

Appendix 1

Delivering the NHS five year forward view: development of the north east London Sustainability and Transformation Plan

Closing the gaps: working together to deliver improved health and care for the people of north east London

Update for Health and Wellbeing Boards submitted by the NEL STP Transformation Board.

31 May 2016

Background

Across north east London, the health and care system - clinical commissioning groups (CCGs), providers and local authorities are working together to produce a Sustainability and Transformation Plan (STP). This will set out how the [NHS Five Year Forward View](#) will be delivered: how local health and care services will transform and become sustainable, built around the needs of local people. The plan will describe how north east London (NEL) will:

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

The STP will act as an 'umbrella' plan for change: holding underneath it a number of different specific local plans, to address certain challenges. Crucially, the NEL STP will be the single application and approval process for transformation funding for 2017/18 onwards. It will build on existing local transformation programmes and support 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
- The STP is also supporting 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

N.B. The NEL STP will not revisit any previously-made decisions, such as the closure of the A&E at King George Hospital in Ilford.

[Additional guidance](#) was issued on 19 May which sets out further details of the requirements for 30 June. **The guidance states that the draft STP will be seen as a 'checkpoint' and does not have to be formally signed off prior to submission;** it will form the basis of a local conversation with NHS England in July.

Developing the submission

A NEL STP Board and Partnership Steering Group meet regularly and are attended by both health and local authority colleagues. A meeting is scheduled for local authority chief executives and updates are being shared at each health and wellbeing board.

The involvement of patients and communities is crucial to the development of the STP, hence we are taking account of recent public consultation on the transformation programmes outlined above to ensure that the views of residents from each local authority area are

incorporated into the draft submission. In addition, a specific session has been planned (1 June) for Healthwatch and patient engagement forum chairs to discuss the STP and how they would like to be engaged.

City of London involvement in the development of the STP

City of London health and social care colleagues are actively engaged in the development of the a 5 Year Plan for C&H which is informing the content of the NEL STP.

- Paul Haigh, Chief Officer, City and Hackney CCG is the agreed senior responsible officer for delivery of specialised commissioning and cancer components of the STP
- David Maher (Deputy Chief Officer & STP Lead, City and Hackney CCG)
- Clare Highton, chair of City and Hackney CCG, is co-chair of the NEL clinical senate, with a focus on providing clinical leadership and engagement to support the development of the STP
- Face to face meetings have been held with Simon Cribbens (Head of Strategy and Performance), Ellie Ward (Programme Manager), Marion Willicombe-Lang (Team Manager, Adult Social Care), and the Penny Bevan (Director of Public Health for City and Hackney).
- There is City of London local authority, City and Hackney CCG and provider representation at workshops, leadership events (held and planned).
- A session is planned with Healthwatch and Patient Engagement Forum Chairs.

Following Cheryl Coppell's retirement, Martin Esom (Chief Executive, LB Waltham Forest) is now the Local Authority executive lead supporting the development of the NEL STP.

Our draft vision and draft priorities

Throughout May the STP team has been holding a series of meetings and workshops with key stakeholders including providers, on a variety of topics including prevention, workforce, estates, technology and specialised commissioning. Key priorities raised will be included in the June submission.

These initial discussions have led us to produce a draft summary of what will be included in the submission (see attached). We welcome the HWBB's views on the following questions:

- Does the vision capture what we need to achieve?
- Have we identified the right priorities?
- How can we continue to work with you as we develop the STP?
- How can we make sure the STP will genuinely improve the lives of local people and care and the quality of health and care services?

Next steps

We will be running a workshop for local Healthwatch and Patient Engagement Forum Chairs on 1 June. A meeting for local authority chief executives will take place in June.

The draft of the submission will be shared with NEL STP Board members for review and comment in the second week of June and the draft 'checkpoint' STP will be submitted to NHS England on 30 June. Further work will continue beyond this to develop the plan in more detail and engage with partners on it.

For more information: www.towerhamletsccg.nhs.uk/nelstp or
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DRAFT One Page Summary

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; focused on prevention and out of hospital care.
- To work in partnership to commission, contract and deliver services efficiently and safely.

	Prevent ill health and improve wellbeing	Better Care	Productivity	Specialised Services	Enablers for change
High level priorities	<ul style="list-style-type: none"> • Reduce prevalence • Deliver wider health benefits • Support health & well being strategies of our boroughs 	<ul style="list-style-type: none"> • Increase independence and deliver better outcomes • Reduce bed-base activity to enable growing population • Transform care pathways to reduce acute demand • Multi-disciplinary working in community hubs/localities 	<ul style="list-style-type: none"> • Reduce unit cost • Implement new ways of delivery <i>within and between</i> providers • Ensure effective and efficient use for every pound of health & social care 	<ul style="list-style-type: none"> • Optimise specialised services • Ensure effective whole pathway with patient at centre 	<ul style="list-style-type: none"> • Enable transformation and change
Content summary	<p>A. Starting well to embed healthy lifestyles from birth onwards</p> <p>B. Living well to support prevention – obesity, alcohol, smoking, exercise, mental health</p> <p>C. Ageing well to keep older people healthier and independent for longer</p> <p>D. Identify ill health & take early action e.g. screening programmes, health checks, diabetes prevention</p> <p>E. Nurturing a social movement for change to encourage people to support each other</p> <p>F. Wider changes to improve the lives and prospects of the population – housing, employment</p> <p>G. Personal responsibility, all engaged and empowered to take control of their health</p>	<p>A. Self-Care to better manage health conditions and minor ailments</p> <p>B. Transform primary care – coordinated, proactive and accessible</p> <p>C. Supporting children & young people to live healthy lives</p> <p>D. Coordinated and consistent urgent and emergency care</p> <p>E. Reduce admissions to hospitals and care homes, and improve discharge, <u>reablement</u> and supporting independence to keep people at home</p> <p>F. Strong sustainable hospitals - optimising elective care, ambulatory care, maternity</p> <p>G. Transform patient pathway and outpatients, incl cancer</p> <p>H. Mental health strategy for NEL, delivering parity of esteem</p> <p>I. Learning disability care</p> <p>J. End of life care to support people to die in the way they wish</p>	<p>A. Standardise and consolidate business support services</p> <p>B. Consolidate clinical support services</p> <p>C. Hospital productivity - Length of stay - Theatre utilisation</p> <p>D. Pharmacy & medicines optimisation</p> <p>E. Workforce, tackling bank and agency challenge</p> <p>F. Capitalise on estates utilisation</p> <p>G. PFI affordability</p> <p>H. Capitalise on our collective buying power</p>	<p>A. Realise benefits of world class cancer and cardiac provision</p> <p>B. Work collaboratively to manage, commission and deliver specialised services</p> <p>C. Transformation programme for specialised services in North East London</p>	<p>A. Infrastructure/estates optimisation across NEL for future needs</p> <p>B. Sustainable workforce to deliver the strategy</p> <p>C. Technology to support full interoperability and move to paper-free services, shared digital health records, e-consultations and other digital services, advanced analytics to support population health</p> <p>D. Finance including payment methods to support delivery of system outcomes</p> <p>E. New models of care delivery / provider reform</p> <p>F. Organisational development to support new delivery models</p> <p>G. Communications and engagement</p> <p>H. Equalities</p>