



Joint Health Overview and Scrutiny Committee

19 April 2016

Subject Heading:

Update on the Transforming Services Together programme's formal engagement period

Report Author and contact details:

Don Neame
Director of Communications, NEL CSU &
Transforming Services Together
don.neame@nhs.net
0771 209 7659

Policy context:

Transforming Services Together aims to create safe, sustainable and high-quality health and care services to residents in east London.

Financial summary:

This strategy recommends initiatives that contribute to the health economy in east London (Waltham Forest, Newham and Tower Hamlets) being more financially sustainable over the next five years.

1. Summary

Transforming Services Together (TST), a partnership programme of work between Tower Hamlets, Waltham Forest and Newham CCGs and Barts Health Trust has published its Strategy and Investment Case. A period of public engagement began on 29 February and will run until 22 May 2016. Given the potential impact, stakeholders from each CCG, Barts Health Trust, patients and clinicians have been involved. The Strategy and Investment Case recommends investing in care close to home, new models of care at hour hospitals, more modern facilities and developing new ways of working.

Appendices

There are three parts of the report and an engagement strategy. Part one of the report (the summary) and the engagement strategy are attached.

Background papers

Parts two and three of the report are available for download here:

<http://www.transformingservices.org.uk/strategy-and-investment-case.htm>

2. Recommendations

The Joint Health Overview and Scrutiny Committee is recommended to:

- Note the publication of the strategy and engagement plan
- Provide initial views; and
- Take part in the engagement period both by making a formal response to the engagement and encouraging others to make their views known.

3. Report detail

The case for change

If we don't change, due to population growth, the health economy in Tower Hamlets, Waltham Forest and Newham will need an additional 550 inpatient beds by 2025 – the equivalent of a new hospital. The cost of building this capacity would be about £450 million; the cost of running these additional beds would be about £250 million a year. We would not have (or be able to recruit) the workforce to support this, and we know that hospital is not the right place for many people. If we don't change, the health economy finances will deteriorate further, patient experience will decline and patient safety will be put at risk. People will need to wait longer for operations or travel outside of east London for some routine elective care. People with a mental health illness will continue to be poorly treated compared to patients with a physical illness; too many people will continue

to die in hospital rather than in a homely surrounding. Patients and staff will have to cope with poor environments.

The strategy:

- Makes it easier for organisations to work together with common objectives and shared ideas;
- Aims to shift activity into fit-for-purpose settings of care, often closer to home;
- Will enable better prevention of ill health; helps people to stay healthier and manage illnesses;
- Will improve access to high quality, appropriate care;
- Focuses some specialisms in fewer locations to improve patient outcomes and experiences;
- Reduces bureaucracy; and
- Helps set our finances on a path of sustainability in an increasingly challenging environment.

Over the next five years we will focus attention on the following carefully considered, costed and tested high-impact proposals:

- 1) Improving access, capacity and coordination in **primary care** – empowering patients to take more control of their health;
- 2) Expanding **integrated care** to those at moderate risk of hospital admission, providing care in the patient's own home or in the community to help them stay well or manage their illness;
- 3) Putting in place an integrated model of **urgent care** – developing a single point of access with the ability to appropriately redirect patients to self-care services and/or book patients into local clinical services; and
- 4) Improving **end-of-life care** through better partnership working, sharing of care plans and more community services.

We recognise the need to strengthen our hospitals (the Royal London, Whipps Cross and Newham) and help them be sustainable. We will:

- 5) Establish **surgical hubs** – creating centres of excellence at each hospital by bringing together surgical services to reduce waiting times and cancelled operations;
- 6) Establish **acute care hubs** at each hospital – bringing together clinical areas focused on initial assessment, rapid treatment and recovery so more people can be seen and treated without the need for hospital admission; and
- 7) Increase the proportion of **natural births** (usually midwifery led) by enabling more informed choice and continuity of care.

For Waltham Forest and Redbridge residents, this will mean strengthened A&E and maternity services at Whipps Cross and a proposal to develop the hospital with partners (subject to funding). Some people may have to travel to Newham Hospital or the Royal London for some surgery but outpatients will still be local.

We will also work together to tackle bureaucracy and inefficiency in the NHS and improve patient experiences through:

- 8) Reducing **unnecessary testing** by considering whether GPs can refer straight to hospital and improving IT to enable test sharing;
- 9) Transforming the **patient pathway and outpatient services** by improving the quality of referrals so people don't have to travel unnecessarily and making better use of technology;
- 10) Developing a strategy for the future of **Mile End Hospital**;
- 11) Developing a strategy for the future of **Whipps Cross Hospital**;
- 12) Delivering **shared care records** across organisations – making records secure and more accessible;
- 13) Exploring the opportunity that **physician associates** may bring – examining how these, and other new roles, can relieve the pressure on GPs, as well as seeking to improve recruitment

Involvement and engagement

So far, more than 1,000 people have been involved in developing the plans. For example:

- The TST Patient and Public Reference Group;
- Clinical workshops and GP groups;
- Local organisations (e.g. NELFT, ELFT, Tower Hamlets CCG, local authorities, overview and scrutiny committees including Waltham Forest OSC on 15 March 2016);
- Existing meetings (e.g. maternity services liaison committee); and
- Specific patient/public meetings (e.g. diabetes workshop; mental health workshop; care records workshop).

We are now providing a wider opportunity to discuss the proposals with the public, staff and stakeholders between 29 February and 22 May 2016. We intend to inform people and enable them to have their say using: a mail/email shot; advertisements; press releases; posters; and drop-in sessions in the community and hospitals. We will also be organising local workshops on particular elements of the programme.

The full engagement strategy is included in background papers.

4. Implications and risks

4.1. Financial implications and risks:

Significant investment is required if we are to 'invest to save' so we have developed detailed analysis of the savings that could be achieved, with appropriate sensitivity analysis. Our assessment is that the programme could save between £104 million and £165 million revenue costs over a five year period, with annual savings thereafter of £48 million. Assessment of the capital requirements show that without TST (and therefore the need to build an extra 550 beds), the partners (and external resources yet to be accessed, e.g. national funds) would need to invest £352 million over five years and £1.1 billion over 10 years. However if the TST objectives are achieved the investment reduces to £173 million over five years and £636 million over 10 years. Both sets of figures include a cost of around £450 million over 10 years to rebuild Whipps Cross hospital.

4.2. Legal implications and risks:

N/A

4.3. Human Resources implications and risks:

Some of the proposals from the Transforming Services Together programme involve new roles and people working differently.

4.4. Equalities implications and risks:

Reducing health inequalities is a key theme of the Transforming Services Together programme. Any future service changes arising from the programme will be subject to Equality Impact Assessments.