



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

<p>Improving health & wellbeing</p> <p>Improving care & quality</p> <p>Improving productivity & closing the financial gap</p>	<p>DA 1 Radically upgrading prevention and wellbeing</p>	<p>Priority 1 Improving outcomes for children and young people</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
	<p>DA 2 Eliminating unwarranted variation and improving LTC management</p>	<p>Priority 2 Reducing risk factors for, and improving the management of, long term conditions such as dementia</p>	<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'
	<p>DA 3 Achieving better outcomes and experiences for older people</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
	<p>DA 4 Improving outcomes for children & adults with mental health needs</p>	<p>Priority 3 Improving mental health through prevention and self-management</p>	<ul style="list-style-type: none"> • 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
	<p>DA 5 Ensuring we have safe, high quality sustainable acute services</p>	<p>Priority 4 Creating and leading a sustainable and effective local health and care system for Westminster</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

Further detail – programmes by delivery area

Delivery area	Local priorities	Delivery
1. Radically upgrading prevention and wellbeing	<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	<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
3. Achieving better outcomes and experiences for older people	<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
4. Improving outcomes for children & adults with mental health needs	<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
5. Ensuring we have safe, high quality sustainable acute services	<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

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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

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- 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



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- 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


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