

# South East London: Sustainability and Transformation Plan

## Progress Update 14 September



## SEL STP Plan on a Page

Our challenges

Demand for health and care services is increasing.

There is unacceptable variation in care, quality and outcomes across SEL.

Our system is fragmented resulting in duplication and confusion.

The cost of delivering health and care services is increasing.

Our five priorities and areas of focus

**1** Developing consistent and high quality community based care (CBC), primary care development and prevention

**2** Improve quality and reducing variation across both physical and mental health

**3** Reducing cost through provider collaboration

**4** Developing sustainable specialised services

**5** Changing how we work together to deliver the transformation required

- Promoting self-care and prevention
- Improved access and co-ordination of care
- Sustainable primary care
- Co-operative structures across parts of the system
- Financial investment by the system
- Contracting and whole population budgets

- Integration of mental health
- Reduce pressure on and simplify A&E
- Implementation of standards, policies and guidelines
- Collaborate to improve quality and efficiency through centres of excellence (e.g. EOC)
- Standardise care across pathways

- Standardise and consolidate non-clinical support services
- Optimise workforce
- Capitalise on collective buying power
- Consolidate clinical support services
- Capitalise on collective estate

- Joint commissioning and delivery models
- Strategic plan for South London
- London Specialised Commissioning Planning Board
- Managing demand across boundaries
- Mental health collaboration

- Effective joint governance able to address difficult issues
- Incorporation of whole commissioning spend including specialist
- Sustainable workforce strategy
- Collective estates strategy and management
- New models of collaboration and delivery

The impact of our plans

- Reduction in A&E attends and non-elective admissions
- Reduced length of stay
- Reduced re-admissions
- Early identification and intervention
- Delivery of care in alternative settings  
(Net savings c.£119m)

Cross-organisation productivity savings from joint working, consolidation and improved efficiency.  
(Net saving c. £232m)

- Increased collaboration
- Reduced duplication
- Management of flow  
(Need to address £190m)

- Aligned decision-making resulting in faster implementation
- Increased transparency and accountability

## STP Next Steps

- 16 September: finance submissions including more detail on capital, efficiency sources and investments for all STPs
- 20 September: publication of NHS planning guidance for 2017/18 and 2018/19
- 21 October: full STP submissions including an updated finance template and delivery templates
- End-November: CCGs and NHS providers to share first drafts of operational plans for 2017/18 and 2018/19
- End-December: CCGs and NHS providers to finalise two-year operational plans.

N.B. It is intended that two years of operational planning and contracts are agreed by end December with the expectation of alignment between the STP and operational plans

## NHSE Feedback on SEL STP

### General Comments on STPs

- Have greater depth and specificity in your plans
- Provide year on year financial trajectories
- Articulate more clearly the impact on quality of care.
- Include stronger plans for primary care and wider community services
- Set out more fully your plans for engagement with local communities
- Capital is in very short supply

### Specifically for SEL

- Set out what plans you have to strengthen your collective leadership towards an implementation focus, given the maturity of your STP and local leadership. This should include completing the work on and agreement of your MOU for inclusion in the October submission.
- Develop further the orthopaedic project
- Develop further the specialist services project
- Finalise agreement of the savings targets at organisational level for your collective productivity improvements.
- Further develop your oversight and analysis of activity data and CIP and QIPP.
- Strengthen further the clinical and financial business case for the proposed service transformations, including setting out year-on-year benefits.
- Include stronger plans for mental health drawing on the recent publication of the Forward View for Mental Health.

## Key Messages

Our response to the national feedback letter is set out in the coming pages, focusing on the progress we've made since June and our trajectory to respond to the October STP refresh deadline. Since 2013, our STP has been working on a system-wide plan. Therefore, our October submission will not be changing

any of our workstream ambitions but rather setting the delivery trajectory & infrastructure.

To aide in transforming our strategic plan into implementation we have since June:



*Started designing and developing the leadership and governance structure required to implement STP*



*Agreed to produce five collaborative productivity business cases for board approval in December*



*Maintained progress on Orthopaedic Elective Centre; the evaluation group has met and a preferred option will be presented to the Committee in Common in November*



*Collated our thoughts on the STP's role in delivering of CIP, QIPP and Performance measures*



*Worked with NHSE and SWL to establish the specialised services workstream*



*Set out proposals for aligning the STP and the planning round*

## We are strengthening our collective leadership towards an implementation focus

We will develop and agree a system-wide MOU between providers and commissioners setting out how we will work together to make decisions to improve patient care and outcomes. This will build on existing MOUs to confirm organisational commitment to our plans. It will also include a clear set of principles upon which decisions will be based.

Establishing a system wide MOU

**Successful STP Implementation**

Developing Clinical Leadership Group Accountability

We will build capability in our clinical leadership groups, enabling them to be the delivery vehicle for implementation. They will have clearly defined programme responsibilities for which they will be accountable and signed off by leadership.

Forming the Collaborative Productivity Board

We are developing proposals for a joint provider board to oversee the Collaborative Productivity Programme, providing leadership and oversight for implementation within the OHSEL strategy and to resolve strategic issues.

Defining the SEL leadership model

We need a collective leadership model that will remain cohesive and focussed in the pursuit of our shared collectives. The definition process will begin at October's leadership event.

**We have received four provider submissions to be considered as a host site for one of two inpatient Orthopaedic Elective Centres across SEL**



	Provider	Proposed Site
1	Guy's and St Thomas NHS Foundation Trust	Guy's Hospital
2	Lewisham and Greenwich NHS Trust	Lewisham Hospital
3	Dartford & Gravesham NHS Trust and Oxleas NHS Foundation Trust	Queen Mary's Hospital, Sidcup
4	Kings College Hospital NHS Foundation Trust	Orpington Hospital

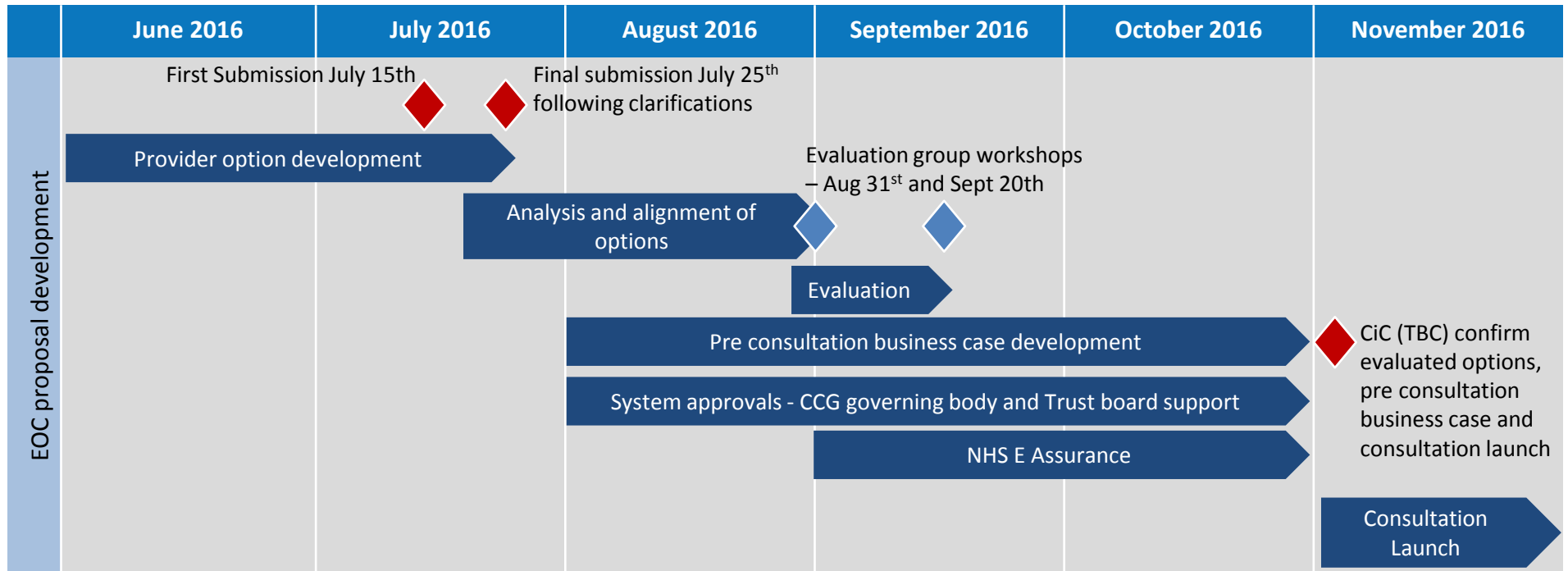
Queen Mary's Hospital would not be able to serve medically complex patients; therefore, the site is not able to meet at deliver 50% of the SEL demand and capacity. Queen Mary's did not meet the required hurdle criteria and is recommended to not be considered in configuration option evaluation.

## Our timeline to complete a Pre-Consultation Business Case (PCBC) for NHSE assurance prior to consultation on elective orthopaedics to be launched in November 2016

Providers have submitted final proposals to host an EOC in mid July. This will enable evaluation by the evaluation group in September and CiC confirmation of options in early November.

At this time, we have completed the non-financial evaluation of the three options and will conduct a financial evaluation on September 20<sup>th</sup>. We have also

commissioned further support to complete the PCBC.





## Review of specialist services across south London

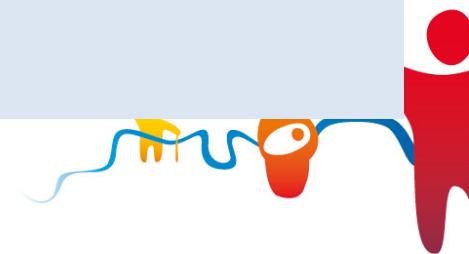
The 30 Jun STP submission set out a proposals for reviewing specialised services across south London. Since this submission we have held a number of meetings with NHS England and the South West London STP footprint. We have:

- Developed a prioritisation framework to identify the focus of work
- Mapped services across South London
- Five areas have been identified for further review, based on service overlap analysis :
  - Blood and infection
  - Cardiothoracic/ vascular
  - Neuroscience
  - Renal
  - Paediatric
- We have agreed on the need to develop communications and engagement support, which is being sourced.

Alongside this work, NHS England has secured support to undertake a pan-London review of the 'do nothing' financial position for specialised commissioning. This will:

- Estimate the projected London specialised commissioned activity over the five year period to 2020/21 inflated each year by historical trends and agreed planning assumptions.
- Provide a split of the projected London specialised commissioned activity by Clinical Reference Group, provider and CCG (including identification of in-flows and out-flows).
- Estimate the cost of commissioning this activity.
- Benchmark service cost and quality provision, providing an indication of transformational opportunities.

This will provide more detail on the £190 million financial challenge that has been allocated to South East London. It is an important first step required in order to identify transformation opportunities across south London. It is expected that this work will take place prior to the 21 Oct STP submission.



## For each CLG we are finalising the commissioner and provider accountability of savings by intervention—each intervention with provider savings will have delivery plans in the October submission

We have programme plans by CLG which are being translated into detailed delivery plans. We have established a Clinical Executive Group for CCGs and

MDs to advise on the clinical interventions, their delivery, and to enable stronger clinical leadership to drive change.

Clinical Leadership Group	High level summary of the model of care	Commissioner Contracting Gross Savings £m	Provider Transformation Gross Savings £m
Community based care *	<ul style="list-style-type: none"> <li>• Delivery of local care networks</li> <li>• Improving access in Primary Care</li> </ul>		
Urgent and emergency care	<ul style="list-style-type: none"> <li>• Community rapid response</li> <li>• Specialist advice and referral.</li> <li>• An enhanced single “front door” to the Emergency Department.</li> </ul>	£60.6	£10.9
Planned care	<ul style="list-style-type: none"> <li>• Standardisation of planned care pathways.</li> <li>• Elective care centres.</li> </ul>	£5.4	£35.2
Children and young people's care	<ul style="list-style-type: none"> <li>• Children's integrated community teams.</li> <li>• Short stay paediatric assessment units.</li> </ul>	£12.5	£0.5
Maternity	<ul style="list-style-type: none"> <li>• Early assessment by the most appropriate midwife team.</li> <li>• Access to assessment clinics.</li> <li>• Culture of birthing units.</li> </ul>	£4.8	£1.5
Cancer *	<ul style="list-style-type: none"> <li>• Primary prevention including early detection.</li> <li>• Provider collaboration in treatment of cancer.</li> <li>• Enhanced end of life care.</li> </ul>	£6	£3.6
<b>Net savings after 40% reinvestment £119m</b>		<b>£89.4</b>	<b>£51.7</b>

*\* Note: the above savings do not currently include CBC (£50.4m) and savings for which the provider commissioner split has not been calculated; Cancer Early Diagnosis (£7.2m).*

## We are developing the role of the STP with regards to delivering CIP, QIPP and Performance plans

### STP Role in Delivering CIP/ QIPP Plans

SEL STP will understand business as usual CIP/ QIPP plans and recognise that individual organisations will be responsible for delivering those alongside regulators

SEL STP will be responsible and take an active role in strategic coordination and designing areas collaboration, and be accountable for collaborative programmes

SEL STP will continue to explore opportunities for collaboration and seek opportunities to solve problems which are best tackled on a footprint- wide basis

### STP Role in Delivering Performance Plans

SEL STP will understand business as usual supply and demand pressures on healthcare; individual organisations remain accountable to their regulator

SEL STP will provide a strategic coordination function to monitor our progress to meet performance targets

SEL STP will problem solve and explore opportunities to enhance our performance position where this makes sense on a footprint-wide basis



## Our plans for mental health drawing on the recent publication of the Forward View for Mental Health

01

We have agreed to establish a sixth CLG for mental health to oversee the FYFV for MH



02

We are sourcing dedicated programme support



03

We have commissioned a “demand and supply” project



04

We are looking for a mental health “high impact change” drawing on the work of the Kings Fund



05

Our providers are participating in the “transforming mental health” programme with NHSE returning high cost out of area placements

