

HEALTH AND WELLBEING BOARD			
Report Title	1. South East London Sustainability and Transformation Partnership Update 2. Whole System Model of Care Update		
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Class	Part 1	Date	1 March 2018
Strategic Context	Please see main body of report		

1. Purpose

1.1 This report is for information and is set out in two parts. The first provides members of the Health and Wellbeing Board with an update from the NHS South East London Sustainability and Transformation Partnership, and the second updates members on local integration and transformation activity by Lewisham Health and Care Partners.

2. Recommendation

2.1 Members of the Health and Wellbeing Board are asked to note the progress within these programmes of work.

3. Policy Context

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our Future – Lewisham’s Sustainable Community Strategy*, and by Lewisham’s Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham’s Health and Wellbeing Strategy was published in 2013 and refreshed in 2016.

3.4 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing

the health and wellbeing of the area.

3.5 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 Board has received regular reports.

4. Part 1: Update from the South East London Sustainability and Transformation Partnership (STP)

4.1 NHS England Wave 2 Pilots for Accountable Care

4.1.1 Stakeholders were informed before Christmas that an expression of interest had been submitted by STP SE London to be part of NHS England's wave 2 pilots. Being part of the pilot should enable Lewisham and neighbouring boroughs to accelerate their local integration work and share experiences across SEL. The outcome of the application is not yet known. If the application is successful further details will be presented to the Health and Wellbeing Board.

4.1.2 At recent STP stakeholder events, the following feedback was given. This feedback will inform the further development of the proposals:

- There was a clear signal that the STP needs to make sure that the proposals are fully focused on collaboration and show how they will improve care for patients, using examples from particular clinical conditions or groups of patients, such as those who are frail and vulnerable, or children or adults with diabetes;
- As part of further stakeholder engagement, the STP must make sure that the issues are focused on how they will affect services, and not over emphasise organisational or structural changes which in reality will be minimal. The yard stick will be that any change should help patients by enabling front line staff to provide more integrated care with less fragmentation;
- The importance of local involvement and scrutiny is fully recognised;
- Collaboration is already happening and this needs to be emphasised, for example by providing information on what is working well in different areas;
- The STP should be looking at what it would take to go further to achieve service integration and how to make it easier for people and organisations to allocate resources to the part of the system that can give the biggest return- even if that is outside their own organisation;
- It is important that local authorities are a core part of the approach.

4.2 Financial Update

4.2.1 An update on the SEL affordability gap was presented recently to the STP SEL Strategic Planning Group.

4.2.2 The update explained that the difference between the earlier reported affordability gap of £934m and the current £584m is essentially one of timing. The original £934m estimate was gauging the gap across four years (17/18 to 20/21) which was compared against four years' worth of potential savings, whereas the more recent estimate of £584m was gauging the gap across three years (18/19 to 20/21) which was compared against three years' worth of potential savings.

- 4.2.3 The original estimate was based on the planned outturn for 16/17 whereas the later, more recent, estimate was based on the planned outturn for 17/18. Hence the principal difference in the two estimates is represented by the total savings that were planned to be made in the current year. There are clearly current year cost pressures within SEL and there may or may not be a shortfall against planned savings this year with significant reliance being placed in mitigation on non-recurrent measures. Non-recurrent savings will not serve to reduce the longer term affordability gap.
- 4.2.4 The STP will update and refresh the estimate of the affordability gap once each SEL organisation has finalised its plans for 18/19. Based on the current year forecast outturn it is anticipated that the affordability gap across the three years to 20/21 will increase compared to our most recent estimate of £584m.

4.3 Update from STP Programme Groups

Digital

- 4.3.1 Digitalisation of GP patient records - As the move towards a paperless NHS continues, the STP has secured national funding to help 22 GP practices across south east London to digitalise their paper records. This will end reliance on paper records. This project will start soon and is due to be completed by March 2018.
- 4.3.2 NHS 111 Online is now live at www.111.nhs.uk - Since 1 August 2017, the STP has been working with providers to bring patients in SEL an alternative way to contact 111. NHS 111 Online for SEL went live at noon on Monday 11 December. This allows patients to self-assess, receive self-care advice, be signposted to an appropriate service or receive a call back from an NHS 111 clinician, the pan London Dental Nurse Triage Service or one of the out of hours GP services.

Community Based Care (CBC)

- 4.3.3 SEL has now delivered extended GP access (8am to 8pm, seven days a week) across all six boroughs.
- 4.3.4 A leadership workshop on 11 November provided a focused session on the delivery of the community-based care strategy and highlighted that further action was required to:
- Develop a shared understanding of the delivery of high impact schemes and the stage of development of Local Care Networks (LCNs) or their local equivalent
 - Improve the links between LCN development and the enabling programmes to share information on the current development/change management programmes
 - Consider how the direction for primary care at scale and emergent models for accountable care could provide the necessary conditions to deliver the CBC strategy.

Maternity

- 4.3.5 After working closely with local Maternity Voice Partnerships, clinicians and key stakeholders, STP SEL successfully submitted a Better Births Implementation

Plan to NHS England at the end of October, which has received excellent feedback.

Workforce

- 4.3.6 The consultation on the National Workforce Strategy has commenced. The SEL Local Workforce Action Board will be meeting on the 14th March to consider and develop a response on behalf of the STP.
- 4.3.7 The STP workforce team is working with the Cancer and Mental Health clinical programmes to develop detailed plans further to their initial responses to the published national workforce plans for each area.
- 4.3.8 The STP has produced a short film about the Primary Care Navigator programme that it has been leading across south London. The video is available to view via the following link:
<https://www.youtube.com/watch?v=HvFr333h6s0>

5. Part 2: Update from Lewisham Health and Care Partners on developing a whole system model of care (WSMC)

- 5.1 Health and care partners across Lewisham continue to work together to plan and deliver care in a more accessible, integrated and sustainable way. Supporting the Health and Wellbeing Board, Lewisham's Health and Care Partners Executive Board (LHCPEB) currently provides the joint strategic direction for this work where it requires a whole system approach. The framework provided by the South East London STP *Our Healthier South East London* has informed the development of local transformation and integration activity and developments.

5.2 Integrated Strategic Commissioning

- 5.2.1 The development of an approach to integrated strategic commissioning has been divided into the following four work streams:
- Outcomes framework
 - Workforce development
 - Commissioning Intentions – frailty and transitions
 - Governance arrangements

Outcomes Framework

- 5.2.2 The development of the outcomes framework for strategic commissioning is progressing. The framework will describe the vision and case for change, the broad outcomes that are aimed for and shorter term milestones and outputs. This approach is being piloted initially in two commissioning areas - frailty and transitions.

Workforce development

- 5.2.3 An initial draft of 'purpose and principles' for integrated joint commissioning and a split of functions between strategic/operational has been developed. These will be discussed in more detail at workshops taking place before the end of March.

Commissioning intentions – frailty and transitions

- 5.2.4 Frailty – preliminary discussions have taken place with providers and commissioners to understand better the opportunities of the population health

management system to support and sustain the transformation work for frail and vulnerable people.

- 5.2.4 Transitions – an analysis of data and finance has been undertaken and key strands of commissioning identified. Cohorts of young people (based on age and/or need) are being identified in order to establish initial focus for this work. There is a transitions group made up of commissioners and providers already established to take this work forward, and to feed into the existing SEND strategy.

Governance arrangements

- 5.2.5 The interim Joint Commissioning Group has been established and is meeting 6-weekly. Terms of reference have been agreed, including principles and ways of working, and a forward plan is in development. Further work is needed to explore future structure and governance options, and the risks and benefits of those options.

5.3 Integrated Arrangements for Care at Home

- 5.3.1 The Council, Lewisham CCG, Lewisham and Greenwich NHS Trust (LGT) and South London and Maudsley NHS Trust (SLaM) have agreed to bring together a number of services that currently support adults in their own homes under new integrated arrangements.

- 5.3.2 The aim of the new integrated arrangements is to enable local health and care providers to move at pace and scale to achieve:

- A shared approach to assessment and care planning for patients/service users with complex health and care needs with the aim of establishing a single assessment.
- More co-ordinated care and support through, for example key working within the multi-disciplinary team, which will ultimately involve one worker co-ordinating the care and support for individuals.
- New approaches to workforce, potentially including ‘bridging’ or ‘hybrid’ roles to reduce duplication as well as improving efficiency and the quality of care.
- Efficiencies by enabling professionals to work in different ways so that they are able to make the best use of their time and skills to care for individuals. This will involve better use of technology to improve communication between health and care professionals and between professionals and patients / service users.
- The integration of physical and mental health services for people receiving care and support in their own homes. Inappropriate referrals and delays with appropriate referrals will be reduced.
- Co-location, with staff having access to all relevant information.
- Stronger connections to wider formal and informal health and care services.
- Stronger connections between the statutory health and care sector and the voluntary and community sector

- 5.3.3 Consideration is currently being given to the teams and functions for possible inclusion within the new arrangements.

- 5.3.4 Commissioners and providers have established a group to oversee the development of these new integrated arrangements which will report to Lewisham Health and Care Partners Executive Board. Before implementation, Lewisham Council, Lewisham CCG, LGT and SLaM will present more detailed

proposals for agreement to their respective governing bodies, including an appropriate draft legal framework to underpin the governance and partnership arrangements.

5.4 Mental Health Provider Alliance

5.4.1 Alongside the work outlined above, a small development group comprised of representatives from South London and Maudsley NHS Trust (SLaM), Adult Social Care, One Health Lewisham and Bromley & Lewisham MIND met throughout 2017 to discuss the scope and potential formation of a Mental Health Provider Alliance. With the addition of representatives from Public Health and Lewisham CCG, the initial development group has now evolved into a MH Provider Alliance forum. As with the integrated arrangements for care at home, the strategic framework for the development of the MH Provider Alliance is provided by the vision for Community Based Care as developed by Lewisham Health and Care Partners

5.4.2 The Alliance work includes the development of an overarching outcome framework to deliver a population based approach to support individuals with mental health issues. The development group reviewed several high level outcomes with a view to undertaking further work to test and shape these outcomes into a final framework.

5.4.3 The forum's initial view is that a Mental Health Provider Alliance should focus on adults with mental health issues that are of working age. Given the developments taking place for integrated arrangements for care at home, further scoping is needed to consider which components of community and inpatient mental health services should be included or excluded from the MH Alliance. The forum has recognised that shared principles for development are needed which would include:

- Incorporation of the total MH expenditure for borough based MH services
- Medium and longer term financial planning to facilitate development and improvement
- Robust governance structures to oversee development and operation
- Community and user involvement in service modelling
- Building increased value through joint delivery and development and recognising the need for efficiencies and, where applicable, re-directed investment.

5.5 Population Health Management System (PHMS)

5.5.1 To accelerate the achievement of LHCP's overall vision, a population health management system is being established which will provide a shared analytical platform, a common health and social care record, and registries of information on specific conditions or population groups.

5.5.2 The PHMS development team are engaging with stakeholders to ensure people understand how this work will support them to deliver improved health and care outcomes and services.

5.5.3 Work is also taking place with community and primary care users to understand the structure and content of existing data sources and to gather initial data to support the set up and testing of the population health platform (HealthIntent), registries and data warehouse. Testing will take place to ensure these elements of the system function as expected.

5.5.4 The team is also working through the information modelling and data controllership that is required.

6. Financial implications

- 6.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from proposed activity outlined in this report will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance.

7. Legal implications

- 7.1 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.

8. Crime and Disorder Implications

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

9. Equalities Implications

- 9.1 Although there are no specific equalities implications arising from this report, the development of new health and care arrangements will continue to focus on improving health and care outcomes and reducing inequalities across the borough. Equalities assessments and analysis will continue to be undertaken as appropriate. Similarly, equalities analyses will be conducted by throughout the STP programme to ensure that the strategy is informed by an understanding of 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.

10. Environmental Implications

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

Background Documents

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

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