Transforming the NHS in North West London

Integrating health and social care with the leadership of local GPs and working in partnership with NHS England

North West London - Five Year Strategic Plan 2014/15 - 2018/19

Draft –4th April 2014

Contents

Executive summary

Our five year strategic plan sets out how we will work collaboratively to transform the health and care landscape across NWL in order to achieve our shared vision, deliver improved outcomes and patient experience, ensure a financially sustainable system, and meet the expectations of patients and the public

Introduction

- Our vision for the future of North West London (NWL) health and care system is based on what people have told us is most important to them. We know that what people want is choice and control and for their care to be planned with people working together to help them reach their goals of living longer and living well. They want their care to be delivered by people and organisations that show dignity, compassion and respect at all times.
- It is in support of this person-centred vision that our NWL five year strategic plan sets out the collective plans and priorities of the eight CCGs of NWL, working in partnership with NHS England. This Plan sets out the vision and ambitions against which NHS England and each CCG's detailed two year operational plans have been set.
- Our plan is consistent with NHS England's vision, outcome ambitions, service models and essentials, and this alignment is articulated throughout the document.

Our shared vision and outcome ambitions for North West London

Our overarching vision, co-produced with the people of NWL, is:

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

Four overarching principles underpin our whole system NWL vision – that health services need to be:

1. **Localised** where possible
2. **Centralised** where necessary;
3. In all settings, care should be **integrated** across health (both physical and mental), social care and local authority providers to improve seamless person centred care.

4. The system will look and feel from a patient's perspective that it is **personalised** - empowering and supporting individuals to live longer and live well.

In addition, commissioners will recognise our broader role in society (both as employers and commissioners), and address the determinants of health.

The health needs of the people of NWL are changing, the demands on our health services are increasing, and the way we have organised our hospitals and primary care in the past will not meet the needs of the future.

Each NWL CCG has considered the current state, and set levels of ambition against seven overarching ambitions (strategic objectives) for the NHS, mapped to the five domains

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protecting them from avoidable harm

Our other strategic objective is to ensure a financially sustainable health system for future generations.

All of the programmes and plans set out in our five year plan have been developed to achieve these ambitions.

Our key transformation programmes

While each CCG is leading its own set of initiatives to address local priorities, including respective Health & Wellbeing Strategies and Quality, Innovation, Productivity and Prevention (QIPP) plans, a number of shared transformation programmes have been jointly developed to address the key themes identified in the Case for Change, the 'Call to Action' and through NWL's patient engagement and public consultation:

1. **Health promotion, early diagnosis and early intervention**: This programme of work is fundamental to achieving outcome ambitions, particularly with regards to securing additional years of life for the population of NWL.

   Effective delivery will require close partnership working between Local Authorities, CCGs and NHS England.

2. **Out of Hospital strategies, including Primary Care Transformation:** NWL has embarked on the major transformation of care, from a system spending the majority of its funding on hospitals to one where we spend the majority on services in people's homes and in their communities, i.e. "out of hospital".

   Significant transformation on primary care is planned to support integrated out of hospital service delivery:

   - Primary care will change to deliver out of hospital care
   - Primary care will change to meet expectations for access
   - Primary care will change to meet rising quality expectations

   In order to deliver these commitments, individual GP practices will build on the progress they have already made towards delivering services as networks – this will enable GP practices to provide the additional capacity, flexibility, limited specialisation and economy of scale needed to deliver to deliver the new model of care in a sustainable way.

   Delivering our vision requires us to invest in and use our estate differently. Hubs, one of the configurations that we are exploring, are flexible buildings, defined as those that offer a range of out of hospital services and/or host more than one GP practice.

   To support the transformation of primary care, we are working with NHS England to

test ways we can co-commission primary care services.

3. **Whole Systems Integrated Care**: The whole plan is underpinned by our Whole Systems vision, which places the person at the centre of their provision and organises services around them. This includes our 'embedding partnerships' approach to the genuine co-design of services with patients and carers. Our vision for integrated care is supported by three key principles:
    1. People will be empowered to direct their care and support and to receive the care they need in their homes or local community
    2. GPs will be at the centre of organising and coordinating people's care
    3. Our systems will enable and not hinder the provision of integrated care
4. **Transforming Mental Health Services**: Achieving parity of esteem for mental health is a national and NWL priority – NWL will provide excellent, integrated mental health services to improve mental and physical health.
5. ***Shaping a healthier future*** **(SaHF) acute reconfiguration:** A key principle that underpins the reconfiguration programme is the centralisation of most emergency specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care) into 5 major hospitals as this will lead to better clinical outcomes and safer services for patients.

    Agreed changes will result in a new hospital landscape for NWL – the SaHF programme will see:

    - The existing nine hospitals of NWL transformed into **five Major Acute Hospitals**.
    - On the remaining sites there will be **further investment with Local hospitals**, developed in conjunction with a patients and stakeholders, at Ealing and Charing Cross;
    - There will be **a Specialist hospital** at Hammersmith; and
    - There will be **a Local and Elective Hospital** at Central Middlesex.

Cross-cutting plans: Urgent and Emergency Care

While the key transformation programmes are being implemented on a pan-NWL basis, urgent and emergency care plans are centred around acute trusts, with local Urgent Care Working Groups overseeing the implementation of changes across the continuum of emergency care from primary and acute.

Programme Investment Costs

Programme investment costs are based on the *Shaping a healthier future* Decision Making Business Case (DMBC) financial analysis produced in February 2013. This is in the process of being updated to reflect latest CCG and Trust plans and this work is due to be completed by end of June.

Over the next five years, we will be investing in specific services to transform care across NWL. These investments will result in more staff and better facilities to deliver it.

- In five years, we will be spending **£190 million more a year on out of hospital services** including integrated care, planned care and more access to general practice. This supports services relating to all the programmes detailed below.
- In addition we plan up to **£112m of capital investment in hubs**, offering a range of services closer to patients homes, including outpatient appointments, general practice and care for patients with long-term conditions, and
- Up to **£74m of capital investment in primary care** to ensure all our primary care services are offered in high-quality buildings that are accessible to the public.

Programme Implementation Timeline

The high-level programme implementation timeline illustrates the timescales by which each of the programme's key milestones will be achieved, including:

- Sustainable network-based GP model in place by in 2015/16.
- Roll out of Whole System approaches to commissioning and delivering services from April 2015.
- Consistently high standards of clinical care achieved across all days of week by 2017/18.
- The full transition to the new configuration of acute services complete by the end of 2017/18.

Maintaining our Focus on the Essentials: Quality and Access

While NWL is implementing an ambitious set of transformation programmes across the eight CCGs, the work to implement these locally is taken forward by each CCG. In addition, each CCG is taking forward other essential work to improve quality and performance through the commissioning cycle. The CCGs of Brent, Harrow and Hillingdon (BHH) work together on a number of these areas (including through shared senior management teams), as do the CCGs of Central London, Ealing, Hammersmith & Fulham, Hounslow and West London (CWHHE collaborative).

How We Work: embedding partnerships at every level

A fundamental element of our strategic plan is to effectively empower citizens and engage with patients, service users, families and carers, building on the co-design approach developed through the Whole Systems Integrated Care programme. We will also continue to work collaboratively across the eight CCGs of NWL.

What our Five Year Plan will achieve

Our five year plan will deliver two key outcomes: (1) improved health outcomes and patient experience (along with reduced health inequalities), as set out in our outcome ambitions; and (2) a financially sustainable health system for future generations.

- The CCG projections are to ensure a sustainable position is attained, which is consistent with NHS England Business Rules (i.e. a 1% surplus) and includes contingency (at 0.5%) to respond to risks.
- The NWL CCGs' financial plans include the outcome ambitions.
- Non-recurrent implementation costs are assumed to be funded through the NWL financial strategy agreement to pool CCG / NHSE non-recurrent headroom (2.5% in 2014/15).
- All organisations aim to have clear and credible plans for QIPP that meet the efficiency challenge and are evidence based, including reference to benchmarks - there is a clear link between service plans, financial and activity plans.

Our five year strategic plan has set out how we will work collaboratively to transform the health and care landscape across NWL in order to achieve our shared vision, deliver improved outcomes and experience within a financially sustainable system, and meet the expectations of our public and patients.

1. Introduction

The purpose of this five year strategic plan is set out the collective priorities of the eight CCGs of North West London, working in partnership with England, over the next five years, in order to achieve our vision and outcome ambitions. It is developed in line with NHS England planning guidance 'Everyone Counts – 2014/15 – 2018/19'.

Purpose

Across the eight boroughs of North West London (NWL), the NHS comprises eight Clinical Commissioning Groups (CCGs), ten acute and specialist trusts, four community and/or mental health trusts and 400+ GP practices.

NHS England is also one of the largest commissioners of services in North West London.

The purpose of this North West London Five Year Strategic plan is to set out the collective plans and priorities of the eight CCGs of NWL, working in partnership with NHS England. This Plan sets out the vision and ambitions against which NHS England and each CCG's detailed two year operational plans have been set. The eight CCGs of North West London have been working closely together (and with local authorities) for several years to develop a shared strategic vision and plan, and this document reflects the latest iteration of these plans, along with the aspirations of NHS England for the services it is responsible for commissioning. It summarises the full range of plans that have been developed across NWL, from how we will ensure patient safety in all settings of care, to how we will support research and innovation, through to how we will design and implement new models of joined up, person-centred care to address the fundamental challenges facing our health and care system.

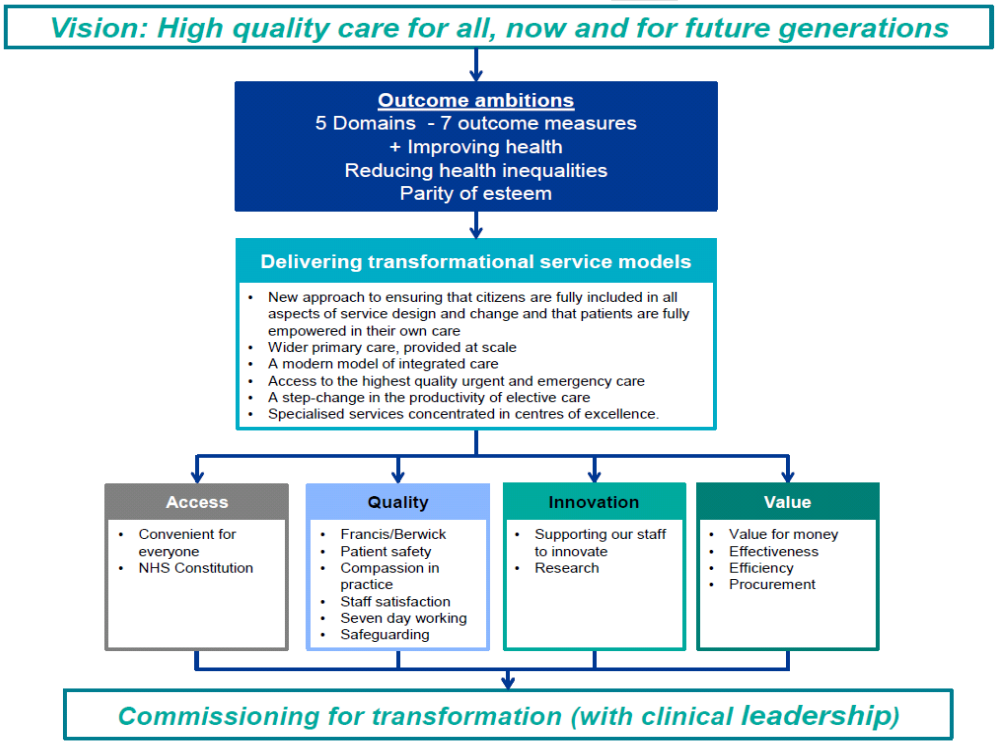
The Plan also articulates how we will work more closely than ever with patients and the public, building on work to embed and sustain co-production as a first principle. The Plan builds upon the significant strategic planning that has taken place over the past couple of years across NWL, including as part of the *Shaping a healthier future* programme, and articulates how the various workstreams and programmes fit together into a clear vision for the future that is sustainable and that tackles the challenges identified in NHS England's 'Call to Action'.

The Plan is also intended to demonstrate to NHS England that our plans are robust,

comprehensive and fit-for-purpose. Therefore, the document reflects the latest planning guidance as published in *Everyone Counts: Planning for Patients 2014/15 to 2018/19*, including 21 fundamental national planning requirements.

The NWL Plan is consistent with NHS England's vision, outcome ambitions, service models and essentials, as is articulated throughout the document:

NHS England vision for the NHS



North West London - context

Population

North West London is a population of approximately 1.9 million people living in the boroughs of Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. The population is expected to grow to 2.1 million (by 0.7%) by 2021.

The area covered is densely populated. There is a wide variation in household income. Inner North West London has a higher population density than outer North West London. Some sections of the population are highly transient and there are sections of the community who are not counted in official statistics nor registered on GP patient lists.

The Joint Strategic Needs Assessments (JSNA) covering north west London all identify cardiovascular disease, cancer and respiratory disease as the most common causes of death, but as a result of earlier diagnosis and improved treatments, fewer people are dying prematurely from these diseases. These improvements mean that people are living longer and, therefore, the population as a whole is getting older. Over the last ten years, life expectancy in North West London has

increased by about three years to 80 years for men and 84.5 years for women.

The population is relatively young: 3.7% of the male NWL population are over the age of 75, as are 5.8% of females – both of these figures are both below the national and London rates (although Harrow and Hillingdon rates are higher than London averages).

The percentage of males and females under the age of 19 (23.9% and 22.1% respectively) are in line with both England and London averages, although Kensington, Chelsea and Hammersmith & Fulham populations are below average[1].

Each of the eight London boroughs has a significant ethnic community with different communities in different areas.

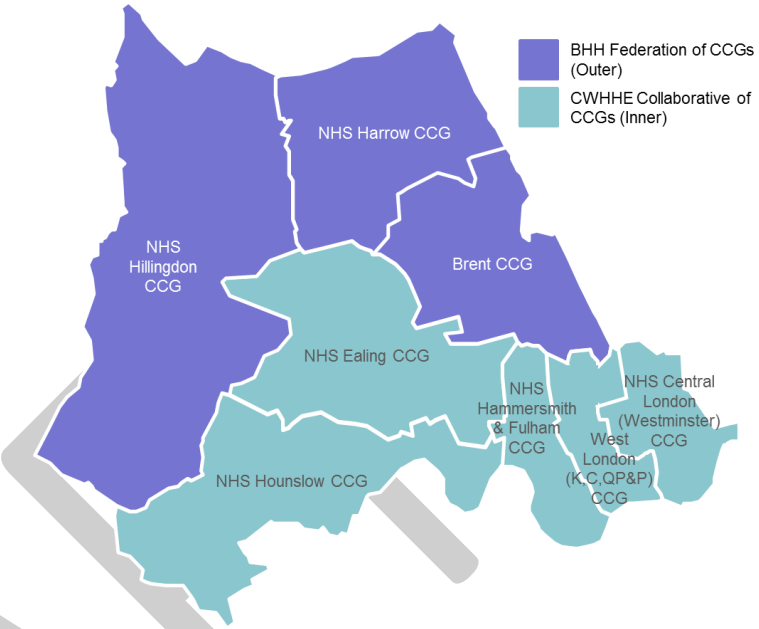
Commissioning

North West London (NWL) is comprised of eight Clinical Commissioning Groups (CCGs), ten acute and specialist trusts, four community and/or mental health trusts, 400+ GP practices, and eight Boroughs. The three CCGs of Harrow, Hillingdon and Brent work jointly in some areas (and have a shared senior management team), as a 'federation', while the remaining CCGs operate similarly as a 'collaborative'.

NHS England is also one of the largest commissioner of services in North West London, and is responsible for commissioning all specialised services, early years including childhood immunisations, health visiting, child health information systems and family nurse partnerships; screening, including cancer screening, adult non cancer screening, and antenatal and newborn screening (in collaboration with CCGs); health in the justice system; military health; and primary care contracts (417 GP contracts, 390 dental, 484 ophthalmic and 515 pharmacy providers).

The NHS in NWL consists of eight CCGs that, with one small exception[2], are coterminous with the eight local authority boroughs.

NWL Clinical Commissioning Groups



It is a relatively self-contained health economy, whereby over 90% of spending on providers for the NWL population is with providers located in the sector.

The CCGs work closely with their Local Authority partners in a number of areas, and have made a commitment to work co-productively with patients, service users, carers and the public.

Providers

It is a relatively self-contained health economy, whereby over 90% of spending providers for the NWL population is with providers located in the sector. The providers that the CCGs primarily use are:

Acute providers:

- Chelsea and Westminster Hospital NHS Foundation Trust

[1] North West London SPG planning document, November 2013 (Monitor, TDA, NHS England)

[2] The area of Queen's Park and Paddington in the Borough of Westminster forms, with all of the Royal Borough of Kensington & Chelsea, NHS West London CCG. The remainder of the Borough of Westminster forms NHS Central London CCG.

- Imperial College Healthcare NHS Trust. This includes Charing Cross Hospital, Hammersmith Hospital (including Queen Charlotte's Hospital), St Mary's Hospital and Western Eye Hospital)
- The Hillingdon Hospitals NHS Foundation Trust. This includes Hillingdon Hospital and Mount Vernon Hospital
- The North West London Hospitals NHS Trust. This includes Central Middlesex Hospital and Northwick Park Hospital
- West Middlesex University Hospital NHS Trust
- Ealing Hospital NHS Trust

Community providers:

- Central London Community Healthcare Trust (CLCH), covering Hammersmith and Fulham, Kensington and Chelsea and Westminster
- Hounslow and Richmond Community Healthcare (HRCH), covering Hounslow
- Central and North West London NHS Foundation Trust, incorporating Hillingdon Community service provider, covering Hillingdon
- Ealing Hospital Trust, incorporating Ealing Integrated Care Organisation, covering Brent, Ealing and Harrow

Mental health providers:

- West London Mental Health NHS Trust, covering Ealing, Hammersmith and Fulham and Hounslow
- Central and North West London NHS Foundation Trust, covering Brent, Kensington and Chelsea, Harrow, Hillingdon and Westminster.
- In addition there are three specialist trusts located in NWL (The Royal Marsden NHS Foundation Trust, The Royal Brompton and Harefield NHS Foundation Trust and The Royal National Orthopaedic Hospital NHS Trust).

The benefits of being coterminous with local authority boroughs and being self-contained means that NW London as a whole is a logical level at which to effect strategic change.

2. Our shared vision and outcome ambitions for North West London

NHS England, in setting its ambition of "high quality care for all, now and in the future", has challenged commissioners across England to make substantive improvements across seven outcome ambitions.

Our vision and ambition in NWL is to improve the quality of care…empower and support people…to lead full lives".

Introduction

Across North West London clinicians, commissioners, providers and service users know that by working together across the region we can transform the quality and effectiveness of services provided to our local population. Importantly, by adopting this collective approach we can ensure consistency of service where demand is common and balance this with local enhancements where demand is specific.

We have defined a vision that responds to and aligns with the national challenges laid out by NHS England, encompassing *Call to Action*, Seven day services and the vision for Urgent and Emergency Care.

Our overarching vision, building on that set by NHS England and developed in consultation with the people of North West London, is:

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

Four overarching principles underpin our whole system NWL vision – that health services need to be:

1. **Localised** where possible
2. **Centralised** where necessary;
3. In all settings, care should be **integrated** across health (both physical and mental), social care and local authority providers to improve seamless person centred care. The system will enable individuals to work with frontline professionals, their carers, and families to maximise health and wellbeing and address their specific individual needs.
4. The system will look and feel from a patient's perspective that it is **personalised** - empowering and supporting individuals to live longer and live well.

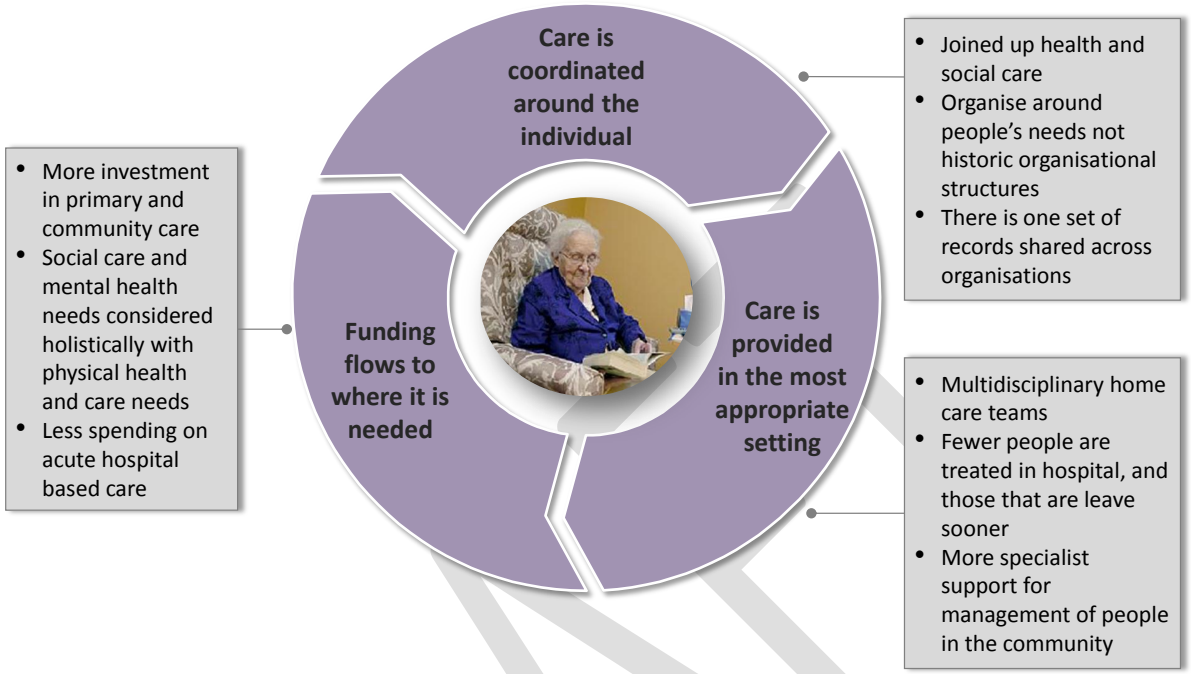
NHS England, in setting its ambition of "high quality care for all, now and in the future", has challenged commissioners across England to make substantive improvements across seven outcome ambitions.

Our vision and ambition in NWL is to improve the quality of care…empower and support people…to lead full lives".

In addition, commissioners will recognise our broader role in society (both as employers and commissioners), and address the determinants of health.

NWL's vision for the health and care system is represented in the figure below:

NWL's vision for personalised care



The health needs of the people of NWL are changing, the demands on our health services are increasing, and the way we have organised our hospitals and primary care in the past will not meet the needs of the future.

Having developed our vision and the principles that underpin it, in 2012, NWL initiated its strategic planning process to understand the challenges that our plans need to address.

In addition to the NWL Case for Change, NHS England has developed a new publication, '*The NHS belongs to the people: a call to action'* which sets out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document states clearly that the NHS must change to meet these demands and make the most of new medicines and technology, and that it will not contemplate reducing or charging for core services.

NHS England wants to see a greater focus on preventative rather than reactive care; services matched more closely to individuals' circumstances instead of a one size fits all approach; people better equipped to manage their own health and healthcare, particularly those with long term conditions; and more done to reduce inappropriate admissions to hospital and avoidable readmissions, particularly amongst older people.

All CCGs have therefore been asked to set levels of ambition against seven overarching ambitions (strategic objectives) for the NHS, mapped to the five domains, and our plans have been developed to achieve these ambitions:

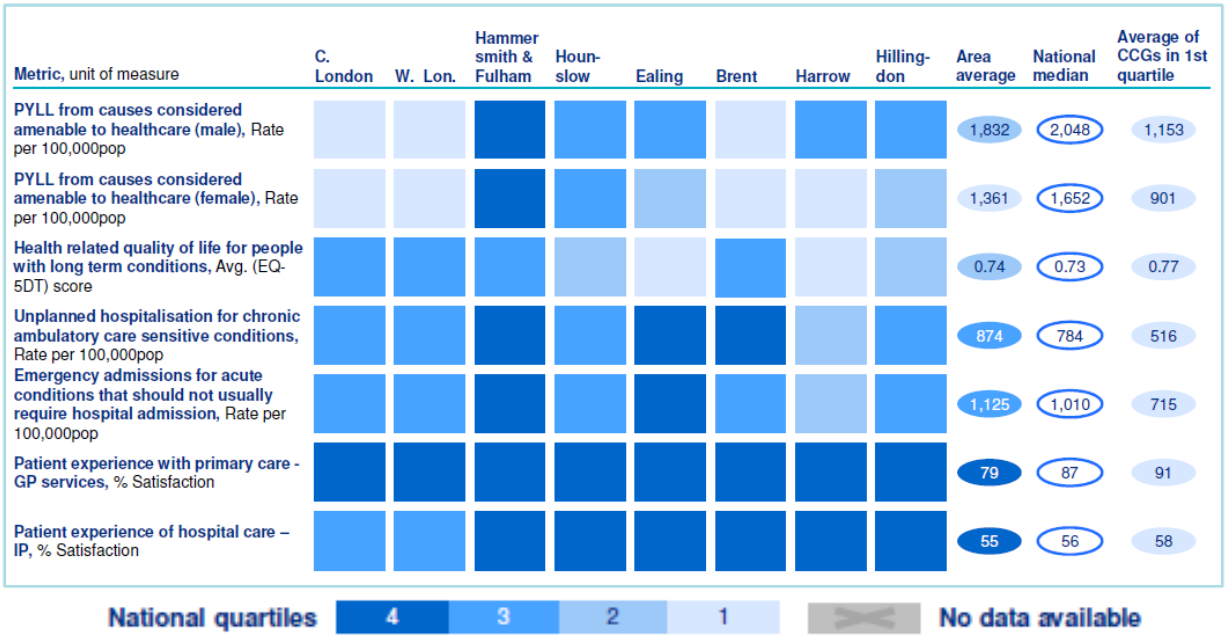
1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury

4. Ensuring that people have a positive experience of care

5. Treating and caring for people in a safe environment and protecting them from avoidable harm

The baseline position across the NWL CCGs summarised in the figure below.

Selected National Outcome Framework indicators - NWL



Metric, unit of measure	C. London	W. Lon.	Hammer smith & Fulham	Houn-slow	Ealing	Brent	Harrow	Hilling-don	Area average	National median	Average of CCGs in 1st quartile
PYLL from causes considered amenable to healthcare (male), Rate per 100,000pop									1,832	2,048	1,153
PYLL from causes considered amenable to healthcare (female), Rate per 100,000pop									1,361	1,652	901
Health related quality of life for people with long term conditions, Avg. (EQ-5DT) score									0.74	0.73	0.77
Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Rate per 100,000pop									874	784	516
Emergency admissions for acute conditions that should not usually require hospital admission, Rate per 100,000pop									1,125	1,010	715
Patient experience with primary care - GP services, % Satisfaction									79	87	91
Patient experience of hospital care – IP, % Satisfaction									55	56	58

[3]

Note that the first quartile represents the best performance against the indicator.

[3] North West London SPG Planning document, November 2013 (Monitor, TDA, NHS England)

Our Case for Change has therefore been set in the context of our current performance against these important outcome ambitions.

Ambition 1:
Securing additional years of life for local population with treatable conditions

As a region, NWL is currently performing slightly above the national average in relation to the indicator for this ambition: *Potential years of life lost (PYLL) from causes considered amenable to healthcare.* However, there are areas of real opportunity to improve – for example, Cancer is the biggest cause of premature death in London, and every hour three more Londoners are diagnosed with cancer. However, in 2009, a number of challenges facing London's cancer services were identified, including late diagnosis of cancers with many cancers diagnosed at a late stage when successful treatment is less likely; variability in cancer outcomes across London for common cancers; and variability in cancer outcomes across London for rare and more complex cancers.

The baseline performance of each CCG, along with the national quintile this represents, and the target for improvement over the next five years, is provided in the table below[4]:

CCG	Baseline	Quintile	National average	18/19 target	% change
Hounslow	1,930	3	2,060.8	1,640.1	15.02
Hammersmith & Fulham	1,998.2	2		1,697.8	15.03
Ealing	2,018.0	3		1,714.9	15.02
West London	1,822.7	2		1,548.9	15.02
Central London	1,800.2	1		1,529.8	15.02
Hillingdon	2,102.0	3		1,786.0	15.03
Brent	2,516.0	5		2,135.0	15.14
Harrow	1,987.0	2		1,688.8	15.01
Aggregated	**16,174**			**13,743**	**15.04**

NHS England has suggested a minimum of 3.2% improvement per year and all of the NWL CCGs are targeting improvements in lines with this figure.

[4] Note that the top quintile is 1, and the lowest quintile is 5

Ambition 2:
Improving the health related quality of life for those with long term conditions

There is a variable patient experience and support for people with long-term conditions across NWL. For example, when people are worried about their health, their first point of call is often NHS primary care – usually their GP. But patients in some parts of NWL cannot get a GP appointment, or access their GP and related services, very easily. When people need support from a number of different services their overall experience of care can feel disjointed and fragmented. Each person providing care may be doing a good job, but taken as a whole the individual and their family often experience care that is poorly coordinated and confusing. The growing number of people living with long-term conditions requires services to work together in different ways to meet rising and changing patterns of demand. People and their families should be supported to manage their own condition as far as they are able, drawing on the support of their community and local services to meet their personal outcomes and aspirations.

Despite the challenges, the majority of CCGs within NWL are currently above the national average in relation to the indicator for this ambition: *Health-related quality of life for people with long-term conditions*.

CCG	Baseline	Quintile	National average	18/19 target	% change
Hounslow	75.2	2	72.9	76.0	1.06
Hammersmith & Fulham	74.6	2		76.1	2.01
Ealing	75.8	2		76.1	0.40
West London	70.8	4		76.1	7.49
Central London	73.3	3		76.0	3.68
Hillingdon	75.2	2		79.1	5.10
Brent	73.4	3		77.2	5.09
Harrow	75.6	2		79.5	5.1
Aggregated	**594**			**616**	**3.71**

The NWL CCGs have set a range of targets against this outcome, depending on their starting position.

Ambition 3:
Reducing the amount of time people spend avoidably in hospital

In NWL, too many people are admitted to hospital and this is shown in our below national average indicator score. Like other areas in the country, rather than relying on reactive, siloed and episodic units of care, across NWL we need to take a more preventative, personalised approach. Providers need to work with each other, other local services and communities to promote the long-term, sustainable wellbeing of the whole person, taking into account wider social determinants of health and wellbeing as well as personal circumstances and capacity for self-care. Our aim must be to prevent people going into hospital in the first place and when people do go in, we need to support them to regain independence and wellbeing at home as quickly as possible. Providing care closer to home will mean providing more proactive services in the community and spending proportionately more on those services in local communities, and less on hospitals. Doing so could result in 20-30% of patients who are currently admitted to hospitals in NWL as emergencies being more effectively cared for in their community.

The baseline performance of the CCGs ranges in the related indicator for this ambition, a composite measure capturing the rate of avoidable emergency admissions per 100,000 of the population:

CCG	Baseline	Quintile	National average	18/19 target	% change
Hounslow	1,890.9	2		1,645.0	13.00
Hammersmith & Fulham	2,308.4	4		1,904.4	17.5
Ealing	2,310.3	4		2,010.0	13.00
West London	1,896.6	2	2,053.7	1,650.0	13.00
Central London	1,781.2	2		1,549.6	13.00
Hillingdon	2,064.0	3		1,962.0	4.94
Brent	2,734.0	5		2,421.4	11.43
Harrow	2,714.8	5		2,582.0	4.9
Aggregated	**17,700**			**15,724**	**11.16**

As our 18/19 targets demonstrate, we have strong ambitions to address this and as is set out in future chapters already have significant transformation programmes underway to make it a reality.

Ambition 4:
Increasing the proportion of older people living independently at home following discharge from hospital

While there are currently no measurable outcome indicators available nationally against this ambition, NWL's primary and community services for the terminally ill are variable; too often working in silos, access complicated by multiple referral approaches.

The National Voices narrative sets out patients' expectations of person-centred coordinated care; however, interviews with London community services have identified significant limitations in meeting such expectations.

Whist there are pockets of excellence in some service models, work so far highlights:

- **Standards of community nursing care are variable** resulting in postcode variation to clinical practice.
- **Patients want joined-up care, yet there is limited uptake of technology** to help people manage their care at home or improve continuity of care between providers - community nurses, GPs, social care, carers, GP out of hours, etc.
- **Community nurses report low morale and spend less time with patients**, and leadership roles have reduced, with fewer senior roles.

To support people to live independently at home, care needs to be coordinated around the needs of the individual. GPs should be at the centre of bringing together a comprehensive network of support which responds to a person's total physical, psychological and social needs, drawing on what they can do for themselves as well as the contribution of their families, communities and public services. Personal budgets for both health and social care spend are a key mechanism to enable people to assume choice and control over how their

needs are best met, taking a planned, proactive and personalised approach in collaboration with care professionals. Consistent and high quality support for carers will mean better outcomes for both the individual being cared for and carers themselves, enabling people to remain at home and independent for as long as possible.

Ambition 5:
Increasing the number of people having a positive experience of hospital care

When it is necessary for residents of NWL to be admitted into hospital we want to ensure that they have the best experience possible whilst receiving important and often lifesaving care.

Patient perception is that the hospital care they receive in NWL hospitals is below the national expectation, as reflected in the baseline figures below. We know that people there are big differences in the quality of care patients receive depending on which hospital they visit and when they visit.

As the table below demonstrates, all of the CCGs in NWL are below the national average in relation to the indicator for this ambition: *'Poor' patient experience of inpatient care*.

CCG	Baseline	Quintile	National average	18/19 target	% change
Hounslow	164	4	142	142	13.41
Hammersmith & Fulham	158.1	4		150	5.12
Ealing	173.1	5		161	6.99
West London	159.3	4		143	10.23
Central London	149.5	3		139	7.36
Hillingdon	164.7	5		157	4.92
Brent	167.1	5		159	4.91
Harrow	171.6	5		163	4.90
Aggregated	**1,307**			**1,213**	**7.20**

Ambition 6:
Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community

When people are worried about their health, their first point of call is often NHS primary care – usually their GP. But patients in some parts of NWL cannot get a GP appointment, or access their GP and related services, very easily. Patients report low levels of satisfaction with primary and acute (both bottom quartile, nationally) across all CCGs[5]. NWL has also carried out its own street survey, as part of a broader review, in order to understand patient priorities for primary care.

As the table below demonstrates, all of the CCGs in NWL are below the national average in relation to the indicator for this ambition: *'Poor' patient experience of primary care*.

CCG	Baseline	Quintile	National average	18/19 target	% change
Hounslow	8.9	5	6.1	6.1	31.46
Hammersmith & Fulham	8.5	5		7.4	12.94
Ealing	11	5		8.5	22.91
West London	7	4		6	14.29
Central London	7	4		5.9	15.71
Hillingdon	8.4	5		8.0	4.88
Brent	10	5		9.5	4.91
Harrow	8.2	5		7.8	4.88
Aggregated	**69**			**59**	**14.24**

Ambition 7:
Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

While there are currently no measurable outcome indicators available nationally against this ambition, recent analysis across London has shown that those people attending and admitted to hospital during evenings, nights or at the weekend are more likely to die than people admitted at times when more senior staff are available. Around 130 lives could be saved in NWL every year if mortality rates for admissions at the weekend were the same as during the week.

If the NHS is to provide more consistent high quality hospital care in NWL, it needs to ensure that senior doctors and teams are available more often, seven days a week, 24 hours a day. Much progress has been made –

[5] North West London SPG planning document, November 2013 (Monitor, TDA, NHS England)

for example, in centralising heart attack care, major arterial surgery and stroke care in hospitals. This new approach to stroke care has already saved about 100 lives over the last year in NWL – but more needs to be done

Financial challenge

In addition to the health outcome and patient experience objectives we have set, NWL has a number of financial challenges that our five year plan will also address:

- **Population changes**: the population of North West London is facing major changes in its health needs and these are placing ever greater demands on the local NHS. People are living longer, the population as a whole is getting older, and there are more patients with chronic conditions such as heart disease, diabetes and dementia. The demand for health services in NWL will continue to grow.
- **Financial challenges:** from a commissioner perspective, if we do nothing we estimate we would need £365m more to keep pace with demand. Hospitals in NWL will also face significant financial challenges even if they become as efficient as they can be. This means services need to be redesigned to be more affordable.
- **Estates:** The physical condition of hospital buildings needs to improve. Despite having three relatively newly built hospitals (Central Middlesex, Chelsea and Westminster and West Middlesex), NHS buildings in NWL are generally in a poor state.
- **Productivity:** NWL also has more hospital floor space per head of population than in other parts of the country, and uses a greater proportion of the NHS budget on hospital care than average – but the productivity of NWL hospitals is lower than in other regions. This is not the best use of resources – resources which could be better used to help people to stay well in the community – and makes it even more important to change hospital services.

Summary

The North West London baseline against the five measurable ambitions varies across CCGs. This mirrors the, in places, vast variance in affluence, deprivation and health that is characteristic of a large urban centre such as London. Whilst the region performs well against Potential years of life lost and *health related quality of life for people will long term conditions*, NWL is below the national average for the other three measures; avoidable hospital admissions and patient experience.

We therefore know that there is scope for improvement and have set ambitious targets to make improve across all CCGs as well as levelling out the imbalance between some localities, so that residents in every borough can expect a similarly high standard of care.

Where indicators don't currently exist to quantify our ambition we still have bold plans to make improvements to these outcomes across North West London and have set these out in the sections that follow.

3. Our key transformation programmes

The North West London portfolio of transformation programmes is the basis by which will we collectively deliver our vision and ambitions

Introduction

While each CCG is leading its own set of initiatives to address local priorities, including respective Health & Wellbeing Strategies and Quality, Innovation, Productivity and Prevention (QIPP) plans, a number of shared transformation programmes have been jointly developed to address the key themes identified in the Case for Change, the 'Call to Action' and through NWL's patient engagement and public consultation.

The core principles and values of NWL's strategy are that services and care be:

- Localised;
- Centralised/specialised;
- Integrated; and
- Personalised

These principles are embedded in and reflected across NWL's programmes. Fundamentally, the initiatives are designed to improve health outcomes in NWL, line with the seven NHS Outcome Ambitions, and to achieve a financially sustainable health system.

The delivery of the NWL vision is managed through a portfolio of programmes that are grouped into five themes, as depicted in the figure below:

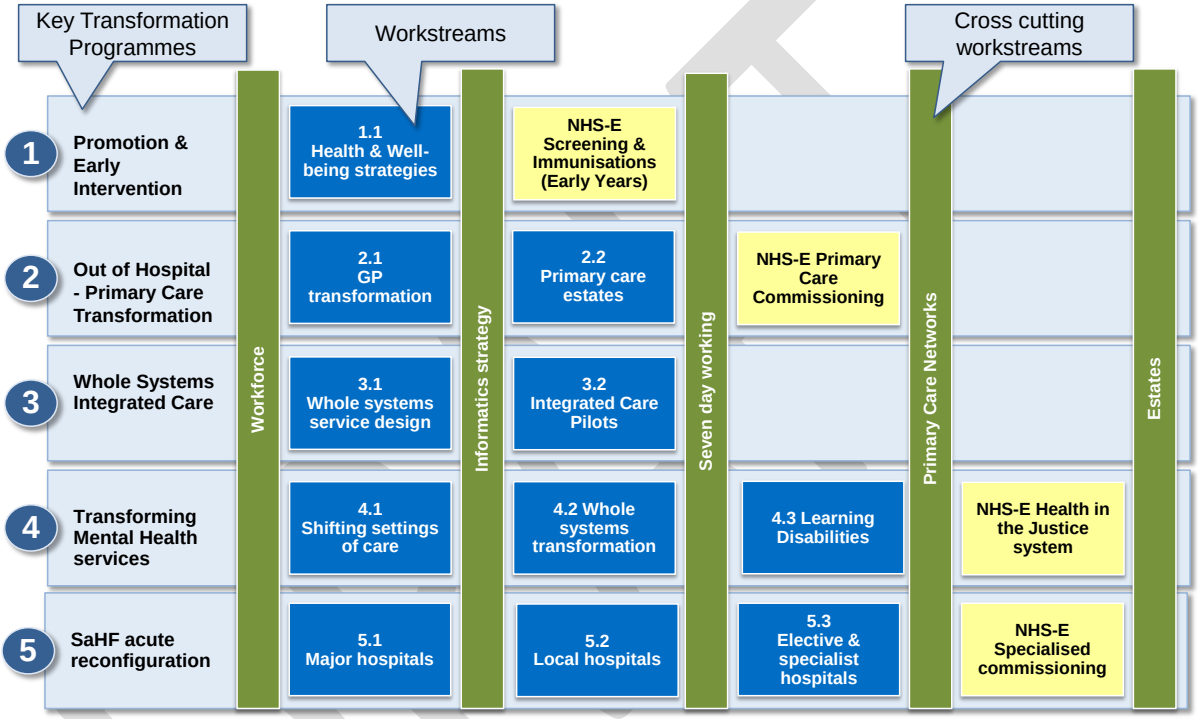
1. Health Promotion, Early Diagnosis and Early Intervention
2. Out of Hospital strategies, including Primary care transformation
3. Whole Systems
4. Transforming Mental Health services
5. *Shaping a healthier future* Acute reconfiguration

This portfolio of programmes reflects the focus on personalised care for patients and families, and on the level and quality of services provided in the community. The areas of direct NHS England commissioning are also reflected with their related transformation programmes.

In addition to the NWL transformation programmes described below, London's Strategic Clinical Networks (SCNs) focus on priority services areas to bring about improvement in the quality and equity of care and outcomes of their population both now and in the future. The networks aim to reduce unwarranted variation in health and wellbeing services, encourage innovation in how services are provided and provide clinical advice and leadership to support CCGs in their decision making and strategic planning. The networks will support developing all characteristics and improvements against all outcome ambitions.

[DN: more work to be done to adapt the pan-London plans to what is going on in NWL]

Key NWL transformation programmes



Further detail about each transformation programme is provided in the following section, followed by further information about overall programme investment costs, the implementation timelines, programme risks and key enablers. Each of the SCN's plans has been included in the relevant transformation programme section, as have the associated NHS England direct commissioning plans.

Our transformation programmes address our local case for change and align with the national outcome ambitions and transformational service models.

In developing our plans we have considered in depth both the needs and views of our local population, as well as the national direction set out by NHS England and other leading bodies.

The NWL transformation programmes are supported by and reflected in the joint Medium Term Financial Strategy (MTFS) for NWL. This financial strategy, including the pooling of some financial resources, will ensure that the strategy is successfully implemented across all eight Boroughs of NWL. It will also ensure that delivery of the NWL strategy has the financial impact required across the health economy.

The MTFS, along with the key improvement interventions, are approved and monitored by the CCG Collaboration Board (see Governance section).

4. Health Promotion, Early Diagnosis, and Early Intervention

Health promotion, early diagnosis and early intervention are fundamental to achieving outcome ambitions, particularly with regards to securing additional years of life for the population of NWL.

Effective delivery will require close partnership working between Local Authorities, CCGs and NHS England.

Introduction

Health promotion, early diagnosis and early intervention are fundamental to achieving our outcome ambitions, and are the foundation of our transformation in NWL.

There are many partners involved in providing effective prevention and screening programmes across NWL, including Public Health teams within Local Authorities, NHS England Direct Commissioners for screening and early years (immunisations), Public Health England, and CCGs.

At the Local Authority and CCG level, each NWL Borough has worked with its local partners to develop a Health and Wellbeing strategy, building on each Borough's Joint Strategic Needs Assessment (JSNA).

The JSNA and joint Health and Wellbeing Strategies are the foundations upon which each Borough's Health and Wellbeing Boards exercise their shared leadership across the wider determinants that influence improved health and wellbeing, such as housing and education.

They enable the NWL commissioners to plan and commission integrated services that meet the needs of their whole local community, in particular for the most vulnerable individuals and the groups with the worst health outcomes.

While each Borough's Health & Wellbeing strategy reflects the specific priorities of the Borough there are some key themes which are reflected across a number of strategies, including:

- Early Years –giving children the best start in life
- Childhood obesity
- Mental health and well-being (see chapter 7 for further detail)

See Appendix D for a summary of the key themes and priorities within each CCG's Health and Wellbeing Strategy, along with links to the full strategy documents.

In addition to the work of the Health & Wellbeing Boards, NWL CCGs work

collaboratively with its other partners in health promotion, prevention, early diagnosis and early intervention.

Screening: an integrated approach to screening and symptomatic services

While NHS England commission the majority of screening programmes, up to referral for treatment, CCGs commission all treatment arising from screening, as well as Antenatal and Newborn screening programmes (as part of the maternity tariff).

NHS England and NWL CCGs will therefore work collaboratively to meet the vision to commission screening programmes that provide a high quality, patient focussed service, meeting or exceeding national standards and targets, for all communities in NWL.

An integrated approach to screening and symptomatic services in NWL will result in:

- Increased screening coverage and uptake;
- Consolidation of screening services;
- High quality programmes that deliver the national standards ;
- Service integration within the pathway and at hand off points; and
- An improved antenatal/maternity pathway across NWL.

Early Years - Immunisations

NHS England commissions immunisations services for NWL to reduce vaccine preventable diseases, ensuring individuals' risk is reduced and effective levels of herd immunity are reached. These services contribute to securing additional years of life, by reducing the incidence of vaccine preventable diseases; improving the health related quality of life for those with long term conditions and the reduction of avoidable admissions to hospital such as that demonstrated by the flu vaccination programme.

NHS England is taking forward work on immunisation to:

- Improve information and data flows.
- Improve uptake in specific communities where we know uptake is poor.
- Widening access by commissioning a range of alternative providers to complement existing GP practice and Community Health Service delivered immunisations.
- Ensuring all CCGs commission along the best practice commissioning pathways for the earlier detection of ovarian, lung and colorectal cancer to ensure patients a cancer diagnosis as quickly as possible.
- Supporting all GPs to be able to understand cancer referral patterns through the use of practice profile data as provided by the National Cancer Intelligence Network.

[DN – NHS England: there is a need to improve information and data flows, which is recognised but it would be helpful to have some indication of at what scale this will be addressed – the actions needed differ from CCG to CCG, some recognition of this would help. For screening and immunisations it would seem sensible to have a placeholder for potential changes to the national programmes – as it is likely that there will be significant changes over the next five years. Would like to see a reference to planning to transfer HV and FNP (where relevant) to local authority commissioning]

Cardiovascular Disease

Cardiovascular disease is a significant cause of premature disease, and a priority for a number of CCGs, from prevention and early intervention, including supported self-management. The priorities of the Priorities for the London Cardiovascular SCN over the next five years include:

- Maximise opportunities across the whole patient pathway to **identify and manage people at risk** of developing CVD by

ensuring that NHS Health Check Programme is offered everywhere.

- **All patients, pre and post diagnosis are offered education and information** on opportunities to access interventions, rehabilitation and support that decreases risk of developing CVD and / or CVD progression.
- Ensuring patients and carers have **appropriate access to psychological support** (in line with the Improving Access to Psychological Therapies (IAPT) work that is underway across each NWL CCG, see section 7, Transforming Mental Health Services).
- **Empowering patients** to be involved in decision-making, care planning and self-management of their CVD to improve health outcomes.
- London's CCGs to collaboratively commission some **tuberculosis services on a 'once for London basis'** and significantly reduce the London tuberculosis rate.

Specific programmes within this SCN are: cardiac and vascular, stroke, renal, diabetes, and tuberculosis.

5. Out of Hospital strategies, incl. Primary Care Transformation

North West London has embarked on the biggest transformation of care, from a system spending the majority of its funding on hospitals to one where we spend the majority on services in people's homes and in their communities, i.e. "out of hospital".

Introduction

Successful achievement of the North West London vision for whole systems, including the principles of services being localised where possible and centralised where necessary, will rely on reducing demand for acute services.

In order to make this work, we need to strengthen our out-of-hospital services. There are lots of different types of out-of-hospital services, all providing different aspects of out-of-hospital care. Many are excellent, but there needs to be more consistency. NWL has embarked on a major transformation of care, from a system spending the majority of its funding on hospitals to one where we spend the majority on services in people's homes and in their communities, i.e. 'out of hospital'.

Our 'Our of Hospital' strategies aim to meet these changing needs by developing:

- Better care, closer to home
- A greater range of well-resourced services in primary and community settings, designed around the needs of individuals

For this reason, NWL has developed four out-of-hospital quality standards. Achieving these standards will mean that patients can be confident in the standard of the care received out-of-hospital – these standards cover six domains:

1. Individual empowerment and self-care
2. Access, convenience and responsiveness
3. Care planning and multidisciplinary care delivery
4. Information and communications
5. Population and prevention-oriented
6. Safe and high quality

Standards for out of hospital care

Domain	Out of Hospital Standards
A Individual Empowerment & Self Care	▪ Individuals will be provided with up-to-date, evidence-based and accessible information to support them in taking personal responsibility when making decisions about their own health, care and wellbeing
B Access convenience and responsiveness	▪ Individuals will have access to telephone advice and triage provided 24 hours a day, seven days a week. As a result of this triage: ▪ Cases assessed as urgent will be given a timed appointment or visit within 4 hours of the time of calling ▪ For cases assessed as not urgent and that cannot be resolved by phone, individuals will be offered the choice of an appointment within 24 hours or an appointment to see a GP in their own practice within 48 hours
C Care planning and multi-disciplinary care delivery	▪ All individuals who would benefit from a care plan will have one. ▪ Everyone who has a care plan will have a named 'care coordinator' who will work with them to coordinate care across health and social care ▪ GPs will work within multi-disciplinary groups to manage care delivery, incorporating input from primary, community, social care, mental health and specialists
D Information and communications	▪ With the individual's consent, relevant information will be visible to health and care professionals involved in providing care ▪ Any previous or planned contact with a healthcare professional should be visible to all relevant community health and care providers ▪ Following admission to hospital, the patient's GP and relevant providers will be actively involved in coordinating an individual's discharge plan
E Population- and prevention-oriented	▪ The provider has a responsibility to pro-actively support the health and wellness of the local population. This includes prevention (e.g. immunisation, smoking cessation, healthy living), case-finding (e.g. diabetes, COPD, cancer) and pro-active identification and support for patients from hard to reach groups
F Safe and high quality	▪ Patients experience high quality, evidence-based care and clinical decisions are informed by peer support and review. Clinical data are shared to inform quality assurance and improvement

Each NWL CCG has developed its own 'Out of Hospital' strategy to support the require shift of activity from acute to community and primary care settings, and to ensure that all services meet these standards for out of hospital care. Each of the NWL CCGs has its own individual plan to achieve this, which has been tailored to meet the population's needs. However, there are a common set of initiatives working to similar objectives.

Primary Care has a significant role to play in providing out of hospital services.

Primary Care Transformation

The scale of change that is required in primary care to achieve our quality, patient experience and financial objectives is truly significant, and our CCGs and GPs are determined to translate this vision into reality. In 2012, NWL commissioned a comprehensive review of patient priorities for primary care. The four stage process involved:

1. Literature review (October 2012)
2. Workshops (10/11 November 2012)
3. Street survey (late November 2012)
4. Final list of patient and public priorities (December 2012)

Additional engagement was carried out with CCG patient groups, patients with learning disabilities, non English speakers, patients from a variety of BME groups.

The report has already provided evidence to underpin the need to design new models of primary care that will support the delivery of the SaHF out of hospital strategy. The top three patient priorities were:

1. *I can quickly get an emergency appointment when I need one.*
2. *I have enough time in my appointment to cover everything I want to discuss.*
3. *I can rely on getting a consistently good service at my GP surgery.*

Based on this survey and other inputs, including our baseline position on the related Outcome Ambition measures, a key element in our case for change is the need to increase

the overall quality and consistency of primary care across our eight boroughs.

The future model for primary care will be increasingly patient-centred, with networks as a central organising point. GPs are the centre of organising and co-ordinating people's care, and a new model of General Practice is emerging in NWL to build on the existing strengths of Primary Care. This new model of General Practice will also help to deliver the vision of *Shaping a healthier future* and Whole Systems Integrated Care.

We have an expectation than primary care will change in three ways to improve care for patients:

1. ***Primary care will change to deliver out of hospital care:***

The CCGs' Out of Hospital strategies (and the associated Delivery Strategies) are clear about the growing role for general practice in delivering improved, integrated care.

Central to this will be GPs working together in networks to deliver some of the innovations included in CCGs' plans for Out of Hospital care, including differtiated access and additional support for patients with long-term conditions.

While the overall model of care varies by CCG, there are some common principles that will be met. Based on the feedback of patients in North West London, our vision for primary care transformation is to offer:

- **Urgent**:
  - Patients with urgent care needs provided with a timed appointment within 4 hours.
  - Patients with non-urgent needs offered choice of an appointment within 24 hours, or at their own practice within 48 hours.
  - Telephone advice and triage available 24/7 via NHS 111.
- **Continuity**:
  - All individuals who would benefit from a care plan will have one.
  - Everyone who has a care plan will have a named 'care co-ordinator'.
  - GPs will work in multi-disciplinary networks.
  - Longer GP appointments for those that need them.
- **Convenience**:
  - Access to General Practice 8am-8pm (Mon-Fri) and 6hrs/day during the weekend.
  - Access to GP consultation in a time and manner convenient to the patient.
  - Online appointment booking and e-prescriptions available at all practices.
  - Patients given online access to their own records.
  - Online access to self-management advice, support and service signposting.

Note that increased online access will not replace face-to-face and other channels of information and support.

2. ***Primary care will change to meet expectations for access:***

Our work with patients indicates an expectation of better access to primary care and including better continuity of care for people released from custody settings.

- The principle is that care will be responsive to patients' needs and preferences, timely and accessible.
- This may be differentiated depending on patient types: urgent needs may be dealt with by GPs at a network level, whereas patients with long-term conditions may continue to only see their named GP.
- Alongside this, NWL is promoting 7-day working across the system, which includes GPs. Again, this may be addressed at a network level.

3. Primary care will change to meet rising quality expectations:

- NHS England expects improvements in the quality of the core primary care they commission.
- This will include support for practices to improve but also contract management of poor quality practices across NWL.
- Alongside this, CQC has a range of expectations of quality and safety, including the safety and suitability of premises. We will therefore need to address any estate that does not meet these standards and manage the consequences.

Whilst the details may change as they are developed, this combines to suggest that the direction of travel is towards:

- GPs will deliver a wider range of services and lead the integration of care for patients with long-term conditions.
- Networks will support their member GPs to deliver services collectively and manage urgent demand.
- Other providers will deliver large-scale services across the CCG.

In order to deliver these commitments, individual GP practices will build on the progress they have already made towards delivering services as networks.

General Practice Networks

North West London has made significant progress towards establishing GP practice networks, with every practice now part of a network for peer review purposes, and some networks already coming together to deliver services. However, getting networks to work properly is no small thing. Significant changes are needed in ways of working, workforce, organisational form, service design, capacity planning and IT/telephony infrastructure. Building this capability takes time but we will also deliver tangible service improvements for patients earlier.

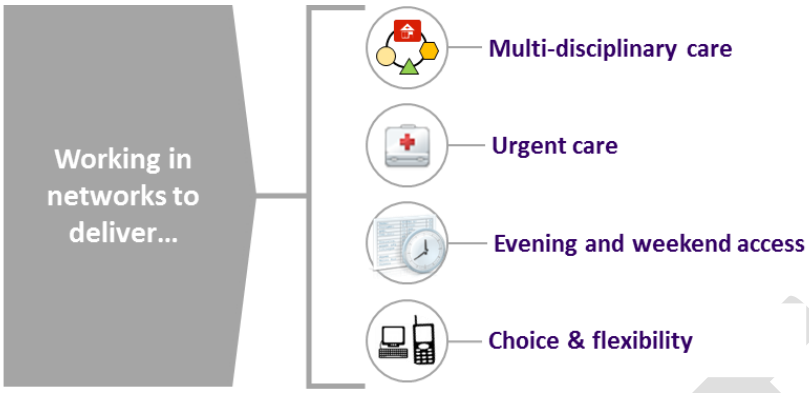
We have done detailed work to understand General Practice Staff's ambitions for future working *(From Good to Great* NWL workforce engagement, 2013)*:*

*"Networks will create new career routes…allowing for progression; they will facilitate proper extended hours; [and] strategic planning for training & development", **GP***

"The range of services we provide will expand: more minor surgery, mental health services…LTC services", **GP**

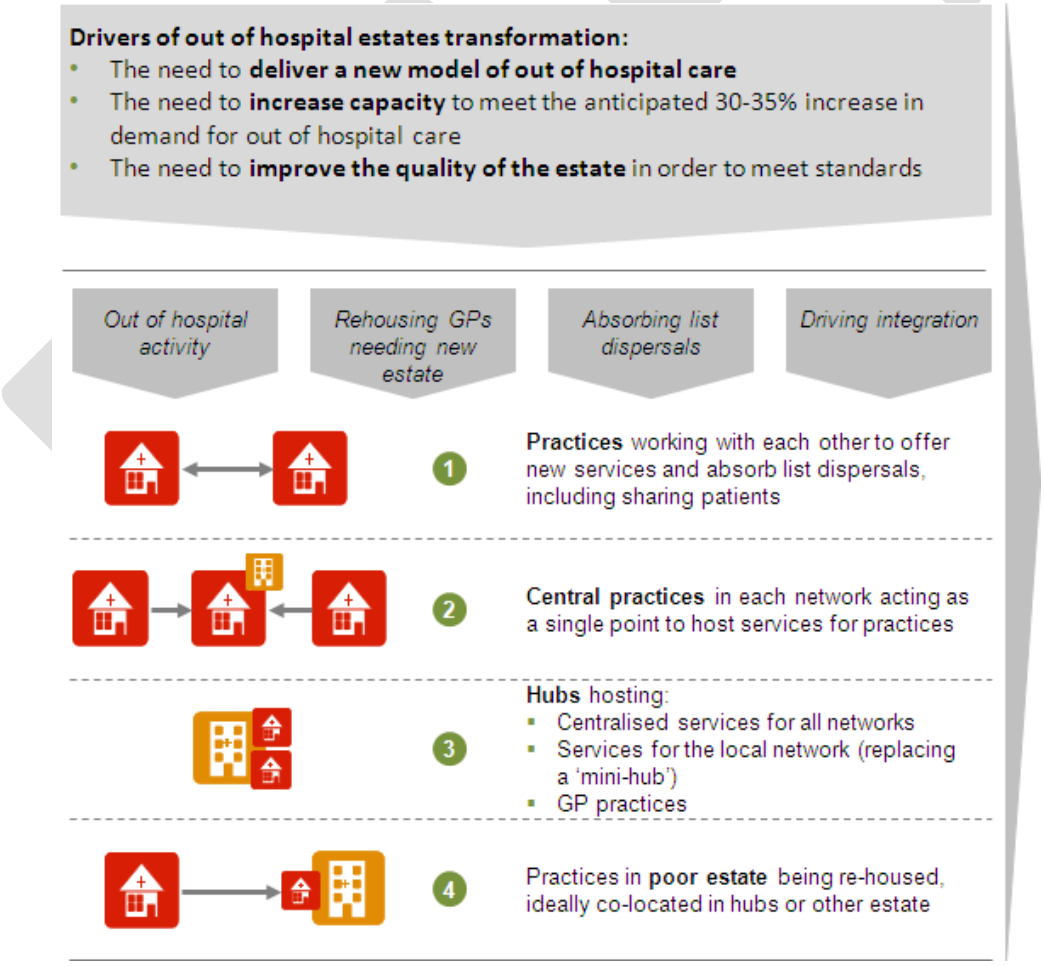
"When we pool resources together in networks, we can reduce inequities in provision…bringing all practices up to the standards of the best now", **GP**

GPs will work in networks to deliver:



Out of Hospital Care Settings

Delivering our vision requires us to invest in and use our estate differently. Hubs, one of the configurations that CCGS are exploring, are flexible buildings, defined as those that offer a range of out of hospital services and/or host more than one GP practice. Hubs will focus on delivering services that ensure patients' medical, social and functional stability. Investment in hubs and General Practice estate will help us deliver better care in North West London.



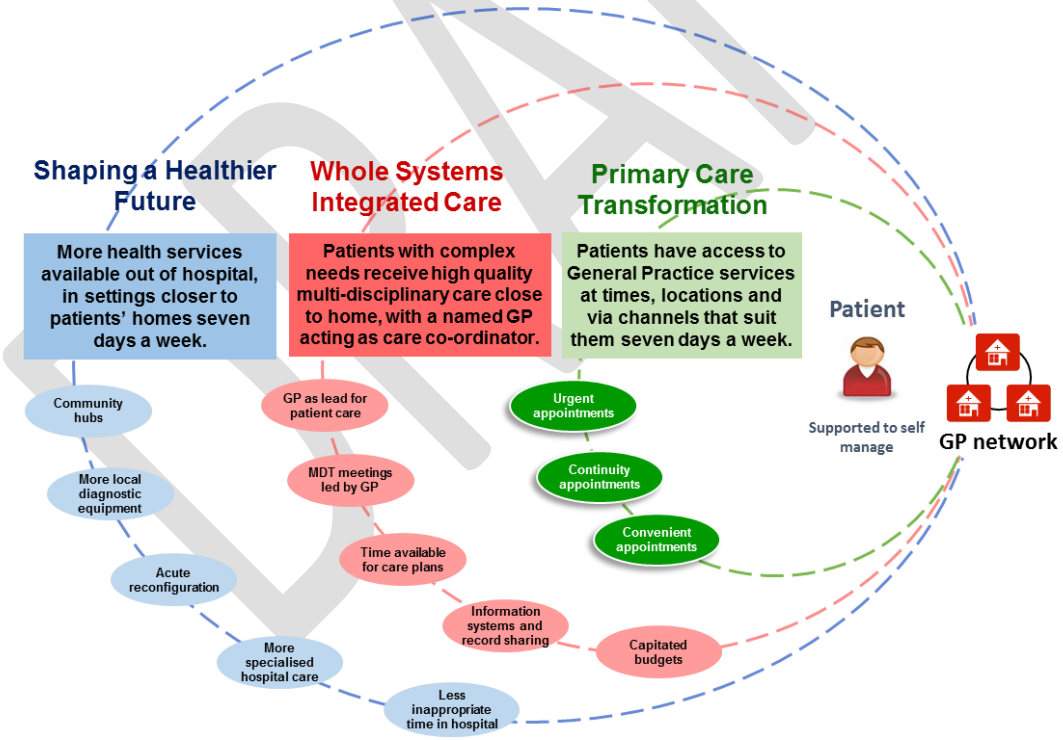
Through our estates transformation will ensure we can:

- **Deliver a greater volume of care in out of hospital settings** by utilising our current estate to maximum effect and by providing new hub spaces for care delivery.
- **Deliver improved access** by supporting networks to offer extended access and differentiated access models.
- **Deliver better planned care** by offering spaces for diagnostic equipment and community outpatient appointments.
- **Deliver whole systems integrated c**are by offering space for care co-ordination, multi-disciplinary working and sharing of key services.
- **Support the meeting of relevant standards** for access and integration of care.

The Primary Care Transformation programme is fundamentally linked to the other key transformation programmes, as GPs will be at the centre of organising and coordinating people's care (through the Whole System Integrated Care programme), while a key enabler of the successful realisation of the benefits of the *Shaping a healthier future* (SaHF) acute reconfiguration will be the effective implementation of the NWL 'Out of Hospital' strategies and associated reduction in demand for acute services.

These important relationships are depicted in the following diagram:

Relationship between Primary Care Transformation and other transformation programmes



NHS England's Primary Care programme in London

NHS England commissions many primary care services. It is responsible for primary care contracts and has a duty to commission primary care services in ways that improve quality, reduce inequalities, promote patient involvement and promote more integrated care. CCGs have a role to play in driving up the quality of primary medical care but will not performance manage primary-care contracts.

NHS England's priorities for the primary care programme in London include:

- **Maximise every opportunity to improve GP outcomes**: through an established and effective QIPP programme
- **Developmental standards for Primary Care**: London's vision is underpinned by development standards that describe the potential service that could be offered by general practice in the future following a period of redesign, development and investment.

Primary Care Co-Commissioning

Our shared vision for Whole Systems Integrated Care states that we will improve the quality of care for individuals, carers and families in NWL, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

If this vision is to be realised, primary care must take on an increasingly important role in both providing and organising care. To do this successfully, it must transform in two ways:

- Primary care must work better as a provider unit, delivering care that is coordinated, accessible and proactive. This will require improvements in infrastructure including workforce, estates and technology, and practices collaborating together as part of GP networks.
- Primary care must change how it works with other organisations, with GP networks interacting purposefully - both with other providers and commissioners, to deliver integrated care to people in NWL.

NWL and NHS England are both taking steps to improve primary care across these two areas, and have closely aligned views on what improvements required across each of these steps.

NWL has agreed to work with NHS England to test co-commissioning arrangements for primary medical services. To support the transformation of primary care, we are working with NHSE to test ways we can co-commission primary care services. We have strong primary care leadership, an enthusiasm and energy for change, we are integrated care 'pioneers', and are reliant on effective commissioning in primary care to transform out of hospital care in NWL and realise our '*Shaping a healthier future'* commitments.

This will:

- Allow NHS England and CCGs to reconsider how pooled resources are best allocated between primary care, community resources and hospital services.
- Strengthen the leadership and ownership of primary care transformation and ensure plans are aligned to local strategies.
- Strengthen the links between general practice and out-of-hours services.
- Support integration, effective joint working and the delivery of the whole system integrated care.
- Where required, enable investment in general practice services to be made in ways that do not give rise to perceived conflict of interest for GPs involved in clinical commissioning.

6. Whole Systems Integrated Care

The North West London five year plan is underpinned by our Whole Systems vision, which places the person at the centre of their provision and organises services around them.

Introduction

NWL's five year plan is underpinned by our Whole Systems approach, which places the person at the centre of their care provision and organises services around them.

Across the eight boroughs of North West London, 31 partner organisations have agreed to work together in pursuit of a shared person-centred vision for integrated care. Achieving this vision will require a five year change programme to develop entirely new ways of working. The name given to this vision and change programme is Whole Systems Integrated Care.

The Whole Systems Programme is built on strong foundations, drawing on progress and learning from various local initiatives across our boroughs. In particular, the NWL Integrated Care Pilots and the Tri-borough Community budget pilot have looked at bringing people and professionals together in support of a more coordinated, proactive approach.

Building on these foundations, NWL partners have agreed to work together to go further and faster, developing plans to design and deliver joined up, person centred care across the system and wider community. Having made this collective decision, it was therefore timely that the Government subsequently announced its intention for all local areas to develop Better Care Fund plans, Bringing together health and social care resources to deliver personalised, integrated care is a fundamental component of the Whole Systems approach and as such, BCF plans for each of our boroughs provide an important stepping stone in the journey to long term transformation.

Equally, the vision, principles and co-design work undertaken to date across NWL as part of this programme have been fundamental to the development of the Better Care Fund plans in each Borough, and to the further development of our out-of-hospital strategies, including for primary care.

The shared vision of the Whole Systems Integrated Care (WSIC) programme is:

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

This vision is based on what people have told us is most important to them. Through holding workshops with patients, people who use services and carers, and conducting interviews and surveys across NWL, we know that what people want is choice and control, and for their care to be planned with people working together to help them to reach their goals of living longer and living well. They want their care to be delivered by people and organisations who show dignity, compassion and respect at all times.

Our vision is therefore supported by three key principles:

The vision and principles for Integrated Care in NWL:

Our shared vision of whole systems integrated care…

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

… supported by 3 key principles

1. People will be empowered to direct their care and support and to receive the care they need in their homes or local community.
2. GPs will be at the centre of organising and coordinating people's care.
3. Our systems will enable and not hinder the provision of integrated care.

Fundamentally, whole systems integrated care is a plan for a radically different way to provide care for people. This is different both in the nature of the care people receive and how the system is organised to deliver it. A whole systems approach means health and social care provider organisations forming new integrated care teams around the person - one co-ordinated team to deliver care. This care will be directed by the people receiving it, where they define the outcomes they want and are empowered to achieve them. General practice will be at the centre of co-ordinating these teams which will make innovative preventative interventions, often social care based, to prevent unnecessary deterioration of people's health and admission to hospital. Local authorities, CCGs and NHS England will pool budgets such that providers have collective responsibility for outcomes and for the budgets to deliver them. This collective responsibility will incentivise the integrated working of staff for the benefit of people, so they receive a seamless and efficient service. This new way of working will require major changes in cultures, behaviours and system structures to achieve change. The sections below describe some of the efforts to date to provide support to local areas to make these difficult but worthwhile changes.

While the focus of our NWL integration work is WSIC, this aligns with and supports the implementation of changes for particular conditions and pathways (e.g. Cancer), and these are detailed in this section as well.

Pioneer

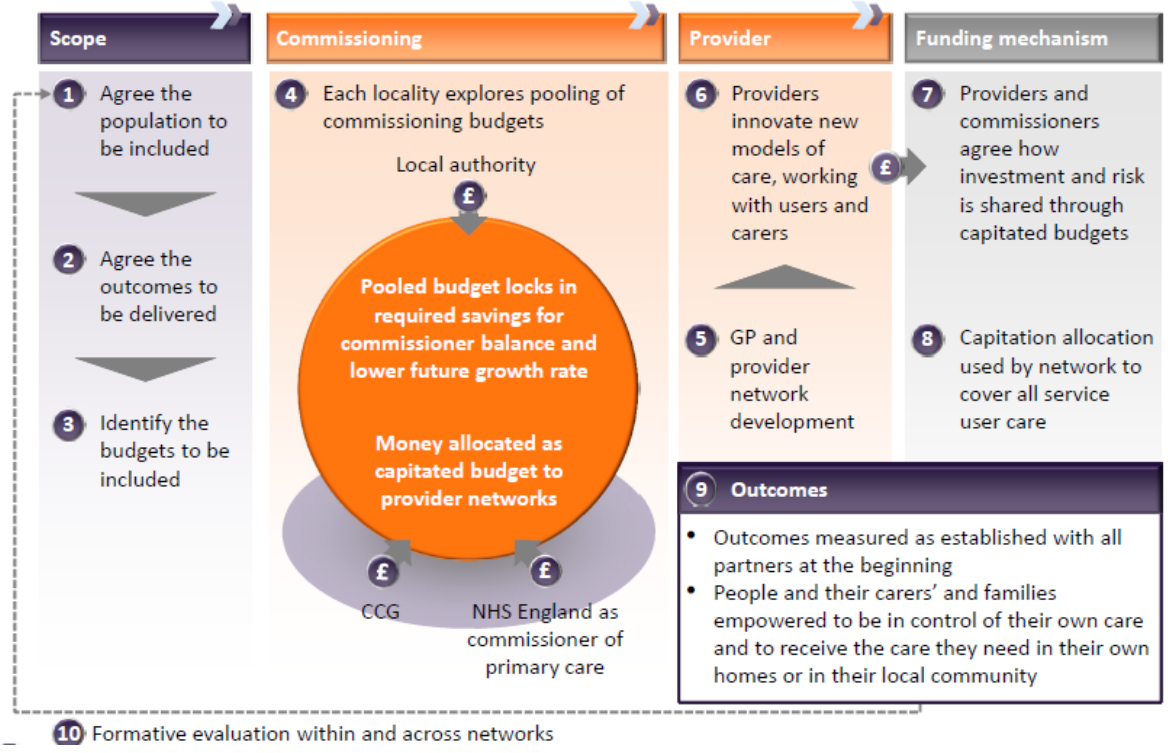
In June 2013, 31 partners across the eight boroughs of North West London submitted a joint pioneer application under a single vision. NWL was one of only 14 areas nationally to be awarded Pioneer site status. Pioneer areas will be provided bespoke and tailored support from Government and national partners in order to move further and faster towards integrated care. In return, pioneers will share their learning with each other and other local places, including participation in a national evaluation. , i

Approach - co-design with people and partners as our guiding principle

Through the NWL WSIC programme, local authorities, GPs, local hospitals, community care services, mental health services and the voluntary sector are working together to turn best practice, innovative care into 'business as usual' day-to-day care. These organisations have come together as partners to tackle organisational barriers, reduce duplication, and provide a more seamless care service for local people, many of whom have long term conditions, and are part of a population which is also getting increasingly older.

The high-level approach to achieve the vision and principles of Whole Systems is as follows:

Ten-step plan to achieve Whole Systems vision



In order to tackle the many difficult questions associated with a number of these steps, NWL has worked together to "co-design common solutions once". Together with lay partners we have considered some of the difficult questions that this vision raises through the Whole Systems Integrated Care programme. Implementing whole systems integrated care in NWL will only be

successful if it keeps the person who uses services at the centre of all decisions and design processes. To this end, from September 2013 to January 2014, over 200 people from across our health and care system came together in regular working groups to discuss the challenging design questions that we need to resolve in order to achieve our vision of integrated, person-centred care. . In our context, co-design means an inclusive and collaborative process with a breadth of stakeholders who can represent the varied interests of patients, people who use services, carers, their families, and their communities. This process has not only facilitated reaching a solution that everyone supports, but has also inspired more creative and effective ideas for the future of the system.

In our context, co-design means an inclusive and collaborative process with a breadth of stakeholders who can represent the varied interests of patients, people who use services, carers, their families, and their communities. From September 2013 to January 2014 working groups met to discuss populations and outcomes, General Practitioner (GP)networks, provider networks, commissioning and finance, and informatics.

Whole Systems Co-Design Working Groups

Embedding Partnerships

Population and outcomes

- Instead of organisations or diseases, which groups of **people** should we organise care around?
- What are the opportunities to improve care for these people?
- What goals do people in these groups want to achieve?

GP networks

- What services could groups of practices provide better for people if they work together?
- How can these GP groups work with other care providers to deliver better services?

Provider networks

- What services could groups of providers provide better for people if they work together?
- How can incentives for providers make the right thing to do the easy thing to do?
- How do different providers of care decide to spend money in new ways without damaging existing care?

Commissioning and finance

- How can people get better care by not having different organisations paying for care with separate budgets?
- If there were one pot of money how do different commissioners make sure that people are getting the care they want?

Informatics

- What information is needed to provide better services to people?
- What information do commissioners need to make sure people are getting the care they need?
- What do we have and what is missing today?

This process has not only facilitated reaching a solution that everyone supports, but has also inspired more creative and effective ideas for the future of the system.

'Embedding Partnerships' is a cross-cutting workstream of the NWL WSIC programme. Its purpose is to support effective partnerships among professionals and with patients, people who use services, carers, and members of the local population, to ensure that changes are co-produced. There are over 100 lay partners involved in the Lay Partner Forum, reflecting the diverse demographic and spectrum of need level across the NWL population.

In order to support all programme partners with their development around working co-productively and what it means in practice, the WSIC lay partners worked collaboratively to produce a **co-production touchstone**. The lay partners also agreed a set of "I" statements to help keep the focus on all work on-going throughout the programme on how best to enable person-centred, accessible

and proactive high-quality care. In effect, the lay partners act as the guardians of the programme's vision.

Agreed NWL 'I' statements for people who use services and carers:

- I can access my own health- and social-care data and correct any errors
- I can discuss and plan my care with a professional, focusing on my goals and concerns
- I know what I can do to keep myself as well and active as possible
- I know whom to contact and where to go when I need extra support
- I can make sure that the professionals who support me have access to my up-to-date health records and care plan
- I am regularly asked what I think about the care I am getting, I know that my feedback is listened to
- I know that when changes are being planned to services, my interests and those of people like me will be taken into account because we have been part of the planning process from the start

These are consistent with the "I" statements developed by the National Voices, the national coalition of health and social care charities in England that works to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them. These "I" statements provide a narrative for person-centred coordinated ('integrated') care[6].

Our commitment to working co-productively in North West London means:

1. Co-production for the Whole Systems programme starts with co-design, through which we can then embed co-delivery. This is the core of our programme and is embedded throughout the whole process.
2. We are dealing with new relationships for which we need a new language of inclusion: we will avoid "consultation" and aim at all times to have "conversations" for a genuine partnership.
3. We are people driven: we will actively reach out to those whose voice is rarely heard.
4. We are all responsible for driving progress and educating each other along the way.
5. We recognise the political and social context in which the programme sits.

North West London Care Journeys

Over the course of a month at the end of 2013, a small number of service users and carers with a range of different health and care needs worked with Ipsos Mori to document and reflect on their experiences of integrated care.

This insight is an integral component of the Whole Systems Integrated Care Toolkit, enabling NWL partners to better understand:

- Areas of good practice
- What people value most from integrated care
- Particular areas of need for certain groups
- How all aspects of a person's life can affect and be affected by their care and support needs

The method used to undertake this research included:

[6] http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/narrative-coordinated-care.pdf

Research methods

An initial in-depth filmed ethnographic interview which lasted a whole day

Capturing everyday experiences using photography

Diary writing over the course of a month

Bringing it all together

"The material in this ebook, put forward by individuals themselves, is the most powerful form of evidence about what it feels to live with a long-term condition or to be a carer. It shows the importance of coordination and continuity of care, as well as time, understanding and compassion from every health and social care professional.

Most importantly, it shows how whole systems means considering every aspect of a person's life, and all the clinical, statutory, voluntary and community support they receive. "

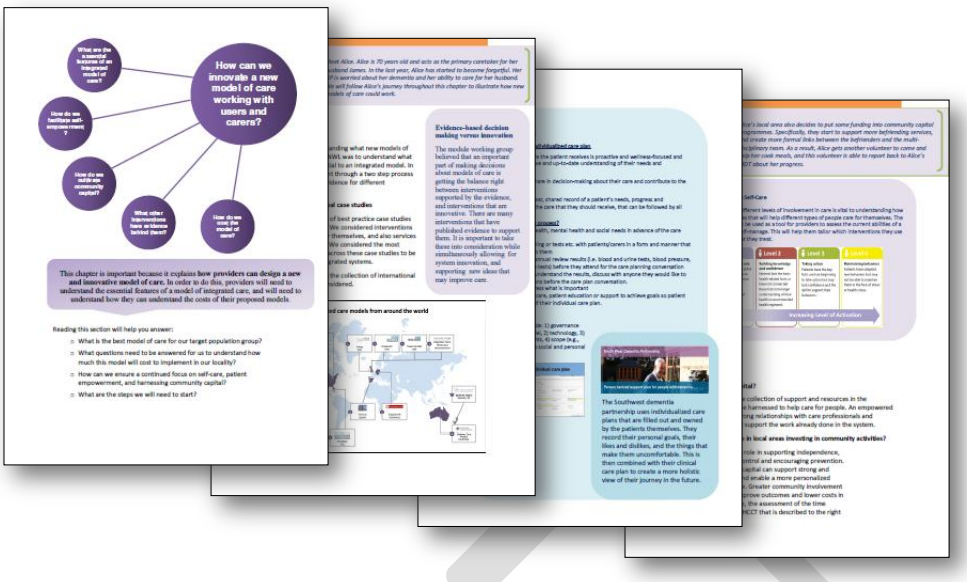
Lay Partners Advisory Group

The learning from the co-design process, which has engaged over 150 individuals across NWL, as well as the results from the ethnographic (care journeys) research has resulted in a North West London Whole Systems integrated Care Toolkit, a practical how to guide to support health and care partners as we move to local implementation.

Whole Systems Integrated Care Toolkit

NWL has embedded its collective knowledge together into a living toolkit available to everyone across NWL. This toolkit distils the work of these groups into a web resource that is intended to be of use to commissioners, providers, voluntary organisations and communities, to help them design new and innovative models of care within North West London and elsewhere.

The toolkit is a living web-based resource and will be updated frequently as local areas implement their plans for integrated care and lessons are learned and shared.



Further information regarding the findings from the Population Segmentation co-design process is provided in the following section:

Population Segmentation - what population groups do we want to include?

The toolkit explains why commissioners should organise care around people and their needs and lays out the whole system proposals regarding thinking about people with similar needs. This grouping has been co-designed by professionals across health- and social-care, as well as lay partners.

In carrying out the grouping, the working group used three complementary methods. First, they gathered the judgement of multiple professionals and lay partners from across North West London. Then, they did an in-depth analysis of a fully integrated example data set gathered from Hammersmith and Fulham to test the hypotheses. Bringing together data from across acute, primary, community and social-care helped us to understand levels of service utilisation and cost for each group, which helps build a picture of population needs. Finally, they also looked at how populations had been grouped in other health systems both nationally and internationally. Using these three approaches, they reached consensus in the working group around how to group the population of North West London.

There are ten proposed groups that cut across health- and social-care, and represent the holistic needs of the individuals that fall into those groups (see figure below). As such, a model of care surrounding the serious and enduring mental illness group would address all care needs of the people in that group, whether they are mental, physical or social, and would address these needs across organisations. The idea is to address the needs of individuals, rather than the specific conditions or the specific type of care.

Description of population segments

	Description of group
1 Mostly healthy adults <75	▪ People aged between 16-75 that are mostly healthy and do not have LTCs, cancer, serious and enduring mental illness, physical or learning disabilities and advanced stage organic disorders ▪ Includes those that have a defined episode of care, e.g. acute illness with full recovery, maternity
2 Mostly healthy elderly (>75) people	▪ Same as group 1 but for those that are above the age of 75
3 Adults (<75) with one or more long term conditions	▪ People aged between 16-75 that have one or more long-term conditions, e.g. HIV, COPD, diabetes, heart disease ▪ Includes common mental illnesses, e.g. depression, anxiety
4 Elderly (>75) with one or more LTCs	▪ Same as group 3 but for those that are above the age of 75
5 Adults and elderly people with cancer	▪ People aged above 16 that have any form and stage of cancer
6 Adults and elderly people with SEMI	▪ People aged above 16 that have a mental health problem (typically people with schizophrenia or severe affective disorder) that experience a substantial disability as a result of their mental health problems, such as an inability to care for themselves independently, sustain relationships or work
7 All with advanced stage organic brain disorders	▪ People aged above 16 who have a decreased mental function resulting from a medical disease rather than a psychiatric illness. Includes dementia as well as other conditions such as Huntington's and Parkinson's disease
8 Adults and elderly people with learning disabilities	▪ People aged above 16 who have a difficulty learning in a typical manner that affects academic, language and speech skills ▪ Excludes mild conditions that does have an impact on social relationships or work
9 Adults and elderly people with severe and enduring mental illness	▪ People aged above 16 who have a FACS eligible physical disability ▪ Excludes physical disabilities, including sensory disabilities, that are not FACS eligible ▪ FACS eligibility includes an inability to perform 3 or more household tasks
10 Socially excluded	▪ People aged above 16 who have chaotic lifestyles who often have limited access to care ▪ Includes the homeless, alcohol and drug dependency

The next step in establishing the grouping is to understand how individuals will be assigned to groups. Commissioners and providers will need to agree on this step because it is important for the capitated payment system to understand the process for moving in and out of groups. In order to deal with this issue, a preliminary categorisation was created for providers and commissioners to use to assign people to groups.

The groupings presented previously represent the primary organising logic. Within each of these groupings sit a set of cross-cutting themes or lenses to help us prioritise needs within the groups. These include age-related frailty, levels of economic well-being, behaviour, social connectedness, utilisation risk, presence of a carer, and a person's own caring responsibilities. In addition to people's clinical and social care needs, these lenses can have a significant impact on a person's capacity and willingness to manage their condition as well as their reliance on statutory services. These lenses should therefore also be taken into account to help target individual services to best meet those needs

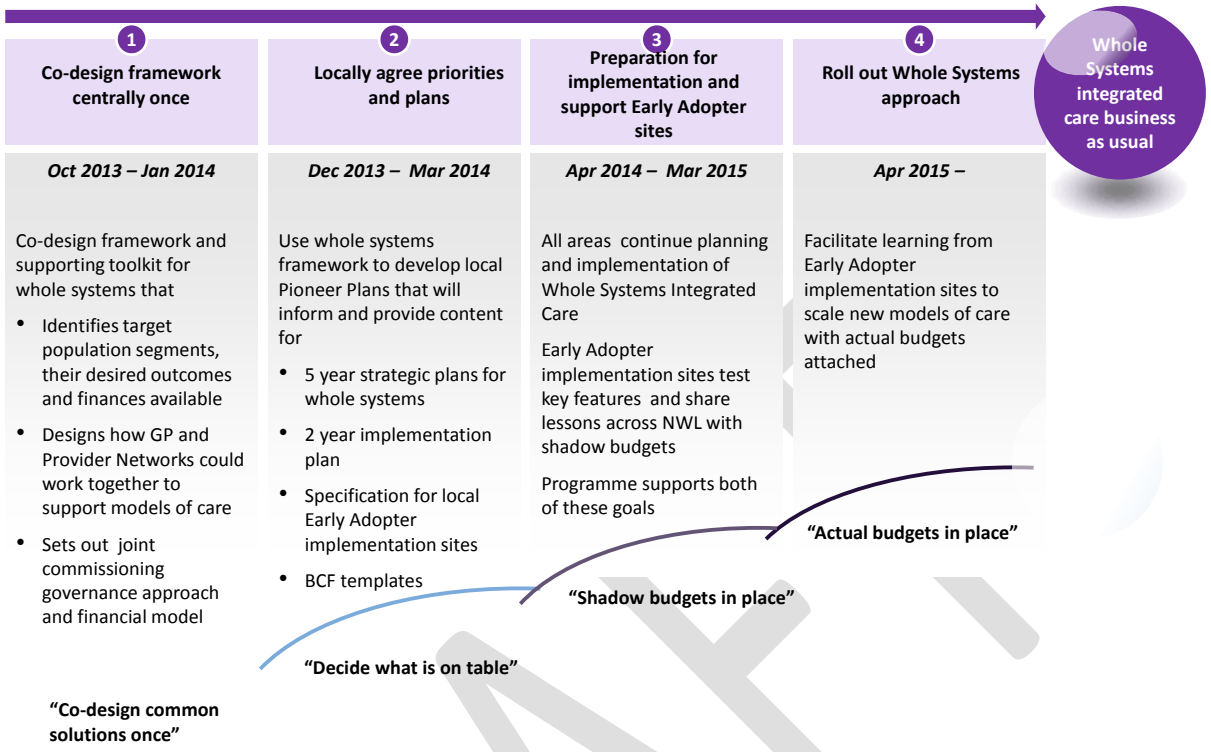
There are three factors which will need consideration when choosing a group: (1) potential financial opportunity; (2) potential impact on individual outcomes; and (3) implementation readiness.

The Whole Systems Integrated Care Toolkit provides further detail on population segmentation, as well as all of the other findings from the co-design process.

Early Adopters

The first stage of the WSIC programme is complete, as per the implementation timeline below: timeline.

Whole Systems implementation timeline



The next step is work with a number of Early Adopter sites, who will move further and faster and share learning across NWL. Across NWL, groups of commissioners and providers have expressed interest in becoming 'Early Adopters' of Whole Systems Integrated Care through defining a segment of their population for whom they wish to commission and provide health and social care in a new and integrated way.

Early Adopters must plan to implement the following criteria for Whole Systems:

Criteria for Whole Systems and "Early Adopters"

Criteria for Whole Systems and "Early Adopters"

Embedding Partnerships	✓ Use co-production to develop plans ✓ Commitment to move to personalisation, self care and use of community capital
Commissioning governance & finance	✓ Pool health and social care budgets ✓ Operate shadow capitated budgets ✓ Generate significant savings to system ✓ Agree binding performance management
Population and Outcomes	✓ Organise care models around people with similar needs ✓ Identify outcomes to be delivered
Provider networks	✓ Establish governance for networks, bringing together different types of providers around a GP registered population ✓ Reallocate money across a care pathway to fund innovative models of care regardless of setting ✓ Agree binding performance management
Information	✓ Ensure the flow of information to support care delivery, performance management and payment ✓ Information governance to support this across all providers

Selected Whole Systems Early Adopter sites plans will be developed, building on the Toolkit, and will address in more detail the criteria set in the co-design phase which include:

- Co-production with lay partners to develop Early Adopter Plans
- Commitment to personalisation, self-care and use of community capital
- The pooling and capitation of health and social care budgets
- The organisation of care models around people with similar needs and the identification of outcomes for those groups
- The development of provider organisations around groups of registered GP populations and governance, resource allocation and performance management processes to support this
- Ensuring the flow of information to support care delivery, performance management and payment and the appropriate governance arrangements to support this

The Whole Systems Early Adopter Plans will be developed until October 2014, with an interim checkpoint in May to assure levels of ambition against the above criteria.

Whole Systems will be rolling out to become part of business as usual across NWL from April 2015, as per the high-level implementation timeline.

All eight boroughs across NWL are strongly committed to driving real change for the benefit of people using services. Each of the eight localities will retain their own approach to delivering services specific to the needs of their local population, taking strategic direction from their Health and Wellbeing Board. However, working together across eight boroughs will enable us to pool our collective time and expertise to tackle the common barriers to integrated care. It will also ensure

that where there are opportunities for closer, joint working this will happen, across borough and other boundaries, where this is in the best interests of the local population.

Localities can adopt and adapt the co-production touchstone, which was designed to serve as a set of behaviours against which actual group behaviour, and will be key tool underpinning the ways of working agreed by WSIC Early Adopters.

Patient self-management and self-care

One of the three key strands of Whole Systems is self-care, i.e. that people will be empowered to direct their care and support and to receive the care they need in their homes or local community.

We have significant local evidence through our patient journey feedback that patients want to be in control of their condition and treatments and this project will support them to do so. As part of the Early Adopter and wider roll-out of Whole Systems, each NWL CCG will ensure that patients and carers are able to participate in planning, managing and making decisions about their care and treatment through the services they commission. This will be achieved through:

- Existing Expert Patient Programmes and patient user groups.
- The roll-out of Personal Health Budgets from April 2014 (building on learning from existing users to ensure they are deployed as effectively as possible).
- Online access to self-management advice, support and service signposting (also part of Primary Care Transformation – see section 5 (Primary care transformation)).
- The roll-out of care plans, developed with patients as part of Whole Systems Integrated Care.
- Self-management initiatives to improve the quality of patient care by providing a number of interventions to enable patients to take greater control of their own care in an out of a hospital setting, including peer mentoring and local champions.

Transforming Cancer Services in London

Alongside the rest of London, NWL aims to achieve significant, measurable improvements in outcomes for patients, including the saving of additional lives currently lost to cancer, improved patient experience and effective use of financial resources. This will be achieved through a collaborative, clinically-led, patient-centred approach, maximising the effectiveness of pan-London strategic leadership. As cancer services are provided along every stage of the continuum of care, from prevention through to specialised services, they are considered as part of our Whole Systems Integrated Care programme.

In London, cancer services are being transformed, through work with the London Cancer Alliance and London Cancer – NHS, academic health science centres, and voluntary sector partnerships – and a Cancer Commissioning Board. Priorities for the cancer programme in London include:

- Finalising the **5 year cancer strategy**[7] and supporting implementation: this strategy, produced in partnership between NHS England (London), London's CCGs, Public Health England, the Integrated Cancer systems and charity partners, sets out a plan to boost cancer services enhance patient experience and raise survival rates, including through:
    - **Prevention**: CCGs and Local Authorities will commission well-evidenced prevention programmes to tackle factors such as smoking, unhealthy diets, alcohol and excess weight, which cause one third of all

[7] http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2014/01/lon-canc-comm-strat.pdf

cancers diagnosed in the UK each year.

- **Screening**: Commissioners will improve the take-up of national screening programmes, support the rollout of Bowel Scope – the new bowel cancer screening for those on or around their 55th, and join-up the pathway from screening to treatment.
- **Early detection**: More GPs will be trained to spot the signs of cancer early, for example, using a Macmillan decision support tool that flags up combinations of symptoms that could be caused by cancer.
- **Reducing variation**: Commissioners will use contracts to improve hospital performance, such as increasing resection rates for lung cancer, follow best practice on lung cancer and bowel cancer to reduce variations and will adopt Royal College recommendations on waiting and reporting times for diagnostic tests.
- **Living with and beyond cancer:** Commissioners will expand the roll-out of an integrated Recovery Package for all patients, which includes a full holistic assessment of their needs, a care plan, and an education and information event to help people to manage their condition and promote healthier lifestyles.
- **End of life care**: Commissioners will commission a new proven system that co-ordinates care for people at the end of their life and supports them to die in their chosen place (see section 6 (Transforming end of life care) for further details on the NWL End of Life Care plan).

- Implementation of an **early detection & population awareness strategy**, reducing the number of patients diagnosed when their cancer is at a late stage when successful treatment is less likely
- Reducing variation: implementing **best practice commissioning pathways** & clinically agreed protocols
- Numbers of people living with **cancer as a long term condition** increasing. Therefore improving support & care coordination for the Londoners living with and beyond cancer:
  - Holistic Needs Assessments, Care Plan, Treatment Summary & Health and wellbeing event
  - Integrated care offers a solution for managing this

  In NWL, people living with cancer are one of the key cohort for the Whole Systems Integrated Care programme.
- Developing and implementing a **chemotherapy commissioning strategy**
- Developing and implementing a **radiotherapy commissioning strategy**
- Significantly improving **patient experience** for all patients living with cancer in London

Transforming end of life services in London

NWL will develop and implement effective end of life care integrated care models of commissioning and delivery which translate into a better end of life care experience for individuals, carers and their families.

As part of NWL's rollout of NHS 111 services, NWL supported the rollout of an electronic end of life care planning platform Coordinate My Care (CMC). CMC as a single electronic end of life care planning platform accessible to 111, GP Out of Hours (OOH) and London Ambulance Services (LAS) can enable a joined up approach to care at the end of life, particularly in crisis and out-of-hour period.

Priorities for transforming end of life services in NWL include:

- To **maximise uptake of CMC** across all NWL CCGs, and to ensure it is used as part of an integrated care pathway.
- To **commission coordinated care**, centred on patients and planned between services who work together to understand patients and their carers.
- To **improve interfaces/joint working** between services including primary care, secondary care, social care, LAS and NHS 111.
- To support the **End of Life Care Alliance** sharing good practice and dialogue across London. The End of Life Care Pan-London Alliance was launched in 2013 to promote patient-centred, coordinated care commissioning and delivery across London. The End of Life Care Pan-London Alliance is an inclusive membership group and is supported by an Executive Steering Group who will provide oversight and prioritise activities. The founding members are ADASS (London) Directors of Adult Social Services, Marie Curie and NHS England (London).
- To identify **issues and barriers to local success** such as workforce and training which require national and regional input, and agree approaches and activities to address.

Transforming Community Services

The Community Health Services programme in London aims to support London's leadership in re-commissioning or redesign of community health services, maximising contribution to delivery of integrated health and social care services where care is based on continuous healing relationships, personalised, proactive and patient driven, and where services provide high quality and safe care in the home, across all seven days of the week.

Priorities for the community health services programme in London include working with key commissioning and provider stakeholders to define **community health service principles and system design objectives** that contribute to personalised, proactive and patient driven care and include:

1. Service responsiveness and access for both 'steady state' and 'crisis response'.
2. The extent to which people with complex needs can be appropriately cared for by the provision of intensive support in community.
3. Interfaces/joint working with other services including primary care, secondary care, social care, LAS and NHS111.
4. Organisational and workforce development.
5. New contracting models, performance and quality monitoring.

The work of the Community Health Services programme in London will be taken forward in NWL as part of the Whole Systems Integrated Care programme.

London Neuroscience SCN

Priorities for the London Neuroscience SCN over the next five years include:

- Increasing the **priority of service developments and pathways** for patients with neurological conditions.
- Including patients with **long term neurological conditions** who are at high risk of unplanned care in local integrated care developments.
- Developing **local pathways** with local providers.
- Commissioning appropriate capacity for **community rehabilitation.**

NWL CCGs have asked the NWL Academic Health Science Network (ASHN) to undertake a comprehensive review of neurorehabilitation services across the system, in line with the priorities of the London Neuroscience Strategic Clinical Network (see section 6 (Neuroscience) for further details).

[DN: more work to be done to adapt the pan-London plans to what is going on in NWL]

North West London's Better Care Fund plans

The £3.8bn Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas.

The vision, principles and co-design work undertaken to date across NWL as part of this programme have been fundamental to the development of the Better Care Fund plans in each Borough.

The BCF plans set out how each borough/CCG will progress the vision and principles for Whole Systems developed through the WSIC programme, including:

People will be empowered to direct their care and support, and to receive the care they need in their homes or local community

- Over the next 5 years community healthcare and social care teams will work together in an increasingly integrated way, with single assessments for health and social care and rapid and effective joint responses to identified needs, provided in and around the home.
- Our teams will work with the voluntary and community sector to ensure those not yet experiencing acute need, but requiring support, are helped to remain healthy, independent and well. We will invest in empowering local people through effective care navigation, peer support, mentoring, and self-management to maximise their independence and wellbeing.
- The clinically-led *Shaping a healthier future* programme, describes what success in this area will require of, and mean for, our hospitals, with services adapting to ensure the highest quality of care is delivered in the most appropriate setting.
- The volume of emergency activity in hospitals will be reduced and the planned care activity in hospitals will also reduce through alternative community-based services. A managed admissions and discharge process, fully integrated into local specialist provision and community provision, will mean we will eliminate delays in transfers of care, reduce pressures in our A&Es and wards, and ensure that people are helped to regain their independence after episodes of ill health as quickly as possible.
- We recognise that there is no such thing as integrated care without mental health. Our plans therefore are designed to ensure that the work of community mental health teams is integrated with community health services and social care teams; organised around groups of practices; and enables mental health specialists to support GPs and their patients in a similar way to physical health specialists.
- By improving the way we work with people to manage their conditions, we will reduce the demand not just on acute hospital services, but also the need for nursing and residential care.

GPs will be at the centre of organising and coordinating people's care.

- Through investing in primary care, we will ensure that patients can get GP help and support in a timely way and via a range of channels, including email and telephone-based services. The GP will remain accountable for patient care, but with increasing support from other health and social care staff to co-ordinate and improve the quality of that care and the outcomes for the individuals involved.
- We will deliver on the new provisions of GMS, including named GP for patients aged 75 and over, practices taking responsibility for out-of-hours services and individuals being able to register with a GP away from their home. Flexible

provision over 7 days will be accompanied by greater integration with mental health services and a closer relationship with pharmacy services. Our GP practices will collaborate in networks within given geographies, with community, social care services and specialist provision organised to work effectively with these networks. A core focus will be on providing joined up support for those individuals with long-term conditions and complex health needs.

Our systems will enable and not hinder the provision of integrated care.

- Our providers will assume joint accountability for achieving a person's outcomes and goals and will be required to show how this delivers efficiencies across the system.
- Our CCG and Social Care commissioners will be commissioning and procuring jointly, focussed on improving outcomes for individuals within our communities.
- In partnership with NHS England we are identifying which populations will most benefit from integrated commissioning and provision; the outcomes for these populations; the budgets that will be contributed and the whole care payment that will be made for each person requiring care; and the performance management and governance arrangements to ensure effective delivery of this care.
- In order that our systems will enable and not hinder the provision of integrated care, we will introduce payment systems that improve co-ordination of care by incentivising providers to coordinate with one another. This means ensuring that there is accountability for the outcomes achieved for individuals, rather than just payment for specific activities. It also means encouraging the provision of care in the most appropriate setting, by allowing funding to flow to where it is needed, with investment in primary and community care and primary prevention.
- This means co-ordinating the full range of public service investments and support, including not just NHS and adult social services but also housing, public health, the voluntary, community and private sectors. As importantly, it means working with individuals, their carers and families to ensure that people are enabled to manage their own health and wellbeing insofar as possible, and in doing so live healthy and well lives.

Fundamentally, through each the CCG/Local Authority Better Care Fund plans we aspire to tackle fragmentation across providers and across settings in order to ensure the best outcomes and noticeable improvements to patient experience, with CCG developing its local plan to achieve this with its respective Local Authority and through its Health and Wellbeing Board. The majority of the NWL BCF initiatives are part of the Whole Systems Integrated Care will therefore support delivery of the NWL and National Voices' "I" statements[8], as well as the key ingredients for integrating care identified by NHS England (see appendices X and X).

[8] http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/narrative-coordinated-care.pdf

7. Transforming mental health services

*Achieving **parity of esteem** for mental health is a national and NWL priority – the NWL vision is to provide excellent, **integrated** mental health services to improve mental and physical health.*

Introduction

Approximately 160,000 people with mental health problems are in treatment across North West London, almost 90% of who are in Primary Care. *Shaping Healthy Lives* (2012) set out a vision and actions to deliver:

- Care closer to home (*Shifting Settings*) – returning out of area placements to NWL, more resilient community 'hospital at home' services to reduce reliance on beds and promote recovery, transfer of patients from secondary to enhanced GP or primary care management.
- Liaison Psychiatry Service piloted in 4 acute hospitals pending roll out to all 10, to provide expert mental health services into A&E and wards, supporting colleagues in acute hospitals to better manage the pathway and avoid preventable admissions due to mental health issues.
- Better physical/mental health service integration, to reduce the excess morbidity and mortality associated with serious mental illness, and support treatment concordance among those with a long-term physical health condition.

Building on this, the Mental Health Programme Board[9] has developed the following draft vision statement for the development of mental health services across North West London:

[9] The Mental Health Programme Board is a partnership collaboration board of the 8 CCGs, Local Authorities, Police, NHS Provider Trusts and Academic Health Science Network.

Vision statement for the development of mental health services across North West London:

> Excellent, **integrated** mental health services to improve mental and physical health, secured through **collaboration** and determination to **do the best for the population** of North West London. Services that:
>
> - Are **responsive**, focussed on the **person**, **easy to access and navigate**;
> - Provide care as **close to home** as possible, with **GPs at the heart**; where and **when it is needed**.
> - Improve the lives of users and carers, promoting **recovery** and delivering **excellent health and social care outcomes**, including employment, housing and education.

Our Mental Health transformation strategy sets the framework for the significant re-patterning of mental health services across North West London.

Shifting Settings of Care

Building on the success of initial work to shift settings of care to the least restrictive possible, efforts to secure a transformational step change will be made over the coming years.

Priorities for the community health services programme in London include working with key commissioning and provider stakeholders to define **community health service principles and system design objectives** that contribute to personalised, proactive and patient driven care and include:

Access to Urgent Mental Health Services

NWL is working with partners to ensure that those in mental health crisis have appropriate mental health community services on a 24/7/365 basis, to help them stay at home wherever possible, wherever they present in the system. Phase 1 of the Urgent MH Care Pathway Review set access standards, a single pathway and point of access, shared care principles and shared paperwork and IT solutions to smooth access to urgent mental health assessment and care. Core hours for community mental health are being extended to 8:00 – 20:00, which better matches GP working hours, pending a fuller transformation towards 24/7/365 and a single system-wide pathway.

Ahead of the launch of the *Mental Health Crisis Care Concordat (HM Government, February 2014),* NWL had already moved into the second phase of pathway redesign. All stages of the pathway, from referral prevention, through advice/support, referral, treatment and transfer/recovery are being mapped and the flow understood. Under the aegis of an Expert Reference Group established for this purpose by the Mental Health Programme Board, with Police, Ambulance, Housing and Third Sector alongside health, social care, users and carers, working on the pathway, its standards and support to providers for implementation.

Within the justice system, NHS England will (in alignment with CCGs) improve mental health liaison and diversion in police custody and court settings with robust referral pathways integrated into mental health, acute and community services.

Quality and availability of urgent care services

Building on the initial pathway focus of access and referral, a programme to ensure the quality, impact and availability of urgent mental health care services, securing balance between in-patient and community to reflect national and local policy and support greater independent living in the community by intervening earlier with intensive community support and robust crisis plans. Excellent

services, delivering high impact outcomes, value for money with the organising principle of care in the least restrictive setting possible, promoting independent living and self-efficacy.

See section 9 – Urgent and Emergency Care plans.

Residential Rehabilitation Services

A review of out of area placements, local provision, and pathway management to secure care close to home wherever possible, and better value for money and stability through a shift to locally commissioned services.

Improving Learning Disability Services

A programme to ensure that mental health services are appropriately accessible and responsive to those with learning disabilities, and to develop common pathways and standards for the future commissioning and delivery of services across NWL.

Primary Care Enhanced Services

Work to ensure a standardised GP-based service, targeting those with the highest SMI incidence, with support from primary-care based services where this is needed to support continued recovery and prevent crisis escalation where possible.

Improving Access to Psychological Therapies (IAPT)

All CCGs and its providers are committed to delivery of national standards for access to, and recovery within, its IAPT services. NHS England will also increase access to IAPT in prisons, immigration referral centres and sexual assault referral centres.

Liaison Psychiatry in Acute Hospitals

Bridging the gap between physical and mental health care is essential, and in acute settings liaison psychiatry plays a vital role. Liaison psychiatry teams see A&E attenders, as well as people referred from inpatient wards and outpatient clinics. They respond to the needs of the acute hospital and must be flexible enough to manage a diverse range of mental health problems.

Following successful piloting of models across four sites (West Middlesex, Ealing, Northwick Park and Hillingdon), services were evaluated and benchmarked for quality, efficiency and impact. A common service specification, with a comprehensive 'scorecard' of key indicators will be rolled out to all 10 sites in 2014-15.

Whole Systems Transformation

Initial co-production work underway focuses on two key groups: (1) severe and enduring mental illness (SEMI) and (2) those with a long-term condition and a mental health co-morbidity.

For the former group, an Expert Reference Group, reporting to Mental Health Programme Board, has been established, and is working on defining the target population, the benefits being sought from such a radical service delivery change and proposed models of care. Consideration is being given to new service models to assertively engage with groups, for example, those with more chaotic lifestyles, those with LTCs whose mental health may mitigate against treatment concordance, and people with dementia whose needs can only effectively and efficiently be met by a range of providers working in an integrated manner and providing a range of 'social integration' initiatives (housing, training, employment, social networks) effectively 'wrapped round' the service user and their carers. The organising principle is around the GP and primary care. This will also provide an opportunity to address 'parity of esteem' between mental and physical health, for those with severe mental health problems as well as common conditions such as depression.

For those in Group 2, the emphasis is on ensuring the necessary expertise in mental health is integrated into care models and interventions for those target groups (as, for

example, it is in Liaison Psychiatry Services in acute hospitals).

London Dementia Strategic Clinical Network (SCN)

Priorities for the London Dementia SCN over the next five years include:

- Two-thirds of the estimated number of people with dementia in England to have a **diagnosis by March 2015**. Better identification of people with suspected dementia in primary care and acute settings and referring to robust memory services.
- Improve **access to post diagnostic support**, so that timely diagnosis includes improvement on the condition and referral to local services which are already available.
- **Use of technology**, systems such as *This is me* and embracing standards to be proposed by the network so that all services work together to ensure patients and carers are supported to manage the impact of their condition and avoid crisis.

NWL CCGs are developing Dementia strategies to address improve diagnosis rates and provide a fully integrated pathway of care for patients diagnosed with dementia.

London Mental Health Strategic Clinical Network (SCN)

Priorities for the London Mental Health SCN over the next five years include:

- **Resilience in younger people**: the need to tackle mental ill health early has been noted and this is an area that the SCN is working in partnership with UCL Partners and Public Health England and the London Health Board.
- **Primary care: a** quarter of full time GP patients will need treatment for mental health problems in primary care, making it essential that mental health problems can be competently managed by the primary health care team, working collaboratively with other services, and with access to specialist expertise and a range of secondary care services as required. The SCN aims to develop principles, values and outcomes in mental health for primary care transformation across the commissioning landscape – including improved access to services and reduced waiting times for patients with mental health difficulties.
- **Psychosis/urgent care**: an improved response is needed when people are in urgent mental health need. This includes achieving consistency and clarity of urgent mental health care services and addressing the problems in prevention, response, treatment and support provision. The SCN is working to develop a standardised approach for urgent care in London - forming an improvement collaborative to share learning and transform services to enable easier access, improve quality and outcomes.
- **Integrating mental and physical health**: mental health is the commonest comorbidity and raises costs in all sectors. We are taking forward a piece of work to promote the integration of mental health support within physical health pathways. There will be an initial focus looking at access for mental health interventions for patients with diabetes, to act as a model for further conditions.

Other principles for mental health commissioning include:

- Ensuring there is a clear focus on **improving the physical outcomes of mental health patients** and reduce the inequalities and poor outcomes experienced by mental health patients, develop an approach that looks at the **whole care pathway or cycle of care** rather than fragmented aspects, fully supports the **recovery model**, supports horizontal **integrated care** across primary care, social care and voluntary sector, as well as vertical care between primary and

secondary care, and **involving people** with lived experience.

- Working with UCL Partners and GP leads, the SCN supports a **mental health CCG GP network** to share and develop good practice in mental health commissioning, and a second stage of the leadership programme is under development.

Health in the Justice System

Services commissioned by NHS England in NWL include the healthcare services in the justice system, including:

- Prisons (including Feltham Prison, Wormwood Scrubs Prison)
- Police Custody and Courts – Mental Health Liaison and Diversion
- West London Forensic Service: Westminster Magistrates Court Diversion team; Central & NW London NHS Foundation Trust (5 sites) and Uxbridge Magistrates Court Diversion Service
- Police Custody (transfer of commissioning): including Ealing (Acton), Hounslow (Chiswick, Hounslow), Hammersmith & Fulham (Hammersmith), Kensington and Chelsea (Notting Hill), Westminster (Belgravia, Charing Cross), Hillingdon (Uxbridge)
- Sexual Assault Referral Centres - Havens: St. Mary's Hospital, Imperial College Healthcare NHS Trust
- Immigration Removal Centres: Harmondsworth, Colnbrook
- Initial Accommodation for people seeking asylum

NHS England (London) is also responsible for children and young people in secure homes and training centres.

NHS England (London)'s joint vision, working with the Mayor's Office, is **"*working together to achieve excellence in Health in Justice outcomes for Londoners*"**.

Priorities for Health in the Justice System services include:

1. ***Equivalence and parity of esteem for Mental and Physical Health in NWL strategies by***:

- Co-commissioning integrated pathways including London s136 protocol and transport, secondary care, and improved access to IAPT.

2. ***Reduce re-offending by***:

- Assuring continuity of care from prisons: increase GP registration rates of prisoners (as currently only approximately 25% of prisoners are registered with a GP); develop onward referral pathways to mental health services where required.
- Earlier interventions and improved prevention: co-commission with NWL CCGs' Mental Health referral pathways to Liaison and Diversion schemes.

3. ***Strengthen leadership to improve efficiency, clinical-and cost-effectiveness from better co- commissioning*:**

- Develop a single multi-agency London performance dashboard for local use: to improve local outcomes for Borough Community Safety Partnerships and Health and Wellbeing Boards
- Co-commission improved integrated care for victims:
  - CAMHS, Paediatric and therapeutic support for raped/sexually assaulted children
  - Reduce Female Genital Mutilation (FGM): improved support and include FGM issues in safeguarding training, data collection and reporting, in line with NWL quality and safeguarding plans.

8. *Shaping a healthier future* (SaHF) acute reconfiguration

Our new Local Hospitals will help ensure that where possible, care can be provided closer to home.

By consolidating our hospital services onto five Major Hospital sites we are ensuring that services are centralised where necessary to provide the best care.

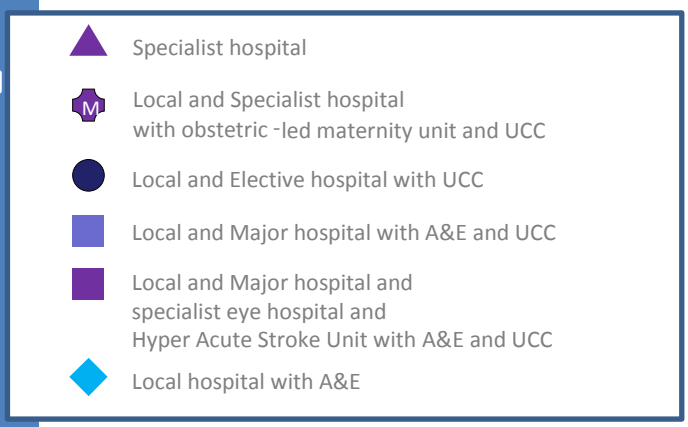
Introduction

Shaping a healthier future (SaHF) is a clinically led, significant transformation programme to improve clinical outcomes by reshaping acute and out-of hospital health and care services across the region. It is driven by a number of NWL principles. A foundation principle that underpins the reconfiguration programme is the centralisation of most specialist services (such as A&E, Maternity, Paediatrics, Emergency and Non-elective care), as this will lead to better clinical outcomes and safer services for patients.

The SaHF acute reconfiguration proposals have been subject to consultation and more recently, in mid-2013, review by the Independent Reconfiguration Panel (IRP). The IRP report, accepted by the Secretary of State, concluded that the "programme provides the way forward for the future and that the proposals for change will enable the provision of safe, sustainable and accessible services."

The proposed changes will result in a new hospital landscape for NWL – the SaHF programme will oversee:

- The emergency services currently provided by nine existing hospitals in NWL will be concentrated on to **five Major Acute Hospital** sites.
- On the remaining sites there will be **further investment with Local hospitals**, co-developed with patients and stakeholders, at Ealing and Charing Cross;
- Hammersmith will continue as a **specialist hospital** with a **24/7 UCC;** and
- Central Middlesex Hospital will host a **24/7 Urgent Care Centre, an elective centre and other community services.**



The SaHF reconfiguration of NWL acute hospitals was defined in the Decision Making Business Case (DMBC), subject to consultation and finally agreed by the Joint Committee of PCTs in February 2013. The DMBC directly aligns to service model #6, specialist services concentrated in centres of excellence.

The SaHF acute reconfiguration also directly supports service model #5, a step change in the productivity of elective care, through the development of new Elective Hospital at Central Middlesex that, among other benefits, will deliver increased productivity as there will be no cancellations due to emergency activity.

Following the development of the DMBC trusts have been working with the SaHF programme to develop the more detailed Outline Business Cases (OBCs). It is the results of this work that are described in this chapter. To reflect the changes to the individual hospital solutions identified during the OBC stage, the SaHF programme is developing an Implementation Business Case (ImBC) to maintain that collectively the refined solution for North West London remains aligned with the clinical vision and remains affordable.

The anticipated benefits associated with each of the hospital solutions as proposed in the Trust OBCs are summarised below:

Major hospitals

- Saving at least 130 lives per year by having more specialist consultants on duty at all major hospitals at the weekend.
- Centres of excellence in emergency care which copy the way stroke and trauma has been centralised across London – something which was controversial at the time and now acclaimed by clinicians and politicians alike proving to save hundreds of lives every year.
- Meeting 4-hour A&E waiting time targets consistently, at all major hospitals across NWL, throughout the year.
- Dedicated senior medical cover present in critical care units 24/7, so that seriously ill patients always receive expert care.
- More obstetric consultants on duty 24/7 in labour wards (168 hours per week), reducing the number of serious complications during birth, and one to one midwifery care for women during established labour.
- More trained and experienced doctors on site 24/7 in A&E departments with a consultant presence 16 hours per day, seven days per week.
- More trained and experienced emergency doctors on site 24/7 in A&E departments ensuring patients are seen by senior specialist staff early in their treatment.
- Investment in mental health so psychiatric liaison services can better co-ordinate 24/7 care for vulnerable, mentally ill people.

Local Hospitals

- All nine key hospitals across NWL will have a cross- Centre open 24/7 to see 70% of existing A&E activity, with a guaranteed waiting time of no more than four hours.
- New custom-built, locally-tailored hospitals at Ealing and Charing Cross built to deliver the specific services most needed in those local communities.

Elective Hospitals

- Safe, clean and modern facilities for planned operations like hip replacements and pre-planned procedures.
- Zero cancellations of planned operations due to facilities no longer having to be shared with potential emergency cases.
- Zero infection levels due to better, more modern buildings and no risk of cross-contamination from emergency cases.

Chelsea and Westminster Hospital will redevelop adjacent land to create the maternity and non-elective capacity required under SaHF to meet increased demand

Chelsea & Westminster's solution delivers a number of benefits:

- Establishes Chelsea & Westminster as a Major Hospital for North West London
- Improves and expands maternity services
- Expands the emergency department to handle demand more effectively
- Adds theatres and imaging to handle the additional activity that will transition to the hospital
- Enables achievement of SaHF clinical standards

Chelsea & Westminster Hospital continue to offer its full range of existing services to patients. Improvements include:

- **ED:** provision of additional space to double existing capacity to 120,000 attendances p.a.
- **Wards:** Additional 68 acute beds on site, 60 intermediate beds off-site
- **Theatres:** 2 additional theatres (1 elective, 1 non-elective)
- **Imaging:** Additional CT scanner, ultrasound facility & and mobile image intensifier
- **Maternity:** MLU to increase capacity by 1,000 births and 2 HDU beds
- **Neonatal:** 4 additional NICU cots.

Northwick Park Hospital will develop the required additional capacity through internal re-configuration and some new build

Northwick Park's solution delivers a number of benefits:

- Establishes Northwick Park as a Major Hospital for North West London
- Expands and improves efficiency of maternity services
- Creates additional critical care capacity
- Adds capacity to already stretched support services to meet increased demand
- Enables achievement of SaHF clinical standards
- Increased capacity to enable transfer of acute services from Central Middlesex Hospital.

Northwick Park Hospital will continue to offer its full range of existing services to patients. Improvements include:

- *Ward stock*: Additional 117 beds of accommodation
- *Critical care*: 28 bedded high acuity unit; 24 bedded theatre recovery unit
- *Maternity*: Increase in triage facilities to increase bed utilisation; Additional delivery suite and ultrasound room; Reconfiguration of post-natal, NNU and paediatric beds.
- *Support services*: Reconfigured mortuary, MRI and pharmacy
- *Backlog maintenance*: Replacement of boilers and HV ring main.

Hammersmith Hospital will concentrate on its primary role as a specialist hospital

Hammersmith's solution delivers a number of benefits:

- Hammersmith will concentrate on its primary role as a specialist hospital providing a variety of services for North West London and nationally.
- Transitions the current Emergency Unit activity to alternative sites that provide a 24/7 service.
- Maintains specialist expertise on the Hammersmith site

Services/improvements that Hammersmith Hospital will offer post reconfiguration:

- Hammersmith will become one of North West London's specialist hospitals.
- It will not have an A&E but will offer highly specialised care in areas such as cardiothoracics and cancer.
- Obstetrics and midwifery will be retained at Queen Charlotte's and Chelsea Hospital.

Hillingdon Hospital will establish a co-located Midwifery Led Unit and undertake a theatre and recovery space reconfiguration programme to generate additional capacity

Hillingdon Hospital's solution delivers a number of benefits:

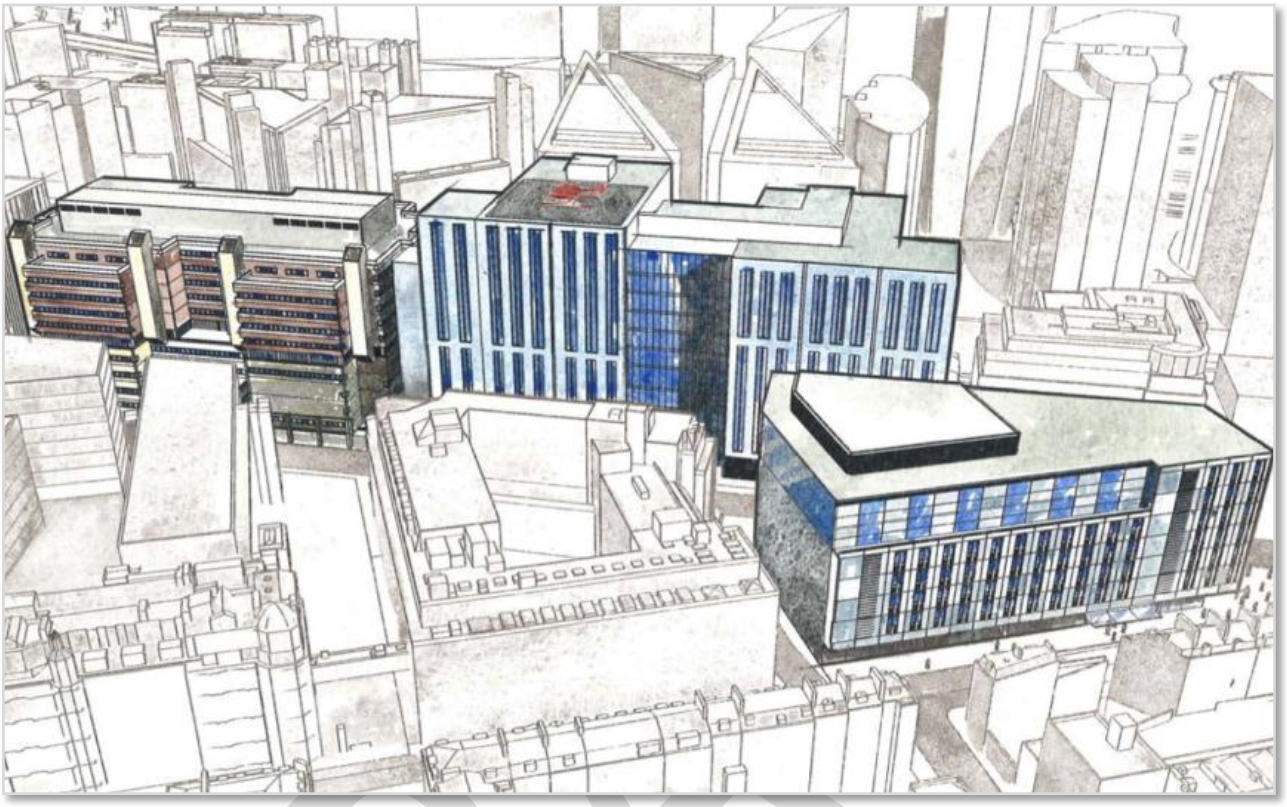
- Creates capacity for 6,000 births in a mixture of midwife-led and consultant-led specialist care.
- Delivers maternity clinical services in accordance with agreed quality standards
- Implements changes to increase non-elective capacity to meet SaHF requirements.
- Addresses over £17m of backlog maintenance

Services/improvements that Hillingdon Hospital will offer post reconfiguration

Hillingdon Hospital has already established an expansion of its A&E with a co-located Acute Medical Unit and it will continue to offer its full range of existing services to patients. Improvements include:

- Additional Midwifery Led Unit to work alongside consultant-led service.
- Additional recovery space to achieve greater theatre throughput
- Re-allocation of Hillingdon and Mt Vernon theatres and refurbishment of one Hillingdon theatre
- Additional A&E majors cubicles

St. Mary's will become Imperial's 'hot' site with HASU/Major Trauma Centre and a focus on emergency care



The St. Mary's solution delivers a number of benefits:

- Alignment with the Clinical Model
- Co-locates the primary care & community Hub with the UCC and A&E
- Consolidates major trauma services
- Addresses significant maintenance issues
- Relocates majority of clinical services to other, more cost-effective sites

Services/improvements that St. Mary's will offer post reconfiguration

Services will include:

- A&E
- Urgent Care Centre & primary care hub
- Primary care front-end
- Trauma care
- Emergency surgery and intensive care
- Obstetrics & midwifery unit
- Inpatient paediatrics

West Middlesex University Hospital will deliver 21st century maternity care through a new maternity unit and expand its non-elective capacity to meet increased demand

WMUH solution delivers a number of benefits:

- Provides the additional capacity required to absorb displaced activity.
- Enables modern maternity healthcare standards to be met.
- Maintains Emergency Department standards with increased activity.
- Collocates maternity unit with main building improving quality of care and patient experience.
- Increases efficiency of delivering maternity and related services (such as paediatrics), which share staff.

Services/improvements that WMUH will offer post reconfiguration

WMUH will continue to offer its full range of existing services to patients. Improvements include:

- New maternity building to replace the aging Queen Mary maternity building
- Reconfiguration of the ED footprint
- Additional adult inpatient and paediatric beds.

Central Middlesex Hospital will provide a suite of services to meet the needs of Brent residents and utilise the facility

The Central Middlesex Hospital solution delivers a number of benefits:

- Provides the best range of health services for residents whilst maximising site use
- Improved quality
- Increased primary care and community services
- Improved direct access to diagnostics
- More out-patients clinics
- Improved mother and baby unit
- Dedicated planned/elective care with proven model of care
- Moving lab services allows Northwick Park to expand major hospital services

Services/improvements that Central Middlesex Hospital will offer post reconfiguration:

- *Hub Plus for Brent* – major hub for primary care and community services including additional out-patient clinics and relocation of community rehabilitation beds from Willesden
- *Elective Orthopaedic Centre* – a provider joint venture (Ealing Hospital Trust, North West London Hospital Trust, Imperial College Healthcare Trust) delivering modern elective orthopaedic services
- *Brent's Mental Health Services* re-located from Park Royal Centre for Mental Health
- *Regional genetics service* relocated from Northwick Park Hospital

Ealing Hospital will transform delivery of health care for residents and will be a platform for community led services

The Ealing Hospital solution delivers a number of benefits:

- Reduced morbidity rates
- Reduced admission and readmission rates
- Improved access to multiple diagnostics and care professionals in a 'one stop' service model
- Improved care planning that is centred around the patient and carers needs
- Improved clinical outcomes
- Centre of excellence for diabetes & re-ablement
- Improved patient & carer satisfaction
- Improved health and wellbeing across the Borough

Services/improvements that Charing Cross will offer post reconfiguration:

- Primary care led services
- Local Hospital A&E
- Care assessment, coordination and delivery:
  - Outpatients/ access to specialist opinion and services
  - Diagnostics & Therapies
  - Social care
- Transitional and rehabilitative care
  - Assessment / observation beds
  - Active post-surgical rehab beds
  - Transfer beds
  - Palliative care beds

Charing Cross will have a new 24,000m2 local hospital that will be Imperial's elective centre for 23 hour and day case

The Charing Cross solution delivers a number of benefits:

- Improved access to multiple diagnostics and care professionals in a 'one stop' service model
- Improved access to multiple diagnostics and care professionals in a 'one stop' service model
- Improved care planning that is centred around the patient and carers needs
- Centre of excellence for re-ablement
- Improved patient & carer satisfaction
- Improved health and wellbeing across the Borough

Services/improvements that Charing Cross will offer post reconfiguration

- Primary care led services
- Local Hospital A&E
- Outpatient and diagnostics
- Ambulatory surgery & medicine (incuding cancer)
- Access to beds
- 23 hour elective centre

Provider transactions

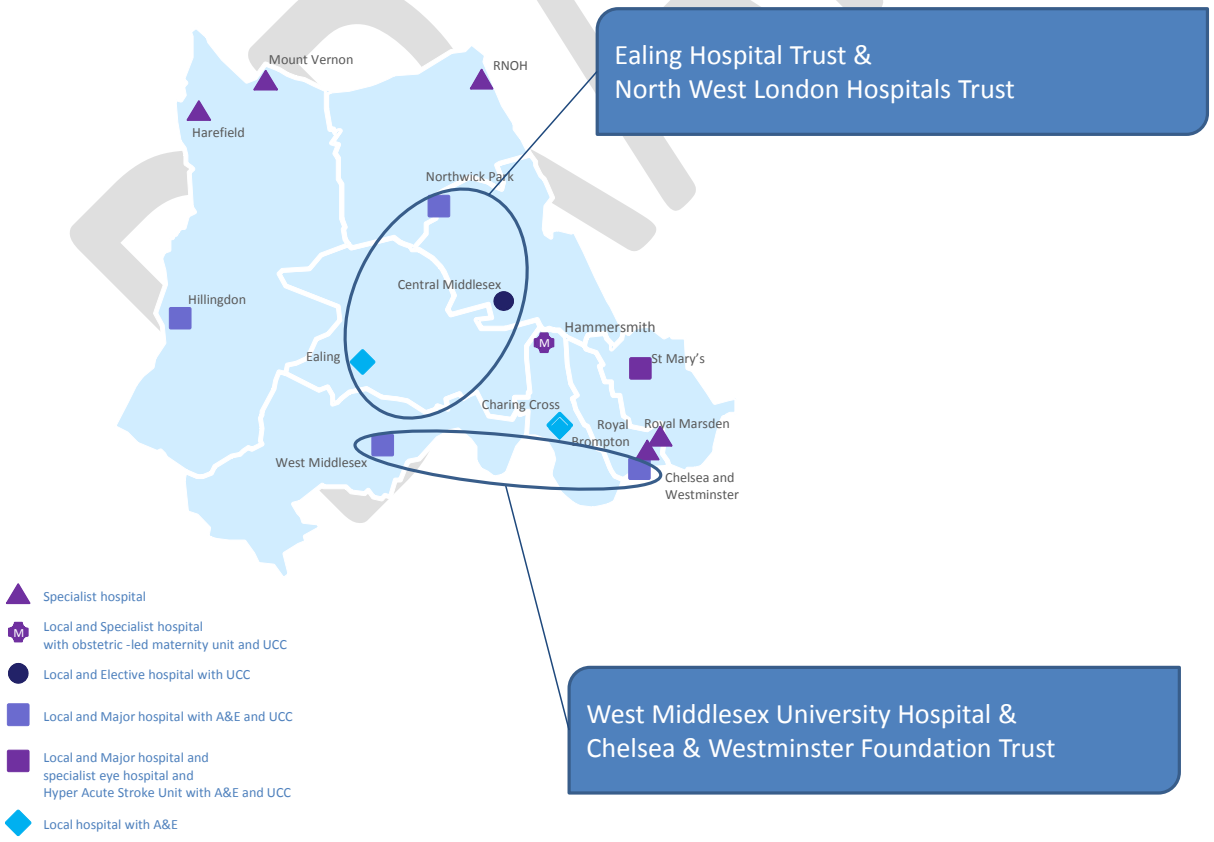
Alongside the pan-NWL acute services reconfiguration, two significant provider transactions are proposed to further strengthen the financial viability of the NWL provider landscape: a merger between North West London Hospitals Trust and Ealing Hospital Trust, and a merger between Chelsea and Westminster Foundation Trust and West Middlesex University Hospital.

North West London Hospitals Trust & Ealing Hospital Trust

The merged NWLHT/Ealing Trust will be a large scale Integrated Care Organisation with acute and community services co-terminus with its three local authorities. This places it in a unique position to respond to the drive to more streamlined patient pathways with a greater emphasis on local service provision at home and in the community as well as access to the highest quality acute and specialist in-patient services.

Chelsea & Westminster Foundation Trust and West Middlesex Hospital Trust

To secure its future financial sustainability West Middlesex Hospital Trust are exploring the opportunities to merge with Chelsea & Westminster Foundation Trust. This would create opportunities for organisational restructuring of services to provide economies of scale and improved quality of care.



Planned Care Pathways

In addition to the major shared Primary Care Transformation initiative, each NWL CCG is redesigning its local planned care pathways as part of Out of Hospital Strategies. There will be a significant change in that outpatient services are delivered, so that:

- **Services are patient focused**, recognising the cost to the patient of the time and emotion involved in engaging with health services.
- **Clinical decisions are made as quickly** as possible while minimising the time that the patient has to spend in contact with NHS services and the number of times they need to attend a hospital.
- **GPs are able access specialist advice** to enable them to avoid referrals for a second opinion.
- **Hospitals utilise alternatives to outpatient clinics, including technological solutions**, and run one stop shops where patients can have diagnostics and a decision at the same time.
- **Patients are able to book appointments easily** and have a clear point of contact when they have questions.
- **Clinicians in outpatients have full access to the GP patient record** and enter data into it, providing real time updates for the GP.

Improving the planned care pathway – transforming the way in which outpatient services are provided to patients to reduce the number of trips and amount of time that patients spend in contact with secondary care – will lead to step-change in the productivity of elective care and a reduction in the use of acute Outpatient services.

In addition, the strategy to concentrate key elective services onto fewer elective centres of excellence will provide evidence based opportunities for productivity improvements. There are three organisational proposals: the development of a new elective and regional orthopaedic hospital at Central Middlesex; the development of an elective centre for Imperial at the Charing Cross site and Chelsea and Westminster's plans to concentrate certain elective activity at West Middlesex (should the acquisition be successful). The benefits from this concentration of elective work are well recognised; with no unplanned care to cut across planned work there should be fewer cancellations, lower infection rates, enhanced productivity through standardisation, and the concentration of services that supports learning and development, all of which contribute to less waste, reduced length of stay and greater utilisation of facilities.

NHS England's Specialised Commissioning strategy

Specialised services are those services which are provided from relatively few specialist centres. Conditions treated range from long-term conditions, such as renal (kidney services), mental health care in secure settings and neonatal services, to rarer conditions such as uncommon cancers, burn care, medical genetics, specialised services for children and cardiac surgery.

They are commissioned nationally through 10 of NHS England's 27 area teams, including NHS England (London), and account for approximately 10% of the overall NHS budget.

While NHS England is the direct commissioner for the majority of the services, the delivery of specialised services involves the whole health system, as CCGs and local authorities are also responsible for commissioning parts of the pathway, and delivering, elements of care. Many of the conditions treated in specialised services are highly debilitating, life-long and demand the advice of experts, as well as responsive access to care locally when needed.

The strategic objectives for specialised services in NWL include:

- **Quality** - specialised services will be consistently in the top decile for

outcomes across all providers, including through:

  - Consistent achievement of service specifications
  - Benchmarked outcomes

- **Patient experience** – continuous improvement of patient experience, including through:
  - Engaging patients in service and pathway development
- **Integration** – maintain the integrity of care pathways for patient with specialised services, including through:
  - Co-commissioning with NWL CCGs and Local Authorities
  - Development and implementation of best practice pathways for individual services
- **Value for money** – contain the cost of specialised services, including through:
  - Understanding the cost of services commissioned
  - Convergence of prices
  - Alignment of incentives
  - Contract management

In order to achieve this overall set of objectives, the strategy for specialised commissioning is to provide services from fewer sites, supporting improved quality, patient experience, and value for money, while maintaining integrity of care pathways.

NHS England will work closely with the CCGs of North West London to ensure that any changes to specialised services in NWL are aligned with the *Shaping a healthier future* acute reconfiguration.

<u>National specialised service reviews</u>

There are three specific national reviews which may impact upon specialised services in NWL over the next five years:

- **Children's Congenital and Adult Cardiac services:** this review will be carried out in 2014, and will focus on the number of surgeons and the number of procedures each surgeon undertakes, together with the co-dependencies required on site, e.g. Paediatric Intensive Care Unit (PICU).The review could result in a consolidation of services, with fewer providers nationally and within London.

[DN: Note that further work from NHS England is required to ensure alignment with the Shaping a healthier future reconfiguration plans]

- **Burn Centre services:** all Burn Centres (treating critically ill children with Burns injuries) must have on-site access to a PICU. NHS England therefore intends to carry out an urgent review of current services prior to the development of long term proposals to address this issue, with a view to moving the small number of children with severe burns who don't currently have access to PICU, to services that provide this facility.

[DN: more work required to understand if this review will impact upon the services at Chelsea and Westminster, and what impact it might have on the assumptions underpinning the acute reconfiguration plans]

- **Paediatric Oncology Shared Care Units (POSCUs):** NHS England will lead a review of Paediatric Oncology Shared Care Units (POSCUs) in order to develop a new model of care, consolidating existing services to create larger facilities that will enable more shared care to be provided outside of the Principle Treatment Centres. The Principle Treatment Centres (PTCs) are currently based on Great Ormond Street Hospital and the Royal Marsden (the latter of which is in NWL). PTCs are staffed by doctors and nurses with specialist qualifications and training in cancer whereas POSCUs are staff by those with a special interest in cancer. The PTC can deliver a comprehensive service while depending upon the level of care (1-3) they are designated for deliver some aspects of the service.

This review is intended to be complete by September 2014, with the new model of care becoming operational from April 2015/16.

[DN: what are the possible implications of this review – and what assurance do we have that any changes will align with SaHF? In NWL, St Mary's, Hillingdon and Chelsea & Westminster are POSCUs]

Clinical standards, including London Quality Standards and Seven Day services

As part of the original development of NWL's vision, NWL clinicians developed a set of clinical standards covering three service areas:

- Maternity
- Paediatrics
- Urgent and Emergency Care (with a focus on Emergency Departments and Urgent Care Centres)

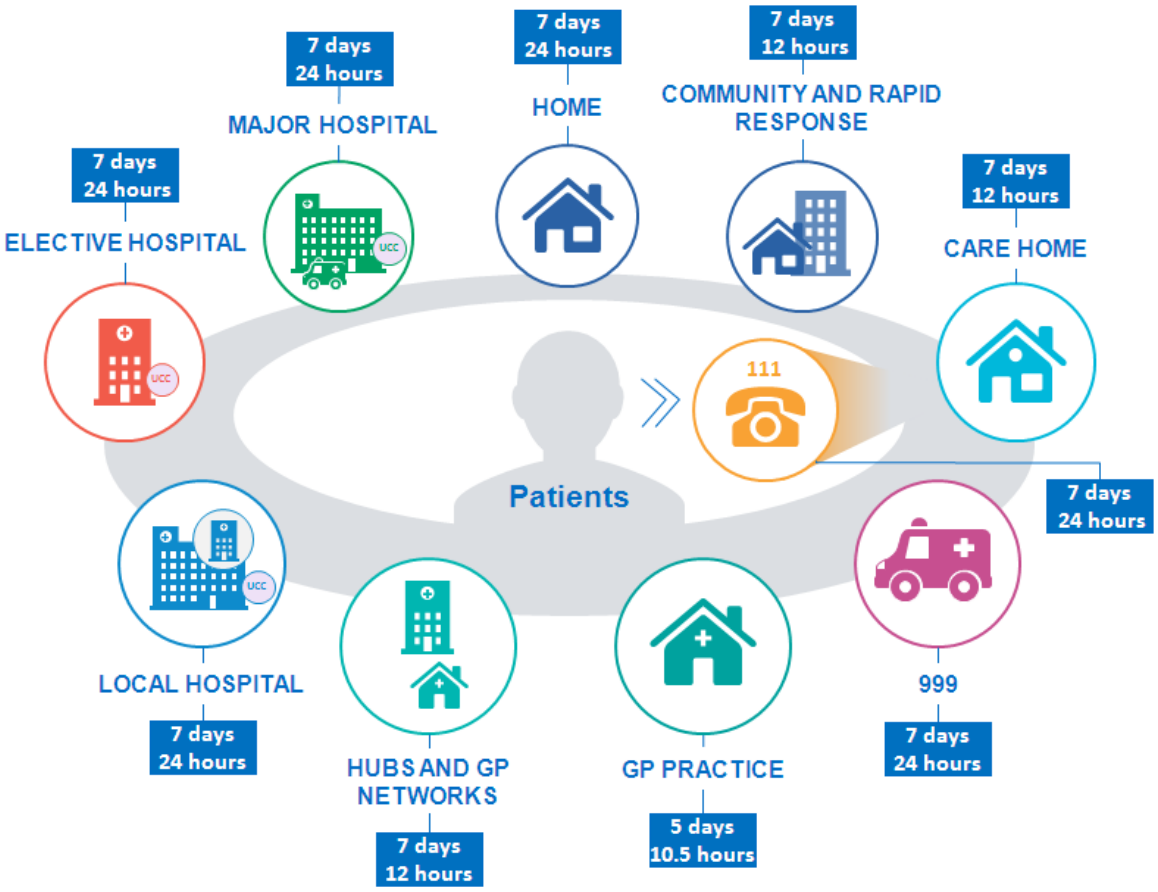
The purpose of these standards is to drive improvements in clinical quality and to reduce variation across NWL's acute trusts. The London Quality Standards were subsequently published in 2013, many of which are consistent with the SaHF clinical standards – these were also adopted by NWL. Together the SaHF standards, London Quality Standards and now the national Seven Day standards, will underpin quality within the future configuration of acute services, including along the urgent and emergency care pathway.

NWL regularly monitors each Trust's progress in achieving the SaHF and London Quality standards, and will be strengthening the support provided to Trusts to achieve these, as well as aligning commissioning processes to achieve them.

In November 2013, NWL was selected as one of 13 areas in England to lead the way in delivering seven-day NHS services for patients. Being an Early Adopter of Seven Day Services is important to NWL as it creates the opportunity to accelerate existing commitments to seven day working (through SaHF) and to implement improvements at scale and pace.

Achieving the national clinical standards for seven day services will improve patient care, experience and outcome by ensuring early senior clinical input in the urgent and emergency care pathway. The Seven Day Services programme in NWL is working across the whole health and care system to achieve our shared vision for seven day working:

NWL vision for seven day services



The Seven Day Services programme has two key roles:

- To align, coordinate and support North West London providers, commissioners and other stakeholders to improve the quality, safety, efficiency and convenience of services by collectively achieving agreed standards for seven day services.
- To provide a programme of support for acute providers to work at pace and scale to implement seven day services and meet the clinical standards, and to learn from and share with NHS colleagues as part of the NHS IQ Seven Day Service Improvement programme.

Acute providers will be working as part of the NWL Seven Day services programme to develop action plans to achieve all ten of the Seven Day Service Clinical Standards by 2016/17 (these action plans are also embedded as a requirement as part of Service Development and Improvement Plans).

London Children's Strategic Children's Network

Priorities for the London Children's SCN over the next five years include:

- The network is currently developing a proposal to establish **three children's networks** based on the three Local Area Teams/Academic Health Science Networks (AHSN) and Local Education and Training Board (LETB) footprints. Note that this suggests that a children's network will be established in NWL.
- **Children's healthcare standards**: numerous standards currently exist for children's healthcare, but are located in

different organisations such as the Royal College of Paediatrics and Child Health and the National Institute of Health and Care Excellence. The network is gathering these standards together into one cohesive document to enable commissioners to **see all the standards in one place** and to commission against them.

The SaHF clinical standards and London Quality Standards, which include a set of Paediatric standards that the NWL acute trusts are working to implement, will be reviewed once this review of the full set of children's healthcare standards has been gathered together.

London Maternity Strategic Clinical Network

Priorities for the London Maternity SCN over the next five years include:

- The network is working with CCGs to implement **funded maternity networks** across five areas of London.
- The network will be providing tools and support to enable **reduction in maternal mortality**, a **reduction in still birth rate** and to **improve women's experience of care**. A pan-London commissioning group will be established to enable delivery of these improvements across CCGs.

The SaHF clinical standards and London Quality Standards, which include a set of Maternity standards that the NWL acute trusts are working to implement, will be reviewed by the Maternity Clinical Implementation Group (CIG) once the pan-London commissioning group has published its recommendations with regards to reducing maternal mortality, reducing the still birth rate, and improving women's experience of care.

9. Cross-cutting plans: Urgent & Emergency Care

While the key transformation programmes are being implemented on a pan-NWL basis, urgent and emergency care plans are coordinated at a provider level, with local Urgent Care Working Groups overseeing the implementation of changes across the continuum of emergency care

Introduction

Through the *Shaping a healthier future* (SaHF) acute reconfiguration process, North West London has undertaken an intensive review of urgent and emergency care across the health economy, based on the core principles of localisation, centralisation and integration. In addition, each local health economy has developed Urgent Care Improvement Plans in 2013 through their respective urgent care governance structure. Membership of these Working Groups is being refreshed, and the resilience plans will be continue to be reviewed and refined. Urgent Care Working Groups (UCWGs) will also be the vehicle for reaching agreement on the investment plans to be funded by the retained 70 per cent from the application of the marginal rate rule.

The NWL Urgent and Emergency Care plans cross-cut all of the key improvement interventions in NWL, including acute reconfiguration, whole systems integrated care, and primary care transformation, and are consistent with the findings of the phase 1 findings of the *Urgent and Emergency Care Review*[10].

The NWL vision is consistent with the vision set out in the Urgent Care review - i.e. that care be delivered as close to people's homes as possible, and that for those with more serious or life threatening emergency needs that they are treated in centres with the very best expertise and facilities. The NWL plans are also in line with five proposals set out in the Urgent and Emergency Review Phase One Report.

Alignment to the vision set out in the Urgent and Emergency Care Review

The Urgent and Emergency Care Review sets out five proposals for urgent and emergency care in the NHS. These proposals, along with how NWL's plans will deliver them, are set out in this section.

[10] http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

Proposal #1: we must provide better support for people to self- care:

Self-treatment information: see section 6 (Whole Systems Integrated Care) and section 12 (Citizen Empowerment and Patient Engagement) for details on how NWL CCGs will provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional.

Care planning: comprehensive and standardised care planning is one of the out-of-hospital standards, and will be achieved through the Whole Systems Integrated Care programme, including supporting initiatives in the Better Care Fund plans.

***Proposal #2: we must help people with urgent care needs to get the right advice in the right place, first time*:**

NHS 111: NHS 111 is now nationally available, including across NWL. NHS England will now be revising the NHS 111 specification and core vision ahead of the re-procurement of NHS 111 contracts in 2014/15. London has made 12 recommendations covering proposed changes to 111 contracts across London, including changes to the service operating model. Priorities for 111 in London include:

- A series of pilots are planned within the national Learning & Development programme to test specific elements of 111 service specification and impact across healthcare systems:
  - 111 Smart Call to Make' reviewing the impact of targeted marketing the 111 service on walk-in attendees to UCCs and Emergency Departments
  - Earlier intervention of specialist clinicians, including GPs and specialist nurses within the 111 patient journey for a defined subset of callers e.g. complex callers, children under 5 years old, older callers with Special Patient Notes as crisis records and sharing across the urgent & emergency care system
  - 111 Digital – building on the successes of Coordinate My Care (CMC) electronic end of life care plans, developing Special Patient Notes as crisis records and sharing across the UEC system
  - 111 Digital – developing online access to 111 assessment and appropriate onward referrals to GPs both in and out of hour GPs
  - Reviewing **the impact of 111 on GP out of hours (OOH) providers** including direct booking into GP OOH
  - Reviewing **the impact of 111 on Emergency Departments and UCCs**
  - Improving **integration and referral mechanisms to community health services**
  - Reviewing **the impact of 111 on ambulance services**

  Pilots will report to London and National Programme Boards to influence the final revised specification in September.

The intention is to greatly enhance the NHS 111 service so that it becomes the smart call to make, creating a 24 hour, personalised priority contact service.

Access to data and information about health and services: NWL, working with national partners, will ensure that the population is well served by access to transparent and accessible data and advice about health and services. This will include a clear avenue for accessing up-to-date local clinical and operational service information for patients, GPs and other providers.

***Proposal #3: we must provide highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E*:**

When individuals have urgent needs, it is important that they can access the advice or

care that they need as rapidly as possible. In the new system of out of hospital care, people will be able to access services through a number of routes. These include community pharmacy, extended GP opening hours, such as weekends and evenings (within an individual practice or the practice network), greater availability of telephone advice from the practice or through 111, and GP out-of-hours services. These will be designed to ensure they address equality issues, ensuring that urgent care services meet the needs of different groups, including of disabled people with different impairments.

The CCG Out of Hospital strategies, including Primary Care Transformation, will improve access to primary care, including on weekends, while Rapid Response and Care at Home will reduce demand on A&E services.

Changes in primary care that will help deliver out of hospital urgent and emergency care services include:

- Patients with urgent care needs provided with a timed appointment within 4 hours.
- Access to General Practice 8am-8pm (Mon-Fri) and 6hrs/day during the weekend.
- Access to GP consultation in a time and manner convenient to the patient.
- Online access to self-management advice, support and service signposting.

The Mental Health Urgent Assessment Pathway (part of Transforming Mental Health Services programme) will improve access to local mental health teams, including on weekends.

Proposal #4: we must ensure that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery

As agreed through the SaHF review and consultation, which was informed by working with key partners and informed by a detailed understanding of NWL, the current existing nine acute hospital sites in NW London will not be able to deliver the desired level of service quality. The SaHF Clinical Board determined that delivering safe and effective A&E services on a 24/7 basis requires rapid access to emergency surgery and expertise for complex medical cases on a 24/7 basis as well as level 3 critical case (intensive care).

Therefore, through the SaHF acute reconfiguration, in NWL there will be:

- Five Emergency Departments (EDs) located at Major Acute hospital sites in NWL: Major Acute Hospitals will provide a full range of acute clinical services - they will have sufficient scale to support a range of clinically interdependent services and to provide high quality services for patients with urgent and/or complex needs. At their core they will be equipped and staffed to support a 24/7 A&E with 24/7 urgent surgery and medicine and a level 3 ICU.
- Nine Urgent Care Centres (UCCs) in NWL, operating on a 24/7 basis: the UCCs will be fully integrated with the wider integrated and coordinated out-of-hospital system to ensure appropriate follow up. They will have strong links with other related services, including GP practices and pharmacies in the community. They are also networked with local A&E departments, whether on the same hospital site or elsewhere, so that any patients who do attend an UCC with a more severe complaint can quickly receive the most appropriate specialist care. As part of SaHF, all Urgent Care Centres in NWL will operate based on a common specification and to a common set of clinical standards.
- London Health Programme's London Quality Standards covering Emergency Surgery and Acute Medicine and UCCs will be adopted across NWL for Major Acute Hospitals.

The London quality standards are in line with the national clinical standards, and NWL will

be at the forefront of commissioning and providing standards of high quality care, seven days a week. On-going implementation of the London quality standards for acute emergency services will be commissioned from April 2014 (see section 8 for further details, including about the NWL Seven Day Service programme).

***Proposal #5: we must connect all urgent and emergency care services together so the overall system becomes more than just the sum of its parts**:*

Building on the success of major trauma networks, we will develop broader emergency care networks. It is essential that GP practices and out-of-hours providers, as well as all those who deliver other community and mental health services, are fully involved.

10. Programme summary, including enablers, investment costs and timelines

The ambition of the North West London strategic plan is enormous – no other health economy has managed to achieve this level of agreement on the scale of the changes. NWL now faces the equal challenge of implementation.

Introduction

The ambition of the North West London strategic plan, including the *Shaping a healthier future* programme, Whole Systems and each CCG's Out of Hospital strategies, is enormous. No other health economy has managed to achieve this level of agreement on the scale of the changes and to deliver this scale of change with their acute providers. A huge amount of work has been carried out to get to the point where commissioners were able to make the necessary decisions on the future of providers in NWL and for this decision to be robust so that it successfully withstood the inevitable legal challenges. Now it has done so, it faces the equal challenge of implementation. This involves creating the design of five major hospitals and nine local hospitals across the area in line with the quality and service intentions of the CCGs. At the same time, the out of hospital services and whole systems integrated care work needs to be delivered to ensure that patients receive high quality care and only go to hospital when they need to.

A number of enabling workstreams have been developed to ensure successful implementation of the transformation programmes, and the realisation of planned benefits, including improved performance against the outcome ambitions.

Programme Enablers

A number of key enablers are required for the effective implementation of the NWL Strategic Plan, and workstreams have been developed to support each of these:

1. Informatics
2. Workforce
3. Communications
4. Engagement, co-design, travel and equalities
5. Clinical
6. Finance

In addition, there are a number of key dependencies and critical success factors:

7. 'Out of Hospital' strategies and reduction in acute demand
8. Benefits realisation
9. Research and innovation

These have been considered in the sections below:

1. Informatics

The financial and quality challenges facing the NHS, including NWL, require significant improvements in the way that both clinical and financial information is collected, accessed and shared. In addition, patients are expecting more from their healthcare providers in terms of the way they are engaged, often arising from comparison of technologies in other industries.

As part of our collaborative NWL approach, NWL has developed a shared informatics strategy across all organisations, to set out the principles and direction for Informatics in NWL. This strategy articulates a clear vision for informatics focussed on the outcomes required from Informatics by patients, care professionals, commissioners and other professionals:

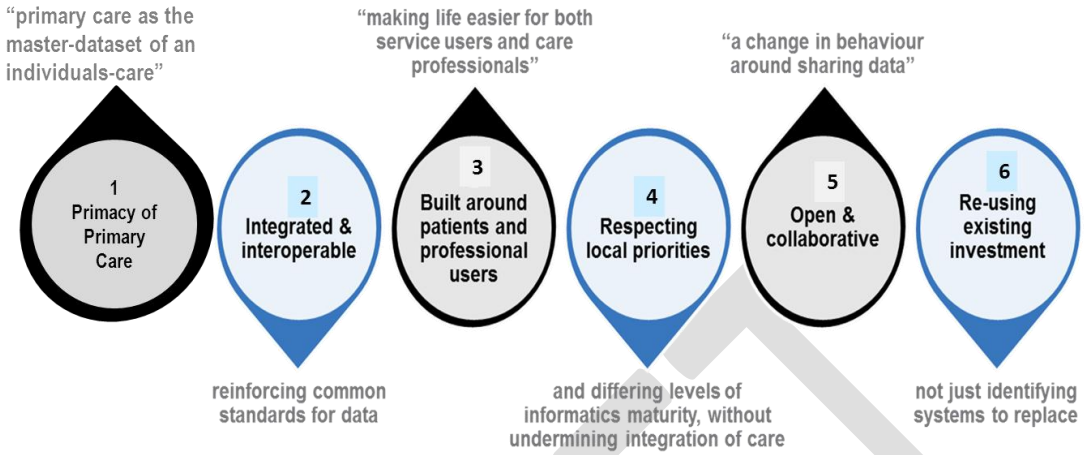
"Delivering an integrated approach to Informatics across North West London, focussed on:

- ***Better care for service users** through systems and information that empower them to access services, inform their care and choices*
- ***Better informed and supported professionals** having accurate and timely information available to make better decisions, and technology to support ways of working that deliver higher quality care more efficiently*
- ***Better outcomes** through optimising use of systems and technology; providing access to information to allow commissioners to make more effective procurement and commissioning decisions*
- ***Professional design, delivery and governance** throughout the Informatics estate."*

A set of design principles for Informatics in North West London have been agreed – see figure below. A number of recommendations arising from these principles have been agreed across three categories:

- Develop a number of projects and programmes to improve the quality and efficiency of patient care: e.g. push for a common Patient Identity.
- Invest in informatics solutions that will improve commissioning outcomes: e.g. push to complete a North West London Business Intelligence (BI) solution that meets the needs of users.
- Put in place appropriate informatics governance and leadership: e.g. formalise a collaboration-wide Informatics Lead role.

Design principles for Informatics in North West London



Specific Informatics plans to address national priorities over the next five years include:

- All people with a long-term condition will have a personalised care plan that is accessible, available electronically and linked to their GP health record.
- There will be greater use of telehealth and telecare to support people with long-term conditions to manage their own health and care.
- We will make best use of the *care.data* set and any other available national data sets to support our commissioning processes.
- Patients will be able to access their own health information electronically.
- Data from 100% of GP practices in NWL will be linked to hospital data over the course of 2015 - 2018, and will be encouraged earlier through improvement interventions such as integrated care.
- The NHS number will be universally adopted as the primary identifier by all of our providers.
- GP practices will promote and offer to all patients the ability to book appointments, order repeat prescriptions and access their medical notes online. GP practices will upload information about medicines, allergies and adverse reactions onto the Summary Care Record.

2. Workforce

Our vision is to ensure that workforce planning, training and education drive sustainable innovations to deliver a capable and flexible workforce for now and for the future. To ensure that we develop and support the existing and future workforce who will enable the implementation of SaHF, we have established a cross-cutting Workforce Workstream. This is being managed jointly between *Shaping a healthier future* and Health Education North West London (HENWL).

<u>Workforce aspects of SaHF Acute Reconfiguration</u>

The programme is managing service closures through Priority Projects. To support this, the Workforce Workstream is ensuring that there is appropriate representation from HR and the education establishment in each Priority Project, with representation from HENWL and other parts of the education establishment as appropriate. HENWL is coordinating the education establishment's response to each service closure.

The workstream is working with the ten trust HR Directors across the sector to develop a

set of transition principles which will form the basis for transition plans. Alongside this, the workstream is creating a best practice approach for NWL to managing staff transition, informed by the Priority One Projects. For example, the closure of Ealing's maternity service will inform a best practice approach to pan-trust movement of staff and the closure of Hammersmith Hospital's Emergency Unit will inform a best practice approach to dealing with specialist services.

The Implementation of SaHF has other effects on the acute workforce. The shift in activity to the community and efficiency gains in the acute sector will give acute staff the opportunity to migrate to other settings and the acute sector itself will have much stronger connections with primary, community and social care. Our work on the primary care and integrated care workforce are considering the implications of this shift, including the skills and training which staff will need to move successfully between settings.

Workforce aspects of Whole System Integration

Our model of whole system integrated care will have significant implications for the whole workforce in North West London across health and social care. It will require:

- **New ways of working**: staff will work in multi-disciplinary teams and take a whole patient approach to care. This will be supported by a shared understanding across all professionals and organisations to ensure that everyone has the attributes required to make multi-professional collaboration and integrated care work effectively.
- **Evolution and enhancement of existing roles**, such as community and district nurses providing a greater range of care in the community, and secondary care staff working more in community settings.
- **The development of new roles**, such as integrated nurses, care co-ordinators, clinical case managers and joint health and social care workers.

The SaHF workforce team and WSIC team are working together to ensure workforce considerations are built into business planning for the WSIC early adopters from the start. The integrated care aspects of the workforce work stream will report to the WSIC integration board.

Workforce aspects of Primary Care Transformation

Our proposals for transforming primary care will have wide-ranging implication for the workforce. The development of primary care networks gives the economies of scale required for increasingly specialist staff to work in community settings, and will also require existing primary care professionals to increase their skills. Primary care professionals will also need to work together in new ways, including multi-professional team working, sharing skills across practices to reduce the workload in each practice and centralising HR management and workforce planning across networks.

We are currently providing workforce-related support for our emerging networks. We are working to model the impact of providing seven-day access to primary care, including impacts on staff numbers. This work will report jointly to our primary care partnership board and the WSIC integration board (see section 13 (Governance)).

Workforce workstream: structure and governance

The workstream is divided into six delivery areas: (1) Workforce HR Transition; (2) Business Case Assurance; (3) Achieving Clinical Standards; (4) Primary Care Workforce Transformation; (5) Integrated Care Workforce Transformation; and (6) Implementing Community Learning Networks. As each of the different programmes across NWL evolves, the workstream and work packages will mature to support them appropriately.

Work in each of these areas will report through the governance arrangements of the projects to which they relate, with strategic advice, oversight and guidance from the Joint Workforce Steering Group and, through them, from the NWL Collaboration Board and Clinical Board, and the HENWL Board. This will ensure both that workforce is suitably embedded within our programmes, and that workforce-related links across programmes are made.

Investing in the current and future workforce in NWL to support service transformation

HENWL has an annual budget of £265 million (2013-14 figures), and the majority of funding (90%) is invested in future workforce. The 2013/14 expenditure on workforce development was £12 million, which will be maintained for 2014/15. Additional funds have been committed to support to the SaHF implementation, and other funds are being sought through applications to national funds and through the CCGs and employers.

Workforce development funds are split across a range of service priorities. From 2014/15 Primary Care will receive a specific allocation which will increase year on year, and all spend will align to the SaHF programme and to developing the workforce to deliver the CCGs' out of hospital strategies, including Primary Care Transformation.

Specific priorities identified for 2014/15 include:

- Primary Care transformation
- Supporting the implementation of out-of-hospital strategies across NWL
- Continuing Personal and Professional Development (CPPD) for the NHS workforce
- Innovation through education and training (such as clinical simulation)
- Emergency medicine and urgent care
- Band 1-4 staff development
- End of life care, cancer care pathways and Mental Health

Alongside this, we will be developing Community Learning Networks which will provide the infrastructure to enable cross disciplinary, multi-professional development in primary care and community care.

3. 'Out of Hospital' strategies and reduction in acute demand

A key enabler of the successful realisation of the benefits of the SaHF acute reconfiguration, including improved quality and a financially sustainable health system will be the effective implementation of the NWL 'Out of Hospital' strategies, which will deliver the reduction in overall demand for acute services.

4. Communications

The scale and complexity of the changes being planned and delivered in North West London necessitate a strategic and structured approach to communications. Through this workstream we ensure we understand the stakeholder groups, how messages should be shared with these groups and what those messages should. In this way the aim of the workstream is to ensure the right people are aligned to service transformation.

5. Engagement, co-design, travel and equalities

Ensuring services are designed 'with users' and not just 'for users', and that travel and equalities considerations and statutory obligations are met are vital to ensuring new services will be fit for purpose. This enabler workstream supports that activity, from the co-design work on Whole Systems to the Travel Advisory Group that advises on the travel implications of the acute reconfiguration. This workstream also works closely with the Communications team to support the behavioural changes required for new systems and services to be successfully adopted.

6. Clinical

The Clinical workstream leads the development of clinical solutions

underpinning service transformation, manages clinical risk, monitors changes to clinical quality and safety and is responsible for overseeing the clinical subgroups.

The Clinical workstream is aligned with and collaborates with the CWHHE and BHH Quality strategies and governance structures.

7. Finance

The enabling workstream works to ensure coherence between the planning assumptions of commissioners and providers and the overarching financial strategy in North West London. To this end the workstream seeks assurance that transformation solutions are financially viable from both an individual and system wide perspective within the overarching framework of the financial strategies.

8. Benefits realisation

This enabling workstream tracks and monitors delivery of the benefits of delivering S*haping a healthier future* and the wider transformation programme. The DMBC described twenty benefits, including better outcomes for patients and carers, reduced avoidable mortality, and improved patient experience. These have now been mapped to the NHS Outcome Ambitions. We need to ensure that the changes being designed and implemented over the coming five years actively contribute to the delivery of these benefits and improved outcomes.

Within this workstream we also track and monitor programme progress using 'in flight indicators', such as activity shifts between acute and community settings, changes to the quality of services, and total bed numbers. This enables us to ascertain our progress in implementing the transformation programmes and the degree to which we can be confident we will deliver the required benefits.

Research and Innovation

Research and innovation is the other key enabler to our strategic plan, and we work closely together in a number of areas. North West London has a world class research infrastructure, but navigating innovations through the healthcare sector can be difficult and complex.

Anecdotal evidence suggests that the lag time between research and adoption is around 17 years. This delay is due to three main reasons:

- Multiple different research protocols across the NHS organisations.
- Difficulty is recruiting patients to clinical trials, often due to the absence of the consent necessary to identify patients for research from their clinical records.
- A lack of aligning research with patient need.

If we can overcome these barriers, North West London could become a UK-wide leader in commercial and non-commercial studies. In addition,

Research and Innovation partners

Each CCG has a duty to promote innovation in the provision of health services, and to promote research and the use of evidence obtained from research.

The NWL CCGs are actively promoting innovation in the provision of health services, as demonstrated in the key improvement interventions, particularly:

- Whole Systems Integrated Care
- Primary Care Transformation
- Transforming Mental Health Services

NWL works closely with its research and innovation partners, including the Imperial College Health Partners (the Academic Health Science Network) and NIHR CLAHRC, who are leading the research and innovation agenda in NWL. The relationship between these bodies is summarised as follows:

- Academic Health Science Centres (AHSC)/Biomedical Research Units (BRUs)/Biomedical Research Centres (BRCs): identify best practice through research and discovery

- Collaboration for Leadership in Applied Health Research and Care (CLAHRC): studies and applies the translation of research into practice
- Academic Health Science Network (AHSN): promotes diffusion and consistent adoption of best practice and innovation across the sector

Further detail about how each of these organisations contributes to and promotes research is provided in the following sections.

Imperial College Health Partners - Academic Health Science Network (AHSN)

Imperial College Health Partners is a partnership organisation bringing together the academic and health science communities across North West London. It is also the designated Academic Health Science Network (AHSN) for North West London.

The AHSN partnership includes representation from academia, primary and community care, mental health, secondary and specialist care and the NWL CCGs. In addition to its partners, the AHSN works closely with local government and social care, technology and pharmaceutical industries, opinion leaders, research bodies and patients and the public.

The AHSN is intended to deliver demonstrable improvements in health and wealth for the people of North West London and beyond through collaboration and innovation. As a partnership organisation and an AHSN, it will act as a driving force for collaborative working across NWL.

The core strategic objectives of the AHSN are:

- Enable the discovery of best practice
- Adopt best practice systematically
- Support wealth creation in the sector and beyond

The core strategic objectives act to form a work programme space in which the projects undertaken fit into one or more of these objectives. The priority programmes of the NWL AHSN are well-aligned to the NWL strategic priorities and key improvement interventions, and are as follows:

- **Alignment and dissemination of research**: to standardise a path for 'ready-to-go' research to get to the patient as fast as possible as well as identify opportunities for greater collaboration and innovation in research across the sector.
- **Cancer:** to oversee (with the South London AHSN) the London Cancer Alliance's extensive programme of work that covers 20 themes.
- **Cardiovascular Rehabilitation**: to evaluate the MyAction programme - the CVD prevention and treatment initiative used in Westminster – to help decide whether it should be rolled out across NWL, and to establish the best practice for cardiovascular rehabilitation and the management of patients at high risk of cardiovascular disease.
- **Chronic Obstructive Pulmonary Disease (COPD):** to work with partners across the sector to identify and overcome remaining barriers to the uptake of COPD best practice and to support the CLAHRC in developing a care bundle for primary care while refining the secondary care bundle. This includes the development of an outcome based commissioning model for the provision of community based best practice services to ensure comprehensive access to high quality care across the population.
- **Collaboration with industry:** to help the NHS work better with industry by developing a "matchmaker" infrastructure for our NHS partners to systematically articulate their needs to industry, enabling industry to respond to this need in a standardised and transparent form.
- **Intelligent use of data:** to develop intelligent applications to the linked health data to ensure that maximum benefit is realised from it to drive further improvement in services, high standard

observational and follow up research studies, and population surveillance for unexpected health issues.

- **Mental Health:** the partnership will build on previous and current work done across North West London and in particular work with the sector's Mental Health Programme Board. It will undertake a strategic profile of mental health need and care in North West London. It will create a forum that brings together academic and clinical experts to advise on service development and the implementation of research and innovation.
- **Overseas development:** to work with United Kingdom Trade and Investment (UKTI) organisation and some commercial partners to develop a comprehensive and systematic commercial offer for clients in a number of countries, and to develop a philanthropic offer on behalf of our partners
- **Patient safety:** to create a culture of continuous improvement and learning across the sector, adopting and implementing the recommendations of the Berwick Report. This will also provide the basis for the Collaborative for Patient Safety in NWL as part of the national initiative to be rolled out by NHS Improving Quality (IQ).
- **Supporting Whole Systems:** the AHSN has been asked by its members to support the Whole Systems programme by providing information on best practice from around the world and bring together thought leaders to enable partners to co-design the model effectively. In addition, the AHSN will develop, partly fund and manage an independent evaluation process to ensure the investment provides value for money and leads to measurable outcomes.
- **Neurorehabilitation:** to undertake a comprehensive review of neurorehabilitation services across the system (at the request of NWL CCGs). Note that this is consistent and aligned with the work of the London Neuroscience SCN.

<u>NIHR CLAHRC for North West London</u>

The National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care for North West London (CLAHRC NWL) is an alliance of academic and healthcare organisations working to develop and promote a more efficient, accelerated and sustainable uptake of clinically innovative and cost-effective research interventions into patient care.

CLAHRC has had a five year multi-method programme, working across primary and secondary interfaces of care, which has now been renewed for another 5 years, with a long term strategy of building capacity through improvement methodology and small cycle change. CLAHRC involves multi-disciplinary, including at its heart patient/public engagement, working amongst and across teams. While new research and innovation are always necessary, CLAHRC recognises that more can be done by effectively implementing existing evidence.

CLAHRC's overall goal has been to improve health outcomes and patient experience - delivering value within NWL and across the wider NHS through research and implementation. To achieve this goal CLAHRC developed a systematic approach to encourage better and faster uptake of clinically-proven, innovative and cost-effective care, closing the so-called second translational gap.

CLAHRC has support from all healthcare organisations within NWL to develop, implement and spread good practice across the sector with the aim to lead and influence the broader health and social care agenda.

<u>Biomedical Research Units</u>

The NIHR Biomedical Research Units (BRUs) undertake translational clinical research in priority areas of high disease burden and clinical need.

The BRUs are based in leading NHS organisations and Universities enabling some of our best health researchers and clinicians to work together to develop new treatments for the benefit of patients.

In NWL, there is a BRU based at the Royal Brompton & Harefield NHS Foundation Trust.

Biomedical Research Centres (BRCs)

NIHR Biomedical Research Centres (BRCs) drive progress on innovation and translational research in biomedicine into NHS practice. The Centres are leaders in scientific translation. They receive substantial levels of funding to translate fundamental biomedical research into clinical research that benefits patients and they are early adopters of new insights in technologies, techniques and treatments for improving health.

In NWL, there is a BRC at both Imperial College Healthcare NHS Trust and Royal Marsden NHS Foundation Trust.

Academic Health Science Centres (AHSCs)

An academic health science(s) centre (AHSC) is a partnership between one or more universities and healthcare providers focusing on research, clinical services, education and training. AHSCs are intended to ensure that medical research breakthroughs lead to direct clinical benefits for patients.

In NWL, there is an Imperial College Healthcare AHSC.

North West London Research Hub

A North West London Research Hub has been created, which includes acting as host site for the London (North West) Comprehensive Local Research Network (CLRN) and National Research Ethics Service (NRES), and supportive site for the NWL CLAHRC, Primary Care Research, Patient Representatives, Trust R&D Pharmacy Unit and support for Intellectual Property.

Innovation, Health and Wealth

The Department of Health published '*Innovation, Health and Wealth – Accelerating Adoption and Diffusion in the NHS*'[11] in December 2011, setting out plans to support development and adoption of innovation in the NHS.

Innovation, Health and Wealth (IHW) set out a delivery agenda for spreading innovation at pace and scale throughout the NHS. It included a number of actions that are delivering significant improvements in the quality and value of care delivered in the NHS. NWL is adopting innovative approaches using the delivery agenda set out in this document as follows:

- **Reducing variation and strengthening compliance**: the NHS is legally obliged to fund and resource medicines and treatments recommended by NICE's technology appraisals (recommendations on the use of new and existing medicines and treatments within the NHS). Innovation Health and Wealth identified the need to reduce variation and strengthen compliance of uptake of NICE Technology Appraisals.

  NWL is committed to achieving full compliance with NICE Technology appraisals – each CCG will continue to track its own compliance, including through the innovation scorecard[12]:
- **Creating a system of delivery of innovation**: the North West London ASHN and CLARHC are the key bodies through which innovation is both identified and disseminated.

[11] *Innovation, Health and Wealth – Accelerating Adoption and Diffusion in the NHS* (Department of Health, 2011): http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_134597.pdf

[12] http://ccgtools.england.nhs.uk/innovation/ISCCGMedTechT22/atlas.html

- **Developing our people**: one of the HENWL funding priorities for 2014/15 includes 'Innovation, such as clinical simulation',
- **Leadership for innovation**: CCGs have a duty to seek out and adopt best practice, and promote innovation. NWL CCGs are actively promoting innovation and best practice, including through key improvement interventions such as Whole Systems and Primary Care Transformation.

Programme Investment Costs

Programme investment costs are based on the *Shaping a healthier future* Decision Making Business Case (DMBC) financial analysis produced in February 2013. This is in the process of being updated to reflect latest CCG and Trust plans and this work is due to be completed by end of June.

Over the next five years, we will be investing in specific services to transform care across NWL. These investments will result in more staff and better facilities to deliver it.

- In five years, we will be spending **£190 million more a year on out of hospital services** including integrated care, planned care and more access to general practice. This supports services relating to all the programmes detailed below.
- In addition we plan up to **£112m of capital investment in hubs**, offering a range of services closer to patients homes, including outpatient appointments, general practice and care for patients with long-term conditions, and
- Up to **£74m of capital investment in primary care** to ensure all our primary care services are offered in high-quality buildings that are accessible to the public.

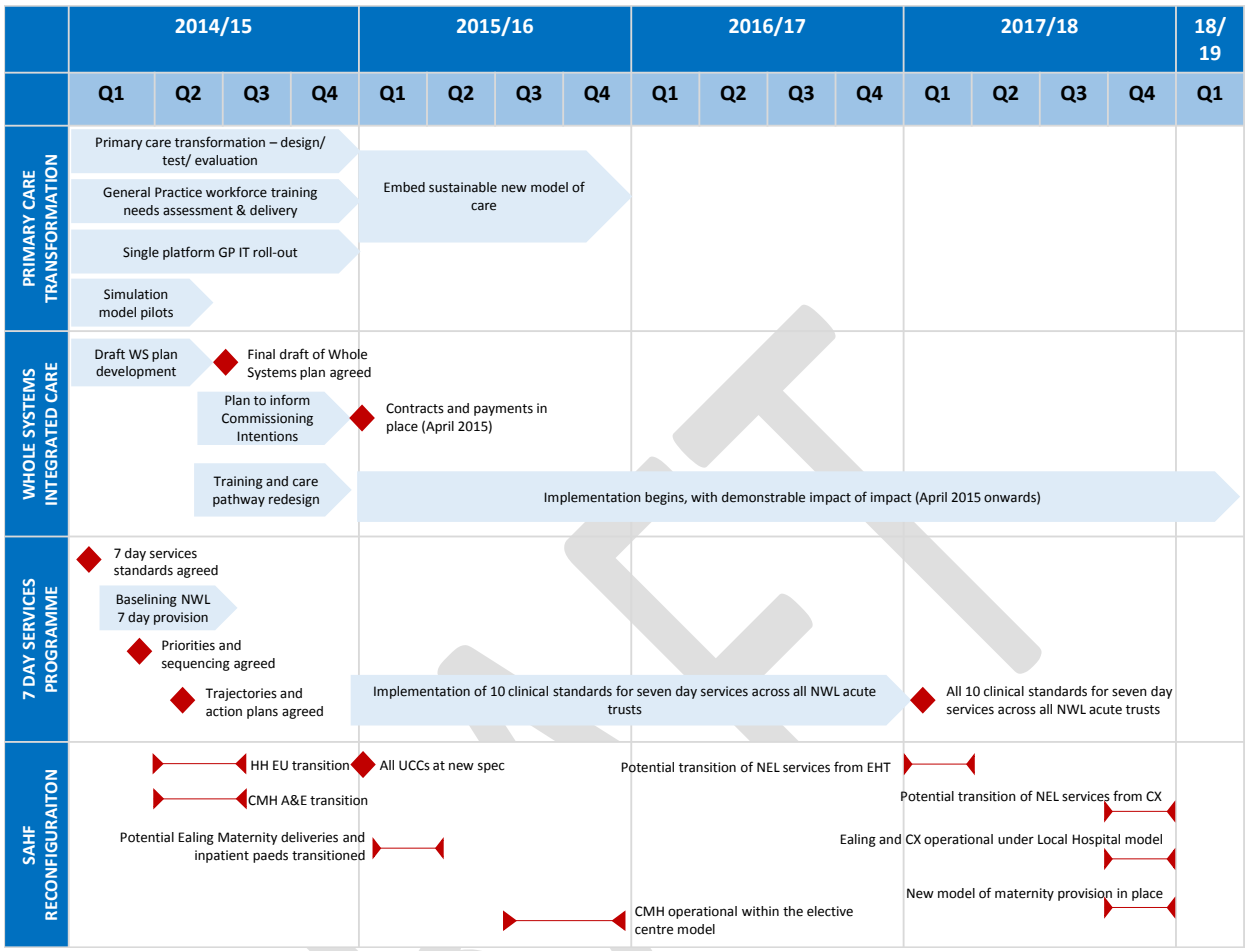
Outline business cases are currently in development for all these investments. Investments need to be agreed through the normal planning and governance processes of the CCG and other bodies (including NHS England, NHS TDA) and as such the production and agreement of robust business cases demonstrating both value for money and affordability to the CCG.

Programme Implementation Timeline

The high-level programme implementation timeline illustrates the timescales by which each of the programme's key milestones will be achieved, including:

- Sustainable network-based GP model in place by in 2015/16.
- Roll out of Whole System approaches to commissioning and delivering services from April 2015.
- Consistently high standards of clinical care achieved across all days of week by 2017/18.
- The full transition to the new configuration of acute services complete by the end of 2017/18.

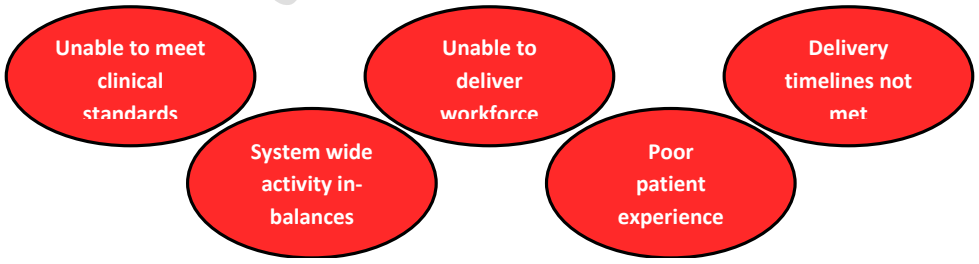
Programme implementation timeline



Programme – Barriers to Success

A large number of risks to the *Shaping a healthier future* acute reconfiguration programme have been previously identified and developed into a consolidated programme risk register. These risks have been identified from a number of sources, including a series of clinically led Risk Identification workshops.

To provide strategic level oversight and a better sense of the complex interdependencies within the programme strategic level risks have been developed. This was done through a risk mapping exercise, which has led to **5 strategic areas of risk**:



When considered together, these five areas lead to only two risk outcomes. These outcomes form the corner stone of the programme's risk management activities and are what the programme should be designed to avoid. These risks have been captured in the two risk outcomes below, along with the associated mitigation plans. These risks have now been finalised by the Clinical Board and are included in all Organisational Risk Frameworks.

Risk outcome #1: through unsustainable demand, uncontrolled delays to the delivery timelines and an inability to deliver the required clinical workforce *Shaping a healthier future* delivers precipitate, poorly planned change, which adversely impacts quality and safety.

Mitigating Actions

A programme implementation governance structure has been established to ensure that there is involvement from all major stakeholders and will monitor programme progress:

- *Clinical Board* **-** brings together all of NW London's medical leaders to ensure transition is being safely planned and managed and will coordinate collective action to address any issues as required. This group will be responsible for leading clinical implementation planning, in particular advising on safe sequencing of change and readiness for change (incorporating the programme four step decision making process). Further scenario testing and readiness exercises are to be carried out.
- *Uncontrolled delays* **-** dedicated resources have been put in place across all organisations to support the delivery of the programme. These are centrally supported by the programme zones and cross cutting workstreams, which includes the involvement of all major external stakeholders. The SaHF Implementation Programme Board will continue to review the overarching programme progress.
- *Monitoring - Clinical Board and Programme board continue to review the programme tracker which monitors key metrics on activity, quality and shape change.*

Risk outcome #2: through an inability to meet the clinical standards, deliver the requisite workforce, deliver behavioural change, sustain expected patient experience and an unsustainable demand on the system *Shaping a healthier future* does not deliver the planned benefits to improve quality and safety of health and care across NWL.

Mitigating Actions

A programme implementation governance structure has been established to ensure that there is involvement from all major stakeholders and will monitor programme progress:

- *Clinical Standards* – clinical standards were approved and all providers are now creating plans which support the delivery of these standards – this will remain under review by the Implementation Clinical Board.
- *Clinical Workforce* – a steering group for the development of a NW London wide workforce has been implemented, working with HE NWL. A baseline of all acute, community and primary care workers has been defined. A joint workshop is being held to bring together all stakeholders to develop a common view on creating the workforce.
- *Unsustainable demand* – All provider CIP and commissioner QIPP plans have been designed in support of the activity shift and system wide shape change. A finance and activity modelling group consisting of all commissioner and provider Finance Directors has been established to ensure a common view for the creation of all

business cases. A programme wide tracker to review activity, quality and shape change is reviewed by the programme quarterly.

- *Benefits framework* –the Decision-Making Business Case (DMBC) included a benefits framework to ensure that the programme was designed to deliver the specified benefits and this will continue to be reviewed.

The five strategic risks and two risk outcomes provide an effective mechanism for coordinated risk management across both providers and commissioners. But it's also vital that we have clarity on the risks that sit beneath this level and manage their mitigation. This is done through a robust risk management process at the project level, with those risks that cannot be managed at this level flowing up to the programme level, which in turn feed the strategic level risks to provide a rich and comprehensive picture of the risks and mitigations.

As an illustration, key programme level risks that we are currently managing include:

- *Unable to maintain quality and safety through transition* – the Clinical Board and associated groups are carefully monitoring quality metrics as we proceed through the transformation to ensure that quality is maintained and in time improved
- *Not all capital required can be secured* – capital process is being coordinated through the NTDA and DH and work is underway with providers to ensure financial viability of individual business cases and the wider system
- *Out of hospital strategies do not deliver required reductions in activity in the acute setting*– substantial work underway within CCGs and the wider transformation programmes to deliver improvements in OOH capacity, and benefits already being delivered
- *Unable to achieve recruitment and retention of workforce in sending and receiving sites* – strong communications and engagement essential, coordinated working with Health Education North West London and various workforce groups working to ensure the workforce of the future is developed
- *Reduced support of key external stakeholders* – continuing and ongoing engagement with key stakeholders within and out with the health service.

11. Maintaining the Focus on Essentials: Quality, Safety and Access

While NWL is implementing an ambitious set of transformation programmes, at the CWHHE collaborative and BHH federation level essential work continues to improve quality and performance through the commissioning cycle

Introduction

While the eight CCGs of North West London are collaborating to implement an ambitious set of shared transformation programmes, significant work to support improvements against the outcome ambitions also takes place at the CWHHE Collaborative (CCGs of Central London, West London, Hounslow, Hammersmith & Fulham and Ealing) and the BHH Federation (Brent, Harrow and Hillingdon). Both the Collaborative and Federation have chosen to work together in a number of areas, including Quality, safety, performance and delivery. These areas are essential to NWL's ability to achieve its outcome ambitions in terms of population health, clinical effectiveness, patient experience, and financial sustainability.

Quality and Safety

Patient Safety is at the heart of the NHS agenda, treating and caring for people in a safe environment and protecting them from avoidable harm. The findings and recommendations of the Francis report have raised the national and political profile of safety issues.

The CCGS of NWL are responsible for the quality assurance of provider organisations they commission from, ensuring they are held to account for delivery of quality standards and contractual obligations.

Both the BHH federation and the CWHHE collaborative have developed Quality Strategies that set out their respective approaches to embedding quality into every part of the commissioning cycle, ensuring that quality is at the heart of everything we do.

Ensuring patient safety is integral to all of our work as commissioners, and NWL has robust approach to understanding and measuring the harm that can occur in healthcare services.

The quality and safety governance structure in NWL includes:

- Commissioning Quality Group (CQG) meetings: these are held on a monthly basis with all key acute, community and

mental health providers, and are the primary mechanism through which quality, safety and patient experience indicators are monitored, remedial action plans are developed, and from which significant risks are escalated to CCG Quality and Safety Committees for further action.

- CCG Quality and Patient Safety Committees: these meetings are convened as sub-committees of each of the Governing Bodies. These sub-committees discuss local quality issues, oversee and gain assurance on provider quality and performance issues, and escalate issues to the Governing Body or take other action where appropriate.

In addition, a CWHHE Collaborative Quality Committee meets to share potential areas of quality concern that are raised by individual CCG Quality and Patient Safety Committees.

A range of information inputs are triangulated for review and analysis within the established governance process.

Key performance indicators associated with harm and untoward incidents, including quarterly trend reports, are monitored by NWL CCGs with all key providers at a monthly CQG (Commissioning Quality Group).

[DN: plans are being developed to strengthen the processes by which patients report harm, particularly in primary care – awaiting meeting with NHS-E lead in April]

1. Response to Francis, Berwick and Winterbourne View

How NWL addresses the outcomes of the government's final report on Winterbourne View and the Francis Report on Mid Staffordshire NHS Foundation Trust is a critical test of our ability to make a real difference to improving patient safety and to caring for some of the most vulnerable people in society.

The overarching lesson from events at both Mid-Staffordshire and Winterbourne View is that a fundamental culture change is needed to put people at the centre of the NHS. This is about everything we do. Both BHH and CWHHE have developed actions plans with to address the issues raised within the Francis and Berwick[13] reports, including:

- Listening to and involving patients and carers in every organisational process and at every step in their care.
- Commissioning for quality standards, and monitoring the quality and safety of care constantly, including variation within the organisation.
- Responding directly, openly, faithfully, and rapidly to safety alerts, early warning systems, and complaints from patients and staff.
- Embracing complete transparency, including being recognisable public bodies, visibly acting on behalf of the public we serve and with a sufficient infrastructure of technical support.
- Training and supporting all staff all the time to improve the processes of care.
- Join multi-organisational collaboratives – networks – in which teams can learn from and teach each other.

The NWL Quality and Safety teams are working with the NWL Academic Health Science Network (AHSN) to create a culture of continuous improvement and learning across the sector, adopting and implementing the recommendations of the Berwick Report. This will also provide the basis for the Collaborative for Patient Safety in NWL as part of the national initiative to be rolled out by NHS Improving Quality (IQ).

In addition, each individual CCG has developed an action plan in response to the Winterbourne View Review of services

[13] A promise to learn – a commitment to act; Improving the Safety of Patients in England; National Advisory Group on the Safety of Patients in England (August 2013): (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf)

provided to people with learning disabilities. The Winterbourne plans address the following areas:

- Numbers of patients still cared for in an inpatient setting (with a view to reducing these where appropriate).
- Strengthening the operational, governance and oversight arrangements by which transfers from inpatient care are monitored.
- The frequency and robustness with which on-going care needs are assessed.
- The development of new services, with partner Local Authorities, to support these patients.

2. Patient experience

The NWL CCGs are committed to working in partnership with patients, carers, the wider public and local partners to ensure that the services that are commissioned are responsive to the needs of the population. More specifically, the CCGs are committed to ensuring both the continuous improvement in patient experience, as part of the overall quality of care that is provided locally.

The CCGs have therefore been working with patients and wider stakeholders to develop a a patient experience strategy to inform decisions for commissioning person-centred care that is compassionate, safe and effective.

The definition and framework were created collaboratively by patients, carers, the wider community as well as Health and Social Care staff.

A number of subsequent steps have been identified to ensure that patient experience is embedded into the commissioning process. To this end, the following Strategic Contracting Principle has been developed and is currently incorporated in CCG Commissioning Intentions:

> *"We expect all providers to work with us to ensure that patient experience is used to inform the provision of services that are compassionate, safe, effective and responsive to meet the clinical, social and personal needs of patients, carers and the wider public"*

In the context of the commissioning process, the ***ultimate purpose of capturing the patient experience is to achieve excellence in care*** by using these experiences to create services that put patients at the heart of decision-making and improving quality and outcomes for physical and mental health through improving services so that they are compassionate, safe, effective and responsive to meet the clinical, social and personal needs of patients, carers and the wider public.

NWL has identified a series of actions to take forward linked to the patient experience enabling factors, including:

- Deliver a Series of Seminars and Learning Events for Staff and Governing Body Members on *'Effective Leadership to enhance Patient Experience'.*
- Deliver a programme of training for CCG Lay Reps and Patient Champions to enable them to promote patient perspective at decision making levels and in considering CCG plans and proposals.
- Establish a NWL Patient Experience Leads Network whose aim will be to act as a Forum for:
    - Agreeing integrated patient experience reporting and evaluation mechanisms for inclusion in CQG meetings. Feedback from patient and service user representatives including Healthwatch has recommended that a range of tools are used to present the patient experience data by providers.
    - Deliver quarterly patient experience learning events themed around a specific service or issue across health and social care
- Map out the current data gathered on patient experience data against key themes associated with good patient

experience, to enable the development of a pre-populated dashboard.

- Provide information and feedback on actions arising from patient experience reports from providers to patients, carers and the wider community both at CCG Level and across North West London.

The measurable improvements in patient experience that is targeted through our patient experience strategies are reflected in the outcome ambitions (see sections 2 and 12).

3. Compassion in practice

'*Compassion in Practice*'[14] is a three year vision and strategy for nursing, midwifery and care staff developed by the NHS Commissioning Board and Department of Health in 2012.

The strategy sets out the 6 "Cs", i.e. the values and behaviours to be universally adopted and embraced by everyone involved in commissioning and delivering care:

1. **Care**: Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.
2. **Compassion**: Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.
3. **Competence**: Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.
4. **Communication**: Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.
5. **Courage**: Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.
6. **Commitment:** A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

In NWL, each provider has developed an action plan to implement the *Compassion in Practice* strategy, and from 2014/15 these will be reviewed on a quarterly basis as part of the standard contract management process. The six action areas to be taken forward by each provider organisation are:

- Action area #1: Helping people to stay independent, maximise well-being and improving health outcomes
- Action area #2: *Working with people to provide a positive experience of care*
- Action area #3: *Delivering high quality care and measuring the impact*
- Action area #4: *Building and strengthening leadership*
- Action area #5 *Ensuring we have the right staff, with the right skills, in the right place*
- Action area #6: *Supporting positive staff experience*

4. Staff satisfaction

[14] *Compassion in Practice – Nursing, Midwifery and Care Staff*; Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser, December 2012: http://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf

The importance of staff, capabilities and culture is very clear in the learning from Mid-Staffordshire NHS Foundation Trust and Winterbourne View Inquiries. As part of the NWL CCGs' assurance frameworks we carry out site visits to services in order to test the culture that exists within the service, using our agreed quality visit process.

Staff satisfaction across NWL providers is variable, and historically has been understood based on annual staff surveys, GMC surveys, and engaging with staff as part of Clinical Visits to providers. Building on the recommendations of these key reports, we will strengthen our review of data and information regarding staff experience and satisfaction as part of our overall quality and safety monitoring and improvement processes, routinely collecting (as part of the Integrated Performance reporting and monitoring process) a wider range of workforce indicators, including sickness, absenteeism and turnover rates, and staff feedback, in order to triangulate with other quality measures, including patient experience data, in order to assess the performance of organisations. Other key sources of information that we will review together include:

- Staff satisfaction surveys
- Staff training information
- Workforce/patient dependency – skills and capabilities
- Whistleblowing information.
- Soft and hard intelligence from Local Education Training Board
- Responses and implementing of workforce related policy such as 'Compassion in Practice'
- Local Education and Training Board (LETB) and General Medical Council (GMC) training survey

5. Safeguarding

The NWL CCGs have safeguarding plans in place to ensure that NWL meets the requirements of the accountability and assurance framework for protecting vulnerable people, as follows:

- The CCGs ensure that providers have arrangements in place to safeguard and promote the welfare of adults and children in line with national policy, guidance and locally identified areas of concern.
- Providers identify safeguarding issues relevant to their area and we challenge providers to demonstrate that policies and procedures are in place and implemented.
- We review staff training to ensure staff are appropriately trained, supervised and supported and know how to report safeguarding concerns.
- The CCGs require providers to inform them of all incidents involving children and adults including death or harm whilst in the care of a provider.
- We monitor our own staff training.
- Full details are captured in CCG Safeguarding policies.
- We work closely with our partners to participate in Serious Case Reviews and Domestic Homicide Reviews and ensure findings are included in our triangulation of data.
- We lead institutional safeguarding investigations for health funded clients within nursing care homes and those receiving domiciliary packages of care.

The safeguarding plans include the need for seven day services, i.e. access to information to support decision-making with regards to safeguarding adults and children seven days a week. The systems are being put in place to ensure that the needs of vulnerable people are met, regardless of when they present within the health system.

Implementing our safeguarding plans will ensure we continue to improve safeguarding practice in NWL, reflecting our commitment to prevent and reduce the risk of abuse and neglect of adults.

In 2014/15, the CCGs will assess what the training needs are across the health economy with regards to applying the Mental Capacity Act, and will develop a training plan accordingly. NWL will also develop and implement a campaign of awareness in primary care and care homes, to ensure that the Act is consistently applied across all care settings.

The *Prevent* Strategy is a cross-Government policy that forms one of the four strands of CONTEST – the Government's counter terrorism strategy. With over 1 million contacts with patients every 36 hours, the NHS is key to the support and delivery of the Government's Prevent Strategy and will work hard to embed it fully into everyday safeguarding activity, including mandatory training.

The *Prevent* agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation and making safety a shared endeavour.

In NWL, providers report on delivery of the *Prevent* agenda standards as part of regular CQG meetings.

Access

NWL will deliver good access to the full range of services, including community, mental health, and general practice, through achievement of the out of hospital and primary care standards. NWL has developed out-of-hospital quality standards across a number of domains, including:

- **Access, convenience and responsiveness**:
    - Individuals will have access to telephone advice and triage provided 24 hours a day, seven days a week. As a result of this triage:
    - Cases assessed as urgent will be given a timed appointment or visit within 4 hours of the time of calling
    - For cases assessed as not urgent and that cannot be resolved by phone, individuals will be offered the choice of an appointment within 24 hours or an appointment to see a GP in their own practice within 48 hours

In primary care, the expectations with regards to access are that it will include:

- The principle is that care will be responsive to patients' needs and preferences, timely and accessible.
- This may be differentiated depending on patient types: urgent needs may be dealt with by GPs at a network level, whereas patients with long-term conditions may continue to only see their named GP.

As the detailed primary care standards are developed and agreed for London, these will be reviewed and adopted for implementation in NWL.

Each NWL CCG's operating plans are consistent with commissioning sufficient activity to deliver the NHS Constitution right and pledges for patients on access to treatment as set out in Annex B.

12. How our plans will achieve our vision and strategic objectives

Our five year plan will deliver two key outcomes (1) improved health outcomes and patient experience, as set in our outcome ambitions; and (2) a financially sustainable health system for future generations.

Introduction

The NHS is collectively moving towards a more outcomes-based approach to commissioning services, and this is reflected in NWL's developing approach to measurement against our objectives.

NWL has developed a benefits framework that builds on our Case for Change by describing the benefits that are expected to be achieved as a result of implementing the recommendations. The benefits include improvements to patient outcomes and patient experience, as well as improved experiences for staff through advanced patient care, improved ways of working and opportunities to enhance skills.

NWL's five year strategic plan will deliver two key outcomes: (1) improved health outcomes and patient experience; and (2) a financially sustainable health system.

Outcome Ambitions

As part of the strategic planning process in NWL, a benefits framework was developed to support design and evaluation of the changes. The benefits were developed in line with the clinical standards that underpin the plans for clinical change. The benefits framework was developed by clinicians and tested with patient representatives, including Programme Medical Directors, the SaHF Clinical Board, and CCG Chairs.

Operational benefits in the framework have been informed by Finance and Business Planning group and its sub-groups, Programme Medical Directors, and Out of Hospital Working Group.

The benefits framework has now been mapped where appropriate to the NHS Outcome Ambitions.

NHS Outcome Ambitions – attainment targets and supporting transformation programmes

Improving outcomes and securing high quality care is the primary purpose of the NHS in England.

The NHS Outcomes Framework was developed in December 2010, following public consultation, and has been updated every year to ensure that the most appropriate measures are included.

There are five domains in the NHS Outcome Framework:

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Seven outcome ambitions have then been developed, each of which maps to one of the domains, as per the figure below:

7 Outcome ambitions mapped to the NHS Outcome Framework domains

7 Outcome ambitions covers all the NHS Outcome Framework domains:

NHS Outcome Framework 5 Domains	7 Outcome ambitions
Domain 1: Preventing people from dying prematurely	1: Securing additional years of life for the people of England with treatable mental and physical health conditions
Domain 2: Enhancing quality of life for people with long-term conditions	2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions
	3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
Domain 3: Helping people to recover from episodes of ill health or following injury	4: Increasing the proportion of older people living independently at home following discharge from hospital.
Domain 4: Ensuring that people have a positive experience of care	5: Increasing the number of people having a positive experience of hospital care
	6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care

Outcome measures have then in turn been identified for the ambitions, as per the figure below:

The 7 Outcome Ambitions and the baseline measures

The 7 ambitions	Do I have to submit a 5-year 'quantifiable' ambition figure?	What is the baseline measure to set the quantifiable ambition against?
1. Securing additional years of life for your local population with treatable conditions.	✓	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (Adults, children and young people)
2. Improving the health related quality of life of people with one or more long-term conditions	✓	Health-related quality of life for people with long-term conditions
3. Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital	✓	Quality Premium Composite Indicator
4. Increasing the proportion of older people living independently at home following discharge from hospital	*No indicator available at CCG level to set quantifiable level of ambition against. However CCG plans on this ambition should be making explicit links to the related ambition as part the Better Care Fund, set for 2 years at Health & Wellbeing Board level.*	
5. Increasing the number of people having a positive experience of hospital care	✓	Patient experience of hospital care
6. Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community	✓	Patient experience of GP services and GP Out of Hours services
7. Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care	*Baseline data not yet available at CCG level to set quantifiable level of ambition against. However 'case note review' data will be available to measure progress on local plans in the next few years.*	

Each CCG has set an attainment target for these measures, to be achieved by 2018/19, in collaboration with partners, including Health and Wellbeing Boards. The aggregated targets for NWL have been set out in the table below, along with the key contributing transformation programmes and other plans.

Summary of NWL Outcome Ambition targets and contributing plans

Ambition	Outcome Measures	Baseline	18/19 target	% change	Key programmes and plans
1	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (adults and children)	16,174	13,741	15.04%	• Health promotion, early diagnosis and early intervention, including integrated approach to screening and symptomatic services • London-wide programmes, including the Cancer Commissioning strategy • Achieving equivalence and parity of esteem for physical and mental health Screening: integrated approach to screening and symptomatic services • Achieving the SaHF, London Quality and 7 Day Services clinical standards
2	Health related quality of life for people with long term conditions	594	616	3.7%	• Whole System Integrated Care • Primary Care Transformation • Transforming Mental Health services
3	Composite measure on emergency admissions	17,700	15,724	11.16%	• Whole System Integrated Care • Out of Hospital strategies
5	'Poor' patient experience of inpatient care	1,307	1,213	7.2%	• Achieving the SaHF clinical standards, including seven day services • Quality, Safety and Patient Experience plans
6	'Poor' patient experience of primary care	69	59	14.2%	• Whole Systems Integrated Care • Out of Hospital strategies, including Primary Care Transformation

Note that there are currently no baseline measures for outcome ambition 4, '*Increasing the proportion of people living independently at home following discharge from hospital'* or for outcome ambition 7, '*Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care'*. However, the former will be supported through Whole Systems Integrated Care and Primary Care Transformation, while the latter will be supported through the Quality, Safety and Patient Experience plans, including achievement of agreed clinical standards for NWL acute trusts.

Addressing Health Inequalities

The NHS must place special emphasis on reducing health inequalities. We need to ensure that the most vulnerable in our society get better care and better services, often through integration, in order to accelerate improvement in their health outcomes.

These issues are very pertinent to NWL, which, for example, has a higher proportion of families having children live in poverty than the national average, with higher than average rate of low birth weight babies and higher levels of obesity, and which serves a diverse population.

Each CCG, in collaboration with local partners through the Health and Wellbeing Board, has identified the groups of people in the area that have a worse outcomes and experience of care, and have developed Health and Wellbeing Strategies to close the gap (see Appendix D for the specific priorities identified by each Health and Wellbeing Board.

Equality Delivery System

The Equality Delivery System (EDS) is a toolkit that has been developed to support NHS organisations to drive up equality performance and embed it into mainstream business. The NWL CCGs are committed to embedding equality and inclusion in everything that we do, and specifically in how we:

- Commission and make accessible services for all the residents of our diverse community
- Recruit and support the development of our staff
- Proactively inform, consult, engage and involve all our diverse communities

Each CCG has agreed its Equality Objectives for 2013 – 2016. These were identified through a series of local processes that involved local people, CCG staff, the CCG Governing Body and other stakeholders. This included reviewing the needs of each population through the Public Health Equalities Profiles and the Joint Strategic Needs Assessments (JSNAs).

A financially sustainable health system

The future pressures on the health service identified in a *Call to Action* include*:*

- Demand for health services:
  - Ageing Society
  - Rise of long-term conditions
  - Increasing expectations
- Supply of health services:
  - Increasing costs of providing care
  - Limited productivity gains
  - Constrained public resources

The assumptions made by NWL CCGs are consistent with the challenges identified in a *Call to Action*. NWL plans are to improve outcomes whilst maintaining financial stability.

To fulfil its constitution, the NHS must continue to provide a comprehensive, excellent service, available to all. But these trends in funding and demand will create a sizeable funding gap. NWL has projected that without any change, the funding gap for commissioners could grow to £365m. Hospitals in NWL will also face significant financial challenges, even if they become as efficient as they can be. Achieving and then maintaining a higher level of productivity across care settings will mean making radical changes to the way care is delivered.

Shaping a healthier future, the Out of Hospital strategies and the other transformation programmes have been developed in order to address the challenges set out in our Case for Change and to realise our vision for healthcare in NWL, while delivering a sustainable NHS for future generations.

The CCG projections are to ensure a sustainable position is attained, which is consistent with NHS England Business Rules (i.e. a 1% surplus) and includes contingency (at 0.5%) to respond to risks.

The NWL CCGs' financial plans include the outcome ambitions. Non-recurrent implementation costs are assumed to be funded through the NWL financial strategy agreement to pool CCG / NHSE non-recurrent headroom (2.5% in 2014/15).

The plan on a page elements are reflected in the activity and financial projects covered in operational and financial templates, as these templates reflect the anticipated shift in activity from acute to out of hospital settings that will be achieved through implementation of the major NWL transformational programmes, including WSIC, and individual CCG Out of Hospital strategies and other QIPP initiatives. Financial sustainability in NWL will

be achieved by providing more integrated community-based services and less inpatient acute care, as described in the key transformation programme section.

All organisations aim to have clear and credible plans for QIPP that meet the efficiency challenge and are evidence based, including reference to benchmarks.

There is a clear link between service plans, financial and activity plans.

13. How we work: embedding partnerships at every level

A fundamental element of our strategic plan is to effectively empower citizens and engage with patients, service users, families and carers, building on the co-design approach designed through Whole Systems. We will also continue to work collaboratively across the eight CCGs of NWL.

Introduction

A fundamental element of our strategic plan is to effectively empower citizens and engage with patients, building on the co-design approach designed through Whole Systems. We will also continue to work collaboratively across the eight CCGs of NWL.

Citizen Empowerment and Patient Engagement

A fundamental element of our NWL Plan is to ensure that we effectively empower citizens and engage with patients, harnessing technology where practical to do so. Patient engagement is a core element of the overall commissioning cycle, and is integrated into each stage. Strengthening our collaborative service development and commissioning approaches with patients will support us to achieve the principle of **personalised care**, which in turn will improve patient experience. See section 12 (Patient Experience) for further details on how NWL CCGs will improve patient experience in acute, community and primary care settings.

There are four aspects to our approach, which is based on the guidance set out in '*Transforming Participation in Health and Care*'[15]:

1. **Patient self-management and self-care**: we have significant local evidence through our patient journey feedback that patients want to be in control of their condition and treatments and this project will support them to do so. Each NWL CCG will ensure that patients and carers are able to participate in planning, managing and making decisions about their care and treatment through the services they commission. This will be achieved through:
    - Existing Expert Patient Programmes and patient user groups.

[15] 'Transforming Participation in Health and Care', NHS England, September 2013: http://www.england.nhs.uk/wp-content/uploads/2013/09/trans-part-hc-guid1.pdf

- The roll-out of Personal Health Budgets from April 2014 (building on learning from existing users to ensure they are deployed as effectively as possible).
- The roll-out of care plans, as part of Whole Systems Integrated Care.
- Online access to self-management advice, support and service signposting (implemented as part of Primary Care Transformation).
- Self-management initiatives (where appropriate) to improve the quality of patient care by providing a number of interventions to enable patients to take greater control of their own care in an out of a hospital setting, where appropriate, including peer mentoring and local champions. These will expand the role of the third sector in supporting patients and carers through peer education, peer support, therapies, advocacy, volunteer co-ordination and befriending services etc.

2. **Public participation in the commissioning process:** each NWL CCG will ensure the effective participation of the public in the commissioning process, so that services reflect the needs of local people.

   Each CCG has a patient and public engagement strategy to involve local representative groups in decision-making and that identifies the best way to engage with hard to reach groups. Our over-arching communications approach is to engage with patients and the public through a range of existing conduits, including community networks, user-led / self-help groups, voluntary sector forums, partnership boards, Patient Public Groups (PPGs), and local community stakeholders.

   NWL has a genuine desire to meaningfully co-design services with patients and the public, and we will continue to strengthen and develop our approach as we implement our plans. This will build on the work of the 'Embedding Partnerships' lay partners supporting our Whole Systems Integrated Care programme. Part of that work included developing a co-production touchstone (see section 4.3 for further details about our approach to co-design). There is a commitment to working co-productively in NWL, which means:

   - **Commitment to agreed ways of working** – everyone is valued as equal partners, we will capitalise on lived experience as well as professional learning
   - **Supporting development and learning**
   - **Fostering a supportive environment** – developing collective resilience and acknowledging that mistakes will be made along the journey
   - **Working towards shared goals** – promoting local voice and enabling people to be involved in the delivery of their care and support

   Each NWL CCG is able to demonstrate the impact of patient involvement on commissioning priorities and on our discussions with providers.

3. **Access to data and information about health and services:** NWL, working with national partners, will ensure that the population is well served by access to transparent and accessible data and advice about health and services. This will include a clear avenue for accessing up-to-date local clinical and operational service information for patients, GPs and other providers. This will include:

   - NHS Choices and the creation of a digital 'front door', which will help transform the way patients, their families and carers access information about NHS services and will provide self-management materials and information to further empower them to manage their own condition.

- Up-to-date and accessible Directories of Service available across the health system.
- Clinicians and other health staff able to provide accurate information about health and services to patients and carers at the point of care, as required.

While it is recognised that not everyone has equal access to on-line information, and that therefore a wide range of other communication channels must also be used, it is hoped that over the next five years many more people will also become confident internet users.

4. **Delivering better care through the digital revolution - harnessing technology:** we will harness information technology to deliver better care and to make services more convenient for patients. While further detail about our Informatics strategy is available in section 10 (Programme Enablers: Informatics), aspects that will support citizen and patient empowerment include:
   - Greater use of telehealth and telecare to support people with long-term conditions to manage their own health and care.
   - Patients will be able to access their own health information electronically.
   - GP practices will promote and offer to all patients the ability to book appointments, order repeat prescriptions and access their medical notes online.

Governance Overview

Robust governance processes are in place to ensure that future plans are developed in collaboration with key stakeholders, including the local community (as per our Whole Systems approach to co-design and embedding partnerships).

The CCG Collaboration Board, a CCG-led governance structure, monitors and oversees delivery of the entire NWL strategic plan, from the acute reconfiguration to the delivery of supporting out of hospital strategies, including Whole Systems Integrated Care.

See the following page for an overview of the programme governance structure in NWL.

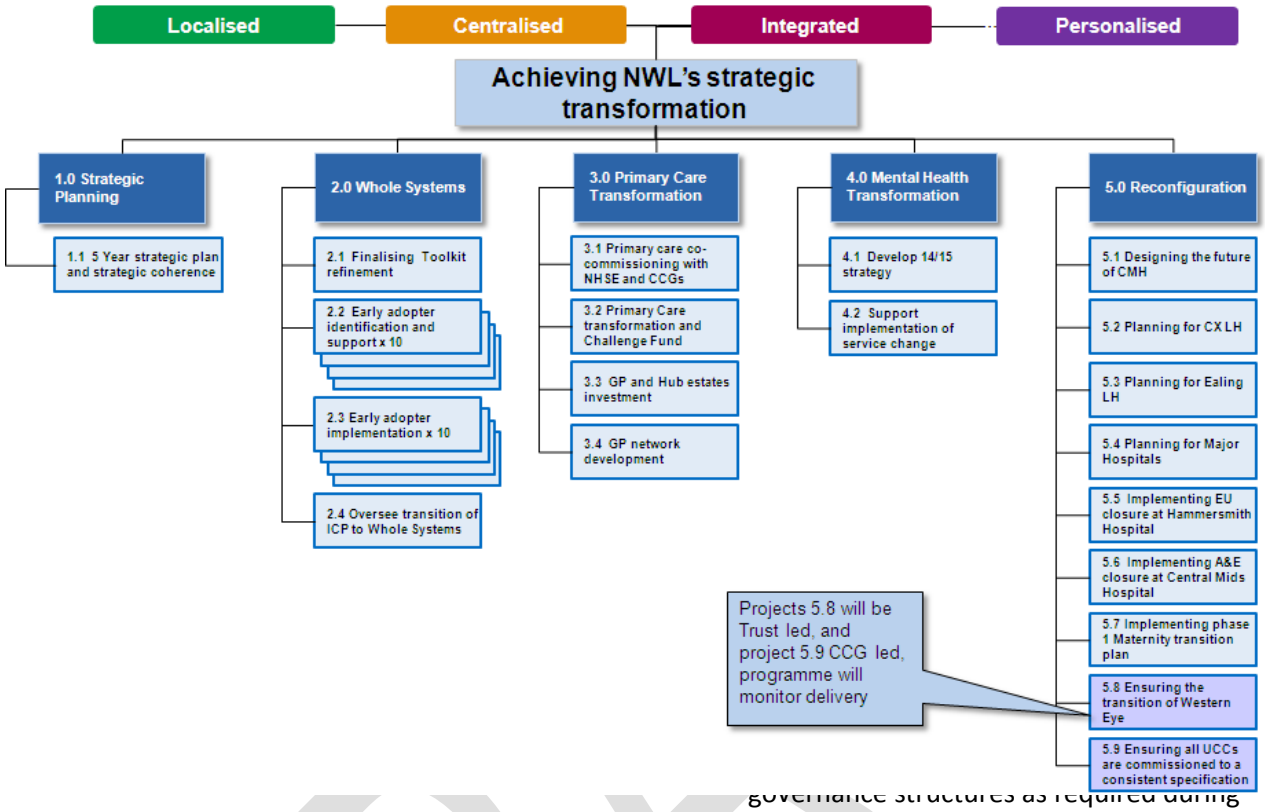
Key joint programme governance structures for the major transformational programmes include:

- *Shaping a healthier future* programme: SaHF Implementation Programme Board
- Enhancing integrated care: WSIC Programme Board
- Primary care transformation: Primary Care Partnership Board
- Mental health transformation: Mental Health Programme Board

Each of these key joint programme boards include lay partners/lay people, whose role includes ensuring that all service developments remain focused on benefiting patients, and that services are wrapped around the individual patient or carer.

While there is robust governance process in place to oversee implementation of the NWL 5 Year Strategic Plan, responsibility for delivery ultimately lies with CCG Governing Bodies and Health & Wellbeing Boards. Each of these programme Boards therefore report to the CCG Collaboration.

Programme governance structure



governance structures as required during the implementation process.

CCG Collaboration Board

The Board will address issues across the eight North West London CCGs. The eight CCGs in NWL have agreed a Memorandum of Understanding (MOU) setting out how they will work together in a collective way to successfully implement the 'Shaping a Healthier Future' strategy whilst recognising each CCG's individual sovereignty and the need for decision making to be made at a local level.

The main tasks of the Board include:

- Take responsibility for leading the *Shaping a healthier future* Reconfiguration Programme Implementation, including receiving regular reports from the *Shaping*
- Oversee Out of Hospital (OOH) Strategy Implementation, working collaboratively where it is agreed by members to be appropriate in relation to major OOH transformation programmes and evaluation of benefits.
- Take responsibility for ensuring delivery of major transformation programmes established across the CCGs including decisions regarding programme design, resource allocation (including recommendations regarding shared procurements), overseeing progress and benefits realisation.
- Financial risk management across NW London CCGs and other commissioners, in particular the NHS Commissioning Board.
- Collaborative approach to research and education.

Appendices

Appendix A – How we have developed our five year plan

Information sources used to develop our plan

As part of the original strategic planning process, NWL clinicians developed a Case for Change, with involvement from providers, CCGs and representatives of patient groups and the public. The strategic plans for NWL have evolved further based on the initial patient and public consultation that focused on the future of acute services in NWL, the thorough engagement that has taken place with regards to whole system working and the delivery of integrated and out of hospital care, collaborative working across commissioners and providers, and based on a wide range of qualitative and quantitative data, including financial projections, current performance indicators, and local and national benchmarks.

As part of refreshing NWL's strategic plan in line with *Everyone Counts* planning guidance, the following sources of data, intelligence and local analysis were also explored:

- London Data Packs, including the North West London pack which suggests that NWL that three particular challenges to address: (1) improving support for early years (e.g. low immunisation rates and high levels of child obesity); (2) Enhancing support for LTCs (reducing the usage rate of acute services by patients with LTCs); and (3) meeting the needs of the frail elderly population.
- JSNAs: each borough has a JSNA that sets out the health needs of its population, and which supports the commissioning of health, well-being and social care services within the locality, including the local priorities set out in the Health & Wellbeing strategies and reflected in the pan-NWL transformation programmes.
- Atlas tools, including 'CCG Outcomes', 'Levels of Ambition Atlas', and 'Operational Planning Atlas'
- Commissioning for Value insight packs
- The 'Any town' toolkit (see Appendix C for current status across the NWL CCGS with regards to the High Impact and Early Adopter interventions described in 'Any town'): this has helped to assure and develop the CCG QIPP plans and other initiatives

All of these inputs have supported NWL CCGs and NHS England partners in developing the vision, key transformation programmes, and other plans that are set out in our five year plan, including the Health and Wellbeing strategies. There has been a genuine change in recent years in the way that NWL commissioners work with lay partners and other stakeholders, as we increasingly focus on citizen empowerment and patient engagement, and this change is reflected in the language used to articulate this shared five year plan.

What do the NWL Case for Change, including our current and targeted performance against the NHS Outcome ambitions, and the 'Call to Action', mean for both health services and for local people?

The messages within a 'Call to Action' resonate closely with NWL's ambitious plans to transform and improve our hospital services and bring care closer to patients.

On 2 July 2012, NWL launched a public consultation on the plans for reconfiguration of services. We consulted on a set of proposed clinical standards, clinical service delivery models and options for location of services. The consultation period ran for 14 weeks and ended on 8 October 2012. The feedback from consultation showed a clear mandate for change and broad support for the preferred consultation option. There was also challenge and criticism. We responded to this feedback, carrying out significant additional work on the analysis, in particular the clinical recommendations, options evaluation (including finance), travel, equalities and implementation planning. The

outcome of the public consultation is eight settings of care in NWL to deliver the SaHF clinical vision and standards.

The clinical case for change and the acute reconfiguration consultation feedback provide a valuable resource to call upon, as they seek to have an honest and realistic debate about how the NHS can be shaped to meet future demand and tackle funding gap through 'honest and realistic' debate.

Other key themes that have been identified through to 'call to action' engagement events in NWL include:

- Care centred around patient – enabled by IT and shared records (see section 6 for Whole Systems and section 10 for Informatics).
- People really value access to healthcare professionals who speak their language.
- Flexibility of services (after-hours appointments, phone appointments, GP home visits) (see section 5 for Primary Care Transformation).
- Importance of better communication and data sharing, keeping care in the home or community and the role of signposting and care navigation (see section 13 for Citizen Empowerment and Patient Engagement).
- Participants expressed a strong desire to be included in the co-design of integrated care, moving beyond traditional forms of engagement and consultation to being involved at every stage of the process from ideas to implementation (see section 6 for Whole Systems and section 13 for Citizen Empowerment and Patient Engagement).

The key themes that emerged in NWL were consistent with those emerging across London, i.e.:

- Information, communication and education
- Focus on prevention and management of care
- Improving access, partnership working and integration of services

Key feedback from this level of public engagement (our NWL 'call to action' programme) has been fundamental to agreeing the programme of acute service changes in NWL, and to developing our major supporting workstreams, including Integrated Care.

In response to the compelling Case for Change and the public engagement related to the acute reconfiguration and the 'Call to Action', the NHS in NWL must:

- Support its residents to lead healthy lives and offer safe, high quality care to all
- Increase proactive care with more people being screened for preventable diseases and early detection of abnormalities, and with more people immunised against preventable diseases
- Empower patients to make informed choices about their care and help ensure they do not go into hospital unnecessarily
- Provide more specialist hospitals on fewer sites to treat patients with the most complex illnesses, with round-the-clock professional expertise on call
- Integrate the services provided by those delivering care and support – GPs, community services, hospitals, local councils and social care
- Make it easier for more patients to be treated in their community and focus future investment more in these services
- Get the best value from all NHS spending

How community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions

Public and patient engagement is a core principle of NWL's planning processes, and has underpinned development of our key improvement interventions, both at a CCG and NWL-wide level. The stakeholder

engagement associated with key NWL transformation interventions is described in further detail below.

Health & Wellbeing strategies

- Significant public consultation has taken place in each Borough to develop the Health & Wellbeing Strategies.

Whole Systems

- Through patient and service user workshops, interviews and surveys across North West London, we know that what people want is choice and control, and for their care to be planned with people working together to help them reach their goals of living longer and living well. They want their care to be delivered by people and organisations who show dignity, compassion and respect at all times.
- Integrated care is what people who use services want, what professionals aspire to deliver, and what commissioners want to pay for:
    - *"I know who is the main person in charge of my care. I have one first point of contact. They understand both me and my condition."*
    - *"The professionals involved with me talk to each other. I can see that they work as a team."*
    - *"There are no big gaps between seeing the doctor, going for tests and getting the results."*
    - *"I am as involved in decision making as I wish to be."*
- One of the core working groups within NWL's programme to implement a modern model of integrated care (see Improvement Intervention #3 – Enhancing the integration of care), is 'Embedding Partnerships'. This working group has a mandate to ensure the person voice is at the heart of shaping Whole Systems Integrated Care through co-design and implementation.
- Both a Lay Partners Forum and a Lay Partners Advisory Group provide input, challenge and debate from the perspective of patients, people and cares who user services across the whole programme.
- In addition to the central role of the patient and carer voice in the design of modern models of integrated care in NWL, the existing Integrated Care Programme (ICP) holds regular patient reference group meetings; members of the patient reference groups have been trained.

Transforming Mental Health Services

- In 2011, NWL worked with local Mental Health Trusts, GPs and other stakeholders on how to improve mental health care across the region.
- This work explored the potential for integrated care approach to mental health, and involved a range of stakeholders in the discussions and meetings.
- Feedback from service users on the key themes of the Mental Health strategy were then used to refine the strategy.

Out of Hospital strategies, including Primary Care transformation

We know that successful delivery of our Primary Care transformation project depends on active engagement with the people who use our services, their families and carers. Our eight CCGs commissioned a comprehensive review of patient priorities for primary care in North West London in 2012, including a survey of over 1000 residents, and consultations with BME groups, non-English speakers and patients with learning disabilities.

The survey confirmed that, of the top ten patient priorities, seven related to better access, including:

- Being able to easily access an emergency appointment

- Having a continuing, trusted relationship with a named health professional
- Being able to easily get through on the phone to make an appointment or seek advice
- Having access to a variety of appointment types

We therefore already have good insight into the differentiated appointment types that patients in North West London want – urgent, continuity and convenient appointments, available via a range of channels. This is the foundation of our model for future General Practice in North West London.

***Shaping a healthier future* – acute reconfiguration**

- The design of the acute reconfiguration was supported by one of the largest NHS public consultations ever undertaken. *The Shaping a healthier future* acute reconfiguration ran a public consultation process which received some 17,022 responses over 14 weeks in summer of 2012, from the 2nd July to 8th October.
- Over 200 meetings were held, engaging with over 5,000 people to consult on:
    - Proposed clinical standards
    - Clinical service delivery models
    - Three potential options (referred to as A, B and C) for the location of acute hospital services
    - Out of hospital services
- NWL agreed the duration and method of the consultation with the JHOSC, and the consultation approach was endorsed by the Consultation Institute. The outcome of the public consultation is eight settings of care in NWL to deliver the SaHF clinical vision and standards.
- A Patient Public Reference Group (PPRG) continues to meet monthly to support implementation of the SaHF plans.

Who has signed up to the strategic vision, and how have the health and wellbeing boards been involved in developing and signing off the plan

- NWL has engaged in a major strategic planning process across the 8 CCGs of Brent, Ealing, Central London, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow and West London, which has led to the development of the *Shaping a healthier future* programme, including supporting workstreams.
- The *Shaping a healthier future* strategic planning process, and the development of the major transformational programmes of work, have included acute, community, and mental health providers, along with commissioners, Local Authorities, Public Health, Health Education England, and lay members.
- The 5 Year Strategic Plan set out within this document has been developed through the following process:
    a) Initial development of core content from existing strategic and other planning documents
    b) Bi-lateral planning meetings with NHS England Direct Commissioners
    c) Review of key messages with constituent CCG Chairs and Chief Operating Officers/Managing Directors
    d) Agreement of key messages within the Strategic Planning Group
    e) Review and update of individual sections as required with respective leads within all constituent CCGs
    f) Contributions and sign-up from:
        - Patients & carers (pan-NWL stakeholder event held in June 2014)
        - Healthwatch/Patient Public Representative Groups (PPRG)
        - CCGs

- Providers
- Health and Well-being Boards
- Local Authorities (through the Strategic Planning Group)
- NHS England Area Team
- Health Education England (NWL)
- Local Education and Training Board (LETB)

How the Health and well-being boards have been involved in setting the plans for improving outcomes

- NWL CCGs are reviewing proposed Outcome Ambition attainment targets with their respective Health & Wellbeing Board.

How two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here

- A necessary foundation of the NWL strategic vision is achievement of the CCG Out of Hospital strategies, and the associated shift in activity from acute settings to community settings.
- This activity shift is reflected in the activity and financial trajectories set out in the detailed two year operational plans. It is also consistent with the anticipated activity levels used to support SaHF acute reconfiguration business cases.

Appendix B – How our Five Year Plan aligns with NHS England planning guidance

The NWL transformation programmes and cross-cutting plans reflect the three facets of care identified in the NWL Area Deck, i.e.: Care close to home; Hospital Care; and Integrated care. They also reflect the six models of care outlined in *Everyone Counts*, as per the table below:

Relationship between NHS England's 'models of care' and the NWL initiatives

	Model of Care	Alignment to NWL Transformation Programmes
1.	**Citizen participation and empowerment**	• Citizen participation and empowerment is a fundamental tenet of all NWL programmes, and our approach is described in section 13.
2.	**Wider primary care, provided at scale**	• Out of Hospital strategies, including Primary Care Transformation
3.	**A modern model of integrated care**	• Whole Systems transformation programme
4.	**Access to highest quality urgent and emergency care**	• Cross-cutting plans – Urgent & Emergency Care
5.	**A step-change in the productivity of elective care**	• *Shaping a healthier future* (SaHF) acute reconfiguration, as well as Planned Care pathway redesign as part of Out of Hospital strategies
6.	**Specialised services concentrated in centres of excellence**	• *Shaping a healthier future* (SaHF) acute reconfiguration

Appendix C – Anytown interventions

NHS England has produced a toolkit called 'Any town', which using high level health system modelling, allows CCGs to map how interventions could improve local health services and close the financial gap. It is an additional guide to help commissioners with their five-year strategic plans, showing how a typical CCG could achieve financial balance over the strategic period up to 2018/19.

The NWL CCGs have analysed the proposed 'Anytown' interventions, and a summary of the status of each intervention in each CCG is summarised in the table below:

Anytown intervention status by CCG

	Central	Ealing	H&F	Hounslow	West London
Early diagnosis		Planned	Partially met - further plans	Not planned	Planned
Cancer screening programmes		Planned	Partially met - further plans	Not planned	Partially met - further plans
Reducing variability in primary care: *referring*	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans
Reducing variability in primary care: *prescribing*	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans
GP tele-consultations	Planned	Not planned	Not planned	Planned	Planned
Reducing urgent care demand	Partially met - further plans	Planned	Fully implemented	Fully implemented	Partially met - further plans
Medicines optimisation	Partially met - further plans (BAU)	Partially met - further plans	Fully implemented	Partially met - further plans	Partially met - further plans
Safe and appropriate use of medicines	Partially met - further plans (BAU)	Not planned	Partially met - further plans	Partially met - further plans	Partially met - further plans
Self-management: patient-carer communities	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans
Service user network	Not planned	Partially met - further plans	Partially met - further plans	Planned	Partially met - further plans
Telehealth/ Telecare	Not planned	Partially – no further plans	Not planned	Not planned	Not planned

Appendix C – Anytown interventions

	Central	Ealing	H&F	Hounslow	West London
Electronic palliative care coordination systems (EPaCCS)	Partially met - further plans	Planned	Partially met - further plans	Partially met - further plans	Partially met - further plans
Case management and coordinated care	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans	Partially met - further plans
Integration of health and social care for older people	Partially met - further plans	Partially met - further plans	Partially met - further plans	Planned	Partially met - further plans
Dementia pathways	Planned	Planned	Planned	Partially met - further plans	Partially met - further plans
24hr asthma services for children	Not planned	Partially met - further plans	Partially met - further plans	Partially met – no further plans	Partially met - further plans
Palliative care	Planned	Fully implemented	Not planned	Fully implemented	Fully implemented
Acute visiting services	Not planned	Partially met - further plans	Planned	Partially met - further plans	Partially met - further plans
Mental Health: Rapid Assessment Interface and Discharge (RAID)	Planned	Partially met - further plans	Not planned	Planned	Partially met - further plans
Acute stroke services	Not planned	Fully implemented	Fully implemented	Fully implemented	Fully implemented
Reducing elective caesareans	Not planned	Not planned	Partially met - further plans	Fully implemented	Partially met - further plans

Appendix D – Health and Wellbeing Strategies

A key element of the NWL plans, including of where the local focus is in each CCG in terms of health promotion, early diagnosis and early intervention, is the Health and Wellbeing Strategies. The priorities identified in each of the CCG's Health and Wellbeing Strategy are captured in the table below.

	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London
Alcohol/substance misuse	✓	✓	✓					✓
Cancer					✓		✓	
Supporting parents and the community to protect **children** and maximise their life chances / **Early Years** Intervention (0-5 yrs) / Best start in life / **Children** engaged in risky behaviour / Giving every	✓	✓	✓	✓	✓	✓		✓
Childhood immunisations							✓	
Childhood obesity	✓		✓	✓			✓	✓
Empowering **Communities** to take better care of themselves / fostering social cohesion and reducing isolation	✓	✓						
Dementia					✓	✓		
Dental Health (or Oral Health in Children)	✓	✓				✓	✓	
Type 2 **Diabetes**						✓		
Ensuring Safe and Timely **Discharge** from Hospital								✓
Tackling **domestic abuse** through		✓						

Appendix D – Health & Wellbeing Strategies

	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London
integrated, whole system approaches								
Reducing **early death**, focusing on the 3 big killers		✓						
Helping vulnerable **Families**	✓							
Promoting **healthy life**		✓						
Health Checks							✓	
Better access for vulnerable people to Sheltered **Housing**				✓				
Improving access to services: **information** and advice services		✓						
Integrated health and social care services	✓			✓				
Long term conditions / reducing impact of disability and long-term conditions		✓			✓		✓	
Increasing Child Population and **Maternity** Services						✓		
Mental health and well-being	✓	✓		✓	✓	✓	✓	
Obesity		✓						
Older People including sight loss / Older People and Healthy Ageing			✓			✓		
Out of Hospital Services / Reducing		✓	✓				✓	

Appendix D – Health and Wellbeing Strategies

	Brent	Central	Ealing	H&F	Harrow	Hillingdon	Hounslow	West London
the use of bed-based care								
Physical activity	✓					✓		
Poverty / improving health and wellbeing through urban renewal		✓			✓			
Making better use of **resources**								✓
Sexual Health services		✓		✓				✓
Smoking cessation							✓	
Delivering the **White City Collaborative Care Centre**				✓				
Worklessness		✓			✓			
Supporting **young people** into Healthy Adulthood				✓				

Appendix E - The Key Ingredients of Integrating Care

NHS England has identified the "key ingredients" for integrating care, which also represents a useful framework for summarising the NWL case for change, and the key transformation programmes developed in response:

The Key Ingredients of Integrating Care (NHS England)	
Why	• Poor patient experience • Poor outcomes • Increasing demand • Unsustainable models of care • Unprecedented financial challenge

What	**Greater integration of services around the person – *in NWL, this means***:
	• See Chapter 6 (Whole Systems Integrated Care)
	Greater emphasis on self & home care – *in NWL, this means*:
	• Existing Expert Patient Programmes and patient user groups.
	• The roll-out of Personal Health Budgets from April 2014
	• Online access to self-management advice, support and service signposting
	• The roll-out of care plans
	• Self-management initiatives to improve the quality of patient care by providing a number of interventions to enable patients to take greater control of their own care in an out of a hospital setting, including peer mentoring and local champions.
	Building community capacity to manage demand – *in NWL, this means*:
	• Healthy Living, Early Diagnosis and Early Intervention
	• Out of Hospital strategies
	A new primary care offer - *in NWL this means*:
	• Primary Care Transformation, so that primary care:
	  ○ Accessible
	  ○ Proactive
	  ○ Coordinated
	Reconfiguration of acute services - *in NWL this means*:
	• Acute services that are localised where possible, and centralised where necessary, to be achieved through the *Shaping a healthier future* acute reconfiguration.

How	**Whole health and care system leadership – *in NWL this means***: see chapter 13 (Governance) **Three – five year plans signed off by Health & Wellbeing Boards** **Local & city-wide coherence** **Scale/focus** **Commissioning alignment between LA/CCG/NHS England – *in NWL this***

Appendix E - The Key Ingredients of Integrating Care

	means: • Collaborative commissioning between NWL CCGs and NHS England – see Chapter 7 (Primary Care Co-Commissioning). **A way to move around money around the system - *in NWL this means*:** • NWL's Medium Term Financial Strategy (MFTS) – see chapter 12 (A financially sustainable health system). • Whole Systems Integrated Care Early Adopter pilots **Shared information across agency boundaries- *in NWL this means***: see chapter 10 (Programme Enablers: Informatics). **Flexible, engaged workforce and improved training - *in NWL this means***: see chapter 10 (Programme Enablers: Workforce). **Transparent measurement of outcomes** **A developing evidence base**
Outcomes	**Improved health and care outcomes** - ***in NWL this includes***: • Patient experience • Quality of life • Health outcomes **Financial sustainability of the health and care system**

As the table above suggests, NWL's five year Strategic Plan will deliver the key ingredients required to provide integrated care.

Appendix F: Signposting to Key Lines of Enquiry

This plan was developed to response to the Key Lines of Enquiry set out by NHS England in the strategic plan templates. Signposting to each answer within the document is provided below.

Segment	Key Line of Enquiry	Organisation response	Supported by:
Submission details	Which organisation(s) are completing this submission?	• NHS Brent CCG • NHS Harrow CCG • NHS Hillingdon CCG • NHS Central London CCG • NHS Ealing CCG • NHS Hammersmith & Fulham CCG • NHS Hounslow CCG • NHS West London CCG • NHS England	
	In case of enquiry, please provide a contact name and contact details	Thirza Sawtell Director of Strategy and Transformation NHS North West London Collaboration of CCGs	

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
a) System vision	What is the vision for the system in five years' time?	Our vision is "To improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community". Four overarching principles support our vision - that health services need to be: 1. **Localised** where possible 2. **Centralised** where necessary; and 3. In all settings, care should be **integrated** across health (both physical and mental), social care and local authority providers to improve seamless patient care. 4. The system will look and feel from a patient's perspective that it is **personalised** - empowering and supporting individuals to live longer and live well. The system will enable frontline professionals to work with individuals, their carers and families to maximise health and wellbeing and address specific individual needs.	*The plan on a page*

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
	How does the vision include the six characteristics of a high quality and sustainable system and transformational service models highlighted in the guidance? Specifically: 1. Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care 2. Wider primary care, provided at scale 3. A modern model of integrated care 4. Access to the highest quality urgent and emergency care 5. A step-change in the productivity of elective care 6. Specialised services concentrated in centres of excellence (as relevant to the locality)	***1.*** Citizen empowerment and patient engagement: see page: ***chapter 13, page 97 (Citizen empowerment and patient engagement)*** *2.* Wider primary care: ***chapter 5, page 26 (Primary care transformation)*** ***3.*** Modern model of integrated care: ***chapter 6*** ***4.*** Access to high quality urgent and emergency care: ***chapter 9*** ***5.*** Step-change in the productivity of elective care: ***chapter 8, page 63 (Planned care pathways)*** 6. Specialised services concentrated in centres of excellence: ***chapter 8*** ***Summarised in Appendix B***	*Details provided within the activity and financial templates which will be triangulated.* • *Shaping a healthier future* Decision-Making Business Case (DMBC) • Whole Systems Integrated Care Toolkit • CCG Out of Hospital strategies ('Better Care, Closer to Home')

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
	How does the five year vision address the following aims: a) Delivering a sustainable NHS for future generations? b) Improving health outcomes in alignment with the seven ambitions c) Reducing health inequalities?	[*Please add your response to the key lines of enquiry here.* *A) From a resources perspective, what will the position be in five years' time? Is this position risk assessed?* ***Chapter 12, page 92 (Outcome ambitions)*** B) *You should explain how your five year strategic plan will improve outcomes in the seven areas identified, within the context of the needs of your local population and what quantifiable level of improvement you are aiming to achieve*] ***Chapter 12, page 95 (A financially sustainable health system)***	[*Please reference additional supporting documentation you feel is helpful*] • *Shaping a healthier future* Decision-Making Business Case (DMBC)
	Who has signed up to the strategic vision? How have the health and wellbeing boards been involved in developing and signing off the plan?	[*Please provide details of the organisations who have signed up to this vision and the process by which sign up was obtained*] ***Appendix A***	
	How does your plan for the Better Care Fund align/fit with your 5 year strategic vision?	***Chapter 6, page 44 (North West London's Better Care Fund plans***	Each of the NWL HWB Better Care Fund plan, submitted on 4th April

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
	What key themes arose from the Call to Action engagement programme that have been used to shape the vision?	[*Please provide details of key feedback from any call to action engagement and confirm how these have been incorporated into the strategic vision?]* ***Chapter 2*** ***Appendix A***	NWL CCG Call to action activity submis
	Is there a clear 'you said, we did' framework in place to show those that engaged how their perspective and feedback has been included?	***Chapter 2*** ***Appendix A***	NWL CCG Call to action activity submis
a) Current position	Has an assessment of the current state been undertaken? Have opportunities and challenges been identified and agreed? Does this correlate to the Commissioning for Value packs and other benchmarking materials?	***Chapter 2*** ***Appendix A***	• *Shaping a healthier future* Decision-Making Business Case (DMBC)
	Do the objectives and interventions identified below take into consideration the current state?	***Chapter 3***	• *Shaping a healthier future* Decision-Making Business Case (DMBC)
	Does the two year detailed operational plan submitted provide the necessary foundations to deliver the strategic vision described here?	***Chapter 12 (A financially sustainable health system) 5.1***	

Appendix F: Signposting to Key Lines of Enquiry

<table>
<tr><th>Segment</th><th>Key Line of Enquiry</th><th>Organisation response</th><th>Supported by:</th></tr>
<tr><td rowspan="5">b) Improving quality and outcomes</td><td>At the Unit of Planning level, what are the five year local outcome ambitions i.e. the aggregation of individual organisations contribution to the outcome ambitions?</td><td><table><tr><th>Ambition area</th><th>Metric</th><th>Proposed attainment in 18/19</th></tr><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td></tr><tr><td colspan="3">Chapter 12 (Outcome ambitions)</td></tr></table></td><td></td></tr>
<tr><td>How have the community and clinician views been considered when developing plans for improving outcomes and quantifiable ambitions?</td><td>See Appendix A</td><td>• Shaping a healthier future Decision-Making Business Case (DMBC)</td></tr>
<tr><td>What data, intelligence and local analysis was explored to support the development of plans for improving outcomes and quantifiable ambitions?</td><td>See Appendix A</td><td>• Shaping a healthier future Decision-Making Business Case (DMBC)</td></tr>
<tr><td>How are the plans for improving outcomes and quantifiable ambitions aligned to local JSNAs?</td><td>See Appendix A</td><td>Health & Wellbeing Strategies</td></tr>
<tr><td>How have the Health and well-being boards been involved in setting the plans for improving outcomes?</td><td>Chapter 12</td><td></td></tr>
</table>

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
c) Sustainability	Are the outcome ambitions included within the sustainability calculations? I.e. the cost of implementation has been evaluated and included in the resource plans moving forwards?	***Chapter 12 (A financially sustainable health system)***	• *Shaping a healthier future* Decision-Making Business Case (DMBC)
	Are assumptions made by the health economy consistent with the challenges identified in a Call to Action?	***Chapter 12 (A financially sustainable health system)***	• *Shaping a healthier future* Decision-Making Business Case (DMBC)
	Can the plan on a page elements be identified through examining the activity and financial projections covered in operational and financial templates?	***Chapter 12 (A financially sustainable health system)***	• *Shaping a healthier future* Decision-Making Business Case (DMBC)

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
d) Improvement interventions	Please list the material transformational interventions required to move from the current state and deliver the five year vision. For each transformational intervention, please describe the : • Overall aims of the intervention and who is likely to be impacted by the intervention • Expected outcome in quality, activity, cost and point of delivery terms e.g. the description of the large scale impact the project will have • Investment costs (time, money, workforce) • Implementation timeline • Enablers required for example medicines optimisation • Barriers to success • Confidence levels of implementation The planning teams may find it helpful to consider the reports recently published or to be published imminently including commissioning for prevention, Any town health system and the report following the NHS Futures Summit.	***See section 3 - 9*** **Intervention One** Overall description [CCG to comment] Expected Outcome [CCG to comment with particular emphasis on the impact on the outcome ambitions or the six characteristics] Investment costs • Financial costs [CCG to comment] • Non-Financial costs [CCG to comment] ***See section 10*** Implementation timeline [CCG to comment] ***See section 10*** Enablers required [CCG to comment] ***See section 10*** Barriers to success [CCG to comment] ***See section 10*** Confidence levels of implementation [CCG to comment] ***See section 4.12***	

Appendix F: Signposting to Key Lines of Enquiry

Segment	Key Line of Enquiry	Organisation response	Supported by:
e) Governance overview	What governance processes are in place to ensure future plans are developed in collaboration with key stakeholders including the local community?	***See section 13***	
f) Values and principles	Please outline how the values and principles are embedded in the planned implementation of the interventions	***See section 2***	