NHS West London
Clinical Commissioning Group

Strategic Integrated Plan
2012/13 to 2014/15

V.06
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Foreword

Our integrated plan describes both how we currently work in collaboration with our partners and stakeholders to improve local health and health services and how these relationships are being developed to build a clear framework for shared decision-making in the design and commissioning of these services.

NHS West London Clinical Commissioning Group is working from a position of strength. We have a history of strong clinical leadership, innovation in transforming services, financial delivery and productive collaborative working. This is not, however, to minimise the extent of the changes underway. Increasingly, care will be provided outside hospital in settings which are both more appropriate clinically and more convenient for local patients; they will be delivered by those organisations best qualified to do so and at the best value for public money. Together with our local counterparts, we are leading proposals for the reconfiguration of hospital services across North West London in parallel with our plans to move care from hospital to primary care and community settings, wherever this will deliver the best results for local people.

These changes are driven by the current and future health needs of our residents, as set out in the local Joint Strategic Needs Assessments. While overall, our population has among the highest life expectancies and lowest levels of poor health in the country, these headlines don’t tell the whole story. Parts of North Kensington and North West Westminster, for example, are among the 20% most deprived nationally, with a higher proportion of children and young people living in poverty than the London and national average, resulting in significant health inequalities. Our population is also growing faster than the national rate and more people are living longer, often with long-term conditions and disability, placing increasing pressure on local health and social care services.

We are confident that we can deliver the changes needed to meet these challenges. Equally, we are clear that this is not more of the same; we will hold ourselves and those who provide services to higher standards and expect others to do the same.

Dr Mark Sweeney
Chair, NHS West London Clinical Commissioning Group
1.0 Executive Summary

Clinical commissioning groups (CCGs), currently being established across the NHS in England, give local GPs the lead role in the planning and commissioning of affordable health services which are better integrated with social care and respond more directly to the needs of local residents. In doing so, they will work in close collaboration with other local clinicians, provider organisations, the local authorities and patient representatives.

NHS West London Clinical Commissioning Group, currently operating in shadow form, is in the second wave of CCGs, seeking authorisation to become a statutory commissioning body as from April 2013.

Our plans for the transformation of local health care centre on earlier intervention, better co-ordination of services and less reliance on hospital, moving care out of an acute setting and closer to home. These plans are based around the following five themes:

- Easy access to high-quality responsive care to make out of hospital care the first point of call for local people;
- Clearly understood planned care pathways which ensure that this care is not delivered in a hospital setting;
- Rapid response to urgent care needs so that people don’t have to go to hospital as the only source of emergency care;
- The patient at the centre of care, with health and social care providers working together to manage long-term conditions, care for the elderly and end of life proactively in settings outside hospital; and
- Appropriate time in hospital when admitted, with early supported discharge into well-organised community care.

From the patient’s point of view, this care should be seamless, no matter where it is delivered or by whom. On delivery of our plans, patients will receive care in the right place for them:

- **At home** - delivered by multi-disciplinary teams of community nurses, district nurses, social care, health visitors and GPs;
- **At a GP practice** - the local GP as the first point of call, co-ordinating care; some GPs with specialist skills will bring additional expertise;
- **In a community health centre** - an accessible local community health centre will provide diagnostic equipment and access to specialist opinion; and
- **In a community hospital** - community rehabilitation beds to provide supported discharge from hospital and treat minor conditions.
In order to address variation in the quality and experience of care, we will apply the following common set of clinical standards to the delivery of community care, aiming to move the focus from reactive unplanned care to more proactive planned care:

- Individual empowerment and self-care;
- Access, convenience and responsiveness;
- Care planning and multi-disciplinary delivery; and
- Information and communication.

To support delivery of these changes, we have developed five Commissioning Learning Sets, encompassing all the constituent GP practices, and are planning two provider networks centred around two hubs in the north and south of the CCG area, as described in this plan.

Successful delivery of these changes over the next three years will mean that we will be able to offer more care in the best settings for patient, increasingly out of hospital, so that:

- 45,000 patients will not have to travel to hospital for outpatient appointments. These will instead be provided by a specialist GP or consultant in a local community health centre;
- 9000 patients will not have to wait in A&E to see a doctor in an emergency because of better access to high-quality primary care;
- 5400 emergency admissions will be prevented through improved and timely primary care (including self-care); and
- 1000 patients will avoid long waits for minor procedures currently carried out in hospital and will instead be able to have these at a local community health centre, provided by a specialist GP.

This will entail significant improvements in local primary care and community services, with activity shifting from hospital. However, we are already demonstrating how redesigned services, led by local clinicians and informed by the experience of the patients who use them, are delivering improved results for local people.

As part of a collaborative of local CCGs, we are working to ensure a smooth transition to the new commissioning arrangements, adopting a joint governance structure, maximising economies of scale and adopting a common approach across the wider locality where this will deliver the most coherent strategy for local health services.
2.0 Strategic Overview

2.1 Background
NHS West London Clinical Commissioning Group is a single Clinical Commissioning Group (CCG) serving a population of 229,000 living predominantly in the Royal Borough of Kensington & Chelsea and the Queen’s Park and Paddington area of the City of Westminster. Of these, the majority live in Kensington & Chelsea. The CCG consists of 55 GP practices – 41 in Kensington & Chelsea and 14 in North Westminster.

NHS West London CCG Area

The configuration of the CCG is predicated both on commissioning patterns and patient flows across the two boroughs and on the close alignment of the northern parts of Kensington & Chelsea and Westminster in terms of demographic, cultural and socio-economic characteristics. Practices in the north of the CCG area, in particular, generally commission services from the same acute and community health providers and have similar patient flows. A more balanced, coherent population across the CCG area, resulting from the inclusion of Queen’s Park and Paddington (QPP), has enabled more effective commissioning to address similar levels of deprivation and health inequalities across wards.
This configuration also builds on a strong history of local GP commissioning, with North Kensington and Westminster practices having previously worked together as a Primary Care Group. All 55 practices have approved the configuration, as have the two local authorities and NHS North West London. A formal Memorandum of Agreement between the CCG and Westminster City Council (WCC) provides the following additional assurance:

- The CCG will ensure that funding allocated on the basis of the QPP practices’ populations will be used fairly for the latter’s benefit;
- The QPP elements of the CCG’s commissioning activity will be disaggregated to ensure that the QPP locality can meet the CCG’s priorities and policies; and
- QPP performance data will be aligned and respond to the Westminster Outcomes Framework.

In addition, CCG representatives on the WCC Health & Wellbeing Board (HWB) ensure that members are updated on developments relating to QPP residents and that the CCG responds to Westminster mandates which affect them.

2.1.2 Provider Landscape

The way in which care is delivered across both North West London (NWL) and the CCG area is currently under review. In parallel to proposals for NWL provider reconfiguration currently out to public consultation\(^1\), WLCCG has developed an Out of Hospital Strategy\(^2\) in response to the existing and projected changes to our local population and its health needs as described in Section 2.2. This strategy explains how we propose to transform the quality, access and co-ordination of care by moving services from hospital to primary care and community settings, closer to and more convenient for patients.

This entails significant changes to the design and delivery of services, requiring providers to work together more effectively to ensure that care is organised around the patient. This, in turn, will result in changes to the current local provider landscape, delivering improved patient care and significant savings:

**DN: PROVIDE FINANCIAL, PERFORMANCE AND QUALITY INFORMATION FOR MAIN ACUTES**

**Acute**

Imperial College Healthcare NHS Trust is the main provider of acute services for the CCG area, accounting for 50% of inpatient admissions.

The Trust will be applying for Foundation Trust status in 2013.

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1 Shaping a Healthier Future (NHS North West London – 2012)
The other acute providers for the area are:

- Chelsea & Westminster Hospital NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Royal Brompton & Harefield NHS Foundation Trust

**Primary Care**

Currently, the contract management function for primary care has been delegated by local Primary Care Trusts (PCTs) to the North West London Primary Care Contracting Team, with the former retaining the commissioning and contract management function for Local Enhanced Services. As from April 2013, the responsibility for commissioning primary care, including GP, pharmacy, dental and ophthalmic services, will pass from PCTs to the NHS Commissioning Board (NHSCB). However, CCGs will continue to be able to commission services in primary care using the appropriate procurement processes similar to local enhanced services.

The NHSCB will be responsible for planning, securing and monitoring primary care services which, at a local level, will mean:

- Using a national standard framework to secure services and ensure good value for money;
- Supporting optimum delivery of services by providers;
- Undertaking contract monitoring and performance management within the context of a national framework;
- Engaging with local professionals and patients to identify priority areas for improvement; and
- Responding to performance issues in primary care.

CCGs will have a statutory responsibility to support the NHSCB to improve the quality of primary medical care. This key interface between the local NCB team and CCGs may include areas identified for improvement across the piece by the NHSCB, such as access to GP appointments or patient satisfaction. More specific areas may be identified for local resolution by the CCG, for example, practices struggling to achieve immunisation targets. Where possible, the NHSCB will seek to work with CCGs to make improvements in advance of any formal sanctions unless serious breaches or concerns are identified. CCGs will have access to primary care outcomes data used by the NBC to support planning to improve primary care.
Community Health Services
Central London Community Health NHS Trust (CLCH) is the main provider of local community services. The Trust is applying to become a Foundation Trust with authorisation in Summer 2013, subject to approval.

Over the past year, our joint focus has been the improvement of community nursing, including health visiting, district nursing (to increase the number of contacts per day), case management and the Rapid Response Service. These are key to enabling delivery of our Out of Hospital Strategy in terms of high-quality care outside acute settings and intermediate care and reablement services.

The CGG is working with the Trust to realise productivity gains against the overall CLCH community services contract (delegated budget with an annual value of £37.9m in 2012/13). A key priority for delivery on this contract is CLCH’s contribution to the reduction in avoidable hospital admissions. This will involve working closely with the Integrated Care Project model (see 2.4) and developing rigorous management of the long-term conditions and urgent care at practice level.

CLCH provides specialist multi-disciplinary teams, such as diabetes, district nursing and case management, each which contributes to the reduction in hospital outpatient expenditure and the avoidance of admissions of unscheduled care. We are also exploring how case management and community matron services provided in Queen’s Park and Paddington could be better integrated to help delivery of co-ordinated patient care across different health and social care settings.

Mental Health
Local inpatient and specialist community services for people with severe mental illness are provided by Central & North West London NHS Foundation Trust. West London Mental Health NHS Trust (WLMHT) provides forensic services and, with CLCH, primary care psychological services (IAPT) for people with mild to moderate mental illness.

WLMHT will apply to become a Foundation Trust in early 2013.
Commissioning Budgets

PROVIDE HEADLINE DETAILS OF 2011/12 SPEND ON ACUTE, COMMUNITY, MENTAL HEALTH ETC

Increased Patient Choice (Any Qualified Provider)

Any Qualified Provider (AQP) is intended to give patients a wider choice of providers who meet NHS quality requirements, prices and contractual obligations. It aims to improve the innovation, quality of and access to services, addressing existing gaps and inequalities, while giving patients greater control over their own care.

The CCG will commission adult hearing services and abortion services via the AQP route in 2012/13. The two AQP service areas for 2013/14 have yet to be decided.

The Future

In order to improve local co-ordination and collaboration, we have established five clinically-led Commissioning Learning Sets (CLSs) and are developing two provider networks, around which NHS primary care, community services and adult social care will be redesigned, organised around the needs of local patients. One provider hub will be located in the north of the CCG area at St Charles’ Centre for Health & Wellbeing and the other in the south in the Earl’s Court area.
These provider networks will:

- Co-ordinate providers, including multi-disciplinary groups (consisting of primary care, mental health and social care staff), delivering seamless, integrated care;
- Provide additional out of hospital services; and
- Co-ordinate the sharing of skills and services in primary care.

This means that care will, in future, be organised and delivered at three levels across the CCG area – GP practices, provider networks and CCG-wide.

### 2.2 Case for Change

The CCG’s Integrated Plan has been developed in response to the health and wellbeing needs of the local population, as described in the 2012 Joint Strategic Needs Assessments (JSNAs) for the Royal Borough of Kensington & Chelsea and Westminster City Council. This process, undertaken jointly by CCGs and local authorities, identifies and analyses current and projected needs to determine local priorities. These priorities will feed into the Joint Health & Wellbeing Strategies, currently being developed, which – as from April 2013 – will set out the overarching strategy for the boroughs.

A key focus of our plans is addressing local health inequalities and what determines them. The latter fall into three categories:

- The wider determinants of health (such as education and employment);
- The lives people lead; and
- The health services people use.
A number of recent reviews, including “Fair Society, Healthy Lives”\(^3\), emphasise the need for action across both the course of people lives and the social gradient\(^4\), with a clear focus on reducing this gradient and resulting inequalities. The Marmot report into health inequalities in England sets out the following six policy objectives for action at national and local levels:

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities; and
- Strengthen the role and impact of ill-health prevention.

We are following the broad principles of the Marmot Review in our strategy, planning and commissioning process.

As described below, the growing local population, life expectancy and disease prevalence are placing increasing pressure on health and social care services. The CGG will use limited public resources to prioritise the key local issues identified to ensure delivery of the standard of care which both we and local people expect.

### 2.2.1 Population

Our population profile is unusual and creates challenges for the delivery of high-quality, appropriate care, with different demands on services than other, more typical populations. There is much more of a focus on meeting the needs of the large working age population than in other parts of London and England.

The total GP-registered population in the CCG areas is 229,000, just below the national CCG average of 261,000. Around 66% of patients live in Kensington & Chelsea, 24% in Westminster and the remaining 10% in other boroughs. 51% are men and 49% are women. There are around 2200 NHS births and 1150 deaths each year for the registered population (with several hundred additional births every year in private hospitals or private births in NHS hospitals).

The nature of the housing stock has a significant impact on the type of residents locally. Of the 103,000 households in the CCG area, half are single households and around a third are privately rented. Single elderly households account for 1 in 7 households. Compared to nationally, the CCG population has a much higher proportion of working age patients and a lower proportion of children, younger people and older people (see chart).

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\(^{3}\) “Fair Society, Healthy Lives” (Marmot Review – 2010)

\(^{4}\) In general, the lower a person’s socio-economic position, the worse his or her health
The proportion of older people in the area is expected to grow over the next few decades, due to better life expectancy and survival from illness, and the large number of the ‘baby boom’ generation approaching old age. This will create an increased burden on services over the next 20 years in particular - the prevalence of dementia in the local population, for example, is expected to rise by a third over the next 15 years, with the number of people surviving strokes rising by 26% over the same period.\(^5\)

There are also likely to be increases in population in specific development areas in Kensington & Chelsea and Westminster, such as the Paddington Basin, the Warwick Road area, the Earl’s Court Exhibition Centre and Canal Way (North Kensington). Due to their concentration, some are likely to have an impact on the requirement for new health centre premises.

Relaxation of rules around GP registration may also have an impact on GP-registered population size, if those working in the area decide to attend practices near their place of work, rather than register at home.

\(^5\) INWL Public Health Intelligence Team analysis (2012)
Estimated growth in numbers of older people over time

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<thead>
<tr>
<th></th>
<th>2012 Registered population</th>
<th>2017 Estimate of growth since 2012</th>
<th>2022 Estimate of growth since 2012</th>
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<tr>
<td>Aged 65+</td>
<td>24,831</td>
<td>26,867 (+8%)</td>
<td>28,434 (+15%)</td>
</tr>
<tr>
<td>Aged 85+</td>
<td>3,062</td>
<td>3,473 (+13%)</td>
<td>3,932 (+28%)</td>
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Based on GLA 2011 population projections applied to GP-registered population, April 2012.
Note: population projections may change considerably with arrival of new Census data.

2.2.2 Mobility, Diversity & Deprivation

Our population is shaped by high levels of inward and outward migration, with much of it international. It is culturally and ethnically diverse, with rich and poor living side by side. This creates challenges in providing continuity of care, long-term support and effective screening to residents, and reinforces the need to target some of our resources carefully to those that need them most, rather than universally, to influence the social gradient to health.

Some parts of the CCG area have up to 30% annual turnover of patients, fuelled by the large quantity of rental housing stock locally. This results in a broad ethnic and cultural population mix. Approximately 40% of the local population was born abroad, one of the highest rates in the country.

Just half of the resident population (48%) is classed as ‘White British’, with among the highest proportions of the population classed as ‘White Other’ of anywhere in the country. Analysis of CCG patients by country of birth highlights significant populations from the USA, France, Australia, Italy and Spain, as well as patients from Black and minority ethnic groups and more vulnerable communities such as those from North Africa and the Middle East, who are more likely to be based in areas of deprivation and social housing.

This level of mobility and diversity can affect both continuity of and access to care. High rates of population mobility presents significant challenges in engaging residents in preventive services, such as screening, health checks and immunisation. Language and cultural issues may also need to be addressed.

The area encompassing NHS West London CCG is home to some of the most affluent residents in the country. However, in some areas, rich and poor live side by side and the CCG is ranked 59th most deprived of the 212 CCGs in the Index of Multiple Deprivation (2010). Parts of North Kensington and Northwest Westminster, predominantly social housing, are among the 20% most deprived nationally for both deprivation and child poverty.

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6 Index of Multiple Deprivation (IMD) combines economic, social and housing indicators in a single score to rank areas by deprivation.
The Marmot Review highlights the need for focus on the early years of life in particular. Poverty in early years can have a significant impact on development, opportunity, and mental and physical health in adulthood. Nearly half of all children and young people in North Kensington and two thirds in North Westminster live in poverty. This is high in comparison to a third in London as whole and less than a quarter in England.

Poverty not only has an impact on health through the wider determinants of health - such as housing and education - but also through poorer lifestyles (such as higher rates of smoking and poorer diets) and poorer self-management of chronic disease. However, sustained interventions targeted at deprived communities and social housing may be more likely to reap benefits over longer periods of time than in other parts of the area, given lower levels of mobility among these groups.

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**Estimated ethnicity in West London CCG, compared to London**

**Estimated from 2001 Census and GP-registered population data**

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<thead>
<tr>
<th></th>
<th>WL CCG</th>
<th>London</th>
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<tr>
<td>White British</td>
<td>48%</td>
<td>60%</td>
</tr>
<tr>
<td>White Other</td>
<td>27%</td>
<td>11%</td>
</tr>
<tr>
<td>Black</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Asian</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>Other/mixed</td>
<td>10%</td>
<td>6%</td>
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<tr>
<td><strong>BME</strong></td>
<td>25%</td>
<td>29%</td>
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**Income Deprivation Affecting Children Index (2010)**

The IMD quantifies deprivation using a range of domains, including health, income and crime.

28% of the CCG area falls into the 20% most deprived nationally, in contrast to other parts of the CCG.

Areas include parts of Golborne, St Charles and Notting Barns wards in Kensington and Chelsea and Queens Park Harrow Road and Westbourne wards in Westminster.

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7 Income Deprivation Affecting Children Index (2010)
2.2.3 Health and health inequalities

Overall, our population has among the highest life expectancies and lowest levels of poor health in the country. However, health in our deprived areas is poor and results in significant in area inequalities. This means that we need to focus some services and resources to the areas that need them most and recognise the influence of the wider causes of ill-health, such as poor lifestyles, poverty and challenging living conditions.

Average life expectancy in both men and women in the two boroughs is the highest in the country: 85.1 years for men and 89.8 for women in Kensington & Chelsea and 83.8 years for men and 86.7 for women in Westminster. Improvements in life expectancy in both boroughs have been faster than elsewhere in the country over the last decade.

However, poor health in the more deprived areas results in significant inequalities in health outcomes across the CCG area. Those living in St Charles, Queen’s Park or Harrow Road wards are more than twice as likely to die before the age of 75 than in the South Kensington area, with around 6-8 more deaths than typical for London per year in each ward. In Kensington & Chelsea, there is an absolute life expectancy gap of seven years between males living in the most and least deprived parts of the borough.

2.2.4 Local health issues

Our plans for local health services are built around JSNA priorities which focus on the major causes of early death and disability, maintaining good health for vulnerable groups in the area, addressing the emerging health trends and tackling issues relating to lifestyles and wider determinants of health.
While a great many of the challenges faced in the CCG area are similar to elsewhere - avoidable death and poorer life outcomes from cancer, cardiovascular disease (CVD) and other chronic diseases, rising numbers of older people with co-morbidities, tackling lifestyle risk factors and addressing the ‘causes of the causes’ of ill-health – we also have specific local challenges. For instance, we have a high burden of severe and enduring mental illness, HIV, and sexually-transmitted infection.

Targeting the Major Causes of Death
As in the rest of the country, heart disease and stroke, cancer and respiratory diseases contribute most to the life expectancy gap between rich and poor. Cancer has become the single most common cause of premature death in the area, with lung, breast and bowel cancer accounting for nearly a fifth of all early deaths in the CCG area. CVD is no longer the most common cause due to improvements in treatment (such as prescribing and better disease management), but still accounts for a large proportion of early deaths.

About 1 in 5 patients in the CCG area is living with at least one long-term condition; of these, more than 25% have two or more such conditions. Prevalence and early death from these diseases are much more common in the northern wards with the greatest level of deprivation.

Chronic disease prevalence is influenced by a set of largely preventable risk factors, including smoking, alcohol, poor diet and lack of exercise. Smoking is the single biggest risk factor for CVD and cancer and the largest preventable cause of inequalities, yet more than 1 in 6 people in the area still smoke.

Mental Health
Nationally, mental ill-health accounts for the greatest burden of years of life with a disability and is responsible for over 40% of all years of life spent with a disability. Mental ill-health has been shown to have a strong inter-relationship with other chronic diseases – for example, the likelihood of depression is three times higher among those with diabetes. There are estimated to be 35,000 patients in the CCG area with a common and enduring mental
disorder, similar to nationally, but nonetheless a significant proportion of the population.

There is a very high prevalence of severe and enduring mental illness in the CCG population, with 3236 patients known to primary care with a severe and enduring mental health problem, which is within the top five prevalence rates of areas nationally. The CCG area has amongst the highest incapacity claimant rates in London.

There is significant evidence that poorly treated mental health problems drive up commissioning costs. The CCG spends significantly more than the London average on mental health services, with the second highest spend (£54.4m p.a.) in North West London. Evidence supports the need to improve the interface between primary and mental health service in delivering better mental health care and minimising admissions to hospital.\(^8\)

**Disability**

Life expectancy is increasing as the number of those surviving chronic disease grows and the 'baby boom' cohort of patients starts to reach old age. The increasing cohort of vulnerable older patients, many with chronic disease or disability, is likely to have a significant on demand for services. Nationally, women aged 65 are currently expected to live for three years with a disability, but this will rise to four years in 2030. Given the high rate of lone pensioner households locally (1 in 7 of households), this will have an increasing impact on the level of support required from services and carers. It reinforces the need for prevention, early intervention and integrated care incorporated into the CCG’s commissioning priorities.

**Sexual health**

Westminster has the 11\(^{th}\) highest rates of acute sexually-transmitted infection (STI) diagnosis in England and Kensington & Chelsea has 12\(^{th}\) highest; the highest rates are found in the deprived north of the CCG. The health impact of undiagnosed STIs can be significant, but the CCG has good access to Genito-urinary Medicine (GUM) services, which may be contributing to the high STI diagnosis rate.

There are estimated to be 1400 patients known by services to have HIV in the CCG area. Borough level data suggests the rate is between the 4\(^{th}\) highest and 11\(^{th}\) highest in the country. Seven out of ten cases were transmitted between men, which is much higher than nationally. Better survival rates from treatment means people living with HIV require both ongoing clinical care and social support to encourage better self-management of HIV as a long-term condition. Those with HIV often have co-morbidities such as TB and Hepatitis C, and emerging evidence suggests that longer term use of drug therapies may be contributing to early onset of conditions normally seen in older age such as osteoporosis.

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\(^8\) How Mental Illness Loses Out in the NHS (Centre for Economic Performance – June 2012)
Other vulnerable groups and emerging health issues
The JSNAs also highlight other vulnerable groups and emerging challenges in the CCG area, which are being factored in to our priorities over the next three years:

- A higher than average number of homeless/rough sleepers, and related health issues;
- Higher rates of problem drug use than the London average;
- More than 2000 households affected by shortfalls in rent from Housing Benefit reform, who are at risk of debt and overcrowding and resulting poor health (should they choose not to move from the area);
- Obesity in children and adults;
- Poorer oral health in children compared to London and England;
- A rising level of alcohol-related harm, with alcohol-specific hospital admission most common in deprived areas; and
- Financial and service pressures resulting from increased demand from improved survival for children with complex needs.

2.3 Vision
The vision and strategic priorities set out below represent our commitment to ensuring tangible, measurable improvement to the quality, access and co-ordination of local health services, demonstrating the best value for public money.

In the context of the overarching need to balance increasing demand with the effective use of limited resources, the following reflects what we have heard from clinicians, patients, carers, residents and our partners about the current system of care in West London.

Our shared ambition is to:

- Improve the health of local people and prevent ill health;
- Improve the quality of health care for local people and develop service provision to meet local needs;
- Integrate health and social care where this will improve the quality of care; and
- Commission health services in the most cost and clinically effective way.
In practice, this translates into the following commissioning priorities over the life of this plan:

- Improved care for patients with long-term conditions;
- More planned and less unscheduled care; and
- Improved out of hospital services.

We will deliver these priorities by:

- Engaging with all of our local stakeholders;
- Increasing local people’s ownership of their health and care;
- Reducing inappropriate variation between GP practices; and
- Using clinical knowledge and information in a targeted way.

Our strategy and vision was developed and agreed by the CCG Board in a series of facilitated seminars and shared with CCG member practices and other key stakeholders, including the Health & Wellbeing Boards, Health Overview & Scrutiny Committees and Local Involvement Networks (LINks). Building on our strong track record of effective engagement, we will continue to review and refine our strategies and vision with our partners and stakeholders through the CCG Patient Reference Group and Patient & Public Engagement Sub-committee, the Health & Wellbeing Board and other relevant forums.

2.4 Progress: 2011/12-2012/13
The CCG’s strong track record of delivering strategic priorities, effective collaboration with neighbouring CCGS and other key partners, such as the Royal Borough of Kensington & Chelsea and Westminster City Council, and
commitment to meaningful engagement with patients, carers and local communities has been demonstrated over the past year:

- **Community Musculoskeletal Service**
  This service has been redesigned in response both to growing local demand for musculoskeletal (MSK) services and the need to shift unnecessary hospital outpatient attendances to a community setting. Current commissioning arrangements are expensive, create confusion for referrals and disjointed care for patients.

  This new service, jointly led by a consultant in sports and exercise medicine and a consultant orthopaedic surgeon and a delivered by a well-established local provider (Chelsea & Westminster Hospital working in partnership with Connect Physical Health), will open in September 2012, to deliver:

  - Improved access through a single point of referral and central booking system for fast and effective triage – open six days a week, with extended hours;
  - Telephone support line, ensuring contact within 48 hours of referral
  - Face to face consultation with a relevant specialist;
  - Convenient location across eight sites, including St Charles’ Health & Wellbeing Centre;
  - Ultrasound guided joint injections; and
  - GP professional development.

  This level of local demand is supported by national statistics showing that MSK is the commonly-reported work-related illness, accounting for more than 30% of all GP consultations. All adult registered patients who require expert clinical input for their MSK condition which can’t be provided by their GP will be referred to this service.

  It is anticipated that the redesign of this service will deliver approximately £129k savings between September 2012 and March 2013.

- **Integrated Primary Care Mental Health Team**
  The transition to an integrated primary care mental health service over the past year has delivered the following in its first year:

  - 237 secondary admissions/referrals to secondary care avoided;
  - Significant progress on access to psychological therapies, with 9% of the population covered by the Improving Access to Psychological Therapies (IAPT) service (working to a target of 15% by 2015);
  - Reduction in waiting times for this service to 15 working days from a previous maximum of 8 weeks;
  - Development of effective monitoring and evaluation of delivery by patient representatives; and
  - QIPP savings of £500,000.
This team consists of a psychological therapy service from Central London Community Healthcare Trust, clinical psychology and primary care liaison nursing led by a consultant psychiatrist service from Central & North West London Mental Health Trust and a time banking service from Depression Alliance.

- **Intermediate Care, Rehabilitation & Reablement**
  This service, commissioned jointly with the local authority (RBKC), was designed to ensure an integrated approach across health and social care for rehabilitation and reablement. It is now providing a single point of access and assessment with a multi-disciplinary team incorporating health and social care:

  - Over the past year, 188 patients have been assessed and provided with support, with 36% requiring no further care following this support. Of the remaining patients, 87% required a reduced level of care; and
  - By March 2012, 100% of referrals were seen within 48 hours.

  The service was designed with the involvement of a wide range of stakeholders. Kensington & Chelsea Local Involvement Network (LINk) is currently carrying out interviews with patients who have used the service and this feedback will be used to inform its development.

- **Integrated Care Pilot (ICP)**

- **Putting Patients First**
  This local enhanced service evolved from a practice-based commissioning scheme which targeted very high intensity users and those with complex long-term conditions, reducing hospital admission rates through case management.

  Putting Patients First builds on this work and the learning from the ICP to deliver both care co-ordination of patients at very high risk of hospital admission and care planning of those at moderate risk. The aim is to deliver seamless care, where patients can self-manage and be stepped up or down between episodes of urgent or proactive managed care, reducing non-elective admissions. A Combined Predictive Tool – using data from all hospital services, including A&E and Outpatients, as well as GP data) identifies patients at high risk of admission and stratifies risk across all patients registered with a practice.

  This service will contribute to the wider hospital avoidance QIPP scheme for reducing non-elective admissions which aims to deliver £545k savings in 2012/13.

- **Referral Incentive Scheme**
  This scheme enables the CCG to manage referral demand through a better understanding of practice referral patterns across the following
specialties at Chelsea & Westminster Hospital and Imperial College Healthcare trusts:

- Gynaecology
- Respiratory
- General Surgery
- Paediatrics
- General Medicine
- Audiology

Practices conduct clinical audits of referral activity and share referral data and analysis with their peers in their local Commissioning Learning Sets.

This scheme is currently on track to deliver the full year planned saving of £170k.

- **Community Diabetes Service**

Delivered by Central London Community Healthcare Trust, this service delivers specialist nursing support to patients and carers, an education programme for people who are newly diagnosed and targeted support to GP practices and consultant-led community clinics. This targeted work with practices in the north of the CCG area, together with community consultant clinics, supports practices to manage patients without referral to specialist services.

The CCG’s clinical lead for diabetes, working with our community services and Chelsea & Westminster Hospital, is currently developing a local enhanced service to deliver practice-based audit and professional continuing development and training for GPs and practice nurses. A Darzi Fellow\(^9\) has also been appointed who will provide additional clinical support for this work as from September 2012.

- **Community Dermatology Service**

Commissioned to deliver previously unmet local needs, this service is provided by Chelsea & Westminster Hospital in two community settings: St Charles’ Health & Wellbeing Centre in the north and a centre in the Earl’s Court area in the south. The service not only delivers care closer to home, but also contributes to the CCG’s overarching aim of shifting acute outpatient activity to more cost-effective community settings.

Both Kensington & Chelsea and Queen’s Park & Paddington have QIPP schemes relating to demand management for dermatology services to deliver £268k and £28k savings respectively during 2013/13.

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• **Integrated Community Continence Service**  
Central London Community Healthcare and Imperial College Healthcare trusts provide this integrated service, delivering NICE conservative therapy closer to home, which would otherwise result in unnecessary uro-gynaecological procedures in hospital. This year, the CCG has run a series of stakeholder workshops with clinicians and patients to review pathways and make recommendations for further development of the commissioning model across a larger population.

• **Respiratory**  
This is a priority pathway for out of hospital transformation in 2012/13. The CCG will commission a new enhanced respiratory service to meet local needs and integrate pathways across care settings to improve services for patients with respiratory disease, including COPD and asthma. This new service aims to improve the quality of care and patient experience, while contributing to QIPP plans for reducing unnecessary outpatient, A&E and non-elective admissions for respiratory care.

This will build on the existing enhanced respiratory service delivered by Kensington & Chelsea GPs in primary care which encourages self-care and local management of patients diagnosed with COPD. The CCG has also commissioned Central London Community Healthcare Trust, working in partnership with Imperial College Healthcare, to run a pilot in 2012/13 to assess and review patients on home oxygen, with the aim of improving patient care and adherence to oxygen therapy.

• **Medicines Management**  
The CCG was in the top 10% of high-performing organisations for medicines management in 2010/11. This performance has been maintained in 2012/13 through the proactive deployment by member practices of tools such as Script Switch, Quality & Outcomes Framework and the Prescribing Incentive Scheme. These enable practices to increase the use of cost-effective drugs, such as angiotensin II receptor antagonists, and reduce medicines-related harm.

• **Earl’s Court Health & Wellbeing Centre**  
Launched in December 2011, the centre demonstrates a new approach to collaborative commissioning in primary care by bringing together a GP practice, dentist, contraceptive and sexual health services, and wellbeing coaches under one roof.

The centre is managed by Turning Point and focused around a navigator service – a team of navigators who talk to patients about their health needs and direct them to the best support available both within the centre and the local community. A team of community researchers, made up of people who live locally, reviews local needs and gathers feedback to inform service delivery and staff development.
In addition to clinical services, the centre supports the wellbeing of patients and the wider community through healthy living and work support programmes, wellbeing coaching and peer mentoring for people with long-term conditions. A local time bank has also been established for people to exchange skills and time, helping to bring the community closer together.

2.5 Working in Partnership
The CCG is committed to working with our partners and stakeholders, building on strong local clinical leadership, collaborative arrangements and relationships – for example, as part of a multi-agency approach to addressing problems with gangs across the local area, working with the Metropolitan Police, both local authorities and voluntary organisations.

GP-led Commissioning
We are developing and implementing our partnership approach to GP-led commissioning through the further development of our five locality-based Commissioning Learning Sets (CLSs), as described at 3.2, and the planned development of two provider hubs (see 2.1.2). All our constituent practices are members of a CLS which provides a formal constituted body through which each practice is involved in local planning, decision making and commissioning and monitoring of services.

The commissioning priorities and indicative intentions described in this plan have been developed not only with our member GP practices, but also through our continuing collaboration with the range of partners and stakeholders with whom we already work. So, for example, the CCG has been integrally involved in developing the joint understanding of local needs and priorities across health and social care, as articulated in the Joint Strategic Needs Assessments (JSNAs), which underpin this plan (see 2.2).

Health & Wellbeing Boards
Established by the Health & Social Care Act (2012), Health & Wellbeing Boards bring representatives from the health and social care system together to develop a shared understanding of local health and wellbeing needs. A strategic function of these Boards is the development of the local JSNA and a joint strategy as to how these needs can best be addressed. The JSNAs are reviewed and refreshed on a rolling basis reflecting continuing engagement with local stakeholders.

Both The Royal Borough of Kensington & Chelsea and The City of Westminster are early implementers of Health & Wellbeing Boards, currently operating in shadow form and taking on statutory functions as from April 2013. The CCG is an active member of both Boards, with the Chair Vice-Chair and other senior CCG representatives attending Board meetings.

The CCG has been integrally involved in the development of a common JSNA process across Kensington & Chelsea, Westminster and Hammersmith
& Fulham. Our commissioning intentions will inform the development of the emerging borough Health & Wellbeing Strategies. As from April 2013, these will be the framework within which all relevant local strategies will be developed. Our indicative commissioning intentions are, therefore, considered at an early stage by the Health & Wellbeing Boards as part of the process of determining local priorities.

Our Patients & Residents
It is clear that effective engagement, focused specifically on our annual commissioning plans is integral to their success; we need to explain, discuss and test local priorities and plans with a wide range of stakeholders, including, crucially, local patients, carers and residents and third sector community and voluntary providers.

During the current period of transition, the CCG’s primary engagement with patients has been through its Patient Reference Group, which has an important role in shaping our future ambitions and intentions, especially in terms of developing out of hospital services. Our Out of Hospital Strategy, presented to a broader group of stakeholders at the launch of the North West London reconfiguration programme, sets out our priorities and rationale for the delivery of care closer to home. We now need to involve local stakeholders as to how this strategy is implemented and delivers improved outcomes.

There is a particular need to develop our direct engagement with patients living with long-term conditions and their advocates and we are currently developing our plans to do so on the basis of individual pathways to shape service redesign and commissioning in the future. An overarching engagement plan, including a timetable, will be completed by the end of September 2012.

At two events in September with third sector, voluntary and community organisations, we will discuss how they would like to work with us on the developing our provider networks.

Details of the CCG’s current and proposed arrangements for effective engagement with our partners and stakeholders are given at Section 4, with particular emphasis on closer patient and public involvement.

2.6 Equality & Diversity
Working in partnership with local stakeholders, the CCG has agreed how it will meet its statutory obligations under the Equality Act (2010) and deliver local services, with the following objectives:

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10 Tri-borough Programme – www.communities.idea.gov.uk
11 Westminster has opted to produce a Health & Wellbeing Strategy before April 2013 to support the development of the new infrastructure and promote effective integrated working – due to be signed off in October 2012.
Delivering quality and equality through commissioning and service delivery;
Ensuring equality of opportunity for its staff and potential staff; and
Developing strong and consistent leadership where equality and human rights are everyone’s business.

The CCG’s Equality Delivery System (EDS) sets out how the CCG will comply its core duties against a series of outcomes, including issues of most concern to patients, carers, local communities, staff and the Board. CCG performance against these outcomes will be reviewed and assessed on an annual basis.

Key actions in the EDS include:

- Setting up the requisite governance structure to ensure equality performance, monitoring and reporting on compliance;
- Collecting consistent patient data, disaggregated across the protected groups to gain a full understanding of their experience, in terms of the impact of commissioning and delivery of services;
- Ensuring the Equality Act and requisite duties, where appropriate, are an integral part of any existing and new contractual arrangements for all local healthcare providers;
- Ensuring rigorous equality and diversity analysis during the staff transition programme; and
- Identifying competent CCG leadership for equality, diversity and human rights.

3.0 Transition & Reform

The Health & Social Care Act sets out how responsibility for commissioning most NHS services will transfer from primary care trusts (PCTs) to clinical commissioning groups (CCGs) by April 2013. A number of Pathfinder CCGs have been established to test different concepts of clinical commissioning and identify any early issues and areas of learning.

NHS WLCCG became a Pathfinder CCG in November 2010 and – as a constituted PCT sub-committee – has since received the necessary delegated responsibility and budget to commission a range of local health services.

3.1 Authorisation
We are in the second wave of CCGs, currently operating in shadow form, seeking authorisation to become a statutory commissioning body as from 1st April 2013.

As part of this authorisation process, we will demonstrate that we have rigorous constitutional, governance and financial arrangements in place, with the necessary capacity and capability to deliver clear, credible plans for delivery of the right local services at the best value for money, aligned to national and North West London plans. Strong clinical leadership and development, effective engagement with local partners, patients and the
public and other stakeholders, and collaborative commissioning arrangements are also integral to our plans.

3.2 Governance
As set out in our constitution, the CCG is committed to the highest principles of good governance and propriety, including:

- The Good Governance Standards for Public Services
- The Nolan Principles (Committee on Standards for Public Life)
- The NHS Constitution
- Equality Act 2010

Equally, we are committed to the interests of local patients and residents remaining central to our plans, with CCG decisions taken in an open manner. As from April 2013 (subject to our authorisation), formal CCG Board meetings (Part A) will be held in public.\(^{12}\)

The CCG Board was established in shadow form following an election moderated by the Electoral Reform Society. Its constituent membership (given in full at Appendix A) currently includes GPs from across the CCG area, a practice manager and nurse and local authority, public health and patient representatives. Clinical leads from across the constituent GP practices have been appointed for each of the specialist areas of the CCG’s work (as shown at Appendix B).

As shown below, the GP member practices are organised into the following five Commissioning Learning Sets (CLs):

- South West Kensington & Chelsea
- South East Kensington & Chelsea
- North West Kensington & Chelsea
- North Central Kensington & Chelsea and Queen’s Park & Paddington
- North East Kensington & Chelsea and Queen’s Park & Paddington

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\(^{12}\) Representatives of the press and other members of the public may be excluded from Board meetings or parts of them on the grounds of the confidential nature of the business to transacted and/or publicity which would be prejudicial to the public interest. (Public Bodies Admission to Meetings Act 1960)
These CLSs, each comprising approximately 11 practices with between 35,000-55,000 patients, provide a local forum to encourage collaboration and learning between practices, share and benchmark data, promote good practice and generate ideas for new services and improvements for existing ones. The CLSs meet on a monthly basis to deliver a programme of work which currently includes review and audit of outpatient referrals, incentive schemes and aligned QIPP initiatives. Plenary sessions are held every two months to inform practices of major issues and developments and promote their participation in local projects. All practices are represented by a least one partner at CLS meetings.

Each CLS is led by a local GP who is accountable to a CLS Leads Group, whose role is to plan guide the development and work of the CLSs. This group consists of senior, experienced GPs, a practice nurse and a practice manager. In this way, the CLSs are accountable to the CCG Board via the CLS Leads Group (see structure chart below).

NHS WLCGG works closely with its neighbouring counterparts and – as of April 2012 - is part of a collaborative of four local CCGs, whose other members are:

- NHS Central London CCG
- NHS Hammersmith & Fulham CCG
While the great majority of commissioning and operational decisions will be made locally by the relevant CCG, the four organisations will work together where a common approach is required – for example, performance management of acute providers and addressing strategic and financial risks which apply across the four areas and North West London. A collaboration agreement sets out the agreed joint arrangements, including specific shared functions (such as Authorised Officer, Board Secretary and Chief Financial Officer) and sub-committees, to ensure the most effective and efficient use of resources. We are currently exploring further opportunities for collaboration and sharing of commissioning functions. A full list of joint posts and sub-committees is given in the NHS West London CCG Constitution.

**NHS West London CCG Structure**
The structure in which the CCG operates is illustrated below.
3.3 Commissioning Support
As from April 2013, the way in which the CCG receives commissioning support will change, with the transfer of Public Health to local authorities and the establishment of the North West London Commissioning Support Unit (CSU).

Our priority has been to ensure both continuity of the support necessary to deliver our current plans and a smooth transition to new arrangements. The CCG has worked closely with the emerging CSU to specify its requirements, with decisions yet to be made on what we will commission from this service and from other organisations.

4.0 Engagement
The partnership between those commissioning and providing health services and the patients and public they serve is fundamental to the changes underway in the NHS.

While recognising the additional responsibilities inherent in these changes, WLCCG is working from a position of strength, drawing on long-standing local collaborative arrangements and relationships to:

- Strengthen our accountability to local communities;
- Commission and deliver integrated services which genuinely respond to local needs; and
- Build and maintain a sense of ownership and trust in local communities.

4.1 Continuity & Change
Clinical Engagement
All 55 local GP practices (including GPs, practice managers and nurses) have been able to elect representatives onto the CCG Board, which incorporates a wide range of experience and skills (see Appendix A).

The CCG area has a history of proactive clinical leadership, currently demonstrated by the engagement of the clinical leads in a range of specialist areas – including the CLS work programme and the primary care mental health service – bringing clinical focus to their development and implementation. There is also a high degree of clinical engagement in financial and contractual management, with:

- Monthly and plenary meetings of the 5 CLSs (see 3.2); and
- A monthly electronic newsletter for GP practices and staff. This is currently the prime means of cascading information from the CCG; with the development of the CCG intranet, this become the key means whereby CLSs exchange information and learning.
Building on this work, we will review and audit the extent and efficacy of local GP engagement and involvement in delivering the CCG’s priorities on a regular basis.

**Health & Wellbeing Boards**

There is a long history of joint working in Kensington & Chelsea and Westminster as evidenced by the established Section 75 Agreements\(^{13}\) in place. Where the need for integrated commissioning has been indentified by the Health & Wellbeing Boards (HWBs) in Joint Health & Wellbeing Strategies, joint commissioning arrangements have been developed (see Appendix C).

Both The Royal Borough of Kensington & Chelsea (RBKC) and Westminster City Council (WCC) have established borough-based HWBs, chaired respectively by the Cabinet Member for Adult Social Care and the Leader of the Council. Members include representatives from the CCG, Public Health & Environmental Health, Children and Adult services and the Chairs of the local LINks/Healthwatch. The HWBs are the highest level forum for agreement of a shared strategy for health and social care.

In each case, we are actively engaged in developing a strategic plan for health, social care and support services under the auspices of the HWBs to improve the health and wellbeing of residents and contribute to the reduction in inequalities. This is informed by the Joint Strategic Needs Assessments, service mapping and benchmarking, national policy guidance and the setting of local priorities in collaboration with the CCG, building on previous joint strategies to meet the needs of vulnerable older people, adults and children. The CCG’s Out of Hospital Strategy and key priorities will be reflected in the overarching Health & Wellbeing Strategies.

The Health & Wellbeing Strategies and other JSNA programmes will inform joint commissioning as from 2013/14 making use of new flexibilities\(^{14}\) to support the development of more integrated health and social care services, building on the strong working relationships already in place. Current programmes will be reviewed to ensure that they contribute to the shared objectives of the strategy.

**Working in Collaboration**

We also work in close collaboration with other local partners, including neighbouring CCGs, our provider organisations and NHS North West London.

Collaborative arrangements with our neighbouring CCGs, designed to maintain a common local approach – wherever appropriate – are described at 3.2. The reconfiguration programme across North West London, Shaping a Healthier Future, is led by the Chairs of the eight local CCGs (see Section 5.3.1). The CCG Chair and Vice Chair are fully engaged in the work on the

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\(^{13}\) Partnership arrangements between NHS and local authority services – NHS Act (2006)

\(^{14}\) Health & Social Care Act (2012)
case for change and quality standards for acute and out of hospital care through the local Clinical Executive Committee and Clinical Quality Groups.

Patients & the Public\textsuperscript{15}

Effective engagement of patients and the public in the planning and delivery of services is integral to the changes underway in the NHS. For the first time, this process has been established as a statutory duty for commissioning organisations\textsuperscript{16} and the CCG is working to embed this engagement at every level of local GP commissioning.

Building on strong existing relationships with the local LINks – both of which are Pathfinders in the transition to the new Healthwatch organisations – we have established a CCG Patient Reference Group, made up of local patient and voluntary sector representatives from across our catchment area. The main role of the group is to advise the CCG Board and its Patient & Public Engagement Sub-committee and ensure the engagement of local patients and residents in commissioning decisions.

This group contributed to the development of the CCG’s Patient and Public Engagement (PPE) Strategy and action plan which set out a structure for putting patients and residents at the heart of decision making about local health services, through greater choice and control over their design and delivery. This includes developing and sustaining the CCG’s partnerships with local representative groups, such as LINKs and local umbrella voluntary organisations, to extend the involvement of patients and different communities.

The GP clinical lead for patient and public engagement, working with the relevant teams and the Patient Reference Group (which meets on a quarterly basis), is responsible for ensuring delivery of the CCG’s PPE strategy and its statutory duties. Two patient representatives have also been appointed to the CCG Board, acting not only as the voice of local patients, but also as a conduit between the Board and the Patient Reference Group – that is, between local patients and the CCG Board decision-making process. In order to assure their independence, their selection was led by the local LINks.

Drawing on their knowledge of and relationships with their local communities, the CLSs will work closely with local stakeholders to develop and deliver their annual work programmes. All local practices are being encouraged to set up Patient Participation Groups, with feedback from these informing local programmes.

Our experience of working with local patients and LINks members on the design and procurement of the new Community Musculoskeletal Service is a good demonstration of the value of harnessing patient knowledge and expertise to deliver services which respond to the specific needs of local

\textsuperscript{15} The definition of patients and public in this context is people who use or have used health and/or social care services. This includes carers and families, members of the general public, organisations which represent people who use NHS services and community groups.

\textsuperscript{16} Health & Social Care Act (2012)
people. The primary care mental health team is also working with a local charity, Advocates for Mental Health, to engage patients and carers more effectively in influencing the design and delivery of services.

**Local MPs and Councillors**
The Chair and Managing Director will brief local MPs and Councillors on a regular basis both about issues specific to the CCG area and, where appropriate, about those spanning the collaborative of local CCGs.

**4.2 Informing Commissioning**
Our priorities and commissioning intentions will be developed with the involvement of our partners and stakeholders. Central to this is the need to reflect the experience and feedback of local patients, residents, clinicians and stakeholders through patient representative groups, GP practices and our work with LINks and the emerging Healthwatch organisations.

This is a two-way process. At the same time as asking people for their views on a regular basis and capturing these effectively, we need to ensure that they have clear, accessible information. This is particularly important in enabling patients and residents to take greater responsibility for their own health. As an early step, we are developing both an NHS West London CCG website and an extranet to aid effective external and internal communication.

**5.0 Priorities & Plans**
Over the current period of transition to the new commissioning system and in the context of a long history of joint working, we are planning and ensuring delivery of services which respond to current and future local health needs, as identified in the Joint Strategic Needs Assessments (JSNAs) and articulated in the emerging Health & Wellbeing Strategies for Kensington & Chelsea and Westminster.

Local CCGs have, collectively, led the development of the three-year commissioning strategy for North West London (NWL), incorporating commissioning intentions for 2012/13, based on the eight local JSNAs. These have been extrapolated to reflect both what is common across North West London and the specifics of each CCG, linking to the four key themes of the National Operating Framework (see 5.2).

This strategy was approved by the Board of NHS North West London and the Clinical Executive Committee, with representatives of the local authorities, clinical networks, LINks and NHS London also involved in its development.

**5.1 Integrated Care Out of Hospital**
The priorities and initiatives set out in this section have, therefore, been developed in line with national, North West London and CCG aims. These are described in the context of our two overarching priorities to develop integrated health and social care through the transformation of:

- **Out of hospital care**
We aim to meet rising patient need and address inequalities by changing where and how the majority of care is provided, reducing unnecessary hospital appointments and admissions. This essentially means focusing on proactively planned rather than reactively provided care, delivered at the right place and at the right time in a primary or community care setting.

This approach centres on prevention, ensuring that people have the support and information necessary to manage and make decisions about their own health, with:

- Easy access to high-quality, responsive services so that out of hospital care is the first point of call;
- Clearly understood planned care pathways which ensure that out of hospital care is not delivered in a hospital setting;
- Rapid response to urgent needs so that hospital is not the only source of hospital care;
- Providers of care working together, with the patient as the priority, to manage long-term conditions, elderly and end of life care proactively in out of hospital settings; and
- The appropriate length of stay in hospital, with early, supported discharge into well-organised community care.

- **Acute care**
  The clear corollary to the above is the need to reduce levels of acute activity through more effective case management of elective and non-elective care, including the way in which GPs refer patients. Again, this means reducing unnecessary hospital appointments and providing care in different settings outside hospital and more convenient to the patient.

In order to deliver the above, the CCG is developing two provider networks - with hubs at St Charles’ Centre for Health & Wellbeing Centre (in the north of the CCG area) and one in the Earl’s Court area (in the south) - as described in Section 2.1.2. The five Commissioning Learning Sets across the CCG area have been formed to undertake performance management, audit and peer to peer review and share knowledge and learning.

Patients, clinicians and stakeholders have told us that these changes need to take place in order to deliver the best experience for patients and improved clinical outcomes at the best value for money. In order to do so and address the variation in the quality of and access to care which local people currently experience depending on where they live, we clearly need to make significant improvements to primary and community care.

It is this imperative which informs our commissioning priorities and plans over the next three years, as articulated in our Out of Hospital Strategy described above and the North West London reconfiguration programme set out at 5.3.1.
5.2 National

The current National Operating Framework\textsuperscript{17} sets out business and planning arrangements for the NHS in 2012/13 against the following four key themes:

- Putting patients at the centre of decision making
- Development of the new system for delivery
- Quality, Innovation, Productivity and Prevention (QIPP)
- Managing and improving performance

The Operating Framework identifies the following areas requiring particular attention during 2012/13:

5.2.1 Dementia

In line with the National Dementia Strategy\textsuperscript{18}, our plans for services to meet the needs of local people with dementia seek to prioritise:

- Good quality early diagnosis and intervention;
- Reduced use of anti-psychotics;
- Improved public and professional awareness of dementia; and
- Living well with dementia.

As described in Section 2.2, the local incidence of dementia is expected to increase significantly over the next 10 years. In Kensington & Chelsea, for example, this means another 400 cases added to the existing 1700, predominantly among older people (in their 80s or above).

In response to this growing need, a local memory service has been developed, resulting in significant improvement in the diagnosis of dementia, with patients receiving early, appropriate treatment, including acetylcholinesterase inhibitors to slow the progress of the condition. The service includes information, advice and signposting support both for those with dementia and for their carers, provided by a dementia adviser from Age UK working with local clinicians. This is underpinned by a comprehensive training programme in the awareness and diagnosis of dementia delivered by Dementia UK and Central North West London Foundation Trust (CNWL). As from Autumn 2012, this service will be available to patients from across the CCG area at a new Dementia Resource Centre opening in Westminster, ensuring better integrated health and social care services based in the community.

Our plans also include:

- Peer support training based on Implementing Recovery through Organisational Change model and delivered by CNWL and Singing for the Brain (Alzheimer’s Society);

\textsuperscript{17} The Operating Framework for the NHS in England 2012/13 (Department of Health – 2011)
\textsuperscript{18} Living Well With Dementia: a National Dementia Strategy (Department of Health – 2009)
Review of anti-psychosis medication in CNWL’s dementia audit in line with CQUIN targets;
Improvements in dementia care at Chelsea & Westminster Hospital to meet CQUIN targets for earlier diagnosis, including investigation of the new CANTAB Mobile tool for earlier and more accurate screening for memory problems;
Improvements in local day care resources across the CCG area following a review of the CNWL day hospital;
Application for accreditation of the local memory assessment by the Royal College of Psychiatrists;
Review of care home provision for continuing care to ensure that people with dementia receive the best possible care to meet their needs throughout the progression of their condition. In parallel, Local Authorities are reviewing their home care commissioning and will be re-tendering for home-based services which more effectively meet the needs of people with dementia; and
Further dementia training for health and social care staff working in care homes and home care services.

5.2.2 Carers
The CCG’s plans prioritise support for carers as equal partners in care as described in the National Carers Strategy19, acknowledging the clear benefits to their involvement in the planning of admission, discharge and treatment of the people for whom they care. These include better clinical outcomes, safe and timely discharge from acute settings, the reduction of unnecessary hospital admissions and improved health and social care provided in the community.

In recognition of the need to provide support in primary and acute care settings for the approximately 14,000 carers across the CCG area20 and in line with local joint carers strategies, a range of services have been commissioned, including advice and information, personal budgets, acute liaison and fitness programmes. Feedback from local carers is currently being used to develop improved support in GP practices.

Other plans include:

- Continued funding for the carers’ personal budget scheme;
- Improved access for carers to fitness programmes;
- Carer awareness training for GP practice staff and training for carers; and
- Incorporating support for carers into mainstream health pathways, including for dementia, stroke and falls prevention.

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19 Recognised, Valued & Supported: Next Steps for the Carers Strategy (Department of Health – 2010)
20 Data from 2001 census and patient registers
5.2.3 Health Visitors
As part of a local partnership plan, the recruitment of additional health visitors is a priority for 2012/13 and 2013/14, providing a redesigned service across Inner North West London. This aims to strengthen delivery of the Healthy Child Programme, support implementation of multi-agency early intervention and targeted locality services to reduce inequalities and improve outcomes for maternal and child health.

Our plans also include:

- Child immunisation by health visiting services to increase uptake of primary immunisation, including targeted and outreach services for vulnerable families;
- Reduction in childhood obesity by maintaining high breastfeeding rates and training health visiting teams to implement the Baby Friendly Initiative;
- Strengthened oral health promotion by health visiting teams to increase children’s access to dental services and reduce dental caries in the under 5s; and
- Using the results of three Central London Community Healthcare Trust (CLCH) health visiting pilots to reduce children’s use of emergency and hospital services, improve integrated midwifery and health visiting interventions for vulnerable pregnant women and provide evidence-based parenting support programmes to families.

5.3 North West London
Our commissioning priorities also reflect and contribute to the following strategic aims for North West London over 2012/13-2014/15:

- Implementing new models of care and best practice to deliver improvements to clinical quality and patient experience across North West London;
- Managing the safe transition to the new system;
- Supporting the development of the new commissioner and provider landscape in North West London; and
- Delivering the £1bn of savings needed to achieve financial balance by 2014/15.

The NWL CCGs have led the development of consistent quality standards, underpinned by published standards, metrics and guidelines from Royal Colleges, NICE and relevant London health programmes.

We continue to work with local CCGs and key local partners to commission services on a North West London-wide basis or across CCGs, wherever this is to the benefit of our patients.

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21 Healthy Child Programme: Pregnancy & the First 5 Years of Life (Department of Health – 2009)
5.3.1 Reconfiguration

Proposals for significant changes to the way in which healthcare is provided across North West London – as set out in “Shaping a Healthier Future”\(^{24}\) – are currently out to public consultation. This work is being led by the Chairs of the eight local CCGs and centres on:

- **Localisation** Delivering as much care as possible closer to Home, with improved outcomes for patients;

- **Centralisation** Concentrating hospital care into specific specialist sites with more expertise available more of the time, with better clinical outcomes and safer services for patients; and

- **Integration** Providing a co-ordinated service, integrating primary, secondary and social care, to deliver high-quality services and a better experience for patients.

As part of this reconfiguration programme, NHS West London CCG has played a leading role in developing its proposals with hospital doctors, nursing leaders, providers of community care, representatives of patients and the public, volunteer groups and charities, looking at the health service improvements across London and around the world. CCG clinical Board members are also actively involved in local and North West London consultation events with patients and the public.

5.3.2 Mothers & Newborns

Maternity services are currently contracted by the Acute Commissioning Vehicle (ACV) on behalf of all CCGs in North West London, with local commissioning and performance support from the Children’s Commissioning Support Team. Services are provided locally by the Chelsea & Westminster and Imperial Healthcare trusts and based on a North West London service specification with underpinning clinical standards, including locally-developed quality measures. The North West London reconfiguration programme aims to ensure that these standards are maintained across a potentially smaller number of sites.

The majority of local women receive midwifery-led care, with most births delivered in birthing units and complex cases managed by obstetricians. Both trusts will review their community midwifery provision so that uncomplicated antenatal care is increasingly delivered in accessible community settings, including children’s centres.

The CCG continues to work with public health colleagues to commission preventive pregnancy and infant health promotion initiatives, such as support for smoking cessation and breastfeeding.

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\(^{24}\) Consultation period ends in October 2012, with a report to be issued in early 2013
5.3.3 Mental Health
CCGs in North West London are developing an innovative approach to integrated mental health care. Commissioning and provider organisations are collaborating to deliver integrated physical and mental health care across historical organisational boundaries. This model of care gives GPs access to expertise from different specialties and organisations from different sectors, working together across secondary, primary and social care.

This approach prioritises the following three themes:

- Shifting settings of care
- Better adherence to care plans for people with long-term conditions
- Better mental health care in hospital

The focus is on improving patients’ physical and mental health, reducing reliance on secondary and inpatient care, where unnecessary, to provide care in less intensive settings and promote self care. This multi-disciplinary approach aims to deliver both better, more co-ordinated mental health treatment for people with long-term conditions and better physical health for those with mental illness.

It is estimated that mental health problems account for around 5% of A&E attendances, 30% of acute inpatient bed occupancy and 30% of acute readmissions. In order to ensure better identification and treatment of mental illness both in A&E and on hospital wards, local CCGs are piloting 24/7 psychiatric liaison services in five acute trusts across North West London.

This multi-disciplinary service aims to enable prompt access to the right treatment and support, including improved identification of people with dementia in hospital settings. This should result in benefits across health and social care in terms of fewer admissions, reduced length of stay and delayed discharges and lower accommodation costs for local authorities.

CCGs in North West London have an ambitious QIPP requirement for mental health focused on agreed shifts in care settings, the redesign of primary and community care and improving performance against key indicators.

5.3.4 Children’s Services
In recognition of the range of often complex support needs of children and young people with mental illness, all CCGs in North West London have agreed joint commissioning arrangements and priorities for Child & Adolescent Mental Health Services (CAMHS) – as follows:

- Maintaining the focus on prevention and early intervention;

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25 Psychiatric Services to Accident & Emergency Departments (CR118) London, Royal College of Psychiatrists (Royal College of Psychiatrists & British Association for Accident & Emergency Medicine, 2004)
- Ensuring accessible, consistent services are in place for vulnerable groups, including looked after children, young offenders and children with disabilities; and
- Strengthening treatment and support available via CAMHS to reduce tier 4 admissions\(^\text{26}\) and increase early discharges.

Details of children’s services commissioned on a CCG basis are given at 5.4.4.

5.3.5 Emergency & Urgent Care

The ACV commissions emergency and urgent care on behalf of WLCCG. We aim to ensure that:

- Patients receive high-quality medical and emergency general surgical services across London seven days week
- Providers meet national guidance and recommendations to deliver better outcomes and experience for patients
- A service delivered by consultants is developed to address workforce challenges to junior doctor service provision and training

National guidance is applied on emergency readmissions within 30 days of discharge following an elective inpatient stay. We continue to work with neighbouring CCGs to realise key opportunities across North West London, including:

- Rapid response and care at home – intermediate services to support patients with short-term needs in the community, reducing acute admissions for ambulatory care sensitive conditions, such as diabetes and asthma;
- Hospital in the home – an enhanced recovery service which either allows earlier discharge or obviates the need for admission in patients with more serious conditions, for parts of what would normally be an acute inpatient stay. An example is the early supported discharge service for people who have had a stroke;
- NHS 111 – a 24/7 telephone service across inner North West London for urgent (but non-emergency) care. Successful telephone triage, treatment and redirection can reduce hospital attendance and unscheduled care admissions, while directing patients to the appropriate level of care; and

DN: FURTHER INFORMATION TO BE ADDED

- Urgent care centres – the CCG commissions two urgent care centres based in the north and south of the CCG area. The former is based at St Charles’ Health & Wellbeing Centre, provided by Central London Community Healthcare (CLCH) and is co-located with the Kensington & Chelsea GP out of hours service, with access to diagnostics provided

\(^{26}\) Responsibility for tier 4 placements will transfer to the NHS Commissioning Board in April 2013
by Imperial College Healthcare Trust and InHealth. The second centre is based at Chelsea & Westminster Hospital.

These services aim to maintain people’s independence, reducing hospital admissions, lengths of stay and the number of people in long-term care.

5.3.6 Routine Care
The ACV commissions routine care, including elective operations from local acute trusts, on behalf of NHS West London.

The CCG monitors activity, costs, serious untoward incidents and patient feedback, with trusts required to implement best practice and NICE guidance on routine operations. Through the trusts’ Clinical and Quality Groups, we continue to work with acute hospitals to ensure improvement of clinical pathways to deliver better patient care — for example, in the further development of the redesigned intermediate care pathway.

5.3.7 Long-term Conditions
A significant proportion of the population in North West London is living with one or more long-term conditions, including diabetes, hypertension, Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease and asthma. By working in collaboration across the area, we can optimise care pathways for these conditions and help to reduce variability in hospital admission rates.

As described in Section 2.2, the CCG area has a varied level and distribution of health need. With a growing local population living longer with chronic diseases, the CCG already commissions a wide range of specialist community services providing care closer to home, including for diabetes, COPD and mental illness. The prevalence of respiratory conditions, such as COPD, is higher than the London average and we will redesign and transform local respiratory services to deliver integrated care in the community. The provision of better, more accessible and responsive primary care is paramount in managing this demand effectively across the board. CLCH is also commissioned via the NHS Standard Community Services contract to deliver a range of services to enable patients with complex, long-term health needs to be cared for in the most appropriate clinical setting.

In recognition of the importance of integrating care across different settings, specialties and clinical disciplines, CCG practices are developing local plans - through our Putting Patients First Local Enhanced Services pilot – to improve the quality of care for patients who are high intensity users and at high risk of hospital admission, many of whom have co-morbidities and long-term conditions. This multi-disciplinary approach aims to reduce A&E attendance and non-elective hospital admissions through effective integration of services, early identification and assessment of risks and effective case management.

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27 Delivered by a partnership between CLCH, London & Central West Unscheduled Care Collective and London Medical Associates (i.e. local GPs)
5.3.8 Continuing Healthcare Needs
In some areas, such as learning disabilities, mental health and older people’s services, good progress has already been made across North West London in developing joint commissioning and service delivery for continuing care. As continuing care costs have continued to rise, local CCGs continue to review arrangements across the area to identify economies of scale and deliver health and social care at the best value for money. Establishing consistent thresholds for continuing care across North West London and ensuring adherence to them is central to this work.

The CCG currently receives continuing healthcare commissioning support from the Joint Older Adults Commissioning Team. We will continue to commission continuing care services for children with the most complex health needs and disabilities, working with colleagues in education and social care commissioning to develop integrated care plans and associated funding. These will be agreed with the local authority, based on assessments by the Community Nursing Service and will include arrangements for transition to adult services. We will continue to monitor the rising demand for support from children with increasingly complex needs.

5.3.9 End of Life
The National Strategy for End of Life Care seeks to reduce both the number of deaths in hospital and admissions in last year of life. There is wide variation in patients’ experience of end of life services in London, including an inconsistent approach to delivery of the complex care which people want and need. Health services in London need to support more people in their preferred place of care as well as improving their experience in hospitals.

End of life commissioning currently sits with the Joint Older Adults Commissioning Team which provides commissioning support to the Commissioning of Specialist Palliative Care Team working across inner North West London.

5.4 NHS West London Clinical Commissioning Group
The CCG has a long track record of developing and implementing services which deliver care closer to home, with improved clinical outcomes and patient experience, feeding into the North West London Commissioning Strategy and QIPP plans. In order to meet mounting population and financial pressures over the next three years however, a more ambitious strategic plan is needed. Our Out of Hospital Strategy has been developed in parallel to the provider reconfiguration proposals for North West London currently out to consultation.

As highlighted at 5.1, this strategy aims to transform the delivery of local patient care by increasingly moving services out of hospital to more convenient primary or community care settings. In order to achieve this, the CCG recognises the need for both a comprehensive programme to redesign

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28 End of Life Care Strategy: Promoting High-quality Care for all Adults at the End of Life (Department of Health – 2008)
care pathways with a multi-disciplinary approach and improved access to consistent, high-quality primary care. Wherever possible, we will continue to deliver efficiencies by commissioning across boroughs, local CCGs and/or local populations.

Working with local CCGs, we will establish a common framework across North West London to transform primary care and address variations in quality and access, with the following standards underpinning all our plans:

- Patient empowerment and self care;
- Access, convenience and responsiveness;
- Care planning and multi-disciplinary care delivery; and
- Information and communication.

The CCG agreed the following strategic commissioning priorities for 2012/13 in response to the key local health needs identified in the JSNAs and in line with our Out of Hospital Strategy. The development of these priorities has been led by local GPs via the CCG’s Commissioning Learning Sets, with clinical leads for each specialist area, working in collaboration with local partners from different sectors and stakeholders, including patient representatives.

5.4.1 Acute Care

Our focus on avoiding unnecessary hospital admissions and moving more care in to community settings is underpinned by evidence – set out in our Out Hospital Strategy - that this is both better for patient care and satisfaction and delivers better value for money. We commission these services on the basis of quality, ease of access and cost effectiveness to:

- Avoid unnecessary and inappropriate referrals to outpatients and reduce emergency admissions and unscheduled acute care through improved case management, co-ordination and implementation of the Integrated Care Pilot (ICP);
- Shift unnecessary outpatient hospital appointments to alternative settings and providers;
- Improve GP referral through peer learning and audit;
- Maximise the use of early intervention by Local Enhanced Services, including extending the Referral Incentive Scheme to enable better understanding of referral patterns and the Hospital Avoidance scheme to reduce unscheduled care; and
- Improve discharge planning and communication across care.

We continue to review the configuration of community services with CLCH to deliver planned shifts of acute care and improved performance of commissioned services. We will decommission relevant acute activity in line with QIPP initiatives for demand management and hospital avoidance.

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5.4.2 **Integrated Health & Social Care**

Integrating health and social care is pivotal to delivering improved outcomes and patient experience, particularly for people with long-term conditions and continuing healthcare needs who are frequent users of different services across health and social care. Currently, lack of co-ordination and integration often results in disjointed care for patients, with duplication and delays resulting in higher costs.

In order to address this, we are working to:

- Support quick recovery and enable early discharge from hospital, avoiding the cost of long-term nursing and residential care through rehabilitation and reablement;
- Reduce unnecessary hospital admissions by expanding the community rapid response service and case management to include 24-hour access to social care;
- Identify and assess vulnerable groups earlier including frail elderly people and those with long-term conditions;
- Develop further joint health and social care assessments;
- Roll out the Integrated Care Pilot (ICP) across CCG practices and other areas, including mental health and paediatrics;
- Ensure early identification of vulnerable groups;
- Reduce hospital admissions to improve outcomes and value for money; and
- Improve working across provider boundaries and access to integrated care outside hospital.

5.4.3 **Community Services**

In line with the development of our provider networks, we are redesigning services currently provided in hospital so that they are delivered in more appropriate, convenient community settings. Led by GPs, the redesign of these services involves subject experts from the CCG, clinicians from the relevant disciplines and patient and LINks representatives. Experience in commissioning the new Community Musculoskeletal (MSK) Service has also demonstrated the invaluable contribution of the patient perspective in the evaluation of procurement bids for new services:

- **Modernisation, redesign and transformation of community services to deliver integrated health and social care, improving response, capacity and value for money**
  - Modernise and consolidate community services to support shifts in activity from acute settings, working with providers to deliver preventative medicine and innovation;
  - Continue with and develop existing initiatives for dermatology, case management, mental health, diabetes and the referral incentive scheme; implement the new MSK initiative;
  - Design and implement the new respiratory and diagnostics initiatives;
  - Review and develop the urgent care pathway to reduce hospital admissions;
- Redesign the pathway for stroke early supported discharge and rehabilitation to reduce to enable better recovery and reduce hospital readmissions; and
- Improve practice alignment with health visiting and the level of health visiting and face-to-face contact to meet national strategy

The CCG has developed an outcomes framework linked to 2012/13 QIPP delivery targets, with new contract currencies, penalties and incentives.

5.4.4 Mental Health
Informed by the National Strategy for Mental Health and North West London Strategy for Integrated Adult Mental Health Services, these priorities have been developed in response to the high prevalence of mental illness in the local population and in recognition of the need for better management of patients with mental health problems in primary care:

- **Development of an integrated primary care mental health team, providing mental health services to people with common mental illness and stable severe mental illness**
  - Continue the implementation of the primary mental health care service delivered by NHS and voluntary organisations working in partnership - including initiatives to reduce unnecessary referrals to hospital and to provide an effective 'primary care plus' service for people moving from community to primary mental health care. This aims to free up secondary care services to focus on more complex patients and ensure patients are cared for in the least intensive setting; and
  - Build on improvements made over 2011/12 in access to psychological therapies.

- **Commissioning appropriate secondary care mental health services to ensure that only patients who require inpatient care are admitted, that patients are discharged to community care as soon as it is safe to do so and that community teams focus on patients requiring more specialised care**
  - Improve alternatives to admission to hospital, such as the Recovery in Organisational Change programme at Central & North West London Mental Health Trust (CNWL);
  - Improve the quality of care on inpatient wards to reduce average lengths of stay, working with CNWL to manage delayed discharges with the local authority on a proactive basis and review the outcomes of the personality disorder pilot; and
  - Review the option of a primary care liaison service to support the prevention of relapse in light of outcomes from the North West London pilot.

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30 No Health Without Mental Health (Department of Health – February 2011)
- **Supporting the roll out of the Integrated Care Pilot (ICP) for mental health**
  - Implement the ICP recommendations to develop joint protocols with specialist long-term conditions teams in order to screen patients, providing Cognitive Behavioural Therapy support to those with co-morbid depression and anxiety.

The CCG's mental health commissioning support is provided by a discrete mental health team within the Adult Joint Commissioning Team to ensure an integrated approach to strategy development and service delivery and that local health and social care pathways (including housing) are in place. Led by the CCG Clinical Lead for Mental Health, we continue to work with a range of key partners and stakeholders on the design, implementation, monitoring and evaluation of services. The primary care mental health team, for example, is working with a local charity – Advocates for Mental Health – to engage service users to use their direct experience of services to influence, shape and evaluate the delivery of care.

### 5.4.5 Children's Services

- **Child & Adolescent Mental Health Services**
  These community services are provided predominantly by CLCH, with the CCG currently investing £3m per year. The Royal Borough of Kensington & Chelsea (RBKC) invests £450k, with a focus on vulnerable groups, such as looked after children and youth offenders. GPs are the main source of referrals, together with local schools.

  Our priorities for 2012/13 are to:
  - Establish a joint agreement with RBKC;
  - Maximise the efficiency of the service; and
  - Establish a multi-systemic therapy team to work with children with high levels of need.

- **Child Development Teams**
  These teams provide diagnosis, treatment and multi-professional support for children with disabilities and/or complex health needs. This service is provided by Chelsea & Westminster Hospital Trust in the south of the CCG area and by CLCH and Imperial Healthcare Trust in the north. Both services have recently been reviewed in order to:

  - Streamline providers;
  - Reduce waiting times;
  - Reduce rates of patient non-attendance;
  - Introduce outcome measures;
  - Develop more efficient, collaborative pathways; and
  - Restructure occupational therapy.

  The CCG is currently considering this review and will contribute to the implementation strategy.
As a result of advances in medical technologies and treatments, life expectancy for children with complex health needs is increasing. This has contributed to a general, increased demand for child development and therapy services which will be taken into account in future service planning.

- **Speech & Language Therapy**
  There is a rising demand for this service - provided by CLCH – with a 21% increase in referrals in 2011/12 as compared with the previous year. Children are referred by GPs, children’s centres and schools. The CCG invests £1.433m and RBKC a further £457k per annum. The service also works alongside the Child Development Teams in Chelsea & Westminster and Imperial Healthcare trusts to assess and treat children with complex needs.

DN: PRIORITY/IES FOR 2012/13

- **Paediatric Occupational Therapy**
  CLCH and Imperial Healthcare trusts provide this service, with occupational therapists also located in schools, local authority social work teams and Special Educational Needs services. While the current service delivers good outcomes, the Child Development Review has recommended consideration of a single, jointly commissioned provider to provide a more efficient local service. Our priority for 2012/13, therefore, is to develop this option with providers and the local authorities.

- **Paediatric Physiotherapy**
  This service specialises in the assessment and management of children’s gross motor development and function, using a range of approaches tailored to the child’s assessed needs. Chelsea & Westminster and Imperial Healthcare trusts provide physiotherapy services to patients from the CCG area, both operating efficiently with low rates of patient non-attendance and relatively short waiting times. Paediatric physiotherapy plays an important role in child development services and also includes a small musculoskeletal service.

DN: PRIORITY/IES FOR 2012/13

- **Children’s Community Nursing Service**
  CLCH provides this service for children and young people with high health needs resulting from chronic or complex conditions. Community-based specialist nurses support patients to remain in their community with their families. The service also contributes to children’s continuing care and provides the Children’s Palliative Care & Bereavement Service. Support services (see below) and, where appropriate, placements, are regularly reviewed by joint commissioning panels.
Our priorities for 2012/13 are to:

- Develop a new performance framework and ensure value for money; and
- Implement an NHS London bid (if successful) to strengthen preventive interventions.

- **Children’s Continuing Care**
  Continuing care support allows children with complex health conditions to be cared for at home, in their community or in an appropriate residential setting. Packages of support (approximately £850k p.a.) are assessed and commissioned on a case by case basis and tailored to meet individual needs. Costs, demand and quality are closely monitored, with overall performance management linked to the Children’s Community Nursing Service (see above).

**DN: PRIORITY/IES FOR 2012/13**

- **Looked After Children**
  A small health team, jointly funded by the CCG and RBKC, works with children looked after by the local authority. Paediatric consultants, nurses and psychologists carry out or contribute to health assessment required by regulation on a bi-yearly basis for under-fives and on a yearly basis for over-fives. The nurses see approximately 200 children and young people every year.

  In line with emerging tri-borough council arrangements across Inner North West London, our priority for 2012/13 is to ensure a consistent, equitable and efficient service for all local looked after children.

### 5.4.6 Learning Disabilities

People with learning disabilities tend to experience poorer health than the general population. There is strong evidence\(^{31}\) that these differences are, to a large extent, avoidable and therefore represent health inequalities; this provides the context for our commissioning arrangements and priorities.

Learning disabilities commissioning currently sits with the Vulnerable Adult commissioning function (within the Adult Joint Commissioning Team). A range of specialist learning disabilities services is commissioned and monitored by the local authority on behalf of the CCG via a Section 75 agreement.

In addition to this specialist support, the CCG aims to ensure improved access to mainstream health services, including health promotion and screening, to people with learning disabilities.

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\(^{31}\) Death by Indifference (Mencap – 2007)
Healthcare for All (Independent inquiry chaired by Sir Jonathan Michael – 2008)
5.4.7 End of Life
In keeping with the National End of Life Care Strategy, the CCG aims to:

- Commission providers of end of life care services to co-ordinate end of life, including developing electronic records of care plans which incorporate preferences on place of death; and
- Commit greater investment to support people to die at home.

For children and young people, palliative care services will continue to be commissioned jointly with local authority partners. These services will adhere to the Association for Children’s Palliative Care charter and continue to focus on offering support for children and their families in their homes and community.

5.5 Collaborative Commissioning Arrangements
Details of the CCG’s collaborative commissioning arrangements with Kensington & Chelsea and Westminster are given at Appendix C.

London Ambulance Service
NHS North West London currently commissions this service on behalf of the CCG.

Any Qualified Provider
The CCG aims to commission its abortion services via the Any Qualified Provider route, in collaboration with 12 other local CCGs, with the following key benefits:

- Choice of provider
- A coherent and improved pathway to increase choice for women by clearly identifying access through both self and professional referral
- Consistent performance indicators to address and assure quality, safety and outcomes

Routes for procuring a central booking system for these services will also be considered. These services are expected to be available as from January 2013.

INFORMATION ON ADULT HEARING SERVICES

NEED TO REFER TO/Demonstrate how CCG plans to address – add information from:
- OBESITY
- POOR ORAL HEALTH IN CHILDREN
- ALCOHOL-RELATED HARM
- STIS

5.6 Commissioning Intentions 2013/14

5.6.1 North West London
As from 2013/14, the accountability for strategic planning will transfer to local CCGs from NHS North West London (NHS NWL). For the CCG area, this will be led by the NHS West CCG Chair, working with the other inner North West London (INWL) collaborative Chairs and Authorised Officer (see 3.2). This will build on the current process, with the CCG in a central role in developing and signing off the commissioning strategy for 2012/13.

Our commissioning intentions will be driven by a number of key strategic imperatives, including our Out of Hospital Strategy to deliver improvements in the capacity and capability of primary care and other out of hospital providers (see 5.1) and the NWL acute reconfiguration programme (see 5.3.1).

The current NWL Commissioning Strategy Plan covers the three years from 2012/13-2014/15 and the CCG’s 2012/13 plans are fully aligned with this. The NWL plan will be updated to reflect emerging planning guidance, describe delivery arrangements in 2013/14 and 2014/15 in more detail and strengthen underlying financial and activity modelling. The future development of our local plans and commissioning intentions will continue to reflect and align with that of NWL plans.

The NWL commissioning process will enable the following stakeholders involved in the design and delivery of health services to contribute to shaping the CCG’s commissioning intentions, using a consistent approach for all NWL CCGs:

- All commissioners, including CCGs and the NHS Commissioning Board;
- All provider organisations (acute, community and mental health), co-ordinated through a provider steering group;
- Local authorities and Health & Wellbeing Boards; and
- Patients, the public and their representatives.

5.6.2 NHS West London Clinical Commissioning Group

As described at 5.3, the CCG has contributed a series of emerging aims to delivery of the overarching NWL strategy.

Final priorities will be determined following engagement with key stakeholders and agreement of the CCG collaborative Board and the Health & Wellbeing Boards. Our main focus will be the avoidance of unnecessary admissions to hospital and integration and reablement across high-risk groups, to be delivered through:

**Acute Care**
- Reduction in emergency admissions;
- Reduction in outpatient referrals and cost; and
- Robust contract and performance management (data validation and application of contract caps, levers and penalties).

**Integrated Care Pilot (ICP)**
- Rollout of ICP to Queen’s Park and Paddington practices;
- Extension of the ICP to include other areas, including mental health and paediatrics; and
- Extension of pilot to include mental health integrated care.

Reablement/Intermediate Care
- Extension of the new joint service to include hospital avoidance interventions and supported early discharge.

Pathway Redesign
- Development and extension of existing pathway redesign (for MSK, COPD, diabetes, cardiology, mental health and paediatric respiratory).

Community Services
- Commission integrated health and social care pathways to improve service response and achieve greater value for money;
- Secure contract efficiencies and commission across Inner NWL where possible;
- Review effectiveness and efficiency to support the shift of activity from acute care and demand management QIPP initiatives; and
- Ensure community services play their part in delivering all of the above priorities.

Implementation of the NHS 111 Pilot

5.6.3 Developing Our Commissioning Intentions 2013/14

Our indicative commissioning intentions for 2013/14 are described in this plan as part of our formal authorisation application in September 2012. However, as set out at 5.6.4, they represent a starting point in the process of agreeing the final version. They are based on both the arrangements and principles described and on current and evolving local health needs, building on our plan for 2012/13.

They will be subject to review and scrutiny by a range of partners and stakeholders before they are brought to the CCG Board for final agreement (see 5.6.1). They will also need to be revisited, updated and reissued to include priorities in the National Operating Framework following its publication in the autumn.

We will follow a common approach and timetable adopted across North West London CCGs in developing our commissioning strategy and intentions for 2013/14, including full engagement with the contracting round to ensure consistency between contracts and our strategic objectives. Crucially, as for 2011/12, the CCG senior clinical leadership will be actively involved in contract negotiations with providers. Governance and decision-making arrangements will be led by the CCG Chair.
Prioritisation Process
The CCG will use a consistent, evidence-based process to identify, prioritise and agree our draft commissioning intentions for 2013/14, as follows:

- **Segmentation**
  Defining activities to be commissioned and create relevant categorisations, using common language and definitions.

- **Initial Assessment**
  Using evidence and judgement to assess the need and opportunity for change in each categorisation. This assessment will use the following to translate insights into initiatives:
  - Core evidence (including the National Operating Framework, regional plans, NICE guidance, Joint Health & Wellbeing Strategies, JSNAs etc);
  - Quantitative data (including activity key indicators, productivity metrics and health need indicators); and
  - Local knowledge (including clinical insights, patients’ experience, and stakeholder feedback).

- **Prioritisation**
  Agreeing the order in which defined segments should be tackled and explaining the rationale for this assessment:
  - Take initiatives identified through a needs analysis, deciding how to focus resources on the most important;
  - Identify relevant stakeholders to be involved in the process;
  - Rank initiatives;
  - Use evidence to support ratings;
  - Agree and rank assessment criteria; and
  - Rank initiatives against criteria.

This process will be led by local GPs, working with CCG constituent practices through the Commissioning Learning Sets, partners and other stakeholders.

Feedback from local engagement events, including those at which we will be presenting and discussing our Out of Hospital Strategy with stakeholders, will be incorporated at the initial assessment stage of the prioritisation process.

5.6.4 **Indicative Commissioning Intentions 2013/14**

- **Acute Care**
  Acute trusts across North West London are, in general, performing against qualitative performance measures, but many are financially unstable in their current form. There is also significant variation in the quality of primary and community care providers; we can only address the problems in the acute sector by also doing so in primary and community care.
Our strategy and commissioning intentions for acute care will support and be informed by the North West London reconfiguration programme, Shaping a Healthier Future. Our plans for acute care will be based on its overarching principles of localisation of routine medical services, centralisation of most specialist services and integration, where possible, of primary, secondary and social care (as described at 5.3.1).

These plans will aim to deliver the following for local patients:

- Easy access to high-quality care;
- Simpler planned care pathways;
- Quick response to urgent health problems;
- Co-ordinated care for people with long-term conditions; and
- Shorter stays in hospital.

All hospitals in North West London have agreed quality standards for hospital care and we will continue to monitor the following services commissioned from local hospitals against these standards:

- Emergency surgery and A&E – access to senior and specialist skills, diagnostics and multi-professional teams; processes for emergency general surgery or transfer arrangements to an emergency surgery site;
- Maternity services; and
- Paediatric services.

**Integrated Health & Social Care**
- Develop community health and social care around the provider networks;
- Develop integrated rehabilitation and reablement services to promote recovery and independence;
- Connect social care to the rapid response service to prevent unnecessary admissions and facilitate early discharge;
- Develop an integrated approach to end of life care; and
- Implement the Kensington & Chelsea dementia strategy.

**Community Health**
- Dermatology – multi-disciplinary service, including specialist nurse, GP with Special Interest and consultant, to provide previously unmet need for local dermatology services and prevent unnecessary referrals to secondary care;
- Gynaecology – consultant-led multi-disciplinary service to diagnose and treat women in a local, more convenient location;
- Paediatrics – this service will be redesigned to offer clinics for common and long-term conditions for children and their families, such as asthma and other allergic illness; and
- Cardiology – pilot a community-based alternative to hospital treatment which could include atrial fibrillation, hypertension, heart failure and chronic chest pain.
- **Mental Health**
  - Primary Care Mental Health Service – roll out to QPP practices;
  - Rehabilitation – implement outcomes of rehabilitation review;
  - Agree and implement safer discharge protocols – we expect 771 people to step down to primary care over the next three years, 347 of whom will move during 2013/14; and
  - Shift care from psychiatric intensive care and acute settings to the community (subject to public consultation).

- **Children’s Services**
  - Child & Adolescent Mental Health Services (CAMHS) - retain the focus on prevention and early invention, ensuring accessible, consistent services are in place – in line with the joint commissioning agreement with local authorities;
  - Speech & Language Therapy - build on the 2012 Child Development Review;
  - Looked After Children (LAC) - focus on collaboration between the LAC nursing teams;
  - Child Development Team - build on the 2012 Child Development Review; and
  - Paediatric Occupational Therapy – recommission service across inner North West London.

- **Learning Disabilities**
  - Primary care – to include: reasonable adjustments to enable equitable access to services; annual health checks; a process for assessing the needs of family carers; learning disability awareness training, including Mental Capacity Act training for primary care staff; a learning disability lead in all GP practices; aggregation of anonymised data from primary healthcare information systems to inform commissioning;
  - Acute care - ensure that systems are in place to identify people with learning disabilities; acute learning disability liaison nurses are appointed in all acute trusts and appropriate reasonable adjustments re implemented, such as changing places, toilets and accessible patient information; and
  - Community – ensure services enable access to mainstream care as well as specialist support for people with learning disabilities and challenging behaviour. Inpatient and out of borough provision will be kept to a minimum, with regular review of placements.

- **Stroke**
  Tender for out of hospital services for people who have had a stroke. Led by the Senior Joint Commissioning Manager for Older People, this service will operate across Kensington & Chelsea and Hammersmith & Fulham and will be linked to the existing service in Westminster. It will provide a range of early, supported discharge rehabilitation and stroke review services to ensure maximum recovery, building on earlier work in London to centralise acute stroke services.
• **Long-term Conditions**
  - Commission a community consultant to support the move from rapid response and develop GP capability to manage complex patients with co-morbidities;
  - Develop provider hubs in the north and south of the CCG area (aligned to the CLSs) to bring health, social care and the voluntary sector together to deliver improved health and wellbeing outcomes, building on the health navigator model. As part of this, develop integrated teams between district nurses and care management;
  - Build on the pilot to locate rapid response nursing in A&E;
  - CPOD - review and redesign local respiratory pathways, improve integration with other specialist community teams, such as rapid response and district nursing; encourage patients to manage their own conditions where possible, supported by the introduction of new technologies, such as telehealth;
  - Pathway redesign - for diabetes, cardiology and continence, aiming to develop a commissioning and service model across a large population base in inner North West London.

• **End of Life Care**
  - Develop co-ordinated services which meet future needs, incorporating end of life care plans which include preferences on place of death, to be registered electronically;
  - Greater investment to support people to die at home;
  - All organisations to meet best practice guidelines, such as the gold standards framework;
  - Develop a community specialist palliative care hub in Kensington & Chelsea;
  - Review the hospice and hospice at home provision for QPP residents;
  - Consider including two overarching London QIPP opportunities in the CCG QIPP programme focusing on the identification of patients at the end of life and advance care planning; and
  - Ensure that 50% of patients receive care and die in their preferred place of death, working collectively, through the NWL Commissioning Support Unit, on a scheme to reduce the number of deaths in hospital and admissions in the last year of life through better end of life care planning.

• **Continuing Healthcare Needs**
  - Ensure that those eligible for NHS continuing healthcare receive high-quality care and are supported to live independently at home for as long as possible within available resources. This will entail a joint review with the local authorities of the assessment process and provision of continuing care nursing and residential homes for dementia, end of life care and care for the physically frail, ensuring the effective implementation of the Any Qualified Provider programme for spot placements and domiciliary care, including complex patients across London;
- Establish and ensure adherence to consistent thresholds for continuing health services across North West London, following a review of continuing healthcare processes, access and discharge criteria, costs and protocols, identifying opportunities for efficiencies; and
- Agree care packages for children with the most complex needs and disabilities based on assessments by the community nursing service, including rigorous arrangements for the transition to adult services. The CCG will continue to monitor the rising demand for these services.

- **Collaborative Commissioning**

  **London Ambulance Service**
  ADD INFORMATION ON 2013/14

  PROVIDE INFORMATION ON OTHER AREAS FOR COLLABORATIVE COMMISSIONING, INCLUDING AQP

5.6.5 **Timetable**
TO BE CONFIRMED

6.0 **Performance & Quality**

An independent review of the CCG’s clinical governance arrangements was undertaken in early 2012 in order to identify and establish:

- The necessary clinical governance arrangements to meet the CCG’s statutory responsibilities as from April 2013; and
- The organisational development needs of the CCG Board.

While the review found that the CCG has both the foundations and ambition to deliver high-quality clinical governance, it also gave recommendations on areas for development, including Board reporting arrangements, the clinical governance framework and additional data analysis. The implementation of the review’s recommendations has been a key priority for the CCG Board.

A number of sub-committees have been established to provide assurance to the CCG Board, including:

- **Finance & Performance** – chaired by the CCG Chair, with members including two CCG clinical leads, Director of Finance, Managing Director and Head of Business Intelligence.
- **Quality, Patient Safety & Risk** – chaired by the Clinical Lead for Safeguarding, with members including other CCG clinical leads, a consultant in Public Health, a patient representative, a LINk/Healthwatch representative and lay Board member.
- Public & Patient Engagement - chaired by the Clinical Lead for PPE, with members including other clinical leads, a practice manager, a patient representative, the local LINKs/Healthwatch Chairs and a voluntary sector representative.

**DESCRIBE NWL ARRANGEMENTS, CCG’S ALIGNMENT WITH THESE AND TRANSITION TO CCG ARRANGEMENTS**

### 6.1 Performance

The CCG has an integrated approach to the assurance and management of performance and delivery against key performance indicators, QIPP, financial balance and organisational objectives.

At a national level, the NHS Operating Framework highlights key performance and outcome measures for commissioning priorities. Although subject to national assessment, decision-making on priorities is increasingly taking place at a local level by our constituent GPs and patients, with local area leadership by Health & Wellbeing Boards to drive quality improvements.

The NHS Outcomes Framework defines and support a focus on clinical outcomes, including the reduction of health inequalities, acting as a catalyst for driving quality improvements and outcome measurements across the local health system.

Our performance against operating plan KPIs is monitored and reported to the Board via its Finance & Performance Sub-committee on a monthly basis, with detailed recovery plans provided where performance is off target.

The following gives a snapshot of the CCG’s operating plan performance as at July 2012:

<table>
<thead>
<tr>
<th></th>
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<th>Under Achieved</th>
<th>Failed</th>
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<td>Under Achieved</td>
<td>Failed</td>
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<td>4</td>
<td>0</td>
<td>n/a</td>
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</table>

‘Not known’ includes Key Performance Indicators (KPIs) where data is available by PCT but performance is not nationally performance managed – or no patients were treated (for example, some cancer waits activity)

While overall performance by acute providers is currently strong (with delivery to target on 18-week and 4-hour A&E waits), improvement is needed in a number of key public health targets, including NHS health checks and 4-week smoking quitters.

CCG delivery against national and local target priorities is set out in full at Appendix ??

OTHER INFORMATION SENT - NHS NWL M3 2012/13 ACUTE PERFORMANCE MEASURES (NATIONAL & LOCAL) DASHBOARD

6.2 Quality
NEED INFORMATION - HEADLINES FROM CCG QUALITY STRATEGY – APPROACH, PRIORITIES FOR 2012/13 AND 2013/14

The Quality, Patient Safety & Risk Sub-committee ensures that there is a rigorous system of quality assurance and risk management in place,

The CCG is represented by the Chair or Vice-Chair of at the Clinical Quality Groups of our key acute and community healthcare providers to scrutinise the quality of services commissioned.

We are also key members on programme delivery boards, including the Mental Health Strategies Programme Board and the Public Health Strategy and Performance groups.

In developing our commissioning intentions and continuing our work with our neighbouring CCGs, we are adopting a common approach to quality schedules which will be reflected in the upcoming 2013/14 contracting schedules.

6.2.1 Safeguarding
In line with the NHS Operating Framework for 2012/13 and in line with the tri-borough approach to safeguarding across North West London, we will ensure that the following systems and arrangements are in place for safeguarding children and adults at risk:

- Training for staff in recognising and reporting safeguarding issues;
- Clear lines of accountability for safeguarding in CCG governance arrangements;
- Close co-operation with Local Authorities in the operation of Local Safeguarding Boards for Children and Adults; and
- The appointment of clinical leads for safeguarding and the Mental Capacity Act at Board-level supported by the relevant training and policies.

**Children**

PCT responsibilities for safeguarding children will transfer to CCGs, the NHS Commissioning Board and Public Health England in April 2013. CCGs are under a duty to ensure that the following arrangements are in place:

- A safeguarding policy - aligned to other core aspects of quality and governance structures. This is intended as a holding document until further clarity is received from the Department of Health;
- Senior management commitment - collaborative arrangements for a Director of Quality & Patient Safety and a clinical lead for safeguarding on the Board;
- A clear statement of CCG responsibilities - this will be published on the CCG website and updated on an annual basis;
- A clear line of accountability within the CCG - this sits with the Chair of the CCG Board and the Authorised Officer for the Inner NWL collaborative. A designated doctor and nurse for safeguarding children provides expertise to the CCG, as does a paediatrician for unexpected deaths in childhood. The safeguarding team will sit in the collaborative, headed by the Director of Quality & Safety, with the designated nurses for safeguarding working with their individual GP leads at CCG level. The designated clinicians from the collaborative will provide health advice and leadership to the tri-borough Local Safeguarding Children Board.
- Training for staff in recognising and reporting safeguarding issues - an induction programme will be developed and those staff requiring more training will receive it; and
- Ensuring that safeguarding and promoting the welfare of children is integral to CCG clinical governance and audit arrangements across the services we commission.

All providers must comply with the Children Act (2004) Section 11 requirements, reporting on safeguarding children arrangements on a quarterly or annual basis. The designated nurses will lead on this for the CCG and develop links with the Commissioning Support Unit, NHS Commissioning

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32 Under Section 11 of the Children Act (2004), key people and bodies have the duty to make arrangements which ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children.
Board and Public Health, while continuing to provide support and challenge to providers to ensure that safeguarding is a strong thread throughout commissioning.

The CCG will also ensure that arrangements are in place to commission a health needs assessment and health plan for any child looked after by the local authority, when asked to do so by the latter. The designated nurses for safeguarding provide strategic overview and supervision for the Looked After Children nurses working in provider organisations. Further work will be done to strengthen the service specification for these children in partnership with the tri-borough local authority arrangements.

Adults
The NHS Operating Framework for 2012/13 identified two key areas for NHS North West London regarding safeguarding adults at risk:

- Ensuring a sustained focus on robust safeguarding adults at risk arrangements; and
- Working with CCGs as they develop to ensure they are well prepared for their safeguarding responsibilities.

Having provided the Department of Health with assurance of compliance with the Operating Framework, NHS NWL must now demonstrate sustained focus on arrangements for safeguarding adults at risk across commissioning and provider organisations through the Adults Self-Assessment Assurance Framework. The CCG is working with NHS NWL to ensure that the necessary appropriate and systems are in place.

6.3 Patient Safety & Experience

PROVIDE INFORMATION NEEDED – OVERALL APPROACH TO PATIENT SAFETY & GATHERING AND REFLECTING PATIENT EXPERIENCE ETC

7.0 QIPP

7.1 QIPP Delivery
The borough-based QIPP plans for 2012/13 for Kensington & Chelsea (K&C) and Queen’s Park and Paddington (QPP) - originally developed in October 2011 - are currently being integrated, taking account of overlapping schemes across the two areas. Monitoring arrangements for schemes specific to the QPP area are currently being developed.

NHS West London CCG has a delegated QIPP target to deliver £16m of savings in 2012/13, of which £13m relates to K&C and £3m to QPP. Implementation of QIPP schemes is overseen by CCG clinical leads,
7.2 QIPP Work Programme 2012/13

Our QIPP work programme for 2012/13 spans acute, community, mental health and primary care delegated budgets, the largest of which are as follows:

- Acute contract levers - £4.7m
- Mental health - £2.7m
- Out of hospital care and demand management - £1.8m
- Community contract - £1.5m

NHS West London CCG QIPP Schemes 2012/13

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<tr>
<th>Commissioning Area</th>
<th>Scheme</th>
<th>K&amp;C target £'000</th>
<th>QPP target £'000</th>
<th>Total £’000</th>
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<td><strong>2,714</strong></td>
<td><strong>15,776</strong></td>
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Variation from plan and projection against full year outturn are monitored on a monthly basis to give clinical leads early sight of risks and under-performance and enable mitigating action to be taken.

QIPP performance is reported to the CCG Board as part of the monthly finance and performance report. Currently, performance for each local CCG is also reported to the Board of NHS North West London.

All QIPP plans for 2013/14 will be integrated across K&C and QPP and will continue to be clinically led. This includes out of hospital schemes centred on demand management and the reduction of unnecessary outpatient appointments are pivotal, such as dermatology, MSK, referral incentive...
scheme, gynaecology and respiratory services. There will also be an emphasis on hospital avoidance and non-elective reductions through delivery of the Putting Patients First Local Enhanced Service, good case management and care co-ordination.

8.0 Resources

8.1 Financial Strategy & Plan
   To complete

8.2 Workforce
   To be added

8.3 Estates
   To be added

8.4 Informatics
   To be added

9.0 Strategic Risks & Mitigation
   To be added

10.0 Appendices
Appendix A       NHS West London CCG Board Membership

- Nine GPs (of whom at least one should come from each of the 5 CLS groups);
- One practice manager;
- One practice nurse;
- 2 Non-executive Directors;
- Managing Director of NHS West London CCG;
- Director of Finance of NHS West London CCG;
- One Public Health representative;
- One tri-borough Local Authority representative;
- One secondary care consultant;
- One secondary care nurse;
- Two patient representatives; and
- Authorised Officer, Chief Financial Officer and other Directors, as required.
# NHS West London CCG Clinical Leads

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<tr>
<th>Role</th>
<th>Area</th>
<th>Name</th>
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<tbody>
<tr>
<td><strong>Clinical Pathway Lead</strong></td>
<td>Respiratory/ COPD</td>
<td>Dr Iain Blake</td>
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<td>Cardiology</td>
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<td></td>
<td>Child Protection</td>
<td>Dr Neera Dholakia*</td>
</tr>
<tr>
<td></td>
<td>Sexual Health</td>
<td>Dr Jane Pettifer*</td>
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<td></td>
<td>Fit for Work</td>
<td>Dr Malik*</td>
</tr>
<tr>
<td></td>
<td>Homeless Health</td>
<td>Dr Fiona Butler/ Dr Justin Hammond*</td>
</tr>
<tr>
<td></td>
<td>Older People</td>
<td>Dr Mark Sweeney</td>
</tr>
<tr>
<td><strong>Corporate Leads</strong></td>
<td>IM&amp;T and data quality</td>
<td>Dr Andy Rose</td>
</tr>
<tr>
<td></td>
<td>Finance</td>
<td>Dr Mark Sweeney</td>
</tr>
<tr>
<td></td>
<td>Performance</td>
<td>Dr Iain Blake</td>
</tr>
<tr>
<td></td>
<td>Patient/Public/Voluntary Sector Engagement</td>
<td>Dr Puvana Rajakulendran</td>
</tr>
<tr>
<td></td>
<td>Clinical Governance</td>
<td>Dr Val Dias</td>
</tr>
<tr>
<td></td>
<td>Public Health</td>
<td>Dr Iain Blake</td>
</tr>
</tbody>
</table>

* Seconded for the role from outside the CCG Governing Board
Appendix C  NHS West London CCG Joint Commissioning Arrangements with The Royal Borough of Kensington & Chelsea and Westminster City Council

Adults’ Collaborative Commissioning Arrangements

Royal Borough of Kensington & Chelsea

<table>
<thead>
<tr>
<th>Local Authority leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cabinet Member for Adult Social Care, Public Health &amp; Environmental Health – Cllr Fiona Buxton</td>
</tr>
<tr>
<td>• Tri-Borough Strategic Director of Adult Social Care – Andrew Webster</td>
</tr>
</tbody>
</table>

- Section 75 Commissioning Partnership Agreement including:
  - Mental Health
  - Carers
  - Older People
  - Learning Disabilities
  - Physical Disabilities – Community Equipment
  - HIV/AIDS
  - Substance Misuse
- Section 256 Reablement and Winter Pressures Plan 2011/13
- Section 256 Social Care for Health Plan 2012/13
- Joint Commissioning Team with Tri-borough Adult Social Care
- Joint Commissioning Partnership Group
- Collaborative Commissioning for Mental Health
- 3B Learning Disabilities Partnership Board
- 3B Carers Partnership Board
- Older People’s Strategy Group

Westminster City Council

<table>
<thead>
<tr>
<th>Local Authority leads – Westminster City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cabinet Member for Adult Social Care and Health – Cllr Rachael Robathan</td>
</tr>
<tr>
<td>• Tri-Borough Strategic Director of Adult Social Care – Andrew Webster</td>
</tr>
</tbody>
</table>

- Section 75 Commissioning Partnership Agreement including:
  - Older People
  - Physical Disabilities
  - Mental Health
  - Learning Disabilities
  - Carers
  - Substance Misuse
  - HIV/AIDS
  - Safeguarding and Deprivation of Liberty Safeguards
- Section 256 Reablement and Winter Pressures Plan 2011/13
- Section 256 Social Care for Health Plan 2012/13
Joint Commissioning Team with Tri-borough Adult Social Care
Joint Commissioning Team with Tri-borough Children’s Services
Joint Commissioning Partnership Group
Collaborative Commissioning for Mental Health
3B Learning Disabilities Partnership Board
3B Carers Partnership Board
Older People’s Strategy Group

Children’s Collaborative Commissioning Arrangements

Royal Borough of Kensington & Chelsea

<table>
<thead>
<tr>
<th>Local Authority leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Lead member for Children’s Services – Cllr Barbara Campbell</td>
</tr>
<tr>
<td>- TriBorough Strategic Director of Children's Services – Andrew Christie</td>
</tr>
</tbody>
</table>

- Child and Adolescent Mental Health Services
- Substance misuse
- Family Nurse Partnership
- Speech and Language Therapy
- Occupational Therapy
- Continuing Care and joint placements
- Early intervention services
- Looked after Children health team
- 2.6 commissioners jointly-funded posts with tri-borough children’s services
- Local Safeguarding Children Board
- Multi-Systemic Therapy

Westminster City Council

<table>
<thead>
<tr>
<th>Local Authority leads</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Cabinet Member for Children, Young People &amp; Community Protection - Cllr Nicola Aiken</td>
</tr>
<tr>
<td>- Tri-borough Strategic Director of Children’s Services – Andrew Christie</td>
</tr>
</tbody>
</table>

- Child and Adolescent Mental Health Services
- Substance misuse
- Family Nurse Partnership
- Speech and Language Therapy
- Occupational Therapy
- Continuing Care and joint placements
- Early intervention
- Work with troubled families
- Looked after children health team
- 2.6 commissioners jointly-funded posts with tri-borough children’s services
- Local Safeguarding Children Board
- Multi-Systemic Therapy
- Corporate Parenting Council (Looked after children)
- Youth Forum