CCG Collaborative Working in North Central London

Presentation document
September 2015
Objectives for Collaboration Board meeting on 29/09/2015

1. Present context to this work and case for change
2. Discuss high level objectives of each programme
3. Discuss options for governance arrangements
4. Focus on next steps
NCL is facing significant clinical and financial challenges

Population growth in NCL is expected to outpace the national trend

<table>
<thead>
<tr>
<th>NCL CCGs</th>
<th>Population '000s</th>
<th>Growth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>12</td>
<td></td>
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<table>
<thead>
<tr>
<th>England</th>
<th>Population '000s</th>
<th>Growth %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>44</td>
<td></td>
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Combined commissioner and provider financial challenge (including business rules)

<table>
<thead>
<tr>
<th>Year</th>
<th>Resource allocation (inc. RAB)</th>
<th>Spending projection ('do nothing' scenario)</th>
<th>Spending projection (after QIPP and CIP, based on historic delivery performance)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td>4,400</td>
<td>5,000</td>
<td>5,400</td>
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<tr>
<td>2016/17</td>
<td>4,600</td>
<td>5,200</td>
<td>5,600</td>
</tr>
<tr>
<td>2017/18</td>
<td>4,800</td>
<td>5,400</td>
<td>5,800</td>
</tr>
<tr>
<td>2018/19</td>
<td>5,000</td>
<td>5,600</td>
<td>6,000</td>
</tr>
<tr>
<td>2019/20</td>
<td>5,200</td>
<td>6,000</td>
<td>6,400</td>
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Context to this work

- NCL commissioners have demonstrated **strong commitment to work together** on strategic challenges, already forming a Collaboration Board to work jointly on six programmes of work (covering £250M in spend)
- However, there is recognition that **system wide change is required** to address the challenging clinical demand landscape and remaining financial gap, and NCL **commissioners, providers and Local Authorities must work together** and at a bigger scale to do this
- **Four programmes have been prioritised** to work together:
  1. **Acute services redesign**: with an immediate focus on **urgent and emergency care**
  2. **Mental health**: with an immediate focus on transforming **inpatient care**
  3. **Pathways**: with an immediate focus on **primary care**, having common standards and reducing variation
  4. **System wide enablers**: with an immediate focus on **estates**
- This report details
  - A **proposed scope for the four prioritised programmes** for collaboration
  - A governance and delivery model
Four programmes will make up the first phase (1/2)

**Programme**  | **Objectives**                                                                                                                                                                                                 | **SRO**          |
---              | ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- |------------------|
1 Acute services redesign: with an immediate focus on urgent and emergency care  | • **Delivering value & sustainability across the whole system** by working as a system to transform urgent & emergency care and reduce variation across NCL  
• **The programme aims to bring together initiatives to improve the care that patients experience**  
  – Urgent & Emergency Care networks; review role of SRGs as true system co-ordinators  
  – Urgent care centres; London Quality Standards  
  – 111 & Out of Hours; commissioned across 5 boroughs to improve and expand and increase access to a range of clinical advice earlier in pathway  
  – Emergency care; London Quality Standards; Mental health Crisis Care Standards  
• **Improving out of hospital services** so that we reduce hospital attendances and admissions when ever possible, by supporting patients to access urgent care in the right place at the right time; Foundations of Good Community Services; Primary Care – Strategic Commissioning Framework  | Paul Jenkins     |
2 Mental health: with an immediate focus on transforming inpatient care  | • **Improve integration of physical and mental health services** across NCL  
• **Better self-management** of illness to reduce reliance on inpatient care  
• **Simplify patient journeys** through unified and streamlined pathways  
• **Consolidate specialized services**/ sites to reach threshold of ‘critical mass’  
• **Invest in community based support** rather than just inpatient care so that patients can stay closer to home  | Dorothy Blundell |

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Four programmes will make up the first phase (2/2)

<table>
<thead>
<tr>
<th>Programme</th>
<th>Objectives</th>
<th>SRO</th>
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<tbody>
<tr>
<td>Pathways: with an immediate focus on primary care, having common standards and reducing variation</td>
<td>▪ Accessible, coordinated and proactive <strong>primary care services</strong></td>
<td>▪ Alison Blair</td>
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<td>▪ Develop a wider range of services in primary care</td>
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<td></td>
<td>▪ Develop new approaches to care delivery (e.g. harnessing new technology)</td>
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<td></td>
<td>▪ Build capacity and capability in primary care (e.g. workforce, premises and IT development)</td>
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<td></td>
<td>▪ Effective co-commissioning of primary care services</td>
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| System wide enablers: with an immediate focus on estates                  | ▪ Enable the priority programmes to be implemented (e.g. ensuring service redesign strategy and plans align with estates strategy and plans) | ▪ Regina Shakespeare                          |
|                                                                           | ▪ Enable addressing the funding gap by optimising the use and costs of the NCL NHS and LA estate (e.g. establishing a shared robust asset base; collaboration to drive out voids) |                                               |
|                                                                           | ▪ Potential NCL Sub Regional London Devolution Application - collaborating on our respective powers, challenges and assets could add system wide value |                                               |
To effectively deliver NCL-level programmes, option for governance models

What do we mean by a “collaborative governance model”?

▪ A collaborative governance model is a group of sovereign CCGs that have delegated authority over well-defined functions to a central organisation among them; the CCGs retain independent authority on all other functions

▪ CCGs would move to a collaborative governance model, for example a federated model, of working by creating a combined executive function with the specific goal of delivering the objectives for programmes to be managed at NCL level. Other CCG responsibilities will remain managed by existing separate teams at the CCG level

Purpose of the model

▪ Enables multiple CCGs to function as a single unit of planning, delivery and performance management e.g., hospital commissioning and reconfiguration

▪ Enables commissioning of local services to remain at a local level

Criteria for selecting governance model

Any proposed organisation model should:

▪ Preserve CCG Governing Body sovereignty, whilst avoiding duplication of effort/resources via collaboration and promoting clarity

▪ Operate at scale with a sufficiently large patient population

▪ Enable effective and consistent delivery across CCGs

▪ Effectively share resources (money and talent)

▪ Create a simplified, unified and consistent approach to negotiation and performance management

Case for change

▪ The current proposed organisational model for cooperation across CCGs is too informal and unstructured to effectively achieve the pace and scale of change required
To deliver NCL programmes, we are evaluating governance models

These range from a Federation

- A federation is a group of sovereign CCGs that have delegated authority over well-defined functions to a central organisation among them; the CCGs retain independent authority on all other functions.
- CCGs would move to a federated model of working by creating a combined executive function with the specific goal of delivering the objectives for programmes to be managed at NCL level. Other CCG responsibilities will remain managed by existing separate teams at the CCG level.

To a Joint Committee

- A Joint Committee is empowered to make major strategic decisions by majority vote of CCG representatives.
- CCG delegates are delegated authority by their Governing Body.
- Sharing of CCG Executive functions is not precluded.
- Remit does not extend by default to resource sharing, commissioning decisions, contracting, operational performance management or monitoring.
- No central resource other than a central team to manage the Transformation Programme is required.

We are evaluating the most effective model.