

Joint Health Overview and Scrutiny Committee (JHOSC)



1 February 2016

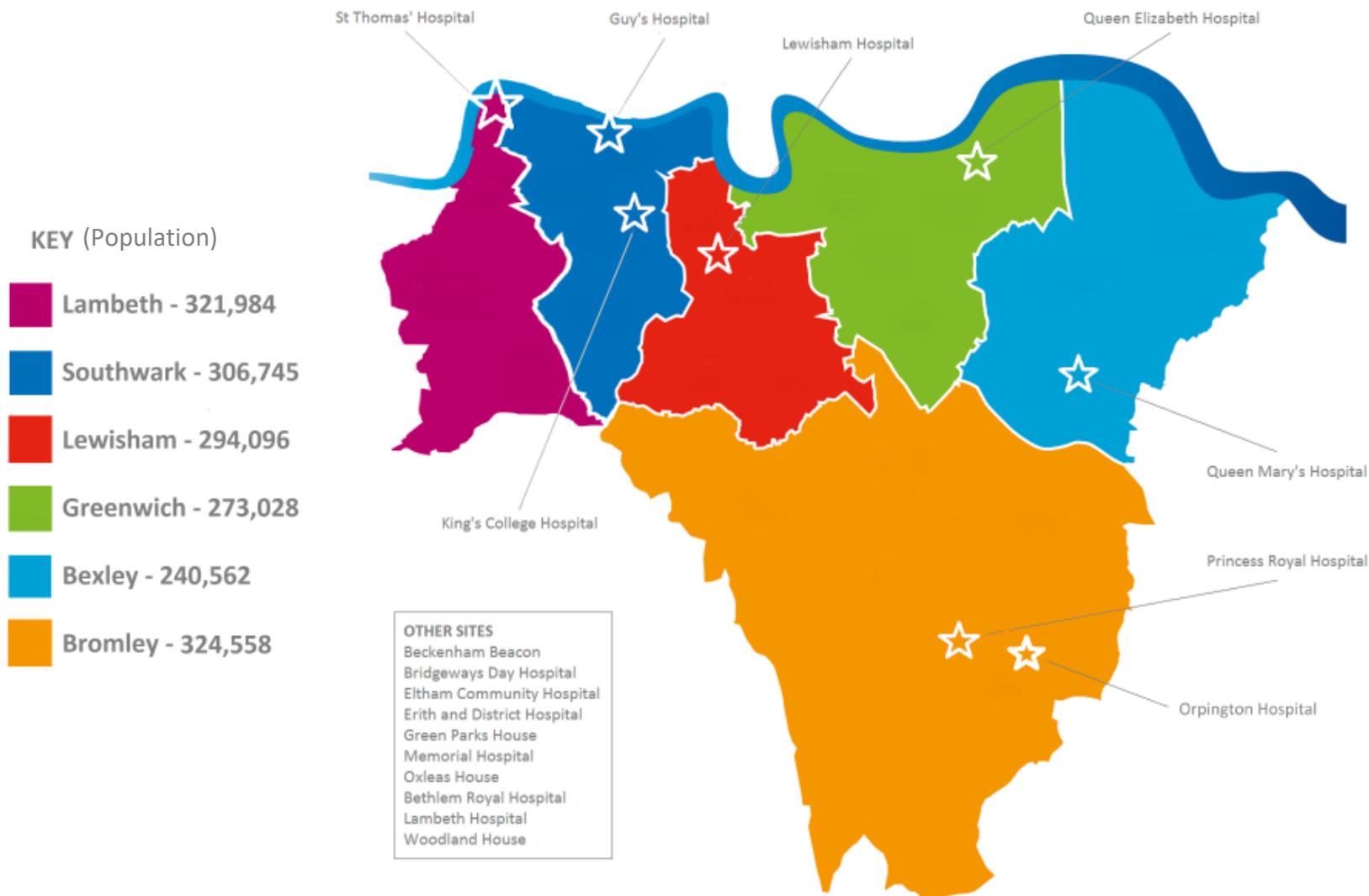
Introduction

- Our Healthier South East London is a five year commissioning strategy that aims to improve health, reduce health inequalities and ensure all health services in south east London meet safety and quality standards consistently and are sustainable in the longer term
- The programme is founded on a partnership approach with health and care providers, commissioners, Healthwatch, voluntary and community sector and patients and carers
- We have grouped our work into the following six areas with **Mental Health** being embedded across all workstreams

- 1 Community Based Care
- 2 Planned Care
- 3 Urgent and Emergency Care
- 4 Maternity
- 5 Children and Young People
- 6 Cancer

You asked us to cover the following areas:

- How things are now / the impact of our strategy
- How Mental Health is embedded in our proposals
- Financial implications of the new models of care
- Timelines for proposed changes (see Appendix A)



Engagement

- We have completed a phase of 'early engagement' – involving more than 1,700 people
- Patient voices and Healthwatch have been supported to be equals in the design of new models of care alongside clinicians, care professionals and commissioners
- Equalities Analyses have been undertaken and this has been fed into the development of new models of care as well as informing priorities for further engagement
- Engagement activity has been reviewed by our Stakeholder Reference Group including how options for potential consultation are selected
- A series of 'You Said We Did' publications have been published and shared with participants in the programme so far
- Our engagement approach is being externally assured by independent consultation experts 'The Consultation Institute'

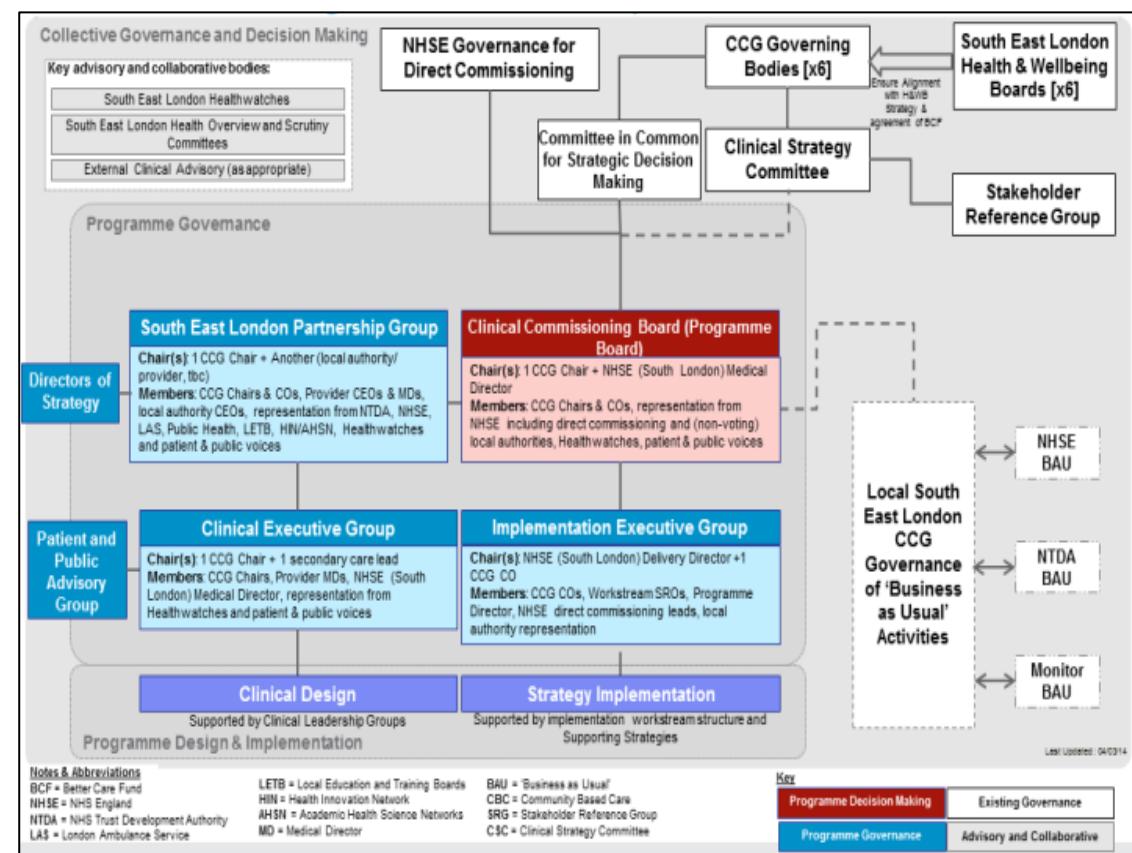
Briefing materials provided to JHOSC members

As part of supporting the establishment of your Joint Health Overview and Scrutiny Committee we have provided:

- A briefing pack
- A briefing session for scrutiny chairs – Monday 16th November 2015 (and 1:1 meeting for Bexley)
- Copies of key programme materials including:
 - Issues Paper -
http://www.ourhealthiersel.nhs.uk/Downloads/Help%20us%20improve%20your%20local%20NHS_V12.pdf
 - Emerging Models' and further thinking -
<http://www.ourhealthiersel.nhs.uk/Downloads/Help%20us%20improve%20your%20local%20NHS%20-%20emerging%20models.pdf>

Decision making process

- A ‘Committee in Common’ (CiC) is being established for the six CCGs to take decisions related to the OHSEL programme
- The CiC brings together local decisions on the OHSEL programme that have been made by CCGs
- NHS England will assure any proposal for potential consultation, incorporating a review of our approach to the ‘four reconfiguration tests’



1 Cancer

How things are now

- 43% of cancers are caused by lifestyle factors, so are potentially preventable
- There is poorer access to treatment for some people, especially for older patients
- Poor patient outcomes are driven by late diagnosis and poor access to treatment
- There are rising numbers of patients living with and beyond cancer. 200,000 Londoners now, forecast to be 400,000 by 2020
- Nationally, our cancer outcomes are among the worst in Europe
- There is a lack of personalised care
- Patients don't always have the information they need and, crucially, the support to understand it
- Limited choice for end of life care and lack of support for carers

Impact of '*Our Healthier South East London*'

- Consistent achievement of cancer waiting times across south east London with a focus on reducing long waits
- Earlier diagnosis of cancer by increasing patient screening, including fast track into diagnostics for serious but unspecific cancer symptoms
- **Acute oncology services**, of a high standard supported by connected IT systems across providers
- **Two new cancer centres** – providing world class services more locally from Guy's and Queen Mary's Hospital
- **Education and training packages for Local Care Networks:**
 - Better support for cancer detection skills in General Practice with rapid access to diagnostics
 - Better coordination of care, supporting self management and rehabilitation, providing more personalised care, through risk stratification for the consequences of living with and beyond cancer and its treatment

2

Maternity

How things are now

- The birth rate has risen considerably over the last few years and although this increase is now slowing, there are increasing numbers of women with more complicated health and social care needs who require more support.
- Women are not making themselves known earlier enough in their pregnancy.
- There are capacity issues across the region; women can be diverted away from their hospital of choice
- Service users are broadly satisfied but improvements are needed in some areas; e.g. Post natal care
- A key challenge is the recruitment and retention of the highly skilled workforce we need.
- Providers are not meeting all of the London Quality Standards

Impact of '*Our Healthier South East London*'

- Women can expect to receive:
 - Timely access to community based antenatal and postnatal maternity services which are closely linked with other community based health, social and voluntary sector services all supporting pregnancy, childbirth and new parenthood.
 - Midwifery-led continuity of maternity care as standard.
 - Support from clinically expert and highly-skilled multidisciplinary teams delivering high quality, kind, safe and effective services.
 - Hospital based medically-led intervention when necessary.
 - Support to have a normal birth, in the right location for them, with the least intervention as possible.
- Providers will have plans in place to achieve the London Quality Standards

3 Community Based Care (CBC)

How things are now

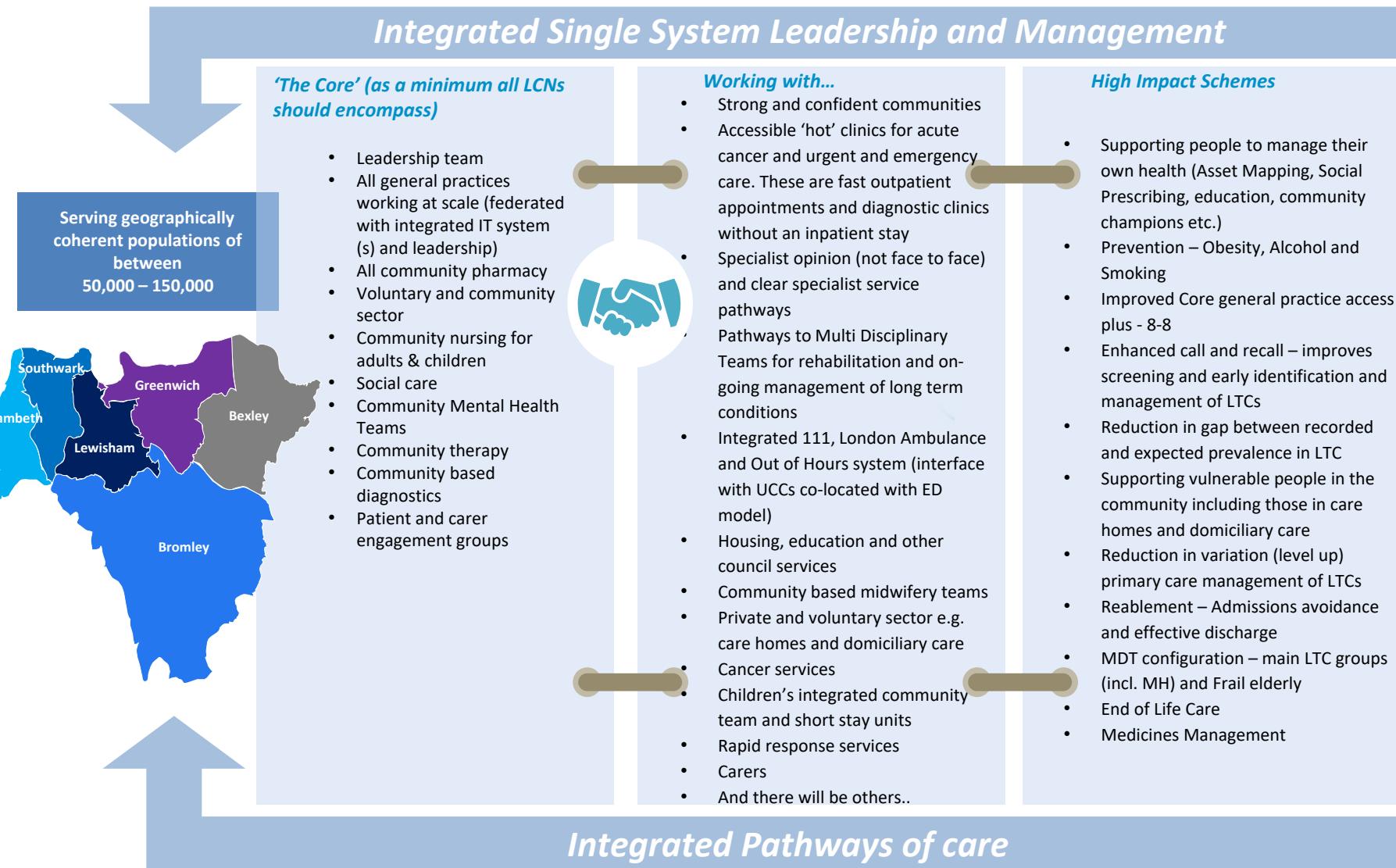
- Patients and carers tell us that care is not joined up between different services
- Some groups of patients and carers experience barriers to accessing some services
- Some people would like greater control of their own care
- It can be difficult getting a GP appointment, so patients and carers access Urgent and Emergency care
- Patients do not always understand where to get help or how the system works
- We already have many first class community-based services across south east London, with CCGs looking to increase their number and quality. All boroughs are working on integrated care programmes for people with Long Term Conditions (some examples below):
- **Greenwich:** The national “Pioneer Project” builds upon existing integrated care systems for older people and people with physical disabilities
- **Lewisham:** A population based programme which integrates primary, community, social care services and, following a successful bid to run a local pilot, mental health services. The aim of this project is to create a single service to help avoid hospital admissions.
- **Bexley:** Case management approach to identify patients with complex needs, in combination with integrated care services for older people across health and social care

Impact of ‘Our Healthier South East London’

- A map of Local Care Networks is provided in **Appendix B**
- Greater focus on preventing avoidable admissions
- Stronger focus on health and wellbeing
- More coordination of care in the community
- GP and other community services to be available 8.00am-8.00pm
- Improved access to specialist care outside of hospital
- Employ more care navigators to Improve communication with patients so they know where to go for help
- Community based services should better support patients when they are discharged from other parts of the health system
- People will be supported to live independently and know what to do when things go wrong
- New (or improved) Local Care Networks, bringing together general practice, primary, community (physical and mental health), social care and voluntary sector colleagues to provide holistic patient centred care in each area.
- All Local Care Networks will share a number of core elements, with an additional set of locally determined initiatives, specific to the population of the Local Care Network.

3

The CBC Target Model – as adopted by all CCGs



4

Urgent and Emergency Care

How things are now

- South east London has a slowly increasing older population; frail elderly residents live alone and are often isolated. This can result in patients presenting at A&E and/or requiring ambulance services even if their presenting medical condition can be managed at home if the necessary support was in place in the community
- To reduce ED waits, allow patients to be redirected immediately, and be seen and treated through rapid, expert early assessment. Also provide consistency of stream for paediatric patients
- Not all Urgent and Emergency Care is compliant with London Quality Standards
- Not all Urgent Care facilities are compliant with the national specifications (e.g. opening hours / staffing / provision of diagnostics)

Impact of '*Our Healthier South East London*'

- We want to be able to manage the A&E demand without increasing the number of A&Es we have
- Be able to stream patients consistently and manage the frail elderly population better
- Broadly achieving the London Quality Standards in all areas:
 - Acute medicine
 - Emergency general surgery
 - Emergency departments
 - Critical care
 - Fractured neck of femur
- All Urgent Care facilities will be compliant in line with the national specification - meaning that patients can be assured that there is consistency of service and quality whichever Urgent Care service they access

5

Children and Young People

How things are now

- Children and young people (C&YP) represent about 25% south east London's population and we have a higher proportion of younger people, especially those aged 0-9 years.
- Compared to elsewhere in the country, C&YP across the Capital suffer from poorer health across a number of areas from higher levels of mortality and serious illness, poorer mental health, variability in outcomes from common diseases such as asthma, and significant public health issues such as obesity.
- Our young people and their carers find that care is not joined up and that it can be hard to navigate through the different services
- Families cite difficulty in accessing GP appointments so emergency department are the default choice
- Families also tell us that they require more flexibility as to when their child can be seen; too few appointments are available after school
- 1 in 10 C&YP aged 5 - 16 suffer from a diagnosable mental health disorder – and this number is growing. However, there are known capacity constraints within parts of south east London both in terms of Children and Adolescent Mental Health services (CAMHS) and in the number of paediatric trained nurses

Impact of 'Our Healthier South East London'

- Local Care Networks will look after the needs of the majority of our children.
- Practice staff, especially GPs will become more skilled at dealing with C&YP and have access to specialist advice and support; for instance, help lines managed by consultant paediatricians
- Local pharmacists will play a greater role in the care of our C&YP
- C&YP and their families will become better informed about where to go for help and support
- For those with more complex needs:
 - Services will be more joined up and easier to navigate
 - There will be greater integration of care; *I won't have to tell my story over and over again*
 - Specialist paediatric nurses (e.g. asthma) will work across borough boundaries
 - Mental health support will be increased and all staff will have the knowledge to look for warning signs
 - There will be more care in the community, including acute care; our C&YP shouldn't go to hospital unless absolutely necessary
 - Short stay paediatric assessment units will make sure that those who do seek emergency care can be discharged as quickly as possible
 - Providers will work towards achievement of the London Quality Standards

6

Planned Care

How things are now

- There are differences in patient outcomes and experiences, depending on where and when they access care
- The time between your first appointment to having a diagnostic test, to receiving your test results could be quicker, meaning earlier diagnosis and better patient outcomes
- Patients should be better informed about what will happen throughout their treatment, empowering them to have more control and choice over their care
- Early supported discharge and a stronger focus on rehabilitation could help patients return home sooner
- Different services use different IT systems that are not always compatible. This leads to unnecessary duplication of paperwork and diagnostic tests
- The Briggs Report (March 2015) states that the population is living longer and by 2030 over 15.3 million of the population in the UK will be over the age of 65 years. as a consequence, we will see an ever increasing demand on our health resources which are already stretched. Orthopaedic referrals from GPs to secondary care providers are increasing by 7-8% per annum
- Variation in practice is unsustainable and needs addressing urgently.

Impact of '*Our Healthier South East London*'

- All patients across south east London will receive the same quality and outcomes, regardless of where they are treated
- **Elective Care Centres – SEE NEXT SLIDE**
- **Pathway review** - Develop high level, best practice standards across a number of specialties in Planned Care, meaning quality and efficiency improvements can be achieved. This work will be aligned with that of the national **Briggs team**.
- **Trust efficiency savings** - Targets have been agreed with Providers for efficiency savings, as part of normal KPIs in the following key areas:
 - Reducing number of follow-ups
 - Excess Bed Days
 - Inpatient to day case
 - Day case to outpatient

Planned Care

Elective Orthopaedic Centres

The consolidation of orthopaedic inpatient elective care centre across south east London potential helps us address the following issues:

- Ever rising demand and limited capacity
- variation in the quality of care and clinical outcomes for patients
- Minimises negative risk and error, thus improving patient safety
- Reduces waiting times for procedures
- Consistent achievement of estimated date of discharge and reduced average length of stay
- Reduced cancellation rates
- Reduction in procurement costs
- Sees a reduction in post-operative complications

The consolidated approach reflects the recommendations made through the “Briggs” report – “Getting it right first time”

Consolidation could potentially be achieved at one or two centres and may give us the opportunity to bring together specialist as well as routine work.

This proposal is being worked up into a business case and option appraisal, and depending on where we get to, we need to talk to you about the necessity of formal public consultation.

How Mental Health is embedded

- OHSEL strategy takes a holistic approach – mental health integrated throughout Whole System Model and recognised in our Clinical Leadership Groups
- Mental health is incorporated into other clinical workstreams– borough-based CCGs are responsible for mental health commissioning and strategy

Mental Health in the Clinical Models:

Urgent & Emergency Care	Cancer	Children & Young People	Community Based Care	Maternity	Planned Care
<ul style="list-style-type: none"> • Front door streaming • Better symptom recognition • Parallel working of Psychiatric Liaison Nurse within ED • One hour referral to MH nurse 	<ul style="list-style-type: none"> • Support throughout treatment phase • Support post treatment (patient and carer) – IAPT • Review outcomes and learn from the London Cancer Alliance 	<ul style="list-style-type: none"> • Build parenting and peer support in the community • Enable young people to talk about physical and mental health • School based support to enhance emotional resilience of children 	<ul style="list-style-type: none"> • Enhance primary care mental health services • Increase provision for early intervention • Improve support for people with long-term conditions • Upscale of services to assist people with dementia 	<ul style="list-style-type: none"> • LCNs promote physical and mental wellbeing before conception • Named midwife • Identify those at high risk before 10 weeks • Improve access to support for women and babies 	<ul style="list-style-type: none"> • Mental health support will be included in Elective Care Centres Pathway Reviews • Review the use of mental wellbeing questionnaires with musculoskeletal patients

The affordability challenge

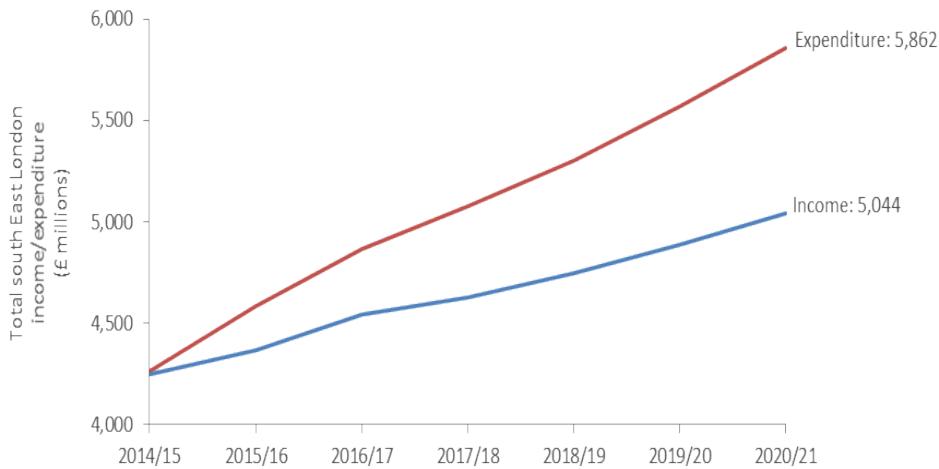
If we continue to provide services as they are provided today they will become increasingly unaffordable.

NHS funding increases broadly in line with inflation each year, and now the NHS has been allocated an additional £8.4 billion in funding by 2020/21 as a result of the Comprehensive Spending Review.

However, the overall costs of providing care are rising much faster than funding:

- Firstly, populations are growing and life expectancies are increasing – therefore requiring the NHS to treat more people with more complex conditions than ever before.
- Secondly, the cost of providing healthcare (e.g. on pay and pensions for the NHS workforce, drugs and devices, capital costs etc.) often grows faster than the inflation measure used in calculating NHS funding.

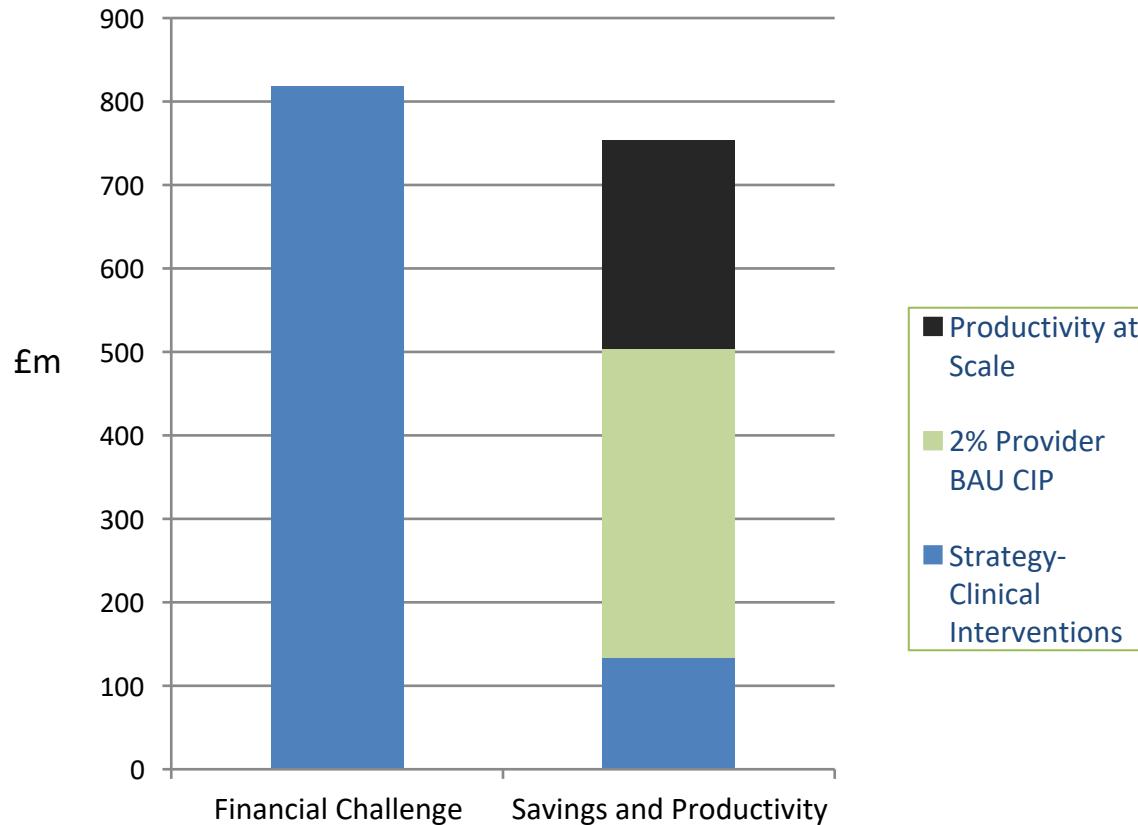
Expenditure in south east London is growing at a much faster rate than funding:



In south east London, we have forecast that by 2020/21, if we continue providing services as they are today, the cost of providing healthcare will outgrow funding and other income by **£818 million**.



We close the financial gap in three ways



- “Productivity at Scale” is the name we give to the work we are doing with providers to centralise back office, procurement and HR services and reduce costs
- All providers need to save 2% of their budget year on year as part of business as usual
- The strategy helps us contain costs while maintaining or improving quality

Appendices

- A Timelines for the six clinical areas
- B Local Care Networks map
- C Current planned care service provision



A Cancer

Timeline

	2016				2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Education and training package for LCNs	- Business case - Training package scoping, delivery approach and procurement case finalised		- Rolled out/implemented	- Commissioning intentions 17/18 (if no funding required)			- Commissioning intentions 18/19 (if funding required)	
Acute oncology services			- Protocols and pathways agreed and costed	- Rolled out/implemented				
Telephone advice line		- Business case	- Rolled out/implemented					
Improved care coordination during treatment phases			- Model defined - Business case - Implementation plan agreed	- Include in commissioning intentions 17/18			- Rolled out/implemented	
Diagnostic centres: unspecific but serious symptom pathway		- Cost and capacity business case - Pilot agreed	- Pilot commences			- Review outcomes of pilot		- Include in commissioning intentions 18/19

A Maternity

Timeline

	2016				2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Continuity of midwife led care	Begin to map current provision	Initial proposals and sign off	Inform commissioning intentions for 16/17 →	→	Delivery →	→	→	→
Recruitment and retention midwives	HoMs to review career pathway and consider mitigations	Initial proposals for providers and commissioners to consider. HEE/HESL to be involved →	→	→	Delivery →	→	→	→
Emergency pathway – London Quality Standards	Providers plans to achieve LQS agreed	Implementation →	→	→	→	→	→	→

	2015				2016												2017				2018		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017	2018	2019				
Community Based Care	LCN - Federation/Alliances Established				◆ All Alliances recognised as a legal identity				◆ All local GP practices part of an Alliance ◆ Contracts with Alliances to delivery local enhanced services in place (5/6) (all six contracting with GPs in some capacity)														
	CN - integrated system leadership & management				◆ All Local Care Networks mapped ◆ Local work on ground to redefine LCNs ◆ CCG borough strategic estates plans (SEPs) submitted for approval by NHS England				◆ All Local Care Networks re-defined ◆ SEL estates, workforce, IM&T plan in place ◆ LCN leadership team & management structure in place														
	Improved Access *								◆ SEL approach including minimum offer accepted by NHSE (L)				◆ 2/6 Single telephone triage and booking available across federations ◆ 3/6 8 to 8, 7 days a week implemented as per approach agreed ◆ 4/6 System to share medical records across federations implemented										
	Reablement								◆ Standards agreed and Implementation Manual published				◆ 4/6 Reablement introduction / expansion ◆ 6/6 implementation										
	End of Life Care								◆ Standards agreed and Implementation Manual published				◆ 4/6 EoL care implemented										
	Medicine Management								◆ Prioritisation decision (relevant for all big-hitters) across big-hitters to inform schedule for medicines management														
	Supporting self management								◆ Standards agreed and Implementation Manual published				◆ 2/6 Implementation of standards or expanded offering based on local priority of resource										
	Call and Recall								◆ Standards agreed and Implementation Manual published				◆ 2/6 Implementation of standards or expanded offering based on local priority of resource										
	Support to Vulnerable (incl. Hard to reach)								◆ 1/6 Implementation of Support to Vulnerable interventions				◆ 2/6 5/6				◆ Standards agreed and Implementation Manual published						
	Public Health Programmes				◆ 2/6 Ongoing local prioritisation and range of active and preventative interventions agreed (based on local priority need and resource) and Implementation Manual published												◆ 3/6						
	MDTs				◆ 3/6 MDT in place				◆ 4/6				◆ Standards agreed and Implementation Manual published										
	Improved LTC								◆ 1/6 Minimum standards / additional offerings implemented				◆ 2/6 Standards agreed and Implementation Manual published				◆ 5/6						

*Agreed

- Milestone Legend
- ◆ As Requirements
 - ◆ Design
 - ◆ Implementation
 - ◆ Complete
 - ◆ Enablers

A Urgent and Emergency Care

Timeline

	15/16	2016/17				2017/18			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Achieving the London Quality Standards	Agree Network actions and provider recommendations	Delivery →	→	→	→	→	→	→	→
Front door streaming and specialist interface	Understand issues, solutions and benefits – front door streaming all ages	Agree Network actions and provider recommendations	Delivery →	→	→	→	→	→	→
		Review all ages Mental health interface - issues, solutions and benefits	Agree Network actions and provider recommendations	Delivery →	→	→	→	→	→
Meeting the facilities specification	Agree steering group and approach. Recommendations made to achieve the specification	Agree Network actions and provider recommendations	Delivery →	→	→	→	→	→	→
Network meetings		March Network Meeting (Approval)		July Network Meeting (Approval)	November Network Meeting (Approval)	March Network Meeting (Approval)		July Network Meeting (Approval)	November Network Meeting (Approval)

A Children and Young People

Timeline

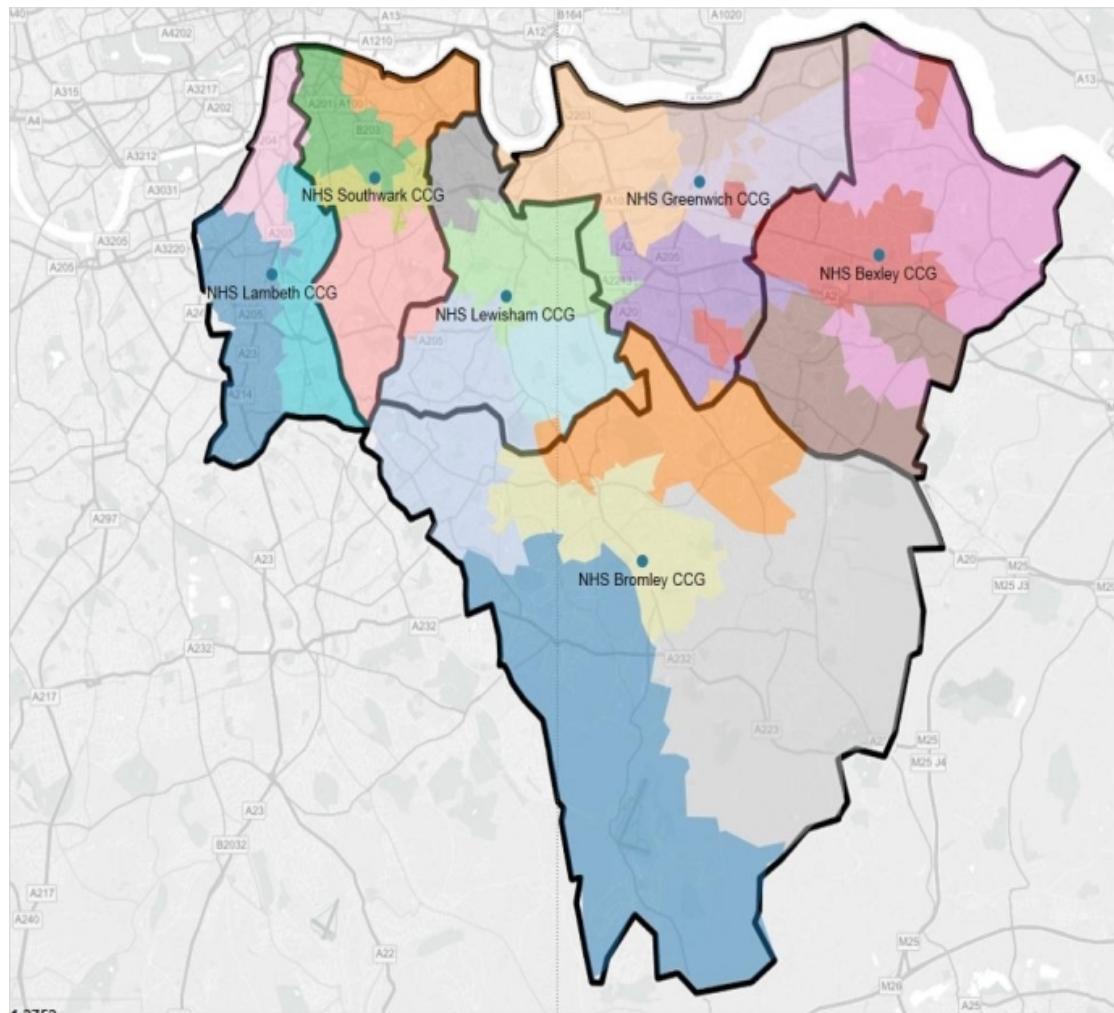
	2016				2017			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Integrated Community based care – stage 1	Development of specification of service for C&YP with asthma	Development & sign off	Inform 16/17 commissioning intentions	Commissioner & provider planning	Delivery →	→	→	→
Integrated Community based care – stage 2		Development of specification of service for C&YP with other complex conditions (eg diabetes)	Sign off Inform 16/17 commissioning intentions	Commissioner & provider planning	Delivery →	→	→	→
Emergency pathway – London Quality Standards	Providers plans to achieve LQS agreed	Delivery →	→	→	→	→	→	→
Emergency pathway – short stay paediatric assessment units	Evaluation methodology agreed	Evaluation process begins →	→	Evaluation completed Outcomes inform commissioning intentions	Delivery →	→	→	→

A Planned Care Timeline

		2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Diagnostics	TOHETI	- Programme perspective on impact shared with CCGs – testing outcomes so far		- Indicative costs to implement in SEL -Business case for roll-out - CCGs to build into commissioning intentions			-End of TOHETI programme - Model rolled out (if pilot successful)		
	Enhanced Network Solution for pathology								
Elective orthopaedic Centres	-Pre-consultation Business Case / Strategic Outline Case finalised	- NHSE assurance complete - Public Consultation (if required) Launched	-	Public Consultation (if required) Concluded Outline Business Case agreed					
Pathway review	-Confirm format and scope for pathway reviews - Working Group confirmed - Pathway review 1 commences								
Trust level efficiency savings	- Agreed in to Contracts	- Agreed KPI 2016/2017 - Provider delivery		-Progress update					

B

South east London: areas served by Local Care Networks



Clocktower	Bexley
Frognal	
North Bexley	
Addington Road Team	Bromley
Beckenham Beacon Team	
Orpington Hub Team	
Princes Plain Team	
The Willows Team	
Blackheath & Charlton	
Eltham	Greenwich
Excel	
Network	
North Lambeth	Lambeth
South East Lambeth	
South West Lambeth	
Central Lewisham	
North Lewisham	
South East Lewisham	
South West Lewisham	
Bermondsey & Rotherhithe	
Borough & Walworth	
Dulwich	
Peckham & Camberwell	Southwark

C

Planned Care – current service provision

Guy's and St Thomas'

Guy's: Outpatients, full range of elective inpatient and day surgery. Spinal surgery. Complex primary and revision joint surgery. Patients with significant co-morbidities.

St Thomas': Outpatients, trauma (support to A&E), non-elective spinal surgery, full range of paediatric orthopaedics

King's College Hospital

Denmark Hill: Outpatients, trauma, spinal trauma and neurosurgery, paediatric orthopaedic surgery, some high acuity elective if patients not suitable for Orpington

Princess Royal: Outpatients, elective inpatient and day surgery, joint revisions and complex primary joint surgery, trauma (support to A&E),

Orpington: Outpatients, low risk elective inpatients and day cases

Lewisham and Greenwich Trust

Lewisham: Outpatients, elective inpatient, including high acuity patients, and day case surgery, trauma (support to A&E). Complex primary and revision joint surgery. Patients with significant co-morbidities.

Queen Elizabeth: Outpatients, elective inpatient and day case surgery, trauma (support to A&E). Complex primary. Patients with significant co-morbidities.

Dartford and Gravesham Trust

Darent Valley: Outpatients, elective inpatient and day case surgery, trauma (support to A&E)

Queen Mary's, Sidcup: Outpatients