

Our Healthier South East London STP programme update, end March 2017

1. Introduction

This is our second monthly update to boards and governing bodies. It is designed to give a succinct update on Our Healthier South East London – the sustainability and transformation plan (STP) - in a way that can be shared at meetings held in public.

The [delivery plan](#) for the next two years of the NHS Five Year Forward View has just been published. There are several pages on the future of STPs which will need to be considered in our governance forums. However the plan emphasises two things that are very much in line with our local thinking. First, that the shape of STPs will continue to be locally determined rather than following a national template, and second, that STPs are not new statutory bodies. To quote: “they [STPs] supplement rather than replace the accountabilities of individual organisations. It’s a case of ‘both the organisation and our partners’, as against ‘either/ or.’”

2. At a glance

This month saw a number of important meetings and programme developments:

- The team welcomed a new Director of Communications and Engagement – Carl Shoben joins from NHS Improvement.
- We met with NHS England and NHS Improvement and gave a summary of progress from Trusts and CCGs in delivering plans to meet efficiency requirements. Significant progress has been made over the quarter but there are a number of financial risks still to be managed going into the new financial year. The STP will continue to have a role in coordinating our approach.
- We held the latest in our series of workshops with south east London Healthwatch organisations to update them on the STP and get their input into how we evaluate our plans.
- Our Equalities Steering Group met this month to discuss plans for cancer services to help ensure health inequalities are being properly considered, meaning patients experience better outcomes and access to local services.
- Our Patient and Public Advisory Group, comprising patient and public voices from the clinical and enabling work streams of the programme, met to discuss STP finances and to hear about our plans for civic engagement over the next six months.
- We met with all south east London local authority leaders and provided an update on the STP. We are now looking to schedule a meeting with local authority officers to discuss progression of our community based care work stream – focusing on integration and local care networks.
- We held a workshop on workforce productivity to develop the work streams that will help to address our financial gap.
- We held a workshop on estates with representatives from providers and commissioners and agreed a way forward to get the maximum possible value out of our large property portfolio.

Looking forward:

- Our next Productivity Programme Board will take place on 21 April. The group looks at how we can implement the savings that previous benchmarking work has suggested might be possible across south east London.

- Our next Strategic Planning Group - the senior governance group of the STP - is having its first meeting in public on 26 April.

3. Leadership

We have initiated a piece of work to look at how we support our leaders (in all organisations) and identify and develop leaders of the future. It will also help to draw partners together to work on solving problems on a system basis. At the moment we are conducting a series of structured interviews with key stakeholders in south east London to help build a picture of organisational development activity across the STP so that we can scope what else might be needed. It will also consider at what level support for areas such as talent management is best provided. This work is sponsored by Tim Higginson, CEO at Lewisham and Greenwich NHS Trust and Dr Jonty Heaversedge, Clinical Chair of Southwark Clinical Commissioning Group, and supported by the programme. The first results will be reported to the Strategic Planning Group on 26 April.

4. Update from programme groups

4.1 Community Based Care

A second meeting of public health teams in response to the stock take and gap analysis of prevention and self-care work across south east London has led to them identifying a number of collaborative work streams to maximise the effectiveness of their work and resources as part of the STP:

1. Health Intelligence
2. Communications (public health campaigns)
3. Commissioning
4. Population Health Management
5. Smoking & Alcohol
6. Mental health & wellbeing
7. Obesity

To take this forward, leadership from our community based care work stream and public health will meet to discuss how we can work together on these specific areas to identify gaps or variation across south east London, and also to spread best practice.

4.2 Urgent and Emergency Care

National guidance was published during March on areas of focus for urgent and emergency care going forwards. These are:

- **Ambulances** - for example, faster response for patients with life threatening conditions, increase see and treat and hear and treat
- **Hospitals** - priority areas include, focusing on the sickest patients including improving senior decision making in A&E, with new pathways including time sensitive measures, front-door streaming guidance, reducing ambulance handover delays
- **Hospital to Home** - examples being, implementing discharge to assess and piloting a variety of hospital at home schemes
- **NHS Online** - live testing in three areas with fast rollout where possible
- **NHS 111 calls** - single entry point for urgent care via 111
- **GP** - examples include extending primary care opening hours and availability of GPs, improved access to acute clinicians and increased collaboration with secondary care

- **Urgent Treatment Centres** - new terminology for urgent care centres will be 'urgent treatment centres'. By June this year, all STP areas will complete a gap analysis against standards, including staffing and capital requirements to ensure there is a standardised offer. By October, all STP areas are expected to make, and where necessary consult on, local decisions on how to offer standardised access to these services. A local plan will also need to be agreed so that direct booking of people into urgent treatment centres can be done by NHS 111, ambulance services and general practice.
- **Digital/workforce** – we are completing a gap analysis on the facilities specification standards for urgent treatment centres. We are also reviewing what is in place across south east London to provide telephone access to hospital clinicians. Estates and technology transformation funding has been agreed to support the connection between the two electronic patient record systems in south east London and NHS 111 call handlers using a patient relationship management system. Next steps are to provide access to NHS 111 clinicians so they can use the systems to identify what patient information is useful and ensure appropriate information governance.

We are now working with local urgent care leads, NHS 111, community based care leads and London Ambulance Service to develop the local plan to implement all of the above guidance and attract future STP funding. We will submit this plan to NHS England at the end of April. Progress on the plan will be reported to the next Network Executive Group and A&E Delivery Board in early April, before being submitted for sign off to our Clinical Board.

4.3 Mental Health

We have been developing a baseline of activity across south east London on how clinical commissioning groups are working towards the interventions set out in the [Mental Health Five Year Forward View](#). We are also working alongside colleagues in the Healthy London Partnership to see how activity at a south east London level sits alongside interventions they are taking forward under a 'once for London' approach.

We are also reviewing the current mental health spend across south east London to establish: the total investment, comparing spend by clinical commissioning group to understand why they may differ, if we are getting the right outcomes for patients and value for money on services where we spend most money.

Work is also underway to look at out of area treatment and placement for people who need inpatient mental health care. We know discharge processes differ borough by borough, for example – there are different contact telephone numbers for supported housing and different discharge forms. This makes it complex and slow, leading to patients staying on wards when they could be in supported housing. If we can make this simpler and consistent across south east London it could help to increase bed capacity and reduce the number of people having to go out of the area for treatment.

The mental health steering group will meet on 28 April to agree that continuing to develop a south east London approach to tackling these priorities is the right way forward, before a final report is taken to our clinical board.

4.4 Collaborative Productivity

The provider productivity programme is hosting a series of workshops to explore the detail of what we might be able to save by working more closely across the STP footprint. The idea is that many 'back office' services can be delivered differently in a way that costs less, but also offers a high standard of service to front line clinicians. We are looking at both shared

service and outsourced models as well as being clear what needs to be offered locally. Whilst all organisations have a need to make savings in these areas if we are to create a sustainable healthcare system, there will not be a 'one size fits all' solution so, for example, there are areas where just the mental health Trusts might work together. Work to understand the clinical strategies of the providers and how these fit with the STP as a whole will help to ensure that we make decisions that are aligned with service delivery.

For example, our estates work is looking at plans borough by borough, so that any sales make sense and we retain buildings which could be used to deliver healthcare, whilst disposing of those that are no longer suitable or needed.

Workforce

The HR work stream is looking at a number of areas including bank and agency spend and provision of occupational services. The HR work stream will also be supporting our programme groups in modernising the workforce, particularly with regard to changing outpatient services and seeing patients closer to home.

Finance back office

Finance back office is currently focused on streamlining systems and processes and adopting common ones where necessary. Areas of focus include payroll and IT systems.

Procurement

The procurement workstream will build on the existing service led by Guy's and St Thomas' NHS Foundation Trust (which now covers Lewisham and Greenwich and Dartford and Gravesham) as well as the King's College Hospital NHS Foundation Trust Integrated Facilities Management work. It will focus initially on adopting common purchase to pay systems, developing a shared product catalogue and reviewing support to specialist services, liaising closely with specialist commissioning teams.

4.5 Specialist Services

Work on specialist services, particularly renal and cardiac is continuing. This includes looking at patients currently travelling from outside the STP to receive care and those who are not receiving care at their nearest unit for services such as renal dialysis. Wherever possible we are developing pathways that cover the whole spectrum of care including community services and primary care as well as highly specialised services. These pathways will link into the relevant STP workstreams, for example patients access some specialist services such as Hyper Acute Stroke Units (HASUs) and Heart Attack Centres as emergencies which impacts on the provision of Urgent and Emergency Care. Changes in these areas, such as the review of stroke services in Kent, can impact on the number of patients that we see in south east London and we need to ensure this is reflected in our plans.

4.6 Cancer

The south east London Cancer Alliance had its second meeting this month. It brings together colleagues from primary and secondary care, commissioning, Macmillan Cancer Support, Cancer Research UK and patient representatives. This is the group that will be working to deliver the cancer programme across south east London and was set up based on recommendations from the national Cancer Taskforce strategy. The idea behind the alliance is that brings together local leaders from different health and care settings to deliver the cancer strategy and the Five Year Forward View.

Our priorities in south east London are to improve prevention, detection, outcomes, patient experience and the quality of cancer care, as well as making it equitable for all our residents.

At our last meeting, public health consultant and cancer screening lead for London led a discussion on improving coverage and uptake of screening for cervical, breast and colorectal cancer. We are reviewing how to take this forward at a south east London level. We have also submitted cancer transformation funding bids for early diagnosis, the recovery package and stratified follow-up, which is part of the Living With and Beyond programme and will hear the outcome of these in the next few weeks.

4.7 Information management and technology (IM&T)

Developments in IT and other digital technologies present a huge opportunity for us to advance the way we deliver care to our citizens. An ambitious vision for south east London has been set out in our [Local Digital Roadmap](#) (LDR), which examines the opportunities to exploit new technology over the next five years and beyond.

We have successfully secured funding for several schemes from NHS England's Estates and Technology Transformation Fund (ETTF) - a multi-million pound fund for facilities and technology across England. It is part of the General Practice Forward View, which makes commitments to modernising buildings and better use of technology to help improve general practice services for patients.

The funding we have received will focus on two key areas:

1. Sharing patient information across our care system, particularly between social care, out of hours services and emergency and urgent care.
2. Developing the infrastructure to pilot virtual consultations with citizens.

Work in these key areas is already underway and piloting will start later in 2017.

4.8 Estates

The second of two estates workshops was held in March, bringing together providers and commissioners from across south east London to look at their estates plans. The workshop focused on a collaborative approach to agreeing what of our existing estate can be identified as 'core', what is not fit for purpose or surplus, what reconfiguration may be required of 'core' estate, and what new estate may be required.

To take this work forwards we are planning two further workshops to look at benchmarking against the [Naylor review](#) - which examines how the NHS can make the best use of its estates, and learning from the Oxleas approach to remote working.

We have also agreed with partners that over the coming months there should be collaborative reviews of estate requirements across the boroughs via local estates forums, informed by the Naylor report.

5. Communications and engagement – Lambeth public engagement event

The first of our 'civic engagement' events will be taking place in Lambeth on 11 May 2017 – full details to be released shortly. This is series of events that will take place in all six boroughs to give south east London residents a chance to hear more about our plans direct from NHS leaders, and tell us their views.

More dates are currently being agreed and our website will be regularly updated with details of all events – please visit www.ourhealthiersel.nhs.uk or follow us on Twitter @ourhealthiersel