



Barnet Clinical Commissioning Group



*Camden
Clinical Commissioning Group*



*Enfield
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*Islington
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Clinical Commissioning Group*

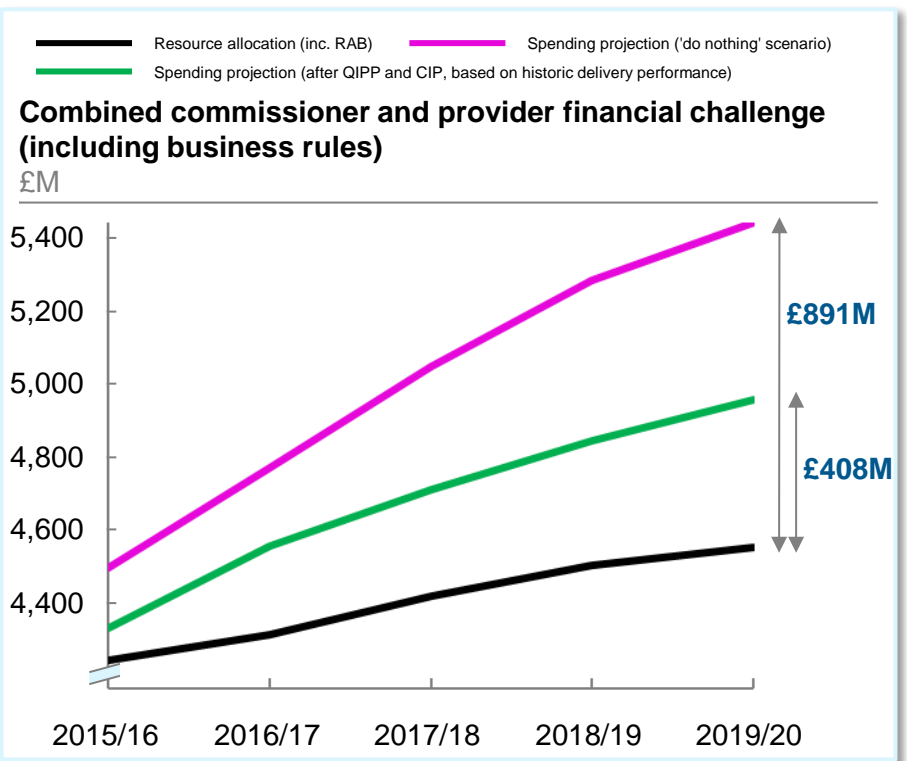
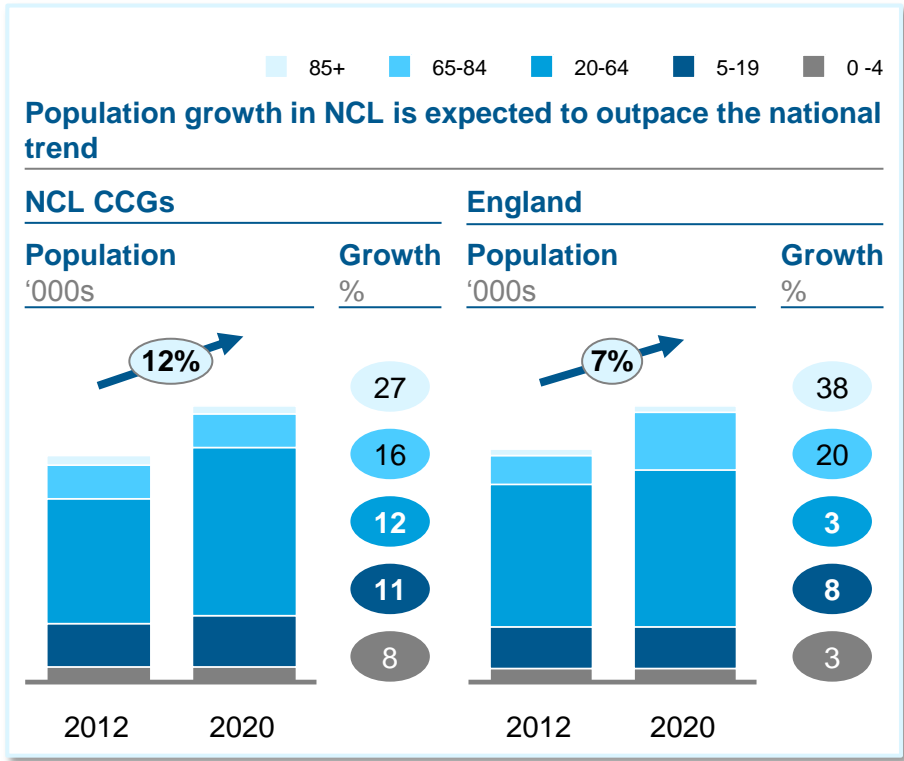
CCG Collaborative Working in North Central London

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



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	<ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> – 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 	<ul style="list-style-type: none"> ▪ Paul Jenkins
2 Mental health: with an immediate focus on transforming inpatient care	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Dorothy Blundell

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

Programme	Objectives	SRO
<div>3</div> <div>Pathways: with an immediate focus on primary care, having common standards and reducing variation</div>	<ul style="list-style-type: none">▪ 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	<ul style="list-style-type: none">▪ Alison Blair
<div>4</div> <div>System wide enablers: with an immediate focus on estates</div>	<ul style="list-style-type: none">▪ 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	<ul style="list-style-type: none">▪ 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

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