Transformation Priorities

Four big issues and four Priorities

1	**2**	**3**	**4**
Poor health, growing population & more demand	Variable access and quality of services	Lack of workforce, poor technology and buildings	Unaffordable health & social care system

Healthy & independent local people

- Preventing ill health and lose of independence
- Tackling inequalities
- Good mental well-being

Improving services

- More services out of hospital and integrated in primary, mental, social & community care
- Improved priority services: maternity, mental health, cancer, urgent & emergency care
- Strong hospital & specialist services

Right team, right tech, right place

- Healthy work places
- Skills & career development, recruitment & retention
- Housing for key workers
- Digital & online services
- Better buildings

Well run partnership

- Partnerships
- Productivity – value for money
- Better organised - new organisations bringing together providers & commissioners
- Living within our means

Our story

The transformation agenda for health and social care across East London is significant and exciting. We are challenging ourselves to be clear that more of the same isn't enough, or will provide fit for purpose health and care going forward. These are the four big challenges the ELHCP want to tackle:

1. Healthy and independent local people

- We have one of the largest and fastest **population** growth rates in the country - 18% over the next five to ten years

- This is both growth of a younger population and also the older population

- East London also has a transient population and areas of intense **health inequalities** and deprivation

- People want their **whole health and social care needs** considered as one and we too often treat and manage people in parts, in particular not making sure that people's mental as well as physical health are treated equally. We have also traditionally focused more on resourcing physical health needs than mental and well-being needs.

2. Improving services

- **Resources** (capacity) are not necessarily in the right part of the system, often still tied up in acute hospitals rather than in the **community,** where people tell us they want them.

- Access is too often through A&E, at a point of crisis. The front door to the system should be people's own front doors with care provided by multi-disciplinary teams across health and social care, supported by the voluntary sector and our strong local communities.

- The problem with accessing care in a crisis through A&E means our solutions tend to be too much about providing care around a few hundred hospital beds, rather than care around the one and half million beds in people's own homes.

- This support should be centred in the home, and using digital technology and more self-care support to prevent crisis and maintain independence.

- It's not only about demand and capacity not lining up, the **quality** of some of our services and the outcomes people get are variable –and we want the best standard for everyone across East London

- Access to primary care is **variable** and the Care Quality Commission has highlighted services, **quality** and **outcomes** across our providers that need to improve

- Some services are not as **resilient** as they could be, for example primary care and urgent and emergency care services

- We have a long history of innovation through working with patients and clinicians to co-design individual components of care, but this hasn't been easy to spread more widely.

Our story

3. Right team, right tech, right place

- We have the opportunity to innovate training, roles and ways of working. It's about the right care, at the right time, in the right place and most importantly – the right team.

- Community–based working often gives more autonomy to staff and releases them to innovate and provide whole person care- and this is important, as not only is capacity not always in the right part of the system, but we need new types of roles, development opportunities and ways of working as finding and keeping the **workforce** these days is challenging, especially with the cost of living and housing in London.

- We also have serious challenges our estates and technology. We have some of the best buildings, but also others that are not fit for purpose, such as Whipps Cross Hospital. We also have estate with old hospital buildings that could be re-purposed used for new integrated health and social care facilities, creating health campuses

- People live their lives on their smart phones now and there is an urgent need for health and social care services to become more **digital friendly**

4. Well run partnership

- Ultimately all our challenges above mean that the **financial** as well as service and quality sustainability of our health and care system is impacted. There is scope to be more productive and if we do not seize the opportunity our financial challenges and sustainability will continue and service stability will be affected.

- In recent years the system has become **fragmented**: causing duplication, not always working to the best advantage for the patient or local people and putting artificial barriers between professionals and organisations across health and local government services. We need to make sure we are organised well and working in partnership.

- Individual institutions will not address the financial or quality goals we have, and in order to get the best of our collective resources we need to transform how we work together using a **partnership** approach, rather than working with an individual organisation focus.