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| <p align="center">Health and Wellbeing Board Tuesday 15 March 2016</p> |  |
| <p>Report of Transforming Services Together Programme</p> | <p>Classification: Unrestricted</p> |
| <p>Transforming Services Together Programme (TST) Strategy and Investment Case</p> | |

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Executive Summary

Transforming Services Together (a partnership programme of work between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health Trust) has now published its Strategy and Investment Case. A period of public engagement will run from 29 Feb to 22 May 2016.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Note the publication of the strategy and engagement plan
2. Provide initial views
3. Take part in the engagement period both by making a formal response to the engagement and encouraging others to make their views known.

1. DETAILS OF REPORT

The TST Strategy and Investment Case has been developed by over 1,000 clinicians, managers, staff and public and patients, and has been approved by the three CCG governing bodies and Barts Health board. It is a response to the agreed Case for Change¹ published in December 2014.

The case for change

If we don't change, due to population growth, the health economy will need an additional 550 inpatient beds by 2025 – the equivalent of a new hospital. The cost of building this capacity would be about £450 million; the cost of running these additional beds would be about £250 million a year. We wouldn't have

¹ www.transformingservices.org.uk

(or be able to recruit) the workforce to support this, and we know that hospital is not the right place for many people

If we don't change, the health economy finances will deteriorate further, patient experience will decline and patient safety will be put at risk. People will need to wait longer for operations or travel outside of east London for some routine elective care. People with a mental health illness will continue to be poorly treated compared with patients with a physical illness; too many people will continue to die in hospital rather than in a homely surrounding. Patients and staff will have to cope with poor environments.

The strategy

Our strategy: makes it easier for organisations to work together with common objectives and shared ideas; aims to shift activity into fit-for-purpose settings of care, often closer to home; will enable better prevention of ill health; helps people to stay healthier and manage illnesses; will improve access to high quality, appropriate care; focuses some specialisms in fewer locations to improve patient outcomes and experiences; reduces bureaucracy; and helps set our finances on a path of sustainability in an increasingly challenging environment.

Over the next five years we will focused attention on 13 carefully considered, costed and tested high-impact proposals. We will:

1. join up health and social care services to provide services that meet people's needs – usually closer to their home.
2. improve access to urgent primary care, joining a variety of different services together
3. improve primary care, for instance offering longer appointments for people with long term conditions, providing Skype and other online tools. Smaller GP practices will increasingly work together so they can offer more services – supporting people to manage their health and wellbeing and reducing costs
4. identify the need for end of life care earlier, have the difficult conversations and by doing so, support people make better choices about the end of their life

We recognise the need to strengthen existing A&Es and maternity services in our three main hospitals. We will:

5. create centres of excellence on each site to improve surgery
6. bring together all the expertise needed at the front door of hospitals to see and treat people quickly. We know that patients are keen to avoid spending time in hospital (and in fact for many (particularly older) people it is not good for them). These 'acute hubs' will reduce the number of people

unnecessarily admitted to hospital and reduce the time patients spend in hospital.

7. give women more choice of having a baby in a midwifery-led centre or at home. For most women these options place them at a lower risk of interventions and operations, are safer and better.

We will also work together to tackle bureaucracy and inefficiency in the NHS and improve patient experiences through:

8. transforming patient pathways. We know that far too often the patient journey is long, convoluted, frustrating and wasteful. We would like to see patients deciding when they need a follow up outpatient appointment, not simply book them into one in six months, whether they need it or not.
9. stopping unnecessary testing which is wasteful and subjects patients to inconvenience and worry.
10. sharing care records, to stop having to ask people for their history and stop the need to repeat tests
11. developing new roles, such as physician associates who can better meet the needs of patients, meaning that GPs can focus their attention on those patients who need their particular expertise
12. and 13. developing services and facilities at Whipps Cross and Mile End.

These services will need to benefit the whole community, reduce health inequalities and address mental health issues, as well as physical health problems.

The engagement

So far, more than 1,000 people have been involved in developing the plans e.g. the TST Patient and Public Reference Group; clinical workshops and GP groups; local organisations e.g. NELFT, ELFT, Homerton, Redbridge CCG, local authorities, overview and scrutiny committees; existing meetings e.g. Maternity Services Liaison Committee; and specific patient/public meetings e.g. diabetes workshop; mental health workshop; care records workshop.

Now we are providing a wider opportunity to discuss the proposals with the public, staff and stakeholders from 29 February to 22 May 2016.

We intend to inform people and enable them to have their say generally using a mail/email shot, advertisements, press releases, posters, drop in sessions in the community and hospitals etc. However we will primarily be organising local workshops on particular elements of the programme. The engagement strategy is attached.

2. FINANCE COMMENTS

- 2.1. Significant investment is required if we are to 'invest to save' so we have developed detailed analysis of the savings that could be achieved, with appropriate sensitivity analysis.

Our assessment is that the programme could save between £104 million and £165 million revenue costs over a five year period, with annual savings thereafter of £48 million.

Assessment of the capital requirements show that without TST (and therefore the need to build an extra 550 beds), the partners (and external resources e.g. national funds) would need to invest £352 million over five years and £1.1 billion over 10 years. However if the TST objectives are achieved the investment reduces to £173 million over five years and £636 million over 10 years. Both sets of figures include a cost of around £450 million over 10 years to rebuild Whipps Cross hospital.

3. LEGAL COMMENTS

- 3.1. The recommendations to:

- note the publication of the strategy and engagement plan;
- provide initial views; and
- take part in the engagement period both by making a formal response to the engagement and encouraging others to make their views known,

are consistent with the general policy, reflected in the Health and Social Care Act 2012, of giving HWBs responsibility for joint health and wellbeing strategies. As the HWB has statutory status, due regard should be given to its decision making authority within its terms of reference. These recommendations are within the terms of reference of the HWB agreed by the Mayor in Cabinet on 4 December 2013.

4. IMPLICATIONS TO CONSIDER

- 4.1.1 The outcomes of the engagement will be used to develop both the strategy and the local input into the STP

Appendices and background documents

Appendices

- There are three parts of the report and an engagement strategy. Part one of the report and the engagement strategy are attached. Part two and part three are also available and can be downloaded here:
<http://www.transformingservices.org.uk/strategy-and-investment-case.htm>

Local Government Act, 1972 Section 100D (As amended)

List of “Background Papers” used in the preparation of this report

List any background documents not already in the public domain including officer contact information.

- NONE