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City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 13th September, 2018**

Time: **4.00 pm**

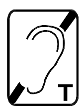
Venue: **Room 3.6 and 3.7, 3rd Floor, 5 Strand, London, WC2 5HR**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Family Services and Public Health
Dr Neville Purssell	Central London Clinical Commissioning Group
Councillor Nafsika Butler-Thalassis	Minority Group
Mike Robinson	Bi-Borough Public Health
Bernie Flaherty	Bi-borough Adult Social Care
Melissa Caslake	Bi-borough Children's Services
Jennifer Travassos	Housing and Regeneration
Dr Naomi Katz	West London Clinical Commissioning Group
Olivia Clymer	Healthwatch Westminster
Hilary Nightingale	Westminster Community Network
Dr David Finch	NHS England
Dr Joanne Medhurst	Central London Community Healthcare NHS Trust
Clare Robinson	Imperial College NHS Trust
Maria O'Brien	Central and North West London NHS Foundation Trust
Detective Inspector Iain Keating	Metropolitan Police

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 from 3.30pm. 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: 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 Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.

3. MINUTES AND ACTIONS ARISING **(Pages 5 - 22)**

I) To agree the Minutes of the meeting held on 12 July 2018.

II) To note progress in actions arising.

PART A - (Key projects - Items Led by the Board Reflecting the 3 Key Areas)

4. ACTION ON SUGAR REDUCTION, ORAL HEALTH AND CHILDHOOD OBESITY **(Pages 23 - 30)**

To consider a report providing an update on local issues related to sugar consumption, oral health and childhood obesity.

PART B - (Sponsoring - Items not Led by the Board, but which the Board Provides Added Vale To)

5. WESTMINSTER PLANNING FOR INTEGRATED CARE AND THE MCP **(Pages 31 - 60)**

To consider an update on the local health system's delivery of the Primary Care Strategy discussed at the Health and Wellbeing Board in July and the Integrated Care Strategies discussed at the Board in November 2017.

Part C - Monitoring - Statutory Items and other Items Required to come to the Board)

6. LEARNING DISABILITIES JOINT COMMISSIONING STRATEGY

To consider the Learning Disabilities Joint Commissioning Strategy – No Paper for Publication

7. FLOW DIAGRAM OF HEALTH & SOCIAL CARE ORGANISATION RELEVANT TO WESTMINSTER

To consider the diagram – No paper for Publication

8. ANY OTHER BUSINESS

Stuart Love
Chief Executive
5 September 2018

CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 12th July, 2018**, Room 3.1, 3rd Floor, 5 Strand, London, WC2 5HR.

Members Present:
Councillor Heather Acton: Chairman and Cabinet Member for Family Services and Public Health
Councillor Nafsika Butler-Thalassis (Minority Group Representative)
Dr Andy Liggins (Bi-Borough Deputy Director of Public Health) – acting as Deputy
Paul O'Reilly (Central London CCG)
Bernie Flaherty (Bi-Borough Adult Social Care)
Jennifer Travassos (Head of Prevention)
Dr Naomi Katz (Clinical Representative from West London Clinical Commissioning Group)
Olivia Clymer (Healthwatch Westminster)
Basirat Sadiq (Central London Community Healthcare NHS Trust) – Acting as Deputy
Maria O'Brien (Central and North West London NHS Foundation Trust)

Also Present: Ian Heggs (Bi-Borough Director of Schools Quality and Standards, Julie Ely (Children's Services), Holly Holmes (Children's Services), Senel Arkut (Director of Health Partnerships), Ezra Wallace (Head of Corporate Strategy), Rebecca Green (Trailblazer Project Lead), Ross Harvey (Shelter Westminster) and Colin Brodie (Knowledge Manager – Public Health).

1 MEMBERSHIP

1.1 Apologies for absence were received from Dr Neville Purssell (Clinical Representative from the Central London Clinical Commissioning Group), Mike Robinson (Bi-borough Public Health), Hilary Nightingale (Chair of Westminster Community Network), Clare Robinson (Imperial College NHS Trust), Louise Proctor (Managing Director – NHS West London Clinical Commissioning Group), Melissa Caslake (Bi-borough Director of Children's Services), Dr David Finch (NHS England), Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) and Detective Inspector Iain Keating (Metropolitan Police).

2 DECLARATIONS OF INTEREST

2.1 No declarations were made.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

That the minutes of the meeting held on 24 May 2018 be signed by the Chairman as a correct record of proceedings subject to the first sentence on paragraph 4.3 being amended to read: "Olivia Clymer advised that the engagement process had been open to all relevant parties."

4 DECISION ON THE SELECTION OF THREE KEY TOPICS FOR THE BOARD

4.1 The Chairman confirmed that the three key topics selected by the Board to focus on in the future would be dementia, loneliness and sugar.

4.2 Dementia – This was now regarded as a Cabinet priority with a detailed dementia strategy currently being prepared in order to ensure Westminster could be classified as a dementia-friendly city.

4.3 Loneliness – MyWestminster funding had been applied for to assess loneliness within the borough. Significant work had been undertaken at tackling the issue amongst elderly persons but more work was required with regard to younger residents. Future work on loneliness would be expanded across a wider range of age groups.

4.4 Sugar – Work on this topic would be accompanied with early years and identification work featuring elements on mental health, obesity and dental issues. A 'Tackling Childhood Obesity Together' programme was in place, which was having a positive initial impact. It was proposed to work closer with schools from a health perspective and in September, the Council would be meeting with the Headteachers of local schools to discuss these issues.

4.5 The Chairman also confirmed that there was a new fund available to improve the level of air quality in the vicinity of local schools. Several schools had already applied for funding to design and implement appropriate measures with the aim of reducing pollution in their local area.

4.6 A more integrated health provision was now provided throughout the Council with a designated public health individual within each Directorate. The Board also noted that a more seamless health and care package for all Westminster residents was being developed as one of the Council's main priorities.

5 HOMELESSNESS PREVENTION HEALTH REFERRALS

5.1 Jennifer Travassos (Head of Prevention), Rebecca Green (Trailblazer Project Lead) and Ross Harvey (Shelter Westminster) presented the report and explained that with the introduction of the Homelessness Reduction Act the

Housing Service had been restructured to better meet the needs of residents and deal with issues surrounding housing supply. The restructure would mean an earlier support for households before the point of a housing crisis and deal with the issues when they were less complex and less costly.

5.2 The Board was advised that patients frequently discussed housing issues with GPs and commonly asked GPs to advocate housing providers on their behalf, an area that was not their specialism nor responsibility. As such, it was proposed to trial a Westminster GP Referral Pathway system that would create one single, simple point of referral GPs could use when their patients raised housing concerns. The referral would be to housing and homelessness prevention specialists who would then take on the case, removing responsibility from health professionals and enabling early and efficient intervention.

5.3 The Board welcomed the proposals and discussed potential methods of engagement with GPs. These included the formation of a focus group with GPs to receive feedback, the circulation of a survey and engagement with the London Medical Committee. The Chairman requested that any ideas be forwarded on to Jennifer Travassos with an update on progress to be provided to the Board in six months.

6 DRAFT ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT

6.1 Colin Brodie (Knowledge Manager, Public Health) introduced the item, which updated the Board on progress on the annual report of the Director of Public Health for 2017/18. The Board was provided with an outline of the theme for the report, which was the health and wellbeing of young people and the experience of living and growing up in the Bi-Borough area. The report would not only contain data analysis undertaken but feature case studies and interviews with young people describing their experience of growing up in Westminster. The Board was particularly pleased to note that input from young people was driving the process and helping develop solutions to health and wellbeing challenges.

6.2 The Board noted that the report was currently in its research and analysis phase, a draft version was planned for September with publication of the report due in November 2018. Colin Brodie requested case studies be forwarded on to him to help inform the report with the deadline to receive these being the end of July 2018.

6.3 The Chairman requested that the initial draft of the report come before the Board for review.

7 CHILDREN'S SPECIAL EDUCATIONAL NEEDS AND DISABILITIES STRATEGY

7.1 Ian Heggs (Bi-Borough Director of Schools Quality and Standards), Julie Ely (Children's Services) and Holly Holmes (Children's Services) presented the report. The Board was informed of the reforms to the strategy that had taken place since 2014 following the introduction of the Children and Families Act

and the SEND Code of Practice. The vision of the strategy was detailed and the Board noted that it mirrored the strategy of the Board, namely "stay well and live well". Improved methods of communication with patients and carers had been initiated and this helped build relationships and ensure their views were captured within the strategy.

7.2 In response to a question from the Board Julie Ely explained that the Patient/Carer Forum had a management committee, which was organised by parents with children who had special educational needs and disabilities. The Council was providing support to enable them to extend their reach beyond their membership through the organising of drop in centres and surgeries to encourage the broadest possible membership to reflect the views of families.

7.3 The Board requested further details on personal budgets, their current status and any future plans. The Board was advised that the level of take-up of personal budgets was low nationally, potentially because of the complex nature of completing them, however efforts were being made to simplify the application procedure and this was regarded as a priority locally.

7.4 The Board commented on the very comprehensive nature of the report and was pleased with the significant level of detail contained within it. The reforms undertaken since 2014 were noted and it was agreed to receive an action plan setting out the key milestones for the strategy.

8 CHILDREN'S JOINT COMMISSIONING PLAN

8.1 Ian Heggs (Bi-Borough Director of Schools Quality and Standards), Julie Ely (Children's Services) and Holly Holmes (Children's Services) presented the report. The Board was informed that the Plan was intended to be a follow-on from the SEND Strategy and contained an identical vision. The Plan was a key part of the Children and Families Act with a focus on joint commissioning to improve services for those with complex health, social and educational needs and disabilities. The importance of engagement and partnership between CCGs and the Council was stressed along with the importance of ensuring this could be broadened even further when delivering priority projects. A number of projects had been identified as priorities for joint commissioning and these included:

- Speech, language and communication needs;
- Occupational therapy;
- Preparation for adulthood;
- 0-25 Integration;
- Emotional health and wellbeing support; and
- Autism

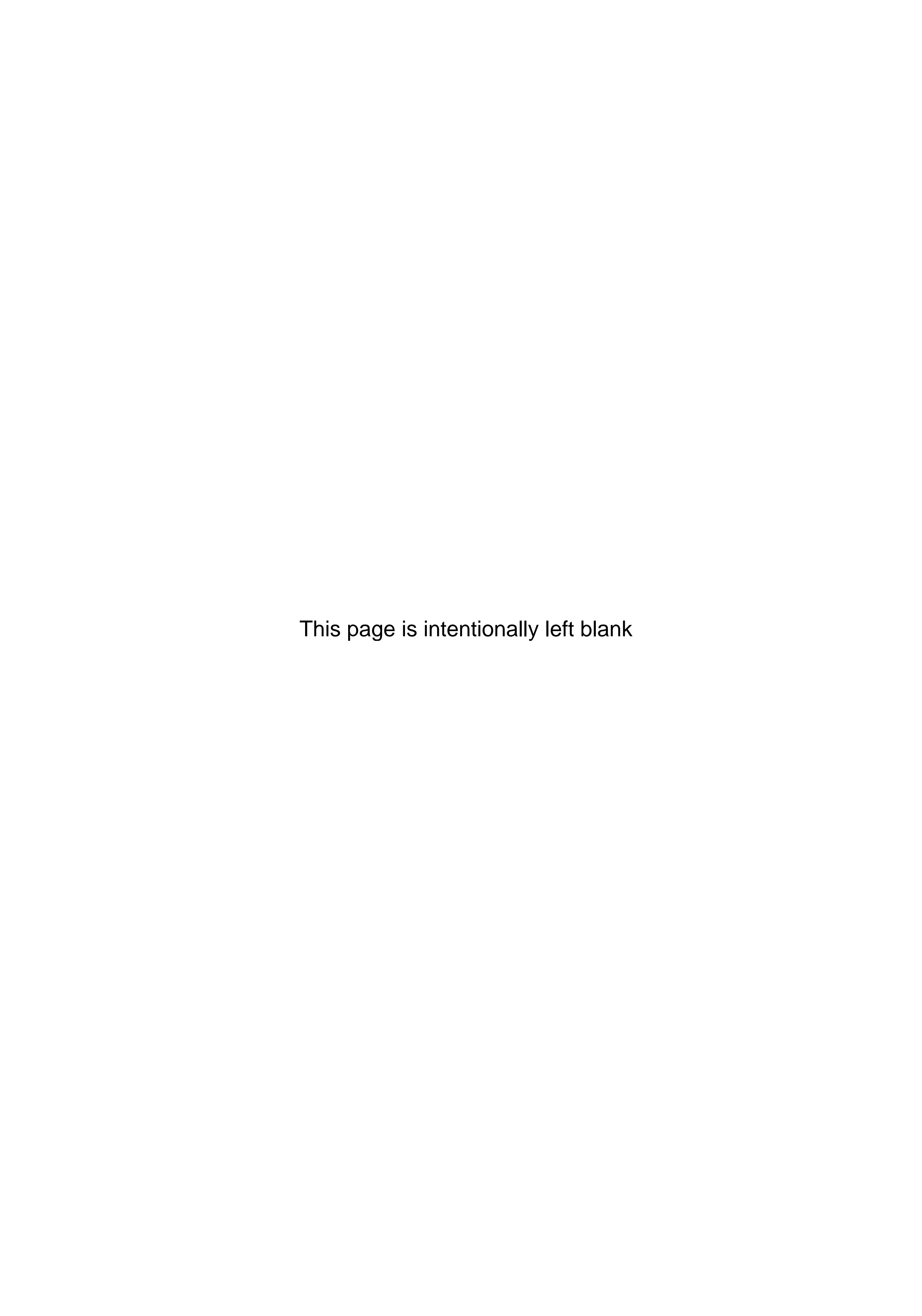
8.2 The Board commented on the reporting arrangements in place but requested that consideration be given to the Provider Board being consulted on joint commission priorities. Concern was also expressed on the limited section on obesity within the Plan, especially considering this was highlighted as a key priority for the Board. The Board was informed that this was due to the limited

amount of joint working currently undertaken on this issue, however important work was still being carried out with regards to obesity.

8.3 The Board commended the level of joint working undertaken and was pleased with the involvement of providers in the process, which the Board hoped could be used as an opportunity to widen joint working opportunities. To obtain additional viewpoints of the process the Board expressed an interest in a representative from the Patient Carer Forum attending a future meeting. The Board noted the report but requested that the section on obesity be expanded to reflect the fact it was a Board priority.

The Meeting ended at 5.32 pm.

CHAIRMAN: ______________________ **DATE** ___________________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WESTMINSTER HEALTH & WELLBEING BOARD
Actions Arising

Meeting on Thursday 12th July 2018

Action	Lead Member(s) And Officer(s)	Comments
Homelessness Prevention Health Referrals		
An update on progress to be provided to the Board after six months.	Jennifer Travassos	
Draft Annual Director of Public Health Report		
An initial draft of the report to come before the Board for review.	Colin Brodie	
Children's Special Educational Needs and Disabilities Strategy.		
The Board to receive an action plan setting out the key milestones for the strategy.	Ian Heggs / Julie Ely / Holly Holmes	
Children's Joint Commissioning Plan		
A representative from the Patient Carer Forum to attend a future meeting of the Board.	Ian Heggs / Julie Ely / Holly Holmes	

Meeting on Thursday 24th May 2018

Action	Lead Member(s) And Officer(s)	Comments
Patients and their Carers Experiences of Living with Long Term Health Conditions in Westminster		
Members to submit any further comments on the report by 7 June.	All Members	

Meeting on Tuesday 20th March 2018

Action	Lead Member(s) And Officer(s)	Comments
Minutes and Actions Arising		
Board to receive an annual report from the Care Quality Commission on its overall work.	Chris Neill / Bernie Flaherty / Dylan Champion	
Local Area Special Educational Needs and Disability Brief		

Chairman to receive information on source of funding received by Central and North West London NHS Foundation Trust on preventative work on mental health in primary schools.	Victor Roman / Alison Markwell	
Suicide Prevention Action Plan 2018-2021		
Chairman to receive further information on London wide social media campaign on suicide prevention.	John Forde	Completed.
Any Other Business		
Health and Wellbeing Centres Task Group report to be circulated to the Board.	Toby Howes	Completed.

Meeting on Thursday 18th January 2018

Action	Lead Member(s) And Officer(s)	Comments
Verbal Update on the work of the Safer Westminster Partnership		
Mick Smith to discuss emergency care and ambulance callouts with NHS Central London Clinical Commissioning Group.	Mick Smith / Chris Neill	
Suicide Prevention Strategy Refresh		
Chris Neill to approach Like Minded to discuss linking up of their work with the Suicide Prevention Strategy.	Chris Neill	

Meeting on Thursday 16th November 2017

Action	Lead Member(s) And Officer(s)	Comments
Chairman's Verbal Update		
Chairman to update Board on meeting she had with NHS Property representatives at next Board meeting.	Chairman	Completed.
Pharmaceutical Needs Assessment		
Mike Robinson to contact NHS England to see if inviting pharmacy representatives to a future Board where the Pharmaceutical Needs Assessment is an item on the agenda is appropriate.	Mike Robinson	

Meeting on Thursday 14th September 2017

Action	Lead Member(s) And Officer(s)	Comments
Sustainability and Transformation Plan		
Presentation on Sustainability and Transformation Plan to be circulated to the Community Safety Partnership.	Jane Wheeler / Chris Neill	

Draft Annual Report of the Director of Public Health 2016-17		
Members to make any further comments and suggestions about the draft annual report to Mike Robinson prior to the next Board meeting.	All Board Members / Mike Robinson	Completed.

Meeting on Thursday 13th July 2017

Action	Lead Member(s) And Officer(s)	Comments
Update on Development of Better Care Fund Plan 2017-19		
Better Care Fund Plan for 2017-19 to be circulated to Members for further comments and final approval to be delegated to Councillor Heather Acton and Dr Neville Purssell before the 11 September deadline.	Councillor Heather Acton / Dr Neville Purssell / Dylan Champion	Completed.
Work Programme		
Clarification to be provided on whether the meeting scheduled for 22 March 2018 needs to be moved forward.	Councillor Heather Acton / Dylan Champion	Completed.

Meeting on Thursday 25th May 2017

Action	Lead Member(s) And Officer(s)	Comments
Delivering the Health and Wellbeing Strategy for Westminster		
Information dashboard being developed by North West London Clinical Commissioning Groups' Strategy Transformation Team to be circulated at next meeting.	Harley Collins (Health and Wellbeing Manager)	Completed.
Healthwatch to circulate research undertaken on behalf of the North West London Sustainability Transformation Plan that identified gaps in the Community Independence Service to Members.	Healthwatch	Completed.
Specific priorities and projects within the Strategy to be updated to incorporate suggestions made by Members.	Dylan Champion	To be provided at a future meeting.
Work Programme		
Updated work programme to be circulated to Members.	Dylan Champion	To be provided at a future meeting.

Primary Care Strategy to be circulated to Members.	Chris Neill (NHS Central London Clinical Commissioning Group)	

Meeting on Thursday 2nd February 2017

Action	Lead Member(s) And Officer(s)	Comments
Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	Completed.
Pharmaceutical Needs Assessment – Introduction		
Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.

Extraordinary Meeting on Tuesday 13th December 2016

Action	Lead Member(s) And Officer(s)	Comments
NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	Completed.

Meeting on Thursday 17th November 2016

Action	Lead Member(s) And Officer(s)	Comments
Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the	Chris Neill (NHS Central London Clinical	Completed.

NHS Central and NHS North West London Clinical Commissioning Groups.	Commissioning Group)	
Work Programme		
Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	Completed.

Meeting on Thursday 15th September 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	Completed.
Housing Support and Care Joint Strategic Needs Assessment		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Completed.

Meeting on Thursday 14th July 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Completed.
Tackling Childhood Obesity Together		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
Health and Wellbeing Hubs		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	Completed.

Meeting on Thursday 26th May 2016

Action	Lead Member(s)	Comments

	And Officer(s)	
Draft Westminster Health and Wellbeing Strategy Refresh		
Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Completed

Meeting on Thursday 17th March 2016

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Strategy Refresh Update		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Completed.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	Completed.
NHS Central and NHS West London Clinical Commissioning Group Intentions		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	Completed.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	Completed.

Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	Completed.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	Completed.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	Completed.
Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	Completed.
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	Completed.

Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		

That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	Completed.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
Westminster Housing Strategy		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	Completed.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	Completed.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	Completed.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	Completed.
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	Completed.
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed.
Whole Systems Integrated Care		

That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	Completed.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more line with the Board's priorities.	Public Health	Completed.
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
Better Care Fund		
An update including details of performance and spending be provided in six months' time.		Completed.
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Completed.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	Completed.

Meeting on Thursday 19th March 2015

Action	Lead Member(s) And Officer(s)	Comments
Pharmaceutical Needs Assessment		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.	Children's Services	In progress.
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

Action	Lead Member(s) And Officer(s)	Comments
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups NHS England	Completed
Work Programme		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	Completed.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Completed.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	Completed.
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed.

NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. *Note: Recommendations to be put forward in next year's programme.*	Public Health Services Senior Policy & Strategy Officer.	Completed.

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Completed.
Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed.
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

Westminster Health & Wellbeing Board

Date:	13th September 2018
Classification:	**General Release**
Title:	Action on sugar reduction, oral health and childhood obesity
Report of:	Gaynor Driscoll Head of Integrated Commissioning (Public Health)
Wards Involved:	*All*
Policy Context:	The need for effective action to address rising levels of sugar consumption amongst children and young people is high on the local and national agenda. A well planned and resourced approach forms a vital part of wider local strategies to improve children's oral health and prevent childhood obesity.
Report Authors and Contact Details:	*Kate May: Business Partner Public Health* *Debbie Arrigan: Business Partner Public Health* *Ellie Lewis: Community Asset Programme Manager* *Christine Mead: Community Resilience Manager Public Health* *Gaynor Driscoll: Head of Integrated Commissioning Public Health*

1. Executive Summary

1.1 This report sets out what we know from available local data about the impact of excess sugar consumption on the health of children and young people in Westminster. It sets out action being taken at a local and national level to address rising levels of sugar consumption and associated health outcomes, and introduces future plans to integrate sugar reduction activities into a planned new Bi-Borough healthy lifestyle programme for children and young people.

2. Key Matters for the Board

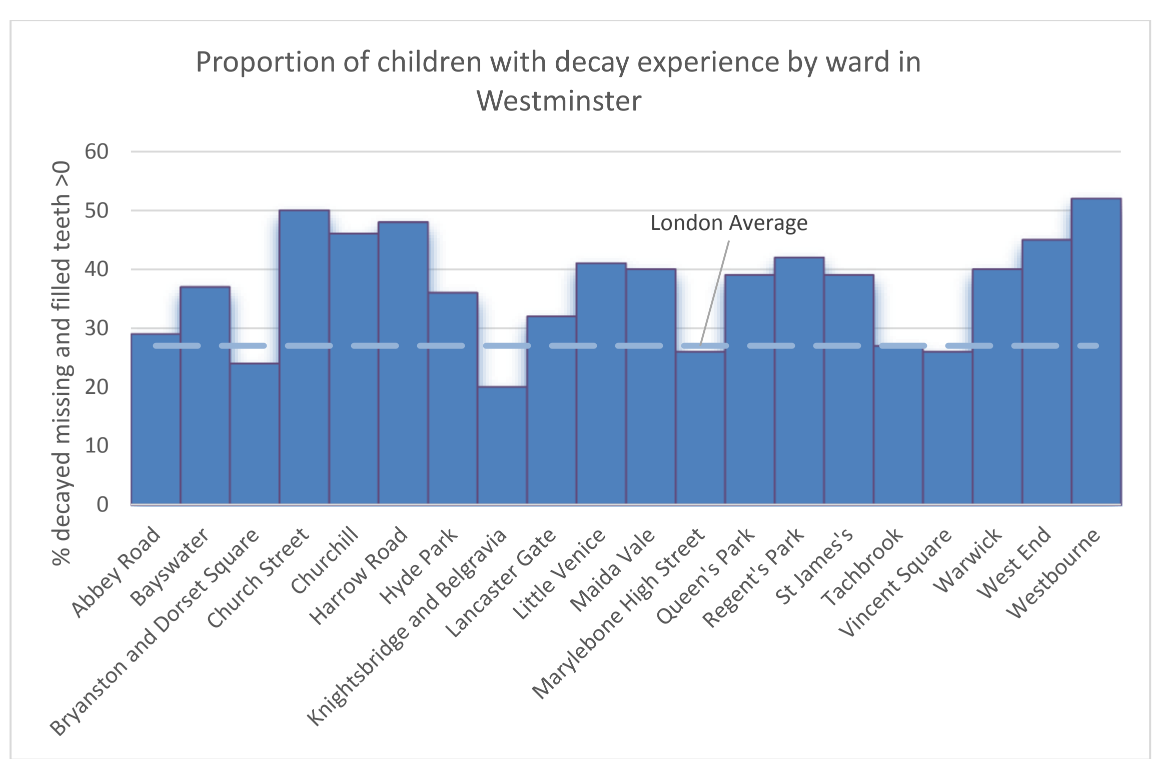
2.1 To update the board on the local issues related to sugar consumption and obesity and to discuss the proposed plans to integrate sugar reduction messages within a system wide obesity prevention approach.

3. Background and local picture

3.1 Children across the UK are eating three times more sugar than the maximum daily limit recommended by health experts. Too much sugar can lead to tooth decay and a range of health problems including diabetes, obesity, heart disease and some cancers. The biggest source of sugar in children's diets is sugary drinks, followed by sugary snacks.

3.2 In Westminster 35.1% of 5 year olds have experienced tooth decay. This is higher than the London (27.2%) and England (24.7%) averages. Higher levels of decay experience are spread across the wards of Westbourne, Church Street, Harrow Road, West End and Churchill[1].

Table 1:



3.3 Increased consumption of sugar is a key contributory factor associated with increased levels of obesity. In Westminster, 24.7% of children in reception (4-5 year olds) are

[1] Oral Health Survey of 5 year old children 2017

obese or overweight and 43.1% in year 6 (10-11 year olds). This is significantly higher than the London (38.5) and England (34.2) averages[2].

3.4 Of its statistical neighbours, only Brent (and Southwark for reception pupils) has a higher prevalence of overweight and obesity than Westminster.

Table 2: *Prevalence of excess weight among Reception pupils, in Westminster and its statistical neighbours.*

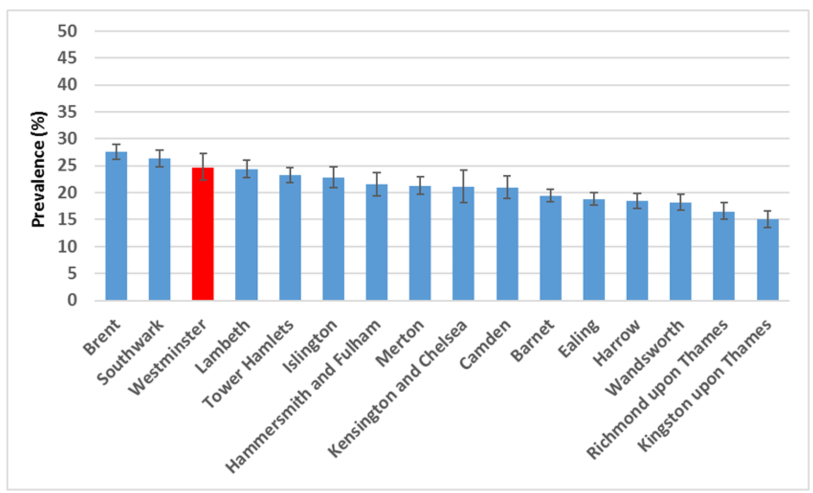
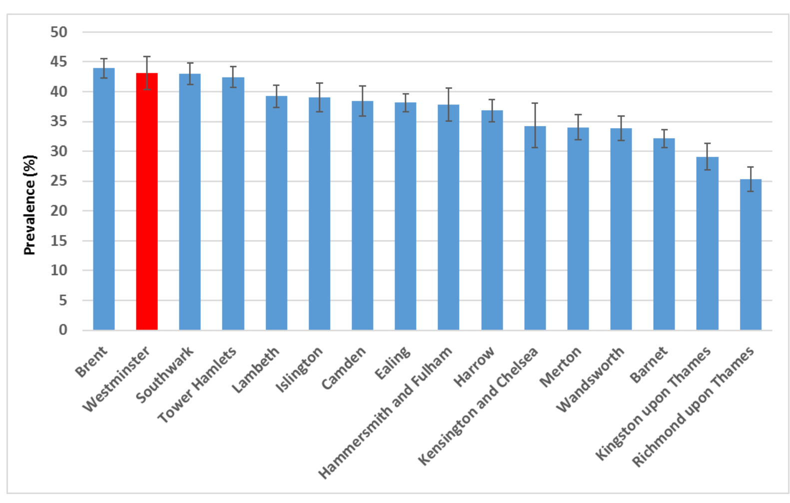


Table 3: *Prevalence of overweight (including obese) among year 6 pupils in Westminster and it statistical neighbours.*



3.5 The burden of childhood obesity and tooth decay is felt hardest in more deprived areas, with children growing up in low income households more than twice as likely to be obese than those in higher income households[3]. Children from black and

[2] NCMP 2016/17
[3] NHS Digital. (2017). National Child Measurement Programme 2016/17

minority ethnic families are also more likely than children from white families to be overweight or obese and recent trend data suggests that this inequality is increasing[4].

3.6 Consumption of sugar, and childhood obesity, have also been linked to obesity in later life, which contributes to the development of long term conditions including Type 2 Diabetes and dementia. Type 2 Diabetes is being diagnosed at younger ages, partly due to the rise in childhood obesity and sugar consumption.

4. Local action focused on sugar reduction and oral health

4.1 A number of services and programmes are being delivered across Westminster that aim to help reduce sugar consumption and associated health problems amongst children and young people. The Public Health Service commissions CLCH to deliver a comprehensive oral health promotion service that aims to make promoting good oral health everyone's business. The team provides:

- Workforce training to help enable those working with children and families to deliver consistent oral health messages (including Health Visitors, School Nurses, Children's Centres)
- Dissemination of advice and resources to improve access to dental practices
- Fluoride varnish applied on an outreach basis in targeted schools
- Tooth brushing programmes in targeted schools

4.2 Big Bites and Pearly Whites is a comprehensive, evidence-based three-year, health promotion campaign delivered in Chelsea and Westminster Hospital outpatients services and sponsored by Chelsea and Westminster Hospital, RBKC, WCC and Public Health England (PHE). The aims of the programme are to improve parents' and carers' knowledge about children's oral health, this incudes dietary advice about reducing total sugar and frequency. Since 1st February 2018, 513 families have received a brief intervention.

4.3 In 2017 the council developed an oral health campaign called 'The Tale of Triumph Over Terrible Teeth' aimed at reducing tooth decay, which encourages children to brush in the morning and before bed with fluoride toothpaste, to cut down on sugary food and drinks and visit the dentist regularly. The campaign features an animation and quiz. It has been screened to children and their parents at 5 libraries and 23 schools in the borough to date. The campaign and associated resources have been commended by the Federation of Local Dental Committees (LDCs).

4.4 In addition, a local dental buddying scheme is being developed. This will build links between dental practices and local schools as part of a drive to improve oral health. One of the objectives of this work is to improve how families look after their oral

[4] Public Health Analysis of the NHS Digital. National Child Measurement Programme 2015/16

health. This scheme will see dentists visiting schools to give talks to pupils. To date 11 dentists have expressed interest in participating in this initiative.

5. Local action to prevent childhood obesity

5.1 Action to reduce sugar consumption and promote healthy eating forms a central part of the Tackling Childhood Obesity Together (TCOT) programme which aims to halt and reverse the rising trend in childhood obesity across the bi-borough. The programme commenced in 2015 and has 3 components:

- Healthy weight services: The implementation of a family healthy weight care pathway, workforce training and family healthy lifestyle services.
- A whole systems approach in working with internal partners within WCC and external partners across Westminster to change the environment so that the healthy choice is the easy choice for residents.
- A community led healthy lifestyle pilot – Go Golborne, initially focused on the ward of Golborne in RBKC to trial activities for future replication elsewhere in the Bi-Borough.

5.2 As part of the whole-systems approach in WCC, work has been done to identify opportunities within the council and partners to make positive changes to the wider environment within the borough that contribute to reducing childhood obesity. Key highlights relating to sugar reduction include:

- Active promotion of Change4Life's 'Be Food Smart' app in partnership with the Communications team. The app shows families how much sugar, saturated fat and salt is in their food and drinks so they can make healthy choices. Westminster achieved the second highest total clicks of any UK authority (6607) and hundreds of App downloads.

- 58 businesses achieved the Healthier Catering Commitment Award, a joint initiative led by City Management colleagues working with local businesses, making it easier for residents to make healthier food choices. The criteria for meeting the healthier catering commitment includes reducing access to sugary products including drinks and snacks.

- Westminster's leisure contractor has installed water fountains in entrance foyers that are accessible to the public. The leisure contractor has also stopped price promotions on sugary drinks.

- The Growth Planning and Housing team have installed 18 new food-growing projects in nurseries, schools and housing estates to promote healthy eating and associated messages about sugar reduction.

5.3 Other non-food related changes introduced as part of this strand of work includes ongoing work to remove restrictive signs. To date 15 no ball games signs have been removed to encourage active play. In addition, two play streets (Church Street and Marylebone) have been introduced to encourage active play.

5.4 Efforts to promote sugar reduction are integral to other key services commissioned by the Council to promote healthy lifestyles amongst children, young people and families. The Health Education partnership (HEP) are commissioned to provide the Bi-borough Healthy Schools and Healthy Early Years programme. HEP have adapted the London Healthy schools tool to align more closely with local priorities - for instance all Bronze awards have to include a statement relating to the school's food policy and efforts to be more 'Sugar Smart'. Sugar reduction in also a key focus of the Healthy Early Years programme that HEP deliver in partnership with local Children's Centres, nurseries and early year's settings.

5.5 Locally commissioned child and family weight management services, have supported over 1341 local primary school children as part of the healthy lifestyles programme. Educating children and parents about the dangers of excessive sugar consumption and healthy alternatives is a key part of the work. Also staff from local organisations are trained in how to promote healthy lifestyles, including modules on key nutrition messages and Sugar Smart actions they can implement within their settings.

6. National action on sugar

6.1 Alongside local action central Government has introduced a number of significant measures in recent years to help reduce sugar consumption. The Soft Drinks Industry Levy, also known as the 'sugar tax', came into force in April 2018. Soft drinks companies pay a charge for drinks with added sugar and total sugar content of 5g or more per 100 ml. £100m of revenue has been generated from the levy, which will form the healthy pupil capital fund for schools.

6.2 This fund is intended to improve children's and young people's physical and mental health and wellbeing and medical conditions. This is not ring-fenced. £131,943 is available for maintained and voluntary aided schools in Westminster. The Public Health Service is working with Children's Service on plans to support schools to plan how to spend this funding, including a focus on effective activities to promote healthy eating and sugar reduction.

6.3 In addition the government has launched a calorie reduction campaign challenging industry to take 20% of sugar out of food most commonly eaten by children by 2020. They are also looking to update current marketing restrictions of the promotion of unhealthy food and drink on TV, online and in shops including banning price promotions such as buy one get one free and multibuy offers on unhealthy food.

6.3 The NHS Change4Life programme has developed a range of resources to help children and families cut down on sugar and become ‘Sugar Smart’ that are actively promoted directly to schools, Children’s Centres and community organisations. Jamie Oliver has also launched a national Sugar Smart campaign that is delivered in partnership with the Children’s Food Trust based at Sustain. In line with this approach, Westminster Council is working with internal Departments and external organisations across the Borough to encourage them to make ‘Sugar Smart’ pledges.

7. Next steps

7.1 A comprehensive range of services and programmes are in place across Westminster to help address rising levels of sugar consumption amongst children and young people and prevent associated health problems. There are, however, opportunities to better integrate and co-ordinate these activities to ensure they have maximum impact.

7.2 There is a need to identify how we maximise the opportunities presented by changes taking place at a national level that provide vital levers for local implementation and change e.g. soft drinks industry levy and reformulation outlined in the national childhood obesity plan.

7.3 There are proposals under development for the Public Health Service to develop a more integrated approach intended to promote action across all key nutrition and physical activity issues affecting children and young people across the Bi-Borough. This approach, provisionally entitled ”Young and Healthy”, will entail a network of schools and local organisations being formed to drive forward campaigns and activities to help children and families eat well and keep active. This approach is based on lessons learned from various initiatives and is proposed to run across the bi borough. This would maximise the use of assets in the area making changes to the local environment and provide consistent healthy lifestyle messages to children across the boroughs.

7.4 The proposed “Young and Healthy” programme, for example, could include borough wide campaigns on key healthy lifestyle topics, including the Sugar Smart theme. Organisations will be provided with free materials and training to support

participation in the campaigns, opportunities to access additional resources for health promotion activities, and forums to share news and best practice. Organisations will be supported to demonstrate how they are suitable for children in relation to how they ensure their services actively promote best practice approaches towards supporting children to eat well and keep active.

7.5 In addition to a system wide approach it is suggested that two targeted communities with a high prevalence of obesity and tooth decay will be selected to co-produce and run coordinated events and campaigns aligned with local needs. This will help ensure efforts are more intensive in areas with greatest need and delivered to have maximum sustained impact.

7.6 Engagement with local communities will help inform and prioritise actions taken across the council to ensure local environments make it easier for children and families to make healthy choices, and inform plans for future commissioning of relevant healthy lifestyle services.

8. Recommendation

8.1 That the contents of the report are noted and that board members discuss the principle of taking a whole system approach through the development of the 'Young and Healthy' programme.

8.2 That the board supports the principle of integrating our collective efforts to reduce sugar consumption and associated health harms.

Westminster Health & Wellbeing Board

Date:	September 2018
Classification:	General Release
Title:	Update on integration plans in Westminster
Report of:	Managing Directors, NHS Central and West London CCG
Wards Involved:	All
Policy Context:	City for all; North West London STP
Financial Summary:	As set out in this cover sheet and the attached presentation
Report Author and Contact Details:	Chris Neill, Deputy Managing Director, CLCCG Jane Wheeler, Associate Director, WLCCG

1. Executive Summary

1.1 This paper provides an update on the local health system's delivery of the Primary Care Strategy discussed at the Health and Wellbeing Board in July and the Integrated Care Strategies discussed at the Board in November 2017. In summary, both documents set out the three year journey the health system is going on in order to deliver the Five Year Forward View – the NHS's key policy document, published in 2014.

1.2 Since the last board discussions on this item, a great deal of progress has been made which is summarised for the Board in this cover paper and the attached presentation entitled "MCP in Westminster". In particular, CLCCG has approved a draft pre-procurement business case as part of an MCP programme which is focussed on delivering an MCP from April 2020; West London continues to look at ways to expand the Integrated Care Team provided by an alliance of local providers as the basis for further broadening the scope into a MCP in 2020/21.

2. Key Matters for the Board

2.1 The Board is asked to note this update and the attached presentation in line with the Board's statutory duties to promote the integration of health and care in the area.

2.2 The Board is asked to note, in particular, the financial and quality/performance context in which the care system needs to deliver the Five Year Forward View agenda and the implications this local context will have as the system moves towards the delivery of the MCP from 2020. Specifically, there is a requirement for the system to improve care and reduce over-spending against the national formula in the here and now and this work needs to take place regardless of the MCP programme: the MCP programme is being pursued as a way of maximising the amount of money available to focus on frontline care.

3. Background

3.1 The Westminster care system has been on a journey to deliver better integration of services in the community for some time. Since the CCGs' creation in 2012, so far this has taken a number of forms, including:

- The development of a strategic vision for integrated services provided through hubs and networks in the community
- The commissioning of additional services in community settings – through the Out of Hospital Programme from 2012, and now through the Partnership in Practice contract from 2018 in the Central London area
- The Shaping a Healthier Future acute reconfiguration programme (since 2011)
- The Whole Systems Integrated Care (WSIC) programme, which became one of 14 national pioneer sites in 2014
- The joint CLCCG/Central London Healthcare (CLH) Primary Care Strategy, published in 2017 – which set out the basis for the CCG's 3 year commissioning programme
- The Integrated Care Strategies approved by both CCGs and presented jointly with lead council officers to the Board in November 2017.

3.2 Since the adoption of both CCGs' Integrated Care Strategies, both CCGs have been working with partners. In CLCCG this has involved working with partners through the Westminster Partnership Board to develop plans and thinking.

3.3 CLCCG updates the board as follows:

- There have been regular, board-level conversations on local system issues at the Westminster Partnership Board since November 2017 – with a focus on how the local care system moves forward with integrated care (at what scale, pace, in which areas and how)

- Commissioning intentions were published to all current providers of care in Westminster early in the 2018/19 financial year. These commissioning intentions set out the system challenges and provided early notice for all contract holders/receivers of funding that the contracts CLCCG currently has in place will not continue in their current form into 2019/20. This notice was shared with the Council as well as with NHS health providers.
- Model of care development sessions have taken place – delivered mainly through workshops, and clinically led by local GPs – in which the clinical community has been galvanised to begin to articulate what it wants to deliver for patients and how the system needs to change to deliver local improvements. The model of care sessions have focussed on children and young people, working age adults with a focus on mental health and older people and frailty.
- Active engagement with both existing and potential providers of care in Westminster has taken place. This has included the first of a series of planned open engagement events, which was well attended by a range of providers from the Westminster system and beyond; and some kick start support commissioned by the CCG to facilitate the coming together of existing local providers to consider the implications of what both CCGs have set out in their plans.

4. The planning context

4.1 As the attached presentation entitled “MCP in Westminster” makes clear, the local health system is planning in a challenging environment. There are quality/performance and financial issues with which the care system in this area needs to grapple. These issues are endemic across the whole patient pathway and are not the sole responsibility of one organisation to sort out: all partners need to work together as a system. In part, these reflect national issues such as the requirement to invest more in prevention than ill health and coping with the effects of ill health. But there are also broader local issues in Westminster which the system cannot shy away from tackling now – including health inequalities, obesity in children and young people, the negative experiences of some of the users of our services, the low rates of access to some specialist services for people who are vulnerable or have life long conditions etc. It is this set of circumstances that has led national, regional and local policy to conclude that a new approach to the commissioning and delivery of care is required.

4.2 In Westminster in particular this includes:

- A number of areas where performance is either not where it should be, is on a declining trajectory or it risks falling into a declining trajectory. These areas are set out in the attached presentation and include key areas for delivery across all health systems in the country. In Westminster there are improvements which need to be made in services for people with long term conditions, older people, people with disabilities, issues in the way services are experienced or accessed and the way health promotion is prioritised or health issues are identified. These issues are particularly pertinent in

Westminster because the health system is currently significantly over-capitated: West and Central London CCGs are currently the first and second highest capitated health systems in the country. This means that, according to the national formula, the Westminster health system has traditionally received more income than other areas – i.e. it is over-spending. As this income falls to the levels anticipated through the national formula, it will be especially challenging for the good performance achieved so far, or the falling performance set out in the attached presentation, to be maintained or corrected.

- As noted above, the financial position of the health and care system is not positive – nor is it expected to improve. Both CCGs have programmes in place to deliver MCPs. In CLCCG, the draft pre-procurement MCP business case was approved on 11 July 2018. As part of preparing the business case, the CCG modelled 10 year financial scenarios affecting the potential income and expenditure in health in its area. These scenarios were assumptions based, and incorporated planning considerations currently known, but the scenarios point to a risk that unless acute growth can be contained over the planning period there will be little or no investment for anything other than secondary care, and this is an issue of which all system partners need to be cognisant.

4.3 In providing this briefing, CLCCG recognises the nervousness of local providers operating in Westminster in increasingly financially challenging times. There is widespread recognition that the financial position locally is worsening at a challenging pace and this is causing anxiety for all partners, particularly those involved in the delivery of community and mental health services. The CCG does take its statutory responsibilities to develop and publish system plans seriously, and has now done this. The CCG is also taking a medium term view so that the whole system can work to improve care and financial sustainability now: the CCG is looking to ensure that there is a managed approach to risk.

4.4 Although the focus of this paper is on structural improvements to the way care is commissioned to ultimately support improvements in delivery, this is because the nature of the issues requires a new structural approach and this is what has informed national policy. These plans are based squarely on consistent feedback from patients, clinicians, staff and an international and increasingly national evidence base which has informed NHS plans nationally and these plans locally. The CCGs both have draft communication and engagement strategies in place which they are currently looking to finalise with local organisations. The focus of the CCG's work on improving services will be on co-production as the way of harnessing improvements in care based on expertise by experience.

5. Options and choices

5.1 As the attached presentation makes clear, the Westminster system has had important options and choices to consider. Hitherto CLCCG has decided to pursue an integration strategy based on the strengthening of community services

and the registered list in primary care through the MCP model. The alternative choices at this stage are summarised in the attached presentation and have been discounted. For completeness they are set out here as follows:

- Option 1: Continue as is / status quo – i.e. continue to work to deliver incremental improvements in outcomes and finances
- Option 2: Trying to achieve greater, non-contractual alignment – i.e. build on the above through some focussed pilot/network/alliance-type model
- Option 3: Delivering on the new care models agenda as per the 5YFV – i.e. continue with the CCG's previous preference to work towards an MCP.

5.2 There is currently a difference of approach between Central and West London CCGs on the option for developing an MCP. West London CCG continues to work with the Alliance programme, building on the My Care My Way work on older people and frailty, which expanded in 2018/19. This has been a long standing, successful programme and is beginning to show improvements in older people's emergency admissions to hospital and is being further strengthened in terms of its links with other services including primary care. In Central London CCG, the position is different. In summary terms, the CCG's evaluation is that the first two of the above options would be unlikely to generate the required innovation, scale, pace or focus on prevention, culture change, patient outcomes and improvements in patient pathways given the local context.

6. CLCCG's MCP and draft MCP pre-procurement business case

6.1 The CLCCG governing body considered a draft MCP pre-procurement business case on 11 July 2018. This business case is in five parts and describes in further detail the proposal previously considered by the Health and Wellbeing Board, Partnership Board and CCG Board and discussed with partners since – i.e. the delivery of a partially integrated MCP. The CCG has proposed this approach as the main vehicle for driving improving health and wellbeing outcomes and system-wide financial sustainability.

6.2 In line with national and regional policy to use commissioning to support the better integration of care, Central London CCG has previously agreed to build on progress in developing a whole-systems approach alongside local networks that enable at-scale primary care to transform physical and mental health services in the community. In November 2017, the CCG decided that this needs to be supported by new care models and a new business model – and, for the reasons described in the integrated care commissioning plan, that the Multispecialty Community Provider (MCP) model is the CCG's preferred approach.

6.3 The draft business case sets out additional work done to define the approach the CCG plans to take, following further engagement on the proposed models of care; consideration of commercial and contractual options; further analysis of the long-term financial challenge; initial market engagement; and assessment of the work and resources required to implement this programme.

6.4 The business case summarises options, opportunities, and risks for commissioning an MCP.

6.5 The business case is in five parts, as follows:

6.6 The ***strategic case*** sets out the national and regional policy context for the work; progress to date towards the integration of out-of-hospital care, especially in primary care; why commissioning an MCP is the proposed next step; and how this fits the needs of the population served.

6.7 In progressing towards an MCP, CLCCG is at the forefront of national efforts to transform the commissioning and delivery of out-of-hospital care. It contrasts with the current approach of multiple contracts and different points of accountability, which creates fragmentation and inefficiency across organisational and contractual boundaries. The result of this is that local people's experience of care and outcomes are not as good as they should be. There is also much work to do on addressing local inequalities. Increasing financial constraints, combined with growth in demand for acute care and prescription medicines, mean that other services will be under unprecedented pressure unless a change in approach is delivered. This is particularly the case for physical and mental community health services, as these have previously been over-funded in comparison with other areas.

6.8 To continue to deliver these services as well as possible and keep within future budgets, there is a need for a bold programme of integrating front-line care to a degree not so far achieved. Without change, the reduction in funding to the Westminster health and care system as a whole and the growing cost of hospital services will severely limit the out-of-hospital care that the people of Westminster are able to access.

6.9 In the context of essential change and the proposal to commission an MCP to drive the integration of out-of-hospital care, the ***economic case*** draws on the objectives and critical success factors in a two-stage evaluation. This considers whether the proposed MCP approach remains the preferred commissioning option available to the CCG, in the context of the options and choices open to the CCG at this stage.

6.10 The first part of the evaluation considers the extent to which the proposed approach supports quality objectives within the constraints of the CCG's fixed resources and financial challenges; it is not a financial evaluation – because the quantum of resource available does not vary across options. It also considers the balance between the need to improve quality and control spending against the need to frame an attractive proposition for provider organisations that can be implemented and managed effectively. The second part of the evaluation assesses a range of different design features that shape the way the MCP will be commissioned and operated.

6.11 From this evaluation, the conclusion of the integrated care commissioning plan is confirmed: that a partially integrated MCP remains the preferred option for taking forward the significant changes necessary to achieve greater integration of out-of-hospital services.

6.12 In the ***commercial case***, the scope of services envisaged – currently more than a third of CLCCG's overall budget – is described; along with models of care that will seek innovative and creative solutions from the market. This summary of *'what'* care and services is followed by consideration of *'how'* they can translate into requirements that support a viable procurement process and the development of a well-structured contract. Initial engagement with the market is also outlined.

6.13 The approach described in the economic and commercial cases is dependent upon an MCP that is affordable for the CCG, attractive to the market, and sustainable in the long term. The ***financial case*** must therefore be considered within the totality of the CCG's short- and long-term financial planning.

6.14 With or without commissioning an MCP, the health service has to make significant savings to services (both in and out of scope) to achieve financial balance in 2018/19, 2019/20 (before the start of an MCP), and beyond. Before a final affordability envelope on which the procurement of an MCP will be based can be set, work is needed to complete a robust two-year plan as well as long-term forecasts for acute care and prescribing over the course of a potential MCP contract.

6.15 Setting an MCP affordability envelope will require judgements to be made about the risk of the CCG's financial plans not being delivered, and what will happen if they are not. Whilst these plans need to be developed, the reality is that an affordable health system (whether it is an MCP or not) does require a balance between de-commissioning of services and transformation of local pathways. The MCP has hitherto been the CCG's preferred approach to meeting local system quality and financial challenges, because it is the approach which is most focussed on patients, prevention, improved pathways and provides an opportunity for the system to drive out inefficiency as a way of meeting the financial challenge. In short, it provides the best opportunity to help the system move away from taking a "salami slicing" cuts based approach and maximises value in terms of focussing as much of the money and resource as possible on patient care, and helping to turn the money in patient care into wider resident wellbeing and prevention focus. All of this currently takes place on top of working with providers to drive out their own efficiency savings, known as CIPs.

6.16 The degree of change envisaged cannot be achieved without significant planning and an investment of time and resources from the CCG. This is considered in the ***management case***, which defines four principal phases of activity from the current position to the launch of a wide-ranging MCP that has capacity to adapt to further changes during the contract term.

6.17 The wider CCG planning tasks and preparations for MCP commissioning need to be progressed quickly if the procurement timeline described is going to be met. Expertise not readily accessible from within the CCG will be required throughout each of the phases. The timescales for the phases are tight and contain some

unknowns. The mitigation for this is detailed planning, efficient governance, and effective risk and issue management.

6.18 The Westminster system is on a long and challenging journey and the business case described in this paper and the presentation circulated alongside it set out the work required ahead. However, it also recognises how much the Westminster system has to build on, the work it has done and the alternative, less palatable challenges that lie ahead if we do not commit to a coherent programme of work which will drive better patient care, better use of the resources we have and more integrated services which support the increasing expectations of our residents and patients.

7. WLCCG's next steps to developing the MCP

WLCCG's governing body is in the process of agreeing a timeline to allow further work on developing local primary care networks, and the current alliance of providers enabling substantial steps towards the CCG's Integrated Care Strategy. The timeline indicates a decision in September 2019 on the approach to an MCP allowing for development work in the preceeding year. Specifically for 2019/20 this will include:

- Further work on delivering benefits of current integration in the ICT
- Identifying and incorporating a wider scope of services into the ICT – widening the focus on from older adults
- Developing the current Alliance agreement into a legally binding contract between Alliance partners
- Undertaking transformation work within services likely to form part of the MCP, to otpimise benefits of integration and future MCP success.

8. Legal Implications

7.1 The legal implications of this programme are not the focus of this briefing paper.

9. Financial Implications

9.1 These are as set out in the attached presentation.

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

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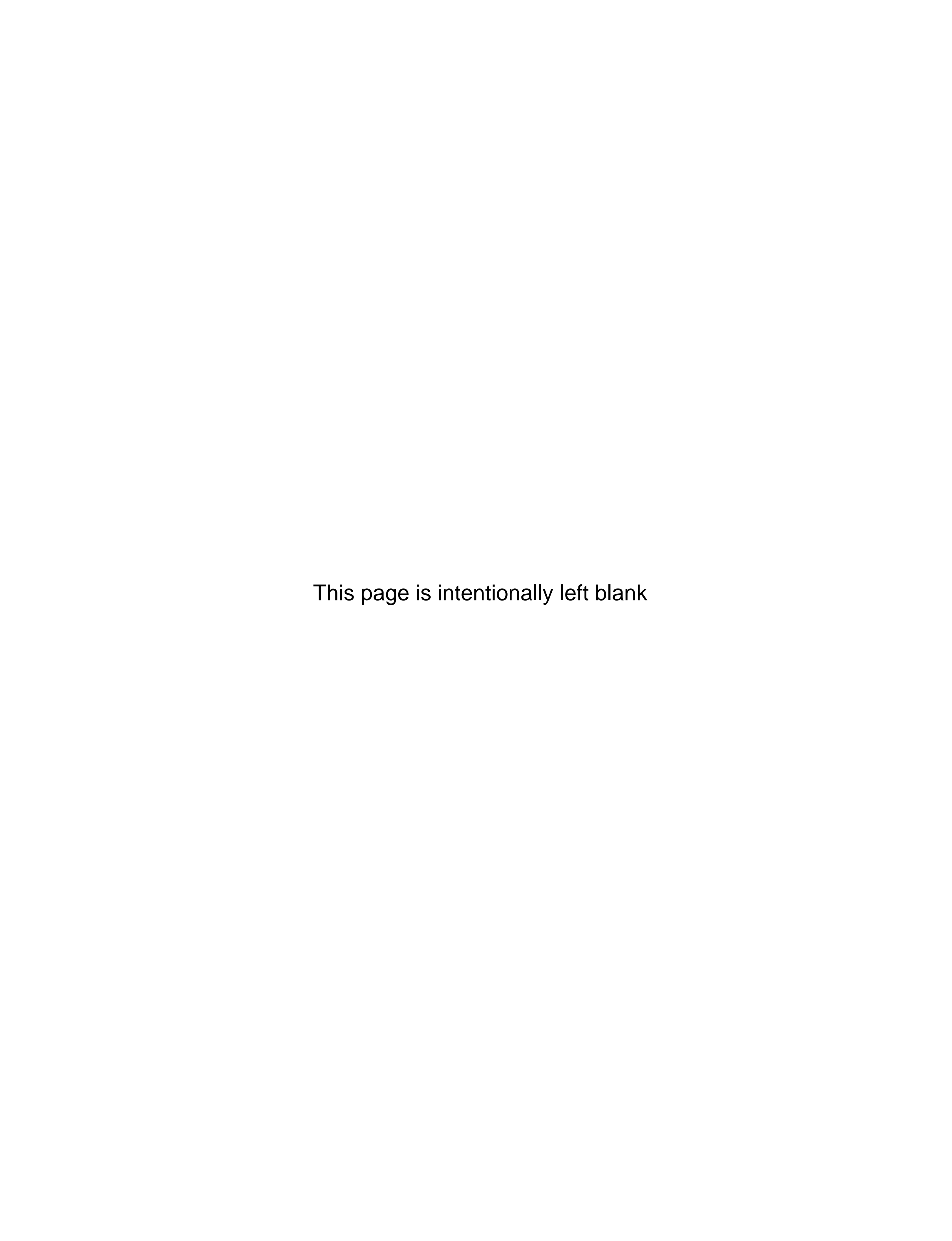
BACKGROUND PAPERS:

Integration Strategies presented to the Board in November 2017

Central London Primary Care Strategy presented to the Board in July 2017



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MCP in Westminster

Update to Westminster Health and Wellbeing Board

September 2018

Objectives

- To set out the CCG's progress and thinking to date in respect of:
  - Integrating care and
  - Delivering on the Five Year Forward View by 2020
- To discuss priorities for the Westminster care system, and how these need to be delivered
- To recap on the system financial position, including 10 year planning scenarios
- To set out the options and choices considered so far, including:
  - Proceeding as is / status quo
  - Trying to achieve greater, non-contractual alignment
  - Delivering on the new care and business models agenda as per the Five Year Forward View
- To set out how the CCG plans to move forward with the delivery of an MCP
- To discuss and provide some responses to queries received so far
- To set out the timetable and process from here

Contents

1. Executive summary and logic model “on a page”
2. Background and context – delivery since 2012 and the plans established so far
3. Planning for 2020 – the Five Year Forward View, Primary Care, Integrated Care Strategies
4. System priorities 2018-20
5. Westminster care system 10 year financial position
6. Health outcomes / experiences of care
7. Options and choices:
    - Proceeding as is / status quo
    - Trying to achieve greater, non-contractual alignment
    - Delivering on the new care and business models agenda as per the Five Year Forward View / MCP
8. Preferred approach: partially integrated MCP
9. Why MCP?
10. Delivery – risks and opportunities; learning from elsewhere
11. Timeline and next steps

1. Executive summary and logic model "on a page"

1. The Westminster system is facing 3 key challenges..

Challenges

The **quality challenge –** either because performance has been historically good, or because we are not transforming local services at the pace required/demonstrated elsewhere

The **system challenge –** because system-working as envisaged in the STP is not yet routine and this affects patients and patient care

The **financial challenge –** over-capitation has led to over-investment in community, mental health, primary care and social care services locally

2. ..current system plans for 18/19 and 19/20 plans are not sufficient to meet these challenges on their own..

Opportunities

We have 18/19 and 19/20 plans which include:

- Ambitious QIPP savings, mainly focussed on transactional schemes
- Community, mental health and primary care transformation

But these plans will not be sufficient to meet the challenges because:

- Large scale re-commissioning is required to rebalance the system
- The financial challenge increases each year at a greater rate than QIPP can realistically deliver
- The CCG wishes to protect frontline patient care by looking to generate efficiencies in complex pathways
- Transformation at the level required needs to be supported through a clear process

Therefore **the CCG's plan has been developed to:**

- Deliver the most efficient approach to recommissioning non-acute services
- Create the basis for longer term planning and delivery in the community (e.g. in investment planning)
- Incentivise financial and clinical improvements through efficiency rather than reductions in services
- Stimulate improvement in services

3. ..but we are in year 2 of a 3 year programme to deliver:

Delivery

Delivery programme 1:

Primary care development

Delivery programme 2:

Community service transformation and model of care development

Delivery programme 3:

Integration and the MCP

2. Background and context

Westminster and North West London have a track record of improving services in the community through integrated care…

2012	2012-2015		2016-17	2018
Better Care, Closer to Home strategy for co-ordinated, high quality out of hospital care published by Central London CCG with Westminster City Council	**Better Care, Closer to Home delivery**: joint MDTs are established in the community, "village" working takes hold across some practices, out of hospital services are delivered to patients		Joint **Primary Care Strategy** developed January to September 2017 **Primary care delegation** achieved April 2017 **Integrated Care Strategy** published November 2017	**Westminster Partnership Board** meets regularly **Four Primary Care Homes** established covering the full patient population **Partnership in Practice Contract** achieves 100% population coverage **Commissioning intentions** released
	Shaping a Healthier Future acute reconfiguration programme is established	**Hub based community service** model becomes the CCG's established preference		
Strategy **commits to delivering a greater range of services** to patients in the community, working across organisations	**Strategies** for service delivery in the community, community hubs and acute reconfiguration start to **align**	North West London establishes the **Whole Systems Integrated Care (WSIC) programme** and achieves national pioneer status	Improvements in community services, changes in primary care and the financial position inform **the integration strategy** approved in November	**Significant strengthening of primary care achieved** in year 1 of the CCG's 3 year commissioning programme

3. Planning for 2020

…but there is now recognition nationally, regionally and in this area that a new approach to care is required.

Our plans

The **Five Year Forward View** calls for the delivery of new care models

The **5YFV Into Action** focuses on delivering new care models through new business models

The **NWL STP** set out the vision for coordinated care

The **Primary Care and Integration Strategies** set out how this will be achieved in Westminster

The **Westminster Health and Wellbeing Strategy** focusses on the better coordination of care locally

This has been supported by our **transformation programmes and commissioning intentions**

Implications

A **new approach to care is required**

This is especially the case where the combination of quality/clinical, financial and system factors mean that re-commissioning is a requirement for the health and care system – the question is how best to deliver this.

4. System priorities 2018-20

The system has a number of priorities it needs to deliver on throughout 2018-20. These present a number of challenges to the CCG and partners. But they are also set against increasing expectations from patients about the way people want to receive their care.

Priorities	CCG and system requirements	Increasing expectations of care
1. Better coordination of care in the community 2. Improvements in care at greater scale and pace 3. System sustainability	To deliver these priorities, the systems needs to put in place: • A clearer clinical vision –i.e. what do we want for our patients? • More closely defined models of care – i.e. how will our vision / set of expectations be delivered? • A greater focus on working with partners from across organisations and services – i.e. system leadership • Genuine co-production and engagement with patients, as experts in the types of care they want to receive and how • Commissioning arrangements, contracts and funding models which support rather than inhibit joined up systems of care • Risk-based commercial models which incentivise right care in the right place at the right time (removing disincentives) • Coherent programmes of work which balance the scale of the challenge with the resources available to deliver	Patients increasingly expect of the whole care system: • Networks and partnerships to be in place, spanning organisations and types of services • Easier and more convenient access to services • Accountability for the support that can be provided • New care models which are routine rather than happenstance (e.g. MDTs, care transitions, navigation, linked ICT) • Better health and wellbeing, fewer emergencies/urgent access • Better long term condition management support • Focus on health promotion and ill-health prevention

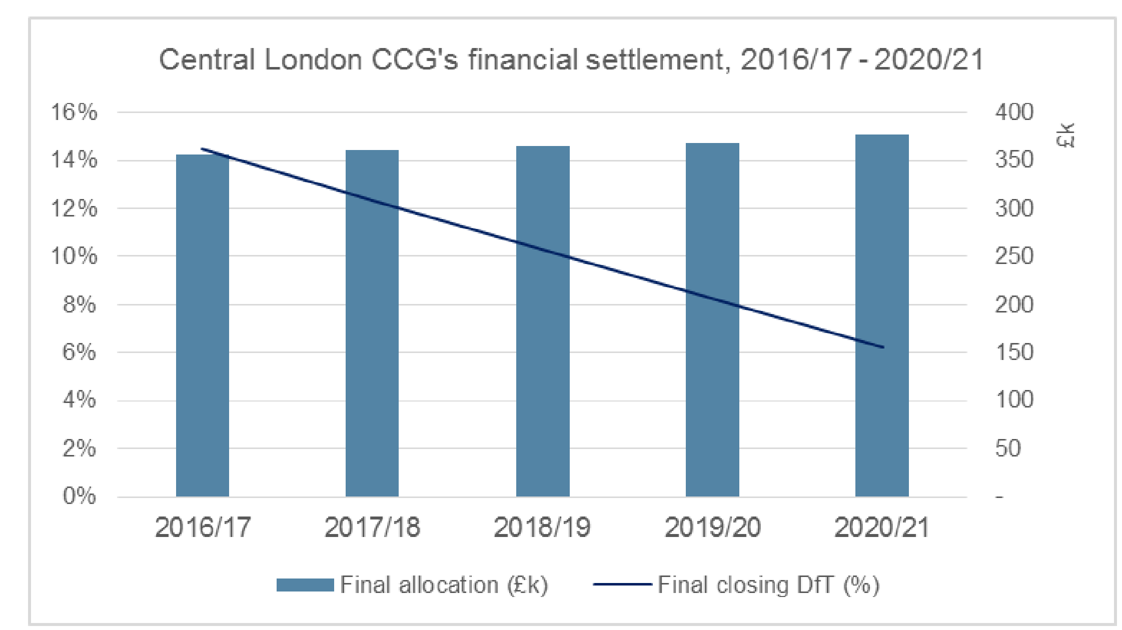
5. Westminster care system 10 year financial position

National, regional and local policy, and the CCG's priorities and action plans, need to be delivered in a highly pressurised financial environment

Financial context

- No growth funding is expected over the planning period
- The local health system (commissioners and providers) is facing cost pressures, with significant in-year and accumulated deficits or erosion of historic surpluses
- Local authority partners have significant challenges (and have had these for some time)
- Recently announced financial increases for the NHS are unlikely to create headroom for growth above cost pressures in Westminster

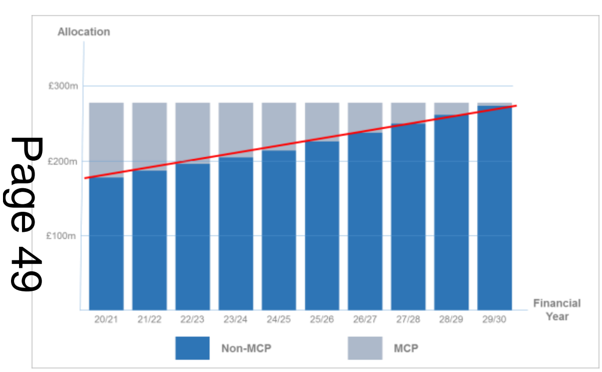
The CCG's financial settlement over the planning period



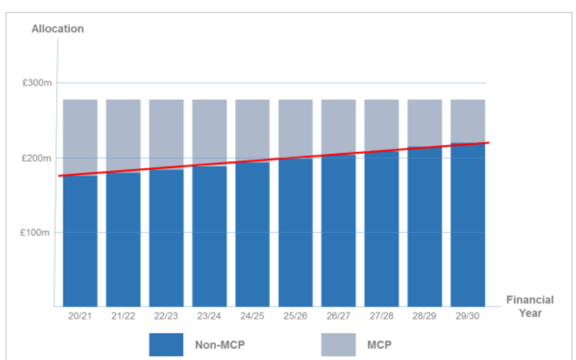
5. Westminster care system 10 year financial position

The CCG has modelled 3 potential financial scenarios for the Westminster health system in relation to the income expected over the next 10 years

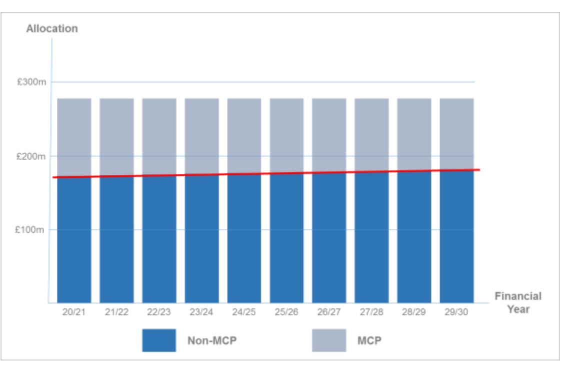
Scenario 1: 6% acute growth



Scenario 2: 3% acute growth

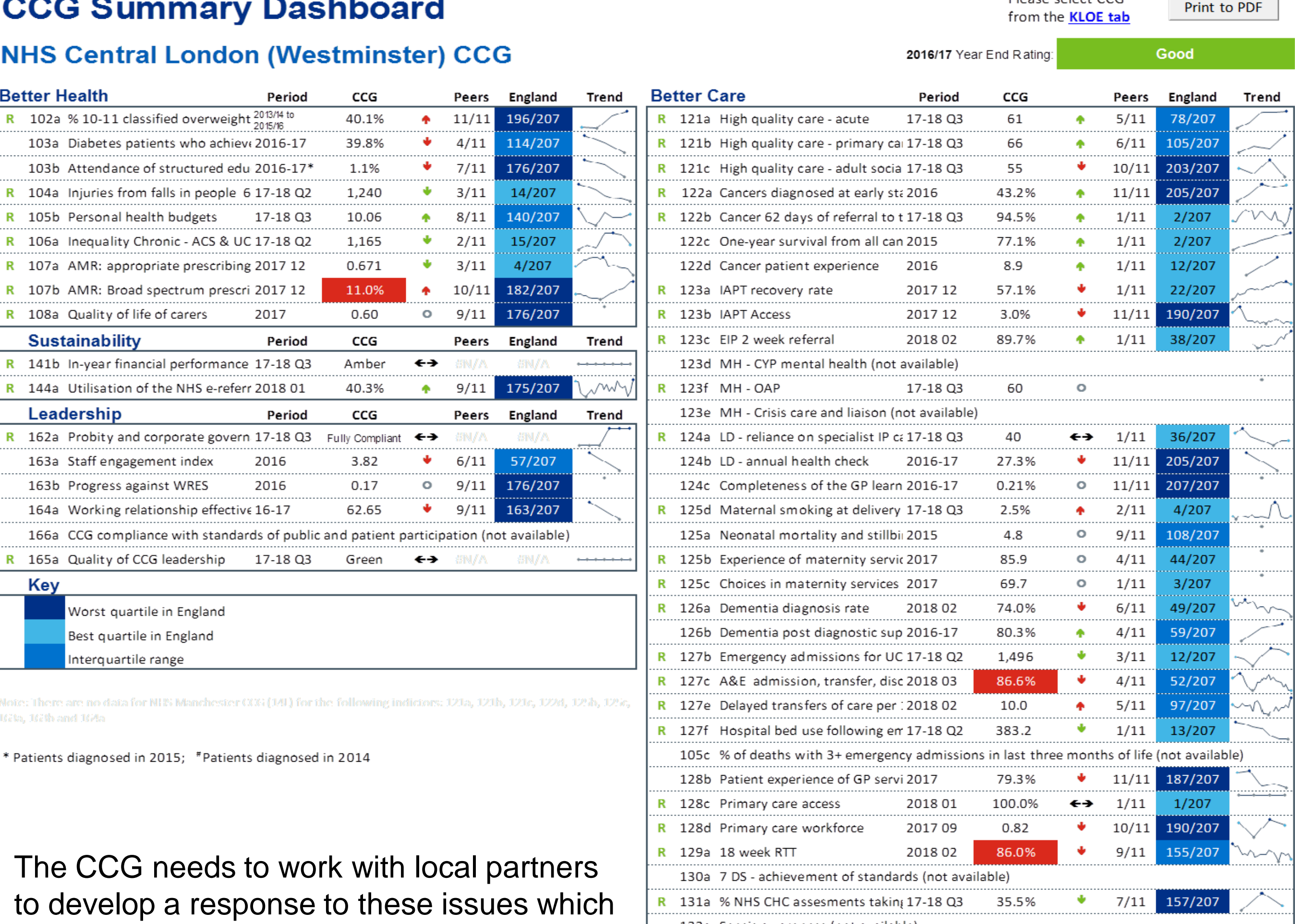


Scenario 3: Nil acute growth



6. Health outcomes / experiences of care

Health outcomes in Westminster have generally been good. In some respects this makes it increasingly challenging for local organisations to deliver year on year improvements in care, especially within a reducing financial envelope. Particular issues in Westminster trajectories are in: rising levels of obesity, self-care in diabetes, the number of older people experiencing a fall, experience of adult social care services, access to some mental health services , support to people with learning disabilities and support to people experiencing a healthcare emergency.



CCG Summary Dashboard

NHS Central London (Westminster) CCG

Please select CCG from the KLOE tab

Print to PDF

2016/17 Year End Rating: **Good**

Better Health

			Period	CCG		Peers	England	Trend
R	102a	% 10-11 classified overweight	2013/14 to 2015/16	40.1%	↑	11/11	196/207	
	103a	Diabetes patients who achieve	2016-17	39.8%	↓	4/11	114/207	
	103b	Attendance of structured edu	2016-17*	1.1%	↓	7/11	176/207	
R	104a	Injuries from falls in people 6	17-18 Q2	1,240	↓	3/11	14/207	
R	105b	Personal health budgets	17-18 Q3	10.06	↑	8/11	140/207	
R	106a	Inequality Chronic - ACS & UC	17-18 Q2	1,165	↓	2/11	15/207	
R	107a	AMR: appropriate prescribing	2017 12	0.671	↓	3/11	4/207	
R	107b	AMR: Broad spectrum prescri	2017 12	11.0%	↑	10/11	182/207	
R	108a	Quality of life of carers	2017	0.60	○	9/11	176/207	

Sustainability

			Period	CCG		Peers	England	Trend
R	141b	In-year financial performance	17-18 Q3	Amber	↔	#N/A	#N/A	
R	144a	Utilisation of the NHS e-referr	2018 01	40.3%	↑	9/11	175/207	

Leadership

			Period	CCG		Peers	England	Trend
R	162a	Probity and corporate govern	17-18 Q3	Fully Compliant	↔	#N/A	#N/A	
	163a	Staff engagement index	2016	3.82	↓	6/11	57/207	
	163b	Progress against WRES	2016	0.17	○	9/11	176/207	
	164a	Working relationship effective	16-17	62.65	↓	9/11	163/207	
	166a	CCG compliance with standards of public and patient participation (not available)						
R	165a	Quality of CCG leadership	17-18 Q3	Green	↔	#N/A	#N/A	

Key

- Worst quartile in England
- Best quartile in England
- Interquartile range

* Patients diagnosed in 2015; # Patients diagnosed in 2014

Better Care

			Period	CCG		Peers	England	Trend
R	121a	High quality care - acute	17-18 Q3	61	↑	5/11	78/207	
R	121b	High quality care - primary ca	17-18 Q3	66	↑	6/11	105/207	
R	121c	High quality care - adult socia	17-18 Q3	55	↓	10/11	203/207	
R	122a	Cancers diagnosed at early sta	2016	43.2%	↑	11/11	205/207	
R	122b	Cancer 62 days of referral to t	17-18 Q3	94.5%	↑	1/11	2/207	
	122c	One-year survival from all can	2015	77.1%	↑	1/11	2/207	
	122d	Cancer patient experience	2016	8.9	↑	1/11	12/207	
R	123a	IAPT recovery rate	2017 12	57.1%	↓	1/11	22/207	
R	123b	IAPT Access	2017 12	3.0%	↓	11/11	190/207	
R	123c	EIP 2 week referral	2018 02	89.7%	↑	1/11	38/207	
	123d	MH - CYP mental health (not available)						
R	123f	MH - OAP	17-18 Q3	60	○			
	123e	MH - Crisis care and liaison (not available)						
R	124a	LD - reliance on specialist IP ca	17-18 Q3	40	↔	1/11	36/207	
	124b	LD - annual health check	2016-17	27.3%	↓	11/11	205/207	
	124c	Completeness of the GP learn	2016-17	0.21%	○	11/11	207/207	
R	125d	Maternal smoking at delivery	17-18 Q3	2.5%	↑	2/11	4/207	
	125a	Neonatal mortality and stillbi	2015	4.8	○	9/11	108/207	
R	125b	Experience of maternity servic	2017	85.9	○	4/11	44/207	
R	125c	Choices in maternity services	2017	69.7	○	1/11	3/207	
R	126a	Dementia diagnosis rate	2018 02	74.0%	↓	6/11	49/207	
	126b	Dementia post diagnostic sup	2016-17	80.3%	↑	4/11	59/207	
R	127b	Emergency admissions for UC	17-18 Q2	1,496	↓	3/11	12/207	
R	127c	A&E admission, transfer, disc	2018 03	86.6%	↓	4/11	52/207	
R	127e	Delayed transfers of care per	2018 02	10.0	↑	5/11	97/207	
R	127f	Hospital bed use following em	17-18 Q2	383.2	↓	1/11	13/207	
	105c	% of deaths with 3+ emergency admissions in last three months of life (not available)						
	128b	Patient experience of GP servi	2017	79.3%	↓	11/11	187/207	
R	128c	Primary care access	2018 01	100.0%	↔	1/11	1/207	
R	128d	Primary care workforce	2017 09	0.82	↓	10/11	190/207	
R	129a	18 week RTT	2018 02	86.0%	↓	9/11	155/207	
	130a	7 DS - achievement of standards (not available)						
R	131a	% NHS CHC assesments taking	17-18 Q3	35.5%	↓	7/11	157/207	
	132a	Sepsis awareness (not available)						

Note: peer and England rankings are unavailable for indicator 123f because it is not currently produced as a rate

The CCG needs to work with local partners to develop a response to these issues which is proportionate and sufficiently ambitious.

7. Options and choices

There have been broadly three options for the CCG and partners to consider

Option	Evaluation against CCG priority			Commentary
	Coordination of care	Clinical improvement at scale and pace	System sustainability	
1. **Continue as is / status quo** – i.e. continue to work to deliver incremental improvements in outcomes and finances	Incremental			• The Westminster care system has amongst the highest savings targets in the country • It is also faced with reducing real-terms income
	Poor	Poor	Poor	
2. **Trying to achieve greater, non-contractual alignment** – i.e. build on the above through some focussed pilot/network/alliance model	Insufficient to meet the challenge here			• Performance challenges are endemic and linked (e.g. obesity linked to diabetes) • To some extent this approach has been tried through major cross-sector programmes of work (e.g. Like Minded, SaHF, STP)
	Satisfactory	Poor	Poor	
3. **Delivering on the new care models agenda** as per the 5YFV – i.e. continue with the CCG's previous preference to work towards an MCP	Challenging to deliver, but with potential			• New care models are still in their infancy in the UK • But this option does bring evidence of focus, prevention, scale, scope, pace of change and potential for provider-led innovation • For these reasons and others, this option is national policy and the published strategy of the CCG
	Good	Good	Satisfactory	

Impact key

Excellent   Good   Satisfactory   Poor   Very poor

8. Preferred approach: MCP

For reasons discussed previously, the preferred model of MCP being described is a partially integrated MCP

Virtual MCP e.g. the Connected Care Partnership (Sandwell and West Birmingham)	**Preferred approach** Partially integrated MCP e.g. Dudley	Fully integrated model e.g. Yeovil fully integrated model
• In the **virtual MCP** model existing contracts stay in place and are supplemented by an alliance agreement • Alliance agreements are non-binding on groups of providers and tend to be additional to, rather than supplement, existing contracts and commissioning arrangements • Virtual MCPs tend to focus on smaller pilot areas or population groups (e.g. frailty) • As a result, virtual MCPs lack the scale required to make an impact on priorities set out in the 5YFV and local NWL plans – for example in prevention, coordination, moving from services to outcomes	• In the **partially integrated MCP** commissioners re-procure all services in scope under a single contract • This does not include core general practice contracts, which are nationally set – but there must be an integration agreement with GP practices • Partially integrated MCPs align the GP practice registered list with the commissioning of out of hospital services • As such, they can reinforce the link between clinical decision making and system delivery (i.e. clinical commissioning)	• In the **fully integrated MCP** commissioners re-procure all services in scope under a single contract – including core general practice • Individual GP practices are requested to move to a new contractual arrangement • Fully integrated MCPs tend to work in areas of the country where the long term sustainability of a small, usually rural District General Hospital (DGH) is in question

9. Why MCP?

1. **Aligning financial and quality incentives to shift settings of care –** While our spend on acute services is relatively low, this reflects the fact that we have a much lower % of older and more frail people than other areas. When this is taken into account, our acute activity and spend does not benchmark as favourably. An MCP will embed financial and quality incentives across all providers to better manage care requirements within primary and community settings.

2. **Driving integration to make productivity and efficiency savings within our over-capitated sectors –** Local benchmarking shows that Central London CCG spends significantly more on mental health and community services than regional or national benchmarks. Work undertaken to develop the models of care for the MCP has identified significant areas of inefficiency with these services, with patients being seen in multiple sectors as part of their pathway, or functions duplicated across providers and services. The MCP will have the ability to redesign the way that front-line staff work on a collective basis to reduce these areas of duplication and identify productivity and efficiency gains.

3. **Governance and structures which support quicker change** – Currently if commissioners which to change a service or price, we are required to negotiate with an individual provider or undertake a procurement exercise. This makes the pace of transformation slow and reduces our ability to deliver the savings required. An MCP will have collective decision-making processes and control over the flow of money. This will ensure that where changes are agreed by the MCP, these can be achieved quickly without the need for lengthy negotiation and/or commissioning processes.

Annual Spend Difference	Mental Health Care	Community Care	Acute Care
Between CLCCG and STP average	£19.4m	£8.5m	(£19.9m)
Between CLCCG and DCO / regional average	£20.5m	£14.6m	(£21.6m)
between CLCCG and National average	£24.4m	£11.9m	(£15.1m)

10. Delivery – risks and opportunities

Delivering an MCP in Westminster will not be a straightforward process and the CCG and partners need to be cognisant of the risks as well as the opportunities

Risks and opportunities include:

1. Establishing **models of care** in sufficient detail for them to be put in place by/with provider(s)
2. Supporting these through **the right commercial approach** – recognising that a lot of the financial and strategic planning being put in place will ultimately form the basis of negotiation
3. Provider **market development** and provider interest in working in Westminster
4. **Co-production, communication and engagement**
5. Capacity and capability required in the CCG, partners and wider health system

The CCG holds a detailed risks and mitigation strategy which is updated regularly.

10. Delivery – key lessons learnt from international experience

What are the key lessons learnt from experience elsewhere? What makes the difference?

These lessons learnt represent a challenge for all leaders and care system partners in Westminster:

1. **Find common cause** with partners
2. Develop a **shared narrative** and understanding of **why integrated care matters**
3. **Create a compelling case for change** – a vision based on benefits to people and populations, as well as clinical and financial issues
4. Build as much as possible **from the 'bottom-up'** – since no one best model of care exists
5. **Create alignment** at a political level to support and enable change
6. **Align financial and governance incentives**
7. Create an **understanding of the theory of integrated care** – why integrated care interventions should improve peoples' outcomes
8. **Message the vision** and its impact through effective communication, genuine co-production and engagement planning
9. Put in place **specific, measurable objectives** so that there is **transparency** in the progress being achieved
10. Ensure there is **continuous quality improvement**
11. Transformational change for the long-term requires **commitment**
12. A coherent **change management strategy** is required

There are contributions for everyone to make to the above

10. Delivery – MCP budget approach

MCP delivery will have financial and budgeting issues for the Westminster system and Westminster's partners. This will include a number of considerations – both prior to the launch of an MCP and after.

Before the launch of any MCP

- The CCG will be required to manage system finances for the intervening period until the launch and mobilisation of the MCP
- The CCG is establishing a 3 year financial savings programme to cover the two years leading up to the launch of the MCP and a further year for any slippage in implementation. These elements are required to put the MCP on a path to delivering financial sustainability
- This plan features the de-commissioning of services across both MCP and non MCP services – as is currently the case in the CCG's QIPP plans
- Given over benchmarked levels of mental health and community service investment in Westminster, these areas are likely to feature strongly in the CCG's ongoing financial planning
- The impacts of any changes in national policy both in the transition phase and post implementation will need to be managed, including any changes to tariffs
- Any changes will have impacts on local providers of care. This may bring to the fore challenges in terms of the sustainability of some local providers.

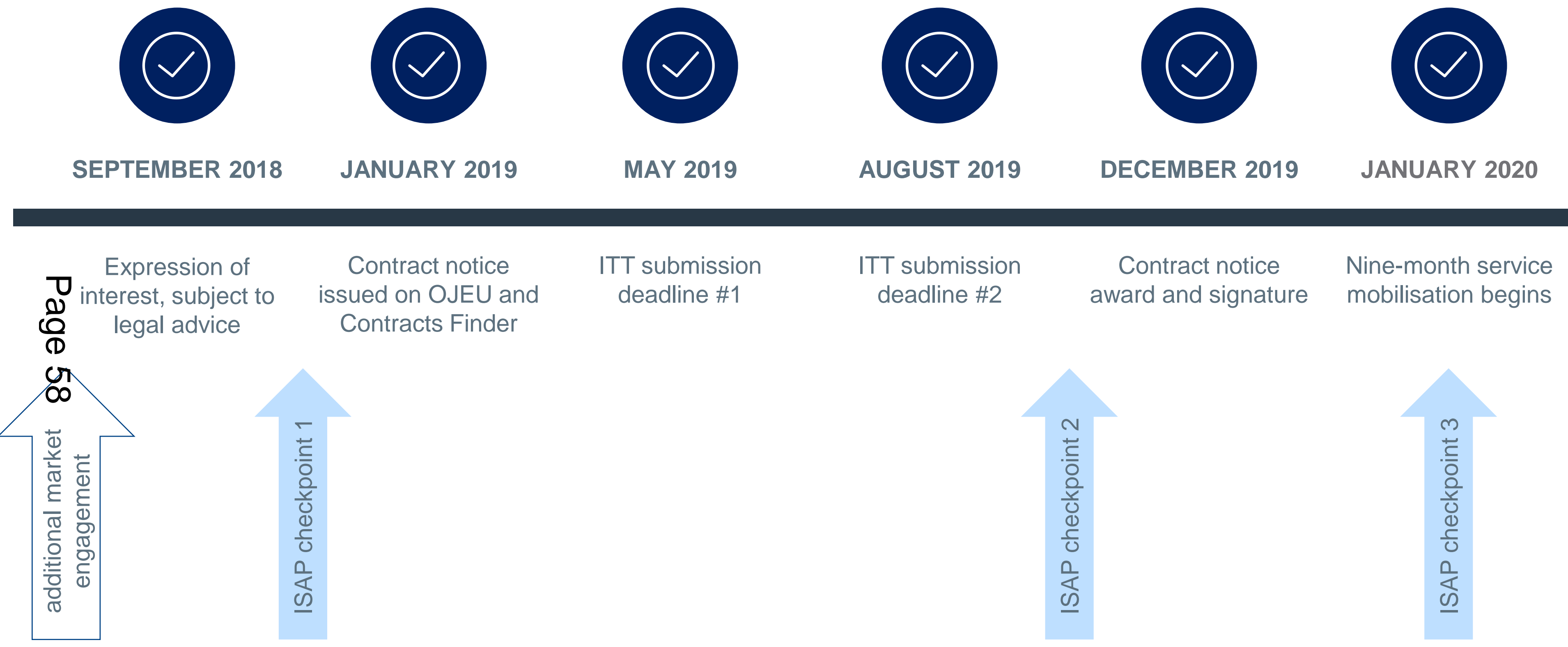
10. Delivery – MCP budget approach

Preparing for the launch of any MCP

- The financial outlook for the system may change, so setting a value for the MCP now is not possible
- Key considerations for setting the MCP financial framework include:
  - The CCG's overall appetite and ability to manage the remaining system risk i.e. MCP budgets in relation to non-MCP cost pressures such as acute spend against tariff and prescribing
  - Bidders' ability and capacity to manage the risk they would be being asked to take on
  - Further detail on the payment mechanism to be used
  - The commercial aspects of any gain/risk share arrangement
  - Being clear about any potential, additional services or funding sources that may be introduced to the contract over the contract period and how these would be treated (e.g. any local government services).

- The above aspects would be refined and honed through the competitive dialogue process and would be influenced by perceptions of the above in the wider market
- The CCG's preference would be for the MCP to focus on cost reductions through internal efficiency programmes, which would be made possible because of the alignment of complex arrangements, contracts and pathways. However, the MCP may also need to consider service retraction opportunities (i.e. service changes and reductions) alongside service transformation
- These factors would need to form part of the structured dialogue process.

11. Timeline and next steps



11. Timeline and next steps

The timescales include:

- **Further market engagement** between July and November/December 2018 – including three further open market information sharing/gathering events between July-September 2018 and an expression of interest process for potential providers beginning in September/October 2018
- **A formal decision** on whether or not to proceed to procurement in December 2018 – following engagement with regulators (through the ISAP process)
- If approved, **a formal procurement** process which would commence in January 2019 – with contract award to take place in September 2019 and service mobilisation to commence from April 2020

Next steps therefore include:

- **Workforce information request** to support pilot new ways of working
- Further development of **local models of care**
- Further delivery of the **system rebalancing programme** through CCG QIPP – with further recommissioning letters coming to providers in due course
- Further market engagement events, with the sharing of questions and answers at those events
- Further communications from the CCG on the work of this programme.

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