

 <b>Clinical Commissioning Group</b>	<b>Health &amp; Wellbeing Board</b> <b>24 July 2014</b>
For Information and Discussion	
<b>Briefing paper to Brent Health &amp; Well-being Board: <i>North West London Five Year Strategic Plan (draft), 2014/15 – 2018/19</i></b>	

## 1. Aim/purpose of the Plan

- 1.1 NHS England has asked each local health economy to develop genuinely transformative strategic plans to meet the strategic challenges facing the NHS, as part of this year's planning process set out by NHS England in *Everyone Counts: planning for patients 2014/15 to 2018/19* (NHS England, 20 December 2013; <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid.pdf>).
- 1.2 Clinical Commissioning Groups (CCGs) were asked within which larger health economy 'unit of planning' they wanted to prepare their strategic plan. The eight CCGs of NWL (Brent, Central London, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and West London) chose to prepare a joint plan across the eight CCGs, as this is consistent with the significant strategic planning that has already taken place across the region, particularly through the *Shaping a healthier future* (SaHF) programme.
- 1.3 The North West London Strategic Plan is therefore a shared five year strategic plan across the eight boroughs of NWL. It is supported by the operational and financial plans at CCG, provider and NHS England Area Team level, and also aligns with the Better Care Fund plans at the Health & Wellbeing Level. It provides the narrative that describes how the planned activity levels and financial position will be achieved across the eight CCGs of NWL.

## 2. Process for developing the Plan

- 2.1 A NWL Strategic Planning Group (SPG) has been set up to oversee production of the 5 Year Strategic Plan. The SPG includes CCG Chairs, representative Directors of Adult Social Care and Public Health, lay members, and NHS England.
- 2.2 The NWL Strategic Plan ***builds entirely on the existing strategic plans and transformation programmes*** that have been developed across NWL, including the *Shaping a healthier future* acute reconfiguration, Whole Systems Integrated Care, and the Health and Well-being Strategies (HWBS) of each Borough.
- 2.3 The Plan ***is solely a bottom-up consolidation of existing plans into a single document***, with the addition of NHS England's direct commissioning plans (e.g. specialised services, screening, immunisations and primary care). All existing plans have been subject to extensive patient and public involvement (see Appendix A for the further details).

- 2.4 The Plan is structured so as to address the ‘Key Lines of Enquiry’ set out in the NHS England strategic plan template, using the guidance provided in ‘*Everyone Counts: Planning for Patients 2014/15 to 2018/19*’<sup>1</sup> (see <http://www.england.nhs.uk/ourwork/sop/templates/> for both).
- 2.5 The first draft of the Plan was submitted to NHS England on 4<sup>th</sup> April 2014, while a second draft of the Plan was submitted on 20<sup>th</sup> June, updated based on feedback received from NHS England and from a wide range of stakeholders across NWL.
- 2.6 The draft Plan has been reviewed and commented on by CCG Governing Bodies, Health & Wellbeing Boards, providers, lay partners, and others. It remains a ‘live’ document that will continue to be revised over the next few months.

### **3. What the NWL Five Year Strategic Plan means within Brent**

- 3.1 The North West London Five Year Strategic Plan sets out the ambitions and objectives for health care across the eight CCGs (Clinical Commissioning Groups) of North West London – of which Brent is one. It is drawn up in partnership with NHS England, who directly commission a number of services, including primary care and specialised services. The plan sets out how and where we will be working with our local partners, including Local Authorities and lay partners, and other CCGs in North West London, to deliver changes.
- 3.2 The plan describes key changes we want to make in order to achieve our ambitions for improved care, patient experience and health outcomes in Brent. In summary these areas of change are:

### **4. Health Promotion, Early Diagnosis and Early Intervention**

- 4.1 The priorities drawn from Brent’s Health and Well Being Strategy, which include:
- Giving every child the best start in life
  - Helping vulnerable families
  - Empowering communities to take better care of themselves
  - Improving mental wellbeing throughout life
  - Working together to support the most vulnerable adults in the community
- 4.2 Dementia – early diagnosis and early intervention pathway
- 4.3 Improve uptake of screening and immunisations (NHS England)

### **5. Out of Hospital Strategy including Primary Care Transformation**

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<sup>1</sup> NHS England, “Everyone Counts: Planning for Patients 2014/15 to 2018/19”, 20 Dec. 2013. <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

- 5.1 This includes strengthening out of hospital services to meet growing demand for care that hospitals cannot manage,
- 5.2 The development of primary care centres to offer a flexible range of out of hospital services in South Kilburn and Kingsbury,
- 5.3 Better care closer to home, e.g. outpatient services provided in the community (cardiology, ophthalmology, MSK and gynaecology).
- 5.4 Access, convenience and responsiveness of primary care through developing GP networks to extend the primary care offer to patients.

## **6. Whole Systems Integrated Care and Better Care Fund**

- 6.1 This includes a system of preventative care that is tailored to specific population groups and puts the patient at the centre of care.
- 6.2 In Brent, we will pilot this as a Whole Systems Integrated Care early adopter with an initial focus on those who are 75 year olds plus with one or more long term conditions. This will test the effectiveness of a proactive approach to care management of these patients within Kilburn and Harlesden networks.
- 6.3 We will also deliver the 5 schemes within our Better Care Fund Plan which include:
  - Keeping the most vulnerable well in the community - Bringing services together to help people manage their health and remain healthy and active in the community.
  - Avoiding unnecessary hospital admissions - When a crisis happens we want to ensure the support available means people don't have to go into hospital.
  - Effective multi agency hospital discharge - We want to ensure that people are discharged as soon as possible and that support is available in the community or at home in order to continue their recovery.
  - Mental Health Improvement - Implement a 'Recovery Pathway', which supports people with a severe and ensuring mental health illness to lead independent lives in the community.

## **7. Transforming Mental Health Services**

- 7.1 This includes enabling more people with stable mental health conditions to be supported in the community, by their GPs and specialists as required.
- 7.2 Psychiatric liaison services to ensure timely access to urgent mental health care in hospitals.
- 7.3 Increasing access and capacity for people to enter into psychological talking therapies (IAPT).
- 7.4 Reviewing the provision for out of hours child and adolescent mental health services.

- 7.5 Improving services for people with learning disabilities in line with annual self-assessment across health and social care and the Winterbourne review recommendations.

## **8. Shaping a healthier future (SaHF) acute reconfiguration**

- 8.1 This includes ensuring that there is high quality and sustainable acute health care in North West London that is organised in a way that maximises the clinical and estates assets available in the area, centralising where necessary and localising where possible.
- 8.2 Meeting the London quality standards, which include the national standards for 7 day services, based on the review by the Medical Director of NHS England, Sir Bruce Keogh, for urgent care, which seek to reduce the variation in patient outcomes which occur at the weekends and out of hours.

## **9. Improved quality and safety of care**

- 9.1 The plan further sets out the need to maintain a focus on essentials during this period of significant change across health and care services. In particular, there will be a focus on maintaining quality, access and performance, ensuring that the CCG responds effectively to:
- Recommendations arising from the Francis, Berwick and Winterbourne View reports
  - The need to improve patient experience
  - Ensuring compassion in practice values are embedded in all services that deliver care
  - Maintaining staff satisfaction
  - Ensuring high quality safeguarding services
  - The need for better access to care

## **10. Measuring our Success**

- 10.1 The way we will measure our success will be based on the targets we have set for improvement within our outcome ambitions, which are national measures that have baselines and a target for improvement:
- People living longer and not dying prematurely
  - People with Long Term Conditions maximising their quality of life
  - People recovering from illness or injury resuming their lives
  - People having a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm (i.e. people experiencing a safe care environment)
- 10.2 In addition, the plan demonstrates how the financial challenge arising from the following will be managed over the 5 year period in the light of:
- Population growth

- Increased care needs associated with an aging population with chronic health conditions
- Physical condition of health buildings/estates

## **11. Involvement of the Brent H&WBB**

- 11.1 To note the updated draft of the North West London Five Year Strategic Plan, and to provide comments and input.
- 11.2 To note next steps:
- 11.3 Further guidance from NHS England on expectations with regards to future submissions of the Strategic Plan after the 20th June is awaited.
- 11.4 CCGs and Health & Wellbeing Boards are encouraged to review and input further into the updated draft, which remains a 'live' document to which further amendments will be made after the 20th June submission, regardless of guidance received.
- 11.5 Any comments and questions can be sent by e-mail to Kate Lawrence, from the NWL Strategy & Transformation team, at [kate.lawrence1@nhs.net](mailto:kate.lawrence1@nhs.net). If a separate meeting to discuss the Plan in more detail would be helpful then this can be arranged.
- 11.6 Once the NHS England guidance about future submissions is received, formal sign-off processes and timescales will be agreed.