

Item 10

<b>Meeting name:</b>	Hammersmith & Fulham Health and Well Being Board
<b>Date</b>	Tuesday, 25 June 2019

<b>Title of paper</b>	NW London Commissioning Reform Programme: Public draft case for change
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<b>Presenter</b>	Mark Easton, Accountable Officer, NW London Collaboration of CCGs				
<b>Author/s</b>	NW London Commissioning Reform Working Group				
<b>Responsible Director</b>	Mark Easton, Accountable Officer, NW London Collaboration of CCGs				
<b>Clinical Lead</b>	NW London CCG Chairs				
<b>Confidential</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

**The Committee is asked to:**

The health and well-being board members are asked to **discuss** the case for change to explore the implications of moving towards a single NW London CCG

**Summary of purpose and scope of report**

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.

The case for change has been developed in response to these key lines of enquiry with our stakeholders to assess these implications and the impact on our patients, our staff and our system.

The agreed key lines of enquiry are as follows:

- **The benefits for patients** i.e., would the move support the efforts through the partnership to improve sustainability and quality of patient services, as set out in our strategy
- **The financial implications** in terms of management costs, financial sustainability of the system, implications for borough-based allocations and fair distribution of funds
- **The governance implications** and how we maintain the concept of CCGs being

clinically-led organisations with lay involvement

- The implications for **health inequalities**
- **The workforce implications** in terms of talent management and staff impacted by change
- **Relationships with stakeholders**, particularly Governing Body members and local authorities
- How **the development of a single ICS** might work in parallel with the development of borough-based integrated care
- To **monitor arrangements** that are developing across London and take these into account as appropriate
- The **implementation timeline** for any recommendations plus a consideration of implementation costs and potential disruption.

**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 July 2019.

**Jargon buster**

Commissioning reform: the NW London programme set up to explore the effects moving to a single CCG will have on of the NW London eight 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): organisation to oversee the joined-up care centred around the person.

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

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

**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, decision making process which will allow us 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.

<b>Risk</b>	<b>Mitigating actions</b>
If we do not engage sufficiently with stakeholders there is a risk that we may not realise the benefits for commissioning reform in North West London.	Full stakeholder engagement plan is underway including the 'you said, we did' document
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.	Commissioning reform working group in place, reporting to Chairs and managing directors  Representation on the London-wide CCG merger support group
If we do not develop ideas and plans in a transparent way then staff morale will drop resulting in a loss of productivity, increased staff turnover and increased sickness absence.	Full plan with is underway and method of staff engagement is in place to manage two-way dialogue

**Supporting documents**

Draft case for change for commissioning reform in NW London

**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 Commissioning Reform Working Group	21/05/2019	Developed the case for change for discussion with key stakeholders
NW London Chairs & MDs meeting	23/05/2016	Approved for discussion with governing body members and other key stakeholder