

South East London: Sustainability and Transformation Plan

Briefing Paper



NOTE: We are still developing our STP, which will go through a national assurance process with NHS England before it is finalised. This document is a summary of the main points in the strategy. **This does not represent the final strategy**, and is subject to change, but is a reflection of where we have got to so far (June 2016).

We intend to publish the final strategy as soon as it has been through the assurance process.

Introduction and context

- In December 2015, health and care systems were asked to come together to create their own ambitious local blueprint for implementing the Five year Forward View, covering up to March 2021, known as Sustainability and Transformation Plans (STPs).
- The south east London draft plan was submitted 30 June 2016. This is the public summary of this plan.
- The STP is the “umbrella” plan for south east London and draws extensively on the Our Healthier South East London (OHSEL) strategy which has been in development since 2013.
- The STP process has broadened the OHSEL plan and has taken it much further by bringing organisations together to establish a place-based leadership and decision-making structure
- We have established:
 - A single responsible officer supported by a quartet leadership and a strategic planning board to provide direction and oversight
 - Collaborative oversight and decision-making bodies at various levels
 - A single reporting structure
 - A single plan setting out our challenges, including our financial challenge

Our commitments

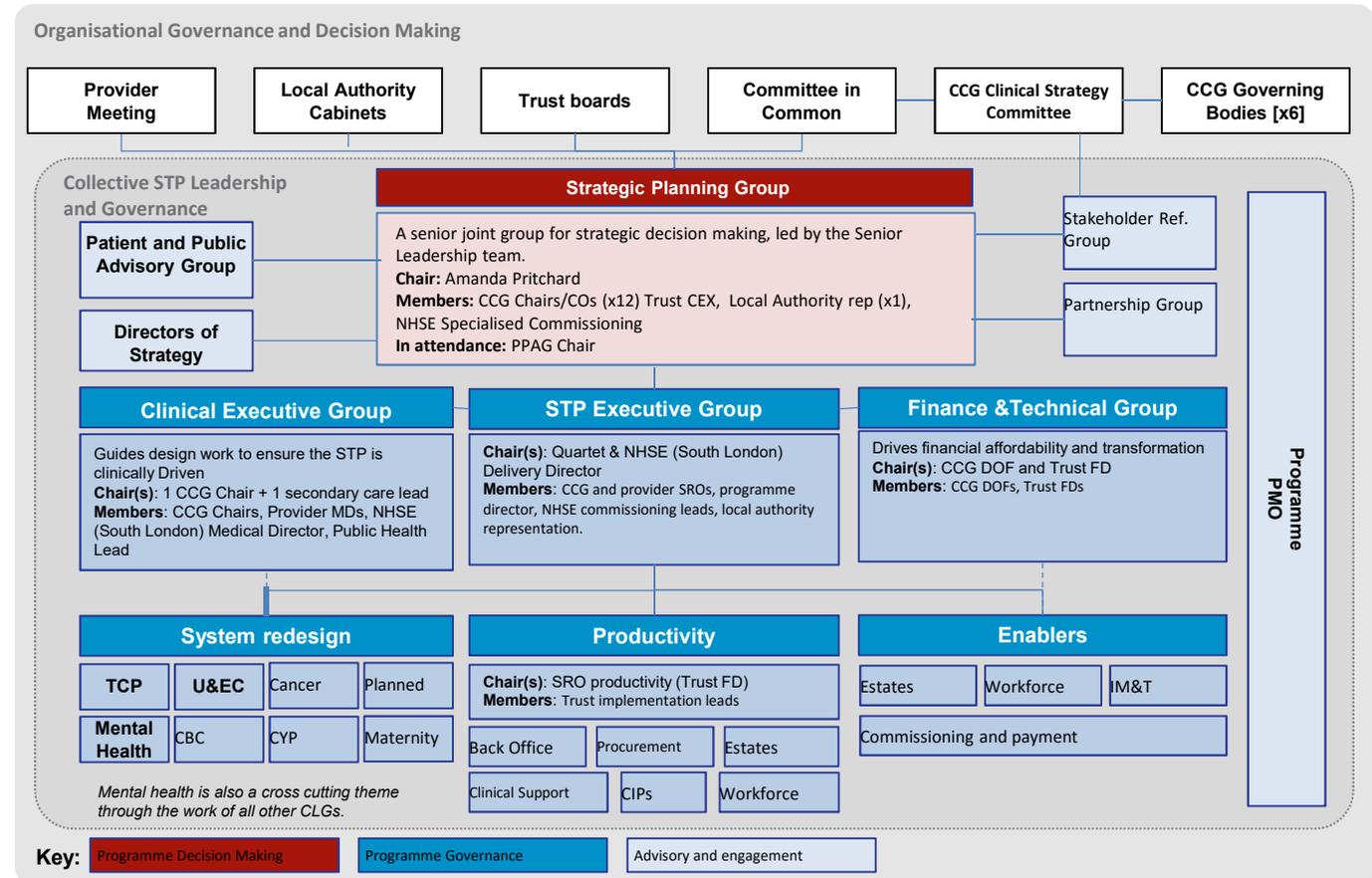
Over the next five years we will:

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

STP Governance

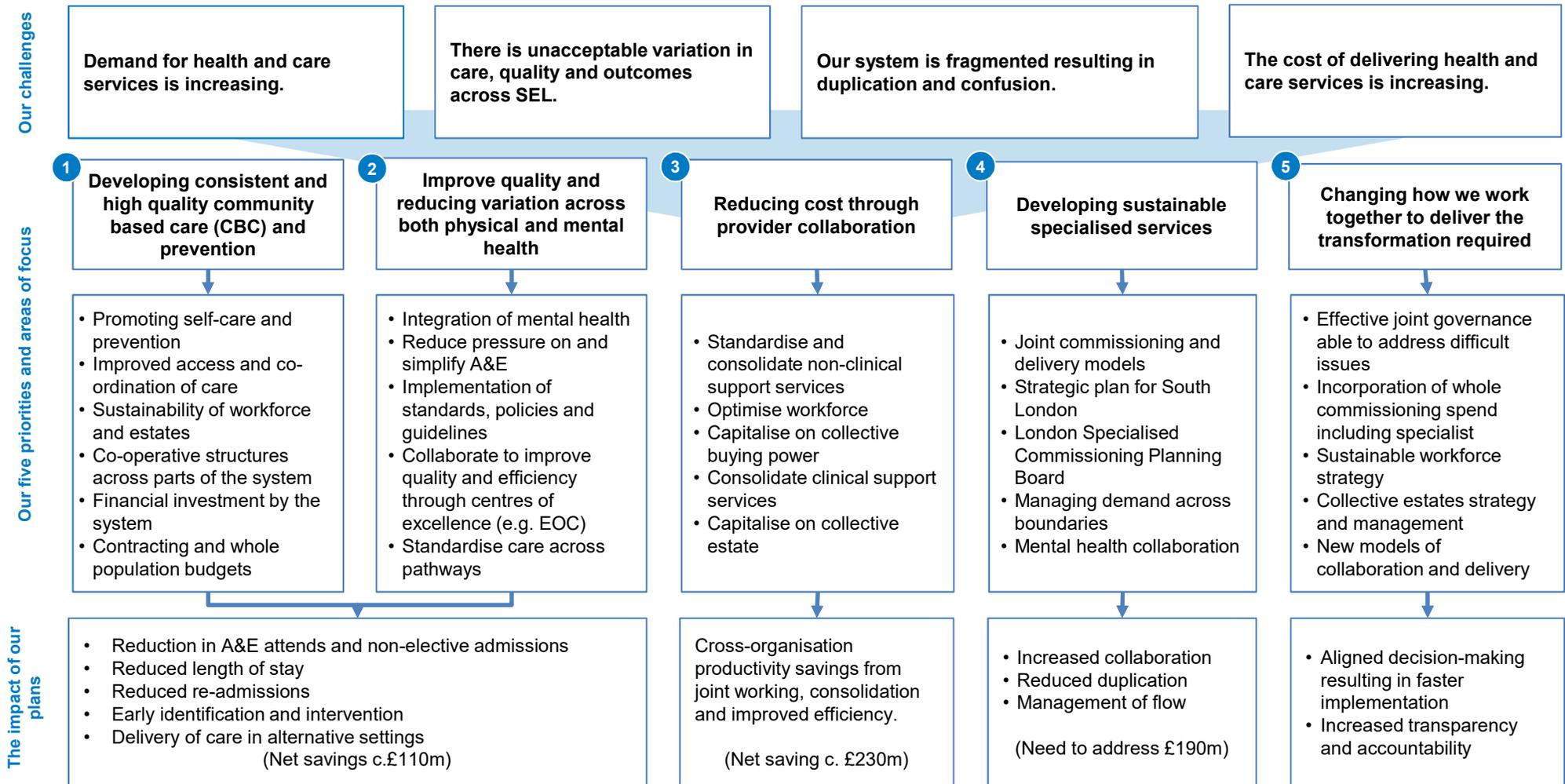
STP SRO and Leadership

- **SRO:** Amanda Pritchard, GSTT
- **CCG:** Andrew Bland, Southwark CCG
- **Council:** Barry Quirk, London Borough Lewisham
- **Clinical Lead:** Andrew Parson, Bromley CCG



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STP: Plan on a page



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STP: Summary of our priorities

1
Developing consistent and high quality community based care (CBC) and prevention

Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery. Over the next five years we will continue to support the development of LCNs to establish coherent, multi-disciplinary networks that work at scale to improve access as well as manage the health of their populations. This will include fully operational federations and networks; adopting population based budgets and risk-based contracts; and fully integrating IM&T across organisations and pathways. Fully operational LCNs will deliver our new model of care - adopting population based budgets and risk based contracts, supported by sustainable at scale delivery of primary care and enabled by fit for purpose estate and integrated IM&T across their organisations and the pathways the deliver

2
Improve quality and reducing variation across both physical and mental health

We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively. Our main areas of focus are:

- reducing pressure on A&E by providing high-quality alternatives (through CBC), simplifying access and developing a truly integrated offer;
- collaborating to improve value within planned care pathways, including the development of centres of excellence. We are starting with orthopaedics before expanding to other specialties;
- integrating mental health across health and care services adopting the mind/body approach

3
Reducing cost through provider collaboration

Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas; clinical and non-clinical support services, workforce, procurement and estates. Our immediate step is developing businesses cases for each opportunity and delivering quick wins payroll, workforce and non-clinical sourcing. Over the next 5 years we will continue to look for opportunities in other areas.

4
Developing sustainable specialised services

We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England. Specialised services are a significant part of SEL health economy and provide services at a local, regional and national level – a third of patients come from outside of SEL. The size of this service has an impact on the sustainability of our system both in terms of financial sustainability and the quality of other services. Specialised services offer the potential to review pathways and explore consolidation to support quality improvement and better value for money. We are supporting NHSE to establish a London-wide board.

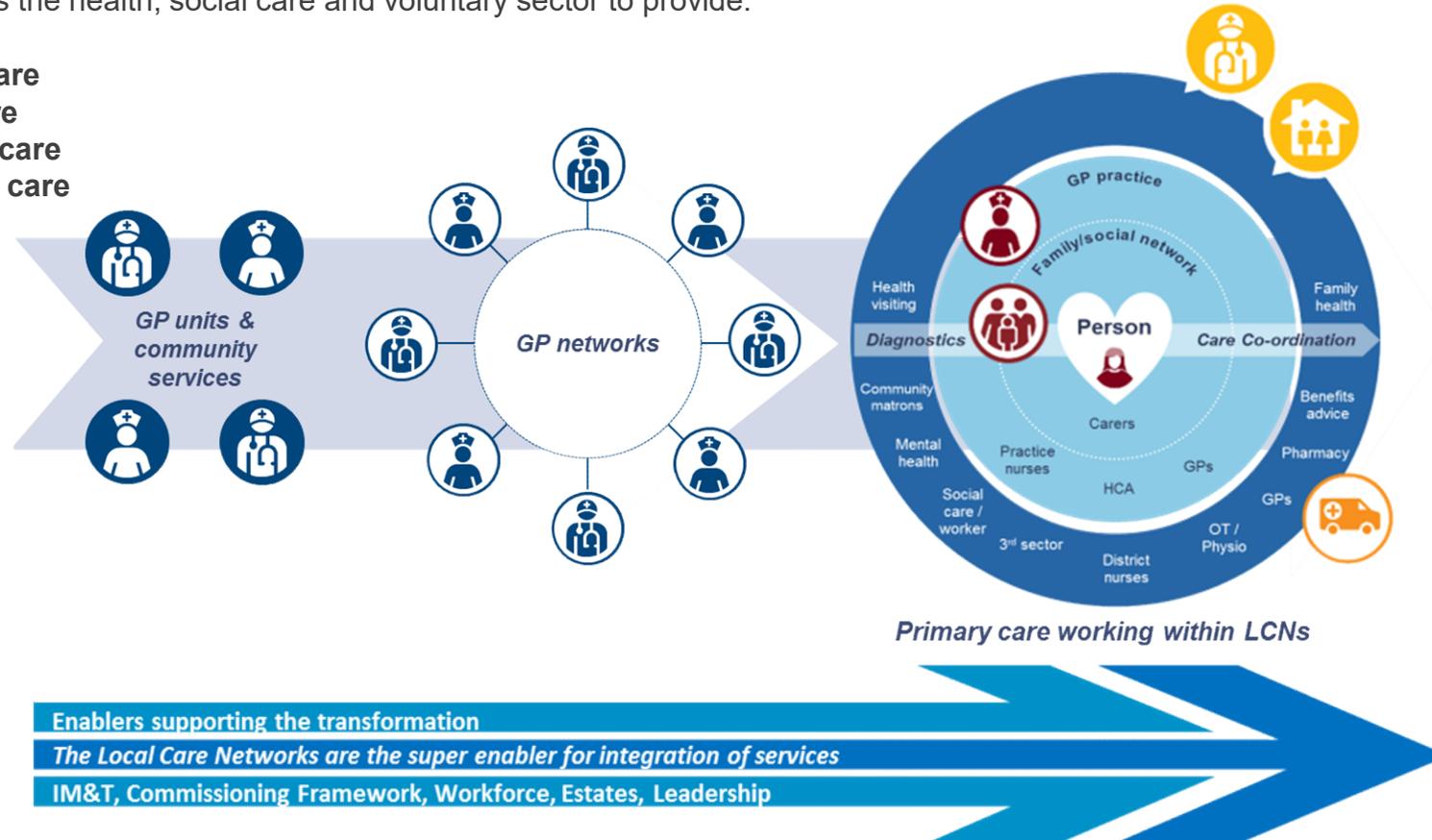
5
Changing how we work together to deliver the transformation required

To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives. This transformation will mean having to think differently and more radically. Crucially our structures must allow us to make difficult decisions and investment in transformation for the benefit of the system rather than our own organisations. Our immediate priority is developing the appropriate infrastructure to deliver our plan, agreeing roles and functions across the system. We are learning from our acute care collaboration vanguard between Guy's and St Thomas' and Dartford and Gravesham.

1. Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery

Primary and community care (defined in its broadest sense) will be provided at scale by Local Care Networks and drawing on others from across the health, social care and voluntary sector to provide:

- Accessible care
- Proactive care
- Coordinated care
- Continuity of care



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2. We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively

	Clinical Leadership Group	High level summary of the model of care	Estimated savings
	Community based care	<ul style="list-style-type: none"> • Delivery of local care networks 	£50m
	Urgent and emergency care	<ul style="list-style-type: none"> • Improving access in Primary Care, in hours and out of hours, to unscheduled care. • Specialist advice and referral. • An enhanced single “front door” to the Emergency Department. 	£71m
	Planned care	<ul style="list-style-type: none"> • Standardisation of planned care pathways. • Enhanced diagnostics. • Elective care centres. 	£41m
	Children and young people’s care	<ul style="list-style-type: none"> • Children’s integrated community teams. • Short stay paediatric assessment units. 	£13m
	Maternity	<ul style="list-style-type: none"> • Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units. 	£6m
	Cancer	<ul style="list-style-type: none"> • Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care. 	£17m
		Net savings after 40% reinvestment £119m	Gross Total £198m

Integrating mental health is a key area of focus across our priorities

Community based care

- Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs
- Building mental health into our approach for capitated budgets and risk sharing
- Incorporating mental health into our population health management approach
- Increase early access in primary care
- Tackling wider determinants of health in children and their families
- Improved services for people with dementia

Improving quality and reducing variation across both physical and mental health

- Embed an integrated mind/body approach to support both the physical and mental health of patients and service users
- Deliver quality improvement methodologies across the provider landscape
- Improving timely access to specialist mental health support in the community
- Increase diagnosis rates for people with mental health conditions
- Develop access to crisis care for children and adults
- Explore how we can achieve the four hour target for mental health and ceasing OATs
- Ensure sufficient and appropriate capacity is available to meet future demand

Improving productivity through provider collaboration

- In addition to the collaborative productivity work across all SEL providers we are:
- Establishing a pan-London procurement approach for mental health providers, and a shared approach to procurement of legal support across south London
 - Implementing A joint approach across providers in south London to managing the budget for forensic provision and which could potentially be extended to specialised commissioning of mental health services for children and young people
 - Collaborative approaches to estates planning to support new models of care and more integrated working

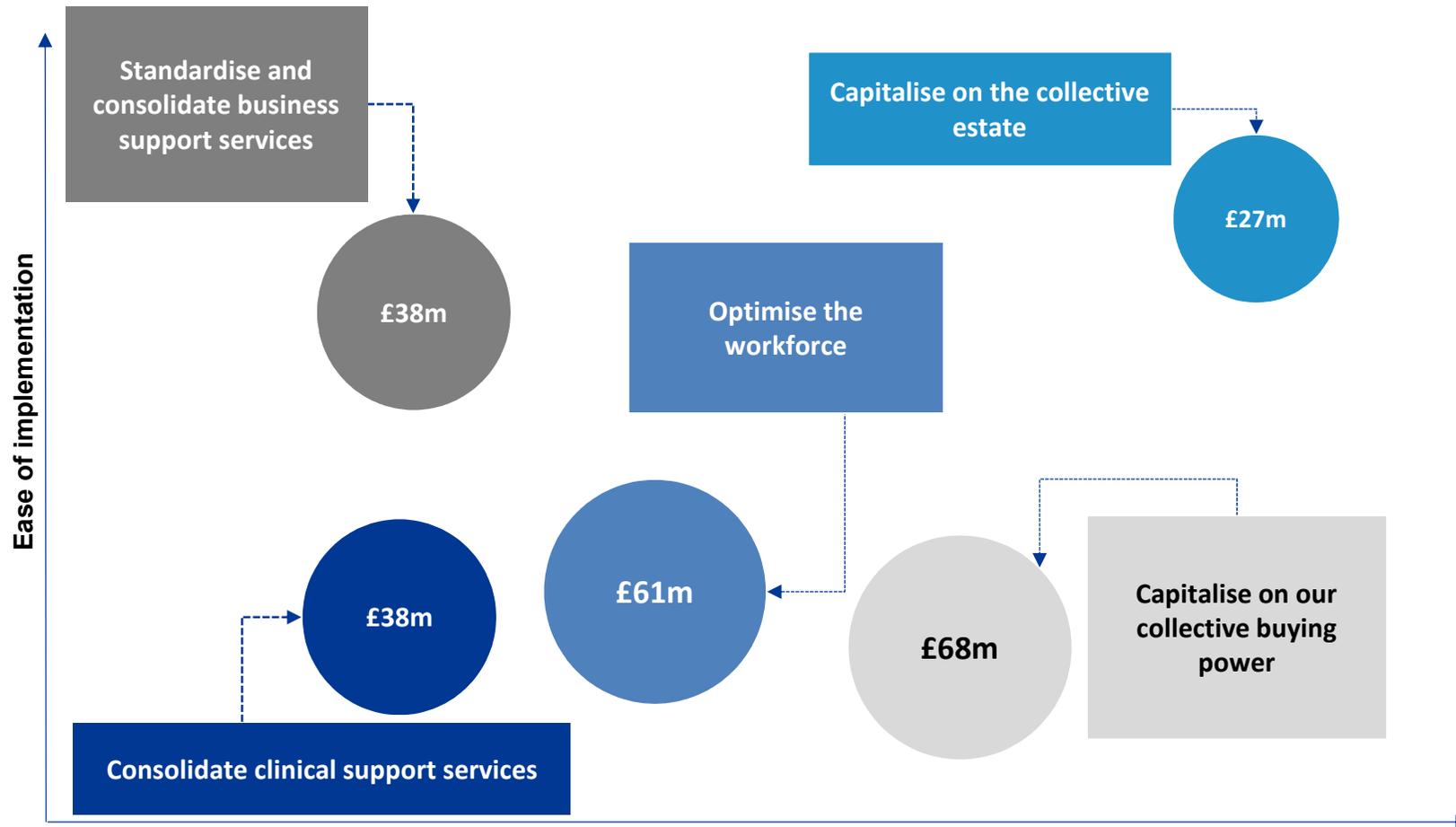
Optimising specialised services

- We are trialling a new way to manage budgets for specialised services through our collaboration between the three south London mental health trusts to take on the specialised commissioning budget for adult secure services. We will assess how this approach could be extended to other areas

Standardised care across pathways

- Ensure a standardised approach to Making Every Contact Count
- Encourage open and positive discussion about mental health and wellbeing across settings.
- Promote excellence in relation to mental health across all services and conditions
- Increase early identification and early intervention, including the use of screening for mental health needs

3. Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas



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4. We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England

We have been working collaboratively with NHSE to develop the specialised content for the STP. We now have a greater understanding of the challenge, the future programme of work and the need to work with colleagues in South London to ensure sustainable and high-quality services.

Involvement to date in developing the STP

- An indicative high-level estimate (in a 'do-nothing' scenario) on the projected specialised commissioning funding gap for the April STP submissions (based on a top-down approach). Updated modelling outputs will be ready for inclusion in the June
- A portfolio of transformation projects, as part of the Healthy London Partnership, is being developed to improve quality, consistency and efficiencies in specialised services. Initial London projects are focusing on: neuro-rehabilitation; CAMHS Tier 4; HIV services and paediatric and neonatal transport

Development of a London-wide programme board

- Given the scale and challenge of specialised commissioning there needs to be a specific London-wide focus on specialised services
- A new regional Specialised Commissioning Planning Board is being set up to include all five STP 'system leaders', representatives of specialised providers and national and neighbouring regional specialised commissioners to set strategic direction and priorities

Sustainable services across South London

- There are potential opportunities for reviewing current service provision across South London and discussions have started between NHSE, and SEL & SWL STP leads

5. To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives

- **Balancing system benefit and impact on individual organisations** to make decisions that are in the best interest of patients and sustainability of the system
- **Aligning transformation funding to the objectives of the STP** by building processes to ensure that investment across the system supports our collective vision
- **Investing in shared planning and delivery** to ensure that a collaborative approach runs throughout the programme with the appropriate resources
- **Align system incentives** that drive population health and value and shared risk.
- **Have an ongoing dialogue with our stakeholders** through existing and new communication channels
- **A system-wide delivery plan and agreed measures** to monitor the implementation of the STP
- **Working collaboratively across London** with existing partners including HLP
- **Adopting new models of collaboration and delivery** by collaborating and learning lessons from local and national vanguards

Improving productivity and closing the local financial gap

Our financial challenge

- The 'do nothing' affordability challenge faced by the south east London health economy is £1,015m by 2020/21. NHS England (Specialised) have estimated an indicative £190m five year affordability challenge for specialised commissioning.

Closing the affordability challenge

- 1.6% per annum CIPs across our five provider organisations contributes £339m
- Collaborative productivity contributes savings of £232m
- Service transformation leads to net savings of £119m
- Indicative Sustainability and Transformation Funding of £134m would reduce the challenge to £190m, with all of this relating to specialised commissioning for which savings plans have not yet been developed.

If ongoing work is able to fully address this specialised commissioning pressure, then this would address the entire affordability challenge across south east London by 2020/21. This challenge translates into an **average annual 4.1% productivity improvement** –BAU CIPS (1.6%), Clinical Interventions (0.5%), Collaborative Productivity (1.1%) and NHSE (0.9%). Central funding support (£134m – 0.6%).

