

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

Wednesday 11 September 2019 at 6.00 pm  
Room 2 (2nd Floor) - Shortlands

## 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 Jen Nightingale Keith Mallinson, Healthwatch	

**CONTACT OFFICER:** Bathsheba Mall  
Committee Co-ordinator  
Governance and Scrutiny  
☎: 07776 672816  
E-mail: bathsheba.mall@lbhf.gov.uk

Reports on the open agenda are available on the Council's website:  
[www.lbhf.gov.uk/committees](http://www.lbhf.gov.uk/committees)

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.



### Shortlands

3 Shortlands,  
Hammersmith,  
London W6 8DA

 Closest Underground Station  
Hammersmith

 Closest Bus Stop  
Latymer Court (Stop G)

Date Issued: 11 September 2019

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

11 September 2019

<u>Item</u>		<u>Pages</u>
1b	<b>ACTIONS / MATTERS ARISING</b>	3 - 18
	i) To note the outstanding actions.	
	ii) Case for change / commissioning reform update	
7.	<b>PEMBRIDGE HOSPICE</b>	19 - 23
	This report contains an additional paper from the CCG providing an update following the independent Palliative Care Review.	

<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>HEALTH, INCLUSION AND SOCIAL CARE POLICY &amp; ACCOUNTABILITY</b></p> <p><b>11 September 2019</b></p>	 <p>h&amp;f hammersmith &amp; fulham</p>
<p><b>Report title: NW London commissioning reform</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification:</b> For Discussion <b>Key Decision:</b> No</p>	
<p><b>Wards Affected: All</b></p>	
<p><b>Accountable Director: Janet Cree, Managing Director Hammersmith and Fulham Clinical Commissioning Group</b></p>	
<p><b>Report Author: Mark Jarvis Head of Governance Hammersmith and Fulham Clinical Commissioning Group</b></p>	<p><b>Contact Details: mark.jarvis1@nhs.net</b></p>

## 1. Introduction

The NW London CCG Governing Bodies are considering the proposals set out in the paper attached at September Governing Body meetings.

Hammersmith and Fulham CCG Governing Body are meeting on 10 September. A verbal update on the outcome of the discussion will be provided to the PAC on 11 September.

<b>Meeting name:</b>	Hammersmith and Fulham CCG Governing Body meeting
<b>Date</b>	Tuesday, 10 September 2019

<b>Title of paper</b>	NW London Commissioning Reform Programme: <b>Recommendations to September Governing Bodies</b>
-----------------------	---

<b>Presenter</b>	Mark Easton, Accountable Officer, NW London Collaboration of CCGs					
<b>Author/s</b>	Chloë Hardcastle, Head of commissioning reform, NW London Collaboration of CCGs					
<b>Responsible Director</b>	Mark Easton, Accountable Officer, NW London Collaboration of CCGs					
<b>Clinical Lead</b>	NW London CCG Chairs					
<b>Confidential</b>	<table border="1"> <tr> <td><b>Yes</b></td> <td><input type="checkbox"/></td> <td><b>No</b></td> <td><input checked="" type="checkbox"/></td> <td>Items are only confidential if it is in the public interest for them to be so</td> </tr> </table>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so
<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so		

<b>The Governing Body is asked to:</b>
<p><b>agree with the following recommendation:</b></p> <ol style="list-style-type: none"> <li>1. In view of the feedback from our stakeholders to move to a single CCG in 2021, the need to focus on financial recovery, and the commitment of all Chairs to remain aligned as an eight borough collaboration, we recommend to CCG governing bodies that the merger to a single CCG for NW London takes place on 1 April 2021.</li> </ol> <p><b>note the following consequence of recommendation 1:</b></p> <ol style="list-style-type: none"> <li>2. This transition year will enable us to work with each governing body to focus on: <ol style="list-style-type: none"> <li>a. System financial recovery</li> <li>b. Development of integrated care at PCN, borough and ICS level</li> <li>c. The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance</li> <li>d. To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.</li> </ol> </li> </ol>

<b>Summary of purpose and scope of report</b>
<p>In response to the NHS long-term plan which suggested that all sustainability and transformation partnerships (STP) develop into an integrated care system (ICS), by April 2021 with, “typically a single CCG for each ICS area”, the NW London senior leadership decided to scope the implications of moving towards a single CCG, and have begun to explore key line of enquiry.</p> <p>The case for change was launched on 29 May 2019 to engage and assess the implications and the impact of commissioning reform on our patients, our staff and our system.</p> <p>Following extensive engagement of over 100 meetings and events with our stakeholders over the three month engagement period, the NW London Leadership are able to make recommendations to the governing body.</p>

**What are the benefits of this project?**

Having worked together since their formation, the NW London CCGs were able to deliver many clinical priorities and were able to improve outcomes for patients and staff. Moving towards a single CCG within our STP footprint, will therefore not only put us in line with the national policy but will allow us to further develop our clinical strategies to improve the delivery of services and address our ever growing financial challenges.

**Patient, staff and stakeholder engagement**

Full engagement with key stakeholders launched on 28 May until 24 August 2019.

Stakeholders include:

Governing body members

GP members

Primary care networks

CCG staff

Local authorities

Health and care providers

Voluntary sector

Patient groups, representatives and lay partners

**Jargon buster**

Commissioning reform: the NW London programme set up to support changes to commissioning form in NW London CCGs

Sustainability and transformation partnership (STP): areas where local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve.

Integrated Care System (ICS): partnership of health and care providers, working together to oversee joined-up care centred around the person. In NW London, this will be our health and care partnership (formally our STP)

Integrated Care Partnership (ICP): borough/locality based alliance of providers to locally manage the delivery of health and care services

Financial Framework: a financial structure in which our eight CCGs can manage money more effectively

Operating model: An operating model is the blueprint for how resources are organised and operated to deliver the strategy. All elements of the operating model—structure, accountabilities, governance, behaviours as well as the way people, processes and technology get integrated to deliver key capabilities—must be explicitly designed to support the strategy.

**Quality & Safety**

Changes to patient facing services are not anticipated with this case for change. It is however predicted with the single CCG we will be able to streamline our commissioning approach and decision making processes which will allow us to address health inequalities across the boroughs.

**Equality analysis**

The thorough impact assessment is underway, the detailed report will be made available when complete.

**Finance and resources**

As well as improving outcomes and reducing variation, we also recognise that our financial challenges are significant and that only by working as a single CCG can we begin to address them.

Risk	Mitigating actions
If we do not engage sufficiently with	We are developing an engagement plan. Once it

stakeholders there is a risk that we may not realise the benefits for commissioning reform in North West London.	is agreed and implementation has commenced we envisage that it will be unlikely that there will be a moderate slippage to the timetable, reducing the risk.
If we do not develop an approach that is coherent across the ICS, single CCG, ICPs and Primary Care Networks then this could become just an administrative change that will not help us to address the underlying issues of financial and clinical sustainability resulting in intervention by regulators.	We have measures in place; however, we need to do more to meet national standards.  By implementing improvements and evidencing success we can reduce the likelihood of regulator intervention.
If we do not merge into a single organisation with clearly articulated financial principles and flow, then we risk success to financial recovery and sustainability resulting in a lack of cohesive operations and delivery.	Until we have agreement from governing bodies to the merger and associated financial principles and flow, we cannot reduce the risk.  With agreed principles we can implement, it is unlikely this risk will be of detriment to financial recovery.

### Supporting documents

NW London Commissioning reform: Recommendations to September Governing Bodies

### Conflict of interests

There are no conflicts of interest identified.

### Governance, reporting and engagement

Name	Date	Outcome and where in the report can you find out more
NW London Chairs & MDs meeting	15/08/2019	Collectively agreed to the recommendations to the Governing Body members.
NW London Commissioning Reform Working Group	21/08/2019	Developed the recommendation paper for governing body members.
NW London Chairs & MDs meeting	29/08/2019	Signed off paper of recommendation for discussion at the September governing body meetings.

# NW London commissioning reform: recommendations to September Governing Bodies

September 2019

## 1. Background

In response to the NHS long term plan, which suggested that the number of CCGs will be significantly reduced to align with the number of emerging integrated care system (ICSs), NW London CCGs launched a case for change for commissioning reform on 29 May 2019.

The case for change recognised that there were questions on how the CCGs respond to the configuration issues raised by the long term plan which required exploration and resolution. The key areas for exploration identified were:

- Whether this change to the number of CCGs happens by April 2020 or later, in April 2021
- What functions should be delivered at a NW London level and what should be organised more locally;
- How would the finances work; and
- How the changes to our CCGs relate to: changes at NW London with the development of an NW London integrated care system, the development of integrated care partnerships (ICP), based on boroughs, current CCG footprints, or groupings of boroughs, and the development of sub-borough structures such as primary care networks (PCNs).

## 2. Our stakeholders

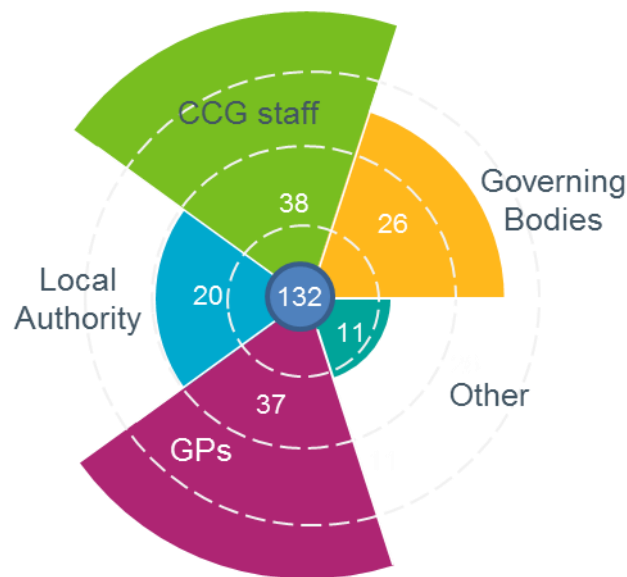
Our wide ranging stakeholders range from our staff across the NW London commissioning system, our providers of health and care, our voluntary sector, supporting bodies such as the Londonwide Local Medical Committees (LMC), Healthwatch, local government and our regulators.

## 3. Engagement

Our engagement period launched on the 29 May with the publication of the case for change. The engagement focused on the case for change and gave stakeholders the opportunity to input into the design of the future commissioning arrangements for NW London.

During the engagement phase, we carried out significant engagement with our range of stakeholders and subsequent information was disseminated, including FAQs and detail around the operating model and governance. We agreed to extend the engagement phase to 24 August, in order to give stakeholders further time to comment and input into proposals.

Collectively, we have now attended over 130 events, including 8 governing bodies in public and 18 governing body events. In addition to this we have met with all local authorities, GP members, primary care networks and GP Federations, patient groups, the LMC, Healthwatch and most importantly, our staff.



Context in which engagement was conducted:

- NW London is the largest and most complex STP area in the country with multiple providers and eight local authorities. Our plans and reform proposals have been arguably scrutinised more thoroughly and generated greater debate than in some other areas of London and the rest of England. We are grateful for the time and effort people took to input into our plans and the responses received.
- The NHS in NW London is one of the most financially challenged in the country, and the need to get back into financial balance is a major priority which will dominate our work for the period of the financial recovery plan.
- The changes to CCG configuration are being discussed at a time when significant other changes are being proposed to the health and care system. The health and care partnership is making good progress with integrated care at system (NW London), borough (ICP) and sub-borough level (PCN); however, in order to ensure success, the interplay between these emerging arrangements and the role of a single CCG needs to be explained with a well thought out division of responsibilities at place and system level.



#### 4. Key issues raised

The key points that emerged through the engagement were:

- **Drivers for change:** Stakeholders generally understood the need to change our current commissioning arrangements, especially those that reduce costs from transactional activities, reduce health inequalities, support front-line delivery and are supportive of our move to integrated care. They would like to see us move away from systems that can incentivise the wrong patient pathways, such as payment by results, and focus our commissioning effort on the integration agenda.
- **Concern around timing:** Although most respondents accepted the need to reduce the number of CCGs to align with the STP there was concern about whether we would be ready by April 2020. With ICS, PCN and ICP development, and the perceived lack of clarity to the system architecture and function of ICPs in the future, GB members particularly felt that the merger would land better when ICPs and PCNs further developed in 2020/21. There is much energy and focus on our integration agenda and the characteristics of each component, we must continue to keep our efforts focused and take more time to develop the form and structures to support these developments.
- **Surplus/deficit position:** Some CCGs were concerned about what financial position the new CCG would inherit and whether historic surpluses and deficits would be netted off into the new arrangement or if the CCG was starting with a clean balance sheet. Definitive guidance on this is still awaited at the point at which these papers are published.
- **Operating model<sup>1</sup>:** some stakeholders were unclear how the single CCG would function, how finance will flow and how responsibilities would be distributed between different levels. Some stakeholders suggested that a transition year will help us continue at pace, whilst we ensure risks are managed effectively.
- **Governance products:** some stakeholders expressed a desire to see and have time to effectively scrutinise the new CCG constitution, scheme of delegation and powers delegated to local committees before a decision is taken. There has been significant interest in our constitution, and we are now engaging more widely with the support of LMC colleagues. Maintaining clinical leadership and ensuring the empowerment of

---

<sup>1</sup> An operating model is the blueprint for how resources are organised and operated to deliver the strategy. All elements of the operating model—structure, accountabilities, governance, behaviours as well as the way people, processes and technology get integrated to deliver key capabilities—must be explicitly designed to support the strategy. <https://www.bain.com/insights/design-principles-for-a-robust-operating-model/>

members was raised multiple times as a very important point to emphasise in the new governance products and new arrangements.

- **Patient involvement and democratic scrutiny:** concerns were expressed as to whether there would be a loss of democratic accountability to local authorities and local residents in each area.
- **Justification for one CCG rather than more:** some comments were received that we had not clearly justified the proposal for one CCG rather than two or more. During the engagement phase it was explained that a single CCG would achieve the NHS Long Term Plan aim of aligning the CCG boundary to the STP boundary and that if we were to deviate from that a justification was required. We made clear that we were willing to consider arguments for more than one CCG, but none were put forward.
- **Staff:** the key response from staff was about the implications for them and whether there would be job losses. Clearly the required reductions in management costs will have an implication for jobs but given the number of vacancies and interim posts we currently have, we would not anticipate significant numbers of compulsory redundancies.

## 5. CCG Chairs Review

The CCG Chairs, the AO, and STP SRO met to review the position and consider the results of the engagement period, and to agree the recommendation to take to governing bodies.

It was noted that:

- Financial recovery is the number one priority in NW London;
- There is a strong desire for the collaboration to move forward as a partnership of eight boroughs and to work with providers to develop alternative payment and contractual arrangements from 2020/21 to support our collective desire of ICP and ICS delivery;
- Due to the significant interest and complexity in the system, a number of products remain in development, such as the CCG constitution and scheme of delegation;
- We are yet to receive finalised advice from NHSE on the financial surplus/deficit position;
- There is not an aligned view amongst governing bodies, CCG members, and stakeholders to support the earlier date for CCG merger; and that
- Not supporting a merger in 2020 did not mean no change, indeed a number of changes will still be required as we transition to formal merger in 2021.

There are a number of changes we need to make in preparation for 2021:

1. CCG Governing Bodies are expected to agree to a commitment to merge in April 2021.
2. CCGs will move to a transition year, working under a single operating model for 2020/21.
3. As part of this transition year, each CCG will require a clear plan to demonstrate the delivery of the equivalent financial and efficiency benefits to that of a formal merger from April 2020. This will need to include plans for the following areas:
  - Delivery of cost savings and organisational efficiencies to meet the 20% management cost reduction.
  - Developing the NW London-wide collaborative governance arrangements and reducing CCG governing body committee and governance meetings.
  - Rationalisation of governing body membership, in line with the arrangements that we have already been making to share roles and standardise and review clinical lead arrangements in line with the new operating model.
  - Developing a single operating model and new staffing structures to reduce duplication and support the development of integrated care arrangements at borough and ICS level.

The points above align with our regulators expectations of how a transition year would operate, and are consistent with other areas in London where merger is deferred until 2021.

## 6. Recommendation to the governing body

It is the CCG Chairs' and Accountable Officer's recommendation to the governing bodies is as follows:

### **The governing body is asked to agree with the following recommendation:**

3. In view of the feedback from our stakeholders, the need to focus on financial recovery, and the commitment of all Chairs to remain aligned as an eight borough collaboration, we recommend to CCG governing bodies that the merger to a single CCG for NW London takes place on 1 April 2021.

### **The governing body is asked to note the following consequence of recommendation 1:**

4. This transition year will enable us to work with each governing body to focus on:
  - a. System financial recovery

- b. Development of integrated care at PCN, borough and ICS level
- c. Building closer working relationships with our local authorities
- d. The development of a single operating structure across the commissioning system, and meet the expectations of NHSE that we would operate in 2020/21 under a single operating framework, with the associated reduction in management costs and streamlined governance
- e. To work with providers to develop alternative reimbursement structures from 2020/21 to support delivery of ICP/ICS.

## 9. Next Steps

If the recommendations are agreed we will:

- Review our structures and implement our single operating model, in-line with financial recovery;
- Continue our engagement on the future CCG constitution and related governance documentation;
- Work together during the transition year, making our meetings more efficient and effective, while maintaining strong public engagement and effective scrutiny; and
- Continue to work with members to demonstrate benefits of merging as we prepare to vote in 2020.

**Mark Easton**

**Accountable Officer**

## Appendix 1: Engagement activities

CCG/ NWL	Event	Date
Brent CCG	Governing Body Meetings	26/06/2019
Brent CCG	Governing Body Seminar	10/07/2019
Brent CCG	Governing Body Seminar	08/05/2019
Central London CCG	Governing Body Meetings	12/06/2019
Central London CCG	Governing Body Seminars	08/05/2019
Central London CCG	Governing Body Seminars	10/07/2019
Ealing CCG	Governing Body Meetings	19/06/2019
Ealing CCG	Governing Body Seminar	22/05/2019
Ealing CCG	Governing Body Seminar	24/07/2019
Hammersmith & Fulham CCG	Governing Body Meetings	11/06/2019
Hammersmith & Fulham CCG	Governing Body Seminar	07/05/2019
Hammersmith & Fulham CCG	Governing Body Seminar	16/07/2019
Harrow CCG	Governing Body Meetings	18/07/2019
Harrow CCG	Governing Body Seminars	21/05/2019
Harrow CCG	Governing Body Seminars	16/06/2019
Hillingdon CCG	Governing Body Meetings	05/06/2019
Hillingdon CCG	Organisation Development Seminars (GB)	08/05/2019
Hillingdon CCG	Organisation Development Seminars (GB)	24/07/2019
Hounslow CCG	Governing Body Meetings	11/06/2019
Hounslow CCG	Governing Body Seminar	14/05/2019
Hounslow CCG	Governing Body Seminar	09/07/2019
West London CCG	Governing Body Development session	07/05/2019
West London CCG	Governing Body Development session	04/06/2019
West London CCG	Governing Body Development session	02/07/2019
West London CCG	Governing Body Development session	06/07/2019
West London CCG	Governing Body Meetings	18/06/2019
Brent CCG	locality meeting	27/06/2019
Brent CCG	locality meeting	10/07/2019
Brent CCG	locality meeting	19/07/2019
Brent CCG	GP Engagement	June 2019 - July 2019
Central London CCG	Council members	26/06/2019
Central London CCG	Membership meetings ( big conversation)	26/06/2019
Central London CCG	Practice visits	June 2019 onwards - Present
Central London CCG	Primary Care Network Boards	06/08/2019
Central London CCG	Primary Care Network Boards	15/08/2019
Ealing CCG	Council of members	15/05/2019
Ealing CCG	Council of members	24/07/2019
Ealing CCG	GP Practice	03/06/2019 (virtual

CCG/ NWL	Event	Date
		engagement)
Hammersmith & Fulham CCG	local LMC	13/06/2019
Hammersmith & Fulham CCG	local LMC	08/08/2019
Hammersmith & Fulham CCG	Members meeting	18/07/2019
Hammersmith & Fulham CCG	Practice visits offered	June - present
Hammersmith & Fulham CCG	Primary Care Networks meetings	July - sept
Harrow CCG	GP forum	19/06/2019
Harrow CCG	LMC	02/07/2019
Harrow CCG	Practice visits	May 2019 onwards - present ( <i>August</i> )
Harrow CCG	Primary Care Networks meetings	July onwards - September
Hillingdon CCG	AGM	09/07/2019
Hillingdon CCG	locality meeting	05/07/2019
Hillingdon CCG	locality meeting	12/07/2019
Hillingdon CCG	locality meeting	27/07/2019
Hounslow CCG	Council of members	15/05/2019
Hounslow CCG	Council of members	17/07/2019
NW London meetings	NWL wide LMC	17/07/2019
NW London meetings	NWL wide LMC	30/07/2019
West London CCG	AGM	23/07/2019
West London CCG	Council members - plenary meeting	25/06/2019
West London CCG	Council members - plenary meeting	23/07/2019
West London CCG	Network meetings	11/07/2019
West London CCG	Network meetings	17/07/2019
West London CCG	Network meetings	18/07/2019
West London CCG	Network meetings	24/07/2019
West London CCG	Network meetings	25/07/2019
Brent CCG	Health & Wellbeing Board	23/04/2019
Brent CCG	Health & Wellbeing Board	15/07/2019
Central London CCG	Health & Wellbeing Board	03/07/2019
Ealing CCG	Health & Wellbeing Board	09/07/2019
Ealing CCG	Overview & Scrutiny Committees	20/06/2019
Hammersmith & Fulham CCG	Health & Wellbeing Board	25/06/2019
Harrow CCG	Health & Wellbeing Board	25/07/2019
Harrow CCG	Health & Wellbeing Board	04/06/2019
Harrow CCG	Overview & Scrutiny Committees	09/07/2019
Hillingdon CCG	Health & Wellbeing Board	25/06/2019
Hillingdon CCG	Overview & Scrutiny Committees	09/07/2019
Hounslow CCG	Health & Wellbeing Board	15/07/2019
NW London meetings	Joint Health Overview & Scrutiny Committee	21/06/2019

CCG/ NWL	Event	Date
NW London meetings	Joint Health Overview & Scrutiny Committee	23/07/2019
NW London meetings	Lay members meeting Accountable Officer	28/05/2019
NW London meetings	Local Authorities Meetings	20/05/2019
NW London meetings	Local Authorities workshop	24/06/2019
NW London meetings	Local Authorities Meetings	09/07/2019
West London CCG	Health & Wellbeing Board	04/07/2019
West London CCG	Overview & Scrutiny Committees	02/07/2019
Brent CCG	Brent CCG Patient Voice	24/06/2019
Hammersmith & Fulham CCG	H&F patient group	16/07/2019
Harrow CCG	Engagement and Equality Committee	16/07/2019
NW London meetings	Brent patient Voice	24/07/2019
NW London meetings	Ealing save our hospital	03/07/2019
NW London meetings	Lay partner meeting	04/06/2019
NW London meetings	NWL Clinical Quality Leadership Group	27/06/2019
NW London meetings	NWL Partnership board	27/06/2019
NW London meetings	NWL Partnership operations group	13/06/2019
West London CCG	Patient and public engagement committee	13/08/2019
West London CCG	Patient reference group	09/07/2019
Brent CCG	Staff meeting	08/05/2019
Brent CCG	Staff meeting	18/06/2019
Brent CCG	Staff meeting	16/07/2019
Brent CCG	Staff meeting	20/08/2018
Central London CCG	Staff meetings	05/06/2019
Central London CCG	Staff meetings	09/07/2019
Central London CCG	Staff meetings	12/07/2019
Ealing CCG	staff meeting	04/06/2019
Ealing CCG	staff meeting	11/06/2019
Ealing CCG	staff meeting	18/06/2019
Ealing CCG	staff meeting	25/06/2019
Hammersmith & Fulham CCG	Staff meeting	30/07/2019
Hammersmith & Fulham CCG	Staff meeting	06/08/2019
Harrow CCG	staff meeting	19/06/2019
Harrow CCG	staff meeting	17/07/2019
Harrow CCG	Staff meeting	21/08/2019
Hillingdon CCG	Staff meeting	21/05/2019
Hillingdon CCG	Staff meeting	05/06/2019
Hillingdon CCG	Staff meeting	01/08/2019
Hounslow CCG	Staff meeting	15/05/2019 onwards (weekly) till present
Hounslow CCG	Staff meeting	01/06/2019

CCG/ NWL	Event	Date
Hounslow CCG	Staff meeting	03/08/2019
Hounslow CCG	Staff meeting	01/07/2019
NW London meetings	NW London Live Staff Q&A	18/07/2019
NW London meetings	NW London Staff event	12/06/2019
NW London meetings	Informatics Staff meeting	20/08/2019
NW London meetings	Comms & Engagement staff meeting	25/07/2019
NW London meetings	Comms & Engagement staff meeting	20/08/2019
NW London meetings	Health and Care Partnership team meetings	17/06/2019
NW London meetings	Health and Care Partnership team meetings	01/07/2019
NW London meetings	Health and Care Partnership team meetings	15/07/2019
NW London meetings	Health and Care Partnership team meetings	29/07/2019
NW London meetings	Health and Care Partnership team meetings	12/08/2019
NW London meetings	Governance Staff meetings	24/05/2019
West London CCG	Staff meeting	15/05/2019
West London CCG	Staff meeting	12/06/2019
West London CCG	Staff meeting	10/07/2019
West London CCG	Staff meeting	14/08/2019



## Appendix 2: Formal feedback received

Date received	Name	Organisation
23/08/2019	Cllr Heather Acton/ Cllr Sarah Addenbrooke/ Cllr Robert Freeman/Cllr Jonathan Glanz,	Westminster City Council & Royal Borough of Kensington & Chelsea
23/08/2019	Robin Sharp CB, Chair	Brent Patient Voice
23/08/2019	Primary Care leads	NWL CCGs
21/08/2019	Chris Corfield Head of Medicines Management	NWL CCGs
21/08/2019	Jenny Greenfield Director of Services, voluntary and community sector	Kensington & Chelsea Social Council
21/08/2019	Cllr Mel Collins	JHOSC
20/08/2019	Patient Reference Group Response	WLCCG
05/08/2019	Ealing Save Our NHS	Ealing Save Our NHS
02/08/2019	Hammersmith & Fulham Council	Hammersmith & Fulham Council
29/07/2019	PPIE committee	Hillingdon CCG

Date received	Name	Organisation
12/06/2019	Cllr Graham Henson, Chair of Health & Wellbeing Board	Harrow Council
06/06/2019	Lay Partners meeting	NWL CCGs
20/06/2019	Lesley Williams Assistant Director Primary Care Strategy	Londonwide LMCs and Londonwide Enterprise Ltd
24/08/2019	Elizabeth Gaynor Lloyd	Brent Patient Voice
23/08/2019	Carena Rogers	Central West London Healthwatch

<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>HEALTH, INCLUSION AND SOCIAL CARE POLICY &amp; ACCOUNTABILITY</b></p> <p style="text-align: center;"><b>11 September 2019</b></p>	
<p><b>Report title: Palliative Care Review Update Report</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification:</b> For Discussion <b>Key Decision:</b> No</p>	
<p><b>Wards Affected: All</b></p>	
<p><b>Accountable Director: Janet Cree, Managing Director Hammersmith and Fulham Clinical Commissioning Group</b></p>	
<p><b>Report Author: Mark Jarvis Head of Governance Hammersmith and Fulham Clinical Commissioning Group</b></p>	<p><b>Contact Details: mark.jarvis1@nhs.net</b></p>

## 1. Introduction

1.1 This paper provides a summary of the work that is being undertaken to consider the recommendations of the Strategic Review of Palliative Care Services that were published in the independent report written by Penny Hansford and commissioned by the Central London, West London and Hammersmith & Fulham CCGs. A separate review was undertaken previously by Brent CCG for their local services. Central London CCG is the lead commissioner for this work and is co-ordinating the work programme outlined below on behalf of, and with full engagement of the other three CCGs.

## 2. Background

2.1 In November 2018 the four CCGs covering Central London, West London, Hammersmith & Fulham and Brent commissioned an independent review of palliative care services. The review was undertaken by Penny Hansford, a former Chief Nurse within the palliative care field. A call for evidence was launched on 14 December 2018 and closed on 14 February. The call for evidence elicited 101 responses and provided a significant contribution to the report that Penny presented to the CCGs. In addition focus groups were held and an online survey was made available. The report was published in June 2019.

2.2 The report provides a comprehensive assessment of the current local service provision, a review of best practice and has made a number of recommendations for commissioners to consider for the future model of service.

2.3 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.

2.4 To read the report in full please visit the homepage of the Central London CCG website, <https://www.centrallondonccg.nhs.uk/news-publications/news/2019/06/strategic-review-of-palliative-care-services.aspx>

2.5 The review proposed a number of options to address the challenges highlighted above. It also stated that the current provision of in-patient beds across the area is working short of their full capacity. The CCGs are working in collaboration with providers to review how we deliver these services in the best possible way, in light of the challenges and the recommendations outlined in the review.

2.6 In relation to the service provided at the Pembridge Palliative Care Centre (Pembridge) the four CCGs, in partnership with Central London Community Healthcare NHS Trust (CLCH) who provide the services at Pembridge, suspended in-patient admissions to the Centre in October 2018. This was done as both the CCGs and CLCH did not have assurance that the in-patient service being delivered at Pembridge was safe. There were a number of reasons for this but, primarily, it was due to difficulty in recruiting a specialist palliative care consultant. Without this role in post, the Pembridge cannot operate safely. No decision has been taken to permanently close Pembridge; it will, however, remain suspended for the foreseeable future.

2.7 The NHS has a statutory obligation to ensure that the services we commission are delivered safely and appropriately to meet patient's needs, therefore in-patient admissions were temporarily suspended and patients were transferred to an alternative unit.

2.8 Whilst the in-patient unit is suspended, Pembridge continues to deliver

palliative care services to local people through its day centre and community services and within people's homes.

### **3. Current Status Of The Review and How The CCGs Are Responding**

3.1 The Chief Executives of all three local specialist palliative care providers, the Accountable Officer and lead CCG commissioners and the Chief Executive Officer of CLCH reviewed the independent report and agreed the next steps. All have agreed to approach the next steps in two stages in order to stabilise and enhance specialist palliative care services within the boroughs and North West London.

3.2 **Stage 1** – Cross organisational working to ensure the stabilisation of palliative care services, which will involve ensuring appropriate specialist support for the clinicians working in the community.

3.3 **Stage 2** This will involve the development of a new joint service specification to be developed by the end of September 2019, which will inform the new service delivery model that is hoped to be in place by 2020.

3.4. The work will be supported by a System meeting and two sub-groups. The membership of the various groups reflect the different focus of each Group. The system Group will provide strategic leadership for the work being undertaken. The Provider Operations Group will develop provider proposals to stabilise the service and develop provider proposals for long-term delivery a future contracting model. This group is made up of senior officers of provider and commissioner organisations. The Clinical Reference Group are developing the clinical model and agreeing the service specification. Membership of this group is made up of senior clinicians within provider units and senior commissioning managers.

3.5 In parallel to the development of the service specification, senior managers from all providers and commissioner will work together to ensure that the infrastructure is in place to enable implementation of the final outcome.

3.6 As part of this process we will work together with our local stakeholders, system partners, patients, families and carers to consider the opportunities for improvement highlighted by the review.

### **4. What Outputs Are Expected From The Work Programme?**

4.1 Stage one of the work programme will work to stabilise the service and ensure that, until any changes are agreed with commissioners about the future model of care, services are safe, of high quality and can meet the needs of those patients who currently access the services.

4.2 Stage two of the work programme will see the development of a service specification for a future service. This will set out what the CCGs will commission to ensure consistency of service for all patients accessing palliative care services. It will also identify the types of service to be provided and which cohorts of patients would be expected to be able to access palliative care services.

4.3 In respect of the Pembridge service, the CCGs continue to work with CLCH as part of the service stabilisation phase of the work, to ensure that Pembridge continues to deliver palliative care services to local people through its day centre and community services and within people's homes. The position with regard to beds will, likely, be the subject of more formal engagement with stakeholders. A case for change for the bed based service is currently being written. Once this has been considered by the commissioners, Central London CCG will lead a process of wider discussion with key stakeholders on the future of the bed based service.

## **5. Timelines**

5.1 The service stabilisation work is happening now and will be part of a continuing process that ensures the services are safe and able to provide for the needs of local people. There is no particular timescale or definitive output from this work other than for commissioners and providers to work together to maintain services until decisions are made about the future commissioning arrangements.

5.2 The work on developing a service specification will be completed by the end of September. This will form the basis of future commissioning arrangements. Decisions on the process by which services will be commissioned going forward will be a decision that the CCGs will take once the service specification work has been completed.

## **6. Engagement**

6.1 Ensuring that stakeholders have the opportunity to contribute to the shape of future services has been a key element of the work programme. Starting with the strategic review a call for evidence was launched which provided interested parties to submit their thoughts and views about services and what they would like services to look like in the future. These views were taken fully into account when the independent review report was written and published.

6.2 It is important that stakeholder engagement is maintained as we go through the next phase of work to determine what the service specification should look like. The CCGs are establishing a Patient & Public Palliative Care Working Group and are inviting people from across the CCG areas to participate in this. A communication about this will be issued shortly inviting people to apply to be a member of the Group. This Group will meet monthly and will work alongside the clinical sub-group. The CCGs will also be running up to three workshop events for stakeholders to participate in the discussion about the shape of future services/model of care. These will be widely publicised over the coming weeks. These workshops will be an opportunity for stakeholders to work with clinicians and the Patient & Public Palliative Care Working Group on ensuring that the future model of care meets the needs of people for the future. Our aim is to continue to work collaboratively with local people to produce a proposal for a new model of care within the same financial budget which meets the following requirements:

- Services deliver high quality, effective, best practice care
- All patients have equal access to services

- Care is delivered in the most appropriate place at the right time, by the right clinician
- Patient choice is central to the way care is planned and managed
- Staff enjoy working within the local system and feel supported in their work
- The system is financially sustainable in the medium and longer term

6.3 Once commissioners have taken a view on the options for bed based services, there will be engagement with stakeholders. As no decisions have yet been taken it is not possible to be specific about what this will look like. Once this becomes clear Central London CCG will work with the other CCGs involved to ensure that there is effective stakeholder engagement.

## **7. Summary**

7.1 The CCGs in Central London, West London, Hammersmith & Fulham and Brent are working closely to develop a new model of care for palliative care services following the publication of the Strategic Review of Palliative Care Services published in June 2019. The work being overseen by the CCGs, with support and input from clinicians and providers in the field of palliative care will be supplemented by the on-going commitment to work with stakeholders to develop a model of care that will meet the needs of people going forward.