

APPENDIX 1

Key developments – Southwark CCG and *Our Healthier South East London*

Update to Southwark Health & Wellbeing Board

13 November 2018

1. Taking forward system-wide transformation in Southwark

1.1. Long Term Plan for the NHS and 2019/20 Planning

On 16 October the chief executives of NHS England and NHS Improvement wrote to CCG and Trust accountable officers to outline the approach to planning for 2019/20.

In response to the Government's announcement of a five-year revenue budget settlement for the NHS from 2019/20 to 2023, the NHS is asked to develop a long- term plan which will be published in late November or early December 2018. As part of this the NHS will overhaul the policy framework for the service and conducting a clinically-led review of standards; develop a new financial architecture and a more effective approach to workforce and physical capacity planning with the aim of:

- improving productivity and efficiency
- eliminating provider deficits
- reducing unwarranted variation in quality of care
- incentivising systems to work together to redesign patient care
- improving the management of demand
- making better use of capital investment.

A headline planning timetable is referenced in the letter in addition to the requirement during the first half of 2019-20 for all Sustainability and Transformation Partnerships and Integrated Care Systems to develop and agree their strategic plan for improving quality, achieving sustainable balance and in this consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement. STP and CCG partners will ensure full engagement with patients, the public and local stakeholders before finalising the plans.

It was additionally confirmed that planning guidance, with confirmation of the detailed expectations will follow in December 2018. In advance of this commissioners and providers will work together during the autumn to profile and align demand and capacity planning.

1.2. System Transformation

The Southwark Community Based Care (CBC) Programme brings together 'system development' workstreams to accelerate Local Care Networks (LCNs), alongside 'commissioning development' workstreams that will support the Council and CCG to move towards commissioning for population outcomes. The three key strands feeding into the CBC programme are:

- Delivering the Local Care Network programme
- Developing collaborative arrangements, including the development of Partnership Southwark
- Managing the key dependency between current system transformation work and the CCG and Council's strategic commissioning agenda including Southwark Bridges to Health and Wellbeing (SB2HWP) and our joint strategies (including the Joint Mental Health and Wellbeing Strategy).

Over the second half of 2018/19, the focus of the programme will be on the following priorities:

- Working with staff, patients, service users and carers to co-design a model for integrated neighbourhood working across local neighbourhoods of 30k to 50k people to reduce fragmentation, improve health and social care outcomes, enable our workforce to give the best care and support possible and build healthy communities
- Planning and mobilising a contractual joint venture arrangement to deliver community-based care services in Southwark. This will be between the CCG, South London and the Maudsley NHS FT, Guy's and St Thomas' NHS FT, Quay Health Solutions CIC, Improving Health Limited and other system partners including Southwark Council (Adult Local Services). This will include standing up shadow management board arrangements from January 2019 ahead of a shared contractual memorandum being in place for the start of April 2019
- Starting to socialise and co-produce our SB2HWP commissioning approach working with partners across the Southwark health system.

1.3. Our Healthier South East London

The STP is now part of the Wave 3 aspiring Integrated Care System (ICS) programme and is receiving external support over an 11-week period to support us in developing our ICS vision and implementation plan. We hope at the end of this process to have:

- Made demonstrable progress in securing an 18-month plan across our agreed priorities of U&EC, planned care and finance –and in doing so to have greater confidence in our ability to improve our ICS maturity ratings over this same period
- To have secured clear commitments from SEL's senior leadership community to proactively support the shifts in approach that will be required to enable the delivery of a truly integrated system –to include commitments in relation to the 2019/20 planning round
- To be well placed to make and get approval for a SEL ICS Wave bid and to have supported national/regional thinking in relation to ICS development in a complex system and London context

OHSEL Board (replacing the Strategic Planning Group) is the key decision-making group for the programme and includes representatives from across partner organisations. Details of the meetings held on 10 September and 9 November 2018 can be found under the meetings section of the website: <http://www.ourhealthiersel.nhs.uk/about/meetings.htm>

A further stakeholder update from the OHSEL team is appended to this report.

2. System Resilience

2.1. Accident and Emergency 4 Hour Standard

Performance for both GSTT and KCH have remained below the 95% national standard for patients being treated, admitted, transferred or discharged within 4 hours.

KCH Denmark Hill A&E performance for September was 79.4% for all types which was a decrease on August performance of 85.5%. The Denmark Hill site continues to struggle with managing demand and starts most mornings with patients waiting in emergency department for beds. Medical admissions and the number of patients staying over 21 days in hospital is also increasing. The emergency care intensive support team (ECIST) has stepped in to provide the Trust assistance to manage flow and develop solutions to increase performance on site. As a result, the Trust recently performed an internal audit (6 As) on long stay patients. Of the 19 patients reviewed, 18 of the patients could have been discharged earlier in their hospital stay. KCH is now in the process of developing a new project plan around improving internal delays which were highlighted in their audit and decrease excess bed days. The project plan will include ways to coordinate care to provide consistent and

focused decisions to successfully impact discharge planning. Work will also continue rolling out the SAFER bundle Trust-wide.

GSTT achieved 86% for September against the 4-hour performance target for all types which is a decrease on August performance of 89.3%. GSTT has confirmed that due to poor performance in September they have not met their planned Trust trajectory of 90%. GSTT continues to see an increase in attendance particularly in urgent care on both sites. Weekend staffing gaps have also impacted performance mostly around GP gaps in the UCC for out of hours and weekend shifts. GSTT also reported they are seeing 80 to 100 extra patients every Saturday and Sunday, which does not match historical demand. Therefore, their weekend staffing model does match the new demand. Also, a large number of patients are sitting in emergency department waiting for a bed. To address the bed flow issues the site is working through their recovery plan to improve performance. Starting next week, extra GP capacity will start on site from 6pm-10pm to provide appointments to patients who do not need urgent or emergency care. This capacity will expand to weekends in November. Also starting in November, GSTT will implement a clinical challenge round on all 22 wards led by a Clinical Director. All patients will be reviewed to see if patients need an inpatient bed or can be discharged.

2.2. Winter Funding

This year a total of £4.5m was requested in winter funding against a total of £1.4m available from the Lambeth & Southwark A&E Delivery Board.

Key schemes supported this winter include:

- **Southwark & Lambeth Social Services** - Provide additional support for social work assessment, advice and input to discharge planning 7 days a week across KCH and GSTT. This will also strengthen community resources in Southwark to enable an enhanced response to hospital discharge.
- **SLaM** - Enhance the hospitals' liaison services, increase bed capacity for the system and provide additional social worker support to improve mental health discharges to create better flow.
- **A&E Redirection Schemes** - Additional GP appointments over the winter period for The Corner Surgery to support KCH and the Waterloo Health Centre to support GSTT for patients who do not have urgent or emergency care needs.
- **Rapid Response to Falls** - Rapid response on referrals from LAS to support and assess patients who experience mechanical falls and were not conveyed to the hospital.
- **Care Home Selection** - Service to assist patients and families to find appropriate placements locally and nationally. This supports the aims to decrease the number of days patients stay in KCH looking for placement.

- **Excess Bed Day Incentive** - Support to several projects that decrease the length of stay of patients including: discharge to assess for all planned complex discharges, patient flow initiatives, and additional capacity for our community services such as ERR and @Home services.
- **SAIL** - Funding of the Warm and Well in Winter campaign in Southwark and Lambeth which includes ensuring that vulnerable patients receive advice and practical support during cold weather, including neighbour drop in support and advice on hydration and keeping warm.
- **Communication campaigns** - Support for winter campaigns across both CCGs including updating all print materials around the new Integrated Urgent Care Service which will go live in February/March 2019.

In addition, at the beginning of October the Department of Health & Social Service announced £240m in additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. Southwark Council has been allocated approximately £1.5m from this winter.

2.3. Integrated Urgent Care (formally NHS 111)

The new Integrated Urgent Care (IUC) Service for South East London has been delayed and will not be operational until the end of February 2019. This is to give the London Ambulance Service (LAS) more time to mobilise the new IUC service in North East London (which was procured shortly before the South East London service). South East London CCGs are currently working with LAS to ensure all elements of mobilisation are in place for the go live date in February.

2.4. London Ambulance Service

In September, LAS continued to achieve all performance targets across the four Categories in Southwark for the Ambulance Response Programme. LAS response times to the four categories were an increase on August performance, but still within target.

Across South East London, LAS slipped this month and did not achieve the performance targets in Category 1 (mean), Category 2 (mean) and Category 4. This is due to higher response times in Bexley, Bromley and Greenwich.

2.5. Referral to Treatment (RTT) Standard

RTT performance for Southwark CCG in August 2018 was 87.7%, which was below the trajectory of 86.8% and was a decline from 85.4% in July 2018. The compliant specialties were General Medicine, Geriatric Medicine, Thoracic Medicine and Rheumatology

RTT performance for Southwark at KCH was 79.5%. Compliant specialties were General Medicine, Thoracic Medicine and Rheumatology. To improve performance, KCH has secured additional in-sourcing capacity by extending the contract with 18 Weeks Support to provide additional outpatient and day case activity, mainly in ophthalmology and dermatology. The Trust is maximising the use of internal Bariatric operating capacity to treat its longest waiting patients with plans in place to increase capacity. Additional validation of the Bariatric list is underway to ensure each patient is fit, available, willing and eligible for their surgery. The Trust has also undertaken additional theatre lists in August and September 2018 to treat the backlog of long waiters on the Colorectal pathway.

RTT performance for Southwark at GSTT was 88.4% and eight out of sixteen specialties were compliant. Monthly PTL assurance meetings and weekly 'Red2Green' meetings have been implemented from May 2018 to identify constraints. All Directorates are required to review and monitor activity against plan on a weekly basis. Improvements in Waiting List Management Processes have been implemented, through a range of initiative.

The number of patients waiting over 52 weeks for elective care was 107 in August 2018, an improvement from 111 in July 2018. Of these, 106 occurred at KCH and 1 at GSTT. Specialties with the longest waits were General Surgery (40) and Trauma & Orthopaedics (38).

To further support performance and reduce waiting times, we will be intensifying our efforts in working with local practices to optimise the value of referrals to ensure patients receive the right care, in the right setting, first time. We will be encouraging GPs to increase their use of decision support tools like Consultant Connect and VisualDx and increase use of non-secondary care pathways like the optometrist triage and community dermatology services.

A range of community initiatives to reduce unnecessary referrals to secondary care are being implemented. This includes implementation of the Minor Eye Condition Scheme (MECS) across all SEL CCGs, which aims to reduce referrals to ophthalmology and will be in place from October 2018.

2.6. Cancer Waits

Southwark CCG did not meet the national Two Week Wait standard of 93.0% in August 2018, achieving 92.6% for all cancers. This was a slight decrease in performance compared to 93.9% in July 2018. Southwark CCG missed the target of 85% for Cancer 62 Day performance in August 2018, reaching 73.7%. This was a reduction in performance from 77.3% in July 2018. In August there were ten cancer 62 day breaches, of these 4 were attributed to GSTT and 6 attributed to KCH for first seen provider. Regarding breach reasons, 5 related to Health Care Provider Initiated Delay, 1 each for treatment delayed for medical reasons, elective capacity inadequate, complex diagnostic pathway, patient initiated (choice - advance notice given) and patient did not attend.

The main performance drivers in the SEL system are: staff capacity issues across a range of staff groups; challenges with Multidisciplinary Meeting (MDM) co-ordinators and tracking resource; diagnostics capacity - issues with a shortfall across CT/MRI and Endoscopy; and an increase in 2 Week Wait referrals. Key challenged Tumour Groups are Lung, Lower Gastrointestinal, Gynaecological and Urology. Southwark CCG breaches fell mainly in Lung and Urology which have had particular issues with delays in diagnostic work up.

Key system wide actions are:

- New operating model from May 2018, with the establishment of a Shared Care Cancer Delivery Team to provide oversight to and increased support and focus to improving Cancer performance across South East London (SEL)
- Focus is to drive forward the revised Delivery Plan for 2018/19
- Cancer 62-day Recovery trajectories agreed but these will now be reviewed in November following Regulator escalation meeting
- Procurement of additional diagnostic capacity through the Accountable Cancer Network (ACN)
- Recovery Plan that focusses on challenged pathways (Prostate, Lung/Thoracic, Lower Gastrointestinal (Lower GI), Head and Neck, and Gynaecology)
- Ongoing recruitment of staff to support delivery of cancer pathways including MDT workforce at LGT, KCH and GSTT
- Focus on improving median waits and ensuring that there are consistent straight to test models across the sector
- Increasing Oncology capacity at GSTT
- Reviewing network approach to manage large increases in demand and workforce shortages for Urology, Dermatology and EBUS.

2.7. Electronic Referral System (e-RS)

Southwark CCG's e-RS utilisation in September 2018 was 98%.

On 1 September, King's Denmark Hill, completed Phase 4 of their paper switch-off programme, with 2 Week Wait services becoming e-RS only. This means that both King's and GSTT have now completed their paper switch-off programmes and have met the national deadline for all consultant-led first outpatient appointments to be made via e-RS from 01 October 2018.

In Primary Care, there are GP IT Facilitators and Trainers available who provide e-RS training to practices, and practice level information is being used to identify and target those practices which may benefit from additional training. An e-RS workshop is being held in mid-September for GPs and administrative staff and webinars on e-RS worklists are being held in September, October and November. Resources for GPs (including training guides developed by the GP IT Facilitators) are available on the Members and Staff Zone and regular updates continue to be provided in the Planned Care Newsletter.

3. Primary Care

3.1. Review of the Interpreting and Translation Service

NHS Lambeth, Southwark and Lewisham (LSL) Clinical Commissioning Groups (CCGs) currently commission an interpreting and translation service (ITS) to deliver interpreting and translation support to general practice across the three boroughs. In addition, the service also offers ITS to dentists, optometrists, BPAS and Marie Stopes providers who are based in LSL. The current service offers a mixture of face to face (F2F), face to face British Sign Language (BSL), telephone, health promotion clinics and written translation services including braille. The service is delivered by multiple providers (including directly employed staff) each with their own contractual arrangements in place which are variable.

Current arrangements are not sustainable either financially, operationally and contractually due to the multiple contracts in place. There is a need to commission a more streamlined service.

LSL commissioners have outlined in their 2018/19 commissioning intentions the intent to review the existing services working with the GP practices and patients that use this service. Commissioners are reviewing the service and are keen to hear the views of clinicians who use the service and practice staff who book the service as well as patients who use the service to ensure the future service:

- meets the needs of the local population requiring ITS
- guarantees high service user experience and satisfaction
- is operationally accessible for service users
- offers high quality interpreting and translation services
- is delivered in a timely manner
- is equitable to all service users for whom English is a second language and they are not confident English speakers and / or are hearing impaired
- is contractually manageable with detailed reporting and monitoring systems in place.

The outcome of this review will be reported to patients and practices in February. Any changes required will look to be implemented during 2019/20.

4. Mental Health

Performance against the target for occupied bed days (OBD) continues to be high for SLaM, with OBDs unchanged from previous months. The September data shows an increase in acute usage and a decrease for Psychiatric Intensive Care Unit (PICU) beds. The liaison team in King's continues to see a high number of patients with an increase in resulting breaches. The current usage is approximately 350-400 patients per month.

A mental health strategy stocktake has taken place, which highlighted the work that the team have undertaken in the past six months; this has been shared with key partners. A smaller engagement event for stakeholders will take place in November and a full launch to welcome in year two of the strategy will take place during Quarter 4 with a wider audience.

The Children and Adolescent Mental Health Services (CAMHS) review has taken place and is currently being revised internally to determine next steps for the provision of service for Southwark, in parallel with the agreement and publication of our Local Transformation Plan for Children and Young People (CYP) mental health services.

5. Appointment of Chief Financial Officer for South East London CCGs

Following an extensive recruitment process Usman Niazi has been offered and accepted the role as CFO for five of the South East London CCGs (Bexley, Bromley, Greenwich, Lewisham and Southwark). Usman will join the CCGs from Lewisham and Greenwich NHS Trust where he was, until recently, the Trust's Acting Director of Finance, having been the Deputy Director before that.

Usman's start date is still to be determined as his notice is served at his current employer, but he will join us no later than 01 April 2019.