

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
2 June 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

[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, staff and communities is crucial to the development of the STP. We want it to be based on the needs of local patients and communities and command the support of clinicians, staff and wider partners. Where possible, we will build on existing relationships, particularly through health and wellbeing boards and patient panels and forums.

In addition, we are taking account of recent public engagement on the transformation programmes outlined above and where relevant the outputs are being fed into the STP process; this will ensure that the views of residents from each local authority area are incorporated into the draft submission. In addition, a specific session was held for Healthwatch and patient engagement forum chairs to discuss the STP and how they would like to be engaged.

Barking and Dagenham involvement in the development of the STP

Barking and Dagenham health and social care colleagues are actively engaged in the development of the STP including Conor Burke (Accountable Officer for Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups) and Mathew Hopkins (Chief Executive, BHRUT), and John Brouder (Chief Executive, NELFT) who are core members of the STP leadership team and members of the STP Board.

- Conor Burke is the senior responsible officer overseeing the development of the urgent care and transformation workstreams
- There is Barking and Dagenham LA, CCG and provider representation in portfolio workshops, system leadership events (held and planned)
- A session was held with Healthwatch and Patient Engagement Forum Chairs
- Face to face meetings have been held with the Mark Tyson, Commissioning Director, Adults' Care & Support and Andrew Hagggar, Health & Social Care Integration Manager

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.

Our draft 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.

Emerging priorities

Based on the recent assessment of our health and wellbeing (Public Health Profile of NEL, March 2016), care and quality and the financial challenges we know that in order to create a better future for the NHS, and for local people to live long and healthy lives, we must make significant changes to how local people live, access care, and how care is delivered. Some of our initiatives will be delivered at local level, some at borough level, some across boroughs and others at NEL level.

For NEL the key emerging areas of focus which we think will be key to addressing our health and wellbeing, care and quality and financial challenges are:

Transformation: focussing on prevention and better care to ensure local people can start well, live well and age well. This will include: whole system prevention and early help; urgent care and mental health. We also see community resilience as having an essential part to play: looking at wider determinants of health (e.g. work, housing, education), to make sure residents have an improved quality of life and confidence to embrace a model of self-care in managing their health and care needs.

Productivity: ensuring our providers and local authorities operate in the most effective efficient way possible to deliver value, considering shared opportunities for development.

Infrastructure: considering the best use of our estates across the system.

Specialised services: establishing sustainable specialised services for NEL, both for residents and those accessing services in NEL.

We have identified the following **enablers** 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.
- **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.

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?

Next steps

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 nel.stp@towerhamletsccg.nhs.uk

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, <u>incl cancer</u></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>