

Health, Inclusion and Social Care Policy and Accountability Committee Supplementary Agenda

Monday 27 January 2020 at 7.00 pm
Meeting Room 2 (2nd Floor) - 3 Shortlands, Hammersmith, W6 8DA

MEMBERSHIP

Administration	Opposition
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Mercy Umeh	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell, Action On Disability Jim Greal, Save Our Hospitals Keith Mallinson, Healthwatch Jen Nightingale	

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Hammersmith

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Date Issued: 21 January 2020

Health, Inclusion and Social Care Policy and Accountability Committee Supplementary Agenda

27 January 2020

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	The Committee will consider the proposed closure of Parsons Green Walk In Centre, expected to close on 31st March 2020.	
7.	REVIEW OF LOCAL PALLIATIVE CARE SERVICES - UPDATE	10 - 12
	The Committee will scrutinise the suspension of residential palliative care services at The Pembridge Hospice and in addition consider the engagement work undertaken by the CCGs to date on the provision of local palliative care services. (Appendices include details of reviews and engagement documents, which are contained in the main agenda).	
8.	PRIMARY CARE NETWORKS, INTERIM CCG CLUSTERS AND INTEGRATED CARE SYSTEM STRUCTURES	13 - 15
	This report will consider the recent introduction of primary care networks, Interim CCG Clusters and the introduction of Integrated Care Systems.	

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: 27/01/20

Subject: Hammersmith & Fulham Member GP Practices and their CQC ratings

Report of: Hammersmith & Fulham Clinical Commissioning Group

Responsible Director: External Report from Janet Cree, Managing Director, Hammersmith & Fulham Clinical Commissioning Group

Summary

This report provides an update on the position with Parsons Green Walk-in Centre.

Recommendations

That that the Committee considers, comment on and note the report.

Wards Affected: All

Contact Officer:

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Background Papers Used in Preparing This Report: None.

1. EXECUTIVE SUMMARY

- 1.1. From October 2014, the Care Quality Commission (CQC) began to roll out their inspection regime to inspect and rate every GP practice in England by 2016. They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish those findings to help patients choose care.
- 1.2. GP practices are inspected across five key areas, considering the extent to which they are safe, effective, responsive, caring and well-led. The frequency with which the CQC carry out their inspections depends on previous rating of either inadequate, requires improvement and good or outstanding. With a maximum interval for inspections fluctuating between 6 months for inadequate and 5 years for good or outstanding.
- 1.3. Within Hammersmith and Fulham; of the 29 practices
 - 19 practices are rated as good
 - 4 practices are rated as requires improvement

- 4 practices are rated as inadequate
- 2 practices have not yet been inspected due to a change of premises and changes in partnership

Please see Appendix 1 for details

2. INTRODUCTION AND BACKGROUND

- 2.1. The role of the CQC as an independent regulator is to register health and adult social care service providers in England and to inspect whether or not standards are being met.
- 2.2. All GP practices in England must be registered with the CQC
- 2.3. Under delegated commissioning Hammersmith and Fulham Clinical Commissioning Group (CCG) has assumed full responsibility for the assurance following the CQC visits including monitoring quality and responding to immediate concerns and any contractual issues arising from CQC inspections.
- 2.4. Whilst Practices as providers are accountable for the quality of services and are required to have their own quality monitoring processes in place, through the duty of candour and the contractual relationship with Commissioners, practices are required to provide information and assurance to Commissioners and engage in system wide approaches to improving quality following these inspections.
- 2.5. The full details of the commissioners responsibilities in respect of assurance, quality and improvement are laid out in the Primary Medical Care Policy Guidance manual
<https://www.england.nhs.uk/wp-content/uploads/2019/08/pgm-primary-medical-care-policy-guidance-manual-v3.docx>

3. CCG AND GP FEDERATION SUPPORT TO HAMMERSMITH AND FULHAM PRACTICES

- 3.1. As independent contractors, it is ultimately the practice's responsibility to address any problems identified at inspection and to ensure improvement. However as the commissioner, the CCG needs to be satisfied that there are clear and transparent improvement plans in place and support appropriate interventions if services to patients are at risk in order to improve the practice position.
- 3.2. Working closely with the GP practice, the GP Federation and the LMC, a rating of requires improvement or inadequate triggers a programme of work within the CCG to support improvement within the 6 months set out by the CQC. Namely;
 - Collaboration with CQC through on-going monitoring and surveillance of contracts, prior to and during further practice inspection to share intelligence
 - Support practices rated inadequate in one of the key domains or population groups by putting in place an improvement plan and signposting to external support to ensure measurable improvement

- The CCG works with the practice to ensure all relevant members of the practice team are engaging in the process of improvement and accept their responsibility. This also includes consideration of any performance issues of GPs associated with the problems found during the inspection
- Work with the practice to address any underlying root issues and identify relevant sources of support to draw upon
- Oversee progress against the plan and take further contractual action if there is not demonstrable improvement
- The CCG also supports the practice to inform patients of the inspection outcome, what it means and the actions being taken to improve. The CCG encourages this through all reasonable means, including information in the waiting room, on the practice website as well as in direct meetings with patients such as their patient participation group

- 3.3. The effectiveness of the programme of work instigated in response to a practice being rated as inadequate or requires improvement can be evidenced by the example of Shepherds Bush Medical Centre. The CQC inspected this practice in January 2019. The service was rated as inadequate for safe, effective and well-led and requires improvement for being caring and responsive. The service was placed into special measures for six months from 21st February 2019. Within this time-frame the CCG, the practice, the GP federation and the LMC worked in close partnership as described above. In October the CQC carried out a further inspection and removed the special measure status and rated the practice good overall, with the inspector commenting that ***“this recognises the significant improvements made to the quality of care provided by this service”***.
- 3.4. Because of this responsibility to improve the quality and safety of primary care provision for local people, Hammersmith and Fulham CCG is a key partner in responding to performance concerns raised by CQC and has established programmes, resources and processes to promote and support continuous quality improvement in practices following CQC inspections.
- 3.5. The CCG has provided the GP Federation with £27,000 of resilience funding in 2019/20 to support practices in Hammersmith and Fulham with their CQC compliance. A Memorandum of Understanding has been agreed between the CCG and GP Federation detailing the following activity
- Undertake a thematic review of results from practices where the published results are requiring improvement or below
 - Continue, as per the previous year, the three classroom based teaching sessions per year commissioned with an external organisation
 - Foster positive relationships with practices to offer operational, educational and clinical leadership
 - Provide individual practice support, generally to assist in a pre-practice visit or in the development of an improvement action plan
 - Work with the CCG to devise bespoke training particularly on infection control and building and estates compliance
- 3.6. The CQC Inspection Manager for North West London attends the Practice Managers Forum at regular intervals in order that practices have the opportunity to ask questions, get advice and seek clarity on anything they are unclear about

- 3.7. A pharmacist Specialist Advisor from the Medicines Optimisation Team within CQC is attending a future clinical forum to discuss prescribing practice with a particular focus on managing high risk medicines.
- 3.8. Over and above the visits triggered by a CQC inspection to work with practices on their remedial action plans, the CCG conducts regular contractual assurance visits with NW London Primary care colleagues, on a rolling annual basis. The CCG is committed to a reduction in unwarranted practice variation and visits to practices are informed by the CQC inspection reports but also wider data sets that indicate variation between practices.
- 3.9. The Primary Care Networks discuss CQC reports at their monthly network meetings to share intelligence and good practice and benchmark against their colleagues at a network level

4. RISK MANAGEMENT

- 4.1. The Primary Care Commissioning Committee (PCCC) receives regular updates on the CQC inspection status on the GP practices within Hammersmith and Fulham.
- 4.2. The PCCC is required to approve any breach notices as necessary.
- 4.3. A risk has been logged on the risk register regarding the proportion of practices within Hammersmith and Fulham which are currently rated as inadequate or requires improvement. This is regularly reviewed and mitigating actions agreed at PCCC

5. LIST OF APPENDICES:

Appendix 1 – Hammersmith and Fulham, member practices and their CQC rating

Janet Cree
Managing Director
Hammersmith and Fulham Clinical Commissioning Group
January 2020

H&F Member Practices and their CQC Ratings

Practice Code	Map No.	Practice Name	Raw List Size (Jan 20)	Weighted List Size (Jan 20)	Network Population (Raw)	Overall CQC rating	Date of Inspection
E85005	7	Westway Surgery (Dr Dasgupta & Partner)	3,541	3,452	52,252	Requires improvement	18 & 25/10/2019
E85042	20	The New Surgery	5,582	5,436		Good	24/05/2016
E85048	5	Parkview Practice	7,456	7,048		Requires improvement	11 & 19/03/2019
E85077	3	Shepherd's Bush Medical Centre	3,453	3,439		Good	10/10/2019
E85624	26	Dr Uppal & Partners, Parkview	6,917	7,365		Good	19/05/2016
E85659	21	Dr Kukar, Parkview	1,863	1,749		Inadequate	25/09/2019
E85748	16	The Medical Centre (Dr Kukar)	6,532	5,351		Inadequate	04/11/2019
Y02589	30	Hammersmith & Fulham Centres for Health	9,516	8,520		Good	08 & 09/07/2019
Y02906	1	Canberra Old Oak Surgery	7,392	7,011		Good	29/06/2017
E85003	27	North End Medical Centre	19,533	17,175		68,301	Good
E85016	15	Richford Gate Medical Practice	10,466	10,673	Good		17/11/2016
E85020	29	Brook Green Medical Centre	15,173	14,256	Good		15/12/2016
E85636	23	Park Medical Centre	10,674	10,193	Good		16/01/2019
E85055	24	The Bush Doctors	12,455	11,674	Good		07/12/2016
E85008	4	North Fulham Surgery (82 Lillie Road)	7,920	8,140	33,480	Inadequate	17/09/2019
E85032	28	Ashchurch Surgery	5,017	5,061		Requires improvement	10/10/2018
E85033	11	Hammersmith Bridge Surgery	11,107	10,786		Requires improvement	25/09/2019
E85074	25	Brook Green Surgery	4,663	4,172		Good	30/06/2016
E85125	9	Sterndale Surgery	4,773	4,369		Good	27/04/2016
E85029	14	Dr Jefferies & Partners (292 Munster Road)	13,390	11,589	86,198	Good	24/01/2019
E85124	13	Babylon GP at Hand	72,808	64,269		Good	30 & 31/01/2019
E85025	8	Cassidy Road Medical Centre	8,291	7,422	57,818	Good	16/06/2016
E85038	18	Palace Surgery	5,361	4,628		Inadequate	06/08/2019
E85118	19	Fulham Medical Centre	6,948	6,319		Good	12/09/2017
E85128	17	Sands End Health Clinic	12,047	11,087		Good	19/05/2017
E85649	12	Fulham Cross Medical Centre	2,646	2,312		Not yet inspected.	
E85672	22	Salisbury Surgery	1,143	1,138		Good	20/02/2018
E85685	10	Lillyville @ Parsons Green	9,432	8,817		Not yet inspected.	
E85719	2	Ashville Surgery	11,950	9,878		Good	20/01/2016
			298,049	273,328			

Agenda Item 6

London Borough of Hammersmith & Fulham

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: 27/01/20

Subject: Parsons Green Walk In Centre

Report of: Hammersmith & Fulham Clinical Commissioning Group

Responsible Director: External Report from Janet Cree, Managing Director, Hammersmith & Fulham Clinical Commissioning Group

Summary

This report provides an update on the position with Parsons Green Walk-in Centre.

Recommendations

That that the Committee considers, comment on and note the report.

Wards Affected: All

Contact Officer:

Name: Mark Jarvis

Position: Head of Governance & Engagement, Hammersmith and Fulham Clinical Commissioning Group

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Background Papers Used in Preparing This Report

None.

1. Introduction

- 1.1. This paper provides the PAC with an update on the position with Parsons Green Walk-in Centre (PGWiC).

2. Background

- 2.1. The Committee received a report at its September meeting outlining the national requirements set out in the Urgent Treatment Centre Guidance. The guidance states that any site that does not meet the criteria to become an Urgent Treatment Centre (UTC) should not be providing type 3 (minor illnesses and minor injuries) urgent walk-in services. The expectation was that by December 2019 there would be no facilities named "Walk-in Centres". The Committee was advised that the CCG had applied for an extension to the deadline and was provided with information on service utilisation and details of the main reasons for

people attending the service. The September paper highlighted potential future options for the service which the CCG would be exploring further.

3. Current Position

- 3.1. As reported in the September paper, the walk-in centre at Parsons Green does not meet the criteria to become an urgent treatment centre. There are no plans to commission CLCH (the provider) to deliver such a service. The CCG has been given an extension until 31 March to reach a decision on how the current services can be provided and will be undertaking some local engagement on this over the coming weeks/months.
- 3.2. The CCG is currently in discussion with both the service provider, CLCH and NHS England on the options for the future of the service. We are mindful of the differences between the statement made by the Secretary of State for Health and Social Care and the limited extension given by NHS England. For this reason we feel it is important to ensure that we have appropriate advice on the way forward. Once this has been clarified we will be in a position to provide information on any options for the future, the timeframe of any decisions and proposals relating to any potential consultation should this be required. The CCG will also take account of the contractual position and any wider system changes as part of any proposed timeline. The CCG is fully aware of and understands the requirements and obligations on it in relation to engagement and consultation and will be seeking the views of the Committee on any formal engagement and/or consultation that is considered to be required.
- 3.3. Notwithstanding the outcome of that advice, it is important to recognise that almost all of the activity provided at the walk-in centre is primary care related and we will be talking with local GP practices about how this activity could be undertaken within primary care via a bookable service enabling patients to access the service at times that are convenient to them. In other parts of the borough patients requiring wound dressing or minor ENT procedures, the primary activity at the walk-in centre, routinely receive these in their GP practice.
- 3.4. It is important to realise that any prolonged uncertainty about the service will lead to speculation about the future of the service. Consequently, ensuring accurate communication about the service is essential. The CCG and CLCH will provide information as it becomes available and will circulate that to staff and other stakeholders. The CCG and the Trust would be happy to discuss any communications that organisations may wish to issue on this in order to ensure accuracy and consistency.
- 3.5. Hammersmith and Fulham CCG's Governing Body will consider proposals for the future once there is a clear direction from NHS England.

Janet Cree
Managing Director
Hammersmith and Fulham Clinical Commissioning Group
January 2020

List of Appendices: None.

Agenda Item 7

London Borough of Hammersmith & Fulham

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: 27/01/20

Subject: Specialist Palliative Care

Report of: Hammersmith & Fulham Clinical Commissioning Group

Responsible Director: External Report from Janet Cree, Managing Director, Hammersmith & Fulham Clinical Commissioning Group

Summary

This report provides an update on the position with Parsons Green Walk-in Centre.

Recommendations

That that the Committee considers, comment on and note the report.

Wards Affected: All

Contact Officer:

Name: Mark Jarvis

Position: Head of Governance & Engagement, Hammersmith and Fulham Clinical Commissioning Group

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Background Papers Used in Preparing This Report

None.

1. Introduction

1.1 This report provides an update to the Committee on the work that is being undertaken across four of the eight NW London CCGs on specialist palliative care.

2. Background

2.1 The CCG presented a paper to the Committee in September 2019 setting out an update on the work that was being done to consider the Strategic Review of Palliative Care that was undertaken by an independent reviewer. The review provided a comprehensive assessment of the current local service provision, a review of best practice and made a number of recommendations for commissioners

to consider for the future model of service. The review identified a number of challenges across the services in the areas of:

- inequity of specialist palliative care services in the three boroughs
- inequity of access to the services, with only 48% of people who have an expected death having any contact with community palliative care services;
- 70% of patients would prefer to die in their own home but are unable to; and
- inequity of funding arrangements for the services from the CCGs.

The full report can be found here <https://www.centrallondonccg.nhs.uk/news-publications/news/2019/06/strategic-review-of-palliative-care-services.aspx>

3. Update

3.1 As referenced in the September report, the CCGs were establishing workshops for local residents and other stakeholders. Between September 30th and October 24th 2019 the CCGs, ran a series of public engagement workshops. The role of these engagement events was to involve patients, local people and health and care professionals in helping us to develop plans to address present challenges facing palliative care services across Westminster, Kensington and Chelsea, Hammersmith and Fulham and Brent. The workshops were attended by local residents, patients, health and care professionals and local councillors. The events were well attended and it proved useful to talk to local people about their experience and to hear feedback on palliative care services across the boroughs.

3.2 In summary, across the three workshops it was noted that:

- Care works well once a service or pathway has been accessed with inpatient hospice services offering peace of mind for family, friends and carers.
- Care is not standardised across different areas in the four boroughs
- There is inequitable access to information and support to access and navigate available services
- Care planning should be transparent with family, friends and carers and start at an earlier stage
- More could be done to ensure that minority groups are aware of palliative care services and ensuring that these services are personalised for a diverse range of communities
- Travel times to hospice services have a significant impact on carers and families. This should be a key consideration for any future model of care.
- More could be done to improve integration and coordination between services.
- Bereavement services need to be planned earlier in the patient journey and be promoted better for friends, family and carers

3.3 The information gathered is being used to inform the future design of palliative care services across Westminster, Hammersmith and Fulham, Kensington & Chelsea and Brent. The CCGs are now working on a future plan for palliative care services. With this in mind a letter has recently been sent to Chairs of Overview and Scrutiny Committees setting out plans for further engagement. This is attached as appendix (Item 7.5 NHS NWL Stakeholder letter Palliative Care 17 January 2020).

3.4 The September report also referred to the establishment of a Patient Reference Group to help the CCGs formulate their ideas. The Group has met on two occasions and will be meeting again on 23 January. Made up of a wide range of local people with a range of experiences, the Group will be a valuable part of the process of determining how services are commissioned in the future.

3.5 Understandably, there has been a lot of local interest in the future of the Pembridge Unit since the temporary suspension of inpatient services. The CCG fully acknowledges the importance of the beds at the Pembridge unit to local residents. It is important to remember that the beds were suspended because it was not possible to recruit to the consultant post. Therefore, it was a responsible decision by the commissioners and the provider to suspend the service in order not to put patients at risk. Comment has been made that the workshops held in September and October did not provide any opportunity to discuss the situation with the Pembridge Unit. The workshops were not set up to look at the specific issue of a single element of the palliative care provision. They were designed to seek peoples' views on the totality of a specialist palliative care service and to help commissioners determine what should be included within a future model for palliative care. Participants wishing to talk about the Pembridge unit were offered the opportunity to talk about this element of the service separately.

3.6 As indicated in Appendix A Governing Bodies will be asked to consider the next steps after the further period of engagement. Overview and Scrutiny Committees will also be given an opportunity to comment at this time too. Should it be determined that the way forward would result in significant changes to services a formal consultation would be undertaken at which point Overview and Scrutiny Committees would be asked to comment on any proposals to consult on changes.

3.7 The CCGs have set up a dedicated mailing list for anyone interested in keeping up to date with the progress of the palliative care services review. The address to register for the mailing list is nwlccgs.triborough.palliativecare@nhs.net. This is also the address to write to with any general questions about the review of specialist palliative care services.

Janet Cree
Managing Director
Hammersmith and Fulham Clinical Commissioning Group
January 2020

List of Appendices:

Item 7.5 NHS NWL Stakeholder letter Palliative Care 17 January 2020

London Borough of Hammersmith & Fulham

Report to: Health, Inclusion and Social Care Policy & Accountability Committee

Date: 27/01/20

Subject: Moving to a Single Operating Model and Governance Structure

Report of: Author

Responsible Director: External Report from Mark Easton, Accountable Officer, Hammersmith & Fulham Clinical Commissioning Group

Summary

To inform the Committee about changes to the governance structures for clinical commissioning groups in North-West London as they move towards a single operating model.

Recommendations

That that the Committee considers, comment on and note the report.

Wards Affected: All

Contact Officer:

Name: Mark Jarvis

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Telephone: 0203 350 4314

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Background Papers Used in Preparing This Report

None.

1. Background

1.1 In September 2019 CCG Governing Bodies across NW London agreed to move towards the creation of a single CCG by 1 April 2021. This position was reached at meetings of the Governing Bodies held in public and was subject to the following assurances:

- how we approach transition
- the position on financial flows and historic positions
- a single constitution (already in discussion with the LMC)
- local delegation and integration arrangements
- confirmation that a NWL-wide CCG was the correct answer

1.2 The move towards a single CCG has arisen from NHS England's plan to substantially reduce the number of CCGs and for them to be aligned to STP footprints. Across London it is anticipated London South East, South West and North Central London CCGs will be established as single CCGs for their STP areas by April 2020. Across NW London and NE London the aim is to create single CCGs by April 2021. Following the decision by the CCG Governing Bodies, the journey towards the creation of a single CCG would make 2020/21 a year of transition towards a new single operating model and progress on this is set out below.

1.3 The areas of work arising from the assurances outlined in 1.1 above are being picked up in a work plan for the first half of this calendar year. The aim is to present recommendations to Governing Bodies in June 2020 that would see membership votes taking place thereafter and then a final recommendation to NHS England for approval to create a single CCG for NW London from April 2021.

1.4 As part of the decision to merge into a single NW London CCG in April 2021, Governing Bodies agreed that there should move to a single operating model for a transition year in 2020-21.

2. Delivering the Single Operating Model

2.1 The CCGs face a dual challenge: preparing for merging into a single organisation and meeting the financial targets for reducing management costs we have agreed with the NW London System Recovery Board. Our aim is to minimise the impact of financial recovery on patient-facing services by making savings where we can on management costs. The level of saving required cannot be made simply by carrying on as we are, with smaller teams. We need to significantly change our operating model to anticipate the development of a single CCG, and the development of the NW London Integrated Care System and local Integrated Care Partnerships.

2.2 Over the last few months, the CCGs have been working on developing a new, single aligned structure for NW London. A period of staff engagement was launched on 4 December which lasted until Christmas. Draft management structures are being finalised and will be subject to discussion with NHS England, prior to a staff consultation that will last for 30 working days.

2.3 We currently expect the staff consultation to start in the last week of January for most staff. Consultation for staff in finance and IT has already commenced due to the nature of these departments. During the engagement period a number of meetings were held with staff to discuss the move to a single model and to answer their questions.

2.4 We have agreed in principle that CCGs should share some aspects of their management teams during this period of transition and that the following CCGs will work together.

- Brent and Harrow
- Central London, Hammersmith & Fulham and West London

- Ealing and Hounslow

Due to the co-terminous nature of the local system, it is currently envisaged that Hillingdon CCG will continue to have a self-contained management team.

2.5 It is likely that structures will be developed which have some staff working in a single borough, and some functions which are shared within boroughs. This will involve a reduction in the number of very senior posts and some teams having shared leadership. These moves are required to achieve viable teams within a reduced funding envelope. This is not dissimilar to other public sector organisations such as the Police and parts of Local Government where joint teams have been established.

2.6. There is nothing in our proposals which will prevent the continuation of joint commissioning arrangements where they exist, or lessen our commitment to borough based integrated care. Any council staff outposted to CCGs are clearly subject to separate employment arrangements.

2.7 In parallel, as part of the transition from an STP to an Integrated Care System (ICS), the Kings Fund has been commissioned to review our work creating integrated systems. They have interviewed key stakeholders, including council representatives, with the aim of devising a road map to integrated care at locality, place and system level. The Kings Fund work concludes in February.

2.8 The proposed change to management structures in no way alters our desire to work with Councils to continue to develop and deliver strong, integrated, place-based care for residents. The CCG will continue to work in partnership with the Borough as the new management arrangements are brought into effect and after any changes that are put in place from April 2021.

2.9 The Borough has expressed some concerns about the proposed three borough management arrangements. This proposal reflects the existing joint team structures for areas such as the Children's, system resilience and Learning disabilities. CCG colleagues will engage with their Borough counterparts on the proposals. Any comments will be considered before we publish the final structures in March 2020.

Mark Easton
Accountable Officer
Hammersmith and Fulham Clinical Commissioning Group
January 2020

List of Appendices: None.