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South East London: Sustainability and Transformation Plan

H&WB Update January 2017

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What's new in the STP?

1. The STP is published:
   - Full narrative, delivery plans and finance summary

2. All organisations are taking it to public boards with a recommendation agreed by the Strategic Planning Group to endorse it.

3. We have presented JHOSC with an engagement plan for the STP, setting out how the STP builds on two years of engagement through OHSEL and proposing meetings in each borough.

4. We have updated the governance structure (see over).

5. We have agreed that the Strategic Planning Group will begin to meet in public in 2017.

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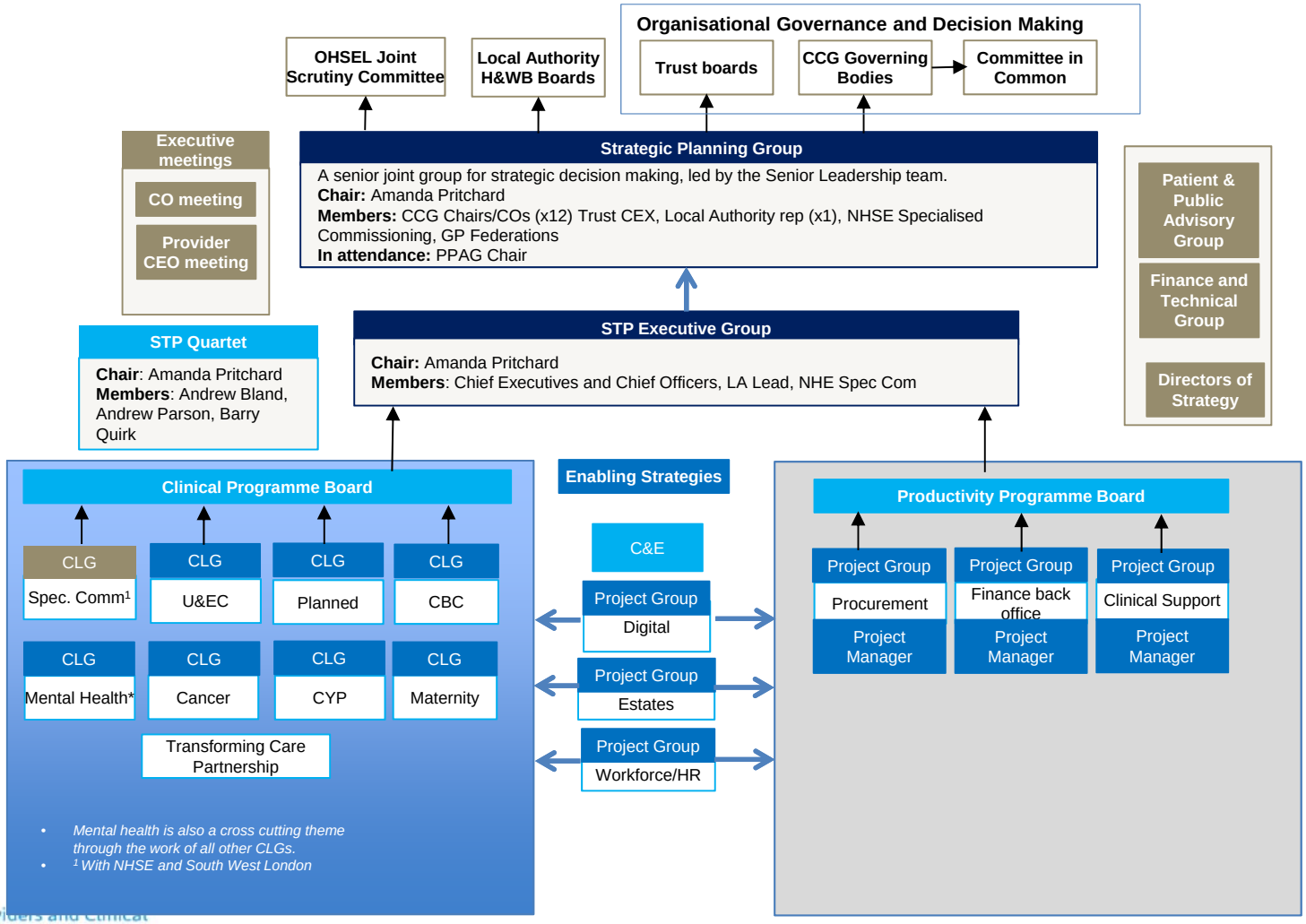
STP Governance and Accountability



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What's new in the Orthopaedic Project?

There have been a number of developments arising from the meetings of JHOSC, the Committee in Common (CiC) and NHSE assurance in November/December.

We agreed with JHOSC, and it was subsequently confirmed by CiC, that in the consultation document we would make explicit a fourth option, the three-site enhanced status quo. We agreed to put a fair assessment of the costs, advantages and disadvantages of this option, although (as confirmed by CiC) this will not be our preferred option, which at this stage remains the three options reflecting the consolidated two-site model.

We subsequently agreed at CiC:

That we would ask the providers again if they are able to agree a collaborative proposition on the three site and/or the two-site option.

That now we have agreed the preferred options for consultation, we shall consider introducing as part of the evaluation of the results, financial criteria so that the financial and non-financial assessments can be combined into an overall assessment. We will be taking advice on this and more work would be required if we progressed this.

At the NHSE assurance meeting, which NHSI attended, they set out a number of requirements that we had to meet before we were approved for consultation. Most of these relate to finance, clinical support and workforce. A further meeting is planned in January.

As far as workforce is concerned we will need to demonstrate that our proposals do not destabilise A&E and trauma services. We will work with Trust clinicians and managers to assess this risk and how it might be addressed.

As a result of the above the consultation is unlikely to start until Spring 2017.

Some of the main highlights of the STP are listed below.

Community based care – expanding accessible, proactive and preventative care for mental and physical health problems outside of hospital.
Extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots
From 2018, all practices will offer online as well as telephone booking, and will allow every single patient to manage their prescription and medical records online.

Supporting new mothers - simpler support to new mothers throughout pregnancy and make it easier for them to choose the right type of birth for them and their family.
In five years, every new mother will by week 10 of pregnancy be contacted by the midwife who will provide and manage her care and support before and after the birth.
Women will receive better and earlier advice about what to expect during pregnancy and how to stay healthy, and their personal health risks will be assessed earlier.

Integrating mental health services
We want to ensure that mental as well as physical health needs are identified and addressed – including training for non-clinical workforce to recognize and support mental health needs.
We are working to ensure access to mental health support and liaison teams in A&E 24/7.

Improving cancer treatment and diagnosis – improving the speed and accuracy of cancer diagnosis
A dedicated oncology phone line will help direct patients, carers and GPs find the right facility for each stage of their treatment.
A new £160 million purpose-built Cancer Centre at Guy's Hospital opened in September 2016 to provide state-of-the-art facilities for cancer diagnosis, treatment and research. A second, smaller cancer centre is being developed as part of the £30 million redevelopment at Queen Mary's Sidcup. This will provide 16,000 radiotherapy and 4,600 chemotherapy treatments a year from early 2017, so patients can be treated closer to their homes rather than having to make the trip to central London.

Developing world-class orthopaedic care
- We are planning to consult local people on proposals to develop two new specialist orthopaedic centres which would bring together routine and complex planned surgery, such as hip and knee replacements, from across south east London. Having these dedicated centres would mean:
    - We could offer more procedures, and patients would receive a higher standard of care because they would be able to see the most expert doctors in this field.
    - Patients would also spend less time in hospital and there would be fewer cancelled operations.

Improving urgent and emergency care
By 2017, there will be a single out-of-hours service and number (111) and access to a clinical hub, which also will let patients know about the different locations they can be treated.
By 2019, patients arriving at A&E will be admitted more quickly, and from next year they will all be seen by the best possible expert specialist for their needs
We will continue to need all our A&E and maternity units in south east London and to support all our acute hospitals to meet the required quality standards.

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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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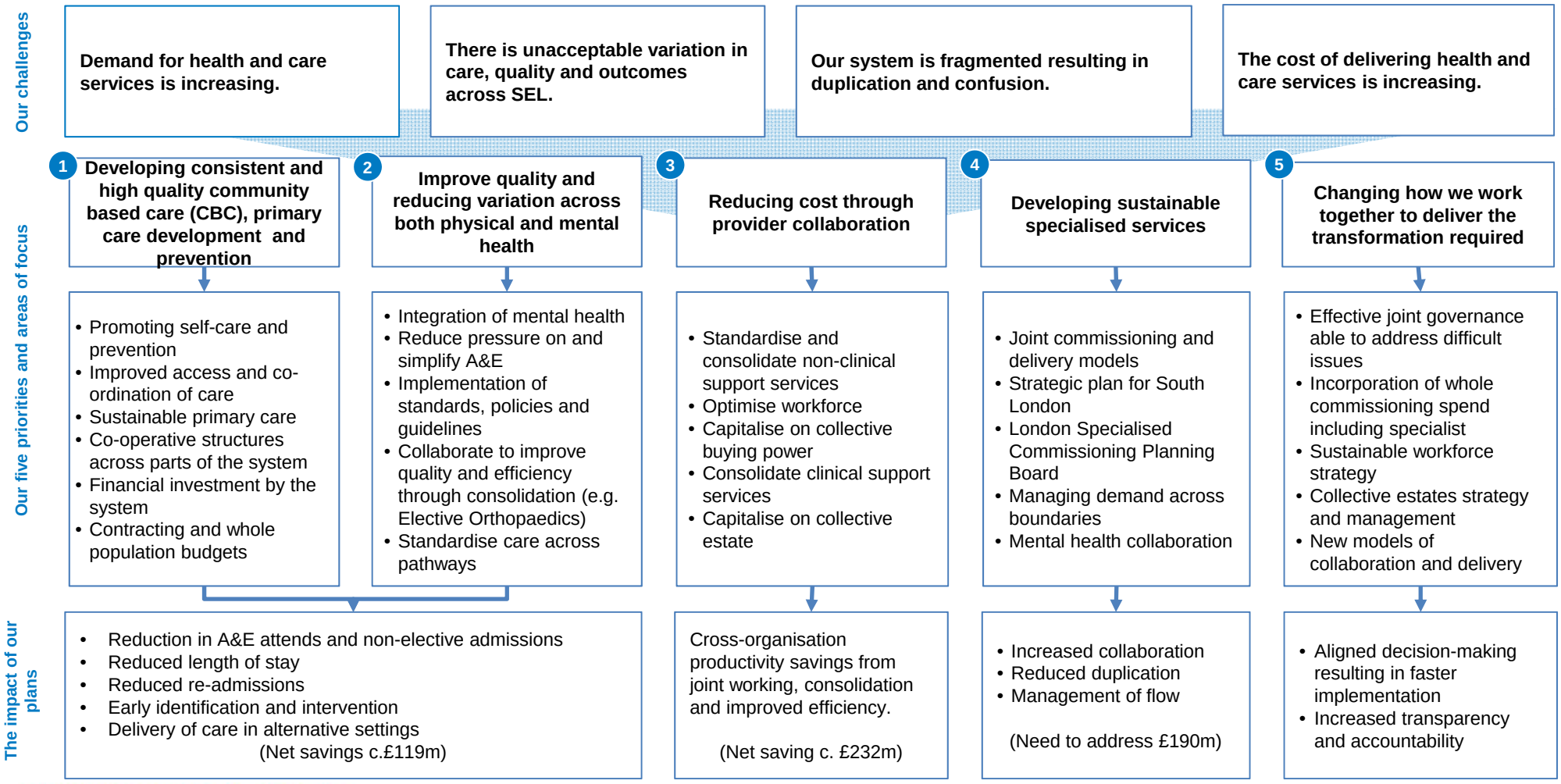
SEL STP Plan on a Page



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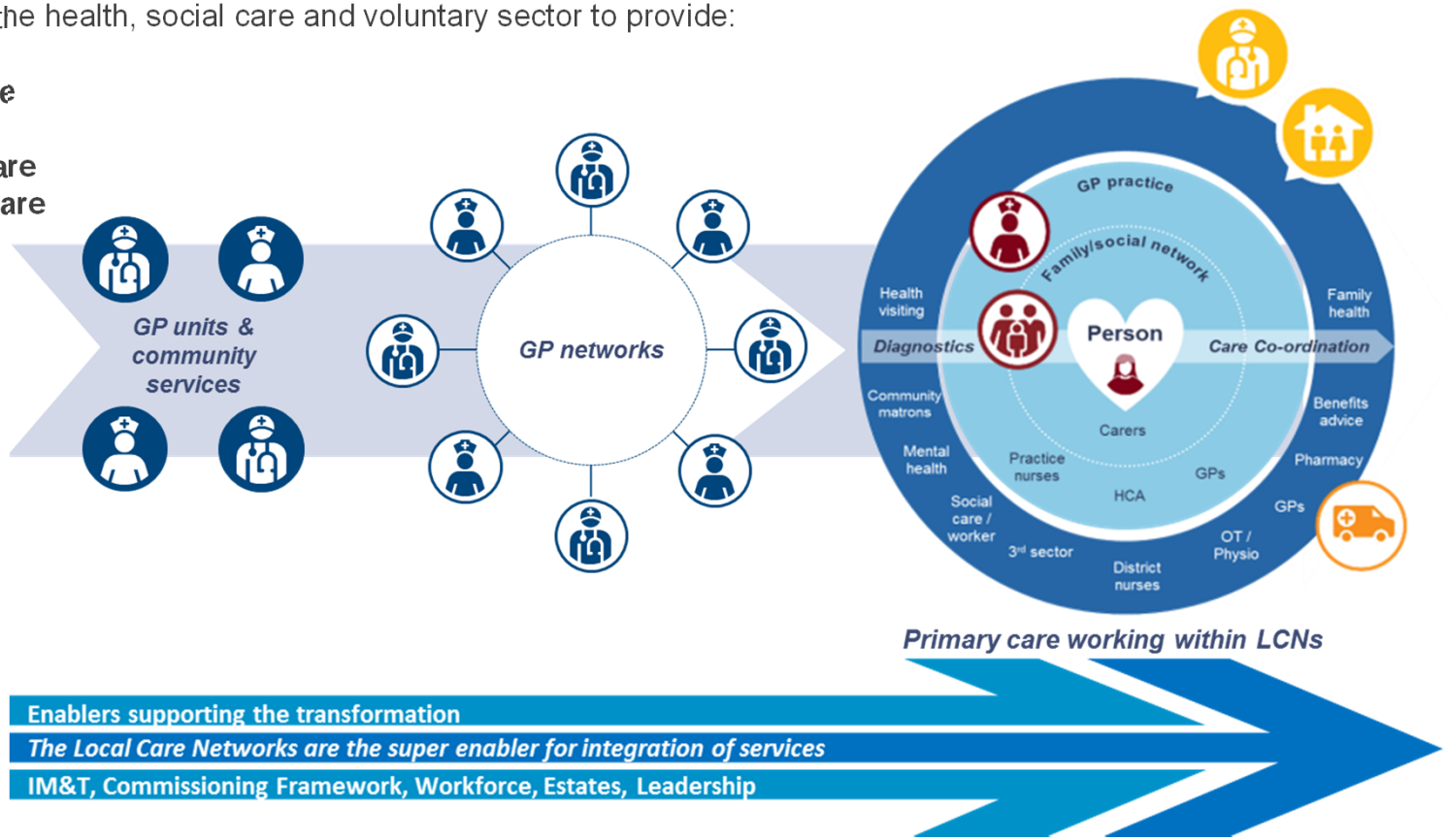
1 Investment in Community Based Care is essential to transform our system and move towards lower cost, higher value care delivery

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**

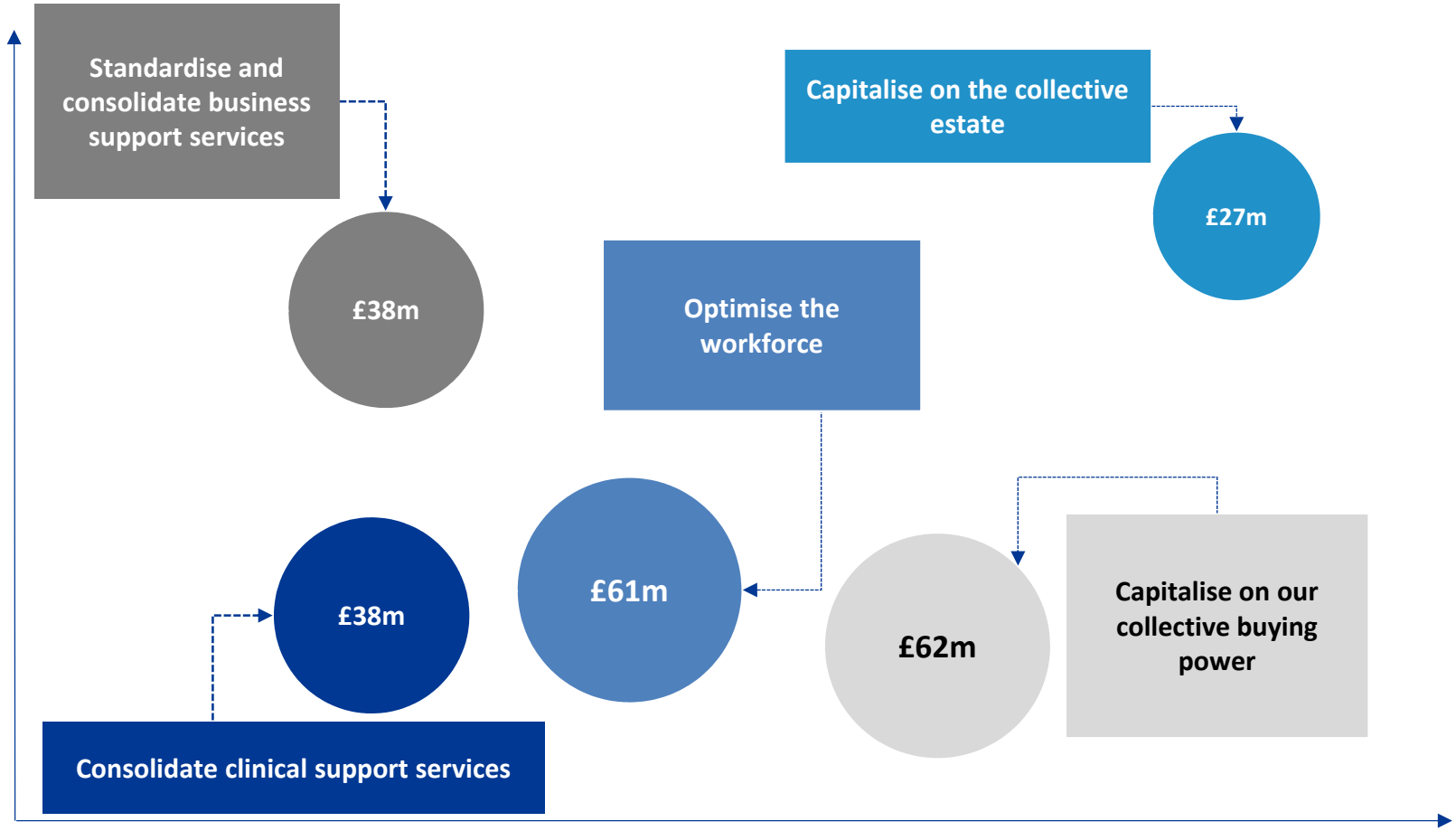


2 For each CLG we are finalising the commissioner and provider accountability of savings by intervention– each intervention with provider savings will have delivery plans in the October submission

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 **£116m**

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.

Cardiac and renal services have been identified as the first to be reviewed.

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)

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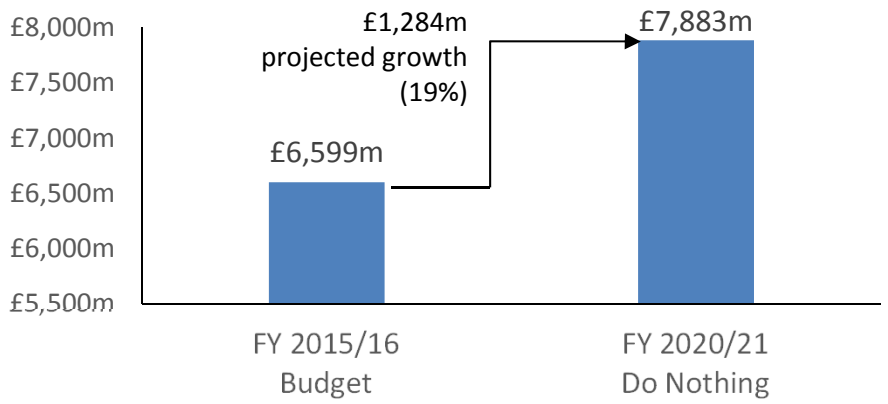
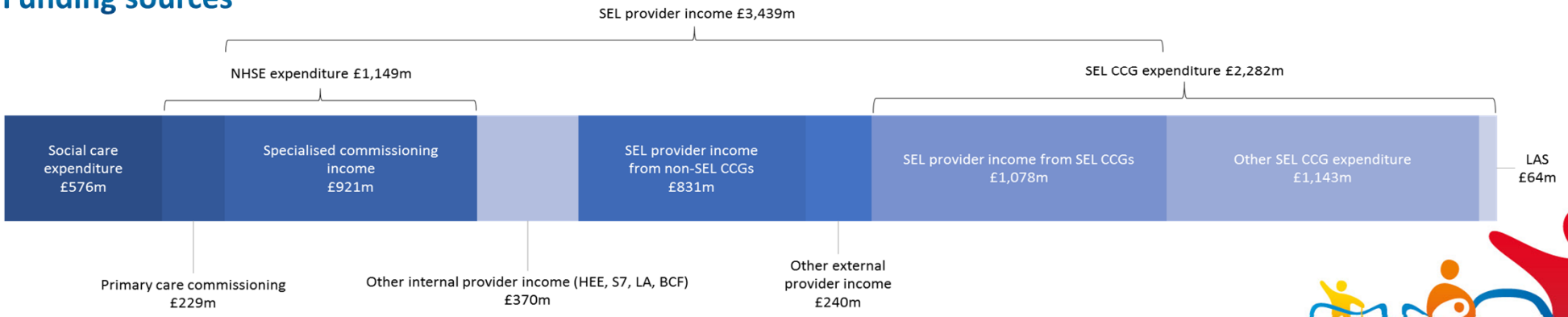
The South East London NHS Spending



- The total budget for 2015/16 was £6,599 million.
- The total budget is projected to grow by £1,284 million (19%) to £7,883 million by 2020/21 in the 'do nothing' scenario.
- The growth is driven by c. 2-4% annual increases in CCG budgets and c 5% increases in specialised commissioning budgets.
- This budget includes the full budgets of SEL commissioners and providers (as demonstrated in the diagram below).

Funding sources



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NB: Totals in the diagram above do not equal those shown in the graph due to the treatment of NHSE (Specialised Commissioning) income of £586m notionally allocated to South East London (not shown in the diagram for clarity).

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We are facing a financial challenge of £934m over four years

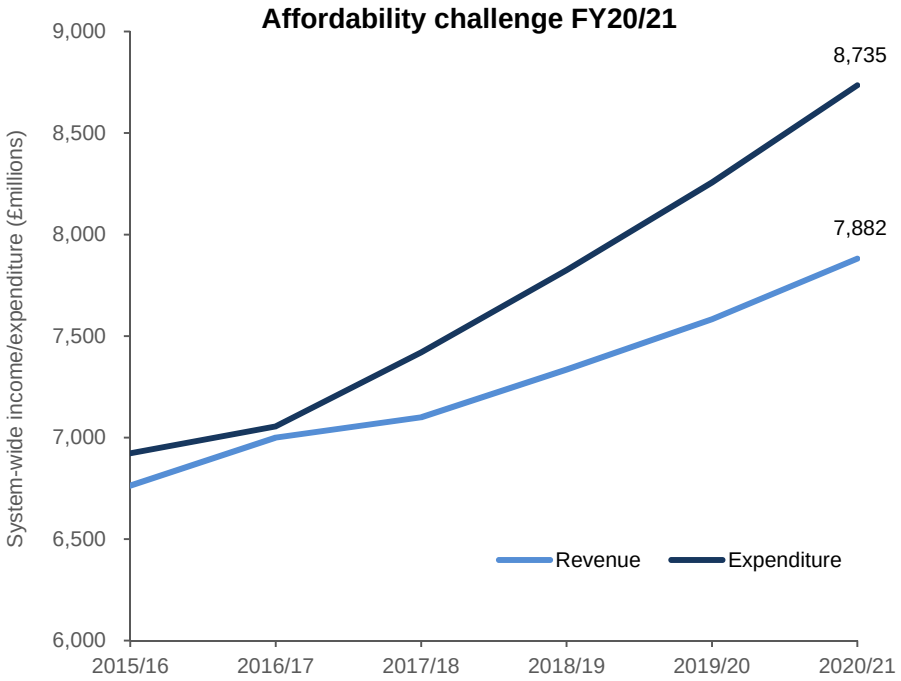
Excluding specialised commissioning, the affordability is forecast to grow from £159m in 2015/16 to £651m by 2020/21[1]. NHS England (Specialised) have estimated an additional indicative £190m five year affordability challenge for specialised commissioning, alongside an additional challenge of £12m for London Ambulance Service.

Since these plans were developed, financial performance across the footprint has deteriorated by c. £80m across a number of organisations leading to an additional affordability pressure. Taking this into account the affordability challenge grows to **£934m by 2020/21**.

The drivers of the affordability gap are:

- a growing population, older and sicker population
- NHS's costs rising more than inflation across the UK economy

So not only is the system responding to greater throughput, but also that the sum cost of activity is growing faster than allocations.



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STP Engagement- Plans for 2017

- **Run public, open, borough-based events focused on the STP in early 2017** (in parallel to the EoC consultation) to help refine plans in each work stream area and ongoing engagement
- Ensure that the **consultation activities** are framed in the context of the STP
- Utilise **existing engagement programmes** within CCGs, Local Authorities and Healthwatches - look to incorporate conversations about the STP
- Expand the scope of engagement to address the breadth of the STP's workstreams
- Continue to involve **Patient and Public Voices** in all workstreams – ensuring that there is a strong, independent, critical friend presence at all levels of work
- Identify **key areas of influence** within each work stream area and undertake targeted engagement activities to further shape their work
- Run further **workshops with local Healthwatch organisations**, identifying complementary strands of work between their priorities and those in the STP
- Continue to run **briefing sessions with local interest groups**
- Continue to use equalities group to review impact of STP and steer future analyses and use this to inform targeted engagement