



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

South East London Commissioning Alliance:

Engagement with JHOSC chairs on CCG System reform

22nd July 2019

Meeting: SE London Joint Health Overview and Scrutiny Committee

Location: Greenwich Council, Woolwich Town Hall

Date: Monday 22nd July 2019

Title: Engagement with JHOSC Chairs on CCG System Reform

Presenter: Christina Windle, Director of Commissioning Operations,
South East London Commissioning Alliance

SUMMARY:

The six CCGs in South East London are undertaking a system reform programme to support a merger into a single CCG across the geography. There will continue to be clearly defined work and responsibilities in different parts of the system, particularly 'place' (e.g. boroughs), with the expectation of increased partnership working as well as a streamlined commissioning function.

This pack aims to summarise some of the purpose, principles and approach to this work.

Full merger proposals will go to current CCG governing bodies in September and then NHS England/ Improvement will also need to approve, for the merger to take effect 1st April 2020.

ACTION REQUIRED:

The SE London JHOSC is asked to:

Note the approach to CCG system reform and current thinking in terms of future arrangements

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

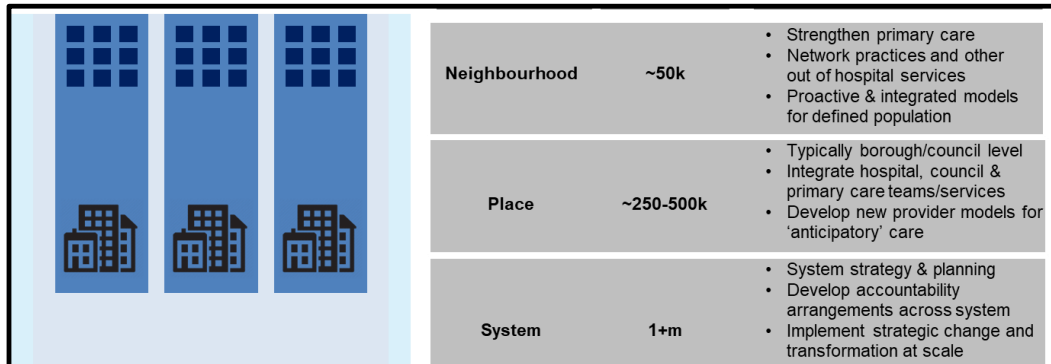
- All boroughs already have some joint commissioning resources which work to the Local Authority and the CCG
- Healthwatch are key members of local care partnerships
- There are a number of projects led and resourced collaboratively within our boroughs (e.g discharge to assess)
- Some boroughs have gone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

At a SEL level

- We have comms and engagement resources within the STP, supporting patient and other stakeholder engagement across south east London
- The south east London PPAG involves patients in the STP strategy
- Local Authority leadership is a key part of the ‘quartet’ which leads our STP; enhanced with dedicated and remunerated time
- Some projects and programmes additionally have joint leadership – including Transforming Care Programme, Community Based Care programme etc
- We have DASS membership as part of the CCG system reform delivery group (SRDG)

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

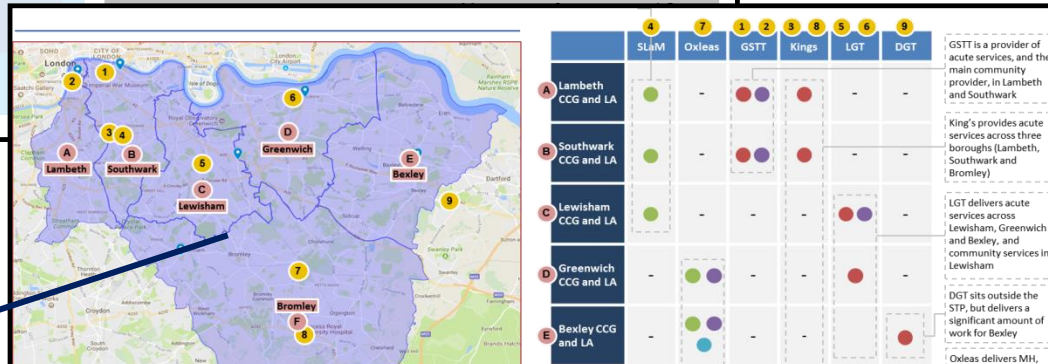
We already have a coherent 'Place' based approach to ICS



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

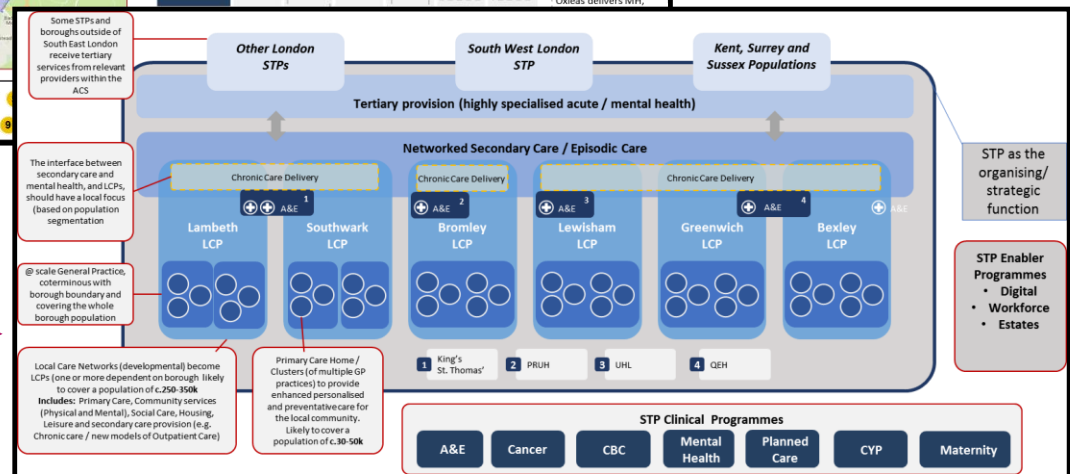
Applied to a highly complex Metropolitan health economy that will all be one ICS
(Currently six CCGs, five major providers, six Local Authorities, 200+ GP Practices and eight federations...)

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



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



By Implementing the NHS Long Term Plan we can Improve Services delivered

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

A reduction in administrative cost will mean more money will go to front line services

Improved and joined up care throughout south east London with services across south east London being the same high standard

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**. This will mean that there will be delivery of joined up services in each borough

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

Services that deliver clear health and wellbeing outcomes for patients

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

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 cannot 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 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:

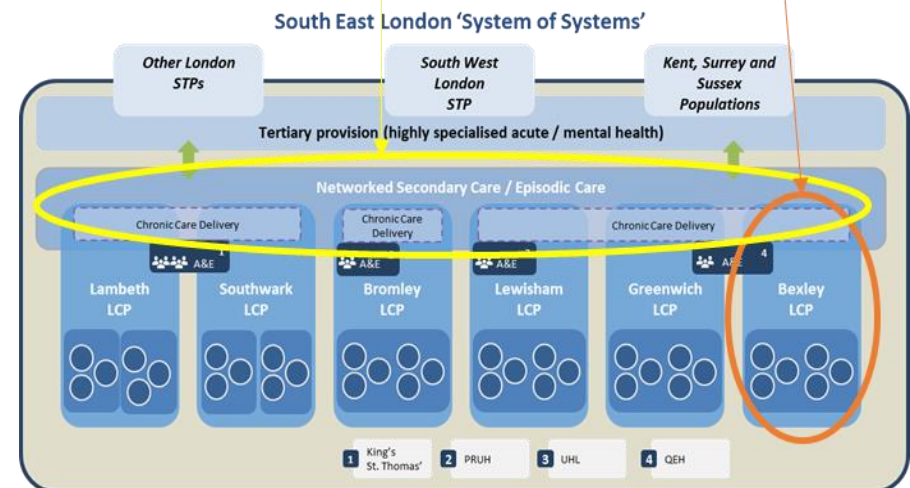
Place – refers to a geographical grouping; 150 – 500k population. **In London these are our boroughs.** 'Place' is also sometimes used to describe a 'level' or 'system' within our system of systems

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

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

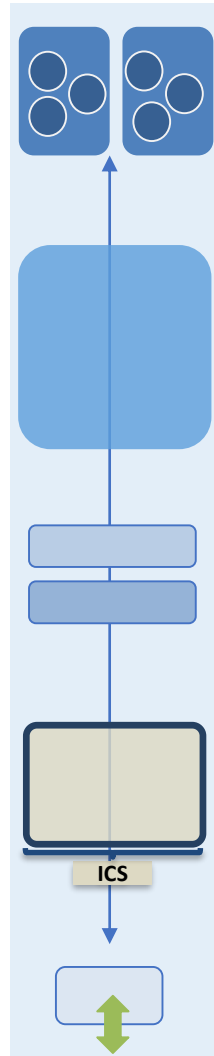


Our ICS vision in SEL is a 'system of systems'

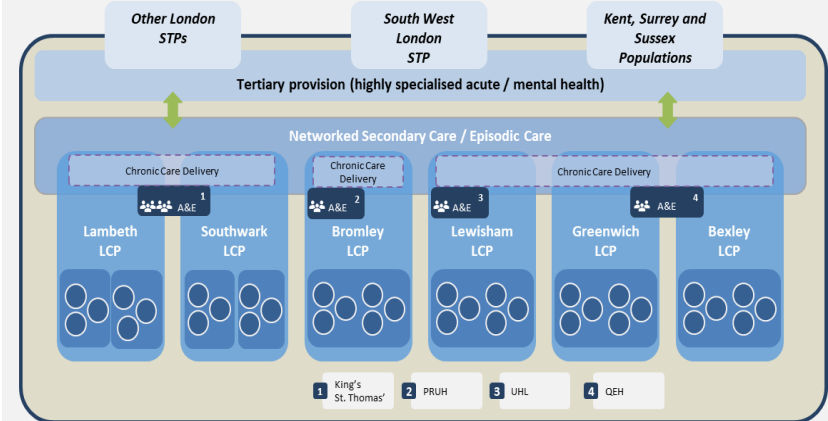
Our ICS approach considers how to:

- 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:

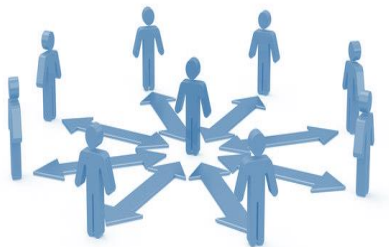
What are the objectives of our approach?



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

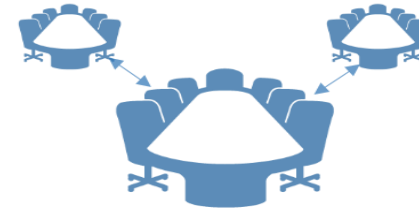


Our approach is about enabling more **INTEGRATED** working and decision making with our partners (Local Authorities, Trusts etc)



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

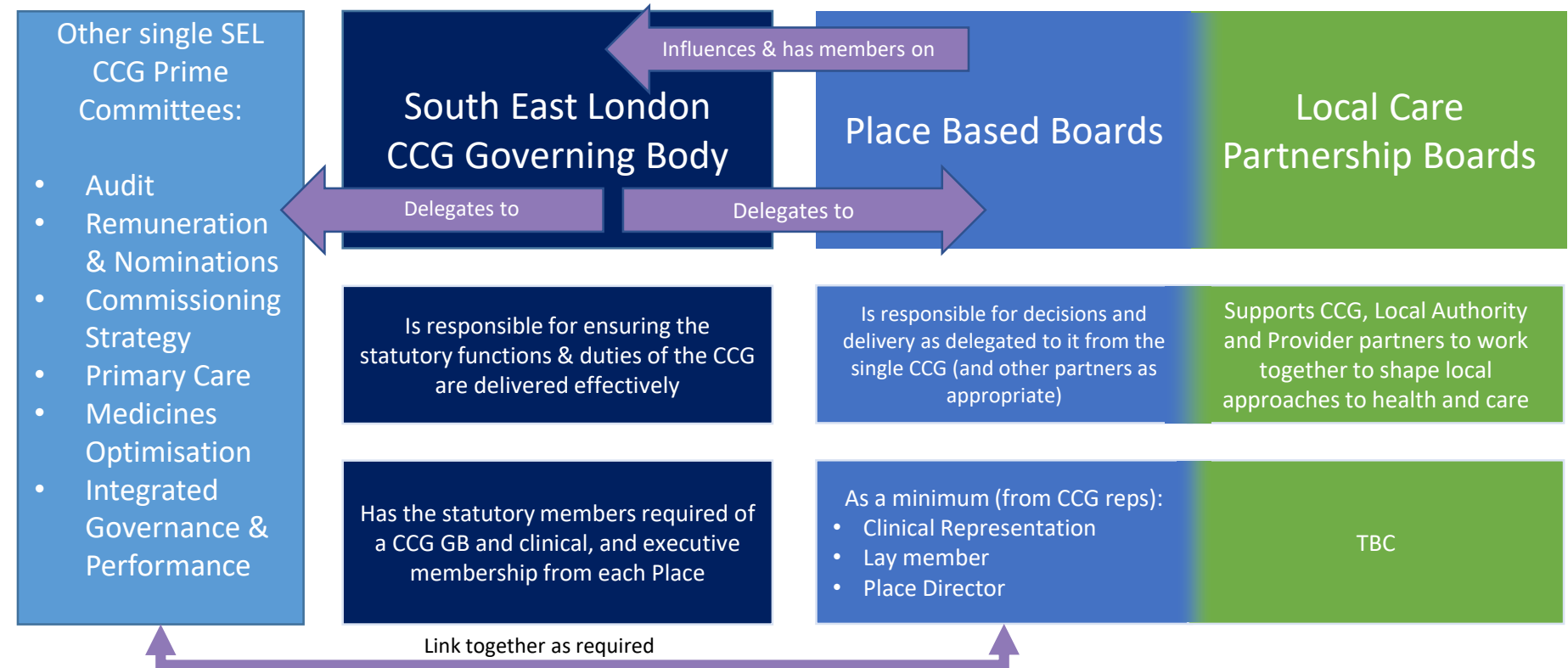


Place based boards will have **delegated decision making and funding***

*(as agreed with local areas)

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

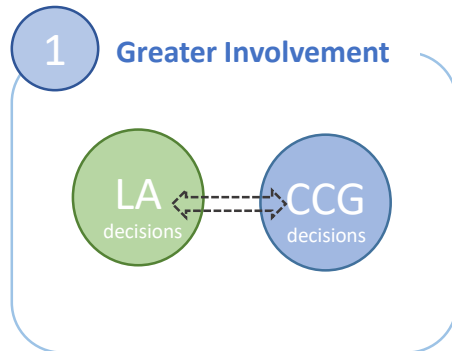
A single CCG for south east London would have a governing body and also a number of prime and sub-committees. Many would be constituted to undertake necessary functions for the CCG, whilst place based boards would be the NHS' key commissioning forum at a borough level. Our aim is that this provides a forum for more collaborative working with local authorities (see next slide), but recognises that our six boroughs may have differential positions on 1st April 2020. Place based boards would shape approaches and oversee delivery at a borough level and have members 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 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 and at SEL level.

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

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



“Separate plans, separate budgets”

Local Authorities and CCGs discuss priorities and may collaborate but do not make aligned decisions

E.g. limited membership/ participation on place based boards (noting they would be members of the Local Care Partnership).

The Place Based Director is an NHS employee e.g. Managing Director



Aligned plans, separate budgets”

Local Authorities and place based health leaders agree priorities and to take respective organisational decisions based on achieving these

E.g. members of the place based boards, with agreement shared decisions are actioned; there is an agreed link into Local Authority governance.

Place Based Director dual accountability TBC?



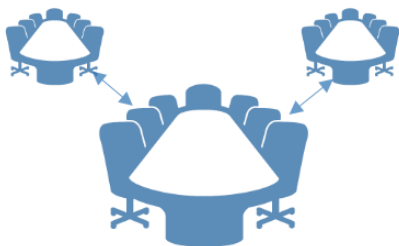
Aligned plan, aligned budget”

*Local Authorities and place based health leaders would jointly make decisions on health and Local Authority functions with delegated budget from both organisations e.g. through pooled budgets & S75
E.g. the place based board is a committee in common or similar with the Local Authority.*

The Place Based Director has dual accountability to the LA and CCG

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.

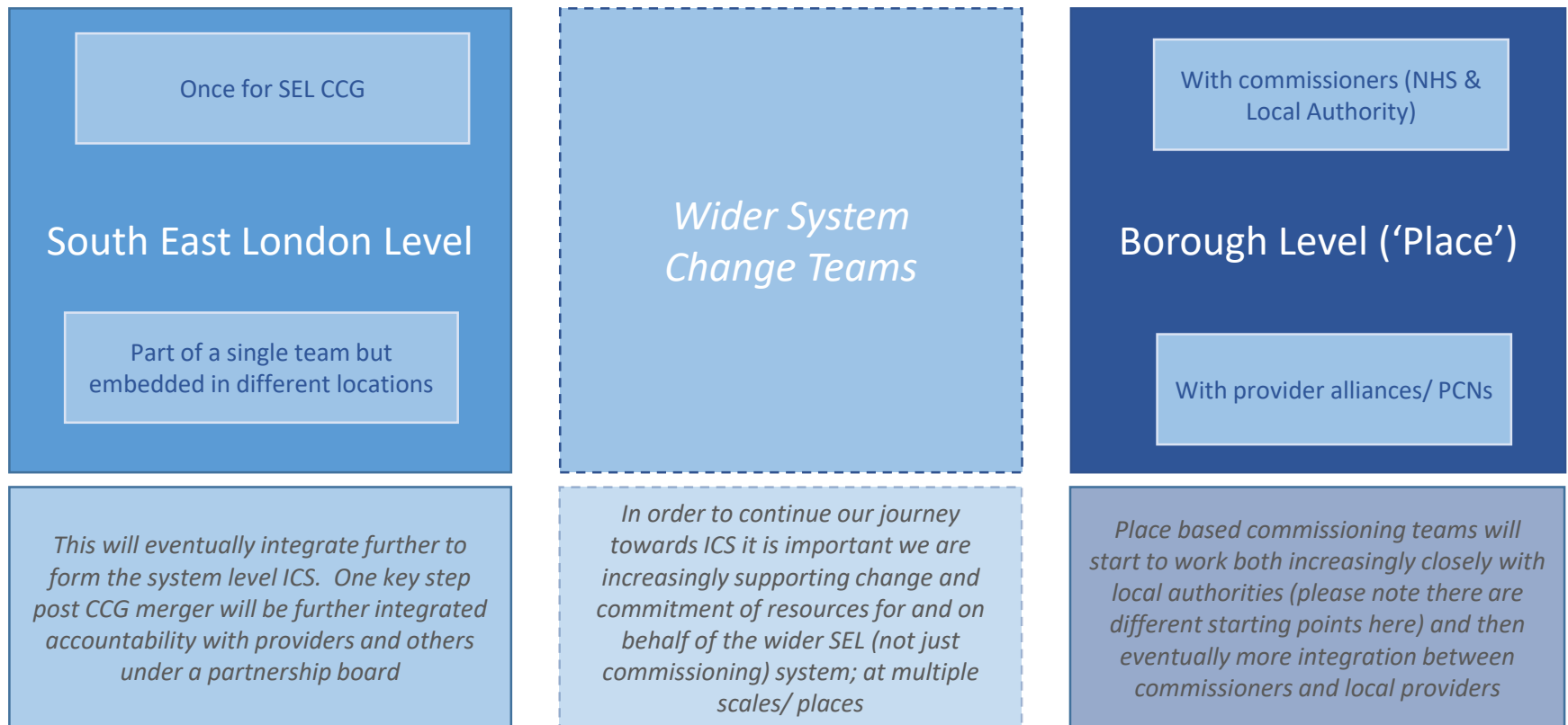
Local Authority delegation (of decisions and/or funding) will also need to be determined in each local area



We are also reviewing and reorganising some of our resources

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 based director (e.g. joint commissioning)
- Work as part of a team with resources and funding from multiple system partners, focused on implementing change



It is proposed that some of this review and change work is undertaken to ensure there are fit for purpose functions across the SEL CCG on the 1st April, whilst it is also agreed that some fully borough based functions will need to be considered over a longer period and the expectation is that they will 'lift and shift' for the start of the new financial year.

Where are we in the change programme?:

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

