

DRAFT – POLICY IN DEVELOPMENT



NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

Transformation underpinned by system thinking
and local action

Delivery Plan 1 of 8:
**Promote prevention and personal and
psychological wellbeing in all we do**



Contents

No.	Section	Page
1	Initiative map	4
2	Delivery Plan on a page	3
3	Workstream Plans	5
4	Route map	9
5	Expected Benefits and Metrics	10
6	Resources and Delivery Structure	11
7	Risks	12
8	Dependencies, Assumptions and Constraints	13
9	Dependency map	14
10	Summary of Financial Analysis	15
11	Contribution to our Framework for Better Care and Wellbeing	16
12	Addressing the 10 Big Questions	17
13	Addressing 9 'Must Do's'	18



Initiative map

Our approach

There are a wide range of programmes that support our aim of promoting prevention, and personal and psychological wellbeing in all that we do. These are outlined in our narrative plan for north east London. We have agreed through the STP the most appropriate level at which each programme should be led and delivered within the health and care system. We have done this based on the partnerships and scale required to best implement the specific programmes, using the following rationale for choosing to progress an initiative in north east London:

1. There is a clear opportunity / benefit in doing it jointly (which is above and beyond what would be achieved through a local programme), to deliver improvement in terms of finance, quality, or capacity;
2. Doing something once is more efficient and offers scale and pace;
3. Collective system leadership is required to make the change happen.

We have set out below the result of this mapping as it relates to this delivery plan and the NEL STP level programmes that are described in more detail here.



NEL STP Level

- Smoking cessation
- Diabetes: NEL-wide coverage of the NDPP
- Workplace health
- Development of other initiatives including: alcohol, childhood obesity, mental and sexual health, hypertension
- ‘*Make Every Contact Count*’
- Embed prevention throughout our transformation plans



Local Area Level

- Implementation of elements of the STP level plans may be delivered at local area level where appropriate
- Devolution pilots including taking on of new Public Health powers to enhance our ability to tackle wider determinants of health



CCG/borough Level

- Health and Wellbeing Board strategies in each of the 8 boroughs
- Prevention priorities identified in each borough including wider determinants of health
- Self-care management
- Social prescribing
- Devolution pilots



London-wide

- Tobacco & smoking
- Diabetes
- Healthy London Workplace Charter
- Alcohol
- Obesity
- Mental health
- Sexual health
- Hypertension
- Haringey devolution



Delivery Plan on a Page

Vision

A proactive approach to disease prevention within all that we do, addressing unhealthy behaviours that may lead to serious conditions further down the line and thus reducing the burden on the healthcare system. We will take action to motivate people to take ownership of their own health and encourage healthy environments to enhance the quality of life for our population.

Background and Case for Change

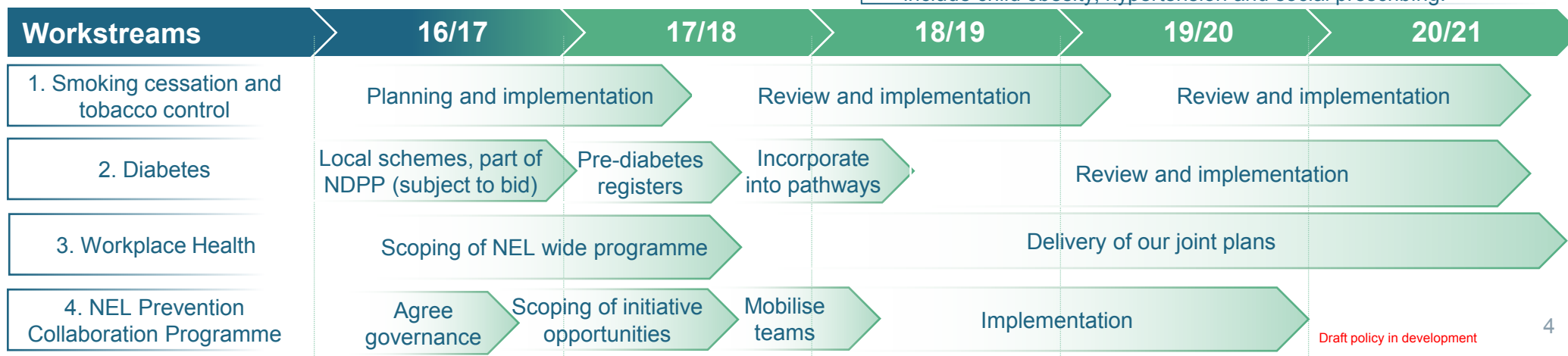
- Health inequalities remain a significant issue in NEL with ill health disproportionately affecting people in poverty. Our plans seek to encourage people to help themselves and take control of their lives.
- We are committed to acting on **Healthy London Partnership's** research that suggests we can improve the lives of residents and reduce demand on services through enabling people to change their behaviours. This is especially true with smoking, drinking and physical activity. Evidence suggests we could save up to £25M.
- NEL is unique in its diversity and the strength of its communities. We will build on our existing local health and wellbeing strategies and public health initiatives, as well as integrated care services to ensure services wrap around and support neighbourhoods, so places where people live enable good health.
- To support this, we are identifying where there is benefit of working at scale to develop new models of care, focused on prevention. These currently include smoking cessation, diabetes and workplace health and we are also developing other initiatives, including strengthening prevention across our STP. This includes systematic approaches to ensure we *'Make Every Contact Count'* across all our interactions with the public.

Priorities and Objectives

1. To support boroughs in delivery of Health and Wellbeing Strategy prevention priorities
2. To embed prevention within our local transformation programmes
3. To collaborate across NEL on areas where there is benefit of working at scale. Initially these have been identified as:
 - Smoking cessation
 - Supporting full coverage of the National Diabetes Prevention Programme in NEL
 - Improving Workplace Health
4. To continue working together to identify other NEL wide opportunities, which may include alcohol, childhood obesity, hypertension, mental and sexual health and social prescribing
5. Support prevention in other workstreams / systematising *'Making Every Contact Count.'*

Expected Impact

- Reduced incidence in smoking (of 5% by 2021) and related admissions
- Reduced growth in diabetes incidence and improve treatment
- Healthier and more productive workplaces created and collaboration between employers
- Demand channelled for services through prevention and self care
- People motivated to take ownership of their health within their communities
- Other impacts to be confirmed - from initiatives to be developed to include child obesity, hypertension and social prescribing.





Detailed Plan - Workstream 1: *Smoking cessation*

Vision

A NEL system-wide focus on smoking cessation to provide improved, integrated access to stop smoking services (SSS)

SRO:

Meradin Peachey, Director of Public Health, London Borough of Newham

Delivery lead:

Jayne Taylor, Consultant in Public Health London Borough of Hackney & City of London

Case for change

Despite recent successes in reducing smoking prevalence, tobacco remains the most significant preventable cause of death and disease. It is also a major cause of health inequalities - accounting for half the difference in risk of premature death between rich and poor.

NEL has 280,000 smokers and rates of smoking-related mortality are high (notably in B&D, TH and Hackney). The cost to the NHS in NEL is £56m pa with total societal costs estimated at £450m pa. Smoking remains persistently high in some local communities and, as else-where, numbers accessing SSS are falling (due in part to increases in use of e-cigarettes). Innovative and tailored approaches are required to reach smokers who do not engage with 'mainstream' services.

Objectives

- To contribute to a reduction in smoking prevalence across NEL of 5% (at least one percentage point) over 5 years
- To implement 'smoking cessation as treatment' across NEL NHS, through a social marketing programme driving whole system change in trusts to embed the CO4 principles (londonsenate.nhs.uk/helping-smokers-quit/)
- To implement an integrated smoking in pregnancy pathway, in line with Saving Babies' Lives Bundle (including CO validation & automated opt-out referrals to local SSS) across NEL trusts
- To promote and enable access to alternative (digital/telephone) support to quit to allow reducing local budgets to focus on targeted support on high risk/harder to engage smokers.

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Smoking Cessation as Treatment	Securing funding for online bid. Workforce training	<p>NHS E metrics:</p> <ul style="list-style-type: none"> • Reduced number of smoking attributable admissions & and support as appropriate • Increased levels of very brief advice on smoking cessation in all clinical encounters (inc acute, maternity and mental health) <p>NEL local metrics:</p> <ul style="list-style-type: none"> • 5% decrease in number of smokers, including groups with higher rates of tobacco use* • A pan NEL metric on smoking cessation • Referrals to an evidence-based SSS, behavioural support and pharmacotherapy; validation of successful quit attempts by assessment for carbon monoxide levels 	<ol style="list-style-type: none"> 1. Establish integrated smoking in pregnancy referral pathways across NEL (including routine CO monitoring for all pregnant women) 2. CO4 plans are agreed and principles embedded across all NEL acute and mental health trusts, including mandatory Very Brief Advice (VBA) training of all clinical staff 3. Smoke free NHS estate across all NEL sites
2	Integrated smoking in pregnancy pathway	Maternity programme		1-2. As above
3	Promote and enable access to alternative (digital/telephone) support	Digital: development of systems to support alternative options	<p>NEL local metrics:</p> <ul style="list-style-type: none"> • Savings to be scoped from Optimity modelling 	<ol style="list-style-type: none"> 4. Design/implementation of social marketing campaign to support whole systems change in line with C04 principles; 5. All NEL boroughs sign up to the London channel shift social marketing strategy & service enhancement pilot

*Including: some ethnic communities, pregnant women, people with severe mental illness and people in lower socio-economic groups



Detailed Plan - Workstream 2: *Diabetes Prevention*

Vision

Full coverage of the National Diabetes Prevention Programme across NEL in order to increase impact and reduce incidence of diabetes and improved treatment

SRO:

Meradin Peachey, Director of Public Health, London Borough of Newham

Delivery lead:

Jeremy Kidd, Redbridge CCG

Case for change

Diabetes disproportionately affects people in poverty. There is an increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The proportion of people with Type 1 & Type 2 diabetes who receive NICE-recommended care processes is variable. Primary care prescribing costs are high for endocrine conditions (which includes diabetes). Diabetes is therefore an agreed prevention priority. WELC is already active in the NDPP - BHR has a bid pending.

Objectives

To roll out full coverage of the National Diabetes Prevention Programme across NEL by:

- Continuing the WELC programme to embed learning and extend impact
- Launching the BHR schemes and develop a diabetes register and increase referrals
- In order in NEL to:
 - Reduce incidence of diabetes
 - Seek earlier interventions for patients who have developed the disease
 - Improve health outcomes for people who have diabetes as a long term condition

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Continue delivery of National Diabetes Prevention Programme in WELC		<ul style="list-style-type: none"> • Reduce the projected growth in incidence of diabetes and self-care in people with a diagnosis of diabetes • Improve the treatment and care of people with diabetes including plans to refresh and implement new models of care/pathways including integration with local services • People with diabetes diagnosed less than a year who are referred to structured education 	1. Local diabetes schemes delivered in WELC
2	Rollout National Diabetes Prevention Programme in BHR	Approval of expression of interest for funding to National Diabetes Prevention Programme	<ul style="list-style-type: none"> • As above and: • Increased impact across NEL drawing on learning from WEL delivery to date 	2. Mapping of a clear pathway for NHS Health Checks that incorporates a pathway for type 2 diabetes and its prevention 3. Expanded mapping of prevalence and its risk factors to help identify at-risk patients 4. Prevention Programme to achieve PSA obesity and diabetes targets 5. Pan NEL learning and evaluation including from WEL programme through workshops Widened implementation of healthy living programmes such as the National Diabetes 6. Aligned governance across NEL
3	Review further approaches to joint working across Diabetes prevention & pathways		<ul style="list-style-type: none"> • Increased opportunities for learning across NEL through strengthened governance & networks 	7. Expansion of above deliverables 8. Clear, consistent pathways



Detailed Plan - Workstream 3: *Workplace Health*

Vision

To support the health and wellbeing of our workforce across NEL, to make the NHS a place where people are happy and motivated to work and want to stay to develop their careers.

SRO:

Ian Basnett,
Director of Public Health, Barts Health

Delivery lead:

Andrew Attfield, Associate Director Public Health, Barts Health

Case for change

24m working days are lost in London due to sickness absence or injury. The Greater London Authority is supporting a London-wide focus on workplace health. The London Healthy Workplace Charter sets organisational standards for official accreditation, including: health & safety, mental health, physical activity & attendance management. From 2016 NHS providers are incentivised to improve the support offered to frontline staff to stay healthy. The national incentive fund, worth £450m in 2016/17, supports achievement of a number of outcomes relating to workforce health including healthy food and flu vaccinations.

Objectives

- To improve workplace health through a co-ordinated, accredited, incentivised approach
- To improve recruitment, retention and motivation of staff, including frontline NHS staff
- As a result, to reduce reliance on bank and agency staff
- To support, to deliver on workplace health plans linked to local prevention strategies / devolution work in BHR and CH.

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	To review each organisation against the Healthy Workplace Charter and seek accreditation or for those accredited, aiming for and maintaining excellence	Alignment with workforce retention strategy in enabler workstream	Public Health England measures: <ul style="list-style-type: none"> • Healthier and more productive workplaces, including NHS, LAs and SMEs signed up to the Healthy London Workplace Charter • Increased capability of the NHS workforce to improve workplace health via a range of peer support, mental first aid, & availability of facilities • Increased collaboration between the NHS, wider public and employer systems to maximise health. 	1. Accreditation of all NEL organisations by The London Healthy Workplace Charter 2. Implementation of signed up Providers' Health & wellbeing project plan which includes solutions for: better management of stress and mental health issues, physical health
2	Participation in national workplace incentive and funds		As above and addition NEL measures under development: <ul style="list-style-type: none"> • A healthy and engaged workforce with increased productivity i.e. fewer sick days and less presenteeism* • improved workplace health and safety and quality: re reduction in accidents, better inflation control, better mortality rates, better patient experience and a healthier and engaged workforce • Improved physical health especially musculoskeletal • Improved mental health and wellbeing • Improved general health linked to exercise, healthy weight & diet. 	As above and 4. Overarching strategy/implementation plan 5 Reduced levels of workplace absence
3	Explore options for a common NEL Healthy Workplace strategy			
4	Explore options for a common NEL Food & Nutrition Strategy	Contracting (procurement)		

*The Health and Wellbeing of NHS Staff, Independent report, 2008, Dr Steve Boorman



Detailed Plan - Workstream 4: *NEL Prevention Collaboration Programme*

Vision
Our preventative interventions are as impactful as they can be in improving the health of our population, through collaboration on common issues across NEL, participation in London wide initiatives, and by embedding prevention within all of our transformation programmes

SRO:	<i>Meradin Peachey, Director of Public Health, London Borough of Newham</i>
Delivery lead:	<i>[To be confirmed by Directors of Public Health]</i>

Case for change

Our health and wellbeing challenges across NEL go beyond the areas we have identified for collaboration on prevention so far. Whilst we are addressing these through our local Health and Wellbeing strategies and Devolution pilots, we also need to continue to identify opportunities at STP level to target the reduction of risk factors for avoidable lifestyle conditions beyond what we have already agreed. Prevention needs to be embedded within all that we do to maximise the impact of services and *Making Every Contact Count*.

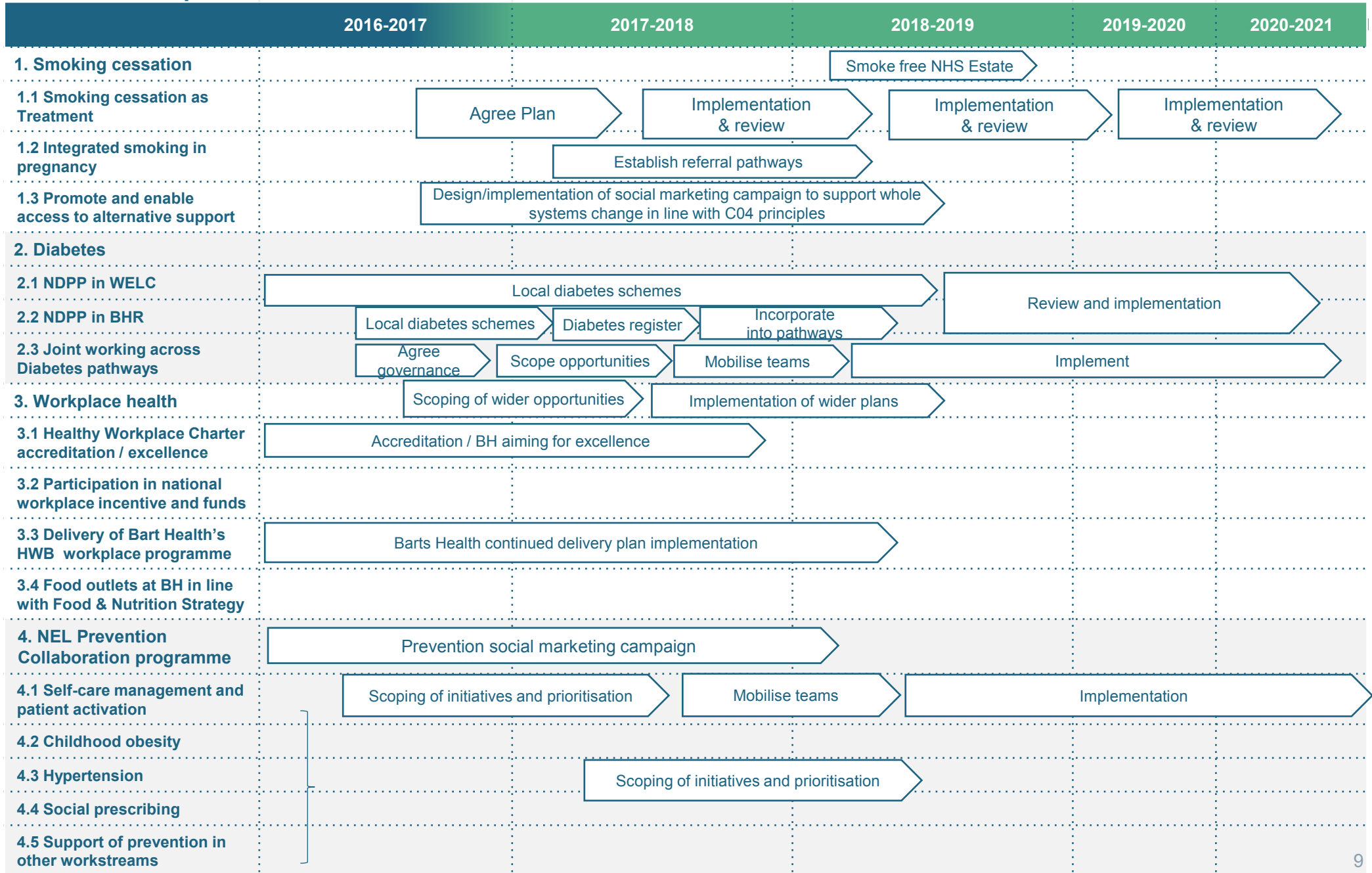
Objectives

- To maximise the impact of prevention through collaboration
- To scope further initiatives including: alcohol, child-hood obesity, hypertension, mental health & sexual health, in line with national priorities
- To support other STP workstreams with prevention:
- To shift early intervention and planned care support self management & social prescribing (primary care)
- To provide universal health promotion of advice /support, particularly for LTCS & health concerns for pregnant women
- To support reduced incidence: reduce smoking & obesity and increase physical activity (cancer)
- To increase greater focus on community and prevention services including dental care (Learning disabilities)
- To improve patient experience and prevention (mental health)
- To promote self-care, patient awareness & self-management (Medicines Management)
- To learn from and develop the local '*Make Every Contact Count*' strategy (Outpatient pathways).

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Establish governance & modelling to support NEL wide initiatives	Optimity modelling	Subject to agreed initiatives, to include increased nos of: <ul style="list-style-type: none"> • GP appointments related to prevention/health promotion • Patients and carers active in their self care 	1. Detailed financial modelling to clarify how we will deliver our ambitions for STP preventative cost savings 2. Design & establish NEL wide governance structures to enable scaling up of future prevention joint working
2	Making Every Contact Count (MECC)	MECC report	Delivery of best practice: NICE Guidance 49 Behaviour Change: Individual Approaches (best practice in very brief and brief interventions)	3. Learning (report due Oct 2016) from our four LAs who participated in the MECC project/mapped programmes
3	Blood pressure control	To be confirmed depending on prioritisation	Alcohol, obesity, mental and sexual health: <ul style="list-style-type: none"> • Reduce alcohol-related hospital re-/admissions, LoS and ambulance call-outs • Reduce long-term impact of obesity on CYP including consequences for physical & mental health in S/T & L/T • Support to place based approaches to improving the food and activity environment including via schools • Implement digital mental & sexual health programmes • Improving earlier, wider access to mental health services inc CYP & new mothers • Improving the physical health of those with mental health problems including access to preventive services • Improved access to STI testing & range of effective contraceptive methods • Expand access to HIV testing in high-prevalence areas. 	1-3. As above 4. Scoping and prioritisation of initiatives including achievement of national metrics 5. Implementation plans for 2018-19, 2019-20 and 20-21 developed
4	Childhood obesity			
5	Hypertension			
6	Support of prevention in other workstreams			



Route Map





Note: Integrated outcomes and measures will be established in line with NHS E national metrics and current best practice guidance

Expected Benefits & Metrics

Benefit description	Measurement (metric)	Current performance	Target performance	Target date (default 2020)	Linked workstreams
Reduced incidence of smoking	Reduced incidence of smoking	280,000 (14%) smokers	Reduction of 14,000 (5%)	2020 / 2021	1. Smoking cessation and tobacco control
	Reduce the number of smoking attributable admissions	To be agreed based on current NHS Stop Smoking Services statistics	Reduction	2020 / 2021	
Increased prevention interventions	Increase delivery of very brief advice on smoking cessation in health care settings with introduction of pan NEL metric	To be established potentially using existing QOF indicators. QOF 15/16 data available from 31/10/16	Increase	2020 / 2021	2. Diabetes Prevention programme in NEL
Reduced incidence of diabetes	Reduce the projected growth in incidence of diabetes and self-care in people with a diagnosis of diabetes	To be established using HSCIC indicators	Reduction	2020 / 2021	
Quality of treatment	Diabetes prevalence data (available from QOF)	QOF 15/16 data available from 31/10/16	Improvement	2020 / 2021	2. Diabetes Prevention programme in NEL
	People with diabetes diagnosed less than a year who are referred to structured education	82% (National Diabetes Audit)	Increase	2020 / 2021	
Improved wellbeing in the workplace, including health and social care staff	Healthier, more productive workplaces, inc a focus on the NHS, LAs & SMEs; sign up to the Healthy London Workplace Charter	To be established based on Healthy London Workplace Charter	Improvement	2020 / 2021	3. Workplace health
	Increase capability of NHS workforce /improve workplace health	To be established using NICE guidance recommendations e.g. Mental wellbeing at work (PH22), Physical activity in the workplace (PH13), Workplace health: long-term sickness absence (PH19)	Increase	2020 / 2021	
	Reduce rates of staff sick leave		Reduction	2020 / 2021	
	Increasing collaboration between the NHS & wider public & employer systems to maximise health and work initiatives		Increase	2020 / 2021	
	Support to place based approaches to improving the food and activity environment		Improvement	2020 / 2021	
Making Every Contact Count (MECC)	Increase in very brief and brief interventions across NEL	To be established using MECC Competence Framework, NICE Guidance 49 on Behaviour Change and NICE QS84 and PH47	Increase	2020 / 2021	4. Prevention Collaboration programme
Childhood obesity	Reduce the longer term impact on children and young people including consequences for the physical and mental health		Reduction	2020 / 2021	
Hypertension	To be developed potentially using existing QOF indicators and national guidance e.g. NICE		Reduction	2020 / 2021	
Social prescribing	To be developed		Increase	2020 / 2021	
Screening	Uptake in screening programmes	1-7%	Increase	2020 / 2021	Acute services



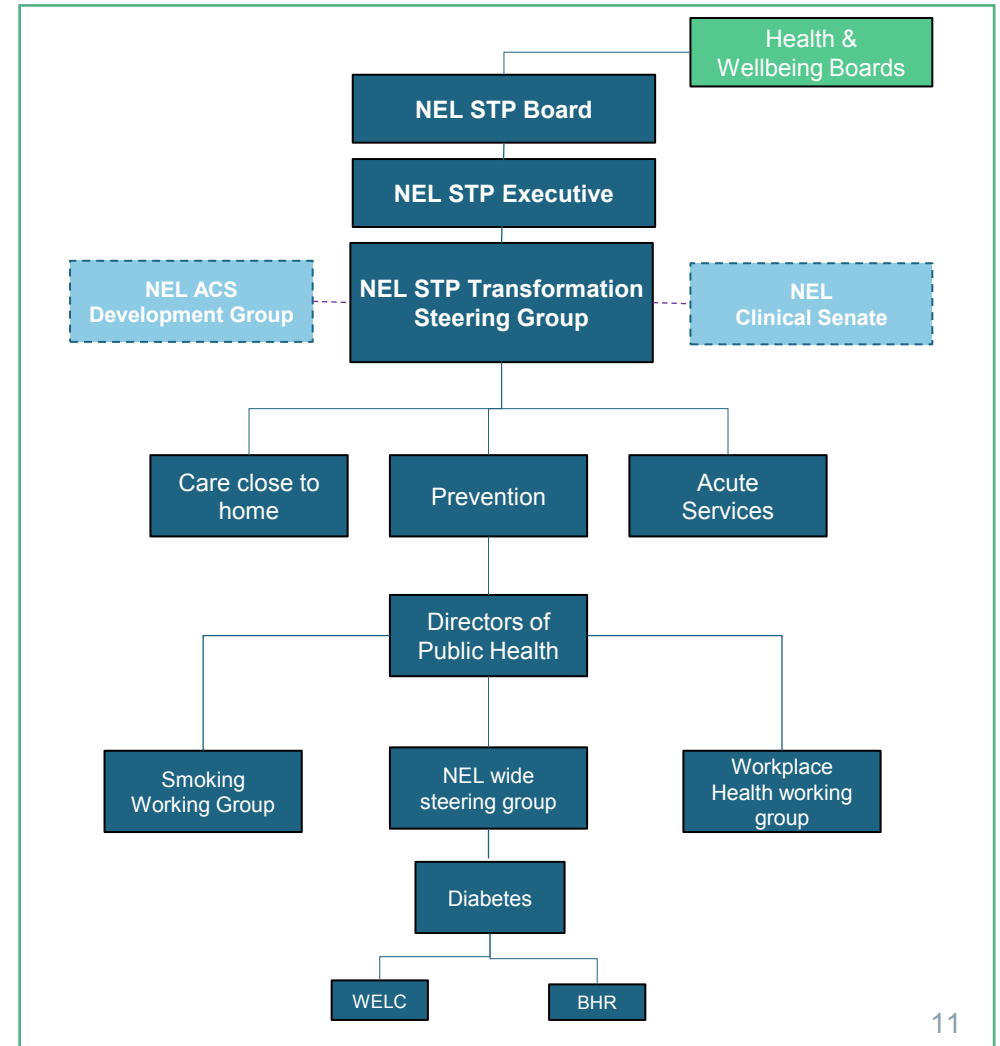
Resources & Delivery Structure

Meradin Peachey is the SRO for this delivery plan. Below are other SROs and delivery leads:

6.1 Resources

	SRO	Delivery Lead
Delivery Plan	Meradin Peachey, Director of Public Health, London Borough of Newham	To be confirmed
Smoking cessation	Meradin Peachey, Director of Public Health, London Borough of Newham	Jayne Taylor, Consultant in Public Health, LB of Hackney & City of London
Diabetes	Meradin Peachey, Director of Public Health, LB of Newham	Jeremy Kidd Redbridge CCG
Workplace health	Ian Basnett, Director of Public Health, Barts Health	Andrew Attfield, Associate Director Public Health Barts Health
Other initiatives	Meradin Peachey, Director of Public Health, LB of Newham	Dependent on which initiatives are agreed by Directors of Public Health

6.2 Delivery structure



Risks

Risks			
Workstream	Description: impact	Mitigating action	RAG
Diabetes	There is a risk that funding bids are not approved and therefore funding and delivery is constrained	Current plans are being developed to build on and enhance existing workstreams and initiatives.	R
Smoking cessation	Some NEL localities are less able to sign up to plans at this point due to decisions that have been made locally about the commissioning of stop smoking services	Governance of planning group ensures membership of local TC leads with good oversight of local priorities, decisions taken back to localities after each meeting for local 'sense checking' and agreement, engagement with localities who are not members ensured through STP Prevention SRO. External/matched funding sources being sought to maximise acceptability of plans.	A
Smoking cessation	Limited referral pathways for identified smokers as a result of reduced / dis investment in SSS by NEL boroughs	Pan-London channel shift communications and digital service enhancement will provide an alternative (but see risks below)	A
Smoking cessation	Pan-London channel shift work not implemented - failure to elicit required support/funding; pilot unsuccessful	London TC Transformation Board is seeking external funding to cover/supplement this activity. Pilot planned to run in tandem with targeted communications campaign to optimise uptake.	A
Smoking cessation	Widening of inequalities through replacement of 'traditional' evidence-based SSS with digital offer	Plans to be subject to health equity audit and informed by pan-London insight work	A
Workplace Health	There is a risk that no agreement is reached on options for increased collaborative working across NEL	Although the opportunity cost is unknown, no additional system saving is currently assigned to the surgery initiatives	A
Other initiatives	There is a risk that no agreement is reached on options for increased collaborative working across NEL	Although the opportunity cost is unknown, no additional system saving is currently assigned to the surgery initiatives	A

This is a list of the highest-rated risks. Additional risks identified at a lower mitigated risk rating



Dependencies, Constraints and Assumptions

Dependencies, constraints & assumptions (in order of impact)

Workstream	Type: Dependency/ constraint/ assumption	Description	Actions / next steps
All	Assumption	We have a working assumption that initiatives can be jointly agreed, planned and delivered by 2020 to achieve the £25M estimated through ROI modelling (net of transformation and implementation costs)	Take forward local modelling drawing on evidence from Optimity and the Association of Directors of Public Health to develop greater understanding of deliverability
All	Dependency	That our Health and Wellbeing Board Strategies and ambitious new plans for devolution pilots continue to tackle aligned prevention priorities as well as wider determinants of health	Develop scoping and planning with all borough directors of public health
All	Assumption	We have a working assumption that we can achieve aligned governance and joint working arrangements across all boroughs and organisations in NEL	Develop scoping and planning with all borough directors of public health. LA level discussions already underway.
Smoking cessation, diabetes and workplace health	Constraint	A current constraint is that funding could only become available through pending funding bids to resource transformation change initiatives identified	Map bid decisions into initiative timelines and contingency plans to ensure timely resourcing
Other initiatives	Assumption	We have a working assumption that the collaborative initiatives (including alcohol, childhood obesity, hypertension and social prescribing) will be jointly developed, agreed and delivered to contribute to the prevention priorities and achieve savings for the local health economy	Set up a task and finish group to scope next steps to work up a collaborative programme
Smoking cessation	Dependency	The success of other delivery plan initiatives for particular population groups - including people with cancer, pregnant women, people with mental health needs and some ethnic groups - are dependent on the design and implementation of the smoking cessation initiative	(Identified in as dependencies in other initiatives). To be addressed in STP programme governance and planning
Diabetes	Dependency	The success of other delivery plan initiatives for particular population groups - including pregnant women and people with learning disabilities - are dependent on the design and implementation of the diabetes initiative	(Identified in as dependencies in other initiatives). To be addressed in STP programme governance and planning



Dependency map

This dependency map highlights where this delivery plan is linked to another delivery plan within our STP:

	Prevention	Access to care close to Home	Accessible quality acute services	Infra-structure	Product-ivity	Special-ised Services	Work-force	Digital
1. Smoking cessation and tobacco control	C&H: Prevention strategy devolution status is directed towards population health priorities	Community services: prevention in care plans and support	Cancer: support reduced incidence; reduce smoking & obesity and increase physical activity			See cancer (left)		Digital: opportunities for support of accessible patient tools for prevention and self management
2. Diabetes		Primary care: early intervention with patients and carers supported to take an active role in self management	Maternity: Universal health promotion of advice and support, particularly for women with LTCS & health concerns					
3. Workplace health		Learning Disabilities: community and prevention services including dental care, screening, diabetes					Workforce: Promote self-care, patient awareness & self-management	
4. Other initiatives to be scoped		Other initiatives: Alcohol, childhood obesity, hypertension and social prescribing	Mental health: prevention support in care plans, patient experience and new care models	Screening uptake Outpatient pathways: Learn from and develop the local 'Make Every Contact Count' Strategy				



Summary of Financial Analysis

The basis for the financial modelling has been the five year Operating Plans prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, growth and efficiencies. The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. In the June submission the starting point for this modelling was the 16/17 operating plans. This has since been refreshed to be the month 6 forecast outturn.

The NEL STP financial template summarises the:

- Latest financial gap projection
- The anticipated financial impact of the workstreams on closing the gap
- The BAU effect on closing the gap
- The capital requirements for the STP
- The investment requirements including 5 year forward view investments

While substantial progress has been made on the financial and activity modelling for the NEL STP, the finance and activity plan for the October 21st submission should not be regarded as the final position. Further detailed worked-up analysis will follow over the coming months.

Work done since 30th June

- Expanded the Transforming Services Together capacity and activity model across the whole NEL STP footprint
- Updated the new capacity and activity model to include the BHR ACO schemes
- Refined the capital investment requirements
- Incorporated the estimated costs for the delivery of the 5 Year Forward View requirements
- Refreshed the underlying financial calculations to be based on month 6 forecast outturn
- Agreed the STP resourcing requirements
- Commenced detailed analysis of the financial and activity impact of the workstream initiatives
- Applied the capacity and activity model to calculate the capacity requirements for the Whipps Cross capital business case

Planned future work

- Update the new capacity and activity model to include Hackney Devolution pilot
- Identify opportunities to obtain additional funding from national investment funding sources (e.g. the Mental Health 5 Year Forward View)
- Undertake more detailed modelling of the financial and activity implications of workstream initiatives
- Reach agreement on the STP wide system control total (taking into account organisational control totals).
- Agree the implementation of the system control total, including handling of key dependencies (e.g. the NHS E specialised commissioning)



Return on investment (ROI) opportunities

Our financial bridge includes a £25m saving that we plan to deliver by scaling up our combined efforts across a range of preventative interventions. This figure has been reached using a midrange estimate from the Health London Partnerships modelling produced to support STP planning. In addition to the work outlined on the previous slide, we have begun more detailed modelling work utilising tools produced by the Association of Directors of Public Health to establish how these opportunities will be realised under the NEL STP. The below table sets out an intervention level view of how we believe a significant portion of those savings can be achieved.

	Intervention	Outcome	Recurrent Investment (£)	Recurrent Gross Cost Savings (£)	Recurrent Net Savings (£)
Supporting Healthier Choices	Smoking: cessation through use of combination therapies and NRT	Reduce smoking prevalence to 13%	£3,010,007	£3,236,803	£226,797
	Alcohol: increase screening and capacity of liaison and outreach teams	Improve uptake of services	£2,940,224	£5,291,707	£2,351,484
	Obesity: NHS referral to evidence based weight management services	7.5% of overweight/obese referred to weight management service	£784,203	£1,307,006	£522,802
	Falls: multifactorial intervention to reduce incidence and harm from falls	Reduce hospital admissions by 10%	£703,617	£2,822,250	£2,118,633
	Unplanned pregnancies: contraceptives to prevent unplanned pregnancies	Reduce unplanned pregnancies by 4%	£428,885	£2,261,082	£1,832,197
Earlier diagnosis and proactive management in primary care	Hypertension: control of hypertension through use of anti-hypertensives	66% of hypertensives to have controlled blood pressure	£486,041	£4,698,665	£4,212,623
	Atrial Fibrillation: anticoagulation drugs in patients with AF whose latest record of a CHADS2 score is ≥1	52% of AF patients to be treated with anti-coagulants	£1,854,163	£2,359,844	£505,681
	Diabetes: control of blood glucose through use of anti-diabetic medication	74% of diabetics to have good glucose control	£687,586	£850,548	£162,962
Workplace wellbeing	Workplace Wellbeing Charter	5% of NHS and LA employees to receive WWC	Requires further development	Requires further development	Requires further development
A Workforce For Prevention	MECC, MHFA, Dementia Awareness Training	Requires further development	Requires further development	Requires further development	Requires further development
Total costs / saving identified to date:			£10,894,726	£22,827,905	£11,933,178
Further estimated prevention savings opportunities:					£13,066,822
Total estimated prevention savings opportunities through the STP:					£25,000,000



Summary of impact

This delivery plan sets out how it will deliver improvements against the core areas of prevention, out-of-hospital care and in-hospital care.

Promote prevention, and personal and psychological wellbeing in everything we do

- The delivery of the collaborative plans set out in this delivery plan will help enable a step change in our approach to prevention in all that we do across north east London.
- These priorities have been chosen to enhance the impact of our local prevention plans that are



- already being driven through Health and Wellbeing Board strategies and our innovative devolution pilots.
- Our commitment to continued collaborative working will ensure that we continue to take a strategic approach to working together to tackle our challenges across north east London

ACCESSIBLE QUALITY ACUTE SERVICES
CARE CLOSE TO HOME
PREVENTION
COMMUNITIES, FRIENDS AND FAMILY



PEOPLE-CENTRED SYSTEM

- The delivery of our combined plans for improving the wellbeing of people in north east London and preventing ill health we will reduce the frequency of acute episodes, and enable more people to be cared for in the community, reducing the need for acute care
- Establishing the National Diabetes Prevention Programme across NEL will further enable the management of people with diabetes in primary care



Promote independence and enable access to care close to home

- Our plans for ensuring the sustainability of accessible quality acute services across NEL are reliant on our ability to reduce the prevalence of disease by improving wellbeing and preventing ill health, and therefore reducing the demand on acute services
- By collaborating to reduce the prevalence of smoking we will lessen the burden on acute services for related conditions such as cancer or respiratory diseases
- Our plans for workforce health would improve health and wellbeing of all of our health and social care staff



Ensure accessible quality acute services for those who need it



Addressing the 10 Questions

Q1. Prevent ill health and moderate demand for healthcare

- Diabetes Prevention Programme: workstream plan 2 re diabetes (see slide 6 above)
- Tackling smoking, alcohol and physical inactivity: Reducing avoidable admissions: Childhood obesity: we are developing an initiative (see slide 8)

Q2. Engage with patients, communities & NHS staff

- Step change in patient activation and self care: smoking cessation and diabetes (see slides 5-6 above)
- Workplace health initiative (see slide 7 above)

Q3. Support, invest in and improve general practice

- Support primary care redesign: support in prevention agenda and 'Make Every Contact Count' (see slides 3 & 4)

Q4. Implement new care models that address local challenges

- Support Integrated 111/out of hours through prevention agenda and 'Make every contact count' (see slides 3 & 4)

Q5. Achieve & maintain performance against core standards

- Our focus on Make Every Contact Count will contribute towards reduced A&E waits (see slides 3 & 4)
- Our Diabetes prevention programme will contribute to reduced emergency admissions (see slide 6)

Q6. Achieve our 2020 ambitions on key clinical priorities

- Cancer survival rates: This delivery plan identifies the link to prevention and healthy lifestyle support for people diagnosed with and surviving cancer and people diagnosed and living with mental ill health (see slides 5 & 8)

Q7. Improve quality and safety

- Our Workplace health initiative aims to address staff wellbeing leading to improved care and safety (see slide 7 above)

Q8. Deploy technology to accelerate change

- This delivery plan identifies a dependency between the opportunities for digital support of more accessible tools for public prevention and self management (see slide 16)

Q9. Develop the workforce you need to deliver?

- Develop and retain a workforce with the right skills and values: initiative 3 included in this plan re workplace health (see slide 7)

Q10. Achieve & maintain financial balance

- A local financial sustainability plan: contribute efficiencies to the NELP STP plan through £25m savings identified in the Optimity modelling (see slide 10)



Addressing the 9 Must Dos

<h3>1. STPs</h3> <ul style="list-style-type: none">• This delivery plan outlines our agreed STP initiatives and milestones and the timeline for delivering them, where these are planned. In addition, we have an initiative to scope further collaboration• We have also begun to map out the metrics against which we will measure our progress, which incorporate the relevant STP core metrics	<h3>2. Finance</h3> <ul style="list-style-type: none">• We are working collaboratively to develop scalable service models where this will deliver value for NEL through prevention and supported self care;• Included in this delivery plan is initial analysis of how interventions could help deliver the £25m of potential savings as identified in the Optimity modelling	<h3>3. Primary Care</h3> <ul style="list-style-type: none">• Refer to the primary care delivery plan• This delivery plan identifies a dependency between primary care and prevention in terms of supported self management and secondary prevention	<h3>4. Urgent & Emergency Care</h3> <ul style="list-style-type: none">• Refer to the urgent and emergency care delivery plan• Consideration of prevention interventions including <i>Making Every Contact Count</i>	<h3>5. Referral to treatment times and elective care</h3> <ul style="list-style-type: none">• Refer to the acute services delivery plan
<h3>6. Cancer</h3> <ul style="list-style-type: none">• Refer to the acute services delivery plan for cancer and screening initiatives• This delivery plan identifies a dependency between cancer and prevention both in terms of whole population prevention interventions and targeted support for people who have been diagnosed with cancer (for example physical exercise and smoking cessation)	<h3>7. Mental health</h3> <ul style="list-style-type: none">• Refer to the mental health delivery plan• This delivery plan identifies a dependency between mental health and prevention both in terms of whole population prevention interventions and targeted support for people who experience mental illness (for example smoking cessation)	<h3>8. People with learning disabilities</h3> <ul style="list-style-type: none">• Refer to the learning disabilities delivery plan	<h3>9. Improving quality in organisations</h3> <ul style="list-style-type: none">• We are working collaboratively across NEL to develop scalable service models, underpinned by a workforce strategy	