DRAFT – POLICY IN DEVELOPMENT

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

Transformation underpinned by system thinking and local action

Delivery Plan 2 of 8:
Promote independence and enable access to care close to home

Contents

Initiative map

Our approach

There are a wide range of programmes that support our aim of promoting independence and enabling access to care close to home. These are outlined in our narrative plan for north east London. We have agreed through the STP the most appropriate level at which each programme should be led and delivered within the health and care system. We have done this based on the partnerships and scale required to best implement the specific programmes, using the following rationale for choosing to progress an initiative in north east London:

1. There is a clear opportunity / benefit in doing it jointly (which is above and beyond what would be achieved through a local programme), to deliver improvement in terms of finance, quality, or capacity;
2. Doing something once is more efficient and offers scale and pace;
3. Collective system leadership is required to make the change happen.

We have set out below the result of this mapping as it relates to this delivery plan and the NEL STP level programmes that are described in more detail here.

NEL STP Level

- Enhanced primary care
- High quality, sustainable, integrated mental health care and support
- Integrated urgent and emergency care
- Learning disabilities - Transforming Care Programme

Local Area Level

- Hackney Devolution Pilot
- BHR ACO programme
- Transforming Services Together (WEL)
- Transforming sexual health services

CCG / Borough Level

- Personalisation and choice
- Self-care management and patient activation
- Integrated Health and Social Care
- Integrated children's and young people's care
- Community based end of life care

London-wide

- PAN London LAS Commissioning Strategy
- PAN London consistent UCC offers
- PAN London Strategic Commissioning Framework for Primary Care

Delivery Plan on a Page

Vision

Locally designed, integrated models of care in place across north east London, that wrap around the individual, supporting them to manage their own care and to access services that are delivered close to home.

Background and Case for Change

- Currently across north east London too many people go into hospital or stay in hospital longer than necessary. Early, co-ordinated support that focuses on their wellbeing as well as their health and social care needs can reduce their dependency on services in the long run. It can also ensure they are admitted to hospital only when it's really needed.
- Our local programmes for developing new care models are building new partnerships with local authorities, communities and employers, and seeking to break down barriers between GPs and hospitals, physical and mental health services, health and social care, and building new links to other public services.
- These plans will only succeed if they are supported by system wide transformation through the STP. Our current models for Primary Care, Mental Health, Urgent and Emergency Care, and Learning Disabilities need to be radically transformed to support these new models of integrated community care

Priorities and Objectives

We have identified four priority areas where transformation programmes are required across north east London to support the delivery of our local plans to implement new care models and enable people to access care close to their home. These programmes will be led or coordinated at a north east London level, and support delivery of our joint objectives:

1. People will be well-informed regarding the resources and services that are available to them, empowering them to choose the most appropriate pathway for their care;
2. Support the development of primary care collaboration at scale with hubs, networks and federations. This will improve access, quality and coordination of care;
3. Improve the population mental health and wellbeing, improving self care & prevention
4. Enable all people to access a consistent high quality integrated urgent and emergency care offer across north east London, 7 days a week.

Expected Impact

- Reduction in the number of unnecessary admissions
- Meet the national urgent and emergency care access standards
- Improved ability to meet current / future demand in primary care
- Improved access to Mental Health treatment
- Better enable people to access integrated urgent and emergency care services appropriate to their need 7 days a week
- Improved coordination and enhanced service for patients with complex conditions who need care from multiple professionals

Workstreams	16/17	17/18	18/19	19/20	20/21
Enhanced Primary Care 1	Implement 8-8 access plans		Implement coordinated care plans		Initiative development
Enhanced Primary Care 2	Establish NEL QI collaboration	Implement joint work plan to improve quality, strengthen our providers, and support our workforce			
High quality, integrated mental health care and support	System review and strategy development	Initiative development	Business case, commissioning intentions and implementation		
Integrated urgent and emergency care	Procurements and pilots to develop Integrated Urgent Care				
Learning disabilities	Agree plan for reducing inpatient beds	Implement	Rollout national service model		

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Detailed Plan - Workstream 1A: *Enhanced Primary Care: Strategic Commissioning Framework delivery*

Vision: *High quality and locally responsive primary care as the platform for system sustainability, delivering the Strategic Commissioning Framework specification. This includes easier and more convenient* ***access*** *to GP services, shifting the balance of work to* ***proactive*** *and planned care, with GPs providing an ongoing relationship for* ***care coordination*** *for patients, seamless delegation to the extended PC team, and GPs freed up and enabled to spend time with patients with complex conditions on person-centred, planned and preventative care.*

SRO:	*Steve Gilvin, Chief Officer, Newham CCG*
Delivery lead:	*Sarah See, Director of Primary Care Transformation, BHR CCGs*

Case for change

- Services are faced with significantly rising demand (29% population increase in some boroughs) together with variation in quality
- 6 out of 7 of NEL's CCGs are in the lower quartile for patient experience when compared to rest of the country
- The rising burden of chronic disease alongside a population that is living longer and with more years lived with poor health and complex care needs, all contribute to increase demand for primary care services.

Objectives

- Deliver the aims of the GP Forward view
- Deliver London's specification and ambition for the future of primary care outlined in the Strategic Commissioning Framework (SCF)
- Stabilise General Practice in the context of the current workforce and financial challenges
- CCG's to support provider networks and federations to deliver primary care at scale, as a step towards the ambition of establishing Accountable Care Systems
- Enable the rapid sharing of knowledge, learning and innovation across the footprint

	Initiatives (17 SCF specifications)	Enablers	Benefits and Metrics	Deliverables
1	**7 Access initiatives** giving patient's better choice of access, easier ways to contact the practice & same day contact with a clinician if they need it	Digital – e-Consult, Telephone Triage, Share records. Workforce & Estates – extended access, PMS & equalisation	• Reduction in A&E attendances • Reduction in variation –shared best practice • Improved patient satisfaction levels & increased ease of making appointments • Improved ability to meet current / future demand	• Extended access to pre-bookable primary care provided at scale, with some local variation and phased delivery • Demand management initiatives (such as e-Consult, QI projects, practice resilience projects) • All practices operating within routine opening hours
2	**5 Coordinated initiatives** providing an enhanced service for patients with complex conditions who need care from more than one professional	Digital for single shared care plan, e-referrals & self care apps. Workforce for new roles & skill mix, MDTs,	• Improved coordination and enhanced service for patients with complex conditions who need care from multiple professionals • Flexible appointment lengths available	• Shared care record available to aid clinical decisions • Care plans reviewed and managed with MDTs • MiDoS available to clinicians and patients
3	**5 Proactive initiatives** to empower patients to self care, remain healthy and build community resilience	Digital for self care apps. Workforce for new roles & skill mix	• Patients empowered to remain healthy – and supported by new roles • Patients are engaged in co-designing their local services	• Improve patient participation and engagement • Social prescribing to be in place across all NEL boroughs for targeted patient groups • Increased uptake of Patient Online, through facilitation to increase number of bookable slots available online and awareness in patients

*Detailed NEL primary care delivery plan has been developed, with breakdown of SCF specifications, timeframes, enablers and deliverables planned

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Detailed Plan - Workstream 1B: *Enhanced Primary Care: Enabler delivery*

Vision: *NEL's vision for the primary care enablers are that patients will experience consistent **high quality primary and community care** services, The primary care **workforce** will be valued, developed and have an attractive place to train and work, patients will be supported by new roles, including physician associates, clinical pharmacists in practice settings and care navigators. Services will be seamless, with effective **digital** signposting, co-ordination of care and exchange of information. **Estates** will be fit for purpose, enable multidisciplinary working and make best use of combined health and social care estate.*

SRO:	*Steve Gilvin, Chief Officer, Newham CCG*
Delivery lead:	*Sarah See, Director of Primary Care Transformation, BHR CCGs*

Case for change

- 26% of services in NEL are rated are 'inadequate' or 'requires improvement' by the CQC versus 13% nationally
- Higher patient demand, a growing population, and a larger amount of time spent on administrative tasks has seen workload increase across NEL.
- Staff and skills shortage, with 1,769 patients per WTE GP compared to the London wide average of 1,660
- High number of small practices, some of which are not run from fit-for-purpose premises

Objectives

- Embed the Quality Improvement Collaboration
- Deliver Workforce, Practice Resilience/ Provider Development, Digital and Estates aims of the GP Forward view
- Stabilise General Practice in the context of the current workforce, workload and financial challenges
- Develop provider networks and federations to enable delivery of primary care at scale
- Enable delivery of the Strategic Commissioning Framework (SCF)
- Deliver approved Estates and Technology Transformation Fund (ETTF) projects in NEL

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	**NEL Collaboration focus areas** Quality improvement, access, workforce & provider dev.	Workforce & Digital: new ways of working & provider dev. Estates: ETTF delivery	• Common quality improvement approach for general practice - reducing variation and supporting benchmarking against quality metrics	• Establish NEL Quality Improvement Collaboration Board, with workstreams focusing on workforce, practice resilience, estates and access. • Develop QI programme, collaborating with partners e.g. CEG, UCLP, HLP, National QI
2	NEL and system level plans for **provider development and practice resilience**	Workforce: leadership training, technology to support demand / capacity mgmt.	• Build resilience in primary care at practice level and at scale, with a view to releasing time for patients and avoiding practice closure	• Undertake benchmarking survey of all practices to identify support requirements
3	**Workforce** development to ensure services are appropriately resourced to deliver new care models	Workforce, commissioning and engagement with partners (CEPN, networks / federations)	• Patients supported by new roles including physician associates, clinical pharmacists in practices and care navigators • Increased recruitment and retention of GPs and nurses in primary care • Better management of workload pressure • At scale working (MDTs, workforce, access)	• Local Workforce Action Board (LWAB) in place addressing ambitious shared NEL plan for PC workforce • Develop Workforce integration work plan • Commission / evaluate Physician Associate pilot
4	**Estates**, improving quality and safety in all services	Estates funding, including ETTF and Improvement grants	• Hubs providing extended access to patients, supported by new roles/ skill mix	• Digital facilitation to maximise EMIS functionality and other CCG/joint initiatives/local Digital Roadmap • Pilot new Smart Telephone systems – for triage system • Patient record sharing functionality in place across networks for extended access delivery

Detailed Plan - Workstream 2: *High quality, integrated mental health care and support*

Vision

Sustainable and person-centred mental health services as part of a whole health and social care system, placing mental health at the heart of new models of care

SRO:	*Caroline Allum, MD, NELFT* *Navina Evans, CEO, ELFT*
Delivery leads:	*Richard Fradgley, D. Integrated Care, ELFT* *David Maher, Deputy CO, City & Hackney CCG* *Sharon Morrow, COO, BHR CCGs*

Case for change

- Mental Ill-health is highly prevalent in NEL, particularly due to deprivation. Austerity policies add pressures on housing, employment and income. Co-morbid physical & mental health adds system strain.
- Demand increase of c.20% by 2020/21 => potential system pressure of c.£60m; mitigations (minimum investment standard and CIP) leave a gap of up to c.£25m to be met through system transformation.
- Significant progress has been made in quality and performance against national indicators, CAMHS transformation, dementia . But variation in performance (e.g. bed usage, placements) still exists across NEL, and sustainably meeting the FYFV objectives requires transformation across the system.

Objectives

- Improve the population mental health and wellbeing, improving self care & prevention, including the use of digital support
- Improve access to and quality of services incl. perinatal, psychological therapies, EIP, crisis care and dementia, meeting national requirements
- Sufficient capacity for predicted additional demand for MH services, including productivity and demand reduction
- Mental health at the heart of our integrated care models, across 1° and 2° care and as close to home as possible; improve psychological support for those with LTCs and physical health of those with SMIs
- Efficient, sustainable use of resources

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	Improve the prevention of mental health problems, and strengthen community resilience	• Prevention workstream • LA services & Public Health • Health & Wellbeing Boards • Open Dialogue pilot (NELFT)	• Improved access to meet national standards • Reduce suicide rates by 10% • Prevent premature death • Improved employment rates when on CPA	• FYFV commitments • Suicide prevention strategies • Systematised primary care mental health support
2	Early Years MH initiatives – CYP MH and Perinatal	• Transformation funding for perinatal services and Local Transformation Plans	• Improved access to perinatal MH (2,000 extra women), CYP MH (35% target), crisis and liaison psychiatry, primary care MH and digital MH.	• CYP MH Future in Mind commitments, improved access, perinatal services (subject to funding bid) community Eating Disorders services, and 24/7 urgent support
3	Improve access to psychological treatment for people with anxiety and depression	• GPFV and 1° care MH • Workforce and commissioning plans	• 25% of people with CMDs access IAPT services; meeting the 6week / 18week waits • 10% Reduced suicide rates	• Enhanced primary care services • Additional capacity for IAPT
4	Improve psychosis support – productive pathways, crisis & accommodation	• Demand and capacity model • BHR UEC vanguard	• 60% of first episode psychosis cases starting treatment within 2 weeks • Reduce non-specialist out of area placements	• Productive, sustainable psychosis pathways. • 24/7 crisis and home treatment teams (all ages) • Core 24 Liaison psychiatry services in all hospitals
5	Support system effectiveness: physical and mental health integration	• Place-based care model • Local integration plans	• Better psychological support for LTCs • Reduction in lost years of life; access to physical health checks for those with SMIs	• Specific deliverables to be confirmed during Q3 and Q4 2016/17 (e.g. psychological support for LTCs, health checks for those with SMIs on GP registers)
6	New models of commissioning to support recovery-focussed services		• Budget balance / surplus	• New sustainable commissioning models
7	Specialist MH - capacity, step-up/-down & demand management	• Specialised commissioning (forensic and CAMHS Tier 4)	• Referrals, admissions, LOS and occupied bed days	• Age-inclusive core24-compliant Liaison Psychiatry • Revised forensic and CAMHS community pathways

Detailed Plan - Workstream 3: *Integrated urgent and emergency care*

***Vision**: Create a simplified streamlined urgent care system to ensure right care, right place, first time access principles for people in north east London. The NEL Urgent and Emergency Care (UEC) system will be able to respond to current and future demand whilst meeting quality standards and within a financially stable framework*

SRO:	*Alan Steward, Chief Operating Officer, Havering CCG*
Delivery lead:	*Kendel Fairley, Urgent and Emergency Care Network lead, north east London*

Case for change

- High demand in NEL with 710,021 emergency department (ED) attendances in 2015/16 across the 6 Hospital Trust Sites. Overall Trusts have seen a rise of 11%.in 2016/17
- Projected population increase of 6.1% over next 5 years , with increases in age groups shown to access UEC services more (0-14 years and the over 65s)
- Current UEC pathway is fragmented and confusing with public knowledge of the full range of services and how to access them being poor
- Lack of access / resilience to support people with urgent primary care needs
- Lack of digital transformation in London Ambulance Services leading to underutilisation of alternative care pathways in the community
- NEL trusts struggled to meet national emergency access standard in 2015-16, with 4 out of the 6 Hospitals failing to achieve the 95% 4 hour target, and collective performance of 88.69%. In 2016/17 as of September 2016 all 6 Hospitals are not meeting the 95% 4 hour target. Whilst BHRUT are currently meeting the trajectory, both Barts Health and the Homerton University Hospitals Trust are not meeting their agreed trajectories.
- Demand for the LAS service rose by 121% from 2013-14 to 2015-16

Objectives

- To meet the national urgent and emergency care access standards
- To meet right place, first time principles
- To implement Integrated Urgent Care (IUC) across 7 CCGs, improve the delivery of shared care records, implement direct booking from IUC into general practice (including extended hours) and other parts of the urgent care system .
- Higher utilisation of alternative care pathways including ambulatory care and rapid response
- Ambulance & mental health services that are integrated within the urgent care system
- Urgent Care Centres and ED's that meet the UEC Facility Specifications guidance.
- All people that need to be admitted via the urgent and emergency care pathway have access to consistent high quality acute hospital services on every day of the week.

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	IUC e.g. NHS 111 / Clinical Hub with the wider urgent care system	Technology to integrate urgent care systems	• 10% increase in self care through 111 online; 20% increase in closed calls through the establishment of clinical hubs	• Implement 24/7 integrated 111 urgent care service that connects to clinical hubs (that include GP's, dentist, pharmacists, MH) with clear onward referral pathways
2	Primary Care Extended Access	Enhanced Primary Care Workstream	• A contributory 39% reduction in unnecessary ED attendances	• Primary care extended access with urgent care capacity
3	London Ambulance Service (LAS)	Pan London Commissioning Strategy	• A 10% reduction in LAS conveyances to ED	• Implement integrated commissioning strategy for LAS, including digital transformation
4	Ambulatory Care (AC)	Review of current AC pathways	• A 48% reduction (phased over 5 years) in less than 1 day admissions	• Consistent ACU pathways in place across NEL
5	Acute Transition Plans and UEC Facility Specification guidance	AE Delivery Plans	• Increased quality of services through meeting core standards	• Business case for reconfiguration of KGH ED (March 2017)
6	Seven Day Working	Learnings from early adopter sites	• % reduction in lengths of stay (awaiting outputs from early adopter sites	• Meet 7DS for 4 priority areas* in Autumn 2017; and for general admissions by 2020
7	Improved Discharge flows	AE Delivery Plans	• % increase in people discharged appropriately at weekends and before noon weekdays	• Improved bed capacity and flow

* Vascular surgery, stroke, major trauma, STEMI heart attack and children's critical care

Detailed Plan - Workstream 4: *Learning disabilities*

Vision

People with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition, are supported to live as independently as possible.

SRO:	*Sharon Morrow, Chief Operating Officer, Barking and Dagenham CCG*
Delivery lead:	*Susan Storrar, WELC Transforming Care Partnership - LD. Programme Lead*

Case for change

- The service model in place across NEL does not currently meet the national service model standards
- Utilisation of inpatient beds varies across NEL with a proportion of people placed out of borough
- There is not enough capability and capacity in the community to support people of all ages at times of crisis which increases the risk of hospital admissions We need greater control over outcomes within the hands of people who use or experience services

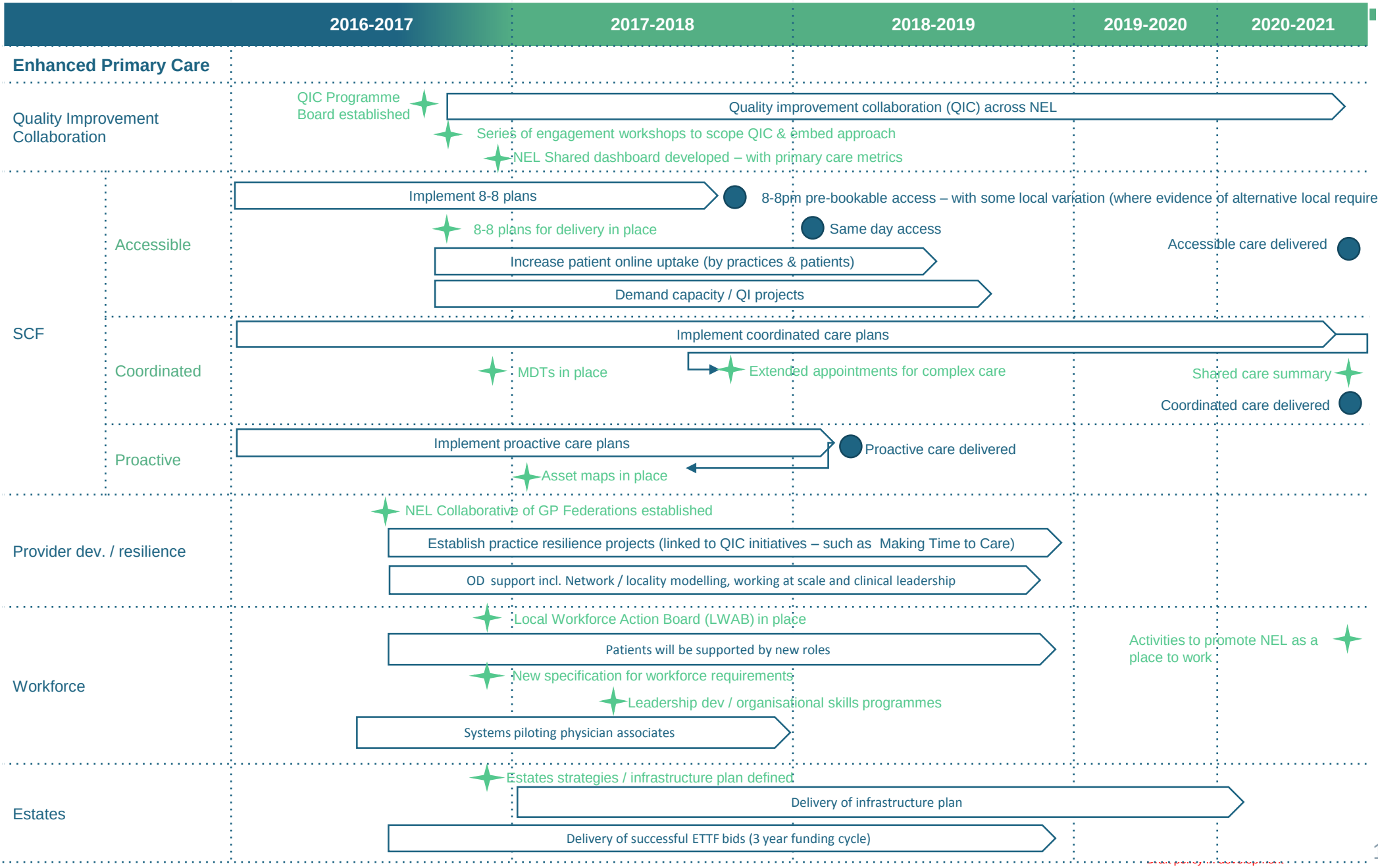
Objectives

Working together the two established Transforming Care Partnerships (which are formed of CCGs, Local Authorities, and wider partners) in NEL have agreed a set of joint objectives:

- To reduce the number of inpatient beds commissioned in NEL with a greater proportion of beds commissioned locally
- To implement the national service model to ensure service quality meets national standards
- To increase the proportion of the "at-risk" population receiving services at home;
- To develop a workforce transformation plan - developing the skills and capacity in the workforce to enable better community support
- To expand access to personal health budgets to enable individual control of support by people and their families

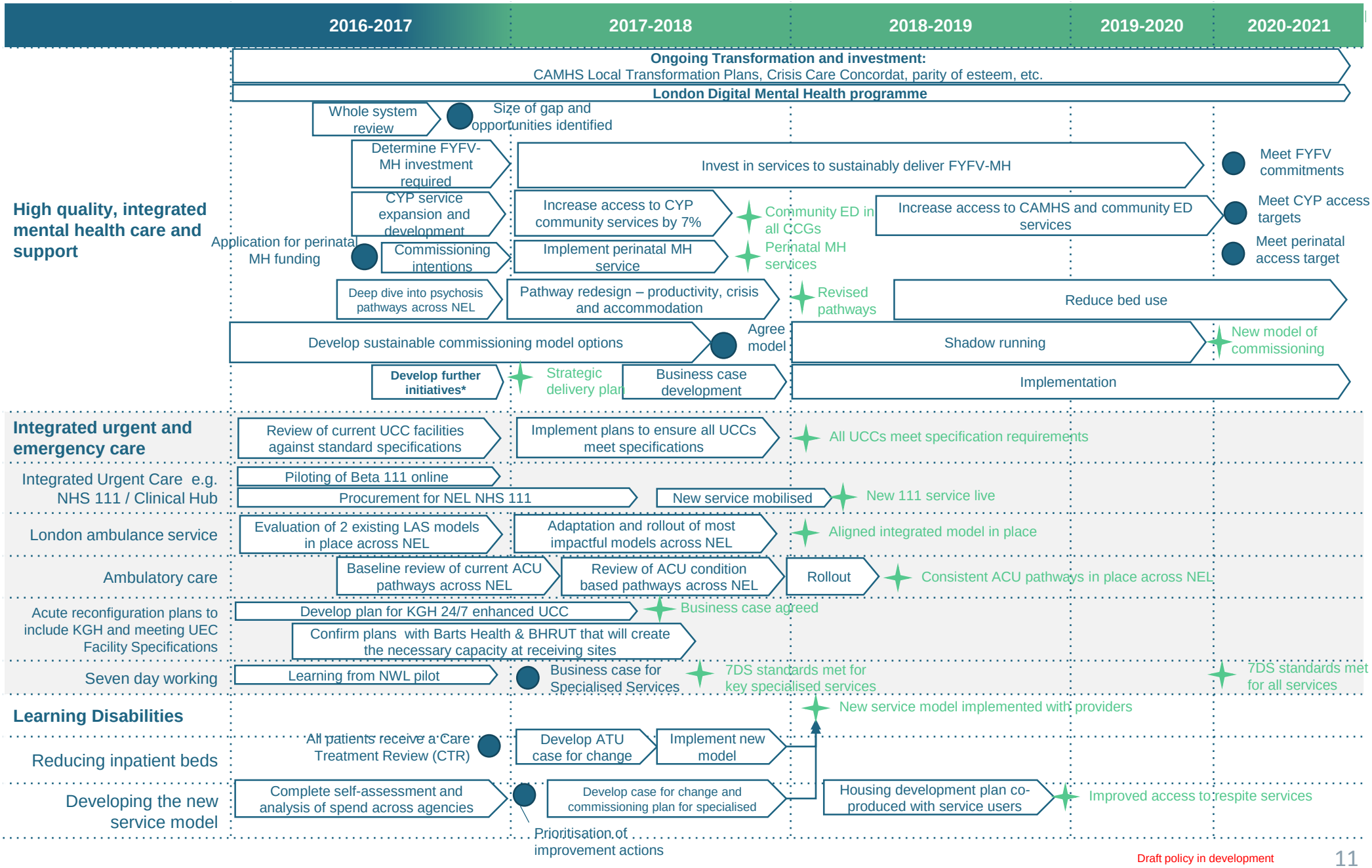
Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Reducing reliance on inpatient beds by enhancing community support and crisis management	• Engagement / co-production with users, their families and staff on alternatives to inpatient bed model • Workforce – with Local Authorities to ensure sufficient community based workers • Procurement support	• CCG inpatient beds (adults) in INEL and ONEL TCP partnerships reduce to below 15 inpatients per million by April 2019. • Reduction in out of area placements by 2019	• Preferred providers list across NEL • Co-production community based housing development plan - giving people choice and control on where they live
2	Developing a new service model, co-designed with people with lived experience	• Workforce development • Technology to integrate systems • Engagement in design process • Joint working with local authorities to develop housing options	• Improved access to healthcare for people with a learning disability • Mental and physical health and wellbeing improves for individuals in this cohort • Levels of challenging behaviour for individuals reduces • Good quality housing will be available when people need it	• Funded workforce development plan that supports delivery of the national service model • NEL case for change that models current and future demand for services • Implementation of new service model (ATU and community)

Route Map (1)



*for digital enabler see digital detailed plan

Route Map (2)



* OOA placements, 1° care MH, Crisis services

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Expected Benefits & Metrics

Note: Integrated outcomes and measures will be established in line with NHS E national metrics and current best practice guidance

This section provides a summary of the key benefits that we expect to achieve through the implementation of this Delivery Plan.

Benefit description (Health & wellbeing, care & quality or financial)	Measurement (metric)	Current performance	Target performance	Target date (default 2020)	Linked workstreams
At scale federations / networks to provide primary care services at scale, improving access, patient satisfaction, efficiency and reduced variation	Federations / networks to provide coverage over 100% of NEL	95%	100%	2020	Primary care, Workforce, Digital, Estates
Increase patient online - leading to improved patient satisfaction with booking an appointment; reduced workload for clerical staff and potentially fewer DNA's	50% of all appointments available online for booking and cancellation	Varies across the footprint – some at early stages of implementation	50%	2018	Primary care, Digital
Further primary care metrics to be defined by the end of 16/17, as the NEL Quality Improvement Collaboration (QIC) plan to implement a common quality improvement approach, supported by a shared performance dashboard and peer review. The QIC plans to agree on some shared measures for access, patient experience, and workforce, as well as at least one long term condition (for example Diabetes) to monitor progress with new ways of working and of care coordination.					
Improved access to MH treatment	First episode psychosis cases starting treatment in 2 weeks	60-97%	60%	2016/17	Mental health
	People with CMDs accessing IAPT services (c.297,000 (15.3%) of NEL population have a CMD)	14.3-22.3% (Mar '16)	25% (approx. 75,000 people)	2016/17	Mental health, Primary care
	IAPT waiting time targets	6w: 77-100% 18w: 96-100%	6w: 75% 18w: 95%	2016/17	Mental health, Primary care
	Access to dedicated perinatal MH services	No dedicated services provided	2,000 extra women	2020/21	Mental health, Perinatal MH
	Access to CAMHS for CYP with diagnosable MH condition	Monitored through LTPs	35%	2020/21	Mental health, CAMHS LTPs
Improve employment for those with CMD and SMI	Employment for those on CPA	6.8%	Increase	2020/21	Mental health
Better enable people to access integrated urgent and emergency care services appropriate to their need 7 days a week	Unnecessary ED attendances (attended not admitted)	710,021 / TBC	39% reduction	2018	Urgent and Emergency care, Primary care
	No. facilities compliant with UEC facility specifications	Under assessment	Full compliance	TBC	Urgent and Emergency care
	Meet seven day standards (specialised & general)	Under assessment	100%	2020	Urgent and Emergency care
To implement the national service model to ensure service quality meets national standards and improve outcomes for the cohort	Proportion of the "at-risk" population receiving services at home	Data not currently available	Less that 15 inpatients per million	April 2019	Learning Disabilities

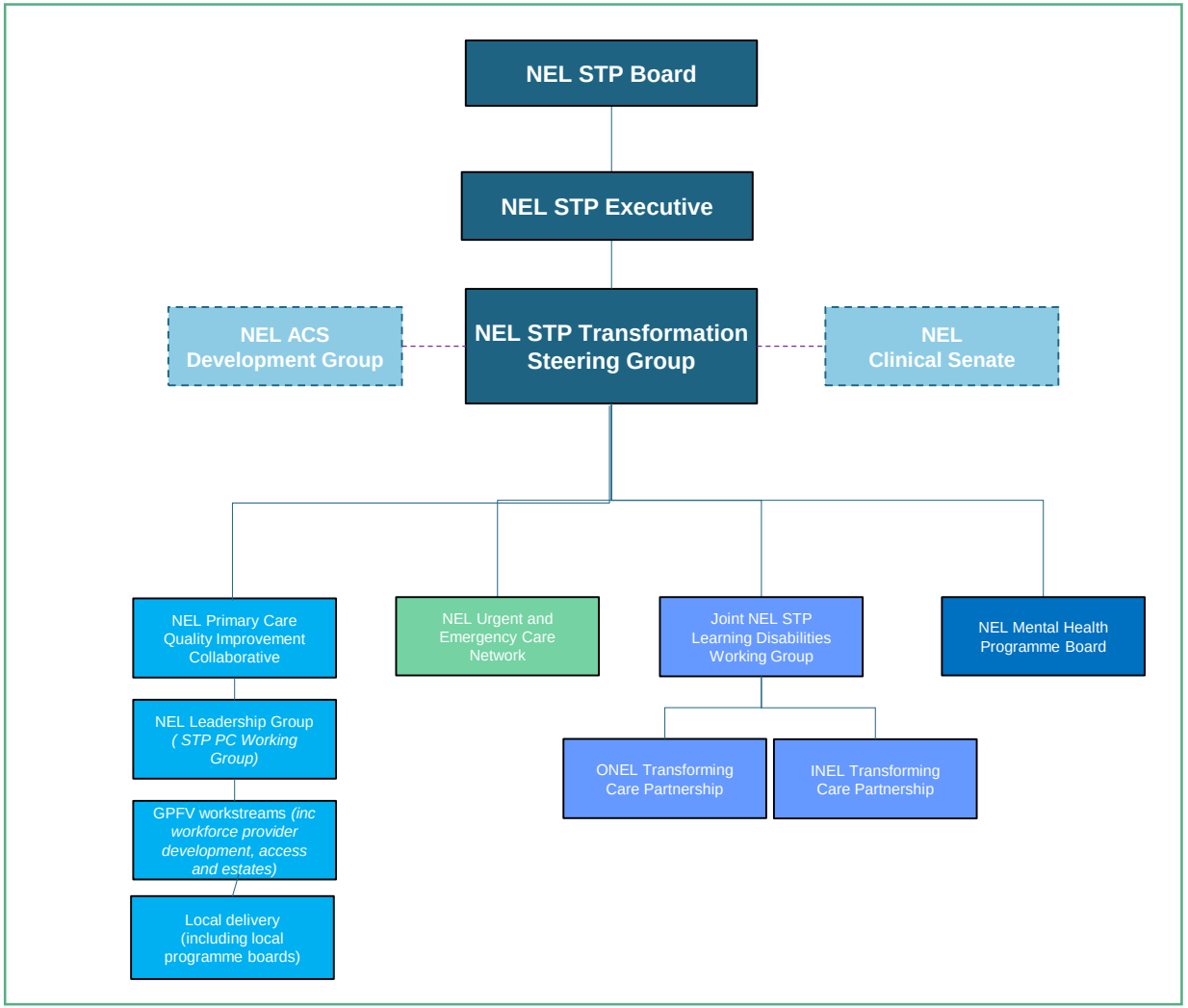
These represent the main benefits and metrics - other local and national standards exist and form part of the improvement objectives.

Resources & Delivery Structure

6.1 Resources

	SRO	Delivery Lead
Delivery Plan	Conor Burke Chief Officer BHR CCGs	Luke McCartney NEL STP PMO
Enhanced Primary Care	Steve Gilvin Chief Officer Newham CCG	Sarah See Dir. Primary Care Transformation BHR CCGs
Mental Health	Navina Evans Chief Executive ELFT	David Maher Deputy Chief Officer City and Hackney CCG
Integrated Urgent and Emergency Care	Alan Steward Chief Operating Officer Havering CCG	Kendel Fairley Urgent and Emergency Care Network lead North east London
Learning Disabilities	Sharron Morrow Chief Operating Officer Barking and Dagenham CCG	Susan Storrar LD. Programme Lead WELC Transforming Care Partnership

6.2 Delivery structure



Risks

Workstream	Description: impact	Mitigating action	RAG
Primary care	Risk that some ETTF bids are unsuccessful and delay delivery (significant amount of deliverables are dependant on timely ETTF investment)	NHSE to confirm ETTF bids that have been successful in October 2016. Any further mitigations will be developed following announcement.	R
Primary care	Risk that there are insufficient workforce to staff the new ways of working, particularly will models going live at the same time across London (i.e. hubs)	Review workforce modelling - with support from HLP Workforce team. Engage with HEE to determine workforce plan required.	R
Learning disabilities	Finances unable to be secured to establish key priorities	Financial modelling to inform a business case that supports a shift in investment form inpatient beds to community services	R
Primary care	Delay to completion of the PMS Contract review results in delay to delivery of primary care plans (particularly for extended access)	NHSE working closely with LMC to progress in order to release PMS funds. NEL are utilising available transformation funds (inc GPFV) to progress delivery	A
Primary care	Risk that the networks have limited capacity & capability for QI due to low maturity in Y1	QI programmes to be developed with input from providers; commission protected learning time; Submitting bid to support practice development to HLP – National support also available	A
Primary care	Risk that the workforce service models are not sufficiently developed to inform education commissioning requirements	LWAB members to advise on emerging requirements, and Quality Improvement Collaborative to support development of consistent requirements across NEL in support of vision	A
Primary care	Risk of GPFV 8Bs not being effective due to delays in recruitment / scale of transformation projects required	NEL scoping best utilisation and grading of GPFV resource, and governance arrangements for them.	A
Mental health	Funding available for mental health initiatives potentially limited as the majority is included in CCG baseline uplift and STF, thus at risk of prioritisation from other parts of the system. Also potential knock on effect from any reductions on Local Authority funding.	Obtain commitment to sustainably plug the gap from the whole system through acceptance of the Carnall Farrar gap analysis highlights the probably gap in mental health funding by 2020/21, and analysis of the impact of mental health initiatives on the whole system (e.g. reducing usage of A&E by those with SMIs and/or chronic physical health conditions)	A
Integrated U&EC	Six key conditions must be met in order to keep to the timetable to transition King George Hospital ED to 24/7 urgent care centre	Chief Exec / Chief Officer-led programme in place to lead and oversee progress	A
Integrated U&EC	Require baseline analysis to agree level of impacts across 6 priority areas NEL UEC	Chair NEL UEC / Director STP programme to request data fields required and agreed by network at a NEL level. Require financial support to then model financial benefits from transformation changes	A
Learning disabilities	Housing Options can't be found	Engage housing providers and seek examples from elsewhere to help develop local strategy for this cohort	A

This is a list of the highest-rated risks. Additional risks identified at a lower mitigated risk rating

Dependencies, Constraints and Assumptions

Dependencies, constraints & assumptions (in order of impact)			
Workstream	**Type: Dependency/ constraint/ assumption**	**Description**	**Actions / next steps**
Delivery plan level	Assumption	Population will increase by 8.9% over the next 5 years, 19.8% over the next 10 years	Further modelling work to be undertaken to ensure accurate forecast across NEL
Primary care	Dependency	The delivery timelines in the plan are dependent on additional investment, for example from the GPFV, ETTF and Improvement Grants	Develop robust bids for funding. NHSE to confirm ETTF bids that have been successful in October 2016. Next steps will be developed following announcement.
Primary care	Constraint	Some aspects of delivery require contractual levers such as the PMS review in order to be delivered	NHSE working closely with LMC to progress in order to release PMS funds
Primary care	Assumption	That the 17/18 GP Access funding provided is sufficient, alongside additional sources of funding, to continue 8-8pm extended access delivery	Work closely with HLP to understand how the GPAF £26m for London in 17/18 will be apportioned
Primary care	Dependency	HEE to fund training opportunities in Primary Care (note there no consistent training tariff for roles in primary care).	NEL to work closely with HEE via the Local Workforce Action Board (LWAB) & outline training requirements for HEE to include in training plans
Mental Health	Assumption	Sufficient funding is available to implement FYFV, parity of esteem and other programmes	Fully cost up investments
Mental Health	Dependency	Tier 4 and Secure MH are NHSE commissioned; Drug & Alcohol services are Local Authority commissioned – transformation requires close collaboration	Liaise with specialised commissioning STP workstream and Local Authority partners to develop plans
Mental Health and Primary Care	Dependency	GP Forward View outlines investment in a mental health therapist for every 2-3 practices.	Identify gaps in current primary care mental health provision and cost up required investment
Mental Health and Unplanned Care	Dependency	Link between mental health crisis care and 111/out of hours services	Determine key initiatives to align with unplanned care workstream.
Mental Health	Dependency	Delivering system value through improved mental health will require work with all system partners to identify savings and efficiencies through MH initiatives. Interdependencies with Local Authorities are key to improving population MH	Develop plan to engage all providers, CCGs and local authorities in STP-wide initiative identification and development
Integrated Urgent and Emergency Care	Constraint	Estate capacity available at the Urgent Care Centres / ED at Queens, KGH, Whipps Cross, Homerton, Royal London and Newham to meet the demands from population growth at all and the capacity to provide ambulatory care services 7 days a week, and manage demand from the KGH transition plans	Implementation of estates strategy
Integrated Urgent and Emergency Care	Dependency	Successful implementation of IT Interoperabity and outcome of Beta phase to support 111 online	Link to NHS England and Network IT development plans
Learning Disabilities	Dependency	Investment in community services will be required to reduce admissions to inpatients beds, despite pressure on health and social care budgets	Develop a costed commission plan for specialist community services that supports a reduction in inpatient beds
Learning Disabilities	Dependency	Workforce development plan will be needed to ensure staff are trained to support new model of care	Linking into the NEL Local Workforce Action Board

Dependency map

This dependency map highlights where this delivery plan is linked to another delivery plan within our STP

	Prevention	Access to care close to Home	Accessible quality acute services	Infrastructure	Productivity	Specialised Services	Workforce	Digital
Enhanced Primary Care	**Patients empowered** to remain healthy – and supported by new roles	Integration of Mental health and Urgent and Emergency Care		Delivery infrastructure aims of the **GP 5YFV**			Delivery workforce aims of the **GP 5YFV**	Delivery technology aims of the **GP 5YFV**
Mental Health	**Wider determinants of health;** education; London digital MH	**Primary care** (GPFV); Those with LD and MH conditions; Urgent care		**Efficiencies, flows, capacity across all sties,** incl. John Howard Centre; Mile End Hospital and Primary care		**Tier 4 CAMHS and Secure MH**	**Additional workforce** to deliver increased capacity	**Access to health records** and **digital wellbeing programme**
Integrated Urgent and Emergency Care	Plans to support more **self care** through 111 online and development of consistent Apps	**Primary Care** same day access increased to help manage urgent care demand	**Acute** plans to meet **UEC facility specification guidance**	**Capacity** available at UCCs across NEL to implement ambulatory care		Acute Implementation of **7 day standard for specialised services**	**Workforce** plans in place to support 7 day working. Efficiency in use of current workforce and reducing duplication of effort	**Interoperability** in place to support the objectives of integrated urgent care.
Learning Disabilities		Access to services for those with LD and MH needs					**Workforce** developed to deliver new model of care	

Summary of Financial Analysis

The basis for the financial modelling has been the five year Operating Plans prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, growth and efficiencies. The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. In the June submission the starting point for this modelling was the 16/17 operating plans. This has since been refreshed to be the month 6 forecast outturn.

The NEL STP financial template summarises the:

- Latest financial gap projection
- The anticipated financial impact of the workstreams on closing the gap
- The BAU effect on closing the gap
- The capital requirements for the STP
- The investment requirements including 5 year forward view investments

While substantial progress has been made on the financial and activity modelling for the NEL STP, the finance and activity plan for the October 21st submission should not be regarded as the final position. Further detailed worked-up analysis will follow over the coming months.

Work done since 30th June

- Expanded the Transforming Services Together capacity and activity model across the whole NEL STP footprint
- Updated the new capacity and activity model to include the BHR ACO schemes
- Refined the capital investment requirements
- Incorporated the estimated costs for the delivery of the 5 Year Forward View requirements
- Refreshed the underlying financial calculations to be based on month 6 forecast outturn
- Agreed the STP resourcing requirements
- Commenced detailed analysis of the financial and activity impact of the workstream initiatives
- Applied the capacity and activity model to calculate the capacity requirements for the Whipps Cross capital business case

Planned future work

- Update the new capacity and activity model to include Hackney Devolution pilot
- Identify opportunities to obtain additional funding from national investment funding sources (e.g. the Mental Health 5 Year Forward View)
- Undertake more detailed modelling of the financial and activity implications of workstream initiatives
- Reach agreement on the STP wide system control total (taking into account organisational control totals).
- Agree the implementation of the system control total, including handling of key dependencies (e.g. the NHS E specialised commissioning)

Contribution to our Framework for Better Care and Wellbeing

This delivery plan sets out how it will deliver improvements against the core areas of prevention, out-of-hospital care and in-hospital care.

Promote prevention, and personal and psychological wellbeing in everything we do

- Our enhanced primary care offer is underpinned by a shift towards prevention to keep people healthy, utilisation of population risk stratification tools to ensure we identify those at risk more quickly to support them in managing their own health, and an upscaling of our efforts to enable self-care
- Integrating MH and Physical health (making every contact count) - increasing MH support for those with LTCs and physical health support for those with SMIs – will reduce the co-morbid health issues for these conditions, and the lost years of life.
- Investment in CAMHS services will reduce long-term demand for adult services.
- The London Digital MH programme will provide access to online support and self-care materials.

- Improved access, capacity and quality in primary care will improve our ability to manage people with long term conditions in the community.
- Access to adult and young people's community mental health services will be increased.
- Integrated urgent care will reduce the need for people to attend emergency depts.
- Implementation of the national service model for LD will enable that cohort to be cared for in the community.

Promote independence and enable access to care close to home

- The sustainability of high quality and accessible acute services across north east London is dependent on our ability to better manage demand by caring for more people in a community setting.
- Key to this will be a consistently accessible and high quality primary care offer across NEL, and the redesign of our urgent and emergency care pathways to release pressure on hospitals to care for those who need it most.
- We will also seek to better care for people with mental health or LD issues settings best suited to their needs. Building capacity and sustainable community services will ensure sufficient capacity in MH inpatient units.

Ensure accessible quality acute services for those who need it

Addressing the 10 Questions

Q1. Prevent ill health and moderate demand for healthcare

- Supporting those with LTCs and SMIs with mental and physical health respectively will reduce comorbidities.
- Additional support for those in crisis or with urgent needs will reduce admissions and A&E presentations.

Q2. Engage with patients, communities & NHS staff

- The London Digital MH programme will provide access to online support and self-care materials.
- Increased uptake of Patient Online, through facilitation to increase number of bookable slots available online and awareness in patients.

Q3. Support, invest in and improve general practice

- Deliver London's specification and ambition for the future of primary care outlined in the Strategic Commissioning Framework (SCF).
- Deliver the aims of the GP Forward view .

Q4. Implement new care models that address local challenges

- CCG's to support provider networks and federations to deliver primary care at scale, as a step towards the ambition of establishing Accountable Care Systems.
- Productive pathways could reduce OBDs for MH beds.
- Additional support in the community, and closer integration with 111/OOH services will reduce admissions.

Q5. Achieve & maintain performance against core standards

- Meet the national urgent and emergency care access standards.
- Reduce waits at A&E for MH support.

Q6. Achieve our 2020 ambitions on key clinical priorities

- Implement EIP and IAPT waiting time targets.
- Improve physical health for those with SMIs.
- Improve access to CAMH services.
- To implement the national LD service model to ensure service quality meets national standards.

Q7. Improve quality and safety

- Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions.
- Establish NEL Primary Care Quality Improvement Collaborative Board.
- Confirm all A&E departments meet the London Quality Standards and UEC facility specifications.

Q8. Deploy technology to accelerate change

- Offer all GP patients e-consultations and other digital services.
- Shared care record available to aid clinical decisions.
- MiDoS available to clinicians and patients.

Q9. Develop the workforce you need to deliver

- Development of primary care workforce plan.
- Development of Mental Health workforce to deliver increased capacity required to meet rising demand.

Q10. Achieve & maintain financial balance

- More robust projections of MH demand.
- Productive psychosis pathways.
- New commissioning models, including risk/gain shares with NHS E.

Addressing the 9 Must Dos

1. STPs

- This delivery plan outlines our agreed STP initiatives and milestones and the timeline for delivering them.
- We have also begun to map out the metrics against which we will measure our progress.

2. Finance

- Delivery of our plans for primary care at scale underpin the development of new care models and Accountable Care Systems in NEL.
- Integration of UEC and MH services will reduce unnecessary demand on acute services, ensuring services are delivered in the right place, first time.

3. Primary Care

- Our enhanced primary care workstream within this delivery plan will deliver London's specification and ambition for the future of primary care outlined in the Strategic Commissioning Framework (SCF), Deliver the aims of the GP Forward view, and address workforce issues.

4. Urgent & Emergency Care

- This delivery plan sets out our plans for meeting the UEC must do's (slide 8), including; meeting national access standards, delivering 7 day services, responding to the Urgent and Emergency care review, and developing an integrated commissioning strategy for ambulance services.

5. Referral to treatment times and elective care

- The details of this are set out in our acute services delivery plan.
- This will be supported by the delivery of our local plans for person centred, community-based models of care, which are enabled by the system wide change set out in this delivery plan.

6. Cancer

- The details of this are set out in our acute services delivery plan,

7. Mental health

- This delivery plan sets out how we will implement the MH FYFV and meeting national access targets through our 'High quality, integrated mental health care and support' workstream (slide 7).

8. People with learning disabilities

- This delivery plan sets out how we will deliver the transforming care programme through our 'Learning disabilities' workstream (slide 9).

9. Improving quality in organisations

- This delivery plan sets out how we will improve quality to meet national standards for:
  - Primary care
  - Mental health
  - Urgent and Emergency care
  - Learning disabilities