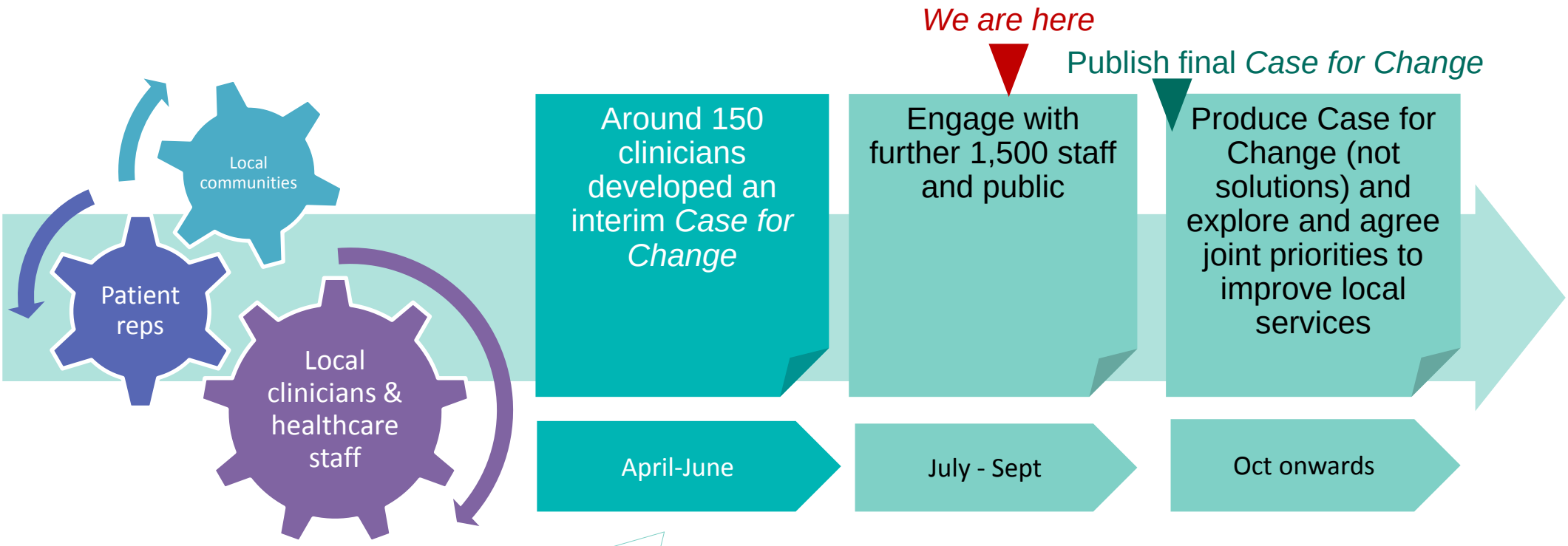
NEL Commissioning Support Unit

NHS

Transforming Services, Changing Lives

Interim *Case for Change*

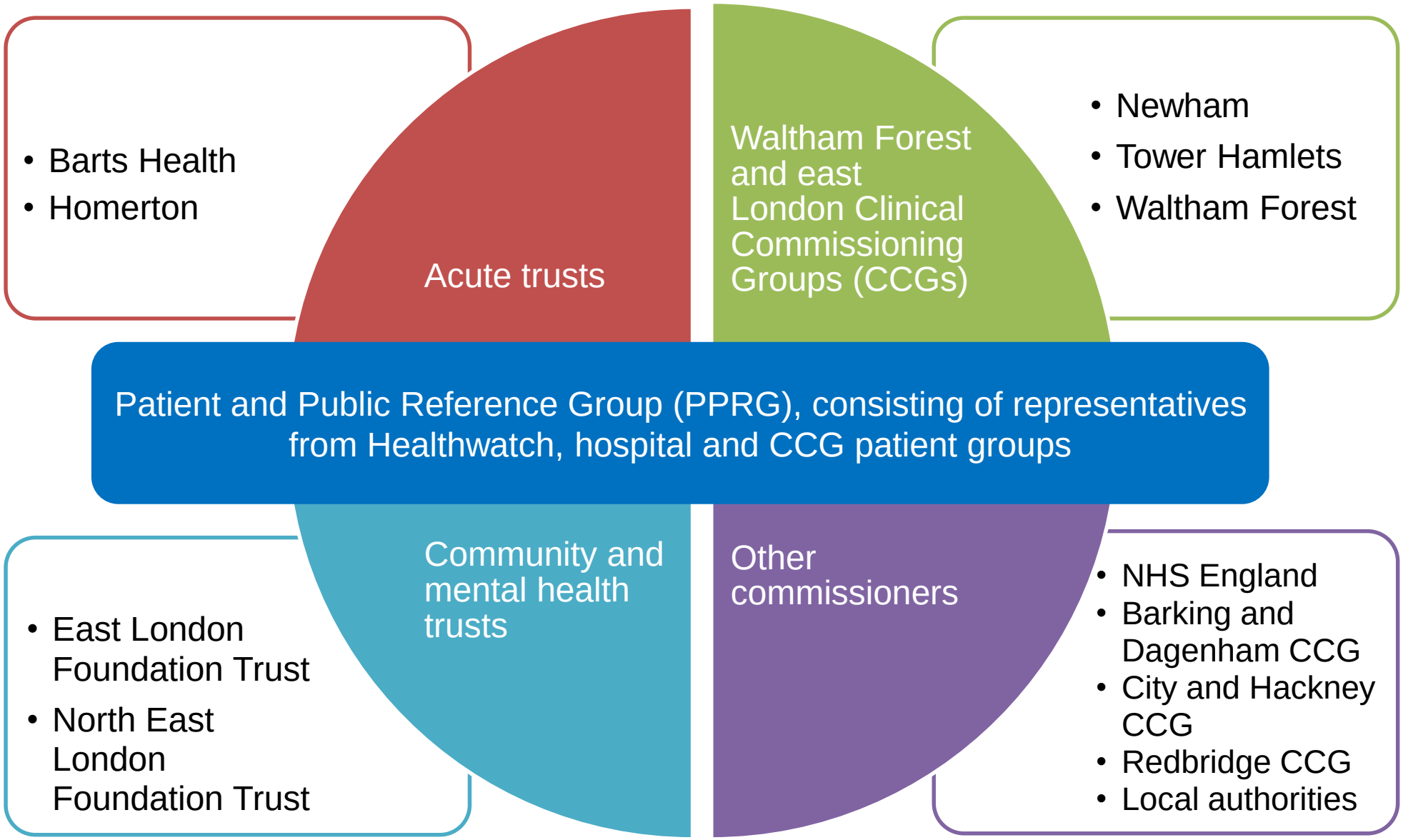
A journey to improve services for the whole community



The programme will:

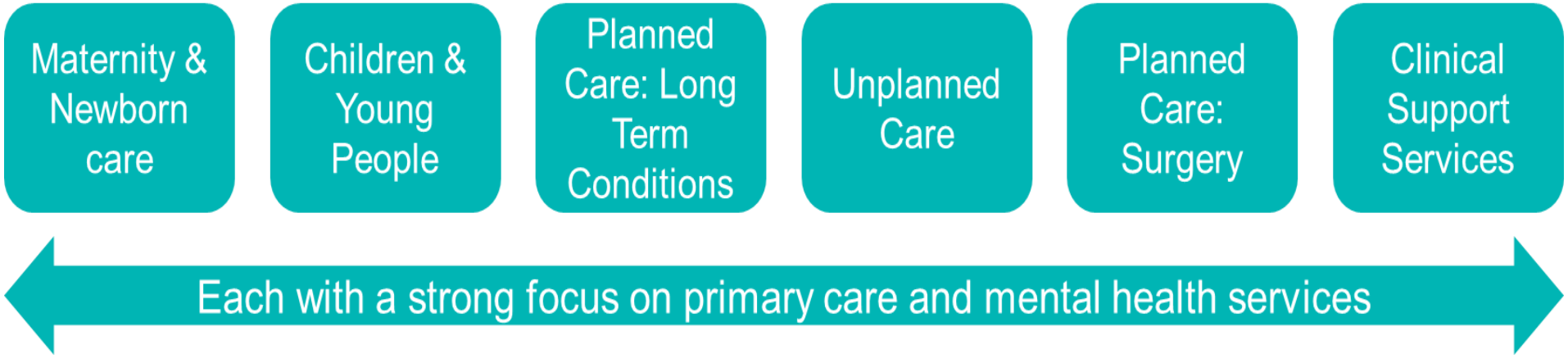
- describe the current state of services
- identify if change is needed to improve services for patients
- begin to develop a shared vision of how we can improve services

The organisations involved



How we worked

- Six Clinical Working Groups (CWGs)



- Clinical Reference Group (CRG) to consider overarching clinical and demographic issues
- A Patient and Public Reference Group
- The programme sits alongside other CCG initiatives including integrated care, mental health and primary care transformation

Inpatient bed sites

Homerton

General hospital (500 beds) with A&E/UCC (79,000 attendances), maternity (5,500 births) plus specialist care in obstetrics, neonatology, fetal medicine, fertility, bariatric surgery and neuro-rehabilitation

Whipps Cross

General hospital (589 beds) with A&E/UCC (112,000 attendances), maternity (4,980 births) plus some specialisms supporting the older population, including hyperbaric services

London Chest

Specialised heart attack centre and cardiovascular and respiratory centre (103 beds).

Newham University Hospital

General hospital (452 beds) with A&E/UCC (87,000 attendances), maternity (6,850 births) plus specialisms in fertility and diabetes

St Bartholomew's

Specialist centre for cancer, cardiovascular disease, fertility and endocrinology (250 beds). Minor injuries unit for non-emergency cases.

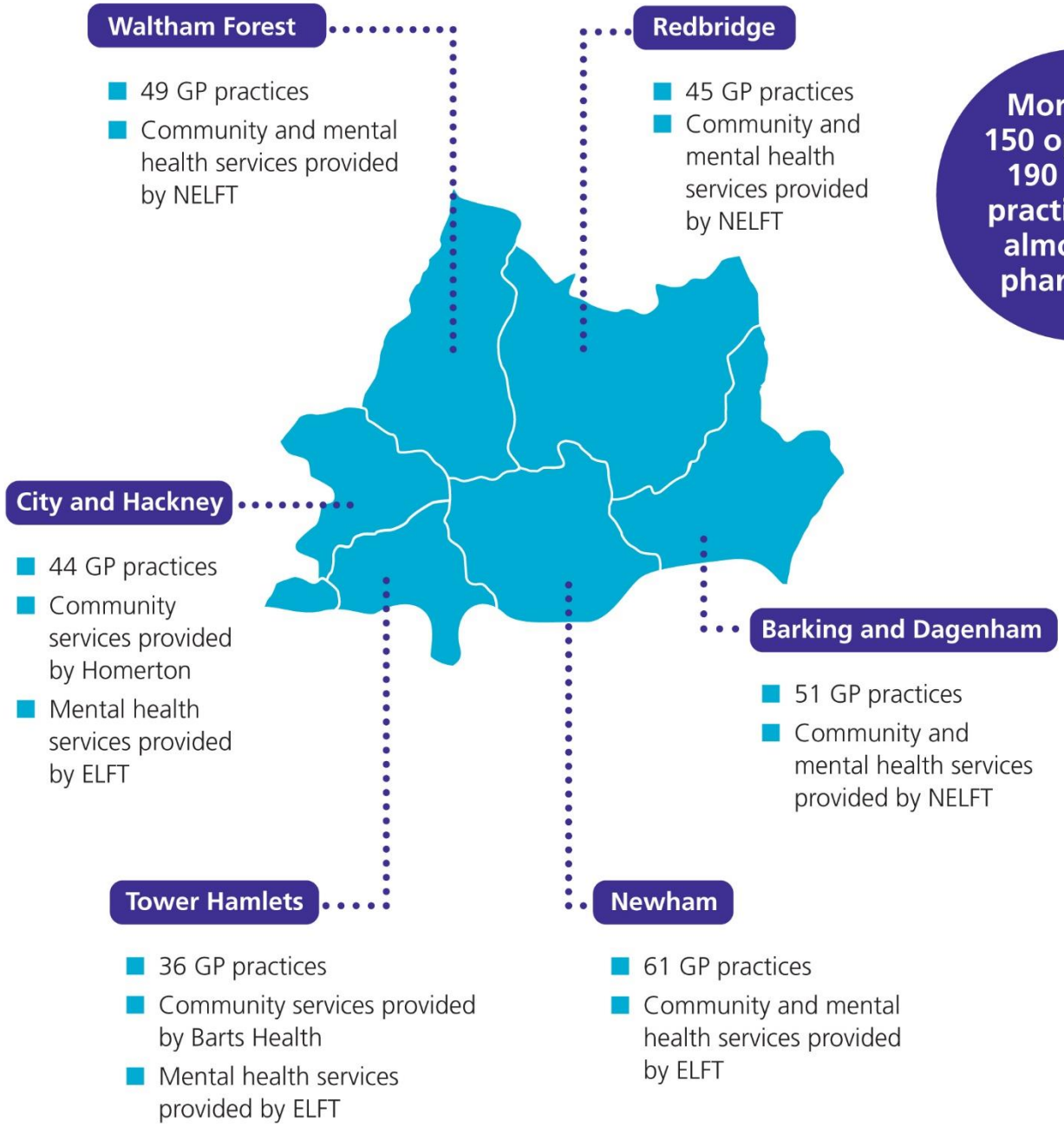
Mile End Hospital

Community hospital health centre providing a range of inpatient (64 beds) and outpatient services. These include family planning, termination of pregnancy and rehabilitation.

The Royal London

Teaching hospital (747 beds) with a full range of general acute services, A&E/UCC (101,000 attendances), maternity (5,500 births) plus specialist services including paediatrics, obstetrics, neonatal critical care, major trauma, hyper-acute stroke care, cancer, neurosurgery, dental hospital.

A range of primary, community and mental health services



More than 150 opticians, 190 dental practices and almost 350 pharmacies

- Varying degrees of single-handed practices (6-29%)
- Different models of mental health and community service provision

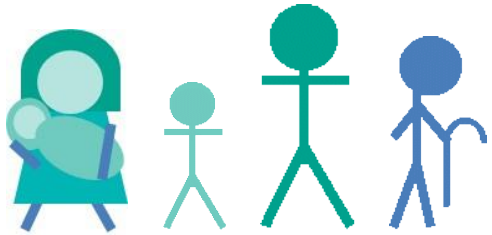
We are not making the best use of local health care services and resources

Emerging shared vision for the NHS in East London

1

The NHS working with an active local authority and voluntary sector to improve health, reduce health inequalities and prevent the need for health services

Improves health and **prevents** need for health services



People supported to manage their own health, self-care and use their NHS services appropriately. Back-up by high quality and responsive primary care services

2

Rare / dangerous / complex needs best treated by a specialist

When need arises, ensures **right care**, **right time**, **right place**

Acute episodes of care treated efficiently according to severity / urgency

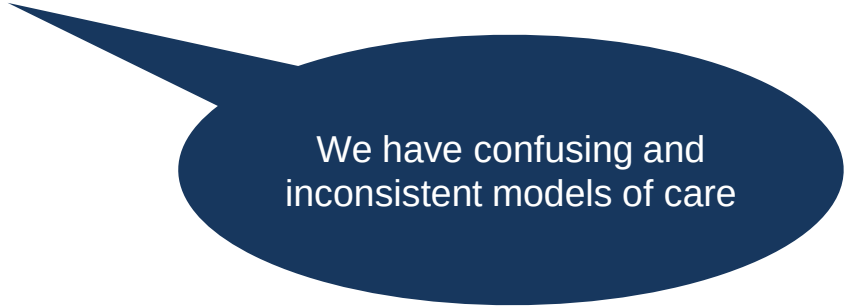
Long term conditions which are actively managed with patients to reduce the need for unplanned care

Patients believe good health and care can be achieved by:

- Consistently high quality and efficient services
- Good patient experience and information
  - Individual, friendly, non-judgemental advice and services
  - Continuity of care
  - The right advice, results and service, in the right place, first time at the right time
- Supporting self management
  - Equal partners in care
  - Use of technology such as booking online
  - Good mental health support
  - Enough information and time to ask questions.

Staff believe good health can be achieved by:

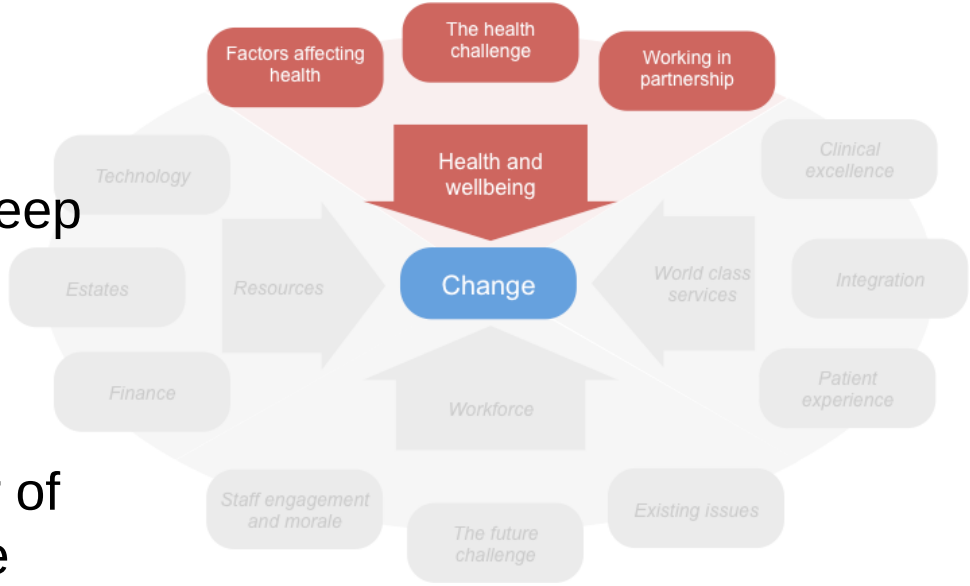
- Consistently high quality and efficient services
  - Good transitions between and within organisations
  - Maximising technology opportunities
- Good patient experience and information
  - Effective IT systems
  - Workforce that is happy, engaged and flexible
- Supporting self management
  - Clear visibility of local services
  - Consistency in the pathways of care
  - Open and honest discussions about variability in health outcomes and measures.



"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me." National Voices

Our work has identified a number of drivers for change …

Health of our population: Summary



There are some great examples of **innovative prevention and disease management** in the area, but more needs to be done if we are to keep people healthy and manage their conditions

i) **The health of our population could be improved.** We have higher than average mortality rates and high scores on a number of indicators of poor health. Key factors include high deprivation, rapid movement of population and a rich ethnic mix

ii) These challenges will not go away as the **population is growing** at a higher rate than anywhere else in the country – particularly in regeneration areas.

iii) **Everyone has a responsibility for good health**, the NHS, local councils, businesses, schools, and patients and the public

The health of our population could be improved

Note 1: Years of life at birth
Note 2: Directly age standardised rate of deaths per 100,000 population aged under 75, 2009-2011

	Note	Newham	Tower Hamlets	Waltham Forest	Redbridge	City & Hackney	England		
							Worst	Average	Best
Life expectancy (male)	1	77.5	76.7	79.0	79.9	77.7	73.8	78.9	83
Life expectancy (female)	1	82.0	81.9	83.1	83.8	82.3	79.3	82.9	86.4
Early deaths - heart disease & stroke	2	87.3	87.0	65.7	58.2	86.4	113.3	60.9	29.2
Early deaths - cancer	2	102.6	128.5	109.4	99.0	111.0	153.2	108.1	77.7

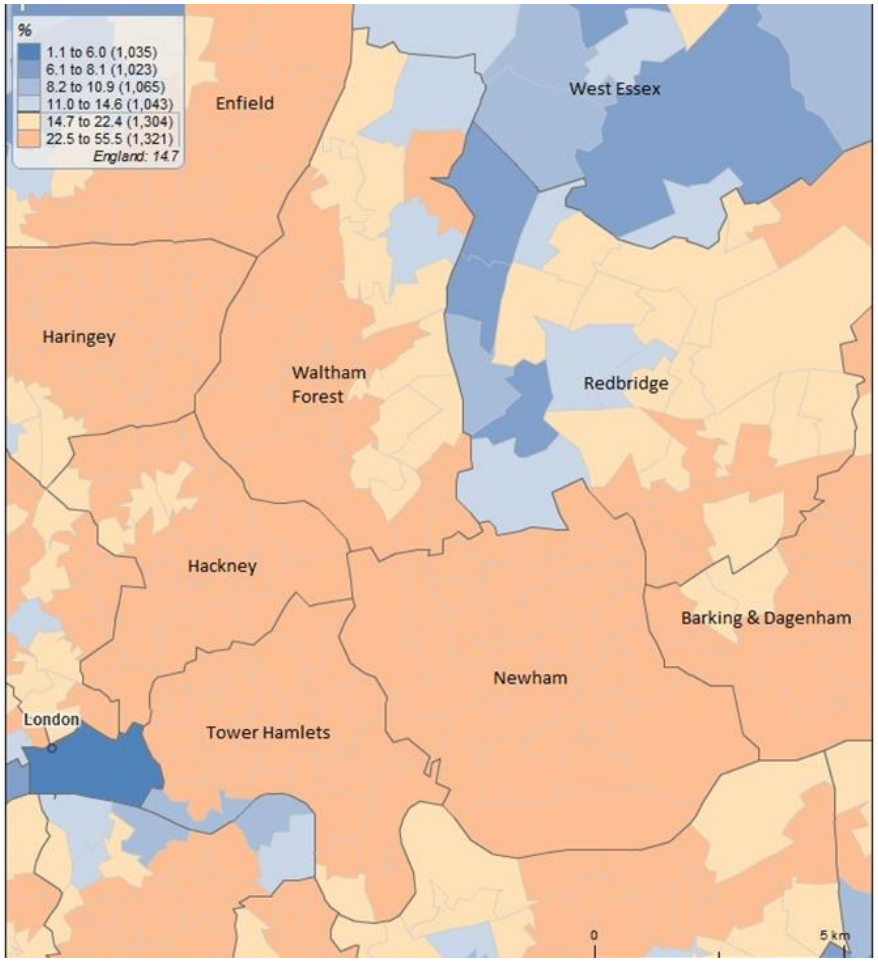
Significantly worse than the England average

Not significantly different from the England average

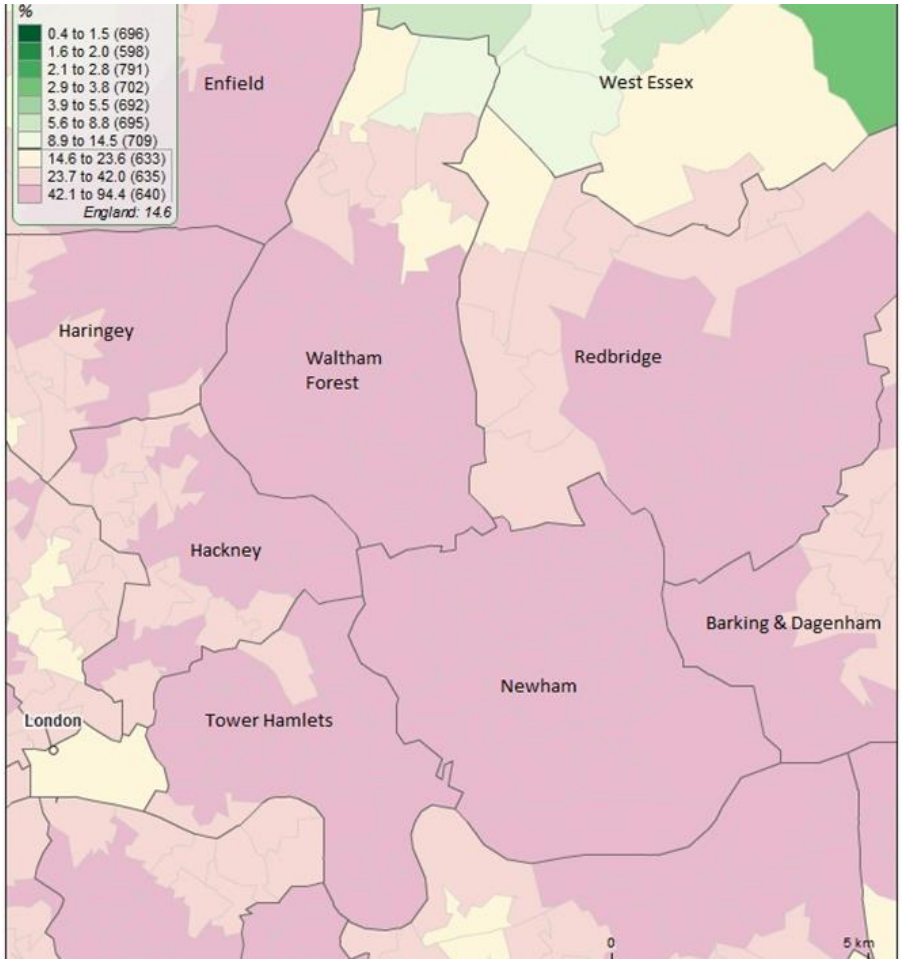
Significantly better than the England average

Key factors

- The map shows (in brown) where households are amongst the most deprived in England.

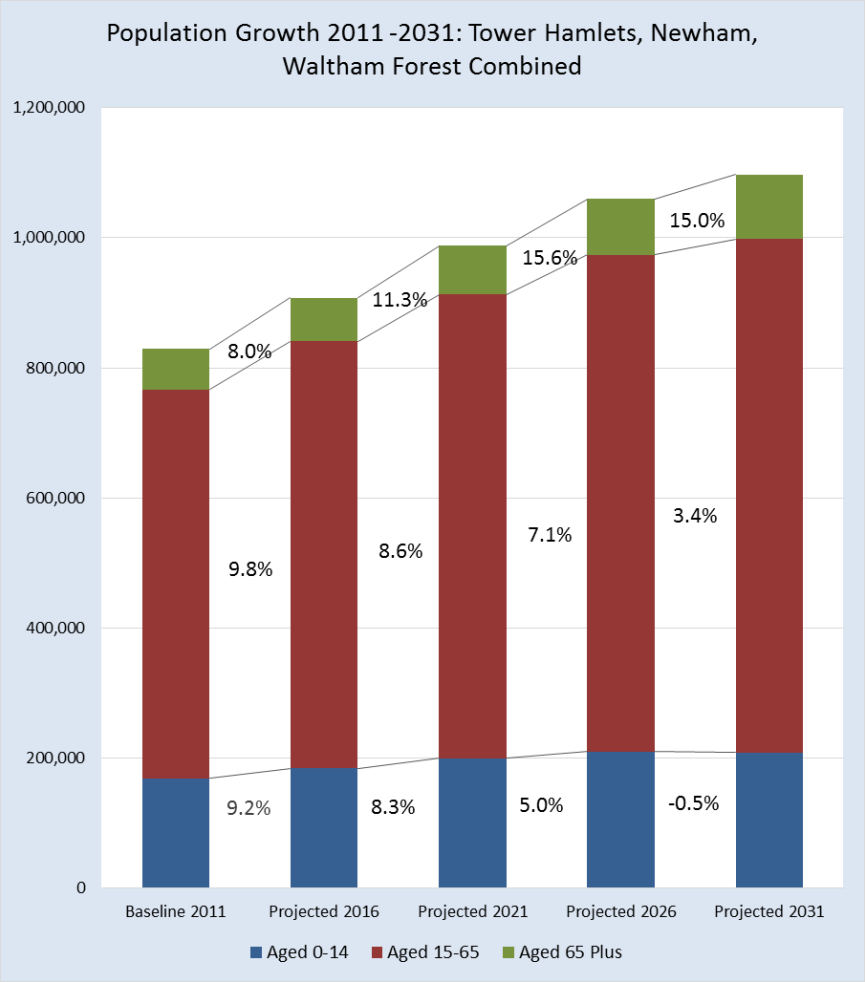


- The map shows (in pink) the areas where more than 42% of the population are from a black or minority ethnic group.

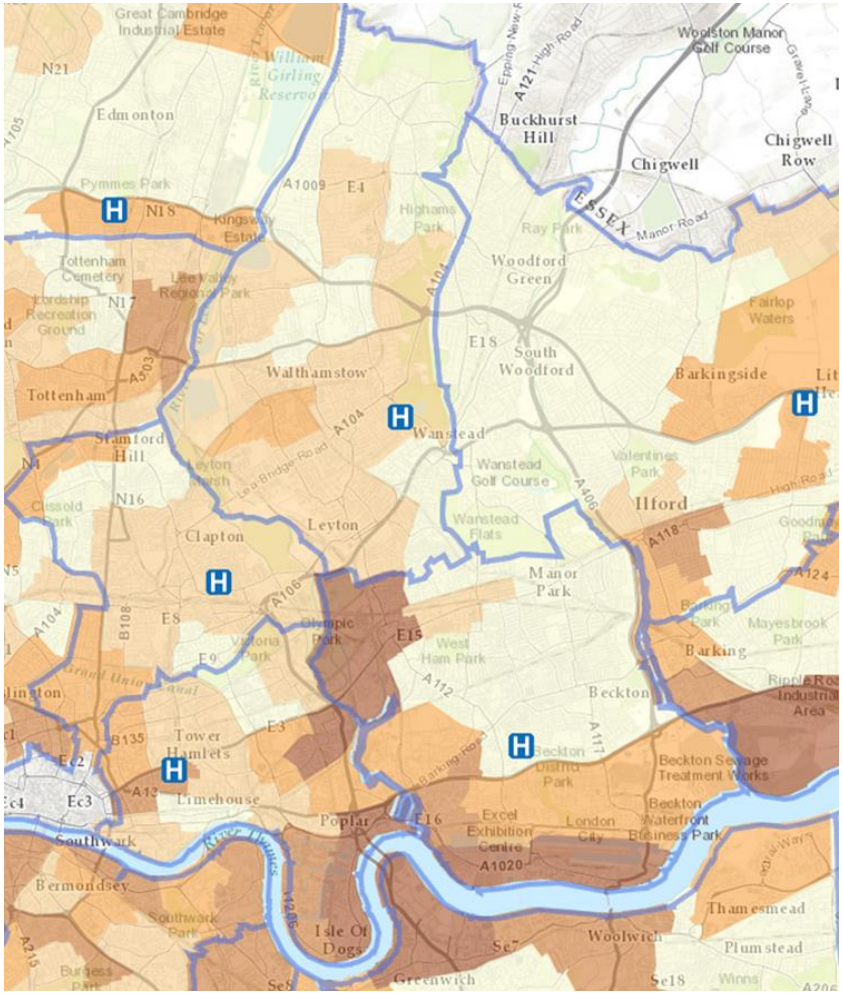


Population growth

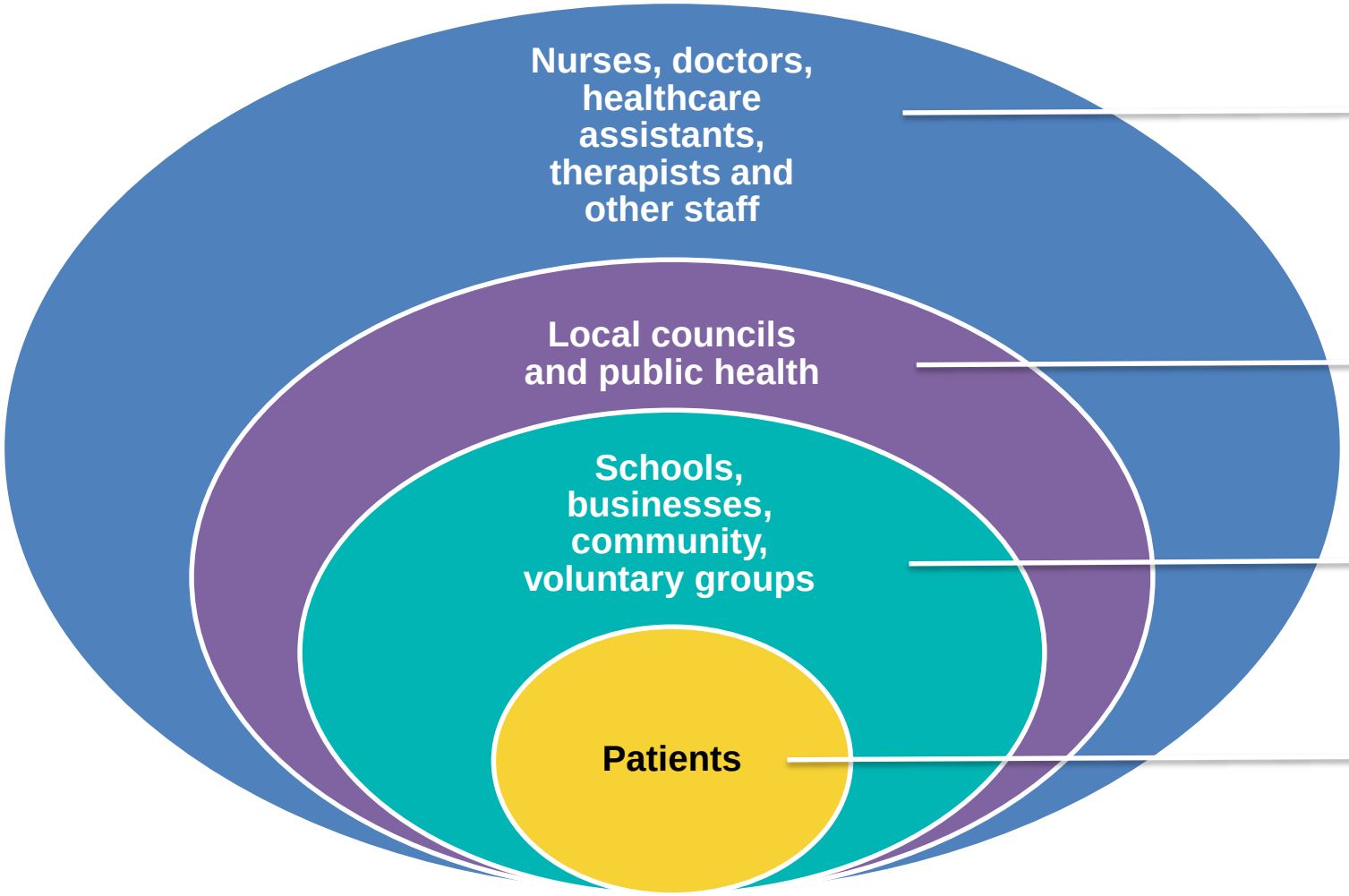
- The population of the three boroughs is set to grow by c270,000: a new London borough by 2031



- The map shows (in dark brown) the areas with most population growth



Good health, excellent disease management and a speedy recovery if you become ill is everyone's responsibility



Advice, early diagnosis and support to self-care

Housing, transport, health, environment, safety, education, quality of life

Health education, health promotion, support and early identification, mental health

Behaviour change & self-care

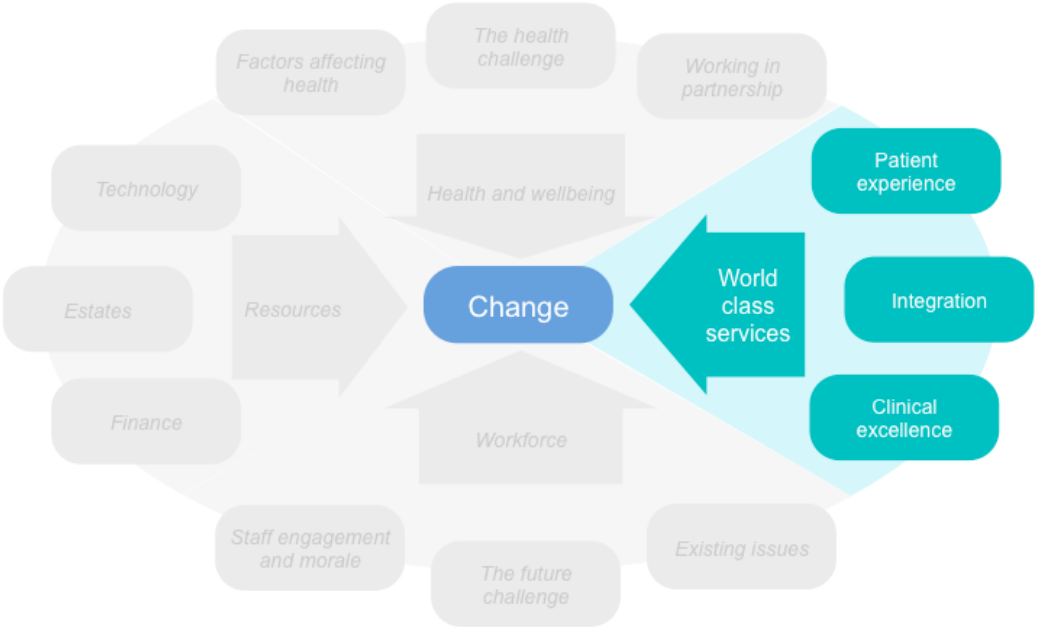
A world class service: Summary

We have some world class services, but not every service is excellent all the time:

i) **Patient experience is often poor**

ii) Services are of differing quality depending on whether the patient is the focus of integrated, acute, primary, social and mental health care and:
- **where** they live
- **what** service they need
- what **time of the day or week** they need care

We also need to recognise the critical importance of **research** in developing new, cost effective solutions to improve patient safety and experience.



I would like to see someone take overall responsibility for my care…whether that is a GP, a nurse, a consultant…I just need some help pulling it all together

Our current workforce: Summary

Whilst there are examples of leading edge schemes to build a sustainable, flexible, professional workforce, there are **challenges in recruiting for specific posts** in both primary and secondary care, which reflects the national experience

There are additional issues in East London, in particular due to the **high cost of living** and variations in cost of living allowances. We need to work closely with local authorities as recruiting a local workforce is essential to delivering appropriate care.

We need to:

i) address the **current challenges** and workforce gaps

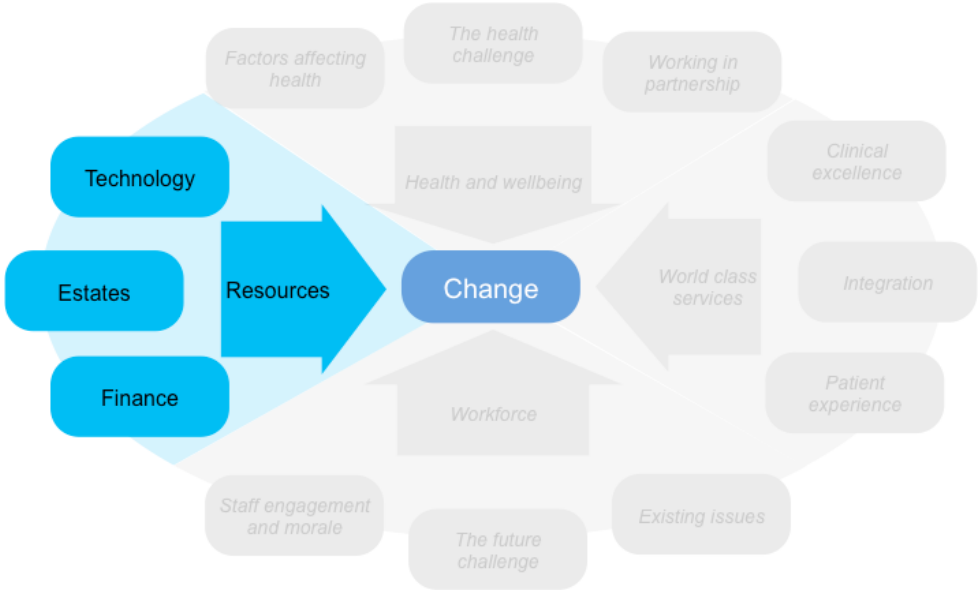
ii) ensuring our workforce have the skills needed to deliver the model of **care in the future**

iii) ensuring our **workforce is engaged, flexible and motivated** to be able to deliver high quality patient care and innovate to support continuous service improvements

iv) Recognise the importance of **clinical leadership**

Our resources: Summary

The NHS and local government are facing significant real terms reductions in funding. We need to work together to make better use of our resources to improve patient experiences, and invest in better care. We need to:



i) make more than £400m of **quality and productivity savings** over the next five years and get better at **preventing ill health**.

ii) **improve communication and information sharing** so patients can better care for themselves and do not have unnecessary appointments and tests

iii) make **more effective use of technology**

iv) make **better use of estates**

v) make **choices about the best way to spend resources**

There is not enough time and capacity, across all health and care services in East London, to deliver quality consultations for patients

What change is needed?

Next steps and priorities

Based on our findings, the key areas for change for our local NHS services are emerging as …

Realising this requires change system-wide change…

- A clear **understanding of any changes in demand**
- A single **shared vision** across the healthcare economy – this will require **choices** to be made about how and where the budget should be spent
- Supporting **self-care for patients** so that people are empowered to take responsibility for their own health, using their NHS services appropriately
- **Strong primary healthcare** services, where GPs and their teams are supported by the broader healthcare system to coordinate care on behalf of their patients
- A system which **promotes mental and physical health together**, and develops services based around the holistic needs of patients
- **Changes to the way that hospital services** are delivered to make the best use of resources and **ensure consistent high quality care 24/7**
- Supporting **collaborative and coordinated working** across the system
- A system which **supports and nurtures innovation** and removes barriers to improving care

Together we can achieve…

Great health and health outcomes for people in East London, such as:

People supported to manage their long term condition in the community

Patients reporting improvements in their quality of life as a result of health care interventions

More people surviving life threatening events such as stroke, heart attack or major trauma

People supported to die at home where it is their choice to do so

Patients reporting an excellent experience when accessing healthcare

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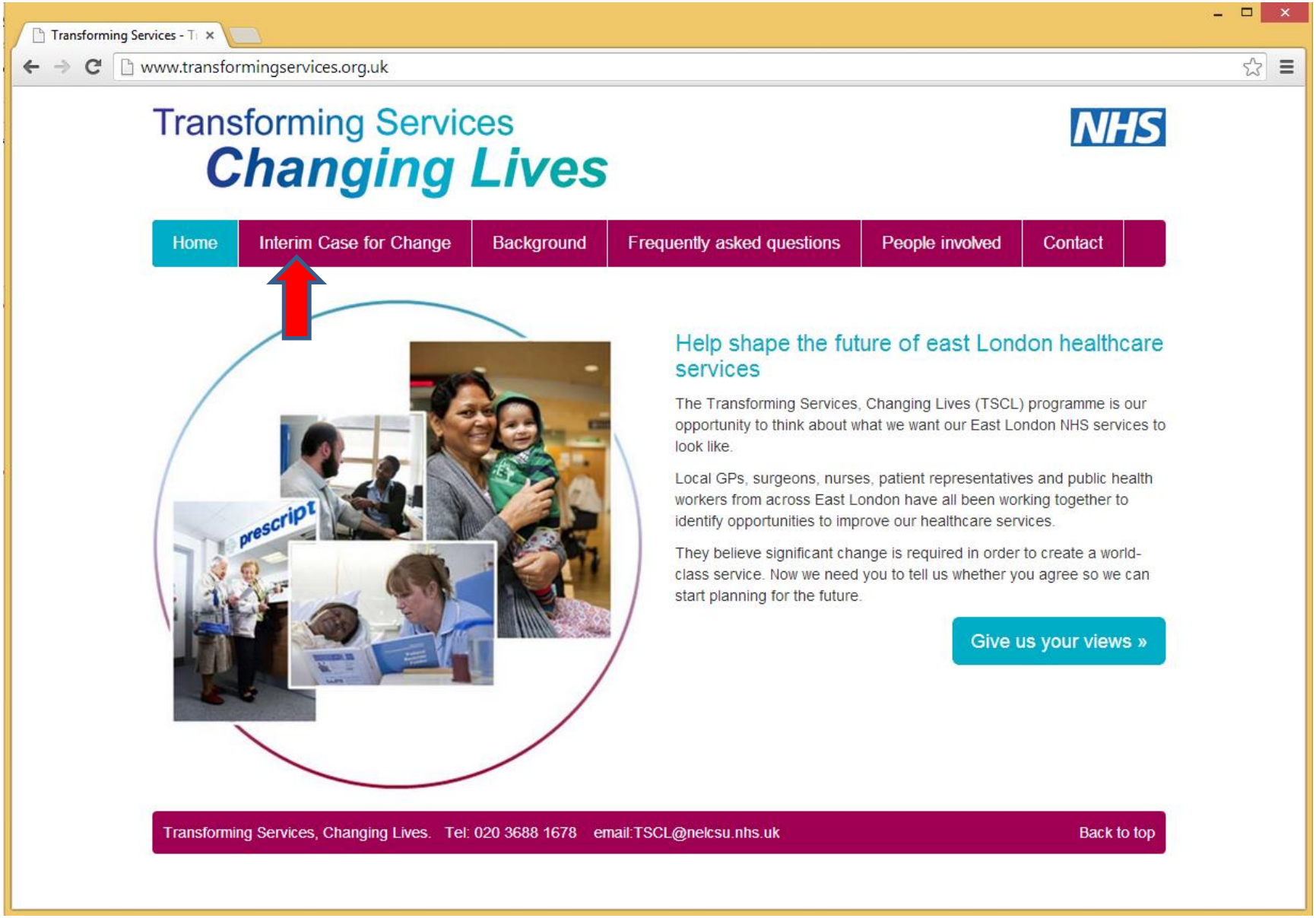
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Help shape the future of east London healthcare services
The Transforming Services, Changing Lives (TSCL) programme is our opportunity to think about what we want our East London NHS services to look like.
Local GPs, surgeons, nurses, patient representatives and public health workers from across East London have all been working together to identify opportunities to improve our healthcare services.
They believe significant change is required in order to create a world-class service. Now we need you to tell us whether you agree so we can start planning for the future.
Give us your views »
Transforming Services, Changing Lives. Tel: 020 3688 1678 email:TSCL@nelcsu.nhs.uk
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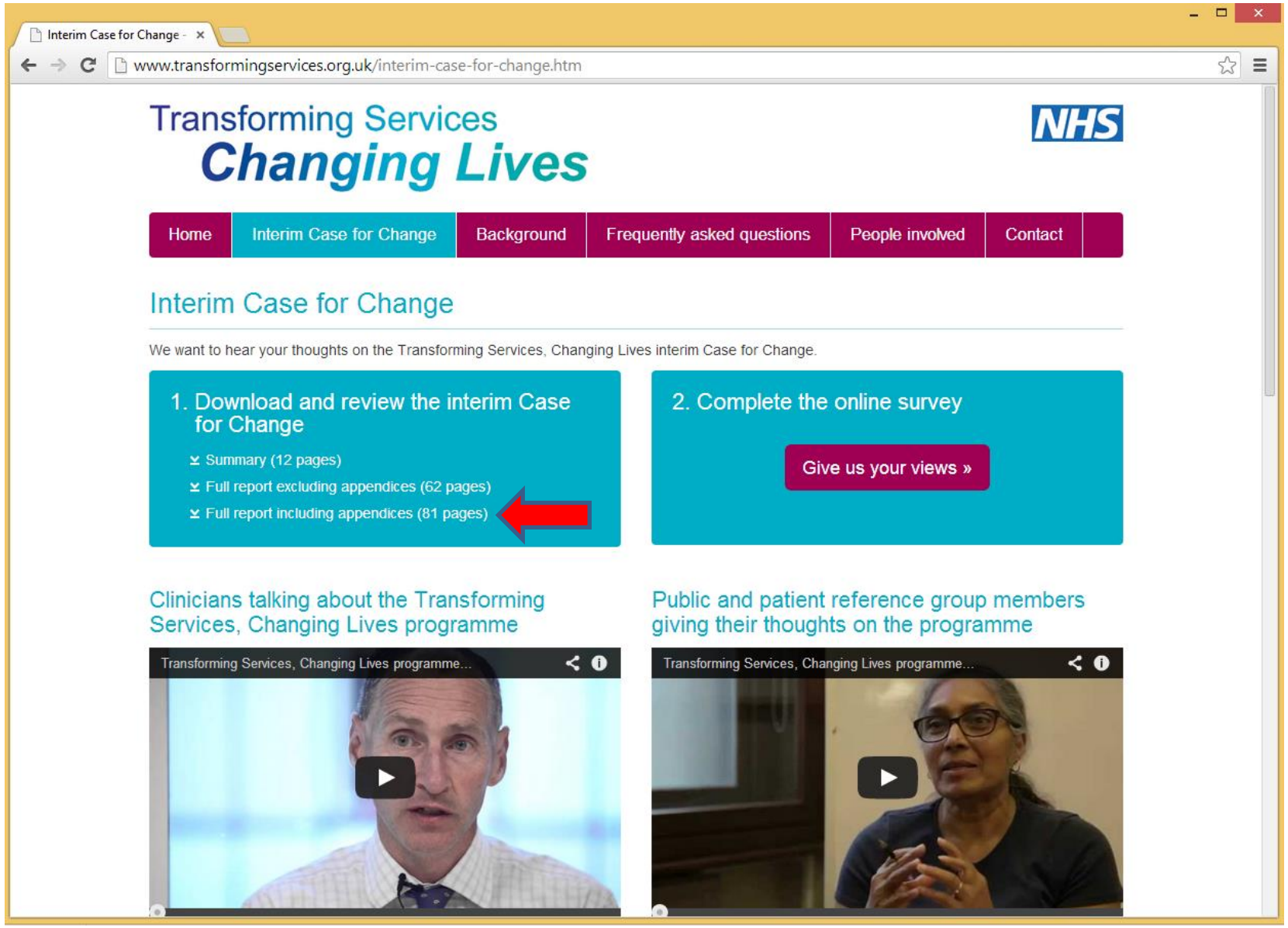
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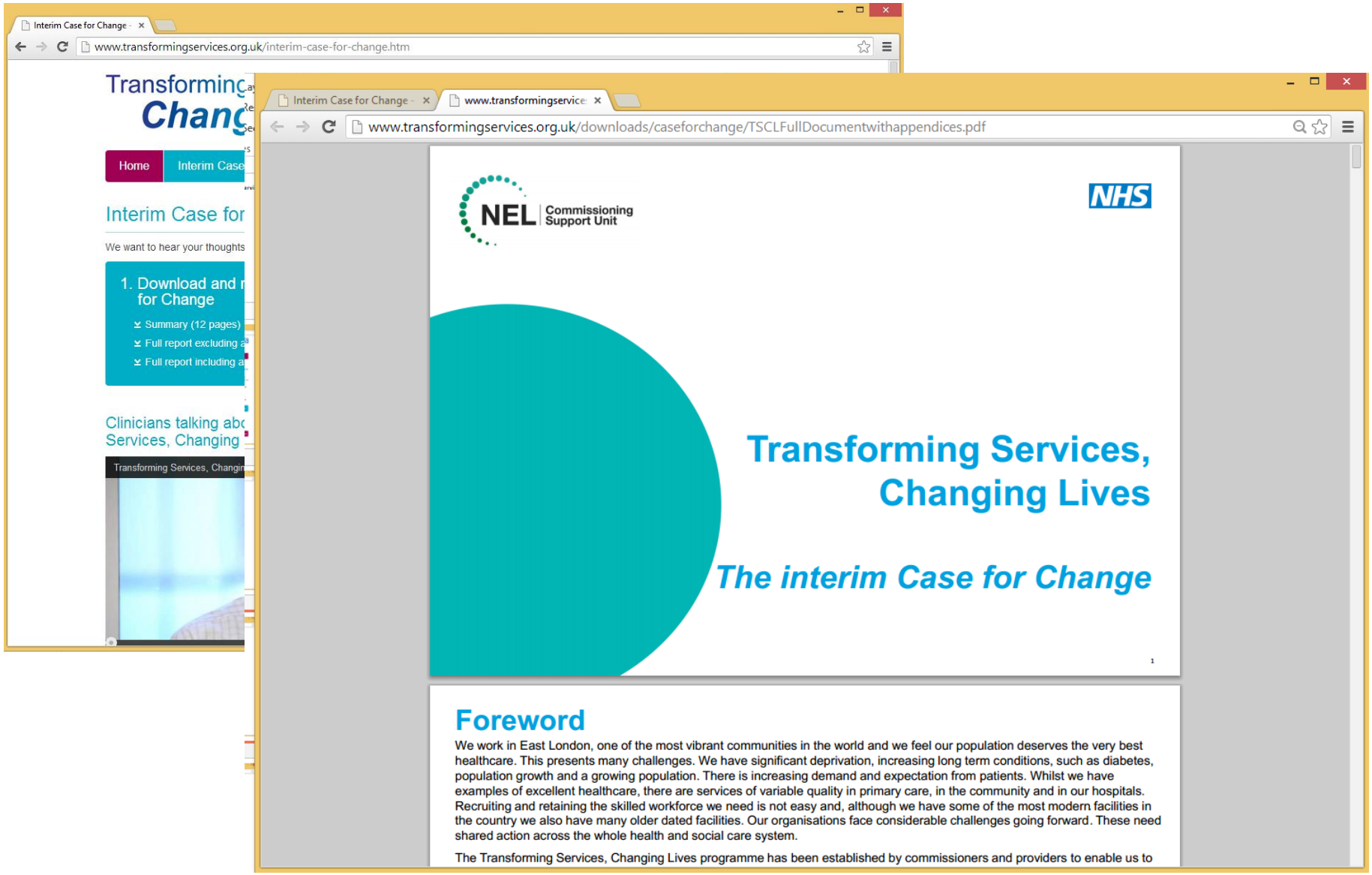
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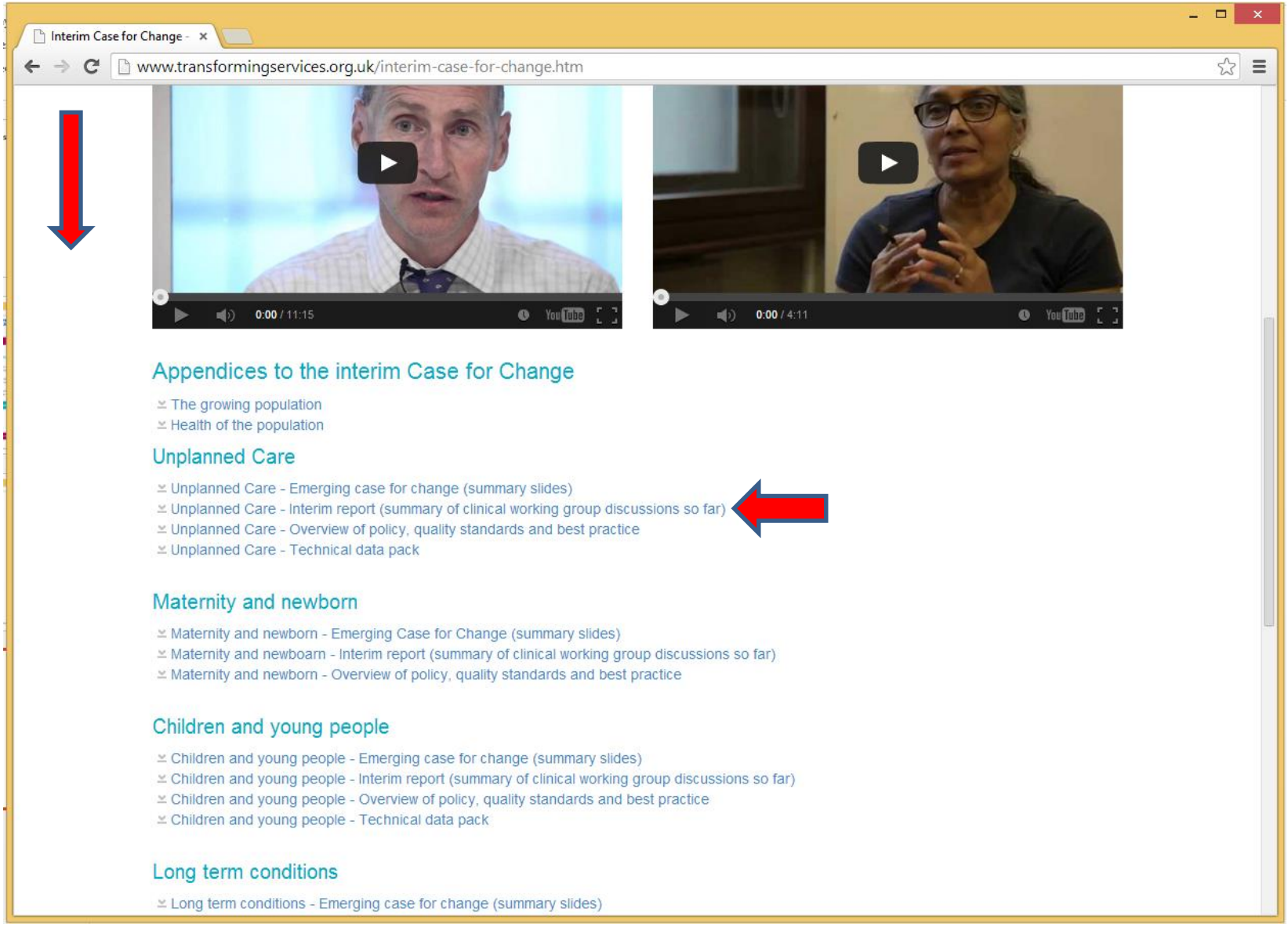
The interim Case for Change
1
Foreword
We work in East London, one of the most vibrant communities in the world and we feel our population deserves the very best healthcare. This presents many challenges. We have significant deprivation, increasing long term conditions, such as diabetes, population growth and a growing population. There is increasing demand and expectation from patients. Whilst we have examples of excellent healthcare, there are services of variable quality in primary care, in the community and in our hospitals. Recruiting and retaining the skilled workforce we need is not easy and, although we have some of the most modern facilities in the country we also have many older dated facilities. Our organisations face considerable challenges going forward. These need shared action across the whole health and social care system.
The Transforming Services, Changing Lives programme has been established by commissioners and providers to enable us to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Unplanned Care - Interim report (summary of clinical working group discussions so far)
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Long term conditions
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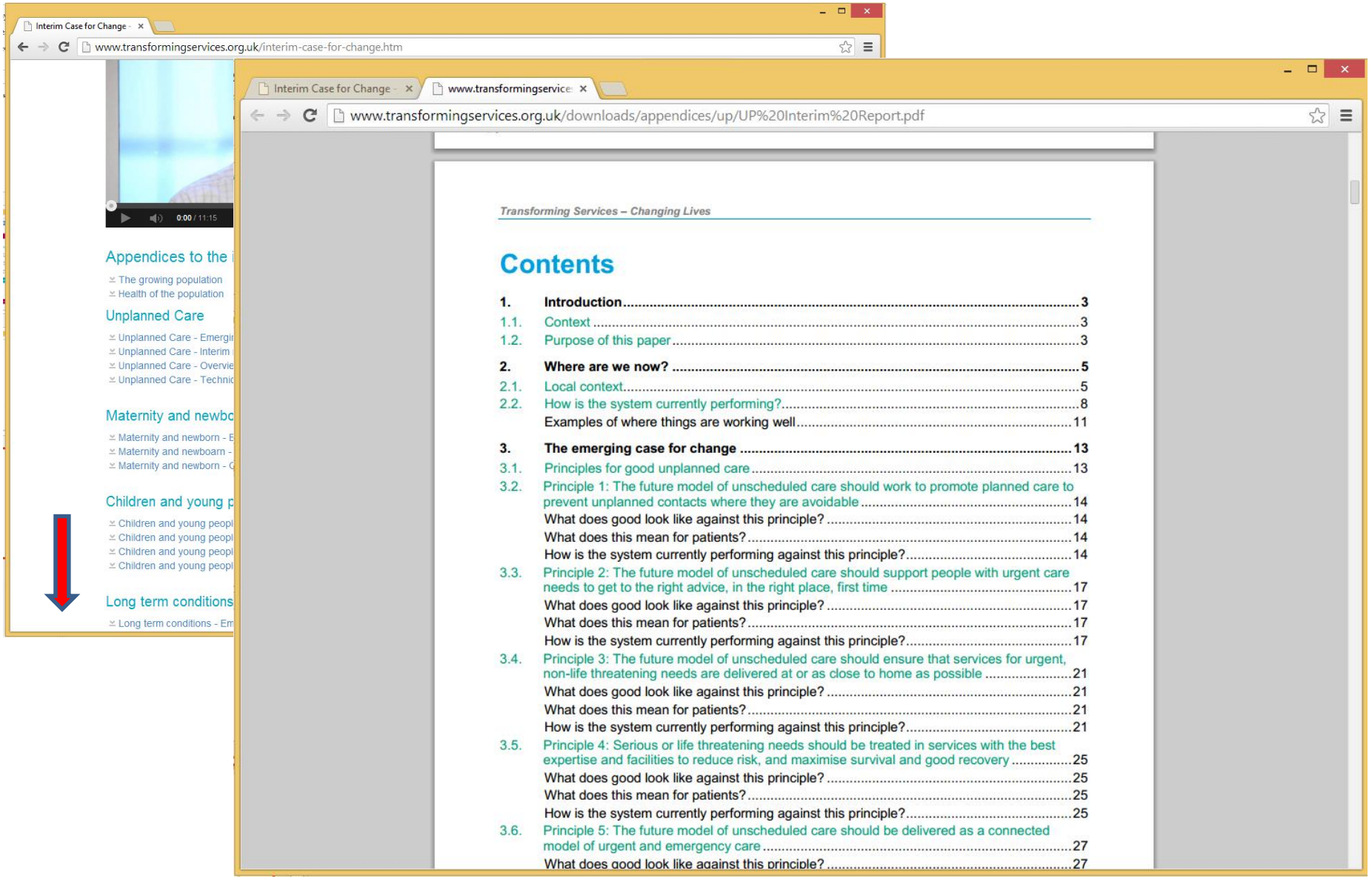
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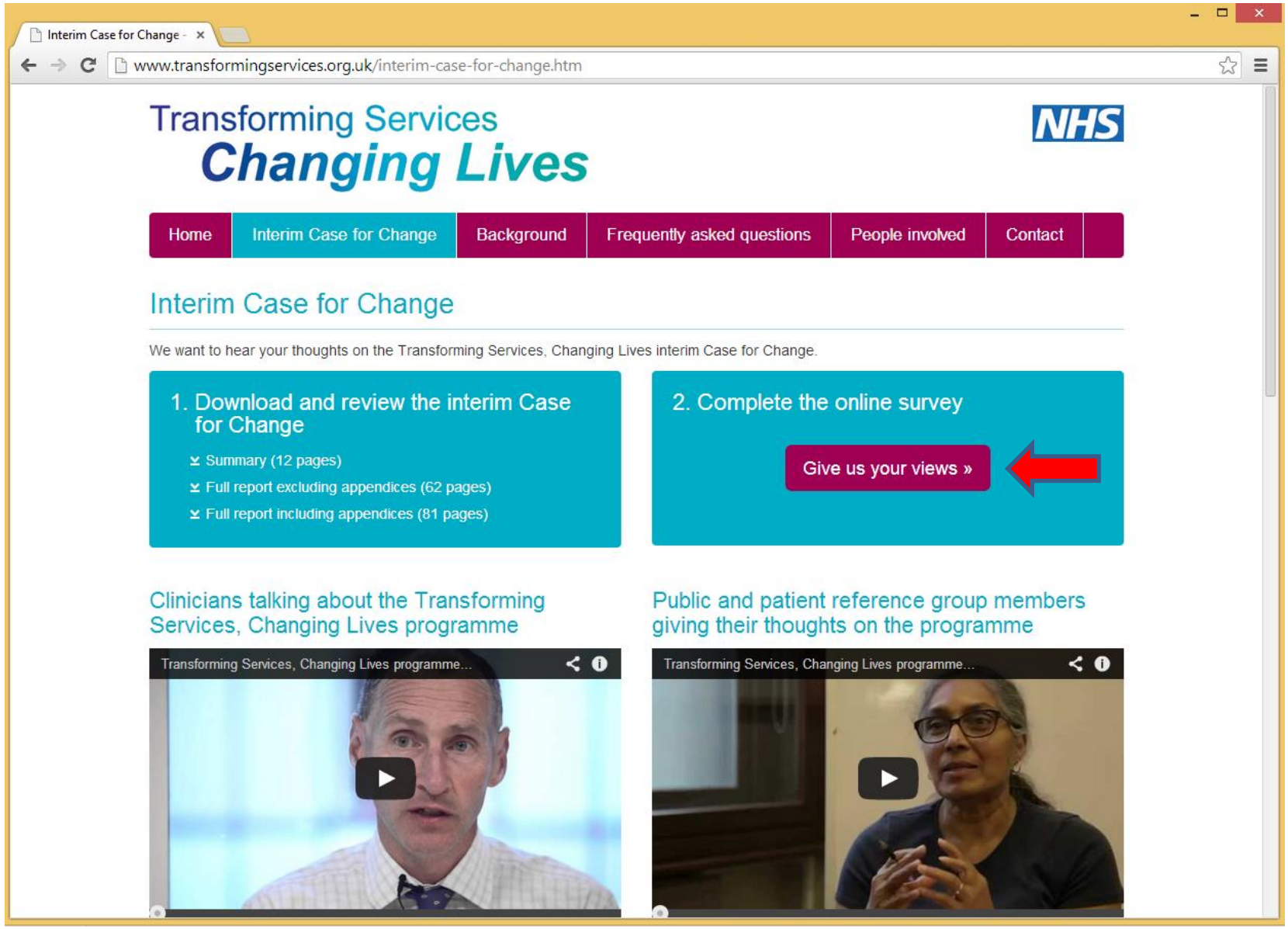
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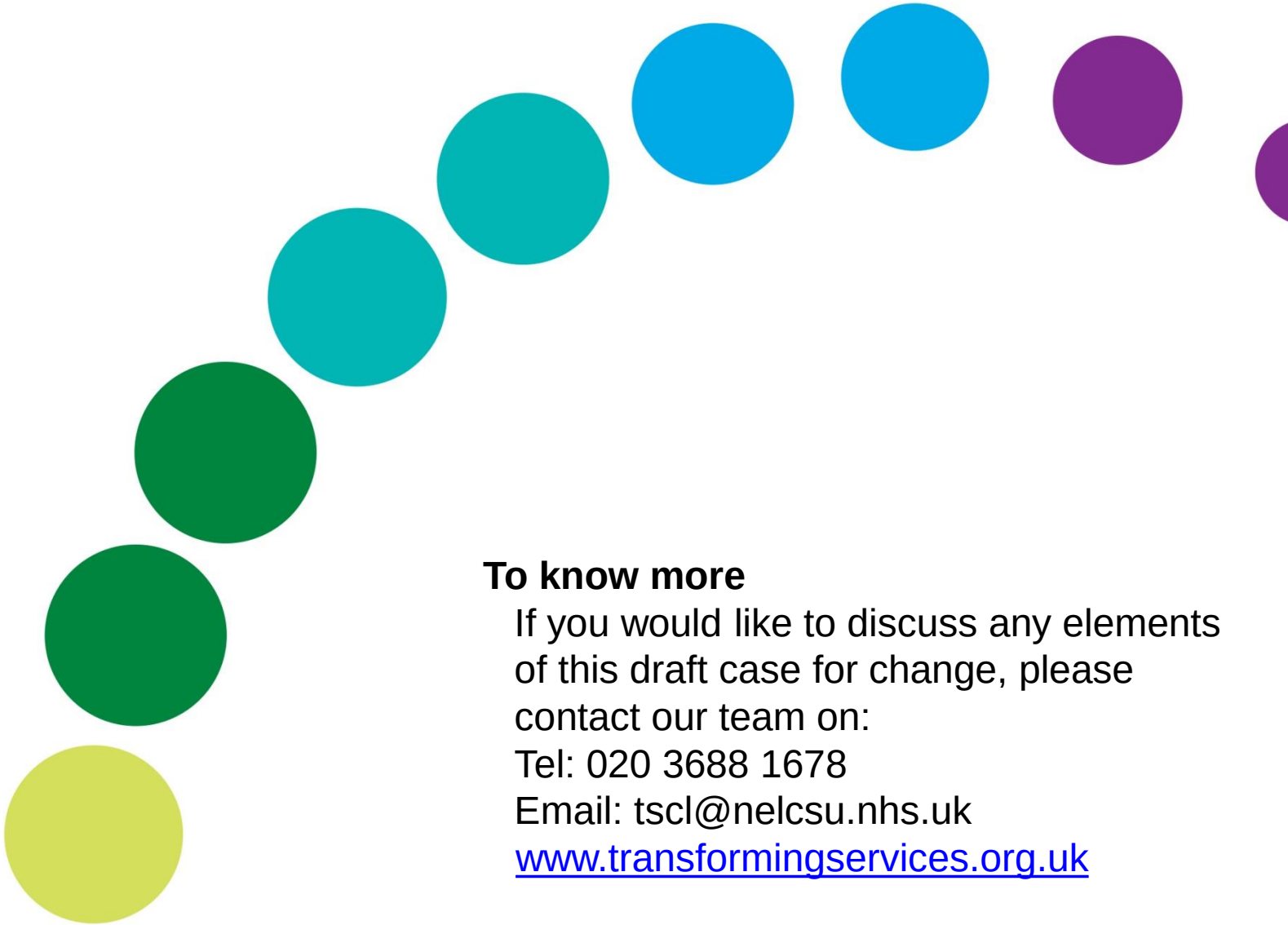

To know more

If you would like to discuss any elements of this draft case for change, please contact our team on:

Tel: 020 3688 1678

Email: tscl@nelcsu.nhs.uk

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