

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	6 January 2020
Title:	NHS Long Term Strategic Delivery Plan for Hampshire and the Isle of Wight
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to update Cabinet on the role of Hampshire County Council in supporting a response to the NHS Long Term Strategic Delivery Plan, as part of the development of the HIOW Sustainability and Transformation Partnership (HIOW STP). The report also sets out the future, continuing relationship with the development of the HIOW STP.

Recommendations

2. That Cabinet are asked to:
 - a) Note the contents of this report.
 - b) Endorse continued managerial and operational engagement with NHS partners in providing support to our population across a range of existing joint activity.
 - c) Note that the Health and Wellbeing Board is the primary strategic and political interface with the HIOW STP.
 - d) Support the development of greater coherence across NHS organisations, through the NHS Long Term Plan, recognising that the plan is primarily a health service document.
 - e) Endorse the approach of the County Council in ensuring that the Hampshire health and care system, in all of its forms, maintains a core focus upon improving outcomes for our population.

Executive Summary

3. HIOW STP was created in early 2016 in response to a national initiative from NHS England to develop coherent and collaborative plans to support the health and wellbeing of the population of England. Across England some 43 STP footprints were established, some with large geographies and

populations, and some much smaller in scale. Hampshire and Isle of Wight STP, covering a population of over 2 million people across four upper tier local authority boundaries, is one of the larger footprints. A small but significant section of the Hampshire population, in the north of the county, is covered by the Frimley STP. That is a smaller and less complex footprint. While the County Council works closely and successfully with that arrangement, it tends not to be main focus of attention in light of the complexities and challenges of the HIOW STP. It is the latter, which is the primary focus of this report, while some of the more general principles described in this report apply to both arrangements.

4. Over the last 3 ½ years the HIOW STP has undergone a number of iterations, but essentially includes all NHS provider and commissioning organisations across Hampshire and Isle of Wight, with representation from all four upper tier local authorities as well as NHS England and representative clinical and professional bodies for NHS provision. That includes: eight clinical commissioning groups (Clinical Commissioning Groups or their equivalents); three hospital trusts; two community health trusts.
5. Engagement has been undertaken with a variety of locally accountable political bodies, such as Select / Scrutiny Committees, with representatives of the district / borough councils, Health and Wellbeing Boards, community / voluntary sector organisations and individuals.
6. There is a significant negotiating and decision-making structure and an array of groups convened to oversee multiple elements within the HIOW STP and it has established a central HIOW STP team. The HIOW STP is chaired by a Non-Executive NHS Chair, Lena Samuel from South Central Ambulance Service (SCAS), and has a Senior Responsible Officer, Richard Samuel. There are further recommendations being developed with regards to structure, purpose and governance of the STP and the structures that sit beneath it. These proposals remain in development at the time of writing this report.
7. However, beneath the overall HIOW STP is a complex series of inter-related layers of different strategic, tactical and operational arrangements. These were described in greater detail in the most recent report of the STP to Cabinet in February 2019. The principal of these arrangements include: local care systems (LCS), which are essentially the geographic footprints of the four upper tier Local Authorities and their Health and Wellbeing Boards focussed upon place-based outcomes driven by the respective social care services of those authorities; Local Care Partnerships (LCPs) which are configured around acute hospital footprints; and newly establishing Primary Care Networks (PCN's) which are clusters of some 47 local arrangements of primary care (there are 42 as part of the HIOW STP, with a further 5 Hampshire PCN's within the Frimley Integrated Care System).
8. Each of these layers has governance determined by statute (local authority / Health and Wellbeing Board requirements, for example) or guidance issued by NHS England. All organisations retain their own prevailing decision-making responsibilities. Although these arrangements seem overly complex,

in fairness they simply reflect what is an inevitably complicated position determined by the need for a strong capacity to deliver strategic decisions and the array of statutorily established governance organisations that sit within that capacity. That said, it remains the view of Hampshire County Council officers that more can be done over time to simplify the decision making processes that govern the STP without disestablishing the statutory membership bodies or their respective accountabilities.

9. It is important to recognise that STPs are not constituted in law. The prevailing NHS Constitution continues to apply, but the development of proposals and plans are based upon collaboration between NHS Commissioners and Providers, and others including local authorities with social care responsibilities.
10. The NHS Long-Term Plan has been introduced over the past year and is a crucial planning document as it is the vehicle which will deliver on the Government's substantial new investment in the NHS over the next five to ten years. Any health organisation and system must be in compliance with the Plan in order to maximise access to the new investment. For good or ill, most commentators would accept that the Plan is in essence specifically a health service document aimed at the NHS itself, rather than a health and care plan that embraces local government care services and systems with clinical health services. In some sections of the Plan local government is referred to as a stakeholder rather than the key partner in any meaningful health and care system. Also, the targets upon which the delivery of the Plan will be judged over time are virtually entirely clinical or health based. While on the one hand this may appear disappointing to any observer hoping for the Plan to be a catalyst to integrated, health and care service development, on the other hand, if the Plan helps to secure better coherence and efficiency in an increasingly strained and complicated health system, that would be to the ultimate benefit of patients and citizens dependent on NHS services. It would also facilitate continued improvements in joint and integrated working over time.
11. The NHS England ambition is that each STP proceeds to becoming an Integrated Care System (ICS) over the coming period. This is intended to convey a greater degree of autonomy over integrated care systems, in due course. There are a small number of areas in England with ICS's already in place – as trail-blazers, and Hampshire County Council are part of the Frimley ICS. It is safe to say that whilst the journey within the Frimley ICS is simpler in many ways, given that the number of organisations directly involved and the population being served is much smaller (750,000) than it is for HIOW STP many of the governance and permissions available are still under development, with many of the conditions required to enable the national and local ambitions still to be conferred by NHS England and the Secretary of State for Health and Social Care.
12. Since the beginning of 2019 when the NHS Long-Term Plan was published, following announcements made in the summer of 2018 by the then Prime Minister, relating to the future direction and funding for the NHS, much focus has been given to developing a response which meets the requirement of

the NHS Long-Term Plan (LTP) and achievement of measures to bring additional funding.

13. Central to the ambitions of the NHS Long-Term Plan is an explicit objective to see greater coherence and delivery of support and services within local communities, both through the development of Primary Care Networks (coalitions of primary care practices and associated professionals / organisations supporting populations of up to 50,000) and also community provider organisations. This alongside a move to increased focus upon preventative approaches, drawing upon a rich tapestry of existing networks and local connections within local place based services, is an area which local government is able to best support NHS partners in order to achieve the best outcomes for our population. Hampshire County Council services enjoy generally very positive relations with their NHS partners and are well placed to support this developing ambition.
14. Across the HIOW STP there are some 42 Primary Care Networks and we and partners are supporting the development of these arrangements alongside the delivery mechanisms of our own services to ensure the relationship between these is developed to offer maximum benefit to our population. Funding into these Primary Care Networks and associated delivery structures locally will need to further evolve over time in order to reduce pressures and spend continuing to focus upon acute hospitals.
15. This report provides an overview of the HIOW STP development in line with the national expectations from NHS England and a view on the involvement of Hampshire County Council as plans proceed forward.

Contextual information

16. The NHS Long Term Plan (LTP) is the national strategy for the local NHS over the coming five years. The responsibility for the local health and care system is to plan for the delivery of 496 commitments contained within the Long Term Plan. There is some discretion as to the prioritisation and phasing of some of these commitments to reflect the needs of local communities. For the majority of commitments, however, the timing of delivery is either prescribed or linked to the availability of investment resource.
17. The requirement to develop a Hampshire and Isle of Wight response to the NHS Long Term Plan was set out in the NHS Long Term Plan Implementation Framework (LTPIF) published in June 2019. The LTPIF set out the approach STPs / ICSs are asked to take to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24. These plans need to be based on realistic workforce assumptions and deliver all the commitments within the Long-Term Plan. Again, for clarity the requirements are based upon NHS projections of clinical, medical and other NHS workforce and wider forecasts upon demands upon its services. Numerous subsequent requirements have been issued by NHS England relating to the timetable by which LTP ambitions need to be delivered.

18. The NHS Oversight Framework 2019/20 published in September 2019 sets out the 65 metrics all systems will be measured against, falling into the categories set out in the Long Term Plan Implementation Framework. With relatively few exceptions these metrics are based upon clinical and associated targets that sit with NHS organisations.

Hampshire and Isle of Wight ambition and delivery arrangements;

19. The HIOW STP has set out the following objectives as a key element of its LTP submission:
- To be clear about the vision, mission and major priorities of HIOW STP;
 - To ensure the views of people shape our proposals;
 - To use these to determine the priorities for the delivery of the LTP;
 - To work together over the next five years to deliver the LTP, improving outcomes for people in Hampshire and the Isle of Wight;
 - To develop local outcome measures to track improvement;
 - To develop a plan that delivers improved outcomes for local people and supports long term sustainability;
20. Work has also been undertaken to develop a potential governance structure for the future HIOW STP / ICS. Such a structure is extremely complicated and would need to reflect a wide range of elements including the clinical, political, senior officer and operational leadership and stakeholder engagement that a broad-based health and care partnership would require. This work is on-going and currently could not replace the existing governance arrangements in place for Hampshire County Council.
21. It is therefore proposed that the Hampshire Health and Wellbeing Board be the primary strategic political body through which Hampshire County Council engages with the HIOW STP, through its Chair, the Executive Lead Member for Adult Social Care and Health, as it further develops. This provides a clear political involvement with the HIOW STP and ensures that a Hampshire Care System focus is maintained, based upon a clear principle of democratic accountability and subsidiarity.

Progress to date

22. Whilst much work has been undertaken to date by NHS partners, much further work is required to reflect the necessary elements of a collaboration across a complex and large geography and organisational landscape to meet the ambition of an ICS across the Hampshire and Isle of Wight footprint.
23. The focus and contribution from Hampshire County Council includes;
- Leadership of the Prevention and Population Health elements of the STP – through the Director of Public Health.

- Development of a refreshed Health and Wellbeing strategy which builds upon existing strengths and sets clear ambitions for future service delivery and configurations.
 - Development of Hampshire Care System operational arrangements with Clinical Commissioning Groups and NHS provider colleagues; through the Improvement and Transformation Board – Chaired by Graham Allen, Director of Adults’ Health and Care, and the Integrated Commissioning Board - Chaired by Paul Archer, Deputy Director Adults’ Health and Care.
 - Improving capacity and system aligned working across acute footprints to increase the timeliness of support to Hampshire residents.
 - Development of proposed integrated service delivery with Southern Health NHS Foundation Trust for intermediate care services, i.e. services designed to reduce the need for a hospital admission and support timely discharge from hospital.
 - Multiple examples of joint commissioning of some key service functions, particularly in supporting younger adults.
24. Alongside this Hampshire County Council, from an officer perspective, is working closely with our local government partners to elicit greater clarity from the HIOW STP as to the ask of local government and also to be clear on the offer that local government can make to the development of greater coherence in supporting our respective populations.

Conclusion

25. The development of the HIOW STP and the response to the NHS Long Term Plan is a complex and complicated task. A great deal of time and effort has been expended to develop proposals and more importantly to ensure services are delivered to our population. It is important that Hampshire County Council continues to work with NHS and other partners in developing and delivering services and responses that meet our populations needs. However, the NHS LTP needs to be seen as an NHS plan and support as such
26. The system architecture designed thus far around the HIOW STP has, in many ways, made the task of delivering high quality and appropriate responses between and through local health and social care system more complicated as the focus has inevitably needed to be set upon NHS England expectations in regard to the NHS LTP.
27. The focus for Hampshire County Council, principally through our children’s and adult social care and Public Health functions, must continue to be on developing and maintaining excellent service responses for the Hampshire Care Systems’ population, whilst working closely with all our partners across the wider Hampshire and Isle of Wight landscape. That focus is committed to the improvement of joint working in the interest of improving outcomes and the quality of care for Hampshire citizens. That will include constructively but firmly assuring that the local authority’s accountabilities for social care services remain to the fore.
28. As we move forward it will be important to remain engaged in HIOW STP and in due course Integrated Care System strategic development. There is

further work to be undertaken to identify the way in which NHS partners will cohere their services across the HIOW footprint to enable better connectivity with local government and wider stakeholders. In the meantime, we should continue to be supportive of the approach being undertaken, whilst not at the expense of our responsibilities toward the Hampshire population through the wide range of services which are our duty to provide.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	Yes
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Hampshire and Isle of Wight Sustainability and Transformation Partnership – System Reform proposals	<u>Date</u> 1 February 2019
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

This is an update report so no Equality Impact Assessment has been undertaken.