



**South East London  
Commissioning Alliance**  
Partnership of Clinical Commissioning Groups

# **South East London Commissioning Alliance**

**Engagement with Southwark Health and  
Wellbeing Board on CCG System Reform**

**June 2019  
v4.1**

## We are building on existing collaboration

In order to provide a more responsive and integrated commissioning system we are seeking to change how the CCGs in south east London work. This includes a focus on system oversight and planning at a South East London level through a single CCG, as well as ensuring the ability to focus on borough populations through enhancing local collaboration (across health and social care and between commissioners and providers) in **‘Place Based Boards’** and **Local Care Partnerships**:

### At a borough level

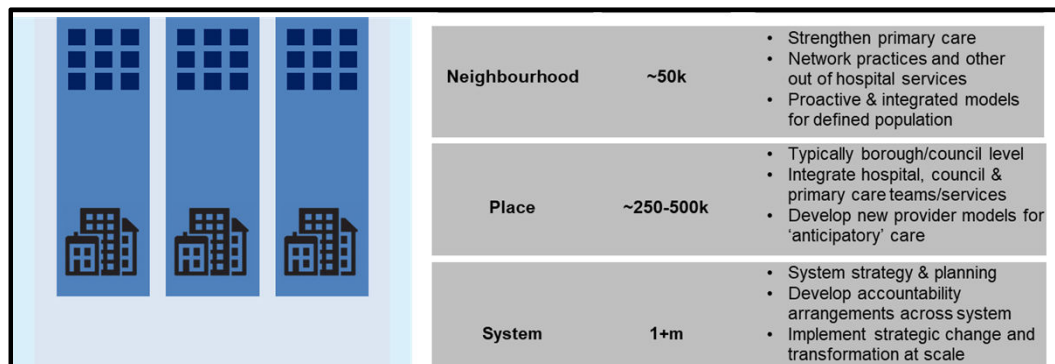
- All boroughs already have some joint commissioning resources which work to the Local Authority and the CCG
- There are a number of projects led and resourced collaboratively within our boroughs (e.g discharge to assess)
- Some boroughs have gone further in looking to pool budgets and align decision making more substantively (and see slide 10)

### At a SEL level

- Local Authority leadership is a key part of the ‘quartet’ which leads our STP
- We have recently enhanced this Local Authority leadership role with dedicated and remunerated time
- We regularly hold joint CCG Executive and DASS Executive meetings across South East London
- We have DASS membership as part of the CCG system reform delivery group (SRDG)
- Some projects and programmes additionally have joint leadership – including Transforming Care Programme, Community Based Care programme etc

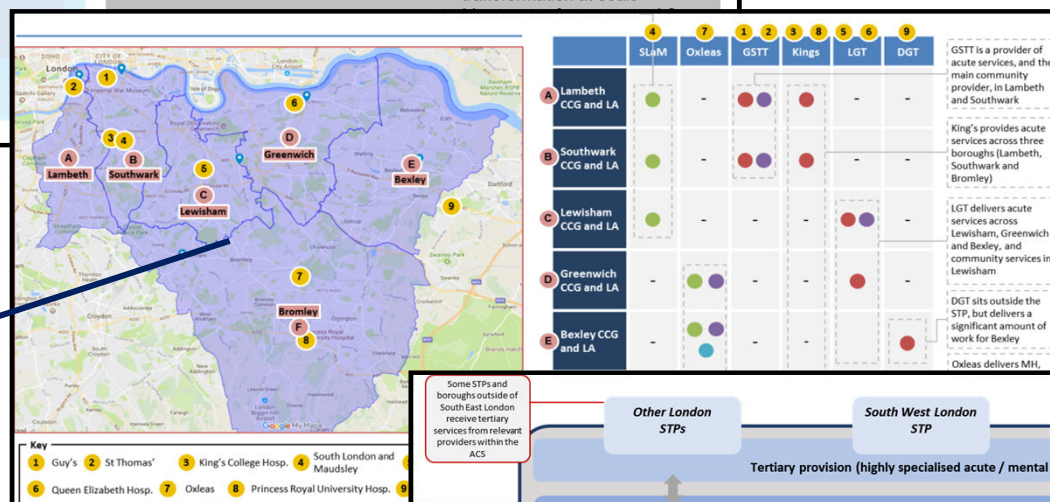
These slides aim to outline our current ways of working and our approach to deepen our partnership arrangements across SEL (through a CCG merger) and in each borough through place based boards

# We already have a coherent 'Place' based approach to ICS



National articulation of levels, Population size and purpose. In SEL:  
Place = Borough  
System = South East London (SEL)

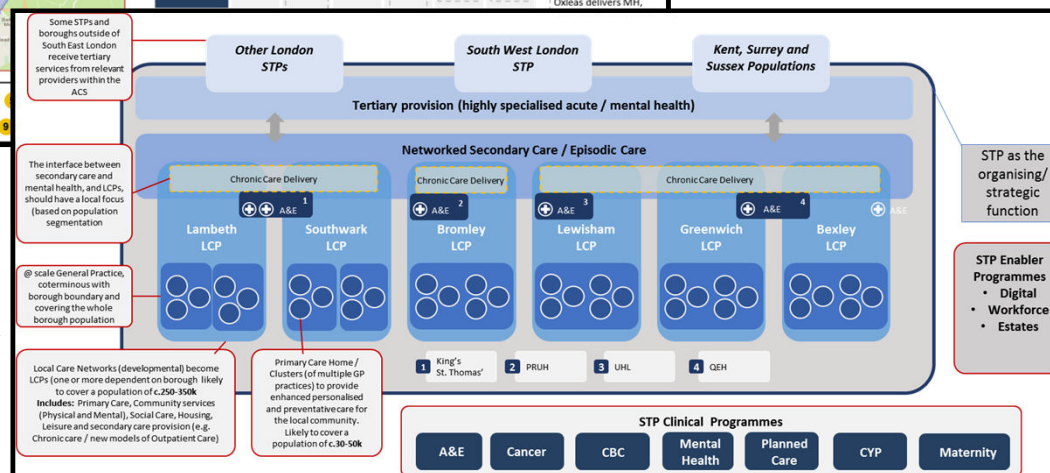
95% of South East London residents get all of their care within the STP footprint



Applied to a highly complex Metropolitan health economy that will all be one ICS  
(Currently six CCGs, five major providers, six Local Authorities, 200+ GP Practices and eight federations...)

Operating as an interdependent South east London System of Systems based on:

- Vertical Integration at borough level
- Organisations committed to delivering optimal productivity and efficiency through collaboration
- Horizontal integration across SEL



## Outline case for change

The establishment of a single CCG is a key feature of our response to the NHS Long Term plan and a critical step toward the development of our Integrated Care System being a partnership of organisations, taking collective responsibility for the sustainable delivery of high quality outcomes to our population.

### Through merger we will secure....

- The responsive **population based commissioning** at very local (neighbourhood), borough and system (SEL) place levels that our diverse communities require - simultaneously through the relocation of commissioning functions and planning and co-ordination of a single commissioning authority.
- A **different approach to commissioning** - that gives greater focus to **system strategy, planning and oversight**; greater **integration of health and social care commissioning**; and enables **alliances of providers to take 'traditional commissioning roles'** in service design, responding to populations of similar geography or need
- The ability to **derive solutions at the required scale and pace**, to the quality, performance and financial challenges that can not be resolved by our current organisations
- The requisite **capacity and different capability** required to commission services for our populations going forward within a reduced management cost envelope
- The ability to **take control and design our structures locally**, in south east London, by acting now.

## The NHS Long Term Plan also emphasises how key local authorities are to this vision

Local NHS organisations will increasingly **focus on population health and local partnerships with local authority-funded services**, through new Integrated Care Systems (ICSs) everywhere

**Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government**

The long term plan makes a commitment to supporting **local approaches to blending health and social care budgets where councils and CCGs agree this makes sense**. The government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care

New multi-disciplinary **Primary Care Networks will include** “expanded teams across groups of neighbouring GP practices who work together... with local NHS, **social care** and voluntary services”.. This is at neighbourhood level (circa 50k population size)

Health and care will need to work closely together in each borough, neighbourhood and throughout South East London (see next slide)

# The importance of 'place' and 'population'

The whole purpose of Integrated Care Systems is to ensure that patients and the public / our residents are supported with the best health and care by ensuring the organisations that support this can collaborate effectively with aligned incentives, shared accountability and the ability to make collective decisions on the best use of shared resource

In describing the south east London proposed approach it is important therefore that we are clear on definitions for:

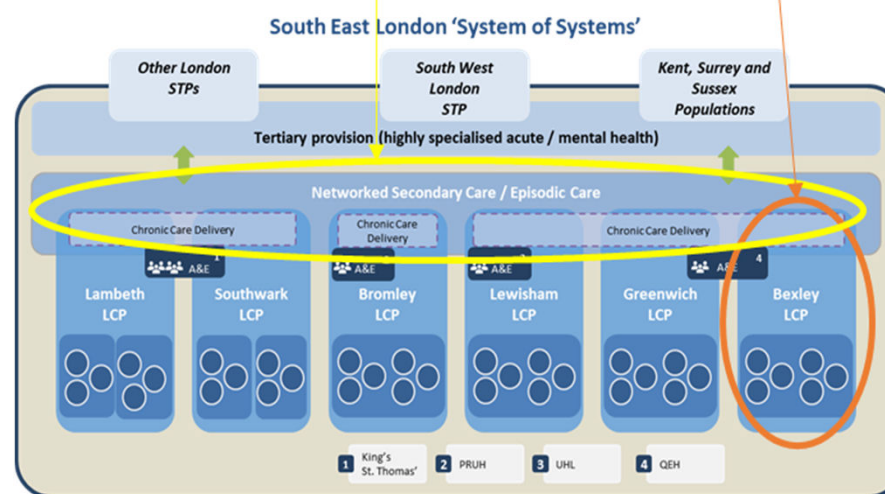
**Place** – refers to a geographical grouping; 150 – 500k population. **In London these are our boroughs.** 'Place' is also sometimes used to describe a 'level' or 'system' within our system of systems

**Population** – Is about a group of residents which we commission services for. This might be within a 'place', or it might be based on particular pathways (e.g. cancer), across multiple 'places' or at a SEL level

There are multiple places/ levels within and beyond our 'system of systems'

Level/ Terminology	Related to boroughs	Population size	Purpose
<b>Neighbourhood (Primary Care Networks PCN)</b>	Sub-borough	~30-50k	<ul style="list-style-type: none"> <li>Strengthen primary care</li> <li>Network practices and other out-of-hospital services</li> <li>Proactive &amp; integrated models for defined population</li> </ul>
<b>Place (Local Care Partnerships)</b>	Borough	~150-500k	<ul style="list-style-type: none"> <li>Typically borough/council level</li> <li>Integrate hospital, council &amp; primary care teams/services</li> <li>Develop new provider models for 'anticipatory' care</li> </ul>
<b>System (ICS)</b>	Multi-borough (6 South East London boroughs)	1+m	<ul style="list-style-type: none"> <li>System strategy &amp; planning</li> <li>Develop accountability arrangements across system</li> <li>Implement strategic change and transformation at scale</li> <li>Manage performance and £</li> </ul>
<b>Region Agrees system objectives with each ICS</b>	Multi-borough (London)	5-10m	<ul style="list-style-type: none"> <li>Agree system 'mandate'</li> <li>Hold systems to account</li> <li>System development</li> <li>Intervention and improvement</li> </ul>

We need to think about delivery of services and change 'within' and 'across' boroughs



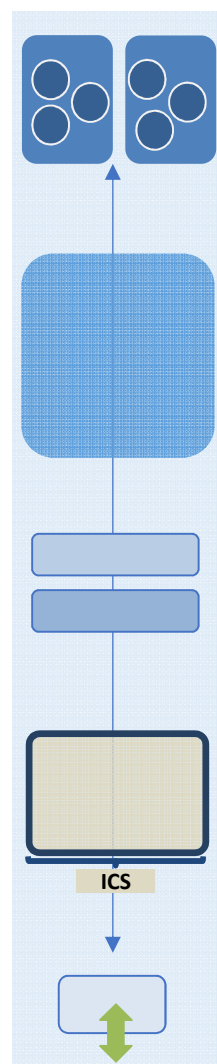


# Our ICS vision in SEL is a 'system of systems'

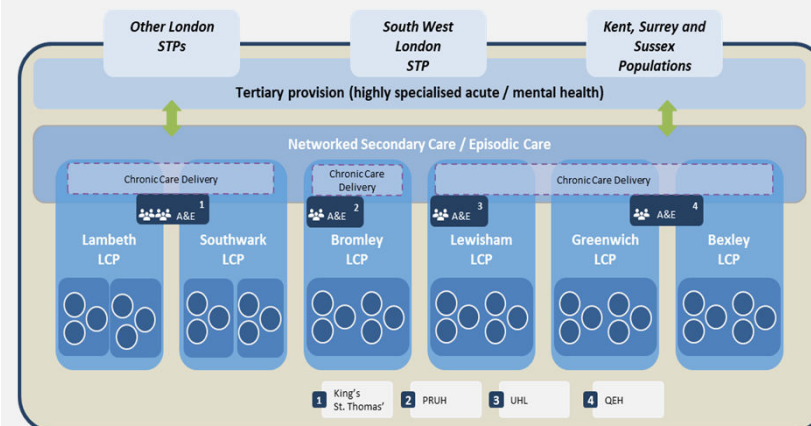
Our ICS approach considers how to:

- Support **Primary Care Networks** to work collaboratively across primary, mental, and community care at a **sub borough (or neighbourhood) level**
- Develop **Local Care Partnerships** integrating health and social care working collaboratively between different types of commissioners as well as providers **within a borough (place)**
- Work with **secondary care providers across multiple boroughs/ South East London** and tertiary services **across and outside the STP**
- South east London, working as a collection of health and care partners forms our **Integrated Care System (ICS)**

*We will also continue to work with other STPs as well the London region*



Each part links together in a  
'system of systems'



The approach to each element of this 'system of systems' is for the purpose of providing the best support to our population, driving best value across health and care, and living within our means.

**This is our vision for ICS**

# What are we trying to achieve?

The vision outlined on the previous slide outlines our key ambitions and the CCG system reform programme will help to accelerate this through:

## What are the objectives of our approach?



We can be clear and more consistent about **WHAT** our priorities and expected outcomes are (based on our priorities)

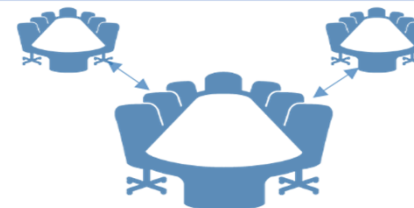


Our approach is about enabling more **INTEGRATED** working and decision making with our partners (Local Authorities, Trusts etc)



And supporting these integrated teams to agree **HOW** this is implemented

## By establishing/ supporting



A **single CCG** and **place based** boards which we need to deliver **simultaneously**



Partners shape **SEL** (OHSEL board) and **local** (Place based boards) approaches



Place based boards will have **delegated decision making and funding\***

*See the next two slides for more details*

*\*(as agreed with local areas)*



# How can the Place Based Board help us deliver our shared priorities in Southwark?



Working together to improve health and wellbeing for the people of Southwark

- Developing our approach for children and young people bringing together work within the Children and Young People's Health Partnership (CYPHP) and the development of population-level outcomes using Southwark Bridges to Health and Wellbeing.
- Accelerating the development of neighbourhoods supporting circa 30,000 – 50,000 people. These neighbourhoods will involve primary, community and social care, wider council (e.g. housing) and the VCS; and better join up care and support for people with complex health, care and wellbeing needs.
- Helping more people with long-term conditions/frailty to be supported in the community and their own home, which will reduce unnecessary time spent in hospital.
- Providing focused support for residents of care homes and nursing homes to ensure better outcomes and reduce avoidable hospital admissions.
- Supporting people with mental health issues in a primary and community care setting, reducing the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services.
- Supporting people to have greater control over their own health and wellbeing, connecting them, to the community and reducing social isolation.
- Improve our population health analytics capability to better understand and proactively respond to population need at a neighbourhood and place-based level by sharing and linking data.
- Increasing focus on prevention and self-management, supporting people to live healthier for longer and working to prevent deterioration.

# How can the Place Based Board help us deliver our shared priorities in Southwark?



Working together to improve health and wellbeing for the people of Southwark

## How we will begin to deliver on these priorities:



Work with local people and frontline staff to co-design and develop Southwark's **neighbourhood model** to better join up care and support within the community, and respond to the health and wellbeing needs of local populations.



**Formalise collaborative alliance arrangements** enabling system partners (initially Southwark CCG, GSTT, SLAM, GP federations, and Adult Social Care) to deliver integrated primary and community-based health and care. At the same time we will develop partnerships with non health and care agencies so that there are opportunities and experience which narrow the gaps in inequalities.

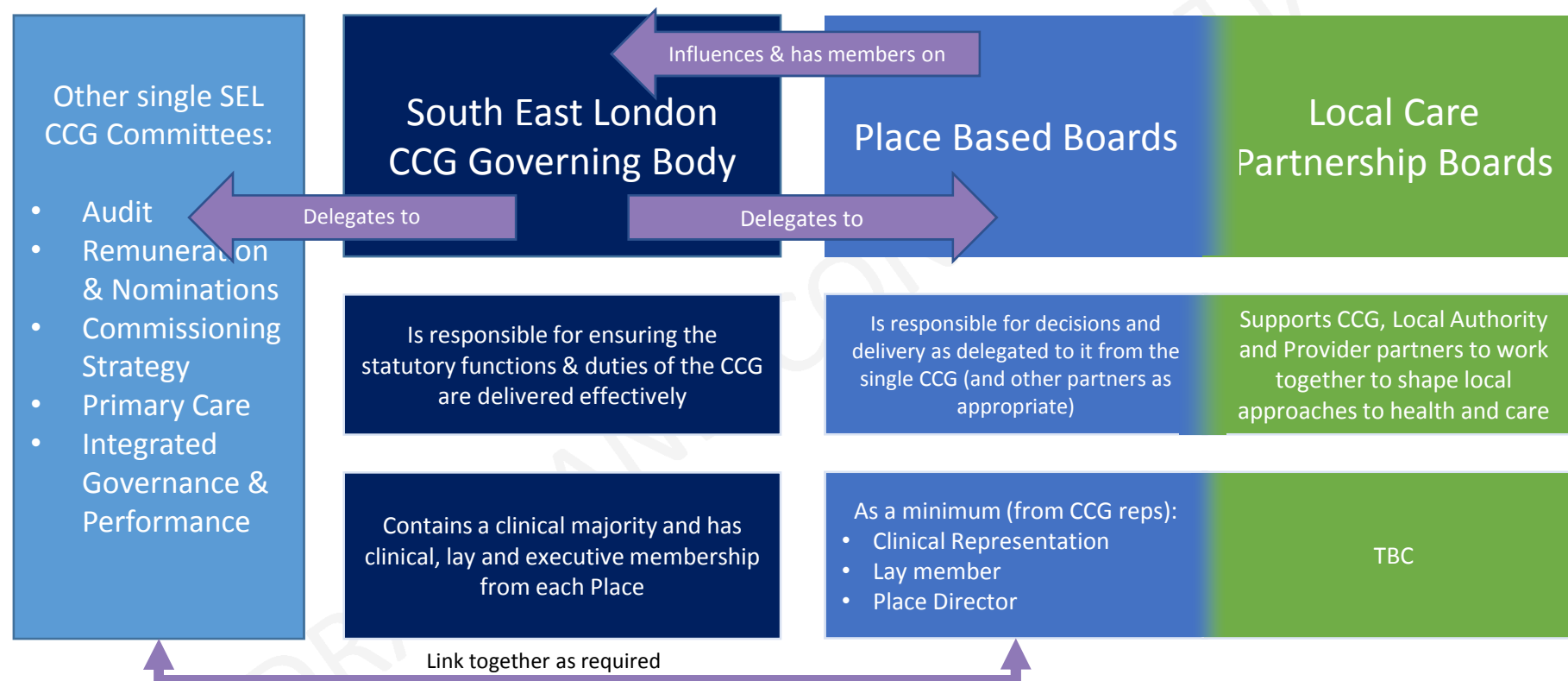


Join-up strategic commissioning between the Council and CCG which, over time, will move towards a **population-based approach to commissioning for outcomes** using **Bridges to Health and Wellbeing** segmentation framework.

**We will build on work we have done to date; providing a foundation to go further faster in delivering tangible benefits for local people and reducing pressure on the system.**

# What is our current thinking in terms of our developing governance?

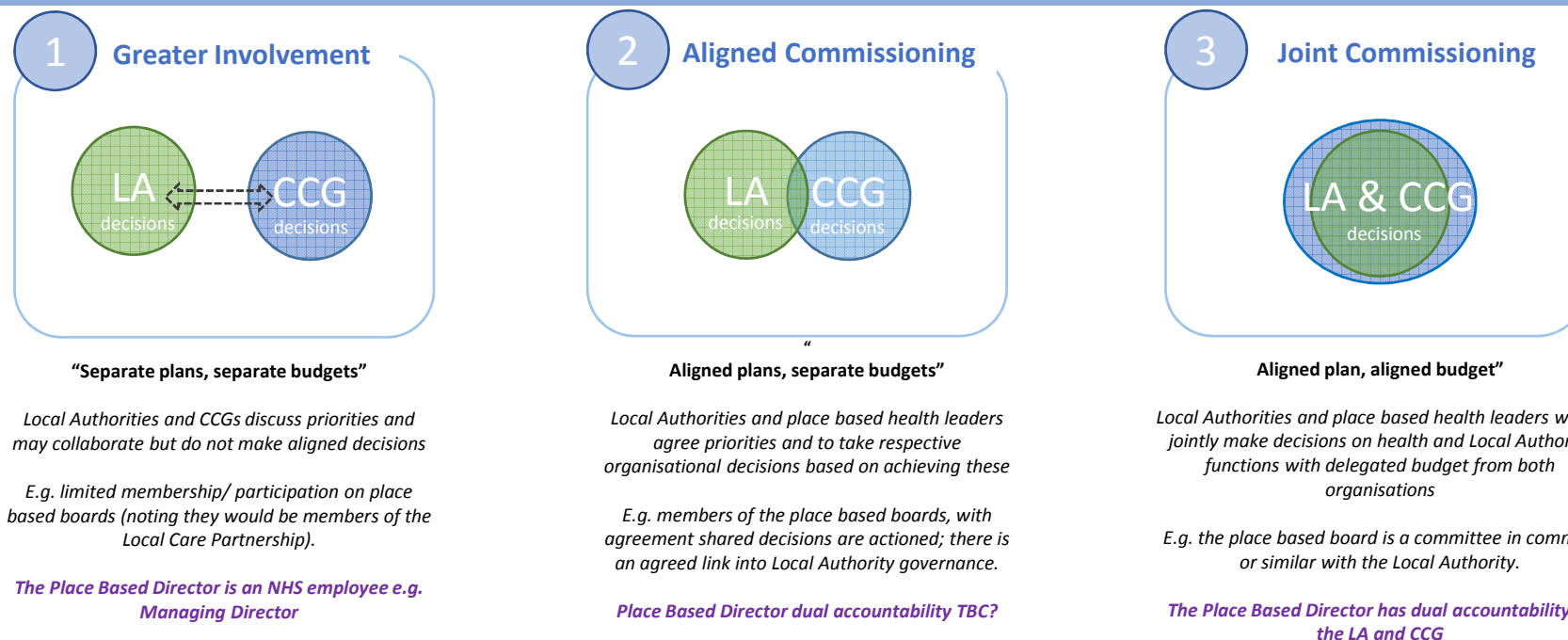
A single CCG for South East London would have a governing body and also a number of sub-committees. Many would be constituted to undertake necessary functions for the CCG, whilst place based boards would be the NHS' key commissioning forum at a borough level. Our aim is that this provides a forum for more collaborative working with Local Authorities (see next slide), but recognise our six boroughs may have differential positions on 1<sup>st</sup> April 2020. Place Based Boards would shape approaches and oversee delivery at a borough level and many of the CCG members would also be on the single CCG governing body. Increasingly over time boroughs would work more closely with other provider and commissioner colleagues to shape these local decisions as part of a Local Care Partnership.



There is a key objective to support partnership working and local approaches in each borough but also to ensure that there aren't unintended consequences on other boroughs, or at SEL level, from decisions are taken in an individual borough. Therefore the expectation is that there will be an agreed 'initial approach' to decision scope for all boroughs, with the ability for further changes by agreement across the boroughs.

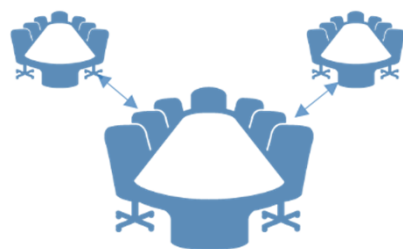
# What else needs to be defined in a place board?

There are different starting points and options for joint working between NHS and LAs in a borough



*There are no pre-defined starting points or change expectations related to these levels of delegation*

Where budgets are delegated there will be choices about WHICH and HOW MUCH



*All places will be delegated budget/ decisions from the single CCG but details of the delegation approach is a key element to be determined in the reform programme.*

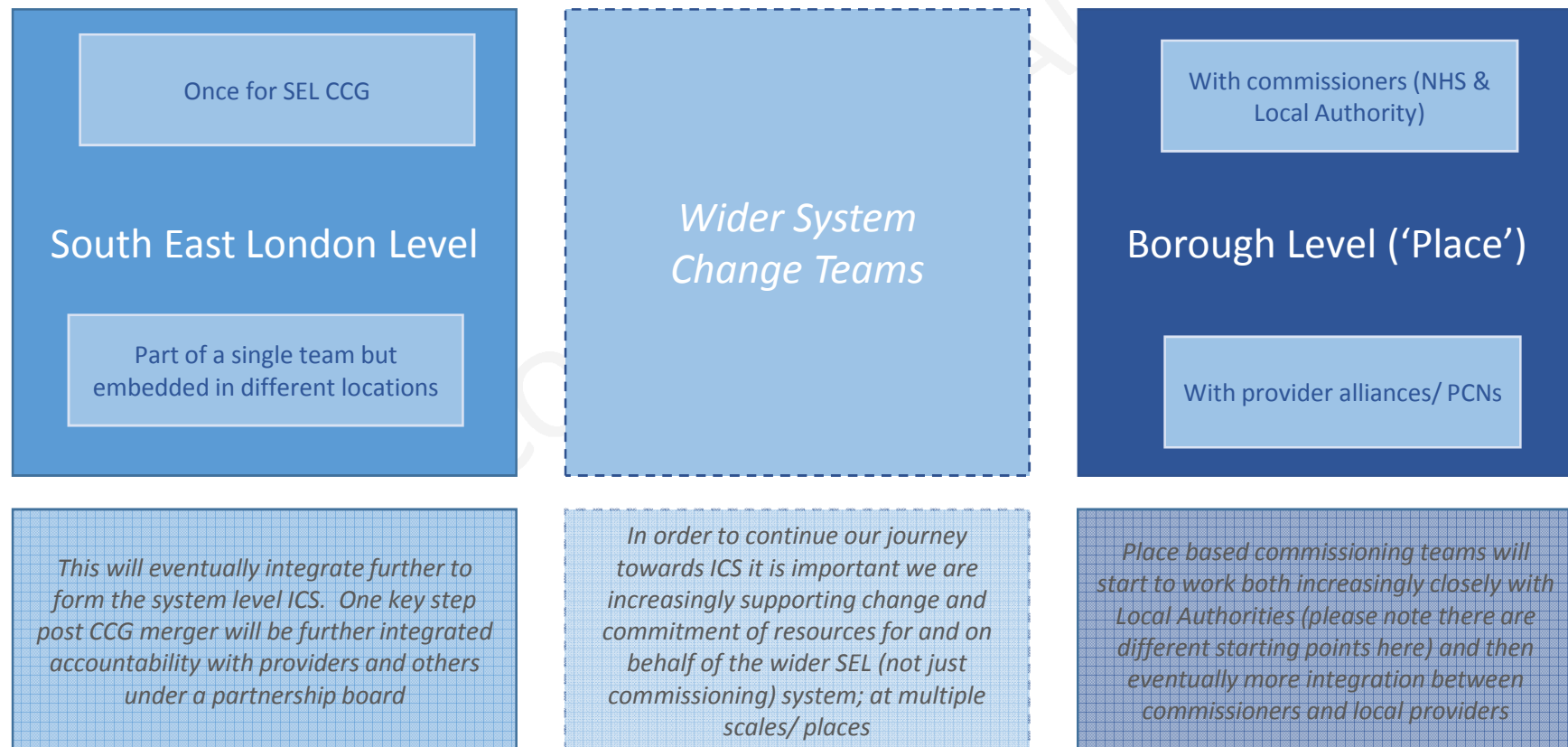
*Local Authority delegation (of decisions and/or funding) will also need to be determined in each local area*



## We have also started to consider how resources might be organised...

A key principle is ensuring that we have the right capacity and capability at each level of our system of systems. Current CCG functions and teams will therefore either:

- Work as part of a single South East London team; either fully consolidated or with a single point of leadership and staff embedded within places
- Work within a borough reporting to the Place Director (e.g. joint commissioning)
- Work as part of a team with resources and funding from multiple system partners, focused on implementing change



## Where are we in the change programme?:

The aim is to have a single SEL CCG and the place based systems established by 1<sup>st</sup> April 2020

