

North Central London

Sustainability and Transformation Plan

A summary



Introduction

Hospitals, local authorities, GPs, commissioners, and mental health trusts across north central London have all come together to transform the care we deliver to our patients.

On a scale never seen before, health and social care services in the region are working on the 'North and Central London (NCL) Sustainability and Transformation Plan (STP)'.

Our work covers the five boroughs of Camden, Islington, Haringey, Barnet and Enfield – an area that is home to nearly 1.5 million people.

We know that the health and social care needs of our local people are changing, and that there are serious issues facing health and care services in NCL. People receive different standards of care depending on where they live: waiting times for services and health outcomes vary, and the quality of care and people's experience of health and social services is sometimes not as good as it should be.

We must improve and we can only do this if we all work closely together – with each other and with our local residents.

It does not mean doing less for patients or reducing the quality of care provided. It means more preventative care - finding new ways to meet people's needs, and identifying ways to do things more efficiently. We want to ensure that everybody we care for has greater control of their health and wellbeing and receives the support they need to live longer, healthier lives. Many of these ambitions are not new, but are based on what local people have told us they want.

The plan is currently work in progress. We are looking to engage with as many people as possible over the next few months to develop our ideas further.

What is the Sustainability and Transformation Plan (STP)?

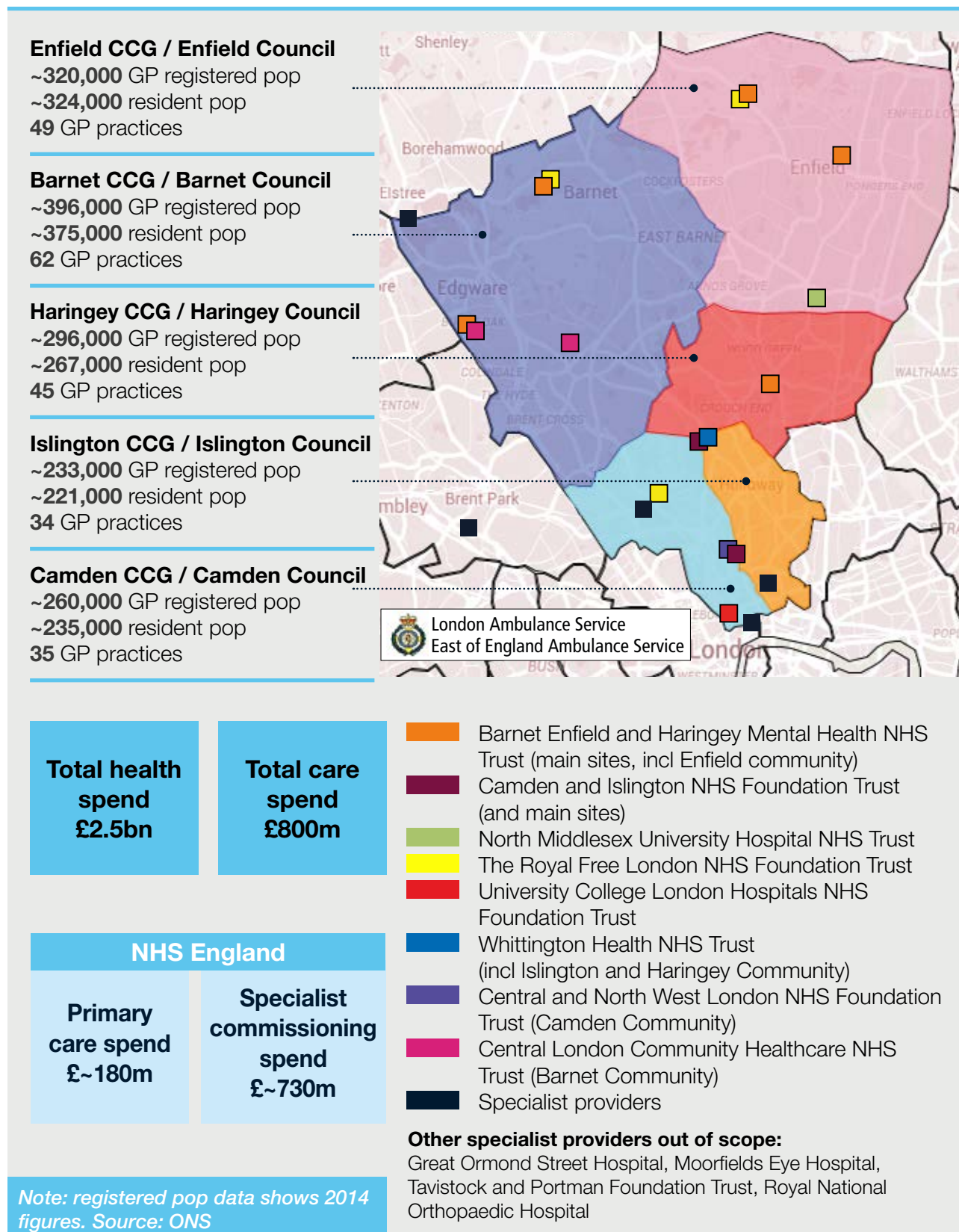
To make sure everybody receives the care they need when they need it, we have to change the way we do things.

Our draft plan sets out how we will work together to deliver high quality, sustainable services in the years to come and how we can meet the financial challenges and increasing pressures on our services over the next five years.

The North Central London area has a growing population and people are also living longer, often with long term health problems.

The growth in our funding over the next five years will not match the expected increases in population and the resulting growth in demand for health services. NHS services already have deficits and, if nothing changes, it is anticipated that the combined deficit of health services alone will be nearly £900million by 2020/21. Local authorities are also facing significant financial pressures on their social care budgets. We need to change how we provide services, reduce the amount of time and treatment spent in hospitals, boost prevention and offer more local people the care they need closer to home.

North Central London overview



What are we going to do to?

There are a wide range of health problems in the region including high rates of childhood obesity and mental illness. Too many people are treated in hospital for long term conditions when they could be better cared for in the community. Waiting times to see a specialist and for diagnostic tests are long. Attendance levels at A&E departments are high and it's difficult to recruit staff. We want to create a health and social care system which delivers positive outcomes in all of these areas, no matter where you live.

To help us achieve this, over the next five years we aim to:

- ▶ Invest more in prevention to stop people getting ill
- ▶ Work with people to help them remain independent and manage their own health
- ▶ Give children the best possible start in life
- ▶ Provide care closer to home so that people will only need to go to hospital when it is clinically necessary
- ▶ Give mental health services equal priority to physical health services
- ▶ Improve cancer services
- ▶ Make the best standards available to all and reduce variation
- ▶ Make north central London an attractive place to work so that we have the right workforce to deliver high quality services
- ▶ Modernise our buildings and make greater use of digital technology
- ▶ Ensure value for tax payers' money through increasing efficiency and productivity, and consolidating and specialising where appropriate

Prevention

We aim to do more to promote and empower people to live healthy lives so we can stop the onset of disease, and keep people out of hospital. We want to increase investment in prevention and ensure that the places where people live and work promote good health.

We want to support residents, families and communities to look after their own health. We will work to diagnose residents with clinical risk factors and long term conditions much earlier to increase life expectancy.

What will be different for patients

Prevention and care closer to home

John, age 62 is a lifetime smoker who was recently diagnosed with chronic bronchitis. His GP advised him to stop smoking but John said he could not cope without his cigarettes and refused the offer of nicotine replacement therapy (NRT). John contracted a chest infection, went to A&E and was admitted. He stayed for several days and was given some NRT on the ward to cope with his cravings for cigarettes.

In future, when John is admitted to hospital his respiratory physician will discuss the importance of stopping smoking as a treatment for his bronchitis. He will be prescribed NRT to relieve his cravings and on discharge he will be offered a referral to specialist stop smoking support for heavily addicted smokers. John will then get a call the next day from the specialist stop smoking advisor who will arrange a home visit for the following day. John will be supported by the specialist advisor in weekly visits to help him to reduce or stop smoking altogether.



Care closer to home

We aim to deliver more health and care closer to home, so that people are treated in the best possible environment and do not have to go to hospital unless they really need to.

This would be achieved through local networks which bring different services together and improving access to GPs or other primary care professionals.

We aim to provide 24/7 access to specialist opinion in primary care, ranging from an advice only service to admission to an acute assessment unit. We will also review the existing provision across NCL of GP presence in emergency departments.

We will look to develop special falls emergency response services to help support older people to remain at home after a fall, as well as helping to educate them about the risks.

What will be different for patients

GP services

Ms Sahni is 87 and has four chronic health problems. She currently has to book separate appointments with different doctors to have all of the relevant check-ups and appointments that she needs.

In future, Ms Sahni will be in a special “stream” of patients who will have all of their care co-ordinated by a very experienced GP. This will allow her to see the specialist heart or diabetic nurses at the integrated care centre at her GPs surgery. There will also be a care navigator in the team who can help sort things out for her at home including community support.



Achieving the best start in life

Better education for children is crucial to our plan. We need to put health and wellbeing on the map at the earliest opportunity. We need to create healthy environments, promote active travel, sport and play in schools.

We have identified areas of focus – from prevention to acute care – which will improve health and outcomes for children and young people

This will include a focus on maternal health which evidence strongly suggests has an impact on child and adult health – for example obesity, diabetes and cardiovascular disease.

We want to address mental health in children as early as possible, supporting mothers with mental health problems both before and after birth. We also want to provide services for parenting support and health visiting which focus on vulnerable, high risk families.

Mental health

We will give equal priority to physical and mental illness and aim to reduce demand on hospital care and mental health inpatient beds.

Our plans include increasing access to primary care mental health services and improving how we manage acute mental health problems, building community capacity to enable people to stay well; and investing in mental health liaison services – for example ensuring that more people in hospitals have their mental health needs supported. We will also look to strengthen perinatal and child and adolescent mental health services (CAMHS).

What will be different for patients

Mental health liaison

Maisie suffers from dementia, and is cared for by her husband Albert. Previously, after falling at home Maisie was admitted to hospital. Due to the accident and change of surroundings, Maisie was agitated and more confused than normal.

In future, as the hospital will have Core 24 liaison psychiatry, the liaison team will be able to help the hospital support both Maisie's physical and mental health needs. As Maisie will receive holistic care it will mean that she is ready to be discharged sooner than if only her physical health needs were supported. Maisie's husband Albert will also be supported by the dementia service, allowing him to continue to care for Maisie at home.



Urgent and emergency care

Over the next five years, we aim to provide a consistent urgent and emergency care service. Patients should be seen by the most appropriate professional for their needs, which may include directing them to an alternative emergency or urgent care service. There is strong evidence that getting patients to the right specialist service, even if that might not be their local hospital, improves outcomes.

We want to develop high quality ambulatory care services across NCL – so patients can be assessed, diagnosed, treated and able to go home on the same day without needing a hospital admission.

For those patients who do need emergency treatment, we aim to have services in place that help them to leave hospital as quickly as possible and rehabilitate closer to their home if appropriate

Planned care

We want to reduce variation in the way that we deliver planned care across north central London. This includes some key areas for improvement, such as making sure patients can access the right expertise locally and that their experience of surgery is seamless, smooth and efficient.

We aim to have clear ‘pathways’ for patients across the region, with consistent approaches, so that we become more efficient and there is less variation in outcomes and experience.

We want to improve patients’ access to information and help people manage conditions without surgical intervention where possible. We will ensure patients spend as little time as possible in hospital.

Cancer

Our aim is to save lives and improve patient experience for people who have cancer. The priority areas we have identified for improvement are getting earlier diagnosis and better provision of radiotherapy and chemotherapy.

Targeting colorectal and lung cancers are a particular focus given the high percentage of patients receiving late stage diagnosis, often in emergency departments.

We are also developing a case for a single provider model for radiotherapy in NCL.

We want to improve palliative care so that patients have a better quality of life in their final weeks.

What will be different for patients

Cancer

Previously Margaret, aged 60, went to see her GP with persistent gastric pain for several weeks. She was otherwise well, and did not have reflux, diarrhoea, vomiting or weight loss. Over the course of the next three weeks, Margaret's GP organised tests and ruled out any inflammation, heart problem, or gallstones that could cause the pain. He gave Margaret tablets to try to reduce inflammation from acid on her stomach lining. However, Margaret's pain was more persistent this time and she was still worried.

In the new system, Margaret's GP will be able to refer her to a Multidisciplinary Diagnostic Centre at UCLH despite the fact that her symptoms are not considered "red flag". Here, Margaret will be assessed for vague abdominal symptoms. A clinical nurse specialist will see her four days after referral. The team will identify that Margaret has early stage pancreatic cancer and because it was picked up early she can access potentially curative keyhole surgery.



Social care

Social care is a crucial part of many elements of our plan, in particular in delivering care closer to home and improving mental health services. We want to ensure that health and social care services work well together to deliver well-coordinated care for local people. We will improve collaboration between local authorities and hospitals – for example, focusing on earlier discharge of hospital patients where safe and appropriate. We will build on the experience and expertise of social care and public health in the development of new models of care.

We recognise that many social care providers of services such as residential, nursing home and home care services are under great pressure. We aim to focus on strengthening the supply of the workforce for these services to address risks around their staffing capacity.

The role of social workers will also be essential to delivering our model for health and care closer to home, in addition to the role of home care workers, personal assistants and the blended role between district nurses and care workers. We will focus on recruiting to these posts and developing career opportunities in these areas.

Bringing services together

We will work out where it makes sense to bring services together or create networks across organisations to improve the experience of our patients. We are already collaborating across the region with positive results in cardiac/cancer; pathology; neurosurgery; stroke; and many other services.

We can learn from our experience in these areas and more work is planned to identify areas where some form of consolidation may be worth considering.

Workforce

We want to attract the highest quality staff to deliver the best possible care we can for local people. Therefore as well as creating the most positive environment for our patients, we want NCL to be a place where we offer the best opportunities for people to develop their careers.

Our aim is to attract, develop and retain people who work in and support health and social care in north central London. We want to create attractive careers with a workforce fit for purpose in the changing healthcare landscape – so we have the right skills in the right place for patients.

Digital and estates

We want to use the power of digital communications and IT systems to share information and support the provision of better care and treatment for patients. We aim to promote changes so that patients can use technology to receive and share information, get treatment and prescriptions through e-referrals and e-consultations. Sharing high quality data between health and care professionals will mean people don't have to retell their stories. Digital technologies will help ensure care is delivered in the right place at the right time by the right person.

We also want to modernise the buildings we work from and our equipment to make sure they are fit for purpose. We already have major investments planned at University College Hospital and Chase Farm Hospital and would look to develop plans for investment to improve facilities so we can deliver more care closer to home and improve mental health services.

Reducing costs

We think the changes we have set out will help us reduce waste in the health and care system. **For example we can reduce cost of care by:**

- treating people right first time and improving the co-ordination of services.
- avoiding unnecessary admissions to hospital .
- speeding up discharge when people are ready to go home.
- being less reliant on agency and temporary staff.
- avoiding unnecessary duplication of services between organisations.

However our plans at the moment do not achieve financial balance over the next five years, so we will continue to look for other opportunities to improve our efficiency.

Engagement

We are committed to being open and transparent about our plan as it develops. We need engagement from all of our partners, patients and local residents if we are to succeed

This means:

- ▶ Early engagement on the issues before any decisions are made
- ▶ Stakeholders and the public help to devise the solution
- ▶ Ensuring decision-making is transparent and people know what to expect when
- ▶ Each stage of the process is informed by ongoing dialogue.

As we add more detail to our plans, we will ensure that we undertake formal public consultation where appropriate. We will work with the North Central London Joint Health Overview and Scrutiny Committee to agree when we need to do this and how we best do this.

Next steps

The draft Sustainability and Transformation Plan sets out our proposed approach to achieve sustainable health and care services in north central London. It is still work in progress. There is much more to do before we finalise the detail of these plans.

We want to fully engage patients and the public in our thinking to make sure we get this right. The various NHS organisations and local authorities will be looking at this draft plan over the next few months and they will arrange events to raise awareness of the proposals and get people's feedback.

In the meantime if you want to feed in ideas or comments please contact the NCL STP office at **nclstppmo@nhs.net**