

*Improving your health*

# Local Delivery Plan

2005/2006 – 2007/2008



# Summary

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This plan '*Improving your health*' is the three-year strategic plan for us and our partners. It describes:

- what we will need to do over the next three years;
  - our main priorities; and
  - the resources that will be invested so we can achieve this.
- It also describes the standards to which we will work.

## The plan is in four parts.

**Firstly**, this document which is a published summary. This describes the background in which we work, some background to the planning and consultation process and a summary of the main plans and priorities for improving health and health services in Brent. This summary also shows the financial planning assumptions we have made.

**Secondly**, a detailed set of action plans for all of the main services and client groups we serve. This is a process of continual development and builds on plans already in progress.

**Thirdly**, an assessment of performance against:

- existing national targets;
- new national targets; and
- new Healthcare Commission conditions for measuring performance against national standards.

**Fourthly**, a 'technical' series of templates for the main targets contained in 'National Standards, Local Action' the Department of Health, Health & Social Care Standards and Planning Framework 2005/2006 – 2007/2008. These show for each of the main areas, where we are now, what the milestones are, and what the plans are in terms of activity, physical facilities, workforce, IT and resources.

We will put parts 2, 3 and 4 of the document on our website and intranet.

By producing this plan and putting it into practice, we will be able to prove our commitment to improving health in Brent and show how health and health services will improve over the next three years.



## 1 Introduction

This plan 'Improving your health' is the three-year strategic plan for us and our partners. It describes:

- **what we will need to do over the next three years;**
- **our main priorities; and**
- **the resources that will be invested so we can achieve this.**

This plan is a development of existing strategic plans and in particular builds on the LDP 2003/2004-2005/2006, and the clinical governance annual plan. We have included much of the work in these previous plans, so this LDP is very much built on a vision and overall strategy already being put into practice.



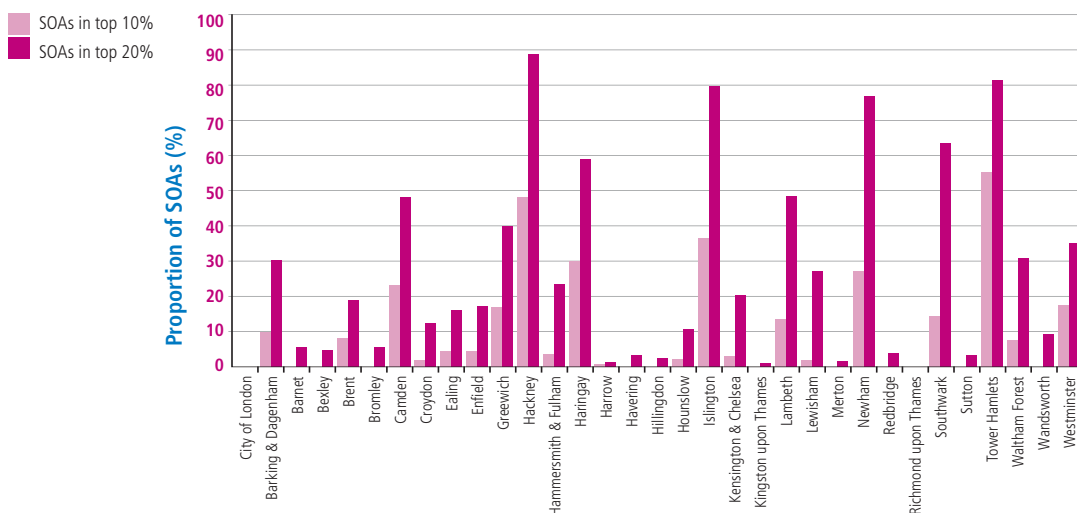
# The population of Brent

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We serve around 300,000 people who are from a great number of ethnic and cultural backgrounds. This forms the background for all the work we do. In putting together this plan we have used the definitions of our population and the incidence, spread and control of diseases to identify and measure our targets. We can use this information in an increasingly more localised way, known as 'super output area' (SOA) level. In other words, we can look at a population level of about 1500.

Recent information on measures of deprivation show that Brent has a number of areas in the top 10% or 20% nationally.

## Proportion of SOAs in top 10% and top 20% (Revised data)

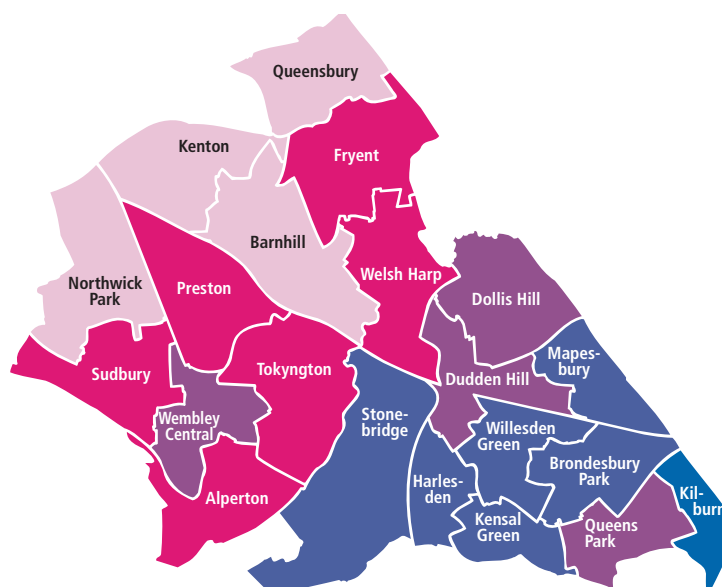
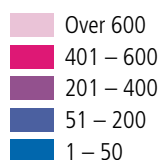


Another measure of deprivation, the Jarman score, shows the huge variations across the borough at ward level.

## Levels of Deprivation (Brent compared to London)

### Key

Rank of Greater London wards  
 Rank 1 = most deprived  
 Rank 782 = least deprived





For planning purposes and so we can target the areas and people with the poorest health, we can look at a number of health measures at these relatively local levels. For many measures, the overall experience in Brent is very close to the average for London, in some cases better. However, when we examine areas and wards, they show wide variation with some of the more deprived wards having a far worse experience of health.

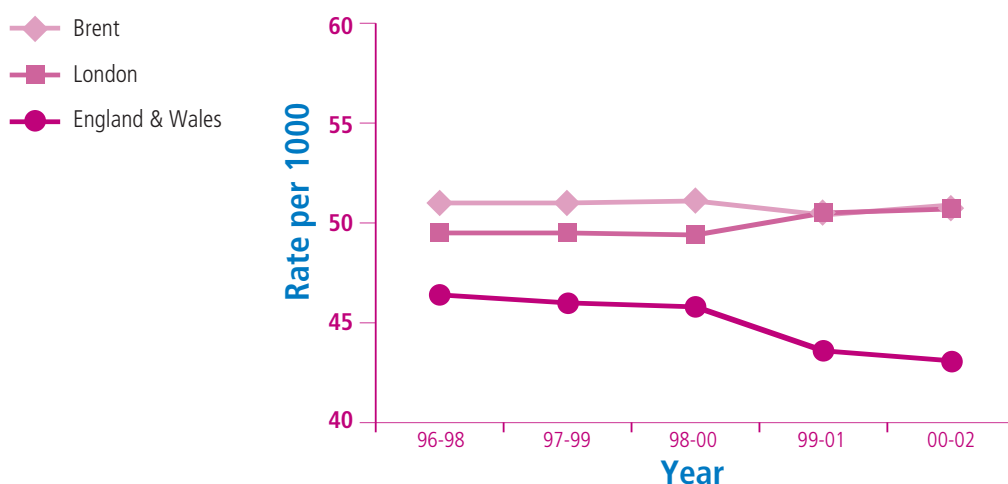
An example of this would be the high number of people with diabetes in Brent. A study carried out in Brent has shown the following figures

	Brent men	Brent women	Brent persons	North West London Sector	England
<b>Number</b>	6555	8182	1473		
<b>Percentage</b>	5.13%	6.03%	5.59%	4.76%	4.41%

As a result, diabetes is a high priority, which has been reflected in our clinical priorities.

Also, the information for cancers show a considerable differences between wards, as does the information for coronary heart disease. For example, teenage pregnancies across the borough are not very different from the rest of London, but there is wide variation, with a rate of 1.1% of all pregnancies in Northwick Park Ward being to girls under 18, rising to 16.8% of pregnancies in Harlesden.

### Teenage Conceptions



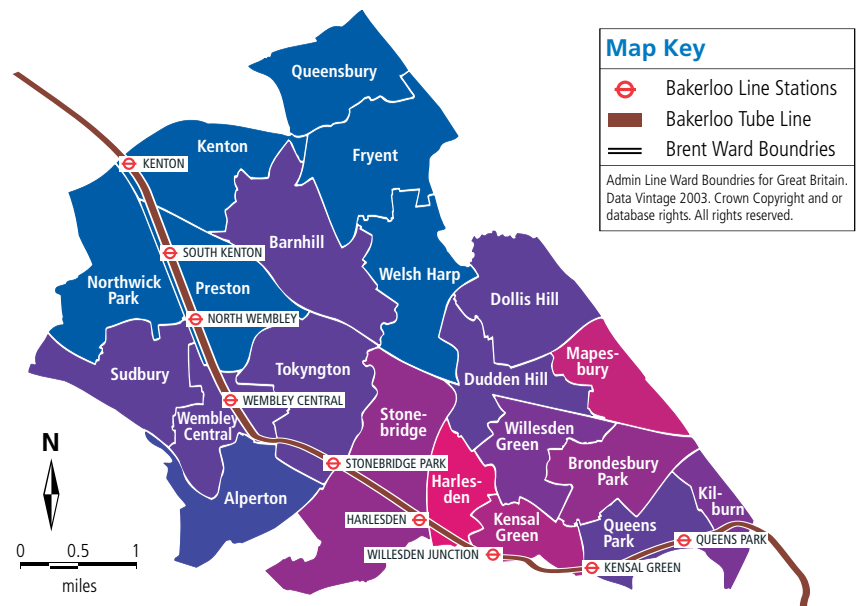
You can see all these variations in more detail in the Public Health Annual Report at [www.phar.org.uk](http://www.phar.org.uk)

The most dramatic illustration of these differences in health can be represented by examining life expectancy at birth across the borough. We have used the Bakerloo line as a boundary to show how the nearer to Harlesden you live, the lower the life expectancy for males.

**Map showing the gradient of male life expectancy along the Bakerloo Tube Line in Brent**

**1998 - 2002  
Male Life Expectancy  
by Ward (Years)**

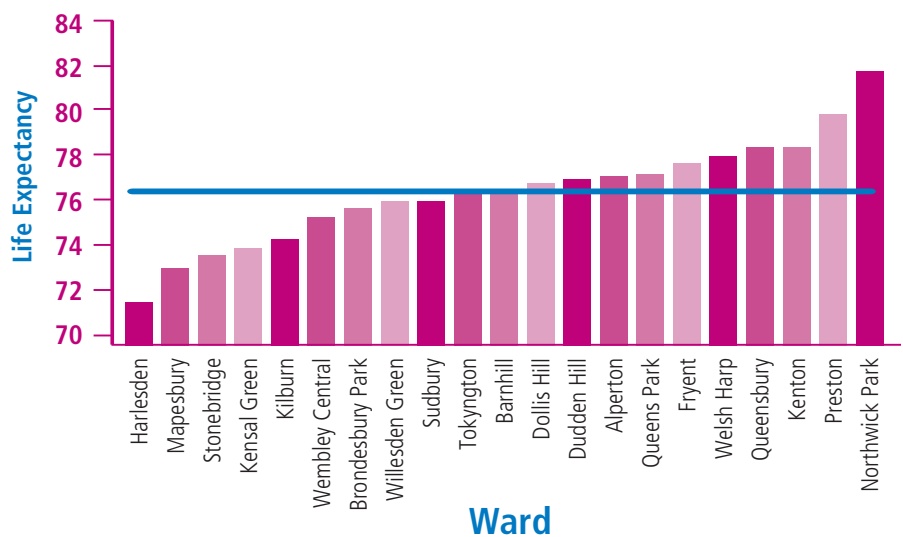
- 80 to 81
- 79 to 80
- 77 to 78
- 76 to 77
- 75 to 76
- 74 to 75
- 73 to 74
- 72 to 73
- 71 to 72
- 70 to 71



The reality in Brent is that as a man travels into London on the Bakerloo line from Kenton to Harlesden, life expectancy drops by two years with each stop travelled.

**Male Life Expectancy**

**Brent Average**



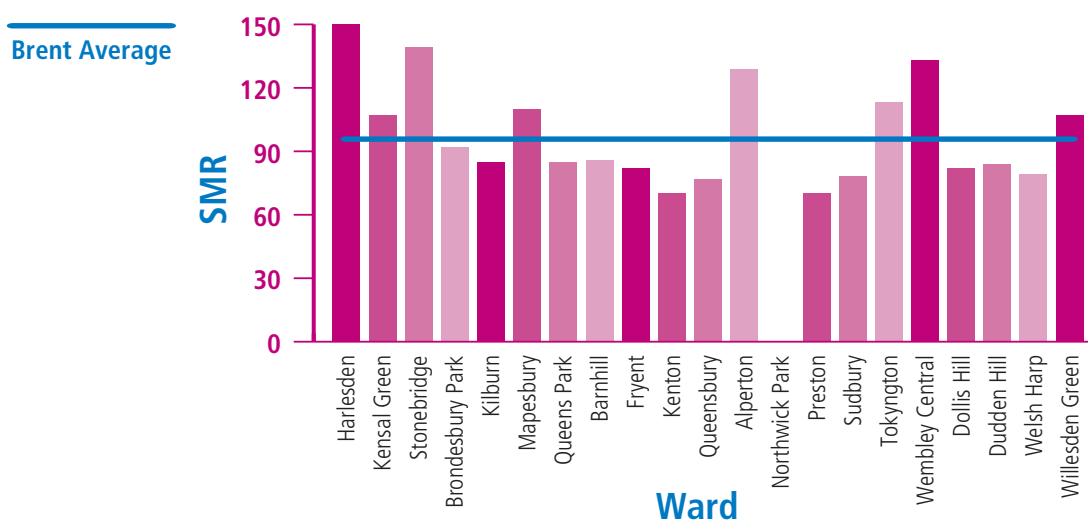


Tube station	Male life expectancy
South Kenton	81
North Wembley	80
Wembley Central	76
Stonebridge Park	73
Harlesden	71

According to Transport for London, this journey takes 13 minutes.

We can clearly see these differences in health when we look at the number of deaths caused by circulatory diseases. They show a similar picture to that of the life expectancy.

**Standardised mortality ratios from CHD for all persons aged <75 years in Brent, 1999-2003**

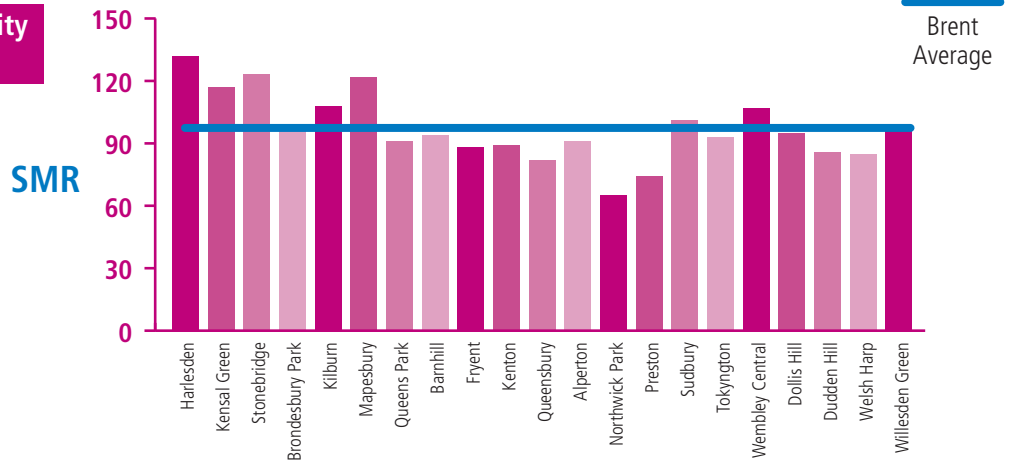


Source: London Health Observatory

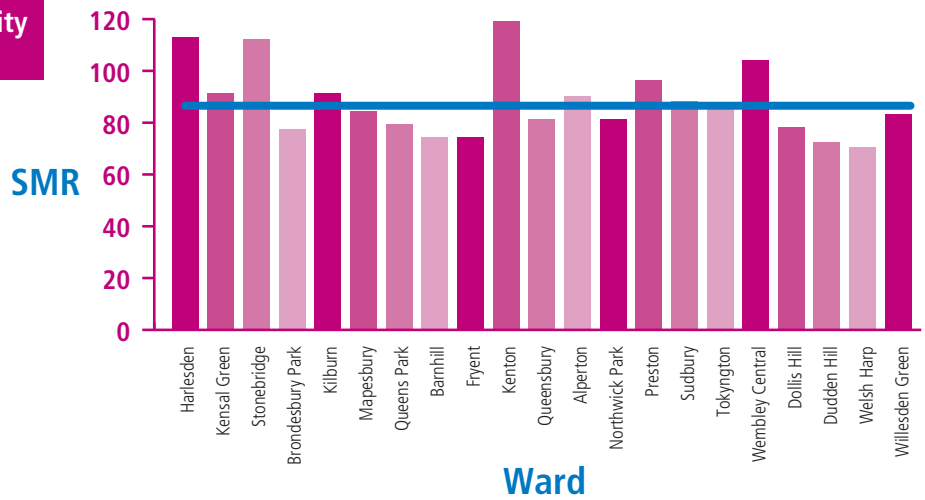
A very similar picture is also seen for deaths from all causes, with Harlesden at 125 (significantly above 100) and Sudbury at 95.



**All Cause Standardised Morality Ratios for Men of all ages**



**All Cause Standardised Morality Ratios for Women of all ages**



This major difference in health in these areas is the challenge we face and has an effect on the way we plan our health and social-care services.



# Background



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We are the NHS organisation responsible for improving the health of the population of Brent. Since we began in April 2002, we have had three main aims.

- **To improve health and wellbeing and reduce inequalities.**
- **To develop a 'joined-up' health service to meet the needs of local people.**
- **To arrange and pay for high-quality secondary and specialist care from other organisations, including local NHS hospital trusts.**

We have continued to develop these aims.

We have six main values in our work. These are to:

- **put the patient at the centre;**
- **be a good employer;**
- **be a trusted partner;**
- **be innovative;**
- **be accessible; and**
- **be focused on outcomes.**

We are of course part of the National Health Service and must work within a national framework as well as within a local background. The Department of Health published a document '**National Standards, Local Action' – Health and Social Care Standards & Planning Framework 2005/06 – 2007/08** in September 2004. This sets out the national requirement to prepare a Local Delivery Plan (LDP) for the period 2005/2006 – 2007/2008.

The document sets out the framework that NHS organisations and social services authorities should use in planning for the next three financial years and the standards which all organisations should achieve in delivering NHS care.

The vision is of 21st century healthcare and better health, which improves on old ways of doing things and is not constrained by institutional barriers. Organisations should expect to:

- challenge the past;
- be creative in developing local solutions; and
- set new horizons.

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The NHS Chief Executive in his introduction to ***'National Standards/Local Action'*** draws attention to five main points that health and social-care organisations should consider.

**1. A focus on health and wellbeing across the whole system.**

This means health organisations and local authorities must work even more closely together and pay attention to the whole range of health and social-care services.

**2. Giving the individual – the patient, service user or client – more power to improve their care and drive the whole system.**

The framework emphasises the importance of improving the whole experience of individuals, with particular attention to:

- tailoring services for patients with long-term conditions;
- promoting independence for elderly people; and
- supporting self-care and the 'expert patient' – in other words, people having knowledge of what's wrong with themselves and treating themselves.

**3. Improving quality and equal opportunities**

Organisations need to take account of the quality and safety of all of their services, not just where there is a national target for improvement. They also need to make sure that they are reaching all parts of their population and working to reduce inequalities in health and access to all services. We should pay particular attention to black and ethnic minority communities if they are disadvantaged in this way.

**4. Addressing the needs of children as well as the adult population**

The NSF for children reinforces the importance of planning for children across the whole health, local-authority and voluntary sectors.

**5. Review and change the way we work to improve the way services are delivered**

We will need to:

- understand and use the new information technology (IT) systems and staff contracts alongside insights from redesigning services and improved techniques; and
- take advantage of the new freedom the system provides.



## **We will fully back these five main points.**

The Department of Health has also recently published a document called **'Choosing Health: Making health choices easier'**, which emphasises the effect that lifestyle choices can have on health. This has a particular emphasis on issues like obesity, smoking, substance and alcohol misuse. Again we welcome this and will make sure that we tackle the main issues locally by producing a health promotion or prevention strategy during 2005. This will be linked closely to this plan.

Overall this plan aims to be a living document, which we will continue to develop and put into practice, that proves how we are responding to national requirements. We will continue to develop a local strategy in response to local needs and put this into practice,



# Preparing the plan

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**We are a 'learning organisation'. We have a continual process of planning, putting into practice and reviewing performance in place. However, there are three main routes through which we have developed most of the content of this plan. These are:**

- the area-based process of developing a primary care strategy;
- the joint health and social-care priority action groups; and
- specifically the 'Brent Health Strategy' process through which we are developing 'joined-up' services across primary and secondary care along with building redevelopments at Central Middlesex Hospital (CMH) and Willesden Hospital.

Through these routes we have made sure we have involved the local area to a large degree, from local people, staff and other local government and voluntary organisations. The planning process has been overseen by a strategic commissioning and performance group, chaired by the Director of Commissioning and Modernisation.

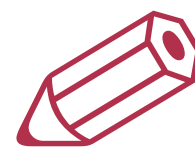
There have been a number of processes used to involve local people, including the following.

We held a series of roadshows in each of our five areas during December 2004 at which we discussed issues relating to services and changing systems. During November we held a joint event with The PCTs Clinical Leadership Group (PEC) to review progress so far and consider the main issues. A '*Choosing Health*' stakeholder event, hosted by Public Health, was held during early December.

We finally held an important event on 11 January 2005 to discuss and confirm with local people our main priorities and targets we will aim to be measured against.

We completed this summary plan after this event and agreed it at a formal board meeting on 27 January.

We can summarise what was produced by the three planning routes as follows.



4a

## Our primary care strategy

We have taken on board the ‘shifting the balance of power’ principles laid down by the Government in the NHS plan. In other words, we have designed an organisation that can truly respond to local needs, most notably by developing five locality areas across the borough where we can plan and deliver local services according to local need. During our first year we carried out an intensive planning process, which was aimed at helping areas take part in a complicated area-based planning process. The outcome of this was a detailed primary care strategy plan. This was a highly successful process, and we produced a strategy which we are now following. This is still our main plan.

We want to help patients and the people of Brent access the right services in the right place and at the right time. We aim to develop a network of local services which will diagnose, treat and provide care in the community. To achieve this aim, we need to employ staff with the right skills.

As a result, we will continue to develop the following.

- Improved access to urgent treatment in GP and nurse-led urgent treatment centres, both in hospitals and in the community.
- A network of expert consulting teams providing services from the new Central Middlesex Hospital and new primary-care centres where we can provide traditional outpatient services locally, and develop new ways of working.
- Local Treatment centres – facilities at Wembley and Willesden health and care centres for more community-based services aimed at diagnosing conditions and a greater range of more specialist treatments. This will form a bridge between smaller primary-care services and the acute general hospitals.
- New models to manage chronic disease and those with long-term conditions, by redesigning clinical pathways and developing new ways of working.
- An intermediate care and rehabilitation service.
- Quick access to minor surgical procedures.
- Improved access to activities which promote health and patient education.
- New training and development opportunities, linked to our teaching status.

Through this plan, we can confirm this vision.

## 4b

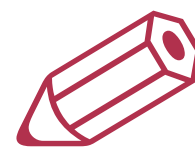
### Brent local joint planning process

For a number of years, Brent has had an effective local joint planning process, with a number of priority action groups (PAGS) in place, bringing people together to develop major services based on client group or disease. Each of these groups has reviewed the national targets, and the local need and produced a summary plan. These are in section 2 of the plan. We will actively monitor progress against these, and delivering these targets will be the responsibility of many agencies.

In summary these plans cover services for:

- children and young people;
- mental health;
- learning disabilities;
- elderly people;
- substance misuse (alcohol and drugs);
- coronary heart disease;
- diabetes; and
- cancer.





## 4c

### Brent and the BECaD Health Strategy

We are fortunate in having a soon to open new state-of-the-art replacement for the old Central Middlesex Hospital Buildings. This facility, known as BECaD (Brent Emergency Care and Diagnostic Centre), is not simply state of the art in terms of its design and how accessible it is to patients, but has also been designed to support a new way of caring for patients in Brent. This type of care is based on specialist services being available across Brent which are managed across the hospital trust, us and the local authority where appropriate. This is closely connected with redeveloping Willesden Community Hospital and other primary-care facilities. We will have a significantly improved set of facilities in place over the next three years, with modernised services which are easy for patients to access.

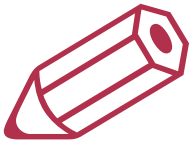
The Brent Health Strategy Board is overseeing the process of developing these new services. The board is made up of major stakeholders, in particular from across our organisation, the North West London Hospital Trust and local authority. This process will end in 2006 with the following results.

**Expert teams** will include a series of mixed clinical teams, providing services beyond those that can be provided at GPs' surgeries, with fast access and appropriate facilities. This will include, for example, teams for:

- respiratory disease (diseases affecting the lungs);
- cardiology (the heart);
- diabetes; and
- paediatrics (services for children).

**Rehabilitation and intermediate care** – includes a team helping people to stay at home as long as possible, and accessible bed-based care in high-quality facilities so patients can return home quickly and effectively. Case Management will be part of this service

**Urgent treatment** – a GP and nurse-led urgent treatment service will be available at Central Middlesex Hospital and Wembley and other facilities so people have fast access for minor unplanned treatments and for primary-care treatments which have been arranged.



**4d**

## **Other important planning issues**

### **Northwick Park (North Brent), St Mary's (South Brent), Local Investment Finance Trust (LIFT)**

While the process we have described in section 4c moves on, we want to make sure that services and facilities are equally fit for the 21st century across the whole borough. Building on the work we have done to improve services we have described in section 4c we are very involved in the potential redevelopments of both a new St Mary's hospital in Paddington serving the people of south Brent and a potential new Northwick Park and St Mark's hospital serving the people of north Brent. We are working with Harrow PCT on the second redevelopment. We are also developing a number of local primary-care facilities in a number of places across the borough through the LIFT process.

These redevelopments, together with continued developments in primary care, will complete the picture of modern 21st century services in 21st century facilities across Brent.



# Our main priorities



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We would like to do everything and to do it now. However, we know that to be effective, we need to prioritise our investment, as well as our energy, effort and enthusiasm.

To help us consider our priorities, we have developed some important questions in our first year. For each development, we have asked ourselves the following.

Will it:

- **improve access to services?**
- **improve services and outcomes?**
- **improve the overall experience of patients?**
- **reduce inequalities in health?**

And is it:

- **cost-effective?**
- **fair?**
- **achievable?**
- **an acceptable 'risk'?**

Behind all of the above is the absolute target of financial balance.

In other words, if a development does not do all of the above, we should not be doing it.

As a result of the process we referred to in section 4, using the above questions we identified that, in 2003/2004, we should give priority to developing services relating to the following. We have included a brief summary of our progress and any issues in the section 2 action plans.

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## Access

A major focus has been achieving the main national targets for seeing a GP or nurse. In terms of access to a GP, this is within 48 hours and to see a practice nurse within 24 hours. We have achieved this target. We have also achieved the targets for waiting for an inpatient procedure in hospital or an outpatient specialist appointment. What has been harder to achieve has been the target to help people to be seen and treated, admitted or discharged within four hours in Accident and Emergency departments. This continues to be a major target in the coming period.

The new target of patients going from referral to a specialist to diagnosis to treatment within 18 weeks by 2008 will be a significant challenge. However, this is one target we will want to make sure we achieve.

## Older people

Services for older people is an area that has received a lot of attention since being made a local priority. A national service framework covers where we should be heading, with many developments focusing on creating and strengthening specialist teams to make sure patients receive the best care at home where possible. These services mean we are very involved with various social services departments and the teams continue to work closely together. New strategies for rehabilitation and intermediate care will also support the improvement of this area as well as an extra community-based physician for elderly people.





## **Mental health**

Any developments in adult mental health are influenced by the National Service Framework and the NHS plan. They include us working very closely with colleagues at the acute trust and Central and North West London Mental Health Trust. Outreach services and primary and community workers are now accessible as a matter of routine, out-of-hours services have improved and the care programme approach is now standard. In the future, we will focus on involving users and carers and further developing outreach teams.

## **Inequalities**

We have been fortunate to have been granted health action zone (HAZ) status over the last three years. This has given us some extra funding focused on projects aimed at reducing health inequalities in some of our many priority areas. The funding arrangements under HAZ will be changing in 2006/2007. As a result, we will need to make sure that the good work we have developed becomes part of the norm for those key effective projects.

For the year for 2004/2005 we identified other priorities in the following areas.

## **Long-term conditions**

### **Coronary heart disease**

Developments in coronary heart disease and cardiology continue to build upon the National Service Framework (NSF). The NSF for coronary heart disease was one of the first to be published so is now pretty much in the mainstream of what we do. New work in the future will focus on access, in particular to angiograms, angioplasty and cardiac surgery and improvements to diagnosis. Earlier detection and awareness have all meant an increase in the numbers of patients diagnosed with, and who need treatment for, coronary heart disease.

During 2004, we were successful in our bid to the British Heart Foundation for extra support to improve services in community settings for patients diagnosed with, or at risk from developing, heart failure. The aim is to make sure patients have good access to diagnostic tests and specialist nurse teams to improve their care.

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## Diabetes

Diabetes is one of the main priorities. Developments include:

- dedicated patient education courses we are now running in all areas which are proving a huge success;
- a multi-language patient newsletter;
- improvements to primary-care services;
- community-based specialist nurses who now support GP practices; and
- ongoing training for nurses and GPs.

Future developments will see us create a diabetic eye-screening service. This will improve the detection of one of the most serious complications of diabetes and make sure patients are treated as quickly as possible. An extra community-based consultant and the new pathway of care will also be exciting developments in the near future.

## Cancer and palliative care

The profile of cancer services has risen during 2004 with the publication of the Parliamentary Report ***'Meeting National Targets, Setting Local Priorities; the Future of Cancer Services in England'***. One in three people will develop cancer at some time in their life, and one in four of those who develop cancer will die from it. We have identified cancer as a local priority across the PCT for the last two years, as well as a national one.

Cancer services start with the aim of preventing and detecting cancer, in particular helping people to stop smoking. We have a wide-ranging stop smoking policy which we have described elsewhere. Developments in the screening programmes this year include introducing liquid-based cytology. This is a new way of improving cervical screening both in taking smear tests and finding abnormal cells. Our local laboratory at North West London Hospitals NHS Trust is one of the first to be converted so we can train other laboratories. We have also made improvements to breast screening, with mammograms now taking two pictures rather than one and the age range for screening increasing this year. We are carrying out important work to improve the uptake for both screening programmes as, in the past, we had lower than average levels.



The cancer two-week wait is likely to be a major target for PCTs and trusts next year so work on improving the whole patient pathway from GP to specialist care will become an area we will focus on.

We will continue to improve palliative care (care to treat pain but not provide a cure) by introducing 24-hour seven-day cover from appropriate professionals and by strengthening community teams.

### Children and young people

The 2004 publication of the National Service Framework (NSF) for Children, Young People and Maternity Services has helped us take stock of the current services and future development plans. Future developments will focus on the main national priorities of:

- the health and wellbeing of the population – preventing ill health;
- long-term conditions – better self-care, and treatment in community settings or at home;
- access to services – waiting should no longer be an issue; and
- experience of the patients – as much information and choice as possible.

As part of the Brent Strategy we have also developed a new model for care across the trust and PCT. The idea is to provide a seamless service across the borough.

For 2005/2006, the first year of this new plan, we have confirmed that these priorities will be the main areas for development. We are also developing important local targets in the area of **TB and sexual-health services**.

It is in these areas that we believe we can make the greatest improvements, by investing more. We will, of course, aim to make significant improvements in all of the national target areas.

# National target

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## 6

### New national targets

In developing this plan, we have been asked to assess our performance against the targets in **national standards and local action**. That assessment is under way and will be finished once we have set the final targets and measured them against best practice. The targets themselves are shown on the website in section 4 of the plan and, in summary, cover the following main areas.

## 6a

### Improve the health of the population

We are guided to improve the health of the population and increase life expectancy by, in particular:

- reducing death rates from cancer or heart disease and stroke and suicide;
- reducing differences in health; and
- tackling the causes of ill health by reducing smoking and halting the rise in obesity and reducing the number of girls under 18 getting pregnant.

#### 1. Supporting people with long-term conditions

We have been asked to improve health outcomes for people with long-term conditions by offering a personal care plan for vulnerable people most at risk and reducing emergency bed days by improving care in primary and community settings.





## 2. Access to services

We are also asked to make sure that by 2008 nobody waits more than 18 weeks from being referred by their GP to receiving hospital treatment and that we increase the number of problem drug users going into drug treatment programmes. The 18-week wait includes waiting for diagnostic services. The independent sector should also provide a proportion of these services.

## 3. Patients' experience

We must make sure that there are secure long-term national improvements in NHS patient experience, making sure that individuals are fully involved in decisions about their health care, including choosing who provides care. This applies to black and ethnic-minority groups in particular.

# 6b

## Existing national targets and commitments

The previous national planning guidance contained a series of national targets we should achieve. As in section 6a, we have assessed our performance against these targets and this is contained in detail in section 3 of the plan. On the summary on the website the current targets in particular focus on:

- **access to a GP and primary-care professional;**
- **reducing waiting times for inpatients;**
- **reducing waiting times for outpatients;**
- **the total waiting time in accident and emergency (A & E);**
- **treatment for drug abuse;**
- **people giving up smoking; and**
- **managing our finances.**

For these important national targets, over the last three years we have been judged against these measures as being a 1 star PCT, out of a possible three stars. This has been due to the difficulties in achieving the high target for people giving up smoking, and the difficulties of our partners at NWLHT in achieving the A&E targets. Both of these areas will continue to challenge the local health and social care community in the period of this new plan and there are action plans in both areas. Nonetheless we have made significant improvements in many areas and reached all of the other main targets.



## **6c** Local targets

As shown in national standards and local action, we will be expected to achieve national targets but also to set and achieve challenging local targets. We plan to focus those local targets on the clinical priorities we have already identified and in particular in the areas of TB and sexual health. We identify these local targets in section 3 of this plan.

## **6d** Standards for better health

For the first time in this plan, we must describe how we will be making sure that services are of the highest level of quality and assessed against these important national standards. Again though, this is not a new process. We have developed and monitored detailed clinical governance plans over the three years. We will include this work in the new standards monitoring process and link it to our overall service priorities.

In the guidance, the DOH has set out a series of standards. The standards are organised within seven areas, designed to cover the full range of health care. The seven areas are:

- safety;
- clinical and cost-effectiveness;
- governance;
- patient focus;
- accessible and responsive care;
- core environment and amenities; and
- public health.

Within these areas are two types of standards – core and developmental. We have assessed ourselves against those standards and will now set priorities and an action plans for improvement in the main areas of risk. You will find this assessment in section 3 of the plan.



## **7** The NHS and social-care system is being modernised to encourage organisations to deliver better services for patients and users in three main areas.

- To support patient choice
- Developments in arranging and paying for services
- Independent performance assessment – Healthcare Commission

### **7a** Support choice

#### **Choice and booking**

By December 2005, following their first consultation with their GP, a patient who needs a service the GP cannot provide will have a choice about the nature of this service and from where they receive it. So, they can choose which hospital to go to for surgery, or which way to treat their diabetes. The patient will also be able to book an appointment that suits them, either at the surgery before they leave or later through a booking management service. We have a plan in place to allow this to be achieved, which is overseen by a 'Choose and Book' programme board.

#### **Many types of provision**

So that patients have a 'choice', the NHS needs to arrange and pay for extra services. As a result, we will have to pay the independent and private sector for a proportion of our services. Importantly, this is still NHS-funded care, merely delivered by the most suitable institution. We are developing our approach to this through the Strategic Commissioning and Performance group

#### **Better information**

Developing information for patients and staff to support these choices will be important, as will the electronic developments to allow a booking to be made. We will be developing a patient prospectus so we can provide this information.

We will want to be at the forefront of these developments.



## **7b** Developments in commissioning

There are three main changes in the way that services are being arranged and paid for on behalf of a local population

### **Payment by results (PBR)**

This is the payment that a service receives for providing an episode of treatment. This is the way where the choice patients and clinicians make affects the way that resources are made available. This system provides a real opportunity for us to record high-quality information in the hospital and the community and will allow us to match services to demand. If we put this change into practice successfully, we will be able to put our primary care strategy into practice effectively.

### **Practice based and locally-based services**

If we continue the philosophy of ‘shifting the balance of power’, we must now pass details of our proposed budget to practices for the services that they provide to their registered population. This does not mean we are going back to GP fundholding, but does offer the opportunity for us to work more closely with local practices, and community staff who work with those practices, to commission services sensitive to local needs. We will need to review our operating arrangements to support this, but are firmly committed to making sure it can be successful.

### **New contracts**

In primary care, GPs are now working to a new contract. They will soon be followed by pharmacists, dentists and optometrists. Each of these are similar in character, in that they are now being paid for quality of service, unlike previous models based on the number provided. We will want to work with these new contracts to arrange services, especially in the community, to help deliver our strategic plans.

## **7c** Assessing independent performance – Healthcare Commission

The healthcare commission is the new organisation responsible for reviewing and assessing the performance of NHS agencies. We will be making sure we achieve high standards and can provide evidence of them.



## **8** Having identified our main priorities, we will be working closely with our partners to develop the local capacity to deliver them. The main areas we will be looking to improve on are:

- workforce;
- physical facilities; and
- information and communications technology (ICT)

### **8a** Workforce

We are working to modernise our workforce and to deliver on the strategies in terms of human resources in the NHS plan. We are committed to delivering on the 'Improving Working Lives' strategy and we are developing and putting into practice plans for recruiting and keeping staff to help us deliver the primary-care strategy. We are a teaching PCT and so can take a lead on education and research in primary care. As such we want to develop centres of excellence.

We will be completing a workforce and organisational development strategy, covering the following areas.

- A workforce strategy that put the needs of patients first, linking into the four pillars of practice outlined in the NHS Plan.
- We will have to develop recruitment strategies to help us deliver excellent healthcare.
- We will work towards accreditation under the improving working lives strategy and make sure we involve staff in the main decisions.
- We will develop links and work more closely with other local NHS and social-care organisations and the Workforce Development Confederation, The Modernisation Agency and NatPaCT to increase the education and development facilities and opportunities available to staff.
- We will increase other benefits to staff such as childcare facilities, corporate discounts, key-worker housing schemes and other benefits. We have a full-time childcare co-ordinator)
- We will begin work with local independent primary care contractors (GPs) to create a model of best practice in developing human resources and the organisation.

- We are committed to developing a workforce that reflects our community. This will include delivering training in equal opportunities for all staff and supporting recruitment and development for people with any disability. We are committed to meeting requirements under the Race Equality Scheme.
- We will put Agenda for Change into practice.

## **8b** Physical facilities

We need to provide high-quality services from high-quality premises. At the moment, the picture in Brent is mixed. We know this and have developed a local improvement finance trust (LIFT) scheme. This is a way for us to bring in much needed investment to local primary-care services.

There are further exciting plans we will be carrying out in the next three years including the following.

- The BECaD development at Central Middlesex.
- The redeveloped Willesden hospital.
- Redeveloped primary-care centres in Vale Farm and Monks Park.
- New developments to do with the Paddington Basin redevelopment.
- New improvement schemes for GPs' practices.

We will also develop plans to improve local nursing and residential-home-based care where people can be more effectively cared for in their own homes.





8c

## Information, communications and technology (ICT)

Our aims for ICT are to:

- improve on the quality and convenience of care by making sure that those who give and receive care have the right information at the right time; and
- put in place projects in the NHS modernisation programme using IT to directly improve patients' experiences and clinical care.

We aim to connect our vision of improving health and modernising services using IT to:

- help us deliver fast, convenient high-quality services designed around the patient;
- support staff by delivering effective communications and improving the way we manage learning and knowledge
  - making it easier and faster to access essential information and advice; and
- improve the way we manage and deliver services by providing information to support systems for improving services, audits and management.

We are developing a detailed programme, with measures relating to the main parts of putting the national programme for IT into practice, in particular the national care records services. A Health Informatics Programme Board will oversee this programme.

# Financial plan



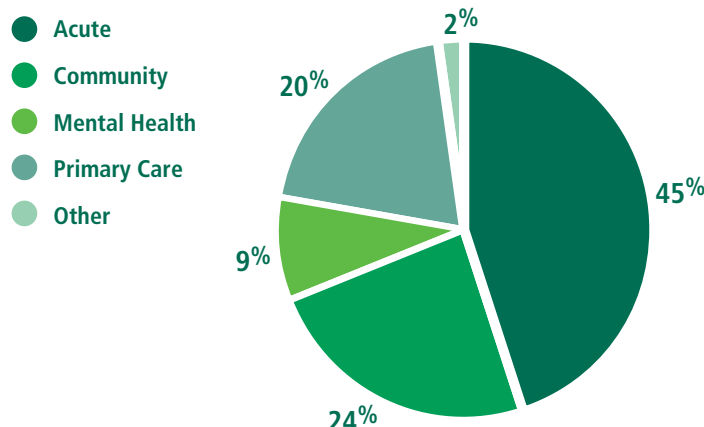
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In putting our strategy into practice over the last two years, we have already made a number of financial commitments in terms of physical facilities and developments to services. As a result, new resources will be limited during this period. Nonetheless, over this three-year period we will spend over one billion pounds and so must make sure that all services that are provided are value for money and kept under constant review.

For 2005/06 the PCT has resources of £377 million to meet the health needs of its population in hospitals, GP surgeries and out in the community.

The chart below demonstrates how this money will be distributed between various healthcare services.

**Brent tPCT - 2005/06 Spending plan**



Approximately 45% of the money is spent on Acute Hospitals, including emergency, minor treatment centres, specialist hospitals and ambulance services.

A significant proportion of our total budget (over 29%) goes toward our local hospitals, Central Middlesex, Northwick Park and St Marys.

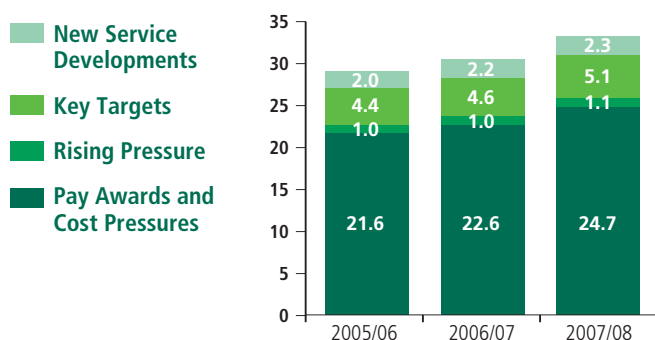
Community Services includes long term nursing home and home based care, community nursing, clinics and other services managed directly by Brent PCT, and account for 24% of the total resources.

Primary care includes General Practice (GP) services and the cost of drugs prescribed by GPs makes up 20%.

Community Services includes long term nursing home and home based care, community nursing, clinics and other services managed directly by Brent PCT, and account for 24% of the total resources.

Of the remainder 9% is for Mental Health Hospital and Community based services.

**Brent tPCT - Analysis of Growth Monies**



The PCT has already been notified of the growth monies for the next two years, the chart below demonstrates how the PCT will spend these monies starting with the current year.

# Putting the plan into practice



- 11** Developing a plan is much easier than putting it into practice. We are developing a project-planning model where we can put the overall plan and its various strands into practice. This will be a process involving many agencies, led by us.

The purpose of this process will be to measure achievement and assess risk, against important milestones, and to tackle issues as they arise. All boards involved will need to get fully involved in this.

- 12** **Conclusion**  
This is a summary of the plan. It shows our plans for the next three years. A clear three-year plan will obviously not stand still and so we will continue to review and refine it.



Working with our partners for a healthier Brent

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