

## Central London CCG Business plan 2016/17



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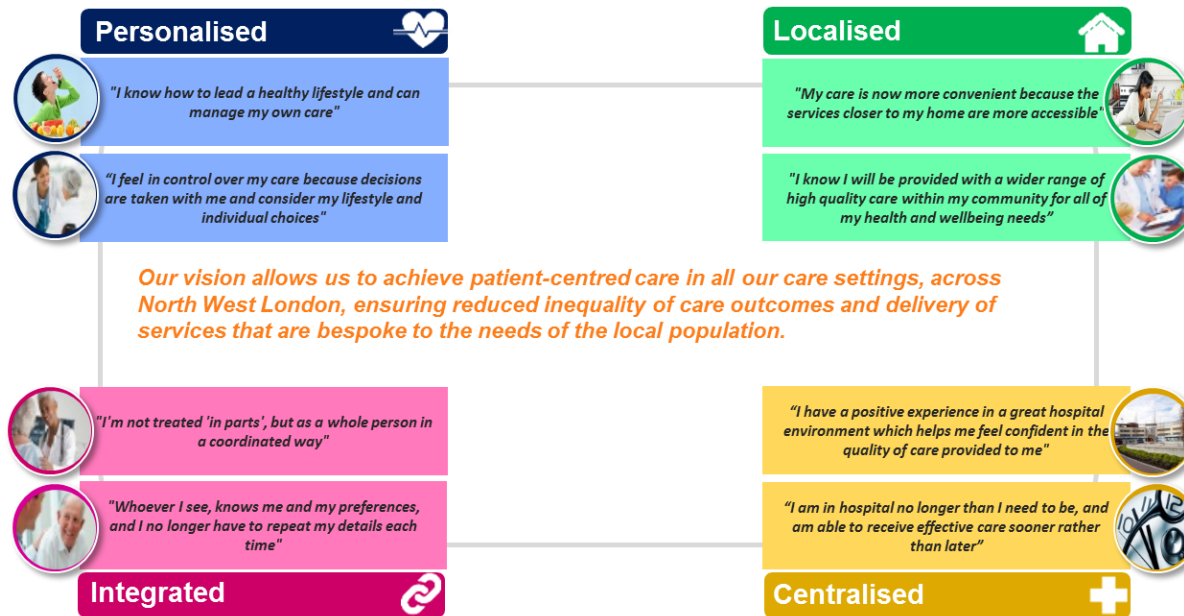
North West London (NWL) is changing. We are undertaking a historic transformation of the healthcare system that will dramatically improve care for over two million people. We are on the cutting edge of healthcare innovation, pioneering new ways of integrating care, transforming access and reconfiguring hospitals.

All eight of NWL's Clinical Commissioning Groups and partner organisations are continuing to work together in a collective way to successfully plan and implement this change. Our vision is to deliver care which is:

- **Personalised** – Enabling people to manage their own care themselves and to offer the best treatment to them. This ensures care is *unique*.
- **Localised** – Localising services where possible, allowing for a wider variety of services closer to home. This ensures care is *convenient*.
- **Integrated** – Delivering care that considers all the aspects of a person's health and is coordinated across all the services involved. This ensures care is *efficient*.
- **Centralised** – Centralising services where necessary for specific conditions ensuring greater access to specialist support. This ensures care is *better*.

Our vision is centred on the needs of the NWL population, developed from the patient views on their requirements of healthcare. These views then formed as the ambitions of our strategy and vision for the healthcare transformation in North West London.





We are already delivering this transformation through the Shaping a Healthier Future (SaHF) portfolio. This work will continue during 2016/17 through local activity within the individual boroughs and within the following major programmes being run on a pan- NWL level:

- Acute Reconfiguration;
- Primary Care Transformation;
- Whole Systems Integrated Care;
- Mental Health Transformation.

**Acute Reconfiguration:** *Improved hospitals delivering better care 7 days a week, and ensuring there are more services available closer to home.*

In NWL, we have recognised the changes in population demographics and lifestyles, and, as such, are changing the way we organise our hospitals and community health services. By making these changes, we can ensure that the highest standards of care are met; that our hospitals have the specialist doctors and facilities in place to deal with



your specialist needs round-the-clock, and out-of-hospital services are on hand to treat your everyday health needs as quickly and conveniently as possible, either closer to or within your own home. Acute Reconfiguration aim to deliver:

- A major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes;
- The concentration of acute hospital services in order to develop centres of excellence which are able to achieve higher clinical standards and provide a more economic approach to the delivery of care.

In 16/17 the focus will be to:

- Deliver a revised Implementation Business Case for approval by the NHS and HM Government, allowing for capital investments to be made to transform NHS estates in NWL;
- The delivery of the transition of paediatric services from Ealing Hospital by June 30, as agreed by Ealing CCG Governing Body (on behalf of all other Governing Bodies in NWL) earlier this year;
- Planning for the transition of other services from Ealing and Charing Cross Hospitals as we continue to transform these sites to their future state.

**Primary Care Transformation:** *Placing Primary Care at the heart of whole system working, and improving access to GP services*

Primary Care, and in particular General Practice, is at the centre of the NWL vision. However, the model of general practice that has served Londoners well in the past is now under unprecedented strain. There are significant challenges that must be addressed, including increasing demand and projected shortages in workforce. Patients' needs are changing and the systems that are currently in place need to evolve to ensure that they are still fit for purpose in light of this change.

The implementation of Shaping a Healthier Future (SaHF) will deliver a vision where patients can benefit from:

- Improved health outcomes, equity of access, reduced inequalities and better patient experience;
- Services that are joined up, coordinated and easy to use;
- More services available, closer to homes;
- High quality out-of-hospital care;
- More local patient and public involvement in developing services, with a greater focus on prevention, staying healthy and patient empowerment.



This will then enables us to provide accessible, coordinated and proactive care, as set out in the London-wide Strategic Commissioning Framework.

To ensure the vision is successfully realised and these benefits become tangible and sustainable, the model of Primary Care needs to be transformed so that it can become the strong and sustainable for Whole Systems Integrated Care (WSIC).

As we move through this year, our priority areas in 16 / 17 are as follows:

- Approving the new model of primary care through the joint co-commissioning committees in common and implementing this across NWL and ensuring that this is a fundamental part of an integrated care offer for patients;
- Working to ensure that all necessary enablers are in place to support the new model of care rollout (including workforce, technology and contracts);
- Putting the right support in place to nurture and grow GP federations so they are able to deliver sustainability in the long term as part of Accountable Care Partnerships (ACPs);
- Progressing with the primary care estates strategy that takes into account the development of out of hospital hubs across NWL. Currently, 19 sites are in the pipeline. Once delivered these will provide significant additional space to deliver primary and integrated care.

**Whole Systems Integrated Care:** *Coordinating care across commissioning bodies and provider, centred around the patient.*

Across NWL we are approaching year three of a five year journey towards delivering the Whole Systems Integrated Care (WSIC) vision. The characteristics of WSIC (outcome-based models of care, accountable care partnerships, capitated payments and system-wide risk and reward sharing) have been reinforced through national policy as articulated by the “Five Year Forward View”.

Full implementation of WSIC will require a multi-year transition towards:

- Jointly commissioned population level outcomes that span health and wellbeing;
- Accountable care partnerships (ACPs) delivering co-produced models of care and managing the clinical and financial risk for their registered populations;
- During 16/17 Early Adopters will begin the transition to WSIC through the roll out of new care models, the development of shadow ACP boards and the roll out of key enablers such as shared analytics, joint governance (commissioner-commissioner, commissioner-provider, provider-provider) and the testing of new approaches to payment and risk/reward sharing.

Therefore the focus for WSIC in 16/17 is to:



- Roll out, review and refine new models of care that reflect the WSIC vision of person-centred care, supporting people to direct the care they need in their homes and local communities;
- Embed new ways of working, culture and behaviours to underpin the system changes required;
- Support and engage with shadow ACP boards as they develop;
- Shape an approach to assurance that will ensure WSIC provides the best quality and best value care for the population of NWL;
- Monitor the new models of care against a shadow population-level capitated budget;
- Introduce a ring-fenced element of real risk share where appropriate;
- Continue to embed co-production throughout ways of working;
- Share learning and best practice across and beyond NWL.

**Mental Health Transformation:** *Improving mental and physical health through integrated services.*

NWL is committed to collaborating with key partners to co-produce a mental health and wellbeing strategy which will improve outcomes and value.

Across the system we have agreed to ensure that there is:

- Support for people who have experienced mental health problems to live well in the community;
- Promotion of recovery, resilience and deliver excellent health and social care outcomes including employment, housing and education;
- Development of new high quality services in the community, focusing on community based support rather than inpatient care so that people can stay closer to home;
- Services that provide urgent help and care which are available 24 hours a day 7 days a week for people who experience or are close to experiencing crisis.

As part of our commissioning intentions we would want providers to be proactively involved in transformation work and in implementing the outputs of transformation work. Specifically in 2016/17 we want to focus on:

- Implementation of new urgent care pathways and compliance with national target waiting times;



- Implementation of Future in Mind, the national strategy for children and young people to respond to local needs;
- Work with local specialist Mental Health and Learning Disabilities providers to implement local pathways to enable people to be cared for within NWL;
- Work collaboratively to implement the emerging outputs of the Like Minded strategy.





## Strategic objectives

Central London CCG has been undertaking process of establishing its annual objectives for 2015/16. At the Public meeting of the Governing Body on 3<sup>rd</sup> June 2015, the CWHHE strategic objectives were presented and accepted as the CCG's long term goals. These objectives are outlined in Figure 1 below.

These are:

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

## Priority areas

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

Our three transformational objectives for the year are:

- 1) Confirm clear, aligned models of care for key areas by Establishing clear, shared models of care and supporting incentive approaches for:
  - Integrated care ([link to BC](#))
  - Primary care ([link to OOH and co-comm](#))
  - Unscheduled care ([link to Vanguard](#))
  - Mental Health ([link to borough redesign and current review](#))
  - Planned Care ([offer definition](#))
- 2) Address Westminster's priority inequalities by, working with the LA, developing a clear plan to address key areas of focus arising from the JSNA
- 3) Establish priorities for contracting by, developing a set of 'must-do' KPIs to be included in contracts that are relevant to Westminster's particular needs



Figure 1– Central London CCG’s objectives

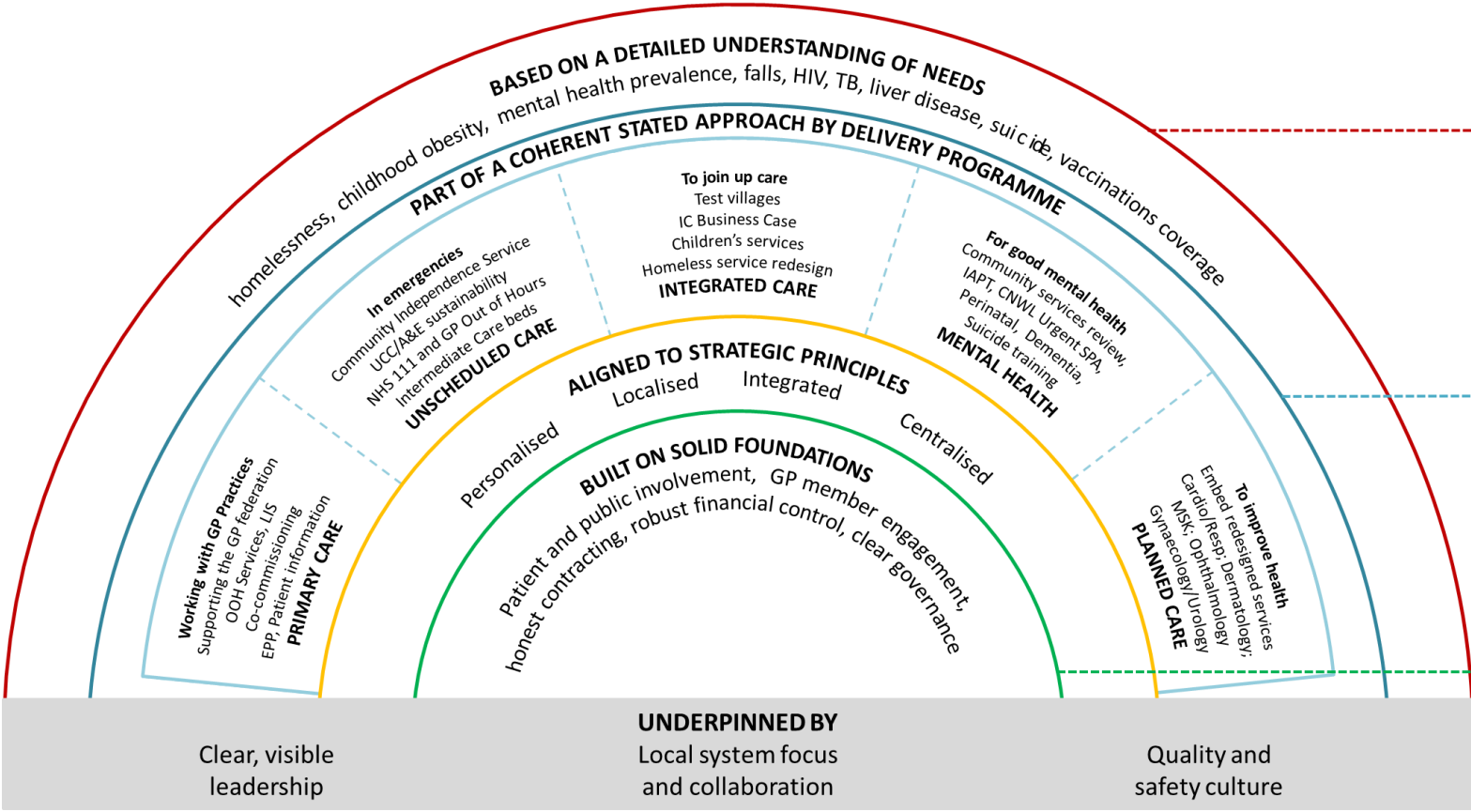
# Central London CCG buys services for Westminster's patients which are...

CCG transformational objectives 2015/16

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

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

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



## Finance

Central London CCG MTFS (Medium Term Financial Strategy)

The table sets out the draft 5 Year Financial Plan for Central London CCG. Key points to note include:

- A further iteration will be brought to the Governing Body in May, updating for BCF, signed contracts and the final position on NWL Financial Strategy contributions;
- Figures are modelled based on forecast out-turn for 2015/16 and using revised allocations and business rules;
- Affordability and sufficiency of contributions to NWL financial strategy from 16/17 onwards yet to be agreed;
- The overall QIPP requirement for 2016-17 is £17.4m gross;
- A standard set of NWL-wide assumptions were used for tariff deflators, demographic growth, births and NWL Strategy contributions;
- Local assumptions have been made on non-demographic growth (acute and non-acute) and QIPP;
- Please see Appendix 4 for a list of the assumptions behind the 5 Year Financial Plan.

| Revenue Resource Limit                              |                |                |                |                |                |                |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| £ 000   | 2015/16        | 2016/17        | 2017/18        | 2018/19        | 2019/20        | 2020/21        |
| Recurrent   | 267,757        | 271,547        | 271,999        | 272,167        | 272,226        | 276,143        |
| Non-Recurrent                                       | 32,337         | 8,641          | 1,401          | 2,734          | 2,749          | 2,750          |
| <b>Total</b>  | <b>300,094</b> | <b>280,188</b> | <b>273,400</b> | <b>274,901</b> | <b>274,975</b> | <b>278,893</b> |
| Income and Expenditure                              |                |                |                |                |                |                |
| Acute   | 124,121        | 122,950        | 112,288        | 107,510        | 103,381        | 103,319        |
| Mental Health                                       | 55,234         | 47,002         | 46,361         | 46,489         | 46,602         | 47,038         |
| Community   | 39,779         | 45,548         | 51,709         | 55,719         | 59,024         | 61,428         |
| Continuing Care                                     | 16,560         | 15,808         | 15,127         | 15,132         | 15,177         | 15,461         |
| Primary Care  | 29,444         | 30,312         | 31,029         | 31,749         | 32,453         | 33,197         |
| Other Programme                                     | 21,946         | 11,263         | 8,266          | 8,291          | 8,316          | 8,342          |
| Primary Care Co-Commissioning                       | -              | -              | -              | -              | -              | -              |
| <b>Total Programme Costs</b>                        | <b>287,083</b> | <b>272,883</b> | <b>264,780</b> | <b>264,889</b> | <b>264,953</b> | <b>268,784</b> |
| Running Costs                                       | 4,370          | 4,503          | 4,519          | 4,534          | 4,543          | 4,551          |
| Contingency   | -              | 1,401          | 1,367          | 2,729          | 2,729          | 2,768          |
| <b>Total Costs</b>                                  | <b>291,453</b> | <b>278,787</b> | <b>270,666</b> | <b>272,152</b> | <b>272,225</b> | <b>276,104</b> |
| Surplus/(Deficit) In-Year Movement                  |                |                |                |                |                |                |
| £ 000   | 2015/16        | 2016/17        | 2017/18        | 2018/19        | 2019/20        | 2020/21        |
| Surplus/(Deficit) In-Year Movement                  | (4,802)        | (7,240)        | 1,333          | 15             | 1              | 39             |
| Surplus/(Deficit) Cumulative                        | 8,641          | 1,401          | 2,734          | 2,749          | 2,750          | 2,789          |
| Surplus/(Deficit) %                                 | 2.9%           | 0.5%           | 1.0%           | 1.0%           | 1.0%           | 1.0%           |
| Surplus (RAG)                                       | GREEN          | AMBER          | GREEN          | GREEN          | GREEN          | GREEN          |
| Risk Adjusted Surplus/(Deficit) Cumulative          |                |                |                |                |                |                |
| Net Risk/Headroom                                   |                | (829)          |                |                |                |                |
| Risk Adjusted Surplus/(Deficit) Cumulative          |                | 572            |                |                |                |                |
| Risk Adjusted Surplus/(Deficit) %                   |                | 0.2%           |                |                |                |                |
| Risk Adjusted Surplus/(Deficit) (RAG)               |                | AMBER          |                |                |                |                |
| Underlying position - Surplus/ (Deficit) Cumulative |                |                |                |                |                |                |
| Underlying position - Surplus/ (Deficit) Cumulative | (1,498)        | 3,513          | 8,471          | 8,515          | 8,501          | 8,579          |
| Underlying position - Surplus/ (Deficit) %          | -0.6%          | 1.3%           | 3.1%           | 3.1%           | 3.1%           | 3.1%           |
| Contingency   |                |                |                |                |                |                |
| Contingency   | -              | 1,401          | 1,367          | 2,729          | 2,729          | 2,768          |
| Contingency %                                       | 0.0%           | 0.5%           | 0.5%           | 1.0%           | 1.0%           | 1.0%           |
| Contingency (RAG)                                   |                | GREEN          | GREEN          | GREEN          | GREEN          | GREEN          |
| Notified Running Cost Allocation + Quality Premium  |                |                |                |                |                |                |
| Notified Running Cost Allocation + Quality Premium  | 4,663          | 4,503          | 4,519          | 4,534          | 4,543          | 4,551          |
| Running Cost  | 4,370          | 4,503          | 4,519          | 4,534          | 4,543          | 4,551          |
| Under / (Overspend)                                 | 293            | -              | -              | -              | -              | -              |
| Running Costs (RAG)                                 | GREEN          | GREEN          | GREEN          | GREEN          | GREEN          | GREEN          |
| Population Size (000)                               |                |                |                |                |                |                |
| Population Size (000)                               | 195            | 204            | 206            | 208            | 210            | 212            |
| Spend per head (£)                                  |                |                |                |                |                |                |
| Spend per head (£)                                  | 22.44          | 22.07          | 21.91          | 21.76          | 21.60          | 21.46          |

Summary five year plan – extract from NHSE financial template 2nd March 2016



## MTFS Risks

At this stage of the 2016/17, the following MTFS risks and mitigations have been identified:

| Financial Risks             | Mitigation  |
|-----------------------------|---|
| Acute over-performance      | Challenge / validation of over-performance and service analysis modelling against base case   |
| QIPP non delivery           | Develop transformational programmes, recover performance on existing QIPP schemes and implement recovery plans to offset underachievement |
| Unidentified QIPP for 16/17 | On-going work to identify and quantify new savings initiatives  |

The relatively high levels of growth, contingency and reserves within the MTFS, makes the plan fairly robust and adaptable to downside scenarios without impacting on the ability to deliver a surplus. At present, identifying further savings and getting existing initiatives, such as the Better Care Fund (BCF), to deliver, are probably the main risks facing the CCG for 2016/17 onwards.



## Central London QIPP Savings

The table below sets out the required QIPP ambitions for Central London over the next 5 years. Key points to note include:

- At the current stage of planning, the overall QIPP requirement for 2016-17 is £17.4m gross, of which £14.2m has been identified.
- A number of these schemes may require some lead in time and may therefore not deliver the full savings potential during 2016-17. Further schemes will need to be developed to ensure sufficient head room to deliver the required savings target.

|            | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|------------|---------|---------|---------|---------|---------|
|            | £'000   | £'000   | £'000   | £'000   | £'000   |
| Gross QIPP | 17,443  | 20,521  | 12,056  | 10,900  | 5,479   |
| Investment | 4,603   | 7,468   | 4,107   | 3,665   | 1,622   |
| Net QIPP   | 12,841  | 13,053  | 7,949   | 7,235   | 3,856   |
| % of RRL   | 4.60%   | 4.80%   | 2.90%   | 2.60%   | 1.40%   |



## Risks

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

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

This Board Assurance Framework (BAF) takes key risks to the delivery of the CCG's strategic objectives and sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks and an assessment of current performance. Risks ratings will be updated throughout the year.

### Table 1 Board Assurance Framework



| CCG Objective  | Description of Risk Identified   | Initial Score | Current Score | Last Review   |
|--|--|---------------|---------------|---------------|
| <b>Objective 1:</b><br><b>Enabling people to take more control of their health and wellbeing.</b>                                  | <b>1</b> – if we do not successfully empower patients and change behaviours, activity will continue to grow and the system will become unsustainable.  | 16            | 16            | February 2016 |
| <b>Objective 2:</b><br><b>Securing quality healthcare services and improved outcomes for the people we commission services for</b> | <b>2 – safeguarding children:</b> risk that we do not comply with the Children Act and the NHS England assurance framework due to complexities of multi-agency working (especially in the case of looked after children placed out of borough) and the way tier 4 child and adolescent mental health services (CAMHS) are commissioned, leading to a child being seriously harmed.       | 15            | 10            | February 2016 |
|  | <b>3 – safeguarding adults:</b> risk that we do not sustain compliance with the Care Act and the NHS England assurance framework across all the services that we commission, leading to an adult being seriously harmed.   | 16            | 10            | February 2016 |
|  | <b>4- Chelsea and Westminster Hospital NHS Foundation Trust:</b> risk that the acquisition of West Middlesex Hospital does not realise the expected benefits for patients.   | 16            | 12            | February 2016 |
|  | <b>5 – Imperial:</b> risk that the Trust does not deliver quality and performance requirements and strategic change to the require timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• Accident &amp; Emergency performance;</li> <li>• non-elective pathway changes;</li> <li>• referral to Treatment performance; and</li> <li>• Outpatients.</li> </ul> | 16            | 16            | February 2016 |
|  | <b>6 - London North West NHS Trust:</b> risk that the Trust (incorporating Ealing Hospital) does not deliver quality and performance requirements to the required timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• Cancer services;</li> <li>• staffing levels; and</li> <li>• Trust finances.</li> </ul>   | 20            | 20            | February 2016 |



| CCG Objective | Description of Risk Identified  | Initial Score | Current Score | Last Review   |
|---------------|---|---------------|---------------|---------------|
|               | <b>7 - Central London Community Healthcare NHS Trust:</b> risk that the organisation is not delivering strategic change and operational performance, with a focus on safe services during the procurements of care home services, and transformation of community nursing.  | 20            | 16            | February 2016 |
|               | <b>8 - West London Mental Health Trust:</b> risk that the organisation is not well positioned to deliver strategic change and operational performance.  | 16            | 12            | February 2016 |
|               | <b>9 - Central &amp; North West London Trust:</b> risk that the Trust does not deliver quality and performance requirements and strategic change to the required timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• staffing levels;</li> <li>• financial position;</li> <li>• service transformation and capacity to deliver change; and</li> <li>• bed capacity – Care Quality Commission Report.</li> </ul> | 20            | 15            | February 2016 |
|               | <b>10 - London Ambulance Service:</b> risk that the workforce is not in place to deliver the high quality, value for money service required, leading to delays in attending patients and risk of serious patient harm.  | 16            | 16            | February 2016 |
|               | <b>11 – Care homes and care packages:</b> risk that quality and financial challenges in care providers (such as care homes, supported housing, domiciliary care or other care packages commissioned by CCGs) leads to patient harm and / or safeguarding concerns, as well as putting pressure on Accident & Emergency and non-elective activity.   | 20            | 20            | February 2016 |
|               | <b>12 – Federations:</b> risk that Primary Care is unable to deliver increased activity due to organisational and workforce issues (includes implications of working at scale and establishing GP federations).   | 16            | 16            | February 2016 |





| CCG Objective   | Description of Risk Identified   | Initial Score | Current Score | Last Review   |
|---|--|---------------|---------------|---------------|
|   | <p><b>13 – Primary Care co-commissioning:</b> risk that the structures and behaviours established to jointly commission primary care with NHS England:</p> <ul style="list-style-type: none"> <li>• do not enable us to commission the change required to deliver our strategy;</li> <li>• adversely affect relationships with member practices;</li> <li>• create significant conflicts of interest; and</li> <li>• there is not the finance or capacity to deliver</li> </ul> <p>and lead to challenges in delivering the change to services in our plans.</p> | 16            | 12            | February 2016 |
| <p><b>Objective 3:</b></p> <p><b>Enhancing the organisation's culture – developing people, processes and systems to help deliver high quality commissioning</b></p> | <p><b>14 – engagement:</b> if we do not engage member practices, the LMC and other partners in the change programmes, we will not be able to realise the intended quality improvements.</p>  | 16            | 12            | February 2016 |



| CCG Objective   | Description of Risk Identified   | Initial Score | Current Score | Last Review   |
|---|--|---------------|---------------|---------------|
| <b>Objective 4:</b><br><br><b>Establishing a collaborative and proactive culture with partners and the people we commission services for</b>      | <b>15 – conflicts of interest:</b> not managing conflicts of interest adequately leaves us open to challenge and reputational damage.  | 15            | 12            | February 2016 |
|   | <b>16 – strategic change (workforce) :</b> risk that we do not have the required resources in place across the system to deliver strategic change including: <ul style="list-style-type: none"> <li>- workforce to deliver new models of care;</li> <li>- training and development for future workforce;</li> <li>- organisational development programmes that challenge the status quo, communicate the change needed, shape the culture and values needed and empower staff;</li> <li>- finances to fund transitional change; and</li> <li>- IT systems that make good and efficient use of technology.</li> </ul> | 16            | 16            | February 2016 |
| <b>Objective 4:</b><br><br><b>Establishing a collaborative and proactive culture with partners and the people we commission services for</b>      | <b>15 – conflicts of interest:</b> not managing conflicts of interest adequately leaves us open to challenge and reputational damage.  | 15            | 12            | February 2016 |
|   | <b>16 – strategic change (workforce) :</b> risk that we do not have the required resources in place across the system to deliver strategic change including: <ul style="list-style-type: none"> <li>- workforce to deliver new models of care;</li> <li>- training and development for future workforce;</li> <li>- organisational development programmes that challenge the status quo, communicate the change needed, shape the culture and values needed and empower staff;</li> <li>- finances to fund transitional change; and</li> <li>- IT systems that make good and efficient use of technology.</li> </ul> | 16            | 16            | February 2016 |
| <b>Objective 5:</b><br><br><b>Planning, developing and delivering strategies and actions that reduce inequalities and improve health outcomes</b> | <b>17 – strategic change (organisations):</b> risk that provider organisations are not able to support implementation of the strategic changes to acute services.  | 16            | 12            | February 2016 |



| CCG Objective  | Description of Risk Identified  | Initial Score | Current Score | Last Review          |
|--|---|---------------|---------------|----------------------|
| <p><b>Objective 6:</b></p> <p><b>Empowering staff to deliver our statutory and organisational duties</b></p> | <p><b>18 – finance:</b> risk that we do not achieve our financial duties in 2015/16, as well as ensuring the longer term financial stability and security of the system, whilst remaining within the management spend budget.</p> | <p>15</p>     | <p>10</p>     | <p>February 2016</p> |



## Demonstrating progress against plan

For each project there will be one or two measurable outcomes. These might be actual improvements to patient outcomes, or might be, 'number of milestones achieved against target'. A scorecard will be produced for every other Governing body meeting (3 times a year). Narrative updates can be provided for each Governing Body, perhaps focussing on key achievements and key changes.

Central London CCG's internal monitoring arrangements for projects consist of the following process.

1. During project set up at the beginning of the year, Project managers fill in a standardised excel-based project workbook for the PMO performance manager. The workbook includes information on project milestones and general risks, as well as contact points with the formal governance framework. An example is attached.
2. Project Managers update these books on a regular basis the first week of the month. Progress is matched against SUS data to identify activity impacts of the different transformation compared to expected benefit realisation timeframes. We are working on improving quality of these project books – an example of recent feedback provided is attached.
3. A PMO performance report is produced monthly detailing performance of all schemes, their financial and activity impacts, as well as secondary system indicators highlighting outcomes.
4. Assurance. The PMO report is reviewed at progressively more senior levels, building up to the ultimate assurance provided to NHS England on a quarterly basis.



## Smart Priorities

To deliver the strategic objectives, in 2016/17 we will do a number of projects, as outlined below.

| Project ID | Business type         | Scheme / project name   | CCG Programme      | NWL vision: Personalised | NWL vision: Localised | NWL vision: Integrated | NWL vision: Centralised |
|------------|-----------------------|---|--------------------|--------------------------|-----------------------|------------------------|-------------------------|
| A1         | QIPP-Transformational | Community Independence Service (CIS) (ex BCF08)                           | Urgent & Int. Care | Y                        | Y                     | Y                      |                         |
| CL105      | QIPP-Transformational | Integrated Cardio Respiratory Service                                     | Planned Care       | Y                        |                       | Y                      | Y                       |
| CL106      | QIPP-Transformational | Ophthalmology pathway redesign  | Planned Care       | Y                        |                       | Y                      | Y                       |
| CL107      | QIPP-Transformational | New commissioning support tool (PRS service decommission)                 | Integrated Care    |                          | Y                     |                        |                         |
| CL110      | QIPP-Transformational | Joint Primary Care / Paediatrician hubs                                   | Integrated Care    | Y                        | Y                     |                        |                         |
| CL111      | QIPP-Transformational | Medicines Management (Prescribing efficiencies)                           | Primary Care       |                          | Y                     | Y                      |                         |
| CL112      | QIPP-Transformational | Mental Health user forum rationalisation                                  | Mental Health      | Y                        | Y                     |                        |                         |
| CL114      | QIPP-Transformational | Community Dermatology service   | Planned Care       | Y                        |                       | Y                      | Y                       |
| CL116      | QIPP-Transformational | Integrated gynaecology and urology service                                | Planned Care       | Y                        |                       | Y                      | Y                       |
| CL119      | QIPP-Transformational | Extended hours in primary care  | Primary Care       | Y                        | Y                     | Y                      | Y                       |
| CL125      | QIPP-Transformational | Multi-disciplinary Community Musculoskeletal Service (MSK)                | Planned Care       | Y                        |                       | Y                      | Y                       |
| CL212      | QIPP-Transformational | Homelessness pathway redesign   | Integrated Care    | Y                        | Y                     | Y                      |                         |
| CL223      | QIPP-Transformational | Integrated NHS 111 / GP Out of Hours                                      | Urgent & Int. Care | Y                        |                       | Y                      | Y                       |
| CL224      | QIPP-Transformational | St Mary's UCC   | Urgent & Int. Care | Y                        |                       | Y                      | Y                       |
| CL225      | QIPP-Transformational | Neuro-Rehab   | Urgent & Int. Care | Y                        |                       |                        | Y                       |
| CLOOH1     | QIPP-Transformational | Out of Hospital Services - Diabetes                                       | Primary Care       | Y                        | Y                     | Y                      |                         |
| CLOOH2     | QIPP-Transformational | Out of Hospital Services - Near patient monitoring                        | Primary Care       | Y                        | Y                     | Y                      |                         |
| CLOOH3     | QIPP-Transformational | Out of Hospital Services - Phlebotomy                                     | Primary Care       | Y                        | Y                     | Y                      |                         |
| CLOOH5     | QIPP-Transformational | Out of Hospital Services - Complex wound care                             | Primary Care       | Y                        | Y                     | Y                      |                         |
| CLOOH6     | QIPP-Transformational | Out of Hospital Services - ECG  | Primary Care       | Y                        | Y                     | Y                      |                         |
| C1/C3      | QIPP-Transactional    | Nursing and Care Home (BCF)   | Undetermined       | Y                        | Y                     | Y                      |                         |
| C2a        | QIPP-Transactional    | Existing Community services (BCF)   | Undetermined       | Y                        | Y                     | Y                      |                         |
| C2b        | QIPP-Transactional    | Joint Commissioning services (s75 contracts)- BCF                         | Undetermined       | Y                        | Y                     | Y                      |                         |
| CL108      | QIPP-Transactional    | Wellwatch service decommission  | Integrated Care    |                          |                       | Y                      |                         |
| CL113      | QIPP-Transactional    | Diagnostics   | Primary Care       |                          | Y                     | Y                      |                         |
| CL117      | QIPP-Transactional    | High cost drugs (specialist ophthalmic drugs)                             | Planned Care       |                          |                       | Y                      |                         |
| CL120      | QIPP-Transactional    | Out of Area Trust challenges  | Corporate          |                          |                       | Y                      |                         |
| CL122      | QIPP-Transactional    | Review of cost of St Mary's Hospital Urgent Care Centre payment structure | Urgent & Int. Care |                          | Y                     | Y                      |                         |
| CL123      | QIPP-Transactional    | Placement Efficiency Programme (PEP)                                      | Mental Health      | Y                        |                       | Y                      |                         |
| CL124      | QIPP-Transactional    | Specialist Housing Strategy for Older People (SHSOP)                      | Integrated Care    | Y                        | Y                     | Y                      |                         |



## Appendix 1 Strategic programmes shared across North West London

| Programme                     | Project                       | Outputs/Outcomes   | Expected Completion |
|-------------------------------|-------------------------------|--|---------------------|
| Acute reconfiguration         | Paediatrics                   | Paediatrics transition from Ealing Hospital completed  | Jun-16              |
|                               | Business Case Development     | Development of Implementation Business Case<br>Development of business case for: ChelWest, Middlesex, NWP, Hillingdon, St Mary's, Ealing, Charing Cross, CMH   | Feb -16 to Dec -18  |
|                               | Capital Works Programmes      | Build programme complete for: ChelWest, Middlesex, NWP, Hillingdon, St Mary's, Ealing, Charing Cross, CMH  | Sep -18 to Dec -25  |
|                               | Out of Hospital               | Out of Hospital delivery rebased<br>Establish tracking of out of hospital delivery   | Nov -15             |
|                               | Ealing Transitions            | Transition of Ealing Hospital in line with the proposed local hospital model of care   | Sep -18 to Sep -20  |
|                               | Charing Cross Transitions     | Transition of Charing Cross hospital in line with the proposed local hospital model of care  | Sep -18 to Sep -20  |
|                               | CMH Transformation            | CMH developed in line with the proposed local hospital model of care   | TBC                 |
| Primary Care Transformation   | New Model of Primary Care     | New model of primary care providing improved outcomes for patients while ensuring the sustainability of general practice and focused on a proactive and preventative approach, including non-medical services, to be implemented                                   | Dec-16              |
|                               | GP Network Readiness          | Providing greater flexibility for patients in scheduling appointments, e.g. advance booking am-8pm GP appointments available Monday – Friday, and Saturday and Sunday services.  | Apr-15              |
|                               | Primary Care Estates          | Clear strategy for investing in primary care and community/OOH estates, making them fit-for-purpose  | Jun-16              |
|                               | Primary Care Co-Commissioning | Providers working to deliver shared outcomes, jointly commissioned for a whole population segment  | Sep -15             |
| Whole Systems Integrated Care | Informatics                   | Population level information available and used for resource planning and patients records available online that are clear and concise   | Dec-15              |
|                               | Outcomes & Metrics            | Developing and syndicating a single set of Outcomes & Metrics for the Whole Systems programme  | Jan-16              |
|                               | Change Academy                | Developing New team-based ways of working support integration and continuity   | Jun-16              |
|                               | Early Adopters                | Transitioning out of hospital managed consistently 7 days a week<br>Pharmacy making greater contributions to care, providing advice and support<br>Care Plans provided to patients to manage their care<br>Diagnostics available in community settings             | Apr-17              |
|                               | Early Adopters Mental Health  | Working across West London CCG the WSIC Early Adopter for Long Term Mental Health Needs (LTMHN) aims to develop a new model of care - based on co-production to date this will be on the basis of a 'Community Living Well' Model.                                 | Apr-17              |
| Mental Health and Wellbeing   | MH & Wellbeing Strategy       | Bring together local commissioners, providers, users and carers and other local stakeholders to identify, test and refine the optimal approach to delivering mental health and wellbeing services across NWL and to transition to implementation of this solution. | Apr-17              |



| Programme | Project                       | Outputs/Outcomes  | Expected Completion |
|-----------|-------------------------------|---|---------------------|
|           | Urgent Care Redesign          | Improving the entire acute mental health pathway, including access to support, advice and assessment services, through prevention and self-help, to the role of primary and secondary care in providing a high quality, timely and effective crisis service | Apr-16              |
|           | Learning Disabilities         | Learning Disabilities and Mental Health teams working jointly to ensure patients receive the care and treatment they need locally   | Apr-16              |
|           | Long Term Mental Health Needs | Ensure the 8 borough based Early Adopters looking at over 65s/75s/LTCs include the requirement for the right mental health involvement in their development and their models of care  | Aug-15              |
|           | Perinatal                     | Models of care and best practice examples researched to inform pathway development and generic NWL Perinatal service specification developed  | Apr-16              |
|           | System Resilience Programme   | Ensuring services users are empowered in-line with recovery principles and drive change with paid professionals and Focusing on Crisis Care and Early Intervention in Primary Care, preventing unnecessary referrals and improving access to services       | Apr-16              |



## Appendix 1 Operating Plan Planning Assumptions

### RRL Assumption

#### % age growth

|                               | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 |
|-------------------------------|-------|-------|-------|-------|-------|
| Programme Baseline Allocation | 1.39% | 0.16% | 0.06% | 0.02% | 1.46% |
| Running Cost Allocation       | 3.02% | 0.36% | 0.33% | 0.20% | 0.18% |

### Input Acute Model Assumptions

#### % age growth

|   | 16/17  | 17/18  | 18/19  | 19/20  | 20/21  |
|---|--------|--------|--------|--------|--------|
| <b>Acute provider efficiency</b>          | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| <b>Acute provider inflation</b>           | 3.70%  | 2.00%  | 2.00%  | 2.00%  | 2.00%  |
| <b>Acute Demographic Growth</b>           | 1.50%  | 1.40%  | 1.40%  | 1.30%  | 1.20%  |
| <b>Non-Demographic Growth (POD level)</b> |        |        |        |        |        |
| A&E attendances                           | 3.60%  | 3.60%  | 3.60%  | 3.60%  | 3.60%  |
| UCC attendances                           | 3.60%  | 3.60%  | 3.60%  | 3.60%  | 3.60%  |
| Non-Elective spells                       | 4.32%  | 4.32%  | 4.32%  | 4.32%  | 4.32%  |
| Ordinary Elective Spells                  | 1.10%  | 1.10%  | 1.10%  | 1.10%  | 1.10%  |
| Day Case elective spells                  | -1.00% | -1.00% | -1.00% | -1.00% | -1.00% |
| First outpatient attendances              | 2.55%  | 2.55%  | 2.55%  | 2.55%  | 2.55%  |
| All subsequent outpatient attendances     | -0.10% | -0.10% | -0.10% | -0.10% | -0.10% |
| Births                                    | 0.50%  | 0.30%  | 0.10%  | 0.00%  | 0.00%  |
| Other Maternity Events                    | -1.30% | -1.30% | -1.30% | -1.30% | -1.30% |
| Critical Care Days                        | -0.10% | -0.10% | -0.10% | -0.10% | -0.10% |
| Other                                     | 3.00%  | 3.00%  | 3.00%  | 3.00%  | 3.00%  |

### Input Non-Acute Model Assumptions

#### % age growth

| Provider (efficiency)                              | 16/17  | 17/18  | 18/19  | 19/20  | 20/21  |
|--|--------|--------|--------|--------|--------|
| MH contracts - NHS                                 | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| MH contracts - Other providers (non-nhs, incl. VS) | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| MH contracts - Other                               | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| MH - Exclusions / cost per case                    | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |
| MH - NCAs  | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| MH - Pass-through payments                         | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |
| <b>Sub-total Mental Health Services</b>            |        |        |        |        |        |
| CH Contracts - NHS                                 | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| CH Contracts - Other providers (non-nhs, incl. VS) | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| CH - Other   | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| CH - Exclusions / cost per case                    | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |
| CH - NCAs  | -2.00% | -2.00% | -2.00% | -2.00% | -2.00% |
| CH - Pass-through payments                         | 0.00%  | 0.00%  | 0.00%  | 0.00%  | 0.00%  |
| <b>Sub-total Community Health services</b>         |        |        |        |        |        |

| Tariff inflator  | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 |
|--|-------|-------|-------|-------|-------|
| MH contracts - NHS                                       | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| MH contracts - Other providers (non-nhs, incl. VS)       | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| MH contracts - Other                                     | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| MH - Exclusions / cost per case                          | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| MH - NCAs  | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| MH - Pass-through payments                               | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| <b>Sub-total Mental Health Services</b>                  |       |       |       |       |       |
| CH Contracts - NHS                                       | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| CH Contracts - Other providers (non-nhs, incl. VS)       | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| CH - Other   | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| CH - Exclusions / cost per case                          | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| CH - NCAs  | 3.10% | 2.00% | 2.00% | 2.00% | 2.00% |
| CH - Pass-through payments                               | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| <b>Sub-total Community Health services</b>               |       |       |       |       |       |
| Continuing Care Services (All Care Groups)               | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Local Authority / Joint Services                         | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Funded Nursing Care                                      | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| <b>Sub-total Continuing Care Services</b>                |       |       |       |       |       |
| Prescribing  | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Enhanced services  | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Out of Hours   | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Primary Care Other                                       | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| <b>Sub-total Primary Care services</b>                   |       |       |       |       |       |
| GP IT Costs  | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| NHS Property Services re-charge (excluding running cost) | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Voluntary Sector Grants / Services                       | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Social Care  | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Other CCG reserves                                       | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| Other programme service costs                            | 1.00% | 1.00% | 1.00% | 1.00% | 1.00% |
| <b>Sub-total Other Programme services</b>                |       |       |       |       |       |





| Demographic Growth                                 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 |
|--|-------|-------|-------|-------|-------|
| MH contracts - NHS                                 | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| MH contracts - Other providers (non-nhs, incl. VS) | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| MH contracts - Other                               | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| MH - Exclusions / cost per case                    | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| MH - NCAs  | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| MH - Pass-through payments                         | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| <b>Sub-total Mental Health Services</b>            |       |       |       |       |       |
| CH Contracts - NHS                                 | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| CH Contracts - Other providers (non-nhs, incl. VS) | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| CH - Other   | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| CH - Exclusions / cost per case                    | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| CH - NCAs  | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| CH - Pass-through payments                         | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| <b>Sub-total Community Health services</b>         |       |       |       |       |       |
| Continuing Care Services (All Care Groups)         | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| Local Authority / Joint Services                   | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| Funded Nursing Care                                | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| <b>Sub-total Continuing Care Services</b>          |       |       |       |       |       |
| Prescribing  | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Enhanced services                                  | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| Out of Hours                                       | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| Primary Care Other                                 | 1.50% | 1.40% | 1.40% | 1.30% | 1.20% |
| <b>Sub-total Primary Care services</b>             |       |       |       |       |       |

|             | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 |
|-------------|-------|-------|-------|-------|-------|
| Contingency | 0.50% | 0.50% | 1.00% | 1.00% | 1.00% |

| Non-demographic Growth                             | 16/17  | 17/18 | 18/19 | 19/20  | 20/21 |
|--|--------|-------|-------|--------|-------|
| MH contracts - NHS                                 | 0.13%  | 0.29% | 0.24% | 0.16%  | 0.27% |
| MH contracts - Other providers (non-nhs, incl. VS) | 0.13%  | 0.29% | 0.24% | 0.16%  | 0.27% |
| MH contracts - Other                               | 0.13%  | 0.29% | 0.24% | 0.16%  | 0.27% |
| MH - Exclusions / cost per case                    | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| MH - NCAs  | 0.13%  | 0.29% | 0.24% | 0.16%  | 0.27% |
| MH - Pass-through payments                         | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| <b>Sub-total Mental Health Services</b>            |        |       |       |        |       |
| CH Contracts - NHS                                 | -0.40% | 1.04% | 0.62% | -0.12% | 0.89% |
| CH Contracts - Other providers (non-nhs, incl. VS) | -0.40% | 1.04% | 0.62% | -0.12% | 0.89% |
| CH - Other   | -0.40% | 1.04% | 0.62% | -0.12% | 0.89% |
| CH - Exclusions / cost per case                    | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| CH - NCAs  | -0.40% | 1.04% | 0.62% | -0.12% | 0.89% |
| CH - Pass-through payments                         | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| <b>Sub-total Community Health services</b>         |        |       |       |        |       |
| Continuing Care Services (All Care Groups)         | -0.40% | 2.00% | 2.00% | 2.00%  | 2.00% |
| Local Authority / Joint Services                   | -0.40% | 2.00% | 2.00% | 2.00%  | 2.00% |
| Funded Nursing Care                                | -0.40% | 2.00% | 2.00% | 2.00%  | 2.00% |
| <b>Sub-total Continuing Care Services</b>          |        |       |       |        |       |
| Prescribing  | 7.20%  | 7.20% | 7.20% | 7.20%  | 7.20% |
| Enhanced services                                  | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| Out of Hours                                       | 0.00%  | 0.00% | 0.00% | 0.00%  | 0.00% |
| Primary Care Other                                 | -0.40% | 1.04% | 0.62% | -0.12% | 0.89% |
| <b>Sub-total Primary Care services</b>             |        |       |       |        |       |

