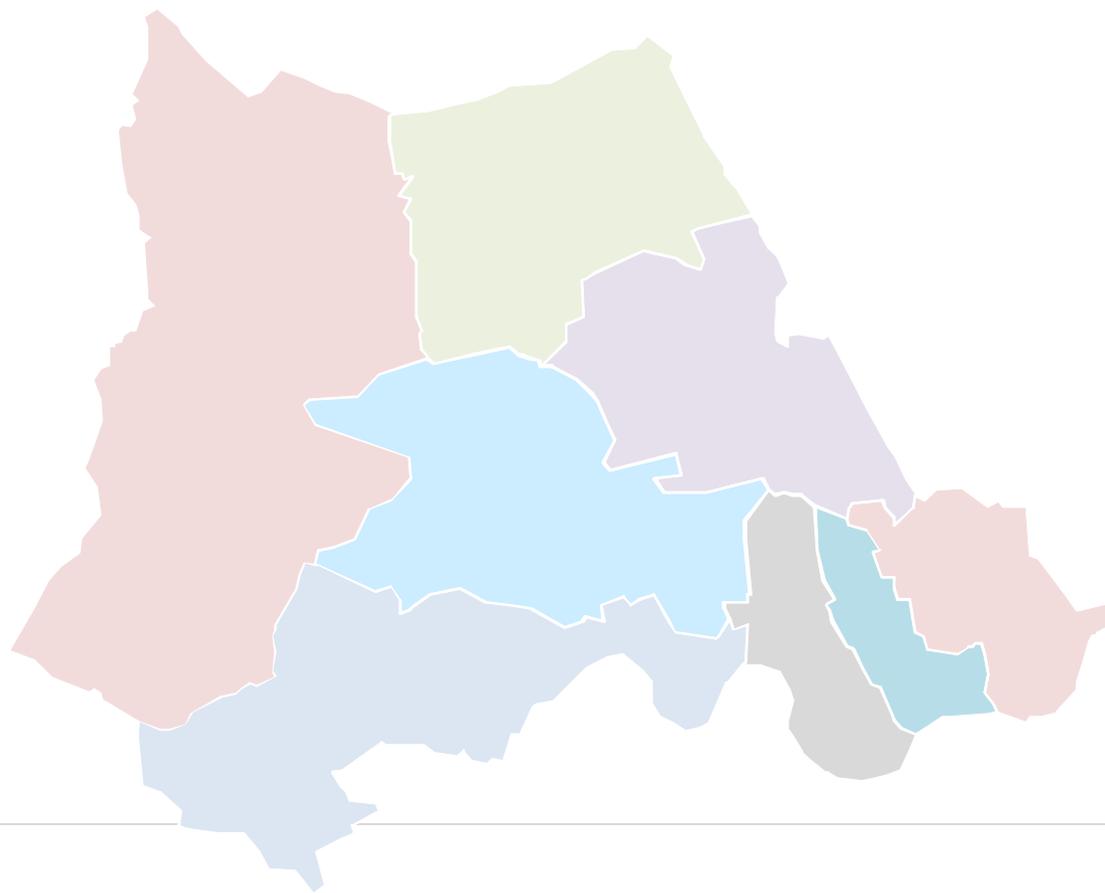


Strategy and Transformation

Annual report: 2016/17



Headline achievements for 2016/2017

Throughout 2016/17 the Strategy and Transformation directorate worked with clinical commissioning groups (CCGs), provider colleagues, clinicians, arm's length bodies, local authorities and service users to support delivery of thirty six 'deliverables'. The year-end position was: twenty five were achieved, nine were on track or on-going and two were incomplete.

Some of those key achievements included:

- Successful delivery of improvements to paediatrics services, including the safe closure of the inpatients children's ward at Ealing Hospital and providing more expert staff in place, for more hours, to look after the sickest children across NW London.
 - Four new Paediatric Assessment Units (PAUs) opened which saw and treated almost 9,000 children.
 - Over 90 more nurses specialising in children's care recruited, providing stable staffing and better care.
 - The 41,000 children who visited A&E following the changes had access to a senior children's doctor until 10pm every day, which provides specialist care earlier in their treatment.
 - The number of children who needed to be moved to a hospital outside of North West London for their care almost halved.
 - All five children's A&E departments in NW London have been refurbished or expanded.
- Chosen as one of just seven areas across England to be a '*maternity early adopter*' as a result of improvements already made to maternity services in NW London. These changes meant we had already made significant progress delivering the vision for maternity set out in 'Better Births' – but the national recognition and early adopter status means we are now able to do even more.
- Introduced a radiology career framework making NW London the first NHS region to do so. This has been picked up by Royal College of Radiologists as best practice with a view to rolling this approach out nationally.
- Supported NW London to be the first London region to deliver seven day service priority standards. Success was presented at the London Clinical Senate to enable other regions to learn from what NW London have put in place.
- Launched a new community eating disorder services for children and young people in North West London. For the first time those that are worried or need help can refer themselves so they can get fast advice and support for their condition.
- Delivered the process, engagement, due diligence and transition required for primary care delegation.

Finance & staffing – Breakeven position was reached at year end, though interim and consultancy staff numbers were significantly higher than forecast due to on-going work on the Sustainability and Transformation Plan (STP), strategic outline case part 1 (SOC1) and quality, innovation, productivity and prevention programme (QIPP) and new requirements in-year for primary care delegation.

Significant progress was however made towards moving to a core team of substantive/fixed term staff, increasing from 49 whole time equivalent (WTE) substantive staff to 63 WTE at month twelve.

The following table offers an insight into the variety of deliverables. The remainder of the report offers further details of the directorates work throughout the year.

Strategy for North West London	Ways of working	New models of care	Engagement	Work force and career progress
Sustainability and Transformation Plan (STP) Implementation Business Case (ImBC) SOC –part 1	Delegated primary care commissioning for six of the eight CCGs	Serious and long-term mental health	A significant engagement piece across NW London with a substantial response from Ealing residents to support the development of the STP.	Radiology career framework launched
Workforce strategic plan 2016-21	Improvements to children’s services	Six inpatient pilots in three hospital trusts		Staff investment initiatives for primary care, commissioning and frontline staff
Key milestones for seven ‘Out of hospital’ hub outline business cases (OBC)	Virtual primary care team established	Self care - patient activation measure (PAM)	Significant engagement piece across NW London for primary care delegation	Recruitment to key West London Alliance social care posts
Ratification of the vision for integrated out of hospital primary and social care	‘Impact evidence’ of CCG/specialist commissioning on CCG and local authority budgets	London Ambulance Service protocol	Post transition survey following children’s service transformation	Creation of NW London staffing project lead by HRDs from all 10 trusts and implemented new LPP framework rates for agency nursing shifts reducing agency spend
	Secured funding to support multiple partners	Children and young people community eating disorder		Launch of phase 2 of the NWL Change Academy; a suite of leadership and OD programmes to support system-wide transformation and integration.

Acute services reconfiguration

By the end of 2016/17 we aimed to deliver the following:	Progress
Improvements to children's services	Achieved
Improvements to women's services	Achieved
Capital business cases to support clinical improvements (development of strategic outline case– SOC part1)	Achieved
Development of local hospital models of care for Ealing	On track (on-going)

Delivered	Challenges	Achievements
<ul style="list-style-type: none"> Improvements to children's services, the transition of children's services from Ealing Hospital and evaluation Commencement of the capital business cases to support clinical improvements Improvements to women's services, stating of the early adopters programme (one of seven areas in the country) 	<ul style="list-style-type: none"> Improving children's services - logistics of transferring services to a new model of care and agreeing transitional arrangements Capital business cases - production of the five case model and navigating approval Improvements to women's services - challenges with data quality (completeness/robustness) when conducting the evaluation work 	<ul style="list-style-type: none"> All children requiring hospital care in NW London now have access to senior clinicians and consultants from 10am -10pm, every day of the week, 90 new children's nurses recruited and four new pediatric assessment units opened Capital business cases - Strategic outline case (SOC-part1) approved by CCGs governing bodies, supported by providers Improvements to women's services - successful launch of early adopters programme after winning funding to support work from NHS England
Lessons learnt <ul style="list-style-type: none"> Lessons learnt from maternity fed into the work being conducted for the children's transformation programme 		

Seven day services (7DS) transformation

By the end of 2016/17 we aimed to deliver the following:	Progress
Consultant review and on-going review (Standard 2 and 8)	On-going
Radiology and diagnostics (Standard 5)	On-going
Interventions (Standard 6)	Achieved
Discharge improvement (Standard 9) requirement for support services, in hospital, primary, community and mental health settings to be available seven days a week	16/17 deliverables achieved
In-patient model of care	Achieved
Radiology & diagnostics	On-going
Transfer of care	On-going

Lessons learnt

- Standard 2 & 8 - two waves of pilots were evaluated with results published and shared nationally
- Standard 5 - vacancy rates improved following the radiographer recruitment campaign
- Standard 9 - improvements made to both the needs based assessment and referral form (NBAR) and single point of access processes following impact evaluation sessions held with representatives across the CCGs, local authorities and acute trusts
- Inpatient model of care - evaluation evidence generated has resulted in investment decisions as a part of the sector wide winter plans 2017/18 The patient categorisation model has been adopted by the NHS national team as best practice
- Radiology and diagnostics - early engagement with key stakeholders including both the Society and Royal College of Radiographers, service managers and lay partners to learn from similar programmes implemented nationwide, were key in shaping the NW London radiography recruitment programme
- Transfer of care - impact evaluation of NBAR form carried out with staff from trusts & community providers, as well as patients allowed improvements to be made to the form.

Achievements

Standard 2 & 8

- This programme evidenced a range of seven day interventions that effectively reduced patients' length of stay and improved their experience
- The evidence generated resulted in investment decisions as a part of the sector winter plans
- The patient categorisation model has been adopted by the NHS national team as best practice

Standard 5

- Design of a North West London radiology reporting network
- Demand and capacity work carried out and next steps agreed

Standard 6

- Mapped out existing on and off site provision of emergency interventions
- Robust pathways for inpatient access to interventions in place 24 hours a day, seven days a week

Standard 9

- Implementation of a needs based assessment and referral (NBAR) form
- Single points of access (SPA) are in place in six out of the eight NWL boroughs, improving patients discharge from hospital
- Worked in collaboration with the West London Alliance (WLA) to align and compliment new ways of working

Inpatient model of care

- Model of care pilots, evidenced a range of seven day interventions that effectively reduced the length of stay and improved experience

Radiology and diagnostics

- Business case approved by NHS England for a new radiology reporting network via RM Partners Cancer Vanguard
- Approval to trial a clinical decision support systems in NWL for 2017/18
- Demand and capacity deep dive work completed at acute trusts.

Challenges

- Finances - initiatives require investment to achieve sustainability. Workforce shortages continue to be a challenge in the sector
- High vacancy rates amongst radiographer and radiology nurses. Challenges with data quality when undertaking the demand and capacity deep dive work
- Obtaining a baseline level for service provision, mapping this across all sites
- Evidencing improvement. Lack of data available to demonstrate use of the needs based assessment and referral form
- Ensuring that the work remained cost neutral but improving when increasing services to seven days a week given staff shortages and lack of funding
- Lack of technology infrastructure to support new radiology models of care (e.g. radiology network). Insufficient workforce is limiting the imaging capacity in trusts. Inconsistent radiographer pay and banding across NWL trusts. Inconsistent quality of data from trusts when undertaking deep dive demand and capacity work

Whole systems integrated care and primary care transformation

By the end of 2016/17 we aimed to deliver the following:	Progress
Delivery of GP extended access 8am-8pm, seven day requirement	On-going
Develop two condition specific clinical pathways and test against provider models and outcome measures	Complete
Establish a formal GP federation leadership network	On-going
Design a contract to monitor and incentivise care teams	Achieved
Development of incentive model for GP practices	Achieved
Single point of access and NW London needs based assessment form in place	Achieved
Joint working agreements and direct access for staff across local authority system	Achieved
Patient activation measure (PAM) - programme implementation	Achieved
Development of recommended mental health digital tools and workforce strategy aligned to self-care framework	Achieved
Pilot 24/7 telemedicine	On-going

Delivered

GP Forward View (GPFV) – primary care transformation

- Developed NW London-wide and eight local CCG plans for the GPFV. CCGs were then supported in developing action plans to deliver these objectives.
- We formalised the virtual primary care team, who worked together to plan strategically and operationalize primary care transformation across the sector
- Developed work plans for all eight CCGs for practice resilience
- Secured £4.2m in funding for extended access and began implementation across all eight CCGs
- Delivered the process, engagement, due diligence and transition for primary care delegation (6/8 CCG memberships voted in favour)
- Started online consultations pilot to support virtual consultations with patients and their GPs.
- Work with Healthy London Partnership and National Association of Primary Care has helped NW London develop a pioneering framework for CCGs and GP Provider leads to evaluate their progress against 5 key headings, and build a resulting action-plan for local general practice at scale. This work should be completed by March 2018

Right care

- 2 condition-specific clinical pathways for diabetes and atrial fibrillation were developed, tested and are currently in implementation

Self-care

- Supported shared learning through the NW London self-care delivery group
- Supported all CCGs with PAM applications and roll out of the project (9,055 assessments)
- Commenced digital solutions pilots with diabetes health apps across five CCGs
- Supported social prescribing through commissioning support with Healthier London Partners and i5Health toolkit

Older people's care

- Set up of intermediate care and rapid response group, completed diagnostics and analysis on current state of services
- Developed London Ambulance Service protocol
- Set up older people's care reference group

Challenges

- It was challenging to evolve local thinking with a sector wide plan– this mitigated by the formation and development of the virtual primary care team
- Creating action plans from the eight CCGs for delivery within £3 per head, and with resources and practice resilience budgets against GPFV priorities
- Little evidence of uptake at weekends meant that it was hard to get traction
- Procurement process for telemedicine solution stalled, leading to implementation delay, the project was re-scoped with full implementation and roll out planned for 17/18
- Obtaining a collective understanding and ownership of all of our initiatives whilst working at pace has been challenging

Evidence of improvements through 'Lessons learned'

- Since the formation of the virtual primary care team, we have started to deliver our GP Forward view plans and related primary care transformation. The aim of the group, which meets weekly, is to bring together the local expertise to co-design our NW London wide objectives. The group sets the priorities for our transformation programme, as well as reporting back on operational and transformational delivery, sharing best practice and lessons learned. The model is now being utilised for other sector wide programmes.

Mental health and wellbeing

By the end of 2016/17 we aimed to deliver the following	Progress
Adults with serious and long term mental health needs	Achieved but on-going
Children and young people with learning disabilities	Achieved but on-going
Developing new models	Achieved but on-going
Implementing and evaluating new models	Achieved

Delivered	Achievements	Challenges
<ul style="list-style-type: none"> • Initiation and partial implementation of adults with serious and long term mental health needs • The strategic approach for radically upgrading prevention and • The planning of common mental Health 	<p>Initiatives implemented during 16/17 which positively impacted on the local population by improving support/access to mental health services, included:</p> <ul style="list-style-type: none"> • Care navigators • Enhanced GP services for people with serious and long term mental health (SLTMH) • Enhanced primary care mental health teams • Initiatives to reduce length of stay for people with SLTMH needs in acute mental health hospitals. <p>Funding was secured for the Making Every Contact Count programme across the eight boroughs. The programme was planned and a robust implementation plan was developed</p> <p>Application for Wave 2 long term conditions funding</p>	<ul style="list-style-type: none"> • Getting the business intelligence and finance resource needed to demonstrate activity and savings for the model. • The absence of funding meant the original business case approach to the model could not be taken forward • The absence of funding for the prevention programme meant alternative funding had to be sort and a reprioritisation exercise conducted to establish the capability of the programme • Co-ordination across seven CCGs and two providers • Demand is higher than anticipated.

<ul style="list-style-type: none">• Evaluation of perinatal mental health	Understanding of the North West London patient cohort (patient details, length of stay, commissioning arrangements and cost of services)	Cases are more complex than anticipated- more women with serious mental illness. Development of multi-agency pathways and availability of accommodation and estates
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Delivered	Achievements	Challenges
<ul style="list-style-type: none"> • Diagnostics of learning disabilities • Crisis care • Children and young people 	<ul style="list-style-type: none"> • Development of the first finance plan to identify the financial impact of CCG and specialised commissioning inpatient discharges on CCG and local authority budgets • Crisis Care Concordat- NWL action plan developed and agreed with key partner agencies to improve services. • Health based places of safety- initial data analysis to identify need for rationalisation of sites • Urgent care - a single point of access has been established in both trusts. Methodology has been agreed to review impact and identify improvement opportunities. Out of hours service evaluated and improvement opportunities identified • Introduction of new community eating disorder service. Agreement to commission a crisis pathway across NWL to provide support for children in crisis and to support children who step down from tier four beds. 	<ul style="list-style-type: none"> • Ability to create and maintain a central patient database to undertake modelling and commission services at scale- across the eight boroughs • Capacity in the system to adopt a true multi-agency approach. Data and proving case for change for the rationalisation • Availability of data, workforce & links with performance monitoring and management. Agreement with providers to adopt consistent models and approaches to ensure high quality and consistent service across NWL.

Lessons learnt

- **Radically upgrading prevention and wellbeing** – the NW London STP has been successful in developing a team that have enabled strong partnerships and effective ways of working; putting NWL forward as a leader in prevention both regionally and nationally. However, in the future, commitment to ‘prevention’ work needs to be secured to ensure work is sustainable and gains system buy-in, support and prioritisation.
- **Common mental health** - the funding is to improve access to services and contribute towards CCGs achieving their 2017/18 NHS England targets.
- **Adults with serious and long term mental health needs** - To gain greater visibility on the funding and the business intelligence resource required (more analysts) from the beginning of the initiative. To focus the original overarching ambition for eight CCGs, rapidly translating these to individualised, locally-owned plans.
- **Learning disabilities** - Having a NWL picture of discharge trajectory, demand for community services and costing of potential services to seek funding from NHSE is crucial
- **Children and young people** - As this was a new service, it was evident that access to services was improved more children were supported out of hours and sign posted to appropriate services. Additionally it was evident that access to appropriate interventions was improved and unmet needs were addressed.

Workforce

By the end of 2016/17 we aimed to deliver the following	Progress
Recruitment and retention	Achieved but on-going
Workforce supported during transition	Achieved
Design of a programme of leadership and development	Achieved
Strategic workforce plan	Achieved

Delivered	Achievements	Challenges
<ul style="list-style-type: none"> Recruitment and retention GP and practice nurse retention initiatives Workforce development and transformation to support new ways of working Leadership and organisational development 	<ul style="list-style-type: none"> Spend on agency staff fell from £262m in 15/16 to £193m 16/17 across the 10 trusts, (reduction of 26 per cent) Confirmation of motivation behind GPs retiring was gained and informed next steps. A series of workshops were held with GPs and practice nurses to successfully shape the programme going forward. A Workforce work stream was established under the GP Forward view (GPFV) steering group to identify and support CCGs to align their primary care workforce Effective staffing levels at Ealing were maintained during the transfer of children's services from Ealing across NW London. The transition saw with recruitment of nine additional paediatric consultants and 90 nurses. Staff were supported through service redesign and safe transfer to new services. Workshops & programmes were successfully designed during 16/17 (High performing care, leading transformation, commissioning for outcomes and integration and health coaching programmes) 	<ul style="list-style-type: none"> Funding for nurses bursaries ceased, creating a barrier for future nurse training/recruitment. Significant differences around rostering and very different pay rates across trust banks in NW London Gaining input into the workshops from busy GPs and translating findings into an action plan. In particular, issues outside of the CCGs/STP scope e.g. inspection/revalidation regimes. The recruitment & retention of staff and learners on rotation. Ensuring there was a robust infrastructure around governance & decision making. Identifying an appropriate procurement route led to an 18 month delay.

Delivered	Achievements	Challenges
<ul style="list-style-type: none"> • Strategic workforce transformation plan • Older people's care workforce • Mental health workforce transformation 	<ul style="list-style-type: none"> • A co-written NW London workforce transformation strategic plan (2016-21) and delivery plans (with Health Education England NW London) to provide a comprehensive overview of workforce transformation activity • Successful recruitment of a social care workforce lead to support the identification of social care workforce challenges and build relationships with social care partners, particularly the directors of adult social care network • The establishment of a mental health workforce delivery group, initially focusing on the serious and long term mental health needs workforce. The use of baseline data to assess the impact of staffing levels on the programme. 	<ul style="list-style-type: none"> • Ensuring relevant health and social care strategies focussed on stakeholder challenges and priorities • Workforce shortages for this model of care (such as geriatricians) have been highlighted by the DA3 programme.

Lessons learnt

- Recruitment and retention - need to consider the national/London level impact of housing and transport as potential barriers to retaining our nursing workforce. Need more collaborative working with providers to ensure the momentum for reducing agency spend further is not lost. Reduction was delivered through a range of factors including the implementation of lower framework rates for agency nurses and improvements in rostering performance. Setting and continuously monitoring recruitment plans for new services allowed a robust approach to assurance so as to make sure there was sufficient workforce capacity at each site following the transfer. This process however needs to be flexible enough to allow for changes in planned activity or new service delivery models which will affect the number of staff needed in the recruitment plans
- GP and practice nurse retention initiatives - Going forward, work will be agreed for implementation by the primary care workforce and provider delivery group (PDG)
- Workforce transformation - imperative to have a 'live' document that is continually updated to ensure that it meets emerging needs
- The September refresh incorporated feedback from our delivery board and advisory council with an improved focus on the social care workforce integration at a strategic level as well as in the delivery plans.
- Health coaching programmes - feedback from HCP participants reported that they felt more able to empower their patients, get patients to engage with the benefits of self-care and therefore bring them on board with the work, as well as realising the benefits themselves.
- Older people's care workforce - having social care expertise in the team has helped to gain engagement, build relationships and design initiatives to address challenges such as leadership development, career development frameworks and training programmes for carers and care home managers.
- Mental health workforce transformation - timescales and focus required to complete the data collection and analysis to produce a workforce baseline were underestimated. The engagement through the mental health workforce delivery group emphasised the need for more collaborative working, and although there was appetite to do so, it also exposed the challenges to achieving this.

Estates

By the end of 2016/17 we aimed to deliver the following:	Progress
Seven out of hospital hub outline business cases	Key milestones achieved
Premises business cases (No longer under remit of strategic estates team – being led by primary care leads)	On-going
Estate strategies	Achieved
Estates and technology transformation fund	On-going

Delivered	Achievements	Challenges
<ul style="list-style-type: none"> Seven out of hospital hub outline business cases Estates Strategies Estates and technology transformation fund 	<ul style="list-style-type: none"> Delivery of nine outputs. Project initiation documents (PIDS) and options appraisals have been completed for the Ealing East and Ealing North hubs, the South West hub (Violet Melchett) and East Harrow hub. An outline business case has been completed for Heston. Completed for all CCGs and submitted to Department of Health One public estate expression of interest submitted across the West London Alliance which has received initial funding to work up key opportunities in more detail. Four schemes approved under ETTF. New Park Royal practice at CMH, improvements to delivery of primary care at Chiswick and Yiewsley and increased capacity at Heathrow Medical Centre. 	<ul style="list-style-type: none"> Alignment with SOC 1 and work undertaken to support the SOC delayed delivery of a number of outputs. Affordability discussions with respect to Heston created a three month delay. Competing CCG priorities and protracted governance processes delayed approvals Engagement from providers varied Delays in approvals delayed start of the CMH programme.
Lessons learnt <ul style="list-style-type: none"> Seven outline business cases - early engagement with CCG leads essential, especially finance leads. Discussions with project appraisal unit with respect to delivery routes should enable a shorter approval process with NHSE with more appropriate outcomes for project delivery Estates strategies – NHS England approvals process and scale of due diligence required will be reflected in future scheme development Estates and technology transformation fund – NHS England approvals process and scale of due diligence required will be reflected in future scheme development. 		

Communications

By the end of 2016/17 we aimed to deliver the following:	Progress
Effective communications and engagement support for the STP	Achieved but on-going
Effective communications and engagement support for the implementation business case (IMBC)	Achieved but on-going
Effective communications and engagement for the transition of children's services	Achieved

Delivered	Achievements	Challenges
<ul style="list-style-type: none"> Comprehensive communication and engagement plan for the changes to children's services at Ealing Hospital Development and promotion of the new NW London radiology framework Engagement programme for the development and launch of the NW London STP 	<ul style="list-style-type: none"> Delivering a comprehensive communication campaign that met the operational objectives, with clear, easy to read materials that supported the closure of the overnight children's ward and A&E at Ealing Hospital. This included an update at 100 days post transition and evaluation Successful radiology training event, designed framework, achieving targeted coverage in the Society of Radiographers magazine and Rad magazine. Leading to a rise in recruitment 16 community events, online engagement forum, communication with more than 550 organisations. Online engagement was a first for the CCGs and reached those, that don't 	<ul style="list-style-type: none"> Continued challenge of providing clinical balance to 'opposition' claims in media coverage of Ealing Hospital in relation to the STP and Implementation business case (IMBC) launch. Improving engagement processes to capture views from people

<ul style="list-style-type: none"> • Engagement and communication programme to support the launch of the IMBC and development of communications plans for Ealing Hospital • Communication and engagement planning, support and promotion for a range of projects under taken by the Strategy and Transformation Team in 2016/17 including: <ul style="list-style-type: none"> ○ Patient transport assessment process awareness ○ Change academy ○ Delegated commissioning ○ Serious and long term mental health business case ○ Discharge to assess/Home first ○ Maternity early adopters ○ Seven day service pilots 	<p>normally input into NHS plans. Reaching 1,100 residents and receiving over 280 comments</p> <ul style="list-style-type: none"> • In January and February 2017, 500 Ealing residents and NHS service users were surveyed to help develop the communications and engagement plan to support future changes at Ealing Hospital. 	<p>who don't normally join the debate.</p>
<p>Lessons learnt</p> <p>Need to ensure more consistent use of agreed content and messaging to maximise efficiency of communications activity.</p> <p>Ensure we effectively engage with local residents at the earliest possible stages of planning and work cohesively with engagement leads across the eight CCGs, to maximise input and coverage.</p>		

Application of funding – Strategy and Transformation

Operational budget, full year budget verses actual spend

		16.17 Annual Budget, £m	16.17 Actuals, £m	Full-year Variance, £m	
1	Local Services Transformation	Local Services and Model of Care Implementation	1.3	1.4	(0.1)
		Project Management Office	0.5	0.6	(0.1)
		HEE NWL and GPFV Resources	1.0	0.4	0.6
		TOTAL	2.8	2.4	0.4
2	Local services transformation: Whole Systems (WS) Informatics	Informatics	0.7	0.9	(0.2)
		Local implementation support	0.8	0.5	0.3
		TOTAL	1.5	1.4	0.1
3	Mental Health and Wellbeing Transformation	Programme Wide - Mental Health and Wellbeing	0.8	1.0	(0.2)
		S<MH, CYP and Developing, Implementing and evaluating new models	1.2	1.3	(0.1)
		HEE NWL Resources	0.8	0.5	0.3
		TOTAL	2.8	2.8	0.0
4	Acute services transformation	Actue/ PAN-NWL Reconfiguration	0.8	0.7	0.1
		Project Management Office	0.3	0.2	0.1
		Maternity and Peadiatrics	0.5	0.7	(0.2)
		Local Hospital	0.1	0.2	(0.1)
		ImBC	0.5	1.5	(1.0)
		TOTAL	2.2	3.3	(1.1)
5	Seven Day Services transformation	7 Day Services	0.8	0.9	(0.1)
		HEE NWL Resources	1.2	0.7	0.5
		TOTAL	2.0	1.6	0.4
6	Cross Cutting and Core Teams	Informatics	0.3	0.4	(0.1)
		Core Teams	3.5	5.3	(1.8)
		Communications and Engagement	0.7	0.7	-
		Workforce (Incl HEE NWL Resources)	0.9	0.8	0.1
		Strategic Estates	0.7	0.7	-
		Clinical Directors	0.3	0.4	(0.1)
		TOTAL	6.4	8.3	(1.9)
7	Travel	0.3	0.3	-	
8	Additional income	0.0	(2.2)	2.2	
GRAND TOTAL		18.0	18.0	0.0	

Year-end position for 2016/17

The expenditure variance for the Strategy and Transformation operational budget was offset by increased income to give an overall breakeven position. The main reasons for overspending were:

- The directorate maintained an STP team throughout the year, (£1.0m) when originally it was expected that this would only be required for the first quarter. *NB: For 17/18 this has been built in to the business-as-usual functions of the S&T team*
- Implementation Business Case (ImBC/SOC1) (£1.0m) was submitted 4 months later than originally planned and was subjected to extended assurance process throughout the year which lead to an extended requirement for expert financial support
- Business Intelligence costs (£0.1m) were higher than budget as directorate had not succeeded in recruiting permanent staff and relied on interims throughout the year. *NB: for 17/18 there is a full complement of substantive BI resource.*
- The move to delegated budgets in primary care led to increased project management, due diligence and set up costs, all of which were non-recurrent in advance of most CCGs taking on Level 3 primary care commissioning from 1 April 2017
- Additional Support was required by CCGs for QIPP.