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Title of paper	Developing the alliance and commissioning an MCP in West London
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Confidential	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 Governing Body is asked to:
<ul style="list-style-type: none"> • Approve the proposed outline commissioning timeline from 2018/19 to 2021/22 (section 2); • Approve the approach to developing the alliance (sections 3); • Consider and endorse the approach to commissioning an MCP (section 4), as the initial working hypothesis from which more detailed MCP design will be undertaken during July to September ahead of further discussion and decision making by the governing body; • Note that the Transformation Board approved the MCP definition framework as a supplement to the CCG’s integrated care strategy, which was approved by the governing body in November 2017 (section 1); • Note the work done to date on provider development (section 5); and • Note the programme risk register (section 6).

Summary of purpose and scope of report
<p><i>Extending the West London integrated care offer</i></p> <p>Over the past three years, West London CCG and its partners have worked hard to integrate care services. The objective has been to overcome the fragmentation of care caused when different organisations and care teams do not work together in a seamless way.</p> <p>As local people have told us, this negatively impacts their experience of care. International, national, and local evidence shows that it also harms the health outcomes that people achieve.</p> <p>My Care, My Way and Community Living Well focused on people for whom the positive impact of effective integration is greatest – older people and people with long-term mental health needs.</p> <p>Now, the Integrated Community Team is extending integrated care for older people, based on features including care planning, blended teams, integrated leadership, self-care, and personalised care.</p> <p>They are doing this by bringing more organisations and services into the integrated care offer, focussed on delivery</p>

of a single set of shared outcomes.

The **case for change** for progressing further with the integration of local services relates both to health and wellbeing outcomes and the need to deliver long-term financial sustainability of our local care system:

- Care services do support local people to achieve some very good outcomes, including higher average life expectancy at birth for men and women than the London and England averages as well as many fewer adults over 65 needing their long-term care needs met by admission to residential and nursing care homes than the London average. But improvements are still required across a range of outcomes. These include a range of health inequalities and quality of life indicators. None of these outcomes can be improved by a single organisation or service, which shows the case for pressing on with the integration of care for all people in West London.
- The local care system is not financially sustainable. This is because the CCG has historically been over-funded relative to other areas. By 2020/21, the CCG will have lost approximately the equivalent of £15m worth of purchasing power per year. The CCG needs to continue to explore ways to achieve significant financial efficiencies through how care is commissioned and delivered.

At the same time, the national direction of travel towards integrated care recognises that success requires a fundamentally new approach to how CCGs commission services. This means overcoming how commissioning now acts as a barrier to integration by creating organisational and contractual barriers. In particular, this means recognising that stand-alone contracts with individual providers – managed ever more tightly – is not working and instead giving CCGs the tools to commission differently.

In North West London, the Sustainability and Transformation Plan commits the eight CCGs to improving outcomes through care integration. Each CCG is now designing its local approach to the integration of out-of-hospital care. This is happening within a common framework, including outcomes-based contracts, pooled budgets, single contracts that cover multiple providers, and long-term contracts that support transformation. NHS England requires STP areas to come together to form Integrated Care Systems. We expect to be performance managed against this and our integrated care offer is a vital component of the wider NWL approach.

The CCG's integrated care strategy makes it clear that our work to secure the benefits of integrated care does not stop with the launch of the Integrated Community Teams. As the strategy made clear, the CCG intends to progress integration further through the design of a Multispecialty Community Provider (MCP).

This is a label for how the local system will commission and deliver integrated care in the future, extended across the whole population and including more services.

The MCP's core features will be:

- an integrated care offer covering the whole population;
- all providers operating within a joined-up model of care delivered primarily through the north and south hubs, primary care networks, and GP practices;
- all care providers working together to deliver a shared set of outcomes;
- a new commissioning approach that drives integration through a single contract and single budget – helping providers to overcome the fragmentation (and diminished outcomes and experience) that results from the CCG holding currently separate contracts with different providers for different services; and
- an ability, through new ways of working, to redesign service provision to reflect the very tight financial settlement expected over the next decade.

The CCG's MCP definition framework (page 3 to 16) set out this logic for progressing with the integration of out-of-

hospital care through the design of an MCP fitted to meet West London's local needs.

The remainder of the paper sets out the plans and other work based on this strategic direction.

Section 2 presents the timeline by which the MCP will launch during 2021/22. This reflects the time required:

- for primary care networks to develop their delivery and leadership capabilities;
- to develop a common NWL STP approach to integrated care, including the interface of MCPs and acute providers; and
- for the CCG to design and execute a highly complex procurement process (if we decide that a procurement is our preferred contractual approach).

Section 3 sets out the CCG's approach to commissioning with the existing alliance partnership to drive the necessary care transformation and financial savings, designed with advice from an independent legal team.

Section 4 then sets out the basis of the CCG's upcoming design work, in terms of potential scope, value, timelines, and design process.

Section 5 summarises the initial feedback received from local providers through the CCG's current provider engagement and development work. This feedback will be worked into the next phase of the programme.

Finally, section 6 sets out the programme risks associated with this work. These are being managed through the CCG's MCP programme board.

Quality & Safety/ Patient Engagement/ Impact on patient services:

As set out in section one of the paper, one of the drivers of the CCG's integrated care programme is the improvement of patient outcomes based on improvements in quality and safety of local care services. The CCG's outcomes framework sets out the priorities for these improvements.

The care models for *My Care, My Way* and *Community Living Well* – both core components of an expanded integrated care offer in West London – were based on deep co-design with local people. The CCG is committed to this approach to local care models and will be replicating it in its further work on care model design.

The CCG is committed to continuing to engage local people its broader approach to integrating care, as it has done most recently with the launch of the Integrated Community Teams. It is now devising its communications and engagement plan for how this will be replicated for the broader MCP programme.

Financial and resource implications

If this paper is approved and endorsed as set out above, the resource implications are:

- the CCG will begin to design the approach to next year's alliance commissioning, in line with the approach set out in the paper; and
- the CCG will continue its work on option for the technical design of the MCP, in line with the process shown in section 4.

There are no direct financial implications of the material in this paper. These will emerge on the basis of the work taken forward from the paper and will be brought to the governing body for formal decision.

Equality / Human Rights / Privacy impact analysis

There has been no analysis for the purposes of this paper. This will be undertaken as required for specific services changes.

Risk

Section 6 of the paper sets out the primary risks relating to this overall programme of work, along with ratings for likelihood and impact and the mitigation actions so far taken.

The risks areas covered include:

- the impact of divergence of MCP commissioning approaches between the NWL CCGs;
- capacity and capability within the CCG to execute the programme;
- provider readiness;
- the potential quality impact of any uncertainty in commissioning plans; and
- the risk of formal challenge to the CCG's commissioning plan.

Supporting documents

- 'Developing the alliance and commissioning a Multispecialty Community Provider in West London'

Governance and reporting

Committee name	Date discussed	Outcome
The development of inputs for this paper has been discussed by:		
Transformation Board	8 May 2018 12 June 2018 10 July 2018	Feedback for working in to successive drafts of this paper
Governing Body Development Session	22 May 2018 19 June 2018 3 July 2018	
MCP Programme Board	10 July 2018 21 June 2018 12 June 2018 5 June 2018 29 May 2018 17 May 2018 8 May 2018	

