

West London CCG - Draft Corporate Objectives 2018/19 - Appendix 3

NWL FOCUS AREA	WL CCG Lead	Project title & Description
DA 1 - Radically upgrading prevention and wellbeing DA 2- Eliminating unwarranted variation and improving long term condition management DA 3 - Achieving better outcomes and experiences for older people DA 4 - Improving outcomes for children and adults with mental health needs DA 5 - Ensuring we have safe, high quality sustainable services	1: Development of general practice at scale to be in a strong position to be at the centre of integrated care systems.	SH 1. Co-ordinate and oversee the development of Primary Care Homes, facilitating delivery of primary care at scale, and associated benefits. 2. Implement Personal Medical Services Review (Year 1) and progress towards equitable funding for GP practices/ mobilisation of Year 1 Commissioning Intentions. 3. Ensure the delivery across all domains of the GP Forward View (GPFV) across West London: investment, workforce, workload, practice infrastructure and care design
	2: Development of a North West London (NWL) urgent and emergency care strategy and delivery of the associated plan.	NH 1. Support integrated urgent care service across North West London, including direct booking from NHS111 to GP Hubs, Urgent Care Centres, and Urgent Treatment Centres. To include Pharmacy function within NHS111, and develop alternative referral pathways for re triaged Category 3 & 4 (urgent/ less urgent) ambulance dispositions . 2. Deliver Urgent Treatment Centre Standards at Chelsea & Westminster, and work with Central London Community Healthcare NHS Trust on the transition of St Charles Urgent Care Centre to Minor Injury Unit. Review provision of Walk-In Services. 3. To support the London Ambulance Service demand management programme, including: Mental Health Single Point of Access, Care Homes (Implementation of Red Bag scheme), management of patients with catheter issues, frequent callers, patient transport. 4. To develop and implement a more robust clinical pathway to support patient access to same day urgent care, including diagnostics and access to specialist advice/ guidance to avoid unnecessary admissions.
	3: Development and delivery of a North West London outpatient transformation programme.	LP 1. Work with North West London CCGs and Trusts to redesign outpatient pathways, reducing outpatient activity by 20% over 3 years. 2. Deliver change through clinical leadership from across the system and working to co-design services with patients 3. Work to an agreed set of business principles that allows costs to be reduced in the system, as opposed to passing from one place to another. 4. Follow design principles to support radical pathway change 5. Work to a rapid development and testing cycle to keep momentum and transfer opportunities to new areas.
	4: To improve outcomes for children and adults with Serious and Long Term Mental Health needs.	JW 1. Implement revised urgent care pathway, and an integrated Chelsea & Westminster-based mental health pathway. 2. Develop Placements Management Team and placements panel processes, ensuring efficient review of out of area placements, and Individual Funding Requests. 3. Embed My Care My Way and mobilise the Integrated Care Team, with full and consistent roll-out of model of care, enacted via an alliance agreement, with a focus on integration, IT and workforce. Embed memory assessment function within integrated care team. 4. Full roll out and formal launch of the Community Living Well service, including SystmOne care record, self-care, multi-disciplinary team reviews, and improvements to hubs. Revise the Alliance Partnership Agreement/Contract to support transition to Integrated Care Team/ Multi-specialty Community Provider. 5. Deliver the outcomes for children and young people's mental health and wellbeing.
	5: Delivery of financial sustainability.	DM Ensure West London CCG delivers the 2018/19 control total. Support the North West London QIPP programme, monitoring via the West London CCG QIPP Delivery Group. Support implementation of the North West London financial strategy.
	6: To develop a workforce that will deliver the new models of integrated care	JL 1. Complete skills needs analysis based on local population health needs at a primary care health level. 2. Developing a training programme for front line staff and in partnership with providers. 3. Supporting functional integration through a focus on multi-disciplinary team-working to enable health professionals to work in new ways, with appropriate clinical supervision.
	7: Collaboration Development Programme	LP 1. Contribute to the North West London Collaborative Development Programme to support system wide transformation and QIPP delivery.
	8: Working with partners across the system (including social care) to develop integrated care systems.	JL 1. Mobilise the recently agreed Alliance Agreement, which brings together acute, community, third sector and Local Authority to deliver an integrated care model for over 65 year olds. 2. Continue to develop our Multi-Specialty Community Provider (MCP) programme, due to mobilise in April 2020. 3. To align the development of the Integrated Community Team with Primary Care Homes (PCHs), to respond to local population needs and ensure greater accountability at local level.
	9: Digital: enhancing the use of technology to improve care delivery.	TH 1. Working with Primary Care to scope the IT infrastructure needed to future proof and support Primary Care Homes and Multi-specialty Community Providers. Complete business case and apply for capital funding. 2. Procure Health and Social Care Network provision, and agree minimum bandwidth needed to future proof primary IT services and identify funding source to secure provision. 3. Support Primary Care services to move to 100% use of e-RS (electronic referrals) for all referrals to hospitals by October 2018. 4. Deploy Health Help Now app for West London CCG, and complete Health App Opportunities Assessment to support major service transformation programmes for 2019/20. 5. Promote electronic discharges from all trusts, including appropriate coding in order to free up primary care time. 6. Full Integrated Clinical Exchange utilisation encompassing radiology. 7. Explore opportunities for online consultations.