

NW London Sustainability and Transformation Plan

Appendices

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



V1.0

21 October 2016

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Appendix A: NWL Sustainability and Transformation Plan

Joint Statement on Health and Care Collaboration in North West London from the boroughs of Brent, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster

The six boroughs welcome the opportunity to improve the outcomes for local people and communities

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

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

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

adequately replaced by out of hospital provision to enable patient demand to be met

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

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

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

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

The boroughs ask that NHS partners commit to work jointly to:

- Continue to develop an agreed approach to the delivery of the commitments
- Develop an acceptable set of review criteria for any changes
- Strengthen the supporting data and evidence base, and understand the Financial risks and benefits and overall business case across health and care
- Agree a 'review point' in 2018 to review the agreed criteria
- Continue to co-produce the final delivery plan with leaders, clinicians and the public.

Appendix B: NWL Sustainability and Transformation Plan

How our STP addresses the nine national priorities

Appendix B: How our STP addresses the nine national priorities

National Priority Area	National Description of Delivery Requirements	Section of NW London STP
1. STPs	<ul style="list-style-type: none"> Implement agreed STP milestones, so that you are on track for full achievement by 2020/21. Achieve agreed trajectories against the STP core metrics set for 2017-19. 	<ul style="list-style-type: none"> Addressed through finance template, STP and delivery plans.
2. Finance	<ul style="list-style-type: none"> Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19. Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies. Demand reduction measures include: implementing Right Care; elective care redesign; urgent and emergency care reform; supporting self care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes. Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services. 	<ul style="list-style-type: none"> Section 5 for financial summary. Delivery Areas 1-5 for demand management initiatives. DA5d for collaborative provider productivity improvements.
3. Primary Care	<ul style="list-style-type: none"> Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes. Ensure local investment meets or exceeds minimum required levels. Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems. By no later than March 2019, extend and improve access in line with requirements for new national funding. Support general practice at scale, the expansion of MCPs or PACS, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes. 	<ul style="list-style-type: none"> DA2a for Delivering the Strategic Commissioning Framework and General Practice Forward View. Workforce enabler for approach to primary care workforce planning. Primary care plan in the out of hospital chapter for further detail on access and general practice at scale.

National Priority Area	National Description of Delivery Requirements	Section of NW London STP
4. Urgent & Emergency Care	<ul style="list-style-type: none"> • Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan. • By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services. • Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls. • Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department. • Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis. 	<ul style="list-style-type: none"> • DA2e for self care, DA3c for intermediate care, DA4a for mental health model of care and DA4c for crisis support, all resulting in lower U&EC usage. • DA2a for 24/7 integrated care service. • DA5b for seven day hospital services.
5. Referral to Treatment Times and Elective Care	<ul style="list-style-type: none"> • Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT). • Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018. • Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups. • Implement the national maternity services review, <i>Better Births</i>, through local maternity systems. 	<ul style="list-style-type: none"> • DA5c for out of hospital hub development and maternity service improvements. • DA5d for improved elective care productivity. • Digital enabler for e-referrals. • DA5c for continuing improvement to maternity services.

Appendix B: How our STP addresses the nine national priorities

National Priority Area	National Description of Delivery Requirements	Section of NW London STP
6. Cancer	<ul style="list-style-type: none"> • Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report. • Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity, and the other NHS Constitution cancer standards. • Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission. • Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types. • Ensure all elements of the Recovery Package are commissioned, including ensuring that: i) all patients have a holistic needs assessment and care plan at the point of diagnosis; ii) a treatment summary is sent to the patient's GP at the end of treatment; and iii) a cancer care review is completed by the GP within six months of a cancer diagnosis. 	<ul style="list-style-type: none"> • DA2c for improvements to cancer services.
7. Mental Health	<ul style="list-style-type: none"> • Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including: <ul style="list-style-type: none"> - Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with primary care; - More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018; - Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral; - Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline; - Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and - Reduce suicide rates by 10% against the 2016/17 baseline. • Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals. • Increase baseline spend on mental health to deliver the Mental Health Investment Standard. • Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support. • Eliminate out of area placements for non-specialist acute care by 2020/21. 	<ul style="list-style-type: none"> • DA4a for implementation of the MHFYFV. • DA1c and DA4d for focus on children's mental health and wellbeing. • DA4c for crisis support services. • DA2a for integrated approach to dementia support.

National Priority Area	National Description of Delivery Requirements	Section of NW London STP
<p>8. People with Learning Disabilities</p>	<ul style="list-style-type: none"> • Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism. • Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population. • Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check. • Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism. 	<ul style="list-style-type: none"> • DA4b for delivery of the NWL Transforming Care plan. • DA2d for Right Care as an enabler to support Transforming Care. • DA1b for access to healthcare and annual health checks. • Digital enabler for innovative support tools.
<p>9. Improving Quality in Organisations</p>	<ul style="list-style-type: none"> • All organisations should implement plans to improve quality of care, particularly for organisations in special measures. • Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services. • Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare. 	<ul style="list-style-type: none"> • DA5b for focus on service quality improvement. • DA5d for acute care productivity and quality improvement. • DA4a for focus on mental health services. • Workforce enabler for workforce planning and strategy.

Appendix C: NWL Sustainability and Transformation Plan

Further information about our Mental Health and Wellbeing Transformation



Like Minded

WORKING TOGETHER FOR MENTAL
HEALTH AND WELLBEING IN NW LONDON

The current picture

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

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



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

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

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

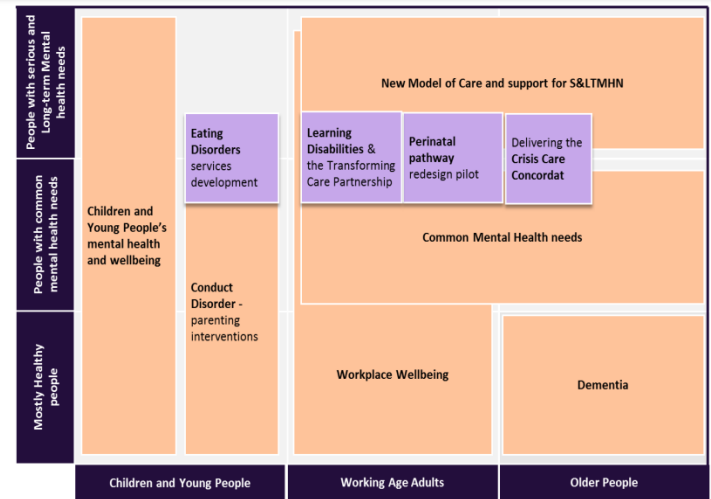
We work closely with service users and carers, clinicians, professionals and experts across the system in health, social care, voluntary sector and public health and have held workshop events in specific areas, including children & young people, socially excluded groups, and mental ill health prevention.

We are not starting from scratch – our 24/7 urgent care pathway has been the critical development over the last year and unlocks the gateway to wider services for adults with serious and long term needs. We have also developed primary care mental health services, specialist pathways for children and perinatal services as examples of work to date. But everyone working together on mental health transformation would recognise there is still much more we can do to improve the experience of our population – and the national focus, strategy and leadership provides additional focus and clarity on our priorities.



Core principles

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

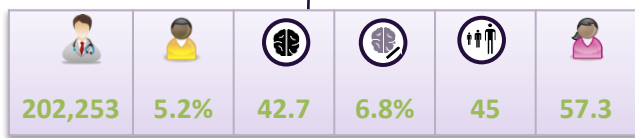
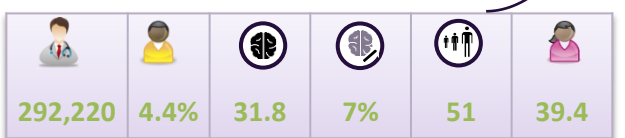
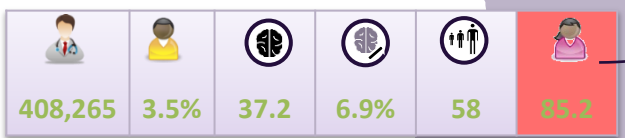
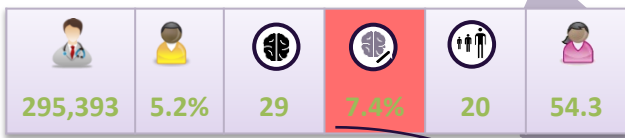


In approaching mental health transformation in North West London we have considered an approach across the life course aimed at reducing mental health inequalities. Whilst we know that people are not defined by their diagnosis (we acknowledge that comorbidity is the norm) or demographics, this is a useful framework to prioritise and focus within an area of vast need. We recognise that learning disabilities and mental health needs are not the same thing – but our work since 14/15 to address needs of our population who have both learning disabilities and mental health needs provided a spring board for wider work on learning disabilities under the Transforming Care Partnership Programme.

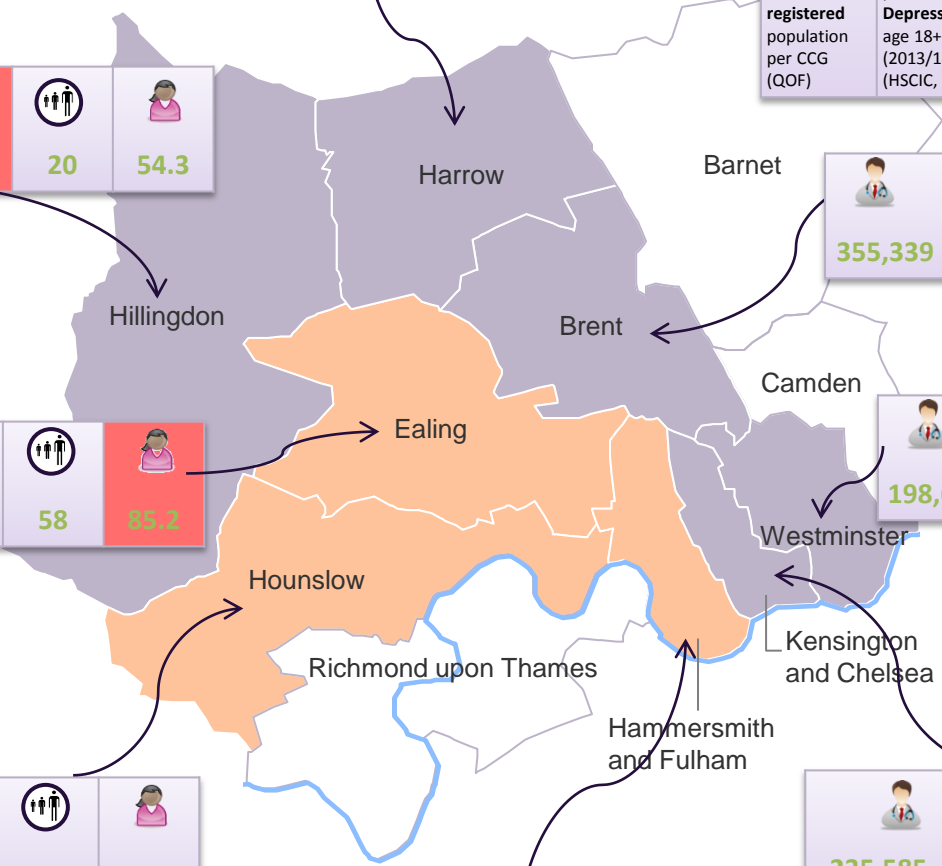
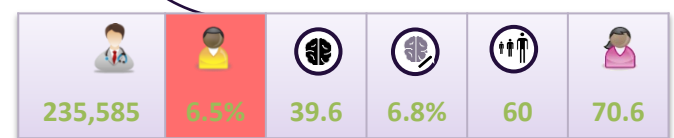
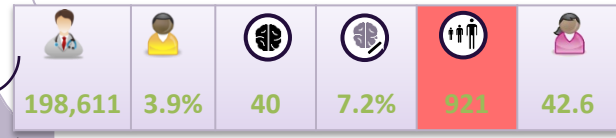
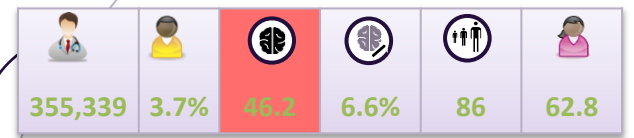


There is still much we can do to improve outcomes and reduce variation

Primarily CNWL services
Primarily WLMHT services



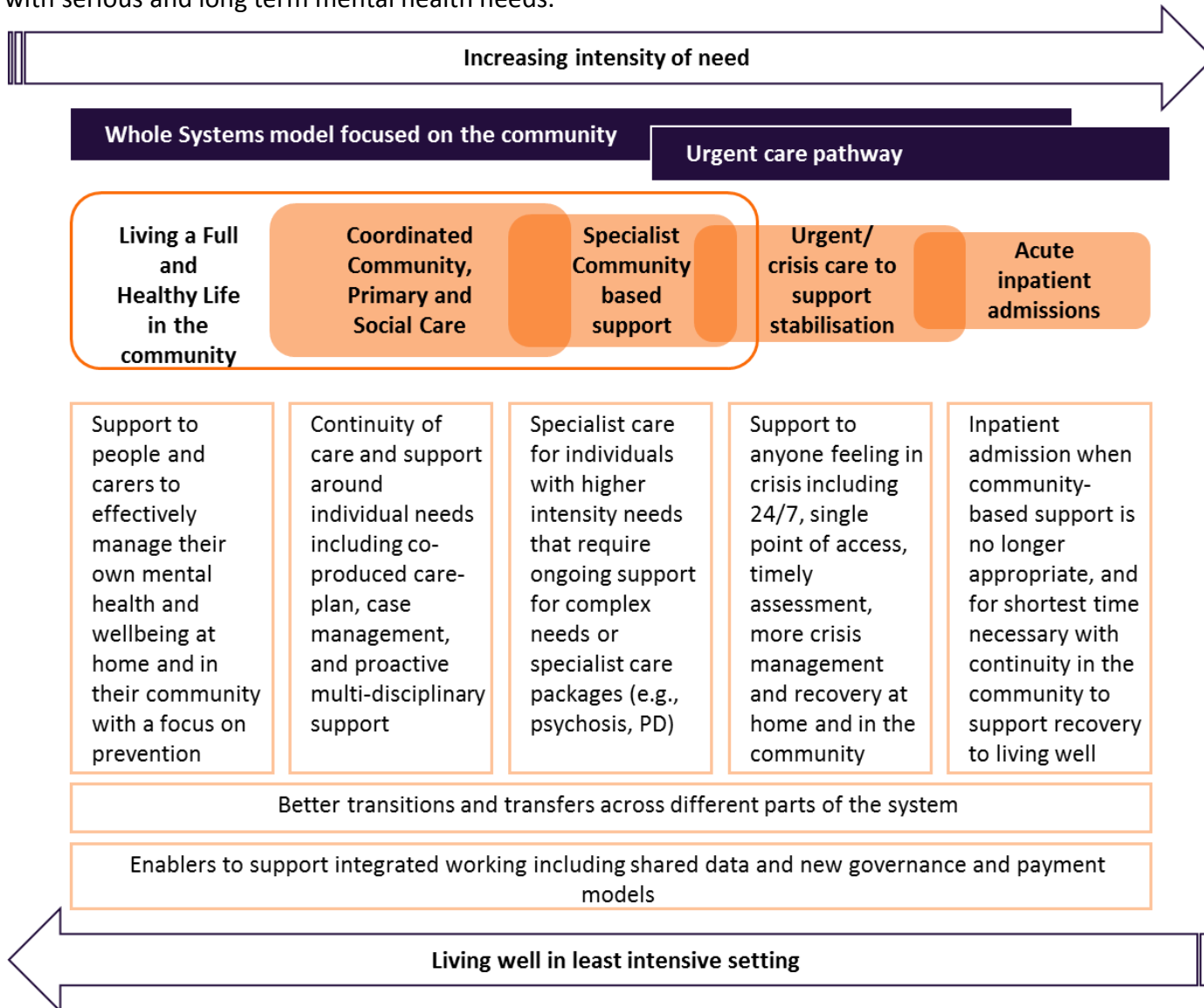
GP-registered population per CCG (QOF)	% of patients registered with GP practices with Depression age 18+ (2013/14) (HSCIC, 2014)	Predicted rate of new cases of psychosis (incidence) each year for persons 16-64 years per 100,000 (2011 Census of Great Britain) (Psymaptic, 2014)	Estimated % of population aged over 65 with Dementia (2012/13) (NHSE, 2014)	Number rough sleepers Q4 2014/15 CHAIN DATA	Rate of inpatient admissions for mental disorders per 100,000 population aged 0-17 years (2012/13) (HSCIC/CHIMAT)



Within the transformation programme our work on a new whole systems pathway has the greatest impact on the greatest number of people

The model below has been coproduced with partners across the system – and is the core of our activity and financial modelling which in turn supports achievement of the change set out in the mental health Five Year Forward. This work is focused on improving services for the 37,500 adults in North West London with serious and long term mental health needs.

- Principles**
- Care and support should be safely provided in the least intensive setting necessary
 - As risk of relapse increases, additional support should be rapidly available
 - Individuals will have needs that simultaneously exist across the system
 - People can seamlessly transition between boxes not just those adjacent (i.e., not a tiered system)



As a transformation programme with a wide remit we embed in NWL the sense that mental health is everyone's business

With the publication of the Mental Health Five Year Forward and supporting Implementation plan in 2016 across North West London we have mapped our existing plans (as set out in the Like Minded Case for Change and defined in the June submission of the STP) against the national must-dos.

The table below describes the congruence that exists and where there are additional areas that we need to place more focus on. We also describe where existing workplans exist – with clear financial modelling, defined outcomes and shared milestones. There remain some areas where more detailed work is ongoing to support delivery from 17/18 and beyond. We note a range of additional guidance is expected over the next 18 months and also opportunities to secure additional funding above that which will be made available through the CCG baseline allocations.

Lastly we are committed to work with colleagues across London – supported by Healthy London Partnerships – to take advantage of areas where we can avoid duplication and simplify pathways across the Capital.

The Mental health Five Year Forward – mental health workstreams are threaded throughout the STP to ensure integration with other key work programmes.

Detailed Plans developed	NWL STP	Outline plans developed (to be agreed by end Q3 16/17)	NWL STP	Further work required	NWL STP
Children and Young People's Mental Health <ul style="list-style-type: none"> - Eating Disorder services lives - Crisis Care pathway pilot live - New Model of Care in development 	DA4d	Adult Common Mental Health Needs <ul style="list-style-type: none"> - Workstream formed and Hillingdon agreed as NHSE pilot area - Good work on digital support, employment and GP engagement - Detailed implementation plans for increase in IAPT provision for LTC 	DA2b	Adults, community acute and crisis care <ul style="list-style-type: none"> - Co-commissioning Mental health care for armed forces community to be developed 	DA4b
Perinatal Mental health <ul style="list-style-type: none"> - Service live in 4/8 boroughs - Coproduction underway to commence in 4/8 boroughs in 17/18 	DA4b	Health and justice <ul style="list-style-type: none"> - Good joint work on Childrens pathways/youth offending - Liaison and Diversion a priority for Crisis Care group in 17/18 	DA4d DA4c	Adults mental health, secure pathway <ul style="list-style-type: none"> - Specialised commissioning now have a place on the Delivery Area 4 Board. Plans required for future years 	DA4b
Adults, community, acute and crisis care <ul style="list-style-type: none"> - Detailed plans coproduced in most areas - Early Intervention in psychosis - Healthchecks - Independent Placement Support (employment) - Increased access to HTT – developed in 15/16 with a 24/7 service 	DA4c DA4a DA1b DA4a	Suicide prevention <ul style="list-style-type: none"> - Good borough based plans and activity to date - Any joint work to be agreed in collaboration with GLA and work on the Mental Health roadmap for London - Liaison Psychiatry Services Core 24 Adults, community, acute and crisis care <ul style="list-style-type: none"> - Liaison Psychiatry Services – progress towards Core 24 	DA4 DA4c		
Sustaining Transformation <ul style="list-style-type: none"> - New Model of Care for CAMHS pilot across NWL - Governance and resource exists to support transformation 	DA4d DA4	There are also a number of workstreams within the NWL programme which are not explicitly referenced in the Mental Health Five Year Forward <ul style="list-style-type: none"> - Delivery the Transforming Care Partnership (DA4b) - Social Isolation and Loneliness (DA1b) - Prevention of Conduct Disorder (DA1c) 			
A healthy NHS workforce <ul style="list-style-type: none"> - NHS organisations across NWL signed up to the Healthy London workforce charter 	DA1b				
Infrastructure and hard-wiring <ul style="list-style-type: none"> - Workforce – a sub-group focusing on mental health exists - Payment and Outcomes 					

Our financial modelling reflects

- Parity of esteem
- Detailed business case modelling where completed
- The NWL share of new funding for mental health – and expected savings

The SPA – Implementation and Early Impact

Across North West London the 8 Clinical Commissioning Groups, West London Mental Health Trust (WLMHT) and Central & North West London NHS Foundation Trust (CNWL) have a longstanding commitment to improving the experience and outcomes of their population with mental illness.

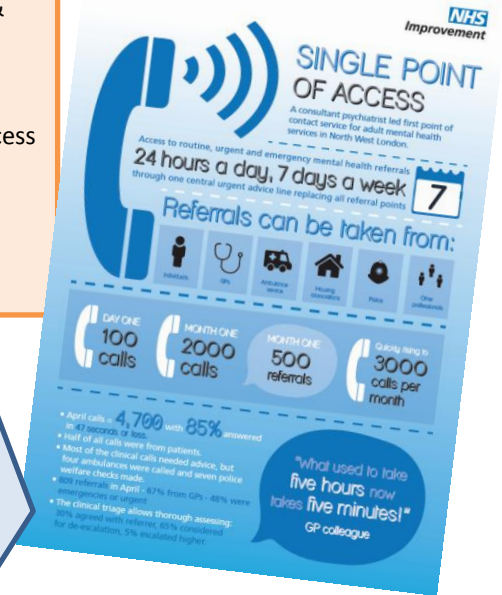
Through a process of co-production, we have implemented a single point of access (SPA) 24/7/365 telephone line, with access to rapid response and home treatment covering the entire North West London population of 2.2 million people who may need support in a mental health crisis.

The SPA is a 24 hours a day, 7 days a week central advice line, accepting referrals from individuals, GPs, the ambulance service, housing associations, the police, and anybody else with access to a phone.

“The service allows me to give all the information quickly with one phone call. When you're a busy GP and your patient's in distress you want to help them as soon as possible. Being able to get advice and answers quickly with one phone call makes a huge difference”

- Through our available measurable statistics, we believe the benefits within the mental health system are already apparent.
- The quick, paperless access to a clinical opinion has significantly cut the amount of time between a crisis being reported, evaluated and acted upon
- Previously there were around 15 different ways to refer into services and no clear way to track waiting times, frustrating for all involved. Now, having a clear single point of access means a quicker and more sensitive response.
- Across the collaboration demand is clearly rising but we are confident that the triage process and de-escalation trend we are seeing are supporting GPs help their patients in the community. The clinical triage allows thorough assessing: 30% agreed with referrer, 65% considered. For de-escalation, 5% escalated higher.
- Both CNWL and WLMHT (providers of the service) produce detailed dashboards describing activity, and ahead of formal evaluation this supports a clear picture of the way in which the services are meeting an obvious need for our population. The approach is now embedded in local pathways and referenced as a clear example of 7 day services. We are currently evaluating the services across NWL.
- GPs have reported that the 24/7 line has led to increased confidence in dealing with mental health crises. Overall feedback from GPs has been very positive: One GP fed back that “the Single Point of Access is the best anti-anxiety drug for GPs”

On average, WLMHT received 3,439 calls per month between April and June



A Case Study:

A Senior Practitioner, C, in the SPA received a crisis call. An emergency intervention was requested for a female, S. Her son had recently been diagnosed with ADHD and had been allocated a social worker who was working with both of them. When the social worker got to the house, she found S in a very anxious state, clearly experiencing some kind of break down. Our senior practitioner spoke to both the Social Worker and then to S. S was previously known to services and had counselling in primary care years ago when depressed following a relationship break-up. After years of not being able to cope with her son, he has “finally got a diagnosis”, and she is “finally getting support for him and for herself”. Along with the relief of finally getting help, all the old anxiety and low mood to come to the surface. The Senior Practitioner managed to talk her down and to explore what she needed. She clearly didn't need or want secondary mental health services, but identified that talking therapies had helped in the past and this is what she now wanted again.

C referred her on to (IAPT) Talking Therapy service – S was really happy with the outcome and grateful for her help. This rapid response de-escalated the crisis, supporting the family to ensure they were happy.

Appendix D: NWL Sustainability and Transformation Plan

Communications and Engagement

Communications & Engagement (1): Guiding principles and initial engagement with our patients, residents and staff

We continue to ensure that people's voices drive our decision-making:

In NW London we collaborate with residents, patients and staff at all stages of the commissioning, mobilisation and delivery cycle; **co-production with service users is fundamental to our culture** and we have been recognised for our 130 strong Lay Partner Forum and its approach to co-production, which includes significant engagement with other patient groups including Healthwatch and Patient and Public Participation Groups.

We have joint governance and leadership across the communications and engagement space, with a work stream led by the CCG Director of Communications in partnership with communications leads from providers and local government. This group sets the overall direction for communications and engagement but working in partnership with colleagues from across all sectors involved in the STP.

We follow best practice in all the work we do, with all our engagement guided by the principles that we discuss early and that we listen. We will work in partnership with commissioners, providers, local government, Healthwatch, patients groups and residents associations.

Building on our history of collaborative working the STP is already a product of the work we have done with the wider community. The engagement so far has been to help us co-design the local plans and formulate the emerging priorities and delivery areas.

Having established the delivery areas in the checkpoint submission the purpose of this phase is to engage our partners, staff, patients and residents on whether our focus is right and what more they would like to see.

Engagement – Work done to support the development of the plan (April – July)

At a local level we:

- Held 22 face to face engagement events across all eight boroughs to help co-design the local plans, on top of regular meetings of the STP planning groups
- These events have included workshops, seminars and public meetings and been very popular with providers, patients, Healthwatch, carers and their families and lay partners
- We have also used Health and Wellbeing Boards along with CCG Governing Body meetings to engage people
- In Brent the Healthy Partners Forum had a turnout of around 100 people with table discussion focussed on the emerging priorities, while in Hillingdon over 100 people attended a STP focussed workshop
- We have promoted these events through our social media platforms to maximise attendance
- These local plans, co-designed with the local community, in turn form the basis for the full North West London STP.

At a pan North West London level we have:

- Hosted two co-production workshops with lay partners, Healthwatch and providers to help feed into the checkpoint submission and provide an early opportunity to shape the direction of the STP
- Ideas from the first session included the Peoples Health Charter which is an important part of our STP moving forward.
- Hosted two workshops with communications leads from across sectors to help co-design the engagement strategy
- Co-designed the engagement strategy with Healthwatch chairs
- Hosted sessions with clinicians to get their input into the priorities and delivery areas, ensuring our workforce is a driver and owner of change
- We ran a market stall event for our core partners (20 July) to showcase the range of work which is happening across North West London
- Created a core narrative covering our health and social care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities – ensuring it is in patient- focused and in accessible language

Throughout the summer and the autumn we are engaging through:

Face to face meetings:

- We have organised a programme of traditional town hall style meetings and other face to face events across the eight boroughs, working closely with Healthwatch and other patient groups and residents associations to ensure that we get real input from the local community
- The events are a mix of presentation, Q&A and table workshops to allow as many attendees as possible to participate in the discussion. The events are genuinely collaborative with most being hosted and led by a senior clinician and a senior Councillor from the borough
- Feedback from all these events is provided to both all those who attend and to the team producing the STP to ensure it is reflected in this final iteration of the plan.

An online engagement tool:

- On the 17 August we launched an online engagement tool with the specific aim of targeting those residents who want to contribute to the discussion but don't have the chance to attend a public meeting.
- Since launching we have had 1,257 visitors to the site with 150 comments and 110 registering for further information and updates.
- We supported this activity with Facebook advertising which has so far been seen by over 16,000 residents through either Facebook or Instagram.

Public outreach:

- We know there are groups out there who won't proactively engage with us and so we have launched a programme of public outreach with the aim of getting to those harder to reach groups.
- Utilising the stakeholder lists held by both local government and the health service, and lists provided by Healthwatch and other partners, we have so far contacted over 500 groups. These are as diverse as faith groups, community organisations and charities.
- We are also surveying residents and holding pop up stalls where we can talk about our plans in supermarkets, libraries, stations and community centres

With staff & partners:

- Our best advocate for the STP is our staff, spread across multiple locations and in a range of different roles. Each of our partners – whether in health or local government – is working up plans for specific staff engagement.
- Across the STP footprint we are running a series of workshops with clinicians and local government officers to engage them on the STP
- STP updates are already a regular staple of all our internal communications materials through internal newsletters and bulletins, weekly/monthly updates from Chief Executives and Chief Operating Officers, and online through our intranets.
- We are also working in tandem with our GP federations to engage primary care providers

Some highlights of our activity

Public meetings

- 20 September – Ealing town hall style event
- 26 September – Brent town hall style event
- 27 September – Hounslow town hall style event
- 03 October – H&F town hall style event
- 05 October – Westminster public meeting (HWB)
- 11 October – Harrow town hall style event
- 12 October – RBK&C town hall style event

Online

- 17 August – Online engagement tool launched
- Over 1,250 visitors to the site already
- Supported by Facebook advertising
- Over 16,000 people have seen the ad either on FB or on other FB platforms (e.g. Instagram).
- FB says 419 have taken action after seeing it (this is either them clicking through, sharing, commenting, liking etc.).
- It says 106 people have clicked through to the tool.

Public outreach

- Over 500 organisations have been contacted with meetings now being set up
- 05 September – Ealing PPE
- 06 September – NW London PPRG
- 10 September - Stall at West Ealing Festival
- 14 September – Lay Partners Forum
- 15 September – Healthworks Information Exchange, Dalgarno Community Centre
- 21 September – Stall at Kensington Central Library

A core principle of all our activity is that engagement is continuous and does not stop with this iteration of the plan. To make the STP a success we need to be clear on how we will engage on implementation and delivery and ensure our residents are involved in the co-design of services and any service change. Over the next twelve months following publication of the plan we will:

- **Hold regular public meetings** – building on the series of town hall style events we are running for this iteration of the plan we will look to hold regular update meetings where we can discuss latest developments, take questions and sign post people as to how they can get involved in the specific delivery areas.
- **Continue our online engagement** – given the popularity and range of issues which have been raised through the process so far we will continue to use this tool to ensure a continuous dialogue with the wider public across the eight boroughs.

Just as importantly we want to ensure full participation and co-design in all five delivery areas and the projects and programmes that sit within them. We will:

- **Patient involvement** – we will ensure that we have patient representation across the five delivery areas and that patients are involved in the co-design of services and any service change.
- **Specific engagement** – we will work with those patients to design engagement plans for those areas of work, using a combination of the methods set out above.

- **Continue with the public outreach** – it will take time to work our way through the diverse groups and communities that make up our STP footprint and we want to ensure that we talk to as many as possible and give them an opportunity to get involved in the implementation and delivery of the plan.
- **Staff** – and of course staff, whether in local government or the health service, will remain our best advocates for the plan and so across all our partners we will continue to engage with them through all available outlets.

- **Consultations** – Where specific programmes or projects require consultations, as set out under section 14Z2 of the NHS Act 2006, we will carry those out.
- **Equality Impact Assessments** – Where specific programmes or projects require equality impact assessments, we will carry those out.

NW London STP – Feedback from the public

Summary of public engagement for the STP to September 30 2016.

The public engagement strategy for the NW London STP built on tried and tested approaches, and also tested a new interactive online offer to try and reach new audiences, particularly younger people and infrequent users of the NHS. This led to a four pronged approach, which can be summarised as:

1. Face to face meetings: these include a programme of traditional town hall style meetings and other face to face events across the eight boroughs, working closely with Healthwatch and other patient groups and residents associations to ensure that we get real input from the local community. This engagement also includes briefings with MPs and local authorities, and through formalised routes such as overview and scrutiny committees and CCG governing bodies.

2. Public outreach: We know there are groups out there who won't proactively engage with us and so we have launched a programme of public outreach with the aim of getting to those harder to reach groups. Utilising the stakeholder lists held by both local government and the health service, and lists provided by Healthwatch and other partners, we have so far contacted over 500 groups. These are as diverse as faith groups, community organisations and charities. We are also surveying residents and holding pop up stalls where we can talk about our plans in supermarkets, libraries, stations and community centres

3. With staff & partners: Our best advocate for the STP is our staff, spread across multiple locations and in a range of different roles. Across the STP footprint we are running a series of workshops with clinicians and local government officers to engage them on the STP. Updates are already a regular staple of all our internal communications materials through internal newsletters and bulletins, weekly/monthly updates from Chief Executives and Chief Operating Officers, and online through our intranets.

4. An online engagement tool: designed to engage with all sections of the public, and be fully accessible on computers, tablets and phones. A 'survey' version was also included, linked to the same system, for face-to-face conversations during community engagement. Since launching we have had over 1100 visitors to the site and 150 face-to-face surveys with more than 300 comments received. Over 100 people have signed up for further information and updates. We supported this activity with Facebook advertising which has so far been seen by over 18,000 NW London residents through either Facebook or Instagram.

Summary of Feedback Received

We are grateful for the time the public and stakeholders have given to feedback on the STP, and this feedback can be categorised into two distinct areas. First, there was a clear demand from those we most regularly engage with - for example stakeholders like Healthwatch, established patient groups and 'more informed' individuals - for greater clarity on 'technical' issues relating to the STP. These included its background, scope, legal standing, governance, timelines, implementation plans and likely impact on future funding for the NHS and local authorities. Other issues raised included engagement and consultation plans and how the STP related to future NHS organisational forms, such as accountable care partnerships. Answers were provided wherever possible, and the draft STP was made publically available in response to the obvious appetite for more information. The second area was more subjective, and related to the five STP delivery areas in the NW London draft document. The vast majority of this feedback was received via responses from the online engagement and its face-to-face survey mode, as public meetings tended to be dominated by the first category above. All comments received can be viewed online, and there is some evidence that by using this approach we have successfully reached out to new audiences, as well as receiving useful service specific feedback to help shape local and at scale plans which fit under the STP. This is summarised below.

Online engagement with our residents

Online engagement

Historically, in the NHS there are known proactive voluntary organisations and residents who are readily engaged with. While face-to-face meetings with hard to reach groups and stands in shopping centres and local festivals reach more people, who do not normally have the time to spare during work hours to offer their opinions, there is still work to be done to reach younger and working members of our communities.

To try and target this audience we have developed an online engagement tool. This is an innovative and exciting way of reaching residents online and via social media and it sits along-side tried and tested methods of engagement.

To-date, of those who have used the online tool, the largest age-bracket is the 25-34, with those aged 35-44 being the second largest age group to respond. This means we are reaching a younger audience, who are not normally engaged with.

The online tool

Participants have the option to comment on five key areas that we are looking to improve across NW London:

- Preventing ill health
- Long term care
- Care for over 65s
- Mental health
- Quality of care

Each area has a simple outline of what we would like to achieve and an opportunity for respondents to comment on whether they agree with the priority, choose what we should be focusing on and provide further comments.

The online engagement can be used remotely via an iPad so face-to-face surveys in the community are automatically uploaded to the database, ensuring consistency. The online survey can also support multiple languages via Google Translate.

Improving health care in North West London

Brent • Ealing • Hammersmith & Fulham • Harrow • Hillingdon • Hounslow • Kensington & Chelsea • Westminster

The NHS and councils across NW London are working together to provide an even better health and care system for our two million residents. We can't do this alone and we need your input to help shape our future services.

The NHS and councils want to focus on preventing ill health – what do you think?

Strongly disagree Strongly agree

Which of these would you prioritise?

Quicker GP appointments
 More expert advice
 Healthier diet
 More job opportunities
 Online support
 Better housing

Stopping smoking
 More places to exercise
 Reducing isolation
 Parenting support
 Drinking less alcohol
 Meeting people

Cleaner air
 Mental health support
 Weight loss
 Other

Any other comments?

Online engagement with our residents

Feedback

Respondents viewed our suggested priorities positively, with suggestions being made for:

“Bed-blocking in hospitals by elderly, infirm patients is a major problem for the NHS and there needs to be a lot more provision for alternative care outside of hospitals.”

“More resources need to be put into enabling the elderly and those with long-term conditions to remain independent and to stay well at home. This requires a lot of joined-up care across the health/social care interfaces.”

“Staying well at home and in a familiar environment is very beneficial for the elderly both mentally and physically.”

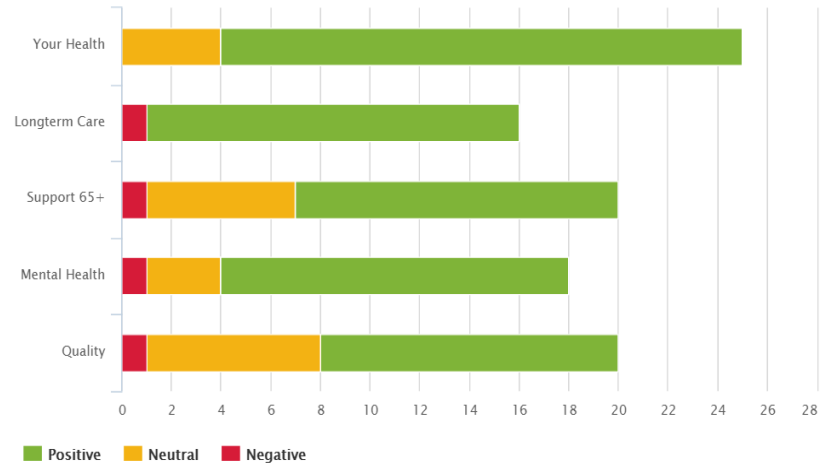
“Although you want people to exercise but health centres are still very expensive. For some people it is hard, almost impossible to exercise outside, so please make more places available at an affordable price for people to exercise.”

“Support the carers of mental health patients by educating them and letting them be involved in care plans.”

“Living (and dying) at home is always the preferred course. It also generally saves money (compared to hospital 'bed-blocking') but it would probably be worth bringing back care homes for those unable to look after themselves and who need more help than just a quick daily/twice-daily visit.”

“Housing is a key issue but I'm not sure how much you can do to resolve it.”

“Better use of volunteers, particularly for reducing isolation.”



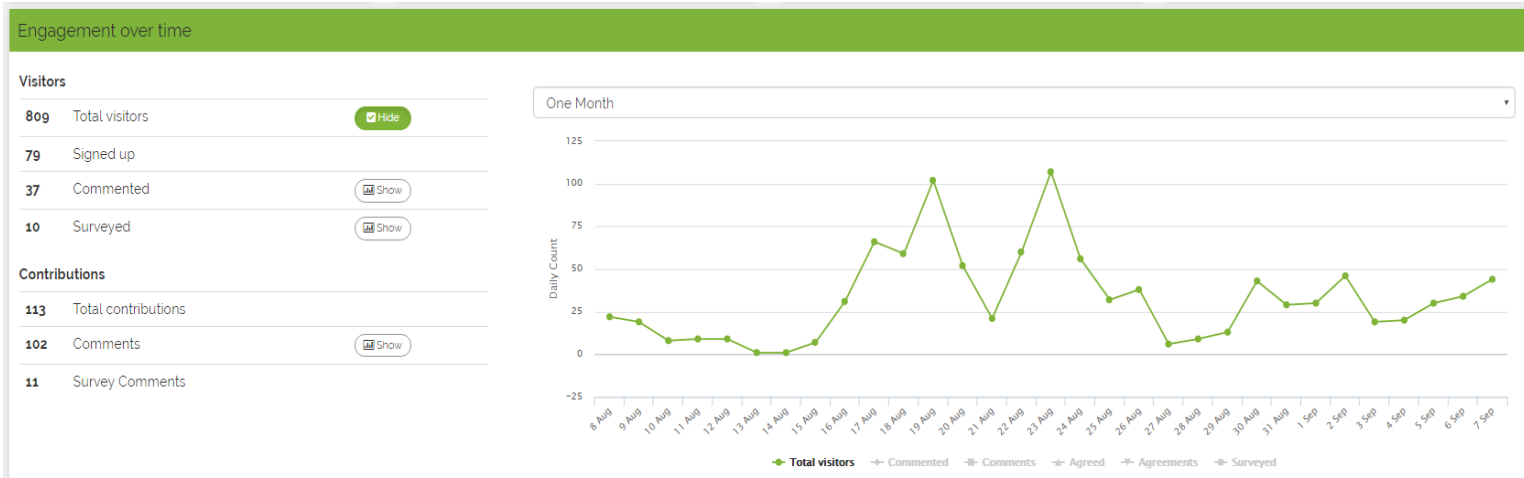
“Healthy lifestyle and mind set is important, how about offering a referral to a course that involves learning to cook healthy food, how to do basic fat burning and cardio exercises in your own home/outdoors, how to relax/meditate/mindfulness, how to find fun, manage stress, meet others.”

“Quicker access to psychologist and physiatrist is so important. I have been hospitalised twice -2 months each time in a mental hospital- with serious depression which drove to tempted suicide. When I start getting depression I refuse asking for help just to hit rock bottom and my family suffer when I'm at those stages.”

“For over 65s, I see a huge need to join up physical and mental health with social care. A 76 year old neighbour has diabetes, crippling anxiety and no fridge and is unwilling to switch on hot water for financial reasons. A perfect example of why response needs all 3 areas to work together.”

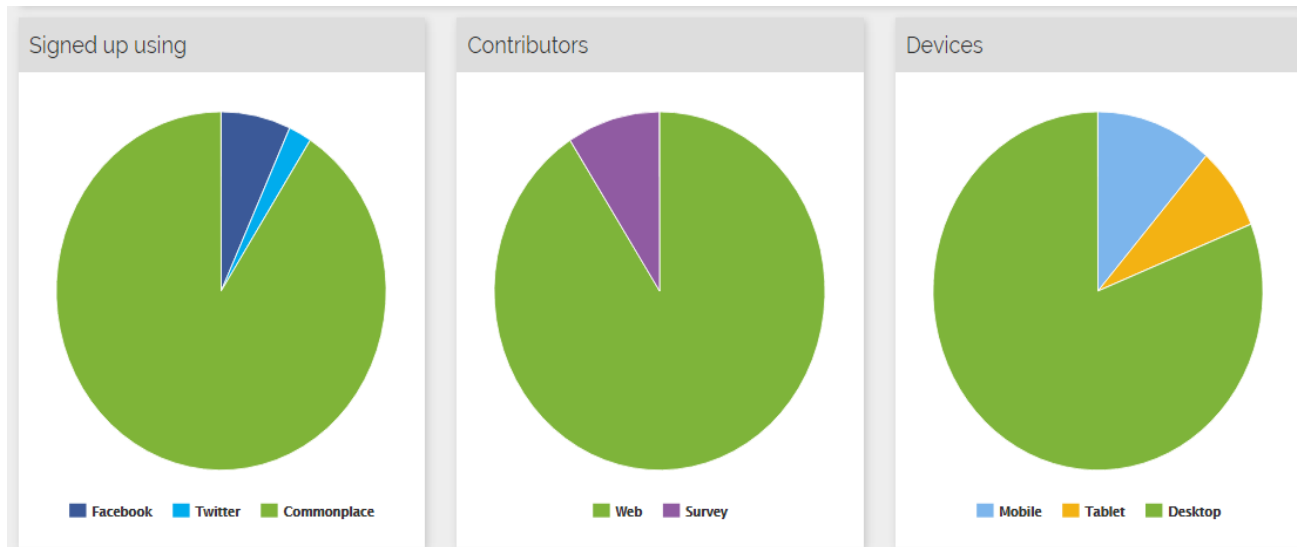
Online engagement with our residents

Dashboard



The information is presented in a dashboard which allows our engagement team to review and arrange face-to-face meetings with audiences whose comments are not represented so far.

The dashboard also shows how people arrived at the site, e.g. through social media channels, face-to-face surveys from our engagement team or by email. This information will give a useful insight into how effective our current engagement channels are.



NW London STP – Online and Survey Feedback

Online and survey feedback

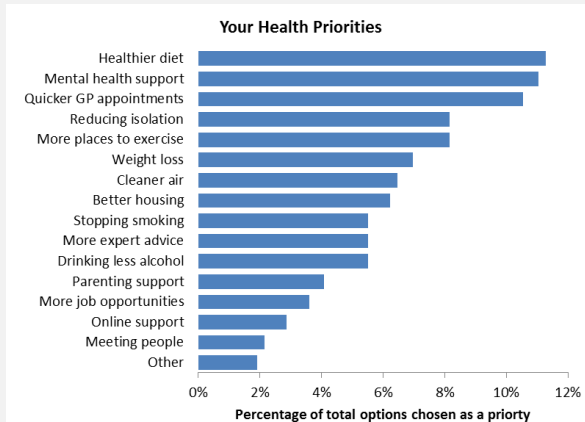
The online and face-to-face survey option had three parts to it: an interactive 'sliding scale' for individuals to indicate their level of support, or not, for a particular delivery area; a number of buttons which could be selected to show favoured priorities within a delivery area and; a free text box for respondents to set out their views as they saw fit. The free text comments often covered a range of topics and points, as well providing personal experience and views on problems with current services and opportunities for improvement.

The analysis below sets out the key quantitative feedback based on the most popular priorities selected for each delivery area and; summarises the key themes drawn from the qualitative free-text responses.

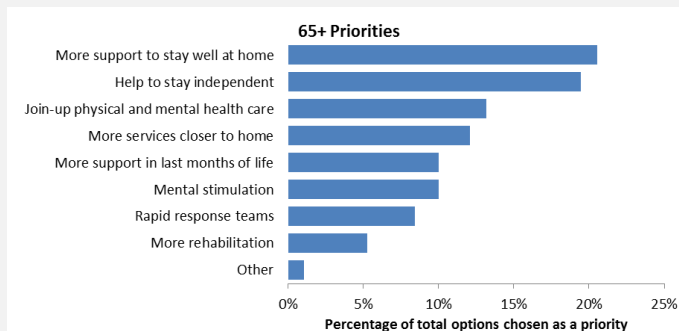
Quantitative feedback

Under each delivery area, respondents were invited to select one or more priorities from a range of options.

Public priorities



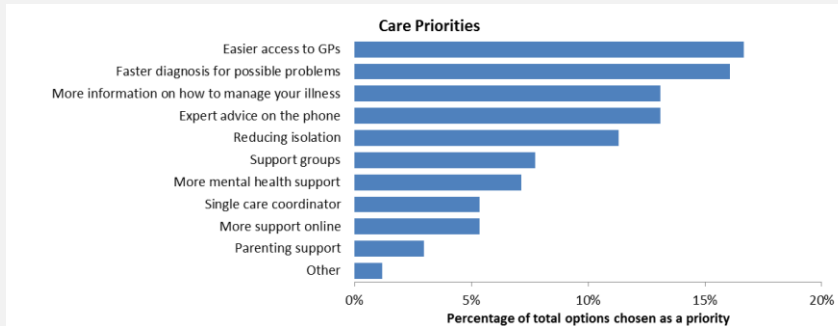
Your health is affected not only by physical illness, but by the environment and communities you live and work in. NW London wants to support the public to have a healthy life. When asked what the public would want to prioritise when it came to improving their health and wellbeing, a healthier diet and mental health support were the options that were most often chosen.



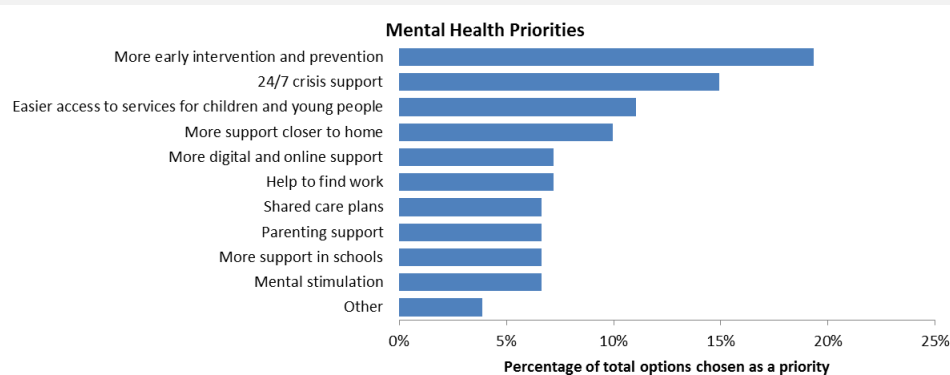
NW London is home to over 300,000 over 65s, and more than 5,000 of these residents have advanced dementia. NW London wants to improve care for older people. When asked what care they would prioritise for over 65s, the options that were most often chosen were more support to stay well at home, and help to stay independent.

NW London STP – Public Priorities Continued

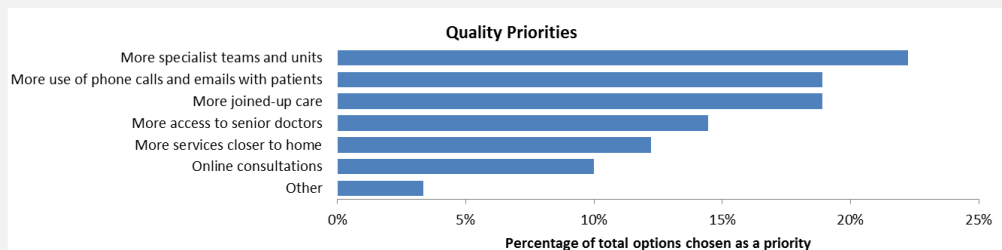
Public priorities



NW London wants to make sure that everyone who needs lifetime or long term treatment or care for illness, disease or disability, receives consistent high quality care and gets the support they need to help manage their condition. When asked what care they would prioritise for people with long term needs, most respondents prioritised easier access to GPs and faster diagnosis for possible problems.



NW London wants to reduce the impact of mental health needs or a learning disability. In NW London, we currently have over 260,000 residents with mental health needs or learning disabilities. Those responding to this section of the survey mainly prioritised early intervention and prevention, as well as 24/7 crisis support.



NW London wants to provide safe and high quality services. Whilst the vast majority of care is delivered to a high standard, we know there is more we can do.

To make local health and care service more modern, safe and effective, most people responded that they would prioritise more specialist teams and units, and more use of phone calls and emails with patients.

NW London STP – Qualitative Analysis of feedback from the public

Qualitative analysis

The qualitative online and face-to-face survey responses varied widely, from the very personal to detailed system analysis. Some gave single sentence comments, others covered multiple topics over many paragraphs.

Separating these comments into categories is challenging, but it has been possible to group the main points raised under 11 main themes, which are set below in order of occurrence, highest first.

- More information and support*
- Funding and structural concerns for NHS and local authorities*
- More integrated support and services
- Better GP services and access
- Importance of mental health*
- Power of positive communities*
- Service and quality concerns
- Benefits of technology
- Better environment
- Faster treatment*
- Impact of carers and volunteers*.

*joint positions.

The most commonly mentioned themes which could be extracted from the comments were:

- better information and support
- funding concerns and;
- more integrated care and services.

There were three themes which featured in comments across all five delivery areas, which were:

- better GP services and access;
- funding concerns and;
- importance of mental health.

NW London STP – Qualitative Analysis of feedback from the public

Feedback for each delivery area

Delivery area 1 – radically upgrading prevention and wellbeing

The prevention and wellbeing area was very popular and provided the largest number of comments which could be themed. This is perhaps not surprising as this delivery area provide wide topics for comment, from air quality, to lack of amenities, to the power of closer communities. An example comment is:

“There should be more focus on helping people stay in the same communities as their elderly parents, so that children are able to care for their elderly parents, particularly if they suffer with multiple health problems. This will help with reducing the need for social services providing Carer’s and also help the elderly to have a motivated active and social life which would also reduce NHS costs. Communities that can support themselves by encouraging relatives to look after their elderly by offering incentives such as housing to stay in the community. Loneliness leads to bad physical and mental health. (sic).”

The most common themes for this delivery area were: **funding concerns** (linked often to lack of investment in local facilities and communities); **a better environment** and; **more information and support**.

Delivery area 2 –eliminating unwarranted variation and improving long term condition management

This area contained the least amount of feedback which has been themed, perhaps reflecting that fewer respondents felt qualified to comment unless they or close relative had a long term condition. This supposition is supported by the fact that those of respondents who chose to register and provide more detail, only a small percentage identified as having a long-term condition.

The most common theme for this delivery area was for **more integrated support and services**, probably reflecting the multiple care needs for those with one or more long-term conditions. As one respondent said: *“I am completely lost in this system. It is seems over complicated without continuity with medical advisors “.*

The next most popular theme was **better information and support**, as reflected in this comment: *“Support groups are the answer more hands on than when I went to Ealing hospital. In church halls for over 65s. It’s a very friendly group rather than the hospital which is very cold. This support group for my arthritis is a community treasure we should value.”*

The third most popular theme was for **better GP services and access**.

Delivery area 3 – achieving better outcomes and experiences for older people

Feedback received in this delivery area was, as with delivery area 4, often very personal, as demonstrated by this quote, which also shows the importance of improving and joining-up care: *“I am 88 and have no one to look after me when my daughter is away. My house is very cold as I can’t afford to heat my house all the time.”*

NW London STP – Qualitative analysis of feedback from the public cont.

More integrated care and services was the stand-out theme in this delivery area, with a very equal spread across the other themes. The impact of carers and volunteers, funding concerns and better information and support all measured equal second in popularity. Service and quality concerns, power of positive communities and importance of mental health all ranked equal third. Here are two more comments which bring the themes to life:

"I'd like to see holistic support tailored around the person. People need to be recognised as individuals and the relationship between services (be they provided by whoever) should be consistently high quality with the emphasis of developing and maintaining the individual's trust in services and be respectful and dignified. People need to be involved in their care and support."

"For over 65s, I see a huge need to join up physical and mental health with social care. A 76 year old neighbour has diabetes, crippling anxiety and no fridge and is unwilling to switch on hot water for financial reasons. "

Delivery area 4 – improving outcomes for children and adults with mental health needs

This delivery area provided the second highest number of comments which could be themed and again, some very personal and powerful contributions:

"Quicker access to psychologist and physiatrist is so important. I have been hospitalized twice -2 months each time in a mental hospital- with serious depression which drove to tempted suicide. When I start getting depression I refuse asking for help just to hit rock bottom so to end my life. (I don't know why though, but that's how I feel). My family suffer when I'm at those stages."

Overall, better information and support was the stand out theme, as shown by this comment: *"Support the carers who care for the mental health patient by educating them and let them be involved in the care plan for the cared for person"*.

This theme was almost twice as common as the next popular, concerns around funding, followed by calls for more integrated support and services. These themes are drawn out in the following comment: *"We need more psychologists! However, this will obviously cost more money, but if people in need don't get psychological help then they will have more episodes and this will cost even more. They also need support for housing and disability support allowance is not enough. Also not just parenting support. But also carers need support. 24/7 crisis support need is important and so are more places of safety in the community line. We have an emergency line in Ealing with clinical support and social care follow up. 03001234244. Any line has to have both these requirements (clinical + social care)"*

Delivery area five – ensuring we have safe, high quality sustainable acute services

Interestingly, this delivery area attracted the only comments related to the benefits of technology, which was the most common theme for this section. As one respondent wrote: *"GPs could also help by increasing access to telephone, video and email consultation."* Funding and structural concerns were, perhaps unsurprisingly for this delivery area, a close second and closely followed in third place by calls for more integrated support and services. Here are two further examples which highlight the public's views of how we can improve:

"Being under outpatient care of two separate hospitals it would be good if they communicated with each other. Currently correspondence I receive from one or other is photocopied by me and delivered when attending an appointment. This is archaic method of communication."

"Integrating health and social services would provide better care at reduced cost once IT systems are integrated. Workers can then work from shared premises."

Conclusion

This feedback will be shared widely across the NHS and local authorities to help drive and shape our future plans for health and social care in NW London.

Appendix E: NWL Sustainability and Transformation Plan

You said, we did – Response to patient and organisation feedback on the 30 June Submission

One of the key principles of our engagement process is that we listen and then act upon the advice we receive, feeding back as much as possible. Below we set out the initial feedback we have received through written submissions, public meetings, via the online engagement tool and from questions raised through public outreach in relation to the 30 June checkpoint submission. Given the large volume of feedback we have received the below list is not exhaustive, far from it, and we have concentrated our time now on reflecting as much of that as we can in the document itself. We will be producing a fuller feedback log which we will release and will set out clearly how we have addressed all the comments we have received.

Theme	Organisation	Feedback	Changes/response to/in STP document
Governance	The Hillingdon Hospital FT	Query around board responsibilities on receiving the final STP version	The formal governance approach is in the process of being agreed across CCGs, local authorities and providers.
	Hillingdon Partner	Query around board responsibilities as the draft goes through local approval processes (consistent form of words e.g. supporting/endorsing)	See above
	West London CCG	Clarification on governance – STP implies engagement rather than decision-making	The STP has been updated to reflect the governance development since the June submission. The decision making powers of the JHCTG remain unchanged.
		Programme of work across the 8 CCGs would be best served by a standard decision-making pathway rather than a structure for each programme.	The governance structure of the STP can be seen on page 21 of the Delivery Plan paper.

Theme	Organisation	Feedback	Changes/response to/in STP document
Financial	Central and NW London FT	Concerns around spend and savings for mental health against the national requirements	The five year forward view for mental health has been incorporated into the Mental Health chapter for the October submission.
	Hillingdon Partner	Further information about how the plan will lead to access and allocation of funding	Project delivery plans are being developed which will set out the relevant financial information.
	Chelsea and Westminster FT	Prevention and H&WB target will be challenging to realise within 5 years	Project delivery plans are being developed for prevention schemes.
	Hounslow CCG and LA	Establishing the origin of the £110 million of investment that has been linked to LAs under DA1 The £145 million LA budget gap in the STP has been underestimated given the time frame	The June submission of the STP included the references for prevention opportunity, which included the HLP Report and the Prevention Report from the WLA.
			Local authorities have commissioned work to review the social care gap. This will feed into the STP's Strategic Finance and Estates Group which will update the STP's finances where required.
		Financial resource required for extra sheltered housing and care home places has not been included.	Delivery plans for projects in Delivery Area 1 include requirements for sheltered housing and care home initiatives and will set out existing resources and resource requirements.
Brent Patient Voice	Too much financial detail is missing from the checkpoint submission. It's impossible to properly analyse the plan without all the figures and the workings which sit behind them to understand whether this is really sustainable.	The financial data has been included in this iteration of the plan to demonstrate how it will be sustainable	

Appendix E: Response to patient and organisation feedback

Theme	Organisation	Feedback	Changes/response to/in STP document
Financial	ICHT	Given the scale of our combined financial gap over the five years greater assurance is required on the return on the investment in the work programme to close the £1.3bn gap, the phasing of realising the net savings outlined and the process to mitigate significant risks.	A robust programme governance process has been established through the Delivery Areas to manage the risks associated with delivery of the constituent projects. Each project team is in the process of undertaking a detailed financial analysis profiled to their delivery plan and will maintain a risk and mitigation log. This approach is outlined in the NWL Delivery Plan.
		We have a clear internal sign off process for our STP financial data which we submit through the Finance and Activity Modelling Group (FAM). Understanding the upwards approvals process in generating the combined footprint level financial analysis is necessary to contextualise the financial messages and promote greater ownership of the numbers behind the STP's financial position.	As well as the Financial And Activity Modelling Group the health Chief Finance Officers are meeting weekly for this reason. We have also established a finance and estates working group that reports into the Joint Health and Care Board.
Engagement		The engagement document provides a helpful position statement and sets out some immediate actions. There is scope to develop this more fully into a strategy which clearly signposts to staff and the public areas where their input will add the most value, identifies measures of success and the mid to longer term opportunities for engagement throughout the period that the STP covers.	An updated communications and engagement strategy is included in this version of the STP. At it's core is a belief that this is a continuous and transparent process that will run across the five years of the STP
	RBKC	Public engagement needed to be enhanced, perhaps by production of a summary document that the public could understand.	A public-friendly presentation has been widely circulated which can be adapted for local needs. The online version is also available to the public. We will speak to RBKC to address this further.
	Healthwatch	A number of Healthwatch colleagues, in particular from Ealing, raised issues around lack of engagement on the implementation of SaHF, most notably for Ealing and Charing Cross Hospitals. Engagement activity must not ignore changes to these two hospitals as it is of key concern to residents.	The engagement activity to date has focussed specifically on the overarching principles that sit behind the plan and how we tackle the challenges we face in NW London. We agree that it is essential to engage with residents about developments at both Ealing and Charing Cross Hospitals as we move towards having a IMBC, we will start that engagement and we will look to work with Healthwatch to ensure we engage with as many residents as we can.
Evidence base	Brent Patient Voice	There needs to be a proper evidence base for the out of hospital strategy.	An independent piece of work was commissioned by five of our local authorities to assess the evidence base for moving more services to an out of hospital model.

Appendix E: Response to patient and organisation feedback

Theme	Organisation	Feedback	Changes/response to/in STP document
Policies	Hillingdon CCG	CCG does not support current wording of primary care standards in the STP – request change to wording.	Please see revised Primary Care chapter
	Chelsea and Westminster FT	Harness NWL's capacity in research and services	The academic health science network attends the NW London Strategic Planning Group (SPG) and has been involved in the development of the STP. It is also involved in the mobilisation of the Delivery Areas.
	Hounslow CCG and LA	There are not enough plans around wider determinants of health, particularly housing, social isolation or community resilience. There should also be an approach to tackling underperformance in primary care.	The Wider Determinants of Health project was a new initiative in June 2016. A project delivery plan is being developed which will provide further details around deliverables and resources. There will be an updated Primary Care chapter.
Nomenclature	NWL CCGs Strategy & Transformation	'7 day discharge' or 'expanding common discharge' rather than introducing new term 'single discharge' as in STP	The STP October submission has been updated with this change.
Local & Central plans	Ealing CCG	Have a central response as to why local plans are not being published	The local plans were an important part of the early work in developing the NW London STP. Where there has been an interest in that local plan, we have made it available, for example the Ealing plan is available online
	Hillingdon Partner	Will the final version of the STP have local chapters?	The local plans were an important part of the early work in developing the NW London STP. NHSE have not asked for them to be included in the final version, but the plans ultimately shape the priorities within each borough
	Hounslow CCG and LA	Local services programme should be emphasised	The Local Services Programme is a critical component of delivering the STP as its projects fit under 3 of the Delivery Areas. For the October submission of the STP we will also submit detailed implementation plans for each delivery area, this will set out in more depth the activities that will be undertaken, including through the Local Services Programme.

Appendix E: Response to patient and organisation feedback

Theme	Organisation	Feedback	Changes/response to/in STP document
Communication	Chelsea and Westminster FT	Communicating impact to the population and the workforce rather than just a plan	<p>There is agreement on the importance of communicating with the population and our workforce in NW London. The STP will only be successful if those who live and work in NW London own, understand and are involved with the STP.</p> <p>A series of engagement events and activities are taking place which will set out the impacts to residents and staff.</p>
	West London CCG	Reference public meetings	We will update the STP to reflect the public meetings and online engagement as these activities have developed since 30 th June.
		Information for staff is essential	There is agreement on the importance of providing information to staff. We have a programme of communication and engagement activities planned across organisations in NW London.
	Ealing LA	Ealing has not signed up to the STP (due to concerns around acute configuration) and wants this to be emphasised	We have a strong relationship in NW London with all eight councils and the health service working together to deliver the best care and support for all our residents, particularly around prevention and out of hospital services. That relationship means we are open and honest about where we disagree. We will continue to work with both Ealing and Hammersmith & Fulham councils on all the areas we do agree on, mainly local services and our out of hospital strategy to deliver joined-up health and social care for our residents.
		Ealing and Charing Cross hospital plans have not been clearly explained	We have a strong relationship in NW London with all eight councils and the health service working together to deliver the best care and support for all our residents, particularly around prevention and out of hospital services. That relationship means we are open and honest about where we disagree. We will continue to work with both Ealing and Hammersmith & Fulham councils on all the areas we do agree on, mainly local services and our out of hospital strategy to deliver joined-up health and social care for our residents.

Appendix E: Response to patient and organisation feedback

Theme	Organisation	Feedback	Changes/response to/in STP document
Timelines and overlaps	Chelsea and Westminster FT	NHSEs approach to reviewing services aligns with STP checkpoints in October which should be addressed in DA5	For the October submission more detailed implementation plans will be included. This will set out further detail on Delivery Area 5.
		There are significant overlaps with productivity and improvement in acute services and the SaHF planning workstream.	The existing Provider Board which oversees the productivity work, and the Implementation Programme Board which oversees the acute transformation work are now merging into a STP Delivery Area 5 Board which is currently in planning and handover stage. This Board will help us to ensure that productivity work programmes continue to be aligned with SaHF programmes of work. The existing Boards have representation from NWL acute and community providers, and the productivity piece of work in particular is provider-led. The productivity work programmes are overseen by a Chief Transformation Officer who is based alongside the SaHF team. Some overlap is intentional, as the productivity work is more achievable in a shorter timescale than the larger scale transformation work associated with the hospital reconfiguration.
		The timeline for estate enabled benefits (acute) is outside of the 5 year period of the STP.	The assurers for the acute transformation work have requested that the team produce both an accelerated timeline as well as a traditional timeline for this piece of work. Under the accelerated timeline, some elements of the acute transformation will be delivered within the five year period of the STP. This timeline is currently in process of being assured and will be finalised in early 2017.
Lay Partner Feedback	Lay Partner Meeting	Increase in community centres; better access to counselling and therapy; education around health and wellbeing; A proactive approach to long-term care; review of medications for over 65s.	All of these areas are integral to the Delivery Areas outlined in the STP. Further detail will be set out in the implementation plans which will be included in the October submission.