North Central London
Sustainability and
Transformation Plan

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Sustainability and Transformation plan

Planned Care Workstream - High Level 5 Year Delivery Plan and Detailed Plan for 17/18

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

BARNET LONDON BOROUGH
Camden
ENFIELD Council
Haringey LONDON
ISLINGTON

Barnet, Enfield and Haringey NHS
Camden and Islington NHS
Central London Community Healthcare NHS
Central and North West London NHS
North Middlesex University Hospital NHS
Royal Free London NHS Foundation Trust
University College London Hospitals NHS
Whittington Health NHS

DEFINITION / PLAN

Objectives and Scope

North Central London Sustainability and Transformation Plan

High level objectives	▪ Deliver the best value planned care services across NCL ▪ Reducing variation for inpatients attending hospital for a planned intervention ▪ Reducing variation in the number of outpatient appointments received by patients with similar needs. ▪ Optimised pathways will ensure patient safety, quality and outcomes, and efficient care delivery. ▪ Standardising PoLCE, consultant to consultant referrals and referral threshold policy across NCL to ensure parity of care regardless of patient's postcode. ▪ Explore network creation and service consolidation opportunities resulting from workstream efficiencies
Scope and Exclusions	➢ **In scope:** ▪ All services undertaking planned care across NCL, with initial focus on MSK, Dermatology, Urology, Neurology, Ophthalmology, Gynaecology, Gastroenterology, Colorectal Surgery ▪ The provision of a clinical advice and navigation services along pathways, linked to triage, variation reduction and improved quality ▪ All providers and CCGs in NCL ▪ Providing support to primary care via close working with Care Closer to Home workstream ▪ Repatriation of work from non NHS services ▪ Network creation and resource sharing along defined pathways ▪ Fragile service resolution and reprovision ➢ **Exclusions (out of scope):** ▪ Trauma – initial interventions ▪ Urgent and emergency services ▪ Emergency surgery ▪ Cancer

DEFINITION / PLAN

Constraints & links to other programmes

North Central London Sustainability and Transformation Plan

Constraints	➢ **Time:** the pre-delivery phases of the delivery plan are relatively short which may result in creep of timescales ➢ **Cost:** resourcing will come from 75% existing provision, 25% new posts. This may not be sufficient or available to deliver work. ➢ **Quality:** ability to engage with all the relevant people 'on the shop floor' ➢ **Legal:** public consultations required for the consolidation of services ➢ **Environmental:** provision of new location to deliver redesigned services ➢ **Logical:** The work will need to link heavily into the CHINs in order to ensure implementation across the system in primary care. There may therefore be a risk to getting true to end to end pathways rolled out homogenously. ➢ **Activation:** Plans and models will need to be agreed by programme board, clinical cabinet, CCG and provider boards and clinical groups
Links to other work-streams	➢ **Care closer to home –** the realisation of the CHINs will be a key enabler to the work ➢ **Digital –** the provision of ready access to data, CAN and agreed pathways will be key enablers to the work ➢ **Urgent and Emergency** – need to establish clear links for when emergency patients become planned patients e.g. fractured NoF ➢ **Workforce**– consultation and moves arising from consolidation ➢ **Prevention**– early intervention and prevention schemes will be key to demand management further down the line and so should be linked to planned care work ➢ **Cancer** – ensure links to cancer workstream so that patients can transfer between cancer and non cancer pathways with minimal disruption ➢ **Communications** – clear comms and engagement will be key in order to ensure that models are owned at a local level and that all parties feel they have an equitable voice in the design process.

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(1/6)

North Central London Sustainability and Transformation Plan

Workpackage	Initiative	Description	Deliverable	Target Delivery Date
Group 1 'High volume'	MSK	High volume referrer where extensive work is already being undertaken across NCL	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience • New roles and service locations fitting with population needs • Integration with local authority keep fit and exercise programmes • Expert advice and triage at key stages in the pathway	Start – Phased from April 2017
Group 1 'High volume'	Dermatology	High volume referrers where extensive work is already being undertaken across NCL	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. DNA rates) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience • Integrated teledermatology services	Start - Phased from April 2017
Group 2 'Integrated CAN'	Clinical Advice and Navigation	Single point of access for advice and navigation and referral management	• Streamlining of patient pathways • Easily accessed advice and guidance • Improved patient experience • Integrated solution across NCL	Start - Aug-Oct 2017

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(2/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Description	Deliverable	Target Delivery Date
Group 3 'Work in train	Neurology	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from October 17
Group 3 'Work in train'	Urology	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from July 17
Group 3 'Work in train	Ophthalmology	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from April 17

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(3/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Description	Deliverable	Target Delivery Date
Group 4 'Fastest First'	Gynaecology	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from October 17
Group 4 'Fastest First'	Gastroenterology	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from October 17
Group 4 'Fastest First'	Colorectal Surgery	High volume service, identified as priority through stocktake and/or Right Care data	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – Phased from October 17

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(4/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Description	Deliverable	Target Delivery Date
Group 5 'Avoiding the postcode lottery'	PoLCE	Standardisation of thresholds and policy across NCL to ensure parity of care provision. This will be broken into two sections: • Application and monitoring of adherence to the current policy. • Extending the scope based on current best practice and guidance.	• Standardised policy across NCL • Agreed monitoring and reporting system • Revision of the number of procedures in scope	Start - Phased from April 2017
Group 5 'Avoiding the postcode lottery'	Consultant to consultant referral	Standardisation of thresholds and policy across NCL to ensure parity of care provision.	• Standardised policy across NCL • Reduction in number of C2C referrals that fall outside of agreed within the policy • Agreed monitoring and reporting system	Start - Phased from April 2017
Group 6	Diagnostics	Standardisation of diagnostics thresholds and ordering across NCL	• Reduction in the number of unnecessary diagnostics • Clear and adhered to direct access policy across NCL • Standardised diagnostics across pathways • Improved sharing and access to diagnostics across NCL • Reduction in the number of repeated diagnostics tests in the patient journey	Start - TBC Following scoping exercise

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(5/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Description	Deliverable	Target Delivery Date
Group 7 'Phase 2'	Vascular Surgery	High volume service, identified as priority through stocktake and/or Right Care data	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – 2018/19
Group 7 'Phase 2'	Breast Surgery	High volume service, identified as priority through stocktake and/or Right Care data	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – 2018/19
Group 7 'Phase 2'	Hepatobiliary & pancreatic surgery, Upper GI surgery	High volume service, identified as priority through stocktake and/or Right Care data	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – 2018/19
Group 7 'Phase 2'	General Surgery	High volume service, identified as priority through stocktake and/or Right Care data	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – 2018/19

DEFINITION / PLAN

Initiatives & deliverables to 2020/21(6/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Description	Deliverable	Target Delivery Date
Group 7 'Phase 2'	ENT	Service that already has work being done within NCL that could be adopted using 'follow the fastest' principle	• Integrated pathways and services • Reduction in variation in key KPIs (e.g. LoS) • Standardisation of service and pathways across NCL • New financial models based on whole system design • Improved patient experience	Start – 2018/19
Group 8 'Local schemes'	Local Schemes	Local CCG specific schemes that do display any initial benefit to NCL level work	• New localmodels based on the need of borough or area specific population	Start – Phased depending on schemes April 2017

DEFINITION / PLAN

Delivery schedule to 2020/21(1/2)

Key

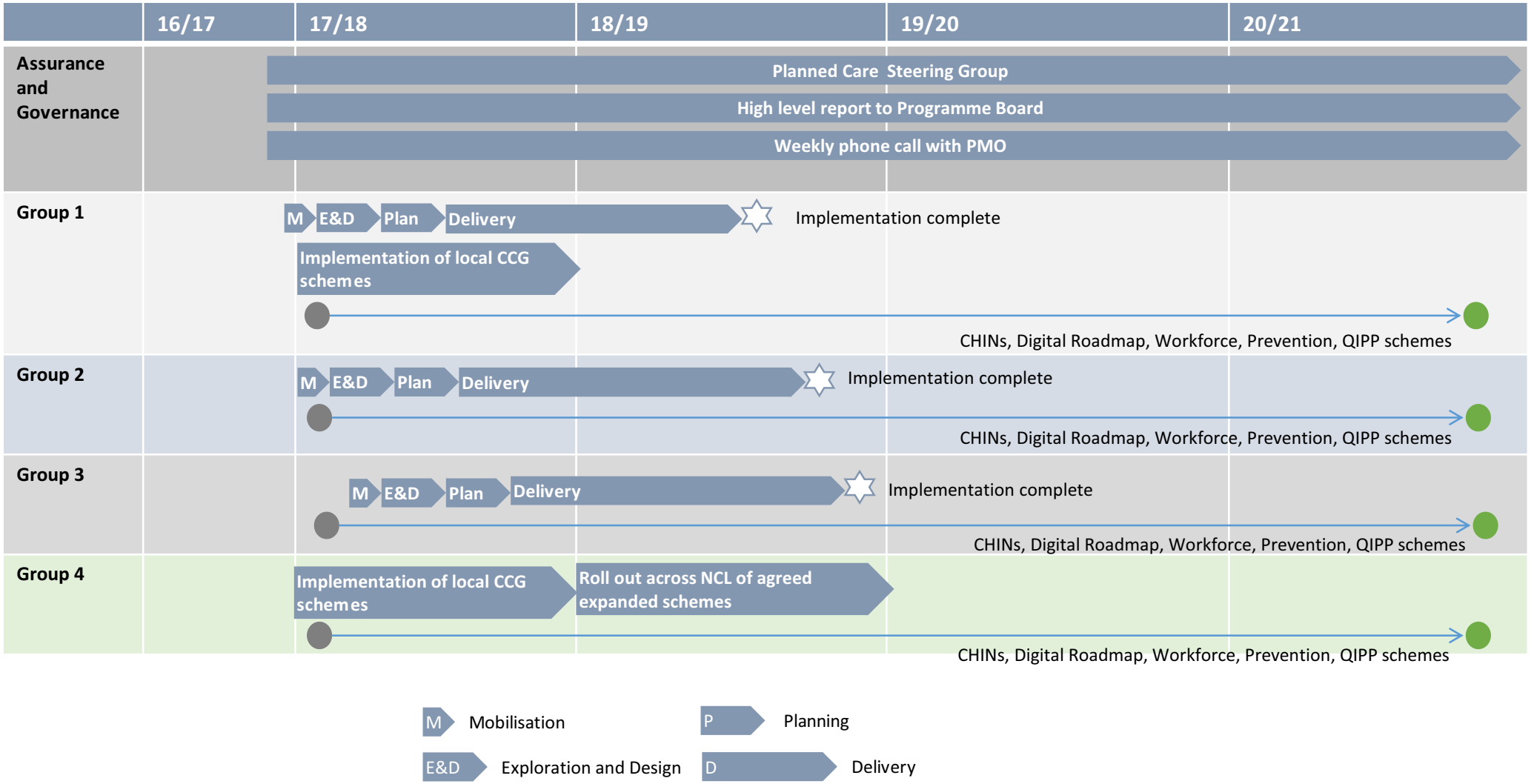
National /London level milestone

Major milestone

Enabler activity

Dependencies

North Central London Sustainability and Transformation Plan



M Mobilisation

P Planning

E&D Exploration and Design

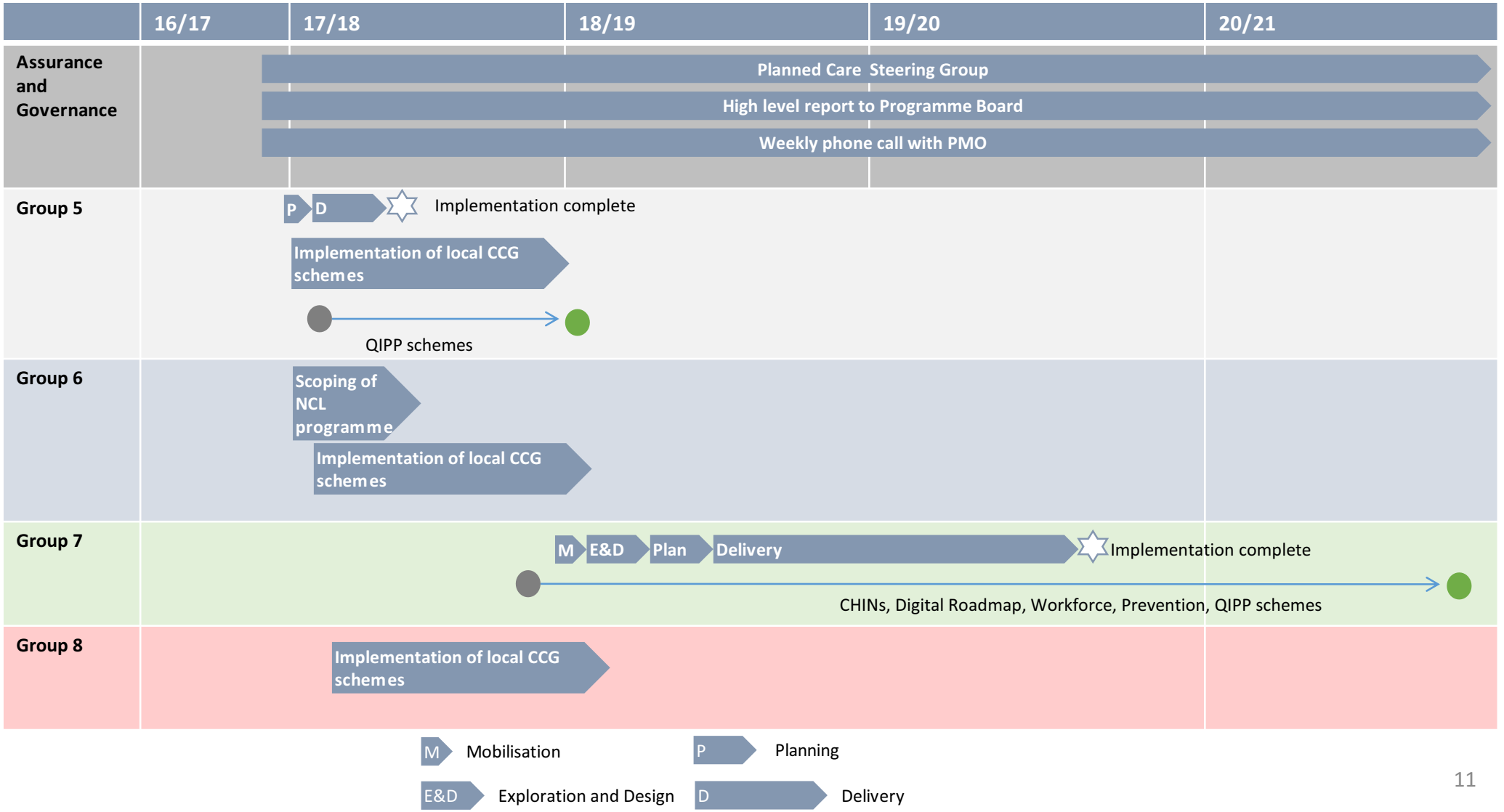
D Delivery

DEFINITION / PLAN

Delivery schedule to 2020/21 (2/2)

Key
National /London level milestone
Major milestone
Enabler activity
Dependencies

North Central London Sustainability and Transformation Plan



DEFINITION / PLAN

2017/18 detailed Work Breakdown Structure (1/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 1 'High volume'	MSK	**Local Work**		
		Roll out of local CCG QIPP schemes	CCG QIPP leads	Phased from 1/4/2017
		Overarching programme		
		1. Identify delivery group membership	Fares Haddad – Clinical lead	10/3/17
		2. Initiate supporting data requests and other evidence-gathering and analysis to PMO		31/3/17
		3. Agreeing the case for change and opportunities, identify current position		14/4/17
		4. Agree Generic KPI's	Nicola Gilbert – Project Lead	14/4/17
		5. Stakeholder mapping (including diagnostic requirements)		21/4/17
		6. Link to existing CCG and provider QIPP schemes		28/4/17
		7. Outline service specific KPI's		28/4/17
		8. Conduct supporting analysis evidence-gathering to develop model of care		5/5/17
		9. Identify comms and wider engagement requirements		12/5/17
		10. Identify KPI monitoring periods and resource		19/5/17
		11. Link KPIs and benefits to existing QIPP schemes and overall model		26/5/17
		12. Final high level model for service for circulation (inc finance model)		26/5/17
		13. Identify implementation requirements including interdependencies, resources and other enablers, and potential barriers		9/6/17
		14. Stakeholder meeting and proposal presentation		16/6/17
		15. Identify requirements for governance and programme management, through delivery		23/6/16
		16. Delivery plan to steering group		14/7/17
		17. Implement changes to clinical pathways across NCL provider and commissioners		15/9/17
		18. Conduct education and engagement with patients and clinicians (primary, community and secondary care)		15/9/17
		19. Verbal report to steering group		20/10/17
		20. Verbal report to steering group		10/2/18
		21. Re-provide services as required e.g.in primary care, expert first point of contact, with additional recruitment or workforce changes if required		

DEFINITION / PLAN

2017/18detailed Work Breakdown Structure (2/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 1 'High volume'	Dermatology	See MSK	Lance Saker– Clinical lead	See MSK
Group 2 'Integrated CAN'	Clinical Advice and Navigation	1. Identify delivery group membership 2. Initiate supporting data requests and other evidence-gathering and analysis to PMO 3. Agreeing the case for change and opportunities, identify current position 4. Agree generic KPIs 5. Stakeholder mapping (including diagnostic requirements) 6. Link to existing CCG and provider QIPP schemes 7. Outline CAN specific KPIs 8. Conduct supporting analysis evidence-gathering to develop model of care 9. Identify comms and wider engagement requirements 10. Identify KPI monitoring periods and resource 11. Link KPIs and benefits to existing QIPP schemes and overall model 12. Final high level model for service for circulation (inc finance model) 13. Present to digital workstream 14. Present to care closer to home workstream 15. Map interdependencies 16. Begin to map in service specific KPIs 17. Procure/identify system 18. System wide rota and job planning	TBC	7/4/17 28/4/17 12/5/17 19/5/17 19/5/17 26/5/17 26/5/17 2/6/17 9/6/17 16/6/17 16/6/17 23/6/17 30/6/17 30/6/17 14/7/17 14/8/17 29/9/17 27/10/17

DEFINITION / PLAN

2017/18detailed Work Breakdown Structure (3/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 3 'Work in train'	Urology	**Local Work**		
		Roll out of local CCG QIPP schemes	CCG QIPP Leads	Phased from 1/4/2017
		Overarching programme		
		1. Identify delivery group membership		9/6/17
		2. Initiate supporting data requests and other evidence-gathering and analysis to PMO	TBC	30/6/17
		3. Agreeing the case for change and opportunities, identify current position		14/7/17
		4. Agree Generic KPI's		14/7/17
		5. Stakeholder mapping (including diagnostic requirements)		21/7/17
		6. Conduct supporting analysis evidence-gathering to develop model of care		5/8/17
		7. Link to existing CCG and provider QIPP schemes		12/8/17
		8. Outline service specific KPI's		12/8/17
		9. Identify comms and wider engagement requirements		12/8/17
		10. Identify KPI monitoring periods and resource		19/8/17
		11. Link KPIs and benefits to existing QIPP schemes and overall model		25/8/17
		12. Final high level model for service for circulation(inc finance model)		25/8/17
		13. Identify implementation requirements including interdependencies, resources and other enablers, and potential barriers		8/9/17
		14. Stakeholder meeting and proposal presentation		15/9/17
		15. Identify requirements for governance and programme management, through delivery		22/9/16
		16. Delivery plan to steering group		13/10/17
		17. Implement changes to clinical pathways across NCL provider and commissioners		15/12/17
		18. Conduct education and engagement with patients and clinicians (primary, community and secondary care)		15/12/17
		19. Verbal report to steering group		19/1/18
		20. Verbal report to steering group		10/5/18
		21. Re-provide services as required e.g.in primary care, expert first point of contact, with additional recruitment or workforce changes if required		31/5/18

DEFINITION / PLAN

2017/18detailed Work Breakdown Structure (4/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 3 'Work in train'	Neurology	See Urology	TBC	See Urology
Group 3 'Work in train'	Opthalmology	See Urology	TBC	See Urology
Group 4 'Fastest First'	Gynaecology	1. Identify delivery group membership 2. Initiate supporting data requests and other evidence-gathering and analysis to PMO 3. Agreeing the case for change and opportunities, identify current position 4. Agree Generic KPI's 5. Stakeholder mapping (including diagnostic requirements) 6. Conduct supporting analysis evidence-gathering to develop model of care 7. Link to existing CCG and provider QIPP schemes 8. Outline service specific KPI's 9. Identify comms and wider engagement requirements 10. Identify KPI monitoring periods and resource 11. Link KPIs and benefits to existing QIPP schemes and overall model 12. Final high level model for service for circulation(inc finance model) 13. Identify implementation requirements including interdependencies, resources and other enablers, and potential barriers 14. Stakeholder meeting and proposal presentation 15. Identify requirements for governance and programme management, through delivery 16. Delivery plan to steering group 17. Implement changes to clinical pathways across NCL provider and commissioners 18. Conduct education and engagement with patients and clinicians (primary, community and secondary care) 19. Verbal report to steering group 20. Verbal report to steering group 21. Re-provide services as required e.g.in primary care, expert first point of contact, with additional recruitment or workforce changes if required	TBC	9/6/17 30/6/17 14/7/17 14/7/17 21/7/17 5/8/17 12/8/17 12/8/17 12/8/17 19/8/17 25/8/17 25/8/17 8/9/17 15/9/17 22/9/16 13/10/17 15/12/17 15/12/17 19/1/18 10/5/18 31/5/18

DEFINITION / PLAN

2017/18detailed Work Breakdown Structure (5/6)

North Central London Sustainability and Transformation Plan

Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 4 'Fastest First'	Gastroenterology	See Gynaecology	TBC	See Gynaecology
Group 4 'Fastest First'	Colorectal Surgery	See Gynaecology	TBC	See Gynaecology
Group 5 'Avoiding the post code lottery'	PoLCE	Identify leads for the work	James Porter	18/2/17
		Current Enfield consultation ongoing	Mark Eaton	31/3/17
		Agree group membership	Mark Eaton	1/4/17
		Agree group ToR	Mark Eaton	17/4/17
		Link to existing CCG and provider QIPP schemes	Mark Eaton	24/4/17
		Series of meetings to discuss and design new policy	Mark Eaton	14/5/17
		Consultation period	Mark Eaton	19/6/17
		New policy presented at steering group	Mark Eaton	31/6/17
		New policy to clinical cabinet	Richard Jennings	30/7/17
		New policy circulated for sign off at organisational level	Mark Eaton	7/8/17
		Begin implementation	TBC	TBC
Group 5 'Avoiding the post code lottery'	Consultant to consultant referral	Identify leads for the work	James Porter	1/4/17
		Agree group membership	TBC	17/4/17
		Agree group ToR	TBC	31/4/17
		Link to existing CCG and provider QIPP schemes	TBC	7/5/17
		Series of meetings to discuss and design new policy	TBC	30/5/17
		Consultation period	TBC	31/6/17
		New policy presented at steering group	TBC	16/7/17
		New policy to clinical cabinet	TBC	16/8/17
		New policy circulated for sign off at organisational level	TBC	23/8/17
		Begin implementation	TBC	TBC

DEFINITION / PLAN

2017/18detailed Work Breakdown Structure (6/6)

North Central London Sustainability and Transformation Plan

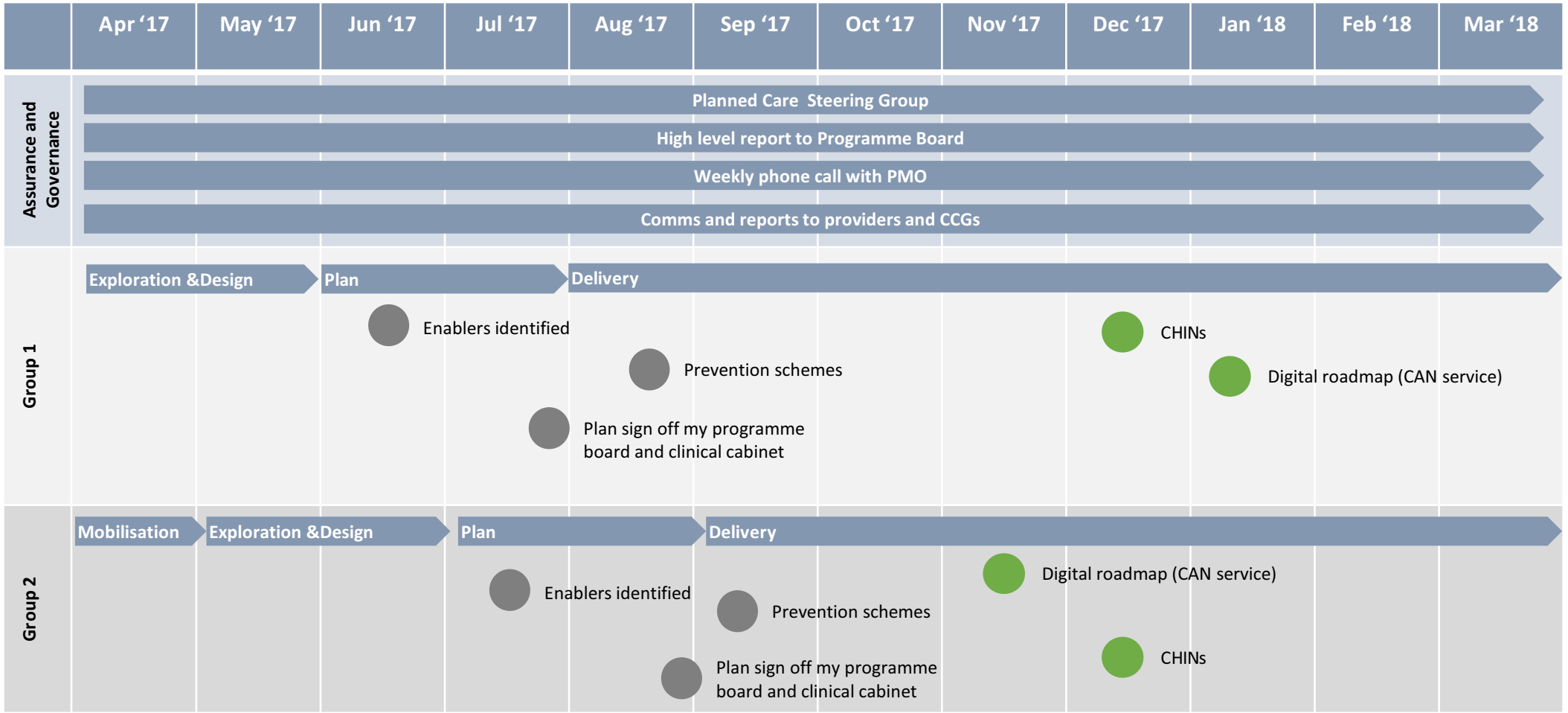
Work package	Initiative	Activity / Deliverable	Owner / Lead	Target delivery date
Group 6	Diagnostics	Scope work programme Agree leads Leads in place Agree group membership Agree group ToR Definition of work programme to steering group	James Porter James Porter James Porter TBC TBC TBC	14/4/17 14/4/17 21/4/17 28/4/17 12/5/17 19/5/17
Group 8	Local Schemes	1. Roll out of local CCG QIPP schemes 2. Presentation to Steering Group for further consideration roll out across NCL	CCG QIPP leads CCG QIPP leads	Phased from 1/4/17 1/10/17

DEFINITION / PLAN

2017/18detailed delivery plan (1/2)

National /London level milestone
Major milestone
Enabler activity
Dependencies

North Central London Sustainability and Transformation Plan

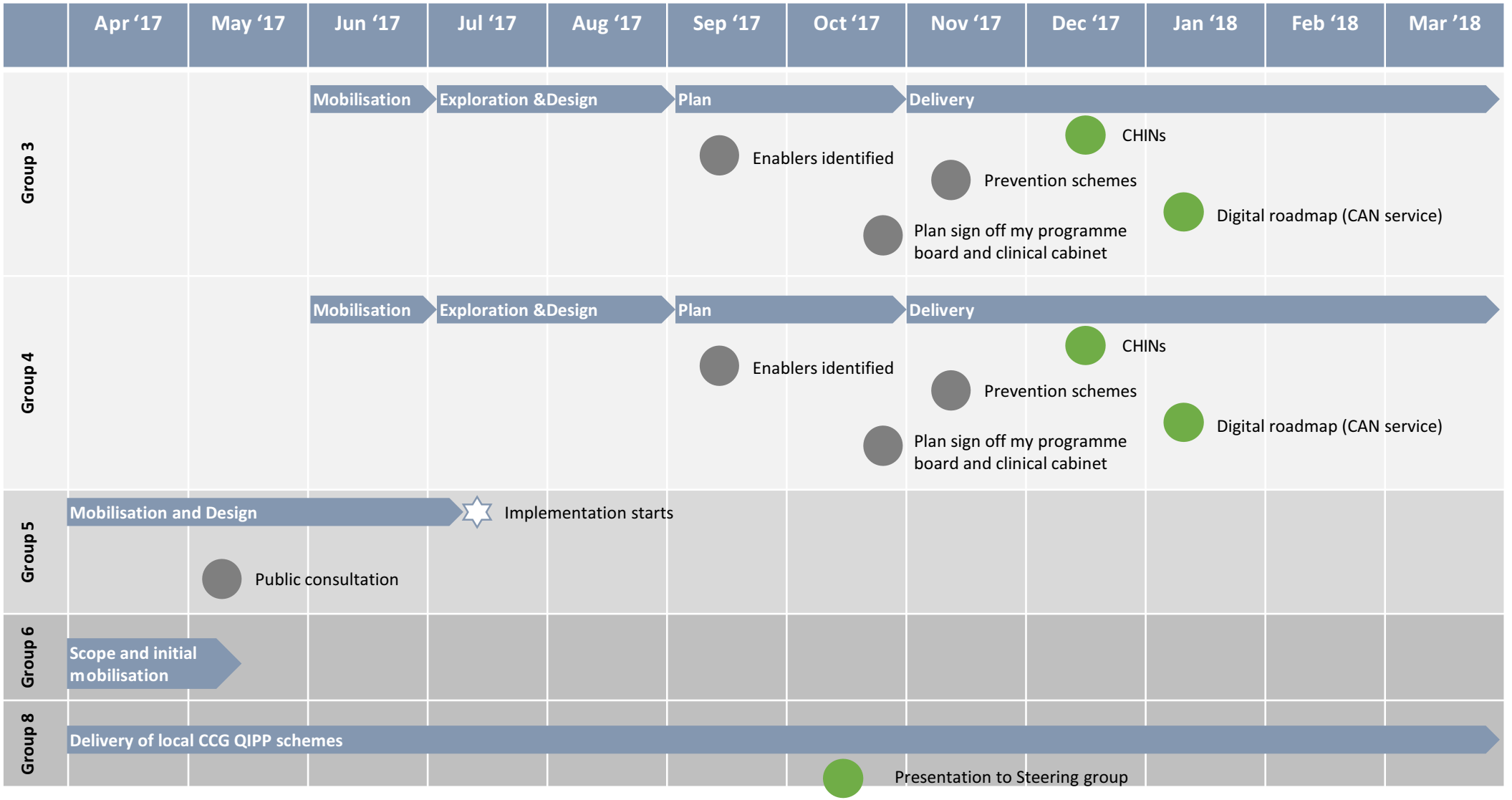


DEFINITION / PLAN

2017/18detailed delivery plan (2/2)

National /London level milestone
Major milestone
Enabler activity
Dependencies

North Central London Sustainability and Transformation Plan



DEFINITION / PLAN

2017/18 Programme management capacity (1/3)

North Central London Sustainability and Transformation Plan

Work Package	Initiative	Resources required (specify required roles)	AfC Grade	Cost	Rationale	Start date	End date
Group 1	MSK	Project Lead/Manager	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/04/2017	31/3/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/04/2017	31/3/2018
	Dermatology	Project Lead/Manager	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/04/2017	31/3/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/04/2017	31/3/2018
Group 2	Integrated CAN	TBC (needs to link to digital and Care Closer to Home)	TBC	TBC	TBC	TBC	TBC
Group 3	Urology	Project Lead/Manager	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/06/2017	31/5/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/06/2017	31/5/2018
	Neurology	Project Lead/Manager	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/06/2017	31/5/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/06/2017	31/5/2018
	Ophthalmology	Project Lead/Manager	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/06/2017	31/5/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/06/2017	31/5/2018

DEFINITION / PLAN

2017/18 Programme management capacity (2/3)

North Central London Sustainability and Transformation Plan

Work Package	Initiative	Resources required (specify required roles)	AfC Grade	Cost	Rationale	Start date	End date
Group 4	General Surgery	Project Lead/Manager (use existing resource from groups 1 and 3)	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/08/2017	31/7/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/08/2017	31/7/2018
	Colorectal Surgery	Project Lead/Manager (use existing resource from groups 1 and 3)	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/08/2017	31/7/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/08/2017	31/7/2018
	Gynaecology	Project Lead/Manager (use existing resource from groups 1 and 3)	8a	£63,281	• Management and delivery of delivery groups • Relationship management within area • Change agents 'on the ground'	01/08/2017	31/7/2018
		GP engagement	N/A	TBC	• Backfill of GP time to attend meetings	01/08/2017	31/7/2018

DEFINITION / PLAN

2017/18 Programme management capacity (3/3)

North Central London Sustainability and Transformation Plan

Work Package	Initiative	Resources required (specify required roles)	AfC Grade	Cost	Rationale	Start date	End date
Whole Programme	-	Programme Director (1WTE)	8d	£101,867	• Overall responsibility for programme and delivery • Management of steering and delivery groups • Management of KPIs, benefits and financial savings • Relationship management with wider STP, CCG's, local authority and providers	1/4/2017	31/3/2018
	-	Project Manager (1 WTE)	8b	£74,274	• Delivery of STP work • Develop and facilitate relationships across the system • Translating best practice and evidence into model design and delivery	1/4/2017	31/3/2018
	-	Project Support Officer (1 WTE)	7	£52,452	• Monitoring project schedule • Preparing progress reports • Liaising with key stakeholders	1/4/2017	31/3/2018
	-	Admin (1 WTE)	5	£37,029	• Meeting organisation • Note taking • General admin	1/4/2017	31/3/2018

DEFINITION / PLAN

Proposed recruitment plan (1/1)

North Central London Sustainability and Transformation Plan

Resources required (specify required roles)	AfC Grade	Cost	Start date	End date	How the post will be filled
Project Lead/Manager (6WTE) for Delivery Groups	8a	£379,686	1/4/2017	31/3/2018	Come from existing resource from provider and CCG organisations
Programme Director(1WTE)	8d	£101,8607	1/4/2017	31/3/2018	To be recruited
Project Manager (0.5 WTE)	8b	£37,137	1/4/2017	31/3/2018	To be recruited
Project Support Officer (1 WTE)	7	£52,452	1/4/2017	31/3/2018	To be recruited
Admin (1 WTE)	5	£37,029	1/4/2017	31/3/2018	To be recruited

BENEFITS REALISATION

Workstream finance and activity impact - 2017/18 (if applicable)

North Central London Sustainability and Transformation Plan

Work Package	Initiative	Recurrent	Non Recurrent	Savings (gross)*	Net savings	Activitychange +/-

Status of current work and Areas for further refinement

- Work to date has been focussed on collating the detail behind the CCG QIPP plans, for example, PIDS/supporting evidence (i.e. bottom up assessment), and how these fit within the work packages identified by the workstream
- There remains a number of PIDs/evidence that have not been provided across the CCGs, and there remains a number of outstanding queries that have been raised on the QIPP PIDS/supporting evidence
- Over the next 2 weeks, the remaining (and available) outstanding info will be collected and will be reviewed alongside the Workstream lead, Planned care Workgroup leads and CCG QIPP leads in a workshop to understand which schemes are aligned, consistent and fit in within the workstream plan, and whether there are some that are able to be included in addition, based on a strong delivery plan.
- Phasing for 17/18 remains outstanding and would be part of the workshop discussion.
- Once all of the above is complete, the Workstream delivery plan will to be split by CCG, Trust, POD, specialty, HRG, etc (in line with the delivery plan template).

Given all of the above, the Delivery plan to be submitted on 28th February will not include any finance/activity numbers and will be updated and finalised over the next 2 weeks.

Detailed I

BENEFITS REALISATION

Investment plan (where applicable)

North Central London Sustainability and Transformation Plan

Month	CCG / Borough / Trust	Rationale
Apr 2017		
May 2017		
Jun 2017		
Jul 2017		
Aug 2017		
Sep 2017		
Oct 2017		
Nov 2017		
Dec 2017		
Jan 2018		
Feb 2018		
Mar 2018		

Status of current work and Areas for further refinement

- Work to date has been focussed on collating the detail behind the CCG QIPP plans, for example, PIDS/supporting evidence (i.e. bottom up assessment), and how these fit within the work packages identified by the workstream
- There remains a number of PIDs/evidence that have not been provided across the CCGs, and there remains a number of outstanding queries that have been raised on the QIPP PIDS/supporting evidence
- Over the next 2 weeks, the remaining (and available) outstanding info will be collected and will be reviewed alongside the Workstream lead, Planned care Workgroup leads and CCG QIPP leads in a workshop to understand which schemes are aligned, consistent and fit in within the workstream plan, and whether there are some that are able to be included in addition, based on a strong delivery plan.
- Phasing for 17/18 remains outstanding and would be part of the workshop discussion.
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BENEFITS REALISATION

Initiative impact trajectory to 2020/21

North Central London Sustainability and Transformation Plan

Initiative impact trajectory - Activity

Initiative	POD	ACTIVITY - Impact (gross savings achieved by year)				
		16/17	17/18	18/19	19/20	20/21

Status of current work and Areas for further refinement

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Initiative

						20/21

BENEFITS REALISATION

Benefits realisation and KPIs (1/2)

North Central London Sustainability and Transformation Plan

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Group 1,2,3,4,5,6	Improved patient experience scores	• Friends and family test	• TBC	• Periodically through delivery and post implementation
Group 1,2,3,4,5,6	Improved staff experience	• Staff vacancy rates • Locum and band staff spend	• TBC	• Periodically through delivery and post implementation
Group 1,2,3,4	Reduction in the number of secondary care attendances	• New to follow up ratio • Number of patients treated in 18 weeks • Number of DNAs • RTT performance	• TBC	• Periodically through delivery and post implementation
Group 6	Improved utilisation of diagnostics	• Number of patient having diagnostic test within 6 weeks • Number of DNAs	• TBC	• Periodically through delivery and post implementation

BENEFITS REALISATION

Benefits realisation and KPIs (2/2)

North Central London Sustainability and Transformation Plan

Initiative	Impact	Key Performance Indicator Influenced (include details of baseline information which will be used for measurement)	Target	Validation date
Group 1,3,4	Improved utilisation of inpatient services	• Readmission rates • Operating costs • Standardised LoS	• TBC	• Periodically through delivery and post implementation
Group 1,2,3,4	Delivery of associated financial savings with the workstream	• Number of block contracts • Cost and spend for services • QIPP delivery	• TBC	• Periodically through delivery and post implementation

The benefits outlined above are proposed high level benefits applicable across the workstream. Individual groups and schemes will assign service specific benefits based on clinically identified metrics which will best allow the work to be evaluated and driven. These will draw on previous work and existing specifications included in CCG QIPP planning.

BENEFITS REALISATION

Any impact on consolidation of services

North Central London Sustainability and Transformation Plan

Initiative	Impact	Mitigation	Timeframe
Group 1	Potential consolidation of clinical services	Work with all providers and CCGs within the delivery groups to accurately measure and track the impact of redesign work. Ensure timely comms and engagement with NHS and wider bodies	TBC – will emerge through the design and planning phases of delivery groups
Group 2	Potential consolidation of advice and guidance rotas across providers Potential consolidation of booking and admissions services	Work with all providers and CCGs within the delivery groups to accurately measure and track the impact of redesign work. Ensure timely comms and engagement with NHS and wider bodies	TBC – will emerge through the design and planning phases of delivery groups
Group 3	Potential consolidation of clinical services	Work with all providers and CCGs within the delivery groups to accurately measure and track the impact of redesign work. Ensure timely comms and engagement with NHS and wider bodies	TBC – will emerge through the design and planning phases of delivery groups
Group 4	Potential consolidation of clinical services	Work with all providers and CCGs within the delivery groups to accurately measure and track the impact of redesign work. Ensure timely comms and engagement with NHS and wider bodies	TBC – will emerge through the design and planning phases of delivery groups
Group 6	TBC – work to be scoped	TBC – work to be scoped	TBC – work to be scoped

BENEFITS REALISATION

Further opportunities to extend / bring forward savings

North Central London Sustainability and Transformation Plan

Starting work early	▪ Service specific work may be brought forward due to existing schemes or due to an expressed desire from clinicians, providers and/or CCGs ▪ For example there is existing Neurology work happening across Barnet, Haringey and Camden. This could be expanded to Enfield and Islington taking it from group 4 timescales to group 1/3 timescales.
Expanding QIPP schemes	▪ Expansion of clinically safe and effective QIPP schemes across CCGs having been agreed at steering group and clinical cabinet ▪ For example the provision of low level ophthalmology interventions at high street opticians instead of acute settings.

BENEFITS REALISATION

Equalities impact assessment

North Central London Sustainability and Transformation Plan

Equalities Impact Assessment

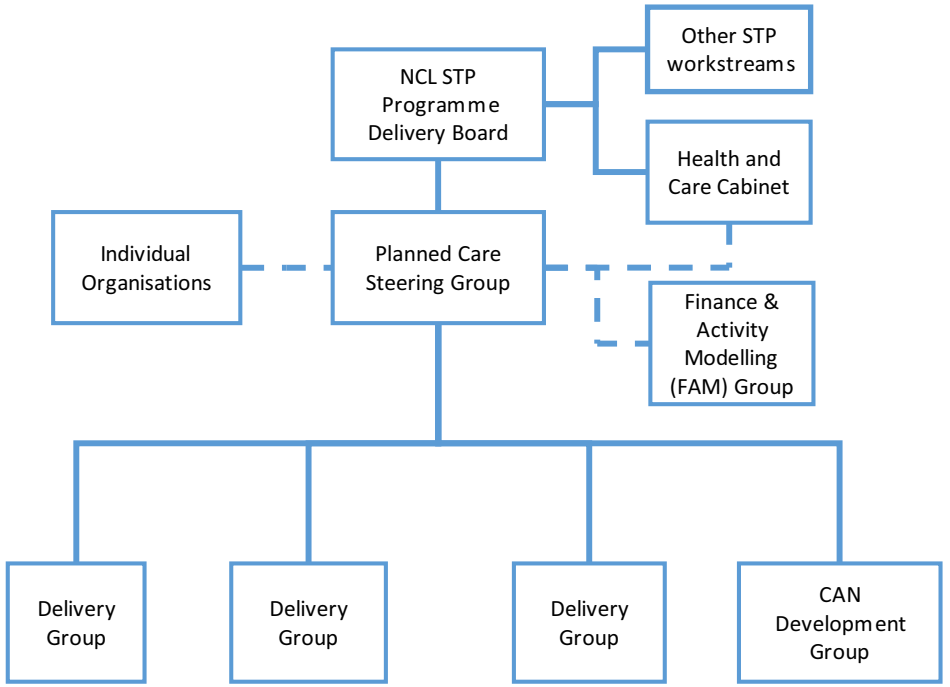
EIA - Planned Care

GOVERNANCE

Governance structure

North Central London Sustainability and Transformation Plan

Organisational Structure Chart



GOVERNANCE

Governance group membership

North Central London Sustainability and Transformation Plan

Role	Name	Job Tile and Contact Details	Organisation
Co Chair	Caroline Clarke	Deputy CEO caroline.clarke12@nhs.net	Royal Free London NHS Foundation Trust
Co Chair	Dr Richard Jennings	Medical Director richard.jennings@nhs.net	Whittington Health
Programme Lead	James Porter	Integrated Care james.porter@nhs.net	Royal Free London NHS Foundation Trust
CCG Clinical Representative	Dr Lance Saker	GP Board Member lance.saker@camdenccg.nhs.uk	Camden CCG
CCG Clinical Representative	Dr Ahmer Farooqi	GP Board Member ahmer.farooqi@nhs.net	Barnet CCG
CCG Managerial Representative	Paul Sinden	Director of Commissioning p.sinden@nhs.net	Islington CCG
Finance and Analytics Representative	Roger Hammond	Chief FinanceOfficer roger.hammond@barnetccg.nhs.uk	Barnet CCG
CCG Managerial Representative	Jennifer Speller	Head of Service Transformation (Interim) jenniferspeller@nhs.net	Islington CCG
CCG Managerial Representative	Becky Kingsnorth	Head of Service Transformation Rebecca.kingsnorth@nhs.net	Islington CCG
Acute Clinical Representative – Medical	Prof.Fares Haddad	Clinical Director of Surgical Specialties fares.haddad@ucl.ac.uk	University College London NHS Foundation Trust
GP Representative	Dr Anita Patel	Director Barnet Federated GPs ltd. Anita.patel1@nhs.net	Barnet Federated GPs ltd.
CCG Managerial Representative	Marl Eaton	Director of Recovery Mark.Eaton@enfieldccg.nhs.uk	Enfield CCG
Acute Clinical Representative – Nursing	Deborah Wheeler	Director of Nursing Deborah.Wheeler1@nhs.net	North Middlesex University Hospital

GOVERNANCE

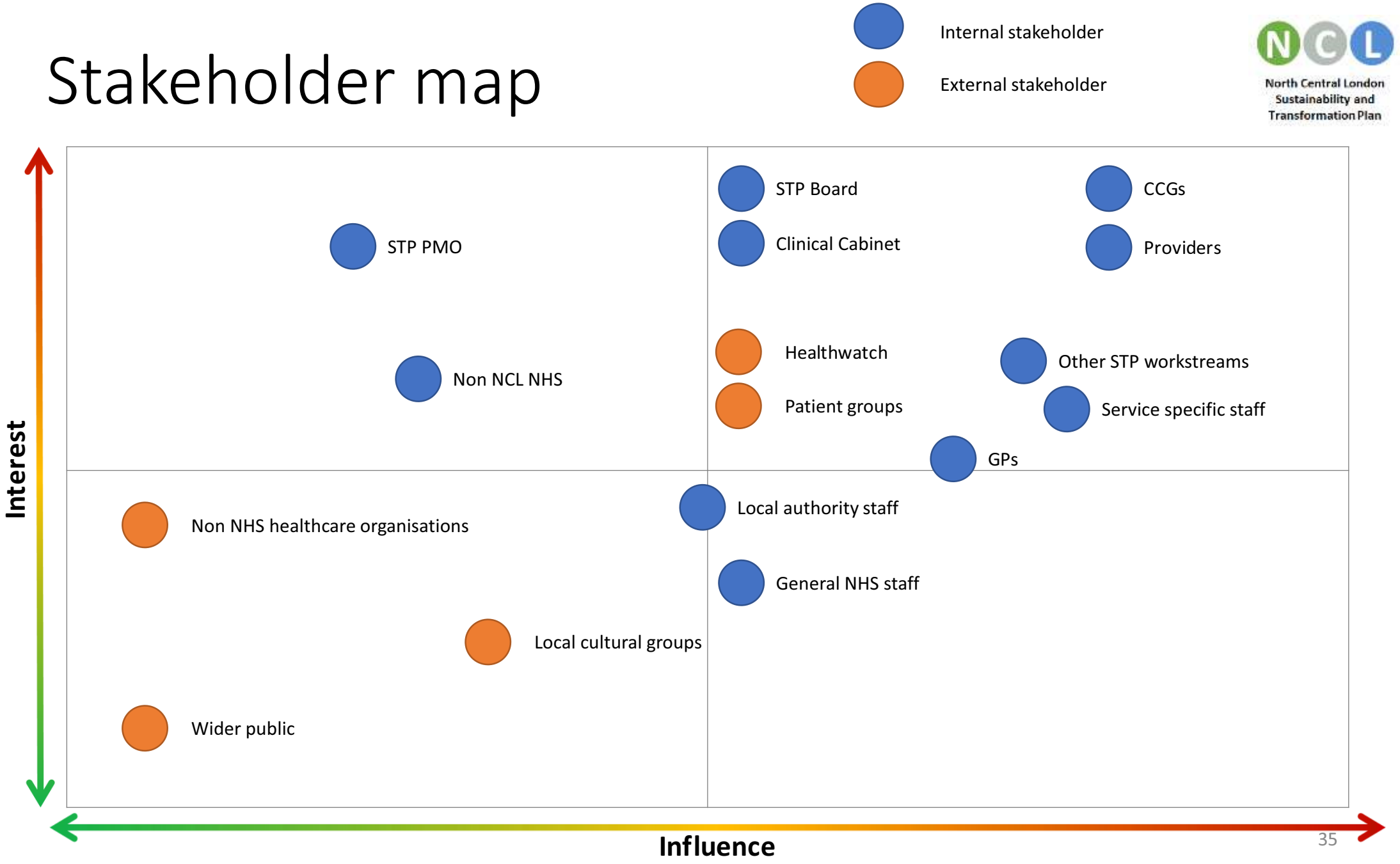
How CCGs/providers/LAs are being engaged in the period to 31 March

North Central London Sustainability and Transformation Plan

Summary
The workstream will engage with the above in a number of different ways over the coming months and throughout the life of the work. These include, but are not limited to: • Representation on workstream steering group • Representation on workstream delivery groups • Completion of a stock take of all current happening in NCL • Ensure that all overlaps and interdependencies with other STP and local work are identified and acted upon • A detailed communications plan outlining workstream ambition, timelines and priority areas followed by regular updates on progress and next steps • Attendance at meetings of CCG, providers and Las, as and when requested • Ensuring all projects within the workstream have the biggest impact on patient experience, safety, outcomes and organisational and system efficiencies • Through the steering and delivery groups identify and encourage champions for the work in organisations • Ensure that participation in the work is easy and accessible for all which wish to • Listen to local experience and ideas in order to shape the work

COMMS/ENGAGEMENT

Stakeholder map



COMMS/ENGAGEMENT

Key messages

North Central London Sustainability and Transformation Plan

Overarching message

Aims and objectives

- Reducing variation in the length of stay in hospital
- Reducing variation in the number of outpatient appointments received by patients with similar needs.
- Optimised pathways will ensure patient safety, quality and outcomes, and efficient care delivery.
- Standardising PoLCE, consultant to consultant referrals and referral threshold policy across NCL to ensure parity of care regardless of patient's postcode.

Opportunities

- Clinical advice and navigation: ensuring competency based advice and navigation for patients so they are managed in the most optimal way for their condition
- Standardised PoLCE and C2C policies: ensuring parity of care and reduction in handoffs and unnecessary procedures.
- Expert first point of contact: making sure people have access to the right expertise from their first appointment in primary care
- One-stop services: so that people do not need to attend multiple outpatient appointments before their procedure
- Efficient surgical pathways: to ensure maximum use of staff and theatres
- Timely discharge planning: to reduce unnecessary time in hospital.

Requirements

- Representation at delivery group meetings
- Support and endorsement of the work and new models
- Activity shifts matching patient and system need
- Diagnostics ordered once and only when clinically necessary
- Follow up only when clinically indicated
- Payment mechanism based on whole system management and clinical outcomes
- Service designed to be safe and patient centred

COMMS/ENGAGEMENT

Outline Stakeholder Engagement Plan

North Central London Sustainability and Transformation Plan

Plan to 31 March 2017
CCGs and Providers - STP central comms, targeted comms, invites to delivery groups, stakeholder engagement meeting **STP PMO, Board and Clinical Cabinet** – reports, delivery plan, STP central comms **Other STP workstreams** – interdependency mapping, meetings and planning, ad hoc comms, sharing of key document, STP central comms **Local authority staff, general NHS staff** – STP central comms **GPs, service specific staff** – STP central comms, targeted comms, invites to delivery groups **Non NCL NHS, non NHS healthcare organisations, local cultural groups, wider public, patient groups, healthwatch**– STP website

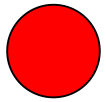
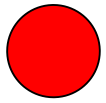
Plan for 2017/18
CCGs and Providers - STP central comms, targeted comms, invites to delivery groups, stakeholder engagement meeting, progress reports, clinical output review **STP PMO, Board and Clinical Cabinet** – reports, delivery plan, STP central comms **Other STP workstreams** – interdependency mapping, meetings and planning, ad hoc comms, sharing of key document, STP central comms **Local authority staff, general NHS staff** – STP central comms **GPs, service specific staff** – STP central comms, targeted comms, invites to delivery groups, progress reports, ad hoc targeted comms **Non NCL NHS, non NHS healthcare organisations, local cultural groups, wider public, patient groups, healthwatch**– STP website, ad hoc targeted comms

Lead for Commsand Engagement
James Porter

RISKS

Key workstream risks (1/4)

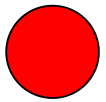
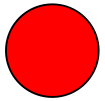
North Central London Sustainability and Transformation Plan

Risk	Risk level	Risk description	Mitigating action
1. Workforce		New workforce roles or adherence to models is not achieved resulting in non delivery Likelihood = 4, Impact = 5	Collaborate closely with workforce enabler workstream to identify and implement the right solutions for the workforce requirements and dependencies of this work Likelihood = 3, Impact = 5
2. Governance		Clinical agreement and sign off of pathways is required at individual organisation level resulting in delays and potential non adoption Likelihood = 4, Impact = 5	Oversight and accountability via the existing Clinical Cabinet, Programme Board and Transformation Board Likelihood = 2, Impact = 5
3. Leadership		Potential for lack of strong leadership and advocacy for this work, or lack of leadership capacity Likelihood = 3, Impact = 5	Identification of clinical leaders from across NCL organisations and settings of care to lead this work Likelihood = 2, Impact = 5
4. Funding model and incentives		Current payment mechanisms do not incentivise providers to support reductions in activity Providers may need support to reduce capacity and take cost out Likelihood = 4, Impact = 5	The funding mechanism needs to distribute the rewards of these interventions effectively, to ensure that costs do not disproportionately fall on acute providers Reinvestment can be deployed in the short term to support providers in removing cost e.g. programme lead for specific services. Likelihood = 3, Impact = 5

RISKS

Key workstream risks (2/4)

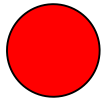
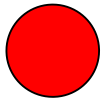
North Central London Sustainability and Transformation Plan

Risk	Risk level	Risk description	Mitigating action
5. Deliverability		Delivery schedule is challenging given conflicting priorities within the system Likelihood = 4, Impact = 5	Later phase services will build on change already in place Ensure strong clinical, operational and support service leadership Likelihood = 3, Impact = 5
6. Resources		Adequate resources need to be available to support investment and programme costs Likelihood = 3, Impact = 4	Resource requirements to be mapped into delivery plan Comms and engagement work around provision of existing resource Likelihood = 2, Impact = 4
7. Engagement from NCL organisations		Both commissioner and provider organisations need to actively support this work if it is to be implemented effectively across NCL Likelihood = 4, Impact = 5	All organisations have membership on the steering group and will be invited to be part of delivery groups Ongoing engagement will be needed, through delivery groups, Clinical Cabinet meetings, and programme leadership Likelihood = 3, Impact = 5
8. Public behaviour		Success of the work depends on changing public expectations and behaviour around length of stay and use of primary in place of acute care Likelihood = 3, Impact = 4	Engage members of the public in designing interventions, through patient membership on clinical working groups Ensure benefits to patients are clearly articulated and communicated Work with clinicians, especially in primary care, to help them encourage patient behaviour change Likelihood = 2, Impact = 4

RISKS

Key workstream risks (3/4)

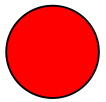
North Central London Sustainability and Transformation Plan

Risk	Risk level	Risk description	Mitigating action
9. IM&T		Pathways cannot be uniformly implemented across whole CCGs resulting in multiple referral methods and pathways being used Likelihood = 4, Impact =4	Collaborate closely with workforce enabler workstream to identify and implement the right solutions for the workforce requirements and dependencies of this work Likelihood = 3, Impact = 4
10. Activity Assumptions		Initial activity assumptions may not be an accurate reflection of the pathways impact. Assumptions only measured impact on OPs and not on other services e.g. diagnostics Likelihood = 4, Impact = 5	Work with data and finance leads to build robust baselines Build reporting structure that ensures easy access to data to allow for real time changes to be made and variation reacted to Likelihood = 3, Impact = 5
11. Sign off		Due to the planned care workstream being delayed in its start the work has not been able to clinically, operationally and financial validated to the level which the steering group would intend. This may result in delayed implementation resulting in delayed benefits realisation Likelihood = 5, Impact = 5	Work with clinical and finance leads from steering group, and STP structure in order to validate work where possible and ensure double counting etc. picked up. Likelihood = 4, Impact = 5

RISKS

Key workstream risks (4/4)

North Central London Sustainability and Transformation Plan

Risk	Risk level	Risk description	Mitigating action
12. Procurement		New model designed as part of the workstream are subject to procurements prior to implementation resulting in delays Likelihood = 4, Impact =5	Actively plan for new services to be included in contracts and work with CCGs, the CSU and local authority to promote contract variation as an alternative to procurement. Likelihood = 3, Impact = 4