

1.1 Overview of STP Activity – the developing role of the STP

When STPs were launched at the beginning of 2016 they were principally seen as planning functions, bringing together different NHS and partner bodies to create a strategic plan. This role has evolved as the months have gone by, with few STPs now proposing the kind of service restructuring that has traditionally required public consultation. The SEL STP now broadly speaking undertakes the following functions:

- Setting the strategic direction for changes to our health and care system, and driving service transformation, including new models of care
- Aligning service transformation with the delivery of national targets, especially in the national priority areas (e.g. cancer waiting times, urgent & emergency care targets)
- Providing a forum for NHS providers working together, especially on productivity improvement
- Developing a financial strategy for the patch
- Developing enabler strategies for workforce, digital and estates
- Working with regulators on taking an oversight of finance and performance for the patch.

The STP does not change the sovereignty of statutory bodies, and it address the challenges that no-one else can do alone.

In this over-view of the work of the STP there are four workstreams that are important to highlight.

1. Improved public engagement and transparency

- From February regular STP updates have been published on our website.
- The STP senior governance committee, the Strategic Planning Group , has been meeting in public, with public Q&A, since the beginning of the year.
- Over the summer we had six public STP events that were independently facilitated and reported on our website:
http://www.ourhealthiersel.nhs.uk/Default.aspx.ShortcutID-983933.faq_id-14524.htm

2. Focus on the national priorities and alignment of transformation with delivery - see slide 5

3. Refresh of financial model - see slide 5

4. Development of ACS proposals - see slide 6 & 7

1.2 Five Year Forward View Refresh- the National Priorities

The Next Steps on the Five Year Forward view document, published in April, gave a clear steer on national clinical priorities and set out a ten point plan for finance, and announced eight pilot areas for the development of accountable care.

We have produced detailed delivery plans for each of the FYFV priorities (and also now for a number of other areas, such as maternity, linked to the Better Births strategy).

The national clinical priorities are:

Area	Comment
Cancer	A number of these areas, such as 62 day pathway for cancer patients, are very challenging as we try to ensure patients from throughout south east London receive timely referral to the best hospital to meet their needs. We are focusing both on detailed work with individual local hospitals, so that we have enough diagnostics, such as endoscopy in the right place. We are also looking at how we communicate with patients and ensure that they are supported to attend appointments, especially if they have mental health problems or caring responsibilities which may make things more difficult for them. At the same time we are focusing on prevention and early diagnosis- we know that if we identify cancers sooner, when they are less advanced, the outcomes are better for patients and the cost of treatment is lower.
Primary Care	See section on development of Community Based Care
Mental Health	See section on development of Mental Health
Urgent and Emergency Care	For U&EC 111 online, development of Urgent Treatment Centres

1.3 Financial Model

We have modelled the SEL system to illustrate what would be required to move back into financial surplus on a recurrent basis by 2021. The purpose of this is to indicate the extent of financial stretch required to get the system back into surplus, and forms part of the ongoing discussions with regulators about the overall financial health of the SEL system. Individual organisations remain accountable to regulators for their position.

Our latest model, based on the assumptions adopted, shows that our “do nothing” challenge (the extent to which the growth in costs and activity outstrips the increase in funding) is approximately £600m. This is broadly consistent, with the profile included in our original STP plan, and the reduction in the size of the financial gap reflects the progress we have made.

The conversion in our model of this do nothing deficit into a surplus by 2021, is however dependent on a number of key assumptions as follows:

- NHS organisations achieve annual cost improvements (through CIP and QIPP programmes) of 2% to 2.5% pa, equating to £463m over three years;
- On top of this STP collaborative and service transformation savings of £121m are achieved (approximately 0.75% pa);
- Additional funding is secured to reduce the residual SEL specialist commissioning funding gap (£28m);
- The current year forecast outturn as at Month 5 is achieved;
- The above savings are delivered recurrently such that reliance on non-recurrent items does not make worse the underlying position.

The resulting trajectory to surplus is broadly consistent with the profile in our October 2016 STP submission.

Further work is required on the model to reconcile to individual organisation projections, review certain assumptions and to refresh for Q3 outturn forecasts.

1.4 Development of Accountable (Integrated) Care

What is meant by accountable care?

- ✓ Organisations in an area delivering better health and care outcomes by managing the total budget to maximise the health and care of whole populations
- ✓ There is no specific model for accountable care delivery, though common characteristics include:
 - A focus on managing the health of the local population to improve prevention and self care
 - A focus on organisations working together to common aims
 - A contract with the right incentives, often using outcomes-based performance management
 - Effective links between hospitals, community, GPs, commissioners, local government and other stakeholders

There are 8 national ACS pilots- none in London



What is not meant by accountable care?

- ✗ Accountable care is not an attempt to open up the NHS to large scale privatisation, or to limit the range of care that the NHS offers
- ✗ It is not a top-down process driven by the SEL STP



This is not a new thing. The NHS and LAs in SEL have already begun pursuing greater integration of health and care systems, this work is intended to build upon and ensure coherence around the work already being done at a local level.

1.4 Development of Integrated Care Proposals

NHS England is looking for expressions of interest for the second wave of ACS pilots. ACS pilots receive resources and support to help them develop. After consulting with STP partners, we decided to put in an expression of interest because we thought we were well-placed to make a submission that reflected our particular circumstances, and helped shape the national agenda in a constructive way. Our submission was carefully framed to reflect the following:

- A lot of good local work is already going on with integrated care in SEL, and we see the next phase as building from the bottom up on this, but putting a consistent framework around a very complex group of systems;
- The building block of our approach would be the borough, but we recognise the need to work at sub-borough and multi-borough level, as appropriate, to create a system of systems;
- We would potentially be the example of the complex London system, and be expected to share our learning with other similar areas;
- We would see our approach as being different to the wave 1 pilot, where areas had to sign up to an MOU that tied them into accelerated financial and performance improvement. Instead we see our involvement focusing on making more secure the financial and delivery plans we have already set out in the STP within each borough;
- We are very mindful of the need for a comprehensive stakeholder engagement programme to run alongside any submission, and we are conscious of the sensitivity to the “Accountable Care” term.

Our expression of interest has passed the initial screening by NHS England and we have been asked to submit a short submission for consideration by [15 December](#). Importantly, we shall be in discussion with NHS England running up to the submission date to see if there is alignment on our views and the potential for benefit to local people and organisations. If this appears to be the case we will make a submission.

It is of course not certain that our submission will be agreed, but I wanted to make sure you were informed at this early stage. There will be further updates as the picture develops.