

North east London Sustainability and Transformation Plan submission (15 April 2016)



Key information details

Name of footprint and no: North East London

Region: North East London

Nominated lead of the footprint including organisation/function: Jane Milligan, Chief Officer, Tower Hamlets CCG

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Organisations within footprints:

CCGs: Barking and Dagenham; City and Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

LAs: City of London; Barking and Dagenham; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest

Providers: Barts Health; Barking; Havering and Redbridge University Hospitals; Homerton University Hospital FT; East London FT; NELFT

Slide	Title	Additional information
2	Section 1 Leadership, governance and engagement	<p>Further detail on the work done to date as well as supporting information and assurance are included below:</p> <ul style="list-style-type: none"> Transforming Services Together – a whole system programme with a developed case for change, and strategy which is now moving to implementation across Waltham Forest, Newham and Tower Hamlets Devolution – Hackney Devolution (ACO) and Integrated Care Coalition – BHR (Attachment 1) Health for North East London programme (2009-11), which established hospital landscape for north east London (Attachment 2) Public Health Profile for North East London (Attachment 3) Clinical Base Case Summary (Attachment 4) Governance structure (Attachment 5)
3-4	Section 2a Improving the health of people	
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Section 1: Leadership, governance and engagement

Organisations in north east London have a history of working collaboratively. The Health for North East London programme (2009-11) set out a programme for urgent and emergency care, maternity, children's services and the vision for King George Hospital (KGH). Some of the agreed proposals have been implemented, with the ED changes relating to KGH still to take place and are in the planning phase.

The STP plan builds on our strong history of working together and provides us an opportunity to articulate one overarching STP plan for north east London.

Existing north east London governance arrangements are now being strengthened to reflect the place-based, whole system requirements of the STP.

Developing collaborative leadership and decision-making:

- Single responsible officer and NEL Sustainability and Transformation Board to provide direction and oversight, represent the system to the national bodies, and engage the range of organisations on the patch
- Collaborative oversight and decision-making bodies at various levels and a single reporting structure bringing transparency across the system
- A joint PMO to support collaborative transformation activity and planning
- Independent facilitator to chair the Board

Four foundation principles are central to our approach:

- **Subsidiarity** – decisions should be taken or influenced locally wherever possible
- Each borough/CCG and provider should be **equally involved** in decisions that materially impact on them
- **Health & social care integration** is critical, building on devolved accountabilities
- Our governance will support **openness and transparency** throughout its design and implementation, with opportunity for challenge by key stakeholders such as patients, carers and the voluntary sector

Supporting existing programmes:

North east London has three main local areas, with delivery programmes:

- Barking and Dagenham, Havering and Redbridge: Accountable Care Organisation (devolution pilot)
- Hackney: devolution pilot
- Waltham Forest and East London (WEL): Transforming Services Together strategy

The STP will form an umbrella plan, build on and accelerate existing transformation plans, share pilots and innovation across the patch, and learn from each other with support from academic institutions.



Local government engagement: Local authorities are an integral part of our work and there is representation on the NEL Sustainability and Transformation Board. We are developing a proposition regarding local authority engagement and involvement, including HWBBs to support full STP development. Our public health colleagues produced the public health profile which is integral to the STP.

An inclusive process - engaging patients and public in our work: Patients and the public are involved with clear arrangements in our work at borough level and across our local area programmes to provide advice and challenge to our plans and engagement with the wider population. Each clinical area already engages patients and the public in the redesign of services; these forums will flex as the programme is implemented. The shape of NEL wide engagement following the STP is to be determined, with majority of focus on delivery through established local area mechanisms.

Engaging clinicians and NHS staff: We have an established north east London clinical senate, and work programme arrangements are being revised in line with STP requirements. Clinical leadership and engagement with NHS staff is central to the design and implementation of our plans.

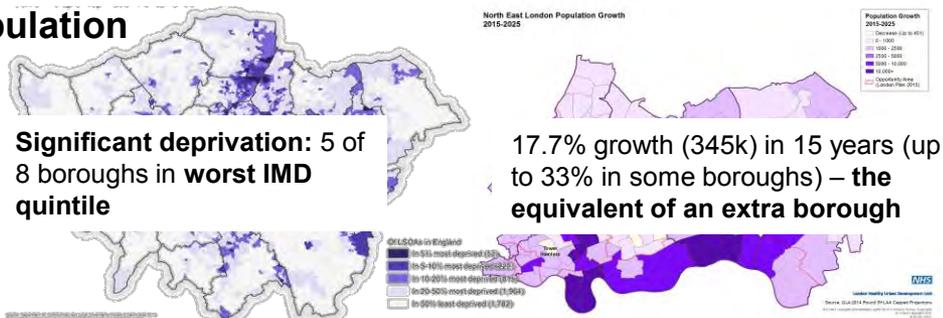
STP leadership and resources to support delivery: Our STP leadership is:

- STP lead: Jane Milligan, Chief Officer Tower Hamlets CCG
- Provider lead: Matthew Hopkins, Chief Executive BHRUT
- Commissioning lead: Terry Huff, Chief Officer Waltham Forest CCG
- Clinical lead: Sir Sam Everington, Chair Tower Hamlets CCG
- Local authority lead: Cheryl Coppel, Chief Executive, LB Havering
- Independent facilitator: Julian Nettel

They are supported by a programme team with a programme director and joint PMO, with external support to boost capacity.

The key challenges and gaps the STP is facing from a health and wellbeing perspective

Population



Several boroughs are outliers in terms of **years of life lived with poor health**

Urgent and Emergency Care



High rates of admission for acute and chronic conditions usually managed in primary care in some parts of NEL.

High use of A&E by dementia patients.

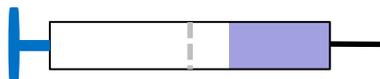
A&E usage in most but not all boroughs increasing, despite improving access in alternative services

Child Health



25% of children will have **excess weight** when they start school; 40% when they leave primary school

Below average immunisation rate

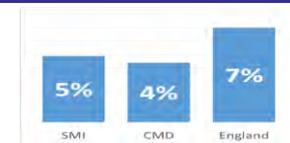
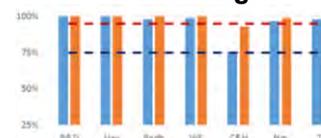


Mental Health



3 of 7 CCGs not hitting **dementia diagnosis target**

Most but not all meeting **IAPT access targets**



Low employment rate for those with mental illness

Further work required to assess need in line with MH task force report, in order to quantify and respond to challenges such as high first episode psychosis rates

Cancer

Diagnosis rates equivalent to London and England; **screening uptake below England average**



1 year survival low since 1998, poorer than England average

5% higher emergency presentations

Sexual Health

High prevalence rates for common STDs relative to England and London, including HIV. Some regions diagnosing HIV later than average.

3 CCGs have above average teenage pregnancy rates. All CCGs have lower-than average prescriptions of long-acting reversible contraceptives

Diabetes

Increased risk of mortality among people with diabetes in NEL and increasing 'at risk' population.



5x higher rate of diabetes in BAME groups; NEL has 51% BAME

Poor % of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes has been poor, but improving in areas with NHSDPP.

As you develop your full STP, what are your emerging hypotheses for improving the health of people in your footprint?

To build on the established HWBB strategies locally, to tackle the deprivation/social determinants of health (5 of 8 boroughs with most deprived quintile nationally) which have a significant impact (Marmot principles): housing, education attainment, employment, standard of living, social care demand. In line with London Health Commission recommendations devolution and local integration provide a real opportunity for a radical step change in improvement.

To focus on prevention priorities that are common across NEL, impacting on healthy life years, we will strengthen our approach by working together. There is a critical role for primary care in the following (based on information in slide 3 and supporting documents):

- Child health, particularly obesity - all areas have cited child obesity as a priority requiring system wide change across the NHS as well as local government
- Diabetes
- Physical inactivity
- Mental health - in particular further work to assess need in line with the mental health task force report and early diagnosis of dementia
- Cancer
- Sexual Health (local focus)
- Tackling the key causation factors - smoking, alcohol and sugar

Opportunities in secondary prevention should focus on early years, mental health and cancer.

Demand and population management to develop the health and social care system to cope with significant population growth taking into account significantly different population needs across NEL – requiring different strategies, e.g. older frail in Havering vs younger ethnically diverse in Newham

A real step up in self-care, helping to empower people and build resilience in our population – with strong link to technology, and use of third sector

To improve the health and wellbeing offer the NHS and our partners makes to our staff- continue to develop some of the initiatives outlined in the London HealthWorks pilot – i.e. more healthy workplace snacks, encouraging exercise classes at work, signposting to IAPT as appropriate, and support mental wellbeing

Section 2b: Improving care and quality of services 1 of 3



The key challenges and gaps the STP is facing from a Care and Quality Perspective

- 2 of 3 acute trusts failing A&E 4hr target waits
- 2 of 3 acute trusts failing to return monthly 18 week RTT pathway data
- 2 of 3 acute trusts (6 out of 7 hospital sites) in special measures after CQC inspections
- All 7 CCGs failing 75% Category A ambulance response times within 8 minutes
- Variation in emergency bed days and GP referral rates across all 7 CCGs with clear inner and outer NEL split

Core Standards



- Inconsistent consultant assessment for emergency admissions across specialities in NEL providers (standard 2)
- Inconsistent consultant ward reviews across specialities in NEL providers (standard 8)
- A need to support patient activation and self care

7 Day Services / UEC reforms



- Inconsistent diagnosis rates of dementia in NEL GPs
- New access to treatment target for psychosis to be published in April 2016- no current baseline
- Perinatal mental health strategy for NEL to be developed - variation in access to services

Mental Health



- Community and preventative health care is a key area of focus e.g. dental care, type 2 diabetes, and breast screening
- Appropriately managing crises as and when required
- Workforce training is needed to equip staff with the skills and knowledge to support patients with learning disabilities and autism.

Learning Disabilities



- All 7 CCGs below national average on Patient Survey for success in getting an appointment and ease of getting through on the phone.
- Demand for appointments is rising with GP consultation rates increasing.
- Highly mobile population and high practice list turnover generating further demand
- Challenge in securing the primary care workforce with example of more than 25% of GPs being beyond retirement age in one borough

Primary Care



- Not all NEL provider sites offer all 4 places of birth to expectant mothers
- No NEL plans to implement personal healthcare budgets across the 7 CCGs for maternity
- Variation in benchmarked data of UK perinatal deaths for births across NEL providers

Maternity



- Inconsistent patient experience results from Friends and Family Test for A&E, inpatients, maternity and outpatients
- Inconsistent patient experience results from Friends and Family Test for mental health providers
- In some areas, only 22-29% of patients are dying in their preferred place of residence

Patient Experience



- Emergency cancer presentations 25.5% in NEL (20.6% England average- indicates worse survival rates at 1 year)
- Lower 1 year survival rate for all cancers across all 7 CCGs compared to all survival rates across England
- 2 out 3 trusts failing 62 day cancer wait for urgent GP referral

Cancer



- In cluster comparison of Right Care data, cancer survival is a key area of improvement across NEL.
- Mental health, patient experience, prevention and new models of care are other key opportunity areas for NEL commissioners
- Potential savings through primary care prescribing:
 - £5-10m in endocrine
 - £3m in respiratory
 - £1-2m in each of CVD, GI and MSK

Right Care



- Delivery of constitutional standards for RTT, 62 day wait for cancer
- Resolution of local derogations for certain specialities e.g. chemotherapy, specialist neurology, NICU
- Key strategic intervention in NEL is the joint work on Neuro-Rehabilitation.
- Service reviews for the transfer of cardiac services from UCLH, Trauma, and Cancer Services.
- NICU Capacity

Specialised Commissioning



- Recruit and retain to ensure we are able to maintain services in the face of an aging workforce
- Reduction in agency use
- Development of new roles/extended scope and skills
- MDT working to support new care models

Workforce



- IT infrastructure
- Shared patient records
- Advanced analytics (predictive health insight)
- Patients using own records to self manage through the system

Technology



As you develop your full STP, what are your emerging hypotheses for improving care and quality across your footprint?

- **Overall priority on shifting care close to home, and less dependency on hospital system and beds, with key enablers (overleaf) on new models of care and workforce in particular**
- **Primary care transformation**, delivered locally, is key to providing capacity for population growth, improve access (8-8, 7 day access) and tackle variation in quality. This will enable and support our priorities, supported by RightCare analysis on:
 - Strengthening demand management, and reducing avoidable admissions/referrals
 - Long term condition control (measured via QOF): blood pressure (BP), atrial fibrillation (AF)
 - Earlier detection and referral for cancer – which will support cancer survival rates
 - Mental health access standards and dementia diagnosisWorkforce, informatics and estates are key enablers to this work.
- **Support out of special measures BHRUT (Q1 16/17), Barts Health (Q1 17/18)** – working with local system partners and NHS Improvement on agreed action plans to embed CQC standards, and continued improvement to sustain 'good' or 'excellent' CQC rating during the STP period
- **Delivery of constitutional standards** – strengthened support for plans on A&E, RTT, ambulance – beds and workforce capacity vs demand will be critical to understand the impact of population growth:
 - Hospital transformation plans – ambulatory care/acute care hubs, surgical hubs, supporting achievement of LQS
 - Previously agreed closure of KGH ED to be completed making most effective use of our staff and assets and deliver improved outcomes
 - Efficiency and flow critical to success, requiring effective discharge arrangements across health and social care system
- **Improve the care and quality in specific areas:**
 - **Urgent care** – NEL network to lead on integrated approach to 111/out of hours provision and our 24/7 offer
 - **Mental health** – needs analysis to be developed during early 2016/17 to inform developments. Outline goals include strengthening prevention and self-care, access standards, integration between physical and mental health (and reducing the stolen years), and ensuring responsive crisis care
 - **Learning disabilities** – leverage the Transforming Care work on building capacity in local services. In line with the national vision 'Building the Right Support', three main emerging themes 1) improving access to care e.g. dental care, type 2 diabetes, 2) admission avoidance – improved crisis management 3) equipping the workforce to support more effectively.
 - **Maternity** – agreed plan in place – planning for population growth and providing choice key, in line with national maternity review
 - **End of life care** – step change required across whole system, building on best practice
 - **Cancer system improvement** – realise benefits of cancer programme, and focus on the whole pathway improvement, in particular early diagnosis

As you develop your full STP, what are your emerging hypotheses for improving care and quality across your footprint?

- **Specialised commissioning priorities across NEL, which can lead to patient benefits and savings:**
 - Obesity services, Neuro-rehabilitation, Cancer, Cardiac interventions, and renal services
 - Improved long term conditions management to develop self management and clinical networks to manage HIV / Hepatitis C / haemoglobinopathies and haemophilia in a more cost effective way
 - Tier 4 CAMHS – as part of the CAMHS transformation plan
 - Reviews underway – paediatric and neonatal transport, paediatric surgery, PICU and NICU

Enablers:

To ensure transformation across NEL, it is important that we accelerate the following enabler workstreams:

- **Workforce transformation is critical** and is best done once across NEL, and includes a focus on primary care and urgent and emergency care workforces. We want NEL to be a destination where people want to live and work. Priorities are: recruit and retain, reduction in agency usage, development of new roles, joint posts, extended scope and skills, MDT working to support new care models. Link with local authority on employment opportunities/apprenticeships and key worker accommodation. All will support achievement of the 7 day standards/LQS.
- **New models of care to enable transformation:**
 - Barking and Dagenham, Havering, and Redbridge - urgent and emergency care vanguard
 - Tower Hamlets Vanguard - integrated health and social care using a multi community speciality model
 - Newham, Tower Hamlets and Waltham Forest - Transforming Services Together Programme
 - Barking and Dagenham, Havering and Redbridge – Accountable Care Organisation (devolution pilot)
 - Hackney - devolution pilot
- **Technology** – Sharing healthcare records and enable self-care, with commitment to digital health and London programme, we have two joined up 'systems' in NEL covering the 7 CCGs with established development plans
- **Estates to support new models of care – use of our community assets and infrastructure with local authorities**
 - At a local area:
 - Develop estates to deliver the new primary care model
 - Joint work with local authorities on shared estates opportunities (also part of devolution) including disposals
 - At NEL footprint – work to clarify the clinical model and configuration of St Leonard's, Mile End, KGH, Homerton, Whipps Cross sites

Section 2c: Improving productivity and closing the local financial gap 1 of 2

North East London faces a projected finance and efficiency gap of c.£0.5bn by 2020/21 under a 'status quo' scenario

The NEL health economy faces an affordability challenge forecast to grow from £81m in 2015/16 to £511m by 2020/21 under the 'status quo' hypothesis.

This financial gap comprises a projected deficit of £458m, plus a further £53m to achieve a minimum net surplus of 1% of total revenue/notified allocations for all NEL organisations. This is largely due to significant projected population growth and associated health care use, and NHS costs that are rising more than inflation (to which allocations are linked). The system needs to respond to greater throughput, the sum cost of activity is growing faster than allocations.

Closing this financial gap would require an additional 16.7% of system-wide notified CCG allocations by 2020/21, or efficiencies to an equivalent value.

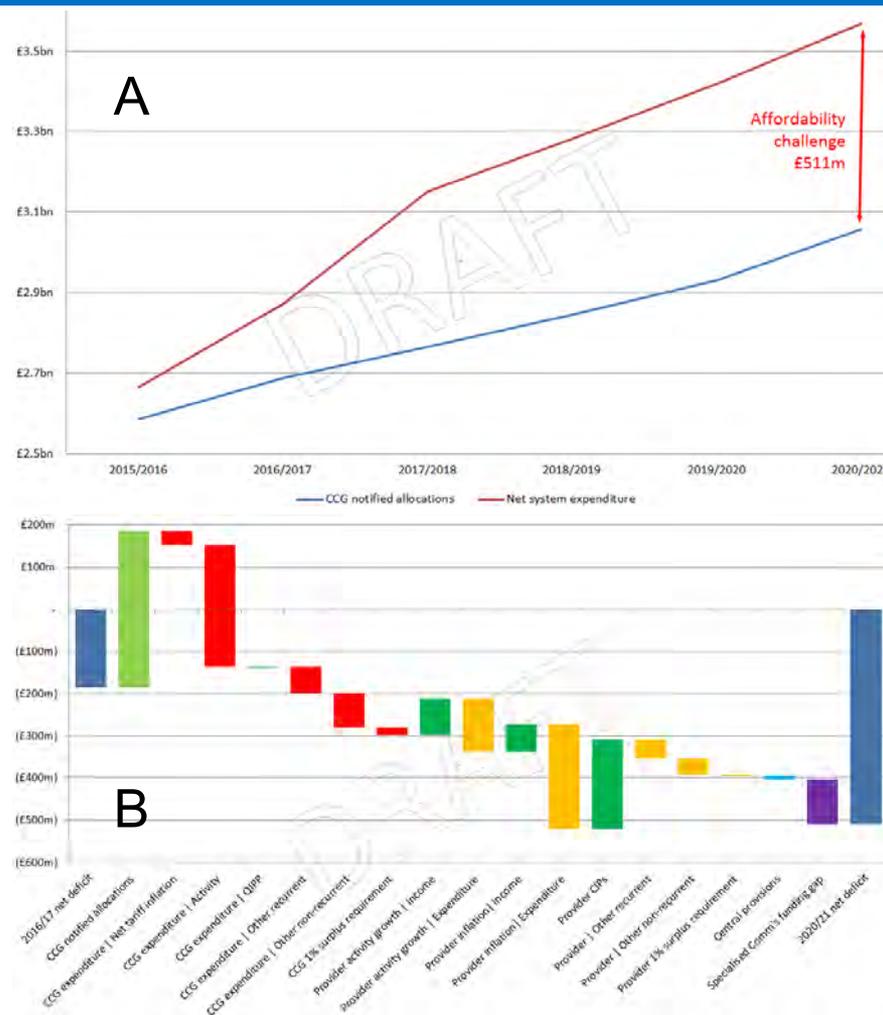
Graph A shows the increasing financial gap under the 'status quo' hypothesis against the notified increases in CCG allocations over the five years to 2020/21.

Graph B provides a summary of the bridge between the NEL 2016/17 operating plans and the projected financial gap of £0.5bn by 2020/21 under the 'status quo' scenario.

The financial gap includes a high level indicative funding gap for Specialised Commissioning of £134m by 2020/21. Specialised Commissioning financial and activity modelling for London is currently a work-in-progress, which should be finalised for the June submission.

Notified CCG allocations do not include Specialised Services (£738m by 2020/21) at this stage.

The figures depicted are work in progress and have yet to receive official sign off



Section 2c: Improving productivity and closing the local financial gap 2 of 2

Please set out your current assessment of your footprint's major efficiency and finance challenges, your understanding of the key drivers of those challenges, and the major areas of focus in your STP that will help to address them

Challenges

- **Population growth** (>17.7% over 15 years) would create sufficient demand to justify building a new hospital which is not affordable. The key is keeping within the current bed base, **promoting self care** and **managing the demand** in the community where possible, with more flexible models of care delivery.
- There is genuine potential for **demand to exceed capacity**, impacting on quality, performance and finance
- **Funding constraints:** for City and Hackney, Newham, and Tower Hamlets CCGs, the combination of being both 'above target' and projecting high demographic growth means low or zero growth per capita. For Waltham Forest and BHR, the issues are different and stem from historic levels of below target funding. Access to STF will be critical to support this pump-priming for system change.
- **Specialised commissioning:** significant challenge of **demand outstripping funding**, with limited demand management possible (LTC control), limited price reductions (low competition). Key spend areas – NICU, renal dialysis, secure mental health, drugs (high cost, HIV, chemo)
- **Workforce** is a major driver of cost overrun, with **over-reliance on agency / bank usage** further impacting on quality and continuity of care.
- Significant investment is required in enablers: **workforce, IT and estate**, in particular Whipps Cross Hospital which requires substantial redevelopment at an estimated cost of >£450m capital
- Significant **transition cost** of change management to support transformation

Opportunities

- **System transformation:**
 - **Primary care** transformation needed to help viability, with larger practices and multi-disciplinary working, and many opportunities to reduce waste and duplication (unnecessary tests/referrals/appointments)
 - Utilise the strength of **3 local areas** with their agreed approaches to tackle health system, sharing innovations, learning and best practice
 - **New models of care** provide an opportunity for risk share/new payment models (e.g. capitation and outcome based commissioning) and closer integration between health and social care
- **Managing demand** implications of population growth:
 - Reduction of avoidable hospital admissions through **prevention** and out of hospital schemes
 - Supporting **patient activation** and work on **population attitude change** to curb A&E demand
 - Continuation of **close working** with main acute providers and of practices' commissioning work to manage demand
 - Improve **digital offer** in primary care
- **Productivity** and reducing waste:
 - Productivity opportunity is significant (Carter review) through collaborative **back office** functions, and optimisation of **estates** and **workforce**.
 - **Medicines:** reducing inefficiencies and waste in prescribed medicines, reduce use of products with limited clinical value, promoting medication review
 - **Reduction of unnecessary investigations** and interventions of limited clinical effectiveness

Section 3: Our emerging priorities 1 of 2

Interface with HLP and sub-regional groupings on planned initiatives



London level

NEL Sustainability and Transformation Plan

- **Prevention:** we will strengthen our sustainability efforts by focusing on prevention while delivering change in the following areas:
- **Urgent Care:** delivery of integrated 111/out of hours system and 7DS; deliver KGH reconfiguration
- **Mental Health:** understanding whole system needs across NEL. Meeting access standards and bringing physical health parity of esteem in mental health
- **Learning Disabilities:** building capacity, improving access, admission avoidance, and equipping the workforce
- **Maternity:** delivery of agreed plan. Managing population growth and providing choice
- **Cancer:** whole pathway improvement
- **Specialised Services:** establish a sustainable specialised service for both residents in NEL and those coming into NEL for treatment

Enablers:

- **Workforce:** retention of existing staff; workforce transformation to support new models, primary care, caring for the workforce, reduction in use of bank/agency. NEL as a destination where people want to live and work
- **Informatics:** shared care record and access to care records
- **Estates:** clear plans to support the emerging care models across system, including investment and disposals in line with local authority plans
- **Finance:** access and use of non-recurrent fund to support delivery of the plan, delivering financial sustainability across NEL



Key NEL STP principles

1. **Subsidiarity:** decisions should be taken or influenced locally wherever possible;
2. **Materiality:** boroughs/CCGs involved in decisions that materially impact on them
3. **Devolution:** health and social care integration critical, building on devolved accountabilities
4. **Delivery:** STP focus on supporting pace of delivery for transformation programmes
5. **Transparency:** governance will support openness and transparency throughout the STP design and implementation, with opportunity for challenge by key stakeholders such as patients, carers and the voluntary sector

NEL level 1,900,000 population North East London Sustainability and Transformation Plan

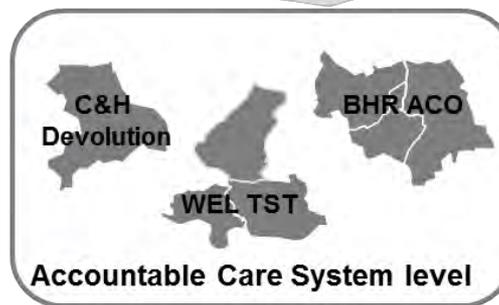


Delivering sustainable, quality and safe services:

- Delivery of cost improvement plans, shared productivity opportunity across providers (Carter review)
- All organisations out of special measures, to deliver constitutional standards

Local plans to address local gaps and challenges:

- **Tackle the wider determinants of health:** housing, education, living standards, employment etc, and strengthen prevention work through HWBBs
- **Shifting care close to home:** including self-care, less dependency on hospital system and beds, and supported by effective and integrated social care
- **Primary care transformation:** plan for population growth, tackle variation in quality, and deliver improved access and proactive care
- **Hospital transformation programmes:** ambulatory care, surgical hubs, maternity choice



Accountable Care System level

- HWB strategy and challenges
- HWBB leadership
- Local engagement

Provides integrated health and social care services through Local Accountable Care Systems. Includes the right level of service consolidation that maximises value for money.



Borough level

Place based care



Example of localities within a borough

Locality level

The commissioning and provider landscape is layered into locality level, borough level, accountable care system level, north east London level and London level, allowing services to be commissioned for specific groups, achieving a degree of local autonomy at the same time as achieving economies of scale where appropriate.

The NEL STP is the umbrella plan for the system.

Section 3: Your emerging priorities 2 of 2

To enable the transformation we envisage there are a number of big decisions we need to make as a system:

1. Deliver the new models of care in the three local areas to fully realise the benefits set out

- Review existing delivery plans in light of the refreshed financial and clinical analyses
- Identify any resultant gaps.
- Agree tracking of the benefits and approach for shared accountability for the NEL system as a whole vs local areas - across commissioners, providers and local government

2. Primary care transformation

- Deliver primary care transformation through local accountable care system structures
- Focus at a NEL level on supporting the development of the infrastructure for primary care transformation such as a joint approach to developing the primary care workforce, IT infrastructure, etc
- Test and challenge the pace and scale of change currently proposed for each borough

3. Implementation of NEL urgent and emergency care system

- Deliver the plan for KGH Emergency Department closure, ensuring safe and quality services will be provided at Queen's, Whipps Cross and Newham
- Procurement of integrated 111 and out of hours system, to deliver effective 24/7 services
- LAS pathways and transfers

4. Provider collaboration and shared productivity opportunity

- Agree approach to build on the current work and accelerate provider collaboration, in particular on delivering productivity opportunities, including those within our larger providers (with multiple sites).
- Including shared learning from our mental health providers on their success in shifting acute bed demand into effective community services
- Sharing learning between all local accountable care system structures

5. Resourcing our changes

- Agree and deliver an effective workforce strategy for NEL, working with HENCEL– which will support sustainability
- Agree and deliver an agreed strategic estates plan and associated investment for:
 - Whipps Cross, Homerton, Mile End Hospital, King George Hospital, and St Leonard's
 - Disposals and investment plans, working in partnership with local authorities

6. Specialised Commissioning

- Allocation of specialised services across the NEL economy

Section 4: Support we would like

Areas where we would like regional or national support as we develop our plan

- Support to align specialised services with our place-based plan. This is both in terms of articulation of commissioning intentions of specialised services for NEL over the next five years by NHSE as commissioner, and supporting to understand the impact of specialised services on our financial planning.
- Support in exploring the contracting options/payment reform for all services care to enable our vision for transformation.
- Continual support from HLP to develop our STP in the activity areas that are mapped against national 'must dos'.
- Support in navigating regulator requirements applied on areas such as planning and reporting of finance, aiding organisations to collectively plan, commission and implement difficult transformation.
- For NHS England to consider streamlining approvals for business cases, including estates, to enable a faster, more efficient process

National barriers or actions we think need to be taken in support of our STP

- Recognition of the devolution agenda and new models of care, that as we move to three accountable care systems, our commitment to local areas is strengthen and risk share is increasingly with the local partners including the local authorities, who do not share the understanding of the STP footprint.
- The significant population growth (equivalent to another London borough) needs upfront funding to provide the transformation necessary to prevent larger costs in the future. Access to STF will be critical to support this pump-priming for system change.

Areas where we could share good practice or where we would like to access expertise or best practice from other footprints

- We are in a unique position to share our learning from our new models of care vanguards and two devolution pilots. We are also keen to share:
 - learning on procuring outcome based community services
 - new models of integrated providers,
 - developing shared care records,
 - detailed activity and workforce modelling approaches
 - an exemplar approach to Quality Improvement (QI)
- We are keen to learn from the estates vanguard in north central London.
- We will continue to learn from national experts and best practice from other footprints
- We would welcome sharing of digital roadmaps from other SPG

Any other key risks that may affect our ability to develop and/or implement a good STP

- **Support and recognition of the existing local plans.** NEL has three local areas with existing plans; it is critical that the STP process supports these and focuses on delivering added value.
- **Funding pressures on social care and public health.** The Care Act 2014 places duties on local authorities and partners to promote wellbeing and prevention within communities to help reduce or delay the need for care. This focus comes without any certainty on the costs associated with these, nor of the increased demands from people who use services and their carers. In addition public health spending cuts have restricted local authorities' ability to jointly design and deliver prevention schemes that meet our ambitions.
- **Availability of transformation funding available and timescale.** To unlock the benefits of our transformation programmes and achieve financial and clinical sustainability over the STP period, the availability of transformation funding and our ability to access it as a system is crucial.
- **Potential misalignment between provider and commissioner plans.** This may lead to further instability of our system financial position.

Appendix II - Projected financial gap by SPG

	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
	Forecast	Plan	Plan	Plan	Plan	Plan
	£m	£m	£m	£m	£m	£m
Net 'financial gap'						
BHR						
Barking, Havering & Redbridge University	(35)	(17)	(42)	(46)	(48)	(49)
North East London NHS Foundation Trust	(5)	(7)	(10)	(10)	(10)	(12)
NHS Barking & Dagenham CCG	3	2	(10)	(15)	(20)	(22)
NHS Havering CCG	3	3	(10)	(14)	(18)	(16)
NHS Redbridge CCG	(0)	(4)	(12)	(17)	(22)	(21)
	<u>(33)</u>	<u>(22)</u>	<u>(85)</u>	<u>(102)</u>	<u>(118)</u>	<u>(119)</u>
City & Hackney						
Homerton University Hospitals NHS Found	(5)	(0)	(9)	(9)	(9)	(8)
East London NHS Foundation Trust	46	10	7	7	7	7
NHS City & Hackney CCG	38	28	18	27	33	39
	<u>79</u>	<u>37</u>	<u>16</u>	<u>25</u>	<u>32</u>	<u>38</u>
WEL						
Barts Health NHS Trust	(154)	(98)	(145)	(146)	(146)	(147)
NHS Newham CCG	7	7	(10)	(17)	(23)	(24)
NHS Tower Hamlets CCG	12	12	(4)	(10)	(16)	(20)
NHS Waltham Forest CCG	9	(6)	(14)	(15)	(15)	(7)
	<u>(127)</u>	<u>(85)</u>	<u>(174)</u>	<u>(187)</u>	<u>(199)</u>	<u>(198)</u>
Central provisions						
Non-achievement of 2016/17 CIPs	-	(66)	(68)	(69)	(71)	(72)
Triangulation provision	-	(22)	(22)	(23)	(24)	(25)
	<u>-</u>	<u>(88)</u>	<u>(90)</u>	<u>(92)</u>	<u>(94)</u>	<u>(97)</u>
Specialised commissioning						
Projected funding gap	-	(27)	(54)	(81)	(107)	(134)
	<u>-</u>	<u>(27)</u>	<u>(54)</u>	<u>(81)</u>	<u>(107)</u>	<u>(134)</u>
Net financial gap'	(81)	(185)	(386)	(436)	(487)	(511)
<i>Net financial gap / notified allocations</i>	(3.1%)	(6.9%)	(14.0%)	(15.3%)	(16.6%)	(16.7%)

Note below - Locally submitted numbers pre-adjustments

City & Hackney Devo

Homerton University Hospitals NHS Found	(5)	(0)	(9)	(9)	(9)	(8)
East London NHS Foundation Trust	46	10	7	7	7	7
NHS City & Hackney CCG	38	28	46	73	106	144
	<u>79</u>	<u>37</u>	<u>44</u>	<u>71</u>	<u>105</u>	<u>143</u>

Terms of Reference

North East London Sustainability & Transformation Board

(Formerly North East London Advisory Group)

March 2016

(Revised following feedback at Board meeting on 24th March 2016)

DRAFT

These terms of reference were approved by:	
These terms of reference will be reviewed by:	

Membership

1. Membership	
Name	Role
TBC	Independent Facilitator – purpose: to provide external challenge and facilitation to ensure that the overall STP is successful from its initiation through to final completion and collective sign off.
Jane Milligan	Chief Officer, Tower Hamlets CCG NEL STP Lead
Cheryl Coppell	Chief Executive, London Borough of Havering NEL STP Local Authority Lead
Sam Everington	CCG Chair, Tower Hamlets CCG NEL STP Clinical Lead
Matthew Hopkins	Chief Executive, BHRUT NEL STP Provider Lead
Terry Huff	Chief Officer, Waltham Forest CCG NEL STP CCG Lead
Claire Highton	CCG Chair, City & Hackney CCG NEL Clinical Senate Chair
Meradin Peachey	Director of Public Health, Newham STP Public Health Lead
Tom Travers	Chief Finance Officer, BHR
Henry Black	Chief Finance Officer, WEL
Philippa Rowe	Chief Financial Officer, C&H
Conor Burke	Chief Officer, BHR CCGs
Paul Haigh	Chief Officer, City & Hackney CCG
Steve Gilvin	Chief Officer, Newham CCG
John Brouder	Chief Executive, NELFT
Alwen Williams	Chief Executive, Barts Health
Tracy Fletcher	Chief Executive, HUH
Robert Dolan	Chief Executive, ELFT
Grainne Siggins	Director of Adult Social Care, London Borough of Newham
Russ Platt	Specialist Commissioning, NHS England
John Atherton/Ceri Jacob	NEL Area Director, NHS England
Alastair Finney (replacement from 1 st April tbc)	Trust Development Authority/NHS Improvement
TBC	Monitor/NHS Improvement
TBC	HENCEL
TBC	UCLP

2. In attendance

Jane Gateley	Director of Strategic Delivery, BHR CCGs
Tara-Lee Baohm	Deputy Director of Strategic Delivery, BHR CCGs
Neil Kennett-Brown	Director of Transformation, WEL CCGs
Nigel Turner	NEL STP Finance Lead
Chris Caldwell	Health Education England
Nigel Burgess	Health Education England
Hillary Ross	UCLP
Hugh Alderwick	King's Fund
David Maher	Deputy Chief Officer & Programme Director, C&H

Purpose of the Group

DRAFT

The North East London Sustainability and Transformation Board (NEL STB) will be responsible for overseeing the delivery of the five year North East London Sustainability and Transformation Plan (NEL STP) in line with the requirements as specified by NHS England, and thereby facilitate access to the Sustainability and Transformation Fund.

The constituent footprint of the NEL STP is:

- City and Hackney
- Waltham Forest
- Tower Hamlets
- Waltham Forest
- Newham
- Barking & Dagenham
- Havering
- Redbridge

The NEL STB will establish governance and reporting structures to ensure successful delivery of the NEL STP including:

- Appointment of CCG, Local Authority and Provider STP leads
- Establish appropriate programme arrangements including sub groups and leadership to ensure the successful delivery of component requirements of the STP including finance and activity, clinical pathways and delivery of a NEL wide STP plan
- Hold regular meetings monitor and review progress of delivery of the NEL STP in line with emerging guidance from NHSE/NHS Improvement
- Ensure the overall strategy is robust, with focus on patient outcomes and patient experience so we address the substantive issues facing NEL, and putting patients and system sustainability (clinical & financial) first, rather than organisational positions,
- Quality assurance of the plan, providing a forum to ‘hold the mirror up’ at the aggregated plans and constructively challenge all organisations to deliver the best clinical and financial outcomes for the patients and wider public
- Oversee an effective communication and engagement process with key stakeholders, including the local authorities, recognising their democratic processes

Five foundational principles will be central to our approach:

Subsidiarity: decisions should be taken or influenced locally wherever possible; and

Materiality: Each borough/CCG should be involved in decisions that materially impact on them

Devolution: Health & Social care integration is critical, building on devolved accountabilities

Delivery: STP should focus on supporting pace of delivery for transformation programmes across 3 areas, and not hinder progress/decision making

Transparency: Our governance will support openness and transparency throughout its design and implementation, with opportunity for challenge by key stakeholders such as patients, carers and the voluntary sector

Decision Making & Quorum

Quorum to be confirmed: At least 2 CCG Chief Officers and 2 Provider Chief Executives (or their representatives), and ensuring all three of the local areas are represented

NEL STB will act as a working group with delegated authority to individuals by respective GB's. For working groups to take a decision unanimity must be achieved.

Terms of delegation:

- Decision making regarding the NEL planning level e.g. what work will be undertaken at the 'top of triangle' across a NEL footprint and what remains at a local and CCG level
- To STP Lead for overseeing the resourcing to ensure the successful delivery of the NEL STP (to agreed budget +/- 20%), including necessary recruitment and procurement of support (in line with host organisation's standing orders)
- Agreement and sign off of the STP plan, and necessary submissions to tripartite, with updates provided to individual organisations as required

Note: Final STP sign off will need to go back to individual organisations, or via a meeting in common of those individual organisations.

Administration and Handling of Meetings

The NEL STP PMO will be responsible for providing administrative support to the meeting and for circulating agenda and papers at least three days in advance of the meeting taking place.

Reporting/Communications

Action notes from each meeting will be taken and approved at the subsequent meeting. Action notes will be forwarded to the Integrated Care Coalition (ICC), Transforming Services Together Board (TSTB) and Hackney Health and Social Care Transformation Board.

Frequency of Meetings

Monthly

Resources

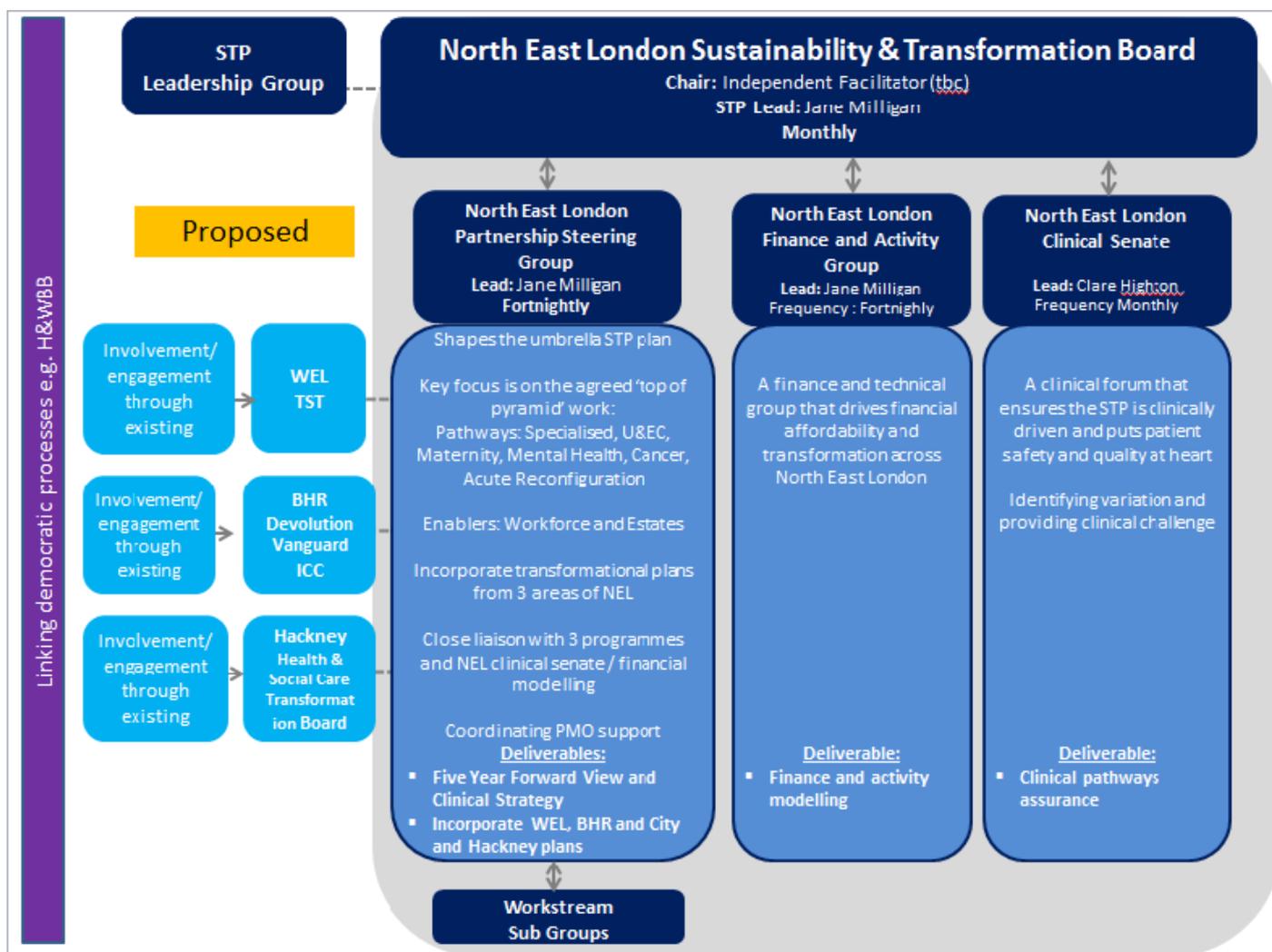
Local area resourcing is currently in place to oversee the development and delivery of the sovereign

programmes which will form the component plans of the NEL STP.

In addition, each CCG and provider (12 organisations) within the NEL footprint will initially contribute equally £35K *(£420,000 in total) to support the development of an aggregated NEL STP including the development of a single STP LTFM and clinical case. Tower Hamlets CCG as STP lead will assume budget management and financial processing responsibility on behalf of the NEL system.

* Note – resourcing requirement under review as further guidance and expectations made clear *

Accountability/Governance



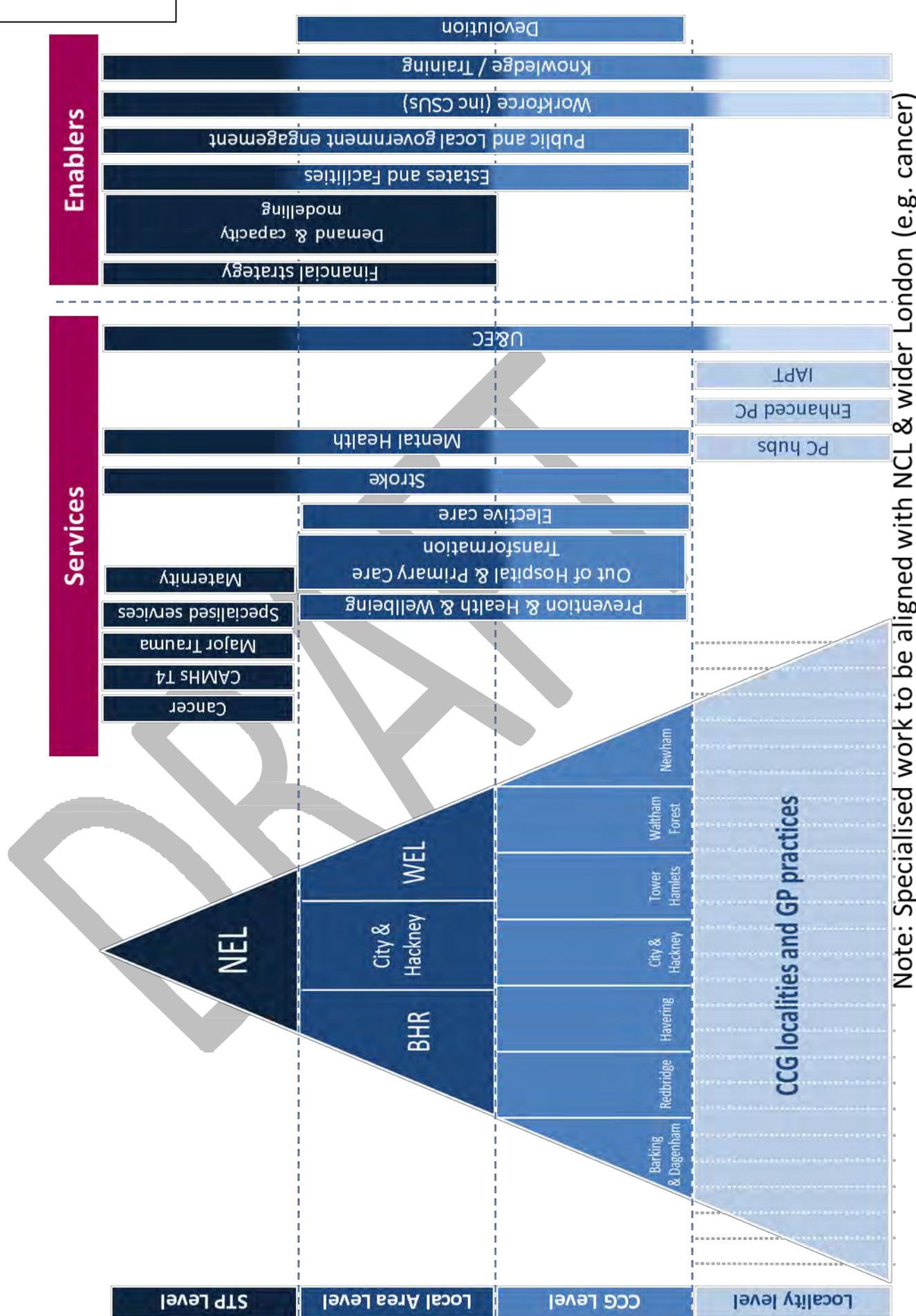
A NEL PMO will be established to co-ordinate and oversee the delivery of a umbrella NEL plan (see transformation group). The NEL PMO will be hosted by Tower Hamlets CCG on behalf of the NEL System. Tower Hamlets will be responsible for providing oversight and direction to the NEL PMO.

To Attach:

Finance & Activity Group Terms of Reference

Clinical Senate Terms of Reference

NEL PMO Requirement



Note: Specialised work to be aligned with NCL & wider London (e.g. cancer)