

# North Central London CCG Merger Our case for change

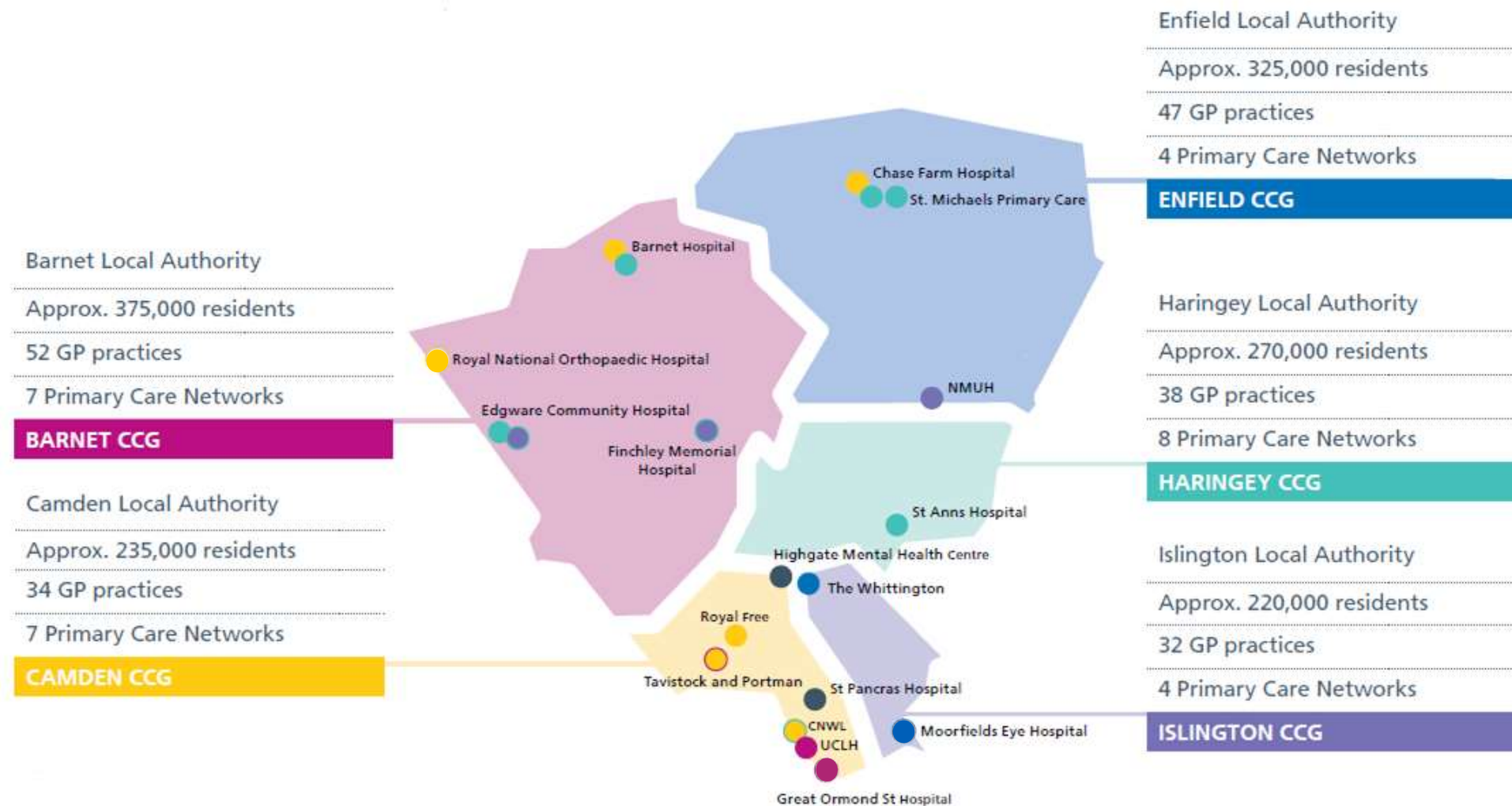
January 2020



# Our case for change

- The five Clinical Commissioning Groups in North Central London (NCL CCGs) – Barnet, Camden, Enfield, Haringey and Islington – have agreed to merge to form one CCG from April 2020.
- NHS England approved our case for change (merger application) in October 2019, which sets out the benefits that merging will deliver and how we will operate as one CCG.
- As a single CCG we will continue to work closely with Councils, providers, general practices, voluntary, community organisations, and unions, to achieve our shared aims.
- Merging will allow us to optimally balance commissioning of some health services at scale for North Central London (for example, acute and specialised services) while making sure services best delivered locally remain commissioned at a borough-level (for example, primary care, mental health and community services).
- We will be able to maximise investment in improving residents' health by reducing duplication and streamlining processes.

# North Central London: Barnet, Camden, Enfield, Haringey and Islington



# Benefits of merging to a single NCL CCG

These new ways of working will benefit – either directly or indirectly – patients and local people; GPs and other clinicians; and health and care partners.

Theme	Benefit	In place by April 2020	April 2021 and beyond
Greater Efficiency	Reduced duplication and inefficiencies	→	
	Moving to a more efficient operating model	→	
	More straightforward, strategic decision making	→	
	Improved contracting processes and reduction in transaction costs	→	→
Support to New Ways of Working	Structures and resources available to support the development of an Integrated Care System	→	→
	Re-designed CCG / commissioning function to improve productivity, effectiveness and staff satisfaction	→	→
Better Outcomes	Greater integration and planning within the health service and with our partners in local government and beyond, to join up care		→
	Increased consistency in clinical service delivery, pathways and outcomes		→
	Reductions in health inequalities across North Central London through tackling wider determinants of health		→

# Benefits of merging to a single NCL CCG

## **Accelerate our work to build new ways of working across the system**

We will build on our partnership working to develop a more strategic commissioning model and support the development of integrated partnerships at a borough level. We will take a population-based approach to healthcare with these new ways of planning and paying for services.

## **Build a more efficient and effective operating model**

The new operating model will ensure functions are delivered at the most effective level including those areas most suited for borough-level delivery (for example, primary care commissioning) and NCL-level delivery (for example, acute commissioning). The model will deliver a flexible, more efficient commissioning function and support borough integration.

## **Make better use of our resources for local residents and achieve economies of scale**

The future model looks to centralise certain functions where there is benefit in a larger planning footprint to maximise the impact for local residents. Over time, these will evolve into strategic functions, making use of new mechanisms that enable the system and partnerships to deliver better outcomes over longer periods of time.

# Benefits of merging to a single NCL CCG

## **Support the development of local, borough-based Integrated Care Partnerships and Primary Care Networks**

Borough-based teams will work with partners to facilitate the development of borough-based Integrated Care Partnerships (ICPs). This will mean working together with primary care, community, mental health and social care partners to configure their services around individuals rather than organisations. Borough-based teams will also continue to support the development of local Primary Care Networks. There will continue to be an important interface with borough-based democratic structures including Health & Wellbeing Boards and overview and scrutiny committees.

## **Become a larger, single organisation with much greater resilience**

A single CCG for NCL will create an organisation with a single staffing base and greater flexibility to move resources to where they are needed most in the system, to help tackle emerging priorities and challenges. This enhanced resilience will enable the CCG to better support the wider system to manage issues as they arise. The greater scale of the organisation will also increase the opportunities for staff to grow and develop within the CCG.

# Benefits of merging to a single NCL CCG

## **Provide a single, strong and consistent vision and voice for our partners**

The move to a single CCG will ensure consistency of messages and alignment in our approach to joint working with partners and service providers across the system. The new model will provide a greater degree of influence within the system for the benefits of patients and residents. Working at scale with a single strategy and focus will drive consistency in the services we commission and in our efforts to improve quality and outcomes for patients.

## **Enable greater opportunities for working together as 'one NHS' to deliver improved outcomes for our population and reduce health inequalities**

The development of a more consistent, aligned, efficient and effective NHS commissioning function will ensure that we maximise investment in frontline services and are able to work in a more collaborative way with our partners to facilitate and support improvements in the way services are commissioned. This, alongside a more strategic and efficient system-focused approach to decision making, will ultimately lead to the improvement in outcomes for our patients and residents and the reduction in health inequalities across the system.

# Principles for the new model

- ✓ We will work as one system to benefit the whole population of North Central London and work together to drive health equality. We will agree key areas to systematically focus upon as a single CCG.
- ✓ We will retain the local patient, resident and clinical voice in the commissioning and delivery of health and care, by working effectively together at all levels of our system.
- ✓ We intend to move away from the payment by results system to place-based budgets, based on population need.
- ✓ Where it makes sense and there is a clear benefit to patients of doing so – we will drive efficiency by commissioning a standardised offer to a uniform value with consistent outcomes. We will continue to support local variation where it will help to reduce health inequalities.
- ✓ We will work on a population health basis, planning for population needs as a system, and through local partnerships and networks.
- ✓ We will value our staff, our partners and their expertise to deliver the best health and care possible for the patients and residents of North Central London.
- ✓ We will drive forward our integration agenda, to deliver joined-up care for our population.
- ✓ We will emphasise the value of subsidiarity, working as locally as is feasible whilst retaining strategic, effective commissioning for North Central London.



# A more strategic approach to commissioning

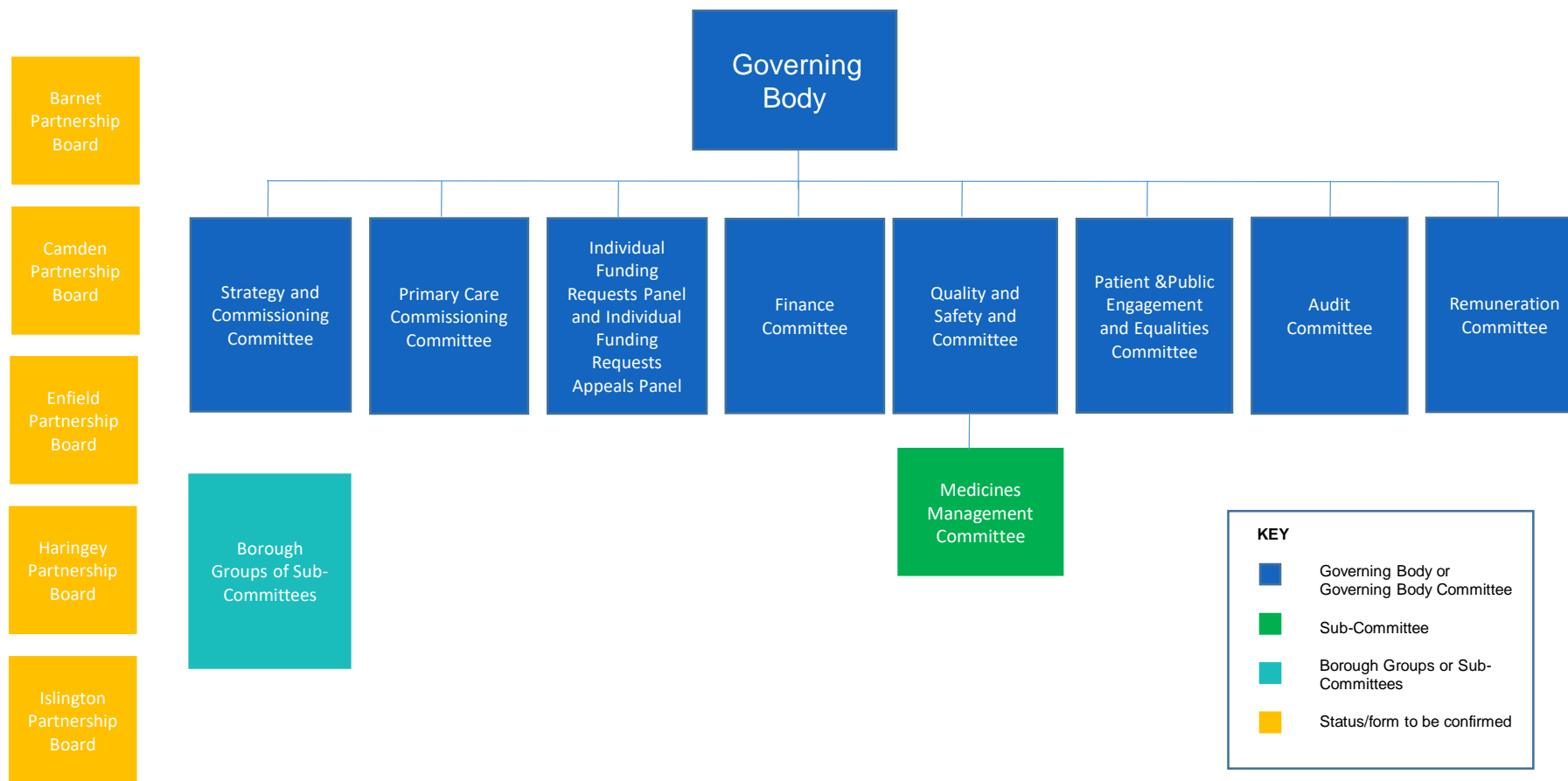
The NCL CCG – and wider Integrated Care System – will be underpinned by a strong clinical leadership and engagement model. The Governing Body will retain a clinical majority and, as members, practices in NCL will influence commissioning plans and decisions. There will be clinical leaders at the heart of borough-based Integrated Care Partnerships and Primary Care Networks.

Commissioning will be ‘multi-layered’. Features of this will include:

- ✓ Uniform clinical standards to improve standards of care and reduce unwarranted variation
- ✓ Acute and Specialised service commissioning done at an NCL level
- ✓ NHS NCL and out of sector mental health commissioning done at NCL level
- ✓ Local primary, mental health, community and out-of-hospital care commissioned at borough-level
- ✓ Borough local partnership working to maximise outcomes for patients
- ✓ Borough influence on NCL commissioning activity – including borough-level priority setting and input into NCL-wide plans.

# Proposed governance for the NCL CCG

Robust, transparent and efficient governance arrangements will be at the heart of the North Central London CCG. The Governing Body will be the primary decision making vehicle for the NCL CCG – supported by eight Governing Body committees reporting into it.



The Governing Body will have a clinical majority and comprise **17 Voting Members**:

#### Elected roles

- 10 Elected Clinical Representatives (2 from each borough)

#### Appointed roles

- 1 Secondary Care Consultant
- 1 Registered Nurse
- 3 Lay members with different remits including patient and public engagement, finance and governance, and equality and diversity.

#### Executive Director roles

- 1 Accountable Officer
- 1 Chief Finance Officer

#### Attendees (non-voting)

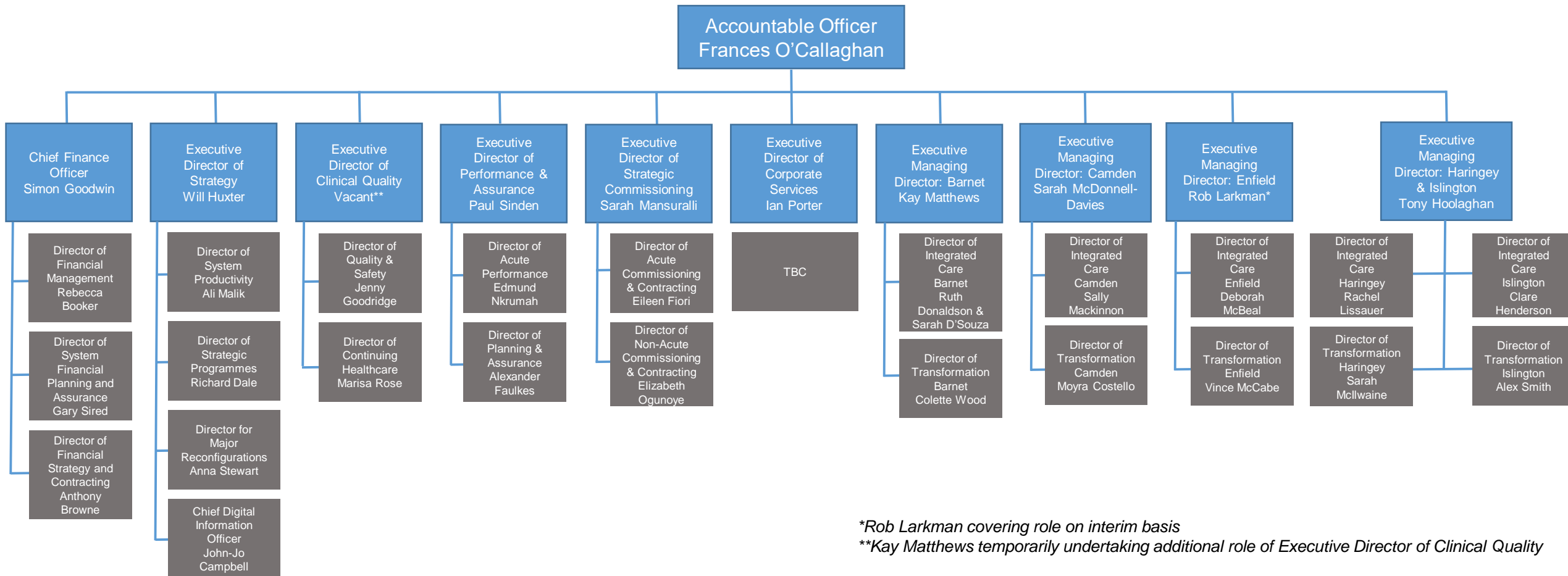
- Other Executive Directors on the NCL Executive Management Team
- 1 Healthwatch representative from across NCL
- 1 Director of Public Health from across NCL
- 1 local authority Councillor from across NCL

# Developing a new operating model

We are developing a new operating model for the single CCG that will enable us to realise the benefits of working as a single organisation, for the CCG and wider NCL health and care system. As part of this, a new CCG Executive Management Team structure has been developed and recruited to, to ensure:

- Retention of senior expertise and corporate knowledge
- Increased clinical input at the most senior level with a new Director of Clinical Quality role
- Balanced focus on delivering key 'business as usual' as well as system transformation work
- Sufficient capacity and focus on the development of borough-based Integrated Care Partnerships.

# Developing a new operating model



*\*Rob Larkman covering role on interim basis*

*\*\*Kay Matthews temporarily undertaking additional role of Executive Director of Clinical Quality*

# Developing a new operating model

Each member of the new Executive Management Team has an agreed portfolio. This outlines at a high level the functions that will sit under each director. This will be further developed as full structures are designed.

Chief Finance Officer	Director of Strategy	Director of Clinical Quality	Director of Performance & Assurance	Director of Strategic Commissioning	Director of Corporate Services	Managing Director - Camden Borough	Managing Director - Enfield Borough	Managing Director - Barnet Borough	Managing Director - Haringey & Islington Boroughs
NCL CCGs financial strategy	NCL STP and ICS development	Strategic lead for quality in commissioned services	System performance management and oversight	Development of commissioning strategy for NCL CCGs	Corporate governance and risk	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership	Development of local Integrated Care Partnership
NCL CCGs financial management	NCL Long Term Plan implementation	Patient safety and clinical governance	System demand and capacity planning	Development of new forms of contracting for ICPs and ICS	Emergency Preparedness, Resilience and Response (EPRR)	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks	Development of primary care and Primary Care Networks
NCL CCGs financial recovery	NCL Integrated Care System development	Strategic lead for NCL child death overview panel	Primary Care commissioning and contracting	NCL acute commissioning and contracting	Freedom of Information (FOI) & Information Governance (IG)	Service redesign and QIPP delivery	Service redesign and QIPP delivery	Service redesign and QIPP delivery	Service redesign and QIPP delivery
Estates development and management	Leadership of NCL QIPP programme	CHC delivery and development	NCL operations planning	NCL strategic mental health commissioning and contracting	Communications and engagement	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning	Local community / Mental Health / Learning Disabilities services & joint Local Authority commissioning
Procurement	Lead for major transformation projects	NCL professional lead for adult and children safeguarding	Business Intelligence	NCL strategic community services contracting	Human Resources, Organisational Development and equalities	Local adults and children safeguarding	Local adults and children safeguarding	Local adults and children safeguarding	Local adults and children safeguarding
	Digital	Freedom to speak up Guardian		Integrated Urgent Care / LAS commissioning and contracting	Secretariat and business services	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board	Operational performance including A&E Delivery Board
	Specialised commissioning and contracting delegated to NCL	NCL lead for Learning Disability Mortality Review (LeDer)			Public patient and stakeholder engagement	Medicines optimisation	Medicines optimisation	Medicines optimisation	Medicines optimisation

# How functions might work in this model

Below we have set out at a high level how the functions in the new operating model could work. This will be further developed by the new executive team as structures are designed. It will need to align with the development of Integrated Care Partnerships in each borough and the Integrated Care System across NCL.

## **Borough based teams would focus on:**

- Development of local Integrated Care Partnerships.
- Supporting improvement in primary care and primary care network development, and working with practices to optimise medicines and prescribing.
- Coordination of local services such as mental health, learning disability, children's services and older people.
- Supporting operational performance of local services.
- Delivery of system improvements and efficiencies through local implementation of new ways of working.
- Local services linked to the council such as adult and children's safeguarding.

## **At an NCL level this would mean focussing on:**

- Commissioning of services where there is benefit in a larger planning footprint to maximise the impact for local residents i.e. where doing so will allow best use of resources, deliver efficiencies, and/or the population will benefit from a coordinated at-scale approach.
- Providing a single source of truth in terms of monitoring and scrutinising important elements of services like quality and performance, and outcomes.
- The development of new cross-NCL pathways, transformational change programmes and reconfiguration of services.

All these teams will need to work closely together – we will need to work through with teams how this can work best.

## **Some already work on an NCL basis and we will need to review how they work closely with boroughs.**

- Primary care contracting functions.
- Corporate services and those such as finance and estates.
- Work to develop long term system plans and overall strategy.
- System performance management and oversight.
- System demand and capacity planning.

# Supporting staff and developing NCL CCG

To realise the benefits of moving to a new, single model across NCL we will also need to invest in the development of the organisation and our staff. Our application describes how we will:

- **Support our staff** through the transition by putting in place flexible and tailored support to meet the needs of both the organisation and staff in a number of ways. This includes health and wellbeing support, HR support, support to prepare for career transition and workshops to help staff understand the changes that are happening in the system and what it might mean for how we work.
- **Manage the transition** to ensure a seamless process for our staff throughout the period of change. Our HR Transition Framework describes how we will deliver business as usual through the transition, support and retain our staff, support line managers, improve workforce planning, manage joint consultative arrangements, and ensure effective and regular communication and engagement with staff.
- **Develop the new organisation** to achieve the benefits of merging. So far we have outlined a number of organisational development priorities over three distinct phases:
  - supporting staff through transition and setting up the new organisation
  - preparing for the future through workforce planning and the development of our role in the ICS
  - building our identity and culture in partnership with staff.

# Other core elements of our application

## **Addressing inequalities**

We recognise that any change to the way that CCGs operate has the potential to impact on equalities. An independent Equalities Impact Assessment (EIA) on the impact of merger on our Public Sector Equality Duty was commissioned to support our application. This focused on the impact of planned changes to decision making, governance and how we listen to the 'resident voice' in planning services.

The EIA concluded that the development of a single CCG provides an excellent opportunity to tackle health inequalities by working at scale across the NCL population. Planning and decision making on a larger scale across a greater population could enable a step-change: sharpening the focus on equalities impacts and commissioning services which have equalities 'designed-in' from the outset. A number of recommendations were made including highlighting opportunities and potential risks. These will be a focus moving forward.

## **Engaging with our residents**

Patient and public engagement (PPE) will be integral to the development and implementation of all work undertaken by the single CCG. The existing CCG engagement teams have set out a proposed approach to PPE for NCL CCG. This approach will make sure PPE is embedded in the values of the organisation itself and each individual working for and with the single CCG. One of the three lay members on the governing body will have a PPE focus, making sure it remains a high priority amongst all levels in the organisation.



# Other core elements of our application

## Financial principles

As part of the process of moving to a single statutory organisation, the governing bodies for the existing CCGs in North Central London have asked for the development of financial principles to provide assurance on how the new single CCG will take financial decisions.

The financial principles of the single CCG set out how different financial decisions will be taken by the new single CCG, including which decisions will be taken centrally and which will be taken at a borough level. A number of scenarios have been worked through which illustrate how different decisions may be taken. These have been further developed for including in a schedule of the proposed Constitution.

Through borough teams the NCL CCG will continue to develop primary care, community, and mental health services locally to reduce health inequalities within and across boroughs. The Medium Term Financial Strategy that is being developed across all partners in NCL further supports these principles.

# Listening to our partners

- We have conducted extensive engagement both at borough and NCL level throughout the last few months to make sure key partners are briefed on and supportive of our proposal to merge, as well the wider changes signaled by the NHS Long Term Plan. This includes listening to and responding to any concerns raised.
- Letters of support for the merger application submission were received from partners and helped inform our plans.
- NHS England approved the engagement approach undertaken across NCL, led by local Communications and Engagement teams. Key feedback themes are summarised below:

## Members

- Interest in future GP clinical leadership model.
- Keen to understand role of GP federation and neighbourhoods in new system.
- Interest in how budget allocations will work under a single CCG and GP funding.
- Interest in protecting quality and maintaining safety.
- Queries how different population health profiles per borough would be managed.
- Concerned with maintaining local commissioning relationships / support (GP IT, GP websites, CCG primary care teams).
- An opportunity for standardised training.
- Local CCG knowledge and relationships to be retained.
- Interest in future governance arrangements, including clinical roles.

## Council / Public Health / LMC

- Councillors keen to understand role of Health and Wellbeing Boards (HWBBs) in new structures.
- HWBBs, Councillors, and local authority colleagues want to understand how local funding and current services will be preserved.
- Public Health colleagues keen to understand future levels of services centrally and within boroughs.
- Keen to be kept informed of changes as they develop.
- LMC welcomed opportunity to discuss the change programme in depth and want to be kept informed. Interest in what will remain commissioned locally and retaining local commissioning expertise.

## Healthwatch

- Healthwatch want to see a transparent process continuing, receive regular updates and to understand how they can be involved (in the wider NCL Change Programme).
- Keen to receive further information, when available, on:
  - new governance structures
  - how changes will impact residents and the local population
  - impact of CCG management cost reduction on patients and residents
  - how the local voice will continue to be heard in the single CCG structure / future PPE model.

# Planning is underway for the new CCG

## Day 1 (1 April 2020)

**Focus:** *Step change to set up for success, delivery of benefits and essential requirements*

**Key deliverables:**

- ✓ Governing body in place.
- ✓ Key HR & corporate strategies in place.
- ✓ Clinical leadership review completed.
- ✓ Single merged ledger in place.
- ✓ Inequalities baseline in place.
- ✓ Key scenarios for borough-level delegation developed.
- ✓ Wave 2 staff structure co-designed by Executive Management Team.
- ✓ High-level OD Plan for transition.
- ✓ New branding, website and social media accounts in place.
- ✓ Benefits summary in place.
- ✓ IG, IT and Informatics Day 1 Readiness.
- ✓ Events to mark CCG closure.
- ✓ Estates strategy developed and plan initiated.
- ✓ Assets and contracts transferred to NCL CCG.

## Day 100

**Focus:** *Key new ways of working established, including development of new organisational values and vision*

**Key deliverables:**

- ✓ Ratification of Terms of Reference of all new committees.
- ✓ Develop 2020/21 OD Plan and launch Staff Forum.
- ✓ Single annual accounts.
- ✓ New GB and Committees working together.
- ✓ New Procurement Policy.
- ✓ Additional policies and strategies not developed by Day 1.
- ✓ Completion of Wave 2 implementation.
- ✓ Develop monitoring and evaluation of benefits.
- ✓ Single CCG launch event.
- ✓ TUPE approach implemented and accounted for.
- ✓ Implement single CCG communications.

## Year 1

**Focus:** *Embedded structural change and work on new priorities and working in new/innovative ways with partners*

**Key deliverables:**

- ✓ Budget setting for 2021/22.
- ✓ NCL AGM.
- ✓ NCL Annual Report.
- ✓ Development of all strategies and plans for 2021/22.
- ✓ New ongoing IT and Estates strategy in place.