South East London Sector
Health Services Strategy
Simon Robbins
Michael Richardson  CB
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Introduction

- **Outline** the case for change in South East London
- **Define** a sector model to drive strategic change and identify accountabilities for delivery
- **Identify** system changes already achieved, and those planned for:
  - Polysystems
  - Hospital care (both general and specialist).
- **Highlight** enabling strategies to underpin delivery
- **Discuss** key challenges and risks for South East London and the wider healthcare system
The Case for Change in South East London

- Over-reliance on hospital-based services
- Under-developed primary care and community-based services
- Unsustainable acute configuration (mitigated in part by APOH outcome)
- High quality services concentrated in inner SELondon. Variable quality elsewhere.
- Wide range of target and financial performance – some high performing providers, some with a history of severe underperformance
- Major financial constraints requiring significant savings from 2010/11 and thereafter.
Polysystem Service Change

**Achieved**

**Bexley**
- Urgent Care Centre opened at QMS in 2007
- Significant investment in intermediate care schemes in 2008/9 (virtual wards, step-up step down and bridging teams)

**Bromley**
- Beckenham Beacon polyclinic and Urgent Care Centre opened May 2009
- New models of diabetes and COPD commissioned 2008/09

**Greenwich**
- Urgent Care Centre at QEH piloted
- Piloting Musculo skeletal ICATS Service

**Planned**

**Bexley**
- New GP led health centre in Crayford September 2009
- Polyclinic and health campus at QMS – 2009-2011

**Bromley**
- 3 primary care hubs aligned to poly clinic model by 2011/12
- Urgent Care centre co-located with A&E on the PRUH site by Dec. 2009

**Greenwich**
- 5 Polysystems planned by 2011/2012
- 2 Urgent Care Centres on non hospital site operational by December 2009
- 1 Urgent Care Centre at co-located with A&E on the QEH site by end 2009/10
- Eltham Community Hospital 2012
**Polysystem Service Change**

### Achieved

**Lambeth**
- 2007: Gracefield Gardens first wave polyclinic pilot and GP-led health centre, joint with LB Lambeth and Guy’s/St Thomas’

**Southwark**
- GP led health centre at Lister Health Centre (Peckham)
- Integrated health and social care community teams for stroke, supported discharge and dementia care

**Lewisham**
- 22 bed intermediate care facility (Morton House and Brymore Nursing Homes)
- Community supported discharge teams

### Planned

**Lambeth**
- Strategy in place since 2005 for 6-8 Neighbourhood Resource Centres networked with GP practices and other services (polysystems)
- Discussions with KHP re possible option of vertical integration of Community Health Services

**Southwark**
- 4 networks of healthcare provision based on polyclinic model (Canada Water, Dulwich, Elephant & Castle and Peckham)
- Continued development of polyclinic spokes

**Lewisham**
- 4 polysystems planned by end 2011, possible fifth at UHL
- GP led Health Centre and first Polyclinic at Waldron Health Centre, New Cross by Dec 2009
- Urgent Care Centre at UHL – April 2010
- Proposed vertical integration of Community Health Services with UHL
General Hospital Care: Service Change

**Achieved**

**A Picture of Health (PCTs: Bexley, Bromley, Greenwich and Lewisham)**

- Public consultation for acute reconfiguration completed and decision made July 2008.
- Secretary of State approval March 2009.

- Hospitals affected;
  - University Hospital Lewisham (UHL),
  - South London Healthcare Trusts (SHCT) (PRU Farnborough, QEH Woolwich, QMS Sidcup, and Orpington Hospitals)
  - Darenth Valley Hospital (Kent)

- Programme consistent with HfL service model

**Planned**

**A Picture of Health**

Implementation commences August 2009 concludes March 2011:

- Separation of elective and emergency care
- Reconfiguration of emergency care and centralisation of A+E/Emergency surgery and medicine.
- Reconfiguration of maternity, obstetrics and paediatric care, centralising obstetrics, neonates and in-patient paediatrics
- Alignment with Out of Hospitals provision

NB - SLHT and UHL financial plans to be considered by Challenged Trust Board

**Lambeth & Southwark**

Reconfiguration of secondary care consistent with polysystems in Lambeth and Southwark
# Specialist Hospital Care: Service Change

## Achieved

- Good progress made on centralising cancer services linked to Improved Outcomes Guidance
- Clinical networks established July 2009 to support APOH:
  - Adult critical care,
  - Neonatal and perinatal care
  - Paediatric surgery

## Healthcare For London

- Trauma and Stroke consultation undertaken decision July 09

## Planned

- Further work on centralising specialist in-patient care
  - Vascular surgery
  - Cancer care
  - Cardiac care
- Further work on decentralising specialist ambulatory care
  - Cancer care
  - Cardiac care
  - Neurosciences
  - Nephrology and renal care

NB - Align to AHSC strategy and ambition

- Implementing network plans to support redesign programmes

## Healthcare For London

Develop implementation plan for stroke and trauma services.
Key Enabling Strategies

- Strengthening Commissioning (via Borough, Alliances and Sector)
  - Improve WCC competencies
  - Increase PbC
  - Increase capacity planning and modelling capabilities (build on ApoH team)
  - Establish Sector Programme Management Office to ensure delivery

- Workforce redesign
  - Clinical redesign drives workforce training and development

- Resources
  - Revision of financial modelling – progressing in BBG&L; L&S underway
  - Estates review and capital investment programme

- Information and Technology
Key Challenges and Risks - South East London

- Cultural change required to manage the health system to optimal performance
  - Cooperation and alignment of commissioners and providers in delivering acute sector strategy
  - Securing GP buy in to polysystems
  - Identify PbC role in supporting system change

- Service model
  - Evidence polysystem development to ensure delivery of affordability and productivity
  - Aligning polysystem developments with the reshaping of secondary care in L&S
  - Centralisation of in-patient specialist care
  - Realising benefits from Clinical Network developments

- Provider landscape
  - Challenge Trust Board and future of UHL and SLHT
Key Challenges and Risks - System Wide

- Accelerating the pace and momentum of change
- Rationalising policy and regulatory environment (e.g. tariff reform, competition and co-operation panel)
- Align enabling strategies
- Streamlining decision making processes across London to expedite change (e.g. Business Case approvals for capital investment)
- Encourage provider structures that incentivise integration and flexibility
- Consultation fatigue
System Opportunities

- AHSC development to expand innovation and learning opportunities across the sector
- Aligning Community Provider Unit externalisation to polysystem development
- Building on the momentum of APOH to implement and deliver further acute service change
- Responding to the financial environment provides compelling case for strategic change
- Consulting on acute service reconfiguration not required apart from specialist services
Conclusion

- Clear agreement on case for change
- Clarity of strategy segments and accountability for delivery
- Enabling strategies misaligned
- Significant challenges identified but good track record of joint work to deliver testing change programmes
- Major opportunities for joint work with AHSC, but support needed from NHSL at system leadership level
- Good progress to date but much to do……