



## Health Select Committee

9 December 2009

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## NHS Brent Commissioning Strategy Plan

### 1.0 Summary

- 1.1 NHS Brent has been working on a review of its commissioning strategy plan to update it following initial approval last year. Since the original strategy was approved the economic standing of the country had changed dramatically and so the plan has been reviewed to ensure its goals can be delivered in a more challenging economic environment. In addition to this, the plan needs to align with others in North West London and contribute to the strategic plan for health in the North West London sector. It also needs to reflect the eight *Healthcare for London* pathways.
- 1.2 A comprehensive summary of the plan is included on the Health Select Committee agenda. The full plan will be circulated separately. Members will see that since this was considered at the committee meeting in October 2009, work has been done to clarify the goals, outcomes and priority areas. The goals contained in the plan are:
- Reduce premature mortality and therefore increase life expectancy by three years by 2013.
  - Reduce the gap in life expectancy by 6 months by 2013
  - Promote good health and prevent ill-health
  - To improve the quality and safety of services, so that by 2014 health and social care providers commissioned by NHS Brent receive a Care Quality Commission Regulatory Judgment at least equivalent to the existing Good rating in the Annual Health Check for acute services, and a "Fully Compliant" Registration Status for GP and Community Services
  - To improve the patient experience of services, so that by 2014 health and social care providers commissioned by NHS Brent will achieve patient experience scores at least as good as the London average
- 1.3 The plan also contains specific outcomes against which Health Select Committee can measure progress as the plan is implemented. The outcomes are set out below.

Health Select Committee should consider how it wishes to monitor these given the importance that this plan will have on NHS Brent's health commissioning capabilities and services provided to people in the borough.

Outcome Description	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Health inequalities in years (Males)	7.9	8.80	9.97	11.07	12.17	13.11
Health inequalities in years (Females)	1.2	1.5	1.4	1.3	1.2	1.02
Life expectancy in years (Males)	78.2	78.5	78.34	78.69	79.04	79.44
Life expectancy in years (Females)	83.4	83.8	83.61	83.91	84.22	84.55
Proportion of children completing MMR immunisation (1st & 2nd dose) by 5th Birthday	41.8%	72.7%	90.7%	94.4%	95%	95%
Smoking quitters (per 100,000)	734	911	1,059	1,059	1,059	1,059
Proportion of women aged 53-70 screened for breast cancer within the last three years	44%	49.66%	59%	71%	75%	78%
Self reported experience of patients & users	70.3%	72%	74%	76%	78%	80%
Delayed transfers of care (% of cases per 100,000 over 18)	13.6%	13%	11%	9%	7%	5%
CVD mortality (per 100,000 under 75)	85.99	86.65	82.7	78.3	73.1	67
Diabetes controlled blood sugar	56.8%	65%	68%	70%	74.3%	90%
Proportion of all deaths that occur at home	N/A	19%	20.5%	22%	23.5%	25%

#### 1.4 The priority areas in the commissioning strategy plan are:

- Maternity & Newborn initiative
- Children & Young People initiative
- Acute Care
- Planned Care
- Mental Health
- Staying Healthy
- Long Term Conditions
- End of Life Care

## 2.0 Polysystem Vision

2.1 The Committee is likely to be interested in the proposals for the development of polysystems in Brent and the summary document contains information on the plans for the five localities in the borough. The principle behind the polysystem vision is to deliver transformed pathways in primary and community care through:

- Integrated multidisciplinary teams of primary, community and secondary care to improve the management of long term conditions
- Shift and redesign of pathways out of hospital into the community to provide one stop shop care including diagnostics

- Urgent care services integrated with primary care to better treat those patients who use A&E for primary care issues and to turn episodic care into planned care
- Closer working of primary care over a 50k to 80k populations to care manage the population and prevent unnecessary hospital visits and admissions
- Provide a more efficient structure for delivering care out of hospital through changes in skill mix and use of estate and overheads to support the transformational change in other parts of the health system

2.2 Currently, NHS Brent is in discussion with the Practice Based Commissioning clusters and Professional Executive Committee on the following polysystem proposals for the borough:

- Propose PBC as the locality commissioning body to commission the polysystem
- The number of localities may need to reduce in order to have fully functioning and affordable polysystems and adequate management infrastructure
- 2 Polysystems will share a polyclinic and 1 polysystem in base case will access a polyclinic in Barnet - Edgware
- 3 non PBC practices will have to be included in the plans so their population is not excluded & Polysystems will need to be more co-terminous with their locality e.g. Wembley practices having CMH as their hub
- There will have to be a programme of improving primary care that is affordable and realistic which probably means fewer spokes providing better value for money than now (including dentists and pharmacies)
- The core offering at practice level will be extended and expand the settings of care in the polysystem
- Proposed non recurrent investment in practice nursing and upskilling GPs in elective and long term conditions care
- Some investment in premises – additional consulting space in up to 50 spokes and new centres for Kingsbury, Kilburn (South Kilburn & Mapesbury) and Willesden (Dollis Hill) in base case if self financing or in the better case if has a revenue cost

2.3 The specific proposals for the PBC cluster areas are:

<b>PBC</b>	<b>Proposal polyclinics and locality centres (likely preferred options)</b>
Harness (76,000 population)	<p>Polyclinic – CMH with urgent care centre &amp; GP practice (relocate 2 existing practices)</p> <p>Locality centres - Monks Park and Hillside Primary Care Centres</p>
Wembley (66,000)	Polyclinic – Wembley with 8 to 8 GP led health centre with

population)	6 practices  Locality centres - Monks Park (with 2 GP practices) and Sudbury Primary Care Centres (with 2 additional practices)
Kilburn (83,000 population)	Polyclinic – Willesden with 8 to 8 GP led health centre (or Queen"s Park)  Locality centre - South Kilburn locality centre (new) relocate five existing practices
Willesden (56,000 population)	Polyclinic – Willesden with 8 to 8 GP led health centre 2 practices and relocate a third GP practice
Kingsbury (62,000 population)	Polyclinic – Wembley with 8 to 8 GP led health centre or Edgware Community Hospital  Locality centres - Kingsbury locality centre (new) with six practices relocated and Chalkhill Primary Care Centre

### 3.0 Conclusions

- 3.1 Assuming the Commissioning Strategy Plan is approved by the NHS Brent Board, it will be passed to NHS London for approval by the 18<sup>th</sup> December. After this time work will continue to implement the plan. Members should take the opportunity to comment on the proposals and feedback their views to NHS Brent.
- 3.2 This is a crucial document which will drive the commissioning intentions of NHS Brent in the coming years. The committee should consider how it wishes to monitor the impact of the proposals, perhaps by regular consideration of the outcome measures.

### 4.0 Recommendations

- 4.1 Health Select Committee is recommended to:
- (i). Consider the NHS Brent Commissioning Strategy Plan and pass any comments or recommendations to the organisation for consideration before it is submitted to NHS London for approval.
  - (ii). Decide how it wishes to monitor the implementation of the Commissioning Strategy Plan, perhaps through regular consideration of the outcome measures contained in the summary report.

### 5.0 Financial Implications

- 5.1 None

### 6.0 Legal Implications

- 6.1 None

**7.0 Diversity Implications**

7.1 None

**8.0 Staffing/Accommodation Implications (if appropriate)**

8.1 None

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