

# Summary of “Working for a Healthier Haringey”

## Strategic Plan 2009-14

### 1. Introduction

This paper summarises the key elements of the Strategic Plan for the Well Being Strategic Partnership Board. The full version of the Strategic Plan is available on <http://www.haringey.nhs.uk>

The summary includes:

2. Our vision, goals, values and outcome measures – including their development and delivery
3. Strategic context – including the financial situation
4. Strategy – an overview of goals and initiatives; the 5<sup>th</sup> goal: Going local - care closer to home: our poly-systems
5. Delivery – including monitoring delivery

### 2. Our vision, Goals, Values and Outcome Measures

The NHS Haringey Strategic Plan 2009-14 is the plan for improving the quality of healthcare services and health and well-being of residents. The vision of this plan is to enable people to have:

**“Long, happy, healthy lives in Haringey”**

We are becoming a world class commissioning (WCC) organisation with strong and robust leadership, and making real progress to reduce health inequalities and improve health outcomes. We want to improve access to and quality of local health services and help people to make healthy choices. Safety, effectiveness and public and patient experience are at the heart of our programme of change.

Recent events in the national economy mean we have a challenging financial outlook. We must carefully analyse how to make best use of the resources we have to ensure that we commission high quality services for people to deliver good health and well being outcomes.

We are focussing on **five goals** (1<sup>st</sup> to 4<sup>th</sup> the same as last year, the 5<sup>th</sup> is new) which we believe will have the most significant impact to achieve our vision. These reflect local population needs, the achievement of core quality and outcomes, and take into account what our stakeholders have told us.

#### Our five goals

1. **Safe, healthy starts for all children and young people**
2. **Good mental health well-being for all**
3. **Prevention and management of long term conditions in adults**
4. **Healthy communities**
5. **Going local – care closer to home: our Polysystems**

In addition, NHS Haringey and the Haringey Strategic Partnership (HSP) are committed to **safeguarding children and adults** with a zero tolerance policy to abuse, neglect or harm.

**Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively if it does occur.**

Sustainable Community Strategy 2009-11

Our **values** reflect how we carry out our work – as an organisation and as individuals – and our expectations of the services we commission:

- Quality, value and effectiveness
- Clinical best practice

- Accountable, engaging and listening
- Patient experience
- Equity
- Sustainability
- Working together

We will track how we are doing using the following **revised 10 outcome measures** which we have mapped to our initiatives:

1. **Life expectancy**
2. **Health inequalities**
3. **Diabetes management in primary care**
4. **Childhood immunisation**
5. **Teenage pregnancy**
6. **Mental health – crisis resolution**
7. **Smoking quitters**
8. **CVD mortality**
9. **Cancer mortality**
10. **Infant mortality**

**Figure 1** summarises our strategic approach. It details our vision, goals, outcome measures and values. Our wide-ranging initiatives to deliver these goals are summarized in section 4 below and section 4.1 of the strategic plan. This plan includes our response to the North Central London (NCL) Sector Case for Change (CfC) and the London Wide Strategy “A Framework for Action” providing clinical evidence for improved quality in the NHS. Central to this is the development of poly-systems. The Healthcare for London (HfL) pathways include: maternity and newborn, long term conditions, acute care, planned care, end of life care, C&YP, staying healthy and mental health and well-being.

Haringey’s vision, goals and outcomes have been developed by reviewing the progress on our last Strategic Plan, our Joint Strategic Needs Assessment ((JSNA) (Phase 1 and 2) and performance information as well as taking account of the views of our patients, public, clinicians and local partners. (see section 2.4 and 2.5 of strategic plan). A key change in this years strategic plan is the development of a new strategic goal No 5. Going Local – care closer to home: our poly-systems. Poly-systems provide an alternative setting for many services traditionally delivered by acute care providers. Quality care can be delivered through a network provided closer to home and benefiting patients. Central to this is care pathway development. (See section 4 below and section 4.3 of strategic plan). The first four strategic goals are maintained from last year. The work of the HSP is fundamental in tackling wider health related issues commensurate with these. This is reflected in our Local Area Agreement (LAA) and outlined within key partnership strategies:

- ‘Healthier people with a better quality of life’, a Haringey Sustainable Community Strategy (SCS) 2007-16 outcome
- Well-being Strategic Framework (WBSF) 2007-10 for improving adults’ well-being
- Children and Young People’s Plan (CYPP) 2009-20
- Experience Still Counts 2009-12, our older people’s well-being strategy

10 health outcomes are selected for 2009-14. Outcomes measures were prioritised based on:

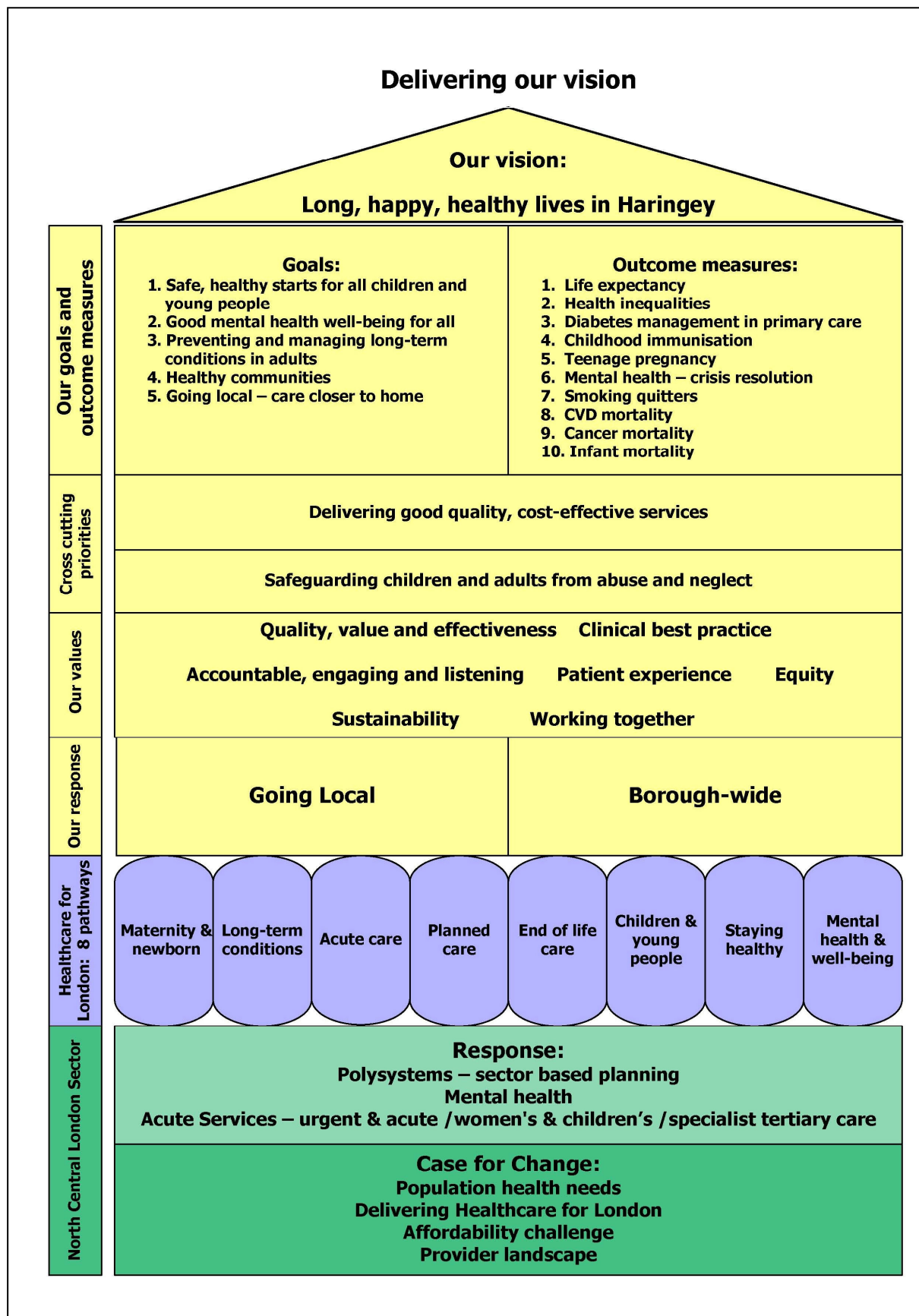
- burden of disease in Haringey
- performance benchmarks compared to national regional benchmarks
- cost effective interventions that will make a meaningful difference locally
- contribution to the partnership agenda

A process for selection included review of core data sets, benchmarking and engagement exercises followed by prioritisation with stakeholders and sign off by the board (see section 2.6 of strategic plan). There are two changes to the outcome measures this year. The Board agreed to replace the primary care access and diabetic retinopathy outcome measures.

Instead, control of HbA1c in diabetics (a proxy measure for primary care clinical quality in this disease important in Haringey) and infant mortality (accompanied by a dashboard of indicators to provide assurance of progress) are now part of the 10 measures.

Working in partnership for example, through discussion of health and well being at Overview and Scrutiny, LAA targets and multi-agency adult safeguarding has supported delivery of our vision and goals. Transforming how we work with residents and communities e.g. through the development of patients panels and further engagement in neighbourhood planning are key to delivery (see sections 2.7.1 and 2.7.2). The PCT Organisational Development Plan has identified 8 key actions with supporting action plans to deliver our strategic goals. These strengthen our role as commissioners, support neighbourhood commissioning teams and build on our relationships with community and partners. We have produced a step by step “How to” guide for our commissioners as a practical tool to support commissioners throughout the commissioning process.

Figure 1 Delivering our vision



### **3. Context - including financial situation**

A detailed strategic context is outlined in the full document (section 3). This summarises up to date information on the health needs of Haringey; performance against standards and targets and related governance arrangements; key findings and recommendations from Comprehensive Area Assessment (CAA) and Department of Health Health Inequalities National Support Team visit; the full provider landscape and its market management and the financial situation.

#### **Financial Context**

The financial situation in Haringey is subject to regular updates and NHS Haringey is in regular communication with The London Borough of Haringey and other partners regarding the current financial situation. Section 3.8 of the Strategic plan outlined the financial situation in January 2010. Key messages were:

- NHS Haringey has a strong track record in managing its finances. The 2008-09 outturn was consistent with the Control Total as set by NHS London (NHSL). Similarly, the final outturn for 2006-07 and 2007-08 was in line with the expectations of the Strategic Health Authority (SHA).
- Like many others, NHS Haringey is facing a highly challenging financial position.
- “A Framework for Action” and the development of poly-systems and care pathways delivers quality care closer to home. We need to make changes in commissioning to ensure quality services are delivered at the most cost effective level. Levels of activity in outpatient and A&E attendance are predicted to grow at 4% over the next five years and this is not financially sustainable. The Going local approach – developing poly-systems to improve quality close to home and provide alternatives to acute hospital care in our neighbourhoods will also support a reduction in current activity and enable us to maintain activity at affordable levels.
- Decommissioning: NCL Sector has identified a core list of procedures that have a limited clinical benefit and will support PCTs in decommissioning these in a coordinated and consistent manner. This is in line with the affordability analysis undertaken by NCL. A consistent approach to decommissioning across the Sector will generate significant savings to the health economy as a whole. Our neighbourhood commissioning teams will work with the Sector to achieve the appropriate de-commissioning of activity from the core list, manage public expectations and ensure compliance within referral processes.
- There is an ongoing commitment to review patient pathways to assess cost effectiveness and value for money. Priority areas investigated are smoking cessation, cancer mortality and CVD mortality. A number of other measures to ensure cost effectiveness are outlined in section 3.9
- Section 4.5 of the strategic plan outlines financial scenarios based upon assumptions about activity growth and funding growth and consistent with NHSL planning guidance. It summarised the financial position at the time of writing.

### **4. Strategy**

The first four strategic goals we developed last year are maintained and existing plans have been reviewed and additional initiatives added where necessary. Further explanation of the rationale for selecting these goals and benchmarking data for related 10 health outcomes can be found in Sections 4.2 and 2.4 and 2.5 of the strategic plan. The table below summarises the goal, HfL pathways and Haringey initiatives for each goal of this refreshed plan (2009-14) and for each goal of last year’s strategic plan (2008-13) which we continue to build upon.

Key strategic developments in this plan are:

- Developing polysystems and along side this neighbourhood needs assessments and a neighbourhood commissioning approach at a local level. This is supported by care pathway redesign locally and across London and North Central London and by decommissioning from the acute sector. These provide opportunities for new ways of delivering quality health and social care closer to home
- Continuing to strengthen partnership working, for example following the Department of Health Health Inequalities Support Team visit on CVD and Cancer prevention and

care and, more recently a focus on infant mortality (also now one of 10 Health outcomes)

- Continue to strengthen safeguarding and transfer the learning from children's to adult safeguarding
- Updated initiatives to continue to improve mental health, prevent and manage long term conditions and develop healthier communities with our stakeholders

<b>Summary of our goals, initiatives with links to HfL pathways 2009-14</b>		
<b>Haringey goals</b>	<b>HfL pathways [showing leads(s)]</b>	<b>Haringey initiatives</b>
<b>1. Safe, healthy starts for all children and young people</b>	Maternity and newborn ( <b>NCL Sector + local initiatives</b> ) Children and young people ( <b>Borough</b> )	H1 Maternity: <ul style="list-style-type: none"> <li>Routine community antenatal care in polysystems – shared care model</li> <li>Community midwife outreach</li> <li>Postnatal care in children’s centres</li> </ul> H2 C&YP who are ill: <ul style="list-style-type: none"> <li>Reduce hospital admissions for children with LTC – community based pathways for common childhood conditions</li> <li>Paediatric assessment as part of urgent care pathway</li> <li>Reduce health inequalities between families east and west</li> </ul>
<b>2. Good mental health well-being for all</b>	Mental health ( <b>NCL Sector + Borough</b> )	H3 Mental health & well-being including dementia support: <ul style="list-style-type: none"> <li>Reduce use of acute inpatient beds and investing in mental health assessment and treatment in polysystems and community settings</li> <li>Rehabilitation and recovery pathways aligned to sector reconfiguration</li> <li>Integrate CAMHS services into children’s service model</li> <li>Memory clinic in polysystem</li> <li>Priority group for EOLC</li> </ul>
<b>3. Prevention and management of long term conditions in adults</b>	Long term conditions ( <b>NCL Sector + Borough</b> ) End of life care ( <b>Borough</b> )	H4 Prevention of long term conditions: <ul style="list-style-type: none"> <li>Implement NHS Health Checks</li> <li>Hard to reach communities work with British Heart Foundation</li> </ul> H5 Management of long term conditions (stroke, diabetes, cardiology): <ul style="list-style-type: none"> <li>Prevent unnecessary admissions &amp; reduce delayed transfer of care</li> <li>Reduce length of stay &amp; facilitate early supported discharge</li> <li>Transform community service options</li> <li>Increase number of people choosing to die at home</li> </ul> H6 End of life care: <ul style="list-style-type: none"> <li>Implement Gold Standard Framework</li> <li>Develop community service for people with dementia modelled on best practice outcomes</li> </ul>
<b>4. Healthy communities</b>	Staying healthy ( <b>Borough</b> )	Maintenance of ongoing initiatives from 2008-13 (see below)
<b>5. Going local – care closer to home – our polysystems</b>	Acute care ( <b>NCL Sector</b> ) Planned care ( <b>NCL Sector</b> ) Long term conditions (outpatients) ( <b>NCL Sector + Borough</b> )	H7 Outpatient care closer to home through polysystems (based on NCL Sector Polysystems Working Group): GP led assessment and treatment services for all or elements of the pathways below <ul style="list-style-type: none"> <li>H7.1 Unscheduled care – including primary care front end at NMUH</li> <li>H7.2 Women’s health</li> <li>H7.3 T&amp;O &amp; Rheumatology</li> <li>H7.4 Ophthalmology</li> <li>H7.5 Dermatology</li> <li>H7.6 ENT/MaxFax/Audiology</li> <li>H7.7 Management of long term conditions (see Goal 3)</li> </ul>

Summary of our goals, initiatives with links to HfL pathways 2008-13		
Haringey goals	HfL pathways	Haringey initiatives
<b>1. Safe, healthy starts for all children and young people</b>	Maternity and newborn  Children and young people	H8 Children & young people: H8.1 Early years <ul style="list-style-type: none"> <li>Child Health Promotion programme – screening and immunisations – breastfeeding, targeted family interventions</li> </ul> H8.2 School aged C&YP: <ul style="list-style-type: none"> <li>Childhood obesity – Healthy schools</li> <li>Keys to well being – Infant psychology service</li> </ul> H8.3 Aiming High for Disabled Children: <ul style="list-style-type: none"> <li>Early support programme</li> <li>18 week target</li> <li>Coordinated care planning</li> </ul> H8.4 Improving early access & choice in the community: <ul style="list-style-type: none"> <li>Early booking maternity</li> </ul> H8.5 Sexual health: <ul style="list-style-type: none"> <li>Teenage conceptions, family planning and sexual health (Chlamydia)</li> </ul>
<b>2. Good mental health well-being for all</b>	Mental health	H9 C&YP's mental health and well-being: <ul style="list-style-type: none"> <li>CAMHS single point of access</li> <li>CAPA approach</li> <li>CAMHS LD team integration</li> </ul> H10 IAPT: <ul style="list-style-type: none"> <li>Implementation of phase 2 of IAPT programme</li> </ul>
<b>3. Prevention and management of long term conditions in adults</b>	Long term conditions  End of life care	H11 Preventing long term conditions: <ul style="list-style-type: none"> <li>Stroke prevention – FAST campaign</li> <li>Behaviour change programme</li> <li>Social marketing campaigns – diabetes</li> </ul> H12 Care of long term conditions: <ul style="list-style-type: none"> <li>Community matron programme</li> <li>EOLC – gold standard framework</li> </ul> H13 Rehabilitation and intermediate care <ul style="list-style-type: none"> <li>Home care packages – Clinicenta</li> </ul>
<b>4. Healthy communities</b>	Staying healthy	H14 Healthier communities: <ul style="list-style-type: none"> <li>Cervical screening, access to breast screening</li> <li>Pilot vascular checks programme</li> <li>Exercise referral, obesity management</li> <li>Smoking cessation- tobacco control</li> <li>Alcohol Strategy implementation</li> <li>Health trainer programme</li> <li>Newly arrived people</li> <li>Life channel</li> </ul>
<b>5. World class primary care</b>	Acute care  Planned care	H15 Implement World Class Primary Care Strategy – quality and access: <ul style="list-style-type: none"> <li>Three NHCs providing diagnostics and LTC, intermediate care, access to unscheduled care (BEH Clinical Strategy)</li> <li>Primary Medical Services (PMS) review</li> <li>8-8 and Walk-in Centres</li> </ul>
<b>Delivering good quality, cost-effective services</b>		

### Goal 5: Going local – care closer to home: our poly-systems

The development of poly-systems build upon Haringey's Primary Care Strategy and the initiative entitled Implement World Class Primary Care Strategy – quality and access in 2008-13 strategic plan.

#### Poly-system

A network of organisation where most routine healthcare needs are met e.g. GPs, antenatal care, pharmacy, minor procedures or urgent care. Polyclinics will form the central hub to a community poly-system – serving a population of approximately 50,000– 80,000 and including a wide range of health practitioners. It is expected that the majority of healthcare will take place within the poly-system in the future

Poly-systems provide an alternative care setting for many services that have traditionally been delivered by acute care providers. The review of London's health services by Professor



Darzi, A Framework for Action, identified that “whilst there is excellence in some areas of London and some specialties, that excellence is not uniform. There are some stark inequalities in health and the quality, safety and experience of patient care is not as good as it could and should be.” The framework provides clinical evidence for delivering quality improvement within the NHS and an opportunity to improve services within a financially constrained environment. Central to this framework is the development of poly-systems. These should benefit patients and the public seeking professional help and provide opportunities for care and lifestyle support closer to home. The objectives of the Haringey poly-systems are to:

- improve access for patients to the right care
- improve the quality and safety of services
- improve the integration of primary, secondary, social care and independent and fourth sector providers
- ensure pathways are patient centred and cost effective
- reduce the number of admissions to hospital
- improve discharge from hospital
- support redesign of care pathways
- provide a range of co-located services to meet the needs of local people
- offer a wide range of services closer to where people live
- improve the health of Haringey residents
- reduce health inequalities
- improve health outcomes

Partnership working with social care, children’s trusts and leisure and welfare services for example will be key to delivering the full range of objectives and opportunities from poly-system development.

We have divided Haringey into four geographical areas, known as neighbourhoods, each of which has its own GP-led commissioning team: West, Central, North East and South East. Neighbourhood commissioning teams are the key mechanism to take forward the changes needed in primary and community services. This will help us meet the NCL Sector approach to the HfL pathways and develop poly-systems. Integration is a key element to the success of the model. Working across professional boundaries increases collaboration and reduces duplication across the patient pathway. The poly-system model includes evidence based care pathways and delivering on improved patient satisfaction and clinical outcomes. We also expect there to be increased ownership and accountability for the use of resources by local clinicians. For each neighbourhood a detailed population needs assessment was undertaken including segmentation analyses and setting local priorities including primary prevention in partnership. Individual commissioning plans combining neighbourhood, borough and sector –wide priorities for implementation next year have been developed (see 4.3.5 and 4.3.6 of strategic plan). These include priorities for primary prevention e.g. NHS Health checks, care pathway redesign e.g. in line with HfL priority pathways, improved mental health and maternity services.

To support our Going Local vision in Haringey we have designed three out of our four planned poly-system hubs to deliver local health services and reduce health inequalities.

- West Neighbourhood: Hornsey Central is the designated NHC
- North East Neighbourhood: Lordship Lane Health Centre is the designated NHC.
- South East Neighbourhood: The Laurels Healthy Living Centre is the designated NHC.

A number of GP practices are based in the centres, with other nearby practices referring their patients to their local health centre when necessary. These centres provide a range of community-based services including health visitors, district nurses and other care services. It will be important to work with partners to develop information and support to help people to lead healthy lives and be cared for closer to home.

Specific developments in primary care as a result of our 2008-13 Strategic Plan include:

- Extended GP opening hours
- Funding access 8am to 8pm seven days a week in two centres

- Improving GP premises as practices move into new hub buildings
- developing care pathways and establishing multi-agency steering groups to oversee NSF and national strategy implementation e.g. stroke and diabetes
- Addressing inequalities in funding and performance expectations through our Primary Medical Services (PMS) review
- Development of a primary care dashboard to support improved performance

As part of NCL we work closely with our neighbouring PCTs to redesign care pathways, to reduce duplication of effort and improve consistency of service delivery to patients.

## **5. Delivery**

This is a five year plan. Section 5 of the strategic plan outlines the delivery schedule with timescales for delivery of the strategic initiatives year on year. Past year's performance to deliver our goals supported by our partners is summarised and key risks to future delivery are identified.

### **In year monitoring delivery of our strategic goals**

A programme management approach will provide project management support to deliver our initiatives this year. We will support our neighbourhood commissioning teams to deliver their implementation plans in a phased process, led by the Clinical Directors and in partnership with all NHS providers and relevant stakeholders. We will monitor the delivery of initiatives against agreed milestones and also monitor their impact through performance indicators aligned to strategic goals (see section 5.4 of strategic plan). Included in these indicators are key vital signs (PCT performance indicators) and LAA targets. Our performance management function has a 'dashboard' approach based on monitoring key proxy indicators to drive progress towards improved outcomes. These dashboards are routinely shared with commissioners and neighbourhoods. We anticipate that the impact of our initiatives will be demonstrated in improvements in the outcomes aligned to the relevant strategic goals.

**Dr Fiona Wright**  
**Associate Director of Public Health**  
**February 16<sup>th</sup> 2010.**