

South East London STP Submission – 21st October

CLG Delivery Plans Briefing Note

This briefing note has been prepared to supplement the 21st October STP submission and is intended to explain the depth of inclusions within each of the CLG and Collaborative Productivity delivery plans.

NHSE has requested we provide more depth and specificity on how we plan to implement the proposed schemes. The plans set out each workstreams' interventions, milestone deliverables, outcomes and owners for each scheme, as well as overarching risks, governance and interdependencies. The plans state the organisations are involved in each initiative, to enable accountability and monitoring of local operational plans and the STP.

Each CLG is in varying stages of maturity and so the level of detail provided differs across the delivery plans. Further work is needed to assign delivery owners to each intervention for each delivery plan, as currently each CLG has overall governance at Senior Responsible Officer (SRO) level.

In particular, the mental health delivery plan is the lightest in terms of detail, given the relative immaturity of this workstream; a part-time project manager has recently been established for the mental health CLG.

Conversely, the community based care delivery plan contains more detail when compared with the other plans, given the 'shared standards, local delivery' approach this workstream is taking. As a result, the plan has a local, borough level of detail above the other delivery plans.

The remaining delivery plans set out information in two parts, which are outlined below:

The workstream summary contains workstream level information from 2016-17 to 20-21. This section highlights and summarises key information, drawing on existing documents such as PIDs and approved reports.

This section contains a brief outline of each workstreams' vision, the case for change for the constituent interventions including the overall and intervention specific financial case. A workstream-level breakdown of governance, scope, risks and constraints, deliverables and their timescales and risks.

The delivery plan goes to the next level of detail when addressing each intervention. It outlines key performance indicators (KPIs) as metrics, intended impact, activity impact, deliverables, enablers, constraints, dependencies and risks and all associated timescales. These detailed plans also require financial investment (capital and revenue) and savings.

The system leadership recognizes the importance of developing more detailed delivery plans and ensuring these are owned and managed appropriately across South East London. CLG Programme Managers, Clinical Leads and SROs are meeting to discuss the existing delivery plans and structures in place and how these need to transform to focus on delivery going forward.



Collaborative Productivity Delivery Plans Briefing Note

In May 2016, a report was produced outlining five opportunities for consolidation across the five providers within the SEL STP footprint and Dartford and Gravesham NHS Foundation Trust. The outlined opportunities and their associated savings were:

1. Standardise and consolidate non-clinical support services (HR, procurement, finance, IM&T) - £41m savings
2. Capitalise on our collective buying power - £73m savings
3. Optimise the workforce - £64m savings
4. Consolidate clinical support services (pharmacy, pathology, radiology) - £41m savings
5. Capitalise on the collective estate - £28m savings

Our original reported figures were based on top-down estimates and are undergoing further analysis. The delivery plans have been developed based on the findings and analysis in this report, they were reviewed and agreed by Martin Shaw, the SRO for Collaborative Productivity and the SROs for the individual opportunities on Friday 14th October.

In mid-September, NHSI requested all organisations to submit a 'Case for Change' Document, detailing their plans for the consolidation of corporate services. This document was to be submitted on Friday 14th October. We worked closely with subject matter experts from within the trusts to develop the case for change. Many of the high level plans in the original report are no longer applicable – STF funding will no longer be available until FY 17/18, changes have been made to the scope of the opportunities and dedicated resources to drive forward our plans have not been identified as originally anticipated. Since the 'Case for Change' document has been released, we anticipate the following changes to be made in our delivery plans:

- Procurement as a back office function and 'capitalise on our collective buying power' have been combined as a single opportunity, savings assumptions will therefore need to be re-calculated;
- Nurseries, Payroll and Occupational Health will be prioritised within the consolidation of the HR function. The nature of certain outsourcing contracts will limit the degree of consolidation within HR, savings will therefore need to be re-calculated;
- The 'optimise the workforce' opportunity will be combined with the HR back office opportunity, savings will therefore need to be re-calculated;
- Collaborative Productivity Estates and IT workstreams will be consolidated with the CLG enabling workstreams of Estates and Digital;
- A parallel work-stream is in place to address the pharmacy opportunity; and
- An SME is yet to be identified for the radiology opportunity, our plans will therefore be subject to delay.

