

Supporting Aspiring ICSs Programme

Terms of Reference
South East London STP

September 2018

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1. Preparing for the future: a development programme for aspiring ICSs

Introduction and context

In January 2018 NHSE/I launched a major capabilities building programme to facilitate the move towards whole system working, starting with the Commissioning Capabilities Programme. The Supporting Aspiring ICS Programme is the next phase of this, and is aimed at helping ICS leaders develop the skills they need to accelerate their progress this year and give them the best chance of meeting the ICS Programme entry criteria for 2019/20.

Systems on the programme are aspiring ICSs, which NHSE/I believe have the potential to quickly progress to reaching shadow ICS status. The purpose of the programme is to enable leaders to work together on their joint development and deliver more effective planning and preparation for shadow ICS status across five core areas:

- Effective leadership and relationships, capacity & capability
- Coherent and defined population
- Track record of delivery
- Strong financial management
- Focus on care redesign

Preparing for the future: a development programme for Aspiring ICSs

The Optum Alliance was selected through a competitive tender process as the preferred supplier. The Optum Alliance is formed of Optum Health Solutions and PwC.

The programme is a tailored 11-week programme starting in mid-September that is focused on particular areas of development according to an ICS programme readiness exercise, with regional input. It will focus on supporting the systems to make accelerated progress this year, and give them the best chance of meeting the ICS programme entry criteria for 2019/20.

The programme will focus on developing 'action learning' as a leadership team, working together on live problems with tangible outputs that will accelerate the development of the STP. It will be delivered through a combination of leadership events (NHSE/I-led), workshops, and peer learning events, alongside dedicated programme support and coaching from senior Optum Alliance facilitators and NHSE/I regional leaders.

Systems will be able to choose six workshops across five main topics, linked to the baseline capabilities required to be a shadow ICS (see appendix) and tailored for system needs. We will partner with you to tailor the programme to your needs by:

- Identifying the specific challenges you want to address;
- Focussing the workshops on these specific challenges; and
- Dialling up or down the time and intensity of focus on particular workshops in line with where the STP requires the greatest support.

This document contains our plan for this programme based on the scoping meetings held with STP leadership.

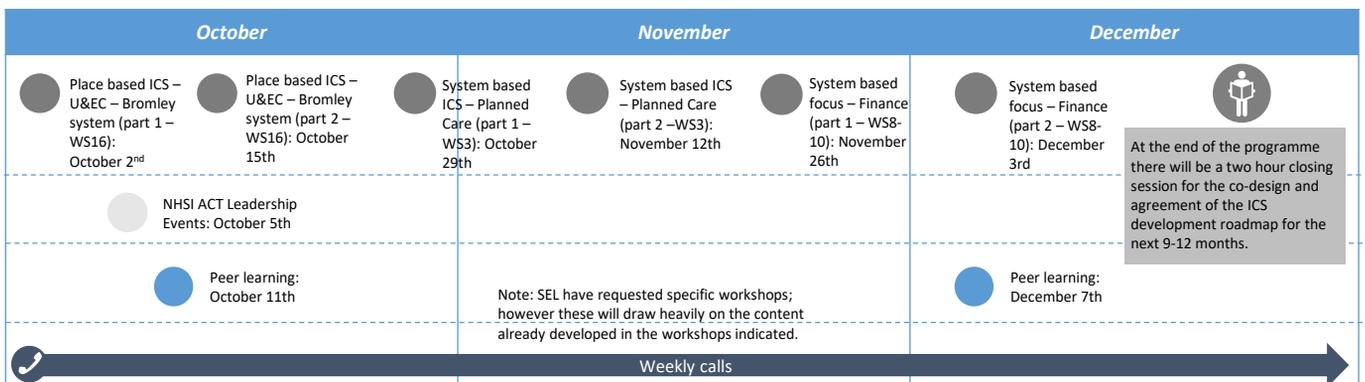
2. Programme content, delivery, and timeline

How will it be delivered?

The programme will be delivered through ‘action learning’ workshops aimed at the leadership team, who will work together with subject matter experts and facilitators on live problems with tangible outputs that will accelerate the development of the STP. This will be combined with and complemented by leadership events and peer learning events.

Agreement on baseline capabilities and programme structure	Building relationships; problem solving; creating the capabilities to meet ICS entry criteria	Progressing to ICS authorisation
<ul style="list-style-type: none"> Review of STP programme readiness exercise based on ICS selection criteria – conducted over the phone. Regional feedback to systems. Output: Completed readiness assessment, agreed terms of reference, and programme tailored to meet ICS development needs. 	<p>11 weeks of intensive support:</p> <ul style="list-style-type: none"> 1 full-day workshop with NHSI ACT, focused on system leadership, relationships and building trust and readiness. 6 tailored workshops covering topics such as care design, partnership working and managing finances 2 peer learning events where you can present progress, and hear from wave 1 & 2 ICSs and key national executives on the latest policy thinking Weekly update calls between Relationship Director and STP Lead Dedicated support to develop roadmaps, other products, troubleshoot and offer coaching and support as required (this is 0.5 FTE per STP from the Alliance (Relationship Manager) and 0.3 FTE from NHSE (STG Relationship Manager) The role of critical friend and coach will be key to delivery in Module 2. There is an expectation of weekly touch points with workstream leads to troubleshoot, drive the work plan forward, and support with any blockers in developing the roadmap. These conversations may feed into the tailoring of future workshops, or drive actions for either the Alliance support or the STP programme team which will contribute to a more rigorous and comprehensive roadmap. The Alliance teams will have regular touch points with workstream leads (led by the SME director), Programme Director (led by the Relationship Manager) and the STP lead (led by the Relationship Director) Output: Roadmap setting out system plan and next steps to move towards shadow ICS status, aligned with the ICS baseline capabilities matrix. 	<ul style="list-style-type: none"> System assumes leadership for delivering the roadmap. On-going regional support to implement system roadmap. Continued national support where this will help progress. Post programme support Output: Strong application to join the third wave of the ICS programme.

Delivery phase timeline



3. System overview for South East London (SEL) STP

Current situation

The SEL STP comprises Guy's and St Thomas' NHS Foundation Trust, Kings College Hospital NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Bromley Healthcare CIC, Bexley CCG, Bromley CCG, Greenwich CCG, Lambeth CCG, Lewisham CCG, and Southwark CCG. The STP has been working on a 'system of systems' approach to integrated care for over a year. The STP is planning to develop this approach to become a shadow Integrated Care System (ICS) by **2019/20**.

There is already a governance structure in place to support the move towards integrated care including the STP Board and leadership group with strong engagement from all partners. However, support is needed to accelerate progress on the development of key ICS building blocks, such as a system-wide control total.

SEL has identified three major areas of focus for the programme

Through initial conversations, meetings, and the Readiness Exercise, SEL have identified three main areas of focus for the Supporting Aspiring ICS Programme. From these broad areas of challenge, there are a number of areas that the system would like to focus on through the 11 weeks (below). SEL would like an extra workshop on population health management; the detail of this is currently being worked through with the Alliance and NHSE. This is likely to be held in January. The team will also aim to include broader discussions on this topic in the process leading up to delivery.

1. Working as a system while organisations face financial challenge. SEL has two acute providers facing substantial financial challenge. The level of challenge is such that it presents a risk to progress in developing an ICS. Like many STPs across the country there is a need to understand what it means to collectively manage resources where there are organisations in financial distress. Whilst SEL have agreed a control total, there is a need to understand the implications of this going forward.

There is a need to understand better SEL's deficit drivers, and develop a methodology to address deficit drivers through system solutions. There is a need to clearly understand what this means for shared control totals, financial governance, and the role of the system in supporting challenged organisations to recover. There is also a desire to explore how borough-based models can align with providers who provide services nationally and internationally.

2. Meeting targets in planned care. Planned care currently represents c.1/3 of care delivered in SEL. SEL are struggling to meet this demand, and need to implement outpatient transformation, networks of care (horizontal integration) and optimal clinical pathways to create a new model of planned care. This is key to providing consistent, high quality care to SEL's population.

3. Cementing the ICS delivery model. SEL STP has the opportunity to test that their system of systems model is an effective mechanism to use to become a full ICS and pave the way for other STPs in London to follow. This will be done initially using the U&EC pathway, using Bromley as a case study but applying learning to the entire STP.

The overall anticipated output from the programme would be to put SEL in a position to make a strong application for ICS status.

4. Programme readiness exercise summary

As part of the Programme Readiness Exercise, the STP has scored itself against a number of capabilities. These are listed below. Those highlighted have been identified as areas of focus for the STP.

	Baseline capabilities to become a shadow ICS	Current maturity	Change from EOI	Desired maturity*
1. Effective leadership and relationships, capacity & capability	1.1. The system has strong leadership, with mature relationships including with local government.	4	Remained the same	4
	1.2. The system has a clear shared vision and a credible strategy.	4	Remained the same	4
	<i>1.3. There are clear processes in place for effective collective decision-making.</i>	2	Has gone down	4
	1.4. There are effective ways of involving clinicians and staff, service users/public, and community partners (including VCSE/IS).	3	Remained the same	3
	1.5. The system has the ability to carry out decisions that are made, with the capability to execute on priorities	3	Remained the same	3
2. Track record of delivery	<i>2.1. The system has made tangible progress towards delivering the Five Year Forward View priorities: redesign of UEC system, better access to primary care, improved mental health and cancer services.</i>	2	Remained the same	3
	<i>2.2. The system has made progress in improving performance against NHS Constitution standards (or sustaining performance where those standards are being met).</i>	1	Remained the same	3
	<i>2.3. The system has the ability to carry out decisions that are made, with the right capability to execute on priorities.</i>	2	Remained the same	3
3. Strong financial management	<i>3.1. There is strong financial management, with collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan.</i>	1	Has gone down	2
	<i>3.2. The system has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.</i>	1	Has gone down	2
4. Focused on care redesign	<i>4.1. The system has compelling plans to integrate primary care, mental health, social care and hospital services, and collaborating horizontally (between hospitals).</i>	2	Has gone down	3
	4.2. The system is starting to use population health approaches to redesign care around people at risk of becoming acutely unwell.	2		?
	4.3. The system is starting to develop primary care networks.	4	Remained the same	4
5. Coherent and defined population	5.1. The system has a meaningful geographical footprint that respects patient flows of at least 500,000. Where possible, it is also contiguous with local government boundaries.	Not covered on this programme		

*Desired maturity is over an 18 month time frame, rather than the 11 week programme

5. Areas of focus and outcomes for South East London (SEL) STP (1 of 2)

As a result of the programme readiness exercise and conversations with the STP, three areas of focus have been identified. Each of these will be covered by two workshops, detailed below. Further detail on the workshops can be found in Appendix D.

	Area of focus	Preferred workshop(s)
1	Place based ICS – U&EC – Bromley system (part 1)	<p>Workshop to cover:</p> <ul style="list-style-type: none"> • Broad introduction to the programme, including; overall objectives, the process for developing a SEL roadmap, and principles for the workshops • Overall scope, objectives and outcomes - October 2018 to March 2020 • Principles for in-scope pathways at place level • Planned pathway changes – new models of care for in-scope pathways • Key delivery milestones • Application of Bromley as test case to the wider system, such as transferable aspects of the pathways, and common barriers to overcome <p>Baseline capabilities areas of focus: 1.1, 1.4, 2.1</p>
2	Place based ICS – U&EC – Bromley system (part 2)	<p>Workshop to cover:</p> <ul style="list-style-type: none"> • The practical implications and strategies required to implement the pathway changes agreed in the first workshop • Contracting structures and options to support change • A system-wide approach to managing resources and risk • Actions and ways of working required to drive tangible change • The system response to UEC and how this feeds into the roadmap • Application of Bromley as test case to the wider system, such as transferable aspects of the pathways, and common barriers to overcome <p>Baseline capabilities areas of focus: 2.2, 3.1, 4.2</p>
3	System based ICS – Planned Care (part 1)	<p>Workshop would focus specifically on outpatient services:</p> <ul style="list-style-type: none"> • Stocktake current plans • Learning from elsewhere – examples of radical transformation • Development of a SEL vision and blueprint for radical outpatient transformation • Agreement of key steps to secure this – year 1 and 2 milestones and deliverables <p>Baseline capabilities areas of focus: 1.3, 2.1, 2.2, 2.3, 4.1</p>
4	System based ICS – Planned Care (part 2)	<p>Workshop to cover:</p> <ul style="list-style-type: none"> • Developing strong care models and networked provision (including characteristics of a successful network) • Making best use of capacity • A SEL-wide transformation programme, focused on productivity and efficiency, to reduce variation • How to manage waiting lists and available capacity across SEL to secure equitable access for residents • How to manage staffing across SEL to support these objectives <p>Baseline capabilities areas of focus: 1.3, 2.1, 2.2, 2.3, 4.1</p>
5	System based focus – Finance (part 1)	<p>Workshop to cover:</p> <ul style="list-style-type: none"> • Drivers of provider financial challenge and the system solutions that specifically address and help overcome those underlying drivers • Managing collective resources as a system, and how a system control total could work, in the context of a system with some challenged providers <p>Baseline capabilities areas of focus: 1.3, 2.1, 2.2, 2.3, 3.1, 3.2.</p>
6	System based focus – Finance (part 2)	<p>Workshop to cover:</p> <ul style="list-style-type: none"> • Approaches to payments / financial flows in a sub-system • Applying outcomes of Workshop 5 to providers across the system <p>Baseline capabilities areas of focus: 1.3, 2.1, 2.2, 2.3, 3.1.</p>

5. Areas of focus and outcomes for South East London (SEL) STP (2 of 2)

	Area of focus	Programme outputs	Outcomes
1	Place based ICS – U&EC – Bromley system (part 1)	<ul style="list-style-type: none"> Signed off scope, objectives, outcomes and key delivery milestones through to March 2020 A documented plan that identifies how the “system of systems” approach can support SEL progress on U&EC. Will include agreement on in-scope pathways and high-level changes and a specific plan for Bromley U&EC progress. 	<ul style="list-style-type: none"> System leaders at multiple levels are engaged and aligned on the opportunities to progress the Bromley U&EC system and the STP U&EC work more broadly Agreement across the system on the plan in Bromley to support improved U&EC, including how to translate this across the SEL system Progress made helps to demonstrate ICS baseline capabilities including strong / mature relationships, effective collective decision making and compelling plans for care integration
2	Place based ICS – U&EC – Bromley system (part 2)	<ul style="list-style-type: none"> Agreement on approach and the practical implications for single system model for U&EC Draft outcomes framework and budget Discussion document outlining the contractual implications of new approaches An implementation roadmap detailing the key milestones to make progress on Bromley U&EC and more widely across the STP. 	<ul style="list-style-type: none"> System leaders are clear on the future changes to be implemented (and their agreed roles to support these changes) in the next year to support Bromley U&EC system, and wider U&EC work at system level Implementation of the plan in Bromley to support improved U&EC will start, including how to spread and translate this across the SEL system
3	System based ICS – Planned Care (part 1)	<ul style="list-style-type: none"> Agreed timeline and plan to develop a SEL vision and blueprint for outpatient transformation 	<ul style="list-style-type: none"> Working across the system, clinicians and leaders have a set of common aspirations to tackle a very challenging area Progress against plan is carefully documented, including year 1 milestones in particular The roadmap identifies key areas of ongoing challenge, and mitigations in place
4	System based ICS – Planned Care (part 2)	<ul style="list-style-type: none"> Short paper outlining network provision, and how it might work in SEL 	<ul style="list-style-type: none"> The system is able to put forwards creative and evidence-based proposals to look at new ways of managing demand An SEL-wide transformation programme is in place, focused on productivity and efficiency, to reduce variation The will include how to manage waiting lists and available capacity across SEL to secure equitable access for residents
5	System based focus – Finance (part 1)	<ul style="list-style-type: none"> Agreed principles for moving the STP forwards to financial recovery Agreement of potential approaches to address provider deficits, differentiating operational, system, and structural issues 	<ul style="list-style-type: none"> The system can evidence progress made to date, including successes and ongoing challenges A financial model/framework has been developed that supports system-level working, as well as a clear and mutually agreed roadmap outlining key actions to address ongoing challenges.
6	System based focus – Finance (part 2)	<ul style="list-style-type: none"> Agreed next steps on managing risk across the system, and operating a single CT Translation of learning from across the system to a wider financial strategy and draft roadmap, and approaches to apply 	<ul style="list-style-type: none"> Building on the outputs from the first workshop, the framework should include: plans for data sharing, details on managing shared financial risk and a single control total. The system has clear plans in place for how to implement agreed financial changes.

Appendix A

ICS Maturity Matrix

Baseline capabilities: Shadow ICS (1 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Effective leadership and relationships, capacity & capability	<ul style="list-style-type: none"> • STP lead is in place. • All system leaders signed up to working together, including local government. • An agreement to developing a shared vision. • All system leaders signed up to becoming part of the aspirant ICS programme. • Sufficient capacity in the system to dedicate time and resources to the programme over the 12 months. 	<p>1.1 Strong leadership, with mature relationships including with local government.</p> <p>1.2 Clear shared vision and credible strategy.</p> <p>1.3 Effective collective decision-making.</p> <p>1.4 Effective ways of involving clinicians and staff, service users/public, and community partners (including VCSE/IS).</p> <p>1.5 Ability to carry out decisions that are made, with the capability to execute on priorities</p>	<ul style="list-style-type: none"> • Dedicated capacity and infrastructure to executive system-wide plans. • Transparent governance with local government, non-executive, clinical/staff and community involvement. • Transparent work programme that constituent organisations lead and implement. • Sufficient capacity and infrastructure to manage and assure system performance.
Track record of delivery	<ul style="list-style-type: none"> • Thinking about how working as a system can improve delivery. • Agreement from systems to work together to support delivery of the <i>Five Year Forward View</i>. 	<p>2.1 Tangible progress towards delivering the <i>Five Year Forward View</i> priorities (redesigned UEC services, better access to primary care, improved mental health and cancer services)</p> <p>2.2 Progress in improving performance against NHS Constitution standards (or sustaining performance where those standards are being met).</p> <p>2.3 Ability to carry out decisions that are made, with the right capability to execute on priorities</p>	<ul style="list-style-type: none"> • Consistently improving performance against the <i>Next Steps on the Five Year Forward View</i> priorities and NHS Constitution standards (or sustaining performance where those standards are being met).

Baseline capabilities: Shadow ICS (2 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Strong financial management	<ul style="list-style-type: none"> • Agreement from systems to take on a shared system control total in the future. • Dedicated finance leadership. • Shared set of principles to manage finances collectively. 	<p>3.1 Strong financial management, with a collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan.</p> <p>3.2 Agreement to individual control totals or acceptable proposal for reapportioning system control total.</p> <p>3.3 Credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.</p>	<ul style="list-style-type: none"> • System must be on track to deliver system control total. • Agreed 2018/19 system operating plan that reconciles CCG/trust plans. • All CCGs and trusts signed up to work within a system control total for the following financial year and all trusts/CCGs must agree that full share of PSF/CSF is linked to system control total.
Focused on care redesign	<ul style="list-style-type: none"> • Early thinking about care redesign models, how to scale up primary care and how to vertically integrate services around the needs of the population. • Keen understanding of the population and their needs. 	<p>4.1 Compelling plans to integrate primary care, mental health, social care and hospital services, and collaborate horizontally (between hospitals).</p> <p>4.2 Starting to use population health approaches to redesign care around people at risk of becoming acutely unwell.</p> <p>4.3 Starting to develop primary care networks.</p>	<ul style="list-style-type: none"> • Integrated teams working across primary, secondary and social care to prevent hospitalisation. • Primary care networks operating in at least parts of the system, with plans to expand. • Demonstrable, practical collaboration between hospitals. • Analysis of population health needs and agreed system-wide plans for improving population health.

Baseline capabilities: Shadow ICS (3 of 3)

	Baseline capabilities required to become part of the aspirant ICS programme	Baseline capabilities to become a shadow ICS	Baseline capabilities to become a full ICS
Coherent and defined population	<ul style="list-style-type: none"> • A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, with a population of ~1m or more. 	<p>5.1 A meaningful geographic footprint that respects patient flows.</p> <p>5.2 Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries.</p> <p>5.3 Covers one or more existing STPs, with a population of ~1m or more.</p>	<ul style="list-style-type: none"> • A meaningful geographic footprint that respects patient flows. • Contiguous with local authority boundaries, or – where not practicable – clear arrangements for working across local authority boundaries. • Covers one or more existing STPs, with a population of ~1m or more.

Appendix B

Programme Readiness Exercise

Readiness Assessment – Cover Note

SEL STP is approaching the aspirant programme as part of work to create clinically and financially sustainable services by 2021.

The aspirant programme will help the STP to explore how an ICS created from our system of systems work could achieve this. However, the STP recognises that its record of delivery on constitutional standards and strong financial management is not yet at the level it needs to achieve.

With this in mind the 'desired' maturity on the attached matrix is linked to the outcomes of the workshops described on page 7, and is over an 18 month timeframe, supporting the submission of a robust bid to become an shadow ICS.

Exercise summary (1/2)

The STP has scored itself against a number of capabilities. These are listed below. Those in italics have been identified as areas of focus for the STP. NB: Desired maturity reflects position in 18 months time.

	Baseline capabilities to become a shadow ICS	Current maturity	Change from EOJ	Desired maturity	Score justification
1. Effective leadership and relationships, capacity & capability	1.1. The system has strong leadership, with mature relationships including with local government.	4	Remained the same	4	
	1.2. The system has a clear shared vision and a credible strategy.	4	Remained the same	4	
	<i>1.3. There are clear processes in place for effective collective decision-making.</i>	2	Has gone down	4	Outcome from Bromley workshop 2
	1.4. There are effective ways of involving clinicians and staff, service users/public, and community partners (including VCSE/IS).	3	Remained the same	3	<ul style="list-style-type: none"> Separate pieces of engagement work in train but not completed by December
	1.5. The system has the ability to carry out decisions that are made, with the capability to execute on priorities	3	Remained the same	3	<ul style="list-style-type: none"> Not specifically addressed by aspirant programme
2. Track record of delivery	<i>2.1. The system has made tangible progress towards delivering the Five Year Forward View priorities: redesign of UEC system, better access to primary care, improved mental health and cancer services.</i>	2	Remained the same	3	<ul style="list-style-type: none"> <i>Bromley and Planned care workshops will enable some progress to be made but this won't be complete</i>
	<i>2.2. The system has made progress in improving performance against NHS Constitution standards (or sustaining performance where those standards are being met).</i>	1	Remained the same	3	<ul style="list-style-type: none"> Bromley and Planned care workshops will enable us to show some progress
	<i>2.3. The system has the ability to carry out decisions that are made, with the right capability to execute on priorities.</i>	2	Remained the same	3	<ul style="list-style-type: none"> Addressed by Bromley 2 and Planned care 2 workshops

Exercise summary (2/2)

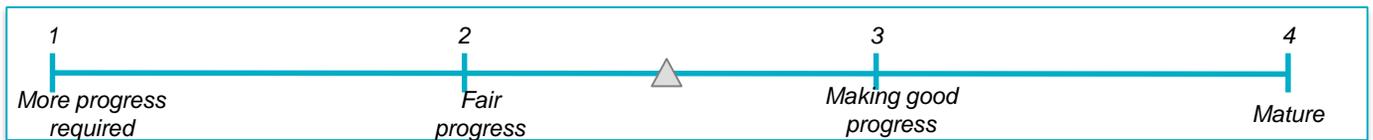
As part of the Programme Readiness Exercise, the STP has scored itself against a number of capabilities. These are listed below. Those in italics have been identified as areas of focus for the STP.

	Baseline capabilities to become a shadow ICS	Current maturity	Change from EOI	Desired maturity	Score justification
3. Strong financial management	3.1. <i>There is strong financial management, with collective commitment from CCGs and trusts to system planning and shared financial risk management, supported by system control total and system operating plan.</i>	1	Has gone down	2	<ul style="list-style-type: none"> Finance workshops should enable us to demonstrate progress but this won't be complete
	3.2. <i>The system has credible plans for meeting system control total and, where not already achieved, for moving towards system financial balance.</i>	1	Has gone down	2	<ul style="list-style-type: none"> As above
4. Focused on care redesign	4.1. <i>The system has compelling plans to integrate primary care, mental health, social care and hospital services, and collaborating horizontally (between hospitals).</i>	2	Has gone down	3	<ul style="list-style-type: none"> Addressed through planned care workshops 2 and 3
	4.2. The system is starting to use population health approaches to redesign care around people at risk of becoming acutely unwell.	2		?	<ul style="list-style-type: none"> Depends on Pop health workshop
	4.3. The system is starting to develop primary care networks.	4	Remained the same	4	<ul style="list-style-type: none"> Not specifically covered
5. <i>Coherent and defined population</i>	5.1. The system has a meaningful geographical footprint that respects patient flows of at least 500,000. Where possible, it is also contiguous with local government boundaries.	<i>Not covered on this programme</i>			

During the scoping phase, we completed a programme readiness exercise for our STP

As part of the scoping phase (after the launch meeting), participants rated the STP against NHSE's ICS baseline capabilities*

Against the NHSE ICS baseline capabilities, where are we now?



Where do we aspire to be in 18 months?



Where do we realistically think we will be in 18 months?



* See Appendix B for details

Key: Average score from programme readiness exercise

Appendix C

SEL Aspirant ICS Alliance Team

Programme participants

Programme participants

The STP and NHS England regional teams have identified the individuals below, chosen from the relevant STP and local authority executive teams to form the basis of the participant group. These individuals will be responsible for producing their part of the STP's future roadmap, supported by the rest of the STP and Alliance. There is an understanding that the programme cannot work without engagement with providers, the local authority, and the wider health community.

A wider number of participants of interest from across the system, including providers and local authorities, that have not been listed below, will be invited to attend the workshops and expert seminars of the programme as they are intended to be delivered to a wider audience. Invitees to workshops will be agreed with the STP leadership team in advance.

Participant	Role	Topic Lead
Andrew Bland	STP Lead and CO for Bexley, Bromley, Greenwich, Lewisham and Southwark CCGs	
Amanda Pritchard	Chief Executive, Guys and St Thomas'	
Matthew Patrick	Chief Executive, South London and Maudsley NHS FT	
Andrew Parson	Chair, OHSEL Clinical Programme Board	
Aileen Buckton	Executive Director of Community Services, Lewisham Council	
Andrew Eyres	CO, Lambeth CCG	
Julie Lowe	COO, SEL STP	
Sarah Cottingham	Director, Integrated Contracts and Delivery Team, Southwark CCG	
Christina Windle	Director, Commissioning Operations, Greenwich CCG	

The Alliance delivery and NHSE/I teams

Alliance delivery team



Erin Birch, Relationship Director

Erin will be the key, regular point of contact for the STP Lead attending all workshops, arranging specific SME input and providing coaching to the STP executive where appropriate. Erin is a Director in PwC's healthcare practice. She has extensive experience in leading large transformation programmes across London and the UK leading finance, quality and operational improvements in partnership with providers, commissioners, local authority and third sector stakeholders. Erin is also the overall programme lead for the Aspirant ICS and Commissioning Capability Programmes (CCP Module 1).



James Langford, Delivery Manager

James will be your day-to-day contact on the ground with the system. He will work alongside the STP Programme Director to tailor content and delivery of the programme. He will also manage the development of the roadmap. James is a Manager in PwC's healthcare team with extensive experience helping clients make strategic decisions underpinned by robust analytics. James works closely with executive-level leaders across the NHS and internationally to define future strategies for delivering healthcare more sustainably.



Hugh Anderson-Elliott, Delivery Coordinator

Hugh will support the logistical running of the programme (e.g. scheduling and preparing materials for workshops, calls and meetings). Hugh will also support with producing content on behalf of SME Programme Leads for the ICS. Hugh is a Senior Associate in PwC's healthcare team. He has experience in both data analytics and policy development, and has extensive experience working with both STPs and NHSE/I on integrated care.

NHSE/I team



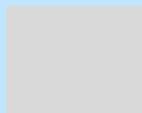
Alice Bennett, STG Relationship Manager, NHSE/I

Alice is a Programme Advisor in NHSE's System Transformation Group. She is responsible for co-designing the Terms of Reference and post-programme package of support. Alice will work on the ground with the system and will focus on product development, troubleshooting and providing insight on NHSE/I policy developments. She will also co-produce content for the workshops and drive key initiatives to maintain momentum in between workshops.



Iain Eaves, NHSE Regional Lead

Iain is the NHSE Director of Transformation & Delivery for South London. He will be involved in the programme readiness exercise and advise on tailoring of programme content to ensure it aligns with regional/local strategy. Iain will be kept up to date on how the programme is progressing.



Jen Leonard, NHSI Regional Lead

Jen is the representative from the NHSI regional team. She will be involved in the programme readiness exercise and advise on tailoring of programme content to ensure it aligns with regional/local strategy. Jen will be kept up to date on how the programme is progressing.



Fred Gravestock, CCP Lead, NHSE/I

Fred will act as the delivery resource for the NHSE/I Region. Fred will do this by coordinating NHSE/I regional governance and implementation, for example through establishing steering groups and weekly huddles. Fred is involved in scoping/tailoring of the programme and post-programme support and will provide relationship management between the Alliance and regional colleagues.



Verena Stocker, Senior Sponsor for the Programme

Verena is a Deputy Director in NHSE's System Transformation Group and the Senior Sponsor for the national Aspirant ICS programme. She will provide final sign-off of all programme content and deliverables and is the final point of escalation for any concerns or issues raised by the team.



Rachael Backler

Rachael is a Deputy Director in NHSE's System Transformation Group and the Senior Sponsor for the London region. She will provide input on programme content and delivery where required to ensure it aligns with regional/local strategy.

Appendix D

Detail on workshop plans

Draft developmental workshop detail (1 of 3)

Planned areas of focus for workshops

Three areas with two workshops for each – Place based U&EC (Bromley system), System based Planned Care, System Based Finance. Areas have been put forward building from:

- The SEL readiness self-assessment – and specifically the key areas of development identified – 1.3, 2.1, 2.2, 2.3, 3.1, 3.2, 4.1.
- Our ICS year 1 and 2 roadmap and the key areas of focus and priorities set out within it.

Attendance – attendance for the workshops will be drawn from system leads and SMEs for the relevant workshop areas. In addition there will be core STP senior leadership representation across all six workshops – a sub-group of the STP extended leadership quartet.

Outputs – it is recognised that two workshops focussed on supporting progress in SEL’s most challenged areas of ICS readiness and delivery will be insufficient to support a step change in delivery or material change in their ICS readiness by themselves. It is however expected that the workshops will enable SEL to develop collectively agreed, worked up proposals and plans from which to build over the next 18 months as well as supporting the development of a robust Wave 3 ICS bid that can clearly articulate our plans and outcomes in these key areas. Key outputs for each workshop are summarised in the proposals.

Area	Workshop	Attendees
Place based ICS – U&EC – Bromley system	<p>Workshop 1: Focus is to build a concrete development plan for the U&EC ICS test bed for Bromley for the next 18 months, building from the positive development of the One Bromley system undertaken to date. Workshop to focus on working through, developing and signing off:</p> <ul style="list-style-type: none"> • Broad introduction to the programme, including; overall objectives, the process for developing an SEL roadmap, and principles for the workshops • Overall scope, objectives and outcomes - October 2018 to March 2020 • Principles for in-scope pathways at place level • Planned pathway changes – new models of care for in-scope pathways • Key delivery milestones • Application of Bromley as test case to the wider system, such as transferable aspects of the pathways, and common barriers to overcome 	<ul style="list-style-type: none"> • One Bromley Board • Wider clinical representation from key stakeholders • Core SEL STP leads • Lewisham and Greenwich system leads (to support learning across borough proposals).
	<p>Workshop 2: Working back from the new model of care proposed workshop to focus on proposals for/approach to:</p> <ul style="list-style-type: none"> • The practical implications and strategies required for the pathway changes agreed in the first workshop • Contracting structures and options to support change • A system-wide approach to managing resources and risk • Actions and ways of working required to drive tangible change • The system response to UEC and how this feeds into the roadmap • Application of Bromley as test case to the wider system, such as transferable aspects of the pathways, and common barriers to overcome 	<ul style="list-style-type: none"> • One Bromley Board • Wider clinical representation from key stakeholders • Core SEL STP leads • Lewisham and Greenwich system leads (to support learning across borough proposals). • System contract and finance leads

Draft developmental workshop detail (2 of 3)

Area	Workshop	Attendees
System based ICS – Planned Care	<p>Workshop 3: A key opportunity in planned care related to outpatient transformation.</p> <p>SEL Planned Care Groups have been developing new pathways and models of care – but increased pace and scale and more radical transformation is required to meet ICS objectives and support enhanced ICS readiness.</p> <p>Workshop would focus specifically on outpatient services and include:</p> <ul style="list-style-type: none"> • A stocktake of current plans • Learning from elsewhere – examples of radical transformation • Development of a SEL vision and blueprint for radical outpatient transformation • Agreement of key steps to secure this – year 1 and 2 milestones and deliverables 	<ul style="list-style-type: none"> • LBS and BGL Planned Care Groups – include representation from commissioners and three SEL providers • Further clinical representation – e.g. Medical Directors, key Clinical Directors, CCG GB clinical leads • Transformation leads – acute providers • STP Digital leads • Core SEL STP leads
	<p>Workshop 4: The other key focus for planned care is the development of networked service provision and, linked to this, making best use of available capacity. The workshop will focus on developing plans in the following areas:</p> <p>Networked provision</p> <ul style="list-style-type: none"> • What do we mean by networked provision – what are the characteristics of a successful network – building from and learning from the SEL orthopaedics network and other examples • How would SEL apply this more broadly across planned/elective care <p>Making best use of capacity</p> <ul style="list-style-type: none"> • A SEL-wide transformation programme, focused on productivity and efficiency, to reduce variation • How can SEL manage their waiting lists and available capacity across SEL to secure equitable access for residents • How does SEL manage staffing across the STP to support these objectives 	<ul style="list-style-type: none"> • Trust COOs, Medical Directors, Transformation Leads and other proposed representatives • ICDT leads planned care/performance • SEL STP orthopaedic and planned care leads • Core SEL STP leads

Draft developmental workshop detail (3 of 3)

Area	Workshop	Attendees
<p>System based focus – Finance strategy and approach</p>	<p>Workshop 5: Finance is a significant challenge and rate-limiting factor in SEL progressing its ICS plans. There is a current and forecast challenge across the whole STP and, within the STP, differential positions and significant variance by organisation. SEL’s challenge is twofold: understanding their deficit; and identifying solutions and determining an approach to shared financial risk in the context of differential financial challenges.</p> <p>Workshop would focus on the three SEL acute providers and consider:</p> <ul style="list-style-type: none"> • Financial strategy and recovery – principles for the STP in moving financial recovery forward • Deficits and deficit drivers – differentiating operational (internal), system and structural issues of providers • Approach to addressing each of these categories – as part of a SEL financial strategy <p>Workshop 6: Workshop would focus on: Financial governance (linked to and driven by the deficit drivers and solutions approach identified in workshop 1) – how SEL will manage risk across the system and progress to operating a single CT – what needs to be true to enable this to happen</p> <p>A worked example – using an acute provider example to consider:</p> <ul style="list-style-type: none"> • How the principles and proposals agreed in workshop 1 would apply to a particularly financially challenged organisation • How SEL progress local ICS plans e.g. Bromley in the context of a challenged provider in deficit and working to secure financial recovery over a 3-5 year time frame. <p>The workshop will also consider how the worked example might support the development of wider finance strategy principles and approaches.</p>	<ul style="list-style-type: none"> • STP Finance Sub Group • Provider operational/strategic leads • STP finance team • SEP core team <ul style="list-style-type: none"> • STP Finance Sub Group • Provider operational/strategy leads • STP finance team • SEP core team

