Report from the Accountable Officer

October 2018

In my last report, I set out three broad areas that had been the main focus of my first 100 days in the Accountable Officer role. I thought it would be useful to use these areas as a framework for this and future reports, adapting as necessary.

1. Development of closer collaborative working across the 8 CCGs

All eight CCGs have now voted on the harmonisation of their constitutions, and the delegation of certain commissioning responsibilities to the joint committee to enable closer collaborative working. I am pleased to report all CCGs have now had membership ballots which have overwhelmingly endorsed the changes. This is a very significant milestone in the development of the collaboration and a tangible vote of confidence from members of the CCGs to the new arrangements. The constitutional arrangements now need to be ratified by NHS England, but we are on schedule for the joint committee to come out of shadow form from December.

We have also made progress on recruiting the senior team for the new structure. Paul Brown joins us a Chief Financial Officer on 19 November, allowing for a handover period with Neil Ferrelly, who is retiring at the end of November. I would like to thank Neil for his excellent work as Chief Finance Officer both as part of the collaboration and for his work more generally for the NHS over forty years.

We are in the process of recruiting a North West London Director of Commissioning, and a new STP Director. An independent Chair for this Joint Committee of CCGs is also being recruited.

Four of our internal directorates – HR, Governance, Communications and Informatics – are pioneering a new model of joint working, where they will operate as a single Corporate Services unit, maximising synergies and efficiencies across the four teams. This model is running as an initial nine-month pilot and we intend that it eliminates the need to recruit another senior post to oversee the four directorates.

2. North West London Health and Care Partnership

Our STP (Sustainability and Transformation Partnership) has been renamed as the North West London Health and Care Partnership, which I think gives a clearer indication of how we want to work across the local NHS commissioners and providers with our local authorities.

We have continued to work towards a 'reset' of our strategy. As I explained at the last meeting, this does not mean rewriting the strategy, but explaining it better and making sure we are putting enough emphasis on the key elements of our plan. This is explained in greater detail elsewhere on the agenda. We are also looking again at how we engage with local people on changes to health and care and we are keen to work with local people, Healthwatch and the voluntary sector as we look to develop an ongoing conversation based on continuous engagement with our residents and stakeholders.

Alongside the strategy, we have continued to develop the governance of the Health and Care Partnership and we now have agreement on a new structure which better

reflects the roles of NHS providers and commissioners, local authorities and local residents.

We held a successful workshop on integrated care, with wide representation from the NHS and a number of local authority colleagues. The most striking thing about the discussion was the enthusiasm among all parties to work more collaboratively to deliver real benefits to patients.

You may have read about the King's Fund's latest report on London STPs, *The Puzzle of STPs in London.* As with the previous report, this was commissioned by the Mayor of London. The report has some positive things to say about STPs, but notes that London is not as far advanced as some areas of the country with the integrated care agenda, suggesting this is in part due to the complexity of the London health and care system.

The report also makes specific reference to hospital bed numbers and we have taken this opportunity to clarify our thinking on hospital beds in North West London. Which essentially is that we do not think we will end up with fewer hospital beds in NW London over the next five years. We have always been committed to revising our initial projections for future hospital bed numbers in line with actual activity. Our latest analysis suggests that the number of beds in NW London has gone up slightly since 2012 and we expect the number of bed numbers to stay more or less constant for the next five years at least.

Regarding our local hospitals, our STP made clear that there would be no substantial changes until such time as any capacity has been adequately replaced. NHS partners will work jointly with local communities and councils to agree a model of acute provision that addresses clinical safety concerns and expected demand pressures.

We also give an account of the progress made by the STP over the last few years.

Colleagues will be aware that a Ten Year Plan for health and care is due to be published shortly. Our expectation is that this will put increased responsibility on the NHS and local authorities to work at a whole system level to deliver integrated care to populations such as North West London.

3. Finance, Performance and Quality

We reported at the last meeting that there are concerns about our overall financial position, and subsequently we agreed that the Joint Finance Committee should oversee the development of our recovery plan. This has developed under the supervision of Jonathan Wise, who knows the North West London patch well, and a summary of the plan is on the agenda.

A key focus of work in the months ahead is winter planning and management of demand at the busiest time of year. Our Director of Performance, Lizzie Bovill, is leading this work at a North West London level. I attended a London-wide conference on winter planning on 23 October, and I will be reviewing our winter readiness in the light of the steer given at the conference.

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We are also seeking assurance that our plans to reduce long waiting times for patients who require admission are on track, and not disrupted by winter pressures. We will be having further discussions with regulators to ensure the correct capacity is in the system to improve compliance with constitutional standards in this area.

Our new Quality and Performance Committee met for the first time on18 October and a report from that group is included on the agenda. The new group enables us to take a more strategic overview of quality and performance issues, and will aim to ensure the maximum benefit is derived from our new collaborative arrangements.

Mark Easton

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