

The case for change for a single NW London CCG – August 2020

NHS NW London Collaboration of CCGs

Why are we proposing merger of the eight CCGs?

Vision for NW London: Start well, live well, age well

Our vision for NW London Integrated Care System (ICS) is to reduce inequalities and achieve health outcomes on a par with the best global cities.

Care will be integrated within a single system, focused on the needs of the individual and unhindered by organisational boundaries.

We will combine our collective resources, clinical expertise and local knowledge to build a fair, effective and accessible health service for all.

Key messages (single CCG)

To achieve our vision we need to have one organisation buying and commissioning services for all in NW London – this means moving to a single CCG.

A single CCG will allow us to:

1. Reduce duplication in ways of working, allowing more time and money to be put into patient services
2. Work more effectively with both NHS and local authority service providers to improve patient wellbeing and care, with improved quality and consistency of local health and care services
3. React quickly and consistently to the continuing pandemic and recovery.
4. Support delivery of the ICS vision.

In 2019 we engaged with our stakeholders on the creation of a single CCG. We want to offer further opportunity for you to comment and inform our proposals

- We are working in a **national context where areas will work as a single ICS** (Integrated Care System) setting the strategy for health and wellbeing and agreeing consistent health outcomes on behalf of our residents.
- **Each ICS is expected to have a single CCG**
- The NHS is **moving away from a commissioning/provider split** – ICSs will be partnerships between the NHS and local authorities
- **The 8 CCGs in NW London agreed in September 2019, that a single CCG was the right direction of travel.** It was also agreed that 20/21 would be a transitional year focused on financial recovery, developing a single CCG operating model and working through financial implications.
- Circumstances have meant that the NHS has changed rapidly since September 2019. NW London has been one of the hardest hit parts of the country in the Covid-19 pandemic and through the crisis our system and constituent boroughs have clearly demonstrated the benefits of **strong borough based partnerships delivering care to their local populations and working as a system to a common framework and set of standards.**
- As we continue to work towards becoming a single CCG we want to **build on previous experience and conversations**, taking our learning and experience of working across health and local government in recent months to deliver services for our residents.

Background to change/why change

Merging to create opportunity

All eight CCG Governing Bodies agreed in September 2019, that a single CCG was the right direction of travel. It was also agreed that 20/21 would be a transitional year focused on financial recovery, developing a single CCG operating model and working with providers to develop systems.

Duplication ties up resources

We have made some savings by implementing joint arrangements across our CCGs. However, each CCG is a separate legal entity and it costs significantly more to service all eight organisations than it would a single body. **Each borough will continue to have its own team to ensure the right services for local needs**

The NHS has changed rapidly around us

A lot has happened since the CCGs agreed to move to a single CCG in April 2021, with the response to the COVID19 pandemic in March 2020. NW London was one of the hardest hit parts of the country. As a result, we have worked effectively as a single CCG with the NW London system to respond to the pandemic. **We now need to build on this joint approach – wherever possible decisions about care delivery should be taken at borough or local level**

NHS Long Term Plan

The NHS Long Term Plan and the London region sets clear expectations for the a single CCG for each ICS. Both the ICS and single CCG are expected to be in place from April 2021.

Optimum balance of strategic planning NW London wide with strong clinical input and integrated care delivery at borough level

One single CCG taking strategic decisions across the whole area and smaller PCNs at local level would directly lend themselves to having an even closer local focus, whilst at the same time enabling more effective commissioning of services.

Our commitments to NW London

As part of merging the eight CCGs we are making the following six commitments:

1. Move resources across NW London and within boroughs to reduce inequalities over the next four years; we will honour commitments made on transitional periods for PMS funding at borough level
2. Increase our proportion of investment in out of hospital services, as a first step we will level up investment in primary care services outside the core contracts
3. Ensure consistency in services across NW London
4. Ensure equity of access to services, to enable our providers to improve outcomes for patients and reduce health inequalities
5. Patients and GP member practices will continue to be involved in the single CCG and at local level
6. We will devolve decision making on delivery and integration of services to neighbourhood and borough level as our integrated care partnerships develop.

Each local area will maintain a borough committee



- In each local area the Health and Wellbeing Board, Integrated Care Partnership and CCG Borough Committee will work together to ensure effective place-based care
- Collectively they will inform and be informed by the Single CCG and the ICS.
- The role of the CCG borough committee will be to:
 - Exercise CCG responsibility for joint commissioning with local authorities
 - Feedback between borough practices, patient groups, local authorities and the single CCG on all commissioned services
 - Local intelligence on borough health needs assessment, linking to Health and Wellbeing Board and single CCG
 - Local delivery of integrated care pathways crossing from hospital to primary care
- Membership of the CCG borough Committee is proposed to be:
 - Borough GP member on the single CCG
 - 3 borough member practice representatives (eg GP, nurse)
 - Lay partner
 - Local Authority/DPH - representation to be determined in agreement with local authority
 - Healthwatch
 - CCG team representatives

Proposed membership of the Single CCG governing

Proposed membership:

- The Chair
- 8 GPs (1 from each borough)
- 1 independent chair (from above group of GPs, with that borough nominating an additional member to ensure borough representation)
- 1 Sessional GP
- The Accountable Officer
- The Chief Finance Officer
- Secondary Care Specialist;
- A registered nurse (Chief nurse)
- Five Lay Members
- Director of Public Health representative for the 8 local authorities (non-voting)
- A Practice Nurse and Practice Manager from NWL (non-voting).

Involving local residents in the work of the single CCG

- A best practice approach to patient and public involvement is central to our approach.
- We are already working with Healthwatch and local people to develop proposals for how this will work in practice.
- The single CCG will retain a strong local presence, including responsibility to work with local people and stakeholders, to listen to their feedback and to involve them in shaping services.
- Our aim is to enhance patient and public involvement and engagement in the new system, ensuring the patient and resident voice is consistently heard and listened to.
- This is being taken forward through our EPIC (Engage-Participate-Involve-Collaborate) programme in partnership with Healthwatch.
- The borough committee will include patient representation.

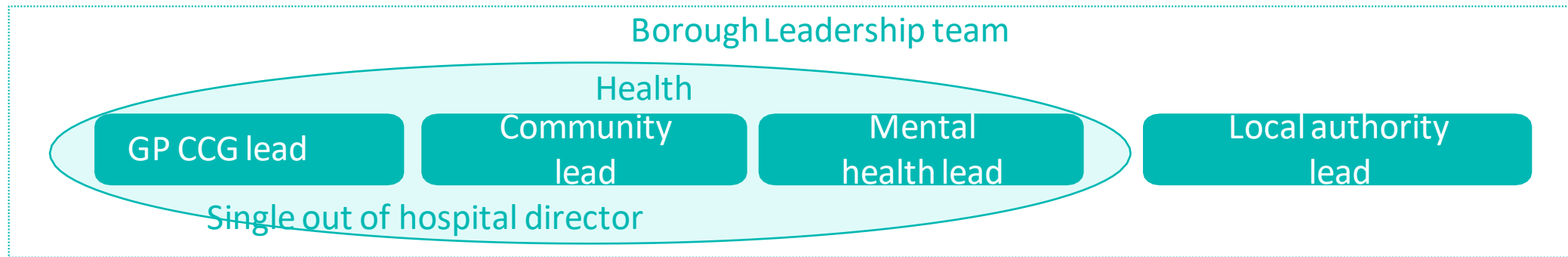
Single CCG financial principles are in development; a draft financial strategy will be developed in the Autumn

- In recognition of health inequalities across NW London, we will make substantial progress towards fair share allocations based on population need in the next 5 years, faster than national timetable. Based on a draft working example, this would mean two borough allocations would reduce*.
- We will also consider how best to address inequalities in boroughs within the borough allocation
- We will increase the proportion of CCG allocation in out of hospital care, while recognising that we have a CCG deficit of £100m and system deficit of £230m.
- We will level up additional primary care services across NWL over the next 5 years, so consistent services are offered to patients. We will look at core primary care commissioned services over the next few months so we can develop plans for levelling up primary care provision across NWL over time. GMS and PMS funding is ring fenced at borough level.
- In enacting these principles, we will ensure that we have addressed any cross subsidies where one borough is contributing to costs for service in another borough and specific population characteristics for example, homelessness is considered that may not be sufficiently covered in the national formula.

* Westminster and Kensington and Chelsea

Borough based partnerships for the provision of care are a key building block for the ICS

- This requires a strong **partnership of providers at borough level** for implementation and delivery
- Needs to be **co-designed by Local Authority and health leaders**
- **We have collectively agreed across health and local authorities that in the interim - for each borough we will 3 NHS leads** – primary care, community care and mental health.
- One of these leads will assume overall responsibility as **Out of Hospital Director**
- The Out of Hospital Director will:
 - Have **local understanding** and knowledge
 - Build strong **local relationships**
 - Work jointly with the Local Authority lead to develop integrated care provision for local residents
- A lead for acute services will also link in with the borough team



- Local **CCG staff will work on behalf of this quartet** developing strong, integrated borough-based care

Local CCG borough teams will work within the overall CCG to deliver local responsibilities

- The table summarises what responsibilities will be undertaken by the CCG Borough team and what will be undertaken by the single CCG at system level
- CCG Borough team structures will reflect the functions and priorities within them; NHS borough leadership will be provided by the single Out of Hospital Borough Director, a shared CCG COO working across 2 or 3 boroughs and a CCG Associate Director for each borough

Borough	NW London Single CCG
Equalities and engagement Primary care delivery including PCN development, practice support, personalisation	Communications & engagement Primary care contracting Primary care and personalisation strategy & transformation Primary care standardisation
Integration and delivery supporting borough partnerships	Out of hospital strategy & transformation Standardisation of services ICS delivery programmes (quality improvement, strategic & programme delivery)
Joint commissioning Complex care teams Safeguarding	Contracting CHC Safeguarding
Medicines management delivery	Medicines management strategy and programme design
System resilience and delayed discharges	Clinical leadership
Clinical leadership	Quality: patient safety, complaints, infection prevention and control, clinical effectiveness
Business administration	Performance and planning ICT & WISC/ BI with identified borough support PMO, governance and secretariat

Involving local residents in the work of the single CCG

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Summary

- All eight CCGs in NW London – Brent, Central London, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow and West London – would become a single CCG, as a single statutory body
- NW London CCG would work within the NWL Integrated Care system (ICS) to set strategy and priorities, resource allocation and monitor quality/performance (mutual accountability)
- All GP practices are currently members of their local CCG and would become members of NW London CCG instead
- Governing bodies and GP members will vote on the proposal in September.
- If members and Governing Bodies support the proposal to merge in September, an application will be submitted to NHS England (NHSE) in line with the national deadline of 30th September
- If approved by NHSE, the single CCG would be established in shadow form by March 2021

Your feedback, comments and questions

Please send any feedback, comments or questions on this case for change to:

nwlccgs.communications.nwl@nhs.net

by midday on Friday, 11 September