Annex A: The National, North West London and Local Strategic Context

In developing our local Commissioning Intentions, Harrow CCG (HCCG) has had to consider not only the local challenges but also the challenges arising from the wider national and North West London contexts. This chapter starts by exploring the national context and the North West London response to these challenges before providing some further details of the CCG’s response to its local challenges.

Section 3a: The National Strategic Context

The national strategic context is laid out in the NHS document “The Five Year Forward View” most notably the fact that without changes to the way healthcare services are delivered and the resulting financial efficiencies the NHS will need an additional £30 billion a year by 2020/21. Some of the options discussed in this comprehensive document as to how the NHS can respond to the National and Local Challenges are outlined below:

- New options to permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care through a Accountable Care Provider.

- A further new option will be the integrated hospital and primary care provider – Primary and Acute Care Systems – combining for the first time general practice and hospital services, similar to the Accountable Care Organisations/Partnerships (ACPs) now developing in other countries too.

- Across the NHS, urgent and emergency care services will be redesigned to integrate between A&E departments, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services.

- The NHS will provide more support for frail older people receiving care supported by realigned community services.

- GP-led Clinical Commissioning Groups (CCGs) will have the option of more control over the wider NHS budget, enabling a shift in investment from acute to primary and community services.

- From 1st April the CCG intends to move to fully delegated (Level 3) co-commissioning arrangements with NHS England.

- Improve integration between CCG commissioned and Specialist commissioned services.
The North West London Strategic Context

Harrow is part of the North West London Collaboration of CCGs and together they have worked closely to develop a long term vision for the delivery of health and social care in North West London. The key aims of this transformation vision is to provide more care closer to home, reduce pressure on acute services, invest in whole systems care and reconfigure acute services to deliver better outcomes and to release resources for investment in the community.

The diagram below provides an overview of the North West London Healthcare Vision.
Shaping a Healthier Future (SaHF)
To deliver the North West London Healthcare vision we need to transform how health and care services are delivered both in hospital and in the community. In 16/17 the SaHF Reconfiguration programme will continue to oversee the re-configuration of the existing hospital landscape of nine hospitals to provide five Major Acute Hospitals. This will involve the following fundamental changes.

- Ealing and Charing Cross sites redeveloped, in partnership with patients and stakeholders, into local hospitals;
- Hammersmith Hospital established as a specialist hospital;
- Central Middlesex Hospital will be redeveloped as a Local and Elective Hospital.

Outline Business Cases (OBCs) are being developed and centrally reviewed for all sites in 2015/16 (major and local hospitals) additionally the programme is also developing an Implementation Business Case (ImBC) to ensure that the refined solution for NWL remains affordable and aligned with the clinical vision. OBCs for Major and Local Hospitals are expected to be approved by NHS England, NHS Trust Development Agency, Department of Health and Her Majesty's Treasury in 2015/16, and following this Full Business Cases will be developed to allow the redevelopment of sites to continue.

The Local Digital Roadmap (LDR) for North West London (NWL)
The NWL LDR is key to supporting the identified STP priorities, harnessing technology to accelerate change as the NWL care community moves towards greater digital maturity in delivering clinical services – creating digitally connected citizens and care professionals.

Harrow CCG is working with its partners in the local health economy towards the use of a common IT platform based on EMIS Web.

The main components of the North West London LDR strategy are:

1. **Automate clinical workflows and records**, particularly in secondary care settings (primary care is already largely paper-light) to **remove the reliance on paper** within care settings and **support transfers of care through interoperability**, replacing paper correspondence between care settings.

2. **Build a shared care record across all care settings**, again through interoperability, to deliver the **integration of health and care records** required to support emerging and new models of care, including the transition away from hospital care to new settings in the community and at home.

3. **Extend patient records to patients and carers**, to help them to become more digitally empowered and take an active role in their own care, and supporting the shift to new channels of care.
4. Provide people with **tools for self-management and self-care**, further supporting **digital empowerment** and the shift away from traditional care to new channels.

5. Using **dynamic data analytics** to inform care decisions and support **integrated health and social care through whole systems intelligence**

To ensure the elements of the LDR deliver to best effect we need a continued focus on some of the underpinning principles of high quality IT including:

- Improved accuracy, timeliness and quality of data entered into clinical and non-clinical systems
- Ensuring data is safe and secure, further embedding role-based processes for access and as much as possible ensuring that access is systematised
- Identification and mitigation of issues of non-compatibility across software packages
- Maximisation of the opportunities presented by mobile working to reduce the need for double-entry and increase time for patient-facing activity

There is also a need to address how data is transmitted. In the last 5 years there has been a huge increase in the amount of data being transmitted to and from services. To allow for this growth to continue we will have to address the limits being imposed by the current service provider (N3). Working with partners across the system and ensuring that we align our commissioning and contracting intentions to these priorities will accelerate and strengthen the systematic use of data and information to deliver high quality, timely, secure and person-centred care.

**The North West London ‘Transforming Care Partnership Plan’ (TCP)**

The North West London (NWL) ‘Transforming Care Partnership Plan’ (TCP) focuses on improving the quality of life, life chances and expectancy and range of local services for children, young people and adults with learning disabilities, autism and challenging behaviour. This covers such things as:

- **Community Support**: including the utilisation of more skilled staff to manage more people with complex/challenging behaviour. This will specifically focus on accommodation and behavioural support for this cohort, informed by the market development work that we will undertake within NWL.
- **Crisis Care Pathways**: available 24 hours a day, 7 days a week, that ensure people with a learning disability and their families and carers, that they will receive care that meets their needs in times of crisis including when the crisis occurs outside of the standard working hours.
- **Community Forensic Pathway**: Development of a North West London service for people with a forensic history and present a high risk of offending to provide the specialised psychological support required. This also includes people with Asperger’s syndrome.

The overarching outcomes of the TCP are to:

- Reduce the reliance on inpatient services and strengthening support in the community.
• Improve quality of life for people in inpatient and community settings.
• Build up the community capacity to support the most complex individuals in a community setting and avoid inappropriate hospital admissions.

This is with view to:
• Supporting a universal level for positive access to, and effective response from, mainstream services.
• Targeted work with individuals and services enabling others to provide person centred support to people with learning disabilities and their families/carers.
• Responding positivity and effectively to crisis presentation and urgent demands.
• The quality assurance and the development of strategic services in support of commissioners.
• Specialist direct clinical therapeutic support for people with both behavioural and health support needs.

Harrow’s TCP Local Annexe: https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/tcp_local_annex_Harrow.pdf

**The Harrow Health and Wellbeing Strategy**
The vision of the local Harrow Health and Wellbeing Strategy is

“To help each other to start, live, work and age well.”

This means:
• Start well – we want children from the womb to adulthood to be safe, happy and have every opportunity to reach their full potential
• Live well – we want high quality, easily accessible health and care services when we need them, sufficient and good quality housing, green and active spaces, healthy high streets and neighbourhoods
• Work well – we want to help people to be financially secure by finding good jobs and staying in work in an organisation which promotes health and wellbeing
• Age well – we want to enable older people to remain well, connected to others and independent in their own homes for longer and enable dignified deaths

The key priorities are:
• Use every opportunity to promote mental wellbeing
• Empower the community and voluntary sector to collaborate to deliver alternate delivery models and funding solutions
• Provide integrated health and care services
The focus of Health and Wellbeing partners in the future will focus on how they can contribute to making Harrow a better place to live and reduce the differences in life expectancy and healthy life expectancy between communities.
Developing Accountable Care Partnerships

In 2017/18 the CCG will develop a shadow outcome based commissioning model / Accountable Care Organisation (ACO) / Multi Care Provider (MCP) before implementing an extended range of outcome based commissioning through a formal partnership in April 2018 via an ACO/MCP.

Any services that are currently commissioned or are procured in future, the outcomes required of those services and associated budgets, might, in future form part of an the ACP. The CCG will require current and future providers of services to work closely with any ACP in the delivery of services that provide clinical and financial outcomes that meet the requirements of ACP agreements.

System Challenges

Our challenges are significant, urgent and system wide. We are trying to radically transform care but within the constraints of the current system.

The weaknesses in the current system of commissioning and providing health and social care include:

- **Fragmentation**: People seeking care frequently require support from a range of different providers, such as – hospitals, intermediate care, primary care, mental health clinics, nursing’s homes. The current fragmented commissioning & delivery system offers uneven quality of care, missed opportunities for the right care in the right place at the right time.

- **Misaligned incentives**: Too often our organisations face a different set of constraints and incentives, and consequently each part works to optimise its own performance without fully understanding or assessing the impact on people or other parts of the system.

- **Duplication of Efforts**: Without understanding the total story for each individual, providers duplicate efforts and together we over-consume health resources.

- **Workforce**: With fragmentation, duplication and operational constraints comes a workforce challenge – skills are misaligned and we cannot staff or resource all the services we currently aim to provide, leading to gaps in provision or unsustainable staffing costs.

- **Unclear Access**: With numerous entry points into the system, patients, service users and clinicians are often unclear on how to access the best care available and how to coordinate care to maximize health outcomes.

- **Long Term System Sustainability**: All of the above combine to drive up expenditure and contribute to the long term unsustainability of the health and care system.
How Accountable Care Models Work

- Accountable Care models are globally recognised as one of the most effective ways to bring providers together.
- Shown to advance the joining up of design, management and delivery of care.
- Providers work under a single contract, with a single pooled budget to take joint responsibility for delivering services.
- Outcomes based health and care contracts for a defined patient or resident population.
- Partners are incentivised to continuously improve and to drive delivery out of formal care settings and increasing focus on primary and secondary prevention.
- Gives greater financial security in order to plan and transform care over the longer term.
## The Value of Accountable Care Models

### Business Problems

- **Fragmentation** - the current fragmented delivery system offers uncoordinated episodic care ultimately resulting in poor outcomes.
- **Misaligned Incentives** - each part of the organisation works to optimise its own performance without fully understanding the impact on patients or service users.
- **Duplication of effort** - without understanding the total patient, carer or service user story, providers duplicate efforts and over consume health and care resources.
- **Unclear access points** - people are often unclear on how to access the best care available and how to coordinate care.
- **Collapsing financial viability** - all of the above drive expenditure and contribute to the long term unsustainability of the health and care system.

### ACP Transformation Value

- **Seamless patient movement between providers** - providers work together to manage the end to end patient and service user pathway.
- **Improved provider collaboration** - providers have the incentive to work together because they are collectively accountable for the total well being of the patient.
- **Efficiency of operations** - streamlined processes among providers reducing administrative burden associated with patient and service user management.
- **Improved access** - single point of access into the system and care coordination of entire pathway means enhanced access to the right care and the right place.
- **Long term sustainability** - reduced system costs therefore ensuring a sustainable future for the NHS and Local Authority services.
The Right Care Programme in Harrow
The Right Care programme is an NHS England and Public Health England approach that aims to support the review of health pathways with the purpose of improving value and transforming the way healthcare is delivered for patients and populations.

The First Phase
The first phase of the RightCare approach looked for opportunities to improve value and make potential savings. This involved a review of indicative data to highlight the top priorities or identify the potential for transformation and improvement. Value opportunities exist where a health economy is an outlier and will most likely yield the greatest improvement to clinical pathways and policies.

The following five areas were identified in Harrow:
- Diabetes;
- Dementia;
- MSK;
- Cancer;
- Respiratory.

Phases Two and Three
Phases two and three of the programme is exploring What to Change and How to Change, which has involved delivering stakeholder engagement workshops and working collaboratively with service users, patient representatives, clinicians, local authority and other stakeholder to redesign pathways.
Commissioning for Value is a partnership between NHS England, Public Health England and NHS RightCare. It provides the first phase of the RightCare approach – where to look.

The approach begins with a review of indicative data to highlight the top priorities or opportunities for transformation and improvement. Value opportunities exist where a health economy is an outlier and will most likely yield the greatest improvement to clinical pathways and policies.

Phases two and three then move on to explore What to Change and How to Change. During 2016 RightCare will expand its work with CCGs and work with them on these phases. More information about this is included at the start of this pack.