

## Strategic planning guidance 2009/10

### Context

This document sets out the strategic planning guidance for 2009/10 (for the production of 5 year strategic plans for 2010/11 onwards). The key NHS London expectation for 2009/10 strategic plans is that they should set out how commissioners intend to implement Healthcare for London in their local context.

Implementing Healthcare for London will deliver a step-change in service delivery and outcomes for patients. It is in effect our quality strategy for London. Healthcare for London also not only provides the scope to secure better quality services but a framework within which we can meet the productivity and affordability challenges ahead and position London to deliver the other aspects of the QIPP (Quality, Innovation, Productivity and Prevention) programme currently being developed by the DH.

This document should be read alongside national policy and guidance on the World Class Commissioning (WCC) assurance process. Further advice to support PCTs and sectors will be provided for some of the specific areas described below but further changes will not be made to NHS London's overall expectations regarding strategic plans.

The key milestones for this year's process are:

30 September:

- submission by sectors of a publishable, localised version of the Healthcare for London case for change
- submission by sectors of a presentation pack setting out how the sector is responding to the case for change
- submission by PCTs of a presentation pack setting out the Healthcare for London case for change applied to the local context together with the local response including emerging polysystem plans
- progress to date on activity and affordability modelling at both sector and PCT level

18 December:

- submission by sectors (including PCT sections) of strategic plans and all other WCC documents
- submission by PCTs of the national finance template and all other WCC documents
- submission by sectors (including PCT level work) of the activity and financial analysis consistent with the "front-ended" aggressive scenario from the affordability analysis (Appendix 1).

### Strategic planning approach to implementing Healthcare for London

When approaching the development of strategic plans, commissioners should consider the following steps:

Step 1: set out a localised version of the case for change

Step 2: start the planning process to address this case with the eight Healthcare for London care pathways:

- Maternity and newborn
- Children and young people

- Staying healthy
- Mental health
- Acute care
- Planned care
- Long term conditions
- End-of-life care

Working with clinicians and local partners, commissioners need to develop plans for application of the care pathways in their local context to deliver improved outcomes for patients consistent with recommendations set out in Healthcare for London.

Step 3: commissioners then need to build the work on individual care pathways into an overall plan for commissioning services from the six Healthcare for London care settings, working with local partners where appropriate:

- Home
- Polysystem
- Elective centre
- Local hospital
- Major acute
- Specialist hospital

Step 4: commissioners then need to develop site specific plans for implementation and options for service change where relevant.

### **Structuring strategic plans**

Given the need to ensure that plans to redesign care pathways are consistent between sectors and PCTs, and that the work on affordability (particularly around activity shifts) is coherent; we suggest that each sector develops a strategic plan which will cover the sector level and PCT level implementation of Healthcare for London. The strategic plan will include a section on sector level plans and individual sections on each PCT.

Six<sup>1</sup> strategic plans combining sector and PCT level implementation of Healthcare for London will form the WCC and NHS London strategic planning submission requirement for 2009/10<sup>2</sup>.

Strategic plans will need to follow the national strategic planning structure as in 2008/9, based on outcomes supported by initiatives informed by a context section (see Appendix 2 for 2009/10 update; full guidance will be issued at the national WCC launch on 16 September). Appendix 3 summarises the suggested content of sector and PCT sections of strategic plans.

### *Context*

Commissioners should include in their plans a localised version of the Healthcare for London case for change. The context should also be informed by their JSNA, LSP and LAA.

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<sup>1</sup> NEL should use Health4NEL for both INEL and ONEL sector level sections, they should then incorporate relevant PCT level sections

<sup>2</sup> The PCT section will also replace the Transforming Community Services requirement for PCTs to submit commissioning plans for community services by October 2009

### *Outcomes*

DH is anticipating that the majority of PCT WCC outcomes will not change. However, PCTs should consider whether the WCC outcomes they selected in 2008/9 are sufficiently linked to:

- their case for change and relate directly to their initiatives to implement Healthcare for London, particularly the care pathway elements within their local context; and
- their JSNA

PCTs should also where possible ensure that outcomes selected are aligned with those in the LAA. The national list from which PCTs can select outcomes for 2009/10 is included in Appendix 4. This appendix also summarises the tightened national criteria for local outcomes chosen by commissioners.

PCTs should continue to include the two nationally mandated outcomes on life expectancy and health inequalities.

Sector plans should consolidate the individual PCT outcomes into a sector level picture of the outcomes the sector is planning to deliver. To enable this, PCTs should consider aligning outcomes within sectors where appropriate.

### *Initiatives*

Strategic plans will need to include initiatives on each of the care pathways and support delivery of chosen outcomes. Commissioners will need to consider whether care pathways are best addressed by initiatives at sector or PCT level, or both.

The sector section will then need to demonstrate how these initiatives come together into coherent and affordable plans for major acute, local hospital and elective centre care settings.

PCT sections will then need to demonstrate how these initiatives come together into plans for polsystem and home care settings. Detailed expectations on polysystems are included in Appendix 5. In particular, note that PCTs must describe their plans for primary care-led urgent care on hospital sites.

PCTs will also need to demonstrate that their plans fit with LAAs, the LSP and the Community Plan, and their contribution to the CAA, where relevant.

Sector and PCT initiatives should incorporate plans for efficiency and affordability including intentions for service decommissioning.

### **Care pathway requirements**

Strategic plans will need to demonstrate the local application of the Healthcare for London care pathways. Care pathway redesign work should be informed by the Healthcare for London clinical working group reports, and address the key recommendations within each one. These reports are available via the Healthcare for London website at <http://www.healthcareforlondon.nhs.uk/a-framework-for-action-2/>

As well as addressing the key recommendations for each pathway, commissioners should reflect additional guidance (developed by the Healthcare for London project teams, NHS London or nationally) that has been developed subsequently to the care pathway work and supplements it. This is now available or will be issued shortly. Key subsequent work includes (see Appendix 6 for a full list):

Maternity and newborn care

- Healthcare for London neo-natal option appraisal and maternity population needs assessment (available). Eight further outputs available between July – September
- Strengthening choice and continuity of care through the sustained implementation of Maternity Matters

#### Children and young people

- Healthcare for London Children and young people case for change, model of care and commissioning guidance (available)

#### Staying healthy

- Vascular prevention including vascular health checks
- Creating an Olympic legacy (Go London strategy)

#### Mental health

- Healthcare for London dementia commissioning guide (July) and medically unexplained symptoms commissioning guide (September)

#### Acute care

- Stroke strategy for London (available) including plans to implement the stroke recommendations
- Plans to implement the major trauma recommendations

#### Long-term conditions

- Healthcare for London diabetes guide (available) and case for change and model of care for vascular disease (September)

#### End-of-life care

- Healthcare for London end-of-life care service model and commissioning guide (September)

Plans need to also be mindful of pan-London cancer, cardiac and vascular services reviews although these will not report in time for incorporation into this years planning submission.

### **Care setting requirements**

Sectors and PCTs will need to decide how many of each type of setting is required in their sector. These care settings intentions should be included in plans. Healthcare for London refers to population number guidance for care settings. Sectors and PCTs will need to apply this guidance accounting for local demography and trends, local epidemiology and accessibility including capacity issues. Although not necessary to specifically include in plans, care setting decisions will need to be supported by:

- Evidence of clinical engagement
- Robust analysis of activity changes compared with current activity, including shifting care from acute to polysystem care settings, in line with the assumptions in Appendix 1, and between local and major acute hospitals and elective centres.
- Consideration of integrating care settings across the sector, supported by clinical networks
- Work with providers to find ways of delivering high quality, innovative and affordable care and to ensure a viable and sustainable provider market in the sector, modelling financial flows in line with activity assumptions and appropriate productivity gains.
- Consideration of the financial and implementation assumptions.

## **Approach to London-level issues**

The SHA will have responsibility for ensuring coherence across sector plans. There are a number of services and organisations for which it will not be possible to develop comprehensive commissioning intentions in a single sector.

For services, initial London-level work has focused on the development of models of care for acute stroke and major acute trauma services, leading to a designation process which has now identified those hospital sites where this care will be provided. Cancer, cardiac and vascular, and tertiary paediatric services will make up the next phase of this work. We will continue to review any London-level service change implications and their impact upon strategic plans through the London NHS Policy group (LNHSPG) and London Commissioning Group (LCG).

For some organisations, (particularly the case for some specialist hospitals and the AHSCs) we will need to develop a co-ordinated approach to strategic commissioning. We will agree through the LNHSPPG with sector Chief Executives and the Specialist Commissioning SRO the specific organisations that fall into this category and the relative prioritisation. For organisations affected by change proposals we will establish a working group comprising the SHA, relevant sector Chief Executives, the Specialist Commissioning SRO and the provider. Commissioners and the provider will be responsible for jointly developing options which can then be included in the relevant sector plans.

## **Enablers**

Sectors and PCTs should consider when developing their plans how key enablers will support implementation, including the approach commissioners are taking to:

- integrating workforce planning with strategic plans to ensure that the anticipated major workforce shifts in terms of skills, settings of care and roles as a result of service changes envisaged in plans are deliverable
- working with local government partners
- using information and IT to drive change and support implementation of plans
- developing local incentives to support behavioural, service or organisational change (we will also be consulting commissioners as part of London-level work on incentives)
- strengthening market management and procurement. Detailed expectations on market management are included in Appendix 7
- identifying capital requirements, including plans to use existing estates portfolio or disposing of surplus estate to generate funds
- communications and stakeholder engagement. Commissioning activity should be supported by continuous public engagement. Where substantial service change is being proposed, commissioners will also need to consult the public in line with legislation and guidance including the NHS London Reconfiguration Guide.

## **Affordability and finance**

In order to streamline the financial returns for 2009/10 (i.e. 2010/11 plans), DH is working to align the WCC financial template with the FIMs returns and a separate London financial template is not required.

As part of the 2009/10 planning round commissioners will need to:

- PCTs only - complete and submit the national finance template by 18 December.
- Sectors and PCTs – undertake and submit (by 18 December) activity and financial modelling to support development of their sector returns. Sectors and PCTs will need to be able to robustly demonstrate that they can deliver the activity shift assumptions in the affordability analysis consistent with the “front-

ended” aggressive scenario. The key assumptions that commissioners will need to demonstrate that they have plans in place to deliver against over a five-year period are set out in Appendix 1 (these are consistent with the NHS London Financial Planning Assumptions).

### **Planning timetable**

Sectors and PCTs are expected to submit returns to meet the following milestones:

#### *30 September*

Submission by sectors of:

- A publishable case for change that is aligned with the original Healthcare for London case for change and involved clinicians in its development.
- A presentation pack setting out how the sector is responding to this case for change and, in particular, how it will be applying the recommendations from the Healthcare for London care pathway groups including:
  - Plans for care settings that build on the work on care pathways.
  - Emerging site specific options for transforming the acute provider landscape.
  - An understanding of the provider organisational consequences of the emerging options and identification of potential organisational change.
  - A description of the engagement process used to secure local sign-up to plans.
  - Progress to date on activity and affordability modelling

Submission by PCTs of a presentation pack setting out:

- The borough level case for change (how the sector level case for change applies in the local context and any borough level specifics) that has involved clinicians in its development.
- Application of the care pathway work at a local level, consistent with the sector plan for acute transformation and building on the recommendations from the Healthcare for London care pathway groups.
- Emerging polysystem plans consistent with the sector plan for acute transformation.
- Polysystem implementation progress to date.
- A description of the engagement process used to secure local sign-up to plans.
- Progress to date on activity and affordability modelling

#### *October*

On receipt of the PCT and sector submissions, NHS London will conduct stocktake meetings in October with sectors and PCTs to:

- Test emerging thinking at sector and PCT level on care pathway redesign and care setting implementation plans
- Review the activity and affordability modelling undertaken to date to support plans

We are also planning to schedule additional workshop(s) with PCT and sector representatives to further develop the co-production of the ISP during October.

#### *18 December*

Submission by sectors of strategic plans (including PCT sections) as part of the WCC assurance process. Plans will need to be supported by activity and financial analysis demonstrating affordability at both PCT and sector level consistent with the assumptions in Appendix 1.

The overall planning timetable is set out in Appendix 8. Appendix 9 provides a summary of the advice and support currently available to PCTs and sectors throughout the process. Further support is being planned and developed and the summary table will be updated and re-circulated as needed.

### **Fit with the Integrated Strategic Plan (ISP)**

At the “Reinvigorating Healthcare for London” event on 21 April, NHS London and sector CEs committed to co-producing an ISP for London which builds upon the Healthcare for London vision and sets out strategic implementation plans for the next five years with a particular focus on the next two.

The ISP will be produced for the end of 2009. It will:

- Summarise sector and PCT plans to implement the Healthcare for London care pathways and care settings
- Identify the enablers and key workstreams required to support delivery of implementation
- Set out plans to deliver these enablers and workstreams, including the timeframe for delivery and responsibility within the system

Production of the ISP will be co-ordinated by NHS London and overseen by the LNHSPG. The ISP will use the 30 September returns to develop an initial draft and then work with sectors and PCTs to further develop the document during October and November.

### **Fit with the Operating Plan cycle**

NHS London’s intention is to better align operating plans with strategic plans, so that operating plans include the in-year implementation of strategic plans. As part of this shift, the revised Commissioning Regime for 2009/10 signals that the quarterly performance discussions with PCTs and sectors will also focus on the implementation of Healthcare for London and the development of commissioning capabilities as well as performance against national and other targets.