

## Systems Transformation Plan Local Authority Workstreams – as at September 2016

Workstream	Purpose/Aim(s)	Senior Responsible Officer for 6 boroughs	Deliverables required	Timescales	Input required	Resources required
Activity and finance modelling	<ol style="list-style-type: none"> <li>1. To secure better use of total public spending on health and care in SWL.</li> <li>2. To ensure that unfunded pressures are not created for LAs.</li> <li>3. To help secure NHS Transformation Funding to support delivery of real transformation.</li> </ol>	<p>Leigh Whitehouse</p> <p>Director of Corporate Services</p> <p>Kingston</p>	<p>Overall MTFS in terms of total savings required to meet forecast gaps</p> <p>Savings in social care and public health, starting with adult social care if it needs to be prioritised. Understanding of mutual impact between NHS and social care required savings.</p>	<p>Sept 2016</p> <p>Ongoing</p>	<p>High level input from Directors of Finance or equivalent in each borough, to sign off numbers and explain/understand consequences.</p> <p>More technical input from each borough on the actual numbers</p>	<p>Dedicated support being brought in for first piece of work up to September, commissioned by Leigh Whitehouse.</p> <p>Thereafter to be assessed and agreed</p>
Right Care Better Place	<ol style="list-style-type: none"> <li>1. To deliver locally integrated, personalised health and care services as close to home as possible that improve outcomes and independence for people and</li> </ol>	<p>Cathy Kerr</p> <p>DASS</p>	<p>How integrated out of hospital services will be delivered in each of the six boroughs: agree local models</p> <p>See what is common between the models and what could be</p>	<p>TBC as STP programme confirms its own timescale</p>	<p>Input from each borough/CCG/provider cluster (x6) on first deliverable, along with how this connects with financials in BCF and more widely</p>	<p>Proceeding on understanding that there are already project/programme resources in place locally to be delivering this.</p>

	their families, and that maximises efficiency.	Richmond and Wandsworth	<p>upscaled. Define the common outcomes to be delivered.</p> <p>Agree this will meet the operational and financial targets for both the NHS and local authorities</p>	TBC		There will be a need for a meta analysis of the 6 local models, arguably early task for new programme manager
Social care market	<ol style="list-style-type: none"> <li>1. To support a viable care market that secures affordable, accessible and enabling care.</li> <li>2. To ensure that planned shifts of care from hospitals do not lead to shortfalls in capacity and cost escalation</li> </ol>	<p>Stephen Taylor</p> <p>AD Adult Social Care and interim DASS</p> <p>Kingston</p>	<p>Current capacity within the market, the extent to which local authorities can access this capacity, and key shortfalls</p> <p>If there is a reliance on extra social care capacity for the STP out of hospital workstream, what will need to happen to ensure this capacity is available, and the overall impact on capacity and prices.</p>	Sept 2016 for first stage of work	Dedicated work currently taking place on the care home aspect of this, reporting in September 2016. It is expected that DASSs will agree to work together on some aspects of the market especially where costs are rising especially significantly. It is also expected that CCG engagement in this will increase (slow to date)	£30k for first piece of work on care homes, already being funded by DASSs
[Social care] workforce	<ol style="list-style-type: none"> <li>1. To address social care skills and capacity gaps.</li> <li>2. To secure new workforce models</li> </ol>	<p>Pratima Solanki</p> <p>Director Adult social</p>	Current state of workforce, match in terms of numbers and skills with what is needed, any key shortfalls (to include AMHPs)	TBC	Collaboration between borough skills & employment leads, social	To be assessed

	<p>to deliver integrated care.</p> <p>3. To strengthen skills pathways in SWL to meet health and care workforce needs</p>	<p>Care Croydon</p> <p>With Barbara Peacock People Exec Director Croydon</p>	<p>Projecting forwards over STP timeframe, what is likely to happen to balance of supply and demand.</p> <p>How this will impact on and be impacted by NHS workforce plans and constraints. Opportunities to work together.</p> <p>Agree action plan for better meeting health &amp; care skills needs and supporting pathways for residents into health &amp; care jobs in SWL.</p>		care, NHS, colleges, HEE, etc	Would expect some support from the collective HIN arrangements across South London
Delayed Transfers of Care	<p>1. To reduce Delayed Transfers of Care, to reduce pressures in hospitals without distorting other</p>	<p>Tolis Vouyioukas</p> <p>People director</p>	<p>Using national and London figures, what are the main reasons for delays by hospital and by local authority.</p>	<p>TCB</p> <p>Need to see what collective</p>	<p>Linkages to Systems Resilience Groups to link work going on there.</p>	<p>To be assessed. Likely to be some national or regional resources for any hot spots</p>

	parts of the system.	Sutton  Nick Ireland Sutton	What opportunities there may be, in addition to work already taking place in each local authority and SRG, for more system wide action. To include learning from events such as Super Saturday at St Helier and Perfect Week at St Georges.	arrangements NHS will be putting in place		
Transforming Care (learning disabilities)	1. To secure safe and person centred care for those with significant learning difficulties as close to home as possible.	Kerry Stevens  AD Operations  Wandsworth and Richmond	Meeting national requirements and timeframes for ending the inappropriate use of inpatient assessment and treatment facilities.  This will include the commissioning of more local services	As set out in national requirements		Each borough already has a lead for this. View of outgoing lead is that this is manageable with some enhanced project capacity.
Information sharing/ Digital Roadmap	1. To ensure there are systems for sharing information between different professionals to	Merton to take lead. Simon Williams	How social care with the NHS can ensure that customer information is shared between services for the benefit of the customer and	TBC	Input needed from operational managers primarily in designing solutions, backed up by	TBC

	<p>enable integrated care.</p> <p>2. Where possible to ensure that this is done in a way which maximises patient control of information and support</p>		<p>for the more efficient use of resources.</p> <p>Learn from where this is already working, e.g. Health Passport in Kingston and potentially a solution in Sutton.</p> <p>Plans and solutions are likely to include the three strands of information governance, operational procedures and agreements, and supporting technology and software.</p>		information governance and technology leads	
Estates	<p>1. To unlock surplus NHS land for redevelopment to support jobs and homes growth.</p> <p>2. To support delivery of the estate needed to deliver integrated out of hospital care.</p>	Sarah Sturrock	<p>Combine NHS and LA public estate mapping to provide a full picture of opportunities across SWL.</p> <p>Explore a One Public Estate bid (building on existing programmes in Croydon, Sutton and Merton) to unlock surplus estate and deliver the capital infrastructure</p>	<p>Dec 2016</p> <p>poss OPE EOI by Dec 2016, with</p>	<p>Regeneration and estates leads in each borough</p> <p>LGA &amp; Cabinet Office OPE team support</p>	<p>Some support from the funding for sub-regional working in the Croydon OPE programme</p>

			<p>for integrated out of hospital care.</p> <p>Position SWL to take advantage of any devolution secured through the London Health &amp; Care Estates Devo Pilot.</p>	<p>full bid by Mar 2017</p> <p>Mar 2017</p>		
Communications & Engagement	<ol style="list-style-type: none"> <li>1. To ensure STP plans are shaped by public engagement and subject to rigorous public scrutiny.</li> <li>2. To support local politicians to scrutinise and shape health and care</li> </ol>	<p>Sarah Sturrock for now.</p> <p>Martin Szybut &amp; Ellie Firth Heads of</p>	Boroughs individually to secure local communication and engagement with CCGs and providers, including through HWBs, to enable joint shaping of transformation plans.	Ongoing – usual channels.	Sub-regional work will not replace the need for strong local links with CCGs, providers etc, which should be the main conduit for organisation to organisation engagement, and be the vehicle for local tailoring of any sub-	TBC but nothing expected at this stage beyond programme manager role, some borough comms expertise to shape plans and actions by borough comms

	transformation plans.	Comms in Sutton & Richmond playing an active role	<p>Help to shape and support delivery of programme of community engagement to inform the development of transformation plans.</p> <p>Support the Collaborative Leadership Group to be a vehicle for shared political and clinical leadership of health and care transformation.</p> <p>Support overview &amp; scrutiny through the JHOSC.</p>	<p>Round of events in each borough by Nov</p> <p>Quarterly meetings</p>	<p>regional communication and engagement work.</p> <p>We have proposed to the STP programme office that any local engagement events are essentially NHS events, organised and paid for by the NHS. The minimum offer is that boroughs will advise them as to how to make these arrangements and about any specific issues and sensitivities. Some boroughs may wish to go further than this in terms of co-production.</p> <p>Input will be needed from local communication leads, scrutiny leads, and relevant chief officers</p>	teams to support delivery
Public health	1. To ensure that the prevention component of the	TBC	TBC. Current priorities agreed with Leaders and STP are	TBC	TBC	TBC

	<p>STP is based on sound evidence, especially in secondary prevention</p> <p>2. To see if any opportunities for primary prevention can be upscaled across SW London</p>		<p>diabetes, dementia and childhood obesity.</p> <p>Also clear appetite from last Collab Leadership Grp for sub-regional campaigning and action to support behaviour change – could be either re healthy behaviours or how people use services.</p> <p>Public health advice is that gains from this are long term so this needs to be supplemented with targeted/secondary prevention especially around long term conditions</p>			
Children's services	1. ...	TBC	It is expected that the focus will be on CAMHS.	TBC	TBC	TBC