

# Summary of background papers to the Health and Wellbeing Board members' workshop

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This document summarises the policy documents we have enclosed in the email.

## **The NHS Five Year Forward View (2014)**

This document sets out a strategic vision and direction of travel for the NHS over the next five years including setting priorities and outcomes.

It outlines the context in which the NHS and health and care services operate include variable quality of care, high levels of preventable illness and complex and deep-rooted health inequalities. In response to this the document states that there is a broad consensus on what a “better future” for the NHS look like:

- New partnerships with local communities, local authorities and employers;
- A radical upgrade in prevention and public health;
- Greater patient control of their own care;
- Transformation to break down the barriers in how care is provided;
- Opportunities to implement a range of service and delivery models – no “one size fits all” policy;
- Redesign of urgent and emergency care; and
- Improved national leadership acknowledging meaningful local flexibility.

## **NHS Planning Guidance – Delivering the Five Year Forward View (Sustainability and Transformation Plans) (2015)**

The planning guidance asks all health and care systems (within self-defined geographies) to create comprehensive local blueprints for implementing and delivering the priorities of the Five Year Forward view. Planning by place, rather than planning by institution, will support the aims of NHS England to implement integrated care and deliver system leadership at a local level.

Local places are asked to develop a shared vision. The ultimate plan is proposed to support integration and service transformation, and will also determine additional funds provided to local areas. The three key questions that the plans must address are:

### **1. How will you close the health and wellbeing gap?**

This should address transforming service to deliver a radical upgrade in prevention, patient activation, choice and control and community engagement. The plans should also detail assessing and addressing the most important and highest cost preventable causes of ill health, to reduce healthcare demand and tackle health inequalities working closely with local government.

## **2. How will you drive transformation and close the care and quality gap?**

This should address the development of new models of care, improving against clinical priorities and implementing the rollout of digital healthcare.

## **3. How will you close the finance and efficiency gap?**

This should address delivering financial balance across local health systems and achieving improved efficiency in NHS services which includes reducing cost and improving productivity across workforces and assets.

A Sustainability and Transformation Plan is being developed at an the eight CCG geography of North West London including Westminster, Hammersmith & Fulham and the Royal Borough of Kensington and Chelsea and their respective CCGs.

### **The Kings Fund – Place Based Systems of Care (2015)**

This report addresses how the NHS and local government can address increasing pressures in health and wellbeing, stemming from both increasing costs and increasing expectation. The paper recommends that existing structures such as Health and Wellbeing Boards should be used to deliver integrated and “place-based” care that addresses the needs of local populations. These local determined and driven services can provide patient-centred, integrated and preventative care that are informed not only clinically informed but also informed by the progress made by partners delivering services that effect the wider determinants of wellbeing, such as housing or public realm planning.

The paper does not argue for top-down structural change. Instead it proposes that the approach to improving local health and wellbeing should be determined using a common set of principles outlined below. In establishing a place-based system to improve health and care services, organisations should collaborate to:

- Define the population group served and the boundaries of the system;
- Identify the right partners and services that need to be involved;
- Develop a shared vision and objectives reflecting the local context and the needs and wants of the public;
- Develop an appropriate governance structure for the system of care which must meaningfully involve patients and the public in decision making;
- Identify the right leaders to be involved in managing the system and develop a new form of system leadership;
- Agree how conflicts will be resolved;
- Develop a sustainable financing model for the system;
- Develop systems within systems to focus on the different parts of the groups objectives;
- Develop a single set of measures to understand progress and use for improvement.

### **Why is this relevant to the Health and Wellbeing Board and the Joint Health and Wellbeing**

**Strategy?** The Health and Wellbeing Board, as a collaborative and place-based organisation with a mandate to make strategic decisions for health and care in Westminster has a critical role in delivering place-based care. The place-based model uses a population group approach to define and understand populations, which is what Board’s primary care modelling project is predicated on

## **The Kings Fund – Integrated Care – Improving Outcomes by Working Together (2012)**

The report proposes that integrated care is essential for meeting demographic challenges faced by the NHS and local government, including an ageing population and increasing numbers of people with long term conditions and complex needs. The paper argues that only integrated care can provide more coordinated care that is of higher quality and assures dignity and compassion.

The paper also argues that organisational integration is neither necessary nor sufficient to deliver the benefits of integrated care, and no best practice model exists. What matters most is clinical and service level integration. Integrated care is not needed for all service users or all forms of care but should be targeted at those who stand to benefit most. Integrated care does require, however, the redesign of services.

The three priorities for achieving integrated care across health, social care and public health include:

- **Setting a clear, ambitious, and measurable goal to improve the experience of patients and service users**

A goal that would serve a similar purpose to the aim of delivering a maximum waiting time of 18 weeks for patients receiving hospital care. Improving integrated care should be seen as a must do priority to ensure it receives the attention needed.

- **Offering guarantees to patients with complex needs**

This goal could include an entitlement to an agreed care plan, a named case manager responsible for coordinating care, and access to telehealth and telecare and a personal budget where appropriate.

- **Implementing change at scale and pace**

Work should be conducted at sufficient scale that enables flexibility but also evaluation of impact, with the main emphasis on people with complex needs. Financial incentives should support this change and encourage integration. A programme of organisational development would be put in place to encourage integration. There will need to be significant engagement of the community and voluntary sector to develop and implement new models of care.

**Why is this relevant to the Health and Wellbeing Board and the Joint Health and Wellbeing Strategy?** The Health and Wellbeing Board is committed to the principle of integration through national guidance which mandates the integration and collaboration of health and social care providers and commissioners. The development of Sustainability and Transformation Plans, and the Joint Health and Wellbeing Strategy refresh, are an opportunity to address complex needs and set out ambitious commitments to patients and service users.