Summary of purpose and scope of report

Over the past five 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.

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.

*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.

The *North Kensington* model has built on the principles of these offers to meet the additional needs created by the fire at Grenfell Tower.

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.

They are doing this by bringing more organisations and services into the integrated care offer, focussed on delivery of a single set of shared outcomes.

In July 2018 the governing body endorsed the case for change for extending this work into a comprehensive out-of-hospital offer for the whole population. This was based on the need to continue to improve local health and wellbeing outcomes and the need to deliver long-term financial sustainability of the West London care system. The governing body agreed that a Multispecialty Community Provider
(MCP) is its preferred vehicle for delivering this comprehensive offer.

The governing body requested that the integrated care team continue over the summer its design work on the MCP, alongside further definition of primary care network development and the extension of the ICT for 2019/20.

This paper describes this work by:

- restating the rationale for, and components of, the integrated care strategy;
- summarising the progress since July 2018 on primary care network and ICT alliance development;
- setting out the design work done across the MCP since July 2018, noting that much of this work is commercial in confidence and will be discussed in detail by the governing body in private sessions;
- explaining the programme plan for the next year of MCP development, including tasks and resources; and
- describing the main categories of risk, extracted from the full MCP workstream risk register.

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

As set out on page 7 of the paper, one of the drivers of the CCG’s integrated care programme is the improvement of patient outcomes based on improvements in the quality and safety of local care services. The CCG’s outcomes framework sets out the priorities for these improvements.

The integrated care models now in operation – all core components of an expanded MCP integrated care offer – were based on extensive co-design with local people. The CCG is committed to this approach and is replicating it in its further work on care model design.

The CCG is committed to continuing to engage local people in its broader approach to integrating care, as it has done most recently with the launch of the Integrated Community Teams. As set out in the paper, engagement across a wide range of local stakeholders is the focus of the next stage of the MCP workstream.

Financial and resource implications

The financial context in which the CCG is developing its MCP is summarised on page 8 of the paper.

If the paper is approved, the resource implications for the CCG are that it will invest approximately £200,000 of funding already allocated to the integrated care programme to build out the CCG team required to deliver the next phase of integrated care development. This is on the basis of detailed task and resource planning and a new team structure across the three workstreams of the integrated care programme, as summarised on pages 28-32, 35, and 37 of the paper.

The points at which programme updates will return to the governing body for further permission to proceed are shown on page 36.

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

The governing body considered a summary of the MCP workstream risk register in July 2018. The full risk register has been updated to reflect the additional work undertaken over the summer. This is managed by the integrated care delivery group, which reports to the transformation board and, in turn, to the governing body.

Page 38 of the paper sets out the primary risks categories relating to the MCP workstream, along with additional detail in each area.

The categories covered are:

- engagement;
- programme leadership and management;
- financial planning;
- regulation, legal; and
- contracting.

Supporting documents

- ‘Progress developing the MCP in support of the CCG’s integrated care strategy’

Governance and reporting

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<tr>
<th>Committee name</th>
<th>Date discussed</th>
<th>Outcome</th>
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<td>Integrated Care Programme Board</td>
<td>4 September 2018 2, 9, 21, 28 August 2018 10, 19 July 2018 5, 12, 21 June 2018 8, 17, 29 May 2018</td>
<td>Feedback on MCP and integrated care programme development work</td>
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