Our Healthier South East London partnership update – July/August 2017

1. Introduction

This is our fifth regular update to boards, governing bodies and other key partners and stakeholders. It is designed to give a succinct update on Our Healthier South East London (OHSEL) – the sustainability and transformation partnership (STP) - in a way that can be shared at meetings held in public.

2. At a glance

Important progress and developments include:

- OHSEL received an ‘advanced’ rating from NHS England and the Department of Health – more details below.
- We completed the six public engagement events for the STP in each of our boroughs.
- Our Productivity Programme Board met to look at feedback from reviews of finance functions in our provider trusts - covered in more detail below.
- We welcomed a new lead for driving forward our digital plan, Nigel Brokenshire, joins us from NHS Bromley Clinical Commissioning Group (CCG).
- Our Strategic Planning Group met in public on 4 September and agreed we would hold further stakeholder events for leaders in south east London - details below.

Looking forward:

- We host a Local Maternity System and Maternity Voices Partnership workshop to discuss ways of working.
- Our Patient and Public Advisory Group meet to consider latest thinking regarding health innovation via a briefing from the Health Innovation Network.
- Our Clinical Programme Board meets on 13 September.
- We hold the next in our series of workshops with Healthwatch organisations from south east London to review the feedback from our public engagement events.

3. Key current issues

3.1 OHSEL receives ‘advanced’ rating

NHS England and the Department of Health recently announced the first ratings for STPs. OHSEL is pleased to have been rated as ‘advanced’ – the second highest category.

This is good recognition of the work we have done since 2013 in bringing health and social care together to plan the best ways to deal with the financial, quality and capacity challenges we have. Our collective leadership has been rated “advanced” - the highest grade.

Regulators have been clear that STP ratings should not be taken as a comment on the performance of STPs to date. Rather, it indicates the relative starting points on the road to better care, often driven by a range of historical factors.
NHS England has published this baseline assessment in the ‘STP progress dashboard’ alongside NHS Improvement’s single oversight framework for provider trusts and the CCG improvement assessment framework.

The dashboard will be updated annually so that in future the public can track progress - the methodology and metrics will evolve over time as we learn more about its effectiveness and develop additional indicators.

NHS England has made its assessments based on three evaluation criteria- hospital performance, patient focused change, (which includes GP access, cancer standards and mental health) and transformation, including leadership and finance.

Read the NHS England [STP progress dashboard](#).

3.2 Update from the Strategic Planning Group

Our Strategic Planning Group (SPG) – the senior governance group of the STP - held its second meeting in public on 4 September. The meeting covered updates on a range of activity from across the programme, which are summarised below.

STP delivery progress

- **Finance back office:** All five providers have signed up to a proposal to develop a single ledger system, and we are currently in the design phase and potentially affected staff are being engaged.

- **Delivery plans** have been developed for four priority areas set out in NHS England’s recent Five Year Forward View delivery update (mental health, cancer, urgent and emergency care and primary care). A discussion followed where it was highlighted that it remains important the STP does not lose focus on longer term transformation. This was considered particularly prevalent in the workforce field. It was pointed out that the STP is using both its clinical and enabler programmes – digital, estates and workforce - to make sure that the programme remains transformation focussed.

- **Accountable care:** A paper was considered on the development of accountable care systems, in line with the [next steps in the Five Year Forward View](#). Experts in the development of integrated organisations, Credo, have been appointed following a competitive procurement for a two month role to look at the complex organisational and care structures in south east London, speak to stakeholders, and make some recommendations on the options available for moving us forward. It was emphasised that this is about how we can work in a more integrated way, building on existing good work, and that it was likely to be more about a “system of systems and networks”, rather than involving organisational change.

- **OHSEI team development:** It was reported that appointments have been made to bring the STP’s financial modelling and project management office support in-house following the expiration of the EY support contract at the end of September.

- **Stakeholder events** – following our public events over the summer, the SPG agreed a proposal to hold two Autumn events – a STP leadership conference focused on clinical
and managerial leaders from constituent organisations, and the other a repeat of an event held in the Spring for non-executive directors, governors and lay members. The purpose of the events are to give updates on the STP, exploring development of leadership for effective implementation of the STP, and re-energising our focus on improving outcomes for people using south east London health services.

- **Kent stroke services** - a paper was presented regarding plans from Kent CCGs to hold a consultation on reconfiguring Kent stroke services. London was ahead of the rest of the country with its network of hyper acute stroke units (HASUs) and Kent was now looking to adopt a similar model. It could have an impact on south east London stroke services, however, if a changed configuration in Kent leaves patients who live nearer the M25 border needing to use south east London services in the future, in particular the HASU at the Princess Royal Hospital in Orpington. South east London will now be part of the decision making process for the Kent stroke reconfiguration.

- **Financial strategy** - south east London is one of the STP footprints that is part of the capped expenditure process. This is because we have not so far been able to submit plans which confirm that all organisations will meet their financial targets this year. As a result, regulators have requested OHSEL to provide a consolidated financial forecast up to 2020/21 for all organisations within the footprint (including Specialised Commissioning). We are working with each of the organisations to develop their own forecasts to ensure that there is a consistent approach taken across the system. This exercise will allow OHSEL to demonstrate the normalised financial position of the south east London footprint up to and including 2020/21. There are no proposals as part of either the capped expenditure process or the sustainability and transformation partnership to close or downgrade services. Since the last meeting with regulators we have:
  - **Initiated a system-wide run-rate analysis** – all commissioners (including specialised commissioning) and providers have been asked to forecast I&E positions up to 2020/21. This has given an initial view of the normalised south east London financial position up to and including the year 2020/21. Additional work is being undertaken to ensure consistency in the approach taken to forecasting. Workshops are being held over August and September to complete this task.
  - **Commissioner schemes** – a delivery group chaired by the Chief Officer of Southwark CCG has now been established and is meeting regularly to review progress with commissioner schemes.
  - **Provider schemes** – the Provider Productivity Programme Board has continued to oversee progress with the development of detailed plans or business cases for provider schemes.

We are aiming to complete this work in time for our next regulator meeting at the end of September.
4. Update from programme groups

4.1 Productivity

Work on finance back office functions is progressing well and we are starting work on designing a shared service. This work is being supported by the Finance Directors and their teams. Engagement work with finance staff has started and they will be involved in the design phase for individual finance functions.

The pathology programme board will meet for the first time in September and is working on developing a specification for a shared pathology service across south east London.

4.2 Digital

It has been a busy period with a number of specific digitally focussed working groups now up and running. The OHSEL engagement events provided an opportunity to speak to local people and professionals about our plans to modernise and improve services through better use of digital technology. We were pleased to hear the enthusiasm for some of the work already underway, including improving access to more complete care records. This work will improve the consistency, quality, speed and reliability of services and decision making across care organisations in south east London.

Working sessions continue on the south east London Virtual Care Record information sharing project. This work is about putting in place a secure way of sharing information electronically between local health and care professionals working across the six boroughs. It builds upon existing information sharing portals (the Local Care Record and ConnectCare), linking them together, so that care professionals (including those in NHS 111 and GP out of hours services) have as much relevant information as possible about the person they are caring for. We are now focusing on a range of stakeholder engagement activities with the aim of having the virtual care record live for care professionals to use later in the new year.

To support this, we are also excited to have formally started working on an Information Sharing Framework for south east London. The working group, led by experienced information governance leads, are focusing on allowing us to have robust information governance arrangements to meet emerging requirements, both in care pathways and compliance to General Data Protection Regulation. The recommendation is to adopt the Data Controller Console to remove reliance on paper-based information sharing agreements.

We have held workshops to support primary care Wi-Fi. This will mean all GP surgeries across south east London will be able to offer free and secure Wi-Fi to patients, public and staff. South east London are in a strong position for roll-out by December 2017.

Work has progressed quickly on assessing an online NHS 111 offering to complement the existing national 111 online telephone service and local and regional information sharing work. This would allow individuals in south east London to go through an online triage and be referred onto the most appropriate NHS care service or to self-treat at home. We are working to make this available by December 2017.
4.3 Cancer

The South East London Cancer Alliance has been looking at a number of innovative projects to improve cancer care. With funding from Macmillan Cancer Support we are working to launch a pilot of an out of hours acute oncology helpline for cancer patients being treated by the three south east London NHS Trusts. This will be a nurse led service with a single phone line point of access out of hours and on weekends. The service will support patients and carers with any concerns about managing their symptoms and condition. We are working with commissioners across south east London to make sure the service can continue following an evaluation of the pilot phase.

The team running the rapid access diagnostic clinic based at Guy’s Hospital updated the Alliance on how they are successfully helping GPs and A&E departments to manage people with vague symptoms. Currently funded by Lambeth and Southwark CCGs, the clinic saw their 200th patient in July and have helped to diagnose a number of conditions, including 14 cancer diagnoses.

The alliance is now exploring how this model could be rolled out across south east London as a way of improving the number of people who receive treatment for cancer within 62 days of urgent referral.

We have also started recruitment for more volunteer Patient and Public Voices to join the Alliance. This is an opportunity to work with clinicians, commissioners, providers and leading cancer charities to look at how we can work together to improve cancer care. We welcome any support our stakeholders are able to give to share this opportunity with anyone from south east London with experience of cancer services, either directly or as a carer.

4.4 Maternity

We have been planning a workshop with maternity voices partnerships, which will take place in September. This will be a chance to discuss the role of maternity voice partnerships and the Local Maternity System and agree how we work together to take forward the recommendations set out in Better Births – the national vision for maternity services. In addition to this we are working with our providers and commissioners to develop a south east London Better Births implementation plan, before submitting this to NHS England on 31 October 2017.

4.5 Workforce

£1.56 million has been awarded to south east London for the International GP Recruitment Programme. This is the result of a collaborative bid from Bexley, Bromley, Greenwich and Lewisham.

The General Practice Forward View committed to 5,000 more doctors and 5,000 other health professionals like clinical pharmacists, nurses, and physician associates in general practice by 2020. As well as more GPs, it will mean bigger teams of staff providing a wider range of care options for patients and freeing up more time for GPs to focus on patients with more complex needs. We will follow the World Health Organisation Global Code of Practice on the International Recruitment of Health Personnel and all doctors will need to meet the highest standards of practice and speak good English. We will look to attract UK-trained
doctors back to the UK wherever possible and target those countries where there is likely to be the best chance of affordable supply.

Learn more about the International GP Recruitment Programme.

There are national staff shortages in some areas making it difficult to recruit GPs, nurses, midwives, and therapy staff. In south east London 23% of GPs and 33% of nurses are aged over 55 and due to retire in the next decade. This is leaving a gap between the number of doctors practices want, and the numbers they are successfully recruiting and retaining. That is why we are working with partners to partly bridge that gap through scaling up targeted international recruitment.

5. Communications and engagement

Over June and July, we delivered six public events in each borough to give the public and our stakeholders a better understanding of OHSEL.

We reached over 500 people and would like to thank everyone who came along, and our partners for their support, including the very significant contribution made by Healthwatch. The atmosphere and tone of all six events was engaging, collegial and friendly.

Attendance was generally good with approximately 500 members of the public coming to the events in total. The core objectives of our plans - community based care, integration, prevention and emphasis on working with local authorities – were well received. We also heard and responded to concerns from local people about issues including role of private sector, our financial situation, estates, workforce and the development of accountable care.

An independent evaluation report is being produced and this will include all of the questions asked at the events and our answers. This report will be published in September and we will make this publicly available. You can find out more about the topics discussed at the events on Twitter by searching #OHSEL. You can also watch the film we showed to explain more about OHSEL.

Equalities Steering Group

Our independently chaired equalities steering group (ESG), reviews the work of each of our clinical workstreams, ensuring the Our Healthier South East London strategy meets the requirements of the Equality Act 2010 and specifically the Public Sector Equality Duty. Also that the programme meets the requirements of the Health and Social care Act 2012, with specific reference to tackling health inequalities, recognising that work takes places on this topic in each of the clinical and strategic workstreams. In July, the group heard about developments in the maternity, outlining how the workstream is giving due consideration to equalities, throughout its work. The ESG will be providing recommendations to the group about further work, including undertaking and Equalities Impact Assessment on all areas of the programme with a plan for detailed engagement with any groups impacted, as well as embedding equalities within the governance of the workstream. The next meeting of the ESG will take place in September, and focus on the children and young people’s workstream.
Patient and Public Advisory Group

The programme directly involves Patient and Public Voices in the clinical and strategic governance of the programme. Patient and Public Voices meet together bi-monthly at the Patient and Public Advisory Group in order to discuss the various meetings they have attended, since the last meeting, and to be given the latest updates on the programme. PPAG heard reports from PPVs who had attended meetings on maternity, equalities, mental health, specialised commissioning and the transforming care partnership.