

# Appendix 1: Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan

*Closing the gaps: working together to deliver improved health and care for the people of north east London*

Update for Havering Health and Wellbeing Board 6 July 2016

## Background

Across north east London, the health and care system - clinical commissioning groups (CCGs), providers and local authorities are working together to produce a Sustainability and Transformation Plan (STP). This will set out how the [NHS Five Year Forward View](#) will be delivered: how local health and care services will transform and become sustainable, built around the needs of local people. The plan will describe how north east London (NEL) will:

- meet the health and wellbeing needs of its population
- improve and maintain the consistency and quality of care for our population
- close the financial gap.

The STP will act as an 'umbrella' plan for change: holding underneath it a number of different specific local plans, to address certain challenges. Crucially, the NEL STP will be the single application and approval process for transformation funding for 2017/18 onwards. It will build on existing local transformation programmes and support their implementation.

These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme
- The STP is also supporting the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures

[Additional guidance](#) issued on 19 May set out further details of the requirements for submission of a **draft STP which will be seen as a 'checkpoint'** to form the basis of a local conversation with NHS England in July. The draft which did not have to be formally signed off prior to submission, was shared with NEL STP Board members for review and comment in the second week of June, and was submitted to NHS England on 30 June. Further work is continuing to develop the plan in more detail and engage with partners on it.

## Developing the submission

A NEL STP Board and Partnership Steering Group meet regularly and are attended by both health and local authority colleagues. A meeting was held for local authority chief executives and updates are being shared at each health and wellbeing board.

## Havering involvement in the development of the STP

Havering health and social care colleagues are actively engaged in the development of the STP including Conor Burke (Accountable Officer for Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups) and Mathew Hopkins (Chief Executive, BHRUT), and John Brouder (Chief Executive, NELFT) who are core members of the STP leadership team and members of the STP Board.

In addition:

- Conor Burke is the senior responsible officer overseeing the development of the urgent care and transformation workstreams.
- There is Havering LA, CCG and provider representation in portfolio workshops, system leadership events (held and planned).
- A meeting for local authority chief executives took place in June.
- Havering Council officers have been in regular contact with the STP team.
- A session was held with Healthwatch and patient engagement representatives including representatives from BHRUT.

Following Cheryl Coppell's retirement, Martin Esom (Chief Executive, LB Waltham Forest) is the Local Authority executive lead supporting the development of the NEL STP.

### **Draft vision and priorities**

Throughout May the STP team held a series of meetings and workshops with key stakeholders including providers, on a variety of topics including prevention, workforce, estates, technology and specialised commissioning. Key priorities raised have been included in the June submission.

#### **Draft vision**

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.
- To develop new models of care to achieve better outcomes for all; focussed on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

### **Emerging priorities**

Based on the recent assessment of our health and wellbeing (Public Health Profile of NEL, March 2016), care and quality and the financial challenges we know that in order to create a better future for the NHS, and for local people to live long and healthy lives, we must make significant changes to how local people live, access care, and how care is delivered. Some of our initiatives will be delivered at local level, some at borough level, some across boroughs and others at NEL level.

For NEL the key emerging areas of focus which we think will be key to addressing our health and wellbeing, care and quality and financial challenges are:

**Transformation:** focussing on prevention and better care to ensure local people can start well, live well and age well. This will include: whole system prevention and early help; urgent care and mental health. We also see community resilience as having an essential part to play: looking at wider determinants of health (e.g. work, housing, education), to make sure residents have an improved quality of life and confidence to embrace a model of self-care in managing their health and care needs.

**Productivity:** ensuring our providers and local authorities operate in the most effective efficient way possible to deliver value, considering shared opportunities for development.

**Specialised services:** establishing sustainable specialised services for NEL, both for residents and those accessing services in NEL.

We have identified the following **enablers** to support our work:

- **Workforce:** recruitment and retention of a high calibre workforce, including making NEL a destination where people want to live and work, ensuring our workforce is effectively equipped to support delivery of new care models, caring for the workforce and reduction in use of bank/agency staff.
- **Infrastructure:** considering the best use of our estates across the system. We recognise that estates are a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit-for-purpose buildings and to meet the capacity challenges produced by a growing population. The STP will establish appropriate system leadership to ensure that people think about estates at an NEL level whilst building on local priorities.
- **Communications and engagement:** ensuring stakeholders, including local people, understand and support the need to deliver the Five Year Forward View.
- **Technology:** considering the best use of technology to support and enable people to most effectively manage their own health, care and support, and to ensure a technology infrastructure which supports delivery of new care models.
- **Finance:** access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL.

These initial discussions have led us to identify the six key priorities that we need to address as a system. A summary of the priorities and actions we are going to take to address them is set out in the table on pages 4-6 of this report.

To implement this vision we have developed a common framework that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person centred, place based care for the population of NEL.

The focus throughout our work is to:

1. Promote prevention and personal and psychological wellbeing
2. Support people to access care closer to home
3. Improve quality of secondary care for those who need it

**We welcome the HWB's views on the following:**

- Does the vision capture what we need to achieve?
- Have we identified the right priorities/issues to focus on?
- How can we continue to work with you as we develop the STP?

### **Next steps**

We expect to publish a summary of the STP during July and to hold public events across north east London over the summer, so we can discuss it with local people. This summary document will be used to facilitate meaningful engagement on the NEL STP over the coming months, enabling us to gather feedback, test our ideas and strengthen our STP.

For more information go to <http://www.nelstp.org.uk> or email [nel.stp@towerhamletscqg.nhs.uk](mailto:nel.stp@towerhamletscqg.nhs.uk)

## DRAFT Summary of the actions we are going to take in response to each priority is set out below.

### 1. How can we ensure that we meet demand with appropriate capacity in NEL?

#### Issue

Our population is projected to grow at the fastest rate in London (18% over 15 years to reach 345,000 additional people) and this is putting pressure on all health and social care services. Adding to this, people in NEL are highly diverse. They also tend to be mobile, moving frequently between boroughs and are more dependent on A&E and acute services. If we do not make changes, we will need to meet this demand through building another hospital. We need to find a way to **channel the demand for services** through **maximising prevention**, supporting self-care and innovating in the way we deliver services. **It is important to note that even with successful prevention, NEL's high birth rate means that we may need to increase our physical infrastructure.**

#### Actions

To meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to:

- Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care;
- Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary care at its heart;
- Establishing effective ambulatory care on each hospital site, to ensure our beds are only for those who really need admission, so we don't need to build another hospital;
- Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care; and
- Ensuring our estates and workforce are aligned to support our population from cradle to grave.

### 2. How do we transform our delivery models to deliver better care close to home and high quality secondary care?

#### Issue

Transforming our delivery models is essential to empowering our residents to manage their own health and wellbeing and tackling the variations in quality, access and outcomes that exist in NEL. There are still **pockets of poor primary care quality and delivery**. We have a history of innovation with two of the five **devolution pilots (see appendix for detailed plans)** in London, an Urgent and Emergency Care (UEC) vanguard and a Multispecialty Community Provider (MCP) in development. However, we realise that these separate delivery models in each health economy will not deliver the benefits of transformative change. Crucially, we must **establish a system vision** that leverages community assets and ensures that residents are **proactive** in managing their own physical and mental health and receive coordinated, quality care in the right setting.

#### Actions

We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy; this will build on our two devolution pilots in BHR and CH, and the TST programme (which is being implemented already in WEL). At its core we are committed to:

- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges; and
- Addressing hospital services: streamlining outpatient pathways, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice and encouraging provider collaboration. This will allow us to meet all of our core standards including those relating to RTT and A&E, and enable the planned ED closure of King George Hospital.

### 3. How can we ensure that our providers remain sustainable?

#### Issue

Many of our health and social care providers face challenging financial circumstances; this is especially true with Bart's Health and BHRUT being in special measures. Both are currently being re-inspected to ensure that all necessary recommendations are embedded. Although our hospitals have made significant progress in creating productivity and improvement programmes, we recognise that medium term provider-led cost improvement plans cannot succeed in isolation: our providers need to collaborate on improving the costs of workforce, support services and diagnostics. Our challenge is to create a roadmap for viability that is supported at a **whole system level** with NEL coordinated support, transparency and accountability.

#### Actions

Our health and social care providers are committed to working together to achieve sustainability. Changes to our NEL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (e.g. procurement, clinical services, back office and bank/agency staff);
- The providers are now evaluating options for formal collaboration to help support their shared ambitions; and
- Devolution pilots in BHR and CH are actively exploring opportunities with local authorities, which will be set out in their forthcoming business cases.

### 4. How do we transform specialist services through collaborative working?

#### Issue

NEL residents are served by a number of high quality and world class specialist services; many of these are based within NEL, others across London. We have made progress recently in reconfiguring our local cancer and cardiac provision. However, the quality and sustainability of specialist services varies and we need to ensure that we realise the benefits of the reviews that have been carried out so far. Our local financial gap of £134m and the need for **collaboration** both present challenges to the transformation of our specialised services. We need to move to a more collaborative working structure in order to ensure high quality, accessible specialist services for our residents, both within and outside our region, and to realise our vision of becoming a truly world class destination for specialist services.

#### Actions

We will continue to deliver and commission world class specialist services. Our fundamental challenge is demand and associated costs are growing beyond proposed funding allocations. We recognise that this must be addressed by:

- Working collaboratively with NHS England and other STP footprints, as patients regularly move outside of NEL for specialised services; and
- Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care –aiming to improve outcomes whilst delivering improved value for money.

## 5. How can we create a system-wide decision making model that enables placed based care and clearly involves key partner agencies?

### Issue

Our plans for proactive, integrated, and coordinated care require changes to the way we work in developing system leadership and transforming commissioning. We have plans to **transform commissioning** with capitated budgets in WEL, a pooled health and social care budget in BHR and in CH. Across NEL, we recognise that creating accountable care systems with integrated care across sectors will require joining previously separate services and close working between local authorities and other partners; our plans for **devolution** (see appendix) have made significant progress in meeting the challenge of integration. New models of system leadership and commissioning that are driven by real time data, have the ability to support delivery models that are truly **people-centred and sustainable** in the long term.

### Actions

We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the NEL health and wellbeing system, and can drive through our plans. For us, involving local authority leaders is the only way to create a system which responds to our population's health and wellbeing needs. Building on our history of collaboration, we have agreed a set of principles which our leaders will be accountable for, including a commitment to making NEL-wide decisions as opposed to local decisions whenever appropriate. This will help us to deliver the scale of change required at pace to deliver place-based care for our population.

## 6. How do we maximise the use of our infrastructure so that it supports our vision (and plans owned at a NEL level)?

### Issue

Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure. Currently, our workforce model is outdated as are many of our buildings; Whipps Cross, for example, requires £80 million of critical maintenance. This issue is compounded by the fact that some providers face significant financial pressures stemming from around **£53m remaining excess PFI cost**. Some assets will require significant investment; others will need to be sold. The benefits from sale of resources will be reinvested in the NEL health and social systems. **Devolution** will be helpful in supporting this vision. **Coordinating and owning a plan** for infrastructure and estates at a NEL level will be challenging; **we need to develop approaches to risk and gain share that support our vision**.

### Actions

Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single NEL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.