Public Document Pack

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HEALTH AND WELLBEING BOARD

6 July 2016

SECOND DESPATCH

Please find enclosed the following items:

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North Central London
Sustainability and
Transformation Plan

North Central London Sustainability and Transformation plan

Summary of progress to date
June 2016

NHS England
NHS Barnet Clinical Commissioning Group
NHS Camden Clinical Commissioning Group
NHS Enfield Clinical Commissioning Group
NHS Haringey Clinical Commissioning Group
NHS Islington Clinical Commissioning Group

BARNET LONDON BOROUGH
Camden
ENFIELD Council
Haringey LONDON
ISLINGTON

Barnet, Enfield and Haringey NHS Mental Health NHS Trust
A University Teaching Trust
Camden and Islington NHS Foundation Trust
Central London Community Healthcare NHS Trust
Your healthcare closer to home
Central and North West London NHS Foundation Trust
Moorfields Eye Hospital NHS Foundation Trust
North Middlesex University Hospital NHS Trust
Royal Free London NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
Whittington Health NHS

Content

North Central London Sustainability and Transformation Plan

1 The background of Sustainability and Transformation Plans

North Central London Sustainability and Transformation Plan

1. The NHS Five Year Forward View team set out a challenging vision for the NHS. Its aim is to bring local health and care partners together to set out clear plans to pursue the Forward View's **'triple aim'** to improve:

- the health and wellbeing of the population
- the quality of care that is provided
- NHS finance and efficiency of services

The NHS England 2016/17 **planning guidance** outlines a new approach to help ensure that health and care service are planned by **place** rather than around individual organisations.

There are 44 **Sustainability and Transformation Plans (STPs)** being developed in local geographical areas or **'footprints'** across the country that are being submitted to NHS England for approval. North Central London (NCL) is one of the five London footprints.

3. The most **compelling and credible** STPs will secure **funding from April 2017 onwards**. NHS England will consider:
   - the **quality of plans**, particularly the **scale of ambition** and **track record of progress already made**. The best plans will have a **clear and powerful vision**. They will create **coherence across different elements**, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically **borrow good practice from other geographies**, and adopt **national frameworks**;
   - the **reach and quality of the local process**, including community, voluntary sector and local authority engagement;
   - the **strength and unity of local system leadership and partnerships**, with **clear governance structures** to deliver them; and
   - how **confident are NHS England that a clear sequence of implementation actions will follow as intended**, through defined governance and demonstrable capabilities.

1 North Central London has a complex health and social care landscape

North Central London Sustainability and Transformation Plan

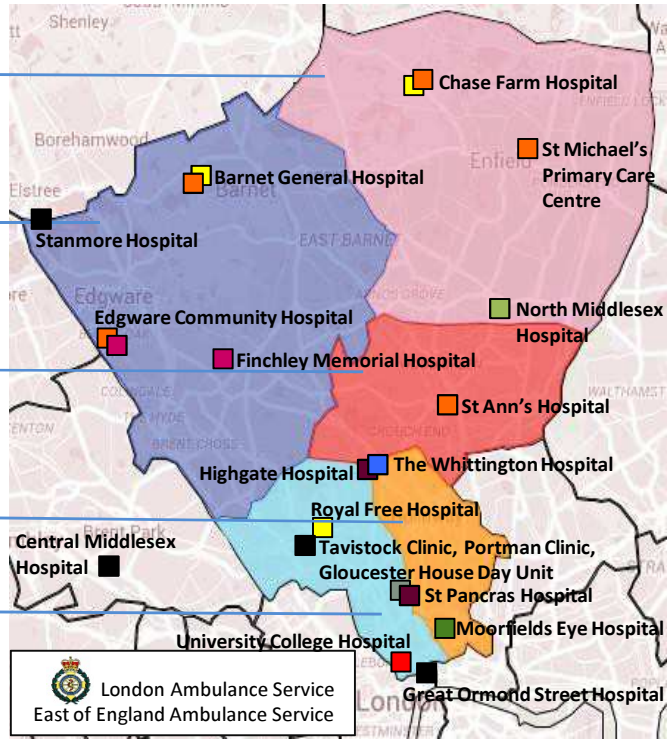
Enfield CCG / Enfield Council
~320k GP registered pop, ~324k resident pop
48 GP practices
CCG Allocation: £362m (-£14.9m 15/16 OT)
LA ASC, CSC, PH spend: £184m

Barnet CCG / Barnet Council
~396k GP registered pop, ~375k resident pop
62 GP practices
CCG Allocation: £444m (£2.0m 15/16 OT)
LA ASC, CSC, PH spend: £158m

Haringey CCG / Haringey Council
~296k GP registered pop, , ~267k resident pop
45 GP practices
CCG Allocation: £341m (-£2.8m 15/16 OT)
LA ASC, CSC, PH spend: £163m

Islington CCG / Islington Council
~233k GP registered pop, , ~221k resident pop
34 GP practices
CCG Allocation: £339m (£2.7m 15/16 OT)
LA ASC, CSC, PH spend: £138m

Camden CCG / Camden Council
~260k GP registered pop, , ~235k resident pop
35 GP practices
CCG Allocation: £372m (£7.2m 15/16 OT)
LA ASC, CSC, PH spend: £191m



Total health spend £2.5b

Total care spend c.£0.8b

NHS England
- Primary care spend ~£180m
- Spec. comm. spend ~£730m

15/16 OT		
£185m	-£12.4m	BEH Mental Health NHS Trust (main sites, incl Enfield community)
£136m	£0.7m	Camden and Islington NHS FT (and main sites)
£249m	-£8.3m	North Middlesex University Hospital NHS Trust
£951m	-£51m	The Royal Free London NHS FT
£940m	-£31m	University College London Hospitals NHS FT
£293m	-£14.8m	Whittington Health NHS Trust (incl Islington and Haringey Community)
£202m	£2m	Moorfields Eye Hospital NHS FT
N/A – not in scope for NCL STP finance base case		Central and North West London NHS FT (Camden Community)
		Central London Community Healthcare NHS Trust (Barnet Community)

The specialist providers are out of scope: GOSH and RNOH
Tavistock and Portman NHS FT is out of scope financially but within scope for mental health

Note: all OT figures are normalised positions

Vanguards in scope
- Royal Free multi-provider hospital model
- Accountable clinical network for cancer (UCLH)

NCL CCGs activity stats

A&E	522,838
Elective	134,513
Non-elective	163,487
Critical Care	25,718
Maternity	45,528
Outpatients	1,803,202

Total GP registered population 1.5m

Our population
- Our population is **diverse and growing**.
- Like many areas in London, we experience **significant churn** in terms of people using our health and care services as people come in and out of the city.
- There is a **wide spread of deprivation** across NCL – we have a younger, more deprived population in the east and south and an older, more affluent population in the west and north.
- There are high numbers of households in **temporary accommodation** across the patch and around a quarter of the population in NCL **do not have English as their main language**.
- Lots of people come to settle in NCL from abroad. The largest **migrant communities** arriving during 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15 the largest migrant communities were from Italy, France and Spain.

1 We have agreed a number of objectives for the NCL STP

North Central London Sustainability and Transformation Plan

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

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 five 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

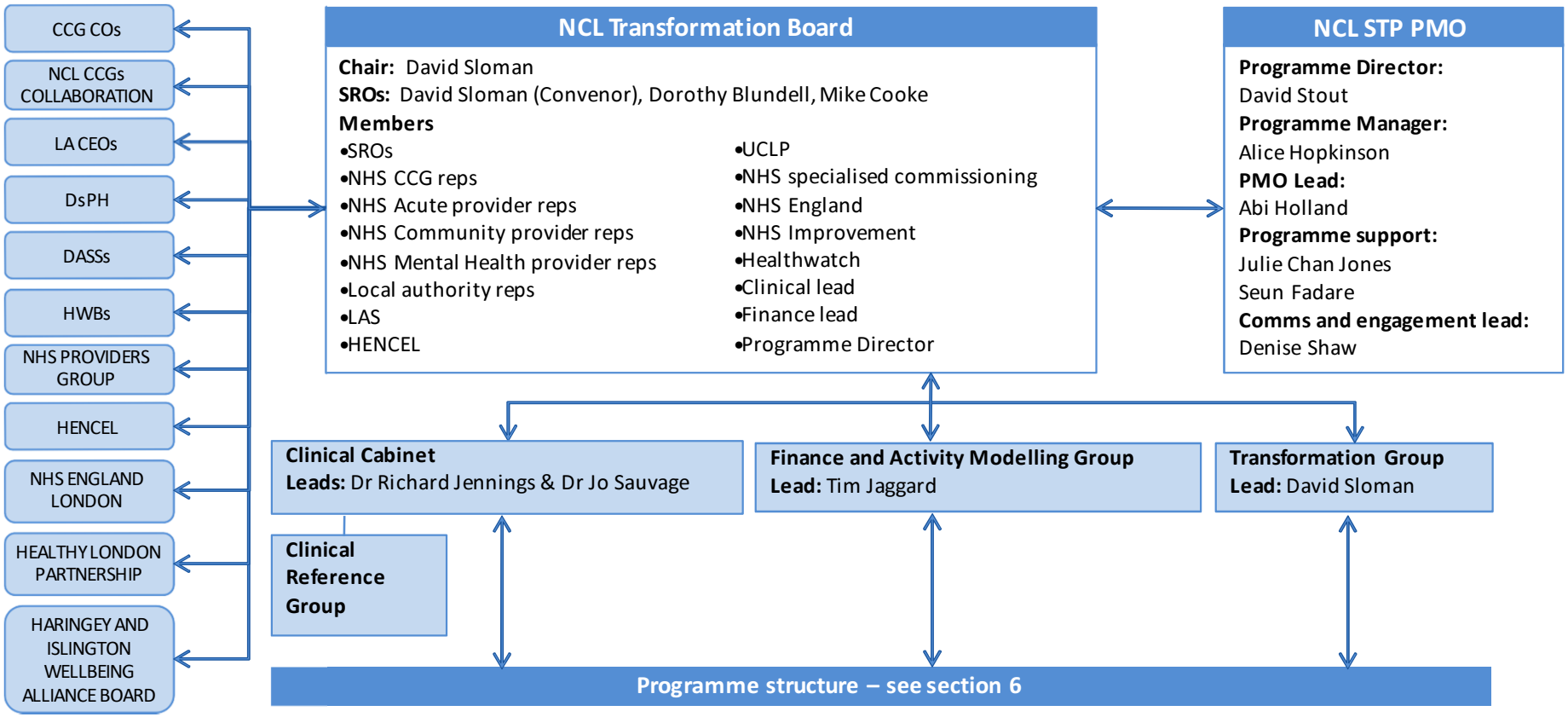
The **process** to developing our STP needs to:

- 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

2 We have developed a robust governance structure that enables collaborative input and steer from across the STP partners

North Central London Sustainability and Transformation Plan

The NCL STP **Transformation Board** meets monthly to oversee the development of the programme and includes representation from all programme partners. It has no formal decision making authority, but members are committed to steering decisions through their constituent boards and governing bodies. There are three subgroups supporting the Transformation Board. The **Clinical Cabinet** provides clinical and professional steer and input with CCG Chair, Medical Director, nursing, public health and adult social services and children's services membership. The **Finance and Activity Modelling Group** is attended by Finance Directors from all partner organisations. The **Transformation Group** is a smaller steering group made up of a cross section of representatives from organisations and roles specifically facilitating discussion on programme direction for presentation at the Transformation Board. Every workstream has a senior level named SRO to steer the work and ensure system leadership filters down across the programme. The **Clinical Reference Group** will be mobilised over the summer of 2016 and will provide a forum for input, review and co-design with a broader pool of clinicians and practitioners.



* Programme Governance Structure to be reviewed as programme moves into implementation

3 Case for Change

North Central London Sustainability and Transformation Plan

Clinical cabinet	• The NCL STP Clinical Cabinet is responsible for the Case for Change. Their role is to is lead the further development of STP work • The Clinical Cabinet will sign off the Case for Change with ultimate responsibility falling to the NCL STP clinical lead
Development and engagement process to date	• The Clinical Cabinet has met five times, since its inception, to develop a robust and accurate Case for Change for North Central London's health and social care • On 13 June, the Clinical Cabinet agreed the draft Case for Change, pending some outstanding issues; this was then endorsed by the Transformation Board on 22 June • Draft Case for Change was part of the submission sent to NHS England on 30 June; their feedback is expected in July • From now until the end of September, the Clinical Cabinet will move the Case for Change from draft to a comprehensive, final document which will be published in late Summer.

Initial messages from the Case for Change	• Some high level messages from analysis relating to our population's health and wellbeing are:
	  • People are living longer but in poor health
	  • Our different ethnic groups have different health needs
	  • There is widespread deprivation and health inequalities
	  • High levels of homelessness and households in temporary housing
	  • Lifestyle choices put people at risk of poor health and early death
	  • There are poor indicators of health for children
	  • High rates of mental illness among both adults and children
	• When analysing our care and quality metrics, we identify the following:
	  • There is not enough focus on prevention across the whole NCL system
	  • Disease could be detected and managed much earlier
	  • There are challenges in provision of primary care
	  • There is a lack of integrated care and support for those with a LTC
	  • Many people are in hospital beds who could be cared for at home
	  • There are differences in the way planned care is delivered
	  • There are challenges in mental health provision and in the provision of cancer care
	  • Some buildings are not fit for purpose
	  • Information technology needs to better support integrated care.
	• Initial financial analysis show we face a significant financial challenge. If we continue on our current spending path, the deficit will rise substantially over the next five years

4 In response to the case for change, we have collectively developed an overarching vision for NCL which will be delivered through the STP

North Central London Sustainability and Transformation Plan

Our vision is for North Central London to be a place with the best possible health and wellbeing, where no-one gets left behind. It will be supported by a world class, integrated health and social care system designed around our residents.

This means we will:

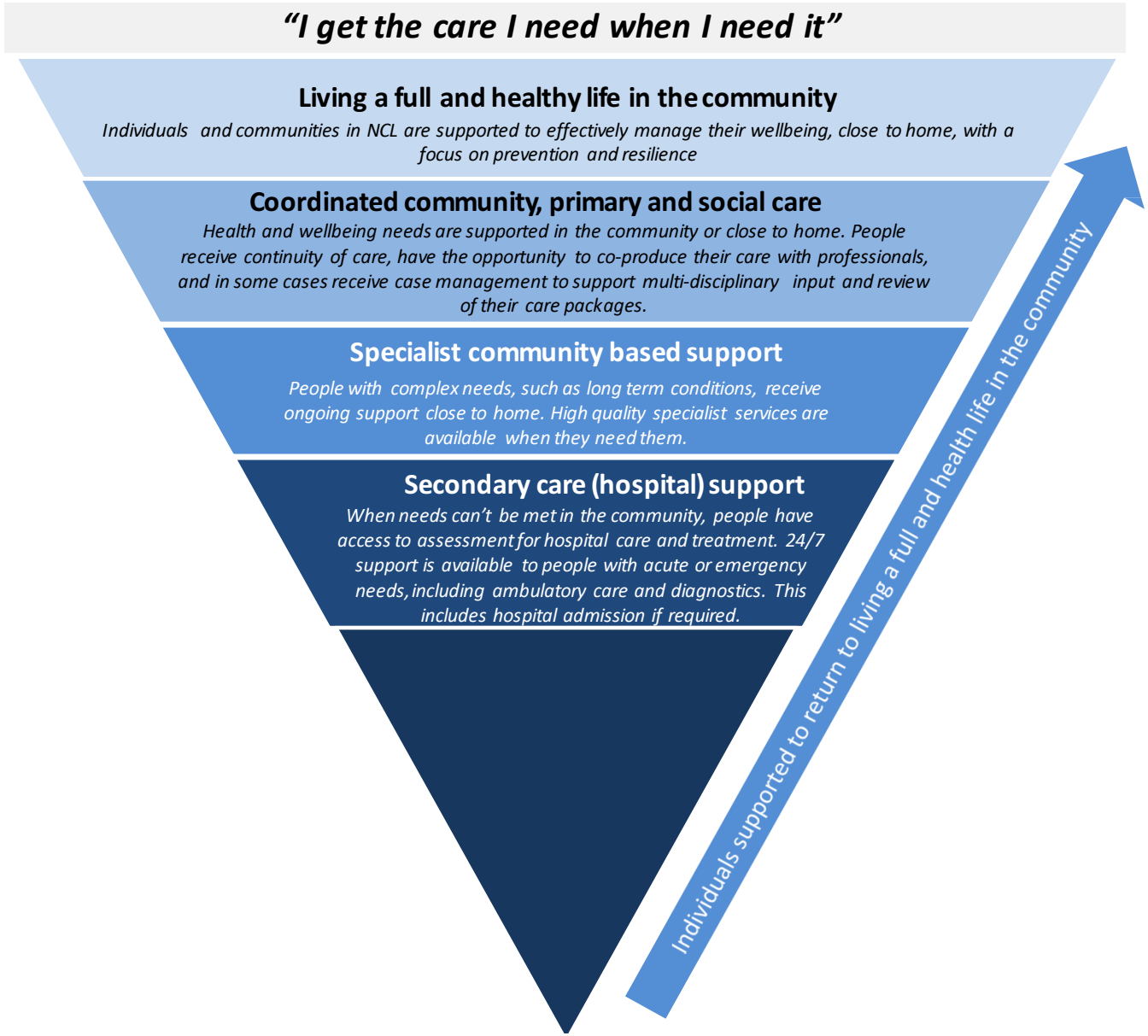
- help people who are well, to stay healthy
- work with people to make healthier choices
- use all our combined influence and powers to prevent poor health and wellbeing
- help people to live as independently as possible in resilient communities
- deliver better health and social care outcomes, maximising the effectiveness of the health and social care system
- improve people's experiences of health and social care, ensuring it is delivered close to home wherever possible
- reduce the costs of the health and social care system, eliminating waste and duplication so that it is affordable for the years to come
- at the same time we will ensure services remain safe and of good quality
- enable North Londoners to do more to look after themselves
- have a strong digital focus, maximising the benefits of digital health developments.

Our core principles are:

- residents and patients will be at the heart of what we do and how we transform NCL. They will participate in the design of the future arrangements.
- we will work together across organisational boundaries and take a whole system view
- we will be radical in our approach and not be constrained by the current system
- we will harness the world class assets available to us across the North Central London communities and organisations
- we will be guided by the expertise of clinicians and front line staff who are close to residents and patients
- we will build on the good practice that already exists in North Central London and work to implement it at scale, where appropriate
- we will respect the fact that the five boroughs in NCL have many similarities, there are significant differences which will require different responses in different localities.

4 The vision will be delivered through a consistent model of care

North Central London Sustainability and Transformation Plan



5 We are in the process of designing a cohesive programme that is large scale and transformational in order to meet the challenge

North Central London Sustainability and Transformation Plan

	A Health and wellbeing	B Care and quality	C Productivity	D Enablers
High level impact	• Improves population health outcomes • Reduces demand	• Increases independence and improves quality • Reduces length of stay	• Reduces non value-adding cost	• Facilitates the delivery of key workstreams
Initiatives	1. Population health including prevention *(David Stout, STP PD)* 2. Primary care transformation *(Alison Blair, ICCG CO)* 3. Mental health *(Paul Jenkins, TPFT CEO)*	4. Urgent and emergency care *(Alison Blair, ICCG CO)* 5. Optimising the elective pathway *(Richard Jennings, Whittington MD)* 6. Consolidation of specialties *(Richard Jennings, Whittington MD)*	7. Organisational-level productivity including: a) Commissioner b) Provider *(FDs)* 8. System productivity including: a) Consolidation of corporate services b) Reducing transactional costs and costs of duplicate interventions *(Tim Jaggard, UCLH FD)*	9. Health and care workforce *(Maria Kane, BEHMHT CE)* 10. Health and care estates *(Cathy Gritzner, BCCG CO and Dawn Wakeling, Barnet Council DASS)* 11. Digital / information *(Neil Griffiths, UCLH DCEO)* 12. New care models & new delivery models *(David Stout, STP PD)* 13. Commissioning models *(Dorothy Blundell, CCCG CO)*

6 What we aim to achieve from each of our workstreams

North Central London Sustainability and Transformation Plan

A Health and wellbeing	Population health	Focus on preventative care to achieve better health and care at a lower, cost, with a reduction in health inequalities
	Primary care transformation	Reduce demand by upgrading out of hospital care and support, for individuals with different types of needs
	Mental health	Joining up of mental and physical health, analysis of social determinants and supporting population to live well
B Care and quality	Urgent and emergency care	Improve care through integrated approach across health and social care
	Optimising the elective pathway	Understand the variation in delivery between acute providers to improve patient safety, quality and outcomes
	Consolidation of specialities	Identifying clinical areas which might benefit form consolidation
C Productivity	Organisational-level productivity	Efficiencies gained through better alignment of health and care services
	System productivity	Improved delivery opportunities in areas such as: workforce management, pharmacy, medical, surgical and food procurement and distribution, pooled digital information and corporate functions
D Enablers	Health and care workforce	Develop new workforce model, focused on prevention and self-care, including review of existing roles and requirements
	Health and care estates	Management of One Public Estate to maximize the asset and improve facilities for delivering care
	Digital/ information	Develop the digital vision: inc. digitally activated population, enhanced care delivery models, integrated digital record access and management
	New care models & new delivery models	Work with Kings Fund to develop our delivery model for population health for NCL
	Commissioning models	Develop strong commissioning through partnership working to develop whole population models of care, improve patients outcomes and financial and quality gaps

7 Current position

North Central London Sustainability and Transformation Plan

Establishing effective partnership working

- NCL-wide collaborative working is a relatively new endeavour and we continue to **build relationships** across the programme partners to ensure that health and care commissioners and providers are aligned in our ambition to transform care
- We have established a governance framework that supports **effective partnership working** and will provide the **foundation** for the planning and implementation of our strategic programme going forward
- The SROs are working to bring CCGs, providers and local authorities together across the 5 boroughs together **recognising the history and context** that underlies working together in a new way

Understanding the size of the challenge

- We have undertaken **analysis to identify the gaps** in health and wellbeing, and care and quality in NCL in order to prioritise the areas we need to address
- Our draft Case for Change provides a narrative in support of **working in a new way** and provides the platform for **strategic change** through identifying key areas of focus
- Finance directors from all organisations have been working to identify the **projected NCL health and care position** in 20/21 should we do nothing

Delivering impact in year one

- There is already **work in train** that will ensure delivery of impact before next April, in particular, CCG plans to build capacity and capability in primary care and deliver on the 17 specifications in the **London Strategic Commissioning Framework** (SCF).
- However, **further work** must be done to broaden our **out of hospital strategy** and address issues with regard to the short-term sustainability and viability of general practice
- The **implementation of our Local Digital Roadmap** will support the delivery of the mental health, primary care and estates work, and our two Vanguards are continuing to progress with their plans.

8 We will ensure all our stakeholders and wider programme partners are appropriately involved in the development of the programme

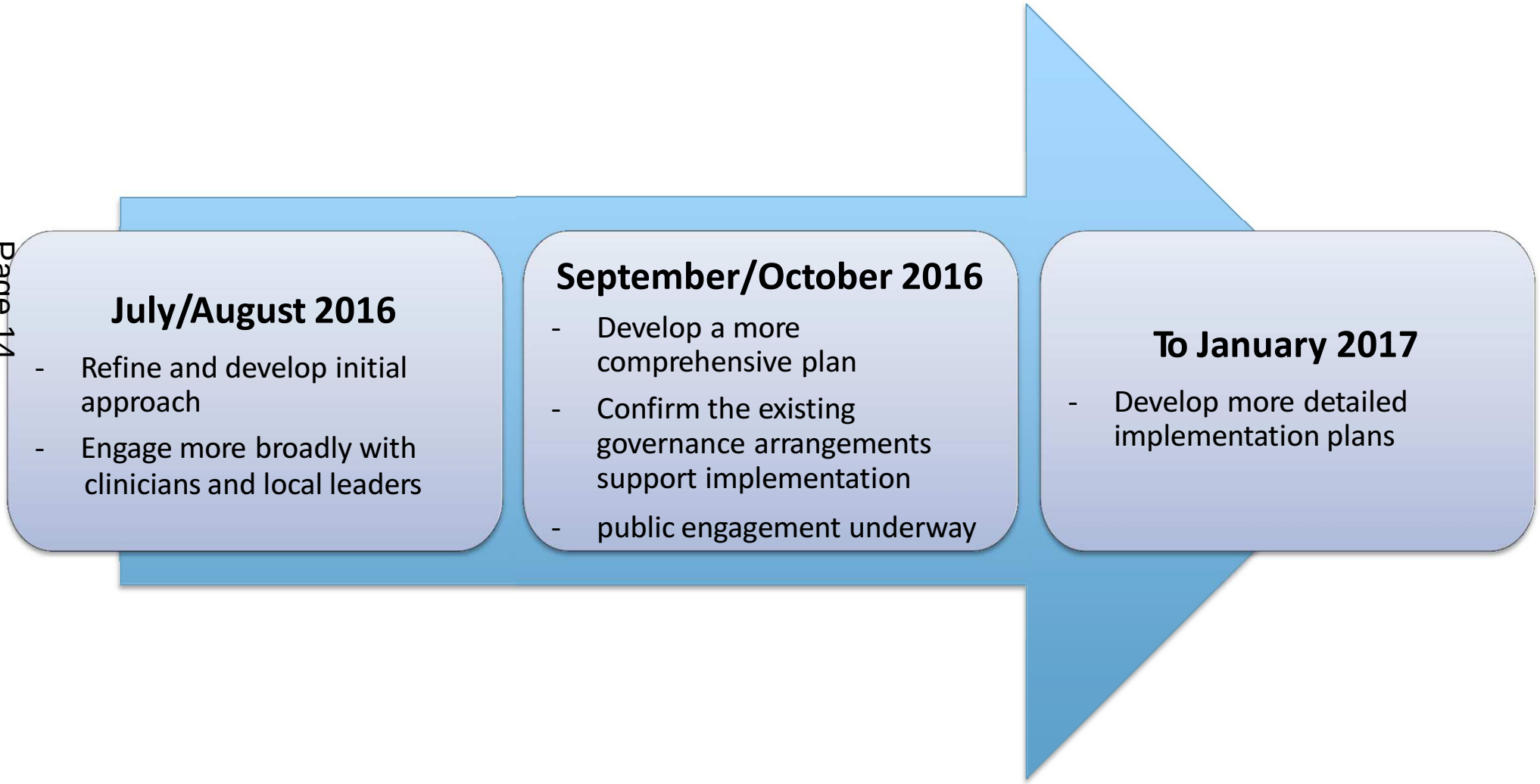
North Central London Sustainability and Transformation Plan

Engagement to date	Communications & engagement objectives	Delivering the objectives

Workstreams have been engaging with relevant stakeholders to develop their plans.
• The general practice transformation workstream has worked collaboratively with the London CCGs (and local groups of GPs) to develop pan-London five year plan
• Mental health workstream was initiated at stakeholder workshop in January 2016 and a further workshop in May. Further service user and carer engagement is done via programme updates and specification for a citizens panel is being developed
Significant engagement was undertaken through reprocurement of 111 process in urgent and emergency care workstream
• The estates workstream has been developed through a working group, with representatives from all organisations in scope including Moorfields, the Office of the London CCGs, Community Health Partnerships, Healthy Urban Development Unit (HUDU) and GLA
• NCL Digital Roadmap Group meets to define, shape and contribute to the interoperability programme with representation from all key organisations
• Early engagement with Health & Wellbeing Boards and the Joint Overview & Scrutiny Committee
	• To support the engagement and involvement of STP partners across all organisations at all levels
	• To ensure a strong degree of organisational consensus on the STP content and on the approach to further developing the strategic plan and implementation approach, in particular political involvement and support
	• To support and co-ordinate STP partners in engaging with their stakeholders to raise awareness and understanding of:
	  • the challenges and opportunities for health and care in NCL
	  • how the STP – specifically the emerging priorities and initiatives - seeks to address the challenges and opportunities so that we can develop the best possible health and care offer for our population
	  • what the NCL strategic plan will mean in practice and how they can influence its further development and implementation
	• To encourage and gather feedback from stakeholders – NHS, local government, local and national politicians, patients and the wider community – that can:
	  • influence our emerging plans and next steps
	  • help build support for the STP approach
	• To ensure equalities duties are fulfilled, including undertaking equalities impact assessments
		• Forward planning underway to join up all partners and stakeholders in NCL footprint
		• Dedicated communications lead now in place to undertake this
		• Stakeholder mapping underway for external and internal bodies through integrated work approaches with CCG communications and engagement leads to include partners such as local authorities, NHS providers, GP practices and others to be determined
		• In addition to partners and stakeholders already consulted, we will identify opportunities for more STP partners clinicians/staff to have input into specific work streams asap, particularly local political engagement which will be key for community leadership of change
		• Plan to engage more formally with boards and partners after the July conversations
		• Effective communications channels will be established for all stakeholders and partners for transparent contributions to ongoing plans and discussions, including staff, clinicians, patients, politicians etc.
		• A core narrative is being created to cover our health and care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities – in person-centred, accessible language
		• Review requirements for consultation before March 2017

9 Next steps for development of the STP

North Central London Sustainability and Transformation Plan



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Housing and Planning Act 2016 – Expected Impacts

Hannah Bowman

Head of Housing Strategy, Improvement and Partnerships

Health and Wellbeing Board 6th July 2016

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The Housing and Planning Act

- Sale of High Value Empty Properties
  - Annual levy to be paid to government
  - Expectation to sell 'highest value' empty properties to fund this

- Tenant Tax (Pay to Stay)
  - Tenants whose household income (2 highest earners) exceeds £40k per year will pay 15p for every £1 earned over £40k

- Fixed term tenancies will be introduced for all new tenants
  - 2 – 10 year tenancies, longer for families with young children
  - End to lifetime tenancies for new tenants
- Starter Homes

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What we know so far?

The Act represents some of the biggest changes to social housing since the introduction of the Right to Buy

- None of the regulation is available and much of the detail was left out of the Act
- Possibly Summer 2016 Tenant Tax, Winter 2016/17 for High Value Sales and Fixed Term Tenancies
- Expect a levy about £200m annually, forcing us to sell 300 properties
- Lettings already dropping from 1594 (1249 council, 345 housing association) in 2013/14 to 1088 in 2015/16 (883/205)
- How long will we be required to do this? – there is no end date

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What we know so far?

- Tenant tax less onerous than initially planned, but those on a tight budget may be badly affected. We won't know until we start collecting data.
- Shorter tenancies may create more empty properties. Security will be reduced for new tenants, especially those without children in the household. Unclear how the review at the end of tenancies will work
- Where is the money going? Tenant Tax contributes to Benefit reductions, voids levy to fund housing association right to buy and some new homes

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The impact of the bill

- Our ability to meet housing need will be severely reduced:
  - We expect to lose a third of empty properties
  - it could be a lot more as void numbers are already down
  - loss of social lets due to Housing Association Right to Buy
  - the changes may significantly affect peoples willingness to move, family may choose security over larger accommodation
- This will impede our ability to:
  - Relieve overcrowding,
  - medical moves
  - discharge our homeless duty etc.
  - Control temporary accommodation costs
- Expect more polarised and transient communities

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The impact of the bill

- Savings will not automatically follow sales and we will have to make choices about the services to be delivered
- Additional demands on services and change of our relationship with residents
  - Residents will have to share their income details
  - Reissuing inappropriate accommodation
  - Moving residents through a temporary accommodation system, rather than providing long term accommodation

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Other changes and pressures?

Welfare Reform and Work Act 2016:

- 1% reduction in social rents for the next four years – we had been expecting 5% increases
- Loss of £71m over the next four years and £1.7b over the life of the Business Plan
- Benefits Cap reduced from £26k pa to £23k in London
- Only 1 year relief from Benefit savings for supported housing – risk to adult social care
- No automatic right to housing benefit for 18-21 year olds and under 35s only entitled to a shared room rate (will impact upon letting 1 bed properties)
- 4 year freeze on Local Housing Allowance (maximum Housing Benefit) rates

Links between Health and Housing?

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- It is estimated that poor housing costs the NHS £2.5m a year treating illnesses linked to living in cold, damp and dangerous homes

- Multiple housing problems increases children's risk of ill-health by up to 25% during childhood and early adulthood

- 22% of people living in areas with high proportions of social housing have long term health conditions, compared with 9% in areas with no social housing
- Prevalence of certain types of health issues are high for those living in social housing, Chronic Obstructive Pulmonary Disease (24%), asthma (15%), chronic liver disease (57%), stroke (14%), Chronic Heart Disease (10%).

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Impacts on Health and Wellbeing?

- Less stability from a new council tenancy
- Greater levels of overcrowding and families living in unsuitable conditions
- Significantly reduced ability to rehouse vulnerable people, even most vulnerable such as families with autistic children above ground level
- Affects on community cohesion, tolerance? Changing balance of council estates.
- More transient temporary accommodation experiences
- Silting up of supported housing due to reduced opportunities to move on

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Impacts on Health and Wellbeing?

- Affects on those needing rehousing to be discharged from hospital
- Increased housing stress for those with mental health issues
- Less supported housing – 1% rent reduction only not applied for supported housing for 1 year – will providers be able to continue with this sort of housing?
- Cuts to benefit will mean that singles under 35s will only be able to afford to lived in shared situations - lodging and flat shares – likely to have a disproportionate impact on those with health needs
- Lack of settled housing could be a barrier to employment for those seeking work or working in more transient work

Impacts on Health and Wellbeing?

- Change in deprivation index? Depending on how people respond.
- Possible reduction in demands on services
- Other impacts?

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Questions and comments?