

# **Towards Integrated Care: Delivering on the NHS Long Term Plan Commitments in North East London**

**Simon Hall**  
**Director of Transformation, ELHCP**  
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# Who we are – North East London



We are:

- 7 CCGs
- 8 London Councils
- 5 NHS Trusts – 3 acute and 2 community
- 304 GP Practices

## City and Hackney

Population: 277,000  
Deprivation (IMD rank): 2 (Hackney) & 226 (City of London)  
Life Expectancy at birth: 80.9 (Hackney)  
GP Practices: 44  
Major Hospitals  
Homerton[3]  
St Bartholomew's [7]

## Waltham Forest

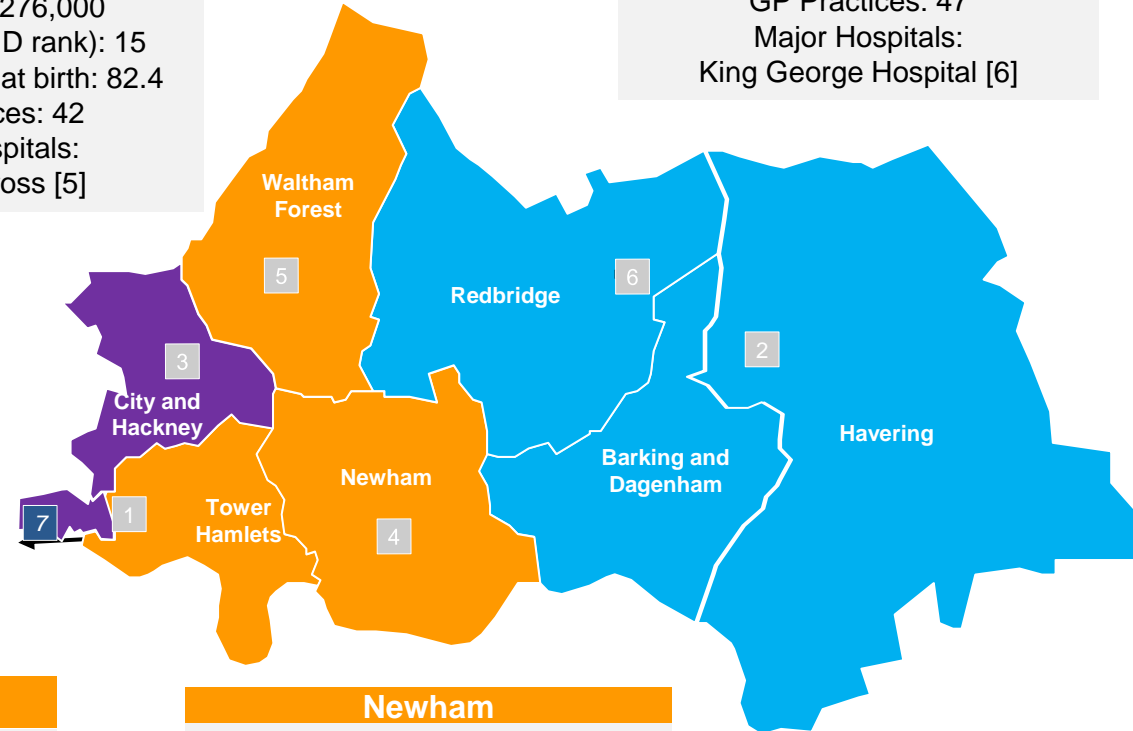
Population: 276,000  
Deprivation (IMD rank): 15  
Life Expectancy at birth: 82.4  
GP Practices: 42  
Major Hospitals:  
Whipps Cross [5]

## Redbridge

Population: 300,600  
Deprivation (IMD rank): 119  
Life Expectancy at birth: 82.7  
GP Practices: 47  
Major Hospitals:  
King George Hospital [6]

## Havering

Population: 250,500  
Deprivation (IMD rank): 166  
Life Expectancy at birth: 81.9  
GP Practices: 40  
Major Hospitals:  
Queen's Hospital [2]



## Tower Hamlets

Population: 296,300  
Deprivation (IMD rank): 6  
Life Expectancy at birth: 81.0  
GP Practices: 41  
Major Hospitals  
Royal London [1]

## Newham

Population: 338,600  
Deprivation (IMD rank): 8  
Life Expectancy at birth: 81.3  
GP Practices: 50  
Major Hospitals  
Newham University Hospital [4]

## Barking and Dagenham

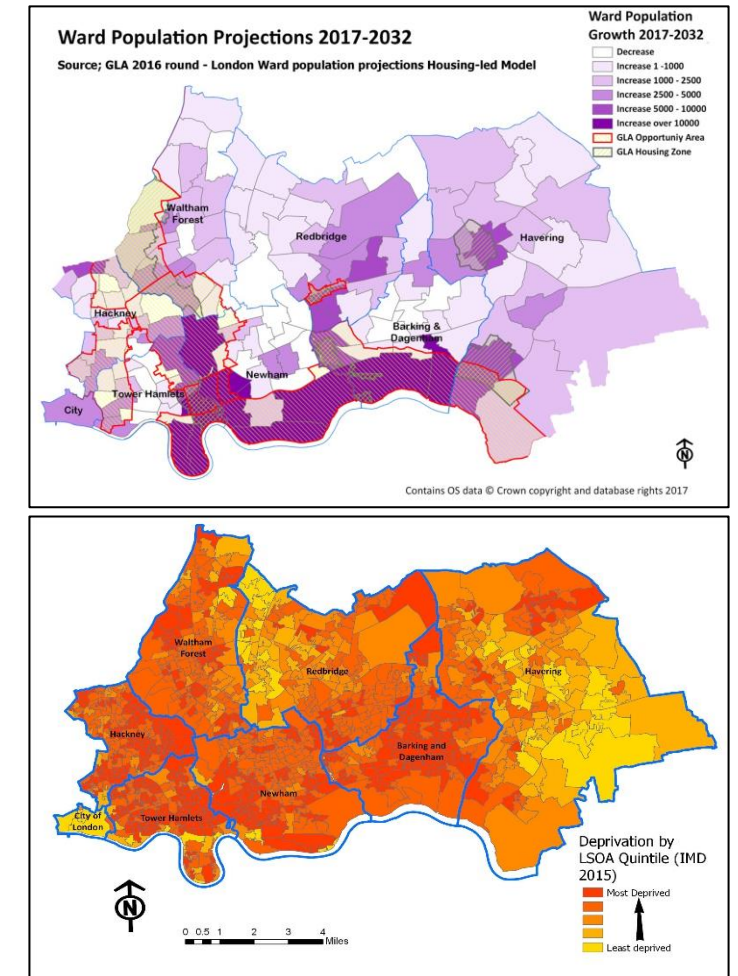
Population: 206,700  
Deprivation (IMD rank): 3  
Life Expectancy at birth: 80.0  
GP Practices: 40

# Our Challenges:

We have

- the highest population growth in London – equivalent to a new borough in the next 15 years
- Poor health outcomes for local people including obesity, cancer, mental health, dementia
- A changing population with increasing diversity, people living longer especially with 1 or more health issues and a high reliance on health and care services
- High deprivation with high proportions relying on benefits, experiencing fuel poverty, unemployment and poor housing and environments
- Service quality issues including a high reliance on emergency services, late diagnoses and treatment and access to services particularly primary care
- Health and care workforce with a high turnover, recruitment difficulties and high reliance on temporary agency workers
- Funding – there is a gap between the demand and cost of services with the resources available - if we do nothing. This is estimated at £1.2bn over the next 5 years

We also recognise that there is significant variation between each borough – health and care outcomes, population, services and quality, relationships between organisations and resources



# The NHS Long Term Plan sets out the ambitions to transform our health and social care over the next 10 years



## Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer.

## Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- preventing 14,000 premature deaths through education and exercise to patients with heart problems
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based care for 370,000 people with severe mental illness a year by 2023/24.

## Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- with more rapid community response teams to prevent unnecessary hospital spells and speed up discharges
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it



We will do this by:

- **Doing things differently** – giving people more control of their care, joining services up, more care closer to home
- **Preventing ill health** – increasing health prevention initiatives
- **Increasing the workforce** – making the NHS a better place to work, creating more routes into the NHS, and recruiting more professionals
- **Increasing digital** – make accessing the NHS more convenient, better digital services and patient records, improved use of data for planning
- **Value for money** – reduce duplication, and spend on administration

# Our System Achievements since 2016

## Improvements in Quality and Performance

- Significant improvements in Care Quality Commission ratings across all Trusts: ELFT – Outstanding; Homerton & NELFT – Good; BHRUT & Barts have exited special measures.
- Of our 7 CCGs, 1 is rated Outstanding and a further 3 are rated Good.
- Improvements in primary care, with the proportion of good or Outstanding GP practices improving in all CCGs – with 1 CCG now having only Good or Outstanding practices.
- Improvements in cancer services, with the 62-day treatment standard achieved for the last 18 months consistently.
- 100% coverage of 7-day primary care access.

## Progression to Integrated Care

- Development of strong place based delivery systems building on Devolution Pilots (City/Hackney and BHR) and Tower Hamlets Vanguard.
- ELPR (East London Patient Record) rolled out in WEL and C&H and underway in BHR. Usage doubled in 1 year (current 112,000 views per month)
- ELHCP health analytics programme (Discovery) adopted as a core component of the London Health Care Record programme.
- Personalised care programme agreed for STP building on significant progress made in TH on personal budgets.

## Developing our local Workforce

- International GP recruitment, 8 GPs in 18/19
- Successful medical student expansion scheme, 32 additional places in 19/20
- 21 Physician Associates graduating through ELHCP scheme (on target to have more PAs than rest of London combined)
- GP retention initiatives enabled more GPs to stay living and working in east London.
- Medical student expansion scheme
- Good progress in apprenticeships made, particularly at Barts
- Healthy Workplace Charter adopted by all Councils and majority of Trusts.

## Innovation and Service Development

- £5.2m secured for a cancer early diagnostic centre.
- Improved NHS 111 service successfully implemented
- Development of a first cut Estates Strategy for the NHS across ELHCP.
- Direct booking for GP hub and home visiting services enabled on-line.
- £7.5m London wide digital infrastructure capital funding secured, £3.5m in 2018/19.
- ERS (Electronic Records) programme delivered and paper switch off achieved for outpatient referrals to hospitals.

# We already have major programmes addressing many of the commitments in the Long Term Plan



Area	ELHCP Programme	Gaps / Areas to address
Cancer	✓	<ul style="list-style-type: none"> <li>Targeting specific groups incl CYP and older men</li> <li>Lung cancer</li> </ul>
End of Life	✓	<ul style="list-style-type: none"> <li>Consistency - training and CYP</li> </ul>
Maternity	✓	<ul style="list-style-type: none"> <li>Consistency - digital records, care plans and Saving babies Lives care bundle</li> </ul>
Personalisation	✗	<ul style="list-style-type: none"> <li>Integrate work on social prescribing, personal health budgets, care plans</li> </ul>
Urgent and Emergency Care	✓	<ul style="list-style-type: none"> <li>Consistency – UTCs, frailty</li> </ul>
Mental Health	✓	<ul style="list-style-type: none"> <li>Consistency - investment in primary and community services</li> </ul>
Children & Young People	✗	<ul style="list-style-type: none"> <li>Consistency - LD / autism / SEND</li> <li>Transition arrangements – child – adult</li> </ul>
Primary Care	✓	<ul style="list-style-type: none"> <li>Consistency - working at scale (Networks)</li> <li>Enhanced role – prevention, care homes, digital services</li> </ul>
Digital	✓	<ul style="list-style-type: none"> <li>Consistency - digital apps and care records, remote monitoring</li> <li>Integrated child protection</li> </ul>
Workforce	✓	<ul style="list-style-type: none"> <li>Expanded and integrated recruitment and retention</li> <li>Focus on leadership, involvement and OD</li> <li>New ways of working including digital and flexible workforce,</li> </ul>
System Reform, Estates and Resources	✓	<ul style="list-style-type: none"> <li>Resources to support transformation and investment in community / primary</li> <li>At scale delivery where effective</li> <li>ICS and system approaches to sustainability incl. contracting</li> </ul>



# The NHS Long Term Plan has a number of commitments and issues where we need to focus further 2019-23

## Personalisation

- Consistent social prescribing approach (new link workers in primary care)
- Developing personal health budgets (e.g. extended offer to people with cancer) and clear linkage with personal budgets in social care
- Personal care records and care plans
- Use of telehealth and remote monitoring

## Workforce

- A partnership approach with local councils and other partners (e.g. skills advisory panels)
- Better use of technology and smarter working across partners (e.g. maternity passport)
- Extend support and use of volunteers / apprentices
- Further commitments and targets to be released in April

## Primary Care

- Development of primary care network infrastructure to support improved service delivery
- Support to prevention and lifestyle management (social prescribing)
- Care home support

## Prevention

- Support to self-care and building local resilience
- Community wealth building / regeneration – work / leisure / crime (the wider determinants of health)
- Emphasis on health inequalities (linked to London Mayor's Health Inequality Strategy)

## Resources

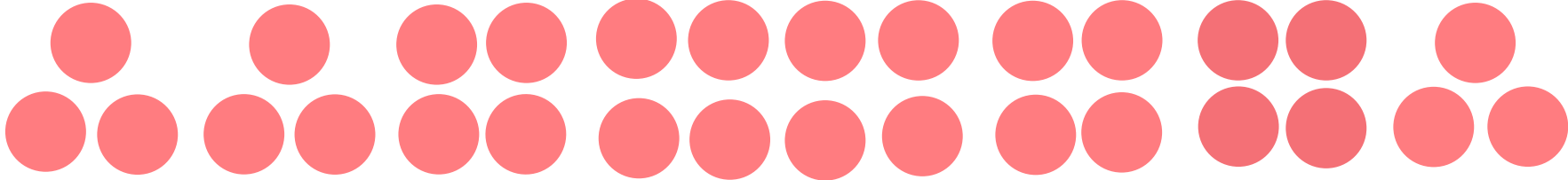
- Pooling of resources to support transformation
- Shifting resources into community and primary care from hospitals
- Need to ensure that health and care systems become “sustainable”

# Integrated Health and Care in North East London

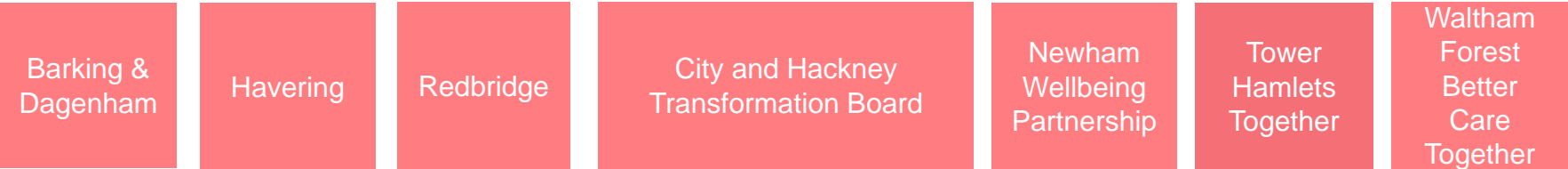
(March 2019 DRAFT)



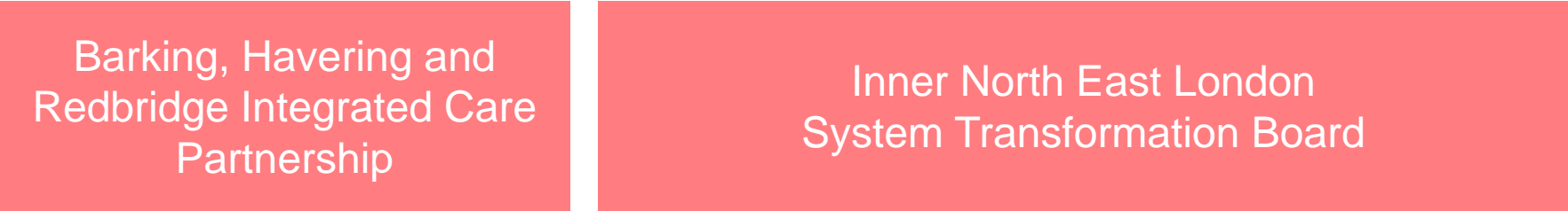
Networks/  
Neighbour  
hoods/  
Localities



Borough/  
Place



Multi-  
borough



North east  
London



- Needs Analysis;  
Key delivery unit;  
Primary care  
networks
- Delivery of Community  
Based Care, primary  
care at scale, out of  
hospital care;  
Integrated care  
partnerships; JSNA
- Collaborative  
working between  
providers;  
Strategic  
partnerships;  
Provision at scale
- Setting overall  
clinical strategy  
(Senate);  
Linking with  
national and  
London



# Common framework for integrated care delivery and planning in north east London



<b>Neighbourhood Network/ Locality</b>	<ul style="list-style-type: none"> <li>• Understanding local need, including predictive analysis</li> <li>• Coordinating care for the defined population of local people</li> <li>• Improving service access and quality of care for local people</li> <li>• Addressing inequalities and unmet need</li> <li>• Co-producing and co-designing health services with patients and the public</li> <li>• Helping local people to stay healthy to include the wider determinants of health and positive mental wellbeing</li> <li>• Using personalised interventions to support care navigation, e.g. social prescribing/personal health and care budgets</li> <li>• Mobilising community assets to improve health and wellbeing</li> <li>• Primary care networks, delivering enhanced services (e.g. long-term condition management at GP practice/group level)</li> </ul>	<b>Multi-borough</b>	<ul style="list-style-type: none"> <li>• Strengthen system support for local health and care integration partnerships and plans</li> <li>• Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource and the development of provider alliances</li> <li>• Develop and enable a collaborative approach to tackling significant system challenges</li> <li>• Delivery of key clinical strategies best planned across multi-borough footprint (e.g. frail elderly pathway, homelessness, planned care/outpatients, prevention)</li> <li>• Achievement of key performance standards (e.g. cancer diagnostic standard, mental health investment standard)</li> <li>• Delivery of networked services (e.g. diagnostics)</li> </ul>
<b>Borough/ Place</b>	<ul style="list-style-type: none"> <li>• Developing local health and care plans to integrate health, social care and voluntary and community services at neighbourhood/network and borough level to address key challenges and improve outcomes for local people</li> <li>• Ensuring borough-based service commissioning and delivery, linked to place based strategies</li> <li>• Supporting the development of neighbourhoods and networks and to hold them to account</li> <li>• Addressing inequalities within and between neighbourhoods/networks</li> <li>• Focus on effective use of resources across the system, improving outcomes and service quality for local people</li> <li>• Delivery of local community-based services (e.g. Children &amp; Young People's services, IAPT)</li> </ul>	<b>ELHCP</b>	<ul style="list-style-type: none"> <li>• Oversight and support of system development and 'once for north east London' infrastructure development (e.g. Discovery)</li> <li>• Delivering on enablers to support system development including digital, workforce, estates and financial sustainability</li> <li>• Holding systems to account for delivery of outcomes-based care for local people</li> <li>• Leading transformation programmes best planned across the north east London footprint (cancer, maternity, mental health)</li> <li>• Providing strategic overview and direction for multi-borough and place-based transformation programmes (e.g. end of life care, primary care, prevention, personalisation)</li> <li>• Leadership of clinical strategy for north east London through the Clinical Senate (e.g. neuro-sciences)</li> </ul>
		<b>NELCA</b>	<ul style="list-style-type: none"> <li>• Strategic commissioning development around key priorities and outcomes</li> <li>• Development and agreement of commissioning strategy to support the ELCHP transformation plan</li> <li>• Commissioning governance and decision making</li> <li>• Future responsibility for specialised commissioning</li> </ul>

# Refreshing the ELHCP Strategy: High Level Engagement Timetable



- Engagement and discussion with Health & Wellbeing Boards in each local Council area; Engagement with local politicians;
- Integrated commissioning meetings at Place level; CCG and NHS provider Boards;
- Public engagement events – at neighbourhood and Borough level, with local provider and commissioner leadership
- Healthwatch events – local and cross-ELHCP activity co-ordinated by Waltham Forest Healthwatch

