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South East London: Sustainability and Transformation Plan

Briefing 3 October

What is a STP?

- In December 2015 Health and care systems were asked to come together to create their own ambitious local blueprint for implementing the 5YFV, covering Oct 2016 to Mar 2021.

- 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

- For us in SEL, the STP builds on the work of Our Healthier South East London and other transformation programmes

- It's a different way of working

What are we really trying to achieve?

Over the next five years we will:

- Support people to be in control of their physical and mental health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are sustainable and consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

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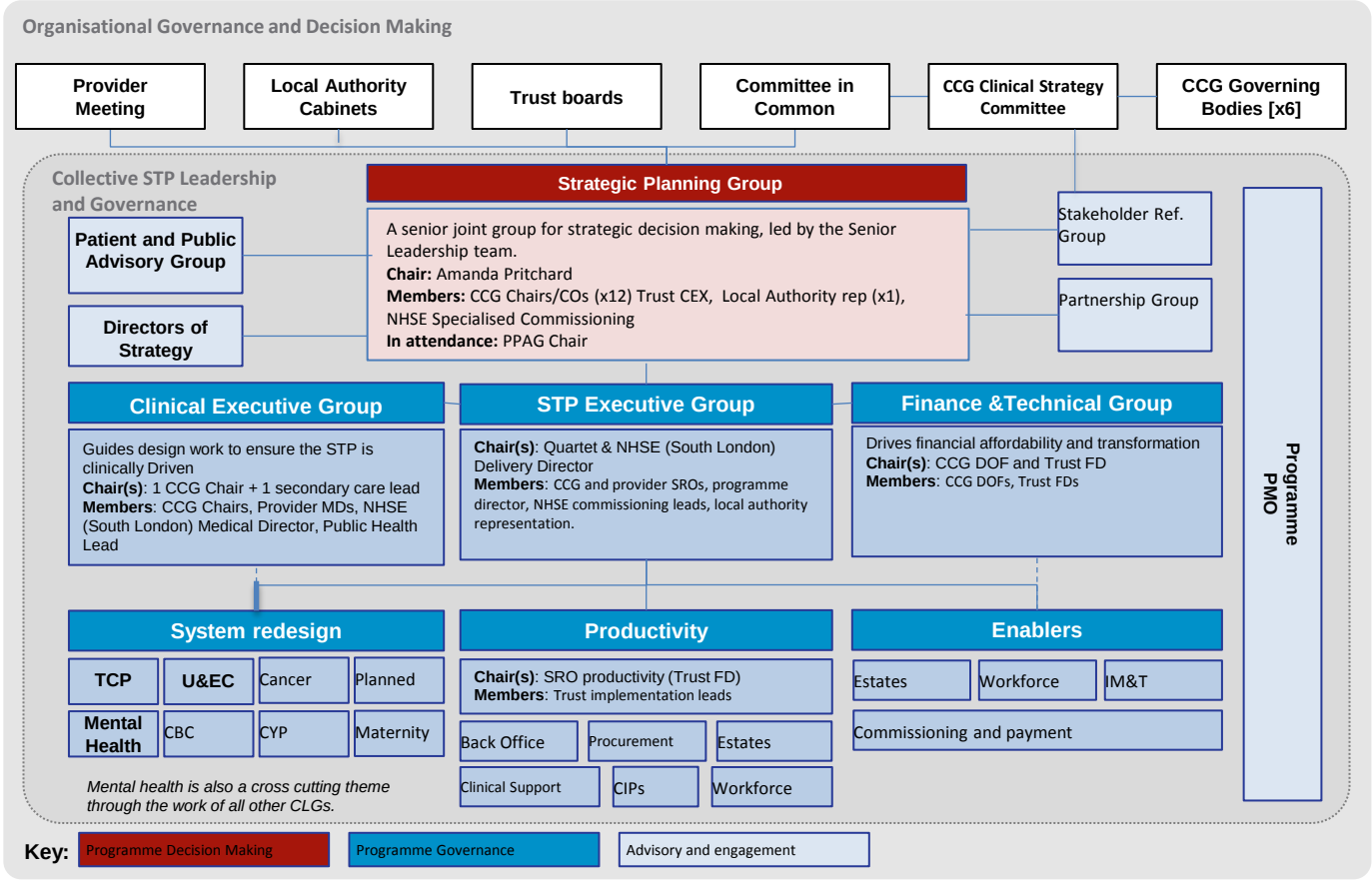
STP Governance

STP SRO and Leadership

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



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If we don't succeed, we will have to have to build the equivalent of another hospital in south east London to cope with the increase in activity.

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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

- 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

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

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

3 Reducing cost through provider collaboration

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

4 Developing sustainable specialised services

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

5 Changing how we work together to deliver the transformation required

- 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

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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 30 June Submission

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

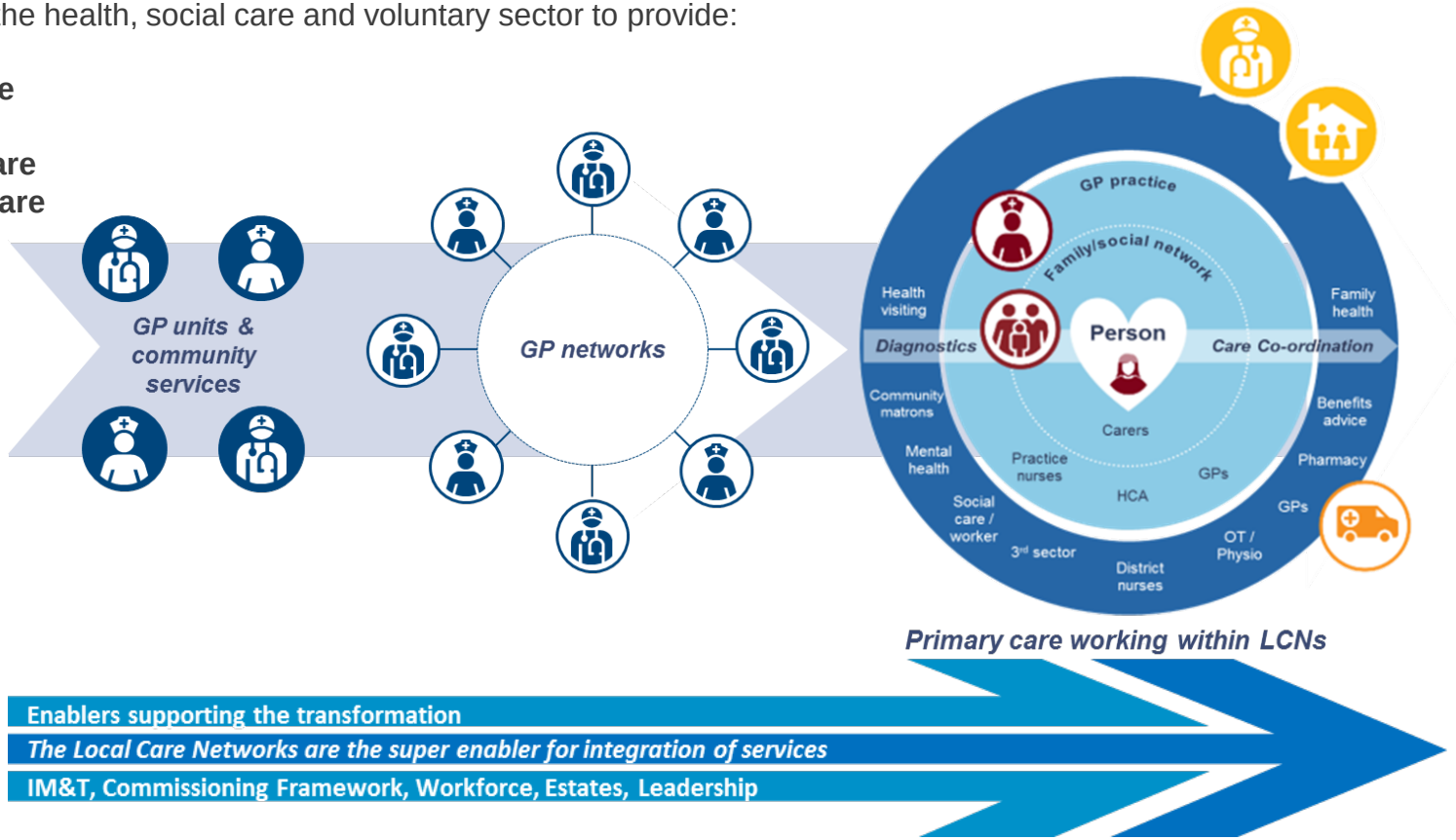
Worked with NHSE and SWL to establish the specialised services workstream

Set out proposals for aligning the STP and the planning round

1 Investment in Community Based Care is essential to transform our system and move towards lower cost, higher value care delivery

Primary and community care (defined in its broadest sense) will be provided at scale by Local Care Networks and drawing on others from across the health, social care and voluntary sector to provide:

- **Accessible care**
- **Proactive care**
- **Coordinated care**
- **Continuity of care**



2 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 a Clinical Executive Group 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
Community based care	• Delivery of local care networks • Improving access in Primary Care
Urgent and emergency care	• Community rapid response • Specialist advice and referral. • An enhanced single “front door” to the Emergency Department.
Planned care	• Standardisation of planned care pathways. • Elective care centres.
Children and young people’s care	• Children’s integrated community teams. • Short stay paediatric assessment units.
Maternity	• Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units.
Cancer	• Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care.
	Net savings after 40% reinvestment **£119m**

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

An evaluation panel was established to evaluate site options against financial and non-financial criteria developed by clinical and patient groups and agreed by a committee of the six south east London CCGs (known as the "Committee in Common") Once the evaluation is complete, the evaluation panel will make a recommendation to the Committee in Common (CiC), on what a preferred option might be.

The evaluation panel recognised that the **Queen Mary's site option does not meet the agreed criteria for an inpatient elective orthopaedic centre**, and they will be recommending to the CiC that this site is not taken forward.

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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

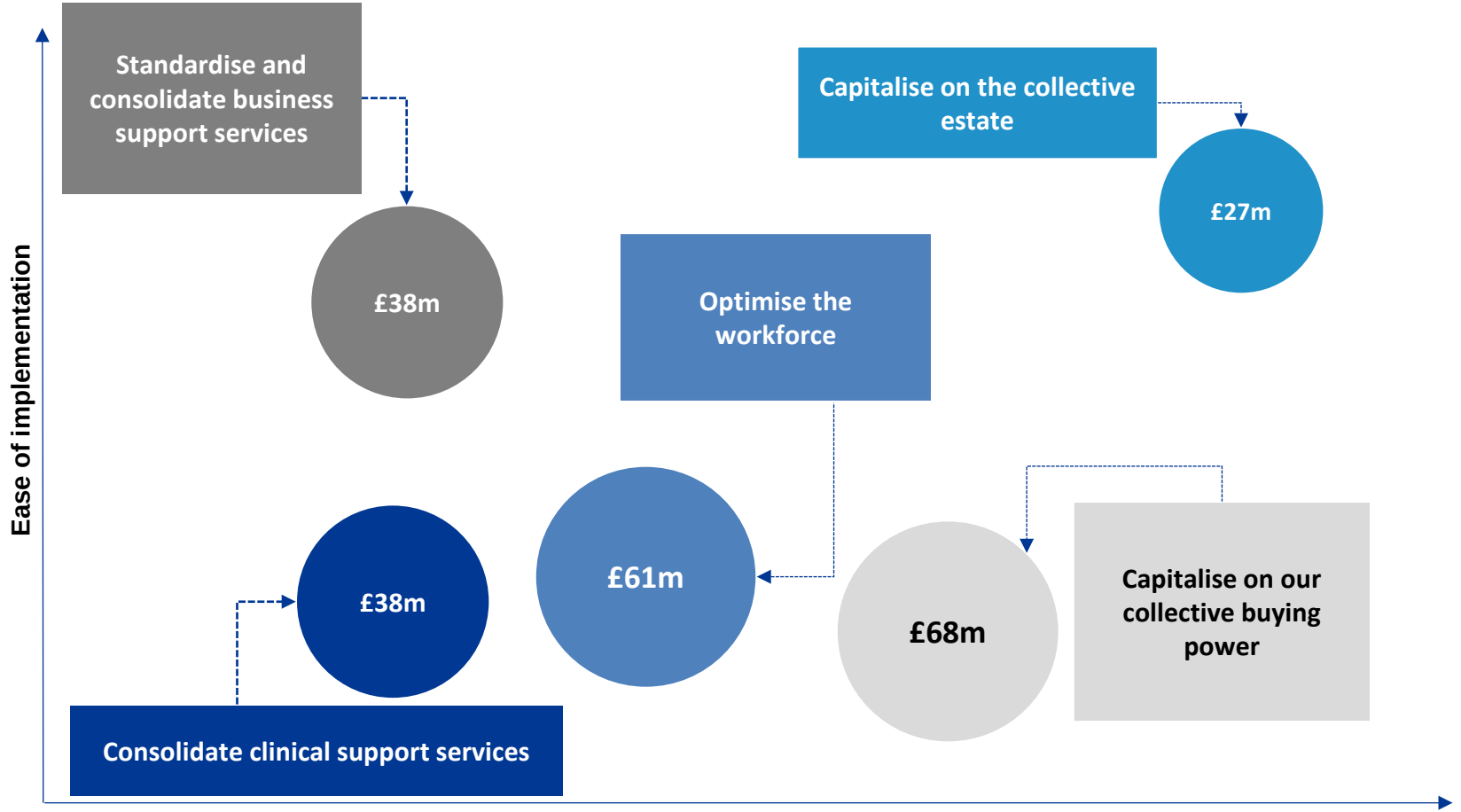
04

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

3 Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas



4 Review of specialist services across south London

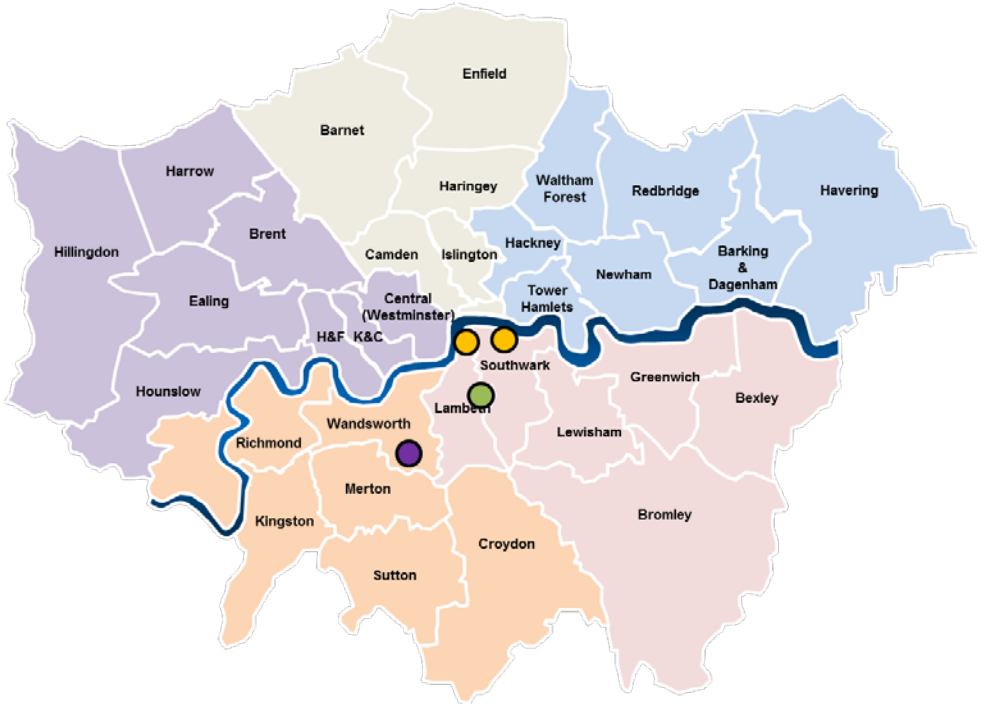
We have established a group with NHSE and SWL to look at the specialised services across south London

Transformation of specialised services needs to be undertaken on a large population basis. Across London, service review work has taken place to varying degrees (eg Cancer and cardiac) but little focus so far on South London.

Three **providers** provide the majority of acute specialised services in South London so they will form the focus of this report. These providers are geographically extremely close to one another; the furthest distance between them is just 7 miles.

We know there is significant duplication of services.

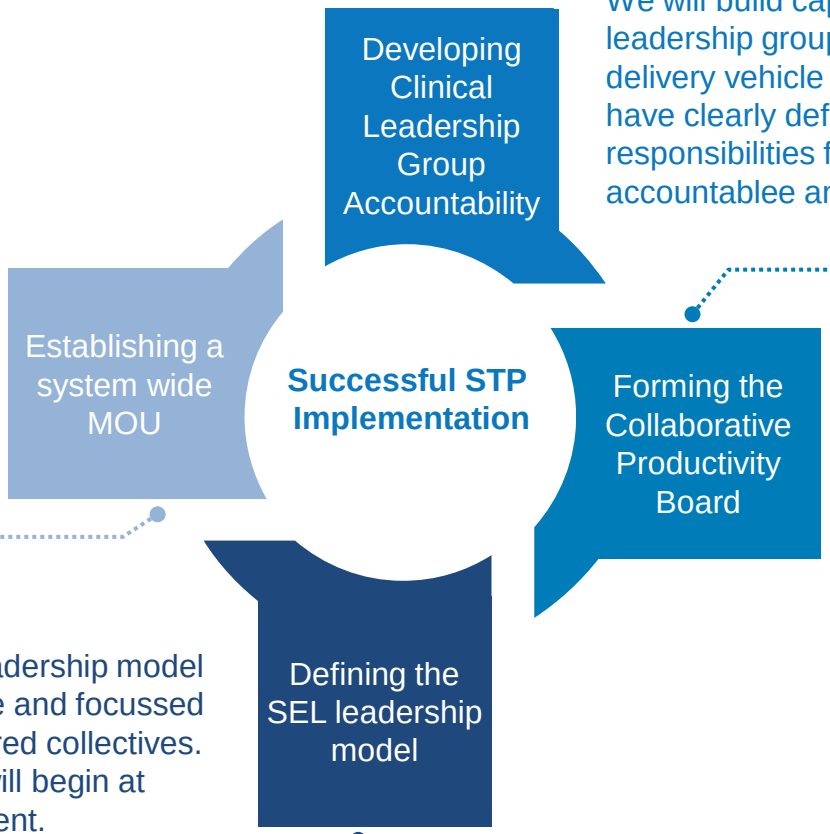
We also know there is significant growth pressure on services.



Guy's and St Thomas' NHS Foundation Trust (GSTT)
King's College Hospital NHS Foundation Trust (KCH)
St George's University Hospital NHS Foundation Trust (SGH)

5 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.



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 accountablee and signed off by leadership.

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.

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.

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Improving productivity and closing the local financial gap

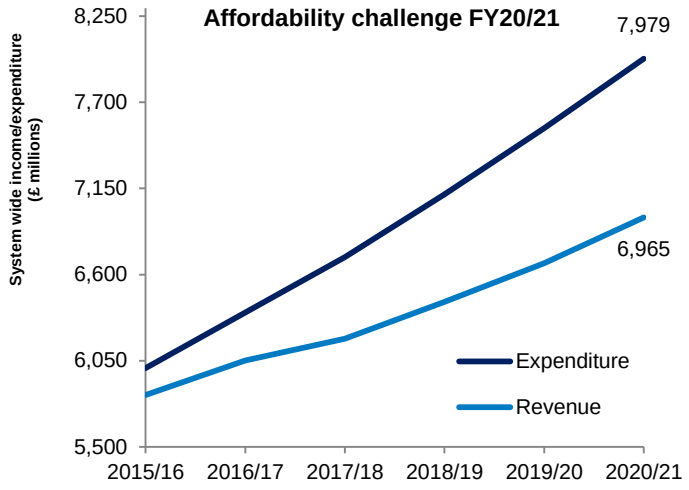
Our financial challenge

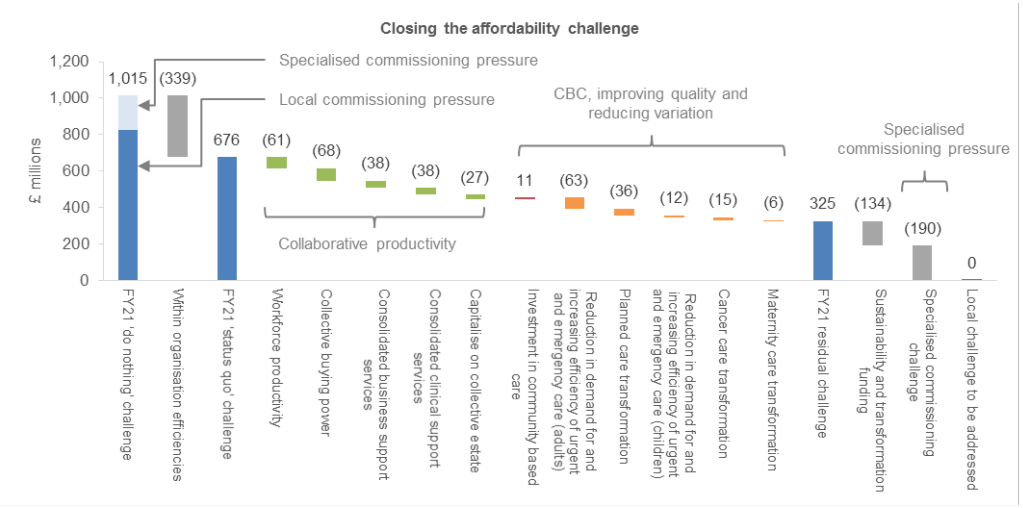
- The 'do nothing' affordability challenge faced by the south east London health economy is £1,015m by 2020/21. NHS England (Specialised) have estimated an indicative £190m five year affordability challenge for specialised commissioning.

Closing the affordability challenge

- 1.6% per annum CIPs across our five provider organisations contributes £339m
- Collaborative productivity contributes savings of £232m
- Service transformation leads to net savings of £119m
- Indicative Sustainability and Transformation Funding of £134m would reduce the challenge to £190m, with all of this relating to specialised commissioning for which savings plans have not yet been developed.

If ongoing work is able to fully address this specialised commissioning pressure, then this would address the entire affordability challenge across south east London by 2020/21. This challenge translates into an **average annual 4.1% productivity improvement** –BAU CIPS (1.6%), Clinical Interventions (0.5%), Collaborative Productivity (1.1%) and NHSE (0.9%). Central funding support (£134m – 0.6%).





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Improving the infrastructure for delivery by December 2016

Area of work		Description
1	**Implementing shared information and performance monitoring**	Developing the appropriate measures and tools for reviewing performance across SEL. This would demonstrate performance, quality and cost in order to support transparency and decision-making
2	**Accelerating implementation through Clinical Leadership Groups**	The delivery vehicle for clinical transformation is our clinical leadership groups. We will ensuring they have the authority, leadership, resources and information to deliver the STP
3	**Agree a system wide MOU**	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 the existing MOU for collaborative productivity to confirm organisational commitment to our plans. It will also include a clear set of principles upon which decisions will be based.
4	**Scale up opportunities for provider collaboration**	We have made significant progress in terms of back office / clinical support service collaboration. Following the recent letter from NHSI we have now initiated a process to explore further collaboration across acute, community and mental health providers.
5	**Whole system financial strategy**	Develop a shared investment strategy across organisations to support both collaborative productivity and service transformation
6	**Strengthening the SEL leadership model**	To deliver our STP we need collective leadership that can remain coherent and focused on our shared objectives through times of difficulty. We are exploring the requirements for our collective leadership model. Our first step is addressing this during a system-wide leadership event in September.