

APPENDIX 1

Our Healthier South East London STP Partnership update, May/ June 2017

1. Introduction

This is our fourth regular update to boards, governing bodies and other key partners and stakeholders. It is designed to give a succinct update on Our Healthier South East London (OHSEL) – the sustainability and transformation partnership (STP) - in a way that can be shared at meetings held in public.

2. At a glance

Important progress and developments this month include:

- Our Clinical Oversight Group – responsible for the delivery of benefits from our clinical projects - met this month, looking specifically at a series of clinical innovations and best practice highlighted by the Health Innovation Network
- Our Productivity Programme Board met looking specifically at potential for sharing back office finance functions across south east London – more details below.
- We made our draft capped expenditure process submission (CEP) - more details below.

Looking forward:

- CCGs will review the submissions from providers on preferred arrangements for orthopaedics on 29 June
- Our Strategic Planning Group will meet on 29 June and some of the issues under discussion are covered here.

3. Key Current Issues

Some key current issues are listed below.

3.1 Capped Expenditure Process (CEP)

We are one of a number of STP footprints in the CEP process because we do not currently meet the requirement of having a plan that gets every NHS organisation to meet the financial targets (control totals) set by their regulators in 2017-18.

The role of OHSEL is to provide a planning framework for the NHS in south east London and to help NHS organisations work together. Individual organisations remain responsible for their finances and decisions on this are for governing bodies and boards.

As part of its work, OHSEL has been tasked with reconciling its five year financial model with 2017/18 organisational operating plans.

We are following a three stage CEP process:

1. Ensuring all organisations are maximising their individual financial positions;
2. Ensuring contracts are aligned between providers and commissioners;
3. Ensuring south east London collaborative efforts to increase productivity and value are maximised.

Our CEP work reflects our three-stage approach and builds on the work we have been doing to improve clinical pathways and improve productivity through working together. This work is governed by the two boards we established under our governance arrangements. The clinical

board oversees our clinical leadership groups, and the provider productivity board is reported on below. If further proposals develop through the CEP process they will be taken through our usual patient engagement and design processes as required, but we maintain our commitment to maintaining the viability of all NHS organisations in the area, and, as we have said previously, all of our A&E and maternity departments

3.2 Development of Accountable Care

The chief executives and CCG leaders have been considering the development of accountable care through a series of workshops looking at Accountable Care Systems (ACS) and Accountable Care Organisations (ACOs). The output of those discussions was taken to the STP Executive Group and it was agreed we should commission some further work to continue to develop our approach.

This is likely to take until at least October, following which there may be a further phase of implementation support. Any work in this area will need to take into account:

- The emerging London position, as overseen by the London Strategic Partnership Board.
- Discussions at borough level between CCGs and local government, aimed at producing greater integration and alignment, and between the CCGs on future partnership arrangements.
- Emerging thinking from the south London mental health trusts on the development of an accountable care system for mental health.

Over the next few weeks we intend to begin the process of interviewing senior council and CCG leaders to map both the current position and aspirations to move further.

3.3 National Priority Delivery Plans

The Five Year Forward View Next Steps document published in March 2017 sets out the national requirement for STPs to have worked up delivery plans for priority areas in place by the end of June. Plans are required for the four national service improvement priorities: urgent and emergency care, primary care, cancer and mental health.

The plans are required to describe:

- Measures, metrics, baselines, targets and trajectories
- Milestones and timelines
- Critical path, dependencies and tolerances
- Assumptions
- Risks and mitigating actions
- Impact on activity, finance and quality
- Enablers

As well as the four national service improvement priorities we are also expected to submit a delivery plan for 'Transforming Care' as this is a priority programme for London.

We are well placed in south east London in as much as we have been working on plans in these areas for some time, and our submission will largely draw on existing work.

We are expecting further delivery plans to be required for diabetes, prevention, maternity, elective care and finance but delivery plan templates and deadlines have not been provided yet for these areas. We will also be expected to continue to develop delivery plans for workforce, digital and estates, but again submission templates and deadlines have not been issued for these areas.

Our plans will be assessed against three key questions:

- Will the plans meet ‘the asks’ of the national programmes and the 10 point efficiency plan?
- Are the plans robust and credible?
- Can the plans show that there are enablers and resources in place to deliver?

We anticipate being able to submit robust plans at the end of June as required.

4. Update from the clinical board

The clinical board hosted the first meeting of the clinical oversight group, a broad-based group of senior clinicians from all of our organisations. The main item discussed was a presentation from the Health Innovation Network on a number of clinical innovations that potentially introduce new best practice into SEL, improve services for patients, and bring additional resources into the area by accessing the national “innovation tariff”.

The discussion highlighted the potential benefits for patient care and cost effectiveness that can come from implementing innovative ideas. We acknowledged that these benefits are not being maximised in SEL and we agreed to develop a systematic process for evaluation, adoption and spread of innovations that have been sponsored by the NHS nationally, for example through the Innovation and Technology tariff (ITT) or developed via the Health Innovation Network (HIN) or Kings Health Partners (KHP) locally, for example through the Digital Accelerator programme. This will be the subject of further discussion at the next Strategic Planning Group.

4.1 Productivity

Our Productivity Programme Board continues to push forward on its proposals for greater clinical and back office collaboration between our providers.

Detailed proposals for some shared finance functions are now being developed. These will make the most of IT systems to enable multi-site and multi-provider working.

The acute pharmacy teams are looking at opportunities to work together on medicines stores and aseptic suites. This work will look both at the potential to reduce spend and how best to support changing clinical pathways across OHSEL.

The HR work stream continues to look at ways of reducing spend on agency staff and also the alignment of policies and procedures across organisations. The acute workforce teams will be meeting together on 15 June to share their approach to developing the workforce over the next five years and this will be used to update and refresh the OHSEL workforce strategy.

An integrated procurement team is being established with Guy’s and St Thomas’ NHS Foundation Trust (GSTT) leading a service which also covers Lewisham and Greenwich, and Dartford and Gravesham, with affected staff transferring to GSTT. We are also looking at options for more

shared procurement for our specialist services, particularly cardiac and renal working with colleagues across south east and south west London.

4.2 Transforming Care Partnership – One year on

Transforming Care is the national response to the crises at Winterbourne View hospital and other inpatient units for people with learning disabilities or autism. It is a national programme run by the Department of Health, NHS England, Health Education England and other organisations. The south east London Transforming Care Partnership (TCP) is a group of people from the councils and CCGs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, working together and with NHS England Specialised Commissioning and the programme of work falls within our STP.

4.3 Urgent and Emergency Care

Progress continues to be made on the local delivery plans for urgent and emergency care, which are being developed in south east London in response to national guidance published by NHS England in March. The plans looks at seven key areas of focus for urgent and emergency care going forwards - ambulances, hospitals, hospital to home, NHS online, NHS 111 calls, GP and Urgent Treatment Centres - alongside enablers such as digital and workforce. Plans will be submitted to NHS England at the end of June. OHSEL will then be expected to work with commissioning colleagues and providers to help put the plans into action.

The south east London A&E Delivery Board met on 30 May, which provides an opportunity for providers, commissioners and regulators to discuss operational matters such as hospital performance. The meeting was also an opportunity to review proposals for the urgent and emergency care delivery plan. The next A&E Delivery Board will take place at a joint meeting with the south east London Urgent and Emergency Care Network in July.

We completed a review of specialist advice services in May, which looks at examples of best practice and potential models that can be developed where services are not already in place. Specialist advice services seek to create a link (e.g. a phone hotline or online messaging service) between hospital specialists such as consultants, and GPs or other professionals in the community. GPs may, for example, use a hotline to seek specialist advice about a patient, and if necessary book them into an outpatient hospital clinic for a consultation within 24-48 hours. There is evidence to suggest that advice of this sort can help to reduce inappropriate A&E attendances, hospital referrals and admissions – ensuring patients receive the most appropriate care first time. The review will be taken to the next A&E Delivery Board meeting and Urgent and Emergency Care Network in July for further consideration.

4.4 Maternity

An [animated film](#) developed as part of a King's Improvement Science (KIS) project is at the heart of a new campaign launched by Tommy's charity, King's College London and the Baby Centre website to empower pregnant women to overcome fears about speaking to professionals about their health concerns. This is part of our work to deliver ambitions in the national maternity plan - [Better Births](#) - to reduce still births by 50% by 2030. This film has now been shared with Local Maternity Systems across the country. [Find out more.](#)

The south east London Local Maternity System is also running a series of learning events, particularly to learn from serious incidents. Each provider presents a case and we explore how to prevent similar incidents happening in future. The next session will be held on 30 June with a focus on mental health.

4.5 Workforce

We have been meeting with south east London GP federations to discuss developing the non-clinical workforce, issues and challenges, sharing good practice and exploring how we can work more collaboratively.

We have also been meeting with commissioners leading on community based care to discuss development of multidisciplinary teams and with primary care leads to discuss the development of new roles and resilience. We led a workshop this month on remote and agile working which covered digital, estates and workforce, how these can support clinical change and whether the right digital infrastructures, buildings and people were in place. We are now developing some principles for remote working across south east London in partnership with local providers.

5. Communications and engagement

Our ‘civic engagement’ events on the STP have now started with the first being successfully held in Lambeth on 22 June.

Key messages from that event reflected the following:

- Interest and support for our objectives, such as focus on primary and community care, prevention and more integration.
- Worries about NHS finances and scepticism the OHSEL solution questions.
- Enthusiasm to be more engaged in this whole process.
- A real appetite for the NHS to be more engaged with the local authority in particular on prevention work and other social issues such as housing. There was a view that we are not doing enough to publicly demonstrate this link.

The next event is in Lewisham on 29 June. A round up of feedback from these events will be circulated to the programme. Full details of the events is available on our www.ourhealthiersel.nhs.uk