



NWL Sustainability and Transformation Plan Delivery Area 1 - Wellbeing and prevention Update and overview

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North West London STP Delivery Area 1 – An Update

Purpose of this pack:

Extensive work has been done by all partners across North West London (NWL) to develop the Sustainability and Transformation Plan (STP) that reflects all the good work being done across health and social care, and local improvement plans.

We are **building on engagement** work that has been done already to gather further views from our partners on the direction of travel for Delivery Area 1: Radically upgrading prevention and wellbeing.

Your input is vital to the success of the STP; we want this to be a plan that reflects the excellent work already underway in our boroughs and builds on local plans and successes. We also want our STP to be ambitious but achievable – so we can plan for long term improvements in wellbeing and prevention.

Underpinning this approach is the need to recognise that **DA1 is a priority for local government and health teams** – and any approach needs to ensure input from, and accountability to health and local government.

Delivery Area 1: Radically upgrading prevention & wellbeing

What we said in the STP.

	To achieve this in 2016/17 we will...	...and by 2020/21?	Investment (£m)	Gross Saving (£m)
<p>A number of cross cutting approaches and new ways of working will support activity in this area and through working across health and social care, with public health leadership will help increase our ability to deliver the interventions and outcomes described below:</p> <ul style="list-style-type: none"> - Embedding principles of Making Every Contact Count in all services commissioned across Delivery Areas 1-5 - Supporting and publicising national campaigns and work such as on cancer prevention, mental health stigma and self care 				
A	<p>Develop NW London healthy living programme plans to deliver interventions to support people to manage their own wellbeing and make healthy lifestyle choices.</p> <ul style="list-style-type: none"> • Establish a People's Health and Wellbeing Charter, co-designed with patient and community representatives for Commissioning and Provider organisations to promote as core to health and social care delivery. • Sign up all NW London NHS organisations to the 'Healthy Workplace Charter' to improve the mental health and wellbeing of staff and their ability to support service users. 	<p>Together we will jointly implement the healthy living programme plans, supported by NW London and West London Alliance. Local government, working jointly with health partners, will take the lead on delivering key interventions such as:</p> <ul style="list-style-type: none"> • Introducing measures to reduce alcohol consumption and associated health risks as well as learn from and implement the output from prevention devolution pilots across London • Implement NW London wide programmes for physical activity for adults • Widespread availability of Long Acting Reversible contraception in GP services, maternity and abortion services and early services for early pregnancy loss 	3.5	9
B	<p>The healthy living programme plans will also cover how Boroughs will address social isolation, building on current local work:</p> <p>In 16/17, local government already plans to deliver some interventions, such as:</p> <ul style="list-style-type: none"> • Enabling GPs to refer patients with additional needs to local, non-clinical services, such as employment support provided by the voluntary and community sector through social prescribing • Piloting the 'Age of Loneliness' application in partnership with the voluntary sector, to promote social connectedness and reduce requirements for health and social care services <p>Signing the NHS Learning Disability Employment Pledge and developing an action plan for the sustainable employment of people with a learning disability</p> <p>Co-designing the new Work and Health programme so that it provides effective employment support for people with learning disabilities and people with mental health problems</p>	<p>As part of the Like Minded programme, we will identify isolation earlier and make real a 'no health without mental health' approach through the integration of mental health and physical health support as well as establish partnerships with the voluntary sector that will enable more consistent approaches to services that aim to reduce isolation:</p> <ul style="list-style-type: none"> • Ensure all socially isolated residents who wish to, can increase their social contact through voluntary or community programmes • Ensure all GPs and other health and social care staff are able to direct socially isolated people to support services and wider public services and facilities <p>Implement annual health checks for people with learning disabilities and individualised plans in line with the personalisation agenda</p> <p>Provide digitally enabled support to people, including Patient Reported Outcome Measures (PROMs), online communities, digital engagement via online and apps (especially for young people), social prescribing and sign posting to relevant support</p> <p>Providing supported housing for vulnerable people to improve quality of life, independent living and reduce the risk of homelessness. Also explore models to deliver high quality housing in community settings for people with learning disabilities</p> <p>Target smoking cessation activities at people with mental illness to support reducing ill-health as a consequence of tobacco usage.</p>	0.5	6.6
C	<ul style="list-style-type: none"> • Implement the prevention priorities within the 'Future in Mind' strategy, making it easier to access emotional well being and mental health services – especially in schools – as part of a wider new model of care • Pilot a whole system approach to the prevention of conduct disorder, through early identification training and positive parenting support, focusing initially on a single borough 	<ul style="list-style-type: none"> • Share learning from the conduct disorder pilot across all 8 CCGs with the aim of replicating success and embed within wider C&YP work • Implement NW London wide programmes for overweight children centred on nutrition education, cooking skills and physical activity 	TBC	TBC



Delivery Area 1: Process to date

June submission

- Included a long “wish list” of focus areas to deliver the Strategic Aims of the NWL STP plan to radically upgrade prevention and wellbeing.
- Areas chosen to address common priority areas across NWL which respond to specific population needs and address health inequalities.

Public Health
England STP
guidance

- Aide Memoirs and evidence summaries provided direction on areas for inclusion in all STPs

Local prioritisation
by Directors of
Public Health

- Public Health Lead for DA1, Andrew Howe, approaches Directors of Public Health in the 8 boroughs requesting refinement of “wish list” priority areas to reflect areas where impact will be demonstrated within the STP timeframe (by 2020/21).
- Focus areas generated were based on local examples of good practice, local implementation plans, and national and international evidence base for interventions.

Business case
development and
further prioritisation

- Development of outline business cases for priority areas. Business cases need to show that ideas build on existing provision, are deliverable within the STP timeframe, and have demonstrable cost savings and impact in both health and social care.
- Review of business cases by finance and analytics. Seek feedback on priority areas and proposed implementation plans with stakeholders across all boroughs.

STP Draft Programme Timelines

The table below sets out the key mobilisation milestones relevant to DA Programme Teams or where input may be required by them.

No	Milestone	Date	Lead by
1	Clear description of delivery area transformation activities for 2017-19	02 Dec 16	Programme Teams
2	First draft bottom-up financial and activity analysis completed	06 Dec 16	Programme Teams
3	Summary plan describing activities and finance and activity implications agreed	15 Dec 16	Programme Directors
4	Business cases (where required) and PIDs completed	23 Dec 16	Programme Teams
5	Contracts agreed	23 Dec 16	CCG Contracting Teams
6	Review and sign-off of business cases and PIDs by Delivery Area Programme Boards	27 Jan 17	DA SROs and Programme Boards
7	Business cases reviewed by Strategic Finance & Estates Group (SFEG) and first wave project prioritisation recommended to Joint Health & Care Transformation Group (JHCTG)	10 Feb 17	SFEG and DA SROs
8	First wave business cases, PIDs and prioritisation recommended by JHCTG	16 Feb 17	SFEG and DA SROs
9	Further work undertaken to finalise second wave business cases	03 Mar 17	Programme Teams
10	Remaining business cases signed-off and prioritised by SFEG	10 Mar 17	SFEG
11	Second wave business cases, PIDs and prioritisation recommended by JHCTG	16 Mar 17	SFEG and DA SROs

The journey so far

Overarching STP Critical Point

Review and sign-off of business cases and PIDs by Delivery Area Programme Boards by 27th January 2017.

April 2017 – March 20201

Phased implementation of remaining priority areas for wellbeing and prevention.

Where we are now

Working with our stakeholder partners to review priority areas and develop plans for implementation and phasing.

June 2016

Submission of the first draft STP that identified a “wish list” of areas of focus for wellbeing and prevention.

July 2016

Review of NHSE’s Aide Memoirs advising on recommended areas of focus within STPs.

August 2016

Public Health Lead for DA1, Andrew Howe, approaches Directors of Public Health in the 8 boroughs requesting refinement of “wish list” priority areas to reflect areas where impact will be demonstrated within the STP timeframe (by 2020/21).

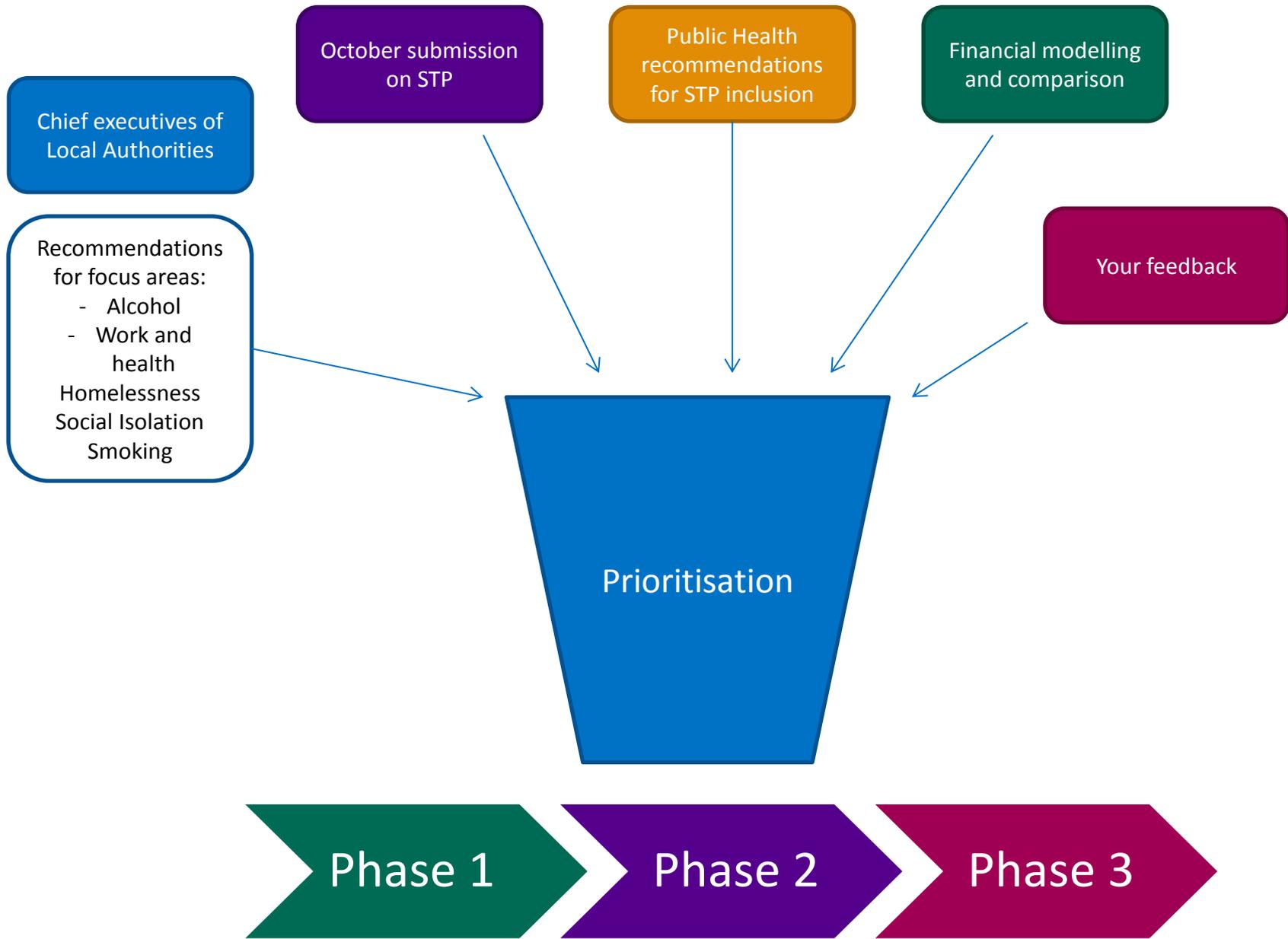
September to December 2017

Development of outline business cases for priority areas. Review of business cases by finance and analytics. Seek feedback on priority areas and proposed implementation plans with stakeholders across all boroughs.

January – March 2017

Development and implementation of phase 1 outputs.

DA1 prioritisation will also be mirrored in other STP delivery areas to allow for comparison of implementation plans across the STP.



Delivery Area 1: What we need to do in 16/17 to progress

1) In areas where we have consensus to implement interventions, we will support leaders across the system to mobilise key phase 1 output areas. This will involve further developing full business cases for:

- Alcohol prevention
- Work and Health

2) In areas where there is work underway across our boroughs, we will link the DA1 programme to these existing projects and interventions for:

- Healthy workplace (building on the roll out of the Healthy Workplace Charter)
- Smoking cessation
- Long Acting Reversible Contraception
- Learning Disability employment (building on the successful incorporation of the pledge into all provider contracts)
- School readiness/conduct disorder

We will work closely with partners to support projects in train and learn from their progress. We will report this learning in the DA1 programme board.

3) For other areas, the prioritisation process will inform timelines.

Following prioritisation, we will plan for delivery of projects, including governance and reporting linked into DA1, for:

- | | | |
|---------------------|---------------------|--------------------|
| - Physical activity | - Healthy weight | - LD health checks |
| - Homelessness | - Demand management | - Social isolation |

Feedback

We would very much welcome your feedback :

- Do you recognise and agree with the approach that has been taken to develop this Delivery Area?
- Are the focus areas right? Are any missing?
- Does this resonate with your local plans for wellbeing and prevention?
- How can we further build local examples of good practice into this Delivery Area?
- How can we ensure that the work of this Delivery Area is shared and incorporated into your organisation's plans?
- Who else should we be approaching for comments and input?

Please send your comments to:

Like.Minded@nw.london.nhs.uk

or call

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