Our System Operating Plan is the result of work undertaken across the entire north east London health and social care system, and has been agreed by all members of the East London Health and Care Partnership. It has been written for NHS and local authority colleagues and sets out how the partnership will work together and deliver specific commitments to improve performance in key priorities like cancer, maternity and mental health during 2019/20. It forms the first stage in our response to the NHS Long Term Plan.
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Overview and Introduction

This document sets out our priorities and ambitions for the transitional year of 2019/20. It is both the continuation of our 2016 Sustainability and Transformation Plan, and reflects our local aspiration to meet the national priorities identified in the Long Term Plan published this January.

This System Operating Plan is the result of work undertaken across the entire north east London health and care system, and has been agreed by each of the NHS organisations across the partnership.

The Plan outlines progress made in relation to integrated care both at borough and cross-borough level, and details the specific commitments that we are making as a partnership towards delivery and performance during 2019/20. Over the next few months we will be continually engaging with our local population and our stakeholders to refresh our Plans in order that we can submit our response to the Long Term Plan in the autumn.
Who we are – North East London

We are:
- 7 CCGs
- 8 London Councils
- 5 NHS Trusts – 3 acute and 2 community
- 286 GP Practices

**Waltham Forest**
- Population: 276,000
- Deprivation (IMD rank): 15
- Life Expectancy at birth: 82.4
- GP Practices: 40
- Major Hospitals: Whipps Cross [5]

**City and Hackney**
- Population: 277,000
- Deprivation (IMD rank): 2 (Hackney) & 226 (City of London)
- Life Expectancy at birth: 80.9 (Hackney)
- GP Practices: 42
- Major Hospitals: Homerton [3]
- St Bartholomew’s [7]

**Tower Hamlets**
- Population: 296,300
- Deprivation (IMD rank): 6
- Life Expectancy at birth: 81.0
- GP Practices: 35
- Major Hospitals: Royal London [1]

**Newham**
- Population: 338,600
- Deprivation (IMD rank): 8
- Life Expectancy at birth: 81.3
- GP Practices: 49
- Major Hospitals: Newham University Hospital [4]

**Redbridge**
- Population: 300,600
- Deprivation (IMD rank): 119
- Life Expectancy at birth: 82.7
- GP Practices: 42
- Major Hospitals: King George Hospital [6]

**Havering**
- Population: 250,500
- Deprivation (IMD rank): 166
- Life Expectancy at birth: 81.9
- GP Practices: 43
- Major Hospitals: Queen’s Hospital [2]

**Barking and Dagenham**
- Population: 206,700
- Deprivation (IMD rank): 3
- Life Expectancy at birth: 80.0
- GP Practices: 35

IMD = Index of Multiple Deprivation
Our Challenges

We have:

- The highest population growth in London – equivalent to a new borough in the next 15 years
- Significant health inequalities within the local population including higher rates of obesity, cancer, mental health, dementia compared to the wider population.
- A changing population with increasing diversity, people living longer with one or more health issues, and a high reliance on health and care services
- High deprivation with high proportions relying on benefits, experiencing fuel poverty, unemployment and poor housing and environment
- Service quality issues including a high reliance on emergency services, late diagnoses and treatment and access to services particularly primary care
- Health and care workforce with a high turnover, recruitment difficulties and high reliance on temporary agency workers – although there are huge differences across the patch and between providers/sectors
- Funding – there is a gap between the demand and cost of services with the resources available – if we do nothing. This is estimated at £1.2bn over the next 5 years

We also recognise that there is significant variation between each borough/place: health and care outcomes, population, services and quality, relationships between organisations and resource allocation. It is specifically to reflect these differences that we have developed our approach to integrated care, outlined in this Plan, and reflected in the evolving governance structure we have developed for our Partnership.
The Evolving Governance Structure for the ELHCP (NE London STP)

NEL Joint Commissioning Committee (HC / LA)

NEL Clinical Senate (HC / HP / LA)

INEL System Transformation Board (HC / HP / LA)

ELHCP Board (HC / HP / LA)

Provider Alliance(s) (HP)

Integrated Care Partnership (HC / HP / LA)

Joint Commissioning Board (HC / LA)

Place Based Integrated Care Partnerships (HC / HP / LA)

Borough Based Joint Commissioning Boards (HC / LA)

City and Hackney

Newham, Tower Hamlets & Waltham Forest

City & Hackney, Tower Hamlets, Newham and Waltham Forest

Barking & Dagenham, Havering and Redbridge

London Health Board & Strategic Partnership Board

ELHCP Members:
HC – health commissioners
HP – health providers
LA – local councils
Integrated Care in North East London

Our geography, common services and workforce has led to the development of local integrated systems that sit within the Partnership. Our overall Partnership includes the NHS commissioning organisations within the North East London Commissioning Alliance (the seven Clinical Commissioning Groups), NHS provider Trusts (Barts Health, Barking, Havering & Redbridge University Hospitals Trust, the Homerton University Hospital Trust, East London Foundation Trust, and North East London Foundation Trust), the GP federations and the eight local authorities that cover east London.

We have reviewed all of our current plans in the light of the NHS Long Term Plan and identified any gaps in what we currently do, and what the Plan asks us to do in the future. There are some gaps, and as we refresh our work programmes and projects there is an opportunity to assess what should be done at a place-based level. Most people in east London identify their “place” as their local Council area or borough. Already most local Council and local health services have come together in partnerships around commissioning and through place-based collaborative partnerships.

In addition, for the purpose of planning and delivering health services all health and care organisations in Tower Hamlets, Waltham Forest and Newham come together in a collaboration known as WEL. The organisations in City and Hackney have a history of working together, and when it makes sense for them to join up with WEL this system is known locally as INEL (inner north east London). In Barking and Dagenham, Havering and Redbridge (BHR), where there has been a single CCG management team for the three boroughs, commissioners are already working in partnership with boroughs and providers in an Integrated Care Partnership. We have described this visually in the next slide.
Integrated Care in North East London: a visual representation

Networks/Neighbourhoods/Localities
- Barking & Dagenham
- Havering
- Redbridge
- City and Hackney Transformation Board
- Newham Wellbeing Partnership
- Tower Hamlets Together
- Waltham Forest Better Care Together

Borough/Place
- Barking & Dagenham
- Havering
- Redbridge

Multiborough
- Barking, Havering and Redbridge Integrated Care Partnership

Inner North East London System Transformation Board

East London Health and Care Partnership/
North East London Commissioning Alliance

Needs Analysis; Key delivery unit; Primary care networks
Delivery of Community Based Care, primary care at scale, out of hospital care; Integrated care partnerships; JSNA
Collaborative working between providers; Strategic partnerships; Provision at scale
Setting overall clinical strategy (Senate); Linking with national and London
## Common framework for integrated care delivery and planning in north east London

<table>
<thead>
<tr>
<th>Neighbourhood Network/ Locality</th>
<th>Borough/ Place</th>
<th>Multi-borough</th>
<th>ELHCP</th>
<th>NELCA</th>
</tr>
</thead>
</table>
| • Understanding local need, including predictive analysis  
• Coordinating care for the defined population of local people  
• Improving service access and quality of care for local people  
• Addressing inequalities and unmet need  
• Co-producing and co-designing health services with patients and the public  
• Helping local people to stay healthy to include the wider determinants of health and positive mental wellbeing  
• Using personalised interventions to support care navigation, e.g. social prescribing/personal health and care budgets  
• Mobilising community assets to improve health and wellbeing  
• Primary care networks, delivering enhanced services (e.g. long-term condition management at GP practice/group level) | • Developing local health and care plans to integrate health, social care and voluntary and community services at neighbourhood/network and borough level to address key challenges and improve outcomes for local people  
• Ensuring borough-based service commissioning and delivery, linked to place based strategies  
• Supporting the development of neighbourhoods and networks and to hold them to account  
• Addressing inequalities within and between neighbourhoods/networks  
• Focus on effective use of resources across the system, improving outcomes and service quality for local people  
• Delivery of local community-based services (e.g. Children & Young People’s services, IAPT) | • Strengthen system support for local health and care integration partnerships and plans  
• Enable and support greater provider collaboration, increasing utilisation of existing capacity and resource and the development of provider alliances  
• Develop and enable a collaborative approach to tackling significant system challenges  
• Delivery of key clinical strategies best planned across multi-borough footprint (e.g. frail elderly pathway, homelessness, planned care/outpatients, prevention)  
• Achievement of key performance standards (e.g. cancer diagnostic standard, mental health investment standard)  
• Delivery of networked services (e.g. diagnostics) | • Oversight and support of system development and ‘once for north east London’ infrastructure development (e.g. Discovery)  
• Delivering on enablers to support system development including digital, workforce, estates and financial sustainability  
• Holding systems to account for delivery of outcomes-based care for local people  
• Leading transformation programmes best planned across the north east London footprint (cancer, maternity, mental health)  
• Providing strategic overview and direction for multi-borough and place-based transformation programmes (e.g. end of life care, primary care, prevention, personalisation)  
• Leadership of clinical strategy for north east London through the Clinical Senate (e.g. neuro-sciences) | • Strategic commissioning development around key priorities and outcomes  
• Development and agreement of commissioning strategy to support the ELCHP transformation plan  
• Commissioning governance and decision making  
• Future responsibility for specialised commissioning |
Integrated Care: Developing Priorities and Deliverables across NE London for 2019/20

At an INEL level (City and Hackney, Newham, Tower Hamlets and Waltham Forest) a System Transformation Board has been established to focus on the following four areas (1) Outpatients (2) Urgent Care (3) Clinical Configuration and provide collaboration (4) Health and wellbeing of rough sleepers and homeless people. The System Transformation Board is a vehicle for supporting INEL to deliver transformational changes across the area with NHS and local authority partners.

City and Hackney is developing an integrated care system which will improve the long-term health and wellbeing of local people, addressing health inequalities and with a shift in focus on prevention and early intervention. They will deliver proactive community-based care closer to home and outside of institutionalised settings where possible and deliver integrated care which meets the physical, mental health and social needs of our diverse communities.

WEL: In each borough (Newham, Tower Hamlets and Waltham Forest) there are established place-based partnership arrangements which continue to develop integrated care, neighbourhoods and networks for the borough population. These will be supported by closer working relationships between commissioners at a WEL level.

BHR are developing an Integrated Care System to deliver high quality, safe, integrated and compassionate care through all commissioned services. This is being driven through seven key Transformation Boards that focus on key population groups across the areas of prevention, primary care, planned/unplanned care and integrated care.

Specific detail for each the systems follows on the next few pages.
Barking and Dagenham, Havering and Redbridge (BHR)

The BHR Integrated Care Partnership Board have:
- Signed up to a clear vision for BHR to ‘accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge’
- Strengthened partnership governance arrangements
- Identified key transformation areas and priorities for integrated care

- Barking and Dagenham faces major health challenges and health outcomes are poor for many local people because of a combination of poverty, deprivation and lifestyle. The borough has the highest rate of unemployment and lowest male and female life expectancy in London
- Havering has a predominantly older population
- In Redbridge, there is a wide variation across the borough in terms of deprivation. The borough sees the second highest rates of people with diabetes in London
- BHR is under significant and growing financial pressure

Priorities

- High quality, safe and compassionate care for all commissioned services – delivering better outcomes for local people
- Establish our integrated care system, with primary care as the foundation of a system delivering improved health and wellbeing, through our strong health and care partnerships
- Transforming the way that care is delivered and securing financial recovery through the work of our multi-agency transformation boards and delivery of our joint NHS system financial recovery plan

Challenges

- Barking and Dagenham Clinical Commissioning Group
- Redbridge Clinical Commissioning Group
- Havering Clinical Commissioning Group
- NELFT
- Barking Havering and Redbridge University Hospitals Trust
- NHS Improvement
- London Borough of Barking and Dagenham
- London Borough of Havering
- London Borough of Redbridge
- Healthwatch
- 3 GP Federations:
  - Havering Health (Havering)
  - Healthbridge Direct (Redbridge)
  - Together First (Barking and Dagenham)

The BHR Integrated Care Partnership Board have:
- Work with Local Authority colleagues to support the prevention agenda
- Transform the planned care pathways to ensure care is delivered in the most appropriate setting
- Improving service models to improve the unplanned care pathway
- Development of an NHS Financial Recovery Board that provides a forum for NHS Partners to discuss how we plan collectively to address the financial position
  - Agreement of an integrated system Financial Recovery Plan that spans the CCGs, BHRUT and NELFT
  - Financial recovery driven through three of the main transformation boards
  - Strengthening clinical leadership across organisational boundaries to drive the cultural change required for our Transformation Programme and Financial Recovery
BHR Transformation Overview

**BHR Integrated Care Programme Board**
- Frailty
  - Older People Transformation Board
- AF & Diabetes
  - Long Term Conditions Transformation Board
- Complex Children
  - Planned Care Programme Board
  - Children & Young People Transformation Board
  - Unplanned Care Programme Board
- BHR System Financial Recovery Plan Focus
  - Older People
  - LTCs
  - Outpatient Reduction
  - Mental Health Transformation Board
  - Cancer Transformation Board
## INEL Programme overview

### Outpatients

**High level objectives**

To deliver a radically improved system that enables patients to have access to the right advice, care and treatment in the most flexible, timely and effective way possible, to manage health conditions in a way that suits them, and to reduce face to face outpatient visits by a third over the next five years, in line with the ambition set out in the NHS Long Term Plan.

**In 2019/20:**

- Redesign clinical pathways and implement new outpatient models of care
- Pilot and implement bloods only clinics to reduce unnecessary f/up appointments, as well as consider diagnostics transformation
- Enable patient access to specialist advice and patient initiated encounters
- Increase advice and guidance to 100% of relevant specialities
- Develop a multi professional education and learning programme to reduce variation and share best practice

### Urgent Care

**High level objectives**

The System Transformation Board wants to build on the work being undertaken at a NEL and individual borough level through the multi borough partnership to:

- In the context of increasing demand, bring about an improvement in performance and patient experience of local urgent care system
- Support and accelerate progress on implementation of Long Term Plan requirements and new models of care in Inner North East London

**In 2019/20:**

- Across all partners, oversee the delivery of LTP requirements for urgent care particularly developing a comprehensive model of same day emergency care by Sept 2019
- Finalise implementation of the urgent treatment centre model by autumn 2019
- Provide coordination of the model of urgent care delivery ensuring a coordinated, coherent service offer and resolution of significant issues and challenges
- Oversee development of coherent borough models of urgent primary care

### Clinical Configuration and Provide Collaboration

**High level objectives**

The System Transformation Board will support providers in secondary care to collaborate on issues where a clinical strategy for the sector as a whole can maximise:

- Improvements in acute quality, outcomes and productivity
- Utilisation of existing secondary care capacity and resource across the sector

There is a critical interdependency with the NEL estates strategy which will need to align with the INEL clinical strategies as they develop

**By end 2019/20:**

- Development of mental health centres of excellence, including the consolidation of adult and older people’s in-patient beds
- Improved critical mass, quality and productivity in surgery across the sector
- Improved access to neurorehabilitation

### Health and well-being of rough sleepers and homeless people

**High level objectives**

To improve service provision and outcomes for rough sleepers and homeless people through the development of collaborative pathways with a common assessment pathway at an INEL level

The development of a consistent local offer including substance/alcohol misuse and Mental Health, supporting more equity among borough

To scope and identify links between Urgent and Mental Health Care to improve access to services

**By end 2019/20:**

- Outcomes and deliverables are being scoped through Q1 & Q2 of 19/20
Newham, Tower Hamlets and Waltham Forest (WEL)

**Priorities**
- Finalisation and implementation of a new community services model, to deliver the agreed ICS outcomes
- Developing a case for change
- Deliver some initial significant strategic programmes
- Unscheduled care pathway redesign
- Improve the health outcomes of the local population through the effective commissioning of high quality services
- Commission person-centred, integrated health and care services

**Partners**
- Barts Health NHS Trust
- East London Foundation Trust
- London Borough of Tower Hamlets
- Tower Hamlets GP Care Group
- NHS Tower Hamlets Clinical Commissioning Group
- London Borough of Newham
- NHS Newham Clinical Commissioning Group
- Newham Health Collaborative
- NHS Newham Clinical Commissioning Group
- North East London Foundation Trust
- Waltham Forest GP Fednet
- London Borough of Waltham Forest
- Waltham Forest Clinical Commissioning Group
- Healthwatch
- Community and Voluntary sector services

**Challenges**
- Newham is ranked fourth worst in the country for housing deprivation. About half of all the households living in private housing live in overcrowded conditions and 20% in social housing
- Many people in Tower Hamlets are living with a long-term condition and hospital admission rates for heart disease and stroke are above the national average
- For Waltham Forest, the younger population are reported to have significant issues related to childhood obesity and incidents of tuberculosis compared to the rest of London

**Initiatives**
- Strengthen collaboration with neighbouring CCGs and local providers
- Support local people and stakeholders to have a greater influence on services at a place level
- Work in partnership to commission high quality hospital services
- Commission person-centred, integrated health and care services
- Create a high performing and sustainable workforce
- Transform care and long term conditions including Diabetes, TB and Respiratory
- Commission and develop GP services that are modern, accessible and fit for the future

**Integrated Commissioning**
- Newham has agreed to a vision for developing an integrated community (health and social care model) through the Newham Wellbeing Partnership
- Tower Hamlets established Tower Hamlets Together to take forward arrangements for integrated health and Social Care services including an integrated commissioning function
- Waltham Forest have established their Integrated Strategic Commissioning Function which integrates commissioning portfolios across London Borough of Waltham Forest and Waltham Forest CCG

- Tower Hamlets is ranked second worst in the country for housing deprivation. About half of all the households living in private housing live in overcrowded conditions and 20% in social housing
- Many people in Tower Hamlets are living with a long-term condition and hospital admission rates for heart disease and stroke are above the national average
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- Create a high performing and sustainable workforce
- Transform care and long term conditions including Diabetes, TB and Respiratory
- Commission and develop GP services that are modern, accessible and fit for the future
City and Hackney

- General population increase in recent years. Hackney has seen the largest population increase
- The CCG faces significant health and wellbeing challenges
- Specific pockets of very high deprivation, high levels of child poverty, high mortality rates from causes considered preventable, along with higher than national rates of mortality from cardiovascular disease are reported for the CCG
- Over 40% of children in Year 6 are overweight or obese
- Hackney has one of the highest rates of smoking in London
- Residents are more likely to be living with a long-term condition, such as diabetes, lung conditions, heart problems
- A high number of local people are reported to have mental health conditions, including severe mental health conditions

Priorities

- Improve the long-term health and wellbeing of local people and address health inequalities
- Maintain financial balance as a system
- Deliver a shift in focus & resource to prevention and early intervention
- Deliver proactive community-based care closer to home and outside of institutionalised settings where possible
- Deliver integrated care which meets the physical, mental health and social needs of our diverse communities
- Empower patients and residents
- Joined up support that meets the physical, mental and other needs of patients and their families
- Developing and retaining a skilled workforce
- Transforming services and achieving efficiencies through our improved digital offer
- Reducing exposure to the main preventable risk factors for poor health and inequalities (including smoking, inactivity, obesity, alcohol and substance misuse)

Challenges

- The move to a neighbourhood model for the delivery of prevention, health and social care community-based services will continue at pace for City and Hackney and will enable innovation in the redesign of community services, and enable partners to work even more closely together to deliver new models of care
- Innovation in the approach to prevention making use of all our existing staff ‘Making Every Contact Count’
- Redesign of outpatients services with care being provided closer to home
- Design a clear prevention offer for children and young people in relation to their well-being
- Maintain a financially robust health and care system
- Develop our integrated commissioning system

Partners

- NHS City and Hackney Clinical Commissioning Group (CCG)
- City of London Corporation
- London Borough of Hackney
- The commissioners are partnering with the organisations that provide services and support in our area:
  - City and Hackney GP Confederation
  - City and Hackney Health and Social Care Forum (HSCF)
  - City and Hackney Local Pharmaceutical Committee (LPC)
  - East London NHS Foundation Trust (ELFT)
  - Healthwatch City of London
  - Healthwatch Hackney
  - Homerton University Hospital NHS Foundation Trust (HUHFT)
  - Voluntary sector providers

Initiatives

- More health and care budgets from across Local Authorities and the CCG will be pulled together to ensure efficiencies
- Improve health and wellbeing outcomes for City of London and Hackney residents through closer joint working and integration between local health and care organisations. Improve health and wellbeing outcomes in our boroughs, by planning and delivering health, social care and public health services together
- Involve service users are at the centre of everything, and better tailor services to the needs of our diverse communities
- Establishment of four work streams, and five enabler groups to improve services and care for local people
- Developing a systems medium term financial plan and financial control tool
C&H Programme Overview

Integrated Commissioning Board (ICB) The ICB functions as the Integrated Commissioning (IC) Programme’s Partnership Board: it sets the strategic vision of the IC Programme and makes decisions on all services which are pooled and aligned as per City and Hackney’s Section 75 Agreement. It is attended by a broad composite of senior colleagues from across the City and Hackney health and social care system including Elected Members, Clinicians, and Chief Executive Officers. It is also attended by the IC Programme Director and Integrated System Convenor.

Accountable Officer Group (AOG) The AOG is attended by the system leaders across the City and Hackney health and social care system who are involved in the IC programme; including East London Foundation Trust (ELFT), the CCG, both local authorities- Corporation of the City of London (Col) and the London Borough of Hackney (LBH), the GP Confederation and the Homerton Hospital. It is also attended by the IC Programme Director and IC System Convenor. The AOG has overall accountability for the IC Programme and supports the delivery of the ICB’s strategic vision for the programme working from the IC Programme’s Single Operating Plan for 2019/20

Chief Finance Officer Group (CFOG) This Group supports the financial transformation objectives of the ICB Programme, including plans to further pool and align budgets, and identification & facilitation of system wide efficiency opportunities. The Group also supports some of the practical aspects of sharing and pooling budgets through work to establish an agreed set of System Control Total principles across partners, and develop a risk management framework. The Group is working with the AOG to develop a medium term financial plan for the City & Hackney system, and drive integration across partners and finalise our efforts to set a local ‘system control total’ from within which Workstreams portfolio areas will manage demand and mitigate growth.

Neighbourhoods Programme and Neighbourhoods Health and Social Care The IC Programme is hosting two strategic programmes of transformation work which will redesign how care is delivered to patients at a Primary Care & Community level; the Neighbourhoods Programme will develop 8 Neighbourhoods across the borough supported by multi-disciplinary teams who will use population-data to tailor care to the needs of their demographic area; care will be delivered closer to the patients home and will ‘wrap around’ the individual to improve the patients experiences and outcomes; this programme will provide the foundation on which Primary Care Networks (PCNs) will be developed. The Neighbourhoods Health and Social Care Programme will redesign Community Services in the borough working collegiately with existing providers of these services; Our Case For Change highlights the need for these transformation programmes & their expected benefit. The first Neighbourhoods to go ‘live’ in 2019/20, with both the full Neighbourhoods and Neighbourhoods Health and Social Care model in place by 2020/21.

Enabler Groups Our Five Enabler Groups support the transformation activities of our entire system, they cover the following key areas: Workforce (CEPN), IT, Estates, Communications & Engagement & Primary (CEPN), and Workforce (Primary Care) Support the transition to the Neighbourhoods Model and PCNs & developing Primary Care IT, Estates, Communications & Engagement Area; some of their key activities are below:

- (IT) Running a variety of initiatives to support partnerships working including: supporting information sharing btw partners, developing niligial solutions to save admin clinical time, & supporting the Outpatients Transformation Programme
- (Primary Care) Support the transition to the Neighbourhoods Model and PCNs & developing Primary Care IT
- (Engagement) continue to support a broad range of patients and service users to co-produce with the Care Workstreams
- SRO leads from LBH and CCG, key work on One Public Estates approach for St Leonard’s, and Acute reconfiguration for HUH east wing

Unplanned Care
- Develop our End of Life Care Model Inc. developing a Hospice at Home
- Develop a Community Dementia Service which supports patient navigation & reduces admissions
- Reduce delayed discharges from hospital through our Discharge to Assess Programme
- Better support people who have been discharged form hospital
- Review bed based intermediate care
- Improve health support and training to C&H care homes
- Develop a Programme to support A&E frequent attenders Develop a new model of integrated urgent care services which reduce demand on A&E, through use of urgent treatment centres and an effective 111 service
- Direct booking for urgent face to face appointments & Evening and weekend GP appointments to be in place by March 2019

Planned Care
- Transform Outpatients Services including Orthopedics, Dermatology and Hypertension; new service to go live by 2020/21
- Roll out Personal Health Budgets (PHBs) for specific patient groups including engaging 180 individuals over a 12 month period in our mental health PHB programme
- Develop our Continuing Healthcare offer
- Develop our Cancer offer: support earlier diagnosis, increase bowel screening uptake, & review breast cancer pathways
- Design an integrated multi-agency, multi-disciplinary Learning Disabilities (LD) team; new service to go live 2020/21
- Review housing related support for vulnerable people

Prevention
- Design Making Every Contact Count (MECC) Programme: by 2020/21 we envisage that 500 system staff will be trained
- Support people to manage long term conditions including Cardiovascular disease, COPD and Diabetes
- Supporting the prevention of strokes and respiratory diseases
- Improving access to environmental opportunities for people with health, social care and mental health needs
- Reduced smoking and obesity and problem drinking rates; by the end of 2018/19 target to support 1350 people to quit smoking
- Incentive early detection and effective management of long-term conditions in primary care
- Establish suicide prevention groups in City and Hackney
- Improve access to mental health services for people with substance misuse issues

CYPMF
- Improve immunisation rates across City and Hackney
  - Deliver CAMHS Transformation Plans including work in schools, and prevention, parenting and crisis – increase CAMHS access rates from 25% to 35% by 2020/21
  - Reduce self harm and suicide rates
  - Develop pathways to reduce exclusions and enable earlier identification around Adverse Childhood Events
  - Develop a new integrated service for Looked After Children, to go live September 2019
  - Develop clear pathways for those at risk of sexual exploitation
  - Improve our offer for Special Educational Needs and Disabilities
  - Improve our maternity and early years offer
Core Areas of our System Operating Plan
Activity Assumptions

Barts Health

- Both Trust and Commissioner have used the NHSI Forecasting Tool to work on a 2018/19 Forecast Outturn. The Trust have used their own local data whilst Commissioners have used the SUS-SEM figures that match with NHSE’s monthly in-year monitoring.
- Both parties have agreed figures for RTT catch-up, which has been calculated for 88% compliance by March 2020.
- Growth rates have been developed using the NHSI Forecasting Tool and local knowledge. These have been applied uniformly across all seven CCGs with the exception of the WEL CCGs whereby Waltham Forest have a lower rate for Non-Elective zero LoS and Tower Hamlets and Newham CCG have higher rates to maintain the overall STP quantum. Commissioners have weighted zero LoS growth at the Newham University Hospital (NUH) site as it is recognised there is a likelihood of increased Ambulatory Care capacity here.
- The variance between the commissioner and provider view on EM12a and EM12_Other is due to the use of SUS data by commissioners and SLAM by providers. For providers this aligns to how A&E performance is measured. Both parties understand the nature of the variance and are aligned in terms of the overall number of A&E attendances.

Growth Rate

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Barts</th>
<th>CCG</th>
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<tbody>
<tr>
<td>E.M.7</td>
<td>Total Referrals (General and Acute)</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>E.M.7a</td>
<td>GP Referrals (General and Acute)</td>
<td>1.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td>E.M.7b</td>
<td>Other Referrals (General and Acute)</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>E.M.8+9</td>
<td>Total Consultant Led Outpatient Attendances</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>EM8</td>
<td>Consultant Led First Outpatient Attendances</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>EM9</td>
<td>Consultant Led Follow-Up Outpatient Attendances</td>
<td>3.7%</td>
<td>3.7%</td>
</tr>
<tr>
<td>E.M.10</td>
<td>Total Elective Admissions</td>
<td>2.0%</td>
<td>2.0%</td>
</tr>
<tr>
<td>EM10a</td>
<td>Total Elective Admissions - Day Case</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>EM10b</td>
<td>Total Elective Admissions - Ordinary</td>
<td>-0.9%</td>
<td>-0.9%</td>
</tr>
<tr>
<td>E.M.11</td>
<td>Total Non-Elective Admissions</td>
<td>5.1%</td>
<td>5.1%</td>
</tr>
<tr>
<td>EM11a</td>
<td>Total Non-Elective Admissions - 0 LoS</td>
<td>9.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>EM11b</td>
<td>Total Non-Elective Admissions - +1 LoS</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>E.M.12</td>
<td>Total A&amp;E Attendances excluding Planned Follow Ups</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
<tr>
<td>EM12a</td>
<td>Type 1 A&amp;E Attendances excluding Planned Follow Ups</td>
<td>-4.5%</td>
<td>2.3%</td>
</tr>
<tr>
<td>EM12_Other</td>
<td>Other A&amp;E Attendances excluding Planned Follow Ups</td>
<td>18.0%</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Assumptions: These rates have been developed using the NHSI forecasting tool and local knowledge.
Activity Assumptions

- SUS-SEM data and local knowledge and forecasting used to calculate a 2018/19 FOT. This includes an adjustment relating to the in-year change of Service Provider for the UCC activity.
- Plan has included demographic growth as identified by the Boston Consulting Group (BCG) work.
- RTT catch-up and Transformation has been worked up as part of the system-wide recovery plan. Transformation deductions have been included for the BHR CCGs but not the WELC CCGs.

<table>
<thead>
<tr>
<th>Growth Rate</th>
<th>BHRUT</th>
<th>CCG</th>
<th>Agreed or not</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.7</td>
<td>Total Referrals (General and Acute)</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>E.M.7a</td>
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<td>0.8%</td>
<td>0.8%</td>
</tr>
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<td>0.7%</td>
</tr>
<tr>
<td>E.M.10</td>
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<td>0.9%</td>
</tr>
<tr>
<td>EM10a</td>
<td>Total Elective Admissions - Day Case</td>
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<td>1.0%</td>
</tr>
<tr>
<td>EM10b</td>
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<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>E.M.11</td>
<td>Total Non-Elective Admissions</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>EM11a</td>
<td>Total Non-Elective Admissions - 0 LoS</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>EM11b</td>
<td>Total Non-Elective Admissions - +1 LoS</td>
<td>3.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>E.M.12</td>
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</tr>
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<td>4.7%</td>
</tr>
<tr>
<td>EM12_Other</td>
<td>Other A&amp;E Attendances excluding Planned Follow Ups</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Assumptions: Boston Consulting Group (BCG) demographic growth rates used for each CCG.
Activity Assumptions

- 2018/19 FOT has been developed using M6 x 2 and then factoring in seasonality. The seasonality has been calculated using a blended approach of calendar days, working days and historic trends by POD.
- A growth rate of 1.5% has been used for each CCG, plus agreed operational changes.
- Transformation scheme deductions have been included.
- Outpatient Procedures has additional growth to reflect the activity being generated through the 2019/20 grouper. Additionally, as a result of a Consultant-to-Consultant audit anticipated shifts from Outpatient Firsts to Follow Ups have been factored in.

<table>
<thead>
<tr>
<th>Growth Rate</th>
<th>HUH</th>
<th>CCG</th>
<th>Agreed or not</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.M.7</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.7a</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.7b</td>
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<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.8+9</td>
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<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM8</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM9</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.10</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM10a</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM10b</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.11</td>
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<td>1.5%</td>
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</tr>
<tr>
<td>EM11a</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM11b</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>E.M.12</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM12a</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
<tr>
<td>EM12_other</td>
<td>1.5%</td>
<td>1.5%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Assumptions: A blanket 1.5% rate has been applied across the board.
# System Risk Management

The following have been identified as the key risks and challenges for delivery of plans across the STP:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Impact</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital funding</td>
<td>NEL received no capital funding in the Wave 4 STP allocation round. This is highly likely to impact adversely on STP plans.</td>
<td>The STP is actively working with partners to explore other avenues of funding that do not require CDEL cover, which in reality are limited. These include third party developments, LIFT or Local Authority Joint Venture. Additionally work is progressing well on the early stages of the Whipps Cross redevelopment business case.</td>
</tr>
</tbody>
</table>
| Financial Recovery and Sustainability| NEL remains a financially challenged health economy operating within a constrained financial environment. Two of the five main providers are in financial special measures with significant underlying deficits.  
The BHR CCGs’ headline financial position has improved but within the context of a severely distressed health economy for the BHR system.  
Waltham Forest CCG remains substantially under target and severely financially challenged. | Requires:  
- Significant changes in ways of working to deliver joint system financial recovery plans, moving away from single organisation focused CIP and QIPP plans and towards system transformation. This is already in place in BHR but requires greater commitment and development in WEL.  
- Agreement to a shared financial plan and commitment to single control total in the future.  
- Alignment of incentives and removal of financial barriers to integrated care. |
| Performance                         | STP may not achieve constitutional targets especially in A&E, RTT and Mental Health                                                                                                                   | Delivery of transformation plans and ICS. Development of the local operating model for earned autonomy and performance management to track delivery of transformation programmes and recovery plans |
| Workforce                           | Risks surrounding recruitment of staff based on existing modelling.                                                                                                                                     | Workforce programme in place that is working towards meeting staffing requirements – however this is still a significant challenge |
Overarching Vision: the STP will deliver strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan.

Key objectives:
- Agreement to a shared financial plan
- Ensure financial balance is maintained as a system and achieve financial plans in line with agreed system financial controls.
- Progress will be measured against a system financial control total, as opposed to the individual organisational position.
- Commitment to single control total in the future.
- Financial plans and associated measures and actions designed to deliver an improved and sustainable financial position for the health and social care system.

2019/20 System Control Total

<table>
<thead>
<tr>
<th></th>
<th>Excluding MRET, FRF, PSF and CSF</th>
<th>Including MRET, FRF, PSF and CSF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>NHS City and Hackney CCG</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NHS Havering CCG</td>
<td>3,000</td>
<td>3,000</td>
</tr>
<tr>
<td>NHS Newham CCG</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NHS Redbridge CCG</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>NHS Tower Hamlets CCG</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NHS Waltham Forest CCG</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>NHS Barking and Dagenham CCG</td>
<td>3,900</td>
<td>3,900</td>
</tr>
<tr>
<td>Barking, Havering and Redbridge University Hospitals NHS Trust</td>
<td>-55,084</td>
<td>-23,107</td>
</tr>
<tr>
<td>Barts Health NHS Trust 100%</td>
<td>-118,653</td>
<td>-65,351</td>
</tr>
<tr>
<td>East London NHS Foundation Trust</td>
<td>2,364</td>
<td>5,683</td>
</tr>
<tr>
<td>Homerton University Hospital NHS Foundation Trust</td>
<td>377</td>
<td>7,189</td>
</tr>
<tr>
<td>North East London NHS Foundation Trust</td>
<td>0</td>
<td>3,379</td>
</tr>
<tr>
<td>System total</td>
<td>-160,096</td>
<td>-61,307</td>
</tr>
</tbody>
</table>

Financial Risks:
There are a number of areas of risk associated with agreeing the system financial plan for 2019/20, including:
- QIPP – Delivery risk towards achieving significant QIPP savings across NEL, particularly within WEL and BHR. BHR unidentified QIPP of £10.9m due to requirement to deliver a surplus.
- CIP – Provider savings schemes present a delivery risk for provider (system) balance
- Audits - Barts audits outstanding, resulting in uncertainty for both Barts and CCGs activity/financial plan.
- Audits - Specialist Commissioning announced intention to conduct audits at all providers of specialist services, adding further uncertainty to provider planning assumptions.

Over the medium term, there is an expectation by NHSE that by 2023/24 that no trusts will be in deficit. Two STP providers (BHRUT and BH) are predicting a deficit position in 2019/20. EHLCP will work with providers to support sustainable recovery of this position. Delivering this will be a significant ongoing challenge for the system.
Overarching Vision: the STP will deliver strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan.

Key objectives:
- Agreement to a shared financial plan
- Ensure financial balance is maintained as a system and achieve financial plans in line with agreed system financial controls.
- Progress will be measured against a system financial control total, as opposed to the individual organisational position.
- Commitment to single control total in the future.
- Financial plans and associated measures and actions designed to deliver an improved and sustainable financial position for the health and social care system.

System Financial Risks:

Procurement Changes:
Changes relating to the creation of Supply Chain Coordination Limited (SCCL) via either top slicing of tariff or through recovery of overheads via product price mark-up are at risk of creating cost pressures for provider organisations via loss of funding through tariff and reductions in influenceable expenditure to apply internal savings schemes. Currently, Trusts are reporting little evidence that SCCL in year 1 at least, will compensate Trusts via identifiable savings.

Capital Allocations:
Continued below internally generated depreciation values for allocations of capital funding increase the risk of:
- Increased expenditure on maintenance and repair of assets past their useful economic life;
- Increase in backlog maintenance due to revenue resource limitations;
- Diminution of the quality of patient environment and experience.

Sale of Assets proceeds:
Lack of clarity regarding Trusts’ ability to utilise asset sales proceeds to fund non recurrent costs associated with development of pre Outline business cases offers significant risk that either:
- Trust is unable to pursue development of essential capital investments;
- Breaches control total.

Marginal Rate Emergency Threshold (MRET):
Trusts’ concerns regarding whether implementation of blended emergency tariffs will be financially neutral in 2019/20.
System Financial Position & Risk Management

Overarching Vision: the STP will deliver strong financial management, with a collective commitment from CCGs and providers to system planning and shared financial risk management, supported by a system control total and system operating plan. Where required this will include the development and implementation of robust system recovery programmes to address underlying issues.

BHR System Recovery:

In October 2018 the NHS Partners within Barking & Dagenham, Havering & Redbridge (BHR) were tasked with pulling together a System Financial Recovery Plan (FRP) that would return the system to financial balance by March 2021. NELFT, BHRUT and the BHR CCGs, jointly submitted a draft FRP to NHS England (NHSE) and NHS Improvement (NHSI) in December 2018.

In summary the FRP aims to close a £186m financial gap that will exist by March 2021 if no further actions are taken in the form of QIPPs (for CCGs) and QCIPs (for Providers). The FRP focuses on two main areas. The first are internally generated efficiencies mainly associated with reducing running and other transactional costs. The second area focuses on transforming services in three of our transformation programme areas and improving outcomes as outlined below:

- **Older People** – Improving Out of Hospital care to reduce the number of people who are admitted non-electively and to increase the number of people who die in their preferred place of death.
- **Long Term Conditions (LTCs)** – Proactively identify and manage patients with LTCs and reduce the prevalence gap associated with common LTCs as well as significantly improve outcomes for patients so that they experience far fewer exacerbations.
- **Outpatients** – Focusing on moving more care Out of Hospital and Closer to Home where this can be achieved safely to enable higher acuity work to repatriated from out of area.

**Barts Health System Structural cost drivers:**

- Barts Health is working with NHSI/E and DHSC to identify structural deficits that have driven historic debts with a view to potentially restructuring debt to relieve interest costs on the organisation. Early work indicates interest charge savings of up to £32.5m over the three year period 2019/20 to 2021/22.

- As part of the work above the Trust has identified a structural excess cost for PFI of £45.3m in 2019/20 rising by indexation throughout the life of the PFI. Since financial close the excess cost of the PFI will account for £164.5m of the accumulated deficit of the Trust.

- The restructuring of historic debt and relief of the excess cost of PFI not recovered through tariff through the Financial Recovery Fund process will mitigate a significant contributor to the system financial challenge that is not currently within the system capacity to address.
Our Plans for 2019/20: Key Priority Areas
Estates

Overall Vision: To develop good quality and cost-effective estates infrastructure which meets the complex needs of a growing diverse and relatively transient population. Our estates will need to be flexible, to support the delivery of new models of care over the next 5-20 years.

Strategic Objectives

An Economical, Efficient Estate:
- Create a costed, consolidated ELCHP Estates strategy with an enabling programme of work and key milestones
- Improve the productivity and efficiency of estates usage
- Create an overview of the capital programme and projects within ELCHP
- Identify savings opportunities from reduced voids, increased utilisation and co-located space
- Minimise the ongoing revenue costs of property
- Maximise commercial opportunities for income generation

A Transformed, Innovative Estate:
- Measurably improve health and wellbeing outcomes for the people of ELHCP and ensure sustainable health and social care services
- Emphasis on partnership to commission, contract and deliver services efficiently and safely
- Provide quality environments people wish to visit and work in to deliver a range of health and wellbeing services

A Well Maintained, Flexible Estate:
- Use demand and capacity modelling to develop estimates for future requirements
- Use digital innovation to create efficiency
- Acute transformation including significant investment and redevelopment at Whipps Cross, King George A&E, Queens A&E and additional capacity at Homerton and Royal London
- The foundation of our model is primary care collaboration at scale, networks and federations treating populations of up to 70,000 people, accessible 8am-8pm, seven days a week where needed.
- Whipps Cross Redevelopment - NHSI and NHSE have given the Trust the authority to work up detailed plans for the redevelopment of the Whipps Cross site. During 2019/20, the programme will focus on:
  - Development of an OBC, identifying the preferred way forward;
  - Produce a Health and Care Services strategy for Whipps Cross, setting out how services will be provided on the site in the future. Support the development of a design brief for the new hospital, determining the scale and size of clinical and non-clinical services to be on site.
  - Produce a Masterplan for the whole of the near 18-hectare site, identifying the opportunities and constraints of the wider residual site

Excellent Quality Environment:
- Better health and care outcomes through the transformation of health and social care delivery, based in a fit for purpose estate
- Delivering new models of primary and secondary care at scale will require modern, fit-for-purpose and cost-effective infrastructure
- Improve patient access to a wider range of services for longer through increased utilisation and co-location
- Identify savings opportunities from reduced voids and better utilised space

The condition of the estate in north east London is highly variable. It is of mixed-age, quality and fitness for purpose.

It ranges from recently built state of the art facilities at the Royal London Hospital, to facilities where significant investment is currently needed, such as the redevelopment of Whipps Cross Hospital.

- 33% of the estate was built before 1948, 35% was built between 1949 and 1984, 12% was between 1985-2005, and 18% is less than 12 years old (built after 2005).
- Addressing the costs of significant, high and moderate risk backlog maintenance across the acute estate, would cost around £197m.
- Around £8m annual costs on voids.
- Over 28ha of land and unsuitable health premises.
- In excess of £321-396m in capital receipts assuming retention of all, or a share, of NHSPS receipts from disposal to contribute to improvements to the local health facilities.
- Over £600m of capital needed to deliver an estate that is fit for purpose to support new models of care.
- Potential to deliver around 2,900 new housing units in ELHCP.
Overarching Vision: To review existing workforce plan to ensure focus and delivery on NEL priorities, London priorities and national priorities. Key priorities are additional staff recruitment and improving retention to meet the increased need and demand for health and social care and population growth, with a focus on increasing capacity in Primary Care with GP recruitment, deliver the new workforce for networks to deliver new models of care.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Headline</th>
</tr>
</thead>
</table>
| Workforce implementation plan | • HEE budget TBC to deliver workforce, training, education and CPD.  
• Plan to be developed with all stakeholders including public  
• Workforce implementation plan to follow in 2019 |
| Nursing | • Increase supply, achieve nursing vacancy rate of 5% by 2028  
• Increase university places by 50% by 2020/21 10,000 places (STP allocation TBC)  
• Newly qualified nurses -five-year job guarantee within the region where they qualify.  
• Online nursing degree to be developed.  
• New ‘earn and learn’ for MH and LD nursing students  
• Further expansion of 7,500 nurse associates starting in 2019. (366 target for NEL) |
| Medical | • Work with Royal Colleges to review medical training to deliver generalist skills, movement between specialties, credentialing and incentives  
• Newly qualified GPs will be offered a two-year fellowship. |
| International Recruitment | • New national arrangements to support employers recruiting nurses, doctors and general practitioners from overseas |
| Supporting existing staff | • Modern employment offer, flexibility, with a focus on employee wellbeing and career development,  
• Equality measurement WRES & WDES  
• Productivity through electronic rostering and job planning |
| Volunteering | • Expansion of volunteering in the NHS, doubling of the numbers in the next three years |
| Talent Management | Leadership development offer for challenging roles with a new ‘leadership code’ and improved ‘leadership pipeline’.  
More will also be done to develop and embed cultures of compassion, inclusion and collaboration |
Overarching Vision: Digital Technology will support initiatives to help health, social and community care providers meet the needs of local people through shared records and access to information, built around the needs of local people, enabling the development of new, sustainable models of care to achieve better outcomes for all, focused on prevention and out of hospital care.

Commissioning Priorities:

- Improve infrastructure to better facilitate access to comprehensive patient records
- Shared patient records via the east London Patient record and ‘One London’ LHCRE
- Participate in Discovery Population Health Analytics programme
- Enable patient access to their records, and digital interactions between patients and professionals

Key initiatives:

- **Shared care records** enhancing collaboration by building on the success of the east London Patient Record, by connecting organisations in BHR, the remaining social care providers and to the rest of London, and promoting more widespread use within each organisation
- **Patient Enablement** - Patients require the ability to view their own health records and care plans, consult with and book appointments with their GP and, eventually, the wider health and care system, and have greater access to services online, including a Personal Health Record to which they can contribute
- **Advanced system-wide health analytics** is needed to provide insight and prompt early interventions to enable informatics driven health management programmes; *Population Health*. Our health system will need to be proactive at preventing patients from escalating ill health and our interventions will need to be evidence-based. The Discovery Data Service forms the bedrock of this capability in east London
- Ensure that the **digital infrastructure** across the footprint is up to the job of supporting reliable, fast access to systems and information. This includes new and improved systems in providers such as ePMA, vital signs monitoring, migration of departmental systems to more strategic platforms and primary care initiatives such as e-consultations. The ELHCP supports this in many ways, including through securing funds from NHSE such as from ETTF and HSLI.

A shared approach:

- North East London led the creation and successful bid for money for the One London Local Health and Care Record Exemplar and is fully participating in achieving its London-wide goals of:
  - Robust digital operations in each organisation
  - Ubiquitous viewing of records across care organisations
  - Normalised data service for proactive care and population health management
  - Patient access and control
  - De-identified information for system planning & research
- The eLPR is now regularly used to view patient records from other care providers more than 100,000 times per month
- The east London Discovery data service is receiving data from many GPs and two acute trusts and is now providing data that supports different clinical pathways for patients (initially the ‘frailty flag’ for LAS 111 in NEL)
The Digital Enabler work stream contains elements that support the maternity services work stream

Relevant ELHCP Digital Maternity Priorities are to:

- Discussions are underway to develop a single self-referral portal that will allow women to enter the relevant data and choose their maternity services provider from a single website.
- Improve infrastructure whenever funding opportunities allow, encouraging the provision of mobile devices to midwives so as to enable viewing and recording of data closer to the point of care.
- As part of the ‘One London’ Local Health and Care Record Exemplar, an electronic Personal Health Record is expected to be made available across London. Locally we will work towards this being usable by women utilising Maternity Service so as to support the continuity of care and personalisation agenda as well as the other range of benefits including improved engagement from women and improved outcomes in their own physical and mental care.
- Midwives in Homerton & Barts Health have had access to the east London Patient Record since April ‘18 and December ‘17 respectively, which enables them to view information from all providers other than BHRUT and GPs. The following contains two quotes from midwives about their experience of using eLPR.

The east London Patient record is in use by midwives in Barts Health and Homerton. Two examples of the benefit of eLPR for staff and patients are shown here:

Sarah Flagg, Public Health Midwife Zone D, Homerton
“I was in antenatal clinic one afternoon around 4pm when a lady was brought over by our nurse from our early pregnancy acute unit. She had initially attended A&E and just been told she was unexpectedly pregnant, furthermore she was already 25 weeks gestation. This lady spoke no English and was upset to be pregnant so I offered to see her and complete her antenatal referral. She then proceeded to show me a large bag of daily medication. Using big word interpreting she informed me she had previously had a heart attack and was scared to be pregnant. Usual procedure would be to book an urgent obstetric/cardiology review, with up to a one week wait. However thanks to HIE, I was able to immediately access her cardiology report, sent to the GP from Barts, and show it to a consultant obstetrician. Given the serious nature of her condition, we were able to arrange a bedside echo within an hour and the lady returned to receive urgent care the next day. There had been a serious risk to her health complicated by the language barrier, but HIE improved her care immensely.”

Muna Ward, Interim Maternity Outpatients Matron, Homerton
“It’s a fantastic use of existing resource. It allows us to ensure we have the correct information about our clients’ background, especially as it is not always easy to get this over the phone. There is now a one-stop shop for many details concerning our clients’ background medically and socially. Love it!”
The Clinical Strategy Project Group has been developing a draft case for change which identifies key drivers including a lack of elective capacity in INEL to match demand and meet waiting time standards; as well as opportunities for consolidation and quality improvement.

<table>
<thead>
<tr>
<th>Provider Productivities</th>
<th>Implementation across the STP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebotomy</td>
<td>Implementation of a shared care LIS across BHR for specialised and complex medication management and associated phlebotomy management and/or other diagnostics required between acute and primary care.</td>
</tr>
<tr>
<td>Procurement</td>
<td>The STP will continue to develop its approach towards maximising efficiencies across the procurement of services. Currently, plans are in place to work with NHSI to look into opportunities in line with the national and regional plans.</td>
</tr>
<tr>
<td>Neurosurgical</td>
<td>Barts and BHRUT are working with specialised commissioning to develop an integrated service model for neurosurgery across RLH and Queens Hospitals</td>
</tr>
</tbody>
</table>
| Finance “back office”   | Pending STP wide conversations, initial objectives to scope back office functions are being undertaken such as:  
  • Scope sharing scarce specialist resource.  
  • Develop standard finance/business analysis dashboards across NEL. |
| Bank & Agency           | To reduce temporary staff costs through establishing a common approach to agency and bank management and to develop quality improvement collaboration across the STP |
| Pathology               | Initial objectives focused on at scale efficiencies and elimination of variation across NEL and back office. (Including best practice across all Trusts, Scoping of test ordering processes, Outsourced contracts to be brought back into NEL, Review consumables contracts, and Review workforce). Currently, Barts and the Homerton are engaged to work in collaboration. |
| IT Productivity         | Initial scope into IT back office efficiencies.  
  • Scoping indicated this was not a viable direction as resource required exceed that available.  
  IT Productivity workstream reframed to align and support the Digital workstream |

Additional capacity in the system (current or planned) –  
Mile End Hospital  
Homerton Hospital East Wing  
East Ham Care Centre  
14/15th floors Royal London Hospital  
Whipps Cross (proposed redevelopment)
2019/20 Winter Planning

Ensuring we have a robust approach to planning for Winter across NEL

- A key component of the NEL STP planning process is ensuring robust system wide plans for Winter 19/20 in order to build on 2018/19 NEL Winter Plan.
- A “winter wash-up” event to reflect on 2018/19 has been held in Mid March leading to key actions for inclusion in the 19/20 plan that build on the existing 5 key asks from Pauline Phillip that will remain a key focus of the 19/20 NEL Winter Plan.
- Examples of these actions include:
  - Further review of ICS level escalation triggers and review of STP level escalation triggers to enact mutual aide and VIPER
  - Clarification and optimising the function of surge through local surge roadshows
  - Winter workshop for clinicians to mirror wash-up through a clinical lens for 19/20 planning
  - Review and evaluation of local authority winter funding

- The overarching approach and timescales for winter planning are:
  - Q1 – Develop and NEL Winter Plan 19/20 following wash-up
  - Q2 – Test and tweak
  - Q3 – Implement
  - Q4 - Implement and Review
Mental Health

The STP are continuing to focus on delivering sustainable mental health services as part of a whole system of health and social care and to support delivery commitments within the Long Term Plan, Five Year Forward View for Mental Health and Primary Care.

Investment and plans in place across the partnership with assurance and quality improvement systems for delivery in line Five Year Forward View targets for 2019/20 and 2020/21 including the following:

- Expansion of Individual Placement Support (IPS) employment services across all 7 Boroughs.
- Suicide reduction with zero suicide in-patient strategy.
- Increased IAPT service access in line with 22% national target
- Increased CYP access in line with 34% national target.
- All acute hospitals to ensure they have all-age liaison services (national target by 2021).
- Sustained commissioning of Core24 teams to reach 50% of acute hospitals by 2020/21.
- Crisis response for children and young people with commitment to meet the needs of under 18 year olds in crisis.

Barking & Dagenham, Havering and Redbridge

BHR are focussing their work streams around creating a specialised psychiatric liaison service to support distressed patients at hospital. As well as working with NELFT to ensure patients are supported in primary care by GPs and providing more support for women experiencing mental health problems during pregnancy or following the birth of a child.

Newham, Tower Hamlets and Waltham Forest (WEL)

WEL are working with their partners to align resources and provide the population with easy access to information around health and wellbeing. As well as, reviewing existing day services and employment services; and investing in local crisis pathways for mental health, with a focus to ensure parity of esteem between physical and mental health.

City and Hackney

C&H are working to ensure the delivery of parity of esteem between physical and mental health; delivery integrated care that meets patient’s physical; mental health and social needs; ensure that mental health is given the same priority as physical health and implement the Government Green Paper to improve eating disorders; perinatal Mental Health and autism pathway; children’s social care and youth justice.

Mental Health and the NHS Long Term Plan: The NHS Long Term Plan (LTP) published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget, with a further commitment to increased investment for improving the mental health of children and young people (CYP). Further commitments are made for the development of perinatal services and increased choice and control for people with severe mental illness. In North East London, the STP has established programmes in line with LTP commitments including Improved Access to Psychological Therapies (IAPT) for Long Term Conditions, Expansion of Perinatal Services and CYP services. Work is underway to improve outcomes related to physical health and severe mental illness (SMI). The number of people with SMI receiving health checks is a priority for the STP with a dedicated workstream in place.
### Mental Health

#### Future planned work and milestones for the STP are listed below

<table>
<thead>
<tr>
<th>Category</th>
<th>Milestones</th>
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<tbody>
<tr>
<td>5YFV and MHIS</td>
<td>- All CCGs confirm that there is sufficient investment plans in place to ensure the delivery of the 5YFV.</td>
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<td></td>
<td>- All CCGs confirm MHIS will be met in full</td>
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<tr>
<td>CYP</td>
<td>- All seven CCGs have developed operating plan trajectories for 2019/20 that deliver against the requirement to increase access to CYP Mental Health services.</td>
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<td></td>
<td>- Workforce planning currently underpins plans and the CCGs are working to deliver expansion capacity to CYP Mental Health services.</td>
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<tr>
<td>Adult Services</td>
<td>- All hospitals will have an all-age mental health liaison service in A&amp;E and inpatient wards by 2020/21</td>
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<tr>
<td></td>
<td>- The STP will be working towards a 95% delivery standard for eating disorders by 2020/21 and implement new waiting time standards for eating disorder services.</td>
</tr>
<tr>
<td></td>
<td>- The STP are working to ensure increased access to NICE perinatal mental health services through local investment.</td>
</tr>
<tr>
<td>Crisis</td>
<td>- 24/7 community-based mental health crisis response for adults and older adults will be available by 20/21</td>
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<tr>
<td></td>
<td>- Specific waiting times targets for emergency mental health services will take effect from 2020</td>
</tr>
<tr>
<td>Data</td>
<td>- In both CYP and Adults all providers are now submitting to the MHSDS. All have direct N3 connections and data quality assurance is in place.</td>
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<tr>
<td></td>
<td>- CCGs will ensure a continued focus on data requirements during 2019</td>
</tr>
<tr>
<td>Delivery</td>
<td>- The STP will be working towards delivering new and integrated models of primary and community mental health care that will support adults and older adults with severe mental illness.</td>
</tr>
<tr>
<td></td>
<td>- The STP are working towards collaborative working with service providers and partners to meet the 50% Core 24 service standard</td>
</tr>
</tbody>
</table>
Learning Disabilities

The NHSE 2021 targets for numbers of patients in inpatient beds for INEL/ONEL is 37, (22 in specialised commissioned beds and 15 CCG commissioned). Investments being made in community based intensive support functions to enable this trajectory to be met. NHS England’s target is for 75% of people on GP Learning Disability Registers to have an Annual Health Check by March 2020. The ONEL/INEL partnership is devising work plans on ways to best achieve this target- Both ONEL and INEL will run an annual training event for GPs and practice managers, and/or deliver focused sessions on these topics at GP network meetings. It is anticipated that pro-active checks that also consider patients mental health with promote improved mental health or enable treatment/ therapy at an earlier more effective stage. There is an overarching Positive Behaviour Support strategy that will inform commissioning intentions in line with Building the Right Support.

NEL will
• Establish a small group of patient experts made up of people with learning disabilities, who will jointly deliver training and who may provide targeted support to individual surgeries
• Work with local authorities to ensure that local providers (including those running residential homes and supported living) are aware of the importance of annual health checks and work with them to build health check referrals into their monitoring procedures.
• Ensure health checks and screening rates for our residents with Learning Disability will continue to be an area of local and national focus.

Barking & Dagenham, Havering and Redbridge
BHR CCGs will maintain current low levels of inpatient admissions for people with learning disabilities and/or autism and build on existing admission avoidance protocols. We will continue to prioritise annual health checks and work with our GP and wider health partners to implement reasonable adjustments.

Newham, Tower Hamlets and Waltham Forest (WEL)
Health checks and screening rates for residents with Learning Disability will continue to be an area of local focus. WEL intend to build on the progress already made to increase the number of LD patients that are proactively supported with their physical health in general practice.

City and Hackney
The Planned Care workstream is developing an integrated strategy for people with learning disabilities which will be signed off by partners at the May Integrated Commissioning Board. This will include plans for enhanced support from primary care, access to mainstream services and job opportunities as well as a strengthened approach to personalised care. Proposals for integrated and joint care packages with the 2 Local Authorities are well advanced.
Learning Disabilities

Future planned work and milestones for the STP are listed below:

**CYP**
- NEL CCGs are working with partners to bring hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools.
- Both ONEL and INEL will review their C(E)TR policies in line with local best practice and NHS England updates. Where feasible we will align the policies across the patch, while allowing for different local procedures.
- CCGs will develop an NEL training plan for staff in C(E)TRs and admission avoidance.
- CCGs are working to ensure there is representation at all CETRs for children and young people.

**Investment**
- The STP are working to deliver digital flags in patient records to ensure staff know a patient has a learning disability or autism by 2023/24.
- CCGs will be working to undertake reviews of the variety of current training and compliance rates for learning disabilities and autism awareness across the STP.
- Strategies are being developed to address inclusion for people with Learning Disabilities and/or autism. This includes work to improve access to mainstream health services.
- CCGs will be working closely with GP partners to increase uptake in Annual Health Checks.

**Risk Stratification process**
- WEL have risk stratification processes in place for adults with regular meetings taking place. The risk stratification process for children and young people is being reviewed.
- City and Hackney have an adults’ risk register in place in which individuals are RA (red amber) rated according to level of risk for admission; work with children and young people is in process.
- BHR currently have a dynamic risk stratification process and two admission avoidance registers in each borough (for adults and children). There are local procedures to identify those at risk and review cases on a regular basis.

**LeDeR**
- CCGs are working to ensure clear leads are located within Steering Groups with the responsibility of LeDeR.
- Analysis of themes and recommendations of LeDeR reviews will be in place across the STP and reported at relevant Boards and Steering Groups.
- Procedures are in place across the area that demonstrate action taken and outcomes from LeDeR reviews. Annual reports are produced across the STP and CCGs are working to ensure learning and recommendations are reaching the full range of partners.
The work stream is aimed at responding to the imminent challenge of increasing demand and complexity in acute maternity services. To meet this, the maternity system needs to work more efficiently: to support safety, women’s choice for births and have a sustainable workforce that are enabled to grow and develop to bring the required change to the local systems.

STP Priorities are to:
• Moving to model of co-production of Maternity Transformation and agree an approach to supporting MVP
• Increase births in midwifery-led settings/units
• Form a shared maternity specification for all maternity providers
• Ensure there are shared KPIs for all providers

Barking & Dagenham, Havering and Redbridge
BHR are fully aligned with Better Births. Planned workstreams include: introducing BCCG vaccinations in postnatal period together with flu jabs; Continuity of Care is covered by the Hilltop Team and BHRUT hope to extend CoC to women having a caesarean section.

Newham, Tower Hamlets and Waltham Forest (WEL)
The WEL (TST & pioneer) maternity & new-born care work is aligned with ‘Better Births’, with the primary focus on models of care that allow continuity of care as the norm for all women.

City and Hackney
Building on quality improvements during 2018 (CQC validated), C&H are embedding work on continuity of carer, reducing stillbirths and infant deaths, and working toward increasing normality in line with ‘Better Births’. C&H are also redesigning the pathway for vulnerable women, which includes a focus on reducing smoking in pregnancy, strengthening peri-natal mental health and breastfeeding support, and developing a new pathway for women with higher BMI.
Maternity

Future planned work and milestones for the STP are listed below

- **Safety Improvements**
  - Across the STP, there will be improved access to postnatal physio to support women who need to recover from physiological changes of pregnancy and birth
  - All Trusts across the system will be a part of the National Maternal and Neonatal health safety collaboration in 2019
  - Increased access to evidence based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis will be delivered by 2023/24

- **Saving Babies’ Lives**
  - Across the STP, the expansion to saving babies lives care bundle criteria (published in 2019) will be rolled out across every maternity unit by 2020.

- **Continuity of care**
  - Across the STP by March 2021 most women will receive continuity of care during pregnancy, birth and post-natally. Care-coordinators will work with families within each of the clinical neonatal networks by 2021/22

- **Delivery Improvements**
  - Feedback mechanisms in place for family experience
  - The STP are working on work streams to record information to ensure that MSDS2 and local EPR systems or equivalent can record required information to support forward modelling and planning and accurate data collection to ensure all women are offered choice of place, mode of birth and personalized care planning.
  - By 2019/20 across the STP digital care records will be offered to 100,000 eligible women. By 2023/24 all women will be able to access maternity notes and information through smart phones or other devices.
Priorities around cancer services have been developed at a North East London Commissioning Alliance level and aligned to the National cancer priorities and the long term plan. Focus will continue on improving one-year survival for patients, support people living with cancer as a long-term condition and improve the management of cancer waiting times specifically onward transfer by day 38 and treatment within day 24 where applicable. In addition to the north east London plans for 2019/20 there are a number of specific priorities which reflect the needs of local issues and people.

The following to be delivered as part of an north east London action plan:

- Work with our partners across north east London to create a hub to help diagnose cancer early.
- Develop a specialist clinic at Queen’s and Royal London Hospitals, to reduce the number of patients being treated in A&E.
- Deliver a range of interventions to increase population awareness and uptake to screening programmes.
- Roll out a new test to primary care to help identify colorectal cancer earlier.
- Work with partners to switch to primary HPV cervical screening.
- Deliver new rapid diagnostic pathways in advance of the new faster diagnosis cancer standard(2020).

**Barking & Dagenham, Havering and Redbridge**

BHR are working with NEL partners to create a hub to help diagnose cancer early. We will develop a specialist clinic at Queen’s hospital to reduce the number of patients treated in A&E building on the work in primary care to reduce the number of people presenting this way. BHR are working with BHRUT to ensure 85% of all patients are given a diagnosis or the “all clear” within 28 days of referral by March 2020.

**Newham, Tower Hamlets and Waltham Forest (WEL)**

WEL are working with partners to build a diagnostic hub for NEL with rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers. As well as, developing a stratified follow up and recovery package for breast cancer, and pathway change for the management of major colorectal cancer surgery.

**City and Hackney**

A primary care led model for prostate cancer follow up in line with the Pan London specification will be implemented across City and Hackney. We are also working with public health colleagues and the voluntary sector on increasing our rates of bowel screening uptake with specific communities and developing bespoke local population awareness raising of the need for early detection and diagnosis. These build on our existing services in primary care and education and support to practices and our ambition to improve further. As part of our prevention strategy we are working to reduce smoking across the borough.
Cancer

Future planned work and milestones for 2019/20 are listed below

Data
- A NEL-wide Faster diagnosis standard (FDS) Steering group has been established and will work with stakeholders on delivery of this. Providers will complete a gap analysis against current performance with the standard by end March 2019 and implementation will be overseen at an STP level. Implementing the three rapid diagnostic pathways is a priority and good progress has already been made in Lung. The national OG pathway was published in April 2019 and a plan is now being put in place to implement.

Diagnosis
- NEL is committed to improve the earlier diagnosis of cancer by delivering a range of interventions from population awareness and education to delivering two Multi-diagnostic clinics across the geography aimed at reducing emergency presentations. The sector will open a new unique early diagnosis centre at Mile End hospital in late 19/20 for those who have conditions that make them at a higher risk of developing cancer and some where post treatment surveillance is required.

Screening
- A number of interventions are planned throughout 19/20 to increase uptake to bowel screening for which funding has been secured. In addition opportunities for out of hours cervical screening are being considered across BHR to increase uptake to cervical screening. Further bids have been submitted to the cancer alliance to extend the reach. The NELCA is supporting Barts Health to convert to primary HPV cervical screening ahead of the national timescale in 3 CCGs, City and Hackney, Newham and Tower Hamlets in Q1 2019/20. The other 4 CCGs will convert as part of the national process later in 2019.

Implementation
- We will ensure that additional capacity is commissioned to support the move to Primary HPV cervical screening and for the expected increase in colorectal cancers detected once a new test is introduced in to the bowel screening programme in summer 2019.
- Working with colleagues in the Cancer Alliance and specialised commissioning the STP will work with BHRUT and BH as radiotherapy providers to ensure implementation of specific elements of Radiotherapy where required across NEL.
- Bart’s Health has implemented stratified follow-up protocols for breast cancer. Work is underway at BHRUT and HUH to secure implementation by the end of 19/20. Funding has been secured from their cancer alliance for clinical leadership and IT to ensure implementation completes in line with the requirements.
- The NEL LWAB and STP work force lead is connected in to the cancer alliance workforce team to support the delivery of regional plans for implementation of Phase 1 of the Cancer Workforce Plan.
We see general practice to be the cornerstone of our developing Integrated Care Systems, delivering core services and ensuring continuity of care. We will deliver this by: transforming primary care, ensuring high quality joined-up seamless care, developing new workforce models and at-scale working, better use of estates and resources, connected data and innovative digital technology.

To continue our progress on GPFV and primary care transformation outlined in Long Term Plan, we have set up three main work streams across NEL.

1. Quality and Efficiency
   Our Aim: To provide quality care to our local population by universally embedding a culture of efficiency and quality improvement across our practices. Practices across NEL have been engaged in various QI schemes and have made considerable progress since 2015, as evident by CQC ratings of good and outstanding practices over the last 3 years. We will continue and support the existing QI process, share good practice across the patch and ensure high quality consistent care is delivered across NEL.

2. New models
   Our Aim: To develop new models on a blank page (barking riverside development) and learn from it, developing innovative ways of optimising digital opportunities that provide choice of how healthcare is accessed, supporting development of at-scale working through federations to deliver population based comprehensive care. GP Federations across NEL have gradually grown in maturity as organisations and many of them are delivering borough level contracts, however, the maturity levels are varied across NEL. We will support our federations to reach expected levels of maturity and enable them to deliver services at network levels. We will further develop similar provision of clinical pathways across NEL networks.

3. Workforce
   Our Aim: To make NE London a really desirable place to train and work in primary care. Although GP headcount has been stable since 2012, the WTE across NEL has been gradually declining. Retention incentives, mentoring, training, development courses, peer to peer support, portfolio careers, careers fairs, workflow optimisation, at scale working, new roles development are some of the schemes either in operation or being developed across NEL to improve retention and increase recruitment.

Our primary care strategy was initiated in Dec 2018 and is currently under consultation with various stakeholders. The strategy draws upon seven primary care strategies and develops a common goal, while recognising varied starting points for each CCG (borough). This recognition has allowed the formation of a senior management team across NEL CCGs to come together regularly, share best practices and support each other in developing their weak areas by utilising others’ strong points. Working together and with the help of transformation funds we have been able to strengthen our quality of care, governance, IT infrastructure, scaling back office functions in primary care providers.

We will work through our new models group to put PCNs at the heart of our Integrated care systems by developing localised services based on local needs and supported by system wide pathways linking intrinsically with secondary care, social care and voluntary and community sector. We will use transformation funds to develop our primary care networks, working at scale and clinical leadership. The primary care strategy will be agreed in April 2019.
Support of PCNs

• We are supporting PCNs through the Integrated Care System’s (this will be formed by a partnership board, drawn from and representing commissioners, trusts, PCNs) by 2021.
• Tower Hamlets already have 8 well established PCNs in full operation. The Neighbourhoods are 30,000-50,000 people and are equivalent to PCNs. Waltham Forest CCG is supporting discussions to establish PCNs by June 2019. Newham has eight well-established commissioning clusters and two Primary Care Homes pilots due to reach their conclusion on 31 March 2019.
• Redbridge has 4 PCNs, Havering has 3 PCNs and B&D has 3 PCNs. All GP member practices are aligned to a PCN with a clear governance structure, Terms of Reference and led by Network Chairs.
• City and Hackney have an ambitious transformation programme in place to develop a Neighbourhood model of care.

Financial Investment

• System partners in City and Hackney have committed significant resources to Neighbourhood development in 2018/19, and are currently developing a case for programme investment in 2019/20. This will total £900k p.a. to support this system transformation.
• Tower Hamlets recurrently funds £1.2m a year in PCN management and OD and commits to continuing this funding. Waltham Forest will ensure provision is made that the local pc networks will receive the £1.50 per head allocation on an annual basis until 2024. Newham’s finance and investment plan reflects a recurrent allocation of £1.50 per head for the period 2019/20 to 2023/24.
• BHR CCGs have been providing a minimum of £1.50 ph of financial support to PCNs for the previous two financial years (2017/18 & 2018/19). This has supported the PCNs, through the Federations. to identify and provide clinical leadership, senior management support and administrative time at PCN and federation level.

Workforce

• STP recruiting through GP international recruitment programme and have recruited GPs in Q3 and Q4 2018-19. GP careers fair to recruit ST3s on qualification to NE London held July (6 recruited) second event planned for April 2019. Recruited Pharmacists through NHS England Scheme with further bids in Wave 10 and 11 of scheme. Expanded Physician Associate training scheme from TST to NEL with 103 students enrolled from 2017. 10 Physician Associates graduates recruited in Jan 2019. Development and roll out of modelling across CEPNs and federations to inform MDT numbers in NEL, April 2019.
• Retention plans submitted by each GP federation utilising 250k funding for 2018-19, includes increasing portfolio career options across NEL. Successful GP Spin scheme introduced in BHR in 2018-19 recruiting new trainees. GP and GPN diagnostic completed to inform high impact actions to be developed for 2019-20.

Development Plans

• CCGs have plans in place to ensure clinical pharmacist are recruited in line with the clinical pharmacist programme.
• CCGs have ensured provision for extended access services for the NEL population.
• The development of the GP Nursing plan is led at STP & CCG levels. This will support nurses to choose primary care as a first destination and to retain experienced nurses already working in Primary Care.
• CCGs are working to deliver support to staff within primary care settings through the use of Training Hubs and Improvement Academies.
The overarching aim of the NEL UEC programme is to create a simplified, streamlined urgent care system which will ensure the right care, right place, first time access principles for patients in North East London. The NEL urgent and emergency care system will be able to respond to current and future demand whilst meeting quality standards and in a financially stable framework and whilst meeting the requirements within the 5 year forward view and more recent Long Term Plan. The programme is working to ensure the right level at which to achieve transformational change and operational delivery i.e. optimising the benefit of economies of scale in terms of strategic direction for consistency in some key deliverables across NEL and the need for local delivery with developing integrated care partnerships (BHR/INEL/C&H) or even site or borough based delivery for other key LTP deliverables.

The NEL UEC programme has 7 key priority areas for delivery:

- Home Visiting
- Urgent Treatment Centres
- Same Day Emergency Care
- Enhanced Care in care homes
- 111 CAS development
- Hospital Flow
- LAS Demand Management

Barking & Dagenham, Havering and Redbridge

Current performance is challenged at BHRUT, particularly Queen’s Hospital with A&E target behind trajectory and Ambulance handovers not achieving target. The A&E Delivery Board leading actions to achieve mitigation including focus on patient flow, discharge and ambulance demand. Re-provision of UCC services planned, development of IUC and alternative pathways enabled by direct booking from 111/IUC. Following a 14 week consultation in 2018, we will commence procurement of the four urgent treatment centres in June 2019. Two will be co-located with the A&Es at hospital sites (King George and Queen’s Hospitals) and two will be based in the community. This is the first phase of a new integrated model of community urgent care services. We will be working with Primary Care colleagues to ensure alignment with the GP hubs that will be provided by the Primary Care Networks. These will provide same-day urgent appointments bookable via NHS 111 as part of the new integrated model. A key objective of the new model is to simplify the system, as this was a key message from the consultation and extensive public engagement. We also aim to reduce duplication of appointments to improve quality and efficiency of care and to reduce pressure on local A&Es to improve performance on the 4 hour waiting time, and meet NHS England standards for urgent care. The new services will be fully implemented from 1 July 2020.

Newham, Tower Hamlets and Waltham Forest (WEL)

Focus to ensure delivery of the 19/20 A&E trajectories as supported by LTP deliverables and INEL transformation Board priority areas highlighted. A specific focus on performance improvement focus for Whipps cross hospital using a QI approach and length of stay reduction

City and Hackney

Homerton has met the national standard for A&E performance in 2018 but dipped below in December (93.7%). Whilst not meeting the ambulance handover standard it performs best of the trusts across NEL (69.2% Dec-18). As with other NEL economies the recently implemented IUC/111 service with new model of service through the CAS will mitigate pressures on the urgent care pathway.
Urgent and Emergency Care

Future planned work and milestones for the STP are listed below

**UTC**
- We are on target to meet this objective with 5 UTCs (i.e. Newham, Whipps Cross, Royal London, King George and Queens Hospital) on target to meet by December 2019. Homerton are reviewing service redesign at the front door and pending this will conclude whether the Homerton will be designated as a UTC.
- Work is well underway to procure four urgent treatment centres in BHR in June 2019. Two will be co-located with the A&Es at hospital sites (King George and Queen’s Hospitals) and two will be based in the community. This is the first phase of a new integrated model of community urgent care services. We will be working with Primary Care colleagues to ensure alignment with the GP hubs that will be provided by the Primary Care Networks. These will provide same-day urgent appointments bookable via NHS 111 as part of the new integrated model.

**111 CAS**
- Achievement of national standards against call abandonment and call answering on a sustainable and consistent basis through further improvements to the 111/IUC service.
- Extend direct bookings into primary care and UCC.
- Develop CAS pathways to maximise closure to self care and achieve reduction in onward referrals within the urgent care pathway building on achievements in increasing Cat ¾ ambulance and ED re-triage and reducing ‘green’ ambulance dispatch.

**Ambulatory Emergency Care (AEC)**
- Undertake a deep dive to of activity in our hospitals so that the case mix is clearly understood.
- Review specifications to ensure they meet the revised same day emergency care guidelines.
- Work to agree a blended tariff.

**Ambulance Conveyances**
- Deliver a safe reduction in ambulance conveyance to ED with trajectories to be agreed between services and their lead commissioners. A safe reduction in ambulance conveyances had been agreed between services and commissioners with trajectories and includes:
  - Enhances support of Care Homes, GP’s and Pharmacists preventative work and increased use of star 6
  - Increased use of Star 5, MiDoS
  - Evaluation /behaviour change work with ambulance crews on using ACP’s
  - MDT Pro active work with HIU callers and users of ED
  - Behavioural channel shift to 111 CAS reducing calls into 999
- Monthly ECIST front door challenges held at each site, agreement of internal professional standards, escalation processes and executive oversight. Ambulance handover is also a key part of all A&E improvement plans, including implementation of ambulance handover task and finish groups at the most challenged sites.

**DTOC and Length of Stay**
- LOS stay reduction is a core part of the Hospital Flow work stream within the NEL UEC programme focussing on the delivering the 8 High Impact Changes, embedding of SAFER flow bundle, regularity of MADE events, establishing frailty services and work with local authorities on improved discharge to assess services, and sufficient out of hospital capacity.
The overarching aim of the NEL Elective Care programme is to address the challenges in delivering the RTT (18 weeks) national standard, including acute operational delivery, primary care demand management and use of alternative providers via e-RS capacity alerts. This is managed via the NEL Commissioning Alliance Demand and Capacity Management Group. There are also wider outpatient programmes of work via the INEL System Delivery Board and individual CCG service redesign initiatives including QIPP.

The NEL Elective Care recovery programme has a number of priority areas:

- STP wide Demand and Capacity planning – fully utilise all available capacity within the STP across Barts, BHRUT and HUH.
- Increase outsourcing for most challenged specialties where capacity not available within the STP – outsourcing arrangements to be negotiated at scale (STP level) to ensure value for money.
- Increase primary care utilisation of A&G and RAS.
- Work with Providers to increase theatre utilisation following the NHSI theatre utilisation programme in 18/19.
- Community service provision and transformation to maximise the number of patients that can be seen in the community and avoid the need for secondary care attendance, i.e. MSK triage services, MES, Dermatology.
- Support acute providers to improve PTL data quality.
- GP education and comms to reduce the number of inappropriate referrals, particularly re ENT and Dermatology.

**Barking & Dagenham, Havering and Redbridge**
- Reduce PTL to below March 2018 levels
- Maximisation of community service provision and SPAs

**Newham, Tower Hamlets and Waltham Forest (WEL)**
- Meeting operating plan trajectories and standards
- Continued support to Barts Health via clinically led specialty level deep dives

**City and Hackney**
- We are developing plans within our community services in neighbourhoods to increase availability of alternatives to hospital based services for a wide range of outpatient services
- We are validating our approach to reduce the PTL at the Homerton
- Our education and peer review model in primary care to support effective rates of referral will continue and manage our health economy
Elective Care

Elective Care Handbooks
• The wave 2 gap analysis has been completed across NEL and will be used to inform 2019/20 planning re the specialty areas identified as a priority area. 2019/20 QIPP schemes are also in development across a NEL level to ensure common priority areas / challenged specialties across CCGs are addressed at scale.

First Contact Practitioner
• BHR CCGs was identified as the pilot site in 2018/19. The pilot is yet to go fully live but will be used as a case study to share learning and best practice to enable roll-out to across other CCG areas.

NHS e-referral service
• e-RS capacity alerts are currently in place for a number of specialties across Barts Health and BHRUT, with ongoing review and impact analysis. E-RS capacity alerts will continue to be used where there is available alternative provision in challenged specialty areas. Further work is also being undertaken via the NEL Commissioning Alliance Demand and Capacity Management Group to educate and communicate with GPs in innovative ways to increase the utilisation of e-RS capacity alerts in 2019/20.

Ophthalmology
• The Ophthalmology audit in collaboration with GIRFT has been undertaken in 2018/19 and will be used to identify issues with follow-up and capacity across NEL. The outcome of the audit will be used to inform 2019/20 capacity planning and potential community provision / transformation. This will be taken forward via the NEL Commissioning Alliance Demand and Capacity Management Group.
Our vision is to provide the best start in life for every child, and for every person to live well and age well in an environment which is conducive to healthy and safe living and sustainable for our future generations. It is to teach and support people to care for themselves and each other and be able to provide swift, efficient and excellent person centred care for each patient who requires professional healthcare. We will also collaborate and learn from each other so that we develop continuously our services and support.

**Quality and Access**

- Through cancer transformation funding already secured the CCGs will work in partnership with the boroughs throughout 2019/20 on a range of interventions to improve uptake to screening programmes. Two health improvement facilitators will work across the patch actively promoting uptake to screening programmes. CCGs will implement calling services to non responders of the bowel screening services either through GP federations/networks or community providers.
- In addition a development programme will be run with community pharmacies across 6 CCGs. In Q1 & 2 (following a pilot in City and Hackney in 2018) to raise awareness of signs and symptoms of cancer and screening programmes followed by promotion on cancer screening within their pharmacy. Throughout Q1 & 2 ELHCP in collaboration with Vaccinations UK will run a film competition with schools and colleges with the specific aim of promoting the HPV vaccination for girls and the roll out of HPV vaccination to boys.

**Capacity**

- 3 CCGs are currently working with Barts Health and NHSE screening commissioners to move to HPV primary cervical screening in Q1 of 19/20 in advance of the national roll out as part of resilience. An additional clinic at BH is being created to manage this. The other 4 CCGs will transition as part of the national move later in 2019/20. Given that the switch of 3 CCGs will require an additional clinic at BH the operating plan will include 1 additional colposcopy clinic at BH per week for all 2019/20 and a further 1.5 additional colposcopy clinics per week across NEL for Q3 & 4. A greater impact is expected in 2020/21 and 2021/22.
- The switch to FIT in the bowel screening programme is expected end Q1/early Q2. In areas of deprivation there is an expected 6% in uptake to screening programme. Nationally an additional 200,000 people are expected to be screened. In 2019/20 using the above assumptions we would plan for up to a maximum additional 20 cases in 19/20 across NEL.

**Implementation**

- The cancer programme plans a video competition for schools and colleges in Q1 & Q2 to promote HPV vaccination in girls and to promote the upcoming roll out of the vaccination to boys.
- The plans for the delivery of the 2019/20 flu program is scheduled as set out in the 2018/19 protocol. This will ensure that commissioners retain oversight and clarity of the processes in place to support the delivery and oversight of the flu programme between October and March. Furthermore the process is supported both via the governance and review process under the NEL P&Q Board, and the NEL collaborative commissioning board.
- Named borough leads will work at practice and federation level to develop initiatives to improve uptake and coverage of routine vaccinations and screen programmes. This includes identifying clinical leads and champions who will share good practice across NEL, through our primary care network meetings.

**Workforce Planning**

- NHSE immunisation and screening teams are set up to work with STP partners to oversee the delivery of population based services. Levels of engagement range from at practice level on an individual patient/practice populations to a wider borough/local authority level work including strategic planning and workforce development. Local Authority DsPH Public Health teams are working together at NEL, INEL, ICS and BHR levels. Areas of strategic and commissioning alignment currently include tobacco, diabetes, sexual health, HIV and screening. Developing areas include social prescribing, health checks and health intelligence.
Diabetes

Diabetes is a clinical priority across all CCGs in NEL. There are relevant boards in place to ensure targets align with local priorities and population changes. The STP are looking to review diabetes care pathways – adults and child (transition services) to further support the improvement of outcomes for primary and secondary prevention.

**Diabetes Treatment targets**

- A NEL diabetes partnership group has been established to provide oversight for the delivery of the diabetes treatment and care bids.
- Through existing transformation funds and locally commissioned extended primary care services we are working to address the variation in diabetes outcomes (BP, Hba1C & cholesterol) across NEL and within each CCG area. Additional roles (DSN’s, psychologists, dietitians & psychiatrists) have been recruited to support the four interventions outlined in the 3TT bid to address the variation in outcomes for vulnerable & wider population groups.
- NEL are committed to the Triple Value approach, which is being used to facilitate the review and produce recommendations across NEL based on the ‘state of play’ report which has clearly articulated the variation in provision and outcomes for people living with diabetes.

**Non-diabetic Hyperglycemia**

- The STP are looking to prevent or delay onset of type 2 diabetes through
- A NEL NDPP partnership has been established to provide oversight for delivery of NDPP in NEL
- There is full coverage of the NDPP in NEL. There is a commitment to increasing both high quality referrals and uptake of initial assessments. Given the prevalence of NDH; and as outlined in the LTP NEL would support the provision of additional IA’s to offer patients identified as NDH.
- All areas have an agreed approach to identifying patients with NDH and agreed referral pathways.
- VLCD (very low calorie diet) as a means to support patients towards diabetes remission. NEL have provided an EOI to pilot this approach in NEL. C&H have commenced a pilot locally
- Working towards Increasing access/uptake to structured education to support patients to self care / self manage. There is one CCG area delivering the SE transformation bid.

**Referrals**

- NDH target referrals numbers are identified for NEL GP practices
- Review of diabetes care pathways - adults and child (transition services) to support the right referral a the right time to improve outcomes for primary and secondary prevention is being undertaken.
- ERS & MDT provision is provided in a number of CCG areas
- Planned bid for MDFT transformation bids is underway
NEL is committed to deliver the new national CHC framework by working with local partners to deliver an end to end service that provides a high quality and responsive service to local people. NEL recognises it needs to transform its CHC service and NEL SMT agreed:

• to move its monitoring regime to every 2 weeks
• that a breach analysis should be undertaken to ensure actions match known issues
• agreed to formalise the CHC / PHB leads meeting, as part of LTP delivery; membership to include clinical and financial reps
• was supportive of move to NEL policies where possible but these should be relevant to local systems

NEL CHC has fortnightly meetings with the CHC (and PHB) leads to discuss quality, performance, progress and share good practice.

By year end (end March 2019) it is anticipated that the CCGs will be achieving the target of more than 80% of checklists are agreed within 28 days.

- We have implemented a monthly breach report, to analyse and address the cause of the delays.
- To further assist achieving the target, we are holding an enhanced CHC leads meeting, to share good-practice of the CHC processes.
- Additionally, we are arranging workshops, with assistance from NHSE, to review elements of the CHC service, including the D2A process
- Two transformation reviews will deliver transformation plans for implementation in 19/20. The BHR review is currently underway and the specification for the INEL CCGs is in the process of being approved.

The CHC Transformation reviews and internal workshops will consider standardisation of digital solutions and the SIP Menu of Opportunities to identify potential QIPP schemes.

- Membership of the CHC leads meeting now includes the Chief Finance Officer as the Financial Lead.
- The CCGs have submitted the CHAT enablers, in accordance with the NHSE timeframe and will continue to update and utilise this tool.

By year end (March 2019) it is anticipated the CCGs will meet the target of less than 15% of assessments undertaken in an acute setting.

- The enhanced CHC Leads Meeting (Feb 2019) will agree a best-practice D2A pathway and process to be implemented by the CCGs.
- The CHC assessment pathway is also a component of the two transformation reviews and the internal workshops.
NEL is committed to giving local people control over their health budgets to ensure that the services meet their needs. NEL has agreed that PHB is a CHC default. PHB is a component of two NEL CHC transformation reviews planned for Q4 and Q1 19/20. The CCGs have responded to a stocktake for the personalisation commitments of the long-term plan and are expanding PHB to other patient cohorts including mental health, wheelchair users and jointly funded care packages.

The CCGs with NHSE, held training for their clinical teams to enable them to inform current and future service-users of the scope and benefits of PHBs.

The CCGs monthly PHB report comprises an update of their action plan and PHBs achieved against a 2018/19 trajectory. This reporting will be by patient cohort and the CCGs are planning trajectories for 19/20 using the information supplied by NHSE.

PHBs are reviewed at the fortnightly Leads meetings.

The ELHCP Executive has agreed to work to share good practice across NEL on PHB with Dr Jagan John as SRO and Simon Hall as lead in a new STP programme of work which will also include a focus on PHBs for cancer and end of life care.

At place level, all CCGs will offer PHBs as the default for new home-based packages, they have also contacted existing eligible service users. This should be the default offered from 1 April 2019. If the service user consents, their package is being converted to a notional PHB.

Drawing on learning from Tower Hamlets, and with NHS England support, all CCGs have held training for their clinical teams to explain to future and current service users the benefits and scope of PHBs.
Summary

Within our System Operating Plan we have outlined our developing approach to integrated care and our activity, finance and system challenges. We have then looked at each of our key service delivery areas in detail focusing both on performance in-year and the steps we need to take in 2019/20 towards service transformation.

Now we have agreed on this plan for the 2019/20 transitional year we will be focusing from now until late summer on engaging with our local public, patients and stakeholders with respect to how we deliver on the Long Term Plan commitments for our local population in north east London. We will be concentrating our engagement activities at place and multi-borough levels primarily, although we are planning wider events in June and September.

Our submission in the autumn will include further detail on our proposed next steps towards integrated care systems, and a prioritised programme of transformation across our health and care system.