# Central London CCG MCP (Multispecialty Community Provider) programme: Older People's model of care

Westminster Health and Wellbeing Network Conference

24th June 2019

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# Context

- For the first time since the National Service Framework twenty years ago, our national strategy explicitly committed the NHS to improving the provision of mental health and physical health care for older people so they can stay well, better manage their long term conditions and live independently at home for longer.
- The publication of the Long Term Plan earlier this year marked a pivotal moment for older people's care, and particularly their mental health care.
- Since the adoption of the CCG's Integrated Care Strategy, the CCG has been working with partners through the Westminster Partnership Board to develop its plans and thinking about care system

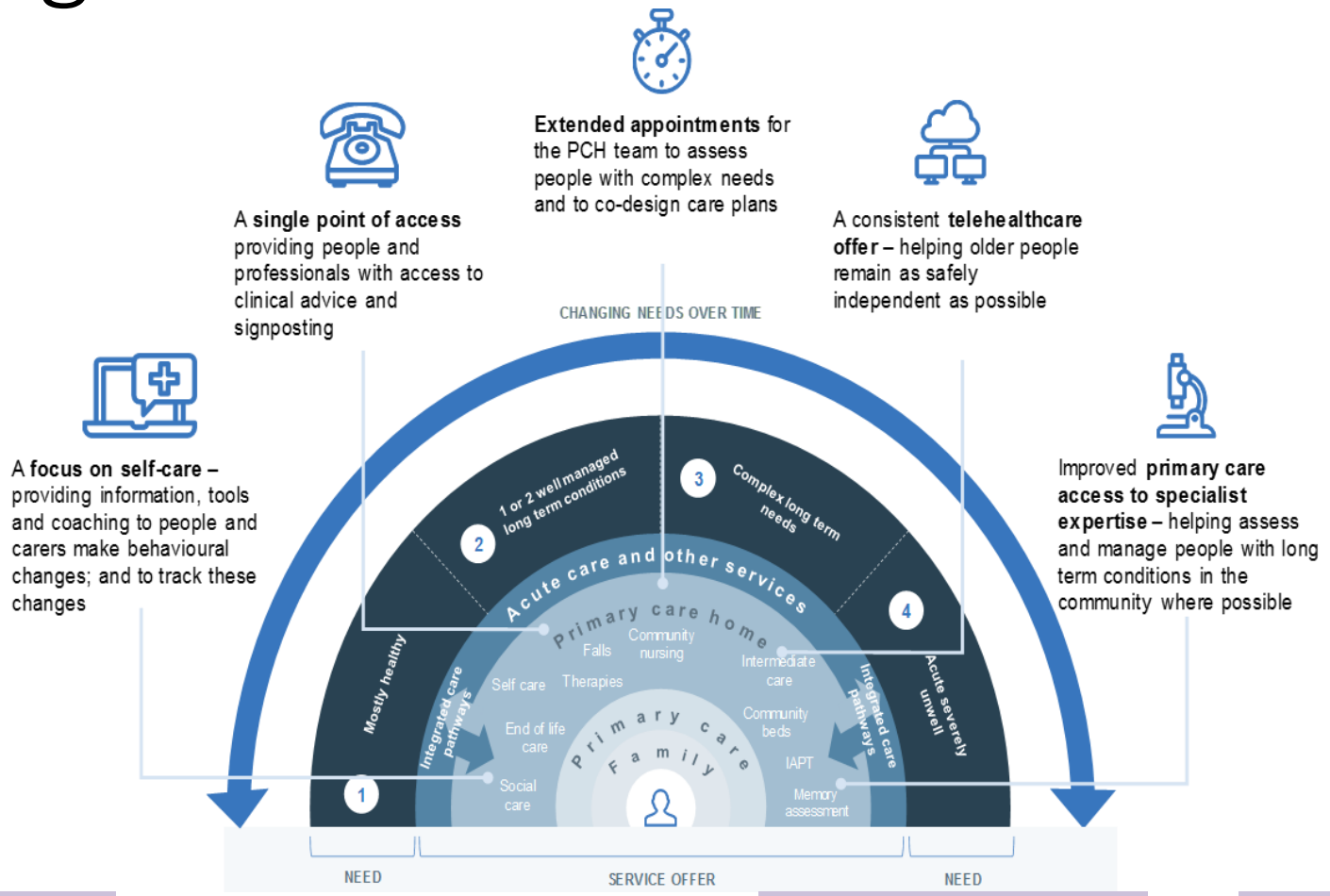
# Strategic case

- National efforts to transform the commissioning and delivery of out-of-hospital care.
- It contrasts with the current approach of multiple contracts and different points of accountability, which creates fragmentation and inefficiency.
- Addressing local inequalities.

Challenges:

- Increasing financial constraints, combined with growth in demand for acute care and prescription medicines.

# Delivering the model of care




Workstream 1: Prevention and Early Identification

Workstream 2: Digital Opportunities

Workstream 3: Integrated Community Teams

Workstream 4: Integrated Community Response

# Benefits

- Improved outcomes for patients – measured using the agreed outcomes framework
- Increased opportunities for staff as they develop new skills and broaden their knowledge of other functions
- Opportunities to maximise efficiencies within the system
- Reduction in duplication between services/functions
- Full integration as staff across organisations work together seamlessly
- Enhanced preventative care
- Consistency in assessment and care

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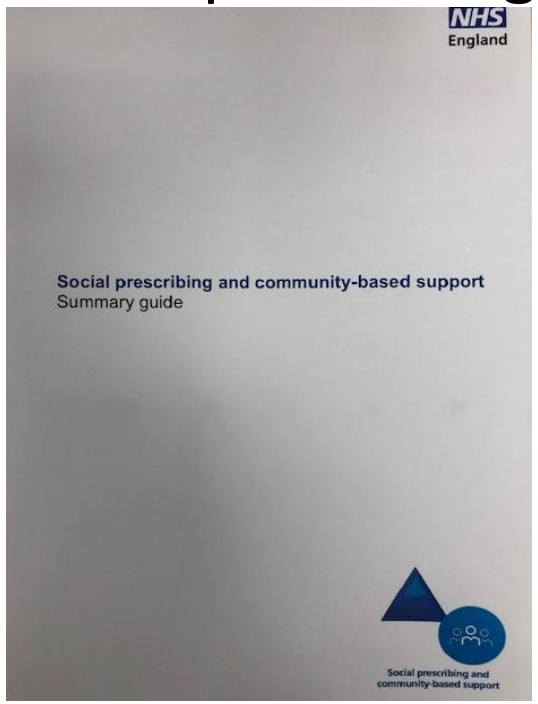
# Work Stream 1: Prevention and Early Intervention – role of VCS organisations

- Develop in partnership with VCS organisations and LA a Social prescribing operating model for the Integrated Community Team – One Westminster/GP's/LA and other CCGs
- Facilitate enhanced integration between VCS and health services within the Integrated Community Team
- Promote a cultural shift towards tackling non-medical causal factors (e.g. social isolation and loneliness) ensuring a holistic approach to improving the patients health and wellbeing

# Progress of work stream 1: Prevention and Early Intervention

- The CCG has engaged with a wide range of stakeholders – including One Westminster, GPs, social prescribing care navigators, local authority and other CCGs to set out the key elements of what makes a good social prescribing scheme and what needs to be in place locally.




# CCG's – New structure in North West London

- The NW London health and care partnership is made up of over 30 NHS and local authority organisations.
- There are 400 GP practices, ten hospitals and four mental health and community health trusts across the eight boroughs.

Following Commissioning Groups are part of it:

- NHS Brent Clinical Commissioning Group
- NHS Central London Clinical Commissioning Group
- NHS Ealing Clinical Commissioning Group
- NHS Hammersmith and Fulham Clinical Commissioning Group
- NHS Harrow Clinical Commissioning Group
- NHS Hilllingdon Clinical Commissioning Group
- NHS Hounslow Clinical Commissioning Group
- NHS West London Clinical Commissioning Group

For more info, please check:

- https://www.healthiernorthwestlondon.nhs.uk

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# Next Steps

- Locality based delivery through Primary Care Networks (PCN) – 4 in WCC
- Funding for one link worker per PCN
- Still  waiting to hear where posts will sit and how will they be managed