



**North central London**  
**Clinical Commissioning Groups**  
**Development of the Five Year Strategy**

**Caz Sayer - Chair**

**North Central London Clinical Commissioning Committee**

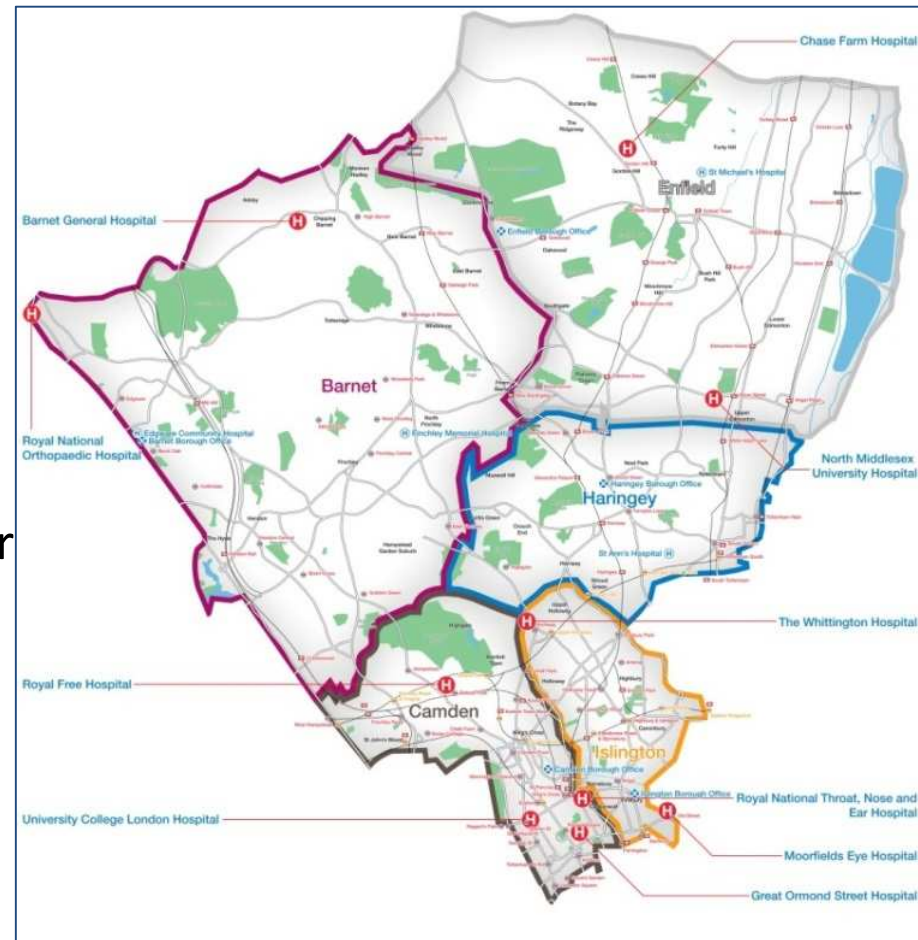
# NCL Strategic Planning Group

- The north central London (NCL) strategic planning group comprises five clinical commissioning groups (CCGs)

- Barnet
- Camden
- Enfield
- Haringey
- Islington

- Collectively responsible for planning and commissioning health services for 1.3m people

- Annual spend: £1.7 billion



# Developing a Five Year Strategy for NCL

In 2014 NHS England introduced a five year planning approach across the NHS.

This approach recognises that:

- short term plans will not address the £30 billion financial gap predicted for England in 2020.
- larger units of planning (NCL) can deliver more effective use of resources and greater investment in the future of our health system.
- this strategic approach will enable the step change necessary to bring the NHS back into financial balance.

What this means for north central London:

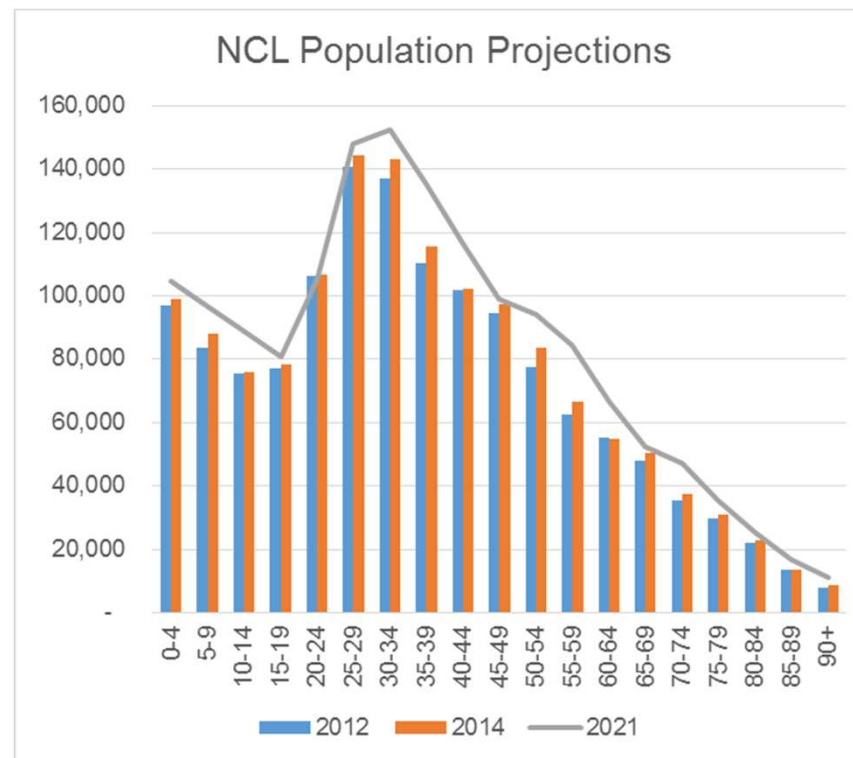
- NCL's Strategic Planning Group is developing a five year plan for the period to 2016/20.
- collaboration across NCL will bring patient benefits with pace and at scale.
- development of an NCL vision that is shared across our community of stakeholders.





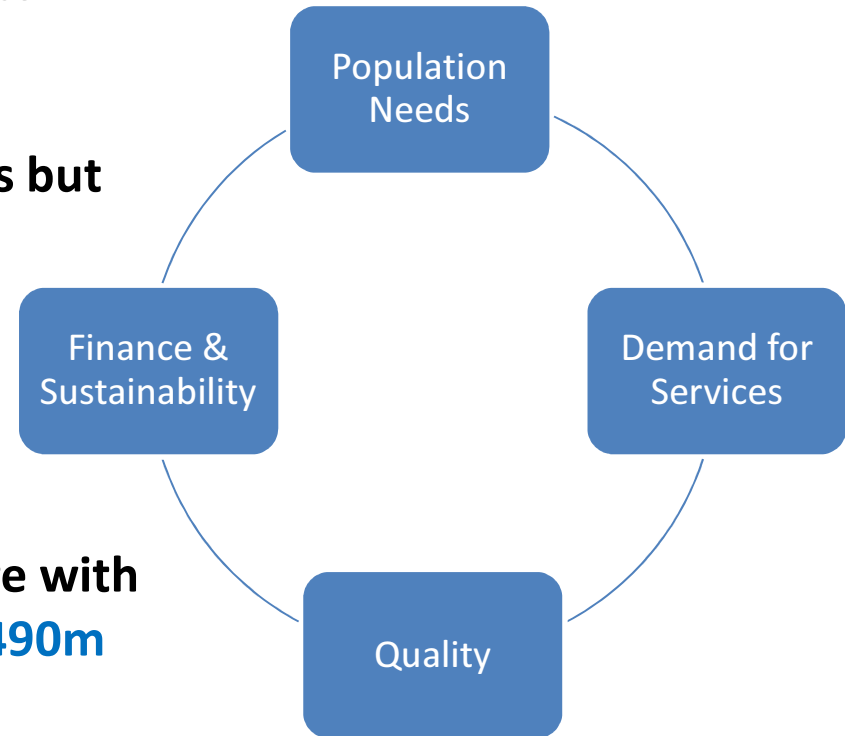
# Population

- Additional 65,000 people living in north central London by 2021
- Over 2000 additional residents will be 85+ and nearly 8000 between 65-84
- Growth up to 14% in some boroughs
- At current prices this equates to an additional £165m of activity

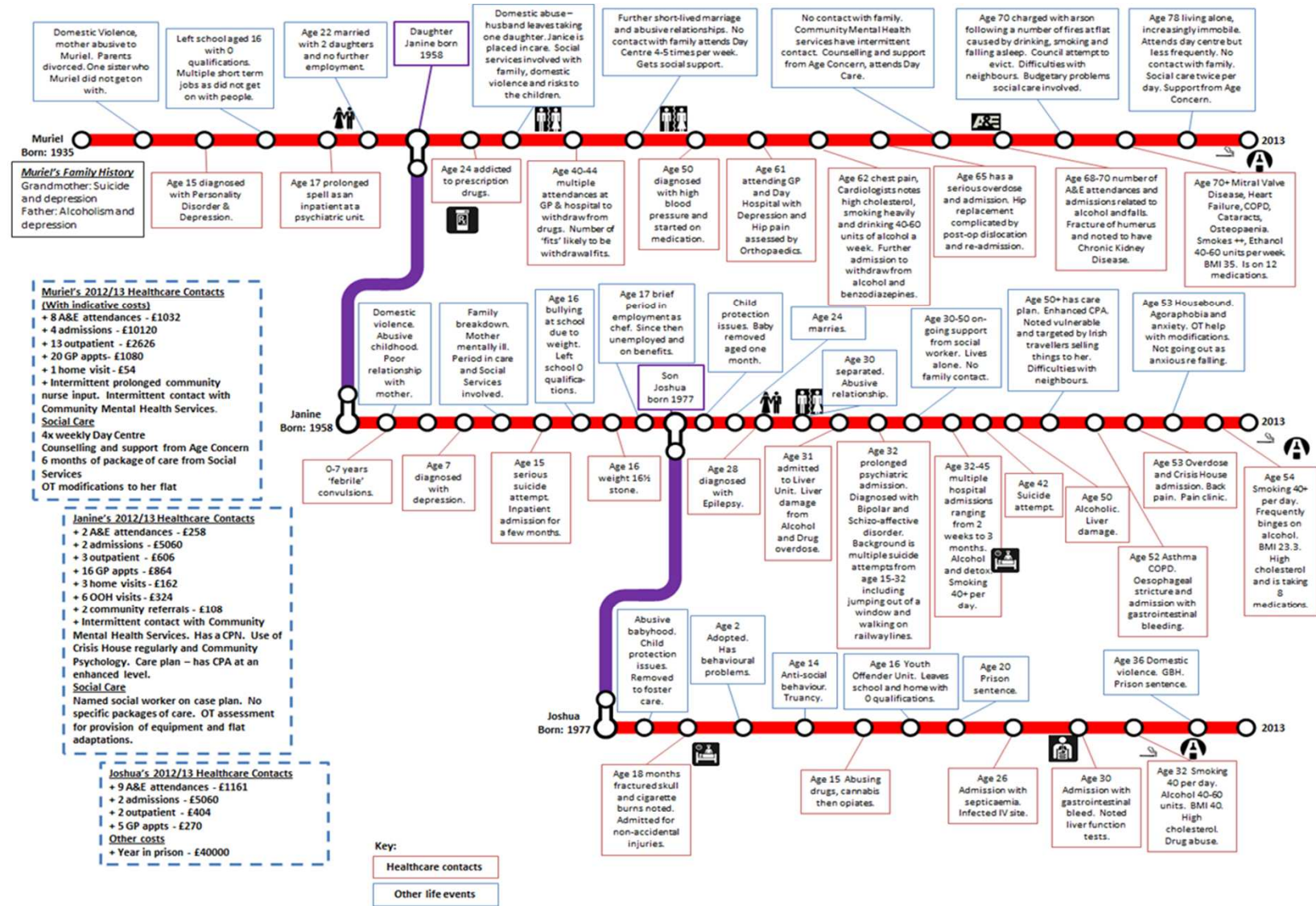


# Case for change

- The health of our population continues to improve but **inequalities still persist**
- Our health services have many strengths but **quality remains unacceptably variable**
- The expected growth in **demand for healthcare is unsustainable**
- NCL faces a significant financial challenge with an identified potential **funding gap of £490m** over the five years to 2018/19
- **To 'do nothing' is not a option.**



# Muriel, Janine and Joshua



# The challenges

## Population level

- Predictably poor health outcomes
- Lack of focus on prevention
- Lack of personal responsibility for health
- Too little supported self-management

## Systems level

- Reactive, poorly co-ordinated services little integration
- Focused on organisation's needs not those of the patients
- Fragmented, duplicative and inefficient
- Reliance on unplanned care
- Payments and incentives that do not support integration

## Individual

- Complex patients mirror complex system
- Primary care needs support to manage
- Health and social care not integrated
- IT systems need developing





# Meeting those challenges

## A changed emphasis...

- Developing a systematic approach to prevention
- Earlier diagnosis of disease
- Reducing inequalities in health outcomes by targeting vulnerable groups
- Encouraging individuals to take greater responsibility for their health
- Supporting self-management of illness



## Patients at the centre...

- Compassionate, high quality, effective and efficient care pathways shaped by patients
- Care that is integrated and focussed around delivery of outcomes defined by patients
- Easy access to services delivered in ways and places convenient to patients

## Integration of care through...

- Shared digital record for clinical records, data sharing, measurement and evaluation
- Services to be commissioned and contracted in ways that drive partnership and integration

## Financial sustainability through...

- Clinically-driven focus on quality of services
- Delivery of effective (evidence-based) and efficient (right first time) care
- Savings achieved through cutting the 'cost of chaos'

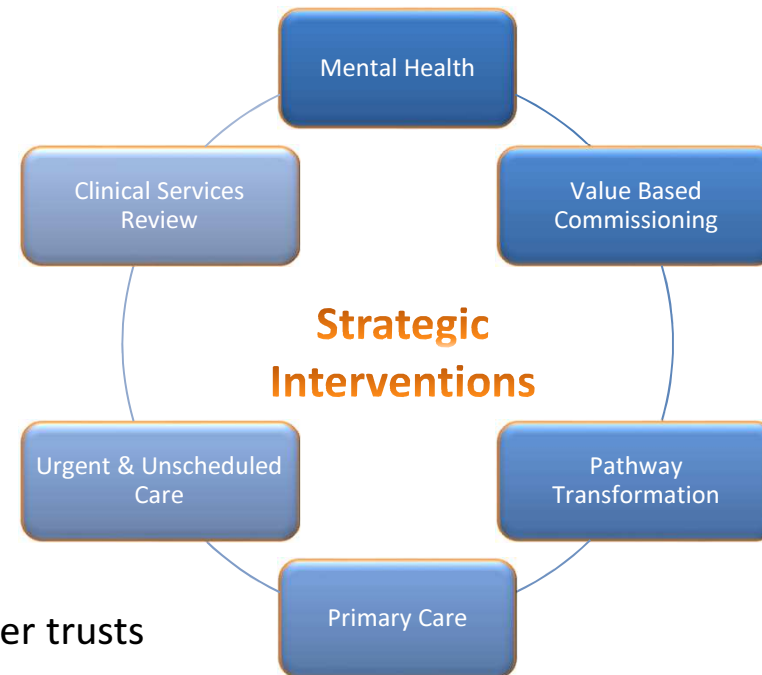
# Collaborating effectively to deliver transformation

- **CCGs will continue to serve their borough populations, but will also work strategically and collaboratively at the right scale:**

- Locally
- Across north central London
- Pan-London
- Nationally

- **In partnership with:**

- Local authorities
- Local voluntary and other organisations
- Acute, mental health, and community provider trusts
- NHS England and other NHS organisations



# Next Steps

- **Development of the strategy will require engagement with:**

- Hospital providers
- Mental health providers
- Community providers
- Local authority and other local stakeholders
- Patients and the public



- **Timetable**

- Next steps to March 2015 have been agreed with NHSE
- Detailed work on the strategic interventions linked to case for change is underway, discussions with providers, assessment of options
- Engagement with patients and public, stakeholders throughout 2015
- Strategic plan to be finalised and published summer 2015