

Inner North East London Joint Overview and Scrutiny Committee

Date of Meeting	Thursday 12 February 2015
Report Title	Transforming Services Together
Presented by	Neil Kennett-Brown, Director of Transformation Newham, Tower Hamlets and Waltham Forest CCGs
Report Author	Claire Lynch, Communications Manager NEL Commissioning Support Unit Tel: 020 3688 1540 Email: Claire.lynch@nelcsu.nhs.uk

1. Report Summary

1.1 Purpose:

We met with INEL JOSOC members in July and September 2014 to provide a briefing on the interim Transforming Services, Changing Lives Case for Change. Members were keen that we returned to a later meeting to share the final Case for Change and explain next steps.

The purpose of this report is to:

- Share with the Inner North East London Joint Overview and Scrutiny Committee the final Transforming Services, Changing Lives - Case for Change
- Introduce a broader programme of work called Transforming Services Together, which is the delivery programme of the joint 5-Year Commissioning Strategic Plan for Newham, Tower Hamlets and Waltham Forest CCGs.

1.2 Accessing the Case for Change:

- The Case for Change document will be circulated with this report, and can be accessed via our website www.transformingservices.org.uk

2. Background

2.1 Outcomes of the Transforming Services, Changing Lives programme

We engaged with around 2,800 clinicians, patients and members of the public. We tested our ideas and sought views in a number of ways; we analysed feedback from over 90 meetings and events; 64 questionnaires; focus groups and interviews:

The case for change is clear

- Our population is growing and the local NHS needs to respond to increased demand, for example in maternity and children's services
- We need to better care for the increasing number of people with long-term conditions

- We and our partners need to work together more closely to strengthen our prevention approaches, supporting people to live healthier lives and improving physical and mental wellbeing
- The local NHS needs to invest time and effort in tackling inefficiencies. Estates, IT systems and care pathways sometimes do not work for the greatest benefit of patients or staff
- We need to fix our urgent-care system, ensuring patients are seen in the right care setting for their needs
- We need a transformed workforce for 21st-century care – with different skills and roles, working in different settings
- Changes will need to be made to local services if they are to be safe and sustainable. More services need to be provided in the community, closer to people's homes
- The local NHS and partners will need to work together to secure high-quality and financially sustainable services in east London

2.2 How did Transforming Services Together come about?

Organisations need to work together to create change across the whole health care system. Newham, Tower Hamlets and Waltham Forest CCGs have produced a Five-year Commissioning Strategic Plan which seeks to resolve strategic issues facing the region and to create a sustainable health economy.

The Transforming Services Together programme was launched in September 2014 to deliver the five-year plan.

The findings of Transforming Services, Changing Lives will form the basis of work to improve hospital-based services through the relevant clinical and enabler workstreams of the Transforming Services Together programme.

2.3 Brief timeline (to date)

- **Summer 2014:** Newham, Tower Hamlets and Waltham Forest CCGs finalised their joint 5-Year Strategic Commissioning Plan
- **September 2014:** Transforming Services Together programme launched and began 'mobilisation' to deliver the 5-Year Strategic Commissioning Plan
- **December 2014:** Case for Change published, the outputs of which are being incorporated into the Transforming Services Together programme
- **Jan 2015 onwards:** implementation of Transforming Services Together programme

3. Main Body of Report

3.1 What is the scope of the Transforming Services Together programme?

The Transforming Services Together programme currently has 14 workstreams: nine clinical workstreams, and five enabler workstreams (which support all the clinical workstreams.)

Clinical workstreams	Enabler workstreams
<ul style="list-style-type: none">• Diagnostic services• Maternity and newborn• Children and young people• Surgery• Pathway redesign• Urgent and emergency care coordination• Primary care• Integrated care• Mental health	<ul style="list-style-type: none">• Population health informatics• Long-term financial management• Estates• Workforce• Organisational development / clinical leadership

3.2 Who is involved?

NHS England was involved in the development of the plan and will continue to be involved in its delivery. The three CCGs will work closely with their main acute provider, Barts Health NHS Trust, to deliver many of the aims of the five-year strategic plan. The three CCGs will also work with:

- Neighbouring CCGs - in particular, City and Hackney, Barking and Dagenham, Havering, Redbridge and north central London CCGs
- NEL Commissioning Support Unit
- Homerton University Hospital NHS Trust
- East London NHS Foundation Trust
- North East London NHS Foundation Trust
- 3rd sector organisations
- Local authorities and public health teams in City of London, Hackney, Newham, Tower Hamlets, Waltham Forest, Redbridge, Havering, Barking and Dagenham

Engagement with health and wellbeing boards, overview and scrutiny committees and other stakeholders will be crucial as the programme progresses, and an engagement plan is being developed.

3.3 What are the aims of Transforming Services Together?

3.3.1 We have a range of challenges we need to address across east London:

- We need to make significant savings in our health economy
- We are seeing a rising demand in our services
- Our population has particular needs, including high levels of deprivation
- The health of our residents is poor
- The quality and availability of some of our services could be improved
- Patient experience is often poor
- A whole system change, rooted in partnership working, is required; piecemeal changes alone will not address the root causes of the problems we face.

3.3.2 We want to:

- help patients to be in control of their own health so they lead longer and healthier lives
- provide more co-ordinated health, social and mental health care in our communities
- improve hospital services and primary care services, including GPs
- ensure our budget is spent in the best way to provide a more sustainable health service

4. Proposed Outcomes

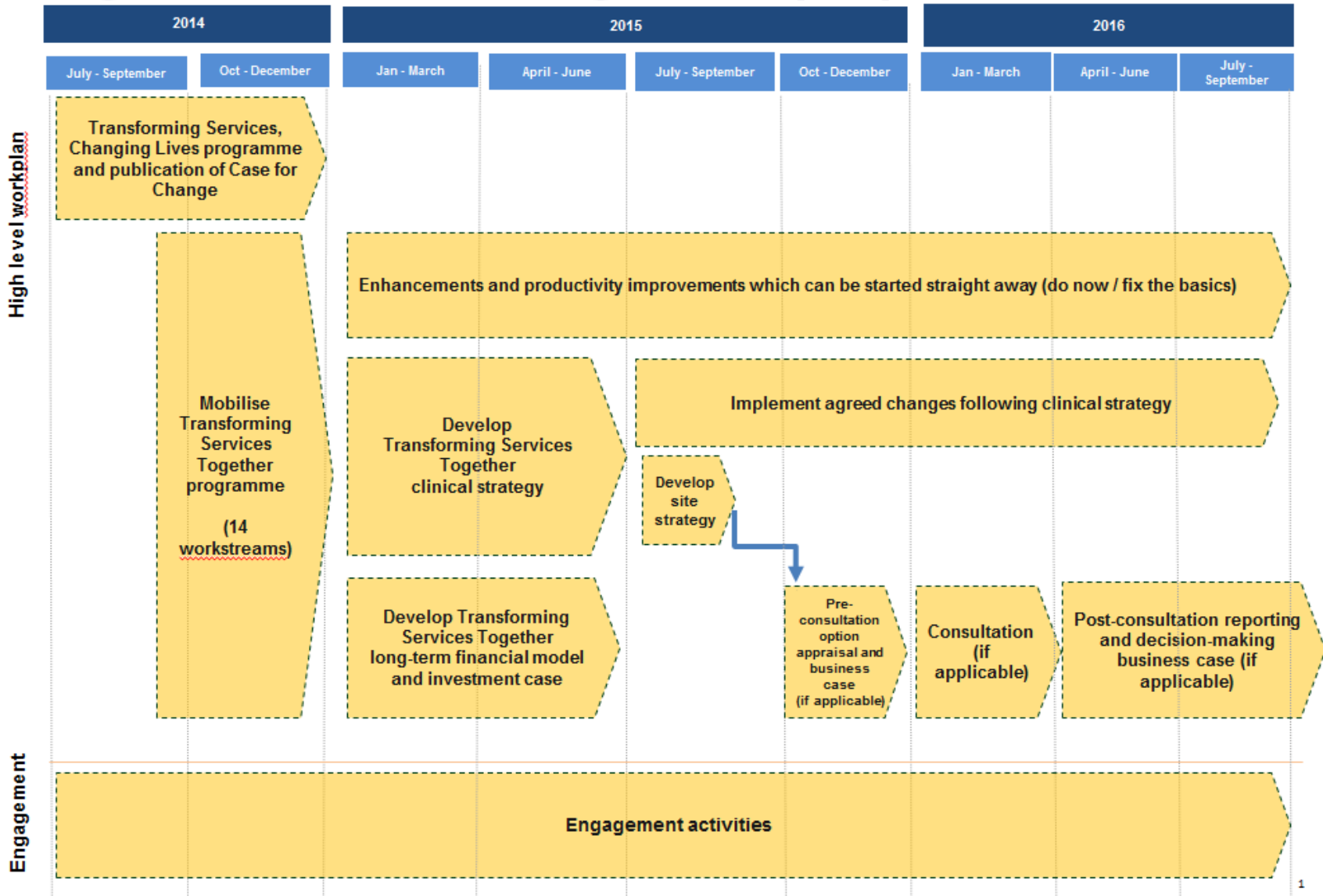
4.1 The INEL JOSOC is asked to note the next steps for the programme.

Appendix One outlines the high-level timeline for the programme

Appendix Two outlines the governance structure for the programme

Appendix Three describes the emerging aims of the nine clinical and five enabler workstreams.

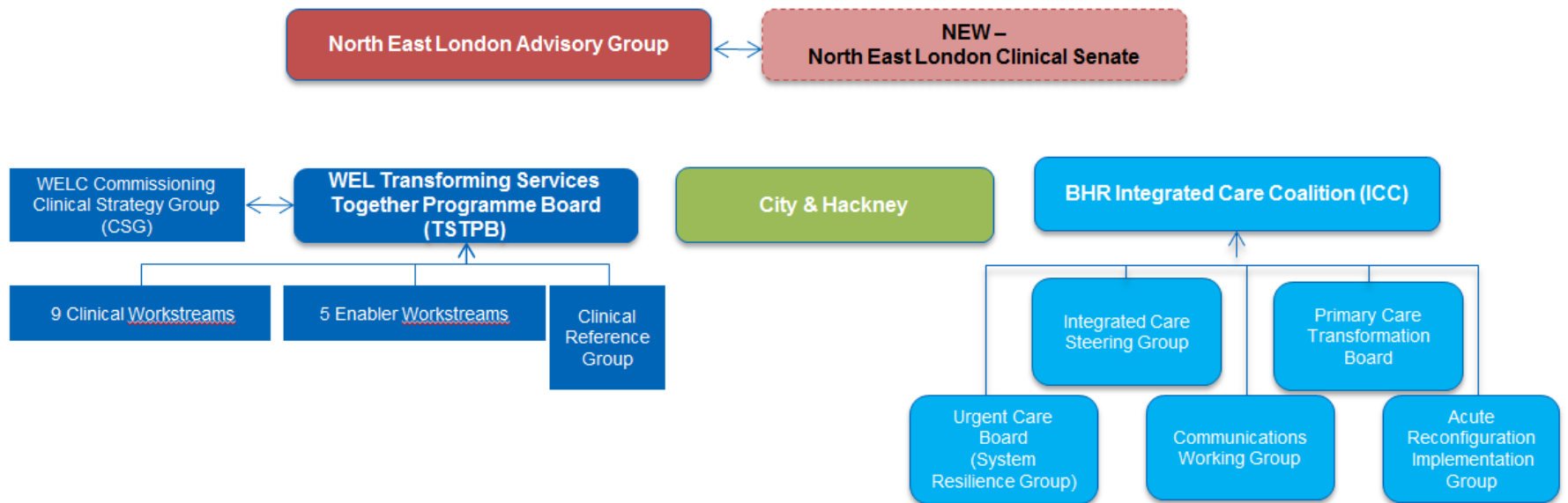
Appendix One – high level timeline for the programme



Appendix Two

To strengthen local governance arrangements to ensure north east London wide issues are addressed, and given the interdependencies across systems, the North East London Advisory Group has been established. This group is predominantly focused on the strategic business challenges facing the entire health economy.

At the November review of arrangements with NHS England, a proposal was agreed to establish a new North East London Clinical Senate, and to agree clinical redesign and transformation proposals from a clinical perspective, ensuring a north east London system wide view is taken.



Appendix Three

Nine clinical workstreams – emerging aims:

Diagnostic services	
<p>Overall aim: <i>To ensure high-quality and sustainable diagnostic services across the health system in east London</i></p>	<p>The diagnostic services workstream aims to:</p> <ul style="list-style-type: none"> • Transform diagnostic pathways to reduce ‘bottlenecks’ in the system • Move to 24/7 clinical support services • Understand and plan for growth in demand for diagnostics • Develop clinical protocols to address over-investigation • Share diagnostic results across the system better <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • Patients receiving diagnostics based only on clinical need • Better patient experience of diagnostic services; better access, available at the right time and outside ‘office hours’ if appropriate.
Maternity and newborn care	
<p>Overall aim: <i>To improve the quality of care for women, their families and newborns and to plan for the future</i></p>	<p>The maternity and newborn care workstream aims to:</p> <ul style="list-style-type: none"> • Provide antenatal care closer to home • Prepare for the increase in births across north east London • Provide proactive postnatal care closer to home • Promote normal deliveries in maternity care • Raise awareness of community maternity services through improved information • Better support new mothers with mild and moderate mental health needs • Moved towards a named midwife model • Enhance training for maternity staff • Understand neonatal provision and future requirements. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • More care closer to home for pregnant women and new mothers, with more women accessing that care • A better patient experience, with fewer women having medical intervention during birth • A maternity service able to cope with the increased birth rate.
Children and young people	
<p>Overall aim: <i>To ensure high-quality, integrated and sustainable services for children and young people across east London</i></p>	<p>The children and young people’s workstream aims to:</p> <ul style="list-style-type: none"> • Better coordinate and integrate care for children and young people • Ensure age appropriate care is in place for children and young people • Improve the transition between young people’s and adult’s services • Join up local authority/NHS work to maximise early interventions for children and young people • Optimise referrals from primary to children and young people’s services • Redesign hospital networks for children and young people • Understand the impact of the above on capacity required across the system. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • A better patient experience for children and young people; where care is coordinated, timely and appropriate to their age and clinical need

Surgery	
<p>Overall aim: <i>To ensure a high-quality and sustainable surgery service for all patients</i></p>	<p>The surgery workstream aims to:</p> <ul style="list-style-type: none"> • Separate planned and emergency surgery • Redesign emergency surgery services • Develop and map elective paediatric surgery services available at each hospital • Consolidate planned surgery where appropriate to achieve better outcomes and financial sustainability • Improve patient outcomes after surgery and speed-up recovery, through developing enhanced recovery models • Develop planned surgery teams that can work across hospital sites • Understand the impact of the above on capacity required across the system. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • A better experience for all surgical patients; with treatment given by specialist teams and fewer cancellations of planned operations • Improved clinical outcomes.
Pathway redesign	
<p>Overall aim: <i>To provide better, more efficient and sustainable care for patients within 'high-volume' specialties across east London</i></p>	<p>The pathway redesign workstream aims to:</p> <ul style="list-style-type: none"> • Redesign care pathways across primary, community and acute care • Improve care and patient experience for those with long term conditions • Re-establish the GP's role as 'expert generalist' so that primary care teams take the lead in co-ordinating the care of patients • Implement new models of outpatient care to provide more effective, sustainable care to patients when they need it • Maximise the use of technology • Increase service provision in the community, closer to home • Ensure efficiency by removing duplication and other waste steps <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • A better and more streamlined patient experience • Better quality and more sustainable services • Patients treated closer to home where appropriate
Primary care	
<p>Overall aim: <i>To provide coordinated, proactive and accessible care for all patients</i></p>	<p>The primary care workstream aims to (through co-commissioning):</p> <ul style="list-style-type: none"> • Ensure decisions about primary care can be taken at a local level, to make sure the care provided is integrated and appropriate for the needs of the community. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • A better patient experience of primary care services • Long-term conditions diagnosed earlier and patients feeling better supported to manage their own conditions • A bigger primary care workforce, where all staff are developed and the best staff are retained.
Integrated care	
<p>Overall aim: <i>A local NHS that is shaped around the needs of the patient, rather than organisational and borough boundaries</i></p>	<p>The integrated care workstream aims to ensure:</p> <ul style="list-style-type: none"> • Care plans are developed around the needs of the patient at the highest risk of hospitalisation • Discharge planning is coordinated • New ways of working are put in place that join up services and support people in their own homes better • Technology is put to better use and information shared securely to ensure staff have information about the right person and the right time in the right place

	<ul style="list-style-type: none"> • Commissioning approaches incentivise joint working and preventative care • All organisations work together to meet the needs of their patients <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • People supported to manage their health at home and treated in the most appropriate setting when needed • A better patient experience, where patients feel in control of their health • Information sharing across organisational and borough boundaries • People having to repeat information about their condition becomes a thing of the past • Care resources are used efficiently getting the maximum possible benefit for the money we spend on care
Mental health	
<p>Overall aim: <i>To provide a better mental health service for all patients, including more support in prevention and recovery</i></p>	<p>The mental health workstream aims to:</p> <ul style="list-style-type: none"> • Improve the mental health of all patients, through early identification and intervention, with a particular focus on people with long-term conditions and complex co-morbidities • Improve the physical health of people with a serious mental health illness • Reduce stigma and discrimination and improve preventative approaches to mental health for at risk groups • Improve the recovery of people with common mental health problems • Also focus on the mental health needs of the workforce. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • Improved patient experience for patients and staff, where the impact of mental health conditions is lessened due to prevention and early intervention • Parity of esteem between physical and mental health.
Urgent and emergency care coordination	
<p>Overall aim: <i>To provide coordinated, consistent and high-quality urgent and emergency care across east London. Right advice, in the right place, first time, 24/7.</i></p>	<p>The urgent and emergency care coordination workstream aims to:</p> <ul style="list-style-type: none"> • Promote planned care to prevent unplanned contacts where they are avoidable • Support people with urgent care needs to get the right advice, in the right place, first time • Ensure services for urgent, non-life threatening needs are delivered at or as close to home as possible • Provide the best expertise and facilities to reduce risk and maximise survival and good recovery • Delivered a connected model of urgent and emergency care across WEL • Deliver strong and consistent patient experience • Provide an operationally resilient system. <p>We will know if we have been successful if we see:</p> <ul style="list-style-type: none"> • Improved patient experience • Better care, services and advice in the community: reducing the number of people going to A&E; reducing the need for people to spend time in hospital; and reducing the time they spend in hospital • Better care and systems in A&E and hospitals: reducing the time ambulances wait to handover patients and the time patients wait in A&E • Better and simpler processes to support the improvements and make them sustainable.

Five enabler workstreams – emerging aims:

Workforce	
<p>Overall aim: <i>Develop an east London approach to workforce issues, rather than a local approach, which fails to address broader issues.</i></p>	<p>The workforce workstream aims to:</p> <ul style="list-style-type: none"> • Ensure sufficient skilled staff are recruited to meet future demand • Improve staff retention across the system • Support the overall improvement of quality and patient experience • Enhance the flexibility of our current workforce and create roles that will respond to future demand.
Organisational development and clinical leadership	
<p>Overall aim: <i>Ensure the changes proposed by Transforming Services Together are embedded into the local health economy, and the long-term objectives of the programme can be realised.</i></p>	<p>The organisational development and clinical leadership workstream aims to:</p> <ul style="list-style-type: none"> • Establish and implement a model of clinical leadership for the Transforming Services Together programme • Build a sustainable network of ‘change agents’ that supports Transforming Services Together for the next five years • Ensure the vision, objectives and benefits of Transforming Services Together are clearly articulated and understood by all stakeholder groups
Estates	
<p>Overall aim: <i>Ensure there is an appropriate balance between the need to make progress in the short-term, whilst developing a longer-term plan for providing high-quality NHS estate</i></p>	<p>The estates workstream aims to:</p> <ul style="list-style-type: none"> • Coordinate day-to-day and longer-term initiatives to improve the NHS estate • To have a good understanding of the demand for, and supply of, NHS estate • To provide information about estates to the clinical workstreams, to inform their plans • To develop a strategic estates plan
Population health informatics	
<p>Overall aim: <i>Act as a coordinating function for all the informatics projects taking place across east London to improve patient healthcare</i></p>	<p>The population health informatics workstream aims to:</p> <ul style="list-style-type: none"> • Identify and implement the ‘single systems’ we want to use across east London • Ensure electronic information is available to the right clinicians, at the right time • Use ‘real-time’ data to improve patient care
Long-term financial management	
<p>Overall aim: <i>To deliver financial sustainability across the east London health economy for commissioners and providers by the end of year 5 of the Transforming Services Together programme.</i></p>	<p>The long-term financial management workstream aims to:</p> <ul style="list-style-type: none"> • Oversee the delivery of all activity, resource and financial modelling for Transforming Services Together • Agree and sign-off all financial communication for Transforming Services Together