect the importance of subsidiarity.

The Parties agree for the need for many decisions to be made as close as possible to the people affected by them.

13. Dispute resolution process

All Parties will make every effort to work collaboratively in the best interests of the East London system, and to avoid disputes. Should disputes arise the parties will follow the agreed dispute resolution process to resolve the disputes as quickly as possible and to minimise impact on delivery.

Individual Party's concerns should be raised in the first instance with the Independent Chair of the ELHCP Partnership Board. This should be in writing clearly stating the basis of the concerns, including where applicable the concerns and the rationale behind the dispute.

The Independent Chair will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the Independent Chair will propose a formal resolution process, which may involve reference to national guidance and best practice.

14. Termination

Each Party may terminate its participation in this Partnership Agreement by giving the other Parties no less than 30 days' notice in writing.

The Independent Chair will endeavour to find an informal resolution to the dispute through discussion and mediation. Where agreement cannot be reached using informal resolution processes the Independent Chair will propose a formal resolution process, which may involve reference to national guidance and best Practice. Parties may terminate the Partnership Agreement with the written agreement of all of the Parties.

15. Law

This Partnership Agreement will be governed by the laws of England and the courts of England will have exclusive jurisdiction.

16. Review process

This Partnership Agreement will be reviewed and updated from time to time to enable good practice governance to be recognised and built upon to identify and address areas for development.

17. Code of conduct

The Finance Strategy Group has agreed ELHCP principles which are listed in **Appendix B**.

The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The seven Nolan principles are listed in **Appendix B**.

The Parties are asked to adopt these above principles as the basis for collaborative working across the partnership arrangements.

18. Amendment

Parties agree that this Partnership Agreement may be varied only with the written agreement of all of the Parties. Such amendments will be included in an addendum/appendix to this Partnership Agreement.

Appendices

Appendix A – Governance

Appendix B – Principles

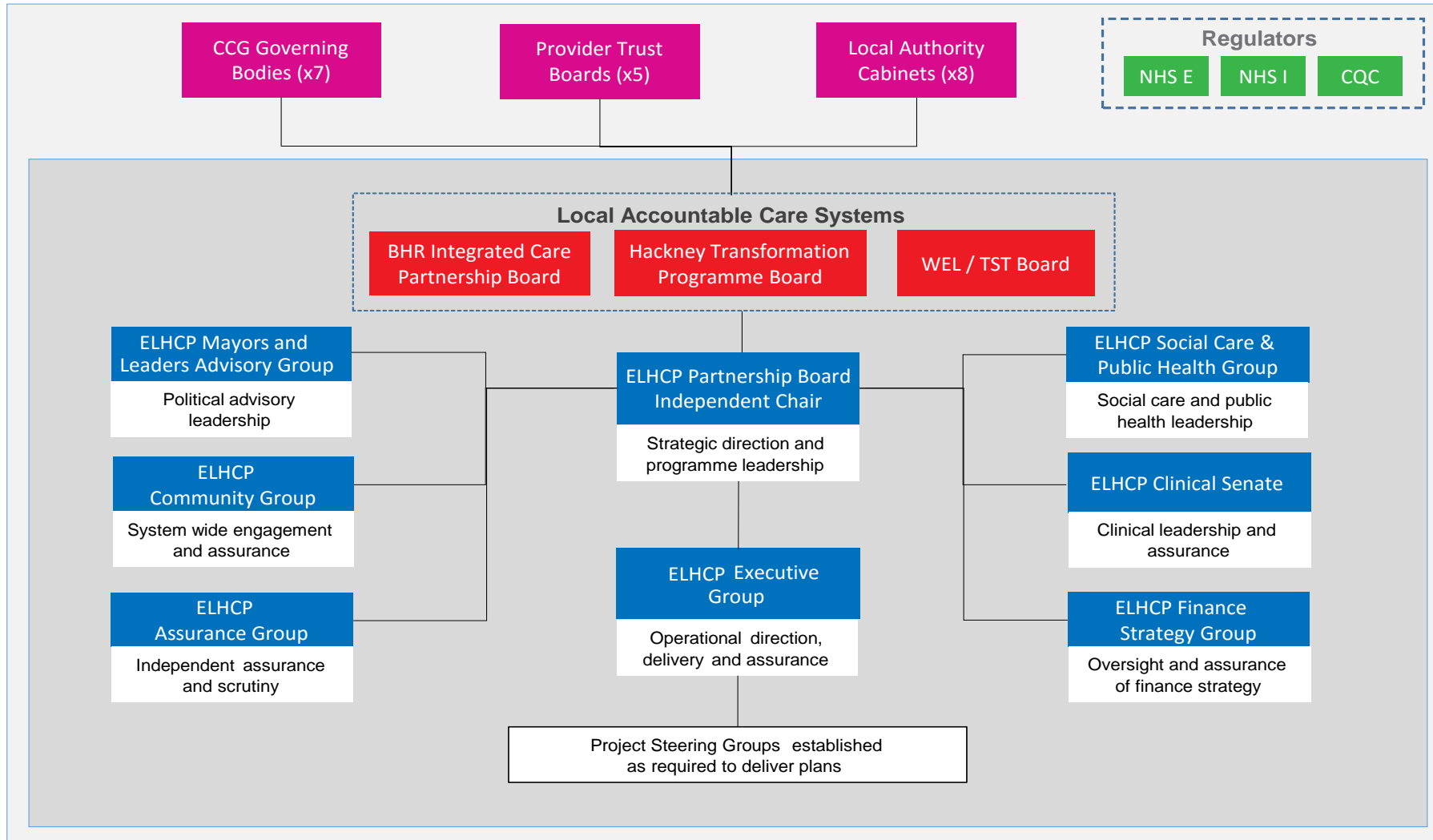
Appendix C – Roles

Appendix D – Sign off by the Parties

Appendix A.1 Governance Structure for the East London Health and Care Partnership



Governance structure



Appendix A.2 Draft Terms of Reference for ELHCP Governance Groups

A 2.1 Draft Terms for Reference for the ELHCP Partnership Board

Purpose

- To provide strategic direction to the ELHCP STP programme (based on the decisions by the statutory organisations)
- To oversee and assure the delivery of all elements of the ELHCP STP Plan
- To address / resolve escalated system-level risks and issues
- To generate effective partnership working and a sense of common purpose between the system partners
- To provide oversight and assurance of the funding for the ELHCP STP programme
- To approve initiatives/frameworks/tests/plans/collaborative commissioning/standards

Membership

- 1 x Independent chair
- 1 x ELHCP STP Executive Lead
- 1 x Chief Executive of Barts Health NHS Trust
- 1 x Chief Executive of the Homerton University Hospital Foundation Trust
- 1 x Chief Executive of Barking, Havering and Redbridge University Hospital NHS Trust
- 1 x Chief Executive of East London Foundation Trust
- 1 x Chief Executive of North East London Foundation Trust
- Nominated Representative/s of East London Commissioners (CCGs)
- 1 x Chair of Local Workforce Action Board^[1]
- 2 x Co-Chairs of the Clinical Senate
- 1 x Acute Sector Clinician^[2]
- 1 x Mental Health Sector Clinician²
- 2 x Nominated representative from the Community Group
- 1 x Local Authority Chief Executive representative from Barking, Havering, Redbridge area
- 1 x Local Authority Chief Executive representative from City and Hackney area
- 1 x Local Authority Chief Executive representative from Tower Hamlets, Waltham Forest, Newham area
- 1 x Representative from the Mayors and Leaders Advisory Group
- 1 x Representative from a Director of The Social Care and Public Health Group

Additional Attendees / Advisory

- Representatives of GP federations
- 1 x HealthWatch observer
- 1 x representative from the ELHCP Finance Strategy Group
- 1 x NHS England representative (regulator)
- 1 x NHS Improvement representative (regulator)
- 1 x NHS England Specialised Commissioning representative
- 1 x Local Authority representative for prevention commissioning
- 1 x Health Education England representative
- 1 x UCLP

^[1] The chair of the Local Workforce Action Board (LWAB) will be represented as an accountable office of one of the Parties

^[2] Endorsed by the ELHCP Clinical Senate

Quorum

At least three quarters of the membership of the ELHCP Partnership Board, including:

- An Independent Chair (or an agreed deputy)
- 1 x acute trust representative
- 1 x mental health trust representative
- 1 x CCG representative
- 1 x Clinical Senate representative
- 1 x Local Authority representative
- 1 x Community Council representative

Voting arrangements

This is a unitary board, where motions will be passed by a majority vote, where a majority is defined as at least three quarters of the votes cast.

In advance of any vote all voting members must declare any potential conflicts of interest. The Independent Chair will decide on whether any potential conflict of interest should preclude a member from voting on a particular issue.

Reporting

This ELHCP Partnership Board reports and is accountable to the statutory organisations in the ELHCP system

Frequency

Monthly. Alternative month seminar meeting.

Under exceptional circumstances extra ordinary meetings of the ELHCP Partnership Board may be arranged.

Requests for extraordinary board meetings must be raised to the Independent Chair for consideration.

A.2.2 Draft Terms for Reference for East London Health and Care Partnership (ELHCP) Executive Group

Purpose

- Provide operational direction and assurance to the delivery of the STP plan, ensuring it provides high quality, sustainable integrated care for the people of East London (EL)
- Provide a forum for the Executive Group to identify and appraise solutions and options for addressing the major system-wide service, quality and financial challenges. Ensure a pipeline and forward plan/work programme of to take forward solutions.
- Provide oversight and assurance to the key governance groups in the ELHCP governance that report into the Executive Group, reviewing quality, operational delivery, transformation, performance and financial management.
- Hold Senior Responsible Officers (SROs) to account for the development and delivery of the STP delivery plans, addressing the service, quality and financial challenges
- Ensure opportunities for bidding for transformational funding are maximised and provide oversight to bid.
- Provide oversight and assurance to the Finance Strategy Group in developing the financial strategy
- Assure the collective delivery of Quality, Innovation, Productivity and Prevention (QIPP)/Cost Improvement Programme (CIP) across the system, providing oversight to the three system delivery Boards.
- Drive the delivery of the EL STP programme at pace
- Manage risk and mitigation plans, escalating key risks and issues to the East London Health and Care Partnership (ELHCP) Board
- Oversee the development of a programme of organisational development (at system level) to support the strengthening of the ELHCP and the delivery of the STP
- Identify the key messages and communications required to enable local people and staff in EL to understand the ambitions and impacts of the STP on health and care services and outcomes
- Ensure adequate resource is available to support the ELHC STP programme of work, including providing oversight to the sourcing of support external to EL from other parts of the wider system, e.g. Healthy London Partnership, NHS England/Improvement resources.
- Analyse the gap in the system

Membership

- 1 x ELHCP STP Executive Lead (Chair)
- 1 x ELHCP STP Finance Lead
- 1 x Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust
- 1 x Chief Executive, Homerton University Hospital Foundation Trust
- 1 x Chief Executive, Barts Health NHS Trust
- 1 x Chief Executive, East London NHS Foundation Trust
- 1 x Chief Executive, North East London NHS Foundation Trust
- 1 x Chief Executive, London Borough of Waltham Forest, ELHCP LA Lead & representing the Waltham Forest and East London (WEL) system
- 1 x Chief Executive, London Borough of Hackney, representing the City and Hackney system
- 1 x Chief Executive, London Borough of Havering, representing the Barking, Redbridge and Havering system
- 1 x Chief Officer, Barking, Havering and Redbridge CCGs
- 1 x Chief Officer, Newham CCG
- 1 x Chief Officer, Tower Hamlets CCG
- 1 x Chief Officer, City and Hackney CCG
- 1 x Chief Officer, Waltham Forest CCG

- 1 x BHR & WELC POD Director, North East London and Anglia Commissioning Support Unit
- 1 x ELHCP STP Programme Director
- 1 x ELHCP STP Director of Communications
- 1 x ELHCP STP Director of Provider Collaboration
- 1 x representative from the Clinical Senate

Reporting

Reports and is accountable to the ELHC Partnership Board

The following groups report to the Executive Group:

- Operating Planning Group
- Finance and Activity Group
- Transformation Steering Group (TSG) (N.B. The steering groups associated with the 8 delivery plan work streams report into the TSG e.g. Local Workforce Action Board, Digital etc.)
- The delivery Boards for the three systems: City & Hackney, WEL, BHR

Frequency

Monthly

Quorum

Chair of the group or the delegated member to represent the chair.

2 x Chief Executives of provider trusts

3 x Chief Officers of CCGs

1 x Chief Executive of LA

3 x ELHCP Directors

Deputies

Where members of the group are unable to attend a specific meeting, deputies with executive level accountabilities may be substituted.

Standing Items

Reports from:

- Operating Delivery Group
- Finance and Activity Group
- Transformation Steering Group (N.B. The steering groups associated with the 8 delivery plan work streams report into the TSG e.g. Local Workforce Action Board, Digital etc.)
- The delivery Boards for the three systems: City & Hackney, WEL, BHR
- Items as required on: communications and engagement, OD, governance

A.2.3 Terms for Reference for ELHCP Clinical Senate

Purpose

- To develop the clinical strategy that will deliver the requirements set out in the East London Sustainability and Transformation Plan, considering the three main areas that the STP addresses:
 - The health and wellbeing gap
 - The care and quality gap
 - The financial gap
- Not only addressing current issues but addressing needs beyond the horizon of the 5-Year Forward View
- To ensure that this strategy reduces the variation in care with the aim of giving every resident of East London access to the same standard of care and chances of good health and good healthcare outcomes; it being understood that local delivery systems will vary in structure and function
- The Clinical Senate will look for cost-effective solutions that free up resource to be directed to appropriate priority areas
- Their advice should support the development of appropriate commissioning and contractual arrangements
- To ensure that quality and safety of care is properly considered in its work and recommendations and provide relevant assurance especially around reconfiguration and service redesign
- To oversee arrangements for measuring the access to and quality of care on a systematic basis across key results areas to enable benchmarking
- Discuss options for changes to services, making joint recommendations to the Boards of the various NHS Organisations across East London, both commissioner & provider;
- To monitor system issues or vulnerable services
- To work together to identify system solutions
- To design and recommend clinical change to the Transformation Steering Group for initiative work-up

Principles

- To be ambitious for the population we serve and act as their advocates
- To be a collaborative coalition of professionals who can think, advocate and advice beyond the walls of our individual organisations to support this common purpose, in so doing gaining understanding of the whole care pathway
- Provide a forum where collective knowledge on clinical issues and strategic options for reconfiguration and transformation can be shared and discussed
- Provide a mechanism for increased participation and advice from clinicians and other professionals in strategic direction setting in East London
- Thus being able to lead transformational change across the whole care pathway
- To attend regularly, contribute regularly and be encouraged and supported to do so and to build a powerful, authoritative, collaborative body
- To be focused, use our time wisely and complete our business effectively
- Seek and commission expert advice from within East London and beyond as necessary and look to learn from successes here and elsewhere
- To commit to develop as leaders and visibly support the development of clinical leadership among the wider body of clinicians in East London
- To demonstrate that we can deliver recommendations for transformational change to build confidence in our capability

Membership

Co-chair, Appointed from CCG Chairs below

Co-chair, Appointed from Medical Directors below

CCG Chair, City & Hackney CCG

CCG Chair, Tower Hamlets CCG

CCG Chair, Newham CCG

CCG Chair, Waltham Forest CCG

CCG Chair, Havering CCG

CCG Chair Barking and Dagenham CCG

CCG Chair, Redbridge CCG

Medical Director, Barts Health NHS Trust

Medical Director, Homerton University Hospital Foundation Trust (HUH)

Medical Director Barking, Havering and Redbridge University Hospital NHS Trust (BHRUT)

Medical Director, East London Foundation Trust (ELFT)

Deputy Medical Director North East London Foundation Trust (NELFT)

NHS England Medical Director for North East London

NHS England Medical Director for Specialised Commissioning London

Director of Nursing, Barts Health NHS Trust

Director of Nursing, HUH

Director of Nursing, BHRUT

Director of Nursing, ELFT

Director of Nursing, NELFT

A GP provider lead – nominee to be agreed by GP Federations

A Director of Adult Social Services

Director of Public Health, Newham STP PH Lead

SRO, Transformation Programme ELHCP STP

STP and Accountable Officer BHR CCGs

Queen Mary University London Representative

UCL Partners

CAG Medical Directors Barts Health Hospital Sites (N=3)

Nurse Directors Barts Health Hospital sites (N=3)

Decision Making & Quorum

Quorum: At least 1 Co-chair 2 CCG Chairs and 2 Provider Directors (Medical or Nursing), SRO (or their representatives), and ensuring all three of the local areas are represented

Administration and Handling of Meetings

The ELHCP STP PMO will be responsible for providing administrative support to the meeting and for circulating agenda and papers at least seven days in advance of the meeting taking place.

Frequency, conduct and reporting of Meetings

- There should be an annual planned work programme that sets out the priorities based on the Sustainability and Transformation Plan that is agreed with the STP Programme Board.
- Meetings should be held 2-monthly to synchronise with the STP Board.
- In alternate months the Clinical Senate should meet to discuss key clinical issues related to other STP programmes, for political awareness and horizon scanning and to support its development
- The Chair and the SRO for Transformation supported by any other Clinical Senate Members present, will present findings and recommendations to the STP programme board so that accountable officers can consider and enact them as individual organisations and in the collaborative systems emerging in north east London
- Each paper presented should have clear rationale in regard to the above and clearly set out what decisions are required
- A clear annual work programme based on transformation programme with clear links to STP deliverables; this should include “quick wins”
- Ensure appropriate interaction and alignment with other work programmes the particularly the Workforce Programme through specific papers but through regular updates and attendance which could be scheduled into the work programme
- The clinical senate should continuously reflect on its effectiveness and could briefly review this at the end of each meeting and could use local resources such as the Staff College to support this
- Action notes from each meeting will be taken and approved at the subsequent meeting. Action notes will be forwarded to the Integrated Care Coalition (ICC), Transforming Services Together Board (TSTB) and Hackney Health and Social Care Transformation Board.

Resources

- Members of the Clinical Senate will be supported in their attendance and work by their individual organisations and these roles are not additionally remunerated
- Administrative and analytic support will be provided by the STP Programme and through its PMO.
- The Co-chairs are expected to commit one day a month each to the programme, again resourced by

their organisation

Accountability/Governance

The clinical Senate is accountable to the East London Health and Care Partnership Board.

A.2.4 Terms for Reference for Social Care and Public Health Group

Purpose

- To provide professional leadership and assurance in social care and public health
- ToR to be confirmed by the Group in 2017.

Membership

- Directors of Public Health
- Directors of Social Care
- Other TBC

Quorum

To be confirmed

Reporting

Advisory to ELHCP Partnership Board.

The Group will provide a social care and public health view on all issues before these are presented to the ELHCP Partnership Board (and these meetings will be scheduled to enable this flow of business).

Frequency

To be confirmed

A.2. 5 Draft Terms for Reference for ELHCP Finance Strategy Group

Terms for Reference for ELHCP Finance Strategy Group

Purpose

- To lead the development of the ELHCP integrated financial strategy
- To provide strategic direction on the approach to achieving the overall system control total making recommendations to the ELHCP Board for onward recommendation to partner governing bodies/boards.
- To oversee and make recommendations on the allocation of the Sustainability and Transformation Funding including Estates and Technology Transformation funding
- To manage the central CCG risk pool and other matters as requested by the STP Board

Membership

- 1 x ELHCP STP Independent Chair
- 1 x ELHCP STP Executive SRO
- 1 x ELHCP STP Finance Lead
- 5 x Trust Directors of Finance
- 3 x CCG representatives
- 2 x Audit Chair
- 1 x NHSE London Finance Director
- 1 x NHSI representative
- 3 x nominated Local Authority Director of Finance

Reporting

Reports and is accountable to the ELHCP Partnership Board

Frequency

Bi-monthly / quarterly

A.2.6 Draft Terms for Reference for the ELHCP Community Group

Purpose:

The Community Group is established as a subgroup of the East London Health and Care Partnership. Representing key partners and stakeholders, community (patient and public involvement groups) and the Voluntary Community Social Enterprises sector, its purpose is to act as a reference group to the Partnership – helping it to develop strategies, plans and activities and recommending the most effective ways for it to communicate and engage with its target audiences.

The Group will be formed of key organisations and individuals, who through their pooled knowledge, skills and expertise of the east London health and care landscape, can bring a unique perspective on the changes that may be needed in order to achieve the Partnership’s goal of helping the people of east London live happy, healthy and independent lives.

In its capacity, the Group will have the scope to contribute to decisions taken at Board or Executive level, through Group member representation at the Board and any other relevant committees or groups.

Aims:

1. To collaborate with the wider Partnership (i.e. Board, other committees and member organisations) acting as a reference group for the development of strategies, plans and activities;
2. To recommend the most appropriate ways in which the Partnership should seek to engage, involve, consult and collaborate with local people;
3. To support effective Partnership communications and engagement activity, especially through the Group members’ existing channels;
4. To support the Partnership’s STP delivery plans and priorities

The STP delivery plans are: Delivery plan 1 - Promote prevention and personal and psychological wellbeing in all we do; Delivery plan 2 - Promote independence and enable access to care close to home; Delivery plan 3 - Ensure accessible quality acute services ; Delivery plan 4 - Provider Productivity; Delivery plan 5 - Estates Infrastructure; Delivery plan 6 - Specialised Commissioning; Delivery plan 7 - Workforce; Delivery plan 8 - Digital Enablement

Objectives:

An initial objective of the Group will be to review and agree the purpose, proposed structure and ways of working. This will also be reviewed and agreed on an annual basis.

More broadly, and once the Group is formally established, its longer terms objectives as a reference group and communications and engagement network are outlined below.

1. Devise an effective working model for the Group to engage with the wider Partnership;
2. Ensure the interests of the organisations and groups/bodies the Group represents are epitomised;
3. Work closely with the Partnership’s communication and engagement leads to ensure information and communication/ engagement activity and inputs are well designed and effective, adhere to best practice, and reach intended audiences;
4. Contribute to policy development through the creation of time limited reference groups, which considering how specific goals and challenges of the STP can best be met, taking information and views from external groups.

Accountability and Reporting Arrangements:

The Group is accountable to the Partnership Board.

The Group will have two nominated representatives at every Partnership Board; however, there may be occasions where representation from more than two Group members is required, for example, to present/update on a specific piece of work.

The Board will nominate one representative (other than the Group representative) to attend Group meetings. Equally, a nominated representative from one of the other committees may be required to attend Group meetings.

Membership:

The proposed membership takes account of the various patient/public groups, voluntary, community and third sector organisations, specialist charities, education, business and professional representatives (such as the Police). Each organisation is invited to put forward two members that will represent them at the Community Group. Members should be at a senior level within their organisations, and have a comprehensive understanding of the health and social care agenda, at a local, regional and national level.

The full Group will be expected to meet at least twice a year. Outside of the formal Annual General Meeting type meetings, there is an expectation that relevant members will meet to deliver or support more focused pieces of work, including undertaking equalities impact assessments e.g. around Prevention.

The membership has been grouped within their relevant sector.

1. Patient/public groups	2. Voluntary/third sector/specialist orgs	3. Community group
<ul style="list-style-type: none"> • Healthwatch • Patient Advisory Board • Patient Participation Networks 	<ul style="list-style-type: none"> • Age UK • Stroke Association • Diabetes UK • Cancer Research UK • Macmillan Cancer • British Heart Foundation • Mind • Alzheimer’s Society • Community Waltham Forest 	<ul style="list-style-type: none"> • Faith Groups
4. Education	5. Business	6. Professional/other
<ul style="list-style-type: none"> • Queen Mary University • Youth Parliament • University of East London • Local Colleges • Local Schools 	<ul style="list-style-type: none"> • Chambers of Commerce • East London Business Alliance • Canary Wharf Group • City of London 	<ul style="list-style-type: none"> • London Ambulance Service • Police • Fire Service • Local Medical Committee • Local Pharmacy Committee • Local Opticians • Staff-side Representatives/Unions • Independent Influencers • Foundation Trust Council/s • Equalities Group/s

Nomination and the Role of the Chair, Vice Chair and Sub-Group Leaders:

The Community Group must nominate a chair and vice chair. It will ultimately be for the Group to decide the process for doing this; however a suggestion could be through a ballot process.

The Group might also want to nominate two chairs; one representing the patient voice and the second, representing the professional, statutory and business organisations. These are essentially the two overarching and distinct membership groups of the Group. They might comprise both a chair and vice chair.

The Chair/s or vice chair/s represent the Group at Programme Board level, and as such represent the interests and consensus view of the Group.

Sub-group leaders will be selected by members for discreet, targeted pieces of work. They will be responsible for leading the delivery for a specific project, and will feed back to the Programme Board and the wider Group on the outcomes/outputs of their work.

Quorum:

While the Group is not a formal decision making body, and more of a reference group, it is suggested there be a quorum for meetings of the whole Group – namely 50% membership, including at least the Chair or Vice Chair.

Frequency of Meetings:

It is suggested the Group will meet twice a year unless otherwise agreed. Any sub-groups of the Group may meet more often as appropriate.

Authority:

The Group is authorised to investigate any activity within its terms of reference. It is authorised to seek and may secure the information it requires from any Partnership organisation and all employees are directed to co-operate with any request made by the Group.

Monitoring Effectiveness:

In so far as is required, in order to support the continual improvement of the Group will complete an annual self-assessment of the effectiveness of the Partnership; present a report to each Partnership Board meeting; and undertake an annual review of the terms of reference for the Group, reaffirming its purpose and objectives. This Group will review the results of the assessment of its effectiveness and adjust its terms of reference accordingly.

Review of Terms of Reference:

The terms of reference will be reviewed annually and sent to the Board for ratification.

Additional:

The Partnership communications and engagement team will coordinate and provide administrative support to the principal meetings of the Group. However, any sub-groups of the Group may need to nominate one of its members (on a rotational or static basis) to coordinate and administer its own activities.

The Group will have access to the East London Health and Care Partnership's dedicated online resource – the Briefing Room – and will be able to use all available materials for their communication and engagement activity. Members of the Group will be able to submit content to the Briefing Room but would need to adhere to the site's editorial style and protocol and seek approval from the Partnership communications and engagement.

A small budget may be available from the East London Health and Care Partnership for the facilitation of meetings.

A.2.7 Draft Terms for Reference for ELHCP Assurance Group

Purpose

- To provide independent challenge and assurance to the ELHCP STP Board on the STP Plan and its delivery.
- To provide independent assurance to the constituent organisations within the ELHCP STP about the objectivity and transparency of the STP Plan and its delivery.

Membership

- NHS Trust audit chairs (5 members).
- CCG audit chairs (7 members, currently 4).
- Local Authority audit chairs (7 members).

Reporting

- To the ELHCP STP Board.
- To the Boards, Governing Bodies and Councils of the constituent organisations within the ELHCP STP. This would be through the audit chair of each organisation or other arrangements to be determined locally.

Remit

- Assess the effectiveness of the Board Assurance Framework established by the ELHCP STP, including commenting as necessary on developing governance and accountability arrangements.
- Assess compliance with the Memorandum of Understanding (MoU) agreed by the ELHCP STP.
- Assess the adequacy of the arrangements established to account for the funds available to the ELHCP STP from the NHSE and constituent organisations.
- Ensure that there are effective arrangements in place for the external and internal audit of the resources available to the STP.
- Assess the arrangements established by the ELHCP STP to secure economy, efficiency and effectiveness in the use of resources.
- Assess the effectiveness of the arrangements established to manage conflicts of interests that might arise.

The Group may, as necessary, request the attendance of any ELHCP STP officer or Board member to a meeting of the Group to seek explanations about the issues under consideration.

Frequency

- At least four times a year.

Quorum

- A minimum of three members, including at least one audit chair from an NHS Trust, a CCG and a local authority.

Resources

- ELHCP STP officers to provide support and advice to the Group as requested.

A.2.8 Terms for Reference for Mayors and Leaders Advisory Group

Purpose

- To provide a forum to represent the views of political leaders in East London on the ELHCP Partnership
- To provide feedback to the ELHCP Partnership Board on elements of the plan
- To provide a forum for political engagement on the EL STP

Membership

- Leader or nominated representative of London Borough of Waltham Forest¹
- Mayor or nominated representative of London Borough of Hackney¹
- Chair of Policy & Resources Committee or representative of City of London Corporation¹
- Mayor or nominated representative of London Borough of Tower Hamlets¹
- Mayor or nominated representative of London Borough of Newham¹
- Leader or nominated representative of London Borough of Barking and Dagenham¹
- Leader or nominated representative of London Borough of Havering¹
- Leader or nominated representative of London Borough of Redbridge¹
- Independent EL STP Chair

Reporting

Advisory to the ELHCP Partnership Board

Frequency

Quarterly

¹ To be nominated by the respective local authority

Appendix B – Principles

In addition to the ELHCP Principles in Section 5, the Parties have adopted the following:

- ELHCP Financial Principles (agreed by the Finance Strategy Group in March 2017)
- The Nolan Principles

B.1. ELHCP Finance Principles

The following principles were approved by the Finance Strategy Group in March 2017:

All members of the ELHCP Partnership pledge the following:

B.1.1 System Control:

Commitment to delivering a system control total.

B.1.2 Openness and transparency:

Openness and transparency, with all parties agreeing to share information.

B.1.3 Shared objectives:

A shared objective of mutual support. Joint and shared accountability for system income & expenditure (I&E) between providers and commissioners and shared mutual responsibility and accountability for the control of operational expenditure.

B.1.4 Accountability:

That providers and commissioners are equally accountable for planning and managing the delivery of care in a way that meets demand and delivers constitutional standards.

B.1.5 Clinical strategy:

That commissioning, service planning and transformation must be based on a clinical strategy that is constrained within a determined financial envelope.

B.1.6 Incentives:

Current payment systems do not incentivise delivery of improved outcomes. Changes to the reimbursement of patient pathways is needed to incentivise whole system efficiency and effectiveness and improved outcomes delivered through better system integration.

B.1.7 Transformation Programme:

A clinical transformation programme must be jointly owned by providers and commissioners. It must be operationalised and delivered by provider clinicians and operational professionals and they must be properly resourced, incentivised and held to account for delivery.

B.1.8 Compensation:

Where key strategic decisions may be in the best interests of the patient but may have a differential impact on individual organisations, the beneficiaries of any change must fairly compensate the losing entity.

B.1.9 Transitional support:

Transitional support must enable acute providers to deal with stranded costs associated with moving to new models of care.

B.1.10 Prevention:

Prevention and upstream investment need to be prioritised to enable our residents to lead healthier lives.

B.2 The Seven Nolan Principles

B.2.1 Selflessness:

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

B.2.2 Integrity:

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

B.2.3 Objectivity:

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

B.2.4 Accountability:

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

B.2.5 Openness:

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

B.2.6 Honesty:

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

B.2.7 Leadership:

Holders of public office should promote and support these principles by leadership and example.

Appendix C – Roles of the governance bodies

1. Partnership Board

The ELHCP Partnership Board will:

- a) approve the EL STP;
- b) review and update the EL STP, when necessary;
- c) prepare a EL STP programme plan, which will:
 - convert the high level EL STP into individual projects;
 - prioritise the projects taking into the account, for example, the following:
 - **benefits** - which projects are "low hanging fruit", which can be implemented quickly and simply
 - to achieve a material benefit and which projects will lead to the greatest benefits;
 - **funding** - which projects do not require funding, which projects do require funding, but the
 - funding can be procured and which projects require funding and the funding will not be available at this stage;
 - **dependencies** - which projects have dependencies upon the implementation of other projects;
 - **complexity** – which projects are complex and might be better implemented once the Parties have more experience of working together;
 - allocate projects to different phases, starting with phase 1;
 - offer an initial view as to which Parties may be interested in each relevant project or whose services may
 - be affected by the project e.g. if the project affects acute care;
 - communicate the programme plan and the reasoning behind it clearly to the Parties;
- d) prepare a communication plan, which will generate effective partnership working and a sense of common purpose between the Parties;
- e) circulate "Lessons Learned" reports from the ELHCP Project Boards, with its comments.

2. ELHCP Clinical Senate/ ELHCP Finance Strategy Group/ ELHCP Community Group/ ELHCP Assurance Group

The **ELHCP** Clinical Senate/ **ELHCP** Finance Strategy Group/ **ELHCP** Community Group/ **ELHCP** Assurance Group will:

- a) provide advice to the EL STP on all matters referred to in Paragraph 1; and
- b) on request, provide advice to the EL STP Project Boards.

Appendix D – Sign Off by the Parties

Through signing this East London Health and Care Partnership Agreement the Parties listed below will:

- Agree to the objectives in this document and work collaboratively to achieve these
- Agree to the partnership principles and processes outlined in this document
- Recognise the partnership structure outlined in this document for the ELHCP and support this locally

The signatories to this Partnership Agreement should be properly authorised to represent their respect organisations in entering into the commitments outlined in this document.

Signed on behalf of:	Signature:	Name:	Title:	Date:
Barking and Dagenham CCG				
Barts Health NHS Trust				
Barking, Havering and Redbridge University Hospitals NHS Trust				
City and Hackney CCG				
City of London Corporation				
East London NHS Foundation Trust				
Havering CCG				
London Borough of Barking and Dagenham				
London Borough of Hackney				
London Borough of Havering				
London Borough of Newham				
London Borough of Redbridge				
London Borough of Tower Hamlets				
London Borough of Waltham Forest				
Newham CCG				
North East London NHS Foundation Trust				
The Homerton University Hospital NHS Foundation Trust				
Tower Hamlets CCG				
Redbridge CCG				
Waltham Forest CCG				

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