Our Healthier South East London
Improving health and care together

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Programme update

A partnership of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups and NHS England

September 2015

Why are we developing the strategy?

We have a shared understanding of the challenges facing south east London. These are outlined in our **Case for Change**.

Our health outcomes in south east London are not as good as they should be:

- Too many people live with preventable ill health or die too early
- The outcomes from care in our health services vary significantly and high quality care is not available all the time
- We don't treat people early enough to have the best results
- People's experience of care is very variable and can be much better
- Patients tell us that their care is not joined up between different services
- The money to pay for the NHS is limited and need is continually increasing
- Every one of us pays for the NHS and we have a responsibility to spend this money well

What are we trying to achieve?

Our collective vision for the south east London:

In south east London we spend £4 billion in the NHS. Over the next five years we aim to achieve much better outcomes than we do now by:

- Supporting people to be more in control of their health and have a greater say in their own care
- Helping people to live independently and know what to do when things go wrong
- Helping communities to support one another
- Making sure primary care services are consistently excellent and with an increased focus on prevention
- Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
- Developing joined up care so that people receive the support they need when they need it
- Delivering services that meet the same high quality standards whenever and wherever care is provided
- Spending our money wisely, to deliver better outcomes and avoid waste

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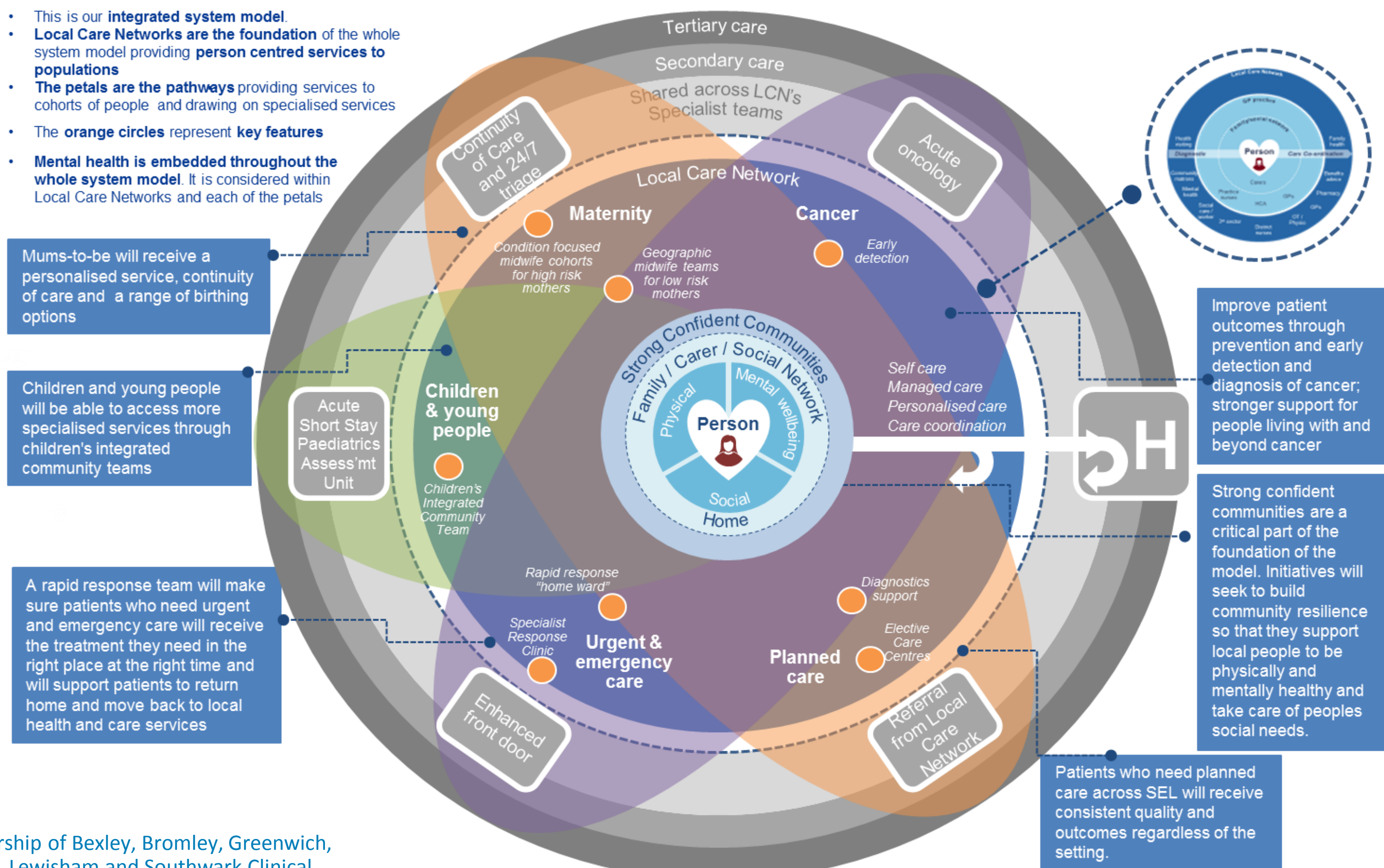
Our integrated whole system model

Community Based Care delivered by Local Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This diagram provides an overview of the whole system model, incorporating initiatives from all 6 Clinical Leadership Groups.



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Progress to date

- **Case for change** published Feb 2015
- **6 Clinical leadership Groups:** Community-based care, Urgent and emergency care, Maternity, Children's services, Planned care and Cancer. Mental Health is an over-arching theme for all 6
- **Governance** : CCGs are decision-makers; Clinical Commissioning Board, Partnership Group, Clinical Executive Group
- **Public and Patient Advisory Group (PPAG) and patient and public voices on each CLG**
- **Draft 5 year Strategy** published June 2014
- **Strong emphasis on community-based care:** Local Care Networks in each borough as the foundation of the integrated whole system model
- **Consolidated Strategy** signed off in August after CCG Governing Bodies approved the direction of travel.
- **Options appraisal process** under development and informed by engagement event in July.
- **Communications and engagement:** A range of local and south-east London wide events have taken place. The plan for the next phase is being revised to take account of the proposed timetable
- **Issues Paper** published in May; further paper in September sharing models of care – responses to both welcome

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Community Based Care model

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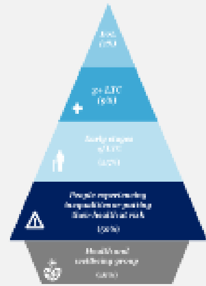
Strong confident communities

Proactive, Accessible , co-ordinated, Continuous Care

Self care

- Health coaching
- Self management tool kits
- Social prescribing
- Optimising neighbourhood assets



Population needs & budget

Local Care Network

GP practice

Family/social network

Person

Health visiting

Diagnostics

Care co-ordination

Family health

Social care

Practice nurses

Carers

GPs

Pharmacy

Voluntary sector

HCA

Therapies

Community Nursing

Community Mental health

Specialist input *shared between LCNs:*

Pulled into care delivery from outside the network: Virtual clinics | Specialist nurses | Consultants | Geriatricians | End of Life expertise | Specialist rehab

Wider community infrastructure:

Police | fire service | schools | Housing

Affordable high quality outcomes

Managed care

- Anticipatory care planning
- Active case management
- Disease management
- Public health programmes

Urgent and emergency

Local Care Networks will operate beyond usual GP hours in order to reduce referrals to emergency care

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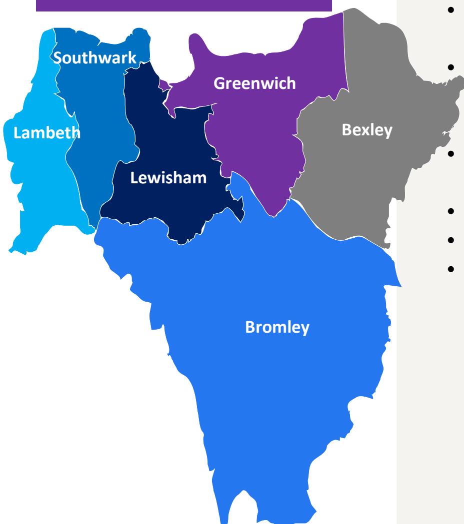
The Community Based Care Target Model

Integrated Single System Leadership and Management

Serving geographically coherent populations between 50,000 – 150,000



'The Core' (as a minimum all LCNs should encompass)

- Leadership team
- All general practices working at scale (federated with single IT system and leadership)
- All community pharmacy
- Voluntary and community sector
- Community nursing for adults and children
- Social care
- Community Mental Health Teams
- Community therapy
- Community based diagnostics
- Patient and carer engagement groups

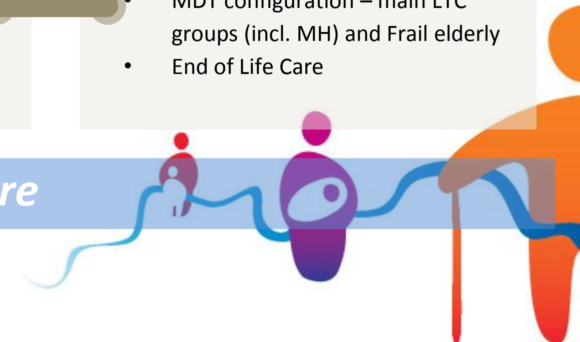
Working with…

- Strong and confident communities
- Accessible HOT clinics and acute oncology (urgent and emergency and cancer care)
- Specialist opinion (not face to face) and clear specialist service pathways
- Pathways to MDTs
- Integrated 111, LAS and OOH system (interface with UCCs co-located with ED model)
- Housing, education and other council services
- Community based midwifery teams
- Private and voluntary sector e.g. care homes and domiciliary care
- Cancer services
- Children's integrated community team and short stay units
- Rapid response services
- Carers
- And there will be others..

Big hitters

- Supporting patients to manage their own health (Asset Mapping, Social Prescribing, education, community champions etc
- Prevention – Obesity, Alcohol and Smoking
- Improved Core general practice access plus 8-8, 365
- Enhanced call and recall – improves screening and early identification and management of LTCs
- Reduction in gap between recorded and expected prevalence in LTC
- Supporting vulnerable people in the community including those in care homes and domiciliary care
- Reduction in variation (level up) primary care management of LTCs
- Reablement – Admissions avoidance and effective discharge
- MDT configuration – main LTC groups (incl. MH) and Frail elderly
- End of Life Care

Integrated Pathways of care



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Local Care Network Development & Mobilisation

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The proposed high-level approach to implementation of Local Care Networks across south east London has been described as:

The case for change and outcomes
Identify why we need to change and what we want to achieve.

Design
Agree the Target Model ('the core', 'working with' and 'big hitters')

Strategic impact assessment
Demonstrate the activity & finance implications for the Target Model assessing the value equation; patient outcomes over cost

Local interpretation
Using the target model to articulate shared design principles, interpret these to meet the needs of local communities

Provider models
Looking at the localised Target Model, outline options and select provider model (for example the provider models described in the Five Year Forward View)

Contracting and business models
With a preferable provider model selected, commissioners consider the contracting models, and providers the business model, that enables them to deliver

In some areas, the plans have progressed quite significantly: in **Southwark**, for example, with the support of the Prime Minister's challenge Fund, primary care access hubs are already offering 8:00 am to 8:00pm, seven days a week bookable appointments

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Strategy impact analysis (finance and activity): Key messages

- The NHS in south east London currently spends £4 billion in total across commissioners and providers and has 4,166 acute hospital beds. Over the five years of the strategy , the available money will grow by £8oo million to £4.8 billion
- But the spend will grow in total by £1.1 billion to £5.9 billion, if we do nothing
- The requirement for acute beds will grow because the demand for health services is increasing ; people are living longer but many with long term conditions such as diabetes, high blood pressure and mental illnesses and the technical advances in diagnostics and treatments mean that the costs of providing care are rising faster than inflation each year.
- *Our Healthier South East London* is about responding better to people's needs by providing an alternative high quality model of care that is focused on improved outcomes for the population we serve. This is because,
  - The care models are focused on prevention and early intervention and keeping people healthy and therefore keeping people out of hospital
  - Community Based Care is the foundation of the whole system and is intended to keep people closer to home, treating them in the community and enabling people to only visit hospital when they really need to
  - Pathways and professionals will be more integrated
  - Productivity is expected to increase and providers will continue to deliver efficiency savings (eg through improved procurement, combined support services, improved rostering of staff) which will help to close the gap
  - The plan will be for bed occupancy to meet the national guidance (which is not the case now) which will improve safety, quality and efficiency
- Our current modelling therefore shows that at the end of the five years, we shall need about the same number of beds as now
- But some of them will be used differently (more day case, fewer inpatient beds; shorter lengths of stay…)
- This is therefore not about closing a hospital, but about avoiding the need to build a new one, which we could not afford, by improving health and outcomes and delivering services which better meet people's needs
- It is also about creating a legacy for the future as the improvements in prevention and care should result in benefits which will materialise beyond the current time horizon of the next five years.

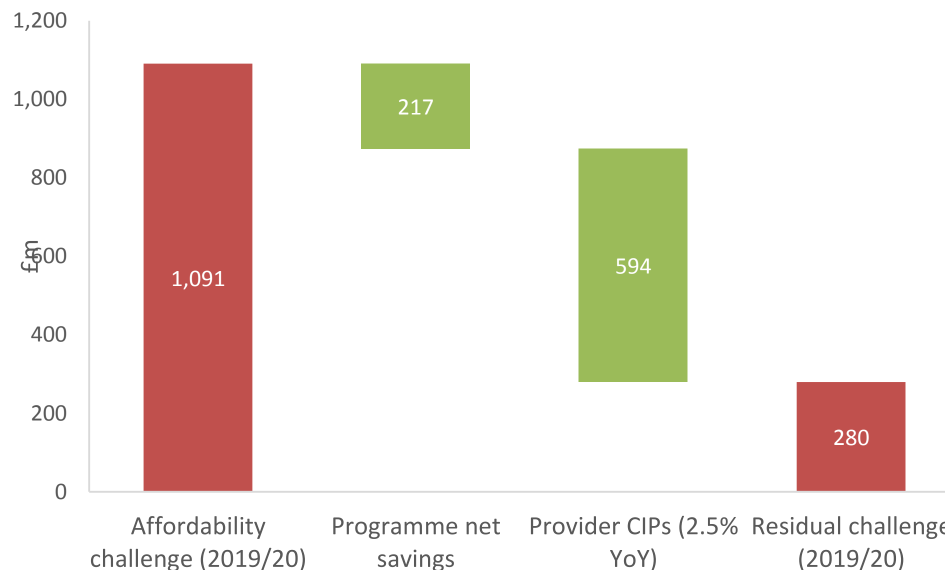
Closing the affordability challenge

The graph to the right demonstrates how the benefits from the programme can be combined with savings within individual organisations to close a substantial amount of the £1.1 billion affordability challenge. The benefits shown are as follows:

1. **Programme central case (gross benefit):** As described previously.
2. **Provider CIPs at 2.5%:** The provider finance leads feel that a 2.5% CIP may be reasonable in addition to efficiencies generated through the programme.

It is important to note that both of these savings are presented gross of investment requirements (which total £87 million in the programme central case). It is expected that these investment requirements will, at least in part, be satisfied through additional funding requested through the Five Year Forward View and committed by the Government. Taking south east London's proportionate share of the £8 billion committed would imply that £248 million is available for this purpose.

The resultant position is a £280 million affordability challenge for the South East London health care economy.



Potential scope for option appraisal

Four areas have been identified which potentially require an option appraisal process:

- **Urgent and Emergency Care** (requirement to meet the London Quality Standards and 7 Day Standards)
- **Maternity services** (requirement to meet the London Quality Standards)
- **Children and Young People's services** (impact of implementing a Short Stay Paediatric Assessment Unit and the requirement to meet the London Quality Standards)
- **Planned Care** (implementing elective care centre(s)

During August a process was undertaken to define the scope and make recommendations for how to proceed

Achievement against the London Quality Standards

- Overall for south east London, a large number of standards are being met or are expected to be met within trusts existing plans
- No single site is meeting all the LQS or 7 Day Standards
- A number of key standards such as consultant presence on site are not currently met by any trust in SEL
- Workforce is the main area where additional investment is required to meet the London Quality Standards in SEL with additional consultant cover and MDT the key cost drivers

Recommendations and next steps

At the meeting on 28 August, the Executive Group of the partnership group considered the scope analysis and adopted the following recommendations:

Urgent and emergency care

The urgent and emergency CLG to establish a group to devise a plan and timeline to establish a trajectory towards LQS across the sector taking into account:

- Workforce considerations
- Financial constraints
- Likely future safety, sustainability and quality issues
- The feasibility of network or collaborative arrangements to help meet the standards in an innovative way

The aim being to devise a plan that demonstrates safety and quality, and a trajectory to LQS. We expect this work to report by the end of October.

Maternity

The maternity CLG to establish a group to devise a plan and timeline to meet LQS across the sector taking into account:

- Workforce considerations
- Financial impact given the possible savings from the strategy
- Likely future safety, sustainability and quality issues
- Whether trusts are likely to meet the standards on their own or whether network or collaborative arrangements would be required

The aim being to determine whether it is possible to meet the standards in a reasonable timescale.

Children and young people

The children and young people CLG to establish a group to devise a plan and timeline to implement the agreed clinical model taking into account:

- Workforce considerations
- Financial impact
- The impact of the strategy on our inpatient units and what changes may need to be made to meet safety, sustainability and quality issues in light of the activity projections

Planned Care (Orthopaedic Centre of Excellence/SWLEOC model)

The planned care CLG to establish a Working Group to develop the feasibility and options to deliver the elective orthopaedic centre of excellence model/SWLEOC.

An orthopaedic centre of excellence brings together revision joints, spinal surgery and complex and co-morbid patients.

The SWLEOC model is about consolidation and high throughput of routine cases.

Next steps

- We will continue to plan and implement most of the strategy: taking forward the new models of care and interventions that do not need public consultation. We will work with our partners in secondary, primary and community care, mental health trusts and with local authorities to do so.
- We know where an options appraisal process may be required for some of the care model initiatives. If consultation is needed, we expect it to take place from July-September 2016, with options agreed by December 2016.
- We have published a summary of the draft models of care and further thinking as a follow-up to the Issues Paper. This summarises our very latest thinking, as set out the consolidated strategy.

How stakeholders and local people can help

- Respond to our Issues paper at http://www.ourhealthiersel.nhs.uk/about-us/issues-paper.htm or by writing to Our Healthier South East London, 160 Tooley Street, London SE1 2TZ.
- Invite your local CCG and the programme team to a meeting to brief colleagues or to run a roadshow on your premises for your staff.
- Share this briefing and our Issues paper with colleagues and stakeholders.
- You can email the programme team at SOUCCG.SELstrategy@nhs.net or follow @ourhealthiersel on Twitter.

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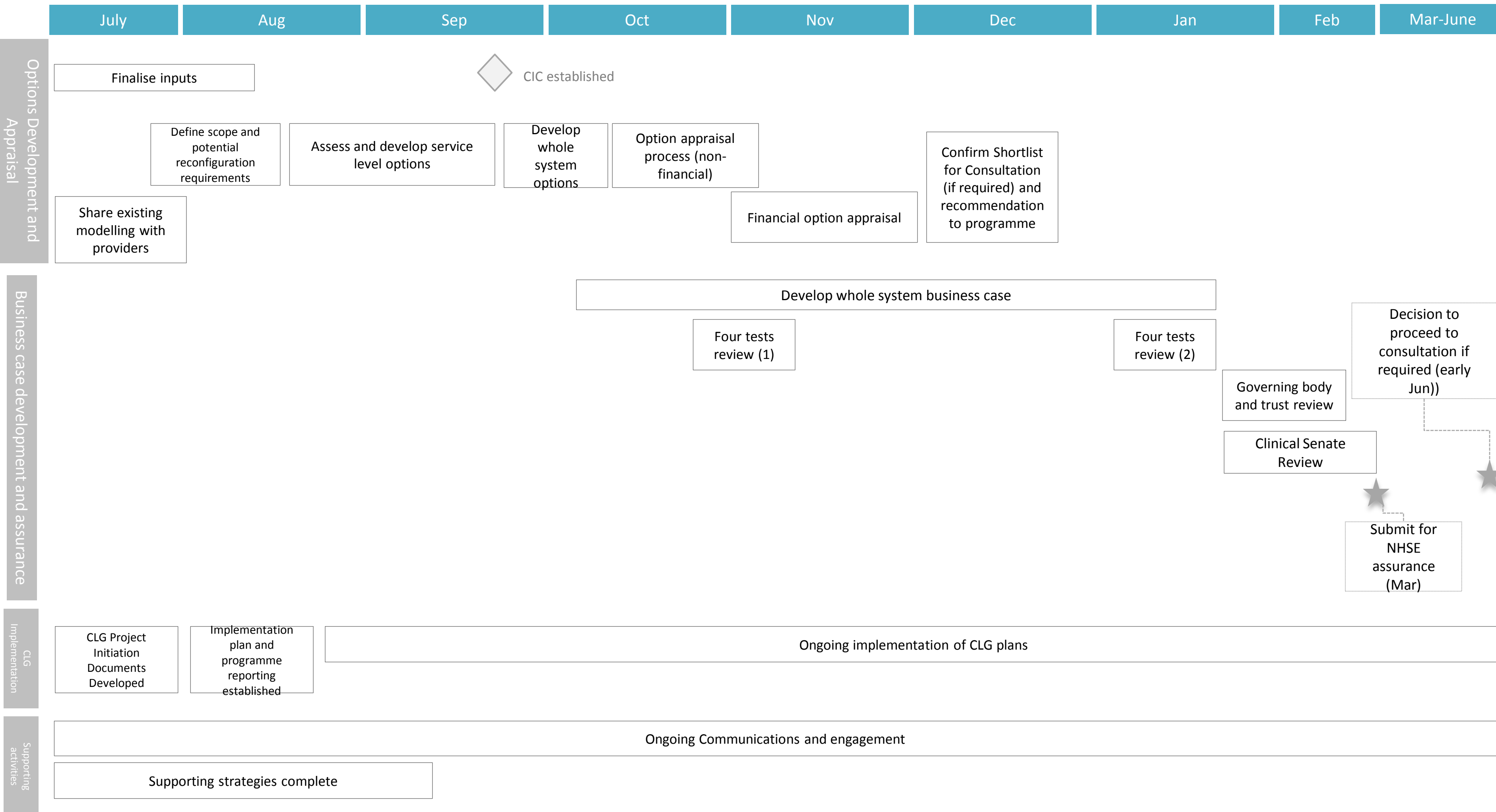
Summary plan



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