



North Central London STP Update

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Chief Operating Officer
Haringey CCG and Islington CCG



Milestones

- Case for change published in September 2016
- Draft STP published in November 2016 – described as ‘work in progress’ and comments sought
- Updated versions published in February 2017 and April 2017 in light of comments received and further work on detailed implementation plans
- Final version published in July 2017. Plan includes:
 - Vision to create a better health & care system
 - Priorities for 2017/18
 - Plans to improve quality of care, efficiency and productivity
 - An assessment of the financial gap in 2017/18 and beyond
- Public summary published in August 2017





Our vision is...

- *for North London to be a place where our people experience the best possible health and wellbeing. North London is a place where no-one is left behind.*
- The STP is a significant demonstration of joined up working between NHS commissioners, providers and local authorities across Barnet, Camden, Enfield, Haringey and Islington





Good progress

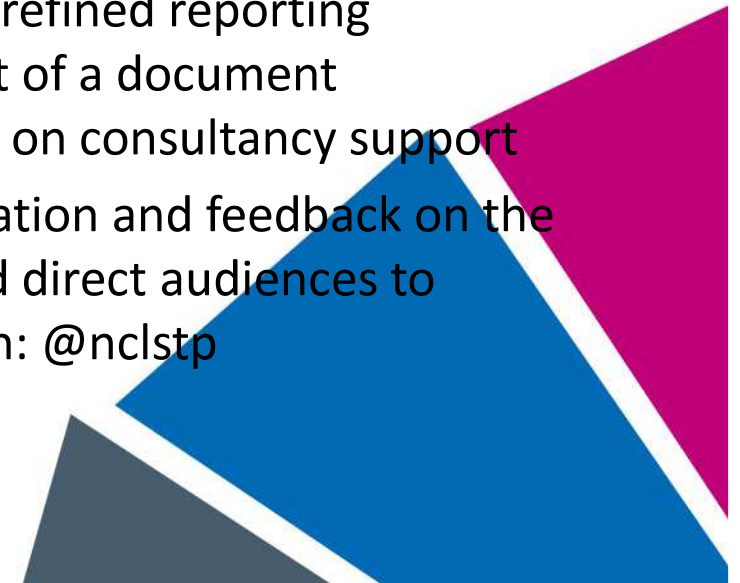
- Development of the plan, across a partnership of statutory organisations within limited timeframes and regular updates to ensure currency, and a more resident-friendly public summary document
- Co-ordination of commissioner leadership of workstream initiatives
- Establishment of Health and Care Cabinet ensuring social care has parity of esteem in the clinical decision-making process
- Mobilisation of Planned Care Programme Steering Group and formation of Delivery Groups i.e. MSK, Dermatology etc.
- Agreeing contracting round for 17/18 by the deadline
- Increasing levels of engagement with broader stakeholders
- Successfully transitioning from planning to implementation in most workstreams
- A sense of shared leadership across provider and commissioner





More good things

- Smooth transition to new CCG leadership structure, and establishment of Joint Commissioning Committee
- The development of the Adult Social Care programme creating a more effective working relationship with local authorities, more inclusive approach and joint working between health and social care
- Open, transparent and functional engagement with JHOSC, HOSC, HWBBs and local and regional media
- Increasing professionalisation of the STP PMO, refined reporting structures, the procurement, setup and roll-out of a document management system and reduced dependence on consultancy support
- Launch of website as a public portal for information and feedback on the programme, regular use of Twitter to share and direct audiences to website and partners for additional information: @nclstp
www.northlondonpartners.org.uk





Challenges

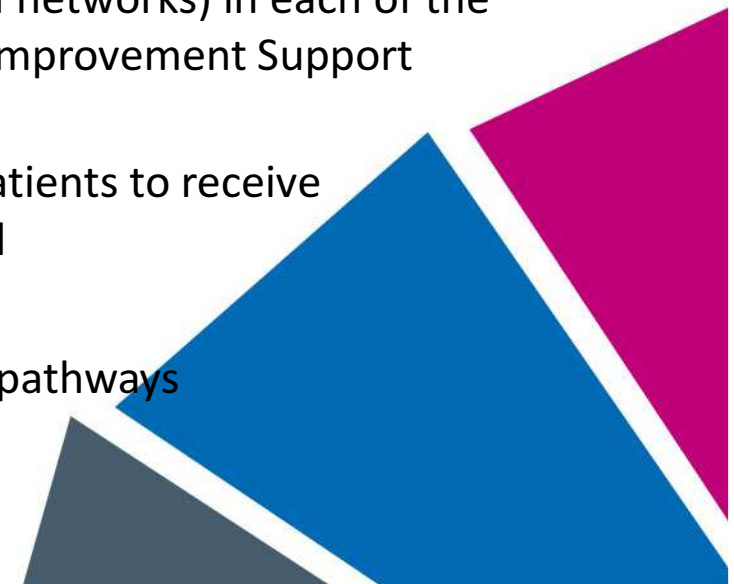
- Money (plus Capped Expenditure Process)
- Capacity
- Extent/depth of commitment to NCL working
- Deliverability of plans
- Single version of the truth: reporting/planning
- Need to focus on prevention, primary care and community resilience
- Pressures of the day job/regulators





Priorities in 2017/18 include:

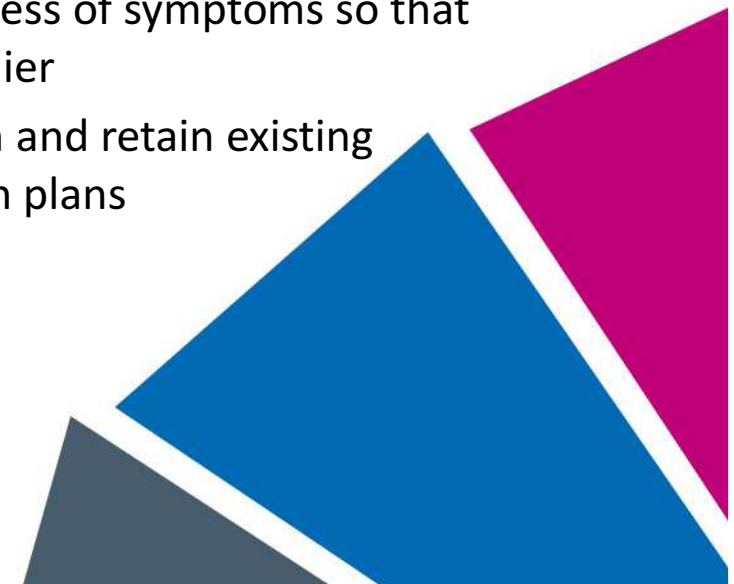
- Action to reduce obesity, smoking and alcohol misuse, increase our work in falls prevention and increase uptake of our sexual health services
- Offer improved access to Primary Care across the whole of North London: Patients will be able to access consultations with GPs or other primary care professionals in their local area between 8am and 8pm, seven days a week
- Implement the first wave of CHINs (neighbourhood networks) in each of the boroughs and invest in the corresponding Quality Improvement Support Teams.
- Join up all community-based services to support patients to receive more care at home and avoid admission to hospital
- Implement simplified discharge for patients
- Work with local clinicians and patients to redesign pathways in key areas such as dermatology, orthopaedics, neurology, urology and ophthalmology





Priorities in 2017/18 include:

- Design a single point of access to assist GPs with referral advice and navigation
- Roll out primary care mental health services in Islington
- Establish a dedicated psychological therapies service within Haringey and Islington
- Improve cancer survival rates by increasing awareness of symptoms so that patients can receive a diagnosis and treatment earlier
- Work to reduce staff turnover across North London and retain existing skills to support delivery our service transformation plans
- Improve our use of technology and estates



Adult social care

Team funded by the 5 Councils to explore 4 areas for collaboration in greater depth, working with NHS colleagues within existing STP structures:

- **Streamlining health and social care processes** – focusing on the social care role in admission avoidance and hospital discharge and developing common principles and/or approach for both across North London
- **Market management** – developing the residential, nursing and home care markets to have sufficient, high quality care at an affordable price
- **Workforce** – addressing recruitment and retention issues in directly employed workforce (e.g. social workers, occupational therapists) and commissioned services (e.g. nursing, independent sector care)
- **Learning disabilities** – looking at care models and pathways for people with learning disabilities, including transitions from children’s support to adult support, low to high needs and the ‘transforming care’ cohort



**NORTH LONDON
PARTNERS**
in health and care

Adult social care team

Project	Lead
1. Admission avoidance and hospital discharge	Dale Phillipson dale.phillipson@camden.gov.uk
1. Market management	Sam Jacobson sam.jacobson@haringey.gov.uk
3a) Workforce – Directly employed	Dale Phillipson dale.phillipson@camden.gov.uk
3b) Workforce – Independent Care Sector	Anne Marie Gray anne-marie.gray@camden.gov.uk
1. Learning Disabilities	Anne-Marie Gray anne-marie.gray@camden.gov.uk
Business Analyst – Tony Ellis (tony.ellis@camden.gov.uk)	

Workstream SROs and Clinical Leads

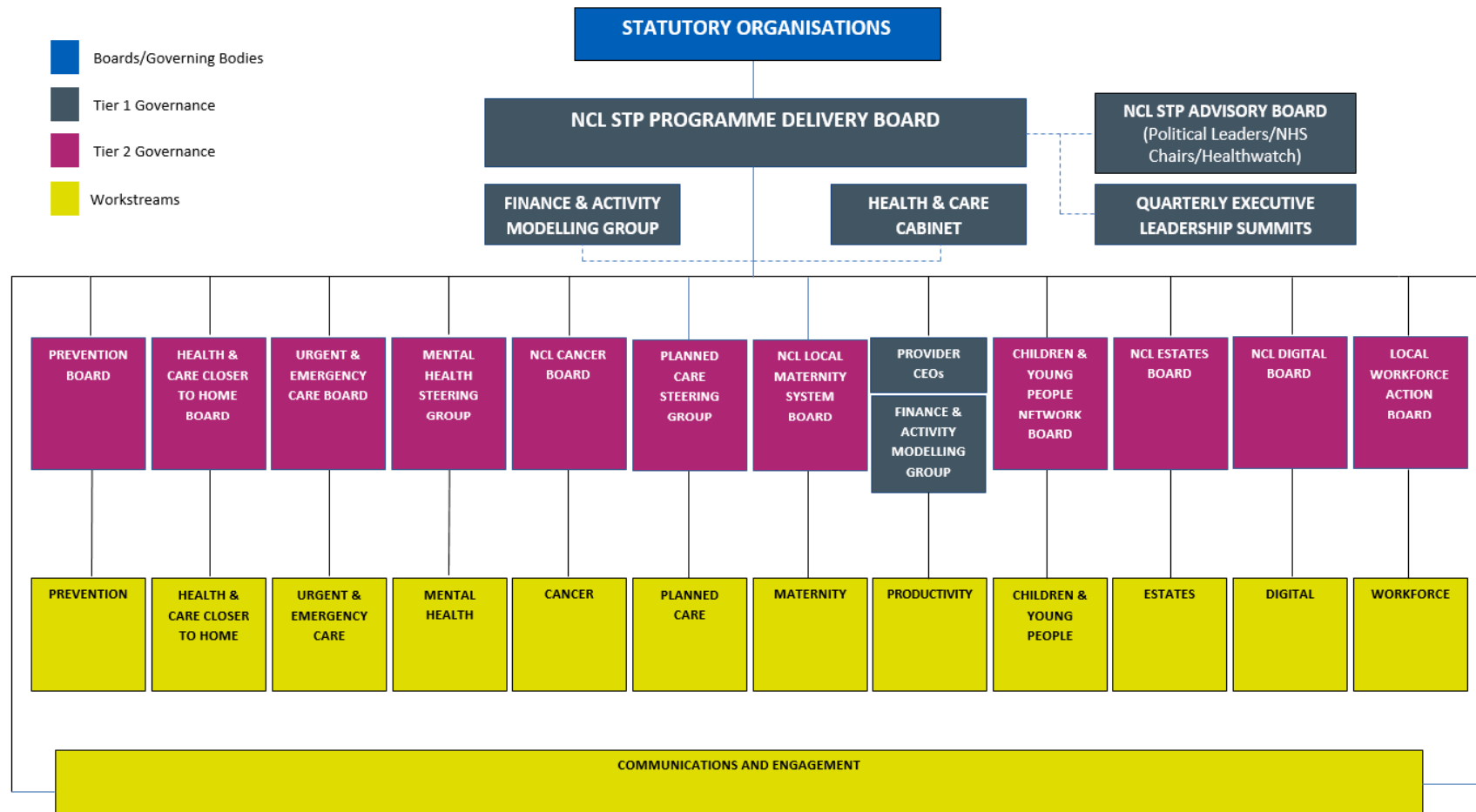
STP Workstream	SRO(s)	Clinical Lead(s)
Prevention	Dr Julie Billett, Director of Public Health, Camden and Islington	Dr Karen Sennett, GP, Islington Dr Tom Aslan, GP, Camden
Health and Care Closer to Home	Tony Hoolaghan, COO Islington and Haringey CCGs	Dr Katie Coleman, GP, Islington
Urgent and Emergency Care	Sarah Mansuralli, COO/Local Executive Director, Camden CCG	Dr Samit Shah
Mental Health	Paul Jenkins, CEO Tavistock and Portman Foundation Trust	Dr Vincent Kirchner, Medical Director, C&I Dr Jonathan Bindman, Medical Director, BEH Dr Alex Warner, GP, Camden
Cancer	Professor Kathy Pritchard-Jones, Chief Medical Officer Dr Clare Stephens, GP Barnet CCG	Professor Geoff Bellingan, Medical Director, UCLH
Planned Care	Marcel Levi, CEO UCLH NHS Foundation Trust	Dr Richard Jennings, Medical Director, Whittington Health Dr Ahmer Farooqi, GP Barnet
Maternity	Rachel Lissauer, Director of Commissioning, Haringey CCG	Professor Donald Peebles, Clinical Director Mai Buckley, Director of Midwifery
Children and Young People	Charlotte Pomery, Haringey Council	Dr Oliver Anglin, GP, Camden
Estates	Simon Goodwin, NCL CCGs Chief Finance Officer	TBC
Digital	David Sloman, CEO Royal Free London NHS FT	Dr Katie Coleman, GP/Primary Care Lead Professor Stephen Powis, Group Medical Director, RFH Dr Cathy Kelly, Chief Clinical Information Officer, UCLH
Workforce	Maria Kane, CEO BEH Mental Health NHS Trust (Simon Pleydell covering until September)	Dr Jo Sauvage, GP, Islington
Communications and Engagement	Paul Jenkins, CEO Tavistock and Portman NHS Foundation Trust	TBC



NCL CCGs' SMT

Role	Name
Accountable officer, NCL CCGs and STP convenor	Helen Pettersen
CFO, NCL CCGs	Simon Goodwin
Director, Acute and Performance, NCL	Paul Sinden
Director of Strategy, NCL CCGs	Will Huxter
COO, Haringey & Islington CCGs	Tony Hoolaghan
COO, Barnet CCG	Kay Matthews
COO, Camden CCG	Sarah Mansuralli
COO, Enfield CCG	John Wardell (start date TBC)
POD Director, NELCSU	Eileen Fiori
Director of HR and OD	Michelle Chadwick

STP Overarching Governance





More to do

- Public and patient engagement
- Mainstreaming the STP as core to all partners
- Communication and shared understanding
- Who's who
- Delivery not planning (18/19 and beyond)
- Transformation not transaction
- Prioritisation
- Fewer meetings

