

North Central London Sustainability and Transformation plan Progress update March 2016



There are a number of objectives for the NCL STP

Goals

The **goals** of our STP are:

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

Outputs

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

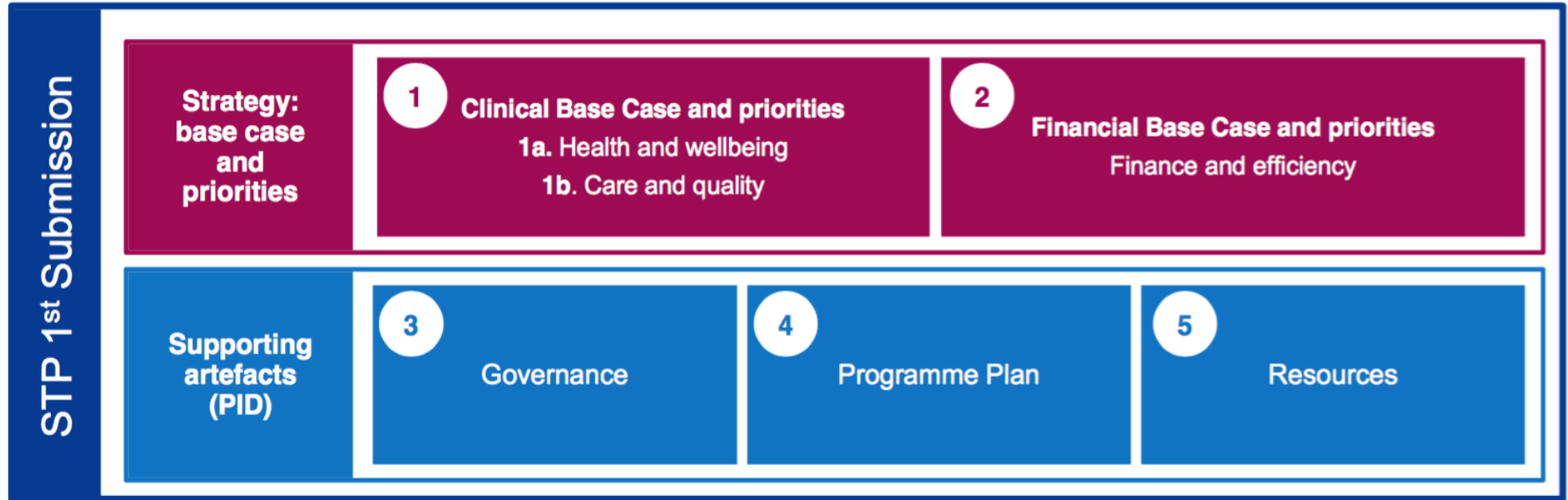
- A compelling clinical case for change that provides the foundation for the programme and is embedded across the work, and supports the identification of priorities to be addressed through the STP
- A single version of the truth financial 'do nothing' base case with quantified opportunity impacts based on the priorities identified
- A robust and credible plan for implementation and delivery over 5 years
- A governance framework that supports partnership working across the STP and collective decision making
- The resource in place to deliver transformation at scale and pace in the key areas identified

Process

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

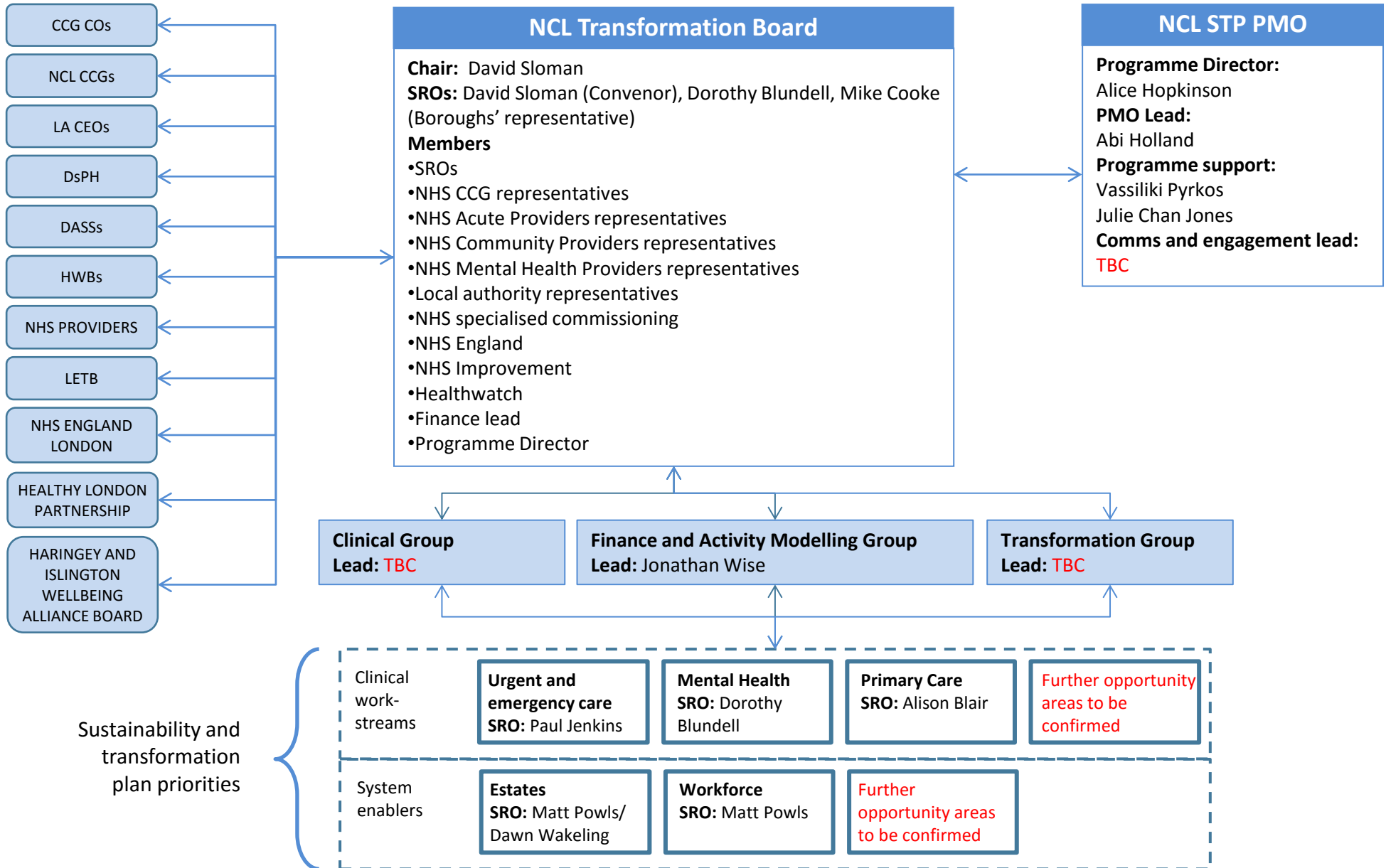
- Be collaborative, and owned by all programme partners in NCL
- Be structured and rigorous
- Move at pace, ensuring quick wins are implemented and transformation is prioritised
- Involve all areas of CCG, local authority and NHS England commissioned activity, including specialised services, primary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

The full STP needs to be submitted to NHS England on 30th June, but 5 key elements are required for the initial STP submission on 15th April

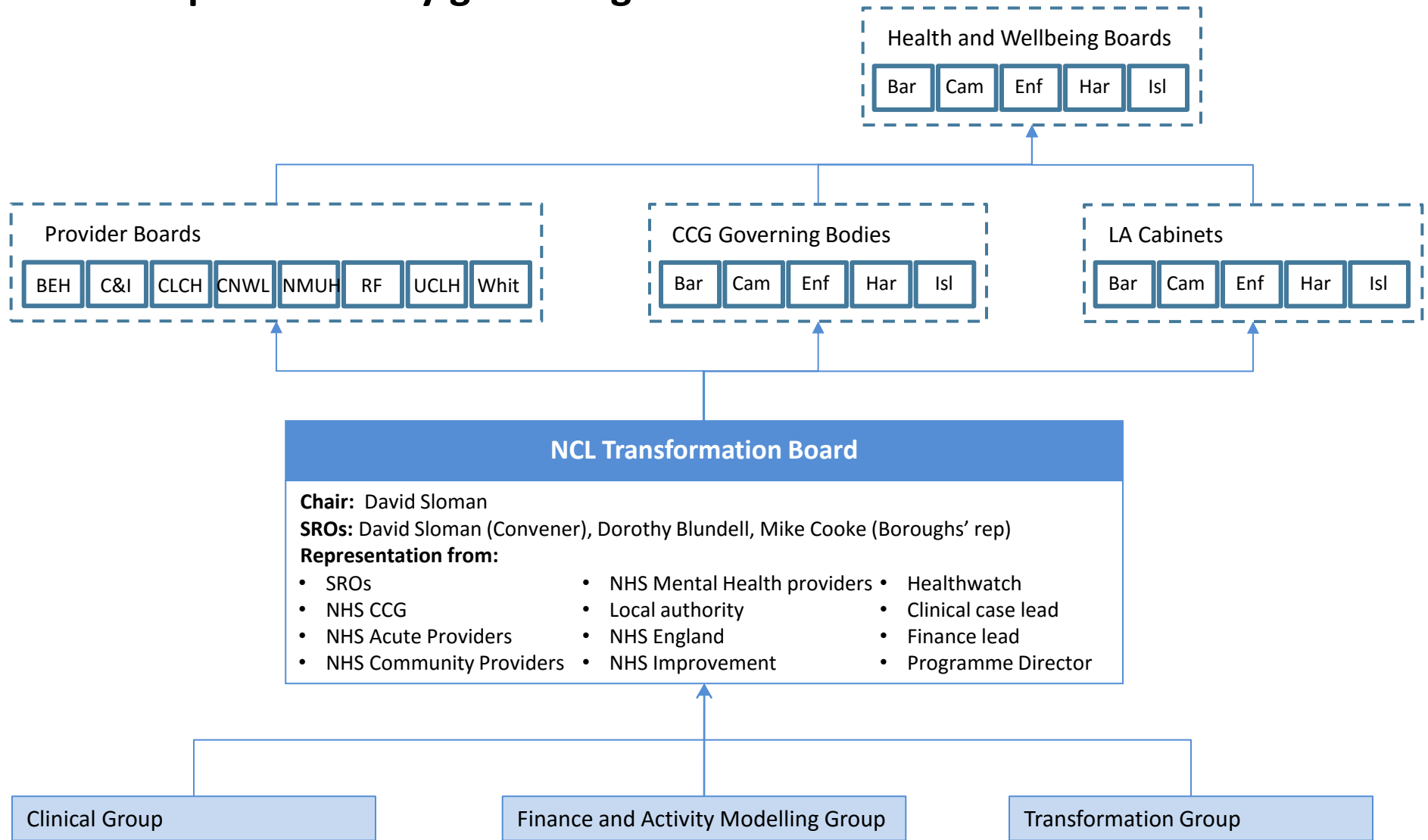


- A **base case**; both **financial** and **clinical** (i.e. the do nothing scenario)
- A number of supporting artefacts that enable development of the STP including:
 - A **programme plan** with clearly defined workstreams and milestones
 - **Governance arrangements** that provide appropriate leadership and control to STP development
 - **Resource agreements across the SPG** to support STP development
 - Interdependencies between both the financial and clinical base case have been considered and accounted for in designing and agreeing supporting artefacts

Current overarching governance framework for the STP



Relationship to statutory governing bodies



The Transformation Board has no formal decision making authority. The membership includes representatives from all statutory bodies (identified above) who will steer decision through their constituent boards for formal sign off.

Key messages emerging from the draft clinical case for change

Supporting fact base...

- People in NCL are living longer but are in poor health
- Widespread deprivation across NCL
- Differing levels of health and social care needs
- Challenges for primary care provision in some areas
- Lack of integrated care and support for those with LTCs
- Too many people in hospital beds who would be better treated at home or in the community
- Hospitals are finding it difficult to provide the most specialist care
- Challenges in mental health provision
- Workforce challenges
- Estates are not fit for purpose

...suggested priorities

- Mental illness
- Older people (particularly those with dementia)
- Long term conditions, including better integration of care and ensuring that suitable and sufficient social care is available
- Prevention
- Ensuring high quality services are available when required for the 78% of local people who are mostly healthy
- Primary care provision and reducing variation between practices, including a requirement for additional investment in primary care services
- Reducing the length of stay in acute hospitals, in partnership with social care
- Reducing delayed discharges in Haringey and Camden

NCL health economy status quo financial challenge at 2020/21

The total consolidated underlying (normalised) NCL health economy financial challenge at 20/21 (under the 'Status Quo' scenario*) is shown below:

Status Quo – NCL	Financial challenge, £m
NCL CCGs gap to 1% surplus at 20/21 (see appendix 2) – note 1	(169)
NCL Providers gaps to 1% surplus at 20/21 (see appendix 3) – note 2	(173)
NHSE Projected financial challenge (for NCL) at 20/21 – note 3	TBC
Triangulation variance at 20/21 – note 4	(40)
TOTAL NCL Financial Challenge at 20/21 under the 'Status Quo' – note 5	(382)

- **Note 1:** Under this scenario CCGs have assumed minimal QIPP, totalling £71m over 5 years (£54m in 16/17 and £17m in 17/18 to 20/21). Whilst £169m represents the normalised position, if RAB was taken into account the accumulated deficit would be c.£460m;
- **Note 2:** Trusts have assumed a reducing CIP % from 17/18 to 20/21. It should be also noted that the cost of implementing LQS across the providers is still being reviewed by a number of the providers which could add further cost pressures into the NCL position. Whilst £173m represents the normalised position, the accumulated cash requirement over the period would be £515m;
- **Note 3:** NHSE Spec Comm are currently producing a projected 'Status Quo' position for NCL which will be added into the overall NCL health economy challenge when available;
- **Note 4:** Based on CCGs projected expenditure (by trust) and Trusts projected income (by CCG) the preliminary estimate of the variance is £40m; and
- **Note 5:** This potentially includes some of the knock on impacts of social care pressures, but does not include an assessment on the pressure of overall social care budgets (previously assessed at £247m).










* Status quo definition

- No service reconfiguration (i.e. that seek to change and transform, including those that reduce or discontinue services), other than those changes already in progress (i.e. maintaining the current service provision). It does assume implementation of London Quality Standards and 7 day services by 20/21
- No strategic capital available from the system (other than for essential high/significant backlog maintenance "BM") – BM should be loan funded
- No commissioner QIPP delivered (other than those schemes already in progress or where detailed plans (with timelines/PIDs exist) have been agreed by providers
- Limited (or nil) 'working together' between organisations

There is scope to consider further opportunity areas in addition to the four priorities, and these will need to be reflected in the initial STP submission

- The NCL Collaboration Board identified the following priorities:
 1. **Acute services redesign:** with an immediate focus on urgent and emergency care
 2. **Mental health:** with an immediate focus on transforming inpatient care
 3. **Pathways:** with an immediate focus on primary care, having common standards and reducing variation
 4. **System wide enablers:** with an immediate focus on estates
- The cumulative challenge for CCGs along in NCL in 2020/21 is £460m
- The impact of the four collaboration priorities could address £135m of the financial gap
- Further opportunities need to be identified and analysed to close the key gaps identified in the clinical case and the finance base case
- We have discussed a number of principles in our approach to selecting additional priorities as part of the STP:
 - We should be **radical in our approach** and **not constrict ourselves** to opportunities available within the constraints of the current system
 - We should be considering **more effective vehicles for taking change forwards** including taking advantage of opportunities to **share resources**
 - We should be able to **articulate the opportunities to all audiences**, including patients, health commissioners and providers, local authorities and NHS England
 - We should be looking to **reduce demand** through new opportunities
 - New opportunities should be focused around **eliminating variation** and **adding value**

Next steps: priority actions prior to STP submission in June

-  Hold formal launch / kick off for the STP to gain buy-in from across the system
-  Agree additional priorities, overarching structure of programme and develop detailed workstream implementation plans
-  Map out existing local work and ensure alignment with STP plans
-  Quantify potential impact of agreed priorities
-  Hold interdependencies workshop to identify key dependencies across the programme
-  Agree programme budget and funding
-  Fill resourcing gaps through external and internal roles
-  Mobilise sub groups: draft ToRs, agree membership and establish key meeting dates
-  Develop comms and engagement strategy and roll out across NCL