

# NW London Sustainability and Transformation Plan

Our plan for North West Londoners to be well and live well

APPENDICES – v1.0 20160630

## List of appendices

	<b>APPENDIX TITLE</b>	<b>PAGE</b>
<b>Appendix A</b>	Joint Statement on Health and Care Collaboration in NW London from Brent, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster Councils	3
<b>Appendix B</b>	Leadership and governance	4
<b>Appendix C</b>	How our priorities address the '10 big questions'	5-6
<b>Appendix D</b>	Further information about our Mental Health and Wellbeing Transformation	7-12

# Appendix A: Joint Statement on Health and Care Collaboration in NW London from Brent, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster Councils

## **These six boroughs in NW London welcome the opportunity to improve the outcomes for local people and communities**

- Local Government and Health partners in North West London (NWL) are committed to working together to design a sustainable health and care system that improves outcomes for our communities.
- We recognise the huge financial and demographic challenges facing public services over the next five years and acknowledge our duty to work together as system leaders to create a sustainable health and care system, whilst retaining our rights as sovereign organisations to help our communities get the outcomes they need.
- We support person-centred health and care that enables increased numbers of older people and those with disabilities to access clinical and social care in community settings whenever appropriate.
- We welcome joint working with the NHS to prevent health problems occurring and to improve the wellbeing of local people. We are committed to working together to deliver integrated health and social care systems that provide the highest quality out-of-hospital services for residents.
- The councils covering North West London will work closely with NHS partners to implement work in these areas, building on our strong track record of partnership delivery.

## **In order to deliver the ambitions of the STP, our six boroughs also agree that the following conditions must be reflected in the STP document itself:**

1. Explicit reference to how the NHS will help to close the £145m social care funding gap, through investment in prevention and integration services
2. Explicit reference to the need to map and invest significant additional resource in out of hospital care to create new models of care and support in community settings, including through joint commissioning with local government
3. Explicit reference to plans to significantly expand pooled budgets and joint commissioning for delivery of integrated and out of hospital care, especially for older peoples services, to support the development of the local and NW London market
4. Explicit reference to a devolution proposition around local retention of capital receipts from estates and joint commissioning of all out of hospital care, with resources allocated to deliver it. This in no way infers any assumptions about acute reconfiguration.
5. There will be no substantive changes to A&E in Ealing or Hammersmith &

Fulham until after of a review process, based on criteria to be agreed, led jointly by the six local authority partners and communities. All partners will work to significantly improve out of hospital provision to enable patient demand to be met.

6. A commitment from NHS partners to review with local authority partners the assumptions underpinning the changes to acute services and progress with the delivery of local services before making further changes
7. A commitment to work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures

## **Any changes to this agreement will be subject to joint review based on agreed criteria with the six local authority partners and their communities.**

Concerns still remain around the government's proposals developed through the Shaping a Healthier Future programme i.e. to reconfigure acute care in north west London or downgrade the status of Ealing or Charing Cross hospitals, including A&E services.

We recognise that there is significant work still to do to develop a genuinely joint approach and reach agreement on any hospital changes in these areas. At the same time, the six boroughs recognise the significant opportunity to work together to invest in better care for local residents.

## **To move forward, our boroughs ask that NHS partners commit to work jointly to:**

- develop an agreed approach to the delivery of the commitments , following the 30 June checkpoint
- develop an acceptable set of review criteria for any changes
- strengthen the supporting data and evidence base, and understand the financial risks and benefits and overall business case across health and care by October 2016
- agree a 'review point' in 2018 to review the agreed criteria
- co-produce the final plan with leaders, clinicians and the public from June through to October 2016

# Appendix B: Leadership and governance

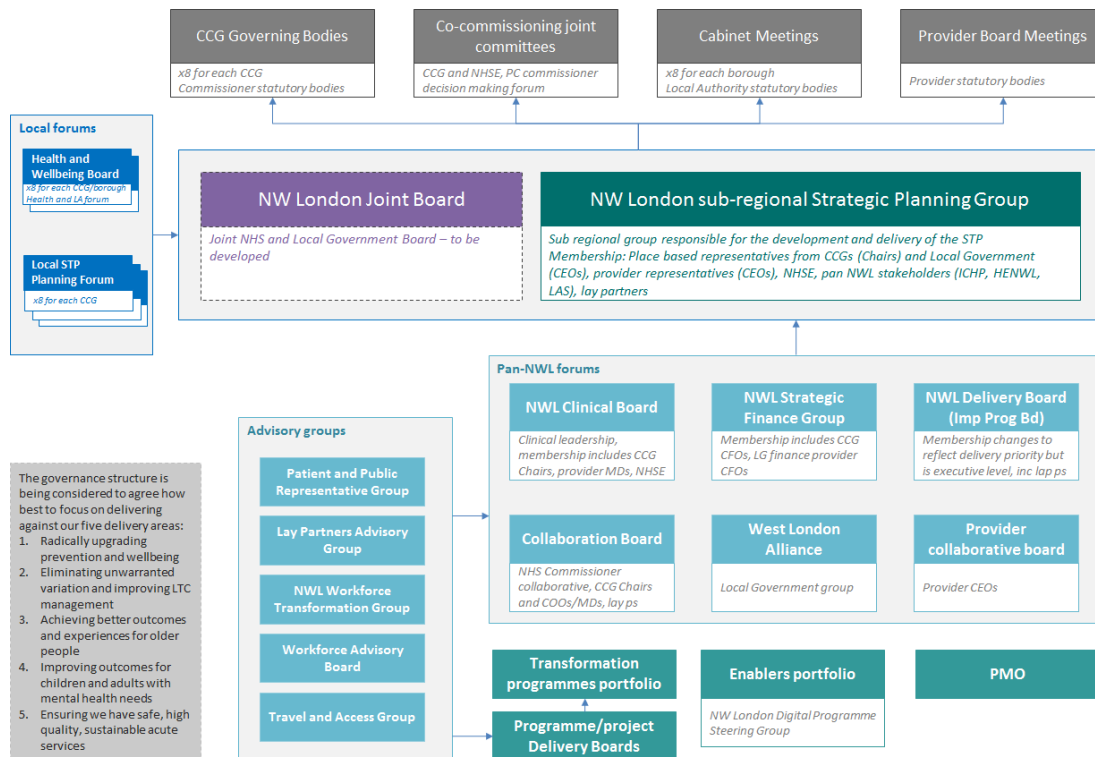
## NW London has meaningful leadership and robust governance to drive transformational change

There is a history of collaboration at a sub-regional level in NW London across both health and local authorities. To help us work most effectively we have in place a robust governance structure and leadership arrangements.

NW London has one of the most established whole system partnerships in the country, with a strong history of pan-borough working through the long-established West London Alliance, NHS NW London and individual commissioners and providers as well as academic and workforce institutions. Lay partners are represented across the system and leadership.

With the development of the STP, we have strengthened our ways of working. NHS and Local Government partners are working together to develop a joint governance structure with the intention of establishing a joint board that would oversee delivery of the NW London STP. The joint governance arrangements would ensure there is strong political leadership over the STP, with joint accountability for the successful delivery of the plan, including the allocation of transformation resources and implementation of the out of hospital strategy. We will also strengthen our existing governance structures and develop them where necessary to ensure that there is clear joint leadership for delivering the strategy across health and local government STP partners for each of the five delivery areas and three enablers. Building on our ambitious STP plans, NW London will also develop options for a devolution proposition, to be agreed jointly across commissioners and providers. This could include local retention of capital receipts, greater local control over central NHS resources and greater flexibility over regulation to support delivery of long term plans.

## Incorporating the individual's voice, clinical expertise and our managerial functions, we are operating in the following structure to develop and implement the STP:



## STP Leadership Team

The STP is led by the appointed STP System Leadership Team, which meets weekly and includes representation from all of the key stakeholder groups in our system:

**Dr Mohini Parmar System Leader**  
(Ealing CCG Chair)

**Carolyn Downs Local Authority Lead**  
(Chief Executive, Brent Council)

**Clare Parker Joint NHS Commissioner SRO**  
(Chief Officer CWHHE CCGs)

**Dr Tracey Batten Provider Lead**  
(Chief Executive, Imperial College Healthcare Trust)

**Rob Larkman Joint NHS Commissioner SRO**  
(Chief Officer BHH CCGs)

**Matt Hannant STP Programme Director**  
(CCG Director of Strategy & Transformation)

# Appendix C: How our priorities address the '10 big questions'

National priority areas	NW London Priority	Delivery Area (DA)	Section of NW London STP	Progress to date
<b>1. How are you going to prevent ill health and moderate demand for healthcare?</b>	<b>Priority 1:</b> Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	<b>DA1:</b> Radically upgrading prevention and wellbeing	<b>DA1:</b> Pages 21-22	<ul style="list-style-type: none"> <li>5 of the 8 boroughs in NW London are part of the Diabetes Prevention Programme Pilot</li> <li>PMS review - move to equitable provision of preventive screening and immunisation, targeting prevalence across CCGs potentially depending upon commissioning intentions</li> <li>6 of 19 primary care hubs up and running in NW London</li> <li>Model of care work and federations - based on principle of commissioning for the whole population in order to address health inequalities</li> <li>Risk stratification enabling care planning for high risk individuals</li> <li>Patient activation measurement tool rolled out across NW London</li> </ul>
<b>2. How are you engaging people, communities and NHS staff?</b>	<p><b>Priority 1:</b> Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves</p> <p><b>Priority 4:</b> Reduce social isolation</p>	<b>DA1:</b> Radically upgrading prevention and wellbeing	<p><b>DA1:</b> Pages 21-11</p> <p><b>Enabler:</b> Workforce (Pages 35-36)</p> <p><b>Enabler:</b> Digital (Pages 37-38)</p> <p><b>Appendix C:</b> Co-production, communications and engagement with service users, partners and staff (Pages 5-6)</p>	<ul style="list-style-type: none"> <li>Embedding co-production throughout our transformation, supported by the Lay Partner Advisory Group</li> <li>Expert Patient Programmes in some CCGs</li> <li>Federation commitment to engaging people and communities e.g. all practices have a Patient Participation Group</li> <li>All CCGs signed up to healthy workplace charter</li> <li>Change Academy has supported 4 multi-disciplinary teams to date as part of Phase 1</li> <li>Mental Health engagement events in collaboration with West London Collaborative</li> </ul>
<b>3. How will you support, invest in and improve general practice?</b>	<p><b>Priority 6:</b> Ensure people access the right care in the right place at the right time</p> <p><b>Priority 9:</b> Improve consistency in patient outcomes and experience based on the day of the week that services are accessed</p>	<p><b>DA3:</b> Achieving better outcomes and experiences for older people</p> <p><b>DA5:</b> Ensuring we have safe, high quality sustainable acute services</p>	<p><b>DA3:</b> Pages 25-26</p> <p><b>DA5:</b> Pages 29-31</p>	<ul style="list-style-type: none"> <li>Established federations to increase GP accessibility</li> <li>Improvements to maternity and children's care across NW London by consolidating inpatient and emergency services onto 5 sites</li> <li>1.9m people have access to weekend primary care appointments</li> <li>NW London CCGs score above London average for accessible and coordinated care dimensions</li> <li>Primary care is working at scale – all eight CCGs have federation population coverage of above 75%</li> </ul>
<b>4. How will you implement new care models that address local challenges?</b>	<p><b>Priority 6:</b> Ensure people access the right care in the right place at the right time</p> <p><b>Priority 7:</b> Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice</p> <p><b>Priority 5:</b> Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease</p>	<p><b>DA3:</b> Achieving better outcomes and experiences for older people</p> <p><b>DA2:</b> Eliminating unwarranted variation and improving Long Term Condition management</p>	<p><b>DA3:</b> Pages 25-26</p> <p><b>DA2:</b> Pages 23-24</p>	<ul style="list-style-type: none"> <li>Joint commissioning of services (in particular rapid response) across health and social care</li> <li>Whole Systems approach developed and in practice to segment the population and develop tailored services</li> <li>Development of local models of care for urgent care, including 111</li> <li>There are urgent care centres at all A&amp;Es in NW London</li> <li>As part of the reconfiguration of paediatric services, a new model of care and paediatric assessment units have been developed</li> </ul>
<b>5. How will you achieve and maintain performance against core standards?</b>	<b>Priority 3:</b> Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness	<b>DA5:</b> Ensuring we have safe, high quality sustainable acute services	<b>DA5:</b> Pages 29-31	<ul style="list-style-type: none"> <li>Performance is managed through a range of forums between providers and commissioners including quality meetings which feed into CCGs, Finance and Performance meetings and Contract meetings</li> </ul>

# Appendix C: How our priorities address the '10 big questions'

National priority areas	NW London Priority	Delivery Area (DA)	Section of NW London STP	Progress to date
<b>6. How will you achieve our 2020 ambitions on key clinical priorities?</b>	<p><b>Priority 2:</b> Improve children's mental and physical health and well-being</p> <p><b>Priority 8:</b> Reduce the gap in life expectancy between adults with severe and long-term mental illness and the rest of the population</p> <p><b>Priority 9:</b> Improve consistency in patient outcomes and experience based on the day of the week that services are accessed</p>	<p><b>DA1:</b> Radically upgrading prevention and wellbeing</p> <p><b>DA4:</b> Improving outcomes for children &amp; adults with mental health needs</p> <p><b>DA5:</b> Ensuring we have safe, high quality sustainable acute service</p>	<p><b>DA1:</b> Pages 21-22</p> <p><b>DA4:</b> Pages 27-28</p> <p><b>DA5:</b> Pages 29-31</p>	<ul style="list-style-type: none"> <li>• Single point of access' and rapid response home treatment teams for urgent mental health needs launched across all 8 Boroughs</li> <li>• Urgent care centres across NW London all operate to the same specification</li> <li>• Maternity – after the transition of maternity services at Ealing, there has been an improvement in:               <ul style="list-style-type: none"> <li>- midwife to birth ratio from 1:31 to 1:30</li> <li>- midwife vacancy level from 8.1% to 7.2%</li> <li>- consultant ward presence from 108 hours to 122 hours</li> </ul> </li> <li>• Signed up all North West London NHS organisations to the 'Healthy Workplace Charter' to improve the mental health and wellbeing of their staff.</li> <li>• Launch of young people's eating disorder services. Providing quicker access for this vulnerable population</li> </ul>
<b>7. How will you improve quality and safety?</b>	<p><b>Priority 9:</b> Improve consistency in patient outcomes and experience based on the day of the week that services are accessed</p>	<p><b>DA5:</b> Ensuring we have safe, high quality sustainable acute services</p>	<p><b>DA5:</b> Pages 29-31</p>	<ul style="list-style-type: none"> <li>• Launched seven day services programme</li> <li>• Implemented single discharge process</li> <li>• Psychiatric liaison in all A&amp;Es and Urgent Care Centres (UCCs) in NW London</li> <li>• Maternity &amp; Paediatrics – agreed quality standards which are tracked monthly across NW London</li> <li>• Mental health Crisis Care Concordat signed</li> <li>• Agreed clarifications on 7 Day Services standards on radiology</li> </ul>
<b>8. How will you deploy technology to accelerate change?</b>	Underpins all priorities		<b>Enabler:</b> Digital (Pages 37-38)	<ul style="list-style-type: none"> <li>• NW London Diagnostic cloud</li> <li>• Roll out of Electronic Prescribing Service (EPS2), Summary Care Record</li> <li>• Patient Online functionality available at all practices</li> <li>• Integrated Care data dashboards being piloted</li> <li>• In primary care 280,000 patients have access to web-based consultations and 60,000 patients have access to video consultations</li> </ul>
<b>9. How will you develop the workforce you need to deliver?</b>	Underpins all priorities		<b>Enabler:</b> Workforce (Pages 35-36)	<ul style="list-style-type: none"> <li>• Joint working with Health Education England (HEE NW London)</li> <li>• Care Coordinator and Care Navigator role developed, trained and in post (increasing numbers in the existing workforce)</li> <li>• Health and Social Care Coordinator role development (enhanced clinical skills)</li> <li>• CEPNs established across NW London which are improving ways of working across different parts of health and social care</li> <li>• PA programme in Hillingdon mobilised</li> </ul>
<b>10. How will you achieve and maintain financial balance?</b>	Underpins all priorities		<b>Finance</b> (Pages 42-47)	<ul style="list-style-type: none"> <li>• NW London financial strategy being implemented for the past few years</li> <li>• The Shaping a Healthier Future programme, by creating new unified clinical pathways and providing higher quality care across the system</li> </ul>

## Appendix D: Further information about our Mental Health and Wellbeing Transformation



*Like Minded*  
WORKING TOGETHER FOR MENTAL  
HEALTH AND WELLBEING IN NW LONDON



## Appendix D: The current picture

In North West London we have had a shared whole systems mental health programme (across health and social care) since 2012 reflecting a commitment to improving mental health and wellbeing for the 2 million residents of North West London. Since 2015 we have been working under the banner of Like Minded – with a Case for Change endorsed across all Health and Wellbeing Boards, and CCGs setting out our challenges and common ambition for change.

The programme coproduced the following 3 statements to articulate the overall vision our population. These statements are supported by a number of principles. Critically the Strategy, vision and principles describe the outcomes and experience we want to change – rather than focus on services.

*My wellbeing and happiness is valued and I am supported to stay well and thrive*

*As soon as I am struggling, appropriate and timely help is available*

*The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that's right for me and the people that matter to me*

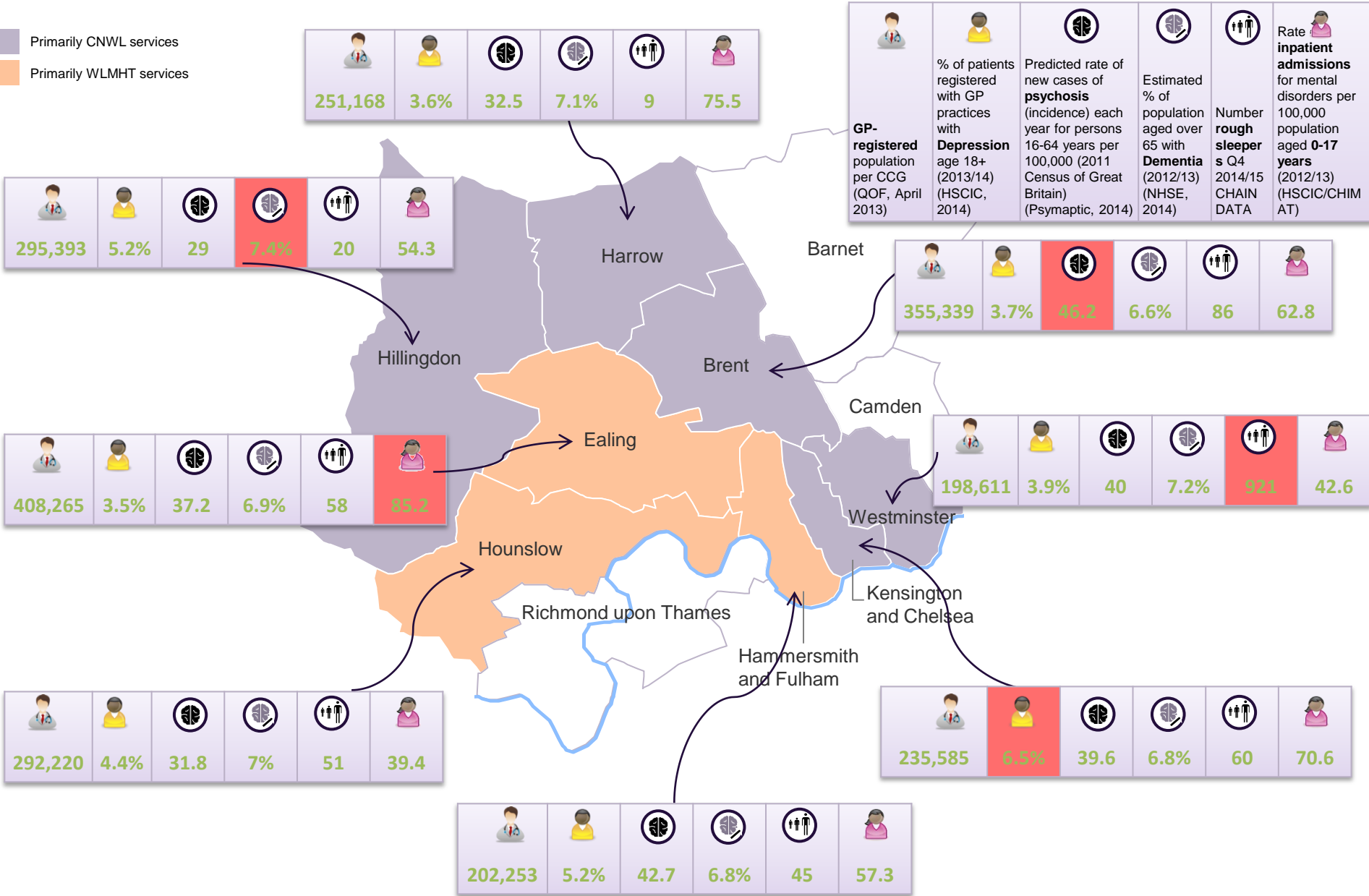
### Core principles

- My life is important, I am part of my community and I have opportunity, choice and control.
- My wellbeing and mental health is valued equally to my physical health
- I am seen as a whole person – professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing
- My care is seamless across different services, and in the most appropriate setting
- I feel valued and supported to stay well for the whole of my life



# Appendix D: Case for change: there is still much we can do to improve outcomes and reduce variation

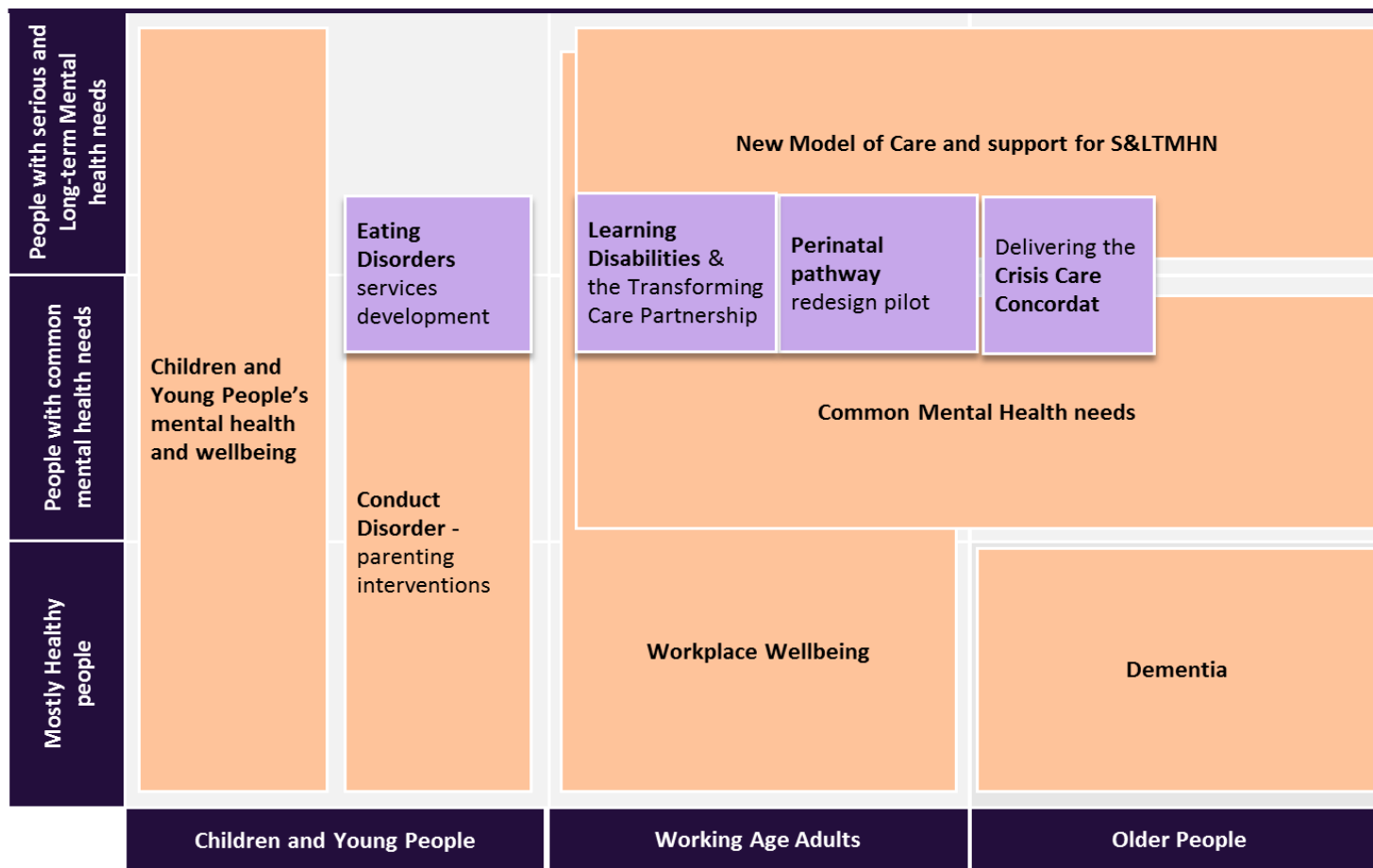
Primarily CNWL services  
Primarily WLMHT services



## Appendix D: We use an approach across the life course, aiming to reducing mental health inequalities

In approaching mental health transformation in North West London we have considered an approach across the life course aimed at reducing mental health inequalities. Whilst we know that people are not defined by their diagnosis (we acknowledge that comorbidity is the norm) or demographics, this is a useful framework to prioritise and focus within an area of vast need.

We recognise that learning disabilities and mental health needs are not the same thing – but our work since 14/15 to address needs of our population who have both learning disabilities and mental health needs provided a spring board for wider work on learning disabilities under the Transforming Care Partnership Programme.



## Appendix D: As a transformation programme with a wide remit we embed in NW London the sense that mental health is everyone's business

The Like Minded Strategy is a 'whole systems', all ages strategy. Throughout the programme we recognise the critical role that services and initiatives across the system have in supporting mental health and wellbeing. Our combined work across NWL naturally builds on the local transformation and co-production work within each Borough, and on work led by local mental health providers – CNWL and WLMHT. As a transformation programme with a wide remit we embed in NWL the sense that mental health is everyone's business – through supporting our own workforce to remain healthy, as much as focusing on supporting the mental wellbeing and recovery of our service users, carers and wider population.

As we have approached mental health transformation in North West London one key commitment has been to co-production – not just with service users and carers, but through a cross-system leadership approach in health, social care and the voluntary and community sector. Our work to date lends itself to a 'place based approach' - with no health without mental health we have to work with a wide range of partners and recognise the impact of mental illness on all statutory services and broader societal outcomes, such as employment and educational attainment.

The whole programme is focused on delivering the ambitions for Parity of Esteem, all transformation work rooted in a holistic approach to meeting the needs of the public.

We work closely with service users and carers, clinicians, professionals and experts across the system in health, social care, voluntary sector and public health and have held workshop events in specific areas, including children & young people, socially excluded groups, and mental ill health prevention.

We are not starting from scratch – our 24/7 urgent care pathway has been the critical development over the last year and unlocks the gateway to wider services for adults with serious and long term needs:

**The 24/7 crisis line is the best anti-anxiety drug for GPs –we know we can get the right specialist support quickly for patients in the community**



# Appendix D: Like Minded new Model of Care and Support for people with Serious and Long Term Mental Health Needs (SLTMHN) 12

Like Minded has put much focus on the development of a model of care and support for people living with and experiencing SLTMHNs, as shown below. This model of care has been developed in conjunction with service users, CCGs, Trusts, and local authorities. The model of care is designed to ensure care and support takes

place in the least intensive setting possible, maximising independence and wellbeing.

Local business cases for the implementation of the model are still in development with the intention of these being agreed by governing bodies in September 2016.

