

# Sustainability and Transformation Plan



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

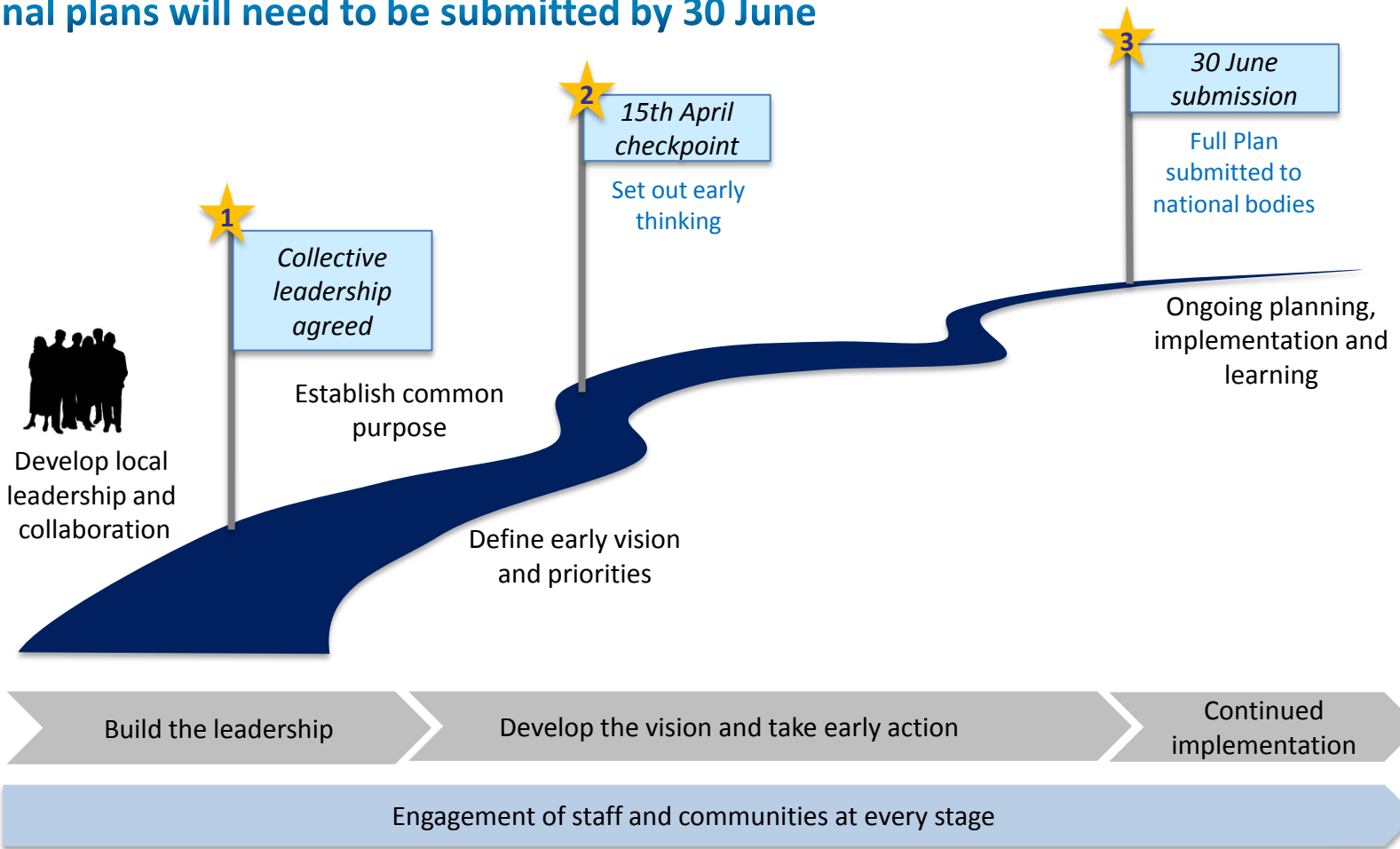


## STP Overview

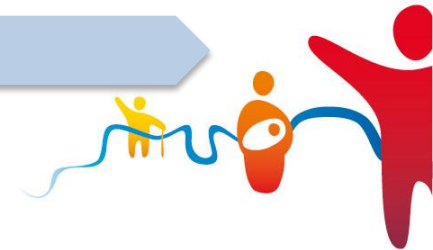
- Health and care systems have been asked to come together to create their own ambitious local blueprint for implementing the 5YFV, covering Oct 2016 to Mar 2021. The STP is the “umbrella” plan for SEL
- The STP will build on the work of Our Healthier South East London and other transformation programmes
- The STP will need to describe an overall local vision, and its approach to address three overarching areas:
  - The health and wellbeing gap
  - The care and quality gap
  - The funding and efficiency gap
- It must cover all areas of CCG and NHSE commissioned activity including:
  - Specialised services, from the 10 collaborative commissioning hubs
  - Primary medical care, from a local CCG perspective
  - Integration with local authority services (prevention, social care, reflecting local agreed health & wellbeing strategies)



## Final plans will need to be submitted by 30 June



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## NHS England have asked us 10 big questions

- 1 How are you going to prevent ill health and moderate demand for healthcare?** Including:
  - A reduction in childhood obesity
  - Enrolling people at risk in the Diabetes Prevention Programme
  - Do more to tackle smoking, alcohol and physical inactivity
  - A reduction in avoidable admissions
- 2 How are you engaging patients, communities and NHS staff?** Including:
  - A step-change in patient activation and self-care
  - Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care
  - Improve the health of NHS employees and reduce sickness rates
- 3 How will you support, invest in and improve general practice?** Including:
  - Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff
  - Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package
  - Support primary care redesign, workload management, improved access, more shared working across practices
- 4 How will you implement new care models that address local challenges?** Including:
  - Integrated 111/out-of-hours services available everywhere with a single point of contact
  - A simplified UEC system with fewer, less confusing points of entry
  - New whole population models of care
  - Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care
  - health and social care integration with a reduction in delayed transfers of care
  - A reduction in emergency admission and inpatient bed-day rates
- 5 How will you achieve and maintain performance against core standards?** Including:
  - A&E and ambulance waits; referral-to-treatment times

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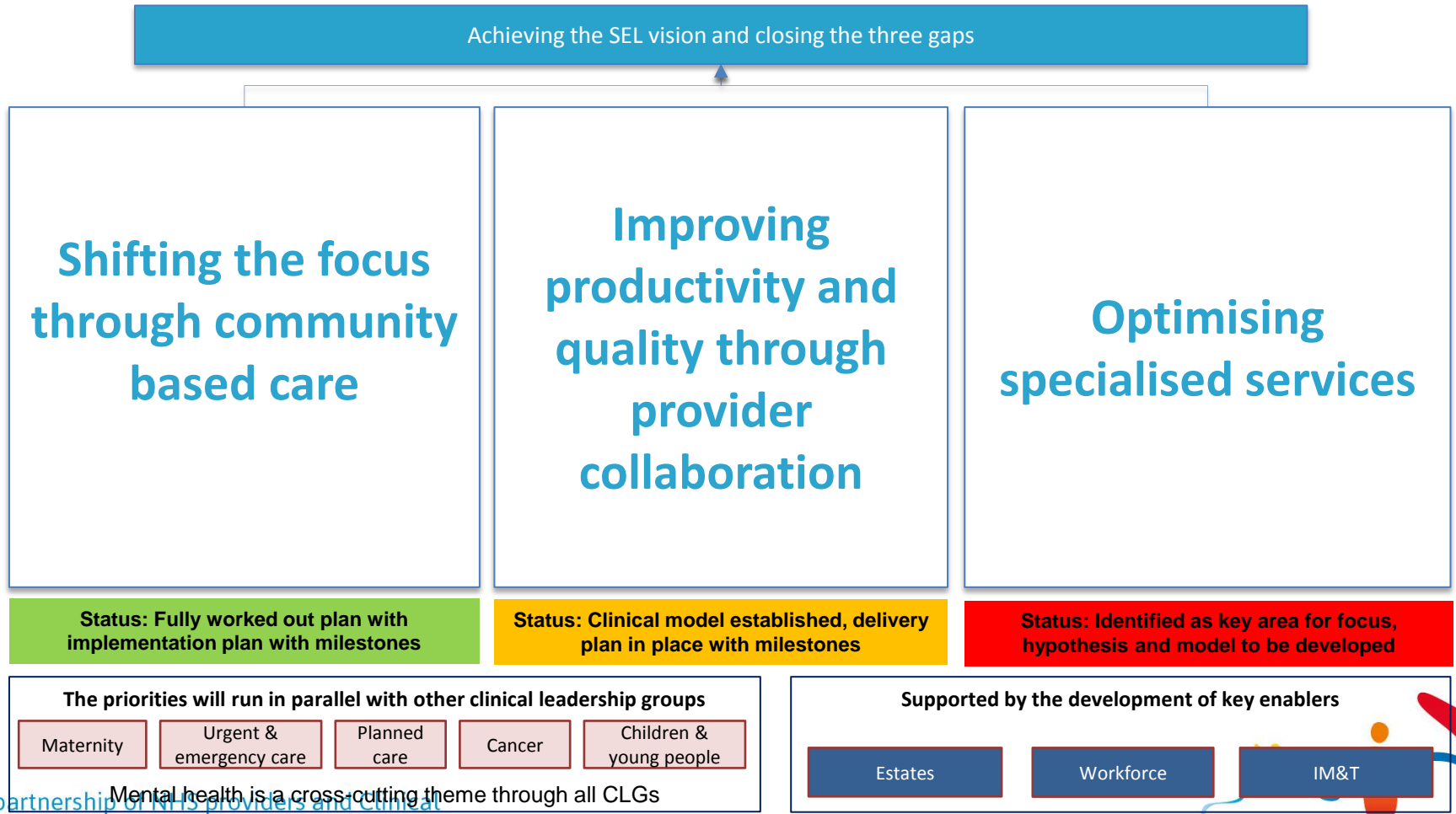


## NHS England have asked us 10 big questions

- 6 How will you achieve our 2020 ambitions on key clinical priorities?** Including:
  - Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks
  - Implement two new mental health waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity
  - Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries
  - Maintain a minimum of two-thirds diagnosis rate for people with dementia
- 7 How will you improve quality and safety?** Including:
  - Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions
  - Achieving a significant reduction in avoidable deaths
  - Ensuring most providers are rated outstanding or good– and none are in special measures
  - Improved antimicrobial prescribing and resistance rates
- 8 How will you deploy technology to accelerate change?** Including:
  - Full interoperability by 2020 and paper-free at the point of use
  - Every patient has access to digital health records that they can share with their families, carers and clinical teams
  - Offering all GP patients e-consultations and other digital services
- 9 How will you develop the workforce you need to deliver?** Including:
  - Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values
  - Integrated multidisciplinary teams to underpin new care models
  - New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice
- 10 How will you achieve and maintain financial balance?** Including:
  - A local financial sustainability plan
  - Credible plans for moderating activity growth by c.1% pa
  - Improved provider efficiency of at least 2% p.a. including through delivery of [Carter Review recommendations](#)



## We have identified three areas of focus that build on our existing work



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# The STP requires a place based governance structure

## Governance principles

### Jointly owned

The plan is owned collectively by organisations in SEL. There is an understanding of shared issues and risks

### Strong clinical leadership

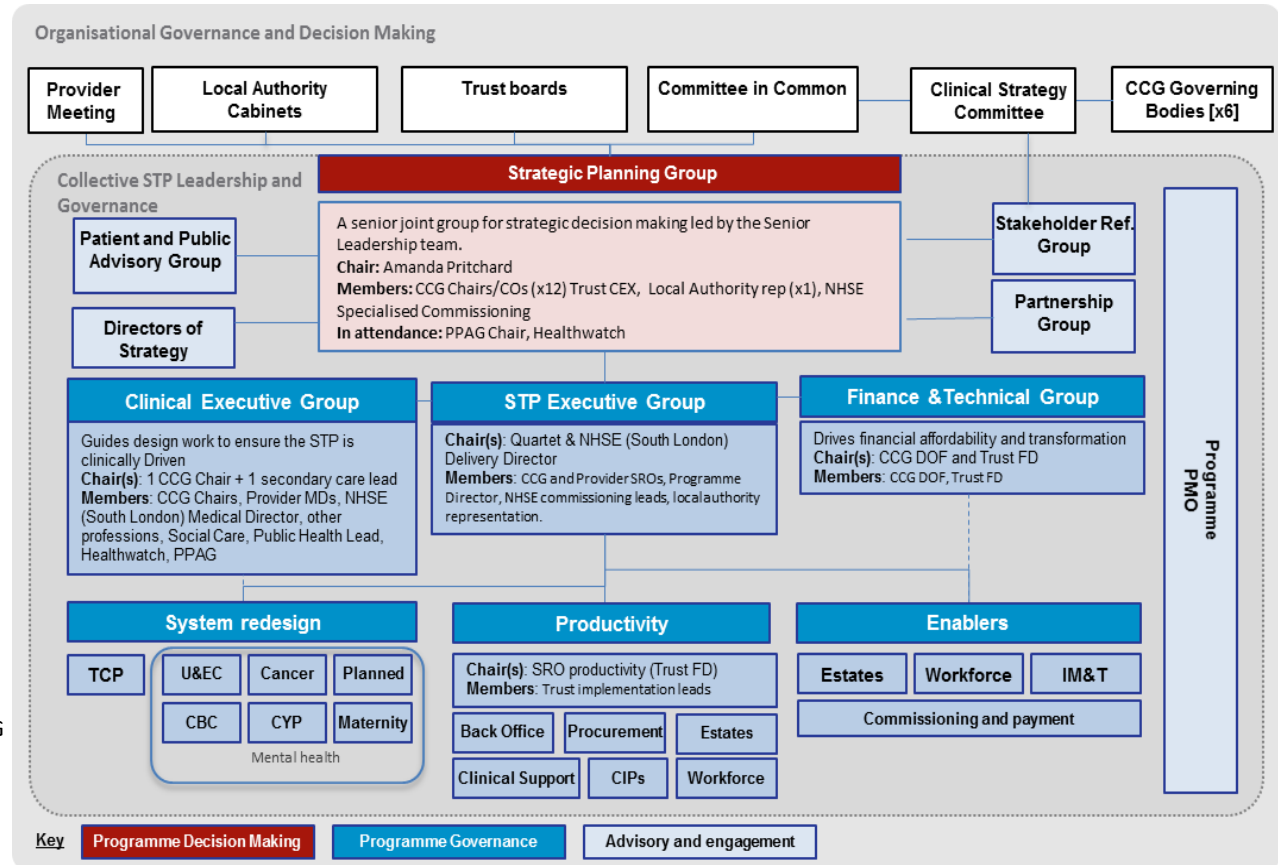
Ensure that clinical leadership and decision-making is strengthened within the new structure

### Patient participation

Engagement of patients and the public at all levels of the programme

## STP SRO and Leadership

- **SRO:** Amanda Pritchard, GSTT
- **CCG:** Andrew Bland, Southwark CCG
- **Council:** Barry Quirk, London Borough Lambeth
- **Clinical Lead:** Andrew Parsons, Bromley CCG



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## Taking forward our clinical models

- Everyday we engage with local people and communities in planning, developing and evaluating local health services, to ensure they are fit for purpose
- This engagement process is part of normal business and does not require the need for a formal public consultation
- If proposals come forward for significant service change, such as a major service reconfiguration, there is a requirement for formal public consultation as set out in Section. 14Z2 of the NHS Act
- Our current understanding is that the planned care workstream (specifically ideas around elective orthopaedic centre(s)) is the only one in which we are likely to develop proposals which will require public consultation.





# Taking forward our clinical models

## Cancer

Key areas of focus:

- Delivering education and training packages for clinicians and staff in Local Care Networks
- Acute oncology services – the programme will provide a specification for providers to deliver a single phone line for patients, across SEL with linked e-prescribing systems.

## Children and young people

Key areas of focus:

- Integrated Community Based Care - supports the strengthening of community based care for children and young people, both in terms of prevention and wellness.
- Short stay paediatric assessment units - all trusts in south east London already have - or plan to have - a short stay unit. For the most part, these differ in form and function. The programme will evaluate each unit and share best practice.
- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.

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# Taking forward our clinical models

## Community based care

Community based care focusses on developing shared standards across south east London, with local delivery.

The development of Local Care Networks, including GP federations and alliances, will be subject to engagement at CCG level.

## Maternity

Key areas of focus:

- Continuity of midwife led care
- Improved assessment of risk at 10 weeks
- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.
- Increased number of births in birthing units or at home

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# Taking forward our clinical models

## Urgent and emergency care

- Relatively early on in its work the urgent and emergency care clinical leadership group concluded there may be no need for consultation on major change to A&E services.
- There is sufficient demand to ensure that all of our current A&E services are needed. This has been public communicated.

### Key areas of focus:

- Meeting the LQS - there will be a step approach to meet the required standards. Each trust will develop a plan that sets out how they could achieve them, in what time frame and the support they would require to deliver the plan.
- Facilities specification and designation process for Urgent Care Centres and Emergency Departments – the SEL JHOSC is to consider this topic at it's May 2016 meeting
- Front door streaming - a single governance structure, staffing and pathways for all collocated urgent care centres and emergency centres.
- Front door steaming (all age mental health) - support CCGs in developing this model promoting good practice and a consistent level of service across south east London

