Appendix 1: Update on north east London Sustainability and Transformation Plan (NEL STP)

1. Introduction and Background

1.1 In December 2015 NHS England planning guidance required health and care systems across the country to work together to develop sustainability and transformation plans (STPs). An STP is a new planning framework for NHS services which is intended to be a local blueprint for delivering the ambitions NHS bodies have for a transformed health service, which is set out in a document called Five Year Forward View (5YFV). England has been divided into 44 areas (known as footprints); City of London is part of the NEL footprint.

1.2 STPs are five year plans built around the needs of local populations and are:

- based on a 'place' footprint rather than single organisations, covering the whole population in this footprint, which is agreed locally
- multi-year, covering October 2016 to March 2021
- umbrella strategies, which span multiple delivery plans, ranging from specialised services at regional levels, to health and wellbeing boards' local commissioning arrangements, as well as transformational programmes, such as those redesigning services for people with learning disabilities, or urgent care
- required to cover the full range of health services in the footprint, from primary care to specialist services, with an expectation that they also cover local government provision
- to address a number of national challenges, such as around seven day services, investment in prevention, or improving cancer outcomes

1.3 These plans will become increasingly important in health service planning because they are the gateway to funding. In 2016/17 they are the basis for accessing a transformation pot of £2.1bn. This will encompass the funding streams for all transformational programmes from April 2017 onwards, and will rise to £3.4bn by 2021. It is envisaged that this approach will have significant benefits over the earlier approach to transformation funding. Where there had previously been fragmented approaches, both in terms of schemes and locality-based working as a result of emerging programmes and new funding arrangements (such as the Prime Ministers Challenge Fund, Urgent & Emergency Care Vanguard etc.), there will now be a single unified approach across the STP footprint. This will prove extremely valuable in assisting providers and commissioners to work in a more collaborative and co-ordinated way enabling transformation and efficiencies to be delivered that would not otherwise be achievable.

1.4 As well as implementing the Better Care Fund, many local areas are developing more ambitious integrated health and care provision. The Spending Review committed the government to build on these innovations – it will require all areas to fully integrate health and care by 2020, and to develop a plan to achieve this by 2017. The Spending Review offered a range of models to achieve this ambition, including integrated provider models or devolved accountabilities as well as joint commissioning arrangements. The STP guidance requires STPs to be aligned with these local integration programmes and ambitions.

1.5 The NEL STP describes how locally we will meet the 'triple challenge' set out in the NHS Five Year Forward View, to:

- meet the health and wellbeing needs of our population
- improve and maintain the consistency and quality of care for our population
- close the financial gap

1.6 It builds on existing local transformation programmes and supports their implementation. These are:

- Barking and Dagenham, Havering and Redbridge: devolution pilot (accountable care organisation)
- City and Hackney: Hackney devolution in part
- Newham, Tower Hamlets and Waltham Forest: Transforming Services Together programme

1.7 In addition, it will support the improvement programmes of our local hospitals, which aim to support Barts Health NHS Trust and Barking, Havering and Redbridge University Hospitals NHS Trust out of special measures.

1.8 Further guidance was issued on 19 May which set out details of the requirements for 30 June. This guidance stated that the draft STP will be seen as a 'checkpoint' and did not have to be formally signed off prior to submission; it formed the basis of a local conversation with NHS England on 14 July.

2. Proposal

Draft NEL STP

2.1 Initial discussions have led us to identify the following vision and approach to ensure the long-term sustainability of the NEL health and social care system.

Vision

- To measurably improve health and wellbeing outcomes for the people of north east London and ensure sustainable health and social care services, built around the needs of local people.

- To develop new models of care to achieve better outcomes for all; focussed on prevention and out of hospital care.

- To work in partnership to commission, contract and deliver services efficiently and safely.

2.2 To implement this vision we have developed a common **framework** that will be consistently adopted across the system through our new model of care programmes. This framework is built around our commitment to person centred, place based care for the population of NEL.

2.3 The **focus** throughout our work is to:

- Promote prevention and personal and psychological wellbeing
- Support people to access care closer to home
- Improve quality of secondary care for those who need it

2.4 The following five **enablers** have been identified to support our work.

Workforce: recruitment and retention of a high calibre workforce, including making NEL a destination where people want to live and work, ensuring our workforce is effectively equipped to support delivery of new care models, caring for the workforce and reduction in use of bank/agency staff.

Infrastructure: considering the best use of our estates across the system. We recognise that estates are a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit-for-purpose buildings and to meet the capacity challenges produced by a growing population. The STP will establish appropriate system leadership to ensure that people think about estates at an NEL level whilst building on local priorities.

Communications and engagement: ensuring stakeholders, including local people, understand and support the need to deliver the Five Year Forward View.

Technology: considering the best use of technology to support and enable people to most effectively manage their own health, care and support, and to ensure a technology infrastructure which supports delivery of new care models.

Finance: access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL.

2.5 Annex 1 provides a summary of the draft priorities and actions we are going to take to address them.

Governance arrangements

2.6 In the initial NEL STP submission to NHS England in April we outlined the governance and leadership arrangements that we had put in place for the high level planning phase of our STP. As we move into the detailed planning and implementation phases we will update our governance arrangements so that they remain appropriate. The **proposed principles for the development of these governance arrangements** are outlined below, and we would welcome any feedback on these principles:

- The governance will be as collaborative and streamlined as possible to ensure timely decision making
- Patients and local communities will be represented to ensure their voices are heard

- There will be strong clinical leadership and involvement to ensure proposals have a robust clinical rationale
- Decisions will be taken at the most appropriate level
- Any decision that has a material impact on patient services will be approved by the statutory organisations legally responsible for those services
- All areas of the NEL health and care system will be represented in the governance process
- The system level governance will be aligned with local delivery plans and governance arrangements

2.7 The NEL STP, the NEL Sustainability and Transformation Board (STB) will continue to act as a central voice, representing the NEL system. (The STB includes representatives from all CCGs, providers, local authority STP leads, Health Education England, NHS England, NHS Improvement, patients and lay members. It draws on the expertise of the STP Executive, a smaller group of senior leaders who will continue to work through content and provide recommendations to aid the decision-making process.) The Local Authority lead for the eight boroughs' engagement with the STP process is currently the Chief Executive of London Borough of Waltham Forest, Martin Esom.

2.8 A **governance workshop** involving senior leaders from local authorities, CCGs, providers as well as lay representatives to develop the governance arrangements for the next phase of the NEL STP programme took place on 8 July. The workshop highlighted the need to identify and agree what we are aiming to achieve and set up the appropriate governance. We welcome suggestions about the best way to set up NEL-wide governance for the STP.

2.9 We are keen to move forward in establishing how we will work together to carry out the more detailed **transformation planning** that will be required. This process began with a series of workshops in July in each of the following areas in the NEL STP footprint: Barking & Dagenham, Havering and Redbridge; City & Hackney; and Waltham Forest, Newham and Tower Hamlets. The aim was to take stock of:

- What is already included in the STP (in transformation and productivity)
- What this means for each NEL area in terms of savings / delivery
- How this compares to the other areas, and what does it tell us about where the opportunities are for NEL wide work

2.10 The Clinical Senate met on 20 July to review the transformation and productivity work that is ongoing across the patch, with a view to agreeing how we will work together through the STP to maximise further opportunities (a verbal update will be provided to at the meeting).The aim was to:

- Agree objectives and aims for STP transformation
- Review and agree all transformation opportunities in NEL
- Agree level at which each opportunity is best pursued
- Carry out prioritisation exercise to agree which NEL / STP level opportunities to pursue and in what order of priority
- Agree governance and ways of working for STP transformation
- Map out more detailed four month timeline
- Agree initial resourcing and structure of programme

3. Implications to consider

3.1 Whist we recognise that aspects of the STP process are challenging in particular where the NEL STP footprint cuts across existing local government and partnership planning arrangements, the importance of developing a shared purpose and vision for the NEL population and the need to build understanding and trust across the local health and care system is paramount. There is a need to consider how:

- **resources are allocated between different organisations and the way that risks and rewards are shared** (this will require detailed technical knowledge, and a less transactional and more relationship-centred approach).
- **local leaders use their authority to design structures and processes that support more collaborative working** – both within and across organisations.
- **lessons from Vanguards and the Better Care Fund can be shared**.

3.2 We know the key role local authorities can play in supporting the aim of seven day working by helping to prevent people seeking emergency admissions and assisting them to be supported in the community as soon as possible following admission to hospital. This includes improving mental health and dementia services as well as care for those with learning disabilities.

3.3 In addition, the STP footprint does not align easily with other London Devolution Programmes, all of which are looking at the wider cross borough opportunities for devolution broader than health and social care. For example some of the boroughs in NEL are part of an eight borough partnership not of all of which are included in the NEL footprint. Therefore careful management will be required of any conflicts within the STP footprint where the objectives of the STP are in conflict with emerging priorities of devolution programmes with which NEL local authorities are also engaged.

4. Equalities Considerations

4.1 The NHS guidance states that the STP is required to meet the meet the health and wellbeing needs of its population. To ensure this a detailed Public Health profile of the NEL population was carried out in March 2016 to identify the local health and wellbeing challenges. The profile shows that:

- There is significant deprivation (five of the eight STP boroughs are in the worst IMD quintile); estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is a significant projected increase in population with projections of 6.1% (120,000) in five years and 17.7% (345,000) over 15 years. Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
- There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The percentage of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is poor. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).

- NEL has higher rates of obesity among children starting primary school than the averages for England and London. All areas have cited this as a priority requiring system wide change across the NHS as well as local government.
- NEL has generally higher rates of physically inactive adults, and slightly lower than average proportions of the population eating 5-a-day.
- Cancer survival rates at year one are poorer than the England average and screening uptake rates below England average.
- Acute mental health indicators identify good average performance however concerns identified with levels of new psychosis presentation.
- With a rising older population continuing work towards early diagnosis of dementia and social management will remain a priority. Right Care analysis identified that for NEL rates of admission for people age 65+ with dementia are poor.

4.2 All of these challenges are linked to poverty, social exclusion, and vary by gender, age, ethnicity and sexuality. Equality impact assessment screenings will be conducted to identify where work needs to take place and where resources need to be targeted to ensure all protected groups gain maximum benefit from any changes proposed as part of the STP.

5. Next steps

5.1 To help us with the process of **developing and implementing our STP** we have engaged the Local Government Association (LGA) to provide the following support:

- *Stage one:* individual HWB or cluster workshops to explore self-assessment for readiness for the journey of integration - with the use of a toolkit launched at the recent LGA conference and being piloted until early October

- *Stage two:* NEL strategic leadership workshop to consolidate outputs from individual HWB / cluster workshops and to explore potential strategies and ways to strengthen the role of local authorities.

5.2 We have developed a **summary of progress to date** on the draft NEL STP which will be used to facilitate **engagement over the coming months**, enabling us to gather feedback, test our ideas and strengthen the NEL STP.

5.3 **Further work will continue** beyond this to develop the plan in more detail. For more information go to http://www.nelstp.org.uk or email nel.stp@towerhamletsccg.nhs.uk

Annex 1: Summary of the draft priorities and actions in the NEL STP

Annex 2: Better health and care: developing a sustainability and transformation plan for north east London (A summary of progress to date)
http://www.nelstp.org.uk/downloads/Publications/NEL-STP-summary-2016.pdf

Annex 1: Summary of draft priorities and actions in the NEL STP

1. Channel demand with appropriate capacity

Issue	Actions
Our population is projected to grow at the fastest rate in London (18% over 15 years to reach 345,000 additional people) and this is putting pressure on all health and social care services. Adding to this, people in NEL are highly diverse. They also tend to be mobile, moving frequently between boroughs and are more dependent on A&E and acute services. If we do not make changes, we will need to meet this demand through building another hospital. We need to find a way to **channel the demand for services** through **maximising prevention**, supporting self-care and innovating in the way we deliver services. **It is important to note that even with successful prevention, NEL's high birth rate means that we may need to increase our physical infrastructure.**	To meet the fundamental challenge of our rapidly growing, changing and diverse population we are committed to: • Shifting the way people using health services with a step up in prevention and self-care, equipping and empowering everyone, working across health and social care; • Ensuring our urgent and emergency care system directs people to the right place first time, with integrated urgent care system, supported by proactive accessible primary care at its heart; • Establishing effective ambulatory care on each hospital site, to ensure our beds are only for those who really need admission, so we don't need to build another hospital; • Ensuring our hospitals are working together to be productive and efficient in delivering patient-centred care, with integrated flows across community and social care; and • Ensuring our estates and workforce are aligned to support our population from cradle to grave.

2. Transform delivery models to support self-care, deliver better care close to home and high quality secondary care

Issue

Transforming our delivery models is essential to empowering our residents to manage their own health and wellbeing and tackling the variations in quality, access and outcomes that exist in NEL. There are still **pockets of poor primary care quality and delivery.** We have a history of innovation with two of the five **devolution pilots (see appendix for detailed plans)** in London, an Urgent and Emergency Care (UEC) vanguard and a Multispecialty Community Provider (MCP) in development. However, we realise that these separate delivery models in each health economy will not deliver the benefits of transformative change. Crucially, we must **establish a system vision** that leverages community assets and ensures that residents are **proactive** in managing their own physical and mental health and receive coordinated, quality care in the right setting.

Actions

We have a unique opportunity to bring alive our system-wide vision for better care and wellbeing. We are already working together on a system-wide clinical strategy; this will build on our two devolution pilots in BHR and CH, and the TST programme (which is being implemented already in WEL). At its core we are committed to:

- Transforming primary care and addressing areas of poor quality/access, this will include offering accessible support from 8am to 8pm (seven days a week), with greater collaboration across practices to work to support localities, and address workforce challenges; and
- Addressing hospital services: streamlining outpatient pathways, delivering better urgent and emergency care, coordinating planned care/surgery, maternity choice and encouraging provider collaboration. This will allow us to meet all of our core standards including those relating to RTT and A&E, and enable the planned ED closure of King George Hospital.

3. Ensure our health and social care providers remain sustainable

Issue

Many of our health and social care providers face challenging financial circumstances; this is especially true with Bart's Health and BHRUT being in special measures. Both are currently being re-inspected to ensure that all necessary recommendations are embedded. Although our hospitals have made significant progress in creating productivity and improvement programmes, we recognise that medium term provider-led cost improvement plans cannot succeed in isolation: our providers need to collaborate on improving the costs of workforce, support services and diagnostics. Our challenge is to create a roadmap for viability that is supported at **a whole system level** with NEL coordinated support, transparency and accountability.

Actions

Our health and social care providers are committed to working together to achieve sustainability. Changes to our NEL service model will help to ensure fewer people either attend or are admitted to hospitals unnecessarily (and that those admitted can be treated and discharged more efficiently):

- We have significant cost improvement plans, which will be complimented by a strong collective focus on driving greater efficiency and productivity initiatives. This will happen both within and across our providers (e.g. procurement, clinical services, back office and bank/agency staff);
- The providers are now evaluating options for formal collaboration to help support their shared ambitions; and
- Devolution pilots in BHR and CH are actively exploring opportunities with local authorities, which will be set out in their forthcoming business cases.

4. Transform specialised services

Issue	Actions
NEL residents are served by a number of high quality and world class specialist services; many of these are based within NEL, others across London. We have made progress recently in reconfiguring our local cancer and cardiac provision. However, the quality and sustainability of specialist services varies and we need to ensure that we realise the benefits of the reviews that have been carried out so far. Our local financial gap of £134m and the need for **collaboration** both present challenges to the transformation of our specialised services. We need to move to a more collaborative working structure in order to ensure high quality, accessible specialist services for our residents, both within and outside our region, and to realise our vision of becoming a truly world class destination for specialist services.	We will continue to deliver and commission world class specialist services. Our fundamental challenge is demand and associated costs are growing beyond proposed funding allocations. We recognise that this must be addressed by: • Working collaboratively with NHS England and other STP footprints, as patients regularly move outside of NEL for specialised services; and • Working across the whole patient pathway for our priority areas from prevention, diagnosis, treatment and follow up care – aiming to improve outcomes whilst delivering improved value for money.

5. Create a system-wide decision making model that enables placed-based care and clearly involves key partner agencies

Issue	Actions
Our plans for proactive, integrated, and coordinated care require changes to the way we work in developing system leadership and transforming commissioning. We have plans to **transform commissioning** with capitated budgets in WEL, a pooled health and social care budget in BHR and in CH. Across NEL, we recognise that creating accountable care systems with integrated care across sectors will require joining previously separate services and close working between local authorities and other partners; our plans for **devolution** (see appendix) have made significant progress in meeting the challenge of integration. New models of system leadership and commissioning that are driven by real time data, have the ability to support delivery models that are truly **people-centred and sustainable** in the long term.	We are committed to establishing robust leadership arrangements, based on agreed principles that provide clarity and direction to the NEL health and wellbeing system, and can drive through our plans. For us, involving local authority leaders is the only way to create a system which responds to our population's health and wellbeing needs. Building on our history of collaboration, we have agreed a set of principles which our leaders will be accountable for, including a commitment to making NEL-wide decisions as opposed to local decisions whenever appropriate. This will help us to deliver the scale of change required at pace to deliver place-based care for our population.

6. Maximise the use of our infrastructure so that it supports our vision

Issue	Actions
Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure. Currently, our workforce model is outdated as are many of our buildings; Whipps Cross, for example, requires £80 million of critical maintenance. This issue is compounded by the fact that some providers face significant financial pressures stemming from around **£53m remaining excess PFI cost**. Some assets will require significant investment; others will need to be sold. The benefits from sale of resources will be reinvested in the NEL health and social systems. **Devolution** will be helpful in supporting this vision. **Coordinating and owning a plan** for infrastructure and estates at a NEL level will be challenging; **we need to develop approaches to risk and gain share that support our vision.**	Infrastructure is a crucial enabler for our system-wide delivery model. We need to deliver care in modern, fit for purpose buildings and to meet the capacity challenges produced by a growing population. We are now working on a common estates strategy which will identify priorities for FY16/17 and beyond. This will contain a single NEL plan for investment and disposals, utilisation and productivity and managing PFI, with a key principle of investing any proceeds from disposals in delivering the STP vision.