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City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Thursday 21st January, 2016**
Time:	**4.00 pm**
Venue:	**Rooms 3 and 4 - 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP**

Members:

Councillor Rachael Robathan (Chairman)	Cabinet Member for Adults & Public Health
Dr Neville Purssell	Central London Clinical Commissioning Group
Councillor Danny Chalkley	Cabinet Member for Children and Young People
Councillor Barrie Taylor	Minority Group
Eva Hrobonova	Tri-borough Public Health
Liz Bruce	Tri-borough Adult Social Care
Andrew Christie	Tri-borough Children's Services
Dr Philip Mackney	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Jackie Rosenberg	Westminster Community Network
Dr David Finch	NHS England

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 6.00pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Toby Howes, Senior Committee and Governance Officer.

Tel: 020 7641 8470; Email: thowes@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

FOLLOW ON AGENDA

PART 1 (IN PUBLIC)

6.	**COMMISSIONING INTENTIONS: (A) NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP; (B) NHS WEST LONDON CLINICAL COMMISSIONING GROUPS** To consider the commissioning intentions of the NHS Central London Clinical Commissioning Group and the NHS West London Clinical Commissioning Group.	**(Pages 1 - 34)**

Charlie Parker
Chief Executive
18 January 2016

City of Westminster

Westminster Health & Wellbeing Board

Date:	21 January 2016
Classification:	**General Release**
Title:	NHS England's planning guidance and Central London CCG's operational plan
Report of:	Matthew Bazeley, Managing Director Central London CCG
Wards Involved:	Westminster, excluding Queens Park and Paddington
Policy Context:	CLCCG's response to the recently issued planning guidance.
Financial Summary:	-
Report Author and Contact Details:	Matthew Bazeley, Managing Director CLCCG

1. Executive Summary

1.1 Following commissioning intentions discussed in the October meeting, and given the current financial challenges of the CCG, the organisation is currently working on its Operational Plan, looking to draw further initiatives for delivering its financial and strategic objectives. A copy of the draft plan (as discussed with the Governing Body in January) is provided for discussion.

2. Key Matters for the Board

2.1 The Board is asked to:

- note the requirements set in the operational guidance;
- discuss the operational plan.

3. Background

3.1 NHS England, NHS Improvement and others published *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21* in December 2015. This

document outlined the high level planning requirements for all NHS organisations for 2016/17 and beyond. The planning round will be aimed at accomplishing three 'essential' tasks:

- Implement the Five Year Forward View
- Restore and maintain financial balance
- Deliver core access and quality standards

3.2 The guidance stipulates that organisations are now required to produce a detailed plan for the coming financial year, as usual, and, in addition, a “five year Sustainability and Transformation Plan (STP)”. The STP needs to be “place-based” and demonstrate how the Five-Year Forward View will be implemented. The Operational Plan needs to be year-one of the STP and must show significant progress towards transformation.

4. Options / Considerations

4.1 Central London CCG has identified a number of possible opportunities that will explore to assure strategic fit and ability to support return to financial balance. Areas of work include Out of hospital services, Diagnostics, Patient pathways, Urgent Care, Preventative strategies and Integration.

4.2 The CCG, local authority and local partners will be considering options around the development of the STP and how it will be used to join up planning around health and care, and also its relationship to Shaping a Healthier Future (SaHF).

5. Legal Implications

5.1 Operational plans might imply sign off by several organisations in the health economy with a rapid turnaround through the usual governance structures.

6. Financial Implications

6.1 There is a clear emphasis on reconciliation of activity and finance between organisations. This is likely to be challenging, both from the point of view of achieving financial balance, and also technically, as there is no clear one source of data in the NHS. The CCG BI teams have prepared baselines to send out to trusts based on SUS to allow this process to begin.

6.2 Plans also need to clearly show efficiency savings and delivery of a number of “must-dos”. This will mean that CCGs and trusts need to understand demand and capacity better and funding must be made available if required for meeting RTT, A&E and other key “must-do” standards.

6.3 CLCG allocations indicate modest growth in 2016/17 and no growth in running costs. While a full financial assessment is currently underway, it is recognised this represents a significant challenge given the financial context of provider organisations, the need of increasing access to seven-day services, and achieving the other “must-dos”. More details are provided in the operational plan.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Matthew Bazeley, Managing Director, Central London CCG

Email: m.bazeley@nhs.net

Telephone: 020 3350 4783

APPENDICES:
Central London CCG’s Draft Operational Plan

BACKGROUND PAPERS:
Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21

NHS
Central London
Clinical Commissioning Group

Central London CCG Draft Operational plan 2015-16 & 2016-17

Matthew Bazeley, Managing Director
January 2016

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Executive Summary

- Central London CCG (CLCCG) covers a registered population of 190,000 across 35 practices in Westminster; however the daytime population, which includes workers and tourists may be up to 1 million. Our population is characterised by a large proportion of young working age residents, high levels of migration in and out the borough, and ethnic and cultural diversity
- Our health system comprises of Imperial College Healthcare NHSFT, Chelsea & Westminster NHSFT, University College London Hospitals NHSFT, Guy's & St Thomas' NHSFT, Central London Community Health Services NHS Trust, Central & North West London Mental Health NHSFT.
- CLCCG is here to effect change for patients and our local residents and, ultimately, improve health outcomes. We have developed, through our strategy, projects and plans a programme of work to meet these aims. Activity is translated into our contracts at the beginning of each year, this drives our financial position. We are seeing increases in activity at our acute providers that are beyond our growth expectations and this, in conjunction with delays in mobilisation of some QIPP projects, has impacted our ability to successfully achieve financial balance in 2015-16.
- CLCCG recognises that it must have a firm grip on its financial situation and seeks firstly to stabilise a deteriorating position and then look at pace, to implement any further short term savings schemes it can do. We will continue to work across the whole system to transform services and improve care across all organisations.
- This new programme of work will address the recovery of a £3.2m underlying deficit position in 2015-16, and the stabilisation of the underlying position to achieve breakeven and delivery the required surplus of 2% in 2016-17. By the end of November 2015 we will also have developed the medium terms plans which seek to bring the organisation back into financial sustainability for the next 3 years.
- Managing change at a pace which is achievable but not destabilising is viewed as one of our main critical success factors.
- The operational plan continues to reflect the CCG's strategic objectives agreed at the Public meeting of the Governing Body on 3rd June 2015, the CWHHE strategic objectives were also presented and accepted as the CCG's long term goals.

Strategic Objectives

- Enabling people to take more control of their health and wellbeing through information and ill-health prevention.
- Securing high quality services for patients and reducing the inequality gap.
- Strengthen the organisation's infrastructure to help us deliver high quality commissioning.

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- Working with stakeholders to develop strategies and plans.
- Delivering strategic change programmes in the areas of primary care, mental health, integrated care, and hospital reconfiguration.
- Empowering staff to deliver our statutory and organisational duties.

Priority areas

The CCG agreed its priority areas should focus on having clarity of purpose and outcomes to be achieved, leading to sustainable change with measurable results, supported by well-established processes.

Our three transformational objectives for the year are:

- Confirm clear, aligned models of care for key areas with our members and CCG partners, in conjunction with existing system transformation and supporting incentive approaches for:
  - Integrated care
  - Primary care
  - Unscheduled care
  - Mental Health
  - Planned Care

- Address Westminster's priority inequalities by, working with the LA, developing a clear plan to address key areas of focus arising from the JSNA

- Establish priorities for contracting by, developing a set of 'must-do' KPIs to be included in contracts that are relevant to Westminster's particular needs and achieve our ambition for meaningful value based outcomes.

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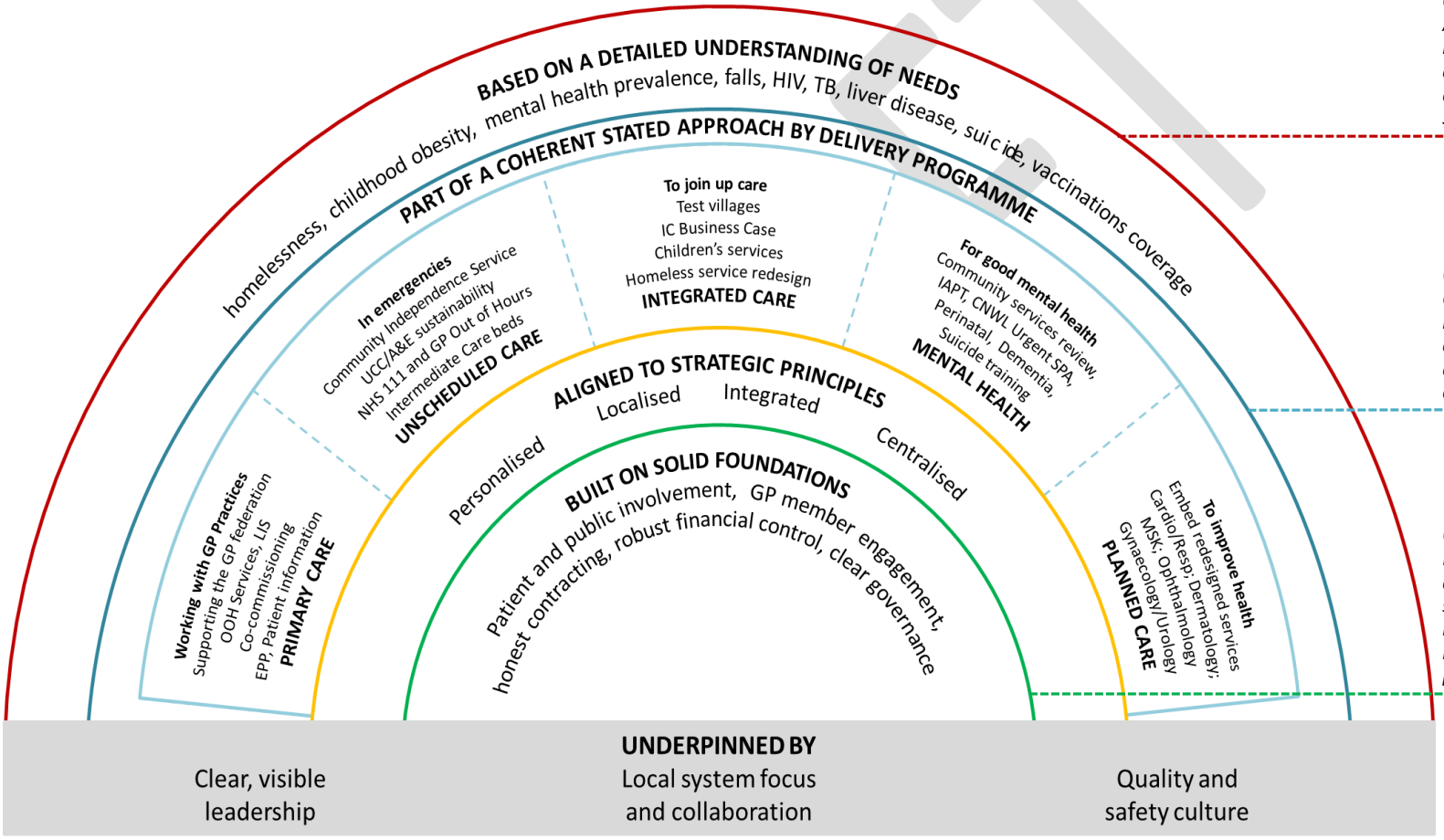
Central London CCG buys services for Westminster's patients which are…



CCG transformational objectives 2015/16

CCG annual objective:
Address Westminster's priority inequalities by developing a clear plan to address key areas of focus arising from the Joint Strategic Needs Assessment

CCG annual objective:
Confirm models of care for key areas by establishing clear, shared delivery models and supporting incentive approaches

CCG annual objective:
Establish priorities for contracting by developing a set of 'must-do' KPIs to be included in contracts that are relevant to Westminster's particular needs,

The Plan

CLCCG has identified a number of possible opportunities that we will explore to assure ourselves of their strategic fit and their ability to support our return to financial balance. The delivery teams will work with Finance, Contracting and BI colleagues to consider each project and agree a standard methodology by which we will measure success and thereby identify the projects which will meet our objectives. The Project Brief that will require sign off before a Project initiation Document is completed; these will then be taken to the Transformation Redesign Group (TRG for approval).

Areas of work include:

- Out of hospital services
- Diagnostics
- Patient pathways
- Urgent Care
- Preventative strategies
- Integration

Governance

The CLCCG has reviewed the remit of its TRG and will propose a new Terms of Reference alongside agreed Objectives and Critical success factor's for the Group. Its purpose and aims are:

"The Transformational and Redesign Group (TRG) reports to the Governing Body. It is established to shape and oversee the delivery of the CCG's Service Redesign and Improvement programme to deliver a health and social care service which meets the needs of the CCG's patients and delivers to the standards and outcomes detailed in the NHS Outcomes Framework".

(CLCCG constitution, section 6.8.2)

Within the above remit the following aims are outlined:

- Helping deliver the CCG's transformational objectives for the year
- Focus on driving strategy and innovation within the CCG to inform the transformational programme;
- Ensuring accountability of the delivery of such transformational programme

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It is further proposed that the TRG will only consider projects which have a ROI of 20%, this will be subject to agreement by the Finance & Performance Committee.

RISKS & ISSUES

In delivering this operational plan we have identified our top three risks as:

- The pace and scale of change could put patients at risk.
- Schemes might result in a higher cost to the whole sub-economy as some costs cannot be removed. Defining the right schemes is critical.
- Clinical engagement, capacity, strategic clinical thought and willingness to transform are crucial to success. Phasing of schemes if done incorrectly will risk loss of engagement.

A system wide approach and engagement strategy for these schemes will seek to ensure that we have mitigated these risks.

FINANCIAL POSITION M8

The financial position for month 8 showed a deterioration of the financial position of £2m. This was driven by:

- Imperial activity £0.6m
- Guy's activity £0.4m
- Community Cardio activity £0.4m
- BCF shortfall in funding £0.3m
- Continuing Healthcare £0.8m

The additional adjustment of £0.7m for QPP patients flows created in month 7 was reversed following analysis of data which failed to provide sufficient evidence for the adjustment. The result of these changes and pressures was a £3.2m shortfall against the control total, which had to be covered through the CWHHE Risk Share. The reported position therefore meets the CCG's control total, and requirement to deliver £8.64m surplus, but the underlying position cannot sustain this.

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Underlying causes of deteriorating position:

There are a number of causes which have impacted on our ability to maintain our financial position and we are working with colleagues to understand what the main drivers are and how we can be sure our plans will contribute to addressing the issues we identify.

Key issues that have contributed to the deterioration in the financial position are:

- 2015-16 main acute contract plans assuming reductions in activity and costs of 5% (or £5m) compared to 2014-15 outturn. Actual activity across these contracts is forecast to be 5% above plan and consequently 10% above 2014-15 outturn.
- Insufficient QIPP schemes put in place to deliver the reduction in activity, with schemes targeted at reducing activity across these contracts not delivering to plan.
- Shifts of acute activity into the community resulting in greater demand than anticipated, with capacity supply not reducing on the acute side.

The table below shows the movement of plans and actuals from 2014-15 to 2015-16:

NHS CENTRAL LONDON CCG

	Annual Plan 2014-15	Outturn 2014-15	Variance 2014-15	Annual Plan 2015-16	FOT 2015-16	*Year on year movement* 15-16 Plan v 14-15 outturn	15-16 FOT v 14-15 outturn	Combined impact
	£000	£000	£000	£000	£000			
IMPERIAL (actual given as per SLAM, SLA was block in 14-15)	**£44,186**	£46,155	-£1,969	**£45,268**	£47,584	-1.9%	3%	5%
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	**£16,726**	£17,552	-£826	**£16,741**	£18,382	-4.6%	5%	10%
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	**£11,160**	£12,087	-£927	**£10,956**	£12,002	-9.4%	-1%	10%
ROYAL FREE LONDON NHS FOUNDATION TRUST	**£3,359**	£3,586	-£226	**£3,088**	£4,114	-13.9%	15%	33%
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	**£13,951**	£15,465	-£1,513	**£13,840**	£16,571	-10.5%	7%	20%
Total	**£90,147**	**£95,743**	**-£5,596**	**£90,857**	**£99,617**	**-5.1%**	**4%**	**10%**

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Lessons learnt from the 2015-16 planning and contracting round are:

- Activity reductions in acute contracts need to be matched by QIPP schemes that are designed to address the underlying issues of demand.
- QIPP schemes need to have clear performance monitoring and risk management frameworks.
- Contracts to better reflect the CCG's requirements to achieve transformational change that delivers reductions in demand and activity, and to include mechanisms that help us to control expenditure more effectively.
- Significant Out of Area providers (UCLH, Guys) to be included in our system planning, and contract monitoring mechanisms to be strengthened.
- Review of all commissioned services to ensure value for money and remove duplication.
- Review of acute and non-acute data quality to ensure that we only pay for what we use.
- Re-procured contracts to redress balance of risk which currently rests mainly with CCGs. Contracts to include levers and KPIs that ensure demand is managed and costs are contained.
- Review current contract monitoring arrangements to ensure we have full sight and take full ownership of all demand and activity, from primary to secondary care.
- Closer monitoring of all contracts to ensure we have full sight and ownership of all demand and activity moving from primary to secondary care

Financial Challenge for 2016-17

The draft plans for 2016-17 present a significant financial challenge. We are awaiting final planning guidance and CCG allocations, but using the latest available assumptions of potential growth in allocation, inflationary pressures, and reflecting current trends in demand and activity, the net QIPP requirement for the CCG is around £13m. This compares to a net QIPP of £7m for 2015-16, against which we forecast a delivery of £4.8m, excluding £0.7m of operational plan actions.

Net QIPP assumes a balance of around 60:40 for savings and reinvestment. The net QIPP of £13m therefore represent gross savings of £21m, with £7.7m of reinvestment to achieve transformation. By comparison, gross QIPP in 2015-16 is £9.6m.

The table below shows the movement in position from 2015-16 to 2016-17:

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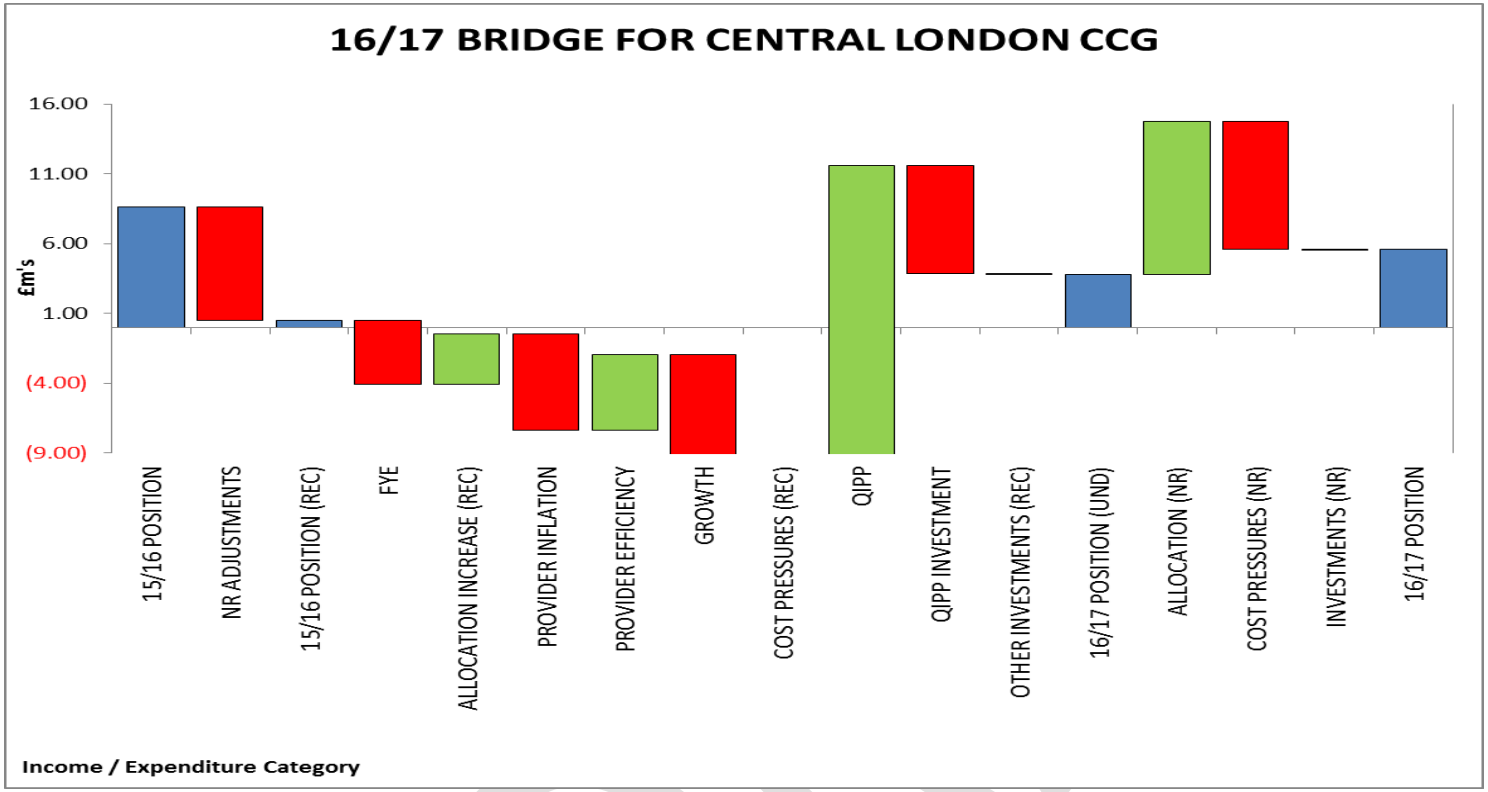

Next Steps

We are creating a dashboard that will give us early warning indicators of a change in our referral patterns currently showing a year on year increase in referrals; we acknowledge data quality has been cited as an underlying cause of this at Imperial. Next steps are to work with business intelligence and contract finance teams to rationalise all the data that we have and further develop our dashboard so that we have clear sight of what is happening across the system answering the right questions we need to be asking e.g. have we done what we said we would and has it achieved the outcome we expected.

We have also identified the contract management of the newly developed planned care pathways being delivered by Imperial Healthcare Foundation Trust may be better supported if managed outside of the main acute contract as a single set of community contracts. We are working with our partners to implement this proposal as soon as possible.

Our plans are working on three main solutions; each of these we believe will support a sustainable system for the future.

Transformation: Developing a system that ensures the most appropriate clinician sees the patient in the right place, first time.

- Whole System Integration
- Work across 3, 5, 8 CCGs in NWL with single owner across CCG.

Demand Management: Ensuring that we eliminate all waste within our system

- Exploring further use and impact of the Patient Referral System
- Guidelines and Pro-forma's
- E-mail advice & guidance
- Practice Performance Pack's

Contract Management: Building and managing contracts that deliver the right outcomes for patients

- Holding providers to account for under performance
- Creating contracts that deliver the outcomes we expect
- Working together to find solutions

Governance & Process:

- TRG taking on the formal role of delivery board for the CCG to monitor progress on transformational programmes
- Additional scrutiny of business cases prior to Finance and Performance Committee

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City of Westminster

Westminster Health & Wellbeing Board

Date:	21 January 2016
Classification:	**General Release**
Title:	NHS England's planning guidance and WLCCG's operational plan
Report of:	Louise Proctor, Managing Director, West London CCG
Wards Involved:	Queens Park and Paddington
Policy Context:	West London CCG's response to the recently issued planning guidance.
Financial Summary:	
Report Author and Contact Details:	David Matthews Email: david.matthews@nw.london.nhs.uk Telephone: 020 3350 4230

1. Executive Summary

1.1 Following commissioning intentions discussed in the October meeting, and given the current financial challenges of the CCG, the organisation is currently working on its Operational Plan, looking to draw further initiatives for delivering its financial and strategic objectives. A copy of the draft 2016/17 objectives, as discussed with the Governing Body earlier in 2015/16, is presented for discussion.

2. Key Matters for the Board

2.1 The Board is asked to:

- note the requirements set in the operational guidance;
- discuss the operational plan.

3. Background

3.1 NHS England, NHS Improvement and others published *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21* in December 2015. This document outlined the high level planning requirements for all NHS organisations for 2016/17 and beyond. The planning round will be aimed at accomplishing three 'essential' tasks:

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4. Options / Considerations

4.1 The CCG, local authority and local partners will be considering options around the development of the STP and how it will be used to join up planning around health and care, and also its relationship to Shaping a Healthier Future (SaHF).

5. Legal Implications

5.1 Operational plans might imply sign off by several organisations in the health economy with a rapid turnaround through the usual governance structures.

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6.2 Plans also need to clearly show efficiency savings and delivery of a number of ‘must-dos’. This will mean that CCGs and trusts need to understand demand and capacity better and funding must be made available if required for meeting referral to treatment standards, A&E and other key standards.

6.3 CCG allocations indicate modest growth in 2016/17, and no growth in running costs. While a full financial assessment is currently underway, it is recognised this

represents a significant challenge given the financial context of provider organisations, the context of increasing access to seven-day services, and achieving the other “must-dos”. More details are provided in the operational plan.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:
David Matthews
Email: david.matthews@nw.london.nhs.uk
Telephone: 020 3350 4230

APPENDICES:
NHS West London CCG’s Draft business plan and objectives 2016/17

BACKGROUND PAPERS:
Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21

DRAFT VERSION 1.2

NHS
West London
Clinical Commissioning Group

West London CCG Business plan 2016/17

NHS West London Clinical Commissioning Group
Covering The Royal Borough of Kensington & Chelsea and Queen's Park & Paddington in the City of Westminster

Section A – Local and National Strategies

1. North West London Vision for Healthcare

People living and working in North West London have told us they want a healthcare system that supports them to understand their wellbeing and health, provides high quality personalised, care at a time and in a place convenient to them, and this care to be coordinated and simple to understand. We know our system faces challenges in meeting these needs: our population is ageing; people are living longer with more conditions; care is fragmented; we have workforce shortages; there aren't enough services based in the community.

In North West London, our "Shaping a Healthier Future" (SaHF) strategy recognised these challenges **and set out a vision for care that is personalised, localised, centralised and coordinated** (as part of the national pioneer programme for integrated care). This vision for delivery is aligned to the strategic direction set out in NHS England's Five Year Forward View and will involve the CCGs undertaking a historic transformation of the healthcare system that will dramatically improve care for over two million people. We are on the cutting edge of healthcare innovation, pioneering new ways of integrating care, transforming access and reconfiguring hospitals

The SaHF set out how we would deliver an integrated system, based on a whole systems approach, with absolute parity between mental and physical health, with community-based services at their heart, supporting our hospital infrastructure with a network or community-based hubs that would serve the needs of our population. We recognise that different cohorts of the population have different needs and hence our services need to be appropriate to each population.

We want to improve the **quality of care** for individuals, carers and families, **empowering and supporting** people to maintain independence and to **lead full lives** as active participants in their community.

The four vision principles set out above drive health services that underpin the whole system NWL vision:-

- **Localised** where possible;
- **Specialised** where necessary;
- In all settings, care should be **integrated** across health, social care and local authority providers to improve seamless person centered care
- The system will look and feel from a patient's perspective that it is **personalised**- empowering and supporting individuals to live longer and live well

2. Strategic Roadmap

The eight CCGs have collaborated to develop a vision for healthcare, and through the Strategic Roadmap we have set out the individual CCG activity that is tailored to the borough's local population needs, aligns to the wider vision for NW London health and wellbeing.

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Our vision for NW London health care…

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NW London are delivering care that will be…

…this will mean….

Personalised

*Care is to be personalised, enabling people to manage their own care themselves and to offer the best treatment to them. This ensures care is **unique**.*

"I know how to lead a healthy lifestyle and can manage my own care"

- More information, advice and support available online and over the phone. The public are able to easily find out whether they need care, and if so, where to get it, as well as knowing how to get support for existing conditions.
- People can use technology to understand their own health and wellbeing at home. People who need to monitor their conditions will be able to do so through convenient methods to ensure it minimally impacts their lifestyles.

"I feel in control over my care because decisions are taken with me and consider my lifestyle and individual choices"

- People, not the provider, are at the centre of the design of their own care and of the services available within their community. This is true for the most vulnerable groups in society, too – reducing inequality in health outcomes.
- Wellbeing is seen in its widest sense - it is not only about seeing a doctor and getting medical support – people are able to explore other routes, such as through community support and alternative treatment, where appropriate. Treatment is appropriate for not only the condition, but also for the person.

Localised

*Care is to be localised where possible, allowing for a wider variety of services closer to home. This ensures care is **convenient**.*

"My care is now more convenient because the services closer to my home are more accessible"

- Consultations are more accessible and flexible through the use of telephone, email and video consultations available for all local services, allowing for people to have better access to medical advice.
- People are able to access their GP at more suitable times for them through the availability of appointments seven days a week. There is more availability of GP services offered in other community settings, too.

"I know I will be provided with a wider range of high quality care within my community for all of my health and wellbeing needs"

- Prevention and self-care support is consistently available across NWL community care settings, ensuring people can take care of their mental and physical health.
- All services that can be provided within the community are, such as minor surgeries, simple tests and outpatient appointments, within buildings that are modern and fit-for-purpose.

Integrated

*Care is to be integrated, to ensure that it is delivered considering all the aspects of a person's health. This ensures care is **efficient**.*

"I'm not treated 'in parts', but as a whole person in a coordinated way"

- Mental and physical care are given equal importance in all care settings, ensuring that the person's health care and wellbeing are considered in a more holistic way, resulting in the best outcomes for the person. This is true for children as much as for any other population segment.
- Care isn't just limited to hospitals and GP surgeries; services provided within the community are considered to help prevent illness and support wellbeing.

"Whoever I see, knows me and my preferences, and I no longer have to repeat my details each time"

- All those involved in a person's care work in collaboration with them and/or their carer, and each other. People aren't left on their own to coordinate the care they receive and can't see the joins between different services.
- Care is delivered through structured planning with the patients and their carer, and single-point coordination. Staff are trained to delivered integrated working.

Centralised

*Care is to be centralised, where necessary for specific conditions ensuring greater consultant coverage. This ensures care is **better**.*

"I have a positive experience in a great hospital environment which helps me feel confident in the quality of care provided to me"

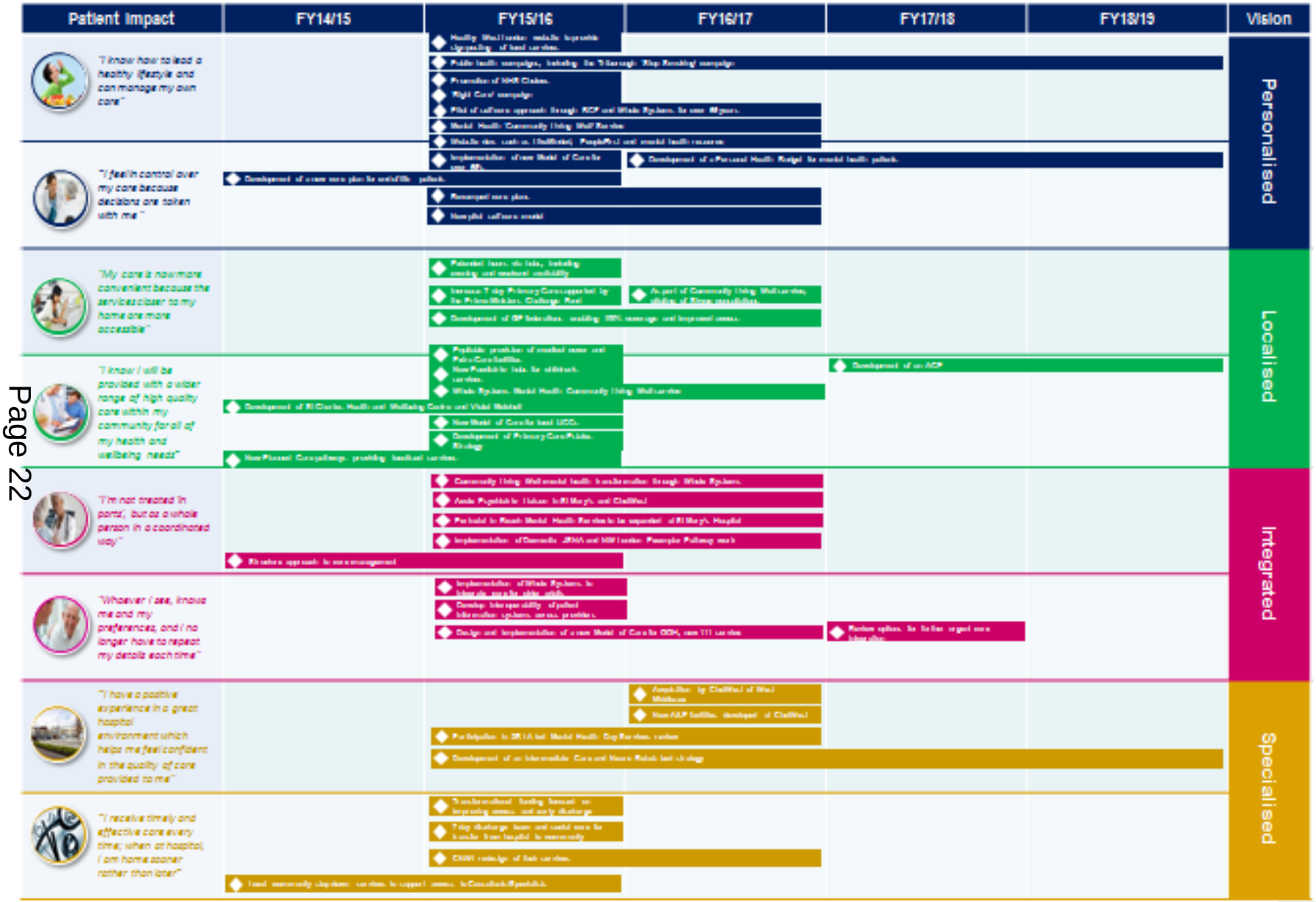
- People are treated in modern facilities with the latest technology available, dealt by compassionate staff across all hospital sites, giving them confidence in their care.
- People are directed to centres for specialised care, whether that's within hospitals or in out-of-hospital settings, relevant to their condition, considering the patient's choice at all times.

"I am in hospital no longer than I need to be, and am able to receive effective care sooner rather than later"

- People are treated at the right time, by the right person, in the right care setting, appropriate for the person and their condition, regardless of the day of the week.
- Higher quality care is available through increased consultant coverage, delivering more personalised care.

This allows us to achieve patient-centred care in all our care settings, across NW London, ensuring reduced inequality of care outcomes and delivery of services that are bespoke to the needs of the local population.

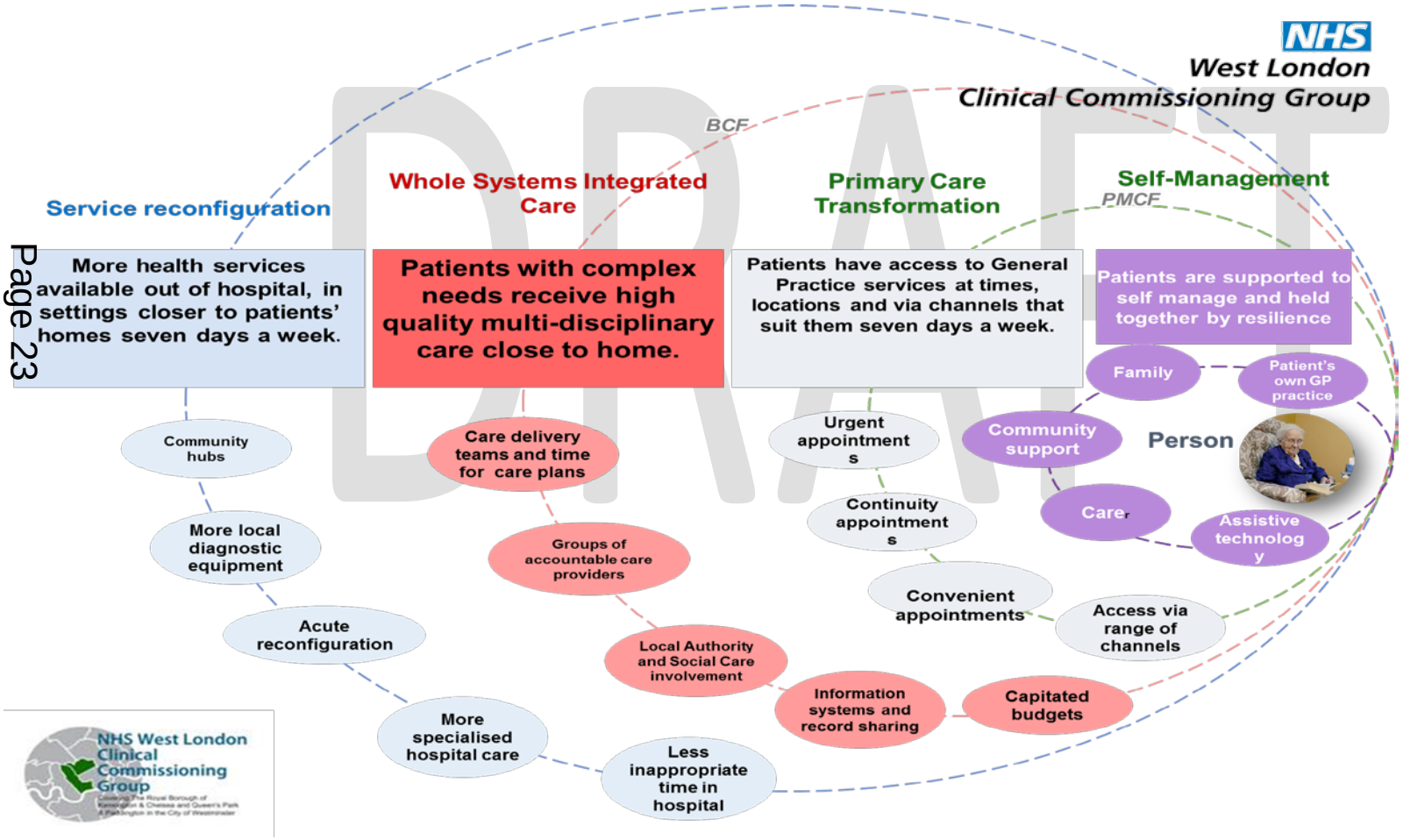
When West London are going to deliver the vision for the local West London population...



Version 1 correct as of 02.10.2015

3. West London and CWHHE Vision Map

The delivery of the Transformation objectives supports the CCGs vision to commission a healthcare system that supports patients to understand their wellbeing and health, provides high quality personalised, care at a time and in a place convenient to them. This vision is set out below:



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4. The Five Year Forward View from NHS England

The Five Year Forward View (FVFV)

Over the past fifteen years the NHS has dramatically improved. Cancer survival is its highest ever. Early deaths from heart disease are down by over 40%. Avoidable deaths overall are down by 20%. About 160,000 more nurses, doctors and other clinicians are treating millions more patients so that most long waits for operations have been slashed – down from 18 months to 18 weeks. Mixed sex wards and shabby hospital buildings have been tackled. Public satisfaction with the NHS has nearly doubled.

The 'Forward View' sets out a clear direction for continued improvement within NHS and sets out the changes that need to happen to manage the long term predicted £30b shortfall in health services. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers.

Key elements of the FYFV are:-

A radical upgrade in **prevention and public health**, with hard-hitting national action on obesity, smoking, alcohol and other major health risks.

When people do need health services, patients will gain far **greater control of their own care**, including the option of shared budgets combining health and social care.

The NHS will take decisive steps to **break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

Urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services

Provision of services should be reviewed, although it is acknowledged that one sixe does not fit all, potential models could include:

- Multispecialty Community Provider.
- Integrated hospital and primary care provider
- Primary and acute care systems

As well as the FVFV a range of other information sources has been referenced when developing the West London Business Plan for 2016/17, as well as local benchmarking information provided by our in house Business Intelligence team. Some of the ley sources of information are tabled below:-

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Title	Description	Link
The Five Year Forward View	The 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like.	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Shaping a Healthier Future	The NWL 5 year strategy	
JNSA	Analysis of the Public Aspects of for Kensington and Chelsea. Analysis of the Public Aspects of for Westminster	http://jsna.info/sites/default/files/Kensington%20and%20Chelsea%20JSNA%20Highlights%20Report%202013-14.pdf http://jsna.info/sites/default/files/Westminster%20JSNA%20Highlights%20Report%202013-14.pdf
Urgent Care	Transforming urgent and emergency care service in England – Safer, faster, better.	www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf
Commissioning For Value Packs	In depth analysis of 13 conditions	http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value
Spend and Outcomes Tool	An overview of spend and outcomes across key areas of business.	\\wpct.local\ccg\WL CCG\Business Planning\16_17 08Y London_W SPOT 2014 Full Briefi
CCG Support Pack	Detailed patient profile and outcomes information	http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-08y.pdf
PHE Fingertips	GP Practice Level information	http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2014,pat,19,par,E38000202,are,-,sid1,2000005,ind1,639-4,sid2,-,ind2,-
NHSE Planning Framework 16/17	Due December 15.	

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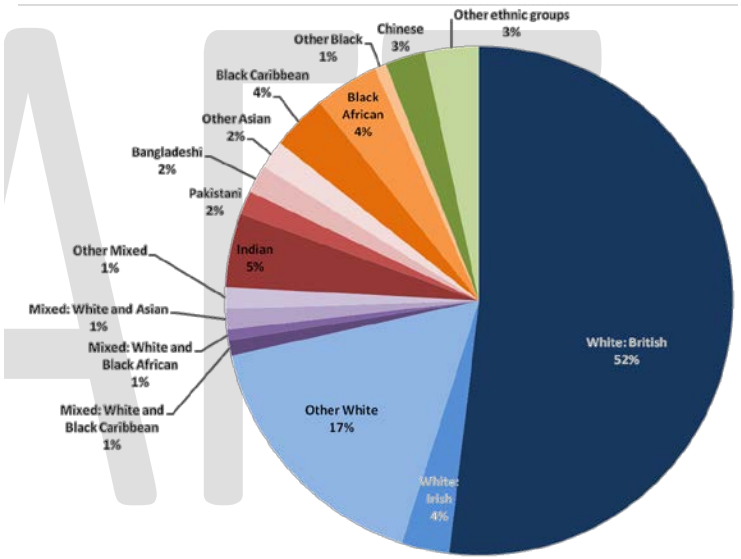
Section B – Local Service Transformational

5. Background Information

a. Age Profile – West London CCG has an age profile significantly different from the England average, with a high percentage of working age adults.

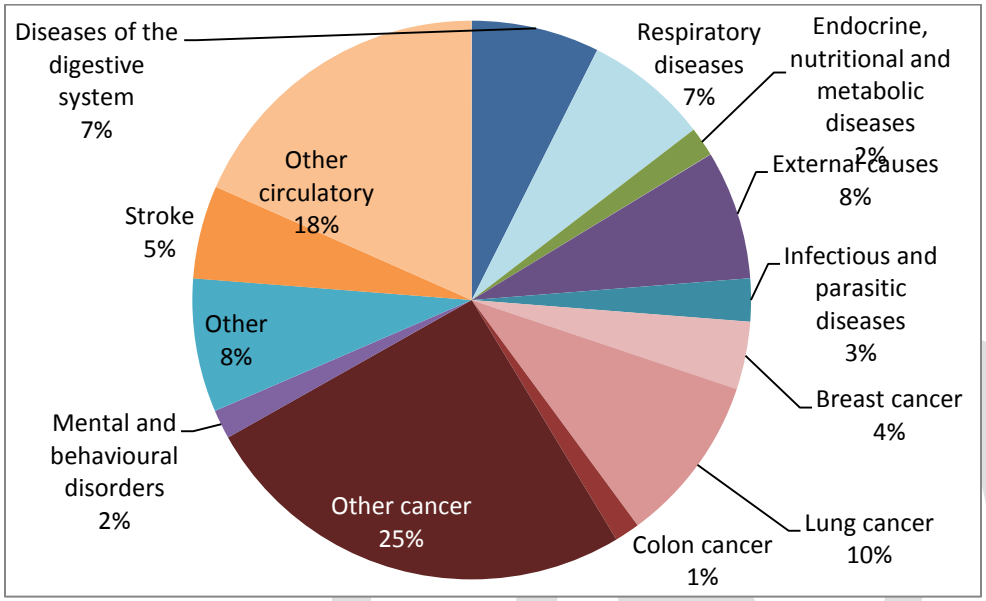
The CCG registered population stood at 228,063 in 2013 (49.7% male, 51.3% female). WL CCG has 15% of its population aged less than 15 years. 41% are aged between 25 and 44 years. In 2013 the proportion of people aged 65 and over in WL CCG was 11.1% which is lower than the England average.

Source: 2013 Mid-year population estimates



WL CCG has 52% of its resident population classed as White British, and 29% from a black or minority ethnic background (8% Black, 11% Asian, 4% Mixed, 3% other ethnic groups). It should be noted that the White ethnicity contains a significant proportion classed as Other White. For WL CCG patients; analysis by country of birth shows other common countries to be places such as the USA, France, Australia, Italy and Spain.

b. Major causes of premature deaths (under 75s)



QOF domain	CCG Prevalence	North West London prevalence	Diff
CHD	1.8%	2.2%	-0.4%
Heart Failure	0.4%	0.5%	-0.1%
Diabetes	3.8%	5.3%	-1.5%
COPD	1.2%	1.0%	0.2%
Cancer	1.7%	1.5%	0.2%
Atrial Fibrillation	1.0%	1.0%	0.0%
Asthma	3.7%	4.6%	-0.9%
Mental health	1.5%	1.1%	0.4%

Cancers are the major cause of premature deaths in WL CCG registered patients, leading to 40% of deaths in 2009/10 and 2010/11. Circulatory diseases contribute 23%, and respiratory diseases, 7% respectively.

In WL CCG, only COPD, Cancer and mental health domains have higher QOF prevalence than the North West London average. For Atrial Fibrillation WL CCG has prevalence akin to North West London.

Major causes of death		
Circulatory mortalities	**Cancer mortalities**	**Respiratory mortalities**
Coronary heart disease	Lung	Pneumonia
Heart disease complications	Breast	COPD
Acute MI	Prostate	
Stroke	Pancreas	

c. Deprivation map

The map below shows the levels of deprivation in and around this CCG, based on the Index of Multiple Deprivation 2010 (IMD2010).

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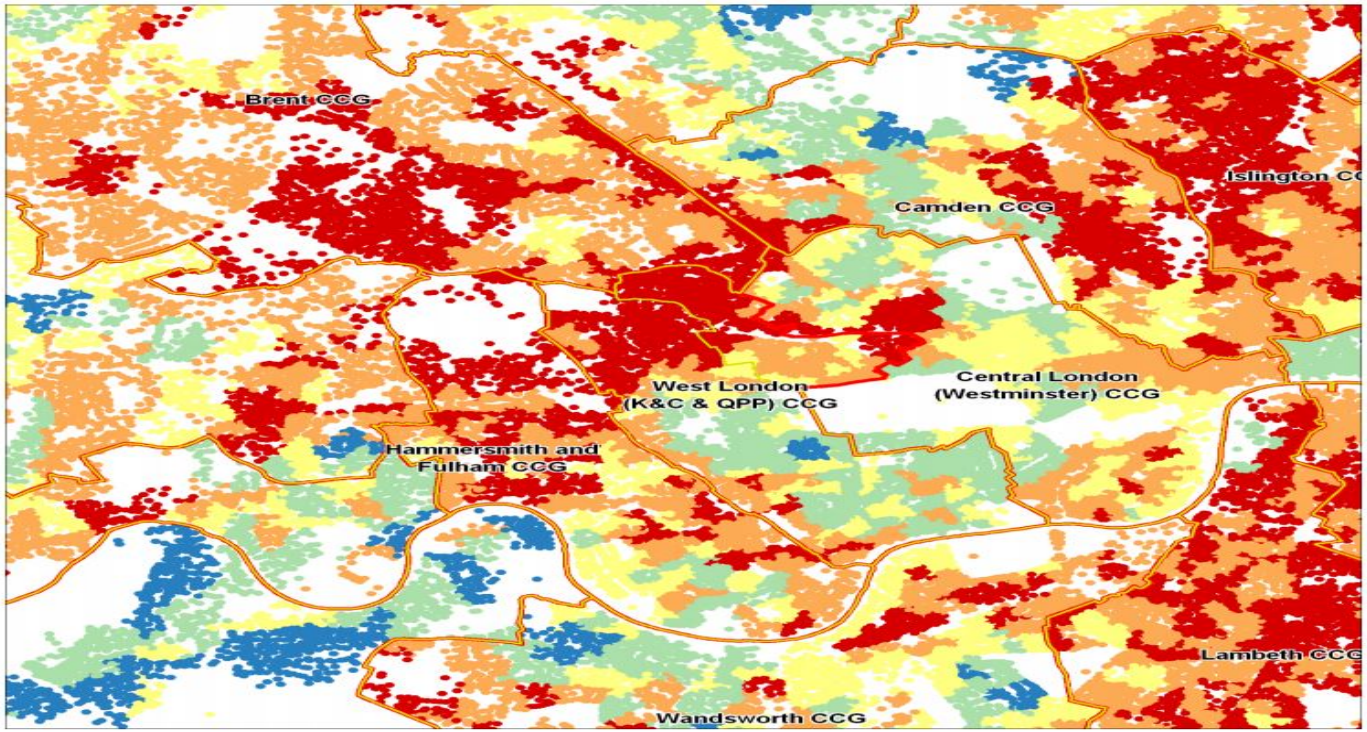
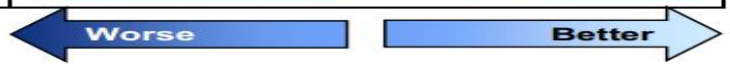
The IMD2010 is calculated at LSOA level. However, in this map we have given each postcode within the same LSOA the same colour, rather than shade the entire LSOA area. This presentation emphasizes where people live rather than open countryside.



d. NHS West London (K&C, QPP) CCG - Summary spine chart

The chart below shows the distribution of the CCGs on each indicator in terms of ranks. This CCG is shown as a red diamond. The yellow box shows the interquartile range and median of CCGs in the same ONS cluster as this CCG. The dotted blue line is the England median. Each indicator has been orientated so that better outcomes are towards the right (light blue).

Outcome Indicator	CCG and cluster distribution
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1.1 Under 75 mortality rate from cardiovascular disease	
1.2 Under 75 mortality rate from respiratory disease	
1.3 (proxy indicator) Emergency admissions for alcohol related liver disease	
1.4 Under 75 mortality rate from cancer	
2 Health related quality of life for people with long term conditions	
2.1 Proportion of people feeling supported to manage their condition	
2.3i Unplanned hospitalisation for chronic ambulatory sensitive conditions (adults)	
2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	
3a Emergency admissions for acute conditions that should not usually require hospital admission	
3b Emergency readmissions within 30 days of discharge from hospital	
3.1i Patient reported outcome measures for elective procedures – hip replacement	
3.1ii Patient reported outcome measures for elective procedures – knee replacement	
3.1iii Patient reported outcome measures for elective procedures – groin hernia	
3.2 Emergency admissions for children with lower respiratory tract infections	
4ai Patient experience of GP services	
4aii Patient experience of GP out of hours services	
4aiii Patient experience of NHS dental services	
5.2i Incidence of Healthcare associated infection (HCAI): MRSA	
5.2il Incidence of Healthcare associated infection (HCAI): C Difficile	



6. West London CCG objectives

5.1 Strategic Objectives

At the NW London CCG Governing Body meeting on 19 May 2015, the CWHHE strategic objectives were presented and adopted as the CCG's long term goals. These are outlined below:

1. Enabling people to take more control of their health and wellbeing through information and ill-health prevention
2. Securing high quality services for patients and reducing the inequality gap
3. Strengthen the organisation's infrastructure to help us deliver high quality commissioning
4. Working with stakeholders to develop strategies and plans
5. Delivering strategic change programmes in the areas of primary care, mental health, integrated care, and hospital reconfiguration
6. Empowering staff to deliver our statutory and organizational duties

5.2 Corporate Objectives Delivery Areas

The refresh of Corporate Objectives by the CCG in 2015/16 the CCG has aligned service transformation into the following key delivery areas:-

Primary Care
Leading the development of high quality primary care services in West London, and supporting member practices to meet relevant challenges, both as providers and commissioners of services.

Integrating Care Out of Hospital
Implementing the North West London shaping a healthier future programme, through ensuring that patients receive better care, closer to home and developing and implementing Whole Systems Integrated Care, centred around the holistic needs of the service users and their carers

Mental Health
Transforming Mental Health services to meet the needs of our diverse population, through commissioning integrated, personalised and responsive mental health & well-being services.

Enabling Strategies
Supporting our objectives through developing a strong culture of enabling patients, members and staff to deliver and realise the benefits of transformation.

5.3 Summary Corporate Objectives in 2016/17. The key programmes of work to support our Corporate Objectives in 2016/17 are set out in the table below (also attached in A3 for readability):-

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7. Strategic Risks – 2015/16 included – to be updated for the 2016/17 risks

As a Clinical Commissioning Group (CCG) we have identified various risks, many of which are low level and are managed operationally. This document highlights the top strategic risks facing us as an organisation and, therefore, the scores for these risks tend to be higher, at least at the start of the year.

The CCG is part of a collaborative arrangement with other CCGs in inner North West London comprising Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs. The CCGs have worked together to identify a common set of risks and to develop common approaches to their management, as appropriate.

This Board Assurance Framework (BAF) identifies key risks to the delivery of the CCG's strategic objectives and sets out the controls that have been put in place to manage those risks and the assurances that have been received that demonstrate whether the controls are having the desired impact. It includes an action plan to further reduce the risks and an assessment of current performance. Risks ratings are reviewed throughout the year by the allocated leads. The table below set out the strategic objectives and related risks that relate to them:-

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WEST LONDON CCG - DRAFT 2016/7 CORPORATE OBJECTIVES

Strategic Priorities

- Enabling people to take more control of their health and wellbeing.
- Securing quality healthcare services and improved outcomes for the people we represent.
- Enhancing the organisation's culture - developing people, processes and systems to help deliver high quality commissioning.
- Establishing a collaborative and proactive culture with partners and the people we represent.
- Planning, developing and delivering strategies and actions that reduce inequalities and improve health outcomes.
- Empowering staff to deliver our statutory and organisational duties.

Prog	WL CCG Annual Objectives 2016/17	Ref	Key Actions	Supporting Actions
1. Primary Care Transformation	Leading the development of high quality **primary care** services in West London, and supporting member practices to meet relevant challenges, both as providers and commissioners of services.	1.1	**Work collaboratively with the new GP Federation to increase its organisational capacity and capability, and support its development in line with the new organisational models identified in the Five Year Forward View.**	Support Federation in implementation of its Transformation Plan, ensuring that relevant investment contributes to organisational development priorities identified by the CCG.
				Embed Out of Hospital services delivery including effective cross-practice working, to ensure optimal service uptake.
				Achieve demonstrable improvement in quality of service delivery over time, via robust performance management of contractual KPIs.
		1.2	**Embed the new co-commissioning working arrangements in order to ensure effective decision-making which supports CCG progress towards achievement of its key strategic objectives.**	Working in close collaboration with NHSE, implement CCG Primary Care Development Plan, with a specific focus on quality of service provision, incorporating relevant outputs from the CQC inspection programme and intelligence from NHSE contract monitoring.
				Commence implementation of Primary Care Estates strategy using co-commissioning levers to facilitate rapid progress in premises development.
				Provide relevant support to practices affected by the PMS review, ensuring that the quality of frontline patient care is not detrimentally affected.
		1.3	**Manage an effective programme of practice engagement and development in order to support practices in their commissioning role and also in improving the quality of primary care provision.**	Implement an effective plenary and seminar programme throughout the year which maximises effective practice input to key CCG decisions , and offers on-going developmental and educative opportunities, including relevant areas identified in the 360 degree review.
				Embed Prime Ministers Challenge Fund initiatives to ensure on-going improvements to primary care access for local residents in relevant areas.
				Implement local improvement scheme (LIS), via the Commissioning Learning Set (CLS) Plan - which encourages increased practice input to CCG commissioning decisions, as well as improved clinical practice via peer review and implementation of best practice.
2. Integrating Care Out of Hospital	Implementing the North West London *shaping a healthier future* programme, through ensuring that patients receive **better care, closer to home**	2.1	**Transforming planned care and embedding real pathway change, through demand management reviews and collaboration with providers.**	Transforming planned care and embedding real pathway change, including Gynae/Urology and MSK service redesigns and full procurement of Wheelchairs services.
				Review the findings and develop a model for future children's hub provision, linked to wider CWHEE children's developments.
				Support the shift of activity through enhanced arrangements with the Chelwest and Imperial Transformational Boards and commission a system that supports appropriate primary care referral behaviour.
		2.2	**Transforming Urgent and emergency care in accordance with the NHS 5YFV plans.**	Commence full merger CIS into WS to reduce non elective admissions and work with providers to support reductions in DTOCs and improved discharge planning.
				Design and implement/procure new model of urgent and emergency care for St Charles UCC, CW UCC, A&E and GP OOH and support transition to a new NWL 111 service.
				Review and revise an effective integrated care pathway for falls which is adopted across all services with WL.
		2.3	**Develop an Intermediate Care strategy that balances bed-based, home-based and enabling services for long term provision of care for those with complex needs.**	Mobilise and embed the new intermediate care bed service and the new neuro rehab bed service from April 2016.
				Develop self-care admission prevention services that offer support for underlying causes of functional decline for under 65's.
				Develop an integration plan for the merger of care homes into WS with appropriate levels of workforce and medical support inclusive of "Skype" technology.
	Developing and implementing **Whole Systems Integrated Care,** centred around the holistic needs of the service users and their carers	2.4	**Refine and embed the Whole Systems Integrated Care for Older Adults model of care integrating health and social care needs and provision for over 65s**	Continue support to Wave 1 and 2 practices (28 practices). Recruit and train Case Managers and Health and Social Care Assistants to support Go Live with remaining WL practices (Wave 3).
				Refinement of WS Model of Care and service delivery through reflection and learning based on early outcomes and evaluation and monthly Whole Systems learning and development sets.
				Continually gather and embed service user feedback in the on-going development and delivery of the model of care.
		2.5	**Consolidate existing services and extend the range of services available from Integrated Care Centres at St Charles and Violet Melchett and drive implementation of VM Hub Business Case**	Co-design and agree with providers service changes to existing contracts and integrate existing services with WS Model of Care. Develop an outcome based specification for Whole Systems. The specification will integrate elements of existing services, including: CLCH Community Services contract, Community Independence Service contract and other contracts, as appropriate.
				Evaluate the Self Care pilot and procure longer term service.
				Gain approval for the Business Case for VM and initiate development process.
		2.6	**Implementation of WS OD plan to deliver phased progress towards ACP**	Develop patient centred holistic care through on-going workforce development and planning to migrate from existing services to WS model.
				Align ACP development.
				Develop and implement shadow capitated budget for subset of services and co-design with Provider Network defined stages and timescales towards ACP. Establish shadow ACP.
3. MH Transformation	Transforming **Mental Health** services to meet the needs of our diverse population, through commissioning integrated, personalised and responsive mental health & well-being services.	3.1	**Phased Implementation of the Whole Systems Integrated Pioneer for 'Community Living Well' with Long Term Mental Health needs, including employment and peer support/navigator services**	Establish SCH Hub & CCG-wide Core Service Go-Live (Q1).
				Develop integrated community spokes and 'asset map' (Q2).
				Phased plan to Q4 for safe transfer of all stable LTMHN cases from CNWL to CLW.
		3.2	**Implement 24/7/365 Crisis Home Assessment & Treatment Services; review acute in-patient services an continue re-patterning of care increasingly towards home settings**	Review implementation of SPA and 24/7/365 crisis home assessment and resolution against agreed contract targets and shift in activity from IP to community - Monthly
				Explore, under wider redesign plans, further re-patterning and right sizing of in-patient and community provision – Q2
				Ensure delivery of 95% 24/7/365 home assessment response standard by year end.
		3.3	**With Local Authority and other Partners, develop and deliver agreed integrated care initiatives (eg, employment, accommodation, complex individual placements, LD, dementia and physical health care)**	Ensure that Acute MH Care Pathway has appropriate adjustments for those with LD.
				Joint Dementia Action Plan, building on JSNA and NWL pathway declaration work.
				Review physical health input to LA commissioned care homes.
4. Enabling	Supporting our objectives through developing a strong culture of **enabling** patients, members and staff to deliver and realise the benefits of transformation	4.1	**Empowering staff and members to deliver our statutory and organisational duties**	Maintain organisational and statutory duties through improved focus on core activities while simplifying delivery through good governance, not increased bureaucracy.
				Support elected members and management team with targeted and focussed development.
				Election of Governing Body members.
		4.2	**Develop a Patient and Public Engagement Strategy for WL**	Develop PPE Strategy with clear structures for engagement in the CCG, including annual engagement plans and priorities.
				Use knowledge of the local population to identify less-heard groups or communities in order to promote engagement. Support PPG development to enable patient voice at practice level.
				Embedding the PPE toolkit to highlight and evidence the impact on service change and redesign for patients. In order to enable patients to be part of service change and redesign.
		4.3	**Supporting integrated working through improved information technology that supports patient care and good clinical commissioning**	Support delivery of the shared patient records.
				Develop business intelligence to support commissioning (WHYSE).
				Develop interoperability of system across providers.

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