



North West London
Primary Care Trusts

NWL COLLABORATIVE PROGRAMME

NWL COLLABORATIVE COMMISSIONING INTENTIONS 2009-2014

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SECTION 1

FOREWARD

This Collaborative Commissioning Intentions Plan describes a five year strategy for commissioning at a supra-PCT level. It draws on the Commissioning Strategies developed for each of the eight PCTs in NWL (NWL) and the Healthcare for London (HFL) programme, focusing specifically on those areas where there is significantly greater value in commissioning collectively than individually.

The Plan is the product of joint working between the eight PCTs and their respective partner organisations; the public and clinicians. The work is overseen by the Collaborative Commissioning Group (CCG) which is the Executive arm of the Joint Committee of the NWL PCTs (JCPCT). Details of how the plan will be delivered are described in Section 5 and the governance arrangements for the JCPCT and its sub-committees are outlined in the NWL Collaborative Governance Arrangements (Appendix 1).

The plan sets out the JCPCT's vision for healthcare in NWL over the next 5 years within the context of the current health status of the population served; the level and quality of healthcare provision in NWL and the challenges identified through the local needs assessment work and the work of the Clinical Reference Group and associated Clinical Networks. From this a set of strategic objectives have been derived that outline the programme of work for the next 5 years. Specific initiatives to deliver these objectives in the short and longer term are then described in more detail with an assessment of any risks and how success will be measured and monitored.

The CCI was developed through a series of planning workshops with key partners to agree the approach content and feedback mechanisms and to determine the overarching Vision, Values, Strategic Objectives and Prioritisation Criteria.

Participants in the development of this plan are listed below.

NWL PCTs

Brent	Hillingdon
Ealing	Hounslow
Hammersmith & Fulham	Kensington & Chelsea
Harrow	Westminster

NWL Clinical Reference Group; NWL Clinical Networks; NWL Specialist Commissioning Group; Local Boroughs – through the CSPs; Patients and the Public – PCT engagement events and routine feedback mechanisms.

This collaborative plan is a key component of the developing strategy for health improvement across London and should be read in conjunction with PCT Commissioning Strategy plans and the Healthcare for London plans. Although describing a 5 year time period, the initiatives will be refreshed annually.



Mark Easton
Chair, NWL Collaborative Commissioning Group
March 2009

EXECUTIVE SUMMARY

This Collaborative Commissioning Intentions (CCI) Plan describes a five year strategy for commissioning at a supra-PCT level for the eight PCTs in NWL (NWL). The plan sets out over five chapters the vision for health and healthcare for the population of NWL; the environment in which we operate; our strategic plan; and how we intend to deliver the proposed changes.

VISION AND VALUES

Vision

Over the next 5 years the PCTs in NWL will work together, where this adds value, to transform the health and well being of existing and new and changing populations.

The aim is to improve health, reduce inequalities and transform the quality and delivery of health services for the population of NWL, building on work within individual PCTs and the Healthcare for London programme (Better Health, Better Healthcare).

This will be achieved through the development of strong and sustainable partnerships with patients and the public; providers of healthcare; and health and social care within the world class commissioning framework.

VALUES

Working together for patients. We put patients first in everything we do. We put the needs of patients and communities before organisational boundaries.

Improving lives. We strive to improve health and well-being and people's experiences of the NHS.

Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind.

Commitment to quality of care. We ensure continuous service development led by clinicians in partnership with patients, founded on the best international research and practice.

Partnerships in care. We will strengthen partnerships between commissioners, patients/public, healthcare providers, local authorities and the third sector so that the public receive equitable and appropriate care.

Strategic investment of resources. We will develop joint investment/disinvestment strategies that ensure the best use of taxpayers' money.

CONTEXT

This section of the plan sets the scene for the development of the collaborative commissioning strategy. It describes the demographics and health status of the population of NWL; how healthcare is currently provided, in terms of the way care is provided, the structures through which care is delivered and the level of investment; and the local and national context within which we operate. Insights from patients, public, clinicians and partners have then been sought to shape and focus the plan going forward.

The health system in NWL is highly complex – ranging from small GP practices providing primary care locally to major teaching hospitals conducting cutting edge specialist research and treating patients from across the country including the first Academic Health Sciences Centre in the UK based at Imperial Healthcare Trust.

Demographics and Health Status of the Population

- The NWL sector covers eight PCTs with a resident **population** estimated at 1.85 million people (ONS data).
- The population is predicted to grow by 3.9% over the next 10 years. Growth in PCT populations appears to be concentrated more in the inner boroughs.
- The overall growth disguises variation in growth rates by age band. For those PCTs with the highest predicted growth, the greatest growth appears to be in the 0-15 age band and the 45-64 age bands.
- There is considerable variation in **ethnic composition** of the PCT populations.
- The greatest change in ethnic profile over the next 10 years will be in the white population with an overall decrease of 4%. By contrast, both the Asian and Chinese & Other populations are predicted to rise by around 2% each.
- The population of NWL is not particularly **deprived** when viewed in the round. However, the PCT rankings vary from 53 (NHS Brent) which is the most deprived in the sector to 205 (NHS Harrow) which is the least deprived in the sector. Even at PCT level, the rankings disguise significant pockets of deprivation.
- NWL sector average life expectancy is above the England and London average for both males and females.
- There are wide differences in health outcomes for various diseases. However, these differences in health outcomes can be attributed to differentials that exist in socio-economic groups, ethnicity, pockets of deprivation in wards across PCTs and also differences in lifestyle and behaviour.
- There are no significant variations in prevalence rates between 2006/7 & 2007/8 across the NWL sector for most diseases. However, for a number of diseases there are noticeable variations in prevalence rates at PCT level.

Four diseases have a large impact on the health and well being of the population of NWL.

Coronary Heart Disease (CHD)

- CHD is one of the main causes of death for all NWL PCT's, with higher premature mortality in higher deprived or ethnic populations. Borough level rates mask large inequalities. However, all PCT's improved the CHD mortality rate from 2003-2006.
- The prevalence of CHD is not predicted to change significantly in NWL over the next 12 years.

- Future treatment priorities will include ensuring access to cardiac rehabilitation, developing community based heart failure services and end of life care and ensuring the management of angina patients is optimised.

Stroke

- Stroke is the commonest cause of severe disability in adults.
- Increased incidence of stroke is strongly associated with ageing
- High numbers of strokes are predicted in specific wards in the outer NWL PCTs (Ealing, Brent, Harrow and Hillingdon) which will need to be taken into account in determining the geographical configuration of stroke services.

Cancer

- Cancer treatments and services have improved dramatically over last seven years. NWL has the fourth lowest mortality rate for cancer in England (2008).
- The incidence rates per 100,000 of population are greater for breast cancer and prostate cancer, and lowest for colorectal and lung cancer.
- For most tumour sites, the earlier a cancer can be diagnosed, the better the clinical outcomes.
- Screening programmes and awareness-raising are vital in combating the disease.

Diabetes

- Diabetes is becoming a more common condition world-wide. It can affect people of all ages in every population.
- Significant inequalities exist in the risk of developing diabetes, in access to health services and the quality of those services, and in health outcomes, particularly with regard to people with Type 2 diabetes.
- The prevalence rate in NWL is slightly higher than the England average with little change in prevalence predicted to 2010.
- However, the NWL average disguises significant differences in prevalence rates between the PCTs. Harrow, Ealing, Brent and Hounslow all have prevalence rates above 5% which probably relates to their high ethnic populations.

How healthcare is currently provided

Provider landscape

NWL PCTs commission healthcare from a wide range of providers. The health system in NWL is highly complex – ranging from small GP practices providing primary care locally to the UK's first Academic Health Science Centre, which brings together the delivery of healthcare services, teaching and research in a single organisation, in partnership with the wider West London healthcare community. There are 7 Acute Trusts, 2 Mental Health Trusts and **8 PCT provider services, which have formed 4 groupings: Inner NWL Alliance; Hounslow with Richmond & Twickenham; Ealing & Harrow; and two borough based APOs; Brent and Hillingdon.**

Hospital Trusts

All of the acute non-FT Trusts have been rated as amber or red in relation to the quality and safety of their services for 2008-9. Three Trusts failed to meet the A&E, 4 hour target and five Trusts declared not met/insufficient assurance on at least 1 national core standard in 2007-8.

The PCTs purchased the following activity from acute providers in 2007-8

Type of activity	Quantity
<i>Acute Trusts</i>	
Spells	519126
Outpatients	2054725
A&E	790291
<i>Mental Health Trusts</i>	
Occupied bed days	612506
Day cases	68504
Outpatients	92627

NHS London is currently undertaken a stock take of acute provider ability to achieve FT status in the light of HfL projects and changes to commissioning. This is likely to signal a strategic review of provider services within NWL. This has already been anticipated and an initiative is included within section 4 of the CCI.

Community Providers

NHS London has requested all PCTs to demonstrate how they will achieve full Autonomous Provider Organisation (APO) status for their provider arms by April 2009, and to complete the externalisation process by April 2010. Plans in NWL are outlined below:

Inner London Alliance

The Alliance for NHS Community Services in inner NWL brings together the provider services arms of the PCTs in Westminster, Hammersmith & Fulham and Kensington & Chelsea. The Central West London Community Service was formed in July 2008. The current Alliance falls short of full integration as statutory accountability for the performance of each of the provider services arms remains with the respective host PCT. However, it provides a framework within which to test future models to achieve full integration. A single over-arching management team has been established and a Joint Provider Committee (JPC) has been created as a formal sub-committee of each PCT Board.

Whilst the institutional end point for many community services within the Alliance is not completely clear, the three PCTs are currently exploring a range of organisational options for the future management and delivery of their community services. These include options within and external to the NHS, including joint ventures. **The JPC proposed the formation of a Community Foundation Trust (CFT) to the PCT Boards for consideration in January 2009. The proposal to form a CFT was accepted.**

Outer NWL Federation

PCTs in outer NWL (Brent, Harrow, Hillingdon, Hounslow and Ealing) have established a range of vehicles to take their community services forward. Hounslow has linked with Richmond & Twickenham, Ealing has linked with Harrow, and two borough based APOs have been formed in Brent and Hillingdon. As with the inner grouping the aim is to create fit-for-purpose organisations that can compete in a market environment

The strengths and weaknesses of Provider services are described throughout the CCI. These are summarised at a high level below.

Strengths: Three teaching hospitals, one of these is the UK's first AHSC
Broad range of local provision
Progress being made in terms of reducing waiting times for treatment

Weaknesses: Performance against HCC reports (Urgent Care & Maternity) and National Sentinel Stroke Audit is mixed with some providers achieving best performing and others least well performing.
Two NWL Acute Trusts (NWLH & WMUH) reported material financial variance at Month 4. NWLH is forecasting to achieve a breakeven plan and WMUH is forecasting a £1m variance from plan.
Provider arm capacity and understanding of services being provided.
Fragmentation of services

Market development plans

Market development plans are still in their infancy and have mainly been initiatives within individual PCTs. The externalisation of PCT Provider services is the first step in shaping the market for community care, although it is not anticipated that there will be major changes in service provision before 2010-11. The development of independent sector provision of acute care has not resulted in the expected level of change anticipated by the DOH and within NWL and there is sufficient capacity within the acute trusts to deliver 18 weeks resulting in under-utilisation of the DH agreed ISTC provision. The main drivers for change on the supply-side will be the Healthcare for London programme, particularly in relation to Stroke, Urgent Care, the Local Hospitals project and Polyclinics, and the development of a NWL Children, Young People and Maternity Services network. Both the Healthcare for London programme and the Paediatric work is likely to lead to changes in the provider landscape within NWL.

Healthcare provision

The focus of the NWL collaborative programme over the last 18 months has been on reviewing clinical scale, capacity and quality.

In prioritising their collaborative work programme for 2007-9, the CCG paid close attention to a number of recent reviews (Sentinel audit, Health Care Commission reviews) which demonstrated a high level of variability between services in the sector and a variation from national averages.

As for other sectors in London, a number of clinical service reconfigurations had been implemented in NWL over the last 5 years to address issues of patient safety as well as clinical quality to achieve better health outcomes (e.g. concentration of vascular surgery within a network arrangement; reconfiguration of NICU providers into a network; implementation of the recommendations in the Coronary Heart Disease NSF through the Cardiac network; merger of the St Mary's and Hammersmith Trust renal units to create a single lead centre for the sector etc.). These changes were supported by PCTs working with their providers to deliver improved clinical pathways with consideration of the access, capacity and workforce implications.

During 2005-7, the focus on commissioning of health services had been on the delivery of national access targets and on ensuring value for money. Over the last 12-18 months, the focus has changed, as a result of the work of the CRG, endorsed by the CCG, on improving the quality of services provided to the people of NWL. For example, improving access to primary care, maternity and neonatal care and

reshaping unscheduled care services is known to improve both the quality and health outcomes from an intervention. A collaborative approach to commissioning paediatric surgery and acute stroke services both derive from evidence used successfully elsewhere to show that current service configurations do not yield the best outcomes.

The development of national standards of care has provided a means of measuring the quality of care provision (see data on stroke care as an example of this) and this approach is being adopted in SLAs to ensure that all providers are working to deliver the same level of quality. The development of true outcome measures (as opposed to structure or process measures used as a proxy for outcome) is in its infancy. However, some excellent work on 'Monitoring Clinical Outcome, Patient Experience and Equality and Diversity Metrics for SLA 2008-2009' is underway as part of the SLA with Imperial Healthcare. This work has been tested during 2008-9 and will be rolled across the sector in 2009-10.

The CRG also agreed an ambitious programme of work during 2008-9 on understanding variability across patient pathways with the intention of developing pathway indicators to support targeted interventions, leading over time to **improvements** in care within NWL. The initial phase of this work was completed in October 2008.

It is this variation in performance and a commitment to achieving levels of health and health care comparable with the world's best which are the drivers for the NWL strategy over the next 5 years.

Investment in healthcare

Total investment in healthcare in the sector will be around £3.3 billion in 2009-10 rising to £3.6 billion in 2012-13, a growth of 12% overall. The brought forward surplus at the end of 2008-9 is expected to be around £44 million. Over the 4 years period, this surplus is predicted to reduce by around 50%. Some of the surplus will be reinvested in direct healthcare and some in reducing underlying deficits. However, the current uncertainties around the medium to long term financing of the NHS suggests that the level of surplus will change over the CCI planning period.

There is considerable variability in the level of increase in investment across the 8 PCTs. Further sector-wide work is required to link the CSP analysis to programme budgeting to understand the importance of the variability in terms of collaborative service planning and commissioning.

The local and national context within which we operate

Three reports and the World Class Commissioning initiative set the national and local (London) context for strategic commissioning across NWL. These are:

- "High Quality Care For All. NHS Next Stage Review Final Report" (June 2008);
- Better Health, Better Healthcare (2008);
- **NHS Operating Framework 2009-10**

"High Quality Care For All" builds on the reforms of the last 10 years and promises to have an even more profound affect on NHS services and people's experience of them. If the challenge 10 years ago was capacity, the challenge today is to drive improvements in the quality of care. The NHS will be more personalised, responsive

to individuals, focused on prevention, better equipped to keep people healthy and capable of giving real control and real choices over care and people's lives.

The vision and key steps in the document mirror and complement the vision and values adopted by the NWL collaborative programme in 2007-9 and refined for the 2009-14 CCI plan. The information provided in the previous section and within section 4 - Initiatives demonstrates that PCTs across NWL are already making progress in delivering the Next Stage Review aspirations for the next 10 years.

“Better Health, Better Healthcare” is a programme of reform run by the NHS and local communities in London. It will improve health services throughout the capital over the next 10 years. It will make a real change and deliver what we know patients want – responsive, safe, accessible and high-quality healthcare.

NWL PCTs have been working both individually and collectively over the last 12 months to deliver the principles set out in the Healthcare for London programme and significant progress has been made in improving partnership working and reducing differences in healthcare. Our vision and values build on these principles, whilst the strategic objectives and initiatives outlined in section 4 demonstrate where we believe collaborative working will ensure delivery of the five priority areas for action outlined above and the specific programmes of work within the Healthcare for London programme.

The NHS Operating Framework 2009-10 **has as its focus 'Implementing High Quality Care for All'**. Included within this an approach to planning and managing priorities both nationally and locally – the *“vital signs”*. These describe three levels of priorities which PCTs (working with providers) need to explicitly plan to deliver. Tiers 1 and 2 cover existing and new national priorities, whilst tier 3 allows for local discretion in the monitoring of care.

There is significant variability in performance across the eight PCTs in NWL. Performance across the board has improved from Q1; however there is still considerable work to be done. The CCG discussed performance in October 2008 and committed to work collectively to address poor and variable performance collectively through a process of 'do once and share'. This work will be developed to support the delivery of the CCI in 2009-10.

The PCTs in NWL **were** assessed against the **World Class Commissioning Competencies** during Dec-January 2008-9 and their individual CSPs and the NWL CCI formed a key component of the evidence base for the assessments. A high level self-assessment carried out in April 2008 suggested each of the PCTs had some way to go to achieve the baseline position overall, although there was considerable variation against the individual competencies. The NWL Collaborative Programme work to date, and planned approach for the next 5 years, provides a strong platform for delivery against competencies 2, 3, 4, 5, 8 and 10. In addition, the PCTs have agreed a structure for delivering WCC (outlined in Section 5) which will, ensure continuous improvement in practice.

Engagement in the CCI planning process

All PCTs have involved their local clinicians, patients and public in the planning phase of their Commissioning Strategy Plans (CSPs) through a series of public events. The findings from these events have been used to inform their priority setting,

vision and values. In addition to the engagement of patients, public and local clinicians by the PCTs, the NWL Programme Team has also involved a number of stakeholders including local NHS Trusts, local clinicians (through PEC Chairs) and funded clinical networks to ensure that the CCI receives significant input around priority setting, vision and values from these local partners. Previous engagement activity carried out by PCTs has also helped to inform individual PCTs' CSPs and in turn, the CCI.

The key themes which PCTs have consistently found to be high-priority areas for local residents are strikingly similar and support the findings from both the HfL and nationwide consultations. Some of the key issues highlighted in PCTs' findings include:

- Healthy living and prevention, particularly the need for better information being available widely in the community for people to manage their own health and wellbeing.
- Access to primary care services, particularly GP services and Out Of Hours (OOH) care.
- Access to mental health services, in some cases particularly for BME communities.
- Integrated service provision, with a strong emphasis on the need for a stronger link between health and social care, with this extending to housing and education services.
- Improving the quality and safety of services.
- Greater emphasis on involving patients and the public.

A number of Trusts have ongoing engagement initiatives which are highly relevant to the collaborative work in NWL and more work is required to draw on the insights gained from these engagement activities. Trusts have demonstrated a high level of commitment to the continual improvement of how they engage with their patients to feed directly into the strategic planning and review of services.

At a sector-level, work will continue to develop leadership in Communications and Engagement through a specific engagement initiative (see Delivery section) as well as ensuring that there is significant and relevant public engagement within each of CCI priorities.

STRATEGY

Having laid out the context for the CCI in section 3, section 4 outlines the NWL Collaborative plan to deliver the Vision over the next 5 years.

Strategic Objectives

The CCG has developed a focused set of objectives drawing on individual PCT objectives which were then refined through discussions with PCT Chairs, Chief Executives and PEC Chairs. The final objectives listed below specifically focus on those areas where collaboration is required either at a sector or pan London level.

The PCTs will work in collaboration, where this adds significant value, to:

Improve the health of the current and future population of NWL

Individual PCTs, in association with their local Boroughs, will be responsible for improving the health of the population. However, the CCG, in line with *Better Health, Better Healthcare*, will continue to monitor indicators of health across the whole population of NWL and will actively champion prevention and early detection strategies known to lead to significant improvements in health.

Reduce inequalities

Individual PCTs will focus on reducing inequalities in health (see above). This objective focuses on reducing inequalities in access to healthcare.

- Reduce inequalities in access to care and in access to certain treatments (eg. cancer drugs).
- Improve the life expectancy of patients with cancer, to below the England average, through the commissioning of patient pathways that are compliant with NICE Improving Outcomes Guidance and through delivery of the Cancer Reform Strategy 2008 goals regarding cancer waiting times and better treatment.
- Ensure that all collaborative initiatives (described later) identify and reduce inequalities in access to healthcare.

Transform the quality and delivery of health services

The PCTs will use the benefits of collaboration across a health system to proactively manage the local healthcare market and drive system reform. They will use the leverage gained from commissioning healthcare collectively to:

- Reduce variability in the quality of healthcare provision by continuous and systematic review of healthcare provision against national and international clinical best practice standards.
 - By 2013 patients accessing healthcare in NWL will receive care commissioned against sector-wide patient pathways (within networks where appropriate).
- Improve the overall quality of healthcare for key groups of patients in line with national standards.
 - By 2014 improve health and social care services for children, young people and maternity services to the levels expected within the NSF for children, young people and maternity services (2004), Every Child Matters and “Better Health, Better Healthcare”.
 - Lead the local reconfiguration of services for patients with vascular disease in line with “Better Health, Better Healthcare”.

Stroke patients will have greater access to early detection services and will receive acute and rehabilitation care in line with the best in the world. Patients with cardiac disease will continue to have access to high quality care and cutting edge developments in acute care.

- Lead the local reconfiguration of Trauma care in line with “Better Health, Better Healthcare”.
- By 2011, ensure that the population has access to a range of appropriate (stand alone and networked), high quality and timely unscheduled care services.

Become World Class Commissioners

The PCTs will collaborate at a variety of levels across the NWL health system to achieve the transformation of health and healthcare for its population. Commissioning will be strengthened by:

- Building sustained commissioning capacity and capability within, and across, PCTs in line with the aims of ‘World Class Commissioning’.
- Developing health and healthcare information which supports determination of future trends, economic analysis and drives investment/disinvestment strategies.
- Development of strong partnerships between commissioner and patients/public, healthcare providers, local authorities and the third sector in the design and delivery of care.

Initiatives

The JCPCT plans to achieve its strategic objectives and overall vision through the execution of a targeted set of initiatives. The initiatives outlined below have been developed from a list of possible initiatives identified within PCT CSPs or through the HFL work programme which were then refined using agreed prioritisation criteria into two lists.

List One describes areas of work where there is scope for collaboration on all or part of the programme and planning over, at least, a 5 year period is required.

Vascular Health – CHD, Stroke, Diabetes¹, Hypertension
 Children, Young People and Maternity Services – delivery of the NSF
 End of Life Care
 Long term conditions
 Unscheduled care
 Major Trauma
 Mental Health
 Cancer – Delivery of the Cancer Reform Strategy
 Provider Landscape

¹ Although diabetes has been identified as a major contributor to ill health and mortality across NWL, the focus in 2009-10 will be on improving risk and developing local services through CSPs

List Two describes those initiatives, drawn from the above list, which the JCPCT intends to focus on in year one of its Strategic Collaborative Commissioning Plan. These initiatives are outlined in detail below.

Cancer: IOG Implementation
 Cancer Waiting times

Maternity
Improving Surgical Services for Children and Young People in Hospital
Stroke
Major Trauma
Unscheduled Care
Improving Clinical Practice
Strengthening the Provider Landscape

Each initiative is described in more detail in the body of the CCI.

Overall impact, by Strategic Objective

This section provides a summary of the CCI initiatives and assesses their collective impact on the delivery of the vision and objectives described in the plan.

The initiatives were selected from a range of initiatives identified by the PCTs in NWL because they meet agreed prioritisation criteria, including delivering a key component of one or more Strategic Objectives, and because collaboration will deliver the overarching vision more effectively.

Individually, the work streams have, and will be, the catalyst to achieving significant improvements in the commissioning and delivery of healthcare for the population of NWL and will contribute to the vision set out in Better Health, Better Healthcare over the next 5 years.

DELIVERY

Past delivery performance

The NWL sector has had a reputation for poor strategic planning and lack of ability to deliver change. However, over the last 18 months the position has changed as the PCTs have strengthened their approach to collaborative commissioning through the funding of a dedicated NWL Collaborative Programme Team and, more recently, through funding of **dedicated programme team to support the Strengthening Commissioning agenda in NWL.**

The main body of work during 2007-8 focused on establishing the infrastructure to support the delivery of change; developing PIDs for key initiatives and identifying the body of evidence and baseline position to support the need for change. Stroke, Unscheduled care and Neonatal and Paediatric surgery initiatives will all move to the tender/designation phase over the next 6 months with implementation of change, subject to consultation, by March 2010 where necessary.

Organisational Arrangements

The NWL sector has agreed a delivery structure which builds on the strength of existing Borough and local relationships whilst creating the capacity, authority and governance arrangements to commission strategically for services that are best dealt

with at a sub-sector, sector or pan-London level. The aim is to minimise duplication of transactional and analytical processes and maximise access to scarce or expensive capabilities and commissioning skills. The following section describes the evolving commissioning arrangements in NWL.

NWL Collaborative Commissioning

The NWL Strategy Board was established in 2007 to oversee the work of the CCG and steer the strategic agenda across the NWL sector. In August 2008, the eight PCTs in NWL agreed to form a Joint Committee of the PCTs to:

- oversee the identification and delivery of collaborative commissioning intentions (CCI) in NWL
- to lead the implementation in NWL of Healthcare for London (HfL)
- to lead any formal consultations relating to the CCI or HfL required across the sector to deliver service change

NWL Commissioning Partnership

The North West London Acute Partnership is being formed to strengthen commissioning for all PCTs in the sector. The prime focus of the partnership is to improve acute sector performance and delivery. It will do this in three ways:

- determining a viable provider landscape configuration in the sector
- agreeing acute sector contracts
- performance monitoring and management of acute sector contracts

Driven by the needs of its constituent PCTs, the Partnership will deliver both individual and collective commissioning intentions for Brent, Ealing, Harrow, Hounslow, Hillingdon, Hammersmith and Fulham, Kensington and Chelsea and Westminster PCTs and their PBC Clusters.

Clinical Networks

The funded networks relevant to the NWL collaborative work are:

- Cancer
- Cardiac/Stroke
- Critical Care
- PIC
- NIC

The networks are responsible for advising the CCG on the delivery of clinically effective services within their remit. The Cardiac & Stroke and Cancer networks are facilitating specific initiatives in the CCI. Details of how the Critical Care network plans to support the delivery of the CCI and World Class commissioning is detailed in Appendix 14.

Delivery Initiatives

Two collaborative initiatives have been identified to support the delivery of the CCI. These cover IM&T and Public Engagement. The detail of these initiatives is outlined within the body of the CCI.

Risk management

A high level risk assessment has been undertaken for the CCI. The risks outlined represent the high level, critical risk factors across the initiatives in the CCI. These risks will be monitored closely by the JCPCT.

In-year monitoring

Responsibility for monitoring the delivery of the CCI rests with the Joint Committee of the PCTs (JCPCT) supported by the CCG and its sub-groups. Governance arrangements are outlined in Appendix 1. Appendix 4 of the Governance framework outlines how initiatives are developed from ideas into detailed plans and the process by which changes are implemented and monitored.

The JCPCT has responsibility for approving the Project Initiation documentation (PID) for each initiative. Each PID is supported by a detailed project timetable and an agreed set of metrics against which progress is monitored. The JCPCT receives monthly updates on all initiatives. A standard reporting proforma is used (Appendix 15). In addition, each initiative has a Senior Responsible Officer (SRO) who is accountable for its delivery. Each initiative is reviewed at least annually, or more regularly as circumstances change.