

HEALTH AND WELLBEING BOARD			
Report Title	South East London Sustainability and Transformation Plan & Our Healthier South East London Update		
Contributors	Our Healthier South East London Programme Team	Item No.	6
Class	Part 1	Date: 19 July 2016	
Strategic Context	The report provides an update on strategic planning processes for South East London and planned pre-consultation engagement activity for changes to elective orthopaedic services		
Pathway			

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the NHS South East London Sustainability and Transformation Plan. The report is for information.

The report also provides an update and assurance on planned pre-consultation engagement activity elective orthopaedic services.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- Note the progress of these programmes of work.

3. Background Sustainability and Transformation Plan

Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View.

The STP:

- It takes a whole system approach to health and social care planning.
- It requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability.

- Requires commissioner and provider plans to align activity and finance and achieve the national standards on quality and performance.
- The STP is the single application and approval process for transformation funding for 2017/18 and thereafter.

A milestone submission was made in April setting out the geographical scope of the STP, “the footprint”, and the governance arrangements. This submission is required by 30 June but planning and assurance process will continue thereafter.

Our starting point for the STP has been the CCG-led Our Healthier South East London strategy, but the STP has developed this work considerably further both in terms of collective governance and scope of plans across both commissioners and providers in our system. Under national guidance we have established a leadership team (the quartet) of four individuals from across each part of our system and refreshed our joint governance arrangements, notably the Strategic Planning Group. The quartet are:

Amanda Pritchard, CEO Guys and St Thomas NHSFT (overall SRO)
 Andrew Bland, CO Southwark CCG
 Andrew Parson, Chair Bromley CCG
 Barry Quirk, CEO Lewisham Council

The STP covers a number of areas not originally within OHSEL such as specialist commissioning (and NHSE specialist commissioning are partners to the plan), mental health and learning disabilities (Transforming Care Partnerships).

In addition an important provider productivity strand has developed which seeks to identify significant savings from collective working.

4. Current stage of the STP process

The attached summary (Appendix 1) of the draft of the STP is the latest iteration of the document. To reach this point the document has been developed through a number of stages. Including:

- Initial draft developed using content provided by OHSEL Delivery Groups and organisations in SEL
- Direction and feedback from SROs and Delivery groups
- Feedback from NHSE on an initial draft including the reflection of national guidance
- Review by the Strategic Planning Group on 19 May
- Updated to reflect additional guidance from NHSE issued on 19 May
- Subsequent feedback on this document from NHSE and the STP Quartet – particularly Amanda Pritchard and Andrew Bland

Summary of additional guidance

Additional guidance was issued by NHSE on 19 May which:

- Gave a greater emphasis than previous guidance to a 'golden thread' of finance and the need to be clear on how each of the priorities contributes to the financial position
- Reiterated the need for a coherent strategy that reflects the 5YFV ambition
- Reiterated the need to focus on a 3-5 critical decisions required to shift the dial to close the three gaps
- Indicated that the submission will form the 'basis of a conversation' about the choices to be made and will be a work in progress
- Indicated that the plans will not need formal approval from boards or consultation
- Limits the submission to a maximum of 30 pages (with appendices including governance, workforce, estates and the local digital roadmap)

5. Collective decision making on our priorities

It is important to note that will be collectively held to account for the commitments in the STP. As we move into the delivery of the programme we will be required to make decisions that benefit the system as a whole – either financially or for quality – which may impact differentially on individual providers or organisations.

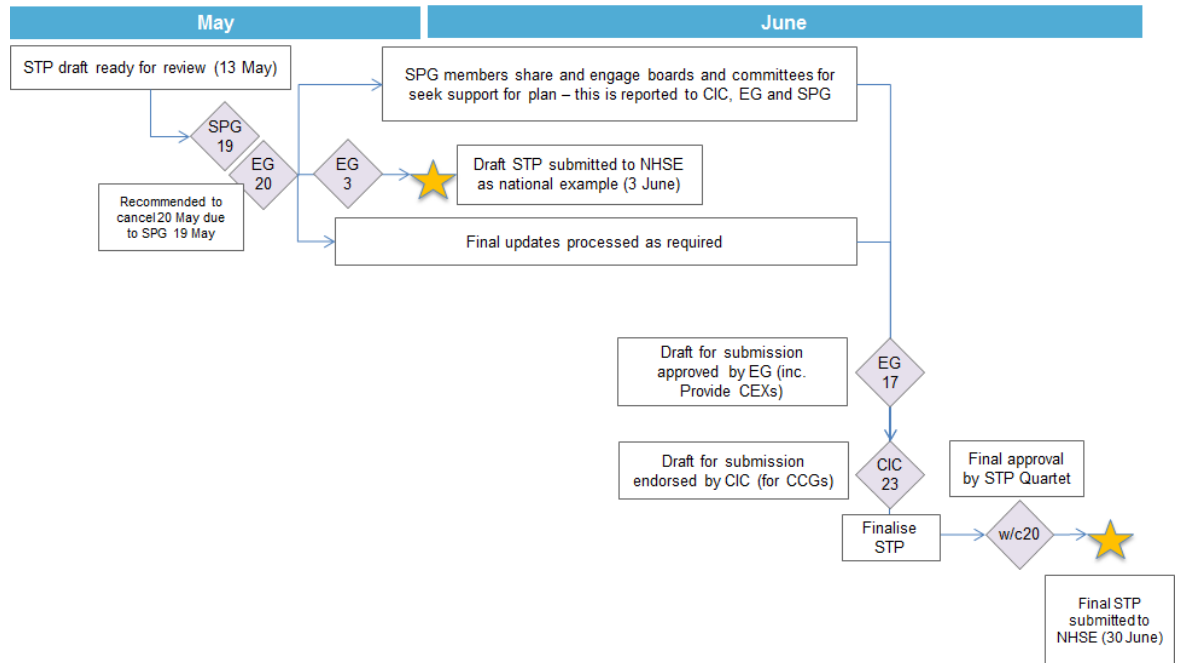
At SPG on 19 May it was agreed that a piece of work will be undertaken, to outline process for dealing with these decisions through the delivery of the STP.

6. STP approval process

Throughout this process it is recommended that organisations submit endorsements and comments from their meetings to the OHSEL inbox (SELStrategy@nhs.net). Comments will be collated and shared with the STP Executive, and Quartet.

The approval process for signing off the plan for final submission is outlined below:

7.



7. Elective Orthopaedic Services

The strategy for south east London is clinically-led and developed, with over 300 clinicians, nurses, allied health professionals, social care staff, commissioners and others developing ideas through the six Clinical Leadership Groups (CLGs). Patient and public voices feed directly into the CLGs and support the work streams.

It is considered, following a series of meetings and events with the public, patient representatives and key stakeholders, that the Planned Care work stream is likely to develop proposals that will require public consultation.

Clinicians and managers from south east London's existing orthopaedic teams have formed a working group alongside patient representatives to develop a strategy to improve orthopaedic planned care and are currently exploring the benefits and feasibility of a consolidated elective orthopaedic service.

Specifications setting out the clinical requirements and standards for a proposed new model have been developed. A number of public and stakeholder workshops, events and other engagement activity are, therefore, being proposed to involve local people, key stakeholders and partners in the decision-making and planning of the new model and evaluation criteria.

In March The Committee in Common (CiC) agreed the outputs recommended by the orthopaedic working group and that work should be continued to develop options through the submission of further proposals, evaluation process and pre-consultation business case. Options have yet to be agreed.

The CCG has a number of statutory requirements: Health and Social Care Act 2012 and Equalities Act 2010 which collectively set out the CCG's duty to undertake inclusive engagement activities that facilitate public and patient participation in decisions about their care and treatment and with due regard to the protected characteristics.

In addition NHS England, in 'Planning and delivering service changes for patients' published in December 2013, outlined good practice for commissioners on the development of proposals for major service changes and reconfigurations. This guidance builds upon the 'Four Tests', as set out in the 2014/15 mandate from the Government to NHS England, that proposed service changes should be able to demonstrate evidence of these tests as follows:

1. Strong public and patient engagement;
2. Consistency with current and prospective need for patient choice;
3. A clear clinical evidence base; and
4. Support for proposals from clinical commissioners

Within the guidance a 'pre-consultation' period is also required once proposals ready for full consultation have been developed. The purpose of the pre-consultation is to plan and prepare for fuller broader consultation, if required, by using initial informal discussions with local stakeholders to better tailor and conduct more comprehensive engagement activities.

It is hoped that taking this best practice approach will ensure engagement will reach those communities most affected, key clinical stakeholders and partners, maintain a continual dialogue with local people and ensure transparency and openness from design through to implementation.

It is currently not expected that the pre-consultation phase for any proposed changes to elective orthopaedic services would begin before mid September 2016.

Background Documents

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 can be found at www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk

If there are any queries on this report please contact Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG, e-mail charles.malcolm-smith@nhs.net