

# CNWL's Five Year Plan 2016/17 – 2020/21



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## Glossary:

	Full name	Description where needed
<b>ACO</b>	Accountable Care Organisation	A body made up of a number of organisations coming together to deliver a service
<b>ACP</b>	Accountable Care Partnership	The process before the ACO is fully formed
<b>AHP</b>	Allied Health Professionals	Those professional groups which are not medical or nursing – egg Occupational Therapy, Physiotherapy, Psychology
<b>AIMS</b>	Accreditation for Inpatient Mental Health Services	A set of standards for mental health wards, developed by the Royal College of Psychiatrists
<b>B&amp;F</b>	Business and Finance Committee of the Board	Committee of CNWL's Board
<b>CAMHS</b>	Child and Adolescent Mental Health Services	
<b>CCG</b>	Clinical Commissioning Group	GP led commissioning body
<b>CIP</b>	Cost Improvement Plan/Programme	Savings made for CNWL (see QIPP)
<b>CQC</b>	Care Quality Commission	Regulatory body
<b>FFT</b>	Friends and Family Test	
<b>FYFV</b>	Five Year Forward View	Main policy document for the next five years
<b>H&amp;F</b>	Hammersmith and Fulham	
<b>IAPT</b>	Improving Access to Psychological Therapies	Service model for treatment of depression and anxiety
<b>ICT</b>	Information and Communications Technology	
<b>IST</b>	Intensive Support Team	This is an NHS service to provide expert support around demand and capacity planning
<b>K&amp;C</b>	Kensington and Chelsea	
<b>Like Minded</b>	Like Minded	North West London's five year mental health strategy which is under development
<b>NCL</b>	North Central London	
<b>NIA</b>	Net Internal Area	Measure of use of buildings
<b>NHSE</b>	NHS England	
<b>NWL</b>	North West London	
<b>PMO</b>	Programme Management Office	Service to manage projects and programmes
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention	Savings made for external bodies (see CIP)
<b>SaHF</b>	Shaping a Healthier Future	Redesign plan for acute care in NWL
<b>STF</b>	Sustainability and Transformation Fund	Government funds for the NHS developments – dependent on the quality of the STP (below)
<b>STP</b>	Sustainability and Transformation Plan	Five year place-based plans to be rolled out across 44 localities
<b>SystemOne</b>	SystemOne	A new clinical record system for CNWL
<b>TRAC</b>	TRAC	Recruitment system for the NHS

## CNWL's Five Year Plan 2016/17 – 2020/21

### Executive Summary:

#### About us:

CNWL enters this five year period with the same **vision and values** as in previous plans – to deliver **Wellbeing for Life**, through **compassion, respect, empowerment and partnership**.

Our three **objectives** – to provide services which are **high quality, operationally sustainable and financially viable**, are also unchanged, and provide a good match with the Triple Aim of the Five Year Forward View.

We have a **range of services** across community, mental health and specialised services across a wide geographical spread. These are delivered through three Divisions which all now have a full executive of substantive staff.

#### The Environment in which we work:

- CNWL's Five Year Plan 2016/17 – 2020/21 will cover the period of delivery of the **Five Year Forward View (FYFV)** with its triple aim of quality, prevention and financial balance
- The financial environment in England is challenging, with an emerging £30bn gap in NHS finances if nothing is done. In order to deliver our contribution to addressing this gap, CNWL must meet a savings target of £27.2m to achieve a planned deficit of less than £1.1m for 2016/17. There are then planned savings of 1.5 – 2% each year thereafter, assuming fully achieved savings each year.
- While the financial challenge must be met, **population growth and change** will increase demand on NHS services
- Delivery of the FYFV will be through **Sustainability and Transformation Plans (STPs)** of which CNWL is engaged in three – North West London, North Central London and Luton, Bedford & Milton Keynes. Our Five Year Plan covers all the objectives of the STPs with the exception of those where we have limited control to deliver – i.e. transformation of primary care and the full range of services to prevent physical illness. However, CNWL has a role in, and commitment to, both of these areas.
- The FYFV and STPs require change in service delivery – with the development of new models of care and contracting arrangements to integrate care – **Accountable Care Partnerships/Organisations (ACPs/ACOs)**
- The move to ACPs will also change **commissioning** – with ACPs assuming responsibility for budgets as well as for delivery of services
- The commissioning role will be further changed by the extension of the ACP concept to a whole systems devolved model – such as that seen in Manchester ('Devo Manc') and now developing in other localities, including London.
- People in vulnerable groups whom CNWL serves will see change in service delivery:
  - Implementation of the **Mental Health Five Year Forward View** will change the way that mental health services are delivered in line with the FYFV.

- **Sexual and reproductive health services** will be concentrated into few localities
- A number of Victorian prisons in London will be moved outside the Capital – which will change delivery of **offender care services**.

### **The Next Five Years:**

We have identified seven things we must do over the next five years.

Our plan is that by April 2021:

- **Patients will be at the centre of all we do**
- More services will be delivered through **partnerships**
- All services will be transformed and **redesigned** in line with our programme of **service improvement**.

To achieve this we have supporting strategies:

- Our **workforce**
- Our **estates**
- Our **ICT**
- Our **finance**.

The plan sets out the high level actions we will take to address these

There are **risks** to delivery – including the requirement that we meet financial balance which relies on attracting and keeping the right staff. There is dependency between our 7 priorities to deliver the savings and quality gains we need.

## 1. Introduction:

CNWL's five year plan sets out how we will deliver the best care to our patients over the next five years. We know that these services must be safe, effective, caring, responsive and well-led. The question for us is not what we will do, but how we will achieve this.

First, for sustainable delivery of the care we want to provide, we must meet the **Triple Aim** of the Five Year Forward View of better quality, population and preventative health care, and financial viability. These must be in balance.

Second, the Five Year Forward View brings forward new ways of working and models of care. These will better meet the needs of our patients, staff and the population we serve. **New models of care** and **Accountable Care Partnerships** will change the form of CNWL over the next five years.

Third, this plan is a reflection not only of CNWL's understanding and actions, but also of our localities, expressed through the **Sustainability and Transformation Plans**.

Fourth, Our Five Year Plan 2016/17 – 2020/21 is set within a **challenging financial environment**. We must meet a savings target of £27.2m and a planned deficit of less than £1.1m for 2016/17 as a firm base for our Plan.

We are therefore embarking on this Five Year Plan, fully aware of the challenges ahead. This includes the requirement for us to make savings. At the same time, the move to greater partnership and integration is a model for the NHS which we believe will better meet the needs of our patients, their carers and our staff.

We will refresh our Five Year Plan each year.

## 2. About us:

CNWL is a large community facing trust, caring for people with a wide range of physical and mental health needs. Our purpose is to provide integrated health and social care services for a population of around three million people living in the South East of England, including London, Milton Keynes and Buckinghamshire.

### 2.1. Our vision and Values

CNWL currently has 6,600 staff of which 5,100 have purely clinical roles - representing 77% of all the staff in CNWL. With our support staff, patients, carers and colleagues outside the Trust, we have developed CNWL's vision, values and objectives:

Our Vision	<b>Wellbeing for life.</b> We work in partnership with all who use our services to improve health and wellbeing. Together we look at ways of improving an individual's quality of life, through high quality healthcare and personal support.
Our Values	In delivering our vision, our values are; <b>compassion, respect, empowerment, and partnership.</b> How we are to patients and to each other is fundamental to our ethos and how we deliver care.
Our Objectives	To ensure sustainability through a balance of <b>high quality</b> services which are <b>operationally stable</b> and which are <b>financially viable</b> .

### 2.2. Our Clinical Services:

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs.

#### Community Services

In Camden, Hillingdon and Milton Keynes we provide community health services. These are all age - cradle to grave - and cover the full range of common physical healthcare problems. We have also recently taken on a physical health service in the Triborough where we have traditionally provided mental health services.

#### Mental Health Services

In North West London and Milton Keynes we provide mental health services. Again, these are for all ages from perinatal care for mothers through to services for older adults with mental illness or dementia.

#### Specialised Services:

We provide a wide range of specialised services:

- Sexual Health services
- Addictions and Substance Misuse

- Offender care –primary care, mental health and addiction services provided in prisons and young offenders’ facilities. During 2016/17, CNWL is to take part in a national pilot of providers taking on commissioning of out of area treatments
- CAMHS specialised services, again to include a national pilot of providers which will kick off in 2016/17
- Eating Disorders –including community children’s services
- Dental services for people with special requirements
- Learning Disability - inpatient and community services.

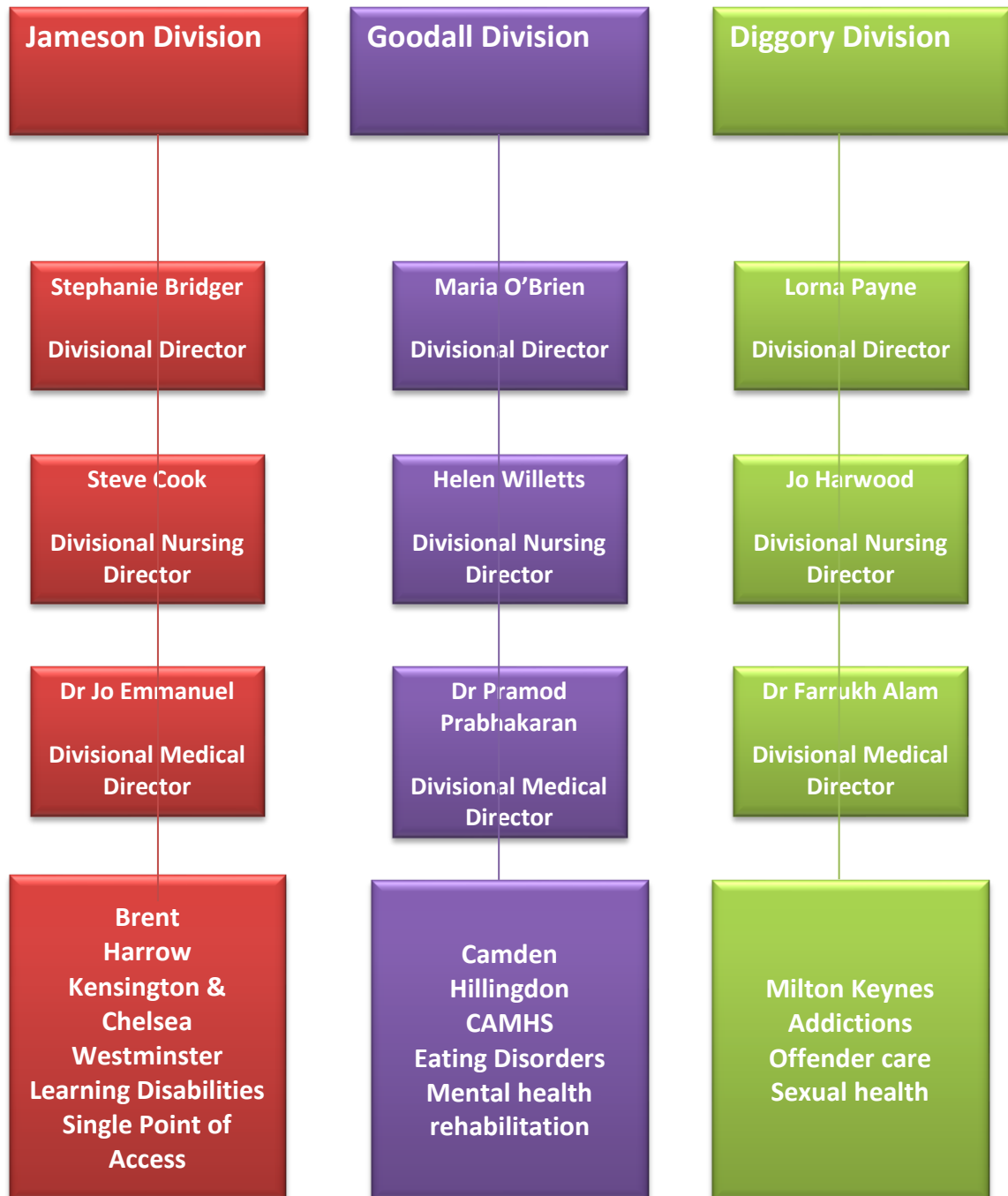
**Diagram 1: Map of CNWL:**





Governance of CNWL’s clinical services is through a divisional structure, with a trio of medical, nursing and managerial lead. This is reflected at borough, service and team level

**Diagram 2: CNWL Divisional Structure**



### 3. The environment in which we work:

CNWL is operating in a complex, changing environment.

#### 3.1 The Five Year Forward View

The next five years will be shaped by the **Five Year Forward View** and its associated **initiatives**. The FYFV was published on 23rd October 2014 with a 'triple aim' to:

- improve the Quality of Care
- improve Population Health; and
- improve Value & Financial Sustainability.

This will be achieved through

- A greater focus on prevention
- People feeling in control of their care
- New models of care – integration and partnership to reduce costs and improve patient experience.

#### *Implications for CNWL:*

Over the next five years we will see a continuing shift from separate organisations to partnerships including formal Accountable Care Partnerships or Organisations. These models will meet the needs of our patients well – the long-term conditions we address in CNWL require a range of organisations in the community and, when needed, in specialised care. Partnership will support the mutual exchange of skills to provide physical and mental health services and overcome the historic funding barriers including limited access to public health resource in mental health services. A significant obstacle to integration is fragmented funding streams.

A critical element of success for Accountable Care Partnerships will be longer contracts - of 5-10 years.

#### 3.2 Sustainability and Transformation Plans:

Place-based planning over 5 years is designed to improve partnership working, identify common priorities and to achieve resolution of financial overspend within localities. The sum of previous plans has always outweighed available funds – the move to STPs is designed to address this. Additional funding is, in the first year, targeted at debt to create a level playing field on which financial stability can be based.

The success of STPs will depend on their implementation and the buy-in to them.

#### *Implications for CNWL*

CNWL is directly engaged in 3 STPs, and provides specialised services in more of the 44 STP footprints. We have identified common themes across the three which are aligned to the Triple Aim:

- Health, wellbeing and prevention
- Care, quality and experience of care
- Productivity, managing variation, understanding demand and capacity.

We are working closely with our partners to deliver the plans in all our localities. Our own planning includes local and national STP plans and targets.

CNWL's Five Year Plan covers all material aspects of the STPs with the following exceptions which lie outside our direct control:

- **Prevention of physical illness:** CNWL is committed to preventative work, and work includes the principle that each contact counts to deliver health messages; interventions such as smoking cessation to patients; commitment to equal access to mental and physical health care. With greater access to public health funds and resource to support preventative work, we would like to do more in this field.
- **Primary care transformation and care in the right place / right time:** CNWL has major workstreams around reducing reliance on secondary care, including beds. We are fully engaged in ACPs to develop whole system partnerships. However, developing more care outside hospital requires primary care transformation. The whole system ambition for care closer to home is supported but not delivered by CNWL.

Further detail of each plan and the gap analysis with CNWL's Five Year Plan is at **Appendix 1**.

### **3.3 Accountable Care Organisations:**

These are being developed across the CNWL geography and will be reflected in our refreshed growth strategy. We will build on ACP development in all localities, including:

- In **Hillingdon**, an Accountable Care Partnership (ACP) or ACO is planned for April 2017 with Hillingdon Hospitals NHS Foundation Trust, the GP Federation (Metrohealth) and consortium of third sector providers, (Hillingdon4All). The focus is initially older people with long term conditions, with a view to this being extended.
- Also in North West London, a partnership to provide hospital avoidance and rapid discharge services through the **Community Independence Service (CIS)** in partnership with the GP Federations of London Medical Associates (in the area of West London CCG) and Central London Healthcare (in the area of Central London CCG), with London Central and West Urgent Care Partnership and with West London Mental Health Trust. This could form an ACP by April 2018.
- Discussions for a future ACP are underway in **Milton Keynes**. The scope of this proposed ACP is not yet agreed but will be essential to reduce costs and balance the economy in that area.
- In **Camden**, North Central London, CNWL is working with the Royal Free Hospital, Haverstock Health GP Federation and others, to provide a **Diabetes Integrated Practice Unit (IPU)** in Camden through which patients access the full range of care including psychological support. This will become part of a wider ACP for community services to be developed from 2016/17.

### 3.4 Commissioning:

Over the next five years we anticipate a shift in commissioning to accommodate funding of Accountable Care Partnerships and place-based planning delivery. We anticipate that this will change the way that commissioning is currently structured, with changes to CCG roles and longer-term contracts.

We also expect to see a further shift towards devolution of health and social care responsibility. There is a programme of devolution led by the London Partnership for devolution pilots across London. In Manchester, devolution has seen £6bn of £22bn cost devolved for public sector delivery to a population of 2.7m. Successful STPs will provide the basis for further devolution in other localities.

#### *Implications for CNWL*

Changes to commissioning further builds on the opportunities for greater partnership and longer-term planning/contracting that are indicated through the FYFV and new models of care.

### 3.5 The **Mental Health Five Year Forward View** and **Implementation Plan** and **Future in Mind**:

The **MH FYFV** is the mental health response to the Five Year Forward View. A 'taskforce' was chaired by Paul Farmer, Chief Executive of Mind, rather than being led by the Department of Health.

Implementation of the MH FYFV is led by Claire Murdoch, CNWL's CEO, who has been appointed to the role of NHS National Mental Health Director.

The Task Forces was launched on 15<sup>th</sup> February 2016 and the implementation plan on 19<sup>th</sup> July 2016. The triple aim of the strategy is:

- Prevention
- Expansion to seven-day access for people with mental health issues in a crisis
- Integrated physical and mental health care.

It sets clear targets for mental health and acute services over the next 5 - 10 years. It sets demanding targets

#### **The Mental Health Taskforce - February and July 2016**

The first time an independent body, rather than the Department of Health, has produced a strategy for mental health and wellbeing.

There is a focus on prevention. This starts before birth with perinatal care to mothers and children. It then moves to the care of children who with the right care can see reduced need for services later in life (Future in Mind). Where mental illness occurs, the Taskforce prioritises early diagnosis and treatment of psychosis. Prevention is the goal of crisis response and care at home.

Prevention is also the aim of services for those who do not have a diagnosed illness but who have mental health issues. Key to this is improving access to psychological therapies - the IAPT programme. IAPT for adults will be made widely available to those with physical health needs, and IAPT for children and young people will be rolled out.

Prevention is also evident in the promise to align

with a focus on prevention.

The Taskforce and Future in Mind bring mental health into the centre of health care for the first time. In addition, they are not solely about those with a diagnosed illness, but for the whole population through preventative and effective low-level interventions. The impact is already being felt with a greater media focus on mental illness and readiness of public figures to champion the mental health agenda.

mental and physical health to tackle the 20 year difference in life expectancy between those with mental health issues and those without.

#### **Future in Mind – March 2015**

This put the focus on young people's mental health and wellbeing. The strategy includes prevention and early intervention. The five key areas of the plan are: resilience, access, care for the most vulnerable, accountability and transparency and workforce.

#### *Implications for CNWL:*

For CNWL this will transform how our services are seen - mental health and community provision – as there is a move towards inclusiveness of mental health issues and recognising the links to physical illness. Again, this is based on assumptions of changes to commissioning and the barriers that exist between different funding streams.

The targets of the Taskforce and Future in Mind will be integrated to our planning at Divisional and Trust level for delivery over the coming years in line with the strategies.

### **3.6 Changes to services for vulnerable groups:**

There will be a shift to centralise **sexual and reproductive health and services for people with HIV** in fewer localities during 2016/17 with the implications played out over coming years. This is in the context of significant change and restriction having come into play with the move of commissioning responsibility for sexual health services into public health. There are ongoing changes to **offender care** which impact on care services for this vulnerable group. One of these is the determination to move care out of Victorian prisons in London to new sites outside the Capital.

#### *Implications for CNWL:*

We will take part in tendering processes to lead and manage services, where appropriate and where we are not successful we will ensure our skills and knowledge are transferred to support patient care.

CNWL is part of the pilots of **provider/commissioner services for people with specialised needs** – tier 4 CAMHS and Offender Care provision.

### **3.7 Demographics and Demand:**

There are different levels of wealth and deprivation in CNWL's patch and which we must consider in designing services with local people.

Deprivation – with its proven impact on children and longer-term health - is much worse than the English average in the boroughs of Westminster, Kensington and Chelsea, Camden, and Brent.

In the outer London boroughs, morbidity associated with diabetes and cardiovascular disease is considerably higher than average for London.

Milton Keynes shows a mixed picture – less deprivation and long term-unemployment, but more violent crime and homelessness.

The population across CNWL is projected to rise by 8% between 2014/15 to 2020/21. This is slightly higher than the London average at 7% over that period. However, growth across CNWL is, uneven. Hillingdon and Milton Keynes will grow by 10% by 2021, while Kensington and Chelsea remains a borough with slow growth – just 2%.

In terms of age, over 34% of the Milton Keynes population is projected to be over 65 years of age by 2021, followed by Kensington and Chelsea at 23%. This older population will require increasing levels of resource and integrated services. At the same time, we have high population growth in some areas for children and young people. For example 15% in Hillingdon, followed by 13% in Harrow and Milton Keynes.

### 3.8 Finance:

The FYFV sets out a £30bn challenge, with STPs indicating an unmitigated gap of £1.5bn in the localities in which CNWL works. This is discussed in more detail in the financial strategy at Priority 7.

## 4 The next five years:

From the analysis above, it is clear that the next five years will see a radical change of the NHS. Our patients find it hard to navigate, it is expensive and we spend a lot of time making this complex machine work.

We are already in the first year of the Five Year Forward View – so we have just four years to fix the immediate challenges. This includes that of addressing the £30bn funding gap.

With our Board, staff, patients, carers, commissioners and other partners, we have identified seven things we must do over the next five years.

Our plan is that by April 2021:

- **Patients will be at the centre of all we do**
- More services will be delivered through **partnerships**
- All services will be **transformed** and **redesigned** in line with our programme of **service improvement**.

*To achieve this we have supporting strategies:*

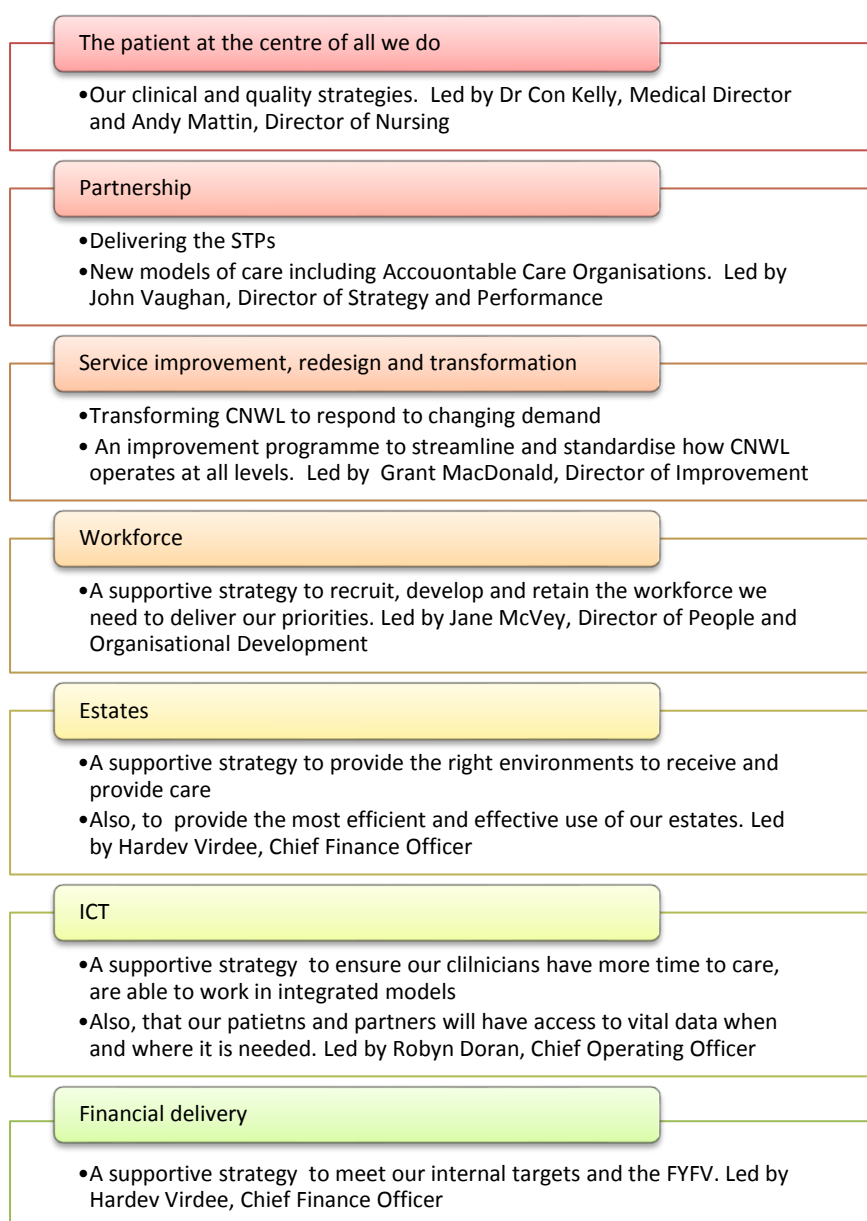
- Our **workforce**

- Our **estates**
- Our **ICT**
- Our **finance**.

These **7 Strategic Priorities** are listed at **Diagram 8**. They are discussed in detail in **Chapters 4.1 – 4.7**.

All these plans will be monitored by our Board, our Governors, Local Authorities, through public discussions and by our Commissioners. Where necessary and appropriate, our priorities will be refreshed – we will review this on an annual basis.

### Diagram 3 – Summary of CNWL’s Strategic Priorities 2016/7 – 2020/21



#### 4.1 Priority 1 - The patient at the centre of all we do:

We have developed a Clinical and Quality strategy, which includes a 3-year programme of service improvement 'Improving Care'. This clinically-led strategy includes action to address areas which require improvement as found by the CQC and of our own internal inspection,

*Our identified clinical and quality priorities for the next 3-5 years are:*

- Patients at the centre of everything we do
- Consistency of services with reduced variation and a clear offer to patients and commissioners
- More efficient and innovative
- With the right support to achieve our goals

We also know from our own inspections and that of the CQC that we need to maintain a focus on:

- Staffing
- Leadership
- Care planning and record keeping
- Managing use of beds and admissions
- The physical environment

Our improvement plan is to be delivered against our Quality Framework - the five quality standards of the CQC - that our services are safe, effective, caring, responsive and well-led.

*Our identified programmes to drive the clinical and quality strategy over the next 3-5 years are:*

- **Improving Care** - These programmes will be delivered through CNWL's approach to service improvement which will inform the whole Trust. This will be rolled out through twin programmes of quality and business improvement, owned throughout the organisation.
- A refreshed **Information and Business Intelligence Strategy** to support our understanding of our work
- A delivery plan against the **Clinical and Quality Framework (Appendix 2)**



## 4.2 Priority 2 - Partnership:

This priority is to improve quality and efficiency through partnership, not competition. Priority programmes are identified around delivery of the joint place-based sustainability and transformation plans; and new models of care.

*Our identified programmes to deliver our STPs over the next 3-5 years are:*

- Prevention – of disease and of unnecessary use of services.
- Primary care transformation – our role in supporting our colleagues in primary care e.g. support to development of GP federations
- Urgent, Crisis and Unplanned Care – integrated models providing care earlier in the pathway
- Efficiency and productivity – in corporate and clinical settings, including a programme to standardise and systematise back office functions
- A clear 'offer' of what CNWL can provide in each STP area
- Ongoing assessment of CNWL capability and capacity to support integrated working
- Aligning work of corporate/central support to maximise support to the Divisions

*Our identified programmes to develop new models of care over the next 3-5 years are:*

- Rigorous delivery of our Transformation and Redesign strategy (next chapter)
- Delivery of the Hillingdon ACP in 2016/17
- Delivery of the Triborough Community Independence Service including working with others to design an ACP going forward in 2018/19
- Our commitment to the NWL programme of ACP delivery by 2018/19
- Negotiation during 2016/17 for delivery of a Milton Keynes ACP by a date to be confirmed through further discussion
- Continuing commitment to the integrated models of care in NCL – e.g. Camden Mosaic, and openness to discussion around more formal ACP contracting
- Our contribution to NHSE development of community and mental health tariffs to support ACPs
- Willingness to take a role as a pilot site for developing new models of care, with partners

### 4.3 Priority 3 – Service improvement, Redesign and Transformation

CNWL's programme of Redesign and Transformation is now in its 4<sup>th</sup> year of delivery to provide the organisational change necessary for CNWL to provide sustainable services with reduced funds while maintaining quality.

Improving Care, CNWL's programme to improve the quality of its services, is being developed to streamline and standardise how we operate at all levels. This will influence our service redesign priorities and processes.

*Our identified programmes of Service Improvement, Redesign and Transformation over the next 3-5 years are:*

- Development and implementation of Improving Care:
  - a Trustwide approach to quality/service improvement and redesign
  - a Trustwide development programme to build capability to deliver this vision
  - Essential business improvement to support quality/service improvement
- Urgent/ unplanned care (prevention) – including a 24/7 single point of access for children
- Physical/mental health care alignment – e.g. through ACPs, CIS
- Reduction of inpatient estate
- Quality of inpatient care review – AIMS accreditation to all mental health wards and equivalent standards in others
- As well as looking at inpatient care, to improve the experience of community services – within CNWL and with partners including Primary Care, Local Authorities and the Third Sector
- Improvement of management of care in last phase of life (prevention of use of hospital at an inappropriate time)

#### **Specialised service change:**

- Children
- Offenders
- Addictions
- Sexual health
- NHSE beds – CNWL is a partner in a programme to reprovide tier 4 CAMHS services and out of area beds for forensic patients.

### 4.4 Priority 4 - Workforce:

Our patients tell us that they receive better care from permanent staff. However, availability of the right staff for CNWL is a challenge – with competition high, particularly in London and in hard-to-recruit localities such as prisons. The outcome of this is too often over use of agency staff. Other drivers for use of agency are short-term contracts and inefficiencies through poor rostering

To address this, our refreshed workforce strategy is aimed at recruiting and retaining the right staff, which directly feeds into reducing agency. Programmes include packages to attract new staff and apprenticeship opportunities to bring new people into the NHS.

To inform our programme of actions, we need to understand what motivates our staff to join us and to stay. We know from the staff survey 2016/17 that 91% of our staff feel that their role makes a difference to patients/service users and 83% are satisfied with the quality of care they give to patients/service users. Yet, only 68% say they are able to deliver the patient care they aspire to. This may be linked to the fact that nearly half our staff are concerned that there are not enough staff for them to do their job properly and a quarter do not think they have adequate materials, supplies and equipment to do their work. Staff engagement is a quality priority for CNWL in 2016/17.

*Our identified programmes for workforce planning over the next 3-5 years are:*

**Agency management:**

- A weekly review and scrutiny programme led by our Director of Nursing
- Increased use of bank staff – and payment in line with competitors
- Incentivising bands 5 and 6 to attract the best newly qualified staff – ‘golden hellos’ and retention payments, accommodation, rotational programmes
- An apprentice pathway for bands 2 to 4
- Redesign of recruitment processes and the recruitment team including introducing TRAC
- A review of staff engagement/staff health and wellbeing strategy and leavers data – from March 2016.

**Efficiency:**

- Agency as above
- A programme to improve consistent use of e-rostering across the organisation.

**Retention:**

- Review of wellbeing – including equality and diversity
- Mental and physical Health & Wellbeing programme for staff
- Leadership & Management to improve staff and patient experience. Includes roll-out of a leadership programme for Allied Health Professionals (AHPs) i.e. those many clinical staff who are not doctors or nursing
- Education & Training: A joint programme by the CNWL Medical Education Team and the Recovery College to pilot an Outreach Peer Support Worker and tutor role in a primary care setting; Non-medical prescribing, specifically looking at the role of Physicians’ Assistants.
- Aim: During the life of the strategy turnover will stabilise at no more than 15%; a net gain in permanent staff.

**Recruitment:**

- Recruitment – initiatives to support recruitment of the right people and to make it possible for them to work with us e.g. through access to accommodation
- Temporary Staffing – bank, not agency, wherever possible
- Measure of success: We will achieve a maximum vacancy factor of 10%

**Redesign:**

- Role Redesign
- Productivity
- Information & Communication Technology
- Measure of success: Improved productivity – a range of measures.

#### 4.5 Priority 5 - Estates:

As with all community and mental health trusts, CNWL has a large amount of varied estate, providing space for local services near to where people live. The physical condition profile shows that 88% of the Trust's estate is in condition A or B (as new or sound and operationally safe). The physical condition of the estate is constantly monitored against nationally agreed assessment criteria.

Over the next 3-5 years we will be reducing how much space we use – supported by agile ICT working solutions. Our current estate is 117 buildings at 96 separate sites (52 freehold buildings, 58 leasehold buildings and seven buildings that we occupy on an informal basis) with a total net internal floor area of 108,254 m<sup>2</sup>.

We must consider our estates use against the recommendations of Lord Carter and his review of NHS Efficiency. Of our total Net Internal Area (NIA) of 108,254 m<sup>2</sup>, 4593 m<sup>2</sup> is non-clinical use (office use). This equates to 4.2%. Unused estate (all non-clinical) also equates to 4%. We will be looking at how we can reduce or share estate with others to manage cost and provide best services by working together.

*Our identified programmes to improve our estates and use it most efficiently over the next 3-5 years are:*

- Optimising, as opposed to rationalising, our estate. Not assuming that selling is always the best approach – our estate may well contribute to the wider STP needs for space. It may generate income to support service delivery, maximising income for service delivery
- Implementing an estates strategy for Hillingdon where we have a number of small and inefficient premises which are not fit for purpose. Instead, we are working with commissioners and partners to create 3 major hubs
- A focus on our rehabilitation estates, including old houses at Horton Haven, which have provided essential rehabilitation opportunities over many years, but which are now no longer suitable to meet clinical need or what our commissioners want
- Redesign and Transformation around old-fashioned and unsuitable inpatient facilities. The requirement is for more centralised provision in modern hubs with the right level of support for the high levels of morbidity we expect to see over coming years. This will include options around the future use or disposal of these sites, and wide consultation
- Estates strategies are being developed with clinicians in each Division to support the Clinical Strategy. For example, we are moving to fewer in-patient sites as above, this has implications for where community teams are based and how to work efficiently with partners in villages and hubs.
- Our wish and openness to take part in STP/ACP/Devolution programmes, to work closely with our partners to deliver the 'One Public Estate' agenda
- We will continue to look for opportunities to co-locate community services which will provide economies of scale, for example in North Westminster.

#### 4.6. ICT

Over the last 5 years, CNWL has invested in a complete overhaul of our ICT to reduce the number of systems we use, to work towards a future when we will have fully interoperable systems with shared data, able to support staff in their day to day work. Our ICT programme is called 'More Time To Care', to remind us that is what NHS ICT is all about.

During 2015/16 we started the rollout of SystemOne to all our clinical areas – with the exception of Sexual Health and Addictions – and this will continue through 2016/17. Sexual Health moved to the Cellma system in 2016/17 which brings it into line with other providers of sexual health services and prepares us for the tender of sexual health and HIV services in 2016/17. Addictions has a national system which is used to centralise information about these services.

*Our identified programmes of ICT development over the next 3-5 years are:*

Increased digital maturity against 2015 baseline (year 1)

- Delivery of 2020 Vision:
  - Patient and public digital access to health and social care information
  - Access to endorsed apps
  - Better data about quality of care available to patients
  - Building public trust in the collection, storage and use of sensitive data
  - New technologies to enable new care pathways
  - Supporting health and care professionals be able to make best use of data and technology
  - Best use of taxpayer money
- Mobile and agile workforce
- Access to clinical data at point of care (wherever that is) – health and social care
- Supports a single patient record
- Supports medicines management
- Single data warehouse
- Supports less repetition of provision of data
- Reduced estate
- Supports cost reduction / income generation.

#### 4.6 Priority 7 - Financial stability:

CNWL's financial strategy for the next five years focuses on establishing a firm basis for future achievement of internal and STP financial requirements.

**Plans set out in this internal document will be edited in the public version.**

*Our identified programmes for financial delivery over the next 1-5 years are:*

Identified Programmes is Business Improvement:

Delivering an efficient support service by

- Review of all non clinical areas in line with The Carter Review
- Reviewing all non-pay areas
- Maximising the estate
- Improving financial systems such as debt recovery
- Review of all agency spend
- Workforce improvements
- Reporting improvements
- Increased use of technology based solutions

The financial plan for CNWL for 2016/17 – 2020/21 is based on NHS Improvement guidance and contains the following assumptions:

- NHSI publications relating to economic assumptions– 2% efficiency requirement with inflator/deflator based on the overall assumed inflation figure
- Non-clinical income – assumed to remain constant
- Expenditure – in line with NHSI pay/drugs/non-pay inflation assumptions with a 2% CIP across all expenditure
- Capital – 16/17 and 17/18 in line with plan. For 18/19 – 20/21 capital spend has been assumed to be at the same level as depreciation
- Depreciation – A £2m increase from 18/19 has been assumed, when the IT infrastructure will begin depreciating.

**Diagram 9 - Financial Plan 2016/17 – 2020/21:**

CNWL - NWL STP - 5 YR SUMMARY FINANCIALS	Plan 2016-17 £ M's	Plan 2017-18 £ M's	Plan 2018-19 £ M's	Plan 2019-20 £ M's	Plan 2020-21 £ M's
Operating Income	434.371	435.587	435.587	435.587	439.246
Operating Expenditure	(421.975)	(419.391)	(417.391)	(417.391)	(421.050)
EBITDA	12.396	16.197	18.196	18.196	18.196
Surplus/ (Deficit)	(3.800)	0.000	(0.000)	(0.000)	(0.000)
Cash and Cash Equivalents	16.830	5.006	5.006	5.005	5.005
CAPEX	19.55	19.53	9.71	9.71	9.71
CIP £	14.00	8.60	6.50	6.50	6.60
CIP %	3.2%	2.0%	1.5%	1.5%	1.5%
Inflation	As per NHS I guidance				

## 5 How we will deliver our strategy:

### 5.3 Locally, through our Divisions

Our Divisions are designed to provide the best and most responsive services locally. They are staffed by people with local knowledge, links to the communities where they work and engagement in development of services – including STPs.

They are part of delivery of CNWL's aim to be 'local where possible – centralised where necessary'. Work over the coming years to review our systems and reduce bureaucracy at the centre will put further resource from the centre into the Divisions

### 5.4 With our patients, carers, staff and others:

- Engagement – we know that engaged staff deliver better care. We know that people who feel in control of their own care, benefit psychologically and physically, and use resources more efficiently. The public are increasingly interested in how the NHS is run and the quality of what we do – engagement and dialogue is key to this
- Co-production – Our redesign programme has been able to move fast and make great change in how we are structured. This is because those who use, provide and commission those services are part of the discussions about what we will do better. This structured co-production approach will be central to our planning for the next five years.

### 5.5 In Partnership with other providers:

- The future for sustainable delivery of health and social care is through partnership. This opens the door for a move from competition to collaboration. This offers exciting clinical opportunities and better care for our patients
- Joint services provided through longer, outcomes-based contracts, involving health, social care, the Third Sector and the wider community, is how we anticipate our seven priorities will be achieved.

### 5.6 Through monitoring and scrutiny

- Our Board will receive a regular updates and will have a number of workshops and scrutiny sessions to consider CNWL's future each year
- Our Council of Governors' sub-group will discuss our reviews and will take an active part in refreshing our strategy each year
- Our Commissioners in health and social care will ensure that each part of our planning and operations are scrutinised.

## 6 Key issues and risks to strategy delivery

These are identified in our corporate Risk Register – the highest level register of the Trust. For each of these, we have plans to manage the risk.

- Our major risk remains our finances and not achieving financial balance. While we achieved this in 2015/16, it was done with an element of non-recurrent funding and this has added to our recurrent target in 2016/17 and beyond

- Externally, the current STP process means that our finances are expressed through the submission of North West London. It is not clear how our funding in the other STPs will be protected, or how we will access new funding
- The pace of change may impact negatively on our care – we must keep patients at the centre of all we do to mitigate this risk
- This is linked to the challenge of obtaining the right workforce to meet our changing requirements
- Internally, our redesign process must deliver the level of change we need – including quality and savings
- Our work on workforce, estates, redesign and finance all depend on the delivery of the IT programme.

## **7 Conclusion:**

CNWL's Five Year Plan will cover crucial years of change in the NHS. It is a statement of our commitment to the services we can provide, rather than our current organisational form. We will work with partners to deliver the Five Year Forward View, through partnership and integration, new models of care and a focus on consistently improving the quality of the services we deliver to the people we serve.



**Appendix 1 – Sustainability and Transformation Plans in CNWL’s localities:**

**NWL**

**NWL Strategic Planning Group (SPG)**



- |  |  |   |   |   |
|--|--|---|---|---|
| <p><b>DA1</b><br/>Prevention and Wellbeing</p> | <p><b>DA2</b><br/>Eliminating unwarranted variation and improving management of LTCs</p> | <p><b>DA3</b><br/>Improved outcomes and experience for older people</p> | <p><b>DA4</b><br/>Improving outcomes for children and adults with mental health needs</p> | <p><b>DA5</b><br/>Ensuring safe, high quality, sustainable acute services</p> |
|--|--|---|---|---|

**NCL**

**NCL STP Oversight Group**



**NCL STP Programme Delivery Board**

**NCL STP PMO**

**Clinical Cabinet**

**Finance & Activity Modelling Group**

**NCL Executive/Stakeholder Leadership events**

**Workstreams**

*(not listed so original workstreams assumed)*

- | <b>A<br/>Health and Wellbeing</b>   | <b>B<br/>Care and Quality</b>  | <b>C<br/>Productivity</b>   | <b>D<br/>Enablers</b>  |
|---|--|---|--|
| <ul style="list-style-type: none"> <li>• <b>Population health including prevention</b></li> <li>• <b>Primary Care transformation</b></li> <li>• <b>Mental Health</b></li> </ul> | <ul style="list-style-type: none"> <li>• Urgent and emergency care</li> <li>• Optimising the elective pathway</li> <li>• Consolidation and specialisation</li> </ul> | <ul style="list-style-type: none"> <li>• Organisational productivity</li> <li>• System productivity including</li> <li>• Consolidating corporate services</li> <li>• Reducing transactional costs and costs of duplicate interventions</li> </ul> | <ul style="list-style-type: none"> <li>• Health and care workforce</li> <li>• Health and care estates</li> <li>• Digital/information</li> <li>• New care models and new delivery models</li> <li>• Commissioning models</li> </ul> |

**MKBL:**

