Our Healthier South East London Joint Health Overview & Scrutiny Committee

Monday 22 July 2019
7.00 pm
Royal Borough of Greenwich
Town Hall, Wellington Street, Woolwich SE18 6PW

Membership
Councillor Judi Ellis (Bromley) (Chairman)
Councillor Philip Normal (Lambeth) (Vice-Chairman)
Councillor Danial Adilypour (Lambeth)
Councillor Richard Diment (Bexley)
Councillor James Hunt (Bexley)
Councillor Mark James (Greenwich)
Councillor Liz Johnston-Franklin (Lewisham)
Councillor Chris Lloyd (Greenwich)
Councillor Robert Mcilveen (Bromley)
Councillor John Muldoon (Lewisham)

INFORMATION FOR MEMBERS OF THE PUBLIC

Contact Graham Walton on 0208 461 7743 or graham.walton@bromley.gov.uk

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MARK BOWEN
Director of Corporate Services
London Borough of Bromley

Date: 12 July 2019

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

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Order of Business

Item No.	Title	Page No.

11 EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the committee wishes to exclude the press and public to deal with reports revealing exempt information:

"That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to information Procedure rules of the Constitution."

12 PART B - CLOSED BUSINESS

13 DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT

Item No.	Title	Page No.

Our Healthier South East London Joint Health Overview & Scrutiny Committee

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on 21 March 2019 at 7.00 pm at Council Chamber, Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH

PRESENT:

Councillor Judi Ellis (Chairman)
Councillor Philip Normal (Vice-Chairman)
Councillor Danial Adilypour
Councillor Mary Cooke
Councillor Richard Diment
Councillor Alan Downing
Councillor Barrie Hargrove
Councillor Mark James
Councillor John Muldoon
Councillor David Noakes

ALSO PRESENT:

Dr Angela Bhan, Bromley Clinical Commissioning Group
Julie Lowe, Programme Director – OHSEL STP
Hazel Fisher, NHS England London Region
Claire McDonald, NHS England London Region

17 APOLOGIES

Apologies for absence were received from Councillors Juliet Campbell, Chris Lloyd, Robert Mcilveen (replaced by Cllr Mary Cooke) and Caroline Newton (replaced by Cllr Alan Downing.)

18 DISCLOSURE OF INTERESTS AND DISPENSATIONS

The following interests declared at the previous meetings still applied -

- Cllr Judith Ellis declared that her daughter was an employee of Oxleas NHS Foundation Trust;
- Cllr Richard Diment declared that he was a Governor of Oxleas NHS Foundation Trust; and,
- Cllr Barrie Hargrove declared that he was a member of Guys and St Thomas' NHS Foundation Trust.

In addition, Councillor Alan Downing declared that he was President of Diabetes UK Bexley.

19 MINUTES OF THE MEETING HELD ON 26TH SEPTEMBER 2018

The Chairman asked for an update on discharge arrangements. Dr Angela Bhan responded that in all boroughs assessments were being carried out in community settings, not in hospital, and that there was a discharge team with Council support for every hospital. She knew that this was working well in Bromley, with Better Care funding being used to provide packages of care. Dr Bhan was joint chair of a working group on discharge arrangements across south east London. Cllr James added that figures were being collated by the Department of Health by authority, so they could be used to drive best practice.

The Chairman asked about progress with virtual care records. Dr Bhan confirmed that there was a programme across London on this, and south east London was ahead of other areas.

AGREED that the minutes of the meeting held on 26th September 2018 be confirmed as a correct record.

20 CONSULTATION ON CONGENITAL HEART DISEASE (CHD) SERVICES IN LONDON (NHS ENGLAND)

The Joint Committee received a presentation from Hazel Fisher (Programme Director, Cardiac and Paediatrics, Specialised Commissioning, NHS England, London Region) and Claire McDonald (Engagement and Communications Lead, Specialised Commissioning, NHS England London Region) on reconfiguration proposals for Congenital Heart Disease (CHD) in London.

CHD standards were consulted upon and agreed by NHS England in 2015; one of the three centres in London, Royal Brompton Hospital, Chelsea, was no longer compliant with the new standards. There were two proposals to address this, from Royal Brompton Hospital and Kings Health Partners and from Chelsea and Westminster and Imperial College Healthcare. However, commissioners needed to consider a wider range of options to meet the new national standards.

Currently, south east London residents accounted for 2.2% of patients at the Royal Brompton Hospital (both inpatients and outpatients) with most patients attending Guys and St Thomas'. Movement of services to meet national standards would add very little to travel times, and one of the proposals would see services moving to St Thomas' Hospital in Lambeth. The key stages of the reconfiguration process were set out in the presentation, as well as proposals for consultation, which would include overview and scrutiny committees.

The Chairman commented that it was important to emphasise that the Royal Brompton Hospital would continue to provide services.

Cllr Muldoon asked for further detail about patient numbers, whether great

Ormond Street Hospital (GOSH) was a feeder site for young patients at RBH, and whether quality of life for patients was a major consideration. The Committee was informed that approximately half of patients were from outside London – further detailed figures could be provided. GOSH was linked to University College Hospital and did not feed patients through to RBH. There were over 200 standards relating to CHD; many were surgical, but they also reflected broader quality of life issues for patients and their families and were informed by patient representatives.

Cllr Downing asked whether finance was part of the considerations, and when consultation would be carried out (given that this would throw up a range of issues.) Finances were indeed part of the consideration for this programme, and a three to four month formal consultation was proposed. Paediatric co-location was intended by 2022; if this could not be achieved, then there would probably be a decommissioning of services and a re-commissioning along the lines originally proposed in 2017.

Cllr Noakes asked whether it would be possible to continue with just two compliant services in London and whether there was any capital funding associated with the Kings Health Partners bid. In response, it was explained that any move had to be planned to ensure continuity of services and consolidating the expertise of the existing teams. Care would have to be commissioned – it could not just grow organically. At present, this was widely seen as a positive move to improve services. Capital funding would be part of the considerations, and the assumption was that there would be money from the sale of the Royal Brompton site (although the Trust would continue to operate from its other sites.)

The Chairman thanked Hazel Fisher and Claire McDonald for their presentation, and looked forward to further consultation on the proposals.

21 POPULATION HEALTH AND LIFE EXPECTANCY

Julie Lowe, Programme Director, Our Healthier South East London, presented a report on population health and life expectancy in south east London. The report included borough level background information as previously requested by the Committee. She pointed out that although the overall figures for life expectancy were broadly comparable across the region and with London and England figures, there were differences in, for example the age profiles of the boroughs, with Bromley being older and Lambeth younger, and there were also differences in the healthy life expectancy and disability free life expectancy figures, particularly for men in Lambeth, and women in Bexley and Greenwich. The aim was to stop people from moving towards needing more services.

Cllr James asked about how these statistics would fit into the response to the NHS Ten Year Plan, and asked for confirmation that this committee and the boroughs individually would be consulted. In response, it was confirmed that work was being carried out to establish exactly what needed to be done and at what level

this would feed into the Long Term Plan – a response was needed by the autumn. In some cases life expectancy was falling, and it was confirmed that there would be a major focus on prevention and managing long-term conditions earlier. The NHS had moved from a sickness service dealing with episodes of ill-health, to a helping people to live longer, healthier lives. The Committee and boroughs would be consulted on responses to the Long Term Plan – Lewisham Healthwatch had been commissioned by NHS England to lead the initial phase of public engagement.

Cllr Adilypour requested more breakdowns of figures between boroughs on issues such as heart disease rates and lung disease rates for a future meeting.

Cllr Noakes highlighted two figures in the report – that 26% of children in the six boroughs were living in poverty, and that 75% of people over 55 were living with at least one long-term condition – and asked whether that was in line with national expectations. Dr Bhan emphasised that the over 55 figure could include a range of both minor and serious conditions that were being managed. About 50% of those with high blood pressure had not been identified – it was important that they were diagnosed and given suitable medication. The Long Term Plan contained a lot about prevention and dealing with heart disease and high blood pressure.

Cllr Normal asked if there was any information on the background of those with long term conditions. Dr Bhan confirmed that there was accepted evidence that some conditions were more prevalent in certain groups – people from the Indian sub-continent were more prone to diabetes and heart disease than other groups. It was also accepted that most diseases were more common in deprived populations, and that these populations were less likely to access screening services. More detail on this was available for each borough in their Joint Strategic Needs Assessments. The South East London Clinical Programmes Board did look at issues such as the uptake of screening in each borough and what could be done to target improvements.

22 ROLL-OUT OF HUBS/UCC/UTC

The Committee received a presentation on Urgent and Emergency Care Services in South East London, covering emergency departments (A&E), urgent care services, urgent treatment centres (which had to have access to x-rays and blood tests and appointments bookable through 111), GP hubs, GP at hand, NHS 111 and the 999 service. It was important to help people access the right service, so that they were not passed from one service to another. GP hubs enabled people to book appointments up to 8pm. GP at hand was an option often favoured by young people, and involved de-registering from the normal GP service. The NHS 111 service had been re-commissioned to be an integrated care service, with more clinicians. The service included GPs, nurses and paramedics; the service could book GP out of hours services, GP home visits and urgent treatment centres. It was hoped that by the end of the year 111 could book patients into normal daytime

GP appointments, although there were some cultural issues to overcome. It was hoped that 111 would be the central point of contact – the glue – for all urgent care services. The Long Term Plan included the ambition that 111 would become integrated urgent care services, and north east London and south east London were the only areas in London to have achieved this. The other aim in the Long Term Plan was that everyone should have better access to same day services.

Cllr Diment commented that one of the problems in Bexley was that people had a perception that they could not get reasonable appointments with their GPs, so they went straight to the urgent care centres. They had also found that people were travelling from well outside the area to attend the urgent care centre at Erith, leading to capacity problems. Dr Bhan agreed that access to GPs was a real problem – GP access hubs were part of the answer. It was often the case that there were appointments available at weekends, but the overall answer was to communicate better with the public and respond to their needs. Urgent treatment centres could also book into GP hubs, which should help. It was also hoped that booking through 111 would be an option. The Long Term Plan also included the development of Primary Care Networks – groups of GPs working more closely together providing services for populations of around 30,000 to 50,000 people, enabling them to take advantage of economies of scale to provide wider ranges of services and urgent appointments. GPs were expected to join these networks by May. Dr Bhan agreed to raise the issues of low awareness raised by Cllr Diment with her colleagues in Bexley.

Cllr Dowling commented that a patient with a broken leg turning up at the urgent care centre at Queen Mary's Hospital could be x-rayed, but could not have their leg plastered. Dr Bhan accepted that more severe injuries could not be treated there, but commented that an ambulance would deliver a patient to an A&E department rather than an urgent treatment centre, and patients needing further treatment could be transferred from Queen Mary's.

Cllr Adilypour asked about progress with enabling people to book appointments at urgent treatment centres. Dr Bhan reported that this service had only been introduced a month previously and the only centre where it was not available was St Thomas' Hospital. Cllr Adilypour commented that not many people in Lambeth seemed to be aware of the SELdoc service, and GPs were not very good at signposting to it. Dr Bhan commented that all GPs should have answerphones referring after-hours callers to the 111 service, and she offered to check whether this was happening. Cllr Adilypour also commented that when he had been at St Thomas' it had always seemed overwhelmed by patients with mental health issues. Dr Bhan responded that all hospitals had psychiatric liaison teams to direct people to the right services, but she was aware of the problem and SLAM, Guys and St Thomas' and Kings were working together to address the issue.

Cllr Noakes reported that the normal waiting time for an appointment at his GP surgery, part of the Nexus Group, was three to four weeks, but he was never

offered evening or weekend appointments. He also asked whether patients were re-directed back to their GPs at urgent care centres, particularly as he expected that the cost of a consultation would be greater at an urgent care centre. Dr Bhan responded that patients should be re-directed to GP services, and that urgent care centres should be able to book appointments. Julie Lowe added that this approach would be required once primary care networks were in operation later in the year.

Cllr Normal asked for information about the challenge of integrating the NHS 111 service with GP hubs, and about how messages about 111 were being publicised. Dr Bhan responded that the technology around booking into GP services was being sorted out, including an online app, and that there had been a big publicity campaign on 111, although she accepted that this needed to be ongoing.

Cllr Cooke commented that she found the variety of services confusing, and in particular she was unsure how to steer her constituents. Dr Bhan responded that the main message was for people to ring 111.

Cllr Muldoon commented that he was pleased with developments at Lewisham Hospital, where a number of services were co-located, but there was active re-directing of patients to more appropriate services. There was good practice and he encouraged other Members to conduct visits to see this in action.

Cllr Downing asked whether it was possible to book appointments via the internet for the GP hub. Dr Bhan responded that this needed to be looked at; at present this was only possible with your own GP or via 111.

23 KENT AND MEDWAY HYPER ACUTE STROKE UNITS

A report was received on the decisions made with regard to the reconfiguration of stroke services in Kent to ensure that stroke patients were taken firstly to a Hyper Acute Stroke Unit (HASU), then transferred to an Acute Stroke Unit (ASU). This particularly affected residents in Bexley, but the outcome was that there would be a HASU and an ASU co-located at Darent Valley Hospital (with other centres at Maidstone and Ashford.)

Cllr Diment reported that the decision was being challenged by Medway Council, and emphasised that there was potentially an impact beyond Bexley if the proposals were delayed or reversed, particularly on the PRUH. He suggested that Bromley Members might consider writing to the Secretary of State or alerting their MPs to the issue.

24 CONSULTATION ON PROPOSAL TO MOVE MOORFIELDS EYE HOSPITAL

The Committee received an update on consultation on the proposed relocation of the Moorfields eye Hospital from City Road in Islington to a purpose-built facility on

the St Pancras Hospital site in Camden. It was confirmed that only the services at City Road would be moving - the satellite services at other locations would remain as they were.

25 NEXT MEETING/WORK PROGRAMME

The following issues had been identified for the work programme -

- The impact of the NHS Long Term Plan – the Chairman suggested that regular updates at each meeting would be required;
- Extension of CAMHS services up to age 25;
- Residential Care Beds and access for families;
- Implementation of GP Networks;
- Central commissioning and changes to CCGs – how this will work and how it will be scrutinised.

AGREED that the next meeting be hosted by Greenwich in June.

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Our Healthier South East London
Sustainability and Transformation Partnership

Meeting: **Joint Health Overview and Scrutiny Committee**

Location: **Greenwich Council, Woolwich Town Hall**

Date: **Monday 22nd July 2019**

Title: **The Long Term Plan**

Presenter: **Julie Lowe and Tom Henderson**

Summary:

The Long Term plan was published in January 2019 and each STP is expected to prepare a response by the autumn.

The response needs to demonstrate how the NHS locally will meet a range of targets that are intended to improve outcomes for patients. It also needs to show how the local NHS will work with local authorities to create sustainable systems – ensuring affordable high quality services that meet the needs of local people.

Our presentation summarises the content of the LTP, describes our approach to engagement and the preparation of our response.

Action Required

Members are asked to comment on the proposed approach to preparing a response to the LTP

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Our Healthier South East London
Sustainability and Transformation Partnership

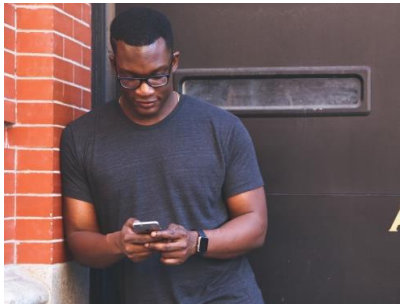
NHS

The Long Term Plan

Published January 2019
Response in autumn (draft September, final November):

- Optimal care setting eg digital consultations
- System infrastructure eg single CCG, Primary Care Networks
- Tackling prevention and health inequalities
- Outcome improvements (maternity, cancer, cardiovascular disease, respiratory, mental health, autism etc.)
- Workforce
  Digitally enabled care
- Sustainable finance

The Long Term Plan

	a. Primary prevention, community action & self-care	b. Integrated community models of Pop Health Mgmt.	c. Specialist services and provider networks
1. Start well Giving every child and family the best possible start, and supporting those with chronic and/or complex needs			
2. Live well Creating a positive place to live in, and providing proactive and holistic support to those who need it			
3. Age well Building communities that support people to remain independent as they grow older and provide genuinely integrated care			

The NHS's "National Offer" in the Long Term Plan

	a. Primary prevention, community action & self-care	b. Integrated community models.	c. Specialist services and provider networks

1. Start well
Giving every child and family the best possible start, and supporting those with chronic and/or complex needs
	• Maternity
	  • Reducing deaths
	  • Smoking
	  • Perinatal Mental Health
	  • Personalisation
	• Mental Health in schools
	• Immunisation
		• Children
		  • Mental health
		  • Asthma
		  • Autism
		  • LD
			• Neonatal networks
			• Children's cancer
			• Children with diabetes and epilepsy
			• Tier 3 and 4 CAMHS access standards
			• Move to 0-25y services
			• Congenital heart disease

2. Live well Creating a positive place to live in, and providing proactive and holistic support to those who need it	• Smoking cessation • Alcohol Support • Detection of high blood pressure, Atrial Fibrillation • Diabetes Prevention • NHS health checks • Screening for cancer	• Diagnosis of COPD Mental health • Faster cancer diagnosis • IAPT • Suicide prevention • Social prescribing	• Rapid diagnostic centres • Radiotherapy upgrades • Personalised care • Stratified follow up • Precision medicine • Crisis mental health • Community mental health standards
3. Age well Building communities that support people to remain independent as they grow older and provide genuinely integrated care	• Detection and prevention of frailty • Enhanced care in care homes	• Population based health management • Cardiac and pulmonary rehab • Stroke and neuro-rehab • Community rapid response	• Stroke thrombectomy • Acute frailty units • NHS App and 111/999 as the single point of access to the urgent care system

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

How the Long Term Plan fits

The Vision for London

What it is and what is isn't

National plan for the NHS voted set by Parliament

The NHS Long Term Plan

The Mayor commissions police, transport, fire & has a statutory duty to publish a Health Inequalities Strategy

The London Vision represents the small but significant things that councils, the Mayor, the NHS and PHE will work on together at a London level

Integrated care involves the local council and local CCG team planning, commissioning, delivering and regulating to improve the social, economic, environment and health of their borough of ~250k residents

STPs are partnerships who work together to govern the common resources available to health and care organisations covering populations of 1.5-2m people

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

Next steps in SE London

- 12 engagement events (6 X borough, 6 X topic focus)
- A London chapter (working with other STPs, GLA and London councils)
- Lots of templates(!)
- A coherent narrative about collaboration leading to sustainable high quality clinical outcomes for local residents which are affordable.
- Local authorities as key partners and a narrative that is place based and goes beyond health

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South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

South East London Commissioning Alliance:

Engagement with JHOSC chairs on CCG System reform

22nd July 2019

Meeting: SE London Joint Health Overview and Scrutiny Committee

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

Location:	**Greenwich Council, Woolwich Town Hall**
Date:	**Monday 22nd July 2019**
Title:	**Engagement with JHOSC Chairs on CCG System Reform**
Presenter:	**Christina Windle, Director of Commissioning Operations, South East London Commissioning Alliance**

SUMMARY:

The six CCGs in South East London are undertaking a system reform programme to support a merger into a single CCG across the geography. There will continue to be clearly defined work and responsibilities in different parts of the system, particularly 'place' (e.g. boroughs), with the expectation of increased partnership working as well as a streamlined commissioning function.

This pack aims to summarise some of the purpose, principles and approach to this work.

Full merger proposals will go to current CCG governing bodies in September and then NHS England/ Improvement will also need to approve, for the merger to take effect 1st April 2020.

ACTION REQUIRED:

The SE London JHOSC is asked to:
Note the approach to CCG system reform and current thinking in terms of future arrangements

We are building on existing collaboration

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South East London
Commissioning Alliance
Partnership of Clinical Commissioning Groups

In order to provide a more responsive and integrated commissioning system we are seeking to change how the CCGs in south east London work. This includes a focus on system oversight and planning at a south east London level through a single CCG, as well as ensuring the ability to focus on borough populations through enhancing local collaboration (across health and social care and between commissioners and providers) in '**Place Based Boards**' and **Local Care Partnerships:**

At a borough level

- **All boroughs already have some joint commissioning resources which work to the Local Authority and the CCG**
- **Healthwatch are key members of local care partnerships**
- **There are a number of projects led and resourced collaboratively within our boroughs (e.g discharge to assess)**
- **Some boroughs have gone further in looking to pool budgets and align decision making more substantively (and see slide 10)**

At a SEL level

- **We have comms and engagement resources within the STP, supporting patient and other stakeholder engagement across south east London**
- **The south east London PPAG involves patients in the STP strategy**
- **Local Authority leadership is a key part of the 'quartet' which leads our STP; enhanced with dedicated and remunerated time**
- **Some projects and programmes additionally have joint leadership – including Transforming Care Programme, Community Based Care programme etc**
- **We have DASS membership as part of the CCG system reform delivery group (SRDG)**

These slides aim to outline our current ways of working and our approach to deepen our partnership arrangements across SEL (through a CCG merger) and in each borough through place based boards

We already have a coherent 'Place' based approach to ICS

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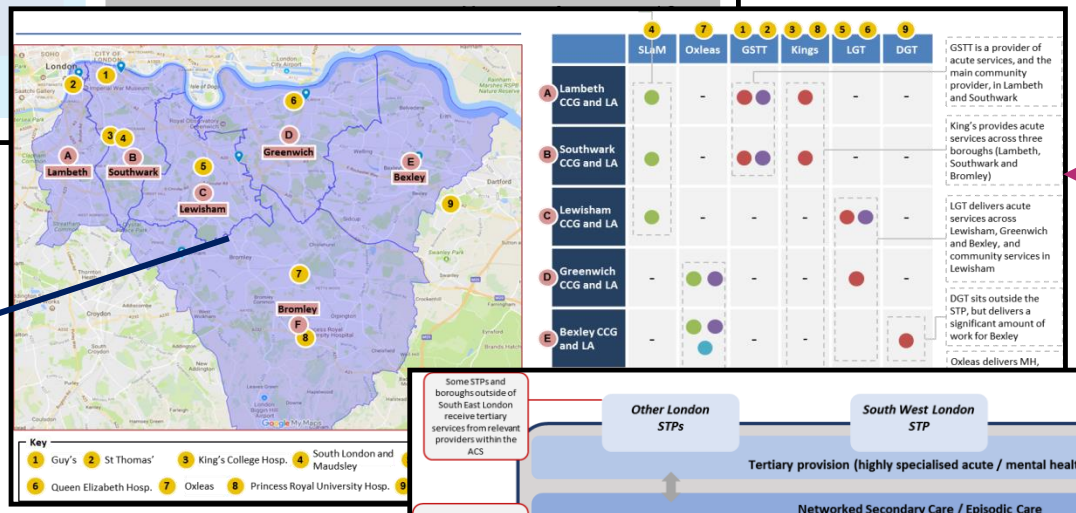
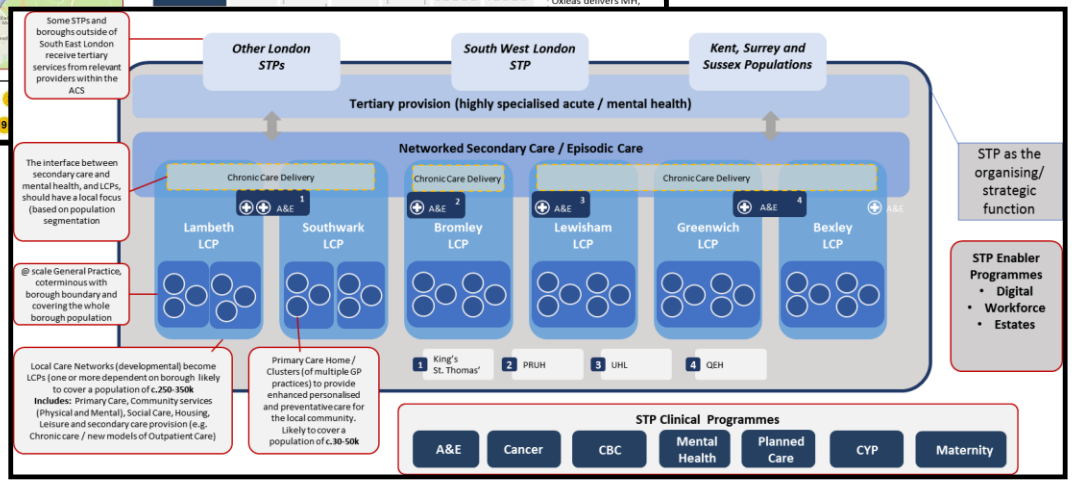
Neighbourhood	~50k	• Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	~250-500k	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+m	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale

National articulation of levels, Population size and purpose. In SEL:
Place = Borough
System = South East London (SEL)



Applied to a highly complex Metropolitan health economy that will all be one ICS
(Currently six CCGs, five major providers, six Local Authorities, 200+ GP Practices and eight federations…)

95% of South East London residents get all of their care within the STP footprint



Operating as an interdependent South east London System of Systems based on:
- Vertical Integration at borough level
- Organisations committed to delivering optimal productivity and efficiency through collaboration
- Horizontal integration across SEL

By Implementing the NHS Long Term Plan we can Improve Services delivered

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Partnership of Clinical Commissioning Groups

Local NHS organisations will increasingly **focus on population health and local partnerships with local authority-funded services**, through new Integrated Care Systems (ICSs) everywhere

A reduction in administrative cost will mean more money will go to front line services

Improved and joined up care throughout south east London with services across south east London being the same high standard

The long term plan makes a commitment to supporting **local approaches to blending health and social care budgets where councils and CCGs agree this makes sense.** This will mean that there will be delivery of joined up services in each borough

Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government

Services that deliver clear health and wellbeing outcomes for patients

New multi-disciplinary **Primary Care Networks will include** "expanded teams across groups of neighbouring GP practices who work together…. with local NHS, **social care** and voluntary services".. This is at neighbourhood level (circa 50k population size)

Health and care will need to work closely together in each borough, neighbourhood and throughout South East London

Outline case for change

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South East London
Commissioning Alliance
Partnership of Clinical Commissioning Groups

The establishment of a single CCG is a key feature of our response to the NHS Long Term plan and a critical step toward the development of our Integrated Care System being a partnership of organisations, taking collective responsibility for the sustainable delivery of high quality outcomes to our population.

Through merger we will secure….

- The responsive **population based commissioning** at very local (neighbourhood), borough and system (SEL) place levels that our diverse communities require - simultaneously through the relocation of commissioning functions and planning and co-ordination of a single commissioning authority
- A **different approach to commissioning** - that gives greater focus to **system strategy, planning and oversight**; greater **integration of health and social care commissioning**; and enables **alliances of providers to take 'traditional commissioning roles'** in service design, responding to populations of similar geography or need
- The ability to **derive solutions at the required scale and pace**, to the quality, performance and financial challenges that cannot be resolved by our current organisations
- The requisite **capacity and different capability** required to commission services for our populations going forward within a reduced management cost envelope
- The ability to **take control and design our structures locally**, in south east London, by acting now

The importance of 'place' and 'population'

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South East London
Commissioning Alliance
Partnership of Clinical Commissioning Groups

The whole purpose of Integrated Care Systems is to ensure that patients and the public / our residents are supported with the best health and care by ensuring the organisations that support this can collaborate effectively with aligned incentives, shared accountability and the ability to make collective decisions on the best use of shared resource

In describing the south east London proposed approach it is important therefore that we are clear on definitions for:

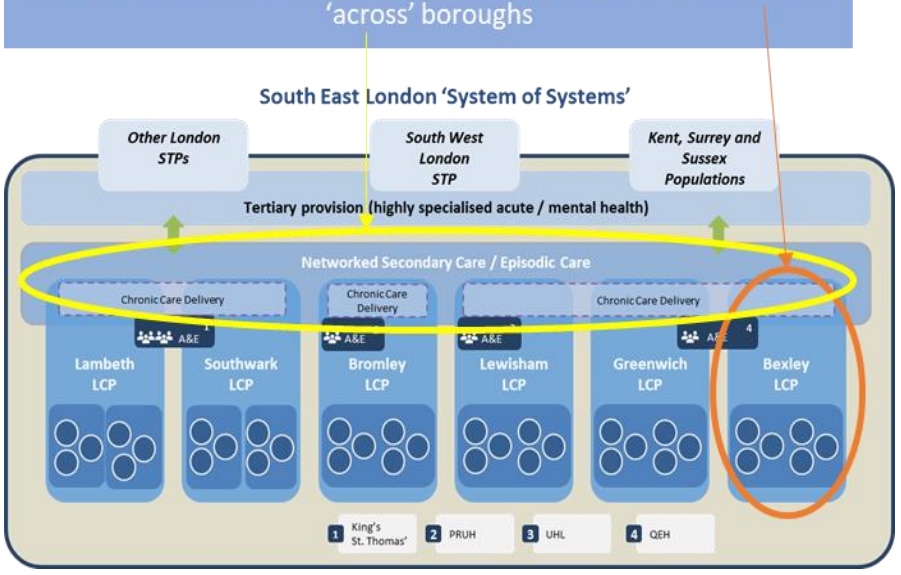
Place – refers to a geographical grouping; 150 – 500k population. **In London these are our boroughs**. 'Place' is also sometimes used to describe a 'level' or 'system' within our system of systems

Population – Is about a group of residents which we commission services for. This might be within a 'place', or it might be based on particular pathways (e.g. cancer), across multiple 'places' or at a SEL level

There are multiple places/ levels within and beyond our 'system of systems'

Level/ Terminology	Related to boroughs	Population size	Purpose
Neighbourhood (Primary Care Networks PCN)	Sub-borough	**~30-50k**	• Strengthen primary care • Network practices and other out-of-hospital services • Proactive & integrated models for defined population
Place (Local Care Partnerships)	Borough	**~150-500k**	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System (ICS)	Multi-borough (6 South East London boroughs)	**1+m**	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and £
Region *Agrees system objectives with each ICS*	Multi-borough (London)	**5-10m**	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

We need to think about delivery of services and change 'within' and 'across' boroughs



Our ICS vision in SEL is a 'system of systems'

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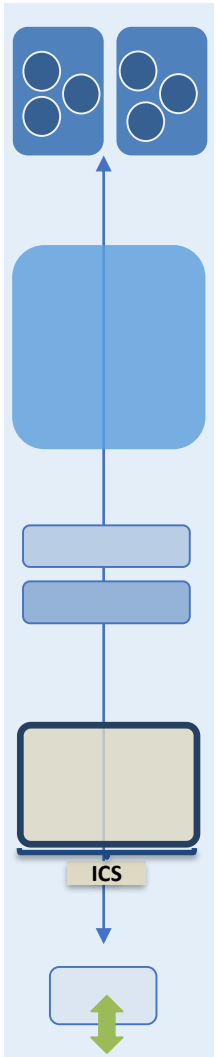
Partnership of Clinical Commissioning Groups

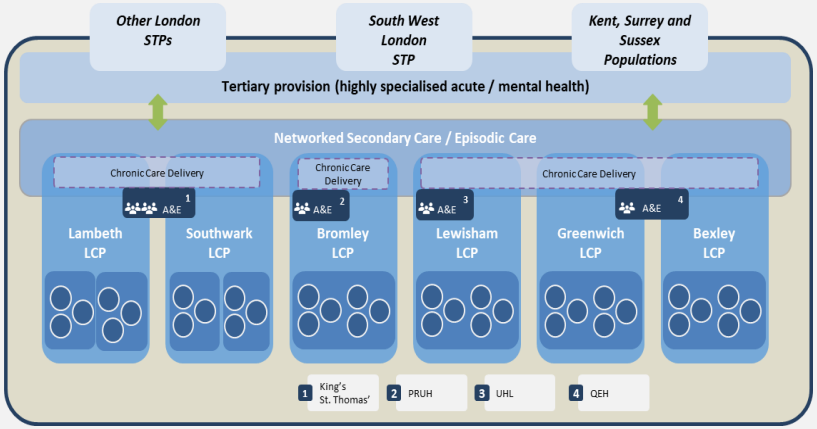
Our ICS approach considers how to:

- Support **Primary Care Networks** to work collaboratively across primary, mental, and community care at a **sub borough (or neighbourhood) level**
- Develop **Local Care Partnerships** integrating health and social care working collaboratively between different types of commissioners as well as providers **within a borough (place)**
- Work with **secondary care providers across multiple boroughs / south east London** and tertiary services **across and outside the STP**
- South east London, working as a collection of health and care partners forms our **Integrated Care System (ICS)**

We will also continue to work with other STPs as well the London region



Each part links together in a
'system of systems'



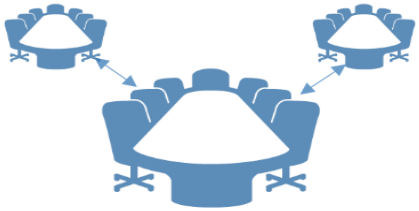
The approach to each element of this 'system of systems' is **for the purpose of providing the best support to our population**, driving best value across health and care, and living within our means.

This is our vision for ICS

What are we trying to achieve?

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

The vision outlined on the previous slide outlines our key ambitions and the CCG system reform programme will help to accelerate this through:

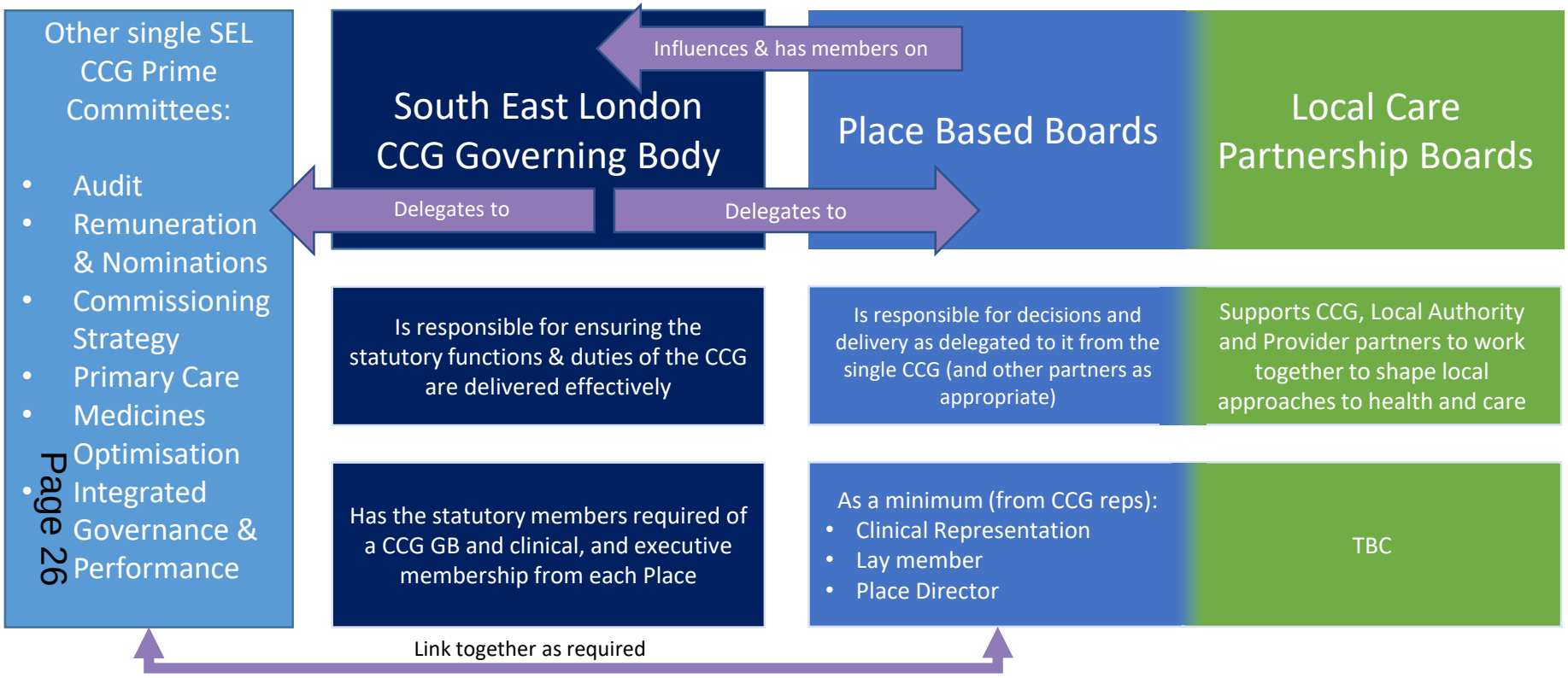
What are the objectives of our approach?	By establishing/ supporting
 We can be clear and more consistent about **WHAT** our priorities and expected outcomes are (based on our priorities)	 A **single CCG** and **place based** boards which we need to deliver **simultaneously**
 Our approach is about enabling more **INTEGRATED** working and decision making with our partners (Local Authorities, Trusts etc)	 Partners shape **SEL** (OHSEL board) and **local** (Place based boards) approaches
 And supporting these integrated teams to agree **HOW** this is implemented	 Place based boards will have **delegated decision making and funding** *

*(as agreed with local areas)

What is our current thinking in terms of our developing governance?

NHS South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

A single CCG for south east London would have a governing body and also a number of prime and sub-committees. Many would be constituted to undertake necessary functions for the CCG, whilst place based boards would be the NHS' key commissioning forum at a borough level. Our aim is that this provides a forum for more collaborative working with local authorities (see next slide), but recognises that our six boroughs may have differential positions on 1st April 2020. Place based boards would shape approaches and oversee delivery at a borough level and have members on the single CCG governing body. Increasingly over time boroughs would work more closely with other provider and commissioner colleagues to shape these local decisions as part of a Local Care Partnership.



There is a key objective to support partnership working and local approaches in each borough but also to ensure that there aren't unintended consequences on other boroughs, or at SEL level, from decisions taken in an individual borough. Therefore the expectation is that there will be an agreed 'initial approach' to decision scope for all boroughs, with the ability for further changes by agreement across the boroughs and at SEL level.

What else needs to be defined in a place based board?

NHS
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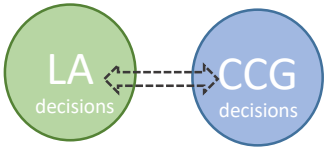
There are different starting points and options for joint working between NHS and LAs in a borough

1 Greater Involvement



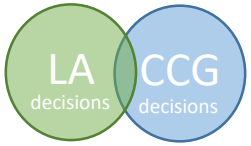
"Separate plans, separate budgets"

Local Authorities and CCGs discuss priorities and may collaborate but do not make aligned decisions

E.g. limited membership/ participation on place based boards (noting they would be members of the Local Care Partnership).

The Place Based Director is an NHS employee e.g. Managing Director

2 Aligned Commissioning



Aligned plans, separate budgets"

Local Authorities and place based health leaders agree priorities and to take respective organisational decisions based on achieving these

E.g. members of the place based boards, with agreement shared decisions are actioned; there is an agreed link into Local Authority governance.

Place Based Director dual accountability TBC?

3 Joint Commissioning

Aligned plan, aligned budget"

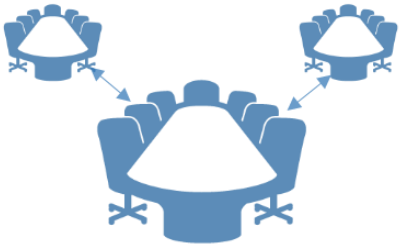
Local Authorities and place based health leaders would jointly make decisions on health and Local Authority functions with delegated budget from both organisations e.g. through pooled budgets & S75

E.g. the place based board is a committee in common or similar with the Local Authority.

The Place Based Director has dual accountability to the LA and CCG

There are no pre-defined starting points or change expectations related to these levels of delegation

Where budgets are delegated there will be choices about WHICH and HOW MUCH



All places will be delegated budget/ decisions from the single CCG but details of the delegation approach is a key element to be determined in the reform programme.

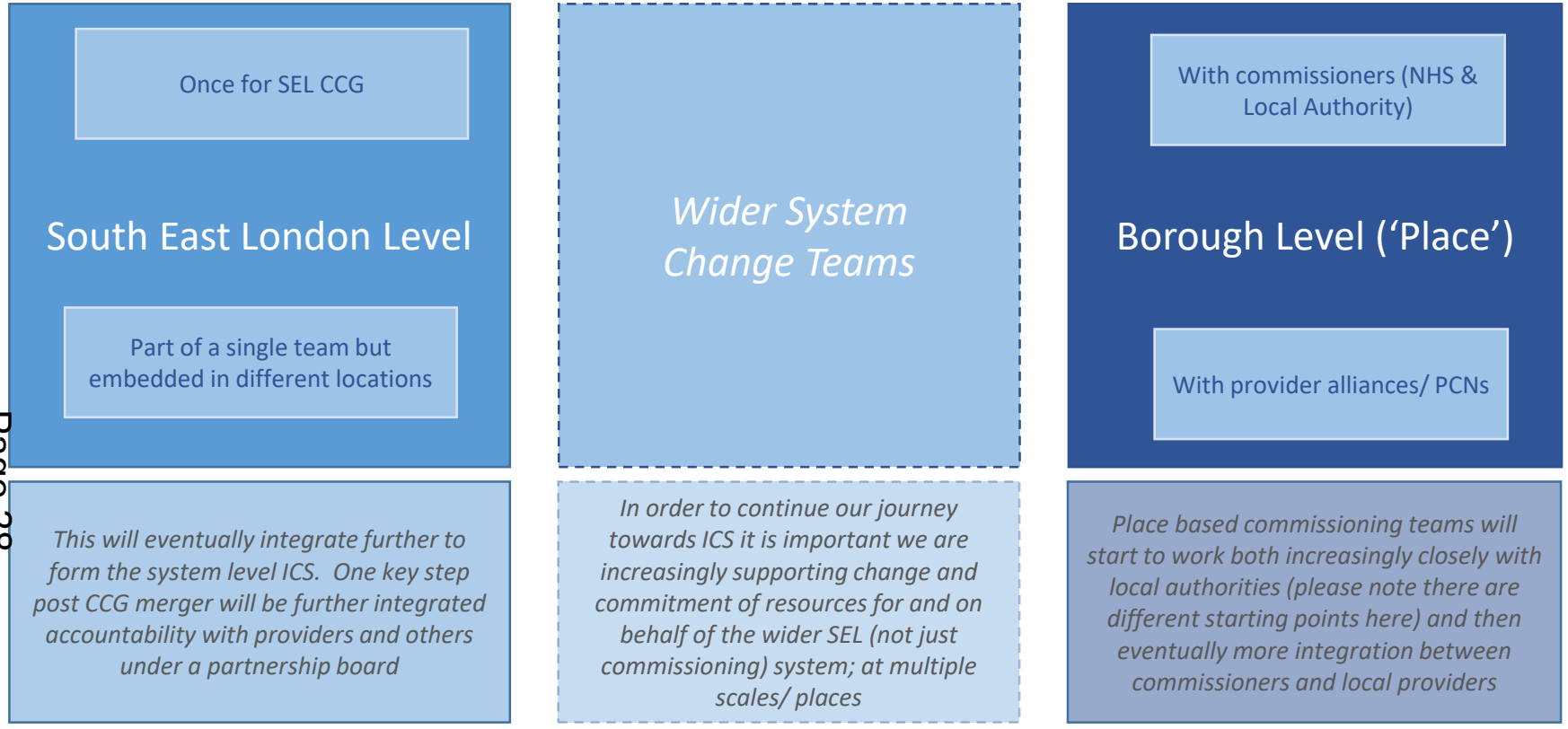
Local Authority delegation (of decisions and/or funding) will also need to be determined in each local area

We are also reviewing and reorganising some of our resources

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

A key principle is ensuring that we have the right capacity and capability at each level of our system of systems. Current CCG functions and teams will therefore either:

- Work as part of a single south east London team; either fully consolidated or with a single point of leadership and staff embedded within places
- Work within a borough reporting to the place based director (e.g. joint commissioning)
- Work as part of a team with resources and funding from multiple system partners, focused on implementing change

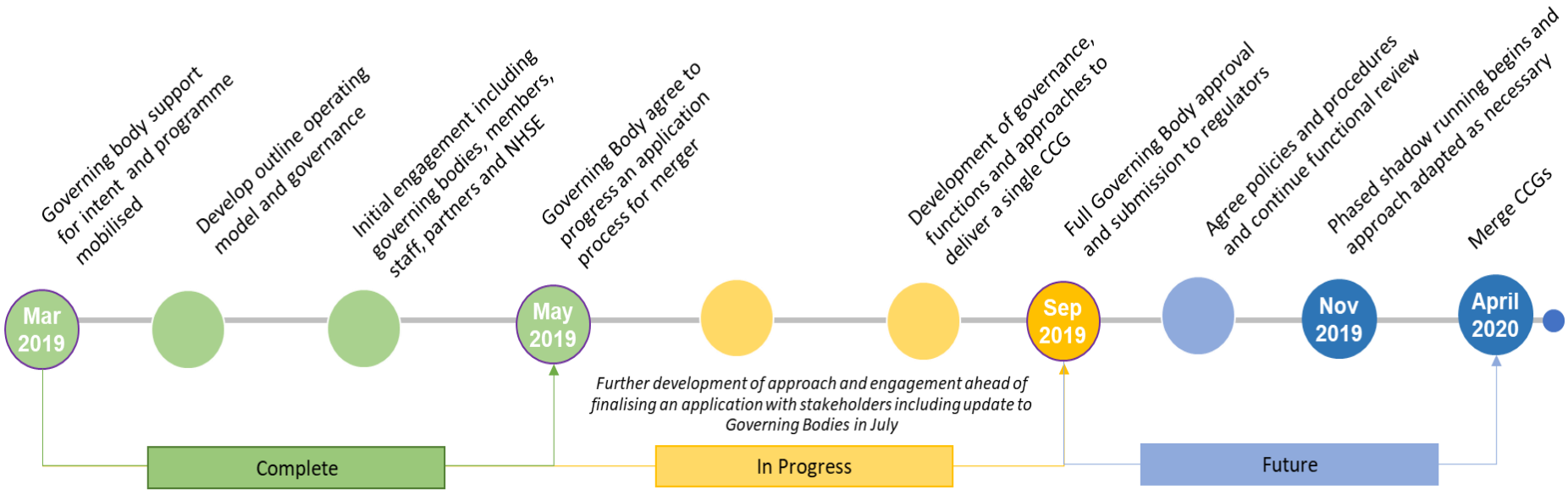


It is proposed that some of this review and change work is undertaken to ensure there are fit for purpose functions across the SEL CCG on the 1st April, whilst it is also agreed that some fully borough based functions will need to be considered over a longer period and the expectation is that they will 'lift and shift' for the start of the new financial year.

Where are we in the change programme?:

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

The aim is to have a single SEL CCG and the place based systems established by 1st April 2020



Communications & Engagement // HR // Finance // Governance considerations throughout

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Meeting: SE London Joint Health Overview and Scrutiny Committee

Our Healthier South East London
Improving health and care together

Location:	**Greenwich Council, Woolwich Town Hall**
Date:	**Monday 22nd July 2019**
Title:	**Developing Primary Care Networks - arrangements for south east London**
Presenter:	**Mark Edginton**

SUMMARY:

Since the NHS was set up, GP surgeries have always been independent business which have contracts with the NHS to provide NHS services to patients.

A new GP contract was agreed between NHS England the British Medical Association (BMA) January 2019, setting out how GP services will help deliver the ambition of the Long term plan.

At the core of these new arrangements are the development of "Primary Care Networks". These bring together GP surgeries and community services in a local area supporting our citizens to benefit from more sustainable services, working at scale.

In line with the national timeline, local practices submitted their network registration applications to local commissioners on 15 May 2019. These local proposals have been bought for discussion with stakeholders across the local care partnership boards (or equivalent) in local area to agree support of proposals, prior to final approval on 01 July, 2019

Our Healthier South East London are very pleased to announce that we have now agreed the development of 35 PCNs across South East London.

The presentation provides an overview of the approach and developing arrangements for Primary care Networks across South East London.

It's important to note that:

- These new arrangements **do not** affect individual patients' registration.
- Their GP will still be providing the core services of general practice and the services under the new PCN contract are **additional** services.
- PCNs are set up to support practices within their network, thus putting more resilience into general practice.

ACTION REQUIRED :

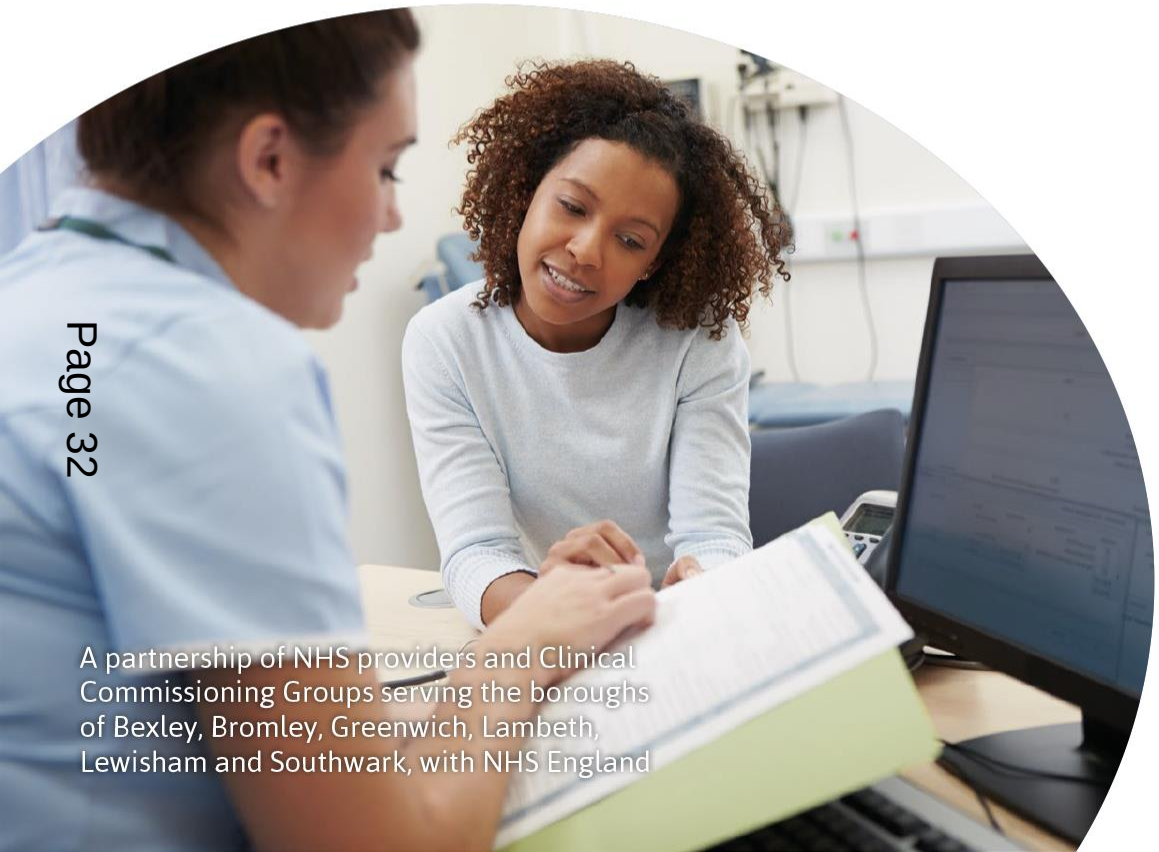
The SE London JHOSC is asked to:

Consider the information provided and the further opportunities that PCNs could bring to the developing models of place based and neighbourhood care.

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

Developing Primary Care Networks - arrangements for south east London



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Mark Edginton
Programme Director CBC
09 July 2019

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

A new GP contract has been agreed which sets out how GP services will contribute to delivering the Long Term Plan.

Since the NHS was set up, GP surgeries have always been independent business which have contracts with the NHS to provide NHS services to patients.

A new GP contract was agreed between NHS England the British Medical Association (BMA) January 2019.

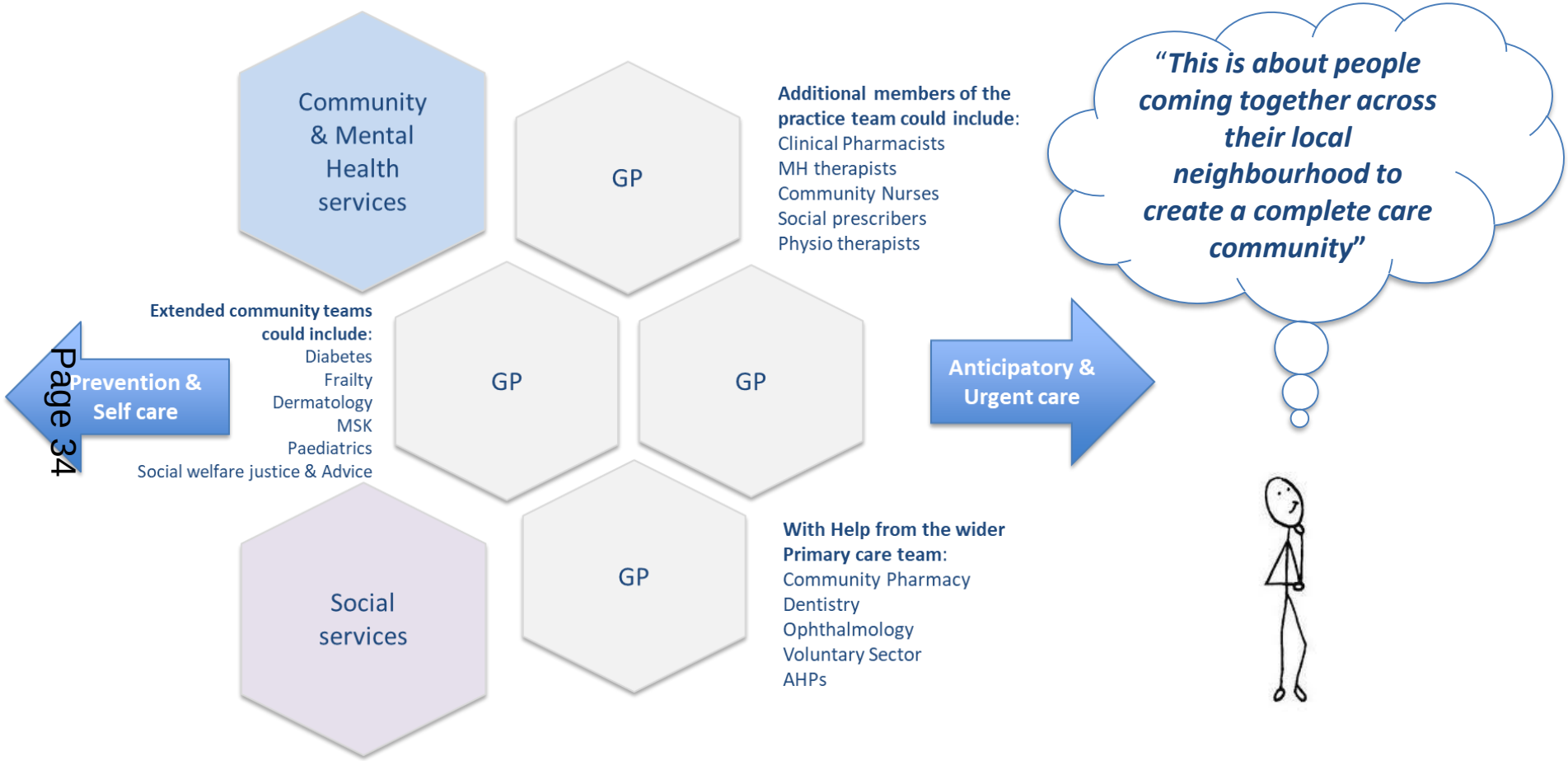
- It sets out how GP services will help deliver the ambition of the Long term plan
    1. Addressing workload issues
    2. improving Quality and Outcomes Framework
    3. joining up urgent care services
    4. using of digital technologies
    5. delivering new services
    6. providing more certainty about funding for 5 years
    7. setting up a new clinical negligence scheme
    8. developing Primary Care Networks (PCNs)

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

This is about much more than clusters of general practice.

It is about groups of practices coming together locally in partnership with community services, social care and other providers of services around the needs of a local neighbourhood"



Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

The vision for PCNs is that they will deliver improvement at a patient, practice and system level.

Patients should experience:

- **Joined up services**, where everyone they engage with knows about previous interactions, supporting continuity of care.
- **Access** to a wider range of professionals and diagnostics in the community, so they can get access to the people and services they need in a single appointment
- **Different ways of getting advice and treatment**, including digital, telephone based and physical services, matched to their individual needs
- **Shorter waiting times**, with appointments at a time that work around their lives
- **Greater involvement**, when they want it, in decisions about their care
- **An increased focus on prevention** and helping people to take charge of their own health, enabling them to stay out of hospital

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

The vision for PCNs is that they will deliver improvement at a patient, practice and system level.

Practices should experience:

- **Greater resilience** by sharing staff, buildings and other resources, helping to smooth out fluctuations in demand and capacity and make the most efficient use of resource
- **A more sustainable work/life balance**, as more tasks are routed directly to appropriate professionals, e.g., care navigators, social workers, physios, pharmacists and counsellors
- **More satisfying work**, with each professional able to focus on the tasks they do best
- **Greater influence** on decisions made elsewhere in the health system
- **Ability to provide better treatment to their patients**, through better access to specialists in the community, diagnostics, and partnership with community services, social care, and voluntary organisations

DRAFT

The vision for PCNs is that they will deliver improvement at a patient, practice and system level.

Wider health and care partners should experience:

- **Cooperation** across organisational boundaries to allow greater join up of services
- **Primary care providers as core partners** in system decision making, helping to drive a more population-focused approach to decision making and resource allocation
- **A wider range of services in the community** so patients don't have to default to the acute sector
- **More resilient primary care**, acting as the **foundation of integrated systems.**

Healthy London Partnership

Working Together

Capability and capacity of PCNs will build over the next 5 years

In the first year of the PCN contract the focus will be on optimising current services across the network, such as the provision of extended opening hours for local practices and the development of new roles, such as clinical pharmacists and social prescribing link workers

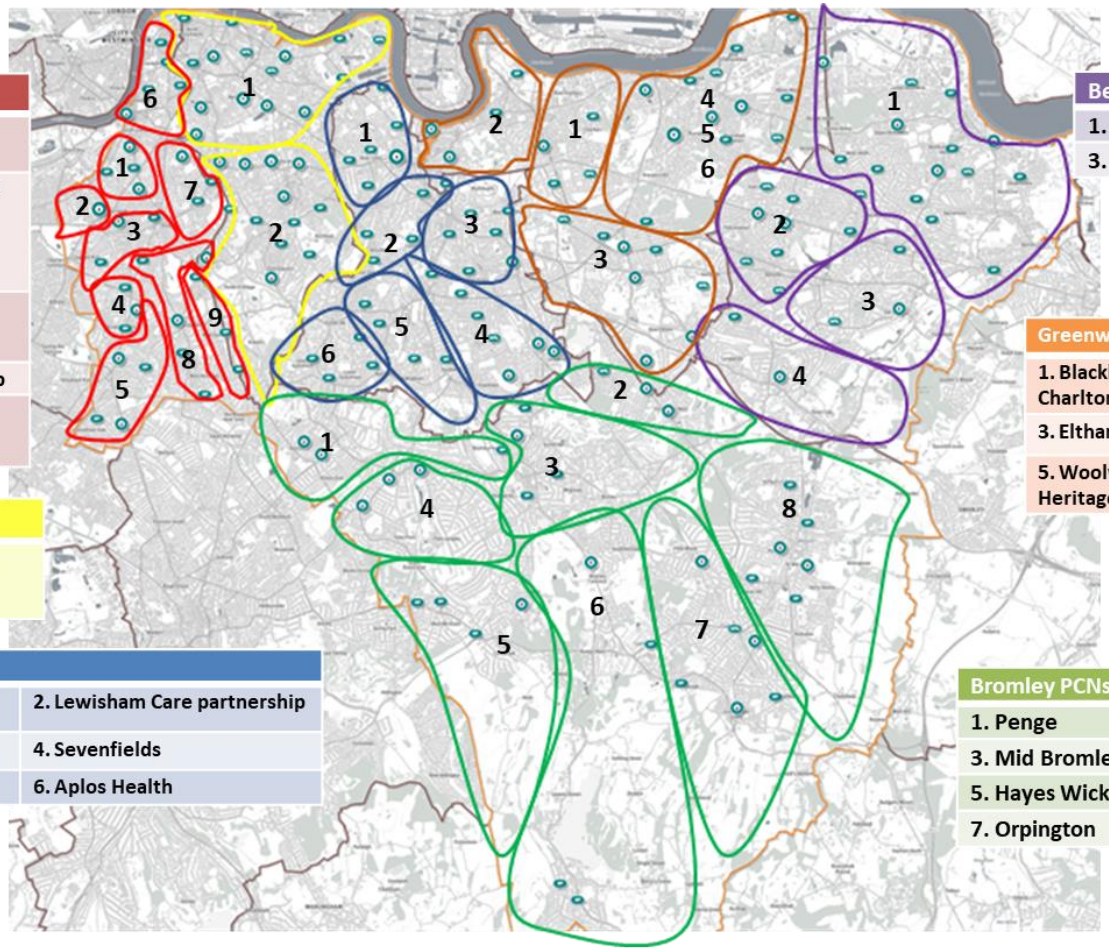
Practices working together to support the needs of the patients including:

- Extended Hours Access
- Sharing clinical resources
- Implementing and recruiting new roles (i.e. clinical pharmacists, social prescribing link workers)
- Access to multidisciplinary teams
- Practice resources are used in best possible way across the PCNs, which will free up more time for patient care
- More health services provided in the local community
- Improved and consistent quality of health care services

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

Our Healthier South East London are very pleased to announce that we have now agreed the development of 35 PCNs across South East London.



Lambeth PCNs	
1. Stockwell Being	2. Clapham
3. Brixton & Clapham Park	4. AT Medics Streatham
5. Streatham	6. North Lambeth
7. Five ways	8. HBD Group
9. Croxted	

Bexley PCNs	
1. North Bexley	2. Clocktower
3. APL	4. Frognal

Greenwich PCNs	
1. Blackheath and Charlton	2. Greenwich West
3. Eltham Health	4. Riverview
5. Woolwich Heritage	6. Unity

Southwark PCNs	
1. North Southwark	2. South Southwark

Lewisham PCNs	
1. North Lewisham	2. Lewisham Care partnership
3. Lewisham Alliance	4. Sevenfields
5. Modality	6. Aplos Health

Bromley PCNs	
1. Penge	2. MDC Network
3. Mid Bromley	4. Beckenham
5. Hayes Wick	6. Five Elms
7. Orpington	8. The Crays

Our Healthier South East London
Sustainability and Transformation Partnership

NHS DRAFT

It is important to note that:

- These new arrangements **do not** affect individual patients' registration.
- Their GP will still be providing the core services of general practice and the services under the new PCN contract are **additional** services.
- PCNs are set up to support practices within their network, thus putting more resilience into general practice.

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Our Healthier South East London
Sustainability and Transformation Partnership

Meeting: **Joint Health Overview and Scrutiny Committee**

Location: **Greenwich Council, Woolwich Town Hall**

Date: **Monday 22nd July 2019**

Title: **Update on Commissioning of Pathology and Diagnostic Services**

Presenter: **Julie Lowe and Tom Henderson**

Summary:

In September 2017 all south east London provider Trusts and Clinical Commissioning Groups (CCGs) formed a Pathology Programme board to drive transformation of pathology services by developing a network model to deliver pathology tests and results.

The development of a network was in response to NHS Improvement's ask of all hospital trusts in England to create pathology networks to drive efficiency and reduce variation. In addition, Guy's and St Thomas' NHS Foundation and Kings College Hospital NHS Foundation Trusts' current contract with their pathology provider, Viapath, was due to end in September 2020 and a new provider needed to be sought, under a new network model.

In August 2018 the programme launched a procurement to find a pathology provider able to deliver a high quality and efficient network model for the participating organisations: Guy's and St Thomas NHS Foundation Trust, Kings College Hospital NHS Foundation Trust, Oxleas Foundation Trust, South London and Maudsley NHS Foundation Trust and the six South East London CCGs.

The south east London JHOSC was updated on the progress of the programme and the launch of the procurement in September 2018.

Lewisham and Greenwich NHS Trust did not join the network procurement and are developing alternative network arrangements outside of south east London.

This paper provides an update to all stakeholders on the progress of the procurement of a provider to deliver the network model and the expected timescales for contract award.

Action Required

Members are asked to note the update on the progress made in developing the south east London pathology network.

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South East London Pathology Programme Update

1. Scope and Purpose

The purpose of this report is to provide an update on the procurement of the South East London (SEL) Pathology service to those with an interest in this programme. This update will cover the following areas:

- A description of the changes to the strategic context and the scope of the procurement since the Strategic Outline Case (SOC)
- A high-level overview of the progress of the procurement
- An update on the Trust Board approval process
- An update on the approach to CCG decision-making

2. Updates to the Strategic Context and Scope of the Procurement

As described in the SOC presented to Trusts' Boards in January / February 2018, the SEL Pathology programme is part of a national programme overseen by NHS Improvement (NHSI) to improve quality, reduce variation and improve efficiency of pathology services. NHSI's model identified 29 potential pathology networks nationally. For SEL the NHSI pathology hub and spoke network aligned directly with the SEL STP footprint. The SOC recommended the development of a new STP specification to deliver the required pathology hub and spoke model, and the launch of a competitive dialogue procurement process to award this contract to a pathology provider or partnership.

Based on the recommendation in the SOC the Trusts agreed to proceed with a competitive dialogue procurement, with authority delegated to the SEL Pathology Programme Board, subject to approval by Trust Boards at four Gateway stages:

- Gateway 1: Trust Mandate to take forward procurement (approval of SOC)
- Gateway 2: Trust Mandate to launch formal tender process
- Gateway 3: Trust Mandate to issue the request for Best and Final Offers (through approval of an Outline Business Case, OBC)
- Gateway 4: Trust Mandate to award contract (through approval of a Full Business Case, FBC).

To ensure appropriate consideration and transparent evaluation of potential options for the new service, the Programme Board agreed that all options would be evaluated against the same criteria and go through the same single procurement and business case process. Therefore, the Programme Board proceeded with the development of a specification for the new SEL STP Pathology service and designed a procurement programme that could accommodate the range of potential options to deliver this specification. The SEL Pathology Programme Board presented the recommendation to Trust Boards in July 2018 (Gateway 2) to:

- Launch the procurement under a single "Lot" structure and timetable agreed by the SEL Pathology Programme Board
- Reserve the option to de-scope services during the dialogue process and introduce a multilateral decision-making process with all participating Trusts through the SEL Pathology Board

The Boards of GSTT and KCH approved these recommendations and confirmed their involvement in the procurement process as Core Contracting Authorities. The Board of Lewisham and Greenwich NHS Trust (LGT) confirmed that LGT would not be part of the formal procurement. However, given LGT's close clinical links with GSTT and KCH as tertiary referral centres for LGT patients (particularly patients on a cancer pathway), the Board of LGT confirmed its intention to include these specialist volumes in the SEL pathology service procurement.

The OJEU notice for the procurement of the new SEL STP Pathology network service was launched on 15th August 2018 (based on a 15-year contract term). Prior to publication of the tender, several other organisations expressed an interest in joining the procurement process, and were named in the OJEU notice.

2.1 NHS England Genomics Testing Services

In parallel with the work to define the SEL pathology service, a national procurement programme has been running to award contracts for 7 NHS Genomic Centralised Laboratory Hubs, that will deliver core and specialised genetics testing services for populations of 3.1 to 6.9 million patients. GSTT leads the consortium that was awarded the contract for the London South Genomics Hub, with Viapath named prime sub-contractor as the current incumbent supplier delivering the majority of high-volume work and reporting.

GSTT has agreed with NHS England that any new provider of the SEL pathology service would take on the responsibility for the NHS Genomic Testing Services contract for the London South lot. Therefore, the OJEU notice highlighted the potential requirement for the pathology provider to act as a sub-contractor to support the London South Genomics Consortium.

3. Update on Progress of the Procurement Process

Following issue of the OJEU notice in August 2018, standard selection questionnaires (SQs) were provided to prospective bidders that expressed an interest in the procurement. Subsequently, based on the evaluation of the responses to those questionnaires, at the end of October 2018 the three highest scoring bidders were invited to respond to the specification. This specification included detailed requirements for a set of KCH and GSTT "Ultra-Specialist Services", that the Trusts had highlighted as requiring different treatment within the contract due to specific factors (e.g. close integration with clinical services).

The short-listed bidders submitted Initial Bids in mid-December 2018. Following a period of review, the first phase of dialogue took place with the short-listed bidders to discuss the bidders' proposals. Subsequently, bidders submitted Revised Initial Bids on 1st March 2019, which were evaluated against the agreed evaluation criteria.

All three bidders have been invited to submit Detailed Bids for the second dialogue phase, where the bidders' proposed operating models, commercial models and proposed pricing will be discussed in more detail. Following an evaluation of updated proposals developed following this dialogue, a final short-list of bidders will be invited to submit Best and Final Offers (subject to approval by Trust Boards at Gateway 3, as outlined below).

The Programme Board is currently engaging with regulators (including HMRC, DHSC, the Competition and Markets Authority and NHSI) to manage any regulatory requirements for the subsequent contract award.

4. Overview of the Trust Board Approvals Process

As highlighted above, at the SOC stage in January / February 2018, the Trusts approved a 4-stage gateway process for the development of the Outline Business Case (OBC) and Full Business Case (FBC) for the new SEL Pathology service. At Gateway 2 (in July 2018) GSTT and KCH approved the launch of the procurement process.

At Gateway 3, an OBC that describes the financial, commercial and operating models developed through the procurement process, as well as the plan to manage the implementation of the new contract, will be presented to the Trusts' Boards for approval. The OBC will also provide indicative pricing for the Direct Access Pathology (DAP) service, to support the CCGs' decision-making on contracting for this service.

Approval of the OBC by the Trusts' Boards at Gateway 3 will provide the mandate to issue the request for Best and Final Offers to short-listed bidders. Following evaluation of these Best and Final Offers, an FBC will be presented to the Trusts' Boards at Gateway 4 to approve award of the contract for the new SEL Pathology service to the preferred supplier. This will initiate a period of transition, where the selected supplier will prepare to start delivery of the new contract for the SEL STP pathology service from the Service Commencement date of 1st October 2020.

5. An Update on CCG Decision-Making for Direct Access Pathology Volumes

The 6 SEL CCGs were each individually named in the OJEU notice launched in August 2018, as contracting parties. This offers the opportunity for each CCG to either hold a contract directly with the chosen provider, or through Trusts. In the Invitation to Participate in Dialogue released in October 2018, bidders were asked to provide prices against both contracting options.

The recommended pathology service model, contractual model and price developed through the dialogue process will allow each CCG to decide on the contractual arrangement that best delivers value for money and meets GP and CCG commissioner needs. The timing of CCG decision-making will be aligned with the availability of the appropriate information from the procurement programme to support these decisions.

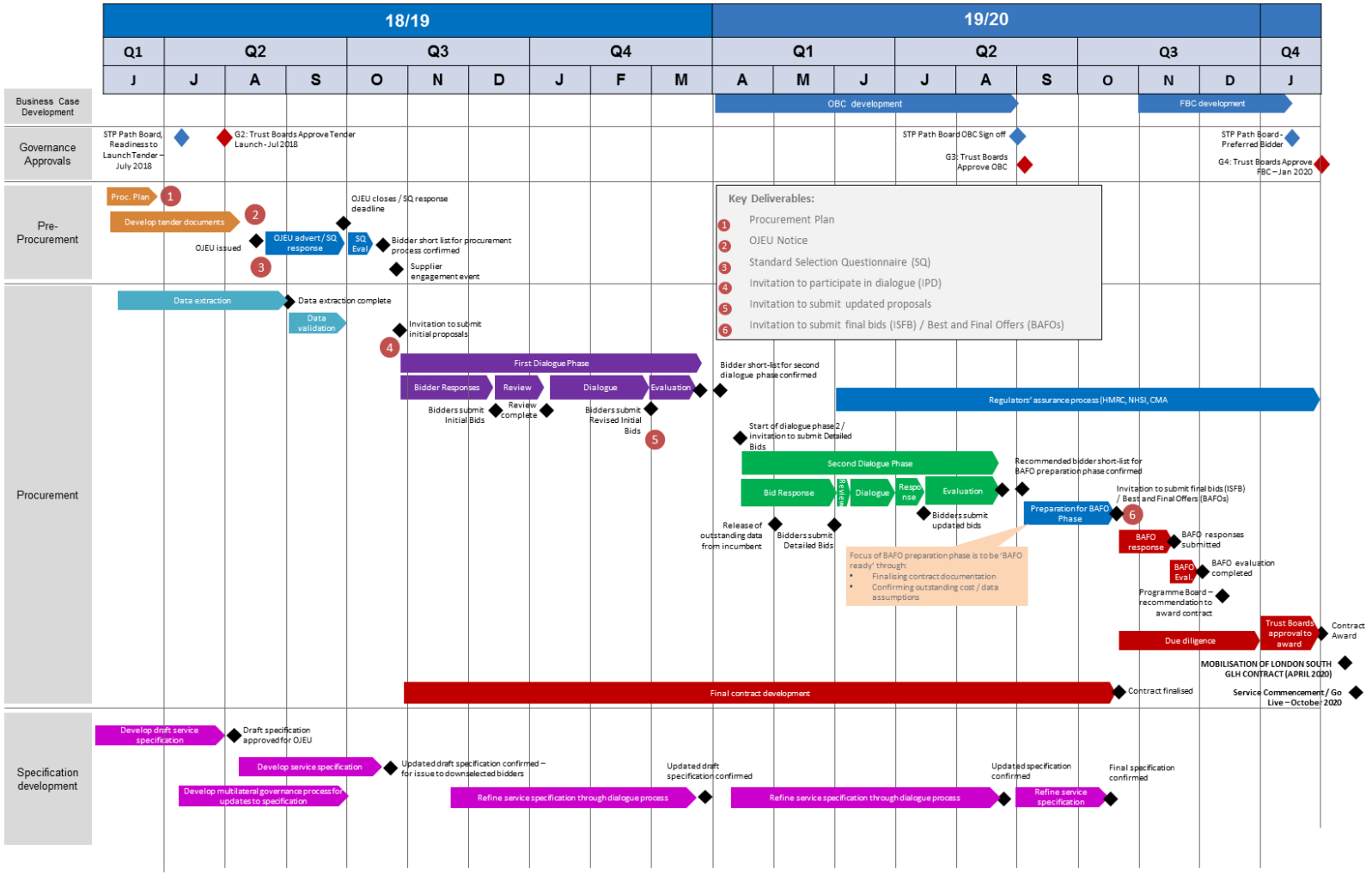
The programme will continue to actively engage with the CCGs and Primary Care in the second dialogue phase, to provide visibility on the emerging offer for Direct Access Pathology.

6. Programme Plan and Key Decisions

The high-level plan for the SEL Pathology Programme is included in Appendix 1. Subject to this timeline, the forward plan of key decisions to complete the award of the contract for the new SEL pathology service is outlined below:

Key decision	Planned Date
Confirmation of bidders to invite to Best and Final Offer stage (based on evaluation of Updated Detailed Bids at the end of Dialogue Phase 2)	05/09/2019
Approval of Outline Business Case (OBC) by Trusts' Boards to approve: • Issue of request for Best and Final Offers to final short-listed bidders • Final service specification	September 2019
CCGs' preferred contracting arrangements for Direct Access Pathology	September 2019
Programme Board confirmation of preferred supplier for the SEL pathology contract (based on evaluation of Best and Final Offer responses)	13/12/2019
Approval to award the contract to the preferred supplier (through Trusts' Boards approval of the Final Business Case)	31/01/2020

Appendix 1 – High Level Plan for the SEL Pathology Programme



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