

HEALTH AND WELLBEING BOARD			
Report Title	South East London Sustainability and Transformation Plan: Update		
Contributors	Our Healthier South East London Programme Team Martin Wilkinson, Chief Officer, Lewisham CCG	Item No.	4
Class	Part 1	Date: 15 November 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		

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with an update on the NHS South East London Sustainability and Transformation Plan.
- 1.2 The report also provides an update and assurance on planned pre-consultation engagement activity elective orthopaedic services.

2. Recommendation

- 2.1 Members of the Health and Wellbeing Board are recommended to:
 - Note the progress of these programmes of work.

3. Policy Context

- 3.1 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.
- 3.2 The Board received a previous report at its meeting in July 2016.

4. Summary of report

- 4.1 Appendix A contains a progress update report for 14th September for information. Two specific updates since then are highlighted below:

4.2 STP submission

- 4.2.1 Building on work through 'Our Healthier South East London' (OHSEL), the SEL STP was submitted to NHS England for assurance on 21st October. Once the plan has been assured, it will be published. A summary of the STP is currently being updated, to take account of changes made to the initial draft STP, submitted in June. It is expected that the summary and then the full plan will be published as soon as possible, for discussion with local people.
- 4.2.2 Interest in STPs has grown considerably over the last couple of months. National and local media coverage has generated questions about the plan for south east London and what it means for local people. Following publication of the NHS Five Year Forward View, all NHS regions in England were required to work together with their local councils on an STP for local services. These plans describe how health and social care organisations will work together to produce a population based strategy to deliver financially and clinically sustainable services over the next five years.
- 4.2.3 The STP for south east London builds on work that was already taking place via the Our Healthier South East London programme. This was led by the six clinical commissioning groups in south east London but with the active engagement of other stakeholders. The models of care developed through this programme are the product of several years of partnership working between clinicians, commissioners, council social care leads, local hospitals, and have been informed by wide engagement with local communities, patients and the public.
- 4.2.4 Our draft STP is, in effect, a development and expansion of the Our Healthier South East London strategy and will go through a national assurance process before it is finalised. Most of the STP ideas have already been discussed extensively with local people and you can read more about them on the OHSEL website (link given below), along with the updated [summary of our STP](#) shortly.

4.3 Elective Orthopaedic Update

- 4.3.1 We are considering developing a clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise. We are also considering a proposal with our local NHS hospitals to create two elective orthopaedic centres.
- 4.3.2 If the proposals went ahead, elective orthopaedic centres would be based at two of the existing hospital sites in south east London. The centres would be shared facilities which all NHS hospitals would use. The two sites would be chosen so as to minimise travel times across south east London. The work we have done with clinicians, patients and managers indicates this model could deliver many benefits, including the

ability to meet expected increase in demand, shorter waits, fewer cancelled operations, better infection control and better patient outcomes and experience.

4.4 Evaluation

4.4.1 We asked providers to develop proposals for potential sites and received submissions for:

- Guy's Hospital
- University Hospital Lewisham
- Queen Mary's Sidcup
- Orpington Hospital

4.4.2 An evaluation panel was established to evaluate site options against financial and non-financial criteria developed by clinical and patient groups and agreed by a committee of the six south east London CCGs (known as the "Committee in Common").

4.4.3 Once the evaluation is complete, the evaluation panel will make a recommendation to the Committee in Common (CiC) on what options are viable, and what a preferred option, if any, might be.

4.4.4 The CiC agreed that any preferred site configuration should, if possible, be determined by non-financial criteria, so long as that option is affordable and more cost-effective than the current arrangement of services.

4.4.5 Following information provided via a joint response from Oxleas NHS Foundation Trust and Dartford and Gravesham NHS Trust, the evaluation panel recognised that the Queen Mary's site option does not meet the agreed criteria for an inpatient elective orthopaedic centre, and they will be recommending to the CiC that this site is not taken forward.

4.4.6 All other site configurations have been scored against the non-financial criteria.

4.4.7 Options were scored against a -5 to +5 scale with 0 representing the status quo position. Where an option achieves a positive score, it is seen to have an advantage over the status quo:

- Guy's and Lewisham 1.15
- Guy's and Orpington 2.15
- Lewisham and Orpington 1.08

4.4.8 Our expert finance group has made a preliminary assessment against the financial criteria, and all three options appear to be financially viable and more cost-effective than the current configuration. However, there are further questions to be clarified to ensure each option has been assessed consistently.

4.4.9 No recommendation has yet been made to the Committee in Common. The evaluation panel is expected to discuss these matters further once

the financial options have been assessed and decide whether to recommend a preferred option.

4.5 Committee in Common

4.5.1 The Committee in Common (CiC) will not be meeting until 29 November. This is to ensure we have adequate time for the NHSE assurance process, to fully analyse the final financial submissions from Trusts, and to make sure we have covered in our submission the points covered in our recent engagement activities, including with local councillors, members of the public and voluntary group representatives.

4.5.2 At the meeting, the CiC will decide whether or not to proceed to public consultation, to test the options that emerge. Public consultation could still go ahead before the end of the year, and could last around 14 weeks.

4.5.3 The CiC will not make a decision on whether to develop elective orthopaedic centres until after the results of consultation have been considered, likely to be in April 2017.

4.5.4 The CiC has previously agreed that for the orthopaedic centre proposal to go forward it will have to demonstrate:

- that it does not destabilise any hospital
- that trauma services can be maintained at our A&E departments
- that it is affordable and makes a positive financial contribution.

4.5.5 Following stakeholder feedback, further work is being undertaken to ensure we clearly describe the existing plans that providers have given us to deliver high quality care and meet patient demand without consolidating; and how this compares to the consolidated model. More information about this will be provided in the consultation document and supporting materials.

4.5.6 More details on our work to improve elective orthopaedic care is available at www.ourhealthiersel.nhs.uk

5. Financial implications

5.1 The strategic plans reflects the financial plan and savings required to deliver a financially balanced position over the five year period.

6. Legal implications

6.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

7. Crime and Disorder Implications

- 7.1 There are no specific crime and disorder implications arising from this report.

8. Equalities Implications

- 8.1 In order to ensure that the strategy is informed by the diverse population in south east London and to enable full understanding of the potential impact on communities with protected characteristics (as well as complying with the Equalities act 2010), carers and, the socially and economically deprived, equalities analyses will be conducted throughout the programme.

9. Environmental Implications

- 9.1 There are no environmental implications arising from this report.

10 Background Documents

- 10.1 Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 can be found at www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/
- 10.2 Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk
- 10.3 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