

North Central London Sustainability and Transformation plan

May 2016



Barnet Clinical Commissioning Group



Clinical Commissioning Group



Camden

Clinical Commissioning Group



Enfield

Clinical Commissioning Group



Haringey

Clinical Commissioning Group



Islington



The background to the STP

1. The development of the STP involves five key aspects:
 - **Local leaders** coming together as a **team**
 - Developing **shared vision** with the local community **which also involves local government**
 - **Programming a coherent set of activities** to make it happen
 - **Execution** against plan
 - Learning and adapting
2. Access to future transformation funding
 - The STPs will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards
 - This step is intended to reduce bureaucracy and help with the local join-up of multiple national initiatives.
3. The most **compelling and credible** STPs will secure funding from April 2017 onwards. The process will be iterative. NHS England will consider:
 - the **quality of plans**, particularly the **scale of ambition** and **track record of progress already made**. The best plans will have a **clear and powerful vision**. They will create **coherence across different elements**, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically **borrow good practice from other geographies**, and adopt **national frameworks**;
 - the **reach and quality of the local process**, including community, voluntary sector and local authority engagement;
 - the **strength and unity of local system leadership and partnerships**, with **clear governance structures** to deliver them; and
 - how **confident are NHS England that a clear sequence of implementation actions will follow as intended**, through defined governance and demonstrable capabilities.

There are a number of objectives for the NCL STP

Goals

The **goals** of our STP are:

- To improve the quality of care, wellbeing and outcomes for the NCL population
- To deliver a sustainable, transformed local health and care services
- To support a move towards place-based commissioning
- To gain access to a share of the national transformation funding which will ensure our hospitals get back to being viable, to support delivery of the Five Year Forward View, and to enable new investment in critical priorities

Outputs

The STP needs to deliver several **key outputs**:

- A compelling clinical case for change that provides the foundation for the programme and is embedded across the work, and supports the identification of priorities to be addressed through the STP
- A single version of the truth financial 'do nothing' base case with quantified opportunity impacts based on the priorities identified
- A robust and credible plan for implementation and delivery over five years
- A governance framework that supports partnership working across the STP and collective decision making
- The resource in place to deliver transformation at scale and pace in the key areas identified

Process

The **process** to developing our STP needs to:

- Be collaborative, and owned by all programme partners in NCL
- Be structured and rigorous
- Move at pace, ensuring quick wins are implemented and transformation is prioritised
- Involve all areas of CCG, local authority and NHS England commissioned activity, including specialised services, primary care and reflecting local HWB strategies

Where we are now: current status

Building relationships across NCL

- We are continuing to **build relationships** across the programme partners to ensure that health and care commissioners and providers are aligned in our ambition to transform care
- Our governance framework supports **effective partnership working**
- The SROs are working to bring CCGs, providers and local authorities together across the 5 boroughs together **recognising the history and context** that underlies working together in a new way

Developing the case for change

- We have undertaken analysis to **identify the gaps in health and wellbeing, and care and quality in NCL** in order to prioritise areas we need to address
- We now need to focus on **ensuring there is local buy-in and ownership** of the case for change which we will achieve through a programme of widespread engagement from now until June
- The **clinical cabinet** which will meet for the first time on 5th May will lead this work

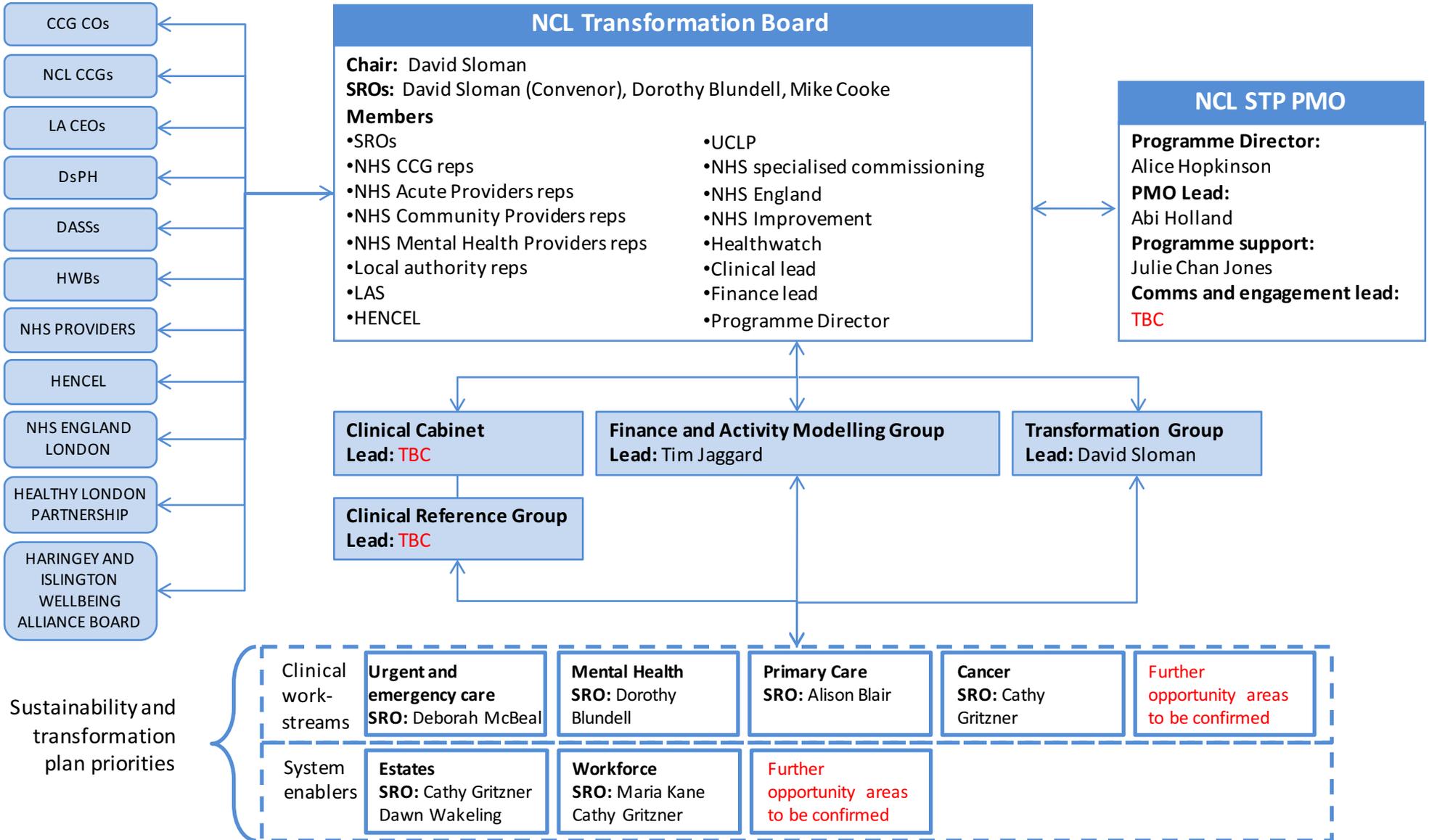
Understanding our financial position

- Finance directors from all organisations have been **working well together** to identify the NCL position in 20/21 should we keep going as we are
- This includes some **assumptions around QIPP and CIP**, which we need to develop in further detail to remove the **risk of double counting** when we come to quantify opportunities, particularly around productivity

Mobilising the programme

- We have developed a **high level roadmap** to the end of June, based around the mobilisation of opportunity workstreams in each of our key themes: population health, productivity, consolidation and specialisation and enablers
- We are in the process of **recruiting a programme director and clinical lead** based on a shared understanding of what we need to drive this work forwards
- A key risk is how we **manage the impact of specialised services** in our patch which we will look to address through working closely with NHS England to identify what might be best considered at a pan-London level

Current overarching governance framework



Developing the NCL case for change

Development and engagement process

- The case for change is undergoing an iterative development process with feedback being provided from all health and social care organisations that are in scope of the NCL STP programme.
- The fourth in a series of workshops was held on 20th April with clinicians and social care practitioners from across NCL, particularly those in the outer boroughs. The workshop focused on analysing the data, agreeing the emerging hypotheses and identifying gaps to address in the case for change so far.
- Key themes discussed included a focus on primary, secondary and tertiary prevention, self management of minor illnesses, early diagnosis, LTCs, investment in primary care, and workforce.
- Between now and June, energy will be focused on addressing the gaps and broadening the engagement such that widespread collective ownership of the case for change is achieved.

Clinical cabinet

- The NCL STP Clinical Cabinet, responsible for the case for change, will lead the further development of this work through to the STP submission in June.
- The clinical cabinet will sign off the case for change with ultimate responsibility falling to the NCL STP clinical lead.

Final submission

- The STP submission in June will include the final version of the NCL case for change.

5 key priority workstreams have been identified and mobilised

	Description
Primary care (SRO – Alison Blair)	Currently has a medium term focus on delivering a plan which sets out the vision of the CCGs to transform Primary Care in NCL. The focus is on driving up the quality of primary care, recognising there are differences and opportunities to tackle variation in the quality and outcomes delivered to our patients
Urgent and emergency care (SRO – Deborah McBeal)	Programme to support people to access urgent and emergency care appropriately, in the right place at the right time. The aim is to provide consistently high quality care to patients, significantly reducing variation across NCL providers as well as across the days and times of the week
Mental Health (SRO – Dorothy Blundell)	Develop a MoC and support to enable our population to live well in the least restrictive setting; by breaking down barriers between mental and physical health, delivering consistent and better outcomes that matter to service users and carers, and reducing inappropriate use of acute inpatient beds. This 5 year, all age approach programme has a focus on early intervention
Estates (SRO – Cathy Gritzner, Dawn Wakeling)	The estates workstream is an enabler. It aims, at the NCL level, to support the development of remodelled estate for transformed health and care services, secure efficiencies and release capital, release land for housing. The workstream is also a devolution pilot project as part of the London programme .
Workforce (SRO – Cathy Gritzner, Maria Kane)	Define the workforce requirements required to deliver the STP across NCL and determine how we will train, recruit, retain, develop and support the health and care workforce of the future in NCL

Next steps

For all 5 workstreams to:

- Clarify the scope
- Determine SMART objectives
- Identify timeline and key milestones
- Define the immediate priorities for delivery
- Articulate the quantifiable impact anticipated at the end of year 1 and at the end of year 5
- Specify the support and/or resource requirements
- Identify any asks to put forward to the national leaders

Our identified priority workstreams maximise leverage of existing work but we know we need to do more

Further opportunities need to be identified and analysed to close the key gaps identified in the clinical case and the finance base case. Together, we have agreed a number of principles for selecting additional priorities in order to fully address the gaps:

- We should be **radical in our approach** and **not constrict ourselves** to opportunities available within the constraints of the current system
- We should be considering **more effective vehicles for taking change forwards** including taking advantage of opportunities to **share resources**
- We should be able to **articulate the opportunities to all audiences**, including patients, health commissioners and providers, local authorities and NHS England
- We should be looking to **reduce demand** through new opportunities
- New opportunities should be focused around **eliminating variation** and **adding value**

We have established four key themes that will enable us to deliver the changes needed to create viable and sustainable system, including:

- **Population health:** understanding our population, segmenting into different groups, understanding what different interventions are required for each, and shifting the balance of care from reactive to proactive, starting with prevention and self care. This lens is important because it will enable us to do something radical and ensure we are non-institutional in our approach.
- **Productivity:** leveraging productivity opportunities both within organisations, but also through exploring opportunities for efficiency and savings through collaboration across organisations
- **Consolidation and specialisation:** in order to deliver improved safety, better outcomes and value for money
- **Stopping things:** stopping services or initiatives that aren't working

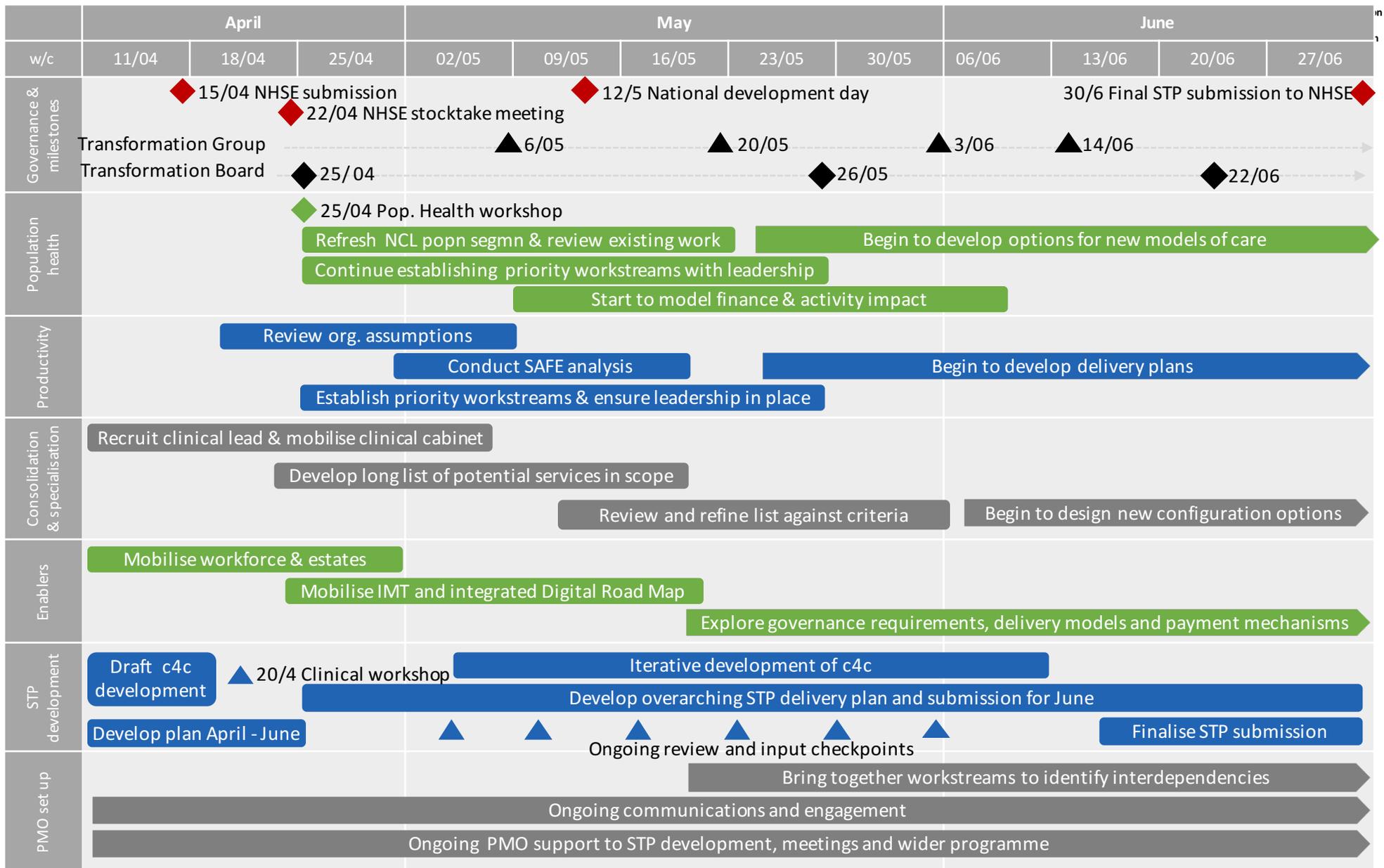
We recognise that a set of **key enablers** will be vital for transformation, including:

- information
- estates
- workforce
- new payment models
- governance and organisational models

Our Transformation Group will review the additional opportunities and recommend and prioritise where further effort can be made



High level roadmap to STP submission in June in development



Next steps: priority actions prior to STP submission in June

- Mobilise clinical cabinet
- Develop structure of the 30th June submission and refine the roadmap
- Agree the shape of the full programme architecture
- Clarify scope, plans and quantify the potential impact for each workstream
- Progress population based approach to health
- Identify pan-NCL productivity opportunities
- Map out existing local and collaborative work and ensure alignment with STP plans
- Agree programme budget and funding beyond June
- Develop communications and engagement strategy and roll out across NCL