



City of Westminster

Committee Agenda

Title: **Health & Wellbeing Board (Extraordinary Meeting)**

Meeting Date: **Tuesday 13th December, 2016**

Time: **11.00 am**

Venue: **Lord Mayor's Parlour, 18th Floor, City Hall, 64 Victoria Street, London SW1E 6QP**

Members:

Councillor Rachael Robathan (Chairman)	Cabinet Member for Adults & Public Health
Dr Neville Pursell	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
Melissa Caslake	Tri-borough Children's Services
Barbara Brownlee	Housing and Regeneration
Dr Philip Mackney	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Sarah Mitchell	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 10.30am. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



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

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

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

An extraordinary meeting of the Health and Wellbeing Board has been called by the Chairman who has considered that an extraordinary meeting is necessary, as in accordance with the Board's Terms of Reference.

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. NHS CENTRAL LONDON AND NHS WEST LONDON
CLINICAL COMMISSIONING GROUPS' COMMISSIONING
PLANS**

To consider an update on NHS Central London and NHS West London Clinical Commissioning Groups' commissioning plans.

(Pages 1 - 20)

**Charlie Parker
Chief Executive
9 December 2016**

When drafting reports for the Westminster Health & Wellbeing Board, please:

- **Try to limit the report to a maximum of 5 pages.**
- **Number paragraphs.**
- **Prepare the report in Arial 12 font – and justified alignment.**



City of Westminster

Westminster Health
& Wellbeing Board

Date: 13 December 2016

Classification: **General Release**

Title: North West London Sustainability and Transformation
Commissioning Intentions

Report of: Jules Martin, MD, CLCCG
Louise Proctor, MD, WLCCG

Wards Involved: All

Policy Context: The Health & Social Care Act 2012 contains provision for commissioning intentions to be shared with Health and Wellbeing Boards. Commissioning intentions in 2016 have been produced in the form of the STP, which has been discussed at the Board throughout its development. The latest draft STP was submitted to NHSE in October 2016. This paper updates on progress and implementation planning.

Financial Summary: The STP guides the targeting of all funding across health and care across the NW London sub-region. It's acceptance by NHSE unlocks £148m sustainability and transformation funding

Report Author and Contact Details: Emma Playford, Engagement & Corporate Affairs Lead (interim), Central London Clinical Commissioning Group (emma.playford@nhs.net)

Kerry Doyle, Head of Corporate Services, NHS West London CCG (wlccg.team@nw.london.nhs.uk)

1. Executive Summary

1.1 In December 2015, NHS England published guidance outlining a new approach to ensuring that health and care is built around population needs. In England, health and care systems were asked to produce Sustainability & Transformation Plans

(STPs), showing how they will evolve and become sustainable over the next five years to deliver the Five Year Forward View's triple aims of:

- Improving people's health and wellbeing;
- Improving the quality of care that people receive;
- Addressing the financial gap

1.2 Local health and care systems came together in January 2016 to form 44 STP 'footprints'. Eight CCGs, Local Authorities, providers, and partner organisations in North West London formed a single footprint to deliver a plan which would promote the delivery of the triple aim set out in the Five Year Forward View.

This set of commissioning intentions for health and care across the sub-region has been discussed at each meeting of the Health and Wellbeing Board in Westminster since the plan's inception. The latest submission was sent to NHS England on 21 October 2016 and is now undergoing an assurance process. This will build on the feedback received on the earlier draft submission in June 2016. The plan sets out five delivery areas (DA):

- DA1) Radically upgrading prevention and wellbeing;
- DA2) Eliminating unwarranted variation and improving long term condition management;
- DA3) Achieving better outcomes and experiences for older people;
- DA4) Improving outcomes for children & adults with mental health needs;
- DA5) Ensuring we have safe, high quality and sustainable acute services.

1.3 The STP supports the vision in Westminster that all people are enabled to be well, stay well and live well, supported by a collaborative and cohesive health and care system. The cross-sector plan, together with the funding attached to it, provides an opportunity to transform the wellbeing of people who live, work and visit Westminster.

1.4 The STP priorities mirror closely the priorities set out in the Westminster Health and Wellbeing Strategy for 2016-2021, which has been the subject of engagement and consultation and which has been approved by the Central London CCG Governing Body for ratification by the City Council's Cabinet. It has been endorsed by West London's Operational Group in November 2016. The priorities set out in the Health and Wellbeing Strategy are:

Priority 1: Improving and supporting children and young people (conception – 18 years)

Priority 2: Reducing the risk factors for and improving the management of long term conditions such as dementia, diabetes and cardio-vascular diseases

Priority 3: Improving mental health through prevention and self-management

Priority 4: Creating and leading a sustainable and effective local health and care system for Westminster

1.5 The normal contracting process won't get us where we need to be in future commissioning years. Therefore, we have agreed to one approach across the system, with our commissioning intentions being those delivery areas set out in the STP.

1.6 CCGs continue to believe that high quality, integrated services can be delivered by Accountable Care Partnerships (or ACPs), commissioned to provide clear outcomes for segments of the population, with accountability for the financial benefits and risks associated with achieving those outcomes, being shared via a capitated budgets. In the near future, the Central London, Hammersmith & Fulham, Hounslow, West London and Ealing (CWHHE) CCGs will publish a draft ACP definition framework, which will outline initial proposals for the main elements of the ACP model. The intention is to ultimately create a capitated budget to cover the whole of the CCG's population, with gain/loss share arrangements; and outcomes-based, pay-for-performance elements for specific population segments.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is invited to comment further on the STP and Commissioning Intentions.

3. Background

3.1 In NW London we collaborate with people, service users and patients at all stages of the commissioning cycle and co-production with our members and patients are fundamental to our culture. We have built our approach on three guiding principles:

- Engagement means listening – while there is plenty we want to tell people about what we are doing, a truly successful STP means listening to what our patients and residents tell us, acting upon it, and then feeding back so they know what we have done
- Engagement means transparency – NW London was the first of the 44 footprint areas to publish the draft STP and we will continue to be as open and transparent as we can be
- Engagement is continuous – the STP is a five year plan and as it evolves and develops we will continue to engage with all our residents and patients

3.2 We have developed our strategy across providers, local government and CCGs in North West London. We have also worked closely with Healthwatch and patients and the public to develop our strategy, and throughout the summer and autumn have regularly met with patient & public groups across the eight boroughs to help shape our thinking. A core narrative covering our health and social care challenges and opportunities, and the STP's purpose, development, goals, strategic approach and priorities has also been developed to support this work.

3.3 During this period, the STP was discussed at both Central London and West London CCGs Governing Body meeting and at Central London CCGs Annual General Meeting. This was also repeated at West London CCGs Annual General Meeting in September 2016. It has also been discussed widely at Central London CCG's User Panel and West London CCG's Patient Reference Group.

3.4 To support the delivery of the STP and the development of ACPs, North West London CCGs have outlined the following key principles for contracts in 2017/18. These have been contained in the memorandum of understanding which was agreed with providers in order to guide the approach. The principles include:

- We will prioritise delivery of care that puts the person at the centre and empowers individuals, carers and families. The voice of the service user will be heard throughout the commissioning process.
- We will aim to deliver the best possible outcome for patients plus overall system outcome, with outcomes for individual organisations secondary to those of patients and the system.
- Contracting will be undertaken in a fully open book manner between providers and commissioners.
- Contracts will also support financial stability through the transformation, minimising and actively managing risk together and driving maximum value from the overall budget.
- We aspire to a collaborative, flexible and transformational approach amongst providers and between commissioners and providers.
- We commit to maintain constructive on-going relationships, provide clear leadership; promote effective organisational engagement at all levels and embrace opportunities for smarter overall system working.
- We will move towards an outcomes-based commissioning approach, prioritising certain key challenges and sharing risk across the system.
- We will develop system-wide understanding of pathways, activity and clinical outcomes for patients before considering cost implications. We will ensure robust on-going triangulation between outcomes, activity and finance.
- We will translate system-wide transformation initiatives (principally the STP) into contractual and commissioning outcomes.
- We will empower and encourage clinicians and staff throughout organisations to innovate.
- We will work to ensure that the costs of delivering services are minimised whilst delivering the required outcomes and will commit to implementing new pathways that are more cost effective, moving services and money between organisations as required supporting the change.
- We will review existing contracts and amend them when required to ensure they are appropriately aligned across pathways and between organisations to achieve planned outcomes.

4. Legal Implications

4.1 The Health and Social Care Act 2012 provides the basis for consulting with Health and Wellbeing Boards on locally produced commissioning intentions. In 2016, the commissioning intentions for health and care across the NW London sub-region have been captured in the STP, which has been the subject of on-going discussion at the Board this year.

5 Financial Implications

5.1 None arising directly from this report.

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

Emma Playford, Engagement & Corporate Affairs Lead

Email: emma.playford@nhs.net

Telephone: 020 3350 4886

BACKGROUND PAPERS:

- A. NWL STP Report December 2016
- B. NHS England, Health and high quality care for all, now and for future generations: <https://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/stp/>
- C. NHS England, Five Year Forward View: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

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Delivering the NW London Sustainability & Transformation Plan

12 December 2016

The STP, health and wellbeing strategy priorities and local plans

The triple aim

STP delivery areas

H&WB priorities

Local priorities

Improving health & wellbeing

Page 8

Improving care & quality

Improving productivity & closing the financial gap

DA 1

Radically upgrading prevention and wellbeing

Priority 1

Improving outcomes for children and young people

- Enabling and supporting healthier living
- Wider determinants of health interventions
- Helping children to get the best start in life
- Address social isolation

DA 2

Eliminating unwarranted variation and improving LTC management

Priority 2

Reducing risk factors for, and improving the management of, long term conditions such as dementia

- Improve cancer screening
- Better outcomes and support for people with common mental health needs,
- Reducing variation
- Improve self-management and 'patient activation'

DA 3

Achieving better outcomes and experiences for older people

- Whole systems approach to commissioning
- Implement accountable care partnerships
- Implement new models of integrated care services
- Upgraded rapid response and intermediate care services
- Single discharge approach
- Improve care in the last phase of life

DA 4

Improving outcomes for children & adults with mental health needs

Priority 3

Improving mental health through prevention and self-management

- New model of care for people with serious and long term needs
- Address wider determinants of health
- Crisis support services
- Implementing Liked Minded and 'Future in Mind' to improve children's mental health and wellbeing

DA 5

Ensuring we have safe, high quality sustainable acute services

Priority 4

Creating and leading a sustainable and effective local health and care system for Westminster

- Improving care pathways from primary care
- Consolidating specialised services
- Delivering 7 day service standards
- Reconfiguring acute services
- NW London Productivity Programme

Further detail – programmes by delivery area

Delivery area	Local priorities	Delivery
<p>1. Radically upgrading prevention and wellbeing</p> <p>Page 9</p>	<ul style="list-style-type: none"> • Enabling and supporting healthier living • Wider determinants of health interventions • Helping children to get the best start in life • Address social isolation 	<ul style="list-style-type: none"> • My Care, My Way • Self-care • Interpreting services • Wheelchairs service • Small grants programme • Stakeholder engagement • Community Champions • HealthWatch: supporting Patient Participation Groups • Media and Technology insights: using media (including social media and videos) to reach out to local communities • Better Care Fund – patient experience framework development • Reaching out to residents and communities to support the local urgent care services



Further detail – programmes by delivery area

Delivery area	Local priorities	Delivery
2. Eliminating unwarranted variation and improving LTC management Page 10	<ul style="list-style-type: none">• Improve cancer screening• Better outcomes and support for people with common mental health needs, reducing variation• Improve self-management and 'patient activation'	<ul style="list-style-type: none">• MSK services• Community Living Well• Out of Hospital services programme• Locality scheme and primary care guidelines• Transforming primary care• Local services• Rightcare programme: improving service quality, focus of resources and reducing variation• Support to Diabetes workstream for Right Care• Community diagnostics



Further detail – programmes by delivery area

Delivery area	Local priorities	Delivery
<p>3. Achieving better outcomes and experiences for older people</p> <p>Page 11</p>	<ul style="list-style-type: none"> • Whole systems approach to commissioning • Implement accountable care partnerships • Implement new models of integrated care services • Upgraded rapid response and intermediate care services • Single discharge approach • Improve care in the last phase of life 	<ul style="list-style-type: none"> • My Care, My Way • Self-care • Community Independence Service • Single discharge across North West London • Falls service • Low-level health care tasks
<p>4. Improving outcomes for children & adults with mental health needs</p>	<ul style="list-style-type: none"> • New model of care for people with serious and long needs • Address wider determinants of health • Crisis support services • Implementing 'Future in Mind' to improve children's mental health and wellbeing 	<ul style="list-style-type: none"> • Community Living Well • LikeMinded



Further detail – programmes by delivery area

Delivery area	Local priorities	Delivery
<p>5. Ensuring we have safe, high quality sustainable acute services</p> <p>Page 12</p>	<ul style="list-style-type: none"> • Improving care pathways from primary care • Consolidating specialised services • Delivering 7 day service standards • Reconfiguring acute services • NW London Productivity Programme 	<ul style="list-style-type: none"> • <i>Shaping a healthier future</i> implementation business case • A&E Boards • Provider Transformation Boards • Extended access to primary care • Hubs • Winter planning <ul style="list-style-type: none"> ○ Additional Discharge Nurse resource for C&W ○ Additional IV Nurse resource ○ C&W Social Worker on A&E floor to restart, look up, support continuity of service for patient ○ Enhanced transport to support discharges that hospital transport are unable to do due to increased demand ○ Frontline CVS Redirection and Patient education on C&W floor ○ Nurse and Pharmacy additional support for 111/OOH ○ Additional GP cover over Bank Holiday – Walk In Services



Implementing the STP

Commissioning Intentions

We are therefore committed to approaching the contracting round as a sector, working together to deliver the best possible financial and performance outcome for the next two years. Contracting objectives for NWL are as follows:

- To enable delivery of the STP, driving improved outcomes for patients
- To embed clinical pathways across organisations with an ambition of standardising processes and pathways and eliminating duplication and inefficiency
- To enable the movement to accountable care within the two year period
- To maximise the sector financial and operational position and, within that, to have appropriate mechanisms that allow individual organisations to be successful if the sector is successful
- To enable delivery of all key performance targets and the sector financial position
- To increase the focus on key enablers such as workforce and IT
- To increase the transparency about finance and activity between organisations and increase our understanding of costs
- To identify the behavioural changes required from both clinicians and patients, and to agree how these changes can be effected
- To engender external confidence in the NWL STP and to secure transformation money to support its implementation.

The ambition is that all organisations sign up to a shared responsibility to achieve a sector control total and to delivering the STP, with appropriate supporting contractual mechanisms to enable this to happen and with a clear financial risk share mechanism.



Implementing the STP

Commissioning Intentions

- All contract schedules will be discussed and agreed once across all trusts and CCGs in North West London as a single conversation for each schedule (quality, information, CQUIN, SDIP, DQIP) to ensure alignment and transparency. The SDIP will be driven by the STP and the schedules will be agreed by 23 December
- Prices (PbR tariffs) do not reflect costs of delivering services, and do not align the financial incentives either with the transformation we need to deliver or across organisations. To achieve sector financial sustainability we need to manage provider costs within the commissioner financial allocations. We need to agree activity and then ensure the financials recompense and incentivise the delivery of this activity fairly and transparently, within the principles of moving towards sector sustainability and sharing risk between organisations
- Activity baselines will be built up from 16/17 forecast recurrent positions and then adjusted for growth, planned transformation and other known changes to give a realistic activity baseline across all organisations
- We will establish a sector analytics team to generate a shared understanding of key activity across all sectors & to support & monitor the delivery of the required transformational change
- We will explore and seek to implement a sector turnaround approach to the management of activity to address the increased demand we are currently facing



Implementing the STP

- Trust costs, reflecting agreed activity, will be reconciled to STP and control total positions
- CCG underlying positions will be reconciled to STP and control total positions
- DA4) and DA5) will be aggregated to understand the level of financial risk facing the system (i.e. the gap between control totals and organisational underlying positions). This will be completed by 24 November, noting there may still be some adjustment required as activity levels are finalised
- Based on the STP, we will agree a small number of ‘big ticket’ cross sector deliverables (STP areas of focus DRAFT) appended to this document. We will agree which organisations need to do what to deliver these targets and then agree how we wish to contract for them and the financial risk share to support each target
- Where organisations are left with stranded costs as a result of the changes, the problem will be owned and resolved as a sector, not left to the individual organisation to resolve
- Opportunities to manage the financial risk, including the cross sector deliverables identified under 7), will be identified by the CFOs. Any outstanding gap where mitigations cannot be found will be quantified and discussed as a sector and then with regulators



Implementing the STP

Commissioning Intentions

- Operational teams will use the output of DA3) to identify how performance targets will be delivered, including exploring opportunities for cross sector working / support to ensure sector wide delivery of key targets
- Contracts will be flexible to reflect that they will need to change over the 2 years as transformation plans are developed and enacted. We will develop clear principles to support this, including how transformation impacts on the control totals of individual organisations and the sector as a whole. We will also seek to more rapidly learn from what works across the sector and implement widely as part of a commitment to an increasingly mature approach to sector working
- Work will be required post 23 December and pre 1 April to develop greater detail for transformation plans and some contract schedules such as the development of a transformation information schedule and DQIP. This will be planned and recognised in contract agreements
- There will be a process to engage boards, particularly non executives, in the process to get their support.



NWL STP Finances

Our population segmentation shows that we will see larger rises in the populations with increased health needs over the next 15 years than in the wider population. NHS budgets, while increasing more than other public sector budgets, are constrained and significantly below both historical funding growth levels and the increase in demand, while social care budgets face cuts of around 40%. If we do nothing, the NHS will have a

£1,154m funding gap by 20/21 with a further £145m gap in social care, giving a system wide shortfall of £1,299m.

Through a combination of normal savings delivery and the benefits that will be realised through the five STP delivery areas, the financial position of the sector is a £50.5m surplus at the end of the STP period. The residual gap assumes business rules of 1% CCGs surplus, 1% provider surplus and breakeven for Specialised Commissioning, Primary Care and Social Care.

£'m	CCGs	Acute	Non-acute	Specialised Commissioning	Primary care	STF investment (see funding slide)	Sub-total NHS Health	Social Care	Total Health and Social Care
Do Nothing June '16	(292.7)	(532.8)	(125.7)	(188.3)	(14.8)	-	(1,154.3)	(145.0)	(1,299.3)
Business as usual savings (CIPS/QIPP)	127.8	339.1	102.7	-	-	-	569.7	-	569.7
Delivery Area (1-5) - Investment	(118.3)	-	-	-	-	-	(118.3)	-	(118.3)
Delivery Area (1-5) - Savings	302.9	120.4	23.0	-	-	-	446.3	62.5	508.8
STF - additional 5YFV costs	-	-	-	-	-	(55.7)	(55.7)	(34.0)	(89.7)
STF - funding	23.0	-	-	-	14.8	55.7	93.5	53.5	147.0
Other	-	-	-	188.3	-	-	188.3	63.0	251.3
TOTAL IMPACT	335.4	459.5	125.7	188.3	14.8	0.0	1,123.7	145.0	1,268.7
Residual Gap (with application of business rules)	42.7	(73.3)	0.0	0.0	0.0	0.0	(30.6)	0.0	(30.6)
Financial Position excluding business rules	87.7	(37.3)	0.0	0.0	0.0	0.0	50.5	0.0	50.5

The solution includes £570m of business as usual savings (CIPs and QIPP), the majority delivered by the acute providers, which relate to efficiencies that can be delivered without working together and without strategic change. Additional savings have been assessed across the five STP delivery areas, and require £118m of investment to deliver £303m of CCG commissioner savings and £143m of provider savings. These schemes support the shift of patient care from acute into local care settings, and include transformational schemes across all points of delivery.

The financial modelling shows a forecast residual financial gap in outer NWL providers at 20/21, attributable to the period forecast for completing the reconfiguration changes that will ensure a sustainable end state for the providers.



Next Steps

NW London CCG's are working towards producing business plans that will provide further details on implementation.

These plans will be presented to the Central London and West London CCG's Governing Body in March 2017.



Thank You

NHS
Central London
Clinical Commissioning Group

NHS
West London
Clinical Commissioning Group

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