

DRAFT VERSION 1.2



West London CCG Business plan 2016/17



Section A – Local and National Strategies

1. North West London Vision for Healthcare

People living and working in North West London have told us they want a healthcare system that supports them to understand their wellbeing and health, provides high quality personalised, care at a time and in a place convenient to them, and this care to be coordinated and simple to understand. We know our system faces challenges in meeting these needs: our population is ageing; people are living longer with more conditions; care is fragmented; we have workforce shortages; there aren't enough services based in the community.

In North West London, our “Shaping a Healthier Future” (SaHF) strategy recognised these challenges **and set out a vision for care that is personalised, localised, centralised and coordinated** (as part of the national pioneer programme for integrated care). This vision for delivery is aligned to the strategic direction set out in NHS England’s Five Year Forward View and will involve the CCGs 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

The SaHF set out how we would deliver an integrated system, based on a whole systems approach, with absolute parity between mental and physical health, with community-based services at their heart, supporting our hospital infrastructure with a network or community-based hubs that would serve the needs of our population. We recognise that different cohorts of the population have different needs and hence our services need to be appropriate to each population.

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

The four vision principles set out above drive health services that underpin the whole system NWL vision:-

- **Localised** where possible;
- **Specialised** where necessary;
- In all settings, care should be **integrated** across health, social care and local authority providers to improve seamless person centered care
- The system will look and feel from a patient’s perspective that it is **personalised**- empowering and supporting individuals to live longer and live well

2. Strategic Roadmap

The eight CCGs have collaborated to develop a vision for healthcare, and through the Strategic Roadmap we have set out the individual CCG activity that is tailored to the borough’s local population needs, aligns to the wider vision for NW London health and wellbeing.

Our vision for NW London health care...

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NW London are delivering care that will be...

...this will mean....

Personalised

Care is to be personalised, enabling people to manage their own care themselves and to offer the best treatment to them. This ensures care is **unique**.

"I know how to lead a healthy lifestyle and can manage my own care"

- ◆ More information, advice and support available online and over the phone. The public are able to easily find out whether they need care, and if so, where to get it, as well as knowing how to get support for existing conditions.
- ◆ People can use technology to understand their own health and wellbeing at home. People who need to monitor their conditions will be able to do so through convenient methods to ensure it minimally impacts their lifestyles.

"I feel in control over my care because decisions are taken with me and consider my lifestyle and individual choices"

- ◆ People, not the provider, are at the centre of the design of their own care and of the services available within their community. This is true for the most vulnerable groups in society, too – reducing inequality in health outcomes.
- ◆ Wellbeing is seen in its widest sense - it is not only about seeing a doctor and getting medical support – people are able to explore other routes, such as through community support and alternative treatment, where appropriate. Treatment is appropriate for not only the condition, but also for the person.

Localised

Care is to be localised where possible, allowing for a wider variety of services closer to home. This ensures care is **convenient**.

"My care is now more convenient because the services closer to my home are more accessible"

- ◆ Consultations are more accessible and flexible through the use of telephone, email and video consultations available for all local services, allowing for people to have better access to medical advice.
- ◆ People are able to access their GP at more suitable times for them through the availability of appointments seven days a week. There is more availability of GP services offered in other community settings, too.

"I know I will be provided with a wider range of high quality care within my community for all of my health and wellbeing needs"

- ◆ Prevention and self-care support is consistently available across NWL community care settings, ensuring people can take care of their mental and physical health.
- ◆ All services that can be provided within the community are, such as minor surgeries, simple tests and outpatient appointments, within buildings that are modern and fit-for-purpose.

Integrated

Care is to be integrated, to ensure that it is delivered considering all the aspects of a person's health. This ensures care is **efficient**.

"I'm not treated 'in parts', but as a whole person in a coordinated way"

- ◆ Mental and physical care are given equal importance in all care settings, ensuring that the person's health care and wellbeing are considered in a more holistic way, resulting in the best outcomes for the person. This is true for children as much as for any other population segment.
- ◆ Care isn't just limited to hospitals and GP surgeries; services provided within the community are considered to help prevent illness and support wellbeing.

"Whoever I see, knows me and my preferences, and I no longer have to repeat my details each time"

- ◆ All those involved in a person's care work in collaboration with them and/or their carer, and each other. People aren't left on their own to coordinate the care they receive and can't see the joins between different services.
- ◆ Care is delivered through structured planning with the patients and their carer, and single-point coordination. Staff are trained to delivered integrated working.

Centralised

Care is to be centralised, where necessary for specific conditions ensuring greater consultant coverage. This ensures care is **better**.

"I have a positive experience in a great hospital environment which helps me feel confident in the quality of care provided to me"









- ◆ People are treated in modern facilities with the latest technology available, dealt by compassionate staff across all hospital sites, giving them confidence in their care.
- ◆ People are directed to centres for specialised care, whether that's within hospitals or in out-of-hospital settings, relevant to their condition, considering the patient's choice at all times.




"I am in hospital no longer than I need to be, and am able to receive effective care sooner rather than later"

- ◆ People are treated at the right time, by the right person, in the right care setting, appropriate for the person and their condition, regardless of the day of the week.
- ◆ Higher quality care is available through increased consultant coverage, delivering more personalised care.

This allows us to achieve patient-centred care in all our care settings, across NW London, ensuring reduced inequality of care outcomes and delivery of services that are bespoke to the needs of the local population.

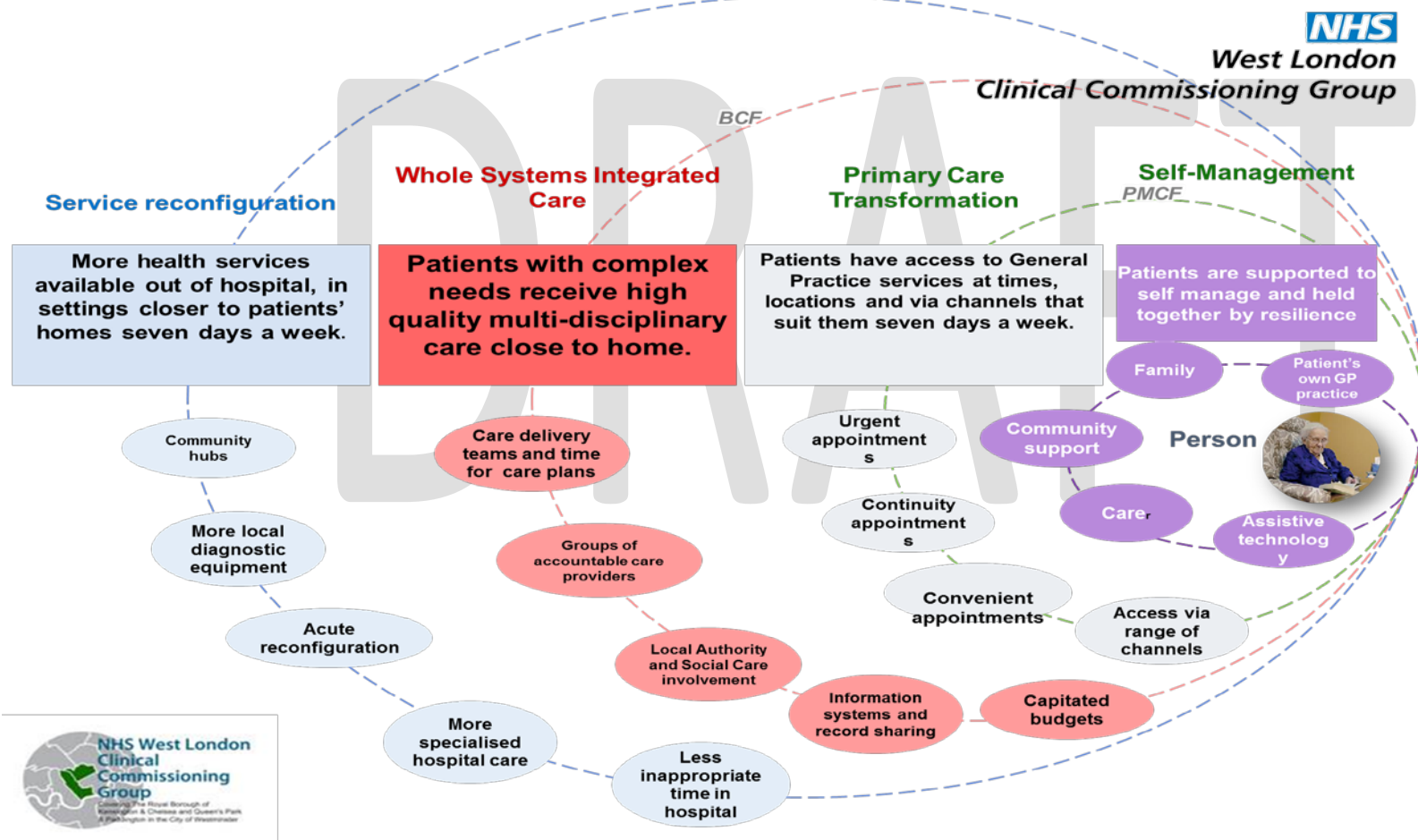
When West London are going to deliver the vision for the local West London population...

Patient Impact	FY14/15	FY15/16	FY16/17	FY17/18	FY18/19	Vision
 <p>"I know how to lead a healthy lifestyle and can manage my own care"</p>		<ul style="list-style-type: none"> Healthy West London: reduce hospital occupancy of local services Public health campaigns, including the 5 through 10p Smoking campaign Promotion of NHS Clinics Right Care campaign Phil of culture approach through RCP and Whole Systems for one 10 years World Health Community Living: West London Whole sites such as (Chelmsford) People's and mental health resources 				Personalised
 <p>"I feel in control over my care because decisions are taken with me"</p>	<ul style="list-style-type: none"> Development of a care plan for mental health 	<ul style="list-style-type: none"> Implementation of new Model of Care for one 10 Revised care plans Revised culture model 		<ul style="list-style-type: none"> Development of a Personal Health Record for mental health patients 		
 <p>"My care is now more convenient because the services closer to my home are more accessible"</p>		<ul style="list-style-type: none"> Patented team, do take, including working and weekend availability Increase 7 day Primary Care support by the Primary Care Challenge Fund Development of GP initiatives, including 100% coverage and improved access 	<ul style="list-style-type: none"> As part of Community Living: West London, initiation of Home visitation 			Localised
 <p>"I know / will be provided with a wider range of high quality care within my community for all of my health and wellbeing needs"</p>	<ul style="list-style-type: none"> Development of 10 Clinic, Health and Wellbeing Centres and Virtual Medical New Place: Carepathways, providing hospital services 	<ul style="list-style-type: none"> Positive provision of mental care and Peer-Connectivity New Flexible take, to address services Whole Systems, World Health: Community Living: West London New Model of Care for one 1000 Development of Primary Care Public Funding 		<ul style="list-style-type: none"> Development of an ACP 		
 <p>"I'm not treated in parts, but as a whole person in a coordinated way"</p>		<ul style="list-style-type: none"> Community Living: West London health transformation through Whole Systems Anti Psychiatric Unit in St Mary's and Chelmsford Part held in West: Mental Health Services to be expanded at St Mary's Hospital Implementation of Domestic Abuse and MDTs under People's Pathway work 				Integrated
 <p>"Whoever I see, knows me and my preferences, and I no longer have to repeat my details each time"</p>		<ul style="list-style-type: none"> Implementation of Whole Systems to improve service delivery Develop interoperability of patient information systems across providers Design and implementation of a new Model of Care for DDM, one 100 services 		<ul style="list-style-type: none"> Positive options for to be signed one 1000 sites 		
 <p>"I have a positive experience in a great hospital environment which helps me feel confident in the quality of care provided to me"</p>			<ul style="list-style-type: none"> Approved by Chelmsford of West Midlands New ACP facilities, development of Chelmsford 			Specialised
 <p>"I receive timely and effective care every time; when at hospital, I am home sooner rather than later"</p>		<ul style="list-style-type: none"> Transformation: leading based on increasing access and early discharge 7 day discharge team and central care to transfer from hospital to community CRM redesign of local services 			<ul style="list-style-type: none"> Local community support services to support access to Chelmsford/pebble 	

Key:  Star signifies a quantifiable benefit target
 White milestone signifies changes that planned and are yet to be implemented
 Coloured milestone signifies completion

3. West London and CWHHE Vision Map

The delivery of the Transformation objectives supports the CCGs vision to commission a healthcare system that supports patients to understand their wellbeing and health, provides high quality personalised, care at a time and in a place convenient to them. This vision is set out below:



4. The Five Year Forward View from NHS England

The Five Year Forward View (FVfV)

Over the past fifteen years the NHS has dramatically improved. Cancer survival is its highest ever. Early deaths from heart disease are down by over 40%. Avoidable deaths overall are down by 20%. About 160,000 more nurses, doctors and other clinicians are treating millions more patients so that most long waits for operations have been slashed – down from 18 months to 18 weeks. Mixed sex wards and shabby hospital buildings have been tackled. Public satisfaction with the NHS has nearly doubled.

The 'Forward View' sets out a clear direction for continued improvement within NHS and sets out the changes that need to happen to manage the long term predicted £30b shortfall in health services. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers.

Key elements of the FYfV are:-

A radical upgrade in **prevention and public health**, with hard-hitting national action on obesity, smoking, alcohol and other major health risks.

When people do need health services, patients will gain far **greater control of their own care**, including the option of shared budgets combining health and social care.


The NHS will take decisive steps to **break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

Urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111, and ambulance services

Provision of services should be reviewed, although it is acknowledged that one size does not fit all, potential models could include:

- Multispecialty Community Provider.
- Integrated hospital and primary care provider
- Primary and acute care systems

As well as the FVfV a range of other information sources has been referenced when developing the West London Business Plan for 2016/17, as well as local benchmarking information provided by our in house Business Intelligence team. Some of the key sources of information are tabled below:-

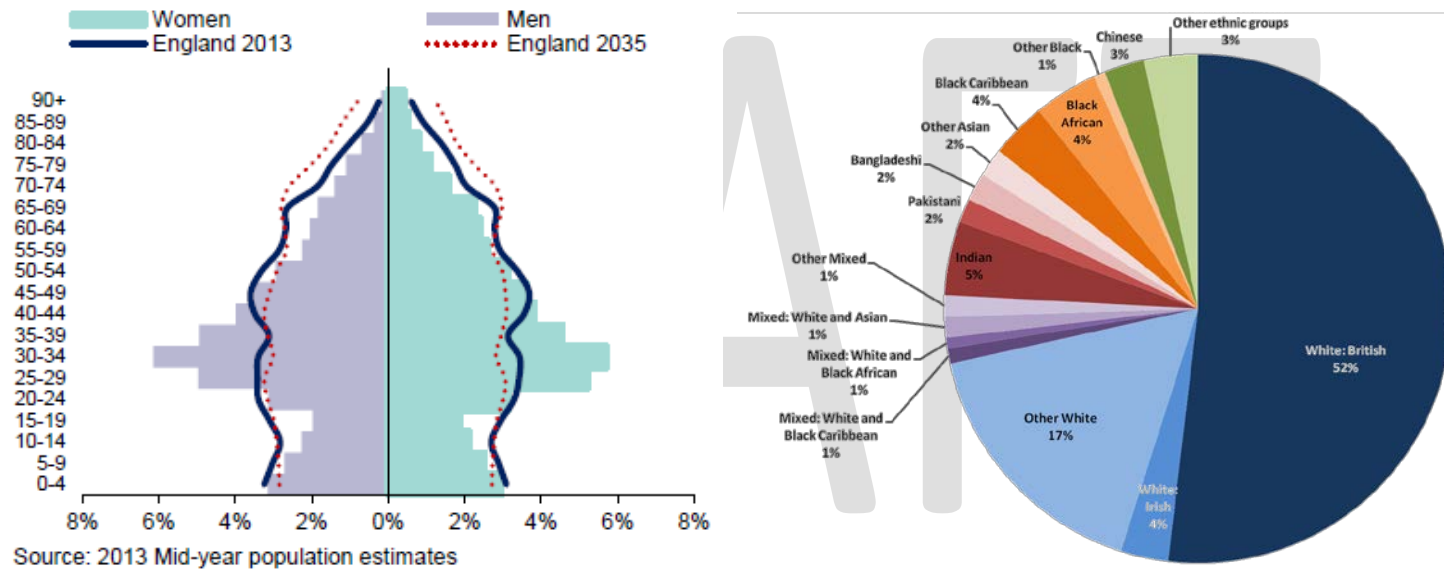
Title	Description	Link
The Five Year Forward View	The 'Forward View' sets out a clear direction for the NHS – showing why change is needed and what it will look like.	http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Shaping a Healthier Future	The NWL 5 year strategy	
JNSA	Analysis of the Public Aspects of for Kensington and Chelsea. Analysis of the Public Aspects of for Westminster	http://jsna.info/sites/default/files/Kensington%20and%20Chelsea%20JSNA%20Highlights%20Report%202013-14.pdf http://jsna.info/sites/default/files/Westminster%20JSNA%20Highlights%20Report%202013-14.pdf
Urgent Care	Transforming urgent and emergency care service in England – Safer, faster, better.	www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf
Commissioning For Value Packs	In depth analysis of 13 conditions	http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value
Spend and Outcomes Tool	An overview of spend and outcomes across key areas of business.	\\wpct.local\ccg\WL CCG\Business Planning\16_17  08Y London_W SPOT 2014 Full Briefi
CCG Support Pack	Detailed patient profile and outcomes information	http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-08y.pdf
PHE Fingertips	GP Practice Level information	http://fingertips.phe.org.uk/profile/general-practice/data#mod,5,pyr,2014,pat,19,par,E38000202,are,-,sid1,2000005,ind1,639-4,sid2,-,ind2,-
NHSE Planning Framework 16/17	Due December 15.	

Section B – Local Service Transformational

5. Background Information

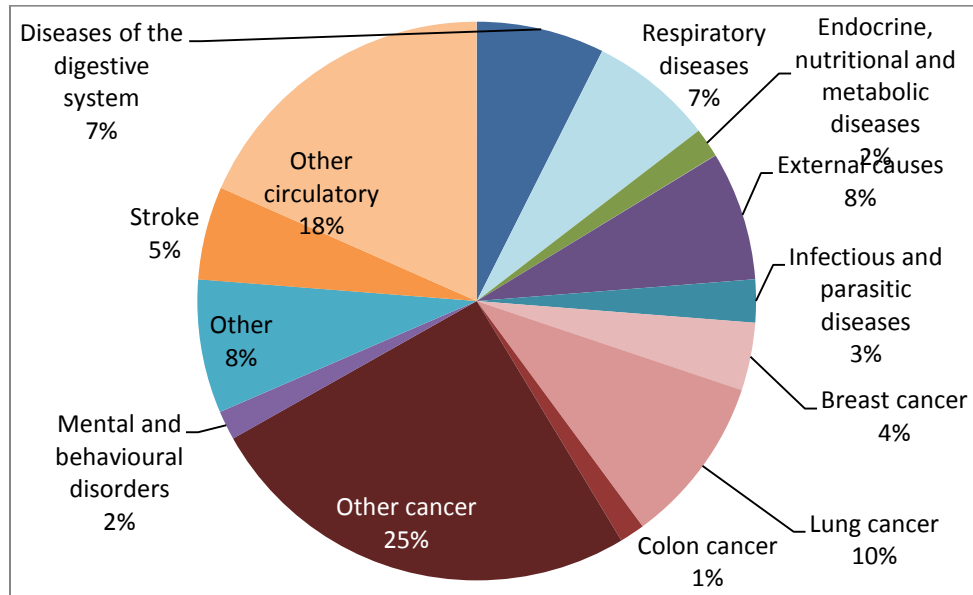
- a. **Age Profile – West London CCG has an age profile significantly different from the England average, with a high percentage of working age adults.**

The CCG registered population stood at 228,063 in 2013 (49.7% male, 51.3% female). WL CCG has 15% of its population aged less than 15 years. 41% are aged between 25 and 44 years. In 2013 the proportion of people aged 65 and over in WL CCG was 11.1% which is lower than the England average.



WL CCG has 52% of its resident population classed as White British, and 29% from a black or minority ethnic background (8% Black, 11% Asian, 4% Mixed, 3% other ethnic groups). It should be noted that the White ethnicity contains a significant proportion classed as Other White. For WL CCG patients; analysis by country of birth shows other common countries to be places such as the USA, France, Australia, Italy and Spain.

- b. **Major causes of premature deaths (under 75s)**



QOF domain	CCG Prevalence	North West London prevalence	Diff
CHD	1.8%	2.2%	-0.4%
Heart Failure	0.4%	0.5%	-0.1%
Diabetes	3.8%	5.3%	-1.5%
COPD	1.2%	1.0%	0.2%
Cancer	1.7%	1.5%	0.2%
Atrial Fibrillation	1.0%	1.0%	0.0%
Asthma	3.7%	4.6%	-0.9%
Mental health	1.5%	1.1%	0.4%

Cancers are the major cause of premature deaths in WL CCG registered patients, leading to 40% of deaths in 2009/10 and 2010/11. Circulatory diseases contribute 23%, and respiratory diseases, 7% respectively.

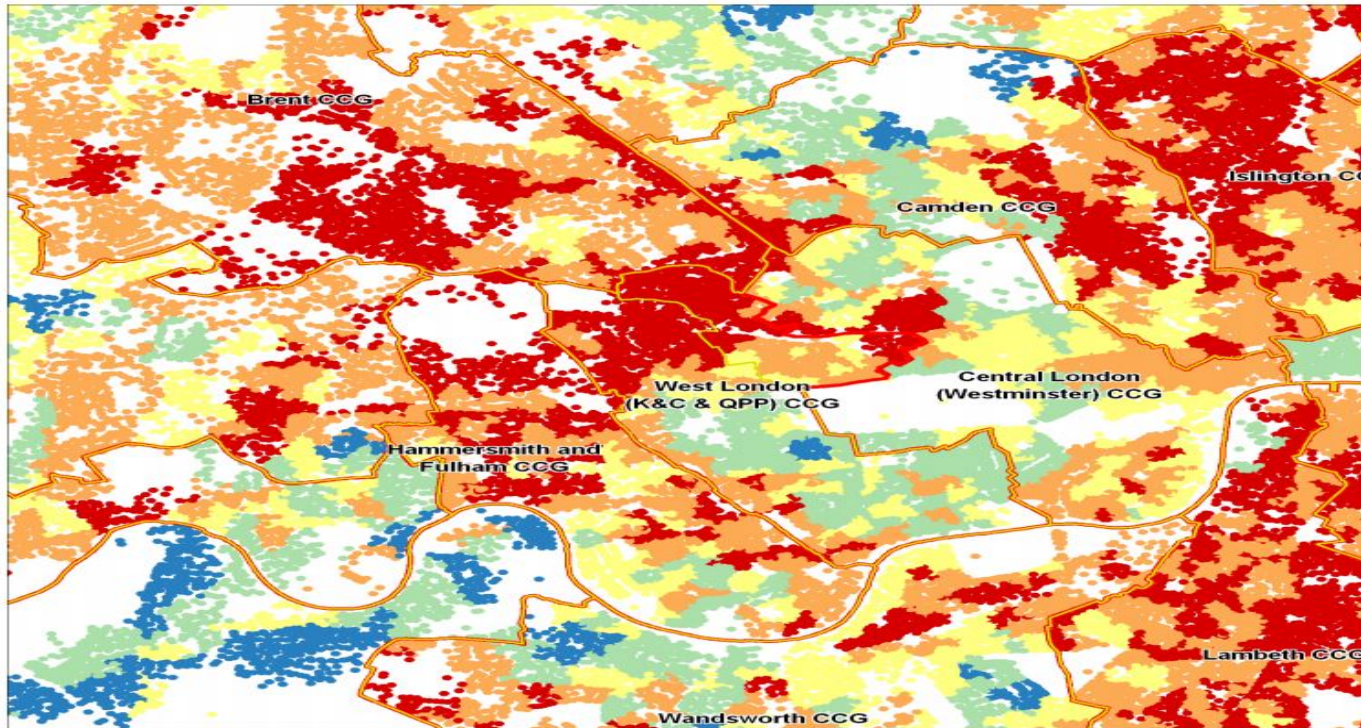
In WL CCG, only COPD, Cancer and mental health domains have higher QOF prevalence than the North West London average. For Atrial Fibrillation WL CCG has prevalence akin to North West London.

Major causes of death		
Circulatory mortalities	Cancer mortalities	Respiratory mortalities
Coronary heart disease	Lung	Pneumonia
Heart disease complications	Breast	COPD
Acute MI	Prostate	
Stroke	Pancreas	

c. Deprivation map

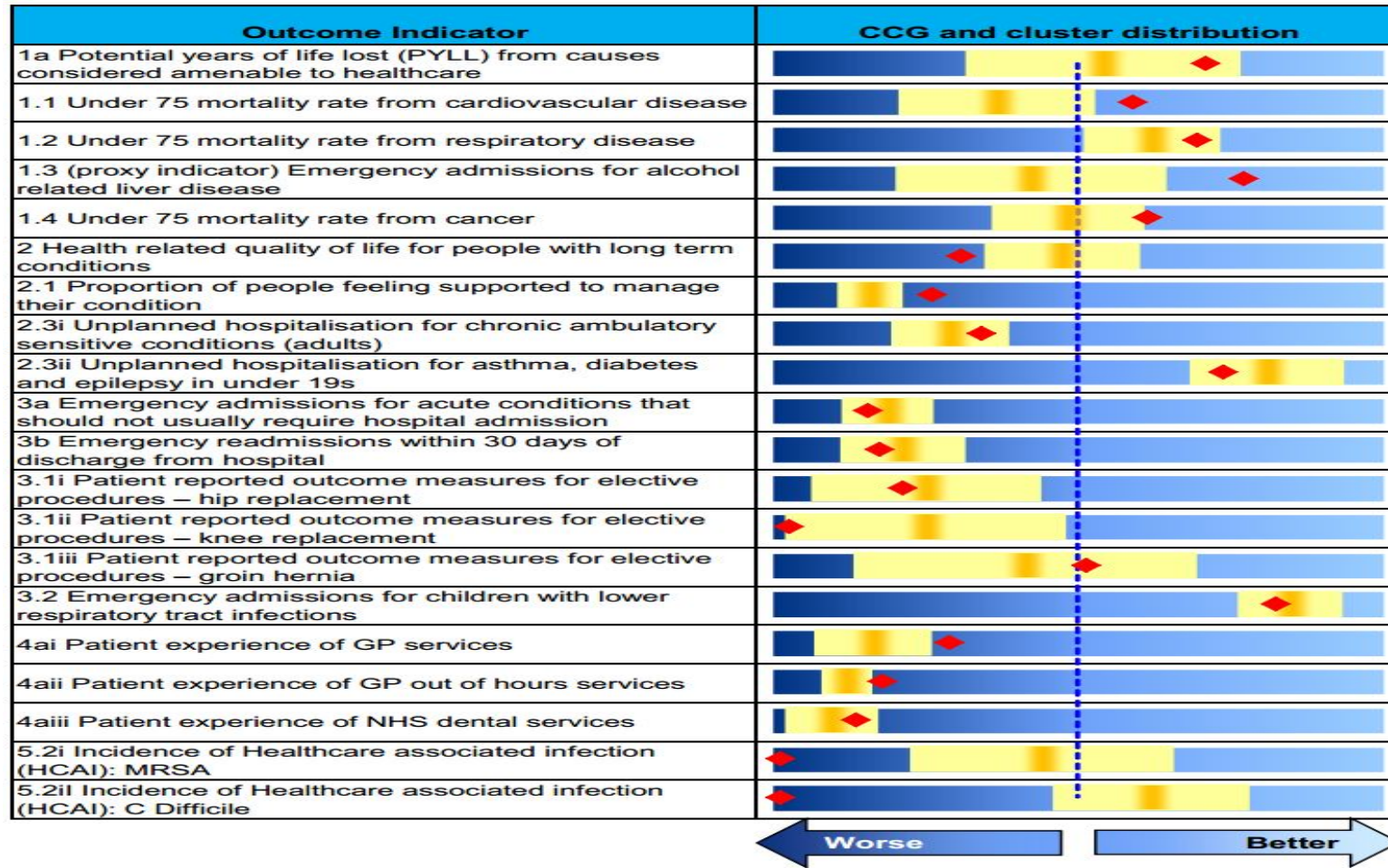
The map below shows the levels of deprivation in and around this CCG, based on the Index of Multiple Deprivation 2010 (IMD2010).

The IMD2010 is calculated at LSOA level. However, in this map we have given each postcode within the same LSOA the same colour, rather than shade the entire LSOA area. This presentation emphasizes where people live rather than open countryside.



d. NHS West London (K&C, QPP) CCG - Summary spine chart

The chart below shows the distribution of the CCGs on each indicator in terms of ranks. This CCG is shown as a red diamond. The yellow box shows the interquartile range and median of CCGs in the same ONS cluster as this CCG. The dotted blue line is the England median. Each indicator has been orientated so that better outcomes are towards the right (light blue).



6. West London CCG objectives

5.1 Strategic Objectives

At the NW London CCG Governing Body meeting on 19 May 2015, the CWHHE strategic objectives were presented and adopted as the CCG's long term goals. These are outlined below:

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 organizational duties

5.2 Corporate Objectives Delivery Areas

The refresh of Corporate Objectives by the CCG in 2015/16 the CCG has aligned service transformation into the following key delivery areas:-

Primary Care

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.

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 and developing and implementing Whole Systems Integrated Care, centred around the holistic needs of the service users and their carers

Mental Health

Transforming Mental Health services to meet the needs of our diverse population, through commissioning integrated, personalised and responsive mental health & well-being services.

Enabling Strategies

Supporting our objectives through developing a strong culture of enabling patients, members and staff to deliver and realise the benefits of transformation.

5.3 Summary Corporate Objectives in 2016/17. The key programmes of work to support our Corporate Objectives in 2016/17 are set out in the table below (also attached in A3 for readability):-

7. Strategic Risks – 2015/16 included – to be updated for the 2016/17 risks

As a Clinical Commissioning Group (CCG) we have identified various risks, many of which are low level and are managed operationally. 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 inner 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.

This Board Assurance Framework (BAF) identifies key risks to the delivery of the CCG's strategic objectives and sets out the controls that have been put in place to manage those risks and the assurances that have been received that demonstrate whether 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 are reviewed throughout the year by the allocated leads. The table below set out the strategic objectives and related risks that relate to them:-