NHS
Havering
Clinical Commissioning Group

To: Meeting of the Havering Health and Wellbeing Board

From: Alan Steward, Chief Operating Officer, Havering CCG

Date: 19 March 2014

Subject: Draft Five Year Strategic Plan

Executive summary

The purpose of this report is to provide members of the Health and Well Being Board with:

- The draft 5 Year Strategic Plan for the Barking & Dagenham, Havering and Redbridge health economy
- The next steps before to submission of the draft plan to NHS England on the 4 April 2014.

Recommendations

The Health and Well Being Board is asked to:

- Note the draft five Year Strategic Plan and next steps
- Comment on the draft five year Strategic Plan prior to final submission

1.0 Purpose of the Report

This report presents the latest draft of the draft five Year Strategic Plan for BHR systems and provide the opportunity to comment and influence development of the plan prior to submission of the first draft to NHS England on 4 April 2014.

2.0 Background/Introduction

Everyone Counts: Planning for Patients 2014/15 – 2018/19 was released on 20 December 2013. It builds on the 2013/14 planning guidance and sets out a framework within which commissioners need to work with partners in local government and providers to develop strong, robust and ambitious five year plans to secure sustainable high quality care for all.

The Integrated Care Steering Group has been leading the development of the five year Strategic Planning process, as agreed by the Integrated Care Coalition.

3.0 The BHR Strategic Plan

The five year strategic plan comprises a high level system narrative 'plan on a page' and a more comprehensive 'key lines of enquiry' section which includes the system vision, enquiries around current position, improving quality outcomes, sustainability and improvement interventions.

3.1 The draft five Year Strategic Plan has been developed using the CCGs' Operating Plan and the Better Care Fund plans to provide the foundations of the five year Strategic Plan. In addition to this, the development of the strategic plan has been discussed at the following forums and feedback has gone into the latest draft:

- 10 February 2014: The Integrated Care Coalition workshop
- 13 February 2014: CCGs Governing Bodies away day
- 19 February 2014: Integrated Care Steering Group workshop

Outputs from the 'Call to Action' themes have also been considered and incorporated into development of the plan.

3.2 **Next steps**

The next steps for the draft five Year Strategic Plan is as follows:

- The Integrated Care Steering Group meeting on the 19 March will review and update the plan taking into account comments from the stakeholders.
- Integrated Care Coalition will consider the revised draft plan at its meeting on the 31 March before submission on the 4 April.
- The final plan needs to be submitted on the 20 June 2014.

4.0 Resources/investment

There are no additional resource implications/revenue or capitals costs arising from this report.

5.0 Equalities

There are no equalities implications arising from this report.

6.0 Risk

There are no risk implications arising from this report.

Attachments:

1. Draft Strategic Plan
2. Everyone Counts: Planning for Patients 2014/15 – 2018/19 can be accessed via the following link http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

Author: Alan Steward
Date: 13 March 2014

Attachment 1: Draft Strategic Plan

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Strategic Plan draft submission

Draft as at 28 February 2014

BHR strategic headline plan on a page

The BHR health economy is comprised of partners from Barking and Dagenham CCG, London borough of Barking and Dagenham, Havering CCG, London borough of Havering, Redbridge CCG, London borough of Redbridge, Barking, Havering and Redbridge University Hospitals Trust and North East London Foundation Trust; who have come together to agree, refine and implement the following vision: Improving health outcomes for local people through best value health care in partnership with the community.

System Objective 1 To reduce the number of years of life lost by 23%	**Delivered through prevention and health promotion** Programmes of work informed by local JSNAs and London wide preventative agenda. Target areas: obesity/dementia/reduce inequalities/diabetes/cardiovascular disease/cancer/smoking cessation/breastfeeding/alcohol and substance misuse
System Objective 2 To improve health related quality of life for those with 1+ LTCs by 4%	**Delivered through primary care improvement plan** Providing new ways to access primary care and finding new ways to provide innovative services designed around the needs of the patient to reduce acute admission and A&E attendance and increase positive patient experience.
System Objective 3 To reduce avoidable time in hospital through integrated care by 13%	**Delivered through the integrated care strategy** Seamless and integrated health and social care for local people. Continued implementation of local strategy putting the person at the centre of care provided by integrated teams
System Objective 4 To increase the percentage of older people living independently following discharge	**Delivered through the acute re-configuration programme** Reconfiguring local A&E and maternity services in order to improve the quality of care for local people; developing KGH as a centre of excellence for children's and women's services and new and effective 24/7 Urgent Care Centres at Queens Hospital and King George Hospital (facilitated through Urgent Care Procurement process running through 2014/15); better co-ordination of services and pathways through collocation of services' leading to enhanced experience for children and families.
System Objective 5 To reduce the percentage of people reporting a poor experience of inpatient care by12%	**Delivered through planned care programme** Building on the Health for North East London programme for planned care which will see an improvement in the clinical outcomes, patient satisfaction and a reduction in cancellations of scheduled elective care. Other developments include productivity improvements for MSK and ophthalmology pathways, service redesign for the diabetic pathway and re-procurement of the Independent Sector Treatment Centre.
System Objective 6 To reduce the percentage of people reporting a poor experience of primary care by 15%	**Delivered through specialised commissioned services** Commissioning to consistently deliver best outcomes and experience for patients, working with local stakeholders to develop integrated services and align priorities **Delivered through mental health service improvement plan** Strategic Commissioning Framework for Mental Health being developed and will include completion of full roll-out of the access to psychological therapies programme by 2014/15 with the aim that at least 15% of adults with relevant disorders will have timely access to services
System Objective 7 To reduce hospital avoidable deaths	**Delivered through childrens services improvement plan** Implementation of an Integrated Single Assessment process. Develop assessment process for children needing an EHC plan, Local Offer agreement to be confirmed and put children on EHC plans with cessation of 'statement system'

Overseen through the following governance arrangements

- Health and Wellbeing Boards (HWBB) oversee the process for strategic planning in each borough
- Integrated Care Coalition (ICC): an advisory group to HWBBs - bringing senior leaders together to build a sustainable health and social care system
- The coalition has two subgroups:
  - Integrated care steering group: development and delivery of strategic plan
  - Urgent care board: improvement plan for urgent care
- All work streams have identified leads

Measured using the following success criteria

- All NHS organisations within the health economy report a financial surplus in 18/19 (under review)
- Local Authorities manage funding pressures
- Delivery of the system objectives
- No provider under enhanced regulatory scrutiny due to performance concerns
- Shared care records for all patients

High level risks to be mitigated

- BHRUT quality and performance issues
- Achieving financial targets
- Building sustainable services and capacity in the right place with scarce resources (financial and workforce including clinical leadership)
- Balancing increased patient expectation with improved outcomes at a time of less resource

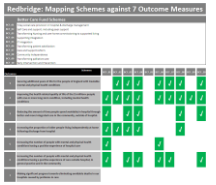
Section Two | Key lines of enquiry (KLOE)

Segment	Key Line of Enquiry	Organisational Response	Supported by
Submission details System vision	Which organisation(s) are completing this submission?	The organisations completing this submission comprise of: ▪ Barking and Dagenham Clinical Commissioning Group ▪ Havering Clinical Commissioning Group ▪ Redbridge Clinical Commissioning Group ▪ London Borough Barking and Dagenham ▪ London Borough Havering ▪ London Borough Redbridge ▪ North East London Foundation Trust ▪ Barking Havering and Redbridge University Hospital Trust The senior leaders from the above organisations have committed to work together as the Integrated Care Coalition to support the three Clinical Commissioning Groups (CCGs) and the three Local Authorities in commissioning integrated care and ensuring a sustainable health and social care system. The Integrated Care Coalition (ICC) oversees the development of the 5 year strategic plan but has delegated formal authority to the Integrated Care Steering Group (ISCG) to co-ordinate on its behalf the production of the 5 year strategic plan.	ToR Integrated Care Coalition. Yellow font denotes specific reference to strategic planning Adobe Acrobat Document ToR Integrated Care Steering Group: Adobe Acrobat Document
	In case of enquiry, please provide a contact name and contact details	Ramesh Rajah BHR CCGs, Programme Management Office Tel: 0208 926 5327 Email: Ramesh.Rajah@onel.nhs.uk Jane Gateley	

		BHR CCGs, Director of Strategic Delivery Tel: 0208 926 5136 Email: Jane.Gateley@onel.nhs.uk Emily Plane BHR CCGs, Project Manager – Strategic Delivery Tel: 0208 822 3052 Email: Emily.Plane@onel.nhs.uk	
	What is the vision for the system in five years' time?	The vision for the BHR health economy is improving health outcomes for local people through best value health care in partnership with the community. In 5 years time the BHRUT economy aims to improve health outcomes for local people through best value health care in partnership with the community including: ▪ reducing the number of years of life lost by 23% ▪ improving health related quality of life for those with 1+ LTCs by 4% ▪ reducing avoidable time in hospital through integrated care by 13% ▪ increasing the percentage of older people living independently following discharge (rate to be confirmed) ▪ reducing the percentage of people reporting a poor experience of inpatient care by12% ▪ reducing the percentage of people reporting a poor experience of primary care by 15% ▪ reducing the number of hospital avoidable deaths (rate to be confirmed) In 5 years time patients will have better experiences of inpatient and primary care, will spend less avoidable time in hospital, will have a greater chance of living independently following discharge from hospital and will experience improved health related quality of life for those with one or more Long Term conditions. Services will work together more closely, functioning as a more integrated	 DRAFT BHR Plan on a Page.pdf Borough teams will be reviewing trajectories and may be updated for the next submissions.

		system delivering high quality health and social care to patients closer to home.	
	How does the vision include the six characteristics of a high quality and sustainable system and transformational service models highlighted in the guidance? Specifically: 1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care 2. Wider primary care, provided at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care 6. Specialised services concentrated in centres of excellence (as relevant to the	The vision statement for the BHR health economy characterises the six high quality and sustainable system and transformational service models through: 1. The responses from citizens to the local Call to Action events held in response to the NHSE challenge to ensure that future development of services is framed around the 'I' statements to ensure that what the patient wants is at the heart of service development going forward . Local citizens specifically stated that they wanted: ▪ Better access to primary care ▪ Partnership working with social care/integrated care ▪ improved hospital performance ▪ involvement of voluntary sector ▪ more support for carers ▪ improved patient engagement/communication In addition, citizens have also contributed in the development in the following areas ▪ On-going patient experience evaluation for Integrated Care and Community service developments. ▪ Patient involvement is the design and development of the Acute Reconfiguration developments to ensure new services delivers improved performance, better outcomes and patient experience. The following areas have been identified to support the prevention and health promotion programme: ▪ Obesity ▪ Dementia ▪ Reduction in health inequalities ▪ Diabetes ▪ Cardiovascular disease	*Details provided within the activity and financial templates which will be triangulated.*

	locality)	▪ Cancer ▪ Smoking cessation ▪ Breastfeeding ▪ Alcohol and substance misuse 2. Providing new ways to access primary care and finding new ways to provide innovative services designed around the needs of the patient to reduce acute admission and A&E attendance and increase positive patient experience. These include: ▪ Weekend access ▪ Core hours plus ▪ 6-10pm appointments ▪ Triage service ▪ Primary care provider support ▪ Dedicated registered list ▪ Specialist expertise ▪ Implementation of unified point of access 3. Implementation of the BHR Integrated Care Strategy designed to support and care for people in their homes or closer to home, shifting activity from acute to community (supporting acute reconfiguration plans), and in particular to locality settings. The strategy seeks to transform the relationship with individuals by placing them at the centre of delivery, driving improvements to the quality of experience and outcomes. In 5 years, Community services will have been remodelled (physical, mental and social) to support clusters of GPs (covering a population of up to 70,000 – check number) to enable more proactive management of the population. The focus will be on those with LTCs, high service users, and those vulnerable to decline. 4. Acute Reconfiguration programme building on Health for North East London work to reconfigure local A&E and maternity services in order to improve the care for the local people and a new and effective 24/7 Urgent Care Centre facilitated through the UCC procurement process running through to 2014/15.	

		5. Delivered by building on the Health for North East London programme for plan care which should see an improvement in the clinical outcomes, patient satisfaction and a reduction in cancellations of scheduled elective care. Other developments include productivity improvements for MSK and ophthalmology pathways, service redesign for the diabetic pathway and a re-procurement of the Independent Sector Treatment Centre. 6. Specialised services narrative to be completed following discussion with NHS England.	
	How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations? b) Improving health outcomes in alignment with the seven ambitions c) Reducing health inequalities?	*A) From a resources perspective, what will the position be in five years' time? Is this position risk assessed?* Two year financial projections on all boroughs have been completed and the five year plans are currently being finalised. All plans leading up to 2018/19 will be designed to deliver a surplus. The plans are currently being risk assessed to ensure sustainability. *B)* The schemes / projects identified in the BCF / Operating Plan are consistent with those in the BHR system wide Integrated Care strategy. The schemes are linked to the 6 characteristics outlined on the plan on the page and mapped directly to the 7 ambition areas. C) Each Borough within the BHR economy has reviewed their baseline position for the seven ambitions targets and has planned five year reductions to align performance to equitable levels across the patch, as well as (where possible), closer to, or performing better against the national average. This is reducing health inequalities within the BHR system, which will make a significant change to the lives of patients living in Barking and Dagenham. The supporting evidence to the right illustrates this shift towards equitable performance across the BHR economy.	*BCF Schemes have been mapped to 7 outcome measures*  BHR 5 year target projections.pdf
	Who has signed up to the strategic vision? How have the health and wellbeing boards been involved in developing and signing	The Integrated Care Coalition has endorsed the Strategic Vision. The Integrated Care Coalition (including members of Health and Wellbeing Boards) were involved in development of the Strategic Plan, reviewing the draft plan 10 January 2014 and holding an Integrated Care Coalition workshop on 10 February where members reviewed progress and endorsed the vision.	

	off the plan?	A BHR CCGs Governing Body Away Day took place on 13 February 2014 where members reviewed the plan on a page which was then updated incorporating feedback. The draft Operating and BCF plans submitted on the 14 February were reviewed and signed off by the Health and Wellbeing Board in each Borough on the following dates: ▪ Barking and Dagenham HWBB reviewed and approved on the 11 February 2014. The development of the BCF was overseen by the H&WB Integrated Care sub-group which has membership across health and social care as well as from key providers. ▪ Havering submission was agreed by the Havering Wellbeing Board at its formal meeting on Wednesday 12 February 2014. It was then subsequently the subject of an Executive Decision by Councillor Steven Kelly, Leader of the Council, Chair of the Health and Wellbeing Board and Portfolio Holder for Individuals on the 13th February 2014. ▪ Redbridge HWBB meeting – the draft plans were submitted on the 14 February subject to the HWBB review on the 17 February. The HWBB has now taken place and the draft plans were reviewed and agreed.	
	How does your plan for the Better Care Fund align/fit with your 5 year strategic vision?	Integrated Care Strategy initiatives are embedded in the Better Care Fund plans, with the focus in years one and two being on the following initiatives: ▪ Integrated Case Management ▪ Community Treatment Teams ▪ Joint Assessment and Discharge Team These are key enablers to deliver the 5 year strategic vision.	
	What key themes arose from the Call to Action engagement programme that have been used to shape the vision?	To respond to the challenge of the NHSE Call to Action, each borough undertook a series of engagement events over the October to December 2013 period. These involved and covered a wide range of stakeholder groups. Following the sessions, the following themes were identified: ▪ Better access to primary care ▪ Working in partnership with social care/integrated care	

		▪ improved hospital performance ▪ involvement of voluntary sector ▪ more support for carers ▪ improved patient engagement/communication The feedback from the CTA engagement programmes have informed and assisted in the development of CCGs' local and strategic five year plans for their respective populations.	
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included	We will report back to public and patients at our regular CCG Patient Engagement Forums (PEFs) with cascade down to the practice level, Practice Participation Groups (PPGs). This will be based on our identified themes from local Call To Action engagement as described above and how those themes helped shape our strategic plan.	
Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning for Value packs and other benchmarking materials?	Yes, the Health for North East London programme of work (2009-2011) and Developing a Commissioning Strategy for Integrated Health & Social Care Services in Barking & Dagenham, Havering and Redbridge Strategic Outline Case (November 2012) included in-depth assessment of the current state of the BHR economy. Other assessment included the 'Integrated Care in Barking & Dagenham, Havering and Redbridge Case for Change' in 2012 which formed the foundation for development of the BHR Integrated Care Strategy. Supporting Evidence: ▪ Developing a Viable Acute Services Provider Landscape in North East London - INEL and ONEL Sector PCTs and acute trusts Case for Change (03 December 2008) ▪ Decision Making Business Case – December 2010 ▪ August 2012: Integrated Care in Barking and Dagenham, Havering and Redbridge Case for Change ▪ November 2012: Developing a Commissioning Strategy for Integrated Health & Social Care Services in Barking & Dagenham, Havering and Redbridge Strategic Outline Case	 DMBC 021210 FINAL V1.0.pdf  NEL Case for change_v20b 081201  C4C.pdf  DMBC 021210 FINAL V1.0.pdf

<table>
<tr><td></td><td></td><td>The first draft submission also considered the JSNA and the Health and Wellbeing Strategy to identify and agree the priorities for each borough. In addition to this, each borough also undertook a review of the Commissioning for Value packs to understand the current benchmarked position against similar organisations in London and against statistical neighbours.

Following the analysis of the above sources, the schemes identified were mapped against the 7 ambitions areas to deliver the improvements required over the next 5 years.</td><td></td></tr>
<tr><td></td><td>Do the objectives and interventions identified below take into consideration the current state?</td><td>BHR Better Care Fund Plans are directly informed by and build upon the Integrated Care in Barking and Dagenham, Havering and Redbridge Case for Change. Objectives and interventions identified have been developed following a review of the current state of the BHR economy. Ongoing patient engagement and review of performance feeds into service development.

Baselines for the 2 year BCF metrics and the 5 year operating plan trajectories take into account the current baseline performance.</td><td></td></tr>
<tr><td></td><td>Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here?</td><td>BHR Better Care Fund Plans are directly informed by and build upon the Integrated Care Case for Change in Barking & Dagenham, Havering and Redbridge. Phase 1 and 2 of the strategy, which includes non acute bed quality / productivity improvements, development of the Community Treatment Team and the Intensive Rehab Service, has been delivered.

The foundations for the strategic vision is also based on the Acute reconfiguration programme to reduce the number of sites with emergency care provision, centralise the workforce, increase senior cover and improve quality of care for patients and deliver services that meet the London Quality standards.</td><td></td></tr>
<tr><td>Improving quality and outcomes</td><td>At the Unit of Planning level, what are the five year local outcome ambitions i.e. the aggregation of individual organisations contribution to the outcome ambitions?</td><td>
<table>
<tr><th>Ambition area</th><th>Metric</th><th>Proposed attainment in 18/19</th></tr>
<tr><td>To reduce the number of years of life lost</td><td>Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Adults, children and young people</td><td>To reduce the number of years of life lost by 23%</td></tr>
<tr><td>To improve health related quality of life for those with 1+ LTCs</td><td>Health related quality of life for people with long term conditions (sum of the weighted EQ-5D values)</td><td>To improve health related quality of life for those with 1+ LTCs by 4%</td></tr>
<tr><td>To reduce avoidable time in hospital through integrated care</td><td>Unplanned hospitalisation for chronic ambulatory care sensitive conditions</td><td>To reduce the number of avoidable hospital admissions by 13%</td></tr>
</table>
</td><td>Data analysis packs for each of the three BHR Boroughs detailing historic performance against each</td></tr>
</table>

		To increase the % of older people living independently following discharge	Number of people age 65+ discharged from hospital into reablement/rehabilitation services still at home after 91 days *NB: No indicator available at CCG level to set quantifiable level of ambition against. However CCG plans on this ambition should be making explicit links to the related ambition as part the Better Care Fund, set for 2 years at Health & Wellbeing Board level*	No indicator available at CCG level to set quantifiable level of ambition against		measure, trend analysis, position against national average and position against fellow BHR Boroughs.
		To reduce the % of people reporting a poor experience of inpatient care	Patient experience of hospital care	To reduce the % of people reporting a poor experience of inpatient care by12%		
		To reduce the % of people reporting a poor experience of primary care	Patient experience of GP services and GP Out of Hours service	To reduce the % of people reporting a poor experience of primary care by 15%		
		To reduce hospital avoidable deaths	Incidence of healthcare associated infection (MRSA and C.DIFF *NB: Baseline data not yet available at CCG level to set quantifiable level of ambition against. However 'case note review' data will be available to measure progress on local plans in the next few years*	Baseline data not yet available at CCG level to set quantifiable level of ambition		
	How have the community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions?	The engagement process as part of the development of the BHR Integrated Care Strategy (which is the foundation for the Better Care Fund Plans) included engagement with clinicians and community stakeholders. Clinicians were also actively involved in the H4NEL proposals through the Clinical Working Groups that were established to produce recommendations for the H4NEL programme. Draft plans have been shared and reviewed with the Joint Executive Teams, the Integrated Care Coalition, and at Governing Body workshops; clinicians are key members of these groups and have fed into the development of the Strategic Plan via these groups. Clinical Directors have actively been involved in the development of plans at Borough levels.			
	What data, intelligence and local analysis were explored to support the development of plans for improving outcomes	Developing a Commissioning Strategy for Integrated Health & Social Care Services in Barking & Dagenham, Havering and Redbridge Strategic Outline Case in 2012 reviewed a range of data and local analysis including the A&E attendance and emergency admissions as well as mapping of non acute beds in the community in order to support the development of the strategy.			 Redbridge baselines & trajectories.pdf

	and quantifiable ambitions?	The H4NEL Case for Change and business case undertaken in 2008/09 looked at a range of data / intelligence including • Growth in demand linked to projected population growth and changes in medical technology and patterns of care • Reductions in demand for hospital care linked to out of hospital care strategies and commissioning initiatives • Hospital productivity improvements • Activity flows are expected to be affected by the reconfiguration of services Data analysis packs for each of the three BHR Boroughs detailing historic performance against each measure, trend analysis, position against national average and position against fellow BHR Boroughs and review and incorporation of JSNA recommendations for each of the three BHR Boroughs.	B&D Ambitions & BCF baselines & trajectori Havering baselines trajectories narrative
	How are the plans for improving outcomes and quantifiable ambitions aligned to local JSNAs?	The local JSNA / Health and Wellbeing Strategy have driven the identification of the quantifiable ambitions. The outcomes identified have been mapped to the JSNA and the 7 ambitions to ensure alignment and fit.	
	How have the Health and well-being boards been involved in setting the plans for improving outcomes?	H&WBB have played an active role in developing plans in each borough; H&WBB members part of Coalition with responsibility for the reviewing and signing off the Strategic Plan. The draft BCF templates were signed off by HWBB Members of the Health and Wellbeing Board have also been involved in the following forums ▪ Integrated Care Coalition Workshop ▪ BHR CCGs Governing Body Away Day ▪ Integrated Care Steering Group Workshop	
Sustainability	Are the outcome ambitions included within the sustainability	The outcome ambitions have been included as part of the sustainability calculations for the 2 and 5 year plans. The finance / QIPP plans for the next 2 years are being finalised. This will be then be used for agreeing the resource	

	calculations? I.e. the cost of implementation has been evaluated and included in the resource plans moving forwards?	plans going forward for years 3-5.	
	Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?	Yes, the key themes raised from local engagement were: ▪ Better access to primary care – (See Primary Care [Intervention 2] in Improvement Interventions section of this template) ▪ Linking with social care/integrated care – (See Integrated Care Programme [Intervention 3] in Improvement Interventions section of this template) ▪ Improved hospital performance – (See Integrated Acute Reconfiguration [Intervention 4] in Improvement Interventions section of this template) ▪ Involvement of voluntary sector – engagement of the public and patients in the design of pathways ▪ More support for carers ▪ Improved patient information / communication – relevant to all interventions of the BHR Strategic Plan ▪ Service co-design with patients and voluntary sector – relevant to all interventions of the BHR Strategic Plan	
	Can the plan on a page element be identified through examining the activity and financial projections covered in operational and financial templates?	The plan on a page outcome targets for the BHR economy can be identified through examining of the activity projections covered in the operational templates. A mapping exercise has been completed using the baseline and five year reduction targets for each of the BHR Boroughs to produce a consolidated summary position of the BHR target projections for the BHR strategic plan outcome measures (see supporting evidence). Outcomes 4 and 7 are not covered in the activity projections in the operational template, as baseline data is not available. Ref - NHS England guidance document for commissioners 'Setting 5-year ambitions for improving outcomes' (Gateway reference: 00893) states, baseline data is not available for these outcomes.	

		CCGs however are reviewing local data to make explicit links to the related ambition as part the Better Care Fund.	
Improvement interventions	Please list the material transformational interventions required to move from the current state and deliver the five year vision. For each transformational intervention, please describe the : • Overall aims of the intervention and who is likely to be impacted by the intervention • Expected outcome in quality, activity, cost and point of delivery terms e.g. the description of the large scale impact the project will have • Investment costs (time, money, workforce) • Implementation timeline • Enablers required for example medicines optimisation • Barriers to success • Confidence levels of implementation	**<u>Intervention One: Prevention and Health Promotion</u>** Prevention and health promotion forms the foundation of our Strategic Plan schemes. JSNAs have identified the following areas for targeting: ▪ Reduction in obesity ▪ Dementia: earlier identification and diagnosis of dementia to improve treatment ▪ Reduction in health and social equalities ▪ Diabetes: earlier identification and diagnosis of dementia to improve treatment ▪ Cardiovascular disease ▪ Improve early diagnosis of Cancer and treatment times ▪ Targeted action to improve smoking cessation ▪ Improve levels of Breastfeeding ▪ Improved treatment of alcohol and substance misuse The London wide elements of the plan is being progressed by Dr Kathie Binysh with borough public health leads. A meeting has been tentatively set for the 10 March to discuss. <u>Expected Outcome</u> ▪ Reduced numbers of patients attending A&E ▪ Reduced health inequalities ▪ Increase in patient Friends and Family test score ▪ Reduced number of non elective emergency admissions ▪ Reduction in the number of patients with multiple LTCs <u>Investment costs</u>	

	The planning teams may find it helpful to consider the reports recently published or to be published imminently including commissioning for prevention, Any town health system and the report following the NHS Futures Summit.	▪ Financial costs ▪ Non-Financial costs <u>Implementation timeline</u> ▪ TBC <u>Enablers required</u> ▪ Stakeholder engagement is crucial ▪ Innovative use of social media to raise awareness <u>Barriers to success</u> ▪ Stakeholder engagement ▪ Limited resource **<u>Intervention two: Primary Care Improvement Plan</u>** The Barking & Dagenham, Havering and Redbridge Primary Care Improvement Plan aims to allow local GPs to lead a system that educates patients, reduces unplanned attendance and reduces hospital admissions by: ▪ Extending standard primary care provision ▪ Providing easier access to clinical support prior to A&E ▪ Supporting better planned care <u>Interventions required:</u> ▪ Weekend access ▪ Core hours plus ▪ 6-10pm appointments ▪ Triage service ▪ Primary care provider support ▪ Dedicated registered list ▪ Specialist expertise	

- Implementation of unified point of access

Expected Outcome

- Reduced numbers of patients attending A&E
- Increase in patient Friends and Family test score
- Reduced number of non elective emergency admissions
- Number of patients supported by the complex care service

Investment costs

£000's	NHS England Non-Recurrent	Partner Non-recurrent	Capital	Total
Year 1	5,671	2,000	5,000	12,671
Year 2	0	4,000	0	4,000
Total	5,671	6,000	5,000	16,671

Implementation timeline: **Formal project start/finish: 01.04.14 – 31.03.16**

- Scheme 1: Improved Access; 14.04.14 – 28.02.15
- Scheme 2: Complex Care; 30.06.14 – 28.02.15

Barriers to success:

- Finance – dependence on Prime Minister's challenge fund bid to initiate this plan
- Information Governance – linking IT system across different organisations
- Engagement with key stakeholders
- 6 month timeframe to establish Unified point of access

Intervention three: BHR Integrated Care Programme

Following extensive public engagement the BHR economy published a case for change in August 2012. The resulting vision and strategy for integrated care has been developed with needs of people at its heart, helping them to live well, and independently, for as long as possible and empowering and supporting them to self care.

PERSON CENTRED CO-ORDINATED CARE: designing care around patients making sure that they receive the right care in the right place, at the right time,

		and ensuring that different services “talk” to each other, reducing inefficiencies in care The strategy is to support and care for people in their homes or closer to home, shifting activity from acute to community (supporting acute reconfiguration plans), and in particular to locality settings. It seeks to transform the relationship with individuals by placing them at the centre of delivery, driving improvements to the quality of experience and outcomes. <u>5 year vision:</u> Community services will have been remodelled (physical, mental and social) to support clusters of GPs (covering a population of up to 70,000 – check number) to enable more proactive management of the population. The focus will be on those with LTCs, high service users, and those vulnerable to decline. This will result in less demand for community beds, with resources transferred into multi disciplinary team based around GP practices supported by borough level community response teams. Services will be jointly commissioned based on outcome measures and designed based on the principles set out in National Voices. <u>Characteristics of new service model:</u> ▪ Risk stratification of patients ▪ care planning across the comprehensive needs of individuals ▪ care co-ordination, with clarity on who is responsible for patients with each level of acuity, linking to established disease pathways as appropriate , and end of life protocols as required ▪ a single point of access to the team for patients/service users and their carers through co-ordinators and a 24/7 number ▪ strong partnership and pathways with the voluntary sector. A Joint Assessment and Discharge Team will operate across the system to facilitate the safe return home of patients <u>Supported and enabled by:</u> ▪ The Better Care Fund	

		▪ Technology enabling information and data sharing ▪ Aligned funding arrangements and incentives across the system including personal budgets and building on local Year of Care work ▪ Frailty Academy <u>Expected Outcome</u> ▪ Reduced A&E attendances and emergency admissions ▪ Reduced admissions to residential and nursing care ▪ Reduced delayed transfers of care ▪ Effectiveness of re-ablement ▪ Improved patient/user experience ▪ Reduced % of hospital deaths ▪ Shared care record <u>Investment costs</u> ▪ Financial costs ▪ Non-Financial costs <u>Implementation timeline:</u> ▪ TBC <u>Barriers to success:</u> ▪ Building sustainable services and capacity in the right place with scarce resources (financial and workforce including clinical leadership) ▪ Service delivery across organisational boundaries <u>Confidence levels of implementation</u>: ▪ TBC **<u>Intervention four: Acute re-configuration programme</u>** The Health for NE London programme aims to improve health services for local people. The key objectives are:	

		• Urgent and emergency care – to be provided at 5 hospitals in NE London at Queens, Whipps Cross, The Royal London, Homerton and Newham, with urgent care being enhanced at all hospitals (A&E services are therefore transferring from King George Hospital) • King George Hospital to provide 24/7 urgent care and short stay assessment and treatment services, including location of a GP practice at the polyclinic site • Maternity - to establish and relocate KGH maternity services on to Queens site • Planned Care Development; see separate Planned Care Intervention below Moving forward, implementation plans will take account of Sir Bruce Keogh's recommendations for urgent and emergency care across England: • Providing better support for people to self-care • Helping people with urgent care needs to get the right advice in the right place, first time • Providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E • Ensuring that those people with more serious or life threatening emergency needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery • Connecting urgent and emergency care services so the overall system becomes more than just the sum of its parts In 5 years time, service users will see • A transformed Emergency Department at Queens Hospital with improved A&E quality of services • New and effective 24/7 Urgent Care Centres at Queens Hospital and King George Hospital (facilitated through Urgent Care Procurement process running through 2014/15) • A centralised and expanded critical care services	

		• Being treated by a centralised workforce with increased senior cover that will improve quality of care for patients to those that meet the London Quality standards. <u>Interventions required:</u> ▪ Emergency Department Business Case ▪ Urgent Care Procurement ▪ Maternity reconfiguration has been achieved by working closely with NE London providers. Full relocation of maternity services completed March 2013 following the sign off from NHS London. ▪ KGH vision - Delivered through the development of KGH as a centre of excellence for Women's and Children's services. <u>Expected Outcome</u> ▪ To improve the A&E 4 hour performance ▪ To reduce avoidable emergency admissions ▪ To reduce the number of years of life lost ▪ To reduce the percentage of people reporting a poor experience of inpatient care ▪ To reduce acute inpatient length of stay <u>Investment costs</u> ▪ Financial costs ▪ Non-Financial costs <u>Implementation timeline:</u> ▪ December 2015 <u>Barriers to success:</u> ▪ Risk that performance improvements on A&E target, LoS and bed reductions not delivered. ▪ Possible slippages in the timelines due to delays in the process ▪ Risk that UCC service model does not deliver the agreed utilisation rates.	

		Confidence levels of implementation: ▪ TBC **Intervention five: Planned Care Programme** The Barking & Dagenham, Havering and Redbridge Planned Care Programme aims to improve health services for local people by separating planned surgery pathway from emergency pathway, where appropriate. Enabled through: ▪ Moving planned surgery from Queen's Hospital to King George Hospital except where there are benefits in co-locating services or clinical need ▪ Development of a local kidney dialysis service at King George Hospital. ▪ Productivity (MSK and Ophthalmology), service re-design (diabetic) and the re-procurement of the Independent Sector Treatment Centre. Expected Outcome ▪ To reduce the number of years of life lost ▪ To increase the percentage of older people living independently following discharge ▪ To reduce the percentage of people reporting a poor experience of inpatient care ▪ To reduce hospital avoidable deaths Investment costs ▪ Financial costs ▪ Non-Financial costs Implementation timeline: ▪ TBC Barriers to success: • Risk that performance improvements will not be delivered	

		Confidence levels of implementation: • TBC **Intervention six: Specialised Commissioning Services** The vision for Specialised services commissioned is to consistently deliver best outcomes and experience for patients, within available resources Interventions required: ▪ Compliance with service specifications ▪ Consistent achievement of service standards ▪ Benchmarked outcomes in London, England and internationally, identifying the best practice to emulate ▪ Engage patients in service / pathway development and contract management ▪ Through contract management, ensure patient feedback is heard and acted upon throughout providers commissioned ▪ Co-commission with CCGs and Local Authorities ▪ Develop and implement best practice patient pathways for individual services, ensuring they are incorporated into national service specifications ▪ Understand the cost of services commissioned ▪ Converge prices ▪ Alignment of incentives ▪ Contract management Expected Outcome ▪ Specialised services commissioned in London are consistently in the top decile for outcomes across all providers ▪ Continually improve patient experience for each individual ▪ Maintain the integrity of the care pathway for patients of specialised	

		services ▪ Contain the cost of specialised services through Quality, Innovation, Productivity and Prevention, in partnership with providers and other service commissioners <u>Investment costs</u> ▪ Financial costs ▪ Non-Financial costs <u>Implementation timeline:</u> ▪ TBC <u>Barriers to success:</u> ▪ Alignment with national specialised services strategy due to strategy developments working to different timelines ▪ Resource capacity – improved matrix working and new ways of working <u>Confidence levels of implementation</u> ▪ To be updated by NHS England **<u>Intervention seven: Mental Health Services</u>** A Strategic Commissioning Framework for Mental Health is currently being developed in response to "Closing the Gap: Priorities for essential change in mental health" which was published on January 2014. The framework is expected to be completed by June 2014 and will be jointly developed through the mental health subgroups of the respective Health and Wellbeing Board. The completion of the full roll-out of the access to psychological therapies programme by 2014/15 and that every CCG plan will include at least 15% of adults with relevant disorders having timely access to services is reflected within the Borough Operating Plans. **<u>Intervention eight: Children's Services</u>** One of the key priorities being taken forward is the need to have an Integrated	

		Single Assessment process with Education, Health and Care Plan (EHC) having similar status to the Statement of Special Educational. The key actions to be in place by September 2014 are: • An assessment process for children needing an EHC plan. • Local Offer (capturing the nature and scale of all services available) agreement confirmed • Start to put children on to EHC plans and the cessation of the current 'statement system'. National guidance expected soon will confirm deadlines on when this should complete by. The CCGs and the Local Authorities will be working in collaborative partnership arrangements to deliver the priority. The CCGs and the Local Authorities will also be working together to deliver the Safeguarding and looked after children outcomes required in the Children and Families Bill.	
Governance overview	What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?	The supporting evidence attached details the Governance Structures in place within the BHR economy to ensure future plans are developed in collaboration with key stakeholders. This is underpinned by ongoing engagement with patients (via Patient Engagement Forums, as well as other methods of engagement such as periodical telephone interviews with patients accessing the Community Treatment Team and Intensive Rehab Service, the outcomes of which directly feed into ongoing service development).	 Adobe Acrobat Document
Values and principles	Please outline how the values and principles are embedded in the planned implementation of the interventions	The Integrated Care Coalition are signed up to a set of articulated Values and Principles underpinning BCF (final version to be agreed at Integrated Care Coalition meeting on 31.03.14), Operating and Strategic Plans which are embedded in both organisations and programmes of work, promoting joint working.	 Adobe Acrobat Document