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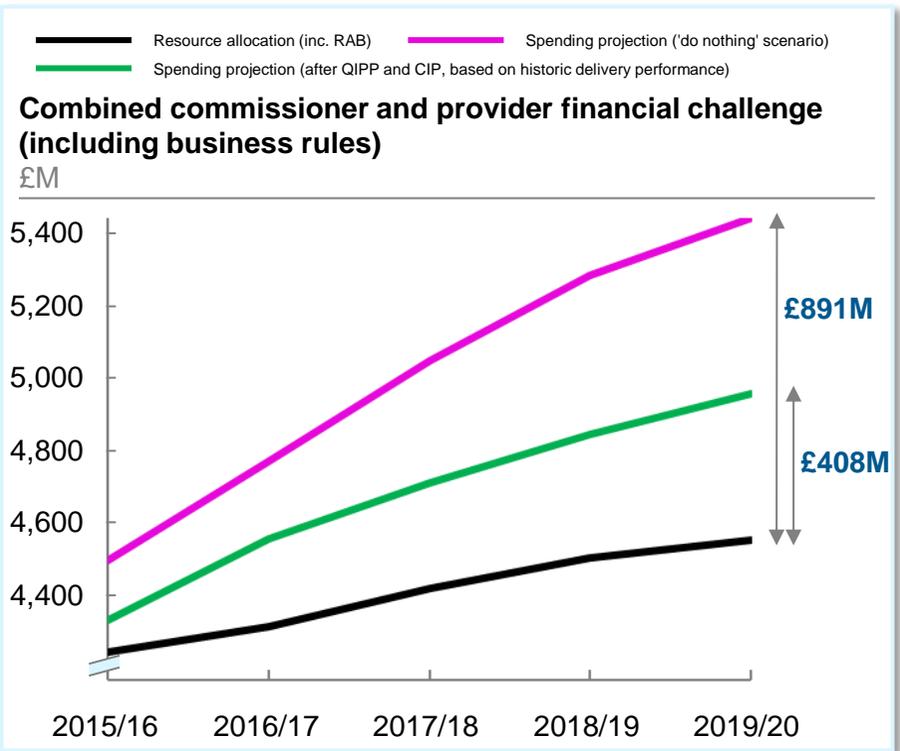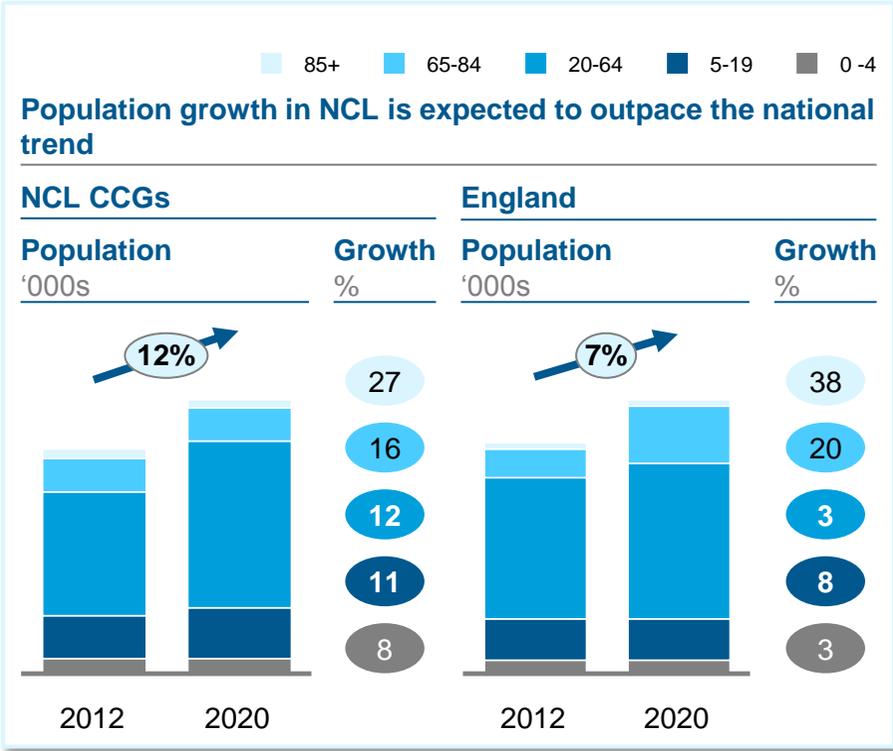
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CCG Collaborative Working in North Central London

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

Legend: 85+ | 65-84 | 20-64 | 5-19 | 0-4

NCL CCGs

Population '000s	Growth %
12%	27
	16
	12
	11
	8

Years: 2012, 2020

England

Population '000s	Growth %
7%	38
	20
	3
	8
	3

Years: 2012, 2020

Combined commissioner and provider financial challenge (including business rules)

£M

Legend:
- Resource allocation (inc. RAB)
- Spending projection ('do nothing' scenario)
- Spending projection (after QIPP and CIP, based on historic delivery performance)

Y-axis: 4,400 – 5,400
X-axis: 2015/16, 2016/17, 2017/18, 2018/19, 2019/20

£891M
£408M

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

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

Programme	Objectives	SRO
3 **Pathways**: with an immediate focus on **primary care**, having common standards and reducing variation	• Accessible, coordinated and proactive **primary care services** • Develop **a wider range of services** in primary care • **Develop new approaches to care delivery** (e.g. harnessing new technology) • Build **capacity and capability** in primary care e.g. workforce, premises and IT development • Effective **co-commissioning** of primary care services	• Alison Blair
4 **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 • **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	• Regina Shakespeare

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**

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

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

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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

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