Overview and Scrutiny Committee			
Title	Sustainability and Transformation Plans in London		
Contributor	OHSEL Programme Board / Lewisham CCG		Item 3
Class	Part 1 (open)	22 January 2018	

Lateness: This report was not available for the original dispatch due to the date the agenda for the committee meeting was agreed.
Urgency: This report cannot wait until the next meeting of the Overview and Scrutiny Committee as this will not take place until 8 March 2018 and the information included in the report will be out of date.

1. Purpose

1.1 To provide the Overview and Scrutiny Committee with information on Sustainability and Transformation Plans in London and the local plan, Our Healthier South East London (OHSEL).

1.2 To ask the Committee to note the information below provided by the OHSEL team, via Lewisham Clinical Commissioning Group (CCG).

1.3 To ask the Committee to note the following appendices to the report:

Appendix 1 – Sustainability and Transformation Plans in London (the King's Fund and the Nuffield Trust)
Appendix 2 – King's College Hospital update
Appendix 3 – Healthier Communities Select Committee response to the OSC referral regarding the New Cross Walk-In Centre
Appendix 4 – Letter from the Save Lewisham Hospital Campaign regarding the New Cross Walk-In Centre

2. Recommendations

2.1 The Overview and Scrutiny Committee is recommended to note the content of this report and the appendices

3. Update from OHSEL

Winter planning

3.1 Decisions on NHS funding are for politicians at a national level. It is clear that the NHS in SE London, as elsewhere, has come under considerable pressure this winter.

3.2 OHSEL co-ordinates the implementation of winter plans at a SEL level through its SEL A&E Delivery Board and Oversight Group, with a specific focus on SEL-wide activities that will support the delivery of winter plans for each of the local A&E Delivery Boards, as well as ensuring opportunities for system-wide support for individual sites are considered and implemented where appropriate. Activities from this group are taken forward either by the appropriate local A&EDB, or by the SEL Urgent and Emergency Care Programme Team.

3.3 The Bexley, Greenwich and Lewisham (BGL) A&E Delivery Board meets monthly, with winter planning a standing agenda item to ensure that area's plans are effectively co-ordinated and that its systems and checklists are in a state of readiness. The BGL A&E Delivery Board Winter Readiness Checklist was submitted to NHS England on 8th September 2017. Winter plans are also being supported through the national NHS Winter Room in NHS England, which monitors performance nationals throughout winter and provides additional support for frontline organisations based on the data collected.

3.4 Urgent and emergency care pathways have been continually assessed to ensure the best collaboration between acute, LA and community services, strengthened 24/7 mental health liaison, and progress towards 7 day working across the system including discharge and support from social services.

3.5 Robust plans are in place with our local out of hours provider, SELDOC. Each winter and ahead of each bank holiday, demand and capacity assumptions are assessed to ensure that there is sufficient capacity for peak periods. In addition, agreement has now been reached for SELDOC and GP Hubs to offer video consultations for patients attending ED. SELDOC have also had consistently high fill rates for GP slots which offers assurance that they will be able to appropriately manage demand.

3.6 The local health & social care system have implemented a medically optimised data base, which holds one lists for all patients that are in an acute bed but medically fit for discharge. This is shared with CCG/LA colleagues and used as the focus for the twice weekly diamond meetings to manage complex flow of patients.

OHSEL update

3.7 Key developments include:

- **Julie Lowe** has been appointed as the new permanent STP Programme Director. Julie, who had been seconded to the programme as Chief Operating Officer for the past nine months, replaces Mark Easton whose interim contract ended at the end of 2017. We would like to thank Mark for the enormous contribution he has played in the development of the STP over the past two years.

- **Dr Jack Barker** has been appointed as the STP's Chief Clinical Information Officer for . This builds on his current role at King's College Hospital. He will

work closely with John-Jo Campbell, OHSEL's new Chief Information Officer. John-Jo currently holds this role at Lewisham and Greenwich NHS Trust and Lewisham Clinical Commissioning Group.

- We held two well attended **stakeholder events** for executive and clinical leaders, and non-executive directors, governors and lay members. We had constructive discussions on progress so far with our STP, with a strong focus on improving community based care built around more integrated clinical pathways. There were also updates on the commissioning review in SEL and early thinking on developing accountable care based on existing borough level care networks

- We held a workshop with **Healthwatch partners** just before Christmas where we discussed how to get a better narrative and engagement on key priority issues of community based care and workforce.

- The south east London Elective Orthopaedic Network has now appointed a medical director – Peter Earnshaw, Consultant Orthopaedic Surgeon at Guy's and St Thomas' Hospital.

Accountable care update

3.8 Following NHS England's request for expressions of interest to take part in the second wave of accountable care pilots, OHSEL's initial discussions were positive, and since then we have been working with stakeholders to develop our proposals. This included a briefing to the Joint Health and Overview Scrutiny Committee prior to Christmas.

3.9 We agree that we want to participate in the pilot for three main reasons:

- The SEL health and care system is one of the most complex in the country. The commissioner and provider portfolios within our STP do not neatly map on to each other as they do in other parts of the country, and the breadth of the partnerships brought together within our STP is highly complex.

- Although we are well-advanced with the development of integrated and accountable care in a number of areas across south east London, we believe we would be able to accelerate this work and underpin our transformation and financial recovery objectives if we accessed additional support through the programme.

- We believe south east London organisations and its leadership community can demonstrate commitment to working together coherently and tackling difficult issues collectively.

3.10 A lot of good local work is already going on with integrated care in south east London, and we see the next phase as building from the bottom up on this, by putting a consistent framework around a very complex group of systems. The building block of our approach remains the borough, but we recognise the need

to work at sub-borough and multi-borough level, as appropriate, to create a system of systems.

3.11 We will be working closely with our stakeholders to ensure we understand that concerns there are around the concept of accountable care.

3.12 As part of this, we will be producing public facing materials and case studies to widen understanding of some of the excellent integrated and community based care initiatives already taking place in SEL.

3.13 We can assure everyone that there is nothing about this process which is about privatisation, in fact, the principle behind accountable care, in spite of a term which can be misleading, is to bring different parts of the system together and move away from a competition model which we don't believe is the best way to manage our NHS.

3.14 We expect to hear the outcome of our application later in January 2018 and we will ensure there are further updates as the picture develops.

Financial position

3.15 We have modelled the SEL system to illustrate what would be required to move back into financial surplus on a recurrent basis by 2021. The purpose of this is to indicate the extent of financial stretch required to get the system back into surplus, and forms part of the ongoing discussions with regulators about the overall financial health of the SEL system. Individual organisations remain accountable to regulators for their position.

3.16 Our latest model, based on the assumptions adopted, shows that our "do nothing" challenge (the extent to which the growth in costs and activity outstrips the increase in funding) is approximately £600m. This is broadly consistent, with the profile included in our original STP plan, and the reduction in the size of the financial gap reflects the progress we have made.

3.17 The conversion in our model of this do nothing deficit into a surplus by 2021, is however dependent on a number of key assumptions as follows:

-NHS organisations achieve annual cost improvements (through CIP and QIPP programmes) of 2% to 2.5% pa, equating to £463m over three years;

-On top of this STP collaborative and service transformation savings of £121m are achieved (approximately 0.75% pa);

-Additional funding is secured to reduce the residual SEL specialist commissioning funding gap (£28m);

-The current year forecast outturn as at Month 5 is achieved;

-The above savings are delivered recurrently such that reliance on non-recurrent items does not make worse the underlying position.

The resulting trajectory to surplus is broadly consistent with the profile in our October 2016 STP submission.

Further work is required on the model to reconcile to individual organisation projections, review certain assumptions and to refresh for Q3 outturn forecasts.

Mayor's STP report

3.18 The report didn't cite OHSEL's finance and beds position although was sceptical of the position across London. We would note that there are no plans in our proposals to reduce the numbers of acuter or mental health beds.

NHS England (London) position

3.19 *"NHS reform plans are working in London. Despite continued population rise in the capital, emergency admissions rose by only 0.4% last year – much less than across the rest of the country. There is widespread agreement about the need for prevention and out-of-hospital care, but under new tests and before any new plans are confirmed, NHS organisations will have to demonstrate they have enough beds to provide safe, modern and efficient care."*

Specifically on beds issue:

3.20 "London STPs are well positioned to tackle issues relating to hospital bed numbers. Hospitals are facing contradictory pressures. On the one hand, there's a huge opportunity to take advantage of new medicines and treatments that increasingly mean you can be looked after without ever needing hospitalisation. So of course there shouldn't be a reflex reaction opposing each and every change in local hospital services.
"But on the other hand, more older patients inevitably means more emergency admissions, and the pressures on A&E are being compounded by the sharp rise in patients stuck in beds awaiting home care and care home places. So there can no longer be an automatic assumption that it's OK to slash many thousands of extra hospital beds – unless and until there really are better alternatives in place for patients.
"That's why before any major service change is given the green light, evidence will be required to prove there is still going to be sufficient hospital beds to provide safe, modern and efficient care locally".

4. Financial implications

4.1 There are no financial implications arising from this report per se.

5. Legal implications

5.1 There are no direct legal implications arising from this report.