

Health Select Committee

Briefing Report: October 2008.

Introduction

World class commissioning (WCC) is about delivering better health and wellbeing for the population, improving health outcomes and reducing health inequalities. NHS Brent in partnership with a range of stakeholders will lead the NHS in turning the world class commissioning vision into a reality, adding life to years and years to life.

World class commissioning will deliver:

... better health and well-being for all

- People will live healthier and longer lives
- Health inequalities will be dramatically reduced

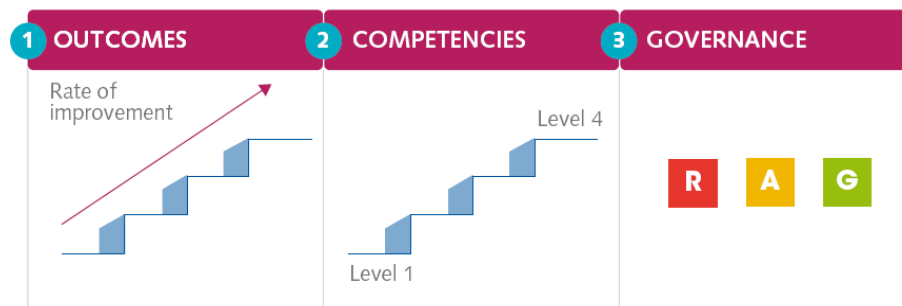
... better care for all

- Services will be evidence-based and of the best quality
- People will have choice and control over the services that they use, so they become more personalised

... better value for all

- Investment decisions will be made in an informed and considered way, ensuring that improvements are delivered within available resources
- NHS Brent will work with others to optimize effective care

NHS Brent will be assessed across 3 elements:



The three elements will be assessed using a combination of approaches including self assessment, self-certification, feedback from partners, evidence gathering and review of data.

- **Outcomes** reflect the overall improvement in the health and well-being of the population.
- **Competencies** reflect improvements in the PCT's skills and behaviours as commissioners.

- **Governance** reflects the underlying grip that the Board and the organisation have on their core business.

Process

The deadline of submission for the evidence and plans for NHS Brent is 28th November 2008. Leading up to this date, a range of key activities have commenced including:

- **Understanding of the local context**
 - Determining health needs using local data
 - Eliciting stakeholder views and expressed population needs
 - Mapping the provider landscape
 - Honouring existing commitments
- **Draft development of key plans**
 - Decisions made by Executive Management Team in NHS Brent
 - Decisions endorsed by local clinicians
- **Stakeholder challenge**
 - Stakeholder events to scrutinize local plans

Results

Quantitative Data

The Brent Health & Well-being Strategy identified the health issues affecting the local population through examining local data. It shows that the Brent population of 270,100 residents (or 347,541 people registered with a Brent GP) is made up of a heterogeneous ethnic majority, which is relatively young, has areas of marked deprivation and is growing year on year.

Circulatory disease and Cancer are the biggest killers, with almost a fifth of the population obese, a quarter smoke, a half not exercising and 2/3rds not eating the recommended amount of fruit and vegetables per week. Mortality rates are up to 50% higher for CHD and cancer for some of the most deprived wards in the South of the borough. The uptake of some preventative services is poor particularly smoking cessation and breast and cervical screening.

Brent is also characterized by high prevalence of diabetes, TB, HIV, and Sexually Transmitted Infections (STIs). Teenage pregnancy levels are decreasing but are still at a high level.

A review of Health and Social Care Services identified the following issues:

- Patient turnover is high (20% per annum)
- Satisfaction with access to a GP is below the national average
- 70% of Brent practices are one or two handed practices
- Many patients would welcome increased opening hours
- There is considerable variation in performance across primary care
- Many patients use A+E as an alternative to primary care

- Inpatient activity has increased considerably particularly emergency admissions
- Ambulatory care conditions (conditions that could be managed in primary care) and High Intensity Users account for a significant proportion of admissions.
- Delayed discharges are high
- Increasing numbers of social care service users are receiving direct payments although the numbers are still low (206 as of August 07)

These health issues and service issues have been a key part of the Local Area Agreement and are reflected in some of the existing joint commitments of NHS Brent.

Qualitative Data

Stakeholder Engagement is a core part of successful commissioning and so threads through a number of the WCC competencies, with the first four competencies being about collaborative working and engaging patients, public and clinicians.

The national WCC guidance defines the main stakeholders as belonging to three broad categories: patients/public; clinicians and partners (e.g. Local Authority, community groups). Other stakeholders include staff, providers (e.g. acute, mental health, voluntary) and opinion formers (e.g. Local press, MPs).

There is an expectation that stakeholders are involved from the planning stage, through to development, assessment and delivery stages. Constant communication in a variety of formats is essential.

NHS Brent undertook a number of activities in order to communicate and engage with our stakeholders including:

- Giving Information – Newsletters, Websites
- Getting Information – Questionnaires, Interviews, Focus Groups
- Forums for debate – Meetings, Attending Local Groups
- Participation – Health Select Committee, LINKs
- Partnership – Large Group Events

The results of these activities covering over 30 forums and reaching over 2000 people produced the following themes:

- **Healthy Living/Prevention** – there should be a focus on improving health and well-being as well as preventing disease and illness.
- **Quality Health & Care Services** - more time should be spent with patients, opening hours should be longer, respect and dignity is key, improving cleanliness is vital
- **Access** – location of services should be considered for those most in need, hours of operation should be improved, we should be removing cultural barriers and promoting advocacy

- **Stakeholder Engagement** – staff, clinicians, patients, public and partners should all be involved in shaping health and care services in Brent
- **Integrated Community Service Provision** – services should be seamless wherever they are provided (including in the community and voluntary sector) with more of a focus on services that are community based via primary and community care
- **Health Inequalities** – encompassing work with vulnerable communities and the broader determinants of health

Synthesis

Bringing the quantitative and qualitative data together the NHS Brent Executive Management Team produced the first draft vision, goals and initiatives.

Vision

- Working with our partners for a healthier Brent

Goals

- Safe & High Quality Services
- Increase Life Expectancy
- Reduce Health Inequalities
- Promote Good Health and prevent ill health
- Improve patient satisfaction

Initiative Long List

1. Improve vascular health
2. Improve patient independence, choice and control (following acute episodes)
3. Improve primary care access
4. Improve planned care closer to home
5. Improve primary immunisation rates
6. Improve mental health & well-being
7. Improve detection & treatment of TB
8. Support healthy behaviours
9. Give children & young people the best start in life
10. Improve sexual health & reduce transmission of STIs
11. Reduce premature mortality from cancer
12. Improve maternity services
13. Improve the management of LTC (out of hospital settings)
14. Improve the experience of people who use our services

Following consultation with stakeholders (including representation from Brent Council, patients, public and voluntary sector) and local clinicians an expert panel assessed the vision, goals and initiatives against prioritisation criteria which included mandatory work; contribution to goals (primarily health impact), potential

costs/savings, implement-ability and stakeholder ranking). Changes were made to emphasise health and well-being in the vision and goals, make the goals more measurable and shortlist the initiatives. This led to the following re-draft:

Vision

- Improving the health and wellbeing of our community

Goals

- **Goal 1:** Reduce premature mortality in Brent by 20% by 2013
- **Goal 2:** Reduce the gap in life expectancy at birth between the top and bottom quintile of wards in Brent by 25% by 2013
- **Goal 3:** Promote and improve the physical and mental wellbeing of the people of Brent as measured by a reduction in smoking prevalence from 26% to 21% by 2013 and reduce the proportion of overweight and obese children to 2000 levels by 2020
- **Goal 4:** Increase the proportion of activity commissioned from providers who perform at or above benchmarked performance standards
- **Goal 5:** Meet or exceed nationally-reported benchmarked patient satisfaction rates for all services commissioned

Initiatives

Immediate priority initiatives

1. Develop and implement a primary and community care strategy
2. Improve primary immunisation rates
3. Improve vascular health
4. Reduce premature mortality from cancer
5. Improve intermediate care
6. Improve mental health and wellbeing

Three future priority initiatives

7. Improve maternity services
8. Give children and young people the best start in life
9. Support healthy behaviours

In order to measure the Goals and Initiatives NHS Brent must choose 10 Health Outcomes. Two Health Outcomes are mandatory national targets (Life Expectancy and Health Inequalities) and eight are locally determined. There is a choice from 54 potential health outcomes. The following have been proposed:

Health Outcomes

Indicator	Rationale
Health inequalities	Mandatory target
Life expectancy	Mandatory target
Proportion of children who complete MMR immunisation	Uptake of MMR is currently very poor in Brent and there is a risk of sizeable outbreaks at the current level of fits with the

by 2nd Birthday	initiative on immunization and vaccination
Smoking quitters	Smoking is the largest preventable cause of death and is a key risk factor in cardiovascular disease and cancer both of which are the focus of initiatives in the CSP. Significant investment is underway in the smoking cessation service currently
Proportion of women aged 53-64 offered screening for breast cancer	Uptake of breast screening is low in Brent and is the focus of one of the initiatives in the CSP. Performance may be the hard to improve given some of the capacity and performance issues with our local provider.
Self reported experience of patients & users	Patient satisfaction relates to a number of variables across the commissioning cycle: the empowerment of local people and their involvement in planning; the degree of control and influence they experience over their health and healthcare and the accessibility and suitability of the services provided to meet their needs. For a number of reasons a significant number of providers commissioned by NHS Brent show levels of patient satisfaction below national and London benchmarks
Delayed transfers of care	Fits with initiative on intermediate care is a LAA target and is an area of poor performance currently
CVD mortality	Cardiovascular disease is the biggest killer in Brent. Implementation of the vascular risk assessment programme along with our tobacco control and weight management initiatives will significantly reduce CVD mortality.
Reduce the gap in life expectancy at birth between the top and bottom quintile of wards in Brent	<p>There is a 9.3 year gap in life expectancy between the lowest (Harlesden) and highest wards (Northwick Park). The gap in life expectancy in Brent has persisted over a number of years. Recent figures show a slight reduction in the gap, however, this is because of a reduction in life expectancy in Northwick Park rather than an improvement in Harlesden.</p> <p>Health inequalities in Brent are linked to socio-economic status, gender, ethnicity, and geography. Ward based inequalities are the easiest to measure and given the geography of Brent ward based measures reflect ethnic and socio-economic inequalities.</p>

Next Steps

The revised Vision, Goals and Initiatives will be further developed and refined. Initiatives will be spelt out in terms of their specific impact on health, finance and activity. The Health Outcomes will be confirmed. A second stakeholder event (27th October) will further scrutinise the strategic plan and examine issues of implementation.

In parallel to the strategic plan a financial plan will outline a financial strategy for the next 5 years and an Organisational Development Plan will examine the capacity and capability of NHS Brent to undertake its commissioning function.

The process will culminate in a Panel Day on 9th December, between the Board of NHS Brent and an assessment panel lead by NHS London, to scrutinise all plans and aspirations.