NW London Sustainability and Transformation Plan

Our plan for North West Londoners to be well and live well

15 April 2016

STP footprint key information
Name of footprint and no: North West London (footprint #27)
Region: London region
Nominated lead of the footprint including organisation/function: Dr Mohini Parmar, Chair Ealing CCG
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Organisations within footprints: See Appendix 1

North West London – proud to be London

The North West London Footprint

Over 2 million people

Over £4bn annual health and care spend

8 local boroughs

8 CCGs and Local Authorities

Over 400 GP practices

10 acute and specialist hospital trusts

2 mental health trusts

2 community health trusts

North West London is proud to be part of one of the most vibrant, multicultural and historic capital cities in the world. Over two million people live in the eight boroughs stretching from the Thames to Watford, which include landmarks such as Big Ben, Oxford Street, Heathrow Airport and Wembley Stadium.

It is important to us – the local National Health Service (NHS), Local Government and the people we serve in North West London (NW London) – that everyone living, working and visiting here has the opportunity to **be well and live well** – to make the very most of being part of our capital city and the cultural and economic benefits it provides to the country.

In common with the NHS Five Year Forward View we face big challenges in realising this ambition over the next five years:

- There is a 17-year difference in the life expectancy between the wealthiest and poorest parts of our boroughs
- 21% of the population is classed as having complex health needs
- NW London's 16-64 employment rate of 71.5% was lower than the London or England average
- If we do nothing, there will be a £1bn financial gap in our health and social care system and potential market failure in some sectors

The challenges we face require bold new thinking and ambitious solutions, which we believe include improving the broader determinants of health and wellbeing such as housing and employment, people supported to take greater responsibility for their wellbeing and health, prevention embedded in everything we do, integration in all areas and creating a truly digital, information enabled service.

We have a **strong sense of place in NW London, across and within our boroughs.** In the following pages of our Sustainability and Transformation Plan (STP) we set out our case for change, our ambitions for the future of our places and how we will focus our efforts on a number of high impact initiatives to address the three national challenges of 'health and wellbeing', 'care and quality', and 'finance and productivity'.

Understanding our population – the health and wellbeing of NW London

In NW London we have taken a population segmentation approach to understand the changing needs of our population. This approach is at the core of how we collectively design services and implement strategies around these needs. NW London has:

- 2.1 million residents and 2.3 million registered patients in 8 local authorities
- Significant **variation in wealth**
- Substantial **daytime population** of workers and tourists, particularly in Westminster and Kensington & Chelsea
- A high proportion of people were **not in born in UK** (above 50% in some wards)
- A **diverse ethnicity**, with 53% White, 27% Asian, 10% Black, 5% Mixed, with a higher prevalence of diabetes
- A high working age population aged 20-39 compared with England
- High proportions living in **poverty and overcrowded households**
- **Low vaccination coverage** for children and **high rates of tooth decay** in children aged 5 (50% higher than England average)
- High rates of **poor quality air** across different boroughs
- **Only half** of our population are **physically active**
- **Nearly half of our 65+ population are living alone** increasing the potential for social isolation
- **Over 60%** of our adult social care users **wanting more social contact**
- State primary school **children with high levels of obesity**
- **19% of our population are unhealthy**

Mostly healthy

- 1.65m people in NW London are mostly healthy
- 81% of the total population
- 37% of care spend in NW London

In 2030:
- 4.3% more people in this segment
- 31% more +65s

One or more long-term conditions

- 338,000 adults in NW London have 1 or more LTC
- 16% of the population
- 22% of the care spend in NW London

In 2030
- 35% more adults in this segment
- 37% more spend in NW London

Cancer

- 17,000 adults in NW London have cancer
- 0.8% of the population
- 4.5% of care spend in NW London

In 2030:
- 53% more adults in this segment
- 20% more spend in 2030 on adults

Serious and long term mental health needs

- 15,000 adults in NW London have serious and long term mental health needs
- 0.7% of population
- 7.5% of care spend

In 2030:
- 27% more adults in this segment
- 21% more spend in 2030 on adults

Learning disability

- 7,000 adults in NW London have learning disabilities
- 0.3% of the population
- 8.2% of care spend in NW London

In 2030:
- 29% more adults in this segment
- 35% more spend in 2030 on adults

Severe physical disability

- 21,000 adults in NW London have severe physical disabilities
- 1% of the population
- 18% of care spend in NW London

In 2030:
- 29% more adults in this segment
- 26% more spend in 2030 on adults

Advanced dementia / Alzheimer's

- 5,000 adults in NW London have advanced dementia
- 0.2% of the population
- 2% of care spend in NW London

In 2030:
- 40% more adults in this segment
- 45% more spend in 2030 on adults

The NW London segmentation framework was coproduced by the sector, including lay partners, based on common need, and a regression analysis of cost based on a variety of factors i.e. age. Validation was carried out on a linked data set from H&F. These factors drive considerable need for services and rising costs.

Sources: ONS (2014/15 estimates and 2011 census), HSCIC, Public Health England 2014/15, Greater London Authority, London Health Commissioning Framework

Our ambitions for NW London – helping people to be well and live well

We want people in NW London to **be well and live well,** enabled to live as healthy and full a part of London life as possible. We want to create a truly sustainable health and care system, paying its way as part of the London economic powerhouse. We are on a journey to achieve this, as described below, but realise there is more to do.

This STP is part of our continuing journey of collaboration and transformation

2011	NHS in NW London agreed its 'Case for Change', describing how care, quality and financial sustainability within the NHS could be transformed.
2013	Local NHS sub-regional NW London Programme Board agrees *Shaping a Healthier Future* (SaHF) Decision Making Business Case clinical strategy setting out a vision to localise, centralise and integrate care and reconfigure acute services – endorsed by Secretary of State. Eight clinical commissioning groups form NW London Collaborative.
2014	'Whole Systems Integrated Care' strategy setting out vision for person centered, proactive and coordinated care agreed by NW London Partnership Board of NW London Collaborative and local government – publishes 'the toolkit'. NW London becomes a National Pioneer in Integrated Care with ten Early Adopters implementing new models of care. Better Care Fund established across all Boroughs with pooled budgets to support local joint commissioning. In 2015/16 pooled budgets across eight boroughs is £168m Healthcare Commission publishes 'Better Health for London', ten priorities supported by all stakeholders in NW London.
2015	NW London Programme Board oversees implementation of first phase SaHF service changes: A&E and maternity improvements, plans for pediatric improvements. NW London becomes a Seven Day Services Early Adopter.
2016	NW London agrees 'Like Minded' mental health and wellbeing Case for Change and vision. NW London agrees to be part of 'London Health and Care Collaboration Agreement' and forms Strategic Planning Group of 31 organisations. First established accountable care partnership

Improvements delivered

- Pilot established for multi disciplinary teams in managing the care of selected over 65s, implemented care planning and recruited care navigators.
- Integrated delivery teams for community care.
- 1.9m have access to weekend primary care appointments, supported by Prime Minister's Challenge Fund.
- 280,000 patients have access to web-based consultations.
- Primary Care is working at scale. All eight CCGs have federation population coverage of above 75%.
- Improved maternity pathway including 100 extra midwives.
- Increased maternity consultant cover from 108 to 122 hours per week.
- Paediatric Assessment Units in all major hospitals by end of 2016/17.
- Single points of access for urgent care and mental heath crisis.
- Psychiatric liaison in all A&Es and UCCs in NW London.
- New eating disorder services and perinatal mental health services.
- Single hospital discharge process across health and social care will be piloted across NW London.
- Working together, all of our local organisations published borough-level health and wellbeing strategies.
- Pooled BCF budget of £168m in 15/16, with increased focus on nursing care, rehabilitation and reablement and third sector commissioning.
- Significant social care efficiencies made to protect social care budgets through working at scale across NW London boroughs.
- One emergent Accountable Care Provider in Hillingdon, building on the work of the WSIC Pioneer programme.

Shaping a Healthier Future sets out how we could improve quality of care, save 130 lives a year and address a growing financial challenge through a significant shift of activity into the community from hospital settings and the reconfiguration of acute services to attain the London quality standards. In addition there are a wide range of other areas where we are working closely together to improve care and health in the areas set out in the planning guidance, outlined in more detail in Appendix 2.

We see the STP as an opportunity to create a transformational step change in areas such as prevention, integration and digitisation, and to align our shared objectives and priorities as we collaboratively develop a delivery-focused plan that addresses the big challenges for people in NW London.

Whilst SaHF does not address the full set of challenges described in the Five Year Forward View, and there is not full support for reconfiguration plans, we intend to work together on areas where there is joint agreement and to move forward locally in delivering a health and care system that improves health and wellbeing, care and quality and closes the productivity and financial gap for the whole system.

Building on our strong history of joint working, and as part of the transformational step change set out in our STP plan, we believe that we are well placed to take on additional responsibilities at a local level through a Devolution Deal for NW London. The specific areas of focus that we will be seeking to devolve will be further refined in the final plan.

Working together to address a new challenge

To enable people to be well and live well, we need to be clear about our collective responsibilities. As a system we have a responsibility for the health and well-being of our population but people are also responsible for looking after themselves. Our future plans are dependent upon acceptance of shared responsibilities:

Responsibilities of our residents

- To make choices in their lifestyles that enable them to stay healthy and reduce the risk of disease
- To use the most appropriate care setting
- To access self-care services to improve their own health and wellbeing and manage long-term conditions
- To access support to enable them to find employment and become more independent
- To help their local communities to support vulnerable people in their neighbourhoods and be an active part of a vibrant community

Responsibilities of our system

- To provide appropriate information and preventative interventions to enable residents to live healthily
- To deliver person-centred care, involve people in all decisions about their care and support
- To respond quickly when help or care is needed
- To provide the right care, in the right place, to consistently high quality
- Reduce unwarranted variation and address the 'Right Care' challenge
- To consider the whole person, recognising both their physical and mental health needs
- To provide continuity of care or service for people with long term health and care needs
- To enable people to regain their independence as fully and quickly as possible after accident or illness
- To recognise when people are in their last phase of life and support them with compassion

To support these responsibilities, we have a series of underlying principles which underpin all that we do and provide us with a common platform.

Principles underpinning our work

- Focus on prevention and early detection
- Individual empowerment to direct own personalised care and support
- People engaged in their own health and wellbeing and enabled to self care
- Support and care will be delivered in the least acute setting appropriate for the patient's need
- Care will be delivered outside of hospitals or other institutions where appropriate
- Services will be integrated
- Subsidiarity – where things can be decided and done locally they will be
- Care professionals will work in an integrated way
- Care and services will be co-produced with patients and residents
- We will focus on people and place, not organisations
- Innovation will be maximised
- We will accelerate the use of digital technology and technological advances

Section 1: Leadership and governance

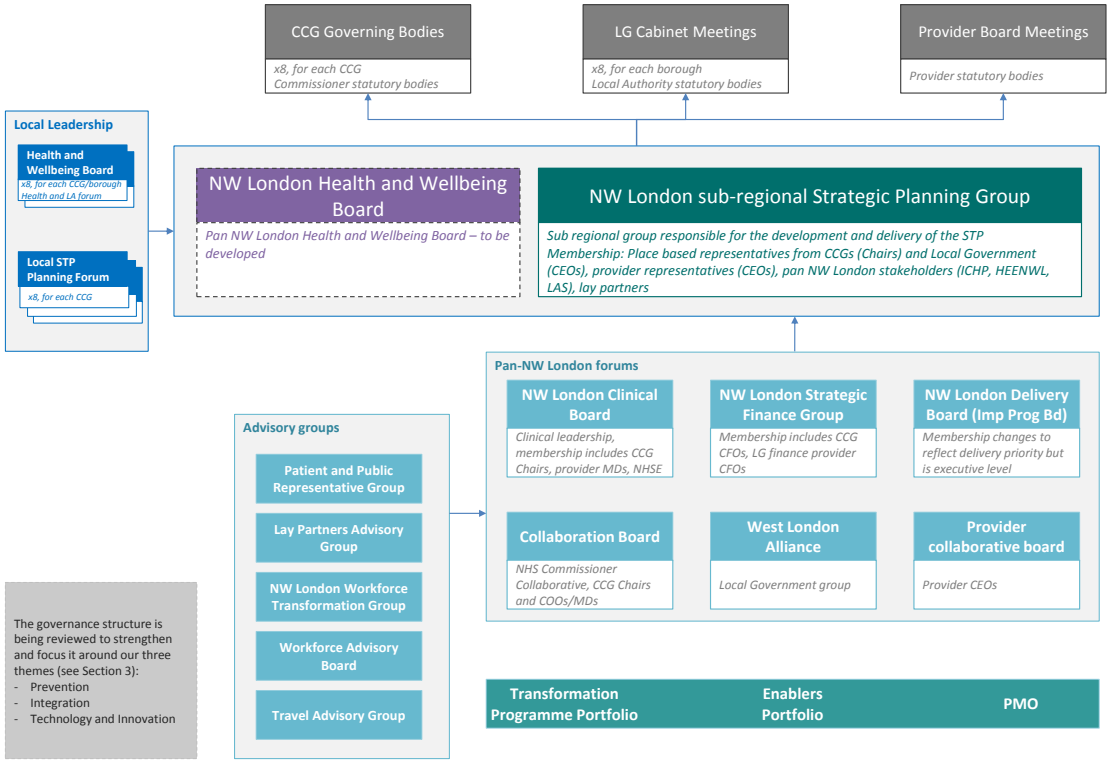
NW London has meaningful leadership and robust governance to drive transformational change

There is a history of collaboration at a sub-regional level in NW London across both health and local authorities. To help us work most effectively we have in place a robust governance structure and leadership arrangements.

NW London has one of the most established whole system partnerships in the country, with a strong history of pan-borough working through the long-established West London Alliance, NHS NW London and individual commissioners and providers as well as academic and workforce institutions. Lay partners are represented across the system and leadership.

With the development of the STP, we have strengthened our ways of working. We will use both the Strategic Planning Group and develop a NW London Health and Wellbeing Board as the governance forums for the plan's development. The pan-NW London governance structure will be set up to mirror the local governance arrangements. Local governance will retain sovereignty over decisions in line with the London Devolution Deal.

Incorporating the individual's voice, clinical expertise and our managerial functions, we are operating in the following structure to develop and implement the STP:



STP Leadership Team

The STP is led by the appointed STP System Leadership Team, which meets weekly and includes representation from all of the key stakeholder groups in our system:

Dr Mohini Parmar *System Leader*
(Ealing CCG Chair)

Carolyn Downs *Local Authority Lead*
(Chief Executive, Brent Council)

Clare Parker *Joint NHS Commissioner SRO*
(Chief Officer CWHHE CCGs)

Dr Tracey Batten *Provider Lead*
(Chief Executive, Imperial College Healthcare Trust)

Rob Larkman *Joint NHS Commissioner SRO*
(Chief Officer BHH CCGs)

Matt Hannant *STP Programme Director*
(CCG Director of Strategy & Transformation)

Section 1: Engagement with service users and staff

Underpinning all leadership and governance is our partnership with our service users and our workforce

We continue to ensure that people's voices drive our decision-making:

In NW London we collaborate with people, service users and patients at all stages of the commissioning, mobilisation and delivery cycle; **co-production with service users is fundamental to our culture** and we have been recognised for our 130 strong Lay Partner Forum and its approach to co-production, which includes significant engagement with other patient groups including Healthwatch and Patient and Public Participation Groups. The NW London Self-Care Task and Finish Group, whose membership includes voluntary and community group members, lay members, service users, commissioners and providers, has co-developed and continues to support the embedding of the self-care commissioning framework. The Triborough's Community Champion Programme uses a dynamic community engagement process to co-produce local health campaigns and neighbourhood services.

To date we have engaged extensively as we developed our Health and Wellbeing Strategies, Shaping a Healthier Future, and Like Minded. We will be continuing these conversations with people in NW London during the development of the STP, and during its implementation.

We are investing in our workforce and ensuring they are supported throughout all changes:

We have great people working in support, care and health organisations in NW London and a clear vision for change developed with those people. We also understand that the people who live in NW London are a huge part of the 'informal workforce' and also need support.

To deliver our vision we need to make sure that **all our professionals are engaged in the process of change, own that change and then receive the training and development they need to implement those changes**.

Workforce and organisational development is embedded throughout our programme of work:

- In 2015 we launched the 'NW London Change Academy' to support all staff groups to address the cultural change, skills mix and financial challenges facing NW London in the next 5 years and have initially allocated £1m of funding. We are also developing a systems leadership model with support from the Leadership Centre that will enable NHS and local authority staff to train and learn leadership skills
- We have already seen the benefits of our joint working. For example, maternity services across NW London have 100 WTE more midwives than before the transition of Ealing's services, over and above those who were safely transferred to receiving sites. We have seen an improvement of birth to midwife ratios across the sector after the transition of Ealing's maternity services alongside an increase of consultant presence from a sector side average of 108 hours to 122 hours per week
- We also work in partnership with Health Education England (NW London) and have continued the development of Community Education Providers Networks (CEPNs) alongside launching a Practice & Community Nurse Education Forum which we are now embedding into roles across the sector

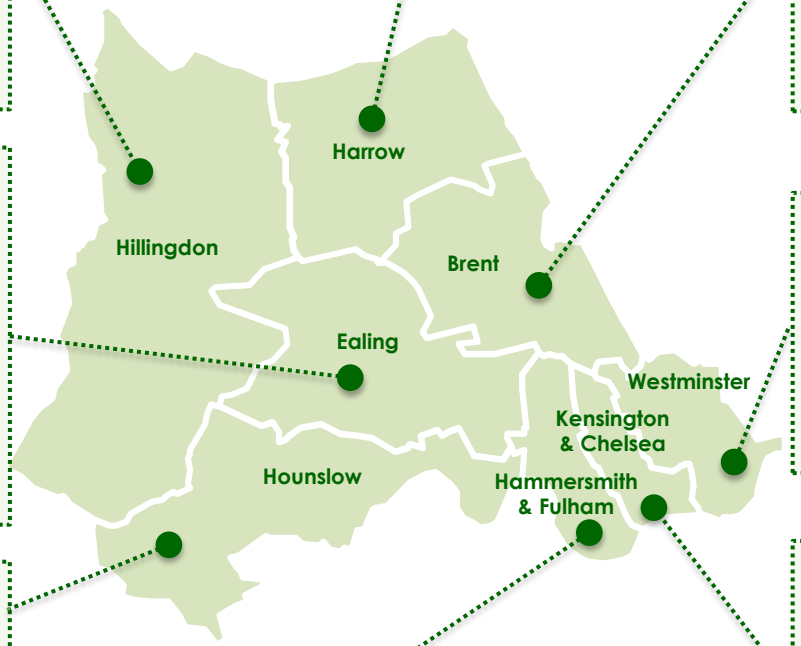
Section 2: Understanding people's needs

Understanding our people's needs is vital for planning local and NW London wide services and initiatives. Our segmentation approach supports the development of new models of care

- **Hillingdon** has the second largest area of London's 32 boroughs
- By 2021, the overall population in Hillingdon is expected to grow by 8.6% to 320,000
- Rates of diabetes, hospital admissions for alcohol-related harm and tuberculosis are all higher than the England average
- There is an expected rise in the over-75-year-old population over the next 10 years and it is expected that there will be an increase in rates of conditions such as dementia

- **Harrow** has one of the highest proportions of those aged 65 and over compared to the other boroughs in NW London
- More than 50% of Harrow's population is from black and minority ethnic (BME) groups
- Cardiovascular disease is the highest cause of death in Harrow, followed by cancer and respiratory disease

- **Brent**, the most densely populated London Borough, is ranked amongst the top 15% most-deprived areas in the country
- Between 2011 and 2021 the population aged 85+ is expected to grow by 72%
- Brent is ethnically diverse with 65% from BME groups
- There was a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13
- Brent children have worse than average levels of obesity – 11% of children aged 4-5, 24% of children aged 10-11 years



- **Ealing** is London's third largest borough
- It is estimated that by 2020, there will be a 19.5% rise in the number of people over 65 years of age, and a 48% rise in the number of people over 85
- BME communities, including individuals of mixed ethnicity, made up 46% of the Ealing's total population in 2012
- The main causes of death are cardiovascular disease accounting for 31% of all deaths
- The mortality rate from respiratory disease is 45% higher in Ealing than the NW London average

- **Westminster** has a daytime population three times the size of the resident population
- The principal cause of premature death in Westminster is cancer, followed by cardiovascular disease
- In 2012, Westminster had the seventh highest reported acute Sexually Transmitted Infections (STI) rate in England
- Westminster also has one of the highest rates of homelessness and rough sleeping in the country

- **Hounslow** serves a diverse population of 262,000 people, the fifth fastest growing population in the country
- Hounslow's population is expected to rise by 12% between 2012 and 2020
- Hounslow has significantly more deaths from heart disease and stroke than the England average
- Due to a growing ageing population and the improved awareness and diagnosis of individuals, diagnosis of dementia is expected to increase between 2012 and 2020 by 23.5%
- The volume of younger adults with learning disabilities is also due to increase by 3.6%

- **Hammersmith & Fulham** is a small, but a densely populated borough with 179,000 resident with one in four born abroad
- More than 90% of contacts with the health service take place in the community, involving general practice, pharmacy and community services
- The principle cause of premature and avoidable death in Hammersmith and Fulham is cancer, followed by CVD
- Mental health is the most common reason for long term sickness absence

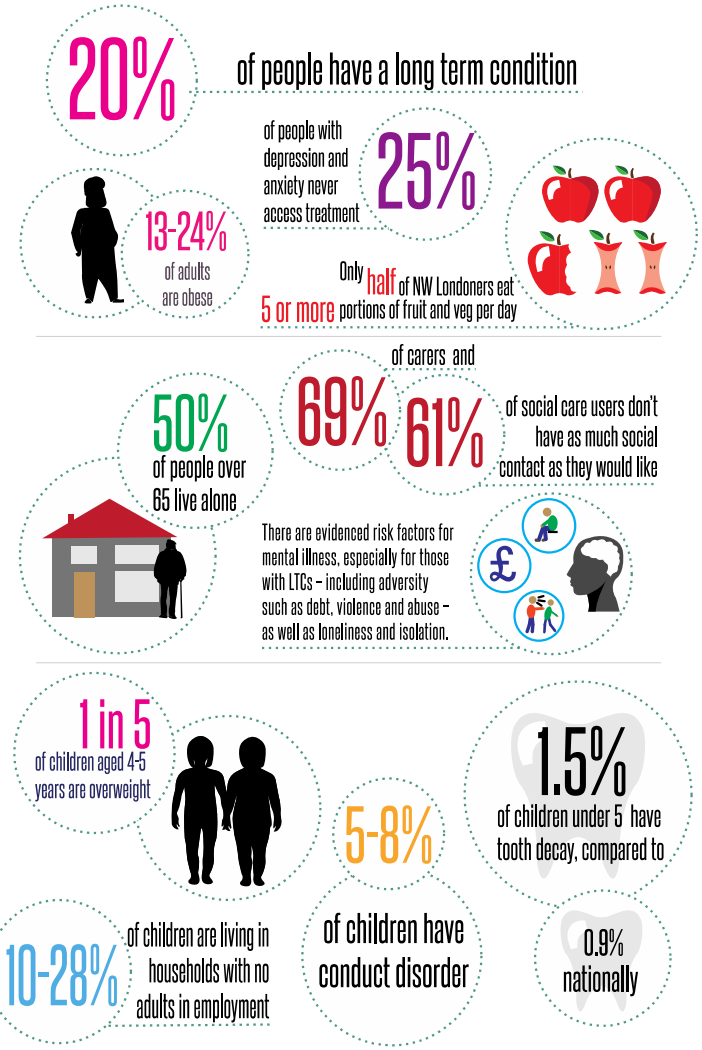
- **Kensington & Chelsea** has a very large working age population and a small proportion of children (the second smallest in London)
- Half the area's population were born abroad
- The principle cause of premature death in the area is cancer
- There are very high rates of people with serious and long term mental health needs in the area

Sources: HSCIC, Shaping a Healthier Future
Statistics are being updated to reflect most recent data

Section 2a: We will improve the health and wellbeing of people in our area

The following emerging priorities are a consolidation of local place based planning, sub-regional strategies and plans and the views of the sub-regional health and local government Strategic Planning Group. They seek to address the challenges described by our 'as-is' picture and deliver our vision and 'to-be' ambitions using an evidence based, population segmentation approach. They have been agreed by our SPG.

Our as-is…



Our to-be…

People live healthy lives and are supported to maintain their independence and wellbeing with increased levels of activation, through targeted patient communications – reducing hospital admissions and reducing demand on care and support services

People are empowered and supported to lead full lives as active participants in their communities – reducing falls and incidents of mental ill health

Children and young people have a healthy start to life and their parents or carers are supported – reducing admissions to hospital and demands on wider local services

Our Emerging Priorities

1 Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves

2 Reduce social isolation

3 Improve children's mental and physical health and well-being

Our vision for health and wellbeing:

My life is important, I am part of my community and I have opportunity, choice and control

As soon as I am struggling, appropriate and timely help is available

The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that's right for me and the people that matter to me

My wellbeing and happiness is valued and I am supported to stay well and thrive

I am seen as a whole person – professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing

Section 2b: We will improve care and quality

Our as-is…	Our to-be…	Our Emerging Priorities
Over 30% of patients in an acute hospital bed right now do not need to be there. **3% of admissions are using a third of acute hospital beds.**	GP, community and social care is high quality and easily accessible, including through NHS 111, and in line with the National Urgent Care Strategy.	4 Ensure people access the right care in the right place at the right time.
People with serious and long term mental health needs have a life expectancy 20 years less than the average and the number of people in this group in NW London is double the national average.	People in this group are treated holistically according to their full range of mental, physical and social needs in line with The Five Year Forward View For Mental Health.	5 Reduce the gap in life expectancy between adults with serious and long-term mental health needs and the rest of the population.
Over 80% patients indicated a preference to die at home but 22% actually did.	People are supported with compassion in their last phase of life according to their preferences.	6 Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice.
Mortality is between 4-14% higher at weekends than weekdays.	People receive equally high quality and safe care on any day of the week, we save 130 lives per year.	7 Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed.
People with long term conditions use 75% of all healthcare resources.	Care for people with long term conditions is proactive and coordinated and people are supported to care for themselves.	8 Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease.
1500 people under 75 die each year from cancer, heart diseases and respiratory illness. **If we were to reach the national average of outcomes, we could save 200 people per year.**	People with cancer, heart disease or respiratory illness consistently experience high quality care with great clinical outcomes, in line with Achieving World-Class Cancer Outcomes.	9 Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness.

Our vision for care and quality:

Personalised

Personalised, enabling people to manage their own needs themselves and to offer the best services to them. This ensures their support and care is **unique**.

Localised

Localised where possible, allowing for a wider variety of services closer to home. This ensures services, support and care is **convenient**.

Coordinated

Delivering services that consider all the aspects of a person's health bad wellbeing and is coordinated across all the services involved. This ensures services are **efficient**.

Specialised

Centralising services where necessary for specific conditions ensuring greater access to specialist support. This ensures services are **better**.

Section 2c: Improving productivity and closing the local financial gap

The financial position of the NHS in NW London has deteriorated significantly over the last 2 years. While all commissioner organisations have a bottom line surplus, 3 have underlying deficits (two small, one more significant) and most providers are in deficit. Local authorities also face substantial financial challenges with a planned reduction in overall budgets by 2020, which will have a negative impact on the resources available to fund social care. The latter, if not mitigated, will worsen the financial challenge for the NHS – this has not yet been quantified but will be an important part of financial modelling over the next 2 months.

Whilst we have further scoping and analysis to undertake between now and the end of June, based on our work to date we believe the nine emerging priorities, underpinned by the transformational delivery areas within the three overarching themes, will contribute to mitigating the five year financial position and delivering sustainability to the local system. This work will include analysis which addresses some of the challenges stated in the Carter Review and early thinking done in the NW London Delivery Architecture analysis.

The table below summarises the normalised financial challenge in NW London based on forecast 15/16 outturn and also the 'Do Nothing' scenario at 20/21 ('20/21 pre savings') and the 'Status Quo' scenario at 20/21 ('20/21 post CIP/QIPP'). The 'Status Quo' definition has been developed by NHSE/I and used as a common approach across London. The definition of Status Quo (and key assumptions) are presented in the next slide.

The status quo forecasts overall were signed off by the FAM group on 6/4/16. All organisational forecasts have been agreed with the FD of the organisation concerned

	2015/16 FOT £000	2020/21 pre savings~ £000	20/21 post CIP/QIPP* £000
NW London CCGs exc RAB	65,849	(257,904)	(186,210)
NW London acute providers	(189,498)	(425,900)	(224,187)
NW London community & MH providers	(718)	(84,727)	(6,614)
NW London specialist commissioning#	n/a	(139,400)	(139,400)
NW London social care◊	n/a	(132,000)	n/a
Total exc RAB +	**(124,367)**	**(1,039,932)**	**(556,411)**
RAB - accumulated deficit for CCGs		(732,440)	(543,027)

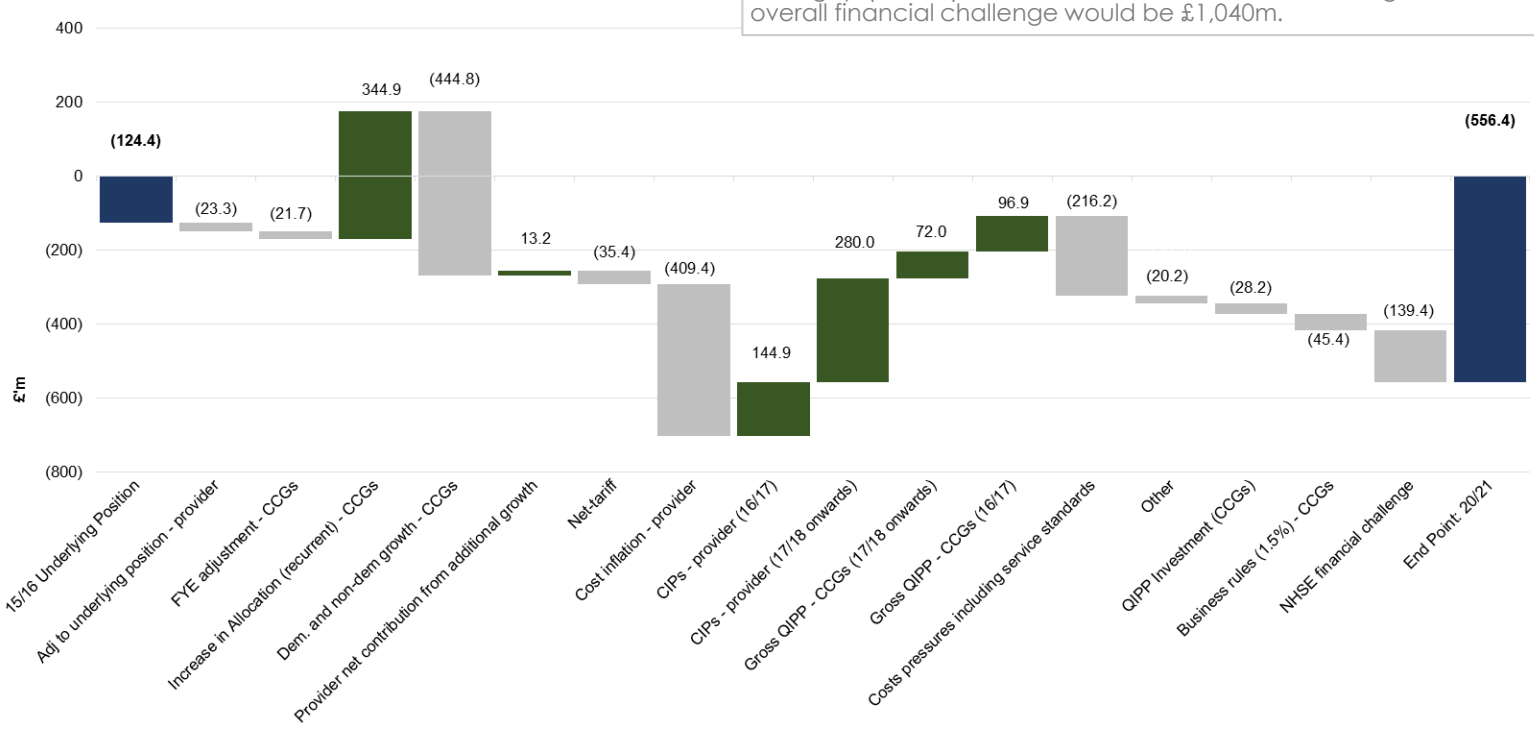
See overall NW London bridge (shown in a later slide) which shows how the financial challenge is the result of population growth and demand for healthcare, together with the forecast costs of delivering care, exceeding the funding increases over the period to 20/21 for both the Status Quo and Do Nothing scenarios. The bridges shows the financial challenge increasing from £124m in 15/16 to £556m at 20/21 under the status quo (and £1,040m at 20/21 under the do nothing scenario, including the social care challenge). For context, total provider income at 15/16 is £3,347m with NW London CCG allocation at 15/16 being £2,690m.

~ 'Do Nothing' is based on no CIP or QIPP being delivered from 17/18 onwards (that is currently assumed to be delivered under the 'Status Quo' scenario)
* CIP/ QIPP based on Status Quo principles as agreed with NHSE/I
# NHSE challenge has been provided as a total overall value at 20/21 with no QIPP
◊ This only covers pressures on adult social care but not wider pressures including public health, children's services, housing and the voluntary sector.
+ This position does not include any triangulation gap. Based on CCGs projected expenditure (by trust) and Trusts projected income (by CCG) the preliminary estimate of the variance is £20m (this remains a work in progress)

The definition of Status Quo and key assumptions are in Appendix 3.

Overall Financial challenge - status quo and do nothing normalised position

Do Nothing Scenario: The overall financial challenge under the do nothing scenario would be a variation on this Status Quo scenario, reflecting the removal of CIP and QIPP from 17/18 onwards. The do nothing financial challenge at 20/21 would be £908m (after the removal of £280m of CIP from 17/18 onwards and £72m of QIPP from 17/18 onwards). If the social care gap (£132m) is also included under the do nothing scenario the overall financial challenge would be £1,040m.



- The gaps grows from £124m in 15/16 to £556m in 20/21 under the status quo. The £556m is made up of £186m for CCGs, £231m for Providers, and the NHSE challenge of £139m;
- The combined NCL CCG and Provider bridge under the Status Quo shows how the financial challenge is the result of population growth and demand for healthcare, together with the forecast costs of delivering care, exceeding the funding increases over the period to 20/21;
- Under the status quo scenario only £169m (£97m in 16/17 and £72m from 17/18 onwards) of QIPP is assumed to be delivered (reflecting 100% of 16/17 QIPP and 50% of non-acute from 17/18 onwards). Under the status quo £424m of CIP is assumed to be delivered (this includes £20m of merger synergies).

The definition of Status Quo and key assumptions are in Appendix 3.

Section 3: Our emerging priorities and main areas of focus

The table below summarises the emerging priorities identified in Section 2 and addresses the three gaps in the Five Year Forward View. These priorities map to our core themes for addressing the challenges in NW London , and what the associated delivery areas might be. Further work will be done on these before the end of June. To see the current progress mapped to the national priority areas, please see Appendix 2.

Triple Aim		Emerging priorities	Themes for addressing the priorities	Emerging Delivery Areas
Improving health & wellbeing	1	Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves	**Prevention** People supported to take responsibility for their own wellbeing and health and making healthy choices	Develop NW London demand management and market shaping strategies Implement NW London self-care framework, including patient activation measure (PAM) Develop cross NHS and Local Government strategies for wider determinants of health and wellbeing Continue primary care transformation to ensure it's at the core of prevention strategy
	2	Reduce social isolation		
	3	Improve children's mental and physical health and well-being		
Improving care & quality	4	Ensure people access the right care in the right place at the right time	**Integration** Local integration of services across all providers at the place where the person needs it (primary, community, MH, some acute) delivered via joint teams	Plans to reduce 500 acute beds Significantly expand our personalisation agenda Greater pooling of health and care funding, 2017-2020 Finalise the NW London workforce plan to support transformation Significantly expand the move across NW London towards a capitated approach to payment for health and care services Develop a cross borough plan for sharing risks and rewards, underpinned by a single control total across NW London
	5	Reduce the gap in life expectancy between adults with serious and long term mental health needs and the rest of the population		
	6	Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice		
Improving productivity & closing the financial gap	7	Improve consistency in patient outcomes and experience regardless of the day of the week that services are accessed	**Technology & Innovation** Fully digital care and support, integrated health and social care information, right information available in the right place at the right time, paperless services	Integrated health & social care through shared data & intelligence Remove reliance on paper (wherever feasible) Involve citizens in their own health through digital empowerment
	8	Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease		
	9	Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness		

Section 4: Our challenges and the areas where we would welcome national support

Understanding and managing risk is key to safe and effective transformation. Summarised below are our top seven sustainability and transformation risks. Areas where support may be required are highlighted in bold.

Key areas we would welcome national or regional support to ensure high quality care

1. Access to **capital** for estates and IT investment,
2. Unblocking issues around **information governance**,
3. System solutions for addressing the **future workforce** challenges,
4. Support to **reduce short term regulatory and performance requirements**.
5. **Early access to the STF** to deliver our ambitious transformation plans

Category	Risks and issues	Current mitigations and areas where further support may be required
Quality and sustainability	Can we deliver quality and finance benefits of hospital reconfiguration with opposition from some partners to current plans? Will the regulatory and performance environment enable local systems to focus time, resources and money on transformational activities?	• STP to focus more widely on areas where we have shared objectives such as broader determinants, and health and wellbeing • Planning attainment of acute London Quality Standards and four priority national 'Seven Day Services' standards • Sector commitment to reducing demand for acute services by approximately 500 beds and enhancing local services • Progress with the delivery architecture priorities in line with Carter Recommendations. • Support local conversations to identify mitigations for local issues • Support and commitment from NHS England and NHS Improvement to explore flexibilities with NW London to **reduce short term regulatory and performance requirements** to enable sustained focus on transformational activity
People and workforce	How do we address workforce shortages and skills for the future and avoid undermining new models of care, overwhelming the workforce with scale and pace of change? How do we break down organisational barriers to deliver high quality care?	• Partnership with Health Education England (NWL) and mobilisation of Workforce Transformation Board • Mapping and modelling workforce requirements to commission training and support recruitment and retention • £1m investment in year for NW London Change Academy to support leadership, OD, spread innovation, and train staff in new models to support patient centric care • **Working with London wide workforce programme to identify future requirements**
Self care and empowerment	How do we create a 'new reality' and drive behaviour change for people about their health and wellbeing and their responsibility to live well. How do we support and encourage new behaviours by simplifying the provider landscape and access points, and how do we ensure collective accountability within systems for the same?	• Working with national and regional 'behaviour change' campaigns • Progressing NW London plans on patient activation and tailored, person centred support • Roll out health coaching programmes • Integrating and improving the Directory of Services
Finance and estates	How do we ensure that we have the best quality estates and premises possible, addressing the need for good quality primary care estate to deliver the OOH strategy and high levels of backlog maintenance in NHS trusts due to poor estate?	• Capital plans being developed • **Need further discussions around availability and accessibility of capital**
System sustainability (supply)	How do we maintain capacity, quality and resilience within the provider sector, for example Primary Care and specialised services, address the funding gap in social care and areas of market failure such as care homes?	• Transformation plans being co-produced with Primary Care • Undertaking market management and analysing areas of market challenge
System sustainability (demand)	Can we mitigate the increasing demand impacting on our ability to achieve financial sustainability and deliver constitutional standards?	• Implementation of integrated local services to reduce 500 acute beds
Information and technology	How do we ensure we have the ability to share information and records within and between health and local government, so that we address national Information Governance (IG) issues, and wean people off paper? How do we make long-term investment decisions with uncertainty about IT funding schemes?	• Interoperability – Development of common standards for social care integration and provider requirements/ use cases • **Resolve IG issues for information sharing**, and legacy conflict between Duty to Share and Duty to Confidentiality

Appendix 1: Partnership organisations with the NW London STP Footprint

NHS Brent Clinical Commissioning Group

NHS Central London Clinical Commissioning Group

NHS Ealing Clinical Commissioning Group

NHS Hammersmith and Fulham Clinical Commissioning Group

NHS Harrow Clinical Commissioning Group

NHS Hillingdon Clinical Commissioning Group

NHS Hounslow Clinical Commissioning Group

NHS West London Clinical Commissioning Group

Brent

Harrow Council London

Hillingdon London

Ealing www.ealing.gov.uk

London Borough of Hounslow

h&f hammersmith & fulham

The Royal Borough of Kensington and Chelsea

City of Westminster

West London Mental Health NHS Trust

Central and North West London NHS Foundation Trust

Chelsea and Westminster Hospital NHS Foundation Trust

London North West Healthcare NHS Trust

The Hillingdon Hospitals NHS Foundation Trust

Hounslow and Richmond Community Healthcare NHS Trust

The Royal Marsden NHS Foundation Trust

Royal Brompton & Harefield NHS Foundation Trust

London Ambulance Service NHS Trust

Imperial College Healthcare NHS Trust

Central London Community Healthcare NHS Trust

NHS Health Education North West London

NHS England

Imperial College Health Partners

wla West London Alliance

Appendix 2: We are working together to address new challenges

Our existing programme of work has delivered substantial progress to date but work is needed to map the detailed existing plans for 16/17 and beyond to our emerging priorities and themes.

National priority areas	Strategy area	Progress to date	Future plans
How are you going to prevent ill health and moderate demand for healthcare?	• Diabetes Prevention Programme Pilot • WSIC care planning • WSIC Patient Activation	• 5 of the 8 boroughs in NW London are part of the Diabetes Prevention Programme Pilot • PMS review - move to equitable provision of preventive screening and immunisation, targeting prevalence across CCGs potentially depending upon commissioning intentions • 6 of 19 primary care hubs up and running in NW London • Model of care work and federations - based on principle of commissioning for the whole population in order to address health inequalities • Risk stratification enabling care planning for high risk individuals • Patient Activation Measurement tool piloted in 200 practices and now embedded into care planning processes	• CWHHE collaborative is one of the Diabetes Prevention Programme Pilots for England, which aims to support those who are pre-diabetic • PMS is supporting delivery of SCF where local funding allows. SCF is equalising delivery of primary care for all people; with a focus on providing more preventative and coordinated care • Model of Care development - working with CCGs to specify enhanced primary care that may focus on prevention, empowerment and targeting particular conditions depending on local circumstances • Patient activation measurement tool rolled out to remaining practices in NW London **Emerging priority 1:** Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves
How are you engaging people, communities and NHS staff?	• WSIC – embedding partnerships • Like Minded - patient involvement • Change Academy	• Embedding co-production throughout our transformation, supported by the Lay Partner Advisory Group • Expert Patient Programmes in some CCGs • Federation commitment to engaging people and communities e.g. all practices have a Patient Participation Group • All CCGs signed up to healthy workplace charter • Change Academy has supported 4 multi-disciplinary teams to date as part of Phase 1	• Lay Partners and staff will contribute to the shape of the Local Services Programme • Change Academy will be supporting 12 more multi-disciplinary teams in the next phase of work • Continue to work closely with voluntary organisations and community assets • In 2016, we will be training 350 front line staff members to become health coaches enabling them to support service users to empower themselves and manage their own care. This will be sustained by training 10 health coach trainers to continue to train NW London's front line staff locally **Emerging priority 1:** Support people who are mainly healthy to stay mentally and physically well, enabling and empowering them to make healthy choices and look after themselves **Emerging priority 2:** Reduce social isolation
How will you support, invest in and improve general practice?	• Prime Ministers Challenge Fund • Strategic Commissioning Framework	• Established federations to increase GP accessibility • 1.9m people have access to weekend primary care appointments • NW London CCGs score above London average for accessible and coordinated care dimensions • Primary care is working at scale – all eight CCGs have federation population coverage of above 75%	• Developing local business cases for investment • Delivery of the entirety of SCF by 2018/19 • Providing support for the development of ACPs • Widening scope and coverage of federations • Spreading innovation across the sector to help reduce variation **Emerging priority 4:** Ensure people access the right care in the right place at the right time **Emerging priority 7:** Improve consistency in patient outcomes and experience based on the day of the week that services are accessed
How will you implement new care models that address local challenges?	• Whole Systems Integrated Care • Urgent and emergency care	• Joint commissioning of services (in particular rapid response) across health and social care • Whole Systems approach developed and in practice to segment the population and develop tailored services • Development of local models of care for urgent care, including 111 • There are urgent care centres at all A&Es in NW London • As part of the reconfiguration of paediatric services, a new model of care and support has been developed	• Model of care to be developed for end-of-life care • Provide support to the development of ACPs across NW London working towards outcome based commissioning • Develop unified Frail Elderly model of service **Emerging priority 4:** Ensure people access the right care in the right place at the right time **Emerging priority 6:** Improve the overall quality of care for people in their last phase of life and enabling them to die in their place of choice **Emerging priority 8:** Reducing unwarranted variation in the management of long term conditions – diabetes, cardio vascular disease and respiratory disease
How will you achieve and maintain performance against core standards?	• RTT • A&E • Cancer	• Performance is managed through a range of forums between providers and commissioners including Quality meetings which feed into CCGs, Finance and Performance meetings and Contract meetings	• Continue successfully managing performance through a series of metrics **Emerging priority 9:** Reduce health inequalities and disparity in outcomes for the top 3 killers: cancer, heart diseases and respiratory illness

Appendix 2: We are working together to address new challenges

National priority areas	Strategy area	Progress to date	Future plans

How will you achieve our 2020 ambitions on key clinical priorities?	• Like Minded
	• SaHF reconfiguration
		• Urgent care centres across NW London all operate to the same specification
		• Maternity – after the transition of maternity services at Ealing, there has been an improvement in:
		  • midwife to birth ratio from 1:31 to 1:30
		  • midwife vacancy level from 8.1% to 7.2%
		  • consultant ward presence from 108 hours to 122 hours
			• Develop plans for perinatal mental health plans for remaining boroughs and common mental health plans for the 8 boroughs
			• Outline Business Cases for developing services across NW London to improve services for people with serious and long term mental health needs and implementation (including model of care and support)
			• New Children and Adolescents Mental Health Services (CAMHS) pathway including needs and training analysis
			• Working towards health and providers in NW London being signed up to the London Healthier Workforce Charter with significant progress having been made in parts of NW London
			• The reconfiguration of Paediatric services from 6 sites to 5, alongside the redevelopment of care models to be more Outpatient based, will enable NW London paediatric services to provide more comprehensive consultant led care
			Emerging priority 3: Improve children's mental and physical health and well-being
			Emerging priority 5: Reduce the gap in life expectancy between adults with severe and long-term mental illness and the rest of the population
			Emerging priority 7: Improve consistency in patient outcomes and experience based on the day of the week that services are accessed

How will you improve quality and safety?	• Seven Day Services • SaHF • Like Minded	• Mobilised seven day services programme • Implemented single discharge process • Psychiatric liaison in all A&Es and Urgent Care Centres (UCCs) in NW London • Maternity & Paediatrics – agreed quality standards which are tracked monthly across NW London Crisis Care Concordat signed; single access point in place for all CCGs	• Four priority seven day standards by end of 2017 (enabling London to achieve its 25% target) • Care Quality Commission (CQC) improvement plans implemented **Emerging priority 7:** Improve consistency in patient outcomes and experience based on the day of the week that services are accessed
How will you deploy technology to accelerate change?	• WSIC • Digital Roadmap • WHYSE • ERNI	• Care Information Exchange • WSIC integrated care record piloted and working • Diagnostic cloud • In primary care 280,000 patients have access to web-based consultations and 60,000 patients have access to video consultations	• Full roll out of Whole Systems Integrated Care (WSIC) integrated care record • Extend GPs email and skype consultations • Roll-out of the Data Warehouse, storing social, community, primary care and acute data **Underpins all emerging priorities**
How will you develop the workforce you need to deliver?	• Workforce and OD programme • CEPNs across NW London • Physicians Associate's programme at Hillingdon Hospital	• Joint working with Health Education England (NWL) • Care Coordinator and Care Navigator role developed, trained and in post (increasing numbers in the existing workforce) • Health and Social Care Coordinator role development (enhanced clinical skills) • CEPNs established across NW London which are improving ways of working across different parts of health and social care • PA programme in Hillingdon mobilised	• Workshops throughout 2016/17 with front line staff across sectors to discuss what care integration means for their roles • Phase 2 Change Academy will focus on building Multi Disciplinary Teams (MDTs), adopting a new culture and management structure, programme & change management capability/capacity • Paediatrics – new advanced neonatal nurse practitioners and new consultant tier • Pharmacist development (independent prescribers) • Paramedic training for new ways of working **Underpins all emerging priorities**
How will you achieve and maintain financial balance?	• SaHF • NW London financial strategy operating for 3 years	• NW London financial strategy being implemented for the past few years • The SaHF programme, by creating unified clinical pathways and providing higher quality care across the system, enables a reduction in the acute bed base	• The delivery of the 9 priorities and the 3 themes will give NW London a financially sustainable health and care system. This will include: • Improvements in provider productivity and more joint working between providers • Local service development to enable significant proportions of care to be managed more in primary care and community care settings **Underpins all emerging priorities**

Appendix 3: Definition of Status Quo and key assumptions

Definition of Status Quo

The following principles define the Status Quo scenario:

- No service reconfiguration (i.e. that seek to change and transform, including those that reduce or discontinue services), other than those changes already in progress (i.e. maintaining the current service provision). It does assume implementation of London Quality Standards and 7 day services by 20/21
- No strategic capital available from the system (other than for essential high/significant backlog maintenance "BM") – loan funded
- No commissioner QIPP delivered (other than those schemes already in progress or where detailed plans (with timelines/PIDs exist) have been agreed by providers
- Limited (or nil) 'working together' between organisations

These principles are in accordance with those developed by NHSE / NHSI and are being used as a common approach across London

Key Assumptions (under status quo)

- The 5 year plans for the acute providers are based on the latest SaHF modelling work (Aug 15), which was subsequently updated for 15/16 forecast outturn and a review of CIP delivery under the updated Status Quo guidance (Jan '16). Tariff and cost assumptions across the providers were broadly consistent with the Monitor planning guidance at that time (July '15) with some relatively immaterial differences seen across the providers;
- Non-acute plans - The 5 year plans for the non-acute providers are based on their latest 5 year models (15/16 FOT and 16/17 operating plans);
- CCG plans – based on the refreshed 5 year plans updated for 16/17 allocations;
- All plans have been provided on a normalised basis;
- CIP delivery – the Trusts have applied the Status Quo principles above to decide the level of CIP that's can be delivered; and
- QIPP delivery – it is assumed that 16/17 QIPP is delivered and that going forward only 50% of non-acute is delivered (17/18 – 20/21)