Introduction

The proposed North West London Clinical Commissioning Group (NWL CCG) merger is an opportunity to accelerate, strengthen and streamline the progress already made in building upon our existing collaborative working. This will strengthen our ability to commission and deliver high quality, best value, and safe care for the residents of North West London. We need to continue to work to reduce inequalities for our residents, improve our staff experience and deliver the optimum value for the NHS.

A consolidation of our CCGs will continue the work of the NWL partnership in aligning our systems and processes, reducing duplication and improve the offer of care. We have mature foundations of collaborative working in place and will continue develop our approach as we work toward uniting under one CCG, with local borough representation and developing our ICPs under a common framework.

Overall Vision

Our vision is ‘start well, live well, age well’.

The CCG is working in partnership with all NHS organisations, local authorities, voluntary sector and other partners in North West London to deliver the a shared system vision to reduce inequalities and achieve health outcomes on a par with the best of global cities. To do this we will focus on population health locally and at the level of the ICS. We will strengthen integrated Borough based provision across health and social care in order to increase physical and mental health outcomes, promote life expectancy, quality of life and reduce health inequalities across the entire population of NWL.

As a single CCG for the system we have the unique opportunity through our commissioning model to both work into the ICS to develop the system framework and support delivery of system strategic objectives whilst also enabling strong local delivery through the integrated borough partnerships.

Learning from experience

We have a history of working as a collaboration of CCGs to clear collective commissioning standards across our footprint for example:

- We have jointly commissioned mental health services, working with our 2 providers to agree the approach to the mental health investment standard and the outcomes that will be achieved for patients.
- We have agreed common standards for community rapid response services across NW London.
- We are working with all 4 acute Trusts to develop a common PTL across NW London.
• We have agreed with all 46 Primary Care Networks, a common approach to meet the needs of patients and deliver improved clinical outcomes.

We also have a history of developing strong local relationships. Each borough has an integrated care board with identified priorities that deliver the unique local needs of the population.

In recent months, we have demonstrated through our proactive and responsive approach to managing Covid 19, the benefits of working collaboratively with our partners to commission new services such as enhanced primary care to care homes, primary care respiratory hubs and new elective care centres. Our commissioning model will build on this enabling responsive services commissioned within an appropriate governance framework and with clear and measurable outcomes.

**Becoming a Strategic Commissioner**

Under the new CCG operating model for a single CCG, there will be clear borough-facing functions with senior leaders based at borough level. The focus of these roles will be to work with partners to facilitate the development of borough-based Integrated Care Partnerships, working together with primary care, community, mental health and social care partners to configure services around individuals rather than organisations.

In addition, the new CCG model looks to centralise certain functions where there is clear benefit to working across the larger footprint to maximise the impact for local residents.

The centralised commissioning functions will need to evolve over time into strategic functions, making use of new mechanisms and move to new ways of planning and paying for services and take a population-based approach to healthcare. This will mean the development of longer term outcomes frameworks, set for populations, based on health inequalities and priorities that take into account the wider determinants of health, not just service or contract based key performance indicators.

A single CCG will allow us to:

a) reduce duplication in ways of working, allowing more time and money to be put into patient services;

b) work more effectively with both NHS and local authority service providers to improve patient wellbeing and care, with improved quality and consistency of local health and care services;

c) react quickly and consistently to the continuing pandemic and recovery; and

d) support delivery of the ICS vision.

As part of the ICS, we are a collaboration of NHS organisations and local authorities who will take greater collective responsibility to improve the health of the population we serve, manage resources and performance and for changing and integrating the way care is delivered. The NWL ICS depends on collaboration and a focus on local populations as the driving forces for improvement and the emphasis is no longer on organisational autonomy and the separation of commissioners and providers. Key to our success is that the emphasis is no longer on organisational autonomy or on the separation of commissioners...
and providers. Our focus will be on population health and outcomes across the system by acting as a convener for collective decisions, monitoring system-wide performance, providing improvement support, developing local solutions, and funding new models of integrated care, no longer being based on annual contracting rounds and activity-based payment systems with the associated challenge functions.

The functions of the single CCG will support the functions of the ICS and this common purpose will result in stronger system leadership; greater clarity on roles and accountability and increased use of our collective resources for investment in prevention and spending that improves population health and reduces health inequalities.

Provider collaboration across NWL will ensure the quality and sustainability of services, making optimum use of NWL clinical networks and leadership across sites and Trusts, ensure fair and equal access to resource and outcomes, enable mutual aid arrangements between organisations and hold individual Trusts to account for delivery of plans.

The implementation of our NWL CCG single operating model in November 2020 was the start of revising CCGs as part for the journey to an ICS. The structures have been designed to ensure we have the right capacity and capability at the appropriate level to achieve the greatest impact, but also to enable us to reduce duplication and achieve economies of scale.

The skills of our staff and the way we work will continue to flex and adapt as all parts of the system mature and we move closer to the proposed single CCG being established in April 2021. Moving to a single NWL structure will require us to shift the way that we work together, across the NWL system, in order to deliver the outcomes we want to see for our NWL population.

**Single CCG financial principles are in development**

- In recognition of health inequalities across NW London, we will make substantial progress towards fair share allocations based on population need in the next 5 years, faster than national timetable. Based on a draft working example, this would mean two borough allocations would reduce (Westminster and Kensington and Chelsea)
- We will also consider how best to address inequalities in boroughs within the borough allocation
- We will increase the proportion of CCG allocation in out of hospital care, while recognising that we have a CCG deficit of £100m and system deficit of £230m.
- We will level up additional primary care services across NWL over the next 4 years, so consistent services are offered to patients. We will look at core primary care commissioned services over the next few months so we can develop plans for levelling up primary care provision across NWL over time. GMS and PMS funding is ring fenced at borough level.
- In enacting these principles, we will ensure that we have addressed any cross subsidies where one borough is contributing to costs for service in another borough
and specific population characteristics for example, homelessness is considered that may not be sufficiently covered in the national formula.

**Population health management**

North West London CCG will cover an ethnically and economically diverse population of 2.4 million residents. At the heart of our commissioning strategy is our commitment to population health management so as to reduce inequality of access and outcomes for our residents.

We recognise there is huge potential to use data, insight, and evidence systematically and more effectively across our local public services to improve the health and wellbeing of our patients, residents, and communities, reduce health inequalities, and to make more efficient use of resource. North West London has a strong history of investing in population health. Our population health management system, Whole System’s Integrated Care (WSIC), has health and social care information for over 2 million people, providing both patient level data to manage individuals’ care and anonymised analysis to inform and measure strategic commissioning and provision. We are fortunate in North West London this information system, bringing together a wide range of health and care information on our residents which incorporates data from primary care, community and mental health, acute care and social care.

Through this we are able to embrace a population health management approach both in understanding inequalities in outcomes for our residents and in our work to reduce those inequalities. The data base has been key in enabling us to fully understand the impact of Covid 19 on our population and in planning health and care interventions to reduce inequalities experienced by our residents.

**Developing an Integrated Care System**

We are moving at pace as a ‘virtual ICS’, which in NWL has enabled us to secure a number of benefits:

- We maximised our care to patients and kept our staff as safe as possible during the pandemic by working together without organisational boundaries. This resulted in moving patients, staff, equipment and PPE between sites.
- We have improved care by reducing the fragmentation in our commissioning (CCG merger) and provision.
- We have developed common purpose but distinct roles and functions at the levels of ICS, our community and mental health collaboratives, our emerging acute group model, eight integrated Borough partnerships (place) and 46 PCNs (neighbourhood).
- Leadership posts have been designated at each level to drive delivery.
- We have developed our ICS governance to have more meaningful engagement and decision making between NHS partners and with our LA partners.
• We have developed and complied with financial principles to support improved care and equity of outcomes while living within our means which have enabled system level capital priorities (e.g. fast track surgical hubs) to be funded.

• Importantly, our ICS has taken leadership to ensure each Trust meets required standards as exemplified by our interventions in Hillingdon FT and our approach to surgical hubs and 52ww across the sector.

The NWL ICS encompasses three core functions: strategic planning, delivery and assurance of delivery. Within these, we have six core priorities for the next 6-12 months:

**Function 1 - Strategic planning:**

• **Priority 1:** specify required outcomes based on population health needs, e.g., address inequality hotspots. This will require filling the executive leadership skill gap in population health and strategy.

• **Priority 2:** build on the NWL STP clinical strategy to identify models of care and evidenced based interventions across NHS and social care and across physical and mental health to meet these priority needs and outcomes. Identify associated shifts in resource allocation required.

**Function 2 - Delivery:**

• **Priority 3:** support and drive compliance with all standards by focussing sector resource and sector oversight to the most challenged organisations/services, for example, the appointment of the ICS CEO as the special adviser to the Board of Hillingdon Trust.
• **Priority 4**: provide the very best and equitable care:
  - local care: to improve quality of care and ensure people only attend hospitals when clinically necessary
  - high volume, low complexity care: to further consolidate to make best use of our estate and our clinical staff.
  - specialist care: to further consolidate services along with hub and spoke clinical models.
  - mental health, learning disability and autism: improving access, experience and outcomes in order to deliver the NHS Long Term Plan commitments consistently across NW London in the context of increased demand and morbidity.

• **Priority 5**: work towards one acute group model, one community and mental health collaborative, one CCG and eight integrated Borough teams each with a single lead.

**Function 3 - Assurance of delivery**

• **Priority 6**: develop system and organisational dashboards to measure progress against indicators, develop a range of supportive interventions to improve performance and further develop our ICS governance structures to assure compliance, taking action where aspirations are not being met.

These priorities are in addition to the management of the COVID-19 pandemic, the COVID-19 vaccine and development of our people, our estates and our digital capabilities. We have programmes of work to support each objective, the delivery of which is assured through the NWL Partnership Board Chaired by Dr Penny Dash.

**Local Delivery at “Place”**

The CCG will include borough-facing functions with senior leaders based at borough level working on strong and effective place-based partnerships.

The place leader on behalf of the NHS, will work with partners such as the local authority and voluntary sector in an inclusive, transparent and collaborative way. They will have four main roles:

- to support and develop primary care networks (PCNs) which join up primary and community services across local neighbourhoods;
- to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate);
• to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
• to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.

Across NWL, 46 Primary Care Networks are in place, bringing professional expertise together from general practice, community and mental health services, and local authority, to meet the health and care needs of their local populations. PCNs will build on the work already undertaken and the current services offered by your GP practice and will mean greater provision of proactive, personalised and coordinated care, as well as more integration between health and social care.

Integrated Care Partnerships at borough level enable collaboration between partners in a place. The implementation of Integrated Care Partnerships plans will allow:

• The delivery of consistently high quality and equitable care at sector, borough and neighbourhood level. The importance of the development of PCNs, the delivery relationships within boroughs and the relationships between boroughs and the ICS will need to be considered.
• An effective alliance of out of hospital providers working at borough level to deliver consistently high quality integrated care with a single NHS senior accountable lead for each integrated Borough alliance and a senior accountable local care lead.

Next steps in developing our Commissioning strategy

The NW London CCG Commissioning strategy builds upon the collective approach adopted by CCGs to date, and the collaborative approach we have taken with our stakeholders to become a ‘virtual ICS’.

We strongly believe that everyone in North West London has the right to the same outcomes wherever they live. To achieve this we need to both strengthen our borough based partnerships and local joint commissioning arrangements with local authorities whilst realising the synergy that comes from working to a common framework as a system serving a combined population of 2.4 million people.

To achieve this we will:

• Clearly articulate our population health management approach and desired outcomes at PCN, borough and system level
• Develop a system framework and common set of standards for our borough-based partnerships
• Strengthen our borough leadership and partnerships to deliver framework outcomes and locally identified priorities

• Focus on health care rather than illness management by investing in prevention and proactive condition management

• Ensure we fully understand the physical and mental health requirements of all our ethnically diverse population, focussing our approach and resources to deliver for our more disadvantaged communities and those with greatest health needs

• Build on our public engagement and involvement at both a NW London and borough level, to ensure our decisions and work, at all levels are fully informed by the populations and communities we serve. Our overall model for patient and public representation is being co-produced through our EPIC programme alongside a NW London Involvement Charter. We also recognise the importance of resident voices on the CCG governing body and this is reflected in our governance. Local borough committees will also include resident voices. We will hold our governing body meetings in public as part of our commitment to transparency and public engagement.