

Next Steps in Partnership Development for City and Hackney

1. Introduction

There is a long legacy of strong partnership working between health, local government and the VCFSE in City and Hackney which has evolved through maturing relationships and an increasingly aligned approach to population health and health inequalities. These partners come together formally through the City and Hackney Place Based Partnership. A central tenet of the partnership has been developing our neighbourhood model to deliver more integrated and preventative care.

As a partnership we last set out a vision and delivery plan in 2021. We have now reached a point in our partnership where, in order to further our aims, we will need to re-define our vision and how we work together going forwards. This is an exciting opportunity to build on existing structures and capitalise on wider national changes to the health system to strengthen our partnership in order to put a much stronger emphasis on *delivery*, increasingly through *neighbourhoods*, to see improved outcomes for our local population.

This paper presents an overview of the partnership development work that has been launched in City and Hackney to support the next phase of our health and care partnership. This work is being undertaken collectively by NHS, VCFSE and local authority partners.

2. Context - What we know about the wider system changes

Whilst the main drivers for the next stages in partnership development should be based around how we can work together to deliver for our population, it is important that we bear in mind the system changes that will have a practical impact on how our partnership functions as well as the opportunity and potential risks arising from these changes:

- The ICB, in order to meet national requirements around its function and reduction in operating costs, is transitioning to becoming the strategic commissioner of health care services for north east London. Whilst the future governance of the ICB is due to be considered at their March Board, it is thought likely that there will be changes to the place sub-committee arrangements to reflect the reality that the ICB resource at Place will be focused on development and delivery of neighbourhood health, on community engagement and on partnership development rather than on commissioning as now.
- Places and place-based partnerships are still recognised as critical entities within the health system, they will be responsible for delivery, with a strong focus on neighbourhoods. Linked to this, places will need to develop Neighbourhood Health Plans that define their local ambitions. The guidance on these plans is still being awaited but we expect that Health and Wellbeing Boards will be given statutory responsibility for developments and oversight of these plans. Places will need to develop their own strong delivery function to enable and support delivery of these local ambitions.
- The NHS Ten-Year Plan set out a range of contractual mechanisms that should incentivise partnership working and a focus on prevention and community based care

at place. In practice, we expect to see more multi-provider (or alliance), multi-year contracts underpinned by capitated payment schemes that incentivise the health providers at place to work together to keep people well and away from more costly acute settings. We also expect such contracts to be increasingly outcomes based, with commissioners incentivising delivery of certain population health outcomes rather than very detailed service specifications.

3. Partnership Development Plan

Partners in City and Hackney recognise the ongoing opportunity to significantly improve the health of the local population by continuing to work closely together around a joint vision. We also recognise the opportunity from a strengthened, collaborative approach to delivery at place. Trusting relationships between partners and robust partnership governance are critical to this. The ICB has set out in its Strategic Commissioning Framework and its latest iteration of the Strategic Commissioning Plan that it is adopting a collaborative approach to commissioning, recognising the opportunity to bring aligned incentives and joint accountability into place.

We are therefore developing a partnership development plan which sets out how we develop and mature our partnership over the next 12 months. The following outlines the areas of work across the plan:

1. Vision and Outcomes: Define a clear vision for the partnership, building on the existing integration work, further developing out neighbourhood model and ensuring clarity from the outset.
2. Building trust and relationships: work together and with an external facilitator to understand and progress the relational and cultural aspects of partnership working
3. Governance: Develop a governance structure that enables delivery of our vision. This will need to be robust enough to support delegation of decision making from partner organisations and be part of the journey towards demonstrating readiness for new contracting forms.
4. Partnership Functions: Identify how we will deliver the range of functions required to deliver our vision
5. Resident Representation and Accountability: Develop an approach to ensure that the resident voice will be represented and how the accountability of this will be managed within the partnership.
6. Finances: build on the increasing transparency between organisations to start to test (potentially in shadow form) new health financial flows and capitated payment mechanisms

Alongside this plan, related work is also underway to develop a model of clinical leadership for the partnership – this is being led by our Place Clinical Director with Chief Medical Officers / Clinical leads across the place.

4. Governance

As we re-define our partnership governance in City and Hackney we want to create a structure that is fully embedded at place and gives all partners a meaningful say. We will continue to convene a board that, like the current City and Hackney Health and Care Board,

acts as the strategic group that oversees and governs the work of the partnership. In order to give it real teeth, the board will need to be formed as a sub-committee of an existing statutory board in City and Hackney, or be a stand-alone board with formal delegation from one or a number of statutory boards. Over the next few months we will work through and test options around this.

At this stage we have set out the principles for the design of partnership governance that will inform more detailed development. These have been informed by the outputs of the joint Health and Wellbeing Boards held in October and more recent discussions in our City and Hackney Partnership Executive meeting:

Principles and approach to governance

- Build on what works well – we are not starting from scratch
- Be driven by a set of strong partnership values
- Governance to enable our transformation ambitions, which increasingly centre around a broad, partnership approach to neighbourhood working
- Governance to be both nimble and sufficiently robust to drive our partnership ambitions, take on devolved or delegated functions from partner organisations, and to, in the future, oversee an alliance or multi-provider contract to deliver health services in City and Hackney.
- Reduce duplication and unnecessary bureaucracy, recognise and value people's time
- Give all partners a meaningful say in the partnership. Value the strengths and expertise of the partners round the table (as well as recognising their limitations)
- Ensure a strong resident, community and VCSFE voice in the partnership, and ensure accountability for doing so
- Put in place an MOU that defines how partners will work together. This will set out how we will deliver the key functions for the partnership and how we will ensure joint accountability for doing so.

5. The ICB team

The ICB is undergoing a whole organisation re-structure in order to support delivery of the new nationally defined ICB operating model and the need to significantly reduce their operating costs. At the time of writing this paper the final consultation outcome had not been shared with affected staff. Given the requirement for the ICB to reduce operating costs by 50%, we are aware that the place teams will be significantly reduced. As the ICB has indicated in its stakeholder engagement on the Target Operating Model and on the proposed organisational structure shared at a high level, Place teams will remain a part of the ICB structure.

6. Next steps

We will continue to progress our partnership development plan collaboratively through all partners at place. The plan is multi-faceted and whilst it includes some highly technical elements related to governance, we want to emphasise that its success will be based on the strengths of the relationships of partners. We are putting a strong emphasis on building trust

between partners at all levels across our organisations. Positively, we are building from a starting point of strong relationships, and a growing commitment to population health, prevention and neighbourhood working across all partner organisations.