Healthy London Partnership

London Health and Care Strategic Partnership Board

29 September 2017

Title:	Supporting integration of health and care in London
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Purpose of paper:	This paper provides an update on the emerging health and care integration programme of work. Integration is a key area of work for the SPB. At the last meeting, the SPB emphasised the importance of focusing on broader integration efforts rather than organisational form, and developing a coherent approach in London. These provide the focus of this paper.
Action required by Board members:	• **Comment** on the draft narrative for health and care integration (pg. 5). • **Note** the progress of the integration working group (pg. 7). • **Endorse** or refine the draft principles for ACSs in London (pg. 11). • **Endorse** an approach to terminology which brings coherence to health and care integration efforts in London (pg. 13). • **Comment** on how London could best engage with the national ACS programme (pg. 15).
Partnership considerations:	Health and care integration is predicated on multi-partner collaboration, within and between geographic levels in London.

DRAFT

The London Health and Care Strategic Partnership Board (SPB) is the 'custodian' of integration of health and care in London

Developing areas of focus for the SPB

Estates

- Receives reports from the London Estates Board (LEB).
- Identifies opportunities for greater strategic alignment with emerging clinical strategies.
- Assesses progression against gateway criteria and ratifies progression through phases of operation by way of recommendations to accountable member organisations.

Workforce

Receives reports from the London Workforce Board (LWB).

Prevention

Receives reports from the London Prevention Board (LPB).

Integration

1

Provides governance and oversight of integration

- Oversight of integration support offer, including mechanisms to share and spread learning and development of core visions and narrative.
- Develops principles for ACSs in London;
- Ratifies pipeline of emerging health and care systems.
- Oversight of Better Care Fund work in London.
- Oversight of regulation programme of work.

2

Devolution/ delegation of NHS England functions

- Supports the development of the Partnership Commissioning Board.
- Ultimately becomes the forum for decisions on the application of transformation funding.

Wider Strategic Leadership Functions

Functions include:

- Supporting strengthening of relationship with LHB and associated political oversight of devolution;
- Supporting and provides outsight of wider health and care transformation;
- Advocating for London.

Update

At the August SPB:

We shared learning on emerging options for ACS development.

We discussed the developing London narrative on health and care systems and how partners could best address regulatory barriers by working collectively with NHS England, NHS Improvement and CQC.

The SPB emphasised the importance of:

- Focusing on broader integration efforts rather than organisational form,
- Testing any emerging organisational models through case studies.

We have focused on

- Developing the narrative and vision of integration in London.
- Testing London's permissive approach to health and care partnerships at different spatial levels.
- Supporting local integration, focusing on:
  - population health,
  - developing system outcomes.
- Engaging with local, multi-borough systems and STPs regarding their integration ambitions.
- Using case studies to identify options for integrated commissioning, governance and delivery and explore the implementation challenges.
- Iterating integration and ACS principles to support the development of 'must dos' and criteria for an effective ACS.

The focus of today:

- Discussing a draft narrative for health and care integration.
- Clarifying how ACSs fit within wider integration efforts.
- Updating on approaches to integration across London.
- Discussing how health and care systems at different spatial levels could be mutually reinforcing.
- Agree an approach to terminology regarding health and care systems in London.
- Explore how London could best engage with national work on accountable care.

Draft narrative and approach

The emerging London narrative builds on the Better Health for London ambitions for health and care in London DRAFT FOR DISCUSSION

Give all London's children a healthy, happy start to life

Get London fitter

Make work a healthy place to be in London

Help Londoners to kick unhealthy habits

Fully engage and involve Londoners in the future health of their city

Put London at the centre of the global revolution in digital health

Care for the most mentally ill in London so they live longer, healthier lives

Enable Londoners to do more to look after themselves

Ensure that every Londoner is able to see a GP when they need to and at a time that suits them

Create the best health and care services of any world city, throughout London & on every day

London is a place that enables health and wellbeing

Wellbeing is at the heart of all services and is actively promoted throughout health and care.

Support is holistic, addressing the wider determinants of health and wellbeing.

Healthy choices are easy choices.

Londoners are supported to live longer, healthier and independent lives.

Londoners shape their health and care services

Londoners feel that they can contribute towards shaping their care system and are actively listened to.

Local politicians are part of local and regional health and care governance and decision-making

Londoners are supported to manage their health and care

Education and support empower Londoners to take better care of their own health.

Londoners are supported to manage long term conditions independently remaining in their homes and reducing dependency on formal services.

Londoners have more choice and availability of services, particularly in the community

Londoners have control over the support they want that best meets their needs.

London's services reflect and meet the needs of London's diverse communities.

Care in the community becomes the norm.

Londoners' best bed is their own bed.

Londoners are supported to die in their place of choice.

Londoners experience unified health and care

Londoners experience health and care as a joined up system with one access point.

Health and care staff work seamlessly, supported by better sharing of information across health and care and joined up commissioning.

Quality of health and care is high across London

Care is standardised where needed to ensure high quality of care for every Londoner.

Londoners can rely on robust systems to support high quality and safe services. If things go wrong, the system works together to respond quickly.

London has a high quality and resilient health and care workforce

London has a workforce to meet Londoners' health and care needs

London attracts the best talent.

Health and care careers are highly attractive to young Londoners.

Health and care workers can afford to live and work in London.

1 Our support offer in London remains focused on supporting health and care integration, irrespective of organisational form

Many of the support asks are common, irrespective of the pace, priority or ambition of different local partnerships.

Integration journey

- Identify population wants and needs
- Identify key partners
- Agree key priorities and high-level shared outcomes
- Determine care model to deliver these priorities

Examine appropriate organisational form e.g. collective governance, accountability, shared budgets.

Accountable care systems work
page 10

Support requirements

★ **Population health management capabilities**

★ **Developing system-based outcomes**

Data and analytics

System leadership

Organisational development

Reinforcing regulatory environment
Planning for a workshop with CQC, NHSE and NHSI: systems based regulation through case studies

Reinforcing payment models and commissioning/contracting arrangements

★ Focus of 15th September working group meeting page 7

1

Update from 15 September Integration Working Group

Overview of group

- Across London, a number of health and care partnerships are working in a more integrated way at different spatial levels. This working group brings partnerships together to share and spread learning, shape the support offer, and look at how integration efforts fit together across the city.
- We are considering how we can support emerging ACSs to progress in London. However, it is clear that ACSs are only one 'flavour' of locally based integration efforts. Most partnerships have a number of common challenges and support needs, regardless of the scale of the proposed integration or the ultimate organisational form.
- The areas of focus of this meeting are relevant for all those looking to take a more integrated approach to health and care.

1. Supporting local systems and sharing learning

Population health

- Sharing of learning
- Discussion of next steps and London-level support

Partnerships in London are working together to try and truly understand the wants and needs of their populations. This forms the foundation of the aims and outcomes that these partners will then collectively work towards. Within the working group, there was enthusiasm for sharing learning in this area and understanding the support available within the London system.

- Vicky Hobart (DPH, Redbridge Council) described the approach to population health in Redbridge, and through the devolution pilot partnership (Barking & Dagenham, Havering & Redbridge).
- Yvonne Doyle (London Region Director, Public Health England) explained where Public Health England could support developing partnerships to move forward with their population health work.

Developing system outcomes

- Sharing of learning

Currently, the health and care system primarily measures success against activity or performance targets. A more outcomes-based approach aims to align partner priorities to support broader health and care aims.

Shirlene Oh from Imperial College Health Partners led a discussion on developing outcomes for health and wellness that matter to the population. Key areas of focus, informed by the WISH work, included the process of developing outcomes. Illustrative examples of outcomes frameworks (e.g. used in Dudley) were shared.

2. Strategic coherence

The possibility of submitting a London proposal for wave 2 of the NHS ACS development programme was explored. Local areas were asked for views on this approach and whether their local plans could inform a potential proposal.

DRAFT

1 The approaches to health and care integration work vary across London with many opportunities for learning

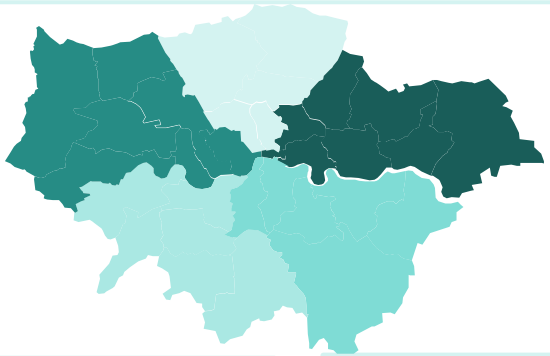
The summaries are not exhaustive, but reflect the updates provided from the Health and Care Systems Working Group and STP leads.

NWL

- Developing borough-based plans which each include integrated commissioning.
- Hillingdon has been testing a new contractual approach (shadow capitation) for the emergent 'Accountable Care Partnership' since April 2017
- Also considering how broader systems could operate within the STP footprint in a coherent way.
- Infrastructure for data and information sharing is in place across NWL covering Health & Care information in the WSIC dashboard
- NWL have agreed accountable care 'ingredients for success' and are aiming to take similar approaches to governance, risk sharing, population budgets, co-developed outcome measures

NCL

- CCGs are now working together with a single management team. Areas of focus include:
  - Urgent and emergency care
  - Care closer to home
  - Planned care
- Borough based approaches are developing. Islington CCG and borough have an integrated commissioning arrangements, including a joint commissioning team.
- Haringey and Islington have an Accountable Care Partnership agreement in place, with nearly all partners signed up and a developing governance architecture. Led by provider (Whittington) and local authority.



NEL

Loosely, three multi-borough geographies:

- 'One Hackney': a strong and broad partnership with ambitious integrated commissioning plans.
- BHR Accountable Care System: Joint working as a devolution pilot with population analysis underpinning clear vision and governance established. Focusing on: performance challenges and supporting primary care, community and wider provider engagement.
- WEL: Tower Hamlets MCP well established with a recent alliance contract developed with Barts, primary and social care. Focusing support on primary care capability and community models within borough-based geographies.
- To unlock this:
  - Data and digital
  - Developing outcomes
  - Team-based approaches
  - System leadership

SWL

Organising around four 'places', built around acutes, each with a Local Transformation Board. Collaborative work focused on the service model:

- Kingston & Richmond
- Epsom & St Helier
- Croydon
- St Georges

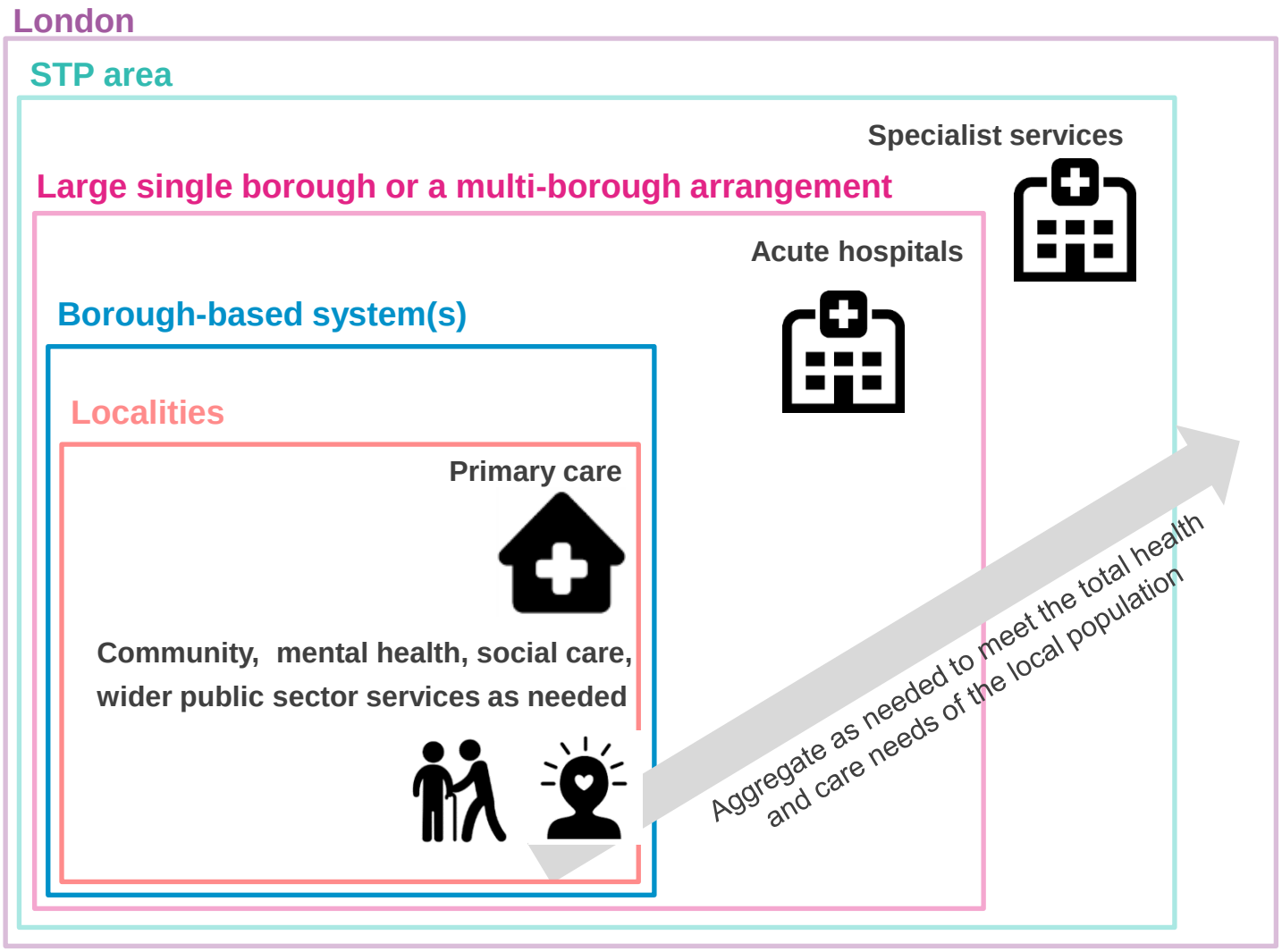
To unlock this:

- System-based leadership
- Analytics: aiming to build local view of total spend and cost.
- Capacity and on-the-ground support
- Clear approach to managing risk, particularly in smaller systems

SEL

- Partners have procured support to take stock of their integrated arrangements and ways to enable greater coherence between local approaches.
- Six distinct borough based approaches, mainly focused on primary and community care. The aim is for each borough to be served by robust community and primary care networks with at-scale general practice.
- Wider partnerships include the acute hospitals. Southwark and Lambeth Strategic Care Partnership was announced in March 2016.
- Overlying this a mental health offer for SEMI.
- Keen to ensure that institutions can be successful as individual organisations as well as within wider systems. This is particularly important for complex providers e.g. GSTT and Kings.

1 Every STP area is taking a borough-based approach – with aggregation as needed



- The core principle is of starting in a place with a defined population and building out from a primary and community care-based model.
- Within each level, the partners, priorities, care model, governance and accountability arrangements must be clearly defined. Arrangements will need to be aligned between different spatial levels, but preserving the principle of subsidiarity.
- We need consistent language regarding what we refer to as an accountable care system or partnership

Accountable care in London

1 In London, partners have asked for key principles for ACSs to ensure clarity and congruence across the system

The process of developing principles for accountable care in London

Within London, the appetite and ambition to develop accountable care arrangements varies within and between different local and sub-regional areas. The principles:

- Aim to assist local conversations, by providing clarity around the parameters of an ACS and what partners would need to enable them to move to this type of arrangement.
- Are intended to inform the minimum necessary for an ACS to be formed. They neither require areas to move forward with ACS arrangements, nor limit ambition.
- Must be co-developed and co-owned by the London system. Consistent with the principle of subsidiarity, they must enable local developments.
- Will be evidenced so far as possible, and tested with areas across London to ensure they work in the interests of local population needs and in a variety of circumstances.
- Will help to achieve congruence across the system and ensure arrangements are workable within the wider London system.
- Only apply to ACSs, and are not criteria for health and care systems more broadly.
- Will stay in draft until they have been tested. There are a number of questions relating to each suggested principle, which require working through.
- Must be clearly linked to the tangible benefits that accountable care aims to achieve for citizens.

Seven draft principles for ACSs in London have been identified

These principles are consistent with the national view but build on the priorities identified by health and care partners in London:

A **Put Londoners first**, with collaborative working enabling partners to better understand and meet the total health and care needs of their population.

B **Focus on keeping Londoners healthy**, with prevention being a fundamental part of the shared vision and population health management capabilities embedded.

C **All parties with a role in improving the health and care of the population will be involved in the ACS**, and will be committed to partnership working across organisational boundaries at every level. This will include 'horizontal integration' of providers and integration with primary and community care – either virtually or more formally*.

D **Partners will take collective responsibility for the total health and care needs of their population**, and for demonstrating shared outcomes which show tangible improvements for their local communities.

E Ensure that partners are collectively meeting needs and adapting to changes through **an agreed financial arrangement that enables collective management of resources** (e.g. through a system control total) and risk to be shared.

F **Formalise local partnerships**, through collective governance and decision-making*.

G Arrangements **maintain all the fundamental rights of Londoners**, including patient choice.

* These do not necessarily require changes to organisational form. Priority approaches would include closer partnership working.

1 These principles help us consider the potential benefits and challenges of aggregation

We always start by considering what can be achieved at borough-level. In some cases aggregation would be needed to meet as close to total health and care needs. Some commonality of language is likely to be helpful to support discussions across the city. However, the attribution of 'ACS' to a particular type of arrangement or spatial level does not undermine the strength, formality or decision-making at smaller or larger levels.

		Borough–based system		Multi-borough arrangements	STP
		Borough	Large borough with co-terminous acute		
A	*Partners understand and meet the **total health and care needs** of their population.*	Partnerships within boroughs level are key to meet many health and care needs. These likely to include primary, community and social care.	Partnerships may also be able to include acute hospitals, therefore meeting closer to total health and care needs.	Partnerships likely to be able to include acute hospitals, and perhaps some specialised services, meeting close to total needs.	Partnerships are likely to be able to meet almost all health and care needs. Size may not be workable to enable a tailored response to the needs of local populations.
B	*Focus on keeping Londoners healthy, with **prevention being fundamental**.*	Wider services (e.g. housing and employment) will need to be a key feature of any emerging ACS to realise the full potential of the partnership. The borough level will therefore be prominent, as this is where most of this activity takes place.		May be addressed across boroughs in some cases (e.g. some work and health support, air quality).	
C	***All parties with a role** in improving the health and care of the population **will be involved.***	The locality and borough are vital and workable units for primary care, community and social care integration.	May also be able to include acute provider.	Will also be able to include acute and some specialised providers.	Inclusion of all acute and specialised providers.
D	*Partners take **collective responsibility** for total health and care needs and **demonstrating shared outcomes**.*	Political leadership at borough level is vital, and there may already be forums for clinical leadership through primary care partnerships etc. Some outcomes need to be set locally, to enable them to be tailored to the needs of the population.	Clinical leadership benefits from expertise available in acute providers. Some outcomes which Londoners want to see may need to be considered across a bigger geographic area, to ensure that the partnership includes all those with the levers to achieve these aims.		
E	*Agreed **financial arrangement** that enables collective management of resources.*	Financial arrangements could be in place incorporating primary, community and wider public sector services.	Financial arrangements could include acute providers and some specialised providers, therefore enabling consideration of closer to the total pathway of health and care.		Financial arrangements could include specialist providers, therefore enabling consideration of the total pathway of health and care.
F	*Formalise local partnerships, through **collective governance and decision-making**.*	The size enables strong, workable partnerships and joint governance and decision-making.	Governance and decision-making could incorporate a wider partnership, including acute providers.		Governance often in place, but size is more appropriate for high-level strategic planning, and will not always involve more local service providers.
G	***Maintain fundamental rights of Londoners**.*	Patient choice will need to be preserved across any geographic level in accordance with the NHS Constitution and Mandate, and arrangements must recognise that some citizens will choose to receive services outside of a given partnership.			

1 ACS-type arrangements could therefore aim to formalise more local delivery alongside STP & London-level actions

STP

- Supporting the health economy to develop and manage financial risk
- Supporting local areas to set up ACSs
- Assessing interdependencies, opportunities and challenges across ACS boundaries
- Commissioning across the geographic footprint where this is the most appropriate level e.g. some specialised commissioning
- Focused work on enablers (data, workforce, information sharing, estates)

Accountable care systems (multi-borough or large single borough)*

- Identifying local priorities and intended outcomes based on local population needs and current services
- Develop preferred care model
- Develop preferred organisational form, to include:
  - Population health management capabilities
  - 'horizontal integration' of providers and 'vertical integration' with primary care – either virtually or more formally
  - Mechanisms to ensure patient choice
- Formalising local partnerships, through collective governance and decision-making
- Take collective responsibility for the total* health and care needs of their population, and for demonstrating shared outcomes
- An agreed financial arrangement that enables collective management of resources (e.g. through a system control total) and risk to be shared.

All spatial levels would work to shared principles including:

- A focus on population health management
- tailoring services to the needs of local populations
- strengthening connections between health and care
- aggregating when this supports clinical services, manages risk and enables services to be more sustainable

- *We will need to take a view as to whether this is the preferred terminology for 'ACSs'.*
- *If financial arrangements for as close to the total health and care needs of the population are instead sought at a larger spatial level the ACS would need to 'sit' at that level with accountable care partnerships sitting at smaller spatial levels.*
- *If the ACS is instead preferred at a smaller spatial level, this requires consideration of whether responsibility for close to the total health and care needs of the population could be taken.*

DRAFT

2 The national direction of travel presents an opportunity to move forward with delegation plans

- NHS England is examining potential approaches to delegations in different parts of the country, both through the ACS programme and through devolution.
- The London devolution MoU would enable local and sub-regional areas to access similar delegated powers to those which would be available to the 8 wave 1 'Accountable Care Systems', Greater Manchester and Surrey Heartlands.

An ACS 'receives' benefits – many of these are part of the devolution MoU:

	ACS	London*
Delegated decision rights for commissioning of primary care and specialised services	✓	✓
Devolved transformation funding from 2018	✓	✓
Additional non-recurrent funding	✓	X
A single 'one stop shop' regulatory relationship with NHSE and NHSI	✓	✓
The ability to redeploy NHSE and NHSI staff and related resources to support the ACS	✓	✓ (underway)
A development programme for ACSs focused on solving common problems and generating learning for 'fast followers'	✓	X

* Powers granted to London, for local 'draw down', subject to robust business cases

Proposals in the London MoU	Current status
Delegation of **primary medical service commissioning** to the local level and consideration of steps towards further devolution.	NHS England has arrangements in place for delegation of primary care commissioning to London CCGs. All but 2 CCGs have taken on fully delegated commissioning responsibilities (level 3).
Exploration of internal delegation of some **specialised commissioning** functions to the sub-regional level.	London are working with the NHS England devolution team to progress this, building on learning from Greater Manchester and Surrey Heartlands.
Delegation of London's fair share of **transformation funding** from April 2018.	Discussions with NHS England to develop an implementation plan. London will need to agree a framework which sets out how the SPB will administer transformation funding.

Engaging with the national ACS programme

Context

- There **will be a wave 2 of the national ACS development programme**.
- There is significant overlap between the delegations granted to an ACS and the commitments contained within London's draft devolution MoU. For this reason, the other devolution areas (Greater Manchester (GM) and Surrey Heartlands) are engaging with the national ACS programme through the devolution partnership. GM are **engaging with the national ACS programme as a region with 'sub-systems'**. This provides a potential model that London could also follow.
- Following initial discussions within London and with NHS England, we are **exploring the possibility of submitting a London proposal linked to the devolution process** (noting that the bid can be de-coupled from devolution if needed). This would set out the framework within which London will take forward ACS proposals, building on the emerging London principles for ACSs that the health and care system working group and London Health and Care Strategic Partnership Board are iterating.
- Within London, there would be significant variation of approach and appetite to develop more localised health and care systems. **As part of any London proposal, we would be keen to include details** (plan, progress, timelines etc.) **of emerging health and care systems where established plans already exist.**
- We fully recognise that **ACSs are only one potential approach to integration**. We are keen to ensure that any broader support offer in London remains focused on supporting health and care integration, irrespective of organisational form.
- However, we are also conscious that some local areas have well-developed partnerships and proposals in relation to ACS-type approaches. **We are therefore keen to ensure that any available national support is leveraged.**

Developing a London proposal

Sept: Determine support for a London bid within London and with national partners

- *We have engaged with STP leads & Chief Officers and Chairs; and more widely through the health and care systems working group.*
- *A number of developing systems have expressed support in principle for a London proposal, and some are considering to what extent their partnerships could be included as illustrative examples.*

Sept/Oct: Agree framework for the proposal

- *Establish content required; which developing systems would want to provide illustrative examples.*
- *See **Annex A** for a potential approach to framing a London proposal.*

Oct/Nov: Draft and agree proposal

- *This is likely to require submission in November. Draft could be brought to next SPB meeting on 16th Nov for ratification.*
- *Note that if devolution MoU is secured ahead of this time, a formal submission may not be required.*

Discussion

Narrative and approach to integration (pg. 4-8)

- Are there comments on the draft narrative? Does this resonate with more local priorities?
- Would this narrative be helpful in order to assist with progressing integration efforts locally?
- Is the illustrated approach to aggregation consistent with the needs and understanding of partners?

Draft principles for ACSs (pg. 10-12)

- Do the updated principles reflect the needs and understanding of partners?
- What is the preferred approach to ACS terminology?
- Is there support for a London wave 2 ACS proposal?
- If so, what is the preferred approach to engaging with local systems in order to develop an appropriate proposal?

Annex A

Proposed framework for a London submission to join the 'Wave 2' ACS Programme

Draft approach

Context	• Work underway in London for some time, locally, at sub-regional level and London. • Devolution included an explicit focus on integration, including through 3 of the 5 devolution pilots • Local areas across London are increasingly engaged in this work
Our vision in London	• Over-arching vision (10 aspirations for London, from Better Health for London: Next Steps) • What this means for integration (slide 4) • Different spatial levels are key – start with most local and aggregate up as you need • Our vision is to support health and care integration, irrespective of organisational form or approach.
The case for a regional proposition	• London's devolution ambitions and relevant MoU commitments. Many of the ACS benefits are granted through the MoU • Particular city-level challenges and opportunities including: Complex provider footprint; Building on existing partnership working – many local and sub-regional areas have strong relationships across health and care; London's governance and delivery infrastructure (e.g. SPB) • Importance of wider strategic coherence. • Lots of health and care systems emerging in London – want to be able to support them all and ensure spreading and sharing of learning. London regional support can direct and amplify national ACS support to enable adoption at pace and scale where local areas desire – and enable a permissive approach where ACSs are not locally desired or appropriate.
What local systems tell us they need	• Integration working group and SPB discussions have surfaced some key themes (slide 5) • Many of the support asks are common, irrespective of the pace, priority or ambition of different local partnerships
Multi-level working in London	• ACSs in the context of the broader integration agenda • Building from the bottom up: our core principle of subsidiarity • Our London definitions of ACSs and principles for an ACS. • Illustrative examples of how a 'system of systems' approach could work (if available local/STP examples to describe what you would do at each level, and how accountability and governance would work). • Illustrative systems (based only on areas that already have a clear plan – details of individual plans to be included)
What we need to make this work	• Support and resource requirements • Discussions with regulators • Delegated decision-making and transformation funding • Ability to influence national policy to ensure London's needs are considered
Accountability and governance	• Form must follow function – entirely appropriate that different local systems will take different approaches • But recognise the need for strategic coherence: Relative roles of STPs and local systems; SPB and wider pan-London governance and delivery • According to devolution MoU, SPB administers transformation funding (with allocations more locally) and ratifies individual systems if they are to take on additional functions/resources • Approach to managing risk
Timeline & programme plan	• Path for developing ACSs and any emerging criteria. • Wider support offer for local areas, irrespective of organisational form