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City of Westminster

Committee Agenda

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

Members:

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

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

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 3.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

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

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Corporate Website: www.westminster.gov.uk

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

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

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

3. MINUTES AND ACTIONS ARISING **(Pages 1 - 18)**

I) To agree the Minutes of the meeting held on 21 January 2016.

II) To note progress in actions arising.

4. WESTMINSTER HEALTH AND WELLBEING STRATEGY REFRESH UPDATE **(Pages 19 - 26)**

To consider an update on the Westminster Health and Wellbeing Strategy Refresh.

5. NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP INTENTIONS **(Pages 27 - 56)**

To consider NHS Central London Clinical Commissioning Group's intentions.

6. NHS WEST LONDON CLINICAL COMMISSIONING GROUP INTENTIONS AND CORPORATE OBJECTIVES **(Pages 57 - 74)**

To consider NHS West London Clinical Commissioning Group's intentions and corporate objectives.

7. BETTER CARE FUND UPDATE **(Pages 75 - 80)**

To consider an update on the Better Care Fund.

8.	**PRIMARY CARE MODELLING PROJECT UPDATE** To consider an update on the Primary Care Modelling Project.	**(Pages 81 - 84)**
9.	**CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLAN UPDATE AND NEXT STEPS** To consider an update on the Children and Young People's Mental Health Transformation Plan.	**(Pages 85 - 110)**
10.	**HEALTH AND WELLBEING HUBS** To consider an update on the Health and Wellbeing Hubs Programme.	**(Pages 111 - 116)**
11.	**INNOVATION IN RAISING PARENTAL EMPLOYMENT RATES** To consider progress on the Innovation in Raising Parental Employment Rates Programme.	**(Pages 117 - 128)**
12.	**PRIMARY CARE CO-COMMISSIONING** To consider an update on Primary Care Co-Commissioning.	**(Pages 129 - 134)**
13.	**NORTH WEST LONDON TRANSFORMING CARE PARTNERSHIP PLAN** For noting only.	**(Pages 135 - 182)**
14.	**MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 26 JANUARY 2016** To note the Minutes of the Joint Strategic Needs Steering Group meeting held on 26 January 2016.	**(Pages 183 - 188)**
15.	**WORK PROGRAMME** To consider the Work Programme for 2016/17.	**(Pages 189 - 192)**
16.	**ANY OTHER BUSINESS**	

Charlie Parker
Chief Executive
11 March 2016

CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 21st January, 2016**, Rooms 3 and 4 - 17th Floor, City Hall, 64 Victoria Street, London SW1E 6QP.

Members Present:
Chairman: Councillor Rachael Robathan, Cabinet Member for Adults and Public Health
Clinical Representative from the Central London Clinical Commissioning Group: Dr Neville Purssell
Cabinet Member for Children and Young People: Councillor Karen Scarborough (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Acting Director of Public Health: Eva Hrobonova
Tri-borough Director of Children's Services: Chris Neill (acting as Deputy)
Clinical Representative from West London Clinical Commissioning Group: Dr Philip Mackney
Representative from Healthwatch Westminster: Janice Horsman
Chair of the Westminster Community Network: Jackie Rosenberg

Also Present: Matthew Bazeley (Managing Director, NHS Central London Clinical Commissioning Group) and Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group).

1 MEMBERSHIP

1.1 Apologies for absence were received from Dr David Finch (NHS England) and Dr Belinda Coker (NHS England).

1.2 Apologies for absence were also received from Councillor Danny Chalkley (Cabinet Member for Children and Young People) and Liz Bruce (Tri-borough Executive Director of Adult Social Care). Councillor Karen Scarborough (Deputy Cabinet Member for Children and Young People) and Chris Neill (Tri-borough Adult Social Care Whole Systems Lead) attended as their respective Deputies.

1.3 Louise Proctor (Managing Director, West London Clinical Commissioning Group) also gave her apologies for absence. Simon Hope (Deputy Managing

Director, NHS West London Clinical Commissioning Group) attended in her place.

2 DECLARATIONS OF INTEREST

2.1 No declarations were received.

3 MINUTES AND ACTIONS ARISING

3.1 **RESOLVED:**

1. That the Minutes of the meeting held on 19 November 2015 be approved for signature by the Chairman; and

2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 WHOLE SYSTEMS INTEGRATED CARE OLDER ADULTS AND MENTAL HEALTH PROGRAMMES - NHS WEST LONDON CLINICAL COMMISSIONING GROUP

4.1 Glen Monks (Associate Director, Whole Systems – Mental Health) introduced the report and provided details about the Mental Health Programme being developed by NHS West London Clinical Commissioning Group's (CCG) as part of Whole Systems Integrated Care. He advised that the programme was one of two pilot schemes on mental health in London, the other one being developed by NHS Hounslow CCG. There had been extensive co-production with service users, carers, local authorities, voluntary sector organisations, and statutory providers in developing the model of care. Glen Monks stated that model of care would be 'hub and spoke' by design and the entire patient journey was being mapped. He advised that an outline model of care had been agreed by the Project Steering Group and a business case was being developed that would be put before the CCG's Governing Body for approval.

4.2 Members commented that the Board had undertaken extensive work on mental health, including children and young people, and enquired whether service plans, self-help and community support were led by Public Health. One Member emphasised the need for preventative action through intervention at an early stage, including transition from child to adult and he enquired whether the programme addressed the mental health needs of younger adults up to the age of 25 years. He added that the implications for parents and family members of those with mental health issues also needed to be addressed. The Member also enquired whether the records kept by primary care providers could be accessed by other organisations. Another Member remarked that there was room for improvement in information sharing between organisations on mental health needs.

4.3 In reply to Members' questions, Glen Monks advised that most of the service plans and community support proposals had come through work with the voluntary sector and community groups, which in turn would then be considered in how it tied in with the work and objectives of Public Health. He

informed Members that there was a separate strand of work regarding child and adolescent mental health, however it was recognised that more work was needed in the transition from child to adult and ways of addressing this were being considered. This included looking at the needs of 12 to 25 year olds, as well as early years. Glen Monks stated that there was a commitment for all organisations to use a single patients record and he felt this would be achieved over a period of time.

4.4 Dr Richard Hooker (NHS West London CCG) then updated the Board on the Older Adults Programme that was based on similar principles to the Mental Health Programme. He explained that the extent of the programme's task could not be underestimated and it involved a significant piece of work for NHS West London CCG and its partners, including Healthwatch. The model of care recognised the holistic needs of older adults and there had been extensive engagement with the voluntary and community sector and carers. Dr Richard Hooker emphasised that a core aim of the programme was to provide high quality care and this involved developing a fully integrated model of care with shared patients' records. To support the programme, caseworkers, typically from a district nurse or social care background were sought and these would be supported by healthcare assistants. The caseworkers would be overseen by GPs and social care workers. Dr Richard Hooker informed Members that the programme had gone live in September 2015 with services provided at St. Charles Integrated Care Centre and the range of services was being developed. Services were also to be introduced at the Violet Melchett Clinic and the model of care recognised transport as an important issue for older adults.

4.5 Dr Richard Hooker added that St. Charles Integrated Care Centre had been revitalised and Age UK had a presence at the site. The Centre also had a number of case managers and mental health staff and other services such as footcare were offered. Services at the Centre had received positive feedback and monthly meetings were held to review progress, as well as monthly Steering Group meetings. An IT specialist had also been recruited to support the programme.

4.6 During the Board's discussions, Members sought information on how the Older People Programme's pathways tied in with the work of the Community Independence Service. The need to take into account the patients' point of views was emphasised, as well as ensuring they understood how the different pathways worked. Members sought details on how the Programme was funded, including whether resources were available for the voluntary and community sector to play an effective role. In respect of individual care plans, it was asked who was responsible for producing these. Another Member commented on the difficulty of GPs, nurses and care works being obtained from a single source and this often meant that services were duplicated. Councillor Barrie Taylor requested a briefing on work being undertaken to address personality disorders. Jackie Rosenberg (Westminster Community Network) reported that the National Council for Voluntary Organisations had recently launched a pilot scheme involving volunteers working in care homes and she would feedback the outcomes of the pilot to Members.

4.7 In reply to the issues raised, Dr Richard Hooker commented that it was recognised that presently a lot of older people care services were reactive, and to address this, the programme would seek to work with the Community Independence Service in procuring services and there would also be more working collaboratively with the Rapid Response Service. The case managers would play a key role in ensuring patients knew and understood what pathways were available. In respect of funding, Dr Richard Hooker advised that some funds for the programme had already been received and further funding had been requested. Additional resources were also available for voluntary and community organisations to play their role in the programme and also some funding to increase the number of case workers. The Board noted that savings in other areas had been made which could be used for the programme, whilst patient resilience was being increased through providing more supported self-care.

4.8 Dr Richard Hooker stated that personality disorders affected people of all ages and that it was a significant issue both locally and nationally. The odd or challenging behaviour that a person with a personality disorder may exhibit could impact in a number of ways and it was recognised that this issue needed to be addressed as a priority. The model of care also factored in the desirability of having GPs, nurses and care workers from a single source and to prevent duplication of services. Chris Neill (Adult Social Care Whole Systems Lead) agreed to follow up Councillor Barrie Taylor's request for a briefing in respect of the work being undertaken to address personality disorders.

4.9 The Chairman emphasised the need for a more joined-up approach in procuring services. The Board agreed the Heads of Agreement Document for the Older Adults Programme.

4.10 **RESOLVED:**

1. That the update on the Mental Health Programme and the Older Adults Programme be noted.

2. That the Heads of Agreement Document for the Older Adults Programme be agreed.

5 DEVOLUTION UPDATE

5.1 Ezra Wallace (Head of Corporate Strategy) provided an update on devolution, including details of agreements contained within the London and Health Care Collaboration Agreement and the London Health and Devolution Agreement that had been simultaneously agreed on 14 December 2015. He advised that the principles of collaboration to improve health care and the principles of how health and social care were to operate had been drawn up. The Board noted that five pilots across London were announced as part of the Collaboration Agreement and these intended to test the new ways of working required to enable reform. Ezra Wallace added that the Collaboration Agreement provided a new context in which the Board would consider the refresh strategy and how the Board would operate in future.

5.2 Members asked what areas were expected to change and pondered to what extent London partners would still be answerable to Government departments ultimately. Members discussed what the aspirations of the Board should be. The Chairman emphasised the need for the Board to have additional levers to help deliver in the direction it is travelling in. She suggested that if the direction of travel sought had been completed within a period of five years, then this could be viewed as a success. This could be achieved through additional levers such as greater control over NHS estates and on contractual arrangements in order to meet local needs more effectively. Another Member also commented on optimising use of NHS estates and using them differently to how they were now. In answer to a Member's query, Matthew Bazeley (Managing Director, NHS Central London CCG) advised that although improving access to seven day health services was not a primary objective of devolution, it would bring about changes that would help this to be achieved.

6 COMMISSIONING INTENTIONS: (A) NHS CENTRAL LONDON CLINICAL COMMISSIONING GROUP; (B) NHS WEST LONDON CLINICAL COMMISSIONING GROUPS

6.1 Matthew Bazeley presented the report and advised that there had been no changes in terms of strategy for both NHS Central London and NHS West London CCGs. He advised that NHS England had issued planning guidance in December 2015 that gave some direction in respect of commissioning and contracts. The Board noted that the financial allocations received for both NHS Central London CCG and West London CCG were below inflation, however the CCGs had planned in eventuality of this. Matthew Bazeley stated that NHS Central London CCG was producing a transformation plan for the next year to achieve the £15 million savings required and this would entail changes to approach and consideration of what areas to prioritise in. He added that the full details of the plans would be presented to the Board once they had been finalised.

6.2 Dr Philip Mackney (NHS West London CCG) commented that there were a number of complex issues in respect of coding which may be impacting on patient figures on services. Dr Neville Purssell (NHS Central London CCG) added that some Urgent Care Centres were recording significantly lower number of visits than others and this matter needed to be looked into further.

6.3 Members sought the reasons for NHS Central London CCG's deterioration in its financial position and what measures could be put in place to ensure patients went to the right service. Members commented that the number of new arrivals to Westminster also complicated matters in terms of services coping with demand.

6.4 In reply to issues raised by Members, Matthew Bazeley advised that the deterioration in NHS Central London CCG's financial position was attributable to over activity generally, including in intensive care. Despite the introduction of new community services, demand for acute services remained high and consideration needed to be given as to whether this was due to incorrect coding or greater demand for acute services. Matthew Bazeley advised that in

order to address incorrect allocation of services, providers could be contractually challenged to meet their requirements, such as through performance indicators. Members heard that a strategic approach to contracts was being taken to negotiate with providers to agree 'block' contracts. Simon Hope (Deputy Managing Director, NHS West London Clinical Commissioning Group) added that there was a need to ensure that patients accessed community services where the service they required was available in this setting in order to reduce demand and pressure on acute services.

6.5 The Board requested an update on this item at the next meeting.

7 WESTMINSTER HEALTH AND WELLBEING STRATEGY REFRESH

7.1 The Chairman introduced the item and commented that the refresh of the Board's strategy was being considered at a particularly important time in view of the changes that would be happening under devolution and the development of Health and Wellbeing hubs. She stated that the Board needed to consider areas it wished to focus on in going forward and to encourage partner organisations to work in an even more joined-up way. The first report aimed to start the process of refreshing the strategy and the Chairman welcomed suggestions from Members.

7.2 Meenara Islam (Principal Policy Officer) then presented the report and stated that the strategy refresh needed to be considered in the context of 'more for less.' Whilst acknowledging the achievements of the present strategy, she advised that consideration needed to given as to what themes to focus on in future, whilst also ensuring that high quality commissioning is being undertaken. Meenara Islam added that Members need to further consider systems issues and the direction of the Board. Members also noted that they needed consider the strategy refresh in the context of NHS England's five year Sustainability and Transformation Plan (STP).

7.3 Matthew Bazeley emphasised the need to develop a system wide financial sustainability plan as of the STP and this requirement needed to be fully embedded as part of the strategy refresh in order to progress Whole Systems Integrated Care. He informed Members that the timescale to undertake this was challenging as proposals were required to be submitted by June which would then be assessed in July. Members noted that NHS England wanted local health systems to be accountable to their plans. Matthew Bazeley added that it was important that partner organisations delivered locally for Westminster and the strategy refresh gave the Board an opportunity to pursue this.

7.4 The Chairman advised that a task group would be created to consider the strategy refresh and also to look at ways the Board would operate in the future. She added that draft proposals for the strategy refresh would be put before the Board at the next meeting on 17 March.

8 PRIMARY CARE MODELLING

8.1 Stuart Lines (Deputy Director of Public Health) gave the first part of a presentation to Members updating them on progress on primary care modelling. Phase 1 of the project, involving producing a borough-wide base set of projections and disease burden had now been completed, and the project was now at phase 2 which included the impacts on Westminster of regeneration, housing and infrastructure plans. Phase 3 would involve analysing the impact on the demand for frontline services. Members noted that the Chairman and Vice-Chairman of the Board would be hosting a workshop for analysts on 27 January and all Board Members were invited to attend.

8.2 Rianne Van Der Linde (Public Health Analyst) then gave the second part of the presentation, which included work being undertaken by the London Health Commission that had identified 15 patient groups classified in terms of age, state of health, different types of disabilities, diseases and conditions and also socially excluded groups. She advised Members of the estimated number and percentage of the population in Westminster for each group. Members also noted the estimated current number of people in Westminster living with cancer, the projected numbers in 15 years' time and the costs for the use of healthcare services for this group.

8.3 The Chairman noted that considerable work had been undertaken on the project to date and that it would provide an important tool in identifying common themes and an insight into how healthcare may look in the future. This included a likely need for more district nurses and the links between healthcare and areas such as housing and transport. The Chairman welcomed all Board Members to attend the workshop on 27 January which would consider how the project could be used as a tool and how it could help forward planning.

9 HEALTH AND WELLBEING HUBS PROGRAMME

9.1 Ezra Wallace presented the report updating Members on the Health and Wellbeing Hubs Programme that included an Older People's Pilot project and the Newman Street Pilot for single, homeless adults. Both pilots sought to increase access to services to disadvantaged groups and individuals. Ezra Wallace advised that a review of the four older people's hubs was being undertaken and results to date indicated that over 1,400 people were active users of the hubs, with Churchill Hub being most frequently attended. The review had also identified a number of gaps, including that men were under-represented in terms of using the hubs, whilst there were also challenges in reaching the housebound. Whilst hubs had raised awareness of their activities with GPs, it was recognised that more could be done to improve awareness. In order to improve access to preventative services, there were opportunities to learn from Whole Systems project initiated by Central London NHS CCG offering an enhanced offering at South Westminster, Regent's Canal and Marylebone CCG villages. Ezra Wallace added that there were opportunities to reduce duplication and develop an enhanced preventative offer through an integrated offer with housing services and to identify more

accessible and better equipped premises of the provision of day services for older people in South Westminster. Members noted that the Chairman, as the Cabinet Member for Adults and Public Health, chaired a steering group overseeing these workstreams to improve access to preventative services and a further update on this would be provided at the next meeting of the Board.

9.2 Ezra Wallace advised that an evaluation of the Newman Street pilot project was being undertaken and a report would be available in the spring. The project had included the Council, NHS Central London CCG and Great Street Primary Care Centre in developing a model to improve how to target existing services at people with multiple complex needs and this model was now in the process of being implemented.

9.3 The Chairman commented that the Older People pilot project sought to look at how access to health services could be increased through CCGs, Adult Social Care and Housing working in a more joined-up way. She advised that a workshop will be taking place with CityWest Homes, Housing, Adult Social Care and Public Health to consider ways in making housing more suitable for older people and those with disabilities. The Board agreed to a Member's suggestion that the Joint Strategic Needs Assessment (JSNA) Team consider the issue of adult males being less likely to access services generally. Councillor Barrie Taylor requested that the report be sent to Church Street Ward Members and Members of all other wards where the Older People's Pilot Project operated.

10 BETTER CARE FUND AND COMMUNITY INDEPENDENCE SERVICE

10.1 Chris Neill gave a verbal update on this item and advised that policy guidance on the Better Care Fund (BCF) had been published, with further technical guidance to follow. In respect of the Community Independence Service, he advised that the current commissioning arrangements were due to end in the next few months and engagement with the provider market was taking place.

10.2 Members enquired whether details of the new allocation of BCF funding were available. Chris Neill replied that he would investigate and if the information was available, he would provide a summary of the new allocation of funding to the Board. The Chairman added that a formal review of the Community Independence Service would be considered at a future meeting.

11 JOINT STRATEGIC NEEDS ASSESSMENTS: (A) CHILDHOOD OBESITY; (B) END OF LIFE CARE

11.1 The Board had before them two Joint Strategic Needs Assessments (JSNAs) for sign-off, Childhood Obesity and End of Life Care. Colin Brodie (Public Health Knowledge Manager) asked the Board to consider taking on the role of providing strategic leadership and oversight of the End of Life JSNA whilst identifying an alternative lead in future. He informed Members that the Kensington and Chelsea Health and Wellbeing Board had agreed to play a similar role at a recent meeting.

11.2 A Member remarked on the significance of the recommendations for the End of Life Care JSNA and sought assurances in terms of sovereignty for each Health and Wellbeing Board. Members expressed support for the End of Life Care JSNA in principle, however further details were needed in terms of delivery before the Board could provide a considered response. The Chairman asked to what extent the Board would take leadership of the End of Life Care JSNA. In reply, Colin Brodie suggested that the Board take a leading role in the commissioning of services for End of Life Care, including encouraging more involvement from the voluntary sector.

11.3 The Board agreed that it be given more time to consider the End of Life Care JSNA and Members would feed back their views to the Chairman before the Board would provide its response to the request that it provide strategic leadership of this JSNA whilst an alternative lead was sought.

11.4 In respect of the Childhood Obesity JSNA, the Chairman welcomed the proposals and commented that tackling childhood obesity was a key priority of the Council, with much work already being undertaken to address the issue in a holistic way and new policies and services in this area would be brought to the Board to consider. Eva Hrobonova (Acting Tri-borough Director of Public Health) added that a comprehensive programme was in place to tackle childhood obesity and a presentation updating Members on progress and to consider ways in which the Board could oversee this work would be provided at a future meeting. The Board agreed the signoff and publication of the Childhood Obesity JSNA and to monitor its progress.

12 MINUTES OF THE JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 23 NOVEMBER 2015

12.1 The Board noted the minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 23 November 2015.

13 WORK PROGRAMME

13.1 The Board noted that the Shaping a Healthier Future programme, a report on Children's Mental Health Services and how it links with the Future In Mind Programme and linking together Childhood Obesity and the Parental Employment Project paper would be considered at the next meeting.

14 ANY OTHER BUSINESS

14.1 There was no additional business for the Board to consider.

The Meeting ended at 6.10 pm.

CHAIRMAN: _____ **DATE** _____

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WESTMINSTER HEALTH & WELLBEING BOARD
Actions Arising

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	To be considered at the 17 March 2016 meeting.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	To be considered at the 17 March 2016 meeting.

Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	To be considered at the 21 January 2016 meeting.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case for Change		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	To be considered at earliest opportunity.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	To be considered at earliest opportunity.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	
Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	To be considered at the 19 November 2015 meeting.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	To be considered at the 21 January 2016 meeting.

Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	To be considered at a forthcoming meeting.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
Westminster Housing Strategy		
Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	To be considered at a forthcoming meeting.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	To be

		considered at a meeting in 2016.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	To be considered at a forthcoming meeting.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	To be confirmed.
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	To be considered at a forthcoming meeting.
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed
Whole Systems Integrated Care		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	First update to be considered at the 19th November 2015 Health and Wellbeing Board meeting.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more line with the Board's priorities.	Public Health	Report being considered 9th July 2015
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
Better Care Fund		
An update including details of performance and spending be provided in six months' time.		Update to be considered at the 19th November 2015 Health and

		Wellbeing Board meeting.
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Circulated.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	To be considered at the 9th July 2015 Health and Wellbeing Board meeting.

Meeting on Thursday 19th March 2015

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

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify	Children's Services	In progress.

how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of gaps in provision.		
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

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

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.

Primary Care Commissioning		
The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	To considered at the forthcoming meeting in May 2015. This has been pushed back to later in 2015

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Complete.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	To be considered at a forthcoming meeting
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a	Public Health Services	Completed

further JSNA application. *Note: Recommendations to be put forward in next year's programme.*	Senior Policy & Strategy Officer.	

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Being considered at the 9th July 2015 Health and Wellbeing Board
Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

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City of Westminster

Westminster Health
& Wellbeing Board

Date:	Thursday 17 March 2016
Classification:	**General release**
Title:	Westminster Health and Wellbeing Strategy refresh update
Report of:	Cllr Rachael Robathan, Chairman, Health and Wellbeing Board
Wards Involved:	All
Policy Context:	N/A
Financial Summary:	N/A
Report Author and Contact Details:	Chris Neill, Director Whole Systems, Hammersmith & Fulham, Kensington & Chelsea and Westminster Chris.Neill@lbhf.gov.uk Philippa Mardon, Interim Deputy Managing Director, Central London CCG. Philippa.Mardon@nhs.net Meenara Islam, Principal Policy Officer, Westminster City Council. mislam@westminster.gov.uk

1. Executive Summary

1.1 Refreshing the Health and Wellbeing Strategy over the next three month presents an opportunity for the Westminster Health and Wellbeing Board to articulate its vision for the borough and how it can work together with its partners at local and sub-regional levels. This update builds on the paper presented to the Board on 21 January 2016.

2. Key Matters for the Board

2.1 Board members are asked to note and comment on this report. Members are asked also to discuss:

- The Board's overall vision which should guide the refresh of the Joint Health and Wellbeing Strategy;
- High level joint outcomes the Board would wish us to deliver; and
- Agree the timescales by which the Strategy will be developed.

3. Background

3.1 At the Health and Wellbeing Board meeting on 21 January, officers presented the context in which the Westminster Joint Health and Wellbeing Strategy (JHWS), *Healthy City, Healthier Lives,* is being refreshed. Against a backdrop of dwindling public sector finances, greater pressures to deliver quality services to an increasing and changing population, and the future opportunities developing as a result of the London health and care devolution agreement, a cross system JHWS will be critical. *City for All, Shaping a Healthier Future, Out of Hospital Strategy* and the *Better Care Fund* will all be underpinning the principles and strategic vision of the JHWS refresh. This will ensure a strategic approach which puts prevention, integration, collaboration, independence and community resilience at the heart.

3.2 It was agreed by the Chairman, Vice Chairman and Central and West London CCGs that the Westminster Joint Health and Wellbeing Strategy (JHWS) should be linked with and developed alongside the North West London Sustainable Transformation Programme (STP) (**see appendix A**), a five year plan mandated by NHS England. The Westminster JHWS will be the sovereign local plan to deliver the STP priorities as well as broader borough specific work. The STP is due to be submitted to NHS England by late June and the draft JHWS is expected to also be finalised by then.

4. Health and Wellbeing Strategy development update

4.1 The Westminster JHWS is our local opportunity to define what is important for local people and how the whole system can work together to deliver on those priorities. It is also an opportunity to assess the status quo and the work needed to ensure the Health and Wellbeing Board is in a position to undertake devolved health and care commissioning and system leadership in the future.

4.2 The refreshed Westminster JHWS should seek to be consistent with the:

- national vision of an integrated health and social care system;
- needs of local populations and health groups;
- Health and Wellbeing Board's vision of prevention and whole system approaches; and
- principles and aims of the STP to deliver systems leadership.

4.3 The Health and Wellbeing Board paper on 21 January set out the following timetable for the refresh:

Phase 1: January – March 2016

Evidence analysis – a joint group of analysts are currently building a picture of:

- The current demographic profile and corresponding disease burden (Primary Care Modelling project) which help to identify varying levels of need across the borough;
- The health and wellbeing gaps – informed by a joint gap analysis being undertaken at the North West London level for the STP; and
- Current service provision and gaps to address identified needs (informed by past and highlights JSNA work)

This work is due to conclude in late March/early April. A snapshot presentation of progress will be provided to the Health and Wellbeing Board on 17 March.

Theme development – this work is currently building on:

- the on-going local evidence gathering exercise (as set out above);
- commissioning intentions of Central and West London CCGs and Westminster City Council *City for All Year 2;* and
- national and sub-regional priorities (NHS Five Year Forward and the North West London STP).

This work will be on-going and subject to refinement as we engage with the Health and Wellbeing Board and stakeholders. We will be able to provide first draft of theme suggestions for the Board to consider and develop at a proposed workshop in April (please see paragraph 5.1).

Phase 2: March – May/June 2016, updating Health and Wellbeing Board on 26 May

- **Agreeing and finalising content themes and priorities**, developing on the outcomes of the Health and Wellbeing Board strategy refresh development workshop in April;
- **Targeted engagement** - workshops and online engagement with Health and Wellbeing Board, stakeholders, residents, governing bodies in the CCGs and local authority to review themes and draft
- **Draft strategy –** first draft by end of April for the Health and Wellbeing Board on 26 May.

Phase 3: June – September, reporting to Health and Wellbeing Board on 16 September (including public consultation findings)

- **Consultation** – a formal online public consultation on the draft strategy signed off by the Health and Wellbeing Board.
- **Implementation plan development**

Phase 4: September – November, obtaining final sign off from Health and Wellbeing Board on 17 November 2016.

- **Finalise strategy and sign off** – with Cabinet Member, Health and Wellbeing Board, Westminster Cabinet and Executive Management Team, CCG Chairs and governing bodies.

5 Engagement

5.1 *Working with the Health and Wellbeing Board* – the Health and Wellbeing Board are invited to attend a members-only workshop outside of a formal Board meeting in early April 2016. Officers are currently organising and will be in touch with members shortly. At this workshop, members will be invited to review the evidence gathering work to date, a draft structure of the JHWS, and discuss the development of themes based on the evidence, national/sub-regional/local priorities and the Board's own direction of travel.

5.2 Additionally, we will be engaging members on:

- reviewing the current strategy – this will done through an online survey for initial feedback and then refined with members at the Health and Wellbeing Board workshop in April; and
- on-going progress in between the March and May formal Board meetings by circulating key documents and seeking feedback via email. This will enable officers to incorporate feedback and bring revised documents to the Health and Wellbeing Board in May to review.

5.3 *Engagement with stakeholders and service users* – we will be engaging with service users and stakeholders through:

- Online means including polling and questionnaires;
- Attending stakeholders meetings and committees for both groups with a geographical focus (i.e. neighbourhood forums) but also specific health groups (i.e. Healthwatch Westminster, patient forums, carers representative groups); and
- Working with community champions to engage under-represented groups.

5.3 The purpose of these engagement activities will be to obtain feedback on outline proposals for JHWS refresh, identify evidential or experiential gaps that might inform the development of the strategy, and understand stakeholder and patient aspirations for both their health and wellbeing and the services they engage with.

6 Legal Implications

6.1 The requirements in respect of the timing and content of Sustainability and Transformation Plans ("STPs") are set out in Delivering the Forward View: NHS Shared Planning Guidance 2016/17. The first deadline, for the transformational footprint, has been met. The STP will cover the period October 2016 to March 2021 deadline for submission of the STP is June 2016 and the STP will be formally assessed in July 2016. Further detailed guidance as to the content of STPs is expected imminently, having originally been expected in January 2016.

6.2 The duties in respect of Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies are set out in the amended Public Involvement in Health Act 2007 at sections 116 and 116A and both are subject to statutory guidance.

7 Financial Implications

NA

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

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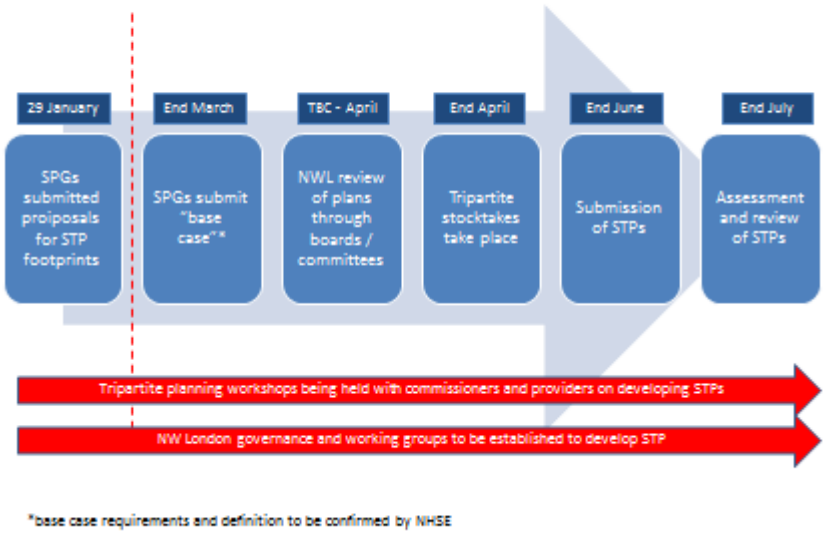
Appendix A: Sustainability and Transformation Plans

1.1 *Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21* was published at the end of December. The guidance is backed by £560 billion of NHS funding, including a new Sustainability and Transformation Fund (STF). STPs require local system leaders to come together to develop a shared place-based vision with the local community, including local government and voluntary and independent sectors and programme and deliver a coherent set of activities. The plans link directly to future transformation with coherent plans unlocking funding for transformational projects from 2017/18 onwards. What is different about the plans is that they are "place based".

1.2 STPs must cover all areas of CCG and NHS England commissioned activity as well as better integration with local authority services, prevention and reflecting locally agreed Health and Wellbeing priorities. The timetable for the development and agreement of STPs is set by NHS England and is challenging.

Timelines for development of STPs are set by NHSE and are ambitious



*base case requirements and definition to be confirmed by NHSE

1.3 The first task was for NHS leaders to agree the transformational footprint (i.e. geographical scope) of the STP, engaging with local authorities as part of the process. Cabinet Members and Chairs were able to discuss this at the BCF Board in January and subsequent communication since. Through this process, a principle of collaboration and subsidiarity was negotiated and agreed. Borough Chief Executives and the West London Alliance were involved in this process. As was confirmed at the last BCF Board meeting, in discussion with NHS England local area teams, it was agreed that the footprint of the local STP would cover the eight CCGs of north west London, reflecting historic and existing working relationships, patient flows and the scale required to tackle issues such as mental health and public health programmes.

1.4 Alongside these developments, the NHS have hosted a system leadership summit to begin to develop planning proposals for NW London and adult social care directors have initiated and established a weekly working group to develop the STP detail and ensure that there is direct input to the thinking and drafting of the STP, from the perspective of the three boroughs, and there that there are strong links between this work and the development of the refreshed health and wellbeing strategies. A high level plan on a page is attached to this briefing note which draws together the key phases of work required for both the STPs and Health and Wellbeing Strategies. Conversations will need to be on going with Cabinet Members and CCG Chairs as the planning approach and governance is developed – further detailed guidance about the requirements of the STPs is expected imminently from NHS England. For example, one of the proposals is for a System Planning Group to be established across NW London with representation from each area. This may link well with proposals for devolution and sub-regional working and could begin to represent Health and Wellbeing Boards at the sub-regional level.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**Public**
Title:	**NHS Central London CCG contracting intentions**
Report of:	**Business Plan 2016-17**
Wards Involved:	**Westminster**
Policy Context:	**NA**
Financial Summary:	NA
Report Author and Contact Details:	Daniela Valdés, Head of Planning and Governance, Central London CCG.

1. Executive Summary

1.1 In Central London CCG, we believe high quality care provided in the most clinically appropriate settings is the only way to create a sustainable health system; this will give our patients, residents and visitors the best chance of being empowered to longer, better, healthier lives. We have done a lot of good work in recent years; however we are aware that in order to continue providing the best service to patients in Westminster, we need to do much, much more.

1.2 Fundamental to this work is the developing of a health and care system that:

- **Is grounded in excellent out of hospital services** – 80%-90% of health contact occur in general practice and community services so making sure these services are high quality is paramount.
- **Delivers care closer to people's homes** – where appropriate we would like to bring services traditionally provided in hospitals into the primary care system.
- **Is integrated where appropriate** – we will always join up care where there is clear benefit to doing so.

- **Is based on robust clinical evidence** – we will make the best use of evidence where this is available; we will innovate, evaluate and share knowledge where we believe there is potential to go further.

- **Allows our hospitals to see the right people at the right time** – we have high quality hospital services and we need to make sure that the services are reserved for those with genuine need rather than through a lack of alternatives.

- **Is underpinned by integrated IT systems** – by the end of this year, all of our General Practices will be using SystmOne as their IT platform and many of our providers will have access to key information; this will allow more joined up clinical management and minimise duplication.

- **Involves our patients and service users at every stage of development** – we have a strong track record on engagement with all partners and stakeholders, but particularly with our patients and residents which we will put our energy and passion into growing further.

2. Key Matters for the Board's Consideration

2.1 This paper is for discussion. The CCG and Council will also work together to develop a Sustainability and Transformation Plan that will build on this Business Plan and the Health & Wellbeing Strategy.

3. Background

3.1 The purpose of this document is to set out to share the strategic and financial direction of the CCG for 2016-17.

4. Legal Implications

4.1 The document was issued in accordance to the contracting requirements with our providers.

5. Financial Implications

5.1 There is a clear emphasis on reconciliation of activity and finance between all organisations. This is likely to be challenging, both from the point of view of achieving financial balance, and also technically, as there is no one clear source of data in the NHS.

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

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

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

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NHS
Central London
Clinical Commissioning Group

Central London CCG Business plan 2016/17

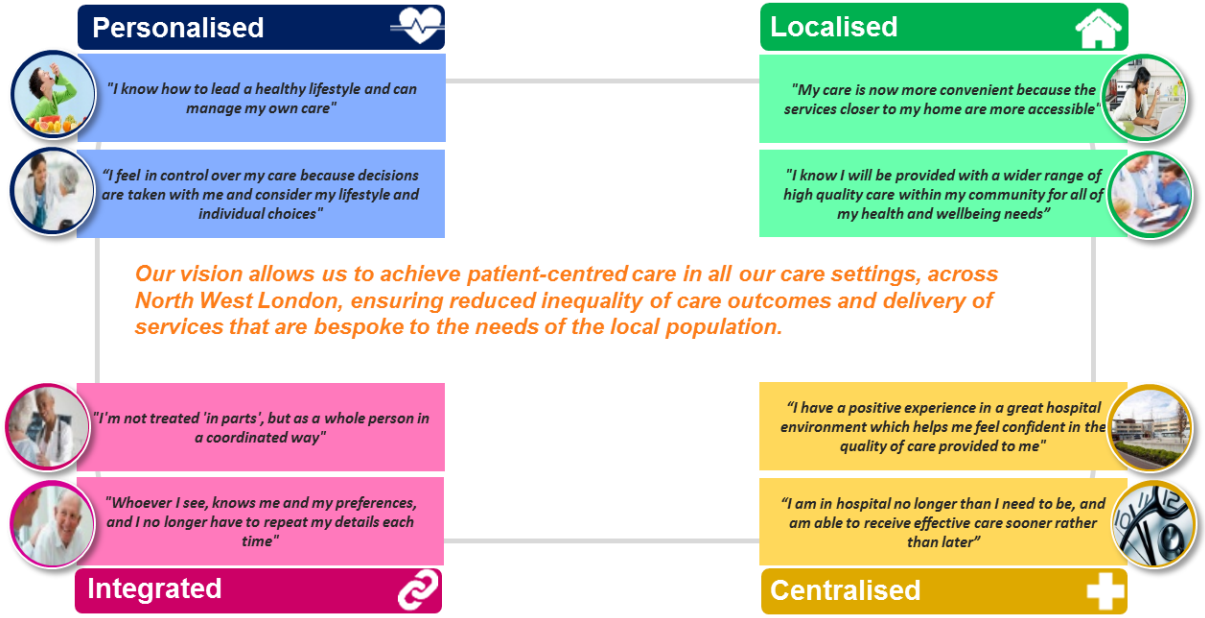
Contents

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

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

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

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



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

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

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

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

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

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

In 16/17 the focus will be to:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategic objectives

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

These are:

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

Priority areas

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

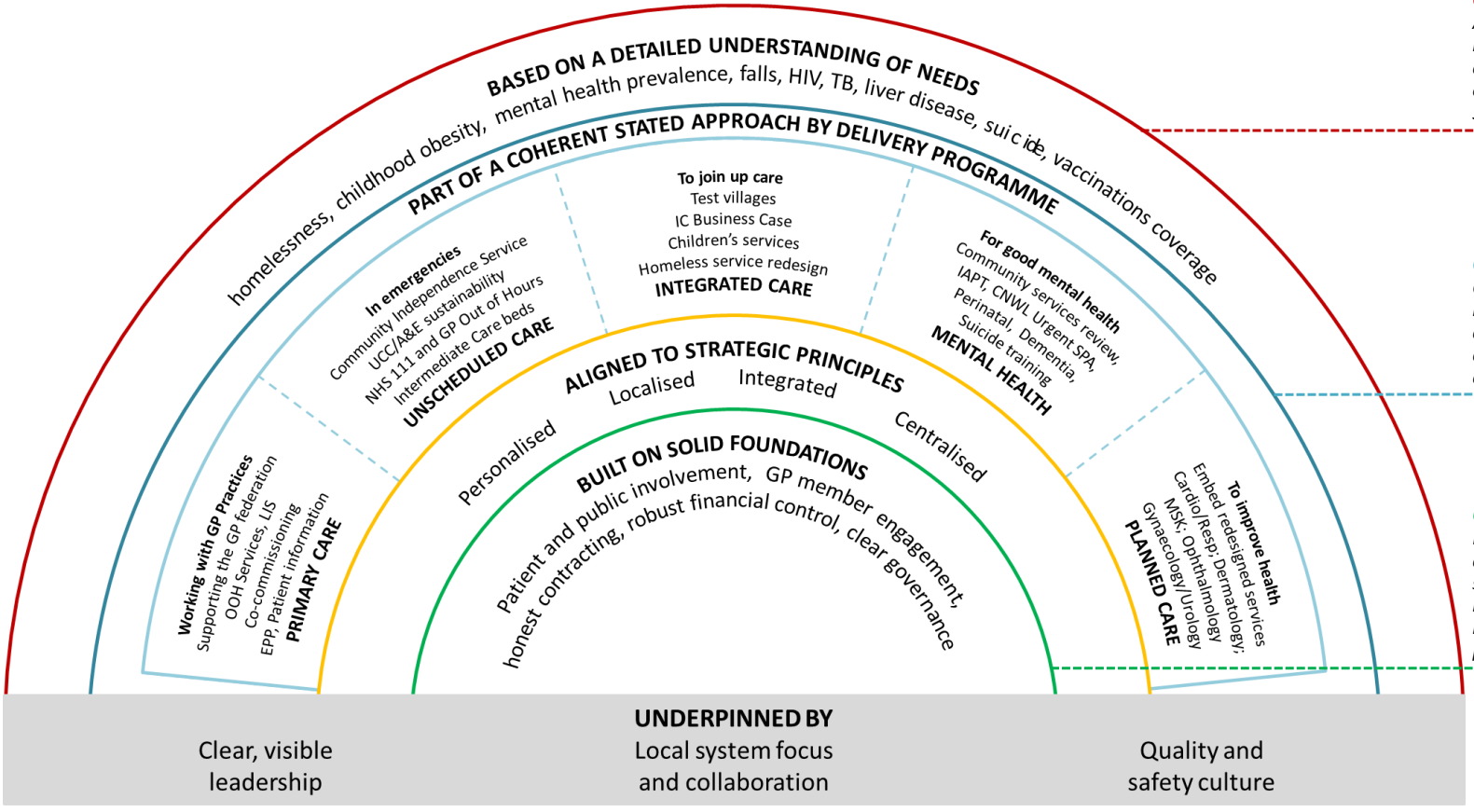
Our three transformational objectives for the year are:

1) Confirm clear, aligned models of care for key areas by Establishing clear, shared models of care and supporting incentive approaches for:
   - Integrated care (link to BC)
   - Primary care (link to OOH and co-comm)
   - Unscheduled care (link to Vanguard)
   - Mental Health (link to borough redesign and current review)
   - Planned Care (offer definition)

2) Address Westminster's priority inequalities by, working with the LA, developing a clear plan to address key areas of focus arising from the JSNA
3) Establish priorities for contracting by, developing a set of 'must-do' KPIs to be included in contracts that are relevant to Westminster's particular needs

Figure 1– Central London CCG's objectives

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



CCG transformational objectives 2015/16

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

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

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

Finance

Central London CCG MTFS (Medium Term Financial Strategy)

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

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

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

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

MTFS Risks

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

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

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

Central London QIPP Savings

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

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

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

Risks

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

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

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

Table 1 Board Assurance Framework

CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
Objective 1: **Enabling people to take more control of their health and wellbeing.**	**1** – if we do not successfully empower patients and change behaviours, activity will continue to grow and the system will become unsustainable.	**16**	**16**	February 2016
Objective 2: **Securing quality healthcare services and improved outcomes for the people we commission services for**	**2 – safeguarding children:** risk that we do not comply with the Children Act and the NHS England assurance framework due to complexities of multi-agency working (especially in the case of looked after children placed out of borough) and the way tier 4 child and adolescent mental health services (CAMHS) are commissioned, leading to a child being seriously harmed.	**15**	**10**	February 2016
	3 – safeguarding adults: risk that we do not sustain compliance with the Care Act and the NHS England assurance framework across all the services that we commission, leading to an adult being seriously harmed.	**16**	**10**	February 2016
	4- Chelsea and Westminster Hospital NHS Foundation Trust: risk that the acquisition of West Middlesex Hospital does not realise the expected benefits for patients.	**16**	**12**	February 2016
	5 – Imperial: risk that the Trust does not deliver quality and performance requirements and strategic change to the require timescales, particularly in relation to: • Accident & Emergency performance; • non-elective pathway changes; • referral to Treatment performance; and • Outpatients.	**16**	**16**	February 2016
	6 - London North West NHS Trust: risk that the Trust (incorporating Ealing Hospital) does not deliver quality and performance requirements to the required timescales, particularly in relation to: • Cancer services; • staffing levels; and • Trust finances.	**20**	**20**	February 2016

CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
	7 - Central London Community Healthcare NHS Trust: risk that the organisation is not delivering strategic change and operational performance, with a focus on safe services during the procurements of care home services, and transformation of community nursing.	**20**	**16**	February 2016
	8 - West London Mental Health Trust: risk that the organisation is not well positioned to deliver strategic change and operational performance.	**16**	**12**	February 2016
	9 - Central & North West London Trust: risk that the Trust does not deliver quality and performance requirements and strategic change to the required timescales, particularly in relation to: • staffing levels; • financial position; • service transformation and capacity to deliver change; and • bed capacity – Care Quality Commission Report.	**20**	**15**	February 2016
	10 - London Ambulance Service: risk that the workforce is not in place to deliver the high quality, value for money service required, leading to delays in attending patients and risk of serious patient harm.	**16**	**16**	February 2016
	11 – Care homes and care packages: risk that quality and financial challenges in care providers (such as care homes, supported housing, domiciliary care or other care packages commissioned by CCGs) leads to patient harm and / or safeguarding concerns, as well as putting pressure on Accident & Emergency and non-elective activity.	**20**	**20**	February 2016
	12 – Federations: risk that Primary Care is unable to deliver increased activity due to organisational and workforce issues (includes implications of working at scale and establishing GP federations).	**16**	**16**	February 2016

CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
	13 – Primary Care co-commissioning: risk that the structures and behaviours established to jointly commission primary care with NHS England: • do not enable us to commission the change required to deliver our strategy; • adversely affect relationships with member practices; • create significant conflicts of interest; and • there is not the finance or capacity to deliver and lead to challenges in delivering the change to services in our plans.	**16**	**12**	February 2016
Objective 3: **Enhancing the organisation's culture – developing people, processes and systems to help deliver high quality commissioning**	**14 – engagement:** if we do not engage member practices, the LMC and other partners in the change programmes, we will not be able to realise the intended quality improvements.	**16**	**12**	February 2016

CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
Objective 4: **Establishing a collaborative and proactive culture with partners and the people we commission services for**	**15 – conflicts of interest: n**ot managing conflicts of interest adequately leaves us open to challenge and reputational damage.	**15**	**12**	February 2016
	16 – strategic change (workforce) : risk that we do not have the required resources in place across the system to deliver strategic change including: - workforce to deliver new models of care; - training and development for future workforce; - organisational development programmes that challenge the status quo, communicate the change needed, shape the culture and values needed and empower staff; - finances to fund transitional change; and - IT systems that make good and efficient use of technology.	**16**	**16**	February 2016
Objective 4: **Establishing a collaborative and proactive culture with partners and the people we commission services for**	**15 – conflicts of interest: n**ot managing conflicts of interest adequately leaves us open to challenge and reputational damage.	**15**	**12**	February 2016
	16 – strategic change (workforce) : risk that we do not have the required resources in place across the system to deliver strategic change including: - workforce to deliver new models of care; - training and development for future workforce; - organisational development programmes that challenge the status quo, communicate the change needed, shape the culture and values needed and empower staff; - finances to fund transitional change; and - IT systems that make good and efficient use of technology.	**16**	**16**	February 2016
Objective 5: **Planning, developing and delivering strategies and actions that reduce inequalities and improve health outcomes**	**17 – strategic change (organisations): r**isk that provider organisations are not able to support implementation of the strategic changes to acute services.	**16**	**12**	February 2016

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

Demonstrating progress against plan

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

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

1. During project set up at the beginning of the year, Project managers fill in a standardised excel-based project workbook for the PMO performance manager. The workbook includes information on project milestones and general risks, as well as contact points with the formal governance framework. An example is attached.

2. Project Managers update these books on a regular basis the first week of the month. Progress is matched against SUS data to identify activity impacts of the different transformation compared to expected benefit realisation timeframes. We are working on improving quality of these project books – an example of recent feedback provided is attached.

3. A PMO performance report is produced monthly detailing performance of all schemes, their financial and activity impacts, as well as secondary system indicators highlighting outcomes.

4. Assurance. The PMO report is reviewed at progressively more senior levels, building up to the ultimate assurance provided to NHS England on a quarterly basis.

Smart Priorities

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

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

Appendix 1 Strategic programmes shared across North West London

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

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

Appendix 1 Operating Plan Planning Assumptions

RRL Assumption
% age growth

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

Input Acute Model Assumptions
% age growth

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

Input Non-Acute Model Assumptions
% age growth

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

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

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

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

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

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	General Release
Title:	West London CCG Commissioning Intentions and Corporate Objectives
Report of:	Louise Proctor, Managing Director, West London CCG
Wards Involved:	Queen's Park & Paddington
Policy Context:	West London CCG developing its commissioning plans for 2016/17. This report gives an overview of the CCG's priorities for 2016/17 and next steps. The CCG's draft objectives and approach to business planning has been discussed with the Governing Body in December 2015 and March 2016. In March 2016, the Governing Body delegated responsibility to the Chair and Chief Financial Officer to approve the CCG's 2016/17 business plan. Further input will be sought from the Governing Body throughout March 2016.
Financial Summary:	The financial implications of the plan, together with activity and resilience plans are due to be submitted to NHS England on 11 April 2016.
Report Author and Contact Details:	Kerry Doyle, Head of Corporate Services, NHS West London CCG (020 3350 4365) David Matthews, Head of Strategic Planning, NHS West London CCG (020 3350 4230)

1. Executive Summary

1.1 Commissioning plans help identify potential provider impacts of any transformational projects the CCG is looking to undertake in the following year, reflecting North West London's and the CCG's strategic priorities:

- Primary Care Transformation;

- Whole Systems Integrated Care;
- Mental Health transformation; and
- Acute reconfiguration (*shaping a healthier future*).

1.2 The CCG's draft objectives for 2016/17 are included with this report. The objectives will be finalised in March 2016.

1.3 This report summarises West London CCG's approach to its 2016/17 commissioning intentions.

2. Key Matters for the Board

2.1 The Board is asked to note the CCG's approach to commissioning in 2016/17.

3. Background

3.1 The CCG is the member-led organisation responsible for planning and commissioning health services for people living in the Royal Borough of Kensington & Chelsea and Queen's Park & Paddington in the City of Westminster. It became a statutory body in April 2013, and its vision is to develop, commission and deliver high-quality, cost-effective services for the population, through patient-centred commissioning and working in partnership with stakeholders in the health, Local Authorities and the third sector.

3.2 The CCG is made up of 46 member practices, serving a population of approximately 240,000. The CCG is committed to improving the care provided to patients, reducing health inequalities and raising the quality and standards of primary care practices, while achieving financial balance. The decision to include Queen's Park & Paddington (QPP) in the CCG was done at the request of practices in the area, as a result of the demographic similarities between residents in QPP and the north of Kensington & Chelsea.

3.3 CCGs put local GP practices at the heart of deciding what health services best serve the needs of the local population. Member practices use their experience and knowledge to influence and shape the decisions the CCG makes, with some more heavily involved as representatives on the Governing Body or working as clinical leads.

3.4 The CCG works with patients, carers and other stakeholders to make sure that local health and social care services are effective and co-ordinated. Its annual budget (approx. £350m) is spent on a range of services, including:

- Planned surgery (elective care);
- Rehabilitation care;
- Urgent and emergency care;
- Community health services;
- Mental health and learning disability services; and

- Enhanced Primary Care Services.

3.5 The CCG aims to ensure that the highest quality of care is delivered by those organisations best qualified to do so for the diverse needs of its patients, carers and the public, and at best value for money.

Approach to planning

3.6 Planning guidance was received from NHS England on 24 December 2015. This provided further details on delivering the Five Year Forward View – the national NHS strategic direction as set out by the NHS England Chief Executive.

3.7 The key asks of the CCG are:

a) Write a five-year Sustainability and Transformation Plan (STP) across the sector (North West London).

b) Complete five Operational Plan templates relating to activities in year 1 of that plan, 2016/17. The five templates cover:

- Finance and activity;
- Contract tracker;
- Operational resilience;
- NHS Constitution standards; and
- Better Care Fund.

3.8 The timeline for the Operational Plan is included as an appendix. A significant element of the Operational Plan is the agreement of the CCG's financial plan and contracts with providers. These will be finalised at the end of March 2016.

3.9 Member practices and Health & Wellbeing Boards were consulted about the CCG's draft commissioning intentions in autumn 2015, and supported the overall direction and the aim to streamline systems and processes that support our delivery of care for patients.

3.10 Corporate objectives set the direction for the CCG's commissioning, transformation and statutory responsibilities. In March 2016, the CCG's draft corporate objectives include what we have previously called our commissioning, or contracting, intentions. These will be finalised in March 2016

Working with providers: commissioning

3.11 As commissioners, the CCG wishes to work with trusts to reduce the level of risk in the system, and to change the way in which it does business to enable it to achieve our joint strategic ambitions as set out in *Shaping a healthier future* and through the Whole Systems Integrated Care programmes.

3.12 The CCG also expects to work closely with our providers to implement key areas of strategic change and development as per *Shaping a healthier future*; Better Care Fund and Five Year Forward View initiatives.

3.13 West London CCG believes that high quality, integrated services can best be delivered by accountable care partnerships that:

- Have developed appropriate models of care for their population;
- Are commissioned to deliver clear outcomes for the different segments of the population;
- Share accountability for achieving those outcomes and share financial risks and benefits through a capitated budget.

Working with providers: quality and patient experience

3.14 The CCG expects to see a strong focus from providers on patient experience, including feedback from the Friends and Family Test and supporting local means of using feedback from patients to improve services.

3.15 Providers will be required to comply with the current London multiagency policy and procedures to safeguard adults and children from abuse and with the requirements of the Mental Capacity Act (including the Deprivation of Liberty Safeguards) and Safeguarding Children Act. It is expected that services be compliant with the Care Act 2014 following implementation in April 2015.

3.16 They will also be required to implement the Prevent agenda that requires all healthcare organisations to work in partnership to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.

3.17 From April 2016, Trusts in North West London will be expected to implement the proposal to supply a prescription at all outpatient attendances requiring a new medicines or change in medicine. For drugs excluded from national tariff, NWL CCGs will only pay actual acquisition costs of drugs and will therefore require a review of historic arrangements in place for sharing benefits, funding any on-cost and/ or homecare charges and charges made by some Trusts for tariff medicines.

Working with providers: system improvement

3.18 The NHS must demonstrate that it is making the most effective use it can of public money to deliver quality healthcare. North West London CCGs have traditionally used a number of high-level indicators of efficiency that identify potential areas for improvement. Their purpose is to enable commissioners and providers to identify local and national performance areas.

3.19 North West London CCGs will look to ensure standardisation in the application of the metrics, where appropriate, across all providers and will work jointly with providers to create new metrics which will reflect the changing strategic landscape of the local health economy.

3.20 Dependent on the type of contract agreed upon, commissioners will expect to include a range of key performance indicators (KPIs) and metrics associated with improved quality, productivity and efficiency performance.

3.21 Overall, the commissioning intentions and objectives for 2016/17 represent a continuation of our existing strategic objectives and commissioning arrangements.

Working with providers: monitoring and assurance

3.22 Ongoing quality and performance monitoring is led by the CCG, with monthly reporting on quality and performance issues. Clinical, patient and lay representatives are included in the groups responsible for this work.

3.23 In addition, each Trust has a Clinical Quality Group, with membership drawn from commissioners and providers to monitor areas of clinical quality together and to jointly identify areas for clinical service development and innovation. The purpose of the group is to ensure that there is a clear focus on quality linked closely to contract management. It will provide a creative space for critical analysis and development of joint solutions and learning to support improvements in patient safety, clinical effectiveness and patient experience.

4. Financial Implications

4.1 The CCG's financial plan for 2016/17 is in development.

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

Kerry Doyle, Head of Corporate Services, NHS West London CCG

Telephone: 020 3350 4365

APPENDICES:

1) *Draft 2016/17 objectives*
2) Timeline for producing Operational Plan
3) Planning & assurance overview, March 2016

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Appendix 1 WEST LONDON CCG - DRAFT 2016/7 CORPORATE OBJECTIVES

2016/7 Plan

Strategic Priorities

Enabling people to take more control of their health and wellbeing.

Securing quality healthcare services and improved outcomes for the people we represent.

Enhancing the organisation's culture - developing people, processes and systems to help deliver high quality commissioning.

Establishing a collaborative and proactive culture with partners and the people we represent.

Planning, developing and delivering strategies and actions that reduce inequalities and improve health outcomes.

Empowering staff to deliver our statutory and organisational duties.

Prog	WL CCG Annual Objectives 2016/17	Ref	Key Actions	Supporting Actions
1. Primary Care Transformation	Leading the development of high quality **primary care** services in West London, and supporting member practices to meet relevant challenges, both as providers and commissioners of services.	1.1	**Work collaboratively with the new GP Federation to increase its organisational capacity and capability, and support its development in line with the new organisational models identified in the Five Year Forward View.**	Support Federation in implementation of its Transformation Plan, ensuring that relevant investment contributes to organisational development priorities identified by the CCG.
				Embed Out of Hospital services delivery including effective cross-practice working, to ensure optimal service uptake.
				Achieve demonstrable improvement in quality of service delivery over time, via robust performance management of contractual KPIs.
		1.2	**Develop and Implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues.**	Working in close collaboration with NHSE, implement CCG Primary Care Development Plan, with a specific focus on quality of service provision, workforce and workload, incorporating relevant outputs from the CQC inspection programme and intelligence from NHSE contract monitoring.
				Commence implementation of Primary Care Estates strategy using co-commissioning levers to facilitate rapid progress in premises development.
				Provide relevant support to practices affected by the Personal Medical Services (PMS) review, ensuring that the quality of frontline patient care is not detrimentally affected.
		1.3	**Manage an effective programme of practice engagement and development in order to support practices in their commissioning role and also in improving the quality of primary care provision.**	Implement an effective plenary and seminar programme throughout the year which maximises effective practice input to key CCG decisions , and offers on-going developmental and educative opportunities, including relevant areas identified in the 360 degree review.
				Embed Prime Ministers Challenge Fund initiatives to ensure on-going improvements to primary care access for local residents in relevant areas.
				Implement local improvement scheme (LIS), via the Commissioning Learning Set (CLS) Plan - which encourages increased practice input to CCG commissioning decisions, as well as improved clinical practice via peer review and implementation of best practice.
2. Integrating Care Out of Hospital	Implementing the North West London *shaping a healthier future* programme, through ensuring that patients receive **better care, closer to home**	2.1	**Transforming planned care and embedding real pathway change, through demand management reviews and collaboration with providers, ensuring all access standards are met and improvements are made to cancer survival rates.**	Transforming planned care and embedding real pathway change, including Gynae/Urology and Musculoskeletal (MSK) service redesigns and full procurement of Wheelchairs services.
				Review the findings and develop a model for future children's hub provision, linked to wider children's developments by the 5 CWHHE CCGs
				Support the shift of activity through enhanced arrangements with the Chelwest and Imperial Transformational Boards and commission a system that supports appropriate primary care referral behaviour.
		2.2	**Transforming Urgent and emergency care in accordance with the NHS 5YFV plans.**	Commence full merger of Community Independence Service into Whole Systems to reduce non elective admissions and work with providers to support reductions in Delay Transfers of Care (DTOCs) and improved discharge planning.
				Design and implement/procure new model of urgent and emergency care for St Charles Urgent Care Centre (UCC), Chelsea & Westminster UCC, A&E and GP Out Of Hours and support transition to a new North West London 111 service. Support re-commissioning of St Marys.
				Review and revise an effective integrated care pathway for falls which is adopted across all services with West London.
		2.3	**Develop an Intermediate Care strategy that balances bed-based, home-based and enabling services for long term provision of care for those with complex needs.**	Mobilise and embed the new intermediate care bed service and the new neuro rehab bed service from April 2016.
				Develop self-care admission prevention services that offer support for underlying causes of functional decline for under 65's.
				Develop an integration plan for the merger of care homes into Whole Systems with appropriate levels of workforce and medical support inclusive of "Skype" technology.
	Developing and implementing **Whole Systems Integrated Care,** centred around the holistic needs of the service users and their carers	2.4	**Refine and embed the Whole Systems Integrated Care for Older Adults model of care integrating health and social care needs and provision for over 65s**	Continue support to Wave 1 and 2 practices (28 practices). Recruit and train Case Managers and Health and Social Care Assistants to support Go Live with remaining West London practices (Wave 3).
				Refinement of Whole Systems Model of Care and service delivery through reflection and learning based on early outcomes and evaluation and monthly Whole Systems learning and development sets
				Continually gather and embed service user feedback in the on-going development and delivery of the model of care
		2.5	**Consolidate existing services and extend the range of services available from Integrated Care Centres at St Charles and Violet Melchett (VM) and drive implementation of VM Hub Business Case**	Co-design and agree with providers service changes to existing contracts and integrate existing services with Whole Systems Model of Care. Develop an outcome based specification for Whole Systems. The specification will integrate elements of existing services, including: the Community Services contract, Community Independence Service contract and other contracts, as appropriate.
				Evaluate the Self Care pilot and procure longer term service
				Gain approval for the Business Case for the Violet Melchet Hub and initiate development process
		2.6	**Implementation of Whole System Organisational Development plan to deliver phased progress towards Accountable Care Partnership (ACP)**	Develop patient centred holistic care through on-going workforce development and planning to migrate from existing services to Whole Systems model
				Align Accountable Care Partnership (ACP) development
				Develop and implement shadow capitated budget for subset of services and co-design with Provider Network defined stages and timescales towards ACP. Establish shadow ACP
3. MH Transformation	Transforming **Mental Health** services to meet the needs of our diverse population, through commissioning integrated, personalised and responsive mental health & well-being services.	3.1	**Reduced use of Central North West MH Trust (CNWL) for stable Serious Mental Illness (SMI), demand for crises secondary MH care, improved physical heath for those with SMI and Common Mental Illness (CMI), and improved social wellbeing. Increased use of personal budgets.**	Establish service in the St Charles Hub & CCG-wide Core Service Go-Live (Q1). Develop integrated community spokes and 'asset map' (Q2).
				Deliver the two new access standards for mental health. (50% of patients seen within 2 weeks for 1st episode of care for psychosis, 75% of patients receive IAPT within 6 weeks & 95% within 18 weeks)
				Phased plan to Q4 for safe transfer of all stable Long Term Mental Health cases from the mental health trust to Community Living Well.
		3.2	**Implement 24/7/365 Crisis Home Assessment & Treatment Services; review acute in-patient services an continue re-patterning of care increasingly towards home settings**	Review implementation of Single Point of Access (SPA) and 24/7/365 crisis home assessment and resolution against agreed contract targets and shift in activity from Inpatient to community - Monthly
				Explore, under wider redesign plans, further re-patterning and right sizing of in-patient and community provision – Q2
				Ensure delivery of 95% 24/7/365 home assessment response standard by year end.
		3.3	**With Local Authority and other Partners, develop and deliver agreed integrated care initiatives (eg, employment, accommodation, complex individual placements, Learning Disability, dementia and physical health care)**	Ensure that Acute MH Care Pathway has appropriate adjustments for those with Learning Disability.
				Joint Dementia Action Plan, building on Joint Strategic Needs Assessment (JNSA) and North West London pathway declaration work.
				Review physical health input to Local Authority commissioned care homes and deliver actions to transform care for people with LD.
4. Enabling	Supporting our objectives through developing a strong culture of **enabling** patients, members and staff to deliver and realise the benefits of transformation	4.1	**Empowering staff and members to deliver our statutory and organisational duties**	Maintain organisational and statutory duties through improved focus on core activities while simplifying delivery through good governance, not increased bureaucracy. Establish monitoring process for the new CCG Assurance framework. Run staff training for budget management.
				Support elected members and management team with targeted and focussed development. Election of Governing Body members
				Fully support the development of a high quality and agreed STP, supported by effective long term commissioning, contracting and system financial balance. Ensure delivery of the 2016/7 operating plan targets, including the 9 Must Dos.
		4.2	**Develop a Patient and Public Engagement Strategy for West London**	Develop PPE Strategy with clear structures for engagement in the CCG, including annual engagement plans and priorities.
				Use knowledge of the local population to identify less-heard groups or communities in order to promote engagement. Support PPG development to enable patient voice at practice level.
				Embedding the Patient and Public Engagement (PPE) toolkit to highlight and evidence the impact on service change and redesign for patients. In order to enable patients to be part of service change and redesign.
		4.3	**Supporting integrated working through improved information technology that supports patient care and good clinical commissioning**	Support delivery of the shared patient records
				Develop business intelligence to support commissioning through the new database system.
				Develop interoperability of system across providers
		4.4	**Contracting**	Ensure contracts support the delivery of the CCG Objectives and Must Dos within the NHS 16/17 Planning Guidance
				Establish processes to monitor impact and outcomes

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Appendix 2
Timeline for producing Operational Plan

Date	Product	Notes
February	Gap analysis to be carried out between our existing strategic plans and the requirements of the Sustainability and Transformation Plan.	Completed.
8 February	Submit initial Operational Plans to NHS England.	Initial plans submitted, except the Better Care Fund as guidance is awaited from NHS England and Operational resilience as the template requires amendment by NHS England.
22 February	Operational Planning stocktake meeting with NHS England.	
March (first two weeks)	Governing Bodies asked to: - agree delegation for sign-off of operational plan submissions; and - approve financial plans and budgets.	
March	NHS England to review CCG operational plans, triangulated to provider Trust plans	
March	2nd draft submission of the Operational Plans	
31 March	CCG to agree financial plan and budget.	
31 March	Contracts with providers to be agreed and signed.	
31 March	Sustainability and Transformation Plan to be developed in February/March prior to submission of base Plan to NHS England.	
11 April	Submission of final 16/17 Operational Plans, aligned to contracts.	
March/April	Risk identification to develop updated Board Assurance Framework.	
May (first two weeks)	Update on progress to be provided to the Governing Body.	
30 June	Submission to NHS England of full Sustainability and Transformation Plan.	
31 July	Assessment and Review of Sustainability and Transformation Plan.	

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NHS
West London
Clinical Commissioning Group

Planning and Assurance Overview

March 2016

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

Sustainability & Transformation Plan

NHS
West London
Clinical Commissioning Group

Driving delivery of the Five Year Forward View: health & wellbeing gap; care and quality gap; funding and efficiency gap

Place based (geographically) - involving local government

Covering the period to 2020/21, including indicative allocations

All NHS and CCG commissioned activity, including secondary and primary care

Transformation funding held centrally, released based on sign off of sustainability & transformation plans

Focus on new care models, technology, primary care access, learning disabilities, cancer, mental health, moving to 7 days services

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

Operating Plan 2016/17

NHS
West London
Clinical Commissioning Group

First year of sustainability & transformation plans

9 'must dos': existing and new targets

Capacity, resilience and access for primary care

7 day services

New 'open book' approach to contracting

Contribution to efficiency

Jointly agreed and mitigated risks

Sustainability & transformation plans

Allocations

Primary and secondary care increases

2016/17 investment restricted to return providers to balance

Operating plan 2016/ 17

NHS
West London
Clinical Commissioning Group

9 must dos
• Develop the sustainability & transformation plan • Return the system to aggregate financial balance • Plan to address sustainability/ quality of primary care • Get A&E and ambulance back on track • Improve 18 week waiting time performance • Increase capacity in diagnostics to maintain 62d cancer, improve 1yr cancer survival rates • Achieve two new mental health access standards: 50% receive treatment for psychosis within 2 weeks, 75% receive IAPT within 6 weeks • Set out plans to transform care for people with learning disabilities • Affordable plan for improvements in quality – mortality rates

Other priority areas
• Dementia • Learning Disabilities • Maternity • Provider clinical standards • Roll out of RightCare methodology • Estate Strategies • Diabetes • Ambulance • Delayed transfer of care • IT

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

New CCG assurance regime

NHS
West London
Clinical Commissioning Group

Likely name: CCG Improvement and Assessment Framework

NHS England starting organisational development to be able to better provide support

Basis of assessment is still in progress; will be one overall Ofsted-style assessment

50 indicators

6 new clinical review areas

Next Steps

NHS
West London
Clinical Commissioning Group

Planning

- Review detailed 2016/17 guidance
- Review improvement & assessment framework
- Review baseline draft 2016/17 business plan against guidance and framework
- Refresh business plan, including: accountability; investment; contractual changes; activity plans
- Align corporate objectives to key business plan deliverables
- Sign off operating plan and sustainability & transformation plan for NHS England approval

Finance & QIPP

- Boards of commissioners and providers approve budgets and final plans
- National deadline for signing contracts: 31 March 2016
- Submission of final plans to NHS England 11 April 2016

Thank you

Website: www.westlondonccg.nhs.uk

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Better Care Fund Update
Report of:	Cllr Rachael Robathan, Chair, Health and Wellbeing Board
Wards Involved:	*N/A*
Policy Context:	*N/A*
Financial Summary:	*N/A*
Report Author and Contact Details:	Chris Neill, Director Whole Systems, Hammersmith & Fulham, Kensington & Chelsea and Westminster Chris.Neill@lbhf.gov.uk Philippa Mardon, Interim Deputy Managing Director, Central London CCG. Philippa.Mardon@nhs.net

1. Executive Summary

1.1 This paper is the regular update requested by the Health and Wellbeing Board on progress with the development of the Better Care Fund (BCF).

1.2 The report includes an outline of the policy context for the BCF for 2016/17 which includes information on the introduction of two new national conditions, performance metrics and timeline for implementation. In addition to this the report provides a summary of the Q3 BCF submission that occurred in February 2016, as well as an update on the on-going negotiations between health and social care regarding the 2016/17 BCF allocations.

2. Key Matters for the Board

2.1 The Board are asked to note the:

- Changed conditions of access relating to the BCF and the development of local plans to address these new conditions and that Health and Wellbeing Board will be asked to agree the high-level plan and BCF operational plans;

- Submission of Quarter 3 BCF reporting in February and the outstanding conditions;
- 2016/17 allocations for the Tri-Borough area (and the combination of social care capital grant (SCCG) and disabled facilities grant (DFG) into a single funding stream) and the on-going negotiations between health and social care leading to an intended agreement by the end of March;

3. The Better Care Fund 2016/17 Update

3.1 In October 2015 Ministers announced that the Better Care Fund (BCF) would be extended until at least 2017. Further detail was provided in the Comprehensive Spending Review (CSR) on 25 November 2015. The key points regarding integration and the Better Care Fund (BCF) were:

- the BCF will continue into 2016-17, maintaining the NHS' mandated contribution in real terms over the Parliament;
- from 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the BCF;
- areas will be able to graduate from the existing BCF programme management arrangements once they can demonstrate that they have moved beyond its requirements; and
- there will be a commitment of over £500 million by 2019-20 for the Disabled Facilities Grant.

4. The Better Care Fund Policy Framework

4.1 On 8 January 2016, the Department of Health (DH) and Department for Communities and Local Government (DCLG) published the Better Care Fund Policy Framework setting out the way in which the BCF will run during 2016-2017. The framework covers the legal and financial basis of the fund, conditions of access, national performance metrics, and the assurance and approval process to be used for local plans.

4.2 In 2016-17, the mandated minimum BCF will be increased to £3.9bn (comprising £3.519bn of the overall allocation to CCGs and £394m Disabled Facilities Grant) but flexibility to pool more than the mandated minimum will remain.

4.3 The £1bn payment for delivering on the performance framework has been removed for 2016-17 and replaced by two new national conditions requiring local areas to:

(a) fund out-of-hospital services; and

(b) develop plans for reducing delayed transfers of care (DTOC).

Plans must also demonstrate how they meet a range of other national conditions such as how they will:

- Continue to protect local adult social care services;
- Provide seven-day services across health and social care;
- Facilitate better data sharing between health and social care based on the NHS number;
- Ensure a joint approach to assessments and care planning with a named accountable professional for integrated packages of care covering a specified proportion of the population; and
- Each agreement with local acute health and care providers on the impact of local plans.

4.4 The first stage for the assurance of local plans will be sign-off by Health and Wellbeing Board (HWB) who will agree narrative high-level plans, BCF operational plans and confirm that their local BCF plans meet stipulated national conditions.

4.5 This will be followed by a process of regional moderation and assurance which will be "proportional to the perceived level of risk in the local system". Recommendations made at a regional level to approve the plans of high risk areas will be quality assured by the Integration Partnership Board (comprising DH, DCLG, NHS, LGA and ADASS) with final decisions on approval made by NHS England. The three boroughs are unlikely to be regarded as high risk areas.

4.6 Local areas will be expected to maintain progress made against national performance metrics set out in the 2015-16 policy framework, which include:

- Admissions to residential care homes;
- Effectiveness of reablement;
- Delayed transfers of care;
- Patient/service user experience; and
- Locally proposed metrics (as agreed in 2015-16 plans).

4.7 Implementation of local plans formally begins from 1 April 2016. Requirements and timings for submissions will be confirmed in the detailed planning guidance which was expected in late January but is yet to arrive.

5. Quarter 3 Better Care Fund Submissions

5.1 The Quarter 3 Reporting template used to report BCF performance for the period 1 October to 31 December 2015 was released in January. Final Submission of the completed return was submitted by the deadline of noon on 26 February.

5.2 The scope of the Q3 return was extended with further detail required on the use of NHS number across care settings, revised questions on plans for Personal Health Budgets and additional questions on Multi-Disciplinary/Integrated Care Teams in both non-acute and the acute settings.

5.3 As deadlines did not align with scheduled HWB meeting dates, Q3 returns went to Chairs and Vice-Chairs meetings for sign-off.

5.4 The outstanding conditions in the three boroughs are as follows:

- Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?
- Is the NHS Number being used as the primary identifier for health and care services?
- Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care is there an accountable professional?

6. BCF Allocations and Technical Planning Guidance

6.1 The 2016-17 allocations for each Health and Wellbeing Board area were published in early February. The statutory minimum fund which must be pooled across the Triborough in 2016-17 is £47,272,000. The total agreed pooled BCF fund in 2015-16 was £153,257,115 which exceeds the statutory minimum requirement;

6.2 In a change from the breakdown of the fund in 2015-16, the 2016-17 allocations combine the social care capital grant (SCCG) and disabled facilities grant (DFG) into a single funding stream.

6.3 Detailed technical planning guidance for the BCF is still outstanding. In the meantime, negotiations between health and social care are on-going regarding

the value of the total BCF pooled fund in 2016-17. Officers aim to have an agreement in place by the end of March for the start of the new financial year.

7. Legal Implications

7.1 As referred to in para 8.2 above, the legal basis for the Better Care Fund is set out in the Better Care Fund Policy Framework issued in January 2016. The implementation of the local plan begins on 1st April 2016. We await more detailed guidance as to the requirements for the local plan.

8. Financial Implications

8.1 N/A

Please remember that if you wish the information you are providing in this report to remain confidential, we may be able to accommodate you. Please contact apalmer@westminster.gov.uk for guidance.

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

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Primary care modelling project update
Report of:	Cllr Rachael Robathan, Chairman, Health and Wellbeing Board
Wards Involved:	All
Policy Context:	Population modelling for primary care
Financial Summary:	NA
Report Author and Contact Details:	Damian Highwood Rianne Van Der Linde

1. Executive Summary

1.1 This report sets out the progress made by Westminster City Council (WCC), Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group with the Primary Care Modelling project.

2. Key Matters for the Board

2.1 It is recommended that the Westminster Health and Wellbeing Board:

- reviews progress to date and
- notes the close collaboration between council and Clinical Commissioning Groups (CCG) officers in developing the model and agrees to provide continued support to the project.

3. Background

3.1 It was agreed that the joint project team will be undertaking the work in three phases:

- **Phase 1**: Establishing a borough-wide base set of projections and subsequent disease burden that all agencies are content to use as a single agreed set of figures. This will take into account the different populations supported by both the NHS and the Local Authority to maximise the use of the data for both sectors.

- **Phase 2**: Overlay the impacts of regeneration, housing and infrastructure plans and proposed local authority and health policy on the estimates modelled and build a tool that enables the manipulation of these impacts according to a number of variables. This will include the mapping of primary care and community based services.

- **Phase 3**: A programme of joint analysis of how the needs of the Westminster population will impact on the demand for frontline services. In the first instance, the aim is for this to inform the analysis that will be used by the local authority, NHS England, CLCCG and WLCCG to plan for future primary care provision before being rolled out to be used to inform the shape of other service provisions.

3.2 An update was brought to the Health and Wellbeing Board on 21 January 2016 setting out progress of the development of the modelling. The team presented a prototype model which established a borough-wide base set of projections and subsequent disease burden as part of phase 1 of this project. The model took into account the different populations supported by both the NHS and the Local Authority to maximise the use of the data for both sectors.

4. Progress to date

4.1 On 27 January 2016, the Council and CCG ran a joint workshop attended by Cllr Robathan, Dr Neville Purssell, Jackie Rosenberg and officers. Analysts ran through the modelling and discussed areas where data can be better aligned with strategic health data to enable a big picture view. It was agreed at this workshop that analysts will spend more time on focusing on aligning data, sources and assumptions across health, local authority and other data. The use of the tool as for primary care co-commissioning was discussed. It was agreed that the model will first be tested with CCG governing bodies and an existing CCG design working group.

4.2 Analysts agreed a methodology for translating the current resident based primary care forecasting model into a GP registered based equivalent. This piece of work will:

- Produce a variant of the current resident model to improve the utility for health; and

- Create a statistical model that explains the differences between the two models – i.e. where does GP populations vary compared to resident populations and why. There is a potential opportunity to use city planning

platform WITAN produced by Mastodon C for the GLA. This software can be used to run local ward based projections and could support the robustness of the outputs.

4.3 We are analysing GP registered population data to understand the historical trends by age, the place of residence of patients registered with a GP in CL CCG, WL CCG and H&F CCG, and how this compares to council resident population figures.

4.4 The possibility of using CCG Whole Systems data to validate and refine the population segmentation across the health groups will be investigated.

4.5 A second model developed by public health focusing on single disease conditions is being refined to be used alongside the current model for further breakdown of patient groups, such as types of long-term conditions, cancer and mental health problems.

4.6 The model could be expanded to incorporate the 8 CCGs that make up the North West London Collaborative of Clinical Commissioning Groups to create a multi Borough model.

4.7 At the request of the GLA, who recognise that this work exceeds the progress of the GLA's own work stream, the models were presented to London Boroughs at the end of January 2016. The GLA have been interested in developing a pan-London model for some time. In light of the impact of the potential GLA work Health and Well Being Board may want to reflect on the pros and cons in being part of a greater modelling piece, rather than pursue individually.

- Benefits
- There is an opportunity to utilise both the analyst resource and specialist demography tools at the GLA
- Pan-London analysis would eliminate many of the potential cross boundary data complexities / gaps (e.g. needing to know about WCC residents, registered to GP's in Brent or Camden, or Brent and Camden residents registered with WCC GPs).

- Risks
- Westminster's H&WB would lose control over the focus of the outputs
- Achieving a consensus of approach amongst all stakeholders would be tortuous
- The benefits of local partner collaboration would be lost
- There is significant risk that any GLA model will take a very long time to develop or never materialise.

4.8 As a result it is recommend that Westminster's work continues at the pace set by the Health and Wellbeing board, but that we keep a monitoring role on progress with the GLA model. Locally, analysts across the local authority and CCGs will

continue to work jointly to develop the modelling and ensure a robust data basis with aligned assumptions.

4.9 Next steps as part of Phase 1 as agreed at the workshop (described under 4.1) will be:

- Investigating the use of CCG Whole Systems data to validate and refine the population segmentation across the health groups
- Translating the current resident based primary care forecasting model into a GP registered based equivalent as described under 4.2.

5. Legal Implications

Not at this time.

6. Financial Implications

Not at this time.

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

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City of Westminster

Westminster Health & Wellbeing Board

Date: 17 March 2016

Classification: General Release

Title: **Children and Young People's Mental Health Transformation Plan Update and Next Steps**

Report of: Steve Buckerfield: Head of Tri-Borough Children's Joint Commissioning

Wards Involved: All wards

Policy Context: The Government has supported additional health funding of £1.25 billion over five years to support the implementation of the national Child and Adolescent Mental Health Services (CAMHS) Taskforce report, 'Future in Mind.'

Financial Summary: Central London CCG invests £1,631,347 commissioning young people's mental health services. Additionally, West London CCG provides a further £607,764 to commission mental health services for young people with a GP in the Queens Park and Paddington area. Total historic CCG funding is £2,239,111.

For 2016-17 the new Eating Disorder Services and Transformation funds for Central London CCG adds £91,557 and £229,176 respectively, plus the 22% adjustment from West London CCG: £25,656 (Eating Disorders) and £ 64,221 (Transformation funds). Total CCG funding for 2016-17 is therefore:

Existing funding:	£2,239,111
Eating Disorder funds:	£117, 213
Transformation funding:	£293,393
Total	**£2,649,717**

Westminster City Council currently invests **£628,747** in young people's mental health services.

Young people's mental health services are predominantly commissioned from Central and North

West London Mental Health Trust (CNWL).

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1. Executive Summary

1.1 This report outlines progress following the Tri-Borough Children and Young People's Mental Health Task and Finish Group report (November 2014); publication of the national recommendations in the 'Future in Mind' report (February 2015) and the subsequent submission of the Children and Young Person's Mental Health and Wellbeing Transformation Plan (October 2015).

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is asked to note the achievements to date, the progress in implementing the Central London CCG and Westminster Children and Young People's Mental Health Transformation Plan and the challenges ahead in realising local ambitions to 'transform' Westminster's emotional and mental health services for young people.

3. Background

3.1 For the last two years Central London CCG and Westminster City Council has been working with young people, partner agencies and providers of mental health services to improve children's mental health provision. The direction of travel had been established by the CAMHS Task and Finish work which reported in the Autumn of 2014.

3.2 In March 2015 the Government published 'Future in Mind', the report of the national CAMHS Taskforce which made 48 recommendations and led to calls for a complete 'overhaul' of existing services. To support the 'transformation' required additional resources have been pledged by government to:

a. Establish a dedicated specialist eating disorder service; and

b. Funding to enable service 'transformation'.

Funds arrived with CCGs in November for 2015-16.

3.3 Details of the funding allocation are included in the financial summary above. Furthermore, details of the short term spending commitments made for 2015-16

can be found in Appendix 1 entitled ‘Annex B: Central London CCG.’ This is the Central London CCG submission which was sent to NHS England to access the new funding as part of the North West London Transformation Plan which was signed off by lead councillors and the Westminster Health and Wellbeing Board Chair before Christmas.

4. Achievements

4.1 The Tri-Borough Children and Young Peoples Mental Health Task and Finish Group made 12 recommendations that were adopted by the Westminster Health and Wellbeing Board. The first four recommendations covered improving out of hours support to young people in crisis; establishing a programme of training ‘co-produced’ with young people, improved guidance for schools and further work with NHS England to improve treatment for young people with eating disorders

4.2 Over the last six to twelve months substantial progress has been achieved:

- North West London CCGs have increased investment in mental health support for young people out of hours by approximately £1m. As a result CNWL have just launched their new Out of Hours service which deploys mobile psychiatric nurses operating after 5.00 pm and at weekends and bank holidays, who offer direct support to young people in crisis and at risk of admission to psychiatric hospital; AND

- Since the beginning of 2016, Westminster CAMHS can now be contacted through a single telephone number or e mail:

  Tel: 202 7624 8605

  E mail: westminstercamhs.cnwl@nhs.net

  Schools, GPs and families or young people can gain immediate access to the ‘on call’ CAMHS clinician for advice and guidance or to make a referral. Favourable feedback on the ‘single point of contact’ has been received from both schools and GPs who have utilised the system;

- Working with local young people supported by Rethink, a co-produced and innovative training offer has been developed and was recently delivered to 70 Education staff in Hammersmith and Fulham. Feedback from schools was very positive and the programme will now be rolled out in Westminster and Kensington and Chelsea;

- The Anna Freud Centre has been commissioned by CL CCG working alongside neighbouring CCGs, to assess training needs and this will include making proposals for a sustainable offer for schools[1], including options on developing written guidance (as recommended by Local Children's Safeguarding Children's Board (LSCB); and

- Future in Mind supported calls for improvements in treatment for young people with eating disorders and recurrent funding has now been committed to CCGs who must collaborate to establish specialist community Eating Disorder Services for young people. Central London CCG, in partnership with West London, Brent, Harrow and Hillingdon CCGs have commissioned local provider CNWL to develop this service[2].

4.3 Recommendations 5 to 10 from the Task and Finish report addressed reducing the impact of parental mental illness and recommendations 11 and 12 focused on transitions to adult mental health services. Clear progress has been made but further work is still required.

4.4 Achievements include:

- Contract incentives (CQUIN payments) have been put in place in adult mental health contracts to encourage recognition of parenting responsibilities during assessment and where appropriate a joint response from adult and children's services;
- Work continues with mental health providers to strengthen data and to move to an outcome focused data set in line with the national expectations of Children and Young People IAPT (Improving Access to Psychological Therapies);
- A contract CQUIN has also been put in place to support transition where required between Adult Mental Health, CAMHS and Early Intervention in Psychosis; and
- The 'local offer' has been articulated in the submitted 'Transformation Plan' and the implementation process is now beginning to get underway.
- Developing a Young Carers Strategy is a commissioning priority for the local authority.

4.5 Putting Transition and Think Family champions in place in provider Trusts has not been achieved. These recommendations are currently being reassessed with

[1] The training offer will also be applicable to other stakeholders: GPs, social care, community health staff, including school nurses and the voluntary sector.
[2] CCGs retain the right to 'market test' this service in the future.

CCG adult mental health commissioners and this will take into account the recently published NICE guidance on transitions.[3]

5. **Westminster Transformation Plan** – improving access and service re-design

5.1 The Westminster and Central London Young People's Mental Health Transformation Plan is constructed around eight priorities and seeks to build on the earlier work summarised above.

5.2 The eight priority areas are:

- Updating the local Needs Assessment to inform future investment and/or de-commissioning decisions;
- Supporting 'co-production' with young people;
- Developing a sustainable training framework for and with schools, health, local authority and the third sector;
- Establishing a specialist community Eating Disorder Service for young people
- Service Redesign – a tier free system;
- Improving support for young people with Learning Disabilities and Neurodevelopmental Disorders;
- Strengthening Crisis Care; and
- Embedding 'Future in Mind'.

5.3 The eight priorities summarise a programme of change and transformation that will be implemented over the next three to four years and which is intended to increase access and embed outcome focused treatment. Work programmes have been started or investments committed against all eight priorities. Some of these are short term to address immediate issues such as waiting times, whilst others look to the longer term.

5.4 The Transformation Plans for Hammersmith and Fulham, Kensington and Chelsea and Westminster were discussed at the Tri-Borough Children's Trust meeting, held on the 8th December 2015. The discussion was informed by input from young people supported by Rethink and the Like Minded team. The plan was broadly welcomed with particular interest in:

- Improving parental involvement in service delivery and development;
- Pursuing cost effective solutions and avoiding service duplications;

[3] Transition from children's to adults' services for young people using health or social care services: NICE Guidance 24th February 2016

- Strengthening the training offer;
- Exploring co-location and multi-agency delivery options;
- Linking physical activities and voluntary group services to recovery and treatment planning;
- Exploring the 18 to 25 year service options (joint adult/children teams etc.) to improve transition; and
- Reviewing current roles to explore how they might contribute to young people's mental health support in a different way in future: social workers, peer mentors, SENCOs, teachers, CAMHS staff, voluntary sector etc.

5.5 Following a brief competitive commissioning exercise, the Anna Freud Centre has been engaged to provide short term additional capacity to:

- Update the young people's mental health needs analysis – initial report for June 2016;
- Map and scope a sustainable training offer; and
- Support service redesign and transformation – informed by the needs analysis.

5.6 Anna Freud staff will be organising Westminster seminars to capture local priorities: March - May for the needs analysis and May - June for service redesign. Contact details for key Westminster stakeholders, including the local authority and the voluntary sector have been forwarded to the Anna Freud team.

5.7 In addition to input from Anna Freud, local commissioning staff have been supported by the CCG based 'Like Minded' team, who have been developing the 'Like Minded' North West London Emotional Wellbeing and Mental Health Strategy. The Westminster and Central London Transformation plan contributes to the overall mental health strategy which aims to establish common standards whilst recognising local implementation priorities. The 'Like Minded' strategy work is overseen by the NW London Transformation Board, chaired by Dr Fiona Butler, Chair of West London CCG. The Executive Director for Tri-Borough Children's Services, Andrew Christie, is a board member.

5.8 Short term financial commitments relating to each of the priority areas can be found in Appendix 1. Developing the longer term transformation areas for change will be significantly influenced by the work being undertaken by Anna Freud and due to report in the summer.

6. Young People's Mental Health Prevention and School Health

6.1 Preventative activities and co-ordination of work in schools is important in realising the aims of the Westminster Transformation Plan.

6.2 Preventative mental health and emotional wellbeing work with young people in Westminster has been pioneered by innovative engagement with schools and early years settings championed by the Healthy Schools and Early Years Partnerships led by David Millard and Anna Brennan-Craddock.

6.3 72% of Westminster's schools and a growing number of early year's providers have joined the Healthy Schools and Early Years Partnerships. These partnerships encourage settings to demonstrate how they deliver a whole school approach to: healthy eating; physical activity; emotional health and wellbeing and personal, social, health and economic education.

6.4 The Healthy Schools co-ordinators are actively engaged with CCG CAMHS commissioners planning sessions for schools and preparing to contribute to the Anna Freud work on local needs, training and service redesign.

6.5 Furthermore, the CAMHS joint commissioner[4] has contributed to Public Health re-commissioning of school health services. The school health service is now subject to re-procurement and the revised service specification includes clear expectations in relation to school health and young people's mental health.

6.6 Appendix 2 has the detail from the 'new' school health service specification which includes appropriate references to NICE Guidance, required training and clear pathways to CAMHS. School health staff will also be able to take advantage of the 'sustainable training offer' which is being developed as part of the Westminster Transformation Plan. CAMHS commissioning staff will also contribute to Public Health's tender evaluation for the new school health service.

6.7 Additionally, Tri-Borough Public Health colleagues have contributed to developing the Westminster CAMHS Transformation Plan and will continue to be involved in implementation to ensure joined up planning, delivery and evaluation.

7. Ambitions, Challenges and Whole systems

7.1 The Westminster and Central London Young People's Mental Health 'Transformation Plan' is deliberately ambitious. It seeks to improve and change local services, ensuring that young people are the heart of the operation, improving access for families and where appropriate, joining services up.

[4] Jacqui Wilson: Children's Joint CAMHS Commissioner and now replaced by Angela Caulder

7.2 As part of the 'transformation' ambition, commissioners have contacted Birmingham South Central CCG[5] to find out more about the launch of *Forward Thinking Birmingham* which in April 2016 will introduce a new 0 to 25 year service, with the potential to substantially resolve 'transition' issues. Initial enquiries suggest that that a coalition has been formed between adult and children's mental health providers, the local authority and the voluntary sector to provide an age crossing integrated service for Birmingham's young people and young adults.

7.3 The Transformation Plan also articulates the desire to regain local control of in-patient beds for young people, currently commissioned separately by NHS England. This could substantially improve admission and discharge planning, co-ordination with Social Care and schools and enable further development of the fledgling Out of Hours service.

7.4 Furthermore, local ambitions also include addressing the maxim that there is 'never enough money.' With tightening local authority and NHS budgets, rising demand and expectations, ensuring that the right young people are matched with the right services and resources is crucial.

7.5 With this objective in mind CCG and LA staff will be exploring a 'whole systems' approach to services for vulnerable young people: looking at where local authority and currently CCG funded services can work together, aligning or integrating their efforts to provide support to families, GPs, primary care and schools. This will include evaluating where there are opportunities for mental health services to be delivered through school sites in combination with Early Help staff or from a young person's service hub.

7.6 This 'whole system' approach to joint commissioning and service delivery is at an early stage in relation to young peoples services, but collaborative planning of local authority and CCG budgets, estates, services and strategy is now urgently required to maintain quality services for young people in Westminster.

8. Options / Considerations

Option 1

8.1 The Westminster Health and Wellbeing Board to note and support the work being undertaken in relation to transforming mental health services for young people.

Option 2

[5] Contact officer: Karmah Boothe: Karmah.boothe@nhs.net 07964 821173

8.2 The Westminster Health and Wellbeing Board does not support the CAMHS Transformation work as summarised above.

8.3 It is recommended that the Westminster Health and Wellbeing Board supports Option1.

9. Legal Implications

9.1 There are no legal implications for Westminster City Council in this report.

10. Financial Implications

10.1 The 'new' recurrent eating disorder funding for 2016-17 will be released to CCGs subject to NHS England assurance processes in quarter 3. CCGs have been informed that the transformation funding committed for five years has been added to baseline allocations for 2016-17.

10.2 Westminster City Council funding for CAMHS will be reviewed in 2016-17 as part of the authority's austerity and efficiency plans and currently can only be guaranteed to April 2017.

10.3 The Health and Wellbeing Board is asked to note the current expenditure available from the CL CCG and WCC, which may be subject to change, depending on as yet to be defined, future service delivery possibilities.

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

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APPENDICES:

Appendix 1. Children & Young People's Mental Health Transformation Programme Update

Appendix 2. Extract from the new School Health Service Specification

BACKGROUND PAPERS:

Appendix 1 – Westminster Health and Wellbeing Board 17th March

ANNEX B: CENTRAL LONDON CCG

Local information and implementation plans for Central London CCG and Westminster City Council

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. With the guidance comes funding to invest in children and young people's mental health services. In order to access this funding, CCGs have been tasked with developing local transformation plans, in collaboration with their local authority colleagues, which clearly outline how this money will be invested.

Across North West London we are collaborating, with support from the Like Minded team, to submit a single plan that defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in the document above are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can unite to bring together resources, capacities and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The money described below, ear-marked for each CCG, will be invested in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

We will firstly get the basics right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a stronger learning disability (LD) service for children with challenging behaviour and autism, and establish a community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being, supporting their commissioning of services such as counselling, and enabling easy access to clinical guidance as the first line response to many children and young people in need.

In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

The financial allocation for North West London, and Central London CCG specifically, is as follows:

	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,058
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Harrow	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	**£1,108,577**	**£2,774,879**	**£3,883,455**

The Central London CCG covers the majority of Westminster. GPs in the Queens Park and Paddington area are part of West London CCG. This is acknowledged by a 22.8% adjustment to budgets so that Westminster young people will benefit from approximately 22.8% of the Transformation funding allocated to neighbouring West London CCG. This accounts for a further £26,589 for Eating Disorders and £66,556 for Transformation funds.

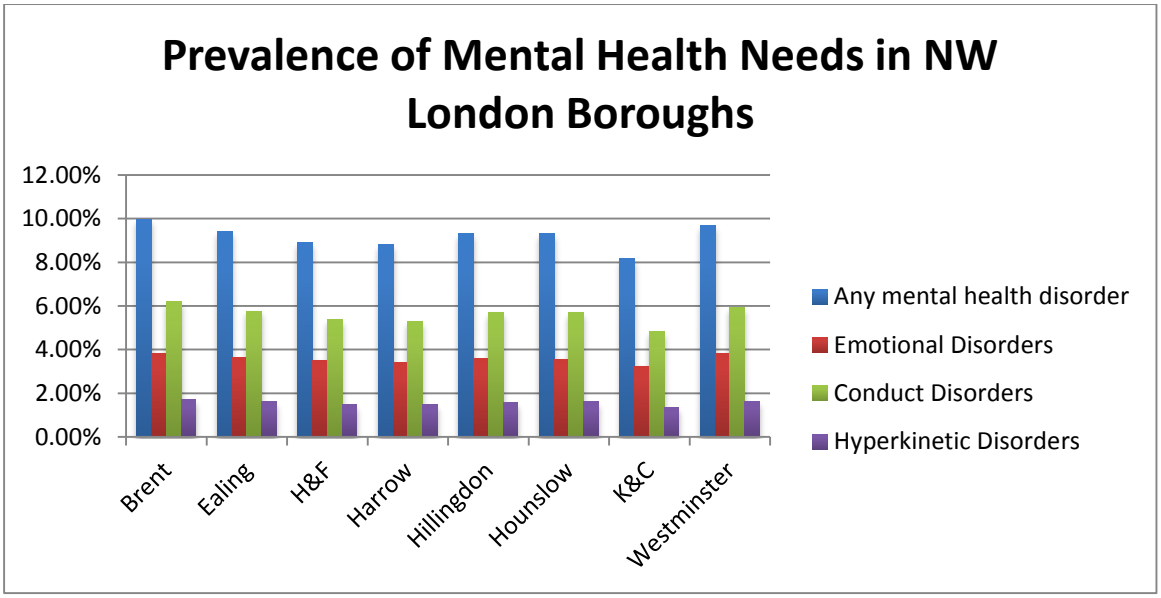
Central and West London CCGs collaborate to commission the local mental health provider, Central and North Westminster Mental Health Trust (CNWL).

2. Population information

Almost 40,000 children and young people live in Westminster and national prevalence estimates suggest that 1 in 10 children or up to 3 young people in each school class may at some time experience poor mental health. The weakness of data on young people's mental health has been acknowledged nationally and for Westminster the last needs analysis was completed in 2013. This suggested that the 1,110 referrals[1] to the local mental health service were in line with prevalence estimates. The first priority in this Transformation Plan is to update the Westminster Needs Analysis to strengthen our understanding and to inform future investment decisions.

Key population details		
	Central London CCG	**Total NW London**
Number of children	27,480	444,210
	Westminster LA	**Total NW London**
Number of children	35,288	444,210
Number of school children	22,460	327,072
Rate of LAC	46 per 10,000 pop	48 per 10,000 pop

[1] 2011-12 data.



CAMHS Activity	CLCCG	NWL
Number of admissions for mental health conditions 2014/15[2]	26	338
Admission rate per 10,000 children	9.5	7.6
Referrals made 2014/15[3]	579	9003
Referrals accepted 2014/2015[4]	467	7118
Referrals per 10,000 children	211	203
REFERRALS ACCEPTED		
First Attendances	606	6,745
Follow Up Attendances	4,118	42,516
Total Attendances[5]	**4,724**	**49,261**
First Attendances per 10,000 children	221	152
Follow Up Attendances per 10,000 children	1,499	957
Total Attendances per 10,000 children	**1,719**	**1,109**
CAMHS Waiting Times[6]		
Referral – Assessment: Under 4 weeks	26 (66.7%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	7 (17.9%)	93 (33.7%)
Referral – Assessment: over 11 weeks	6 (15.4%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	30 (83.3%)	112 (68.7%)

[2] SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)
[3] WLMHT and CNWL Referrals dataset. Includes rejected referrals
[4] WLMHT and CNWL Referrals dataset
[5] All attendance data source: Trust Minimum Data Set.
[6] CNWL and WLMHT Monthly Information Return, June 2015

Assessment – Treatment: 5 - 11 weeks	5 (13.9%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	1 (2.8%)	16 (9.8%)

3. Our local offer

Westminster young people requiring mental health services are supported by Central and North West London Mental Health Trust (CNWL) who deliver both a school focused early intervention service (tier 2) and specialist diagnosis and treatment (tier 3). The CNWL team of approximately 30 includes psychiatrists, psychiatric nurses, family therapists, psychotherapists and psychologists. In 2014 caseload data indicated that the CNWL team supported 600 Westminster young people. Westminster City Council fund several mental health staff to co-ordinate mental health support for looked after young people[7] with placements further afield. The council also supports mental health work in Westminster schools. Current council investments are not guaranteed beyond 31st March 2016.

A mental health specialist contributes to the Westminster Youth Offending Team, providing advice and support to offenders and their families. The council and the CCG also fund a mental health post in the Integrated Gangs Unit.

In-patient psychiatric beds for young people are commissioned by NHS England's Specialist Commissioning and NHS E data indicates that 30 Westminster young people were admitted in 2014-15.

Westminster CAMHS Task & Finish Group - In November 2014 young people supported by the national charity Rethink, as well as local commissioners, presented the findings and recommendations of the Westminster CAMHS Task & Finish Group. The report made recommendations on improving out of hours crisis support, access to advice and consultation, a stronger training offer and better transition to adult mental health services. There has already been progress locally on a number of fronts and all of these areas have been echoed in the national *Future in Mind* report and have underpinned the investment proposals laid out below.

The call for a sustainable training programme for schools, young people and families, GPs and other allied professionals has recently also been endorsed by reports from Public Health. Furthermore, based on the contribution from local young people as 'champions' we have endorsed 'co-production' as a central principle of our approach to redesigning and 'transforming' mental health services for young people.

Current Investment in Children and Young People's Mental Health		
	Clinical Commissioning Group	**Local Authority**
Westminster	£1,631,347	£638,420[8]
Total	**£2,269,767**	

Investments - The proposed investments summarised in the table that follows reflect the priority areas for improvement singled out in the Future in Mind report and also local experience documented in the Westminster CAMHS Task & Finish Group report. These proposals are

[7] 179 Westminster looked after children (31 March 2015) and 160 care leavers.

[8] This figure is for the whole of Westminster, including the Queens Park and Paddington (QPP), whose GPs are part of neighbouring West London CCG

deliberately indicative as they have to be put forward before the new Westminster Needs Analysis has been completed. Any subsequent changes will be informed by the findings of the Needs Analysis.

These areas of investment will seek to take account of the particular needs of vulnerable groups in as far as the current new funding allows. This includes young people recovering from abuse or exploitation, the needs of young carers, looked after young people and young people with Education, Health and Care Plans.

4. Children and young people's mental health transformation plan

As a collaboration of CCGs, we have 8 shared priorities. The table below outlines the shared components of our plans, as well as local detail specific to Central London CCG/Westminster.

Priority	Priority Description	Implementation Plans	Allocated Investment
1	Needs Assessment	**North West London Common Approach:** The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020). All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.	
		Central London CCG/Westminster City Council Local Approach: Central London are committed to investing in a collective resource to conduct a comprehensive needs assessment, following the examples of Brent, Hillingdon and Harrow to ensure any work enables comparison across the 8 CCGs. The intelligence generated will inform commissioning plans for the remaining years of this Transformation Plan.	2015/2016: £25,000 No further investment for the remaining years.
2	Supporting Co-Production	**North West London Common Approach:** Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We will build on the current approach in Hammersmith and Fulham with	

		Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016. We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.	
		Central London CCG/Westminster City Council Local Approach: Central London will also undertake co-production work incorporating peer support pilots, transformation champions, training, co-production in commissioning and service redesign, and personal budget pilots for young people's mental health. A Young People's Emotional Wellbeing Conference is also planned to focus on co-produced service redesign. Investment is identified for development of new technology, including apps and online advice.	2015/2016: £14,175 2016/2017: £27,175 2017/2018: £27,175 2018/2019: £27,175 2019/2020: £27,175
3	Workforce and Training	**North West London Common Approach:** Workforce development and training (schools, GPs, social acre, voluntary sector, CAMHS and allied health staff) is one of the eight priority areas for the Children and Young People's Transformation Plan. All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs, as well as more specialist needs for particular teams (e.g. eating disorders specialised training for CAMHS staff to increase capacity and reduce recruitment burden). Our workforce development and training plan has three components: 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to ensure parents feel confident to	

		recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020. A key element of the training packages will be the delivery of a “train the trainer” component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure sustainability of this workforce development. As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis. Each CCG has earmarked a funding allocation for training and development from the Transformation Plan funding, as per the table below.	
		Central London CCG/Westminster City Council Local Approach: Central London have allocated funding for 12 events, including clinical backfill to encourage attendance, and training will also cover Dialectical Behaviour Therapy skills. The package will build on the work of the NHSE and H&F CCG CAMHS schools link project.	2015/2016: £30,000 2016/2017: £30,000 2017/2018: £30,000 2018/2019: £30,000 2019/2020: £30,000
4	Community Eating Disorder Service	**North West London Common Approach:** A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services, offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of: ▪ anorexia nervosa, ▪ bulimia nervosa, ▪ binge eating disorder, ▪ atypical anorexic and bulimic eating disorder The proposed model will include: • Family interventions to be a core component of treatment required for eating	

		disorders in children and young people. • CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations. In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.	
		Central London CCG/Westminster City Council Local Approach: Central London CCG, led by Harrow as the contract lead, will work with CNWL to develop the design, skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders. The commissioners will adapt the national specification and the CCG mental health contract manager will work on the contract variation. A local Transformation Implementation Board (TIB) will be set up to oversee the implementation of the community eating disorder service. The TIB will have local authority, GP, Rethink young people champions, providers, Public Health and voluntary sector representation.	2015/2016: £91,557 2016/2017: £91,557 2017/2018: £91,557 2018/2019: £91,557 2019/2020: £91,557
5	Transforming Pathways – A Tier free system	**North West London Common Approach:** We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include: • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs	

		• Maintenance – it is crucial to include continued maintenance even after discharge to prevent a young person being re-referred into a CAMHS service The redesigned service will seek to address existing quality and capacity concerns regarding access and **transition**. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment. We will continue the roll out of **CYP IAPT** services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.	
		Central London CCG/Westminster City Council Local Approach: Central London will draw on the work being developed by NHSE and H&F CCG on the CAMHS School Link Pilot to inform their transformed CAMHS model. We will also pilot a CAMHS Connected Care GP village project that will involve integrating young people's mental health into primary care and paediatric planning for young people with complex health care. In developing their local offer, the CCG will explore with local authority partners whether there is a clear business case to develop and/or contribute to a **Young People's Hub** or **Drop in Service**, where clusters of health, voluntary and council services (including access to sports and leisure pursuits) could be accessed by families. This builds on ambitions emerging in Westminster City Council services and the ground breaking Connected Care for Children approach which brings paediatricians out of hospitals to support young people with complex needs in primary care.	2015/2016: £52,000 2016/2017: £52,000 2017/2018: £52,000 2018/2019: £52,000 2019/2020: £52,000
6	Enhanced support for Learning Disabilities and Neuro Development Disorders	**North West London Common Approach:** We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will: ▪ **Map local care pathways** and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics; ▪ Develop an **effective strategic link** between CAMHS Learning	

		Disabilities/Neurodevelopmental (LD/ND) services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans. ▪ **Enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. ▪ **Provide advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed. ▪ Develop be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication. ▪ Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group). This will be determined over the course of the first year of funding. In year (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (17-18) to Year Five (19-20) will be used to embed the model, develop sustainability and further refine according to borough need.	
		Central London CCG/Westminster City Council Local Approach: In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.	2015/2016: £60,000 2016/2017: £60,000 2017/2018: £60,000 2018/2019: £60,000 2019/2020: £60,000
7	Crisis and Urgent Care	**North West London Common Approach:**	

	Pathways	We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including where resources allow, home treatment teams and crisis response services to ensure that unnecessary admissions to inpatient care are avoided. We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission streamlining the current service offering and filling the gaps. A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.	
		Central London CCG/Westminster City Council Local Approach: Central London have some indicative plans for years 2 to 5 including re-integrating provision of in-patient beds (possibly to be explored on a pilot basis) for young people with psychiatric conditions, and resuming local commissioning and performance management through a re-constituted NWL Consortium[9]. This would strengthen the admission and discharge links (step up and step down), significantly improve engagement with local schools and Social Care services, reduce the fragmentation of commissioning and re-establish the local incentive to develop alternatives to hospital admission: e.g. building on our Out of Hours nursing capacity, developing Home Treatment Team(s).	2015/2016: £0 2016/2017: £60,000 2017/2018: £60,000 2018/2019: £60,000 2019/2020: £60,000
8	Embedding Future in Mind Locally	**North West London Common Approach:** In addition to the collaborative priorities described above, across all 8 CCGs we will also:	

[9] Subject to agreement with NHS E and additional funding being agreed.

		- Drive forward delivery of the **CYP IAPT** programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase delivery of CYP IAPT; - Invest in developing more robust **data capture and clinical systems** to enable teams to have a better understanding of current activity; - Link with **specialised commissioning teams for Youth Offending** to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways; - Develop new **perinatal** specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas.	
		Central London CCG/Westminster City Council Local Approach: Central London also plan to deliver a short term project looking at early years, attachment, and early intervention, working with CNWL. Short term scoping work on utilising new technologies and social media opportunities will also be undertaken. The outcomes and learning from these projects will inform future commissioning.	2015/2016: £48,000 2016/2017: £0 2017/2018: £0 2018/2019: £0 2019/2020: £0

5. Consultation

In November 2014 young people supported by the national charity Rethink, as well as local commissioners, presented the findings and recommendations of Westminster's CAMHS Task & Finish Group to the Health and Wellbeing Board. The report made recommendations on improving out of hours crisis support, access to advice and consultation, a stronger training offer and better transition to adult mental health services. There has already been progress locally on a number of fronts and all of these areas have been echoed in the national *Future in Mind* report and have underpinned the investment proposals laid out below. Furthermore, based on the contribution from local young people as 'champions' we have endorsed 'co-production' as a central principle of our approach to redesigning and 'transforming' mental health services for young people.

The Chair and Managing Director of Central London CCG have also completed an initial review of the draft plan. Westminster Council have also had representation on the transformation plan working group, contributing to the on-going draft development.

6. Next Steps

1. All CCGs and Health and Wellbeing Boards will be asked to sign off the joint North West London Transformation Plan by Thursday 15th October.
2. Like Minded will submit the joint North West London submission to NHSE on Friday 16th October.
3. Feedback will be received from NHSE in November, either requesting further information or approving the plan.
4. If approved, funding will be released to CCGs in November 2015.
5. A local Transformation Implementation Team will oversee the commissioning and delivery of the improvement described in the plan.
6. An update report will be provided to the Westminster Health and Wellbeing Board in March 2016.

Appendix 2 - Extract from the new School Health Service Specification

7.9 Mental Health and Emotional Wellbeing

The Provider shall ensure:

- School Health Service team's are appropriately trained to identify risk factors and mental health and emotional wellbeing problems early and to provide Tier 1 support as per NICE Guideline *CG28 Depression in children and young people: Identification and management in primary, community and secondary care.*
- School Nurses refer children as appropriate to other services, including GPs, mental health services and, to social care. Families may also be notified to health visiting if there are pre-school children requiring input.
- Care pathways are clearly defined with other organisations and agencies providing level 1,2 and or 3 Mental wellbeing services and other primary care providers
- School Nurses develop strong professional relationships with the outreach CAMHS workers and other relevant professionals.
- School Nurses support the school and assist in:
    - Creating an environment to promote social and mental health wellbeing and make services accessible and approachable
    - Working with school governing body, oversee social and mental health training for staff
    - Working towards gaining AcSEED Award (www.acseed.org) as outlined in department for education guidance.
    - Developing services with input from service users as per NICE guidance CG28
    - Developing a whole family approach to social and mental health
        - Ensuring all parents are aware of social and mental health programmes at school
        - Working with parents (primary school) to promote young person's emotional wellbeing
        - Providing (or referrals to) small group parenting support for suitable parents
- School Nurses are the 'CAMHS link worker' to tier 2 services as outlined in CG 28. This role will develop the relationship between schools, school health and mental health services. Further, this role will formalise the support, advice and training that local CAMHS services can provide to the School Health Service.
- School Health Service teams shall work with schools and input into anti-bullying interventions.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Health and Wellbeing Hubs
Report of:	Liz Bruce, Executive Director of Adult Social Care
Wards Involved:	All
Policy Context:	The Health and Wellbeing Hubs programme explores the potential for using our estate to greater effect, developing multi-disciplinary, person-centred service hubs which increase access to prevention and early intervention services, particularly among those at risk of developing multiple needs.
Financial Summary:	NA
Report Author and Contact Details:	Steven Falvey - Steven.Falvey@lbhf.gov.uk Meenara Islam – mislam@westminster.gov.uk Anna Waterman – awaterman2@westminster.gov.uk

1. Executive Summary

1.1 The Health and Wellbeing Hubs programme was initiated to test how best to improve the lives and outcomes of disadvantaged groups and individuals through changing the way we work within the Council and with our partners. The focus is on improving the use of our estates so as to increase access to preventative services for those at risk of experiencing multiple needs. This focus is to prevent the development of complex issues that are costly to individuals, families and public services to resolve. This paper builds on the previous Health and Wellbeing Board paper on this topic considered on 21 January 2016.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is asked to note the progress the Council and partners have made in this programme thus far and its further proposals and next steps. The Board is also asked to consider how:

- This programme of work relates to projects currently underway or being planned by partners; and
- Partners can contribute to the future development of this programme of work.

3. Background

3.1 The approach of Health and Wellbeing Hubs is based on public service reform principles around co-location; joint working between multiple sectors and professions to build services around individuals. The overarching mission of the programme is to intervene with high risk cohorts at early stages to prevent them from requiring complex and often costly public services, such as admissions to Accident and Emergency departments, emergency service call outs or long term social care. We will do this through changing the way we work to deliver existing services, rather than by developing new ones.

3.2 There are three work streams within the health and wellbeing hubs programme:

- Testing out new approaches to improving health and wellbeing outcomes and reducing dependency on public services among single homeless adults in temporary accommodation;

- Refreshing the existing older people's hubs to improve access for those who need the services most and to reduce social isolation; and

- Developing upon the nascent plans within the Church Street Renewal Programme for a health and wellbeing community hub on the site of 4 Lilestone Street / Penn House.

4. Refreshing Older People's Hubs

4.1 The Council have four contracts for the provision of preventative services to older people. These contracts, jointly funded with the Central London and West London Clinical Commissioning Groups (CL CCG/WL CCG), were originally let in 2012 and were extended through a direct letting in June 2015 for the period up to July 2017.

4.2 The contracts cover the provision of services at four older people's hubs. These four hubs are located in the wards with the greatest need; Queens Park/ Harrow Road, Westbourne, Churchill and Church Street (Penfold).

4.3 The hubs provide a diverse range of activities to the local community which are aimed at improving or maintaining good mental and physical health and reducing social isolation. A range of activities are offered in a number of sites in the borough.

4.4 Early findings of a review of the hubs were presented to the Health and Wellbeing Board in January and confirmed that a pro-active, evidence-based approach is being undertaken. The review also identified gaps and opportunities to further improve access in order to:

- Embed a preventative approach to avoid costs downstream
- Maximise existing assets e.g. sites and services across a range of partners - more people, higher quality, better value - leading to improved efficiency
- Avoid duplication of preventative offer: To ensure that by working together across partner agencies, a 'whole system' view of older people's activities is taken

4.5 To take this forward, discussions have commenced with the CL CCG on their whole systems village model with a view to developing plans together for how targeted services for older people could be delivered in key locations, within fit for purpose buildings. There is an opportunity to develop and co-design a comprehensive 'social prescribing' pathway, particularly around the South Westminster Village Pilot.

4.6 In addition, joint working has commenced with City West Homes to identify opportunities for the more efficient and effective use of properties so as to improve access the preventative offer to older people. Initially this will focus on opportunities in and around South Westminster and this will be supported by a preliminary mapping exercise of local council, CCG, City West Homes and voluntary services and premises. This work is supported by and connected in with the outputs of a recent workshop between the council and City West Homes where a range of potential opportunities for rationalisation and streamlining were identified for further exploration.

5 Newman Street pilot

5.1 One of four general needs Temporary Accommodation facilities for single adults located within the borough, Newman Street is a mixed-sex facility comprising of 77 self-contained studio flats. The majority of Newman Street residents are vulnerable adults with complex multiple needs, which include substance and alcohol addiction, significant mental and physical health issues and history of crime and/or anti-social behaviour.

5.2 The ambition for this pilot is to target existing preventative services at a cohort of individuals who require early intervention to prevent them from experiencing greater difficulties and decline.

5.3 Together with our providers, CL CCG and Great Chapel Street Primary Care Centre, we have jointly developed a model to improve how we target existing services and improve residents' life chances. This addresses people's multiple needs in parallel and proactively takes services to them in order to facilitate access and engagement. Ultimately, the model will seek to enable residents to become self-reliant, to enter, re-enter or engage in employment activities and other meaningful occupation and to become financially independent.

5.3 The Chair of the Health & Wellbeing Board visited Newman Street on 8 February and met with residents, floating support workers and building staff to hear about their experiences following implementation of the pilot model. There is anecdotal evidence already that the changes at Newman Street are delivering benefits for the residents there. Work is on-going on developing the model for measuring the impact of these changes in a quantifiable way. Updates will be bought to the Health and Wellbeing Board as the relevant data accumulates over time.

6. Church Street Health and Wellbeing Community Hub

6.1 The Health and Wellbeing Community Hub formed a central pillar of the proposals throughout the development of the Church Street Masterplan. The vision is for the Hub to incorporate a range of health and wellbeing services delivered through genuine integration.

6.2 Incorporating a broad range of services, the Hub will become a focal point of the community, its overriding purpose being to create an environment where residents are both encouraged and enabled to address their health and wellbeing issues and maintain / enhance their self-reliance and economic independence, reducing in turn their call on the public purse.

6.3 The Hub will be a new build on the site of what is currently 4 Lilestone Street and Penn House. It is due to come on line in 2021 and work has begun to develop the plans for the front line services and back office functions it will house.

6.4 Through close collaboration with our partners – the CCGs, DWP and the VCS – it is envisaged that the cost-benefit ratio of providing services in what is an area with a raised level of need will be improved, that services may become seamless and genuinely person centred and that the life chances of residents will be enhanced. A further update is proposed in Autumn 2017.

7. Legal Implications

None at this time.

8. Financial Implications

None at this time.

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

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Innovation in raising parental employment rates
Report of:	Liz Bruce, Executive Director of Adult Social Care
Wards Involved:	All
Policy Context:	Raising employment rates among low income parents is a major challenge and essential if child poverty in the borough is to be reduced. New approaches to supporting parents to recognise and develop their skills and secure and sustain work are required. These need to build on existing assets, enabling partners sustainably to achieve greater outcomes from within existing financial resources.
Financial Summary:	NA
Report Author and Contact Details:	Anna Waterman, Strategic Public Health Advisor, with input from: Phil Tomsett, Early Years Advisory Team Manager, Mervyna Thomas, Employment and Skills Programme Manager

1. EXECUTIVE SUMMARY

1.1 In July 2014 £948,000 was allocated from the Public Health Investment Fund to galvanise activity and test innovative approaches to improve parental employment rates among low income families in order to address child poverty.

1.2 A cross departmental task-and-finish group was established to identify how best this funding might be invested.

1.3 As a result a programme of initiatives, four led by Children's Services and two by Employment and Skills, was devised. Work to implement the *Innovations in Parental Employment* programme commenced in October 2015.

1.4 The programme should be expected to contribute to a number of Public Health outcomes. Specifically, it seeks to reduce the number of children living in poverty (Public Health Outcomes Framework 1.01).

2. KEY MATTERS FOR THE BOARD

2.1 The Health and Wellbeing Board is asked to note the foundations for the programme, its objectives and progress made. The Board is also asked to consider how:

- This programme of work relates to projects currently underway or being planned by partners; and
- How partners can contribute to achieving the objectives of the programme and its long term sustainability.

3. BACKGROUND

3.1 The Child Poverty Joint Strategic Needs Assessment published in April 2014 identified six priority areas for attention, the main one being parental employment.

3.2 In May 2014 the Public Health department launched the Public Health Investment Fund to support investment in activity to further performance against the Public Health Outcomes Framework (which will be led by non-Public Health LA departments). As a result of this process, £316,000 for each of three years[1] was allocated to support activity to address the barriers to parental employability identified in the JSNA.

3.3 A task-and-finish group involving officers from Children's Services, Employment and Skills, Policy Team, Public Health, Business Intelligence and Housing was established in October 2014. This considered how best to invest the funding in the light of the evidence base, local intelligence, existing assets and gaps in provision. To ensure a sufficiently local focus in the evidence review, a number of qualitative initiatives were undertaken to elicit the views of key experts. These included a community survey undertaken 'face-to-face' with parents and a series of 'roundtable discussions' with front line professionals.

3.4 The group reported on its findings in July 2015.

4. KEY MESSAGES

Characteristics and primary location target group,

[1] As the Public Health grant is ring fenced, allocations can be carried forward.

4.1 The greatest number of children aged 0-15 years from families claiming out of work benefits live in Queens Park, Westbourne and Church Street wards. With the addition of Harrow Road ward, these are also the wards where there is the greatest deficit of early years' childcare and child-minder places.

4.2 The main primary schools attended by the four wards of interest are ArK Gateway, Edward Wilson Primary, Wilberforce Academy, Queens Park Primary, Essendine Primary and Our Lady of Dolours RC.

4.3 There is a high correlation of wordlessness and benefit claimants with a diverse migrant population. Employment options can often characterised by low pay and high staff turnover. Zero-hours contracts are becoming increasingly common.

Predominant barriers to parental employment.

4.4 While there is a deficit of early year's places in Westminster there are also some vacancies - families' need more flexible models of delivery and affordability.

4.5 Childcare for school age children is important – whilst 50% of children living in poverty are in their early years, a further 25% are aged below eleven-years.

4.6 Parents' access to information regarding the different models of childcare and their relative merits for individual families' circumstances is currently insufficient.

4.7 The 'better-off calculation', often central to resolving complex financial concerns regarding the transition from benefits to employment, is not readily available.

4.8 Commonly the barriers to employment associated with parental responsibilities are insufficiently addressed by job brokers and employment support agencies.

4.9 There is a lack of employment opportunities with family-friendly terms and conditions, e.g. flexible working hours, part time opportunities.

Evidence base

4.10 The lack of flexible, affordable childcare was commonly identified as the primary barrier to parental employment. The Task-and-Finish Group sought to consider alternative models of childcare provision which specifically sought to address this, however it became apparent that other London boroughs are grappling with the same issue and as yet there is no robust evidence base on which to base a local model. Sufficient intelligence is available to inform pilot work, however[2].

Looking forwards

4.11 The Task-and-Finish Group found the drivers for parental unemployment to be complex and multi-faceted and concluded that there is no single initiative that will achieve the step change required in parental employment rates in the four focus

[2] UCL Institute of Health Equity

wards. A programme of initiatives was proposed to the Cabinet Members for Public Health and for Children in October 2015.

5. PARENTAL EMPLOYMENT PROGRAMME

5.1 This programme comprises four core initiatives, two led by Children Services, two by Employment and Skills. There are also recognised interdependencies with two further initiatives being progressed by Children's Services through the separate Childcare Delivery and Early Help programmes. These six work streams together provide a whole-system approach to supporting parental employment, as illustrated in appendix one.

5.2 The programme objectives are as follows:

i Employment Academy: To provide a structured career development guidance and training programme for those working or seeking to gain employment, incorporating career mentoring;

ii Flexible early years provision: To ensure the way early years childcare is provided facilitates uptake of the 2 and 3/4 year offers among the target group (thereby enabling parental employment). This work will be developed under the WCC Early Help Board;

iii Family Information Service: To ensure that all families, but particularly those from the target group, have ready access to information and advice regarding the options and eligibility for the different types of childcare available in each locality. This work includes the redesign by Family Services of the public facing website, with the new development of Parent Champions to deliver peer support and advice through a variety of initiatives in their local community;

iv Schools' Extended Childcare provision: To work in partnership with primary schools, supporting them to develop and extend after-school and holiday childcare provision which remains affordable to low income households and enhances health and wellbeing[3];

v Employment support: To develop capacity and capability within mainstream employment support providers to address parental barriers to employment;

vi Family friendly employment: To increase the number of employment opportunities with family friendly terms and conditions; and

vii Sustainability: To secure sustainable outcomes and test ongoing financial viability.

[3] Funding up to a maximum of £168k may be requested as necessary to support this work stream.

5.3 Each initiative is being built into 'business-as-usual' wherever possible. This increases the cost-benefit ratio of the programme and contributes towards the development of sustainable models.

5.4 The budget includes provision for providing some limited additional staffing capacity to support the development of the evaluation framework, which includes cost benefit analysis, and its implementation. This is a central component of the programme, given its innovative nature and the current lack of published evidence on how the challenge of addressing child poverty through increasing parental employment might be achieved.

5.5 It is proposed that a further update is brought to the Health and Wellbeing Board in Autumn 2017.

6. PROGRESS TO DATE

Employment (Childcare) Academy

6.1 The establishment of the academy is progressing well:

- Westminster Adult Education Service (WAES) will deliver the training from Queens Park and Church Street Children's Centres and has produced a curriculum plan which includes a number of pathways tailor-made to reflect students' different starting positions;
- Courses, promoted extensively across the Queens Park and Church Street communities, will start in March and April and the assessment days to allocate students to the appropriate the pathway have commenced;
- Children's Centre staff will provide crèche facilities to run alongside these services;
- Course attendees will also have the opportunity to link with a Family and Community Employment Service (FACES) advisor to discuss their individual financial situations and employability opportunities;
- London Early Years Foundation have agreed to be part of programme and have offered a number of places on their childcare apprenticeship programme to successful candidates;
- Courses provided will support other career opportunities to ensure parents with aspirations to work in areas other than childcare are helped into work.

6.2 The Early Years team will track course attendees' progress into further education, apprenticeships and employment to aid evaluation.

Flexible Early Years Provision

6.3 Progress on work to establish the foundations by which to secure more flexible and tailored early years provision is currently being managed under the work portfolio of the Children Services Childcare Programme Board. From April 2016, this work programme will be absorbed under the direction of the WCC Early Help Board.

6.4 Work continues in relation to the Westminster 2YO targeted programme, which has seen the development over the last 6 months of over 50 new full-time places to support parents into work. This has resulted in an achievement of 60% ratio of capacity to demand from eligible families.

Term	DWP figure - Number of families identified	**Total families occupying a place***	Occupancy as a % of DWP figure
End of Autumn Term 2014/15	801	280	35%
End of Autumn term 2015/16	709	422	60%

6.5 This work has included:

- A capital investment using DSG funding at Essendine school, creating 24 new full time new places for 2 year olds from September 2015;
- The creation of eight new places at Paddington Green provided through the refurbishment of existing children centre facilities offering seamless childcare support;
- The planned development of Bayswater Children Centre as a multi-use facility providing multi-disciplinary support for families including a health clinic for integrated two year old checks, and an additional twelve places for targeted two year old places by the end of 2016; and
- A pipeline proposal for Hallfield School which will result in the creation of 20 FTE places under the 2YO programme with effect from September 2016. This is again being funded through use of DSG funding.

6.6 Over the next year, the Early Help programme will consider the potential for the engagement of child-minders in the development of family based support to accommodate the childcare needs of those parents with irregular working patterns. This will be funded by the allocation of £168,000 from the Parent Employment programme.

6.7 Further work is required to consider the strategic planning to increase the universal offer for three and four year olds to 30 hours of free childcare by September 2017. This will require additional resource in terms of both capital and revenue investment, with the challenge that many small providers may not be able to afford to increase the capacity of their current provision.

Family Information Service (FIS)

6.8 Work has commenced to upgrade the online FIS which includes:

- Establishing a web-based facility which improves access for families to a directory of childcare service options; and
- An enhanced public facing application process, with regards the eligibility and place matching for targeted two year old places.

6.8. A new user friendly FIS website, will provide all information to support families on making informed choices around childcare, provide up-to-date information on settings and allow parents/carers to see the wider services on offer. This is expected to be available by June 2016.

6.9. Work will commence in March 2016 funded through the Parent Employment programme, to develop the service model for a team of volunteer Parent Champions across the borough.

6.10. Local parents will be trained to provide an information and advice function in community settings such as schools, faith groups, libraries and children's centres. Their role will facilitate Stay & Play sessions in order to introduce a support network for families in the same neighbourhood, and sign post families to the range of services in their local community.

6.11. This project will provide recognised work experience for the individual Champion to enhance their own CV with supervision from the Children Centre Hubs. It will also provide an informal contact for families to support their parenting role and employment options, with the specific aim to reach those families who are not yet engaged with the childcare services available in the area.

Schools' wraparound provision

6.9 Children Services have been working with over fifteen primary schools where the Council proposes to transfer responsibility for the provision of wrap-around provision to schools. This work covers both an extended school day and developing the two year old provision, by lowering the school age to enable early years education for the targeted group of children.

6.10 With regards the schools in scope for this Parental Employment programme the progress to date has been:

- Essendine have engaged a third party provider to manage their wraparound and holiday provision with effect from 6th June. This will include extended provision for pupils from Queens Park School.
- Wilberforce School are engaging a third party provider to deliver wraparound and holiday provision from 6th June, with an enhanced offer providing support to parents with regards their children's homework, and a range holiday physical activity sessions.

- Hallfield will offer an enhanced wraparound activity programme for pupils in term time and holidays from June, which will extend to children under five from September 2016.
- Edward Wilson already have an established breakfast club, and both after school and holiday play provision, in addition to a wide choice of activity clubs for their pupils. Further work is needed to engage with the school, to consider additional parental demand for after school and holiday childcare provision.
- Our Lady of Dolours and Gateway Academy both offer a wide range of after school activity clubs, but currently do not provide the extended school childcare offer until 6pm. Again work is needed to consider with the School, the level of demand for after school provision through conducting a parent survey.

Employment support

6.11 Work with the range of employment support providers, to ensure their offer reflects the challenges clients face as a result of being parents, is progressing. A first 'Think Family' training session was delivered in November with 100% attendance and positive feedback. This was used to launch the two-year learning programme, which will commence in the spring. One of the central elements of this will be training for all current staff on the 'better-off calculation', which identifies the impact on individual households' income of paid employment and increased working hours.

Family friendly employment

6.12 A baseline report of current employment practices among local employers and business, their strengths and areas for development will be produced in the spring, based on intelligence gathering undertaken since October 2015. This will incorporate an action plan for how best businesses might be supported to enhance their offer. A toolkit for businesses has been produced and twenty businesses are actively engaged. Following a first event at the end of 2015, five parents secured employment.

Evaluation and cost benefit analysis

6.13 The specific additional staffing capacity required to support the development and implementation of the evaluation framework has been identified and recruitment will commence imminently.

7. LEGAL IMPLICATIONS

7.1. None at this time.

8. FINANCIAL IMPLICATIONS

8.1. The amount initially allocated to addressing parental employment during the PHIF process was £315,762 for each of three years, approximately £948,000 in total.

8.2. The revised budget proposed for this programme is £678,440, plus a reserve of £168,000 available to develop a sustainable business model for childcare for working parents with non-standard working patterns.

8.3. The table below provides a breakdown of indicative costs for each initiative:

Work stream	**Total Budget 2015/2018**	**Comment**
Employment Academy	453,000	
Early years provision	0	Funded through DSG 2YO and 3/4 year old programmes
Extended school childcare	0	With up to £168K as required for development of childcare provision for shift workers
Development of FIS	26,040	Start –up funding to support development of Parent Champions
Employment support tailored for parents	48,400	
Family friendly employment opportunities	41,000	
Programme management	110,000	
Total	**£678,440**	
Reserve for extended school provision	168,000	Subject to formal proposal Cabinet Member agreement
Grand total	**£846,440**	

8.4. The savings from the original allocation amount to £101,560.

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

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APPENDICES:

Appendix One: Illustration of the programme to increase parental employment

BACKGROUND PAPERS:

Child Poverty JSNA, April 2014

Westminster CSA Refresh 2015

Appendix One: Illustration of the programme to increase parental employment

Case Study

Ms X is 29 years old and has two children.
Eldest child is aged 7 and attends school 9 – 3.15
Youngest child is aged 2 with a free nursery place 9.30 - 12.30.
She is interested in training for a career in childcare.
Her husband is in work but on a zero-hours contract.

Current Barriers

Employment support	Childcare Info and Advice	Childcare	Partner's Employment
JCP advice shows course is unaffordable and requires entry qualifications she lacks.	Ms X cannot find her way around the website or work-out childcare options.	Course is provided 2-4pm. Eligible places in nursery are operated 9.30 – 12.30 and school finishes at 3.15. Ms X cannot afford additional childcare during course hours.	Zero hours contract, unreliable income, no regular shift patterns.

Innovation in Parental Employment Programme Solutions

Employment support tailored for parents	FIS (Family Info. Serv.)	Flexible childcare	Extended provision in primary schools	Family Friendly Employment
Ensuring employment agencies have the appropriate tools to support parents into work	*Ensuring information and advice about childcare options is readily accessible*	*Offering extended provision and flexible 2yr offer*	*Offering quality wraparound provision*	*Influencing the number of employment opportunities with family friendly t&cs.*
Ms X approaches JCP advisor and is given info about funded places at Childcare Academy and referral to FIS support for further advice.	Ms X accesses advice regarding care options for children and better off calculation to confirm employment is a viable option.	Flexible offer enables younger child to attend 1.30 – 4.30.	Targeted afterschool provision enables elder child to attend 3.15-5.30.	Partner able to establish a regular shift pattern and a minimum number of hours per week, stabilising family income.

Employment Academy

Providing a structured career pathway in childcare

Ms X accesses support with entry level qualifications and work experience, and embarks on her childcare training.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Primary care co-commissioning – the PMS contract review
Report of:	Central London CCG and West London CCG
Wards Involved:	All
Policy Context:	Primary care co-commissioning has brought CCGs into the commissioning of local GPs services and, through this, enables them to align the development of primary care with the wider transformation of local health and care services. A major focus of co-commissioning for the past two months has been a review of a particular type of GP contract, led by NHS England.
Financial Summary:	The review is focused on ensuring best value is secured from the money invested in premium services commissioned from local GPs. This investment comes from an NHS England budget and, under co-commissioning, the CCGs are jointly responsible for determining the commissioning intentions that it will deliver.
Report Author and Contact Details:	Christopher Cotton Lead for primary care co-commissioning, North West London Collaboration of CCGs chris.cotton@nw.london.nhs.uk Please see the final page of this report for contact details for officers in Central London CCG and West London CCG.

1. Executive Summary

1.1 This paper updates the board on developments in primary care co-commissioning since its last discussion about this area. It focuses on the review of GPs' PMS contracts (defined below) being led by NHS England, in which the CCGs are playing a role in determining new commissioning intentions and support arrangements for practices impacted by the review.

2. Key Matters for the Board

2.1 The board is asked to note and discuss the content of this report.

3. Background

3.1 NHS England is leading a national review of all GP PMS contracts. Given the advent of primary care co-commissioning, making decisions about the future shape of these contracts is now a joint responsibility of the CCGs.

3.2 PMS (Personal Medical Services) contracts are a type of GP contract introduced in 2004 to support Primary Care Trusts to commission additional services from GPs, linked to the specific needs of local populations. They exist mainly in contrast to GMS contracts, which provide for 'core' GP services. Nationally, PMS practices attract approximately £14 of additional funding per patient.

3.3 Both Central London CCG and West London CCG have a relatively high concentration of PMS contracts – 16 out of 35 practices and 22 out of 49 practices respectively. In Central London CCG, two PMS practices are designated as specialist practices and will be reviewed separately. Across North West London as a whole, approximately one quarter of GP practices hold a PMS contract.

3.4 In Central London CCG, the premium invested in PMS practices is £1.9m. In West London CCG it is £6.1m.

3.5 The purpose of the review is to ensure that this additional investment, or 'premium' funding, represents value for money. It should also:

- reflect joint NHS England /CCG strategic plans for primary care;
- secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises;
- help reduce health inequalities;
- give equality of opportunity to all GP practices (i.e, PMS, General Medical Services (GMS), and Alternative Providers Medical Services (AMPS)), provided they are able to satisfy the locally determined requirements; and
- support fairer distribution of funding at a locality level.

3.6 Any savings released from current PMS contracts as a result of this review must be reinvested into general practice across each CCG and thereby support increased equity in the primary care offer to all patients in Westminster.

3.7 The PMS review offers an opportunity to deliver and embed aspects of the London-wide *Strategic Commissioning Framework* (SCF) across both PMS and GMS practices as services are equalised. The SCF is a view of how primary care in London should be accessible, co-ordinated, and proactive, developed using public, clinician and stakeholder feedback through an extensive engagement process. NHS England has devised a menu of options that could be commissioned as services over and above the basic requirements of practices,

with money released from PMS contracts. The options are believed to be appropriate for commissioning at a practice level, measurable, and able to make a real impact on services to patients.

3.8 Londonwide LMCs has been engaged by NHS England on the development of this menu of options and the contract specification in which they will feature.

3.9 In October 2015 the NWL CCGs formed a PMS review steering group, which has undertaken the work required to inform, where appropriate, a common NWL-wide approach to the review. Decision-making power continues to be vested in each CCG's individual co-commissioning joint committee. The steering group is convened and chaired by NHS England and comprises lay, clinical, and executive members from the CCGs.

3.10 A key issue for the PMS review is that its outputs support ongoing work to design and develop a new model of primary care for Westminster, in turn based on the SCF. This has proven challenging, given the very tight schedule for the PMS review. The PMS review is best understood as a discrete instalment in the broader and ongoing work to transform local primary care services.

4. Considerations

4.1 The first stage of the review involved NHS England undertaking an analysis of the services that practices are currently delivering for their PMS premium payments. This analysis identified what services should, in fact, be considered core activity and what would be considered additional activity (against the GMS equivalent).

4.2 The CCGs reviewed this analysis to establish:

- Where services are or could be funded elsewhere, e.g. the service is now commissioned as an out of hospital service or could be considered under the Extended Hours DES (Directed Enhanced Service);
- Services that do not fall under 'core' or 'funded elsewhere' and are not services the CCGs would continue to commission because they do not support strategic priorities or cannot be prioritised given financial pressures; and
- Services that do not fall under 'core' or 'funded elsewhere' and are services that the CCGs would continue to commission, either via the PMS premium or through a 100% population-coverage based approach (e.g. similar to the OOHS contracting mechanism) to support the principles of the review, i.e. equity for practices and patients.

4.3 In defining their commissioning intentions for any PMS premium funding made available by the process described above, the CCGs have taken the following considerations into account:

- How they support the future vision for primary care and investment into the primary care elements of the CCGs' Whole Systems Integrated Care plans;

- Whether current services being delivered under the PMS premium are appropriate for investment across all practices going forward, against broader priorities; and
- The joint responsibility, with NHS England, to deliver the SCF, which each CCG in London has committed to delivering.

Engagement

4.4 Both CCGs are undertaking ongoing communication and engagement around the formulation of their commissioning intentions for the reinvestment of PMS premium funding. Activities undertaken and planned include:

GP membership:	○ Plenary sessions (CCG-wide and locality) for all practices, detailing commissioning intentions ○ Information pack outlining commissioning intentions distributed to practices
Patients and other stakeholders:	○ Communication and engagement events with relevant local groups including Patient Reference Groups, Patient and Public Engagement Committees, Patient Participation Groups, User Panel, etc. ○ Discussion about commissioning intentions at local co-commissioning joint committee meetings, which includes Healthwatch, LMC, and this Health and Wellbeing Board ○ Separate engagement with this Health and Wellbeing Board ○ Separate engagement with local LMC

Feedback

4.5 Both CCGs have received feedback that supports the direction of travel for their commissioning intentions, which are outlined below.

4.6 Both patients and practices are naturally concerned about the impact on local services.

4.7 Practices are keen to work with commissioners to shape the outcomes measures and reporting for the service to make sure they are meaningful.

4.8 The CCGs will continue to engage all of their local stakeholders as the review progresses.

Impacts

4.9 The CCGs are undertaking equalities impact assessments for services that are not deemed as part of the core contract by NHS England and for which no known alternative funding is available.

4.10 These equality impact assessments will be updated once practices receive their offer letters from NHS England, in order to understand the impact of the review and hence the actual impact to services and practices.

4.11 A period of financial transition period will help to mitigate the impact of the review on local practices and services.

4.12 The CCGs will also work with practices to establish what non-financial support they would find helpful. Early discussions on this question have so far suggested that business development, HR, and workforce planning would all be useful to practices. On workforce in particular, NHS England is intending to set up a London-wide group to ensure that no workforce is lost to the system as a result of the view and during the transition to broader new models of primary care.

4.13 The CCGs also envisage using other funding and opportunities to invest in primary care to help mitigate the impact

Commissioning intentions

4.14 At the time of writing, both CCGs are progressing through the governance required to agree their commissioning intentions.

4.15 The London menu referred to above contains some mandatory elements, which must be commissioned in all CCGs in London. These are key performance indicators for:

- Childhood immunisation – the five-in-one vaccine by one year of age (this is an injection designed to protect against five common childhood diseases);
- Further childhood immunisation for children at 2+ and 5+ years of age;
- Flu immunisation for people over sixty-five years of age;
- Flu immunisation for people under sixty-five years of age who are at risk of flu;
- Pneumococcal vaccines for people over sixty-five years of age and 'at risk' people over the age of two years; and
- Two 'patient voice' indicators, taken from the national GP survey, that offer various measures of patient satisfaction with general practice.

4.16 Further proposed CCG key areas for development of commissioning intentions are shown in the table below.

Central London CCG	West London CCG
○ Case finding	○ Primary care access
○ Care planning	○ Integrated care
○ Case management	○ Self-care
	○ Efficiency / working at scale

5. Legal Implications

5.1 This review will involve changes to the contracts held by some GPs in Westminster. Under joint co-commissioning, these contacts continue to be held by NHS England rather than the CCGs. The negotiation of new contracts will be undertaken by NHS England.

6. Financial Implications

6.1 Both CCGs are formulating commissioning intentions that reinvest their current PMS premium pots (see section 3.4). This money covers the commissioning of new premium services from PMS practices, transitional financial support to PMS practices, and the equalisation of the premium offer to all GMS practices. The decision-making forum for the review is each CCG's co-commissioning joint committee, which includes lay members, clinicians, commissioning mangers, as well as other local stakeholders (including this Health and Wellbeing Board).

If you have any queries about this report or wish to inspect any of the background papers please contact:

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Christopher Cotton, NWL CCGs – chris.cotton@nw.london.nhs.uk

APPENDICES:

None.

BACKGROUND PAPERS:

- NHS England, 'Review of PMS contracts', February 2014: https://www.england.nhs.uk/wp-content/uploads/2014/02/rev-pms-cont.pdf
- NHS England, 'Framework for Personal Medical Services (PMS) Contracts Review', September 2014: https://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf

City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Like Minded – update on the Transforming Care Partnership Plan for people with learning disabilities, autism, challenging behaviour
Report of:	**Matthew Hannant,** Director Strategy & Transformation (Acting), NW London Collaboration of CCGs **Fiona Butler**, Clinical Responsible Officer, Chair of NWL Mental Health and Wellbeing Transformation Board, West London CCG Chair.
Wards Involved:	All
Policy Context:	Mental health and wellbeing
Financial Summary:	We are currently finalising the overall financial model and assumptions underpinning the Transforming Care Partnership plan, and this will be finalised and agreed in line with the delegated authority to approve the local and North West London plan.
Report Author and Contact Details:	Jane Wheeler, Acting Deputy Director, Mental Health, Strategy & Transformation, NWL Collaboration of CCGs jane.wheeler2@nhs.net

1. Executive Summary

1.1 This report is to provide an update to the HWBB on progress made to date within the North West London 'Transforming Care Partnership Plan'. We welcome and value your on-going input into this programme of work.

1.2 Attached to this cover sheet is information on the development of a City of Westminster and North West London Transforming Care Partnership Plan for people with learning disabilities, autism, challenging behaviour. These reports are for noting and comment. The HWBB is also asked to comment on the next steps for the plan's formal approved prior to submission to NHS England by 11th April.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is requested:

- To endorse the first draft North West London Transforming Care Partnership plan noting that further updates will be make to address the areas of underdevelopment;
- To delegate authority to the relevant committee to approve the final local and NWL Transforming Care Partnership plan in order for this to be submitted to NHS England on 11th April 2016;

2.2 The final plans will be reviewed by the HWBB in May. The plan will then be implemented from April 2016.

3 Background

3.2 In October 2015 NHS England, the Local Government Association and the Association of Directors of Adult Social Services published 'Building the right support' this set out the national plan and the financial framework to support the closure of inpatient settings and develop community based services for people with a learning disability and/or autism with challenging behaviours and mental health conditions.

3.3 On 17th November, Jane Cummings wrote to all Local Authority Directors of Adult Social Services, Clinical Commissioning Group Accountable Officers, and NHS England Regional Directors to suggest that NWL work collaboratively to form a single TCP. The letter included key actions and milestones to be achieved by each TCP, which are essential to ensure effective delivery of phase 1 of the mobilisation programme:

- Agree governance arrangements
- Appoint Senior Responsible Officer
- First Transforming Care Partnership Board meeting
- First cut of the Transforming Care partnership plan submitted by the 8th February
- Final agreed Transforming Care partnership plan to be submitted by 11th April

3.4 Guidance issued late in December 2015 includes planning guidance, a TCP plan template, and a financial template. These will require Las and CCGs to work jointly

and for there to be an agreement about sign-off for the CCGs especially regarding the additional short term funding and management of dowry funding.

3.5 The first draft North West London Transforming Care Partnership plan with the local borough annexes was submitted to NHS England on the 8th February.

3.6 In developing the overarching North West London Transforming Care Plan, we have been working closely with the local learning disabilities joint commissioners in Westminster. This collaboration is to ensure that there is alignment between the local plans and the overarching North West London.

3.7 Locally for Westminster, we want our Transforming Care Plan to help us to develop a model of care that will ensure that people with Learning Disabilities and/or Autism are able to live life with the same access to opportunities that any other member of our community is able to access. This will mean that individuals and their families are part of the decision making of where they live and what support they will access to live a meaningful and productive life.

3.8 We want this cohort to have:

- An opportunity to learn
- Appropriate employment or volunteering opportunities that may lead to work
- Choice and control
- A home to call their own
- Community participation
- A sense of being part of the local community
- Manage their health with the level and quality of support that they need

3.9 Our North West London plan builds on the progress already made in each borough and across NWL we are aligned on our plans to commission:

- Community support including the utilisation of more skilled staff to manage more complex/challenging behaviour
- Tailored local housing options for people with a learning disabilities and/or autism
- Respite services for families and carers, regardless of the age of person being cared for.
- Crisis care, available 24 hours a day 7 days a week that ensures that people with a learning disability and/or autism receive care and support that meets their needs in time of crisis

- An all ages service that removed the need to transition between children and adult services
- NWL service for people with a forensic history or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area
- Co-ordinated care across the health and social care pathways.

3.10 We will continue to develop the NWL plan building on our initial draft, addressing the areas which require in depth modelling, responding to NHS England feedback which was received on the 15th February and strengthening our implementation plans.

4 What this means for Westminster Health and Wellbeing Board

What this means for Westminster

4.1 In Westminster we want our Transforming Care Plan to help us to develop a model of care that will ensure that people with Learning Disabilities and/or Autism are able to live life with the same access to opportunities that any other member of our community is able to access. This will mean that individuals and their families are part of the decision making of where they live and what support they will access to live a meaningful and productive life.

4.2 NHS England feedback on the Transforming Care Partnership Plan was received on 18th February and was largely positive; it was felt it was a very strong submission which acknowledged areas for development, and further clarity will be given at the assurance meeting on 26th February. It was agreed that there were certain areas of the plan that we will continue to develop ready for final submission on 11th April. Further details are given in the report below.

How we can work with Westminster to deliver a joint approach

4.3 Both Westminster and the NWL Transforming Care Partnership plan builds on the progress already made in each of the boroughs; it brings together the best practices to share the learning and where it makes sense bring together resources, capabilities and expertise to develop collaborative solutions where there is agreement to alignment. Where there are differences and local nuances, these are outlined in each borough's local plans.

4.4 We will continue to develop the local and NWL wide Transforming Care Partnership plan to address some of areas of underdevelopment including estates, financial and activity modelling and implementation planning.

Role of the Health and Wellbeing Board in delivering this strategy

4.5 All programmes, including the Transforming Care Partnership and Children and Young People's Mental Health Transformation Programme report to the North West London Mental Health and Wellbeing Transformation Board.

4.6 The North West London Transforming Care Plan has received input from LA colleagues and Central London CCG and will pass through formal governance processes for sign off prior to submission in April 2016. This Board is asked to confirm the appropriate sign off procedure and delegate authority where necessary.

Consultation with residents & providers

4.7 With Westminster CC and Central London CCG, there are arrangements in place to liaise and consult with providers through existing mechanisms, such as our Learning Disability Health Steering Group (LDHSG), Learning Disability Partnership Board (LDPB) and Learning Disability Executive Board (LDEB) which are all Tri-Borough.

4.8 In addition to this there is an Autism Partnership Board (APB) that includes people on the Autistic Spectrum who do not have a Learning Disability, which is also Tri-Borough. As an extension of this there is a specific Autism Carers' forum serviced by Carers Network, a local provider of carers' services in Westminster.

5. Legal Implications

5.1 None currently identified - we are finalising the overall model and assumptions underpinning the Transforming Care Partnership plan and this will be finalised and agreed in line with the delegated authority to approve the local and North West London plan.

6. Financial Implications

6.1 We are currently finalising the overall financial model and assumptions underpinning the Transforming Care Partnership plan and this will be finalised and agreed in line with the delegated authority to approve the local and North West London plan.

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

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APPENDICES:

1) Draft North West London Transforming Care Plan

1. North West London Whole Systems Mental Health & Wellbeing: Transforming Care Partnership Plan

Author(s): Kirsten Owen, Peter Beard, Mary Dalton

2.1 Background

In October 2015 NHS England, the Local Government Association and the Association of Directors of Adult Social Services published '***Building the Right Support.***' This set out the national plan and the financial framework to support the closure of inpatient settings and develop community based services for people with a learning disability and/or autism with challenging behaviours and mental health conditions.

Alongside the national implementation plan a '***service model'*** for commissioners of health and social care services was published. This builds on the previous Winterbourne View Concordat work that has been undertaken across the country. The overarching outcomes of work are:

- Reduced reliance on inpatient services, closing hospital services and strengthening support in the community
- Improved quality of life for people in inpatient and community settings
- Improved quality of care for people in inpatient and community settings.

The proposed outcome for the local interpretation of the national service model plan is to build up community capacity to support the most complex individuals in a community setting and avoid inappropriate hospital admissions.

'Building the right support' and the new '***service model'*** asks Local Authorities (LAs) and Clinical Commissioning Groups (CCGs) to come together to form Transforming Care Partnerships (TCPs) to develop community services and close inpatient provision over the next 3 years.

To support local areas with transitional costs, NHS England will make availability nationally up to £30million of transformation funding over three years with national funding conditional on *match-funding* from local commissioners. In addition to this, £15million capital funding will be made available over 3 years.

Locally in North West London (NWL), in November 2015, there was a well-attended North West London Learning Disabilities workshop with 76 attendees. The aim of the workshop was to explore ways to improve mental health services for people with a learning disability in North West London and increase knowledge and understanding of the wider mental health transformation programme, the NWL Like Minded Programme and the links to:

- Crisis Care;
- IAPT (psychological therapies);
- Perinatal mental health;
- Children and Young People's Mental Health Services (CAMHS)

2.2 Introduction

This report describes the role of NWL Transforming Care Partnership and its role in producing, developing, and implementing a regional plan to deliver against the national ambition to transform local services.

The output from the Kingswood workshop was an agreed action plan which will deliver change and improvement to ensure that people with learning disabilities in need of very specialist mental health services will get the support that they need. Additionally the workshop informed the emerging thinking about what is needed to support those with a learning disability and a forensic background to live safely in the community. This thinking has informed the development of our Transforming Care Plan.

The Central London Transforming Care Partnership Plan will focus on a local response and will consider what we can realistically achieve within our own capacity. The NWL Transforming Care Partnership will focus on specialist support (e.g. community forensic services), and support that cannot realistically be commissioned on a local basis. We have collaborated with all eight LAs and CCGs in the development of the NWL Transforming Care Partnership Plan.

The local Central London interpretation of the National Service Model plan has been attached to this paper and was submitted as an initial draft with the overarching NWL Transforming Care Partnership Plan to NHS England on 8th February 2016.

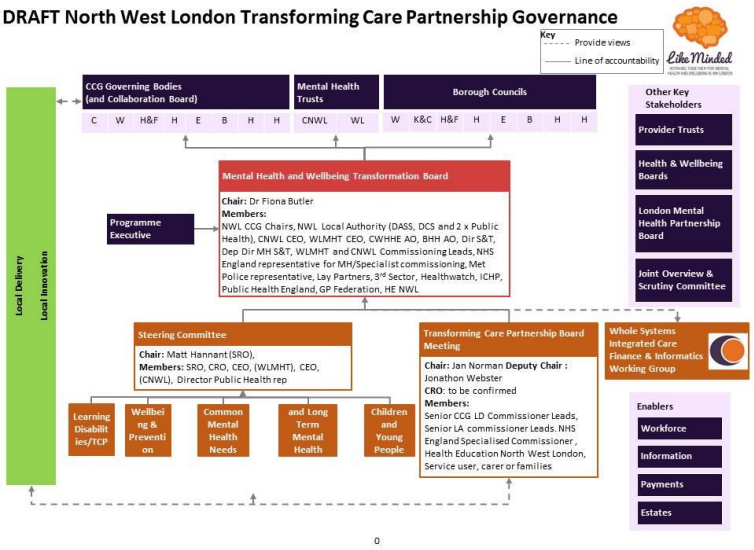
The plans will be scrutinised and an opportunity provided for amendments. A final plan will be submitted to NHS England in April 2016 and implementation will commence in April 2016.

2.4 North West London Transforming Care Partnership Board

The proposed foot print of the NWL Transforming Care Partnership was identified by NHS England and this partnership is consistent with the larger health transformation programme of "shaping a healthier future".

The purpose of the Transforming Care Partnership Board is to ensure that within North West London there is collaboration on a single NWL wide plan to transform services for individuals with a learning disability and/or autism with challenging behaviours and mental health conditions who reside in the boroughs that make up NWL; Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster.

The Transforming Care Partnership Board is chaired by the Senior Responsible Owner (SRO) Jan Norman Director of Quality and Safety for Brent, Harrow and Hillingdon Federation of CCGs. The deputy SRO is Jonathan Webster, Director of Quality and Safety for Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs.



The Transforming Care Partnership reports to the NWL Mental Health and Wellbeing Transformation Board which has senior executive and clinical leads from key partner organisations including representatives from West London Alliance, from Directors of Adult Services, Director of Children's Services and Directors of Public Health. Whilst it is acknowledged that Learning Disabilities is different to Mental Health, it was considered that the membership of the NWL Mental Health and Wellbeing Transformation Board would provide the right level of authority and governance for the Transforming Care Partnership.

2.4 Local Transforming Care Partnership Plan

Westminster City Council (WCC) and Central London CCG (CLCCG) are committed to the principles of ensuring people with a learning disability and/or autism have the same opportunities as other borough residents to be active residents that are supported within Central London to live full and rewarding lives.

WCC and CL CCG have arrangements in place with providers through existing mechanisms such as our Learning Disability Health Steering Group (LDHSG), Learning Disability Partnership Board (LDPB) and Learning Disability Executive Board (LDEB).

In addition to this there is an Autism Partnership Board (APB) that includes people on the Autistic Spectrum who do not have a Learning Disability.

The Boards cover the geographical areas of Hammersmith and Fulham, Kensington and Chelsea and Westminster.

There has been engagement between WCC, CL CCG, Housing, Health Trust providers (including Mental Health) and a small number of family carers through the Boards identified in our Governance arrangements above, as well as ad hoc discussions with family carers who have raised the challenges that they face with mainstream general acute pathways outside of the Mental Health pathway. This includes the cohort with very complex health needs.

We have engaged with our Safeguarding Board which includes a wide range of providers across the health and social care economy and presented a progress report in relation to transforming care.

CCG is governed by robust Section 75 arrangements. The Learning Disability team is integrated with care management overseen by the Local Authority and clinical staff overseen by Central London Community Healthcare (CLCH) NHS Trust.

We have forged closer relationships between our CCG primary care leads and our Learning Disability team within the last 12 months in a bid to increase the number of health checks provided to people with Learning Disabilities.

The current provision does not always produce the best outcomes and we believe that users of inpatient provision would prefer more community based provision to meet their needs. We need to "flex" our local offer to meet the needs of people currently using inpatient services.

We also intend to consider the needs of children and young people currently engaged (or needing to engage) with our CAMHS and residential educational placements, to ensure that our plan reflects future needs and assists us in meeting our target of reduced educational residential placements and future inpatient numbers that are avoidable.

We understand that a range of approaches will be required to meet the diverse needs of this cohort and this may include some short term intensive support and interventions in an inpatient setting, we expect that in the future this will be the exception and most people will have their physical and mental health needs met in the local community.

In Westminster we want our Transforming Care Plan to help us to develop a model of care that will ensure that people with Learning Disabilities, autism, and/or challenging behaviour are able to live life with the same access to opportunities that any other members of our community are able to access. This will mean that individuals and their families are partners in the decision making of where they live and what support they will access to live a meaningful and productive life.

We want this cohort to have:

- An opportunity to learn
- Appropriate employment or volunteering opportunities that may lead to work
- Choice and control
- A home to call their own
- Community participation
- A sense of being part of the local community
- Opportunities to manage their health with the level and quality of support that they need in the community wherever possible
- Opportunities to avoid behaviours that will lead to the criminal justice

2.5 North West London Transforming Care Partnership Plan

NHS England feedback on the TCP was received on 18th February and was largely positive; it was felt it was a very strong submission which acknowledged areas for development, and further clarity will be given at the assurance meeting on 26th February. It was agreed that there were certain areas of the plan that we will continue to develop ready for final submission on 11th April.

At the date of submission of our first draft – 8th February 2016 - we are, as a system aware that our current plan does have a number of areas which we will continue to work on and develop over the next few months ahead of the final submission. We welcome the opportunity to receive feedback on our current plans to reshape services for people with a learning disability and/or autism away from institutional models of care and develop support in the community. Across North West London, there is agreement to continue to collaborate on knowledge sharing and working towards the same strategic vision rather than having a preconceived set solution in place to deliver care.

This plan contains a broad over-arching vision, developed through extensive discussion with the learning disability, disability, and mental health commissioning leads, housing teams, and finance colleagues in Local Authorities and CCGs across our 8 North West London boroughs.

This builds on work at a local level to understand the views of service users and their families/carers.

Both Westminster and the NWL Transforming Care Partnership plan builds on the progress already made in each of the boroughs; it brings together the best practices to share the learning and where it makes sense bring together resources, capabilities and expertise to develop collaborative solutions where there is agreement to alignment. Where there are differences and local nuances, these are outlined in each borough's local plans.

2.6 Next steps

We will continue to develop the local and NWL wide Transforming Care Partnership plan to address some of areas of underdevelopment including estates, financial and activity modelling and implementation planning.

We will address any areas of feedback from this Board and address any areas of feedback from NHS England during the assurance process.

2.7 Recommendations

The Board is asked to

- To endorse the first draft North West London Transforming Care Partnership plan noting that further updates will be make to address the areas of underdevelopment
- To delegate authority to the relevant committee to approve the final local and NWL Transforming Care Partnership plan in order for this to be submitted to NHS England on 11th April 2016.
- Note that the final plans will come back to the Board in May. The plan will then be implemented from April 2016.

North West London Clinical Commissioning Groups and Local Authorities

Transforming Care Plan

In response to *Building the Right Support*

February 2016

Supported by Like Minded – The Mental Health and Wellbeing Strategy for North West London

Joint transformation planning template

Planning template – NORTH WEST LONDON

Executive Summary

This document sets out the vision of the North West London (NWL) Transforming Care Partnership (TCP) for improving the care and support available for the people of NWL with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging. This is an all ages plan to address the needs of people with a learning disability, people with autism (including those with Asperger's syndrome) who do not also have a learning disability, and people with a learning disability and/or autism whose behaviour can lead to contact with the criminal justice system.

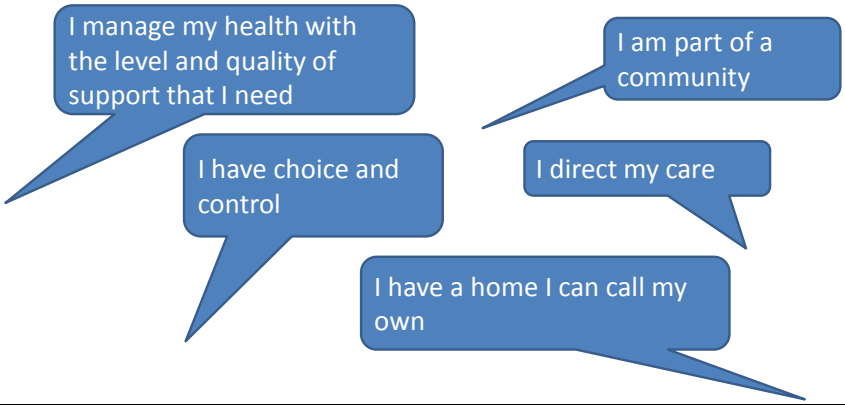
This draft plan provides a shared picture of:

- The North West London area
- The services currently commissioned and provided across our areas
- Our shared vision for how future services will be commissioned and provided
- What we need to change to achieve our vision and how we intend to do this

At the date of submission of our first draft – 8th February 2016 - we are, as a system aware that our current plan does have a number of areas which we will continue to work on and develop over the next few months ahead of the final submission on the 11th April. We welcome the opportunity to receive feedback on our current plans to reshape services for people with a learning disability and/or autism away from institutional models of care and develop support in the community. Across North West London, there is agreement to continue to collaborate on knowledge sharing and working towards the same strategic vision rather than having a preconceived set solution in place to deliver care.

This plan contains a broad over-arching vision, developed through extensive discussion with the learning disability, disability, and mental health commissioning leads, housing teams, and finance colleagues in CCGs and Local Authorities across our 8 North West London boroughs. This builds on work at a local level to understand the views of service users and their families/carers.

Our vision is that in North West London, people with a learning disability and/or autism and their families will be able to say:



We will achieve this vision by developing pathways and services that:

- Are community based where appropriate, with a reduced reliance on inpatient facilities;
- Have staff with the right skills and experience to manage complex cases, including managing the complexity of competing demands across health and social care;
- Provide respite for families and carers to maintain, wherever possible, at home placements and strong family relationships;
- House people with a learning disability and/or autism locally wherever possible and appropriate;
- Meet the needs of people of all ages – not defining support by age but instead responding to care and support needs and reducing the differences in services for children, young people and adults

These services and pathways will help us to achieve:

- Timely access to assessment and treatment for learning disability and/or autism;
- Reduced numbers of admissions to hospitals (both secure and non-secure), and shorter stays when admitted;
- Improved health and educational outcomes;
- Improved quality of life;
- Improved experience of services.

Our NWL plan builds on the progress already made in each of the boroughs; it brings together the best practices to share the learning and where it makes sense bring together resources, capabilities and expertise to develop collaborative solutions where there is agreement to alignment. Where there are differences and local nuances, these are outlined in each borough's local annex (attached to this plan). However across NWL we are aligned on our plans to commission:

- **Community support**, including the utilisation of more skilled staff to manage more complex/challenging behaviour. This may involve moving staff from inpatient facilities into community services, and vice versa, to share learning.
- Tailored **local housing options** for people with a learning disability and/or autism who have challenging needs. This will include short term housing options for people in crisis where there is a risk of placement breakdown.
- **Respite services** for families and carers, regardless of the age of the person being cared for. This will include short breaks, day centres, longer break provision and family support services.
- **Crisis care,** available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism receive care and support that meets their needs in times of crisis, including when this crisis occurs outside of standard working hours.
- An **all ages service** that removes the need to transition between children and adult services.
- A NWL level **service for people with a forensic history** or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area.
- More services to support people with a learning disability and/or autism to access training, work experience, apprenticeships, and voluntary and paid employment.
- **Co-ordinated care** across the health and social care pathways, ensuring that primary care clinicians are involved in early identification and signposting, and all partners are engaged in on-going care and support.

In some areas it contains detailed proposals for how services will look different in the future but there is further work that will be required in a number of areas. In addition we know that it will take time to turn our vision in to reallty and that more detailed planning and clear measureable implementation plans will be needed. We have included within this document a more detailed plan of the next steps required and how we intend to agree the next level of detail.

Finally, as this is a draft plan the details contained in this document and appendices have been developed locally - but have not undergone a thorough assurance and governance process within each of the represented organisations. Further immediate assurance work is needed to test the finance assumptions and review of the finance in more detail. Equally there is immediate work to do on the implementation planning, for the April submission we will address the gaps in this draft of the document and ensure that the plan has been through the appropriate governance processes within North West London.

1. Mobilise communities

Governance and stakeholder arrangements

Describe the health and care economy covered by the plan

North West London Transforming Care Partnership covers all residents of North West London, and comprises eight CCGs and Local Authorities of: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster. The CCGs and Local authority boundaries are coterminous in 6 of our 8 boroughs. West London CCG covers the borough of Kensington and Chelsea, and the Queens Park and Paddington areas of Westminster. Central London CCG covers the remainder of Westminster. The geography covered by our Transforming Care Partnerships is shown in the diagram below:

Boroughs of NW London Transforming Care Partnership

To ensure an appropriate balance between economies of scale and the necessary local focus on the commissioning of health services, the eight CCGs manage their operations in two groups:

- BHH Federation of CCGs, covering the CCGs of Brent, Harrow and Hillingdon
- CWHHE Collaborative of CCGs, covering the CCGs of Central London, West London, Ealing, Hammersmith and Fulham and Hounslow.

NWL has four community health providers, two mental health trusts, and nine acute and specialist trusts. There are also a number of hospices, rehabilitation centres, residential care homes, and nursing homes. There are also a vast number of third and independent sector provided service.

The Kingswood Centre is an inpatient unit located in Brent that provides specialist learning disability service for people with acute mental health needs, autism and severe challenging behaviours, including forensic histories, and a recovery service. The majority of the CCGs spot purchase beds from Kingswood Centre; however Brent CCG has a contract with the Kingswood Centre.

There has been work undertaken in the last 6 months to review and develop a specification for the range of services provided by the Kingswood Centre with associated performance metrics and transparent pricing structure for the different aspects of the service.

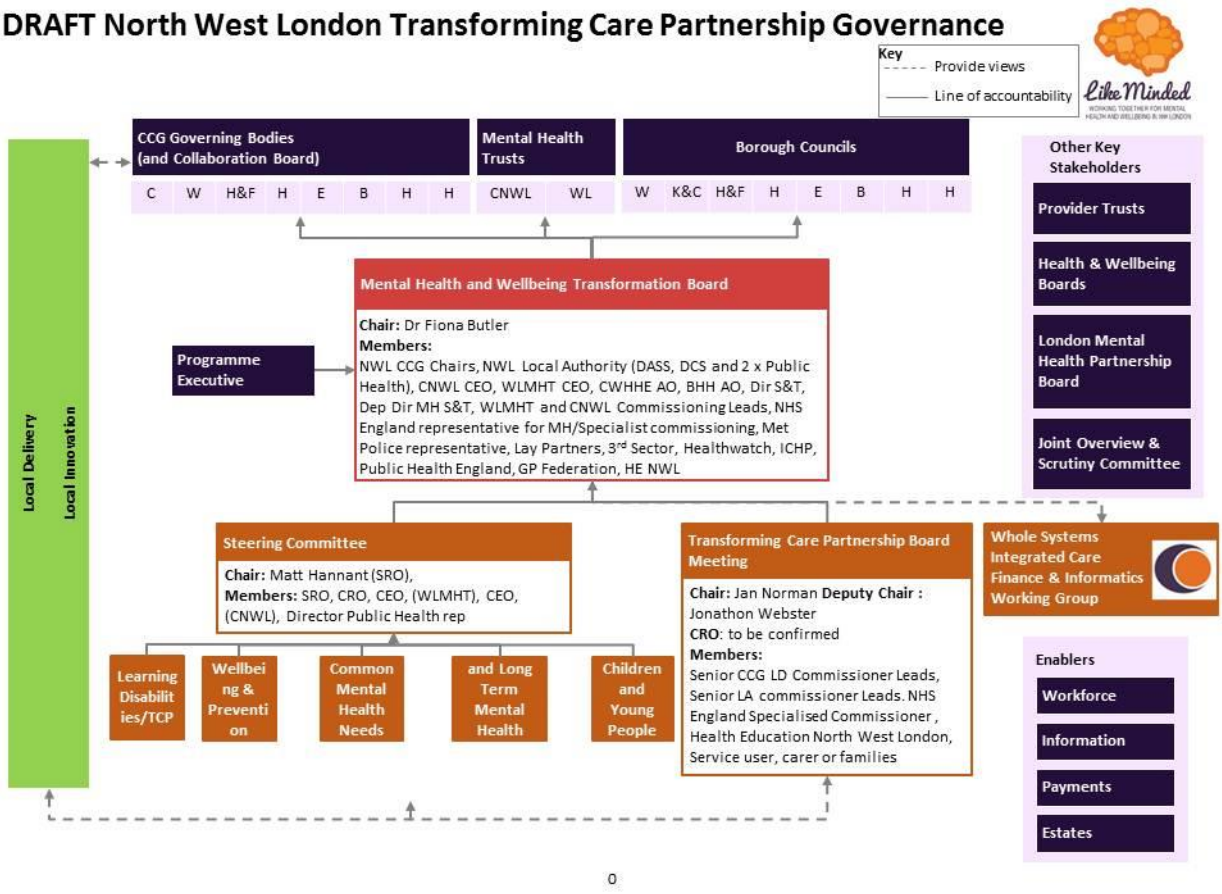
Out of area beds are commissioned by NWL CCGs on a case by case basis using spot purchase contracts, using a person centred, and needs-based approach.

There are a number of different approaches to collaborative commissioning arrangements; there are joint commissioning arrangements in place for Ealing, Hillingdon and Hounslow, and for the three boroughs of Hammersmith and Fulham, Kensington and Chelsea and Westminster with less formal relationships in Harrow. Brent CCG and Local Authority have just recently appointed a joint Leaning Disabilities commissioner.

This plan has been developed with considerable input from key representatives from our 8 North West London clinical commissioning groups (CCGs) and local authorities.

Describe governance arrangements for this transformation programme

The North West London Transforming Care Partnership Board provides leadership and assurance on the delivery of the TCP plan and will oversee progress of all the agreed work streams. The Transformation Board is chaired by the Senior Responsible Owner (SRO), Jan Norman, Director of Quality and Safety, Brent, Harrow and Hillingdon CCGs Federation. The Deputy SRO is Jonathan Webster, Director of Quality, Nursing and Patient Safety for Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs. Membership includes senior commissioning representation from learning disability, mental health, and children's commissioners from local authorities and CCGs.



In addition to the Partnership Board, a working group is being developed to drive implementation with fortnightly meetings scheduled. This will feed into the Partnership Board.

The NWL TCP Board is established as a strategic commissioning forum – with agreed routes for wider engagement across our provider base outside of the Board. The TCP Board reports to the NWL Mental Health and Wellbeing Transformation Board which has the senior executive and clinical leads from key partner organisations – including representatives from the West London Alliance from Directors of Adult Services, Directors of Children's Services and Directors of Public Health.

We welcome the membership of NHSE as a full partner and critical member of the Board.

Describe stakeholder engagement arrangements

In developing this plan, consultation has taken place with learning disability, disability, and mental health commissioning leads, housing teams, and finance colleagues in CCGs and Local Authorities across our 8 North West London boroughs. Meetings are on-going as we continue to develop our plans.

In November 2015 there was a well-attended North West London Learning Disabilities workshop with 76 attendees. The attendees included a user representative, representatives from Central North West London FT Learning Disabilities services. West London Mental Health Trust and from all the community learning disability services including LA and NHS

staff. CCG and Local Authority commissioners were also represented at the meeting alongside the quality and safeguarding leads and Health Education North West London.

The aim of the workshop was to explore ways to improve mental health services for people with a learning disability in North West London and increase knowledge and understanding of the wider mental health transformation programme, the NWL Like Minded Programme and the links to:

- Crisis Care; IAPT (psychological therapies); perinatal mental health; Children and Young People's Mental Health Services (CAMHS)

It also provided an opportunity for stakeholders to reflect on how the local Green Light Meetings can be used to take forward these improvements for people with a learning disability and mental health needs.

The workshop helped to identify the number and range of partners involved, from users and carers, commissioners from health and local authorities, the community providers of learning disabilities, mental health trust providers and the housing and community care providers.

The output from the workshop was an agreed action plan which will deliver change and improvement to ensure that people with learning disabilities in need of very specialist mental health services will get the support that they need. Additionally the workshop informed the emerging thinking about what is needed to support those with a learning disability and a forensic background to live safely in the community. This thinking has informed the development of our Transforming Care Plan.

In each of our boroughs, there are existing stakeholder engagement forums and groups, advocacy services and partnership boards that meet regularly and their feedback forms an important part of learning disability and/or autism service and pathway redesign. Before submission of our final plan in April, North West London colleagues will facilitate a number of workshops and events to co-produce this Transformation Plan. For now, the work done to date to influence our planning is outlined below.

Specific examples includes work during 2015 that Ealing and Hillingdon have both undertaken on consultations exercises with service users which highlighted a number of areas for development:

- Not knowing where to go for help
- First step is my GP – but they aren't always helpful
- My GP doesn't give me enough time to explain things, my appointment isn't long enough, I'm only allowed to talk about 1 issue at my appointment
- Being on the waiting list for counselling for a long time means things can change and get worse
- Not everyone can access all the services available
- Not being able to have a choice about where to meet for my support from CTPLD
- Not having a choice about what time I can meet
- Not having enough choice about what I can do in the day to help improve my mental health
- Staff don't always know how to best support someone with a learning disability, sometimes they see the way I am behaving as part of my learning disability, not a part of my mental health being bad
- I can't understand what is happening to me, people aren't explaining in a way that I can understand

- It makes things worse when I get ill as I find it all so overwhelming and difficult to understand what's going on
- I don't understand what my medication is for and why I should take it
- I was told I can't use Improving Access to Psychological Therapies (IAPT) because I have a learning disability – this is illegal and unfair

Within Hammersmith and Fulham, the Royal Borough of Kensington and Chelsea and Westminster, learning disability representatives of the joint partnership board have identified priority issues of health, housing, choice and control and transport. Within these broad themes key areas of importance to customers are: choice in housing; accessible communication to support decision making; person-centred planning and support; having a say in matching of support staff; employment and access to personal budgets.

A three borough market engagement event on 1st February shared these messages plus the need for skilled approaches to support positive outcomes for people with complex needs and behaviours. On-going engagement with providers will help shape the Transforming Care plan and in particular the responses to the needs of individuals.

These themes have been incorporated into our Transformation Plans – developing our themes of improving choice and control, person centred care, and specialist services.

Describe how the plan has been co-produced with children, young people and adults with a learning disability and/or autism and families/carers

The involvement of people with a learning disability and/or autism in the shaping of this plan is covered above. We will facilitate a number of workshops and events to co-produce this Transformation Plan during the coming months – we know that the right lead time is needed to allow for appropriate planning, preparation and transport arrangements.

Co-production is also a fundamental element of our Children and Young People's Mental Health Transformation Plan. We worked with stakeholders including children, young people, parents, clinicians, teachers, and youth services to develop that transformation plan. This ensured that our plans reflected what our service users and key partners wanted.

As part of our CAMHS plans, across the eight boroughs we are funding local organisations with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We aim to develop this further by reviewing co-production for different groups, learning from the work done in other boroughs across NWL and sharing our learning on the engagement approaches that work best for different groups of children, young people, and parents. We are building on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016.

On-going planning will also build on existing coproduction structures through partnership boards, sub-groups, and groups such as the Parents Reference Group and Carers groups. Engagement of care co-ordinators will be key to ensure a realistic focus on the holistic needs of the people they are planning with and the issues or barriers they are facing on the ground.

Please go to the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack) and select the CCG areas covered by your Transforming Care Partnership

Any additional information

Please see attached template.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

2.Understanding the status quo

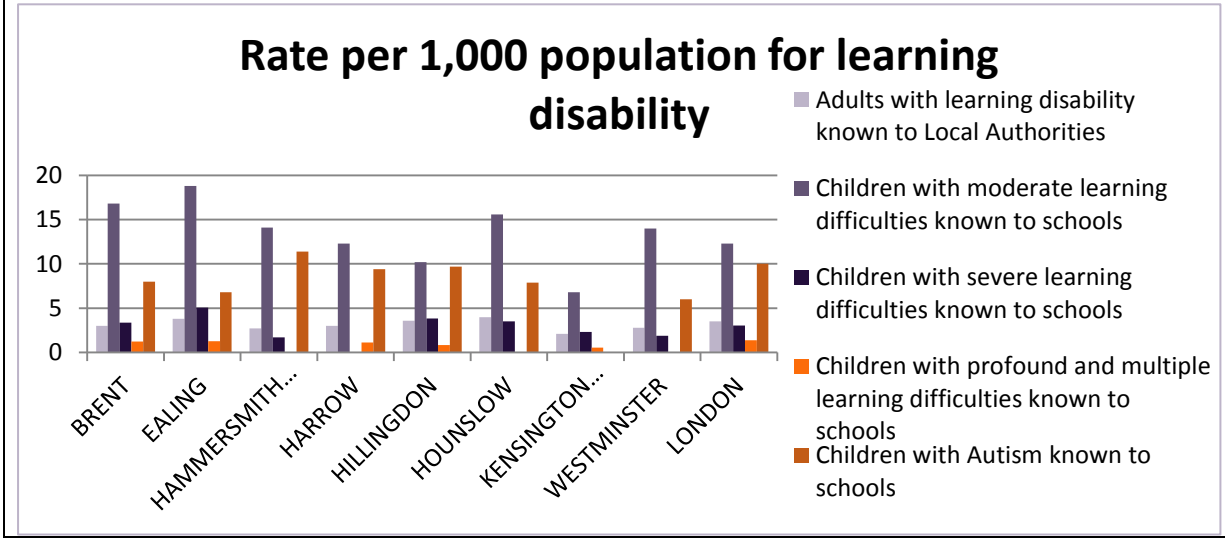
Baseline assessment of needs and services

Provide detail of the population / demographics

Learning Disability in North West London

The cohort of people with a learning disability and/or autism in NWL is diverse, and growing. The below graph shows the latest figures for learning disability prevalence across NWL and the rate per 1,000 population for the whole of London[1].

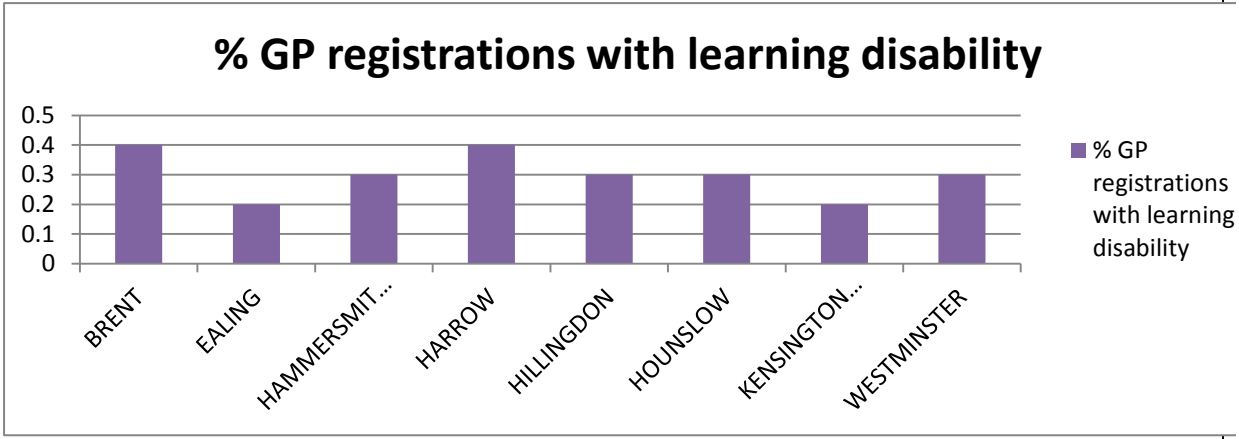
You can see that the rate per 1,000 population for children with moderate learning disabilities known to schools varies across the boroughs from 18.8 in Ealing to 6.8 in Kensington and Chelsea, with the London rate being 12.3[2].



[1] Public Health England Fingertips data 2013/14

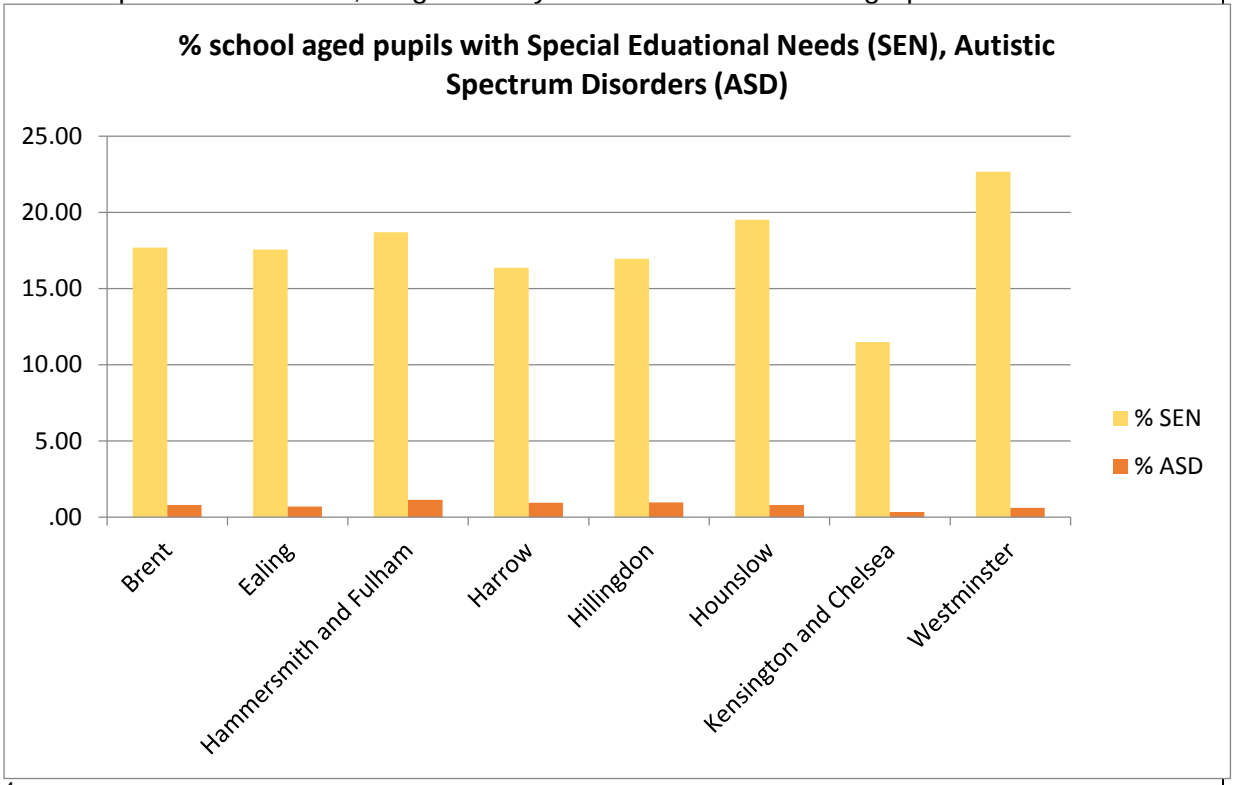
[2] http://fingertips.phe.org.uk/profile/learning-disabilities/data#page/0/gid/1938132702/pat/6/par/E12000007/ati/102/are/E09000020

We also know that the percentage of adults registered with a GP in NWL as having a learning disability varies across the boroughs from 0.2% to 0.4%[3].



In 6 out of our 8 NWL CCG areas, we do not have up-to-date information on the mental health and emotional well-being of our children and young people. We are therefore investing some of our CAMHS Transformation Plan funding in producing needs assessments to further guide our local priorities.

Across NWL, the percentage of school aged children with special education needs, including autistic spectrum disorders, ranges widely as demonstrated in the graph below.



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[3] HSCIC, 2014

[4] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005

Many of our NWL boroughs have undertaken LD JSNAs in the last few years. The details below provide a snapshot from these of some of the NWL specific challenges and opportunities:

- In Brent, 2.6% of school children had a learning disability (2014). This was slightly lower than the England average of 2.9%[5]
- Out of 600 individuals with learning disabilities known to local GPs in Hounslow, there are 296 females (45%) and 358 males (55%). The median age for females was 43 and for males was 37 years. Learning disabilities are more common in men than women (for severe learning disabilities an average ratio of 1.2:1, and for mild learning disabilities 1.6:1) and these figures are in keeping with that[6].
- Nearly 10% of adults with a learning disability are in paid employment in Ealing in 2011/12. This is statistically better than England average (6.1%) for the same period[7].
- Numbers in residential care of all ages in Hammersmith and Fulham have been steadily rising over time, with around 50-60 more 18-65 year olds in residential care than is typical for London and England[8].
- Kensington and Chelsea had experienced falls in numbers in residential care but this has risen sharply in recent years, and has 15-25 more than expected in residential care[9].
- Published figures on the spend on residential care suggest it was very high in Hammersmith and Fulham and high in Kensington and Chelsea by virtue of the higher proportion of clients in this type of accommodation[10].

Needs Grouping described in the National Service Model

The National Service Model identifies 5 groups of people with a learning disability and/or autism who:

- Have a mental health condition such as severe anxiety, depression, or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges;
- Display self-injurious or aggressive behaviour (not related to severe mental ill health), some of whom will have a specific neurodevelopmental syndrome where there may be an increased likelihood of developing behaviour that challenges;
- Display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour);
- Often have lower level support needs and who may not traditionally be known to health and social care services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal

[5] Brent Learning Disability Brief JSNA 2014
[6] This is Hounslow, 2014
[7] Ealing JSNA 2012
[8] Tri borough Joint Strategic Needs Assessment 2013-2014
[9] Tri borough Joint Strategic Needs Assessment 2013-2014

[10] Tri borough Joint Strategic Needs Assessment 2013-2014

justice system;

- Adults with a learning disability and/or autism who have a mental health condition or display behaviour that challenges who have been in hospital settings for a very long period of time, having not been discharged when NHS campuses or long-stay hospitals were closed.

Currently, our CCGs and Local Authorities do not collect data that categorises people with a learning disability and/or autism into these distinct groupings. However, we will ensure that our Transformation Plans address the diverse and complex needs of each of these groups of people. We also plan to do further work on risk stratification of our population as part of the continuing development of our plans that will provide more detail on the numbers of people within each of these categories across North West London. This will also require close working with teams from the national criminal justice system, and local partners.

Analysis of inpatient usage by people from Transforming Care Partnership

Please see the attached Finance Template for detail on inpatient usage numbers for NWL.

The activity for our main inpatient unit, The Kingswood Centre, is shown below.

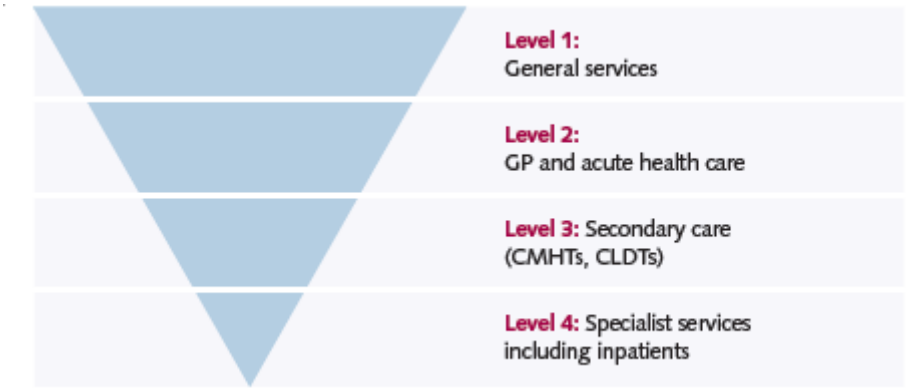
Admissions per year to The Kingswood Centre for NWL Boroughs – 2011 to 2015						
Borough	**2011**	**2012**	**2013**	**2014**	**Q1-2 2015**	**Total**
Brent	4	5	7	7	4	**27**
Hillingdon	2	0	2	4	4	**12**
Westminster	3	3	2	3	1	**12**
K&C	1	3	1	4	0	**9**
Hounslow	2	1	0	1	0	**4**
Harrow	1	5	0	5	1	**12**
Ealing	2	0	6	1	1	**10**
Hammersmith and Fulham	0	0	0	0	0	**0**

These numbers represent people with a learning disability and/or autism who have been an inpatient in our local NWL service. However we recognise that a large number of our NWL residents with a learning disability and/or autism are in inpatient units outside of our catchment area. This is in part due to the range of complex needs of these patients, and our limited estates to support these patients in community settings. Also, we are working with historical contracting arrangements that need to be updated.

The process of implementing our TCP allows us to address these issues as a collaborative across NWL.

Describe the current system

In North West London, people with a learning disability and/or autism can come into contact with a wide range of services. Services supporting people with a learning disability and/or autism can be described in the following ways:



Level 1 These services are primarily focused on improving the health of the whole population of people with learning disabilities. Good access to housing, leisure, education, transport and employment are known to have a positive impact on mental health. Other priorities include neonatal screening, early detection and treatment for conditions such as congenital hypothyroidism and phenylketonuria.

Level 2 People with learning disabilities and/or autism should have good access to mainstream health services. In primary care, this means regular health checks, advice and support on lifestyle factors such as diet, exercise, alcohol consumption and sexual health. Other services include health facilitation to improve access to primary care and health liaison to improve access to acute hospital-based care. Training and support for carers should be made available. Improving Access to Psychological Therapies is included at this level.

Level 3 Community mental health and learning disability teams which provide assessment, treatment and some on-going support for people with a moderate degree of mental health need (significant anxiety and depression, psychotic disorders, and cognitive impairment). These teams have expertise in dealing with perceived behaviour problems associated with these conditions, as well as the whole range of learning disability and coexisting autism and ADHD. In North West London, community services are provided by a range of providers including specialist learning disability providers (e.g. Craegmoor), community healthcare trusts (Central London Community Healthcare) and mental health trusts (Central and North West London Foundation Trust and West London Mental Health Trust). In Kensington and Chelsea there is a Positive Behaviour Support team and in Westminster there is a Flexible Response Service that also partners with a skilled support provider to provide in-reach for people with challenging behaviours.

Level 4 These services have expertise in dealing with people who are a severe risk to themselves and others, often with chronic severe treatment resistant mental illness, behaviour problems and offending behaviour. Services at this level include community-based assessment and treatment using a combination of crisis and home treatment teams, behaviour support services, forensic teams and experts in autism, ADHD, eating disorders, dementia and epilepsy. Inpatient services may also be required where 24 hour assessment and treatment would enable a safe return to well-resourced, community-based packages of care. The appropriate role for psychiatric hospital services for people with learning

disabilities lies in short-term, highly-focused assessment and treatment of mental illness. At present in North West London, these services are mainly provided by The Kingswood Centre with inpatient services being either block purchased (as is the case for Brent) or spot purchased (as is the case for all remaining areas in North West London). Spot purchasing of inpatient services also takes place in many other inpatient facilities across the country.

Residential and special schools also form part of the support available for children and young people with a learning disability and/or autism.

The services within these different levels include:

- Primary care
- Psychological therapies
- Community learning disability services
- Inpatient learning disability services
- Generic mental health services
- Services at the interface (transition services)
- Supported housing, residential care and continuing health care

The level of coordination between different service elements can vary, and can also lead to delay and duplication as well as high costs. These different services have a range of providers across NWL including a number of dedicated learning disability services:

- Integrated health and social care learning disability services (provided by the community health trusts; Central London Community Healthcare; Hounslow and Richmond community Healthcare; London North West Healthcare; Hillingdon) with social care staff from the relevant local authorities
- Autism Diagnostic Clinical Services (provided by Central and North West London Foundation Trust and West London Mental Health NHS Trust)
- CAMHS Learning Disability Services (provided by Central and North West London Foundation Trust and West London Mental Health Trust)

In addition, Local Authorities provide and commission a range of services for people eligible for support under the Care Act including residential care, supported living, respite, homecare, day opportunities, transport, advocacy and outreach, as well as special schools and a range of services and young people with learning disabilities and/or autism and behaviour that challenges.

What does the current estate look like? What are the key estates challenges, including in relation to housing for individuals?

A thorough picture of our current estate across residential and supported housing, clinical services, and community support is a gap within our current plan. We are working with our estates teams and providers to map the existing provision, including the areas where we are routinely accessing placements out of our North West London area.

In some of our boroughs, recent work on estates and residential support offers has taken place and there are strategies in place to develop and expand the offer to meet the needs of people with learning disabilities and/or autism. These strategies are included in each borough's appendix, where applicable.

Across many areas, in particular inner North West London, housing planning work has identified a shortfall of accessible property and lack of properties with the specification and

space to meet these needs of individuals and families. As inner London boroughs the cost of land and property is a huge challenge and as a result, there are many people in placements outside of their home boroughs. However there is on-going work to secure property through new build developments and improved pathways to access existing stock.

What is the case for change? How can the current model of care be improved?

The case for change across North West London is clear. The following challenges must be addressed:

- There is widespread recognition that those with a learning disability and/or autism and challenging behaviours are not best served by extended hospital stays, although admission for assessment and treatment will be required from time to time for some people.
- Despite this recognition, due to a lack of alternatives some people with a learning disability and/or autism and challenging behaviour are admitted to hospital in a crisis and remain in hospital for longer than necessary when they could have been supported in the community if 24/7 clinical support was in place.
- The ageing population of those with a learning disability and/or autism require more proactive support that also provides support and treatment for co-morbidities that are more common in later life;
- There is extensive reliance on families and carers to provide support. To prevent burn out and family breakdown, there is a need to ensure that there are both crisis and planned respite services available to avoid hospitalisation;
- There needs to be increased skills in the workforce to support people with a learning disability and/or autism most effectively and similar support for their families and carers;
- The population of North West London is increasing, as is the number of people with a learning disability and/or autism. Our systems and services need to be able to respond to this increase in demand in the most effective and efficient ways possible;
- The cost of housing in London is higher than anywhere else in the UK. This means that people with a learning disability and/or autism are often housed outside of London, which impacts on family and friend relationships and support. More needs to be done to ensure that people can stay in their own homes where possible, and where that is not possible, placements can be made closer to home to ensure support networks can be maintained.

To address these challenges, we need to develop a system and services underpinned by the following principles:

- The needs and preferences of people with a learning disability and/or autism should be at the heart of all we do. Care and support should be person-centred, planned, proactive and co-ordinated across health and social care, allowing people to have choice and control and lead good and meaningful lives;
- Substance Misuse services do not usually screen for learning disabilities – and vice versa – despite co-morbid needs frequently existing
- We need to further develop our system-wide approach across specialised and CCG commissioning, health and social care and other services (e.g. housing) for people in North West London with a learning disability and/or autism and challenging behaviours;
- Care and support services need to be redesigned to minimise inpatient care to when it is the best place for the person concerned. More often, care should be provided in community settings by skilled professionals who can support and maintain independence;

- A 'whole life' preventative approach is needed for care and support with a much greater emphasis on addressing or reducing the impact of challenging behaviours from a young age;
- Significant market development and provider liaison is required to achieve transformational change. The skills and capacity of providers must be increased to better support people with a learning disability and/or autism and challenging behaviour in the community to deal with high levels of complexity. Personalisation/ self-directed care, increasing employment opportunities;
- Advocacy forms part of the support available to people with a learning disability and/or autism to help uphold people's rights and ensure their voices are heard.
- Within forensic pathways commissioned by NHS England there is a need to ensure the appropriate specialist input for service users with Learning Disabilities;
- The green light toolkit framework provides a means to focus on individuals and their needs and requires continued focus and resource to support;
- Court diversion schemes operate in NWL for people with Mental illness. The capability of all members of these teams to respond to the needs of people with a learning disability and/or autism could be strengthened.

Please complete the 2015/16 (current state) section of the 'Finance and Activity' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Please see attached template.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

3.Develop your vision for the future

Vision, strategy and outcomes

Describe your aspirations for 2018/19.

For North West London, Transforming Care is a programme that will help us develop our model of care and support for people with a learning disability and/or autism that promotes participation and an improved quality of life, whilst at all times maintains a person-centred approach that recognises and values difference and diversity.

In North West London, people with a learning disability and/or autism and their families will be able to say:

- I have choice and control
- I direct my care
- I have a home I can call my own
- I am part of a community

- I manage my health with the level and quality of support that I need

We will achieve this vision by developing pathways and services that:

- Are community based where appropriate, with a reduced reliance on inpatient facilities;
- Are skilled and experienced to manage complex cases, including managing the complexity of competing demands across health and social care;
- Provide respite for families and carers to maintain, wherever possible, at home placements and strong family relationships;
- Enable people to have choice in accommodation that is suitable to their needs and close to their communities and chosen networks; (acknowledging that for some people they may not choose this to be in their borough of origin);
- Meet the needs of people of all ages – not defining support by age but instead responding to care and support needs and reducing the differences in services for children, young people and adults

These services are pathways will help us to achieve:

- Timely access to assessment and treatment for learning disability and/or autism;
- Reduced numbers of admissions to hospitals (both secure and non-secure), and shorter stays when admitted through effective discharge planning;
- When required and community solutions are not appropriate, timely access to inpatient assessment and treatment;
- Improved health and educational outcomes;
- Improved quality of life;
- Improved experience of services.

How will improvement against each of these domains be measured?

In accordance with the national guidance, we will monitor progress on delivering against the overarching outcomes of the programme using the suggested measures.

For the aim of reducing reliance on inpatient services, we will use the Assuring Transformation Plan data set to monitor progress. This will include defining baselines and setting KPI trajectories and end states in collaboration with our providers and service users for the following:

- Registers of people with a learning disability and/or autism
- Numbers of patients on registers
- Numbers of patients with a care co-ordinator
- Numbers of patients who have had a formal care plan review
- Number of patients with a planned transfer date
- Awareness of Local Authority to up-coming transfers
- Number of patients with an independently appointed Advocate (family member, independent person, formal Independent Mental Capacity advocate (IMCA)
- Numbers of patients admitted to inpatient care
- Number not on at risk of admission registers prior to admission
- Numbers of patients transferred out of inpatient care
- Numbers of patients considered not appropriate for transfer to the community and the reasons why
- Number of readmissions

- Number of readmission resulting in Root Cause Analysis

For the aim of improving quality of life, we will use measures based on the Health Equality Framework tool. All these measures will be further refined as our plan developed. At present, we have some outline ideas on the quality of life areas we want to assess. These include:

- **Social determinants of health**: accommodation, employment, financial support, social contact, and safeguarding (e.g. 10% increase in the number of people with a learning disability and/or autism who are in employment by March 2019).
- **Genetic and biological determinants of health**: assessment and review of health needs, care plans, crisis plans, medication passports, and access to specialist services (e.g. 100% of inpatients in specialist learning disability services have a care plan that has been co-produced with the person and their family/carers).
- **Communication and health literacy**: body and pain awareness, communication of health needs, recognition by others of pain, recognition of health needs and response by others, understanding health information, and making choices (e.g. 100% of patient information leaflets in community learning disability and/or autism services are available in easy read format).
- **Behaviour and lifestyle**: diet, exercise, weight, substance use, sexual health, risky behaviours (e.g. 20% reduction in the number of people with a learning disability and/or autism who are overweight or obese).
- **Access to and quality of healthcare and other services**: reducing organisational barriers, understanding consent, managing transitions, uptake of health screening/ promotion, access to primary and secondary health services (e.g. 15% increase in uptake of cervical screening by women with a learning disability and/or autism).

For the aim of improving quality of care, we will use the suggested basket of indicators, where these are not covered by the measures above. As a start, this will include (but not be limited to) measuring and developing KPIs on:

- The number (and %) of people receiving social care primarily because of a learning disability who receive direct payments or a personal managed budget.
- Readmissions to hospital for people with a learning disability and/or autism.
- Waiting times for new psychiatric referrals for people with a learning disability and/or autism.
- The availability of accessible information in line with new accessible information standards.

In addition to these mandated measures, we will also use local measures to monitor progress against our local objectives. Co-production of these measures with people with a learning disability and/or autism and their families and carers will be an important component in the delivery of our Transformation Care programme.

For us, the most important measure of improvement will be patient reported experience and outcome measures (PREMS/PROMS). We are committed to embedding PREMS and PROMS into all services, drawing on the developing evidence base and guidance for using these measures appropriately for people with a learning disability and/or autism. We will ensure that people are allowed extra time to complete these measures, can complete them at home, and will have the support of someone they trust to complete each measurement tool. All questionnaires will also be provided in easy read formats. We will build on the work in NWL using Patient Knows Best to capture the improvements that matter at a local level.

Describe any principles you are adopting in how you offer care and support to people with a learning disability and/or autism who display behaviour that challenges.

The principles we are adopting in how we offer care and support to people with a learning disability and/or autism who display behaviour that challenges reflect the principles inherent in our current practice, and the ideals we are striving towards that are linked to the Transforming Care agenda. These are:

1. **Personalised**

Person centred care

- We will work with people with a learning disability and/or autism and their families to plan care and support that is focused on the individual and their unique circumstances.
- We will give people more influence over their care and will promote a culture of positive risk taking.
- We will be committed to achieving the outcomes that we co-produce with each person as part of their care planning or Education, Health and Care (EHC) plans. Overall, we will all be working towards supporting people to have good and meaningful everyday lives.
- We will provide people with a learning disability and/or autism, and their carers and families with the right information at the right time to enable them to make informed decisions about care and support. We will ensure that the ways in which this information is provided takes into account the communication needs of the person with a learning disability and/or autism.
- We will ensure people are supported to use personal budgets and direct payments to extend choice, control, and flexibility.

Support for families and carers

- We will provide support to families and carer to enable people with a learning disability and/or autism to live at home or in their community wherever possible.
- We will make training available for families and carers in managing challenging behaviour.
- We will develop our respite offer for families and carers through short term accommodation for people to use briefly in a time of crisis, and paid care and support staff who are trained and experience in supporting people who display behaviour that challenges including positive behaviour support.

Access to mainstream services

- We will encourage the use of mainstream services as a starting point, including employment and leisure opportunities. These services will be available and accessible for people with a learning disability and/or autism.
- We will monitor our mainstream services through quality checks using the Green Light Toolkit and evaluation by people with a learning disability and/or autism and their carers using peer evaluation and inspection where appropriate.
- Where mainstream services are not sufficient to meet a person's needs, we will provide specialist support service in a community setting wherever possible.

Choice and control

- We will ensure that people with a learning disability and/or autism have choice and control over how their health and care needs are met – with information about care and support in formats people can understand and the further development of advocacy services.
- We will provide a choice of housing options, including choice of type of accommodation and tenure, and support to live with families where that is the preferred arrangement.
- Plans and services will be co-produced and evaluated by people with a learning disability and/or autism, their families and carers. The opinions of people who use services will be listened to and their comments will initiate change.

2. <u>Integrated</u>

Co-ordinated care

- We will co-ordinate planning and commissioning of services across health and social care.
- We will encourage and promote cross organisation working.
- We will develop clear service specifications, pathways, protocols, and patient-centred outcomes.
- We will ensure discharge to community is well co-ordinated, guided by Care and Treatment Reviews.

Integrated to mainstream services

- We will improve access to mainstream services for people with a learning disability and/or autism by encouraging reasonable adjustments to services.
- We will work towards increasing access to education, employment and volunteering opportunities.

Lifelong approaches

- We will develop early intervention and preventative support programmes to address challenging behaviour from an early age.
- We will improve the continuity of care across different stages of life.

3. <u>Localised</u>

Community-based care and support

- We will develop local, multidisciplinary community support teams, consisting of a range of professionals to meet health and social care needs.
- We will build on existing services, incorporating evidence-based knowledge and skill development and expertise in the management of challenging behaviour and complex cases.
- We will work as a NWL collaborative to consider our options for developing more local housing options to ensure that our residents have the choice to be housed closer to their support networks.

4. **Specialised**

Specialist support

- We will ensure that people with a learning disability and/or autism are able to access specialist health and social care support in the community – via integrated specialist multi-disciplinary health and social care teams.
- We will develop the support that is available out of hours.
- We will develop the workforce so that all staff working with people with a learning disability and/or autism have the appropriate training, skills, knowledge and expertise to manage challenging behaviour in a supportive way.
- We will develop community forensic health and care across North West London so that people with a learning disability and/or autism have support to reducing their offending and/or antisocial behaviour.
- We will provide high quality assessment and treatment services in hospital settings for those people whose needs cannot be met in community. We will ensure that where a hospital admission is required, it is for the shortest time possible, and pre admission checks ensure that hospital care is the right solution and discharge planning is commenced from the point of admission or before.

Our Transformation Plan for people with a learning disability and/or autism forms part of our overall strategy to improve the mental health and wellbeing of people in North West London. Like Minded is the mental health and wellbeing strategy for North West London. It brings together service users, carers, clinical staff from the statutory services and voluntary groups and other experts to work together to improve mental health and wellbeing across North West London. By working together, our vision is for North West London to be a place where people say:

"My wellbeing and happiness is valued"
"I am supported to stay well"
"My care is delivered at the place and time that is right for me"
"The care and support I receive is joined up"
"I can access support to avoid crisis"

Please complete the Year 1, Year 2 and Year 3 sections of the 'Finance and Activity' tab and the 'LD Patient Projections' tab of the Transforming Care Activity and Finance Template (document 5 in the delivery pack)

Any additional information

Please see attached template.

Please note that without financial information from NHS England on the additional funding that will support this transformation programme, it is very difficult to project what finances will be allocated. The assumptions used to guide our planning are included in the spreadsheet.

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

4.Implementation planning

Proposed service changes (incl. pathway redesign *and* resettlement plans for long stay patients)

Overview of your new model of care

Our new model of care will build upon the successful elements of our existing services to develop our community care and support offer and will look to address some of the challenges we face in NWL with finding suitable housing options. The fundamental elements of our new model of care are:

1. **Personalised: Care and support to meet each person's unique needs**

We recognise that no two people with a learning disability have the exact same care and support needs and preferences, and therefore we will work with each person with a learning disability and/or autism to ensure that they receive care and support that works most effectively for them and their families. When someone is referred to the service, they are offered a comprehensive assessment of their needs. People with a learning disability and/or autism and their family or carers will co-produce a shared care plan that covers their health, social care, and support needs as well as their goals for independent living.

To ensure that we are meeting the needs of all our population with learning disabilities and/or autism, including those who don't currently engage with services, we need to improve our registers. We will develop an all-ages learning disability register for individuals known to community services and inpatients facilities. We will build on this by cross-checking our registers with GP registers for adults and children, and local authority registers of children with additional needs.

To understand the future demand on our community services, we will work with our public health colleagues to understand our prevalence data based on national estimates and our improved registers. We will then work on risk stratifying our population to understand who is likely to need higher levels of support, either in community or inpatient facilities. This information will then inform our service implementation and market development plans.

2. <u>Integrated: Co-ordinated care and planning</u>

We will underpin our Transforming Care agenda with a co-ordinated approach to planning and commissioning of services across health and social care. Our communities have a long history of joint commissioning and integrated community team for people with learning disabilities. The local authorities work together within the West London Alliance. We have built on this approach with to develop this plan. We are committed to ensuring that support for people with a learning disability and/or autism is strengthened by cross organisation working. We are working together to develop clear service specifications, pathways, protocols, and patient-centred outcomes. We will continue to work together to monitor and evaluate services and new pathways to ensure our Transforming Care agenda delivers the outcomes we are aiming for. We will also work as a collaborative across North West London to tackle our local housing issues so that wherever possible our residents can live in housing close to their families, if that is their wish.

We will make best use of Care and Treatment Reviews to ensure all our resources are used effectively to avoid admissions where possible and to ensure a clear and on-going focus on well co-ordinated discharge to the community.

Planning of services will also stretch beyond health, social care and housing. We will ensure that people with a learning disability and/or autism are enabled to participate in society in meaningful ways. This means improving access to mainstream services for people with a learning disability and/or autism by making reasonable adjustments, utilising the Green Light Toolkit and other contractual levers. We will also work towards increasing access to education, employment, and volunteering opportunities.

3. <u>Localised: Community care, close to home</u>

At the centre of our model of care the multidisciplinary community support team consisting of psychiatrists, nurses, psychologists, social workers, and support workers. Support will also be available from other specialists including speech and language therapists, occupational therapists, physiotherapists, and creative therapists. The team will be built upon the existing services, incorporating evidence-based knowledge and skill development and expertise in the management of challenging behaviour and complex cases. The health services offered by the team will be integrated with social services and will have a single point of access.

Housing options suitable for people with a learning disability and/or autism are problematic in North West London. High land values and a shortage of space makes the development of housing more difficult than in other areas of the country. We are committed to working as a North West London collaborative to consider our options for developing more local housing options to ensure that our residents have the choice to be housed closer to their support networks.

4. Specialised: expert care and support

We recognise that specialist skills are required to provide high quality care and support for people with a learning disability and/or autism. These specialist staff are a fundamental element of our community care teams; we need to develop the expertise of these teams to manage more complex cases and challenging behaviour to reduce our reliance on inpatient facilities and residential school placements. Even with specialist community support, there will continue to be a need for inpatient care in some cases. Our aim is to reduce our reliance on inpatient admissions, and where they are required, to reduce length of stay and ensure that discharge planning commences at admission or before.

Across NWL we recognise the need for more specialised support for people with a learning disability and/or autism who are in contact with, or at risk of contact with, the criminal justice system. Our current community support teams could be further developed with more specialised psychological input for people who offend, linking closely with our court diversion and liaison services. This is one of the areas that we think could benefit from a NWL approach – pooling resource to support the small number of cases across NWL with specialised psychological support.

We also recognise the expertise that exists within the third sector for supporting people with a learning disability and/or autism and our NWL plan includes our third sector partners as an important part of our care and support pathways.

What new services will you commission?

Across North West London we are working towards to same strategic vision for people with a learning disability and/or autism. However, as we are describing a model across eight boroughs it is worth clarifying that in some cases these services will be new services in the boroughs where there is currently a gap; in other cases these services already exist and as such these services may be developed or updated within existing provision. Specifically we will commission:

- **Community support**, including the utilisation of more skilled staff to manage more complex/challenging behaviour. This may involve moving staff from inpatient facilities into community services, and vice versa, to share learning.
- Tailored **local housing options** for people with a learning disability and/or autism who have challenging needs. This will include short term housing options for people in crisis where there is a risk of placement breakdown, and access to shared living schemes.
- **Respite services** for families and carers, regardless of the age of the person being cared for. This will include short breaks, day opportunities, longer break provision and family support services.
- **Crisis care,** available 24 hours a day, 7 days a week that ensures that people with a learning disability and/or autism and their families and carers receive care and support that meets their needs in times of crisis, including when this crisis occurs outside of standard working hours.
- An **all ages service** that removes the need to transition between children and adult services.
- A North West London level **service for people with a forensic history** or Asperger's to provide the specialised psychological support required and manage the smaller number of cases over a larger geographical area.
- More services to support people with a learning disability and/or autism to access training, work experience, apprenticeships, and voluntary and **paid employment**.

- **Co-ordinated care** across the health and social care pathways, ensuring that primary care clinicians are involved in early identification and signposting, and all partners are engaged in on-going care and support.

What services will you stop commissioning, or commission less of?

We will commission fewer:

- Assessment and treatment inpatient beds – via both reduced numbers of admissions and reduced length of stay
- Residential school placements
- Out of area placements

This shift in commissioning will be heavily dependent on the development of specialist community support services that are able to manage the increasing demand and complexity of cases and sufficient suitable respite provision to enable families to cope. Therefore, we expect this decommissioning to be gradual over time as the community services embed. Our detailed implementation plan will describe the phasing of decommissioning – ensuring appropriate individual alternatives are in place as we reduce reliance on inpatient/residential care.

What existing services will change or operate in a different way?

Our existing services vary across North West London, so the detail of what will operate differently can be found in each borough's local annex. As general principles across North West London, existing services will change or operate differently in the following ways:

- Current community services will be developed, in terms of capacity, skill mix, and ability to manage complex cases and challenging behaviour. There will also be more in-reach into inpatient services to support discharge and more outreach to other health and social care teams to support more independent living and integration with mainstream services.
- Current day services will be remodelled to provide more respite options and more integration into the local community.
- Crisis response teams will be trained and supported to respond to people with a learning disability and/or autism in crisis.
- Mainstream services will, through training and support for staff and changes in protocols and procedures, have increased awareness of learning disabilities and autism and will be adjusted to provide appropriate care and support.
- Waiting times for an assessment for learning disability and/or autism in CAMHS will be reduced. Children and young people will receive a quicker assessment, diagnosis, and access to support and treatment.
- Quality assurance and service development will be fundamental elements of all services.
- More services will be able to be responsive to people's individual needs with direct accountability to individuals and their families through personal budget and individual service fund arrangements.
- There will be more effective links with the criminal justice system.

Describe how areas will encourage the uptake of more personalised support packages

Across NWL personal budgets are offered to people with a learning disability and/or autism. Currently, the uptake of these offers is generally low; however using a North West London approach we will share learning from areas where uptake is higher (such as Kensington and Chelsea). We recognise the importance of increasing awareness of the benefits of these packages of care, and are cognizant of the need to balance this against the additional support required to help people with a learning disability and/or autism and their carers manage these budgets.

Work has commenced with MENCAP in Brent to explore the barriers around these budgets and to develop guidance and support recommendations to increase uptake. We are committed to working with our local independent sector partners to ensure people with a learning disability and/or autism have access to independent advocacy support to help them understand their budgets and the options available to them.

Work is underway in Hammersmith and Fulham with a provider introducing Individual Service Funds to maximise accountability to personalised approaches and choice and control for customers with learning disabilities.

Each CCG has a commitment in their commissioning intentions to support Personal Health Budgets more widely. We can build on work in Kensington and Chelsea to introduce personal health budgets (supported by MIND) and the processes in place to support payments and appropriate advocacy. We will learn from the demonstrator sites for Integrated Personal Commissioning to plan for local implementation.

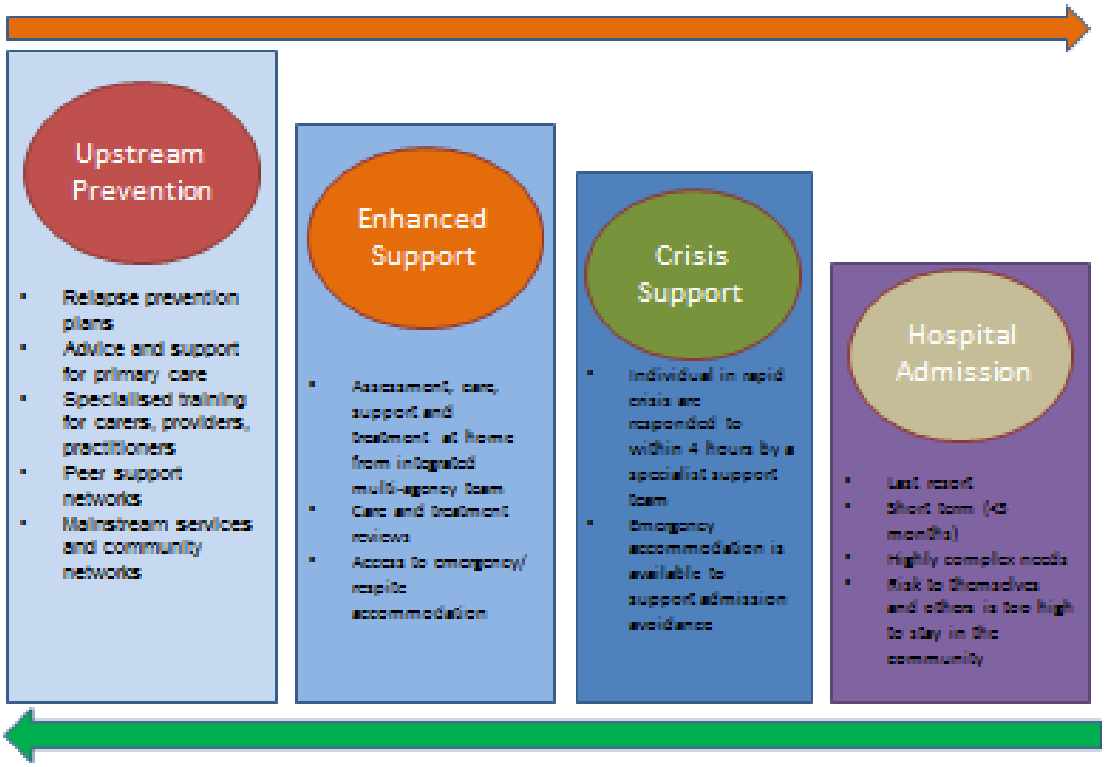
What will care pathways look like?

The overall objective of our TCP is to improve the experience of a small but vulnerable cohort of people across North West London. As we develop these plans we have been reminded frequently that the changes we want to see will be very individual to different people – reflecting the complexity of many of the needs of this population, and their families and carers. The care pathways we will further develop provide a framework but the reality is that each individual will require a tailored plan both for any immediate changes, but also to provide longer term support for the whole variety of needs – physical health, mental health, social care and education for example.

As noted in *Building the Right Support,* people with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group. As a result, care pathways can be very diverse and will in every case be dependent on the individual and their family or carers. There are however some over-arching principles that will underlie every care pathway.

Our care pathways will be:

- Planned, in collaboration with the person with a learning disability and/or autism and their family and carers;
- Proactive, considering future care and support needs as well as the current situation;
- Co-ordinated, linking up health, education, social care, and the independent sector to provide a joined up approach to support that meets the range of needs of the person.



- Upstream prevention

Focusing resource, wrapped around the individual and their family and utilising the breadth of skill available in the community will support proactive planning and a holistic approach to avoiding exacerbation of need – and managing some of the drivers of worse outcomes. The GP remains a core member of this team with access to other team members who will be trained to ensure awareness of specific needs of this population

- Enhanced Support

Many of this population will require support at this level routinely. Supporting individuals to remain at home is key and the specialist teams to provide input at this stage in the pathway will focus on coordinating the range of services – to both the individual and the family/carers

- Crisis support

NWL through work on the crisis care concordat has improved access to urgent care for people with mental health needs. This model needs to be sensitive to specific needs of people with learning disabilities and provide pathways which re alternatives to admission

- Hospital Admission

Once admitted planning for discharge will be a priority with a focus on avoiding readmission and putting in place pathways which enable individuals to continue to be cared for in the least intensive setting.

How will people be fully supported to make the transition from children's services to adult services?

Our ambition is to develop an all ages offer for people with a learning disability, removing the need to "transition" from children's to adult services. The needs of service users do change with age; however the fundamental elements of support and care remain the same. In our proposed new model of care, all people with a learning disability and/or autism will have access to support for their health, education, and social care needs regardless of age. On turning 18 they will not be required to be reassessed according to different criteria or change services; instead needs will be assessed on an annual basis and will change with each individual rather than at pre-determined age points.

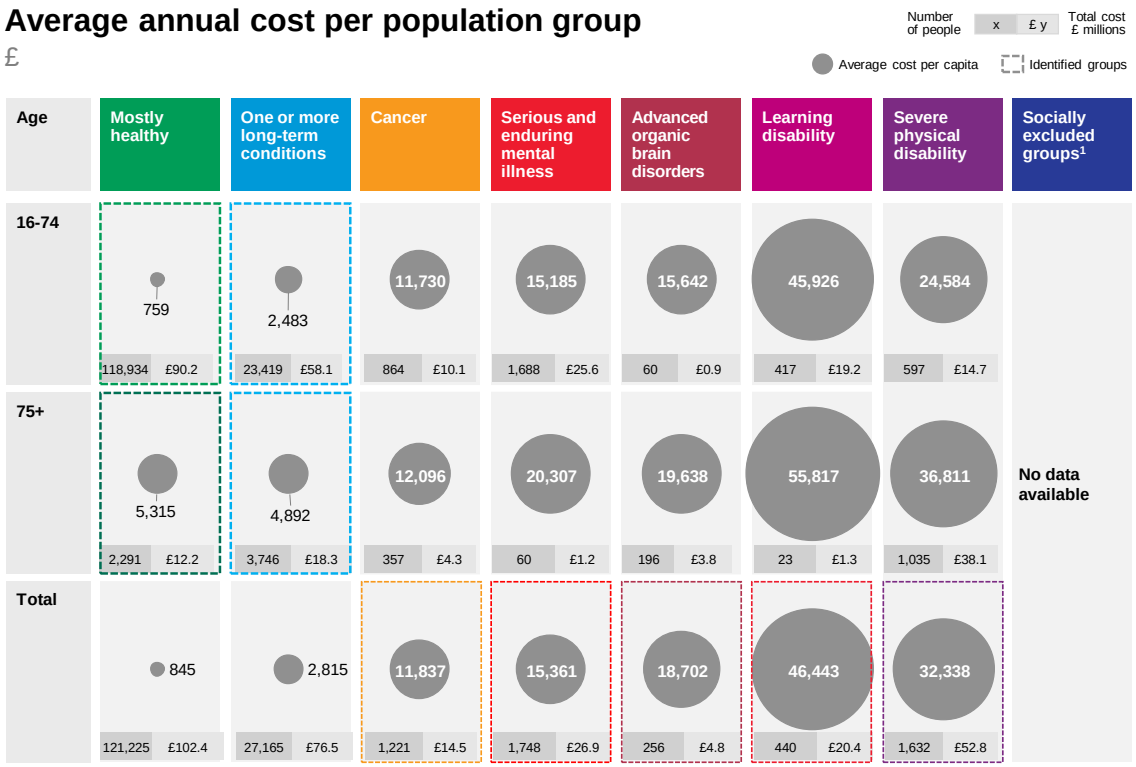
We will build on the Preparing for Adulthood principles and requirements of the Children & Family Act to ensure a local offer, raising aspirations of all young people with care and support needs with an emphasis on improving health, independence and employment outcomes.

As we move towards this new model of care, we will continue to support young people moving through the current system through careful planning and joined up working between social work teams. Our education, health and care plans also provide a bridging step between children's and adult services to assist with transition up to the age of 25.

How will you commission services differently?

Across North West London Local Authorities are working collaboratively with partners in health (commissioning and provision) to develop new models of care (in line with the 5 year forward views) which, whilst putting the patient at the centre, also enable funding to flow differently. Initially work began looking at the holistic needs of our elderly population with multiple long term conditions. In the current round of planning, and indeed with the driver of the Better Care fund and Sustainability and Transformation Plan, we are coming together to agree how we use the same lever for different populations – including those with serious mental illness, and those with learning disabilities. We are aided in this work as significant investment has been in made in the data systems which will enable us to collect the right information – on activity and funding initially, but in future on it comes, for the population segments as below (note the specific segment for learning disabilities).

We will also learn from and build upon the successes of our Section 75 arrangements in NWL to ensure that our commissioning partnerships across health and social care deliver improved outcomes for people with a learning disability and/or autism.



Note: The dataset includes a subset of the population of Hammersmith and Fulham; it represents ~90% of the population of that borough
1 For example, the homeless, people with alcohol and drug dependencies
Source: Integrated data-set from H&F, ICP data warehouse, FIMS 2012/13, CLCH budget, WLMHT budget, LA Budget, McKinsey analysis

How will your local estate/housing base need to change?

Across North West London we are developing our housing and estate plans, with each borough being at a different level of development. Local detail is outlined in the appendices. As we further develop our Transforming Care plan, we will develop a joined-up North West London estates plan that takes account of each borough's local position and uses a combined approach to deliver economies of scale and solutions that can be shared across North West London.

The general requirements for our estates for people with a learning disability and/or autism will include:

- accommodation with sufficient space internal and outdoor space
- consideration to any shared space that best supports people without aggravating or causing them stress
- support for families who want to stay living together but who may have outgrown their living space as a young person reaches adulthood
- location, close to support networks.

Alongside service redesign (e.g. investing in prevention/early intervention/community services), transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

Across North West London, we have been supporting people with learning disabilities and/or autism to resettle into community placements after long periods in hospital for many years. We will build upon our existing step down protocols and procedures, offering more support

from the enhanced community team as part of this transition.

For people who have lived away for many years, additional consideration will need to be given as to their chosen place to settle if they no longer have links with their home borough. It should not be assumed that everyone would want to live in inner London nor leave new links they may have established elsewhere.

We will ensure that people with a learning disability and/or autism and their families and carers are involved in developing their care and support plans, including crisis action plans, well in advance of any resettlement. We will also ensure there is access to more suitable housing to make this transition easier. We are exploring the option of care navigators and support worker roles that will also assist with the resettlement process.

Our detailed implementation plans will address this area at the next submission. We know that to effectively support this population will take time. We can learn from work across NWL and wider – to involve the staff who support people currently, and the communities where people will resettle to. Utilising the key principles above we will take a person-centred approach and build on the breadth of experience of partners across the system.

How does this transformation plan fit with other plans and models to form a collective system response?

i. Local Transformation Plans for Children and Young People's Health and Wellbeing

Both this Transforming Care Plan and the North West London Children and Young People's Mental Health and Wellbeing Transformation Plan have been developed in collaboration with children's commissioners from CCGs and Local Authorities. In the CAMHS Transformation Plan 8 priority areas are identified, one of which relates to Learning Disabilities.

In this plan, one of our main ambitions is to develop an enhanced learning disability service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. The design of the service locally will vary because the starting position is different and the needs of each borough differ somewhat based on prevalence and population. The NWL approach will ensure consistent quality and shared learning.

To achieve our ambition, we will **map local care pathways** for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps, commissioning an integrated service from CAMHS and Community Paediatrics.

As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there should be an **effective strategic link** between CAMHS learning disability (LD)/ neurodevelopmental disability (ND) services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.

We will **enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams.

Specialist support embedded in the network - In some areas such as Ealing the model of co-located services for children with disabilities enables fast access to specialist mental health practitioners for advice, consultation and joint working. This model should be explored in other areas and if physical colocation of entire services is not feasible we will consider embedding mental health practitioners in services that work closely with children and young people with LD.

Specialist mental health practitioners should be available to provide **advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed.

Vulnerable groups including those with disabilities can find it more difficult **to access specialist services** when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc.) apply equally to young people with LD and neurodevelopmental difficulties.

We will ensure that specialist services for children and young people with learning disabilities, neurodevelopmental disorders and mental health difficulties are **sufficiently resourced** to enable efficient access in line with national waiting time targets, to a workforce with the right expertise to meet their needs.

The **crisis pathway** (Priority 7) developed through this NWL Transformation plan should ensure access to support from staff who are appropriately trained to work with young people with LD, whether through direct access or a consultation model. This will ensure that admissions to residential care are avoided wherever possible and that discharge back to the community is well supported.

There should be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.

CCG and LA commissioners will connect with **local independent sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).

As part of our redesign of LD and ND services, we will ensure that the principles of Transforming Care are incorporated into our new pathway and service models. Explicitly, we will develop pathways that ensure that when a hospital admission is required for a person with LD or ND, all providers will first ensure that there is no other alternative to admission. Once this challenge has been passed, the person will have an agreed discharge plan developed at the point of admission to ensure they are discharged into community settings as soon as possible. We will also ensure that care and treatment reviews form a fundamental part of our LD and ND pathways and services.

Service Users, providers and commissioners recently came together at an all day workshop to look at adults Learning Disability provision – a key theme of the day is the need to ensure transition is well managed and supported. 35 of the participants volunteered to be part of a

network addressing transition issues – reflecting the commitment to change.

In year one (2015/16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In year two (2016/17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year three (2017/18) to year five (2019/20) will be used to embed the model, develop sustainability and further refine according to borough need.

Our overall objectives for this priority area of our CAMHS Transformation Plan are:

- Children and young people access assessment and treatment for LD and ND in a timely manner.
- Children and young people with LD or ND achieve improved health and educational outcomes.
- Children, young people and parents report an improved experience of engaging with LD or ND services.

ii. Local action plans under the Mental Health Crisis Concordat

In November 2014, North West London became the first place in the capital – and only the second place across the UK – to have its action plan approved for the Mental Health Crisis Care Concordat. The declaration, signed by 25 partner organisations, outlines how organisations across North West London will work together to improve services for two million people, including the 32,000 living with serious mental illness.

This Transforming Care Plan aligns with our local plans to deliver the Mental Health Crisis Concordat. Specifically, the concordat implementation plan includes actions on providing community emergency assessments at home or in safe places 24/7, minimising the use of control and restraint used in inpatient facilities and transport services, and ensuring discharge planning and crisis care plans are routinely created and updated following an episode of crisis. We will also ensure that our crisis care teams are trained to respond appropriately to the needs of people with a learning disability and/or autism in times of crisis as part of our development of mainstream services.

iii. The 'local offer' for personal health budgets, and Integrated Personal Commissioning (combining health and social care)

Personal budgets are currently offered to people with a learning disability and/or autism, however uptake is low. As mentioned previously, some boroughs have plans to work with MENCAP and other local independent sector specialists to provide advocacy and information support services to increase understanding and utilisation of these budgets. We will build on learning from where there is higher uptake and also learning from the introduction of Individual Service Funds.

iv. Work to implement the Autism Act 2009 and recently refreshed statutory guidance

Work to implement the Autism Act 2009 and the updated 2015 guidance is on-going alongside the development of our Transforming Care plan. The awareness training on autism for all staff and specialist training for key staff dovetail with our plans to ensure all mainstream services make reasonable adjustments to meet the needs of people with a

learning disability and/or autism. Also, our development of clear pathways and protocols (including for assessment and diagnosis) will support the work already undertaken in accordance with the Autism Act 2009 in this area, providing an up to date pathway and diagnosis process across North West London in line with SAF submissions.

v. The roll out of education, health and care plans

Across North West London our local authorities have developed operational arrangements and service delivery which better meet the needs of children and young people with special educational needs or disabilities. Published local offers cover the support currently available to children and families with a learning disability and/or autism and these offers will be updated to reflect the changes initiated by this Transforming Care plan. As part of our commitment to transforming health, education, and social care for children and young people with a learning disability, we will work to reduce the waiting times for assessments and develop an all ages service that reduces the impact of transitioning from children's to adult care services. The focus will be on preparation for adulthood in planning for outcomes for well-being, health, independence and employment.

Any additional information

5.Delivery

Plans need to include key milestone dates and a risk register

What are the programmes of change/work streams needed to implement this plan?

We have identified a number of work streams that will be needed to implement this plan. We have summarised these below and will continue to develop the project plans and implementation groups for each of these work stream areas over the coming months.

1. **Pathways and Protocols**: as we co-produce new care and support services across North West London, it will also be important to develop clear service user pathways and protocols for transfer between services to reduce hand offs, share information (with consent) and provide a seamless journey for people with a learning disability and/or autism.
2. **Estates**: covering inpatient beds, community service delivery sites, community team office space, day centres, respite, residential schools, special schools, supported housing. Working closely across North West London to address the challenges with limited estate and high costs unique to London.
3. **Workforce Development**: up-skilling our community teams to manage challenging behaviour and complex cases, to support step down from inpatient care. Redistribution of staffing from inpatient services. In addition to community teams we need to make sure that our teams in urgent care services – including A&E are skilled to support people appropriately. Development of knowledge, understanding, and skills in mainstream services (particularly crisis teams) to make reasonable adjustments for people with a learning disability and/or autism.
4. **Market Development**: working with existing and potential future providers to develop service specifications, staffing requirements, and quality standards that improve the quality of care in the community for people with a learning disability and/or autism, allowing for the support and care of complex cases and challenging behaviour is community settings. This will involve developing the range of providers who are able to provide this care and support to increase quality and improve value for money. We will encourage innovation and tailored solutions for each individual.

5. **Specification of existing services**: work is already underway to update specifications for existing inpatient and community services to ensure clarity of existing offer and that this meets the needs of service users and their families and carers. This will also provide a foundation on which to develop services, providing an understanding of our starting point and any further developments that are required to deliver our Transforming Care Plan.
6. **Green Light:** this work stream will focus on ensuring that people with a learning disability and/or autism are able to access mainstream mental health services, and that mainstream services are able to adapt to meet the needs of people with a learning disability and/or autism. There will be a focus on training, leadership, and staff development.
7. **Communication and Engagement**: this work stream will ensure that a range of audiences are aware of the work being done to deliver our North West London Transforming Care plan. This will include communicating changes with referrers, people with a learning disability and/or autism, families, carers, and other professionals. There will also be a focus on awareness-raising with the general public, improving the understanding of learning disabilities and autism and reducing stigma.

Who is leading the delivery of each of these programmes, and what is the supporting team.

Leads for each of these programmes will be identified as a priority at the next Transforming Care Partnership Board meeting. Leadership will be based on subject area expertise, influence, and capacity to move this work forward.

1. **Pathways and Protocols**:

Each borough in NWL has nominated a lead for a specific area (see page 2) to lead on behalf of the 8 CCGs/boroughs on:

- community support
- local housing options
- respite services
- crisis care
- an all ages service
- service for people with a forensic history
- access to training, work experience, apprenticeships, and voluntary and paid employment
- co-ordinated care

2. **Estates**:

The NWL Estates team are leading this work as part of developing Strategic Estates Plans and working closely with Local Authority leads.

3. **Workforce Development**:

HENWL are supporting the NWL team to develop plans.

4. **Market Development**:

Work has commenced at a local level and the central NWL team will coordinate the implications of this across the wider patch.

5. **Specification of existing services**:

The central NWL team has commenced this work with clinical input from providers and commissioners.

6. **Green Light:**

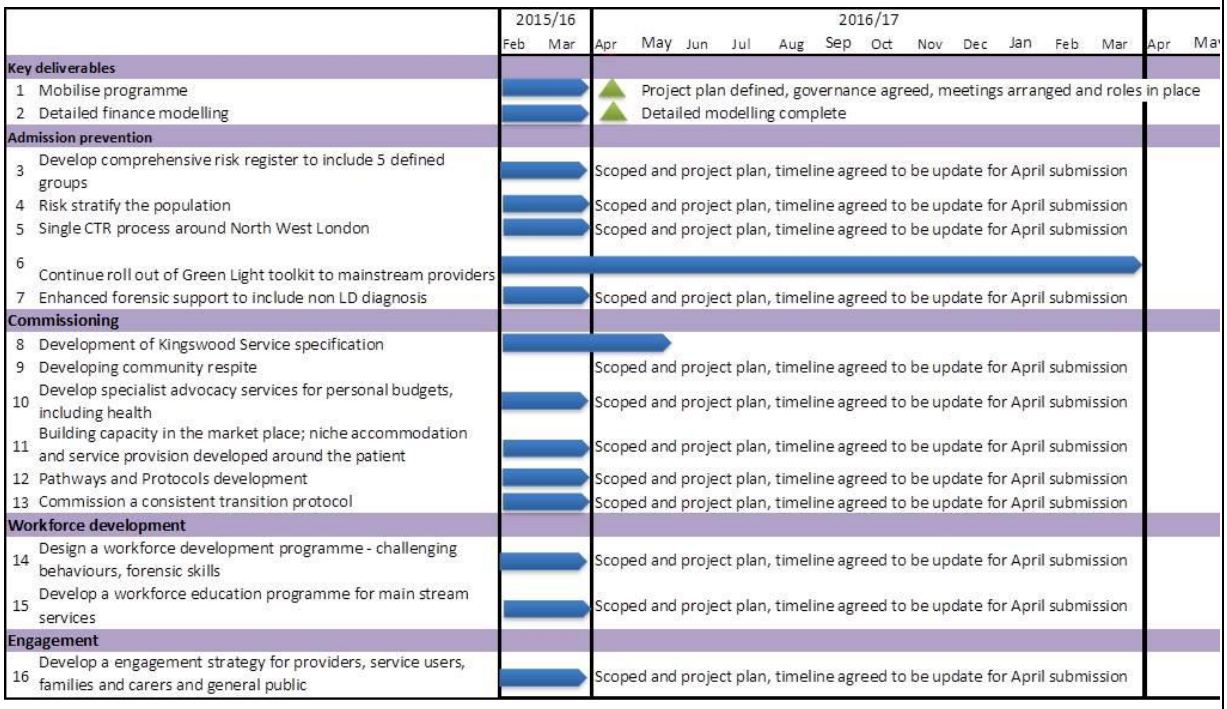
Work is being led at borough level.

7. **Communication and Engagement**:

The central NWL team are supporting development of plans in line with all change programmes.

What are the key milestones – including milestones for when particular services will open/close?

The key milestones for our Transforming Care plan are covered in the project plan below. As we develop clear implementation plans for each work stream, we will develop project plans with timescales for each key milestone.



What are the risks, assumptions, issues and dependencies?

Issues

The timescales to create the initial plans for the 8th February, has meant that we have not been able to undertaken as much focused engagement on the overarching Transforming Care Plan however, from detailed discussions in each of the Boroughs it is clear that local plans for learning disabilities have had service user, carers and family involvement. We do have plans in place to engage more widely with service users, providers and other key stakeholders prior to the next submission on the 11th April as we recognise that there is much more work to do to secure ownership of the plans and as such our plans may change depending on the feedback we receive.

Dependencies

The success of the plan will be dependent on a number of additional factors:

- National changes to allow budgets NHS England for specialised commissioning to be pooled with CCG budgets for non-forensic services for those with a learning disability and/or autism. (we need to test out if this is correct with the finance colleagues)
- CAMHS Transformation Plans: the work to transform CAMHS services has commenced across North West London and will include the redesigning of services for children and young people with a learning disability and/or autism. The Transforming Care plan will need to build upon the work done in CAMHS services to ensure that the new pathways and services align.

Assumptions

The following assumptions underpin our Transforming Care plan:

- Joint working across sectors and boroughs is achievable and sustainable.
- Savings will be released by transferring patients to community care settings, and that these savings will then be invested in community care.
- Additional funding will be provided by NHS England to support transformation, including double running of services during transition.

Risks

Risk description	Probability (High, Med, Low)	Impact (High, Med, Low)	Mitigation
Provider Response: The market does not develop as envisaged. The system may not support new entrant to any market development.	Med	High	Clear market position statements signalling commissioning intentions Good on-going provider engagement including actively working with providers to invite solutions, resolve issues and concerns.
Workforce skills: required workforce skills and capacity do not develop sufficiently. Staff not available/cannot afford to live in London.	Med	High	Clear workforce development plans Work with HENWL on workforce development models. Sufficient funding to develop workforce skills and recruit appropriate staff.
Mainstream services do not make the reasonable adjustment to accommodate LD/autism needs.	Med	Med	Senior leadership engaged so mainstream services make adjustments a priority, use contract levers where necessary.

Pooling budgets: nationally changes are not made to allow specialised commissioning spend to be pooled.	High	Med	Raise nationally as a key issue
Pooling budgets: locally there is still some reluctance to pool health and LA spend.	Med	Med	Leadership and use of the Better Care Fund and section 75 agreements
CCGs and LA are not able to afford new packages of care in the current financial climate with cuts to existing budgets.	High	High	Developing the market place and competition would lead to fairer pricing. Develop an effective pricing structure based on the care funding calculator. Consider risk sharing approaches with providers to encourage their investment.
Lack of commissioning leadership and operational service delivery capacity: business as usual (including CTR guideline recommendation and reporting requirements) takes up everyone's time and there is no availability to take forward the Transforming Care work.	High	High	Provide additional support and capacity via short-term funded posts to cover business-as-usual, allowing experienced staff with local knowledge to get involved in redesign and service development planning.
Population growth: the population of North West London is growing, as is the number of people with a learning disability and/or autism. This will impact on the capacity of services to respond to demand.	High	Med	Include modelling of population growth into service redesign and business case development. Delivering a community-based model will help mitigate by providing care at a lower cost than inpatient care.
High needs patients: the very high costs of high need patients may negate any savings made by transitioning patients into community settings.	Med	High	Realistic planning that accepts the non-standard needs of this population. Continued support for high needs patients factored into affordability models.
Culture change: lack of a single vision and aims across all organisations and team	Med	Med	Effective leadership of the TCP Stakeholder engagement to ensure building of positive and effective relationships.
Earlier discharge may result in more readmissions of patients who were not ready to transition to community.	Low	Med	Extensive discharge planning, to commence prior to admission, proactive care plans, coproduced with people with LD and/or autism and their carers, and monitoring of readmissions.

Negative publicity regarding the media coverage of closure of inpatient beds.	Med	High	Effective strategic communications plan which patient stories promoting better outcome for people.
Estates: lack of available, affordable local housing to develop community in Borough accommodation	Med	High	Look at change of use for existing health property. Consider widest range of solutions including private sector, shared lives etc.

What risk mitigations do you have in place?

See table above.

Any additional information

6.Finances

Please complete the activity and finance template to set this out (attached as an annex).

The process of locally developing plans for the numbers of inpatient beds we will commission in the next 3 years - in compiling the NWL picture it is clear that we have a significant ambition to transform the experience of people – and our ability to support individuals outside inpatient settings. It is also clear that as a first submission we need to fully interrogate the data and define implementation plans for delivering this ambition. We anticipate that numbers will change It is acknowledged that there is more to do in order to strengthen the financial and activity modelling ahead of the submission on 11st April.

End of planning template

Joint Strategic Needs Assessment (JSNA) Steering Group

26th January 2016 2.00-4.00pm

Committee Room 3, 2nd floor Hammersmith Town Hall, King Street

Notes

In attendance	
Danielle Valdes (DV) (chair)	Head of Planning of Governance, CLCCG
Angela McCall (AM) (minutes)	Business Support Officer, Public Health
Aliya Rajah (AR)	Healthwatch CWL
Harley Collins (HC)	HWB Manager (Shared Services)
Jessica Nyman (JN)	JSNA Manager, Public Health
Colin Brodie (CB)	Public Health Knowledge Manager
Jackie Rosenberg (JR)	CEO, One Westminster
Shelley Prince (SP)	Public Health Performance Manager
Angelica Silversides (AS)	Healthwatch K&C
Angela Spence (ASp)	Kensington and Chelsea Social Council
Samar Pankanti (SP)	Public Health Project Manager, CLCCG
Shad Haliban (SH)	Head of Organisational Development, Sobus
Rachel Krausz	Strategic Delivery Manager, WLCCG
Rebecca McKie (RM) (observing)	Public Health Officer
Apologies: Stuart Lines, Eva Hrobonova, Meenara Islam, Kerry Doyle	

Item	Action
1. Minutes of last meeting and matters arising	Minutes agreed as accurate. The following are outstanding: ❖ **CB to follow up with PB on the NWL Children's Mental Health work.** ❖ **End of Life Care Service Mapping: Bridget is thinking of having a service directory as a live piece of work so that it can be updated regularly, so CB encouraged the group to send any updates.** ❖ **JSNA Review: JN asked the group to come forward for an interview if they haven't already done so.**

	❖ **JN to circulate K&C Social Council's Research report on private renting in RBKC.**
2. Updates from current JSNAs	**End of Life Care JSNA** In draft format and being taken to H&WBBs. Signed off at RBKC, but not at WCC yet where Board members want 2 more weeks to give responses and feedback for 3rd February. Publication date will still hopefully be 10th Feb. CB is working with the LBHF H&WBB committee coordinator for virtual sign off for the same publication date as there was not space for it on the February agenda. **Childhood Obesity** In draft format and being taken to H&WBBs for sign off, so far approved by K&C and WCC. ❖ **JN is working on a Comms and dissemination plan for End of Life Care and Childhood Obesity, and asked for any ideas to be submitted to her by the group.** ❖ **JN to discuss with Steve Buckerfield communications opportunities through Children's Services and also look into the School Nursing website.** **Health and Disability related Housing JSNA** A workshop took place on November the 30th for Housing, Housing Providers and Adult Social Care staff. JN ran a workshop this morning with K&C Social Council's Community and Voluntary Sector Forum for their perspective, and will do the same in Westminster. Lines of enquiry include people with multiple needs; accessibility of stock; needs of carers and JN hopes to finish a draft report around the end of March. **Students and Young Adults** Data gathering is underway to develop the key levels of enquiry. JN is looking at building a wider stakeholder reference group, and asked the group of any forums and individuals to engage with for primary qualitative research. JR suggested 18-25 year olds are historically underfunded and JN could get in touch with drug and alcohol centres who are involved in these groups, as well as Working With Men who work specifically in this age group. Sally Metha is the chief contact. **JN to contact** Children's and Employment Commissioners to pass on her details to

	providers, NWL Mental Health Project and Westminster Society for People with Learning Disabilities. **Online JSNA Highlight Report** A temp agency staff member has been recruited to cover the lead analyst's post. Work is needed around the narrative and context to deal with changes that will come up over the next couple of years. This will come back to JSNA Steering Group for input for feedback and views on other issues in the March meeting, with a beta version to be tested and the information to be addressed. Key Commissioners would need to be linked in on what they would like to do with the tool and more people could be brought in as part of this process. It was agreed that this would be good first group to look at the tool, and it can then be taken to other groups. **Risks & Issues** ❖ Delay in recruiting backfill for lead analyst's post may delay delivery.
3. JSNA Review – workshop / discussion, presentation of findings to date	❖ **JN asked people to complete the online survey for the JSNA Steering Group and forward the link to the wider stakeholder survey to colleagues.** ❖ As part of this process, interviews have been taking place with the DPH, CCG staff, past project leads, the Adult's Director of Commissioning, Cabinet Members and 3rd Sector leaders. **JN asked for further volunteers for interviews.** The group split in to 2 teams and discussed the following: Q1: Who are the key stakeholders for the JSNA, and how can we all engage with them better? It depends on the subject of the JSNA, but could be **anyone** including Commissioners; Providers; Resident's Forums; CVSOs; GPs; Police; Transport. Being clear from the beginning on the reasons for the JSNA would better engage people in the process. Better scoping, maintaining and developing relationships, and understanding the benefits of the JSNA. The new online JSNA will be a good way of engaging people better. Additionally, the use of case studies to explain how JSNAs can be used and what impact they can have would be a powerful way of increasing engagement.

	Q2: What is the role of the JSNA Steering Group members, in and outside of meetings? In meetings: quality check and assurance of JSNAs; monitoring work programme; feeding in information from member's services; making links between the JSNA work and other relevant projects; informing the JSNA team on priority areas emerging from their services. Outside of meetings: JSNA evangelism, feeding back and communicating meetings; feeds into commissioning, quality and strategy; evidence base to inform policy and procedures; informs commissioning and availability for providers; reminding member's organisations to use JSNAs to inform their decision making; keeping their organisations informed of the JSNA work programme. Q3: Does the JSNA align with or support your own organisation's strategic priorities? In an ideal system, the JSNA should inform the Joint Health and Wellbeing Strategy, which should then inform commissioning across health and social care. However in practice, timing is key. More work needs to be done to tie looking into the JSNA into commissioning processes to better align strategic priorities. From the VSO point of view, yes as it is a useful easy way of obtaining information, such as for completing funding applications and of gaining a better understanding of what is happening in the borough. For Healthwatch, the JSNA helps shape the priorities for the next year. Aligning new services, re-commissioning can be informed by the JSNA, and general CCG aims come from the bigger JSNAs. The JNSA application process could be more democratic, as currently only those in the know are aware of how to start a deep dive JSNA off.
4. Sobus presentation: the CVS and JSNAs	Sobus presented on their key work and current projects, and how this links with JSNAs. Some key points were: • SH's team are undertaking a big project to map existing networks and forums in Hammersmith &Fulham. This information could be useful for JSNA engagement. • Community engagement organisers have been knocking on residents' doors and have identified a number of issues of concern.

	• All partners are being engaged with to help develop a neighbourhood plan for the large regeneration areas in Hammersmith & Fulham. SH would like more engagement with developers. • JSNA needs to use accessible language to engage the third sector, and they could be more relevant if views of CVSO are included as LA funding is being cut and the same standard of service for less investment is requested. • Changing the mind-set of how CVSO's and LAs work together. • SOBUS engages with the other CVSO's. ASp, SH and JR to work closely together with the voluntary sector across the three boroughs. • JR suggested a JSNA into the necessity of CVOs.
5. AOB	❖ JN encouraged all to sign up to the **JSNA Newsletter here**, and forward to the link to interested colleagues. ❖ CB encouraged everyone to complete the **survey for the JSNA Steering Group and forward the link to the wider stakeholder survey to colleagues.**
Date and time of next meeting: Tuesday 29th March, Hammersmith Town Hall, 2nd floor, Committee Room 3	

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Westminster Health & Wellbeing Board
Work Programme
2016/17
DRAFT

KEY

FOR DECISION
FOR DISCUSSION
FOR INFORMATION
PLANNING

Agenda Item	Summary	Lead	Item
Meeting Date: 26 May 2016			
STRATEGIC ITEMS			
JOINT PLANNING	Comprising: • Update on NWL Sustainability & Transformation Plan • Update on Joint Health & Wellbeing Strategy development • Better Care Fund Q3 report	**ASC/CCG**	**For decision**
DISCUSSION ITEMS			
NHS 111 AND INTEGRATED URGENT CARE MODEL		**NWL CCGs**	**For discussion**
HEALTH HUBS			**For discussion**
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			
Meeting Date: 14 July 2016			
STRATEGIC ITEMS			
JOINT HEALTH AND WELLBEING STRATEGY	final strategy for approval ahead of publication	**ASC/CCG**	**For decision**

ANNUAL PUBLIC HEALTH REPORT 2016/17 + ONLINE JSNA	For approval ahead of publication	**PH**	**For decision**
DISCUSSION ITEMS			
HOUSING JSNA	For approval ahead of publication		**For decision**
CHILDHOOD OBESITY: ONE YEAR ON	For approval ahead of publication	**PH**	**For discussion**
HEALTH HUBS			
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			
Meeting Date: 15 September 2016			
STRATEGIC ITEMS			
INTEGRATION, ACCOUNTABLE CARE AND DEVOLUTION	including CCG commissioning intentions17/18 and beyond	**CCG/ASC**	**For decision**
TRANSFORMING PRIMARY CARE	Primary care co-commissioning and transformation plans	**CCG/NHSE**	**for discussion**
MENTAL HEALTH	Update on tackling mental health in the borough	**CCG/PH**	**for discussion**
DISCUSSION ITEMS			
JOINT HEALTH & WELLBEING STRATEGY	focused discussion on a particular aspect of the strategy tba	**ASC/CCG/PH**	**For discussion**
YOUNGER ADULTS 18-15 JSNA DEEP DIVE	to consider findings of the JSNA deep dive and approval ahead of publication	**PH**	**For discussion**
HEALTH HUBS			
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			
Meeting Date: 17 November 2016			
STRATEGIC ITEMS			

STP DELIVERY PLANING UPDATE	6 month post-implementation update	**NWL CCG**	**For discussion**
DISCUSSION ITEMS			
SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16	Consider strategic alignment and lessons for integrated commissioning	**Independent Chair**	**For discussion**
SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015/16	Consider strategic alignment and lessons for integrated commissioning	**Independent Chair**	**For discussion**
JOINT HEALTH AND WELLBEING STRATEGY	discussion focusing on a particular aspect of the strategy tba	**ASC/CCG/PH**	**For discussion**
HEALTH HUBS			
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			
Meeting Date: 19 January 2017			
STRATEGIC ITEMS			
BETTER CARE FUND PLANNING UPDATE + ALLOCATIONS 2017/18		**ASC**	**For decision**
JOINT HEALTH AND WELLBEING STRATEGY	discussion focusing on a particular aspect of the strategy tba	**ASC**	**For discussion**
DISCUSSION ITEMS			
HEALTH HUBS			
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			
Meeting Date: 23 March 2017			
STRATEGIC ITEMS			
HEALTH + SOCIAL CARE INTEGRATION PLANS	Update on planning for full integration by 2020	**CCG/ASC**	**For decision**

LEARNING FROM THE LONDON DEVOLUTION PILOTS	review learning from first year of London devolution pilots	**ASC**	**For discussion**
JOINT HEALTH AND WELLBEING STRATEGY	discussion focusing on a particular aspect of the strategy tba	**ASC**	**For discussion**
CCG OPERATING PLANS 2017/18	operating plans for 2017/18	**CCG**	**For discussion**
DISCUSSION			
HEALTH HUBS			
PRIMARY CARE UPDATE	comprising: • Co-commissioning • Primary care modelling	**CCG**	
BUSINESS ITEMS			

KEY

STRATEGIC ITEMS – items concerning system level issues (e.g. health and care integration, devolution, primary care transformation)

DISCUSSION ITEMS – items of interest focusing on a specific part of the system such as a specific health condition, service or population group (e.g. JSNA deep dives)

BUSINESS ITEMS – items for the board's approval or information but which do not require a discussion (e.g. items that have been agreed offline but require formal approval by the Board)