

# **The Long Term Plan for north east London**

**Presentation to  
Inner North East London Joint Health Overview and Scrutiny  
Committee  
and  
Outer North East London Joint Health Overview and Scrutiny  
Committee  
11 February 2020**

# This presentation covers:

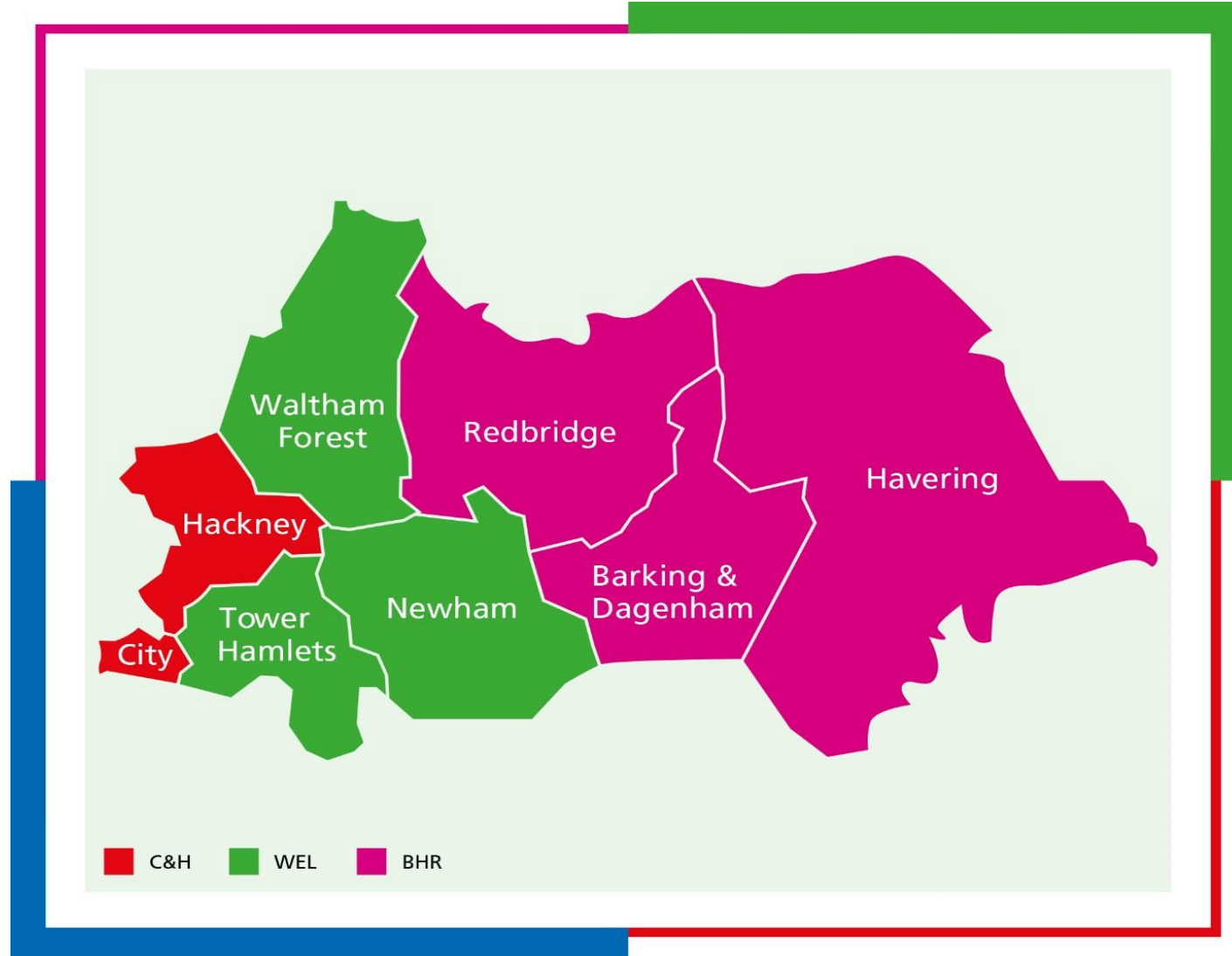
- Background to the Long Term Plan
- Focus on selected workstreams as requested by the committees
- Developing an integrated care system for north east London and how the ICS will support us to deliver the Long Term Plan
- Role of the acute collaborative group
- Delivery and next steps

# How we work together



Our basic principle is that decisions about health and care take place closest to local people as possible, and only where there is good reason to do so will programmes operate at NEL level.

# Reminder: our three local systems



# What we've achieved by working together: some highlights



- NEL-wide integrated clinical assessment services (CAS) for NHS111 has been rolled out across NEL. This involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- a system wide estates strategy has been developed with a prioritised capital investment programme
- the East London Patient Record has been rolled out across WEL and C&H and is underway in BHR. Usage has doubled in one year (currently 112,000 views per month)
- delivery of an electronic records programme and paper switch off achieved for outpatient referrals to hospitals across NEL
- £5.2m secured for the first rapid access diagnosis centre in England
- significant improvements in the CQC ratings for our hospitals and GP practices.

# Reminder: The NHS Long Term Plan

- The NHS Long Term Plan was published in January 2019 and sets out an ambitious vision for the NHS over the next ten years and beyond.
- It outlines how the NHS will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.
- In north east London we have developed our own draft LTP setting out what we'll do locally to transform health and care.

# Update as of February 2020

- Final draft of north east London's response to the NHS Long Term Plan was submitted to NHS England on 15 November 2019 with the following text:

*Note: this final draft document is being submitted to NHS England during a pre-election period, when the ELHCP is bound by purdah conventions. This has meant that we have been unable to discuss the document in public forums as originally planned. As such, this is a 'final draft' and will be shared with partners, but not published when it is submitted on 15 November 2019.*

- Final draft is now on our website: [www.eastlondonhcp.nhs.uk](http://www.eastlondonhcp.nhs.uk)
- We are presenting on the LTP at partner meetings – trust boards, health and wellbeing boards, joint health overview and scrutiny meetings etc – for review and discussion before the LTP is finalised.
- Intend to publish the final LTP in March 2020, subject to NHS England/Improvement approval.
- Marie Gabriel has been appointed as our new chair, and starts on 1 April 2020.

# In north east London, our LTP means:



- Greater emphasis on preventing ill health, and empowering local people to take more control over their health and lifestyle choices (prevention and personalisation)
- Ensuring the health and care services we do provide are integrated, joined up and appropriate for people's needs (integrated care)
- Rapidly modernising local approaches to health and care provision, utilising the academic and research base we have in north east London for the good of our local population (modernisation).



# Reminder: our challenges

- Substantial population growth (from 2.02m to 2.28m by 2028, 13% growth over the next 10 years).
- Significant variations in clinical quality and outcomes across our health and care economy that need to be tackled in order to make a real impact on health inequalities.
- Significant workforce challenge across health and care services and our population growth will exacerbate demand for services if we continue to deliver them in the same way.
- Demand is projected to outstrip our resources and capacity which means we need to look at how we provide care and our financial models and systems. These challenges span both health and social care, and mean we need to agree a different way across all our partner organisations to manage financial risk.

# LTP in summary and our work programmes



<p><b>Our top priorities</b></p>	<ul style="list-style-type: none"> <li>✓ Improving quality of care delivery and reducing unwarranted variation – working together with our communities to create an integrated care system that will improve the quality of care they receive and make it much more joined up and person-centred</li> <li>✓ Invest in local integrated primary and community infrastructure – help people stay well for longer and support them at home when they need it</li> <li>✓ Population Health management and intelligence – using the information we have to direct resources and action where it is most needed and maximise our impact</li> <li>✓ Digital revolution – taking advantage of advances in technology to radically change the way we access and provide care (e.g. information technology, artificial intelligence)</li> <li>✓ Workforce transformation – changing how we work, the skills we need, what we offer our workforce so that we can attract the workforce we need, and developing new roles that are more relevant to 21<sup>st</sup> century health and care provision</li> </ul>
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Improving population health	System change and integration	Priority areas for improving outcomes	Enablers (supporting work programmes)
<ul style="list-style-type: none"> <li>• Prevention</li> <li>• Health inequalities</li> <li>• Wider determinants of health e.g. housing, poverty</li> <li>• Personalised care</li> </ul>	<ul style="list-style-type: none"> <li>• Primary/community care</li> <li>• Urgent and emergency care</li> <li>• Improving planned care and outpatients</li> <li>• Provider collaboration</li> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Learning disabilities and autism</li> <li>• Children and young people</li> <li>• Maternity</li> <li>• Medicines optimisation</li> <li>• Major long term conditions</li> <li>• End of life care</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce</li> <li>• Digital</li> <li>• Estates</li> <li>• Demand and capacity – business intelligence</li> <li>• Research and innovation</li> </ul>

# Focus on population health management

- Population health management is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- Our health and care needs are changing: we are living longer and increased incidence of multiple long term conditions. Much of this is down to lifestyle factors and where we live rather than the health and care services treating us. Population health management (PHM) can help us better understand and predict future health and care needs. This will allow improved targeted support, making better use of resources and reducing health inequalities.
- Providers will not just be responsible for the people they treat but have a collective responsibility for the whole population's health alongside commissioners
- Underpinning PHM is the accompanying cultural shift required to put population health data at the heart of decision making across an ICS.
- There is a key role for directors of public health to drive this forward.

# Urgent and emergency care

- Moving away from relying on urgent and emergency care services (UEC), freeing them up to concentrate on the most serious and urgent cases and look at how primary and secondary care services can support UEC.
- NHS 111 clinical assessment service involves a multidisciplinary team of GPs, pharmacists, dentists, nurses, paramedics, and health advisors providing expert advice over the phone
- Stronger pathways of care with enhanced access to mental health services
- Ambulance handover pathways remain a challenge

# Primary care networks

There are 48 geographically aligned PCNs in NEL, supported by their local GP federations.

<b>Barking and Dagenham</b>	6	<b>City and Hackney</b>	8
<b>Havering</b>	4	<b>Tower Hamlets</b>	8
<b>Redbridge</b>	5	<b>Newham</b>	10
		<b>Waltham Forest</b>	7

They are at varying levels of maturity in terms of leadership, organisational development, population health management and partnership working. All PCNs will be supported to work towards at-scale to ensure economies of scale and high-quality primary care.

We are already seeing benefits from the establishment of PCNs, with the end of half-day closing and improvement in extended hours. There are now an additional **271** hours of extended access appointments a week in NEL and no practices close for half a day.

# PCN development

2019/20	2020/21	2021/22
<p>Focus on formation, support for sustainability and building relationships with providers.</p> <p>NEL allocated £1.5 million a year for PCN development.</p> <p>PCNs starting to implement plans to meet their development needs</p> <p>PCNs starting to recruit to new supplementary roles:</p> <ul style="list-style-type: none"> <li>Clinical pharmacists</li> <li>Social prescribing link workers</li> </ul>	<p>Focus on programme of primary and community services alignment.</p> <p>Five new national service specs will be rolled out:</p> <ul style="list-style-type: none"> <li>Structured medication review and optimisations</li> <li>Enhanced care in care homes</li> <li>Anticipatory care</li> <li>Personalised care</li> <li>Early cancer diagnosis</li> </ul> <p>PCNs to recruit to new roles:</p> <ul style="list-style-type: none"> <li>Physiotherapists</li> <li>Physician associates</li> </ul>	<p>Focus on progress evaluation</p> <p>Two more national service specification to be introduced:</p> <ul style="list-style-type: none"> <li>CVD prevention and diagnosis</li> <li>Tackling neighbourhood inequalities</li> </ul> <p>PCNs to recruit to new roles:</p> <ul style="list-style-type: none"> <li>Paramedics</li> </ul>

# Cancer

The new North east London Cancer Alliance will 'go live' on 1 April 2020. It will drive delivery of three broad objectives:

## **Continue our improvements in one year survival and rates of earlier diagnosis**

- Screening uptake and coverage
- HPV for primary screening/HPV self sampling project/FIT test for bowel cancer detection
- Rapid Access Diagnostic Centre at Mile End opens summer 2020

## **Maintain high performance in times to treatment and achieve the new faster diagnosis standard**

- 28 day faster diagnosis standard
- Time to treatment - overall strong performance at Barts Health and Homerton, achieving the 85% target consistently, ongoing work with BHRUT to improve and sustain performance
- Rapid Access Diagnostic Centres

## **Ensure excellent patient experience and personalised care for patients throughout their pathway**

- All trusts have in place, or are developing, stratified follow up pathways for breast, prostate and colorectal cancers
- Piloting different models of support for people living with cancer, including cancer navigators.

# Mental health

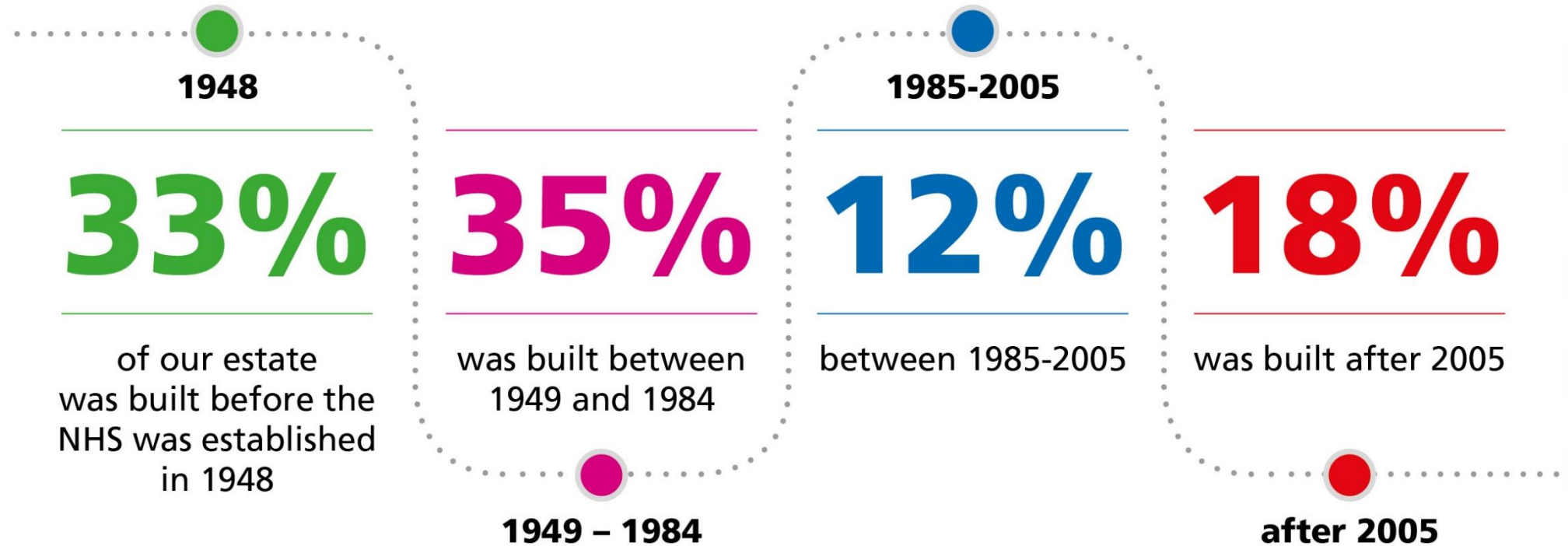
- Committed to putting mental health care on a level footing with physical health services
- Committed to improving and widening access for adults needing mental health support
- Significant investment in mental health services, especially in children and young people's (CYP) mental health services
- Historically across north east London there has been an imbalance of investment in CYP mental health – this is changing and we working to redress the balance.
- Support London priorities for mental health which include:
  - No child starts school unable to learn or leaves school unable to work
  - No one takes their own life
  - No one accesses mental health treatment and care through A&E or the criminal justice system for want of an earlier intervention



# Workforce

- Continue to focus on recruitment and retention in order to meet the demand of our growing population
- Varying vacancy rates with some good progress (e.g. midwifery) and ongoing challenges (1800 adult nurse vacancies) and significant social care vacancies
- Grow our primary care workforce over the next five years to be able to deliver care outside of hospitals.
- Recruit and retain a new primary care workforce with roles like physician's associates, social prescribers and physiotherapists and work closely with Health Education England to provide support
- Developing a workforce of north east London residents through working closely with schools and colleges
- Offer an attractive career pathway – flexible working, training and development opportunities etc

# Our estate in north east London



# Managing our estates

- Care needs to be delivered in modern, fit for purpose buildings
- Poor estate means poorer patient experience and poorer working conditions for staff
- We are investing in our estate and prioritising investment – Whipps Cross Hospital redevelopment, St George's Health and Wellbeing Centre
- Acute estate makes up 59% of our footprint, but we need to move activity out of hospitals
- Working with PCNs and local authorities to look at how and where care is provided
- In process of revising our 2017 estates strategy
- Recent examples:
  - Wellington Way Health Centre in Bow – redevelopment funded by S106 monies
  - Health and Care Space Newham- joint venture between LB of Newham and ELFT

# Delivering by developing an ICS

In the Long Term Plan, we have committed to working together in a collaborative way to deliver improved local health and care services. In order to deliver this, we need to change the way commissioners, providers, clinical leaders, GP members, local authorities, partners and voluntary organisations work together by developing an integrated care system for north east London. The ICS will help us do this through:

- driving forward more partnership working in a truly integrated way
- enabling commissioners and providers to share responsibility for the way finances are managed and contracts delivered, as well as manage population health for the benefit of local people
- reducing the statutory burden to free up resources at a local level
- providing the resources to support challenges across the whole of north east London, such as population growth and homelessness.

# Working together as an ICS

We want to make some changes to how we are organised to provide better and more joined-up services as an ICS. This will include:

- all GP practices working together in primary care networks
- seven place-based partnerships drawing together all the NHS organisations in a given area and working more closely with local authorities
- Three local systems looking more strategically at what makes sense to be provided across a wider geographical area
- a single commissioning group for north east London, led by local health professionals, to take a bird's eye view and look at where we can tackle shared challenges together, such as cancer and mental health

**These changes support the commitments set out in the NHS Long Term plan.**

# A single CCG for north east London



- Removes the barriers to true integration through the opportunity of changing and improving governance structures so that key decisions can be made at a local level by local partners.
- Statutory and governance burdens can be undertaken at a single CCG level, rather than replicated seven times which will free up resources to meet the needs of local people and front line services.
- Will speed up decision-making in key areas.
- Opportunity for savings through more efficient use of back-office and administrative resources, freeing up budgets for frontline services, locally.

# Ensuring accountability

- NEL ICS will operate a “federated” approach to organisation, with most of the activity and delivery being carried out within local systems.
- We need ensure good governance and decision-making is strengthened locally and across NEL. NEL ICS will be the vehicle for transformation funding, and therefore need a governance process to reflect this going forward.
- This is not about bolting on an additional layer of bureaucracy to existing arrangements, but an opportunity to redesign how we do things so that we are more agile, productive and effective.
- The ICS recognises the individual statutory responsibilities of its constituent members, but seeks to build a common set of goals and objectives that compliment individual responsibilities and a collaborative approach to delivery that focuses on delivering outcomes and solution and shares the risks and benefits so that we optimise our collective achievement.

# Finances

- There is a requirement that as a minimum each NHS organisation plans to deliver efficiencies of 1.1% annually for each of the years of the LTP.
- We are planning to improve efficiencies by:
  - reducing the cost of purchasing health care, through reducing unwarranted activity
  - commissioning changes to clinical pathways to eliminate waste
  - changing contractual forms to reduce administration costs
  - reducing the operating costs of the providers to reduce the cost of commissioned health care
- In each year our plans meet the investment requirements for Mental Health Investment Standard and the Primary Medical and Community Services target in 2023/24, as required.
- We are investing in our hospitals, including the redevelopment of Whipps Cross, and are planning to invest £232 million in out of hospital and primary care over the life of the LTP.



# What does the LTP mean for?

Local people	Health and care staff
don't notice organisational boundaries – it is all one health and care system working together to provide the best care	can easily talk to and share information with staff working in other organisations so they can provide the best care
are supported to stay well	support people to stay healthy, with a focus on longer-term health and wellbeing and prevention
can access the best care possible in modern, fit for purpose facilities	work in modern, fit for purpose facilities that make it easy to do their jobs well
can view their patient record online, and are confident it is stored securely	can easily and securely access patients records in order to provide knowledgeable, consistent care, and don't have to ask people to repeat themselves
access care provide by skilled, motivated, kind staff with a culture of continuous improvement	are supported to provide the best care by continually developing their skills and expertise and are offered training  want to work in north east London because there are flexible, innovative roles with opportunities to develop
benefit from world class research and innovation which means earlier diagnosis and more effective treatments	can use research and innovation to provide the best care

# Involving local people in delivering the Long Term Plan

- Embed engagement throughout the Long Term Plan workstreams
- Look at how we can involve local people with lived experience in the transformation of health and care services
- Some change may require a formal process – if significant change is required, a public consultation process would ensure further engagement opportunities for local people to be involved in developing the future model of care
- Establish an oversight group of experts to support change programmes
- Explore opportunities for co-design and co-production
- Involve Healthwatch and community and voluntary services
- Look at how we involve and inform critical friends – scrutiny committees and health and wellbeing boards.

# Acute collaborative group

Barts, the Homerton and BHRUT working together

- Identifying opportunities to work in collaboration to support transformation priorities across north east London
- Looking at acute demand and capacity model
- Ensuring alignment of clinical strategies and working together to improve pathways
- Looking at clinical and estates interdependencies
- Delivering this vision requires partnership working across acute providers and their clinical teams.
- Barts Health is currently gathering the views of their staff, patients, commissioners and partner providers regarding a proposed creation of surgical centres of sub specialist expertise at the Trust. More information is available at [www.bartshealth.nhs.uk/our-future-plans-for-surgery](http://www.bartshealth.nhs.uk/our-future-plans-for-surgery)

# Maternity and neonatal care: demand and capacity review

- Need to make sure we have the right maternity and neonatal capacity, in the right place, so local women and their families have the best possible maternity and neonatal outcomes.
- Currently undertaking a review of demand and capacity. This involves modelling maternity and neonatal demand and capacity for now and in the future to understand current capacity and what this means for future demand.
- Also looking at the models of maternity care and will be engaging with local women to find out where they chose to give birth and why.
- We already know there is increased demand for some birthing options as more women that live outside the catchment area are choosing to book and birth with our maternity services. As more women present with complications such as obesity and diabetes, demand for lower risk birthing options is reducing. The review will explore this and other areas and is envisaged to be completed by spring 2020.

# Next steps: focus on delivery

- Finalise and publish the LTP
- Share LTP summary widely
- New chair starts 1 April 2020
- Agree an accountability framework with each part of the ICS so we are all clear on what is being delivered where
- Report annually on progress and what we've achieved.

# Thank You



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North east London's local authorities, NHS and community organisations working together to deliver sustainable health and care for local people.

[www.eastlondonhcp.nhs.uk](http://www.eastlondonhcp.nhs.uk)

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## East London Health & Care Partnership Citizen's Panel

Join the East London Citizens' Panel and help us shape health services in north east London.  
Help create services that work for you and others in your area and get your voice heard.  
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