

Agenda item: 9

<b>Subject:</b>	<b>Norfolk and Waveney CCGs – Moving Forward</b>
<b>Presented by:</b>	<b>The Chairs of the 5 CCG Governing Bodies and Melanie Craig, Accountable Officer</b>
<b>Prepared by:</b>	<b>Karen Barker, Associate Director Corporate Affairs and ICS Development</b>
<b>Submitted to:</b>	<b>Joint Strategic Commissioning Committee</b>
<b>Date:</b>	<b>20 August 2019</b>

**Purpose**

To review and note the engagement carried out to date and note next steps.

**1. Local Context**

Currently there are five Clinical Commissioning Groups in Norfolk and Waveney. These are membership organisations made up of 104 member Practices.

It has become clear that there remains significant duplication, paperwork, meetings and costs for the CCGs. There are also very significant financial, performance and quality issues across the whole Norfolk and Waveney system which the network of five smaller CCGs has not reversed, despite ever closer working arrangements..

Merging into one CCG is a logical next step for us. This has been given added impetus, and a need for pace, by a number of national and regional imperatives.

**2. National and regional context**

The NHS Long Term Plan (‘LTP’) published by NHS England in January 2019 sets out the priorities for healthcare over the next 10 years.

With a strong focus on population health and partnership working the LTP sees Integrated Care Systems (‘ICS’) as the mechanism by which local organisations come together to redesign care, creating a shared leadership and action.

*“This will typically involve a single CCG for each ICS area”.*  
(LTP Jan 19, p29, 1.51)

*“[ICSs] are a pragmatic and practical way of delivering the ‘triple integration’ of primary and specialist care, physical and mental health services, and health with social care, consistent with what doctors report is needed.”*

(LTP Jan 19, p29, 1.50)

The intention is that by April 2021 all current Sustainability and Transformation Partnerships (STPs) evolve into ICSs (Integrated Care Systems).

By maturing into an ICS, the intention is that commissioner and providers will make shared decisions, and be equally accountable on how best to allocate resources, design services and improve population health. Working for the benefit of the whole system should place the patient at the centre of all decision making and minimise previous blockages including workforce, organisational bias, and affordability.

Part of the expectation in moving to an ICS is for CCGs to be leaner and more strategic in their approach. They must demonstrate a unified set of commissioning arrangements and a single set of commissioning decisions at system level.

### **3. Our local position vs the merger application timeline**

During September and October 2018 all five Norfolk and Waveney CCGs agreed the following recommendations:

1. The intent to create a single management team to coordinate the work of the five CCGs of Norfolk and Waveney, towards better meeting statutory requirements;
2. The need to appoint a single Accountable Officer (AO) for Norfolk and Waveney, who is also the Norfolk and Waveney STP Executive Lead;
3. The need to appoint a single Chief Finance Officer (CFO) for Norfolk and Waveney;
4. The establishment of a Remuneration Committee in Common to agree the terms and conditions of the new AO and CFO, subject to the agreement of the five CFOs of the CCGs on how to allocate the costs and the offsetting savings;
5. The HR process and timeline to make the AO and CFO appointments.

A single Accountable Officer and STP Executive Lead was appointed in March 2019 and a single CFO, Chief Nurse, and Director of Strategic Commissioning shortly after. Further appointments to the director and associate director level posts in the single management team have also been concluded, with an expectation that a new one-team structure will be completed by the end of the year. In addition a number of committees in common have been established for example the remuneration committee in common which has met across the five CCGs.

### **4. The case for change**

Given our progress it appears, at face value, prudent for our local system to submit an application to merge by September 2019 with a view to an April 2020 start.

We have some significant concerns that are impacting on our ability to deliver excellent care to our population:

- 3 major providers in special measures;
- Issues with key standards – A&E, ambulance, referral to treatment times, cancer, psychological therapies, out of area placements;
- Workforce concerns - vacancies across all major service lines and providers, and a high use of agency and temporary staff;
- Rising demand especially across our ageing population.

The benefits to merging in April 2020 are

- A) Work more efficiently, sooner, as a single team
- B) Have listened to and responded to the needs of our excellent staff,
- C) Set an example to our system, making it easier to support our providers in any discussions they may be having in relation to alternate ways of working,
- D) Demonstrate to regional and national leads that Norfolk and Waveney is delivering the national vision,
- E) Address the financial imperatives by way of CCG efficiency savings,
- F) Buy ourselves 12 months of evolution and 'bedding in' before we formally evolve into an ICS. This will allow us to fine tune and finesse our processes prior to any ICS formal 'go-live' date.
- G) Send a strong signal in relation to our maturity. This will not only benefit our ICS submission, but should help to embed our reputation nationally and therefore one that would further enhance our ability to attract national funding opportunities as they arise.
- H) Be able to have more management capacity to focus on our localities and Local Delivery Groups (LDGs) over the course of 20/21. At present we simply cannot do both.

**How do we maintain the local focus? How do we safeguard our current strengths as we move forward as a single CCG?**

It is clear that one of the key strengths of our current CCG make-up has been the ability to listen, know, and respond to the concerns of general practice and our patients at a granular level. There have been some highly successful initiatives bespoke to our CCGs that have been commissioned accordingly. As we merge it will be vital that we do not lose the good relationships we have built up and the locality focus that has been so successful.

The new single management structure already supports localities with dedicated senior leads aligned to each of the Primary Care Network areas. We intend to maintain a local presence through our commitment to retaining the local offices in Kings Lynn, central Norfolk in Norwich, and Beccles.

There are other ways we can expand our CCG footprint whilst still ensuring a locality focus:

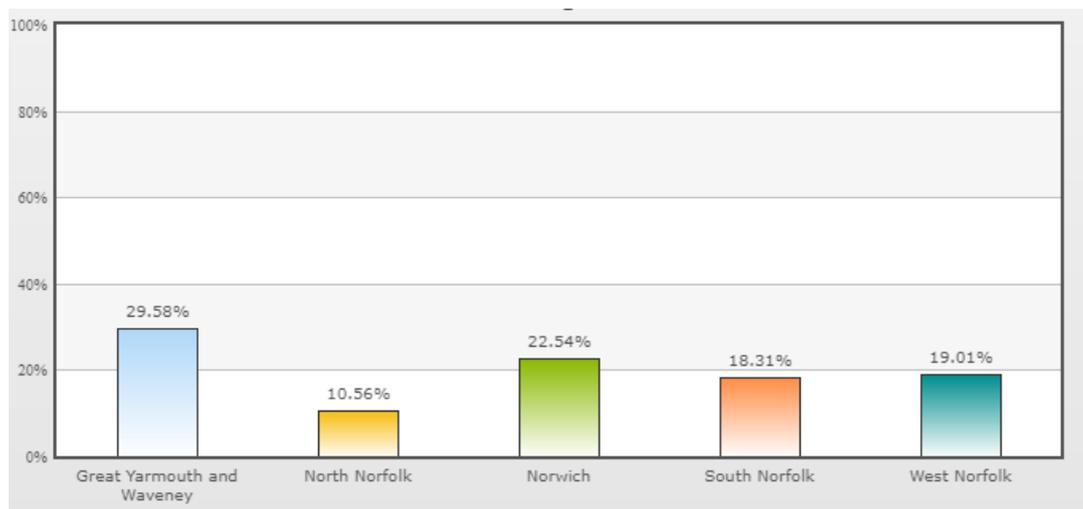
- Using the basis of 1 representative per former CCG area; locality lay members and/or Governing Body clinical representatives could be elected by their local member practices onto the CCG Governing Body.
- Our governance processes should be reflective of the need to continue to involve and support locality-based clinicians and lay members.
- We may wish to strengthen our Local Delivery Groups at CCG level to ensure their local priorities inform the strategic focus of the CCG governing body.
- We may wish to maintain our local accountability to holding/continuing to hold meetings in public in our local offices.
- Our Council of Members may continue in their current guise, or we may invite them to follow a standard format or amalgamate across geographies that make sense.
- Where clinical engagement and patient and public involvement has been so successful across a smaller CCG footprint we may wish to use our Local Delivery Groups to maintain and drive this forward.
- To ensure a continued focus on local pathways we may wish to continue with our East and West Clinical Executive meetings alongside a new combined Clinical Executive for Norwich, South and North Norfolk.

It is clear we would need to agree our preferred approach in relation to maintaining a local presence and flavour, however we would have time to do this over the next 6 months and beyond. April 2020 is not a 'cut-off' point by which we have to have everything addressed. It is in fact a starting point; as we move towards a fully-fledged ICS in 2021, we will have the ability to flex and evolve our approach further.

**Engagement with our practices, partners and members of the public**

The engagement process and online survey were launched on Tuesday August 6th. It was promoted to Norfolk and Waveney practices, MPs and other stakeholders including the public, patient panels and PPGs, VCSE organisations, and HOSCs and HWBs. Partner organisations have been asked to cascade. Pages have been added to all of the CCG websites: <https://www.northnorfolkccg.nhs.uk/proposal-merge-5-ccgs-norfolk-and-waveney>.

There has been a pleasing response rate. As of Thursday August 15th 142 people have completed our online survey. The chart below shows the level of feedback from each locality.



Overall feedback remains similar to that outlined last week, which is largely in favour of the merger but with an emphasis on the need to retain local focus.

Practices have been written to and there is a programme of Council of Members meetings in place to offer the opportunity to discuss matters of interest and answer questions. We have already received some helpful observations and questions and we shall shortly respond to practices with a series of 'FAQs'. Questions have so far been around finance, the future of Locally Enhanced Services, the roles of Councils of Members and GPPOs.

Key partners such as local authorities, councillors, NHS Trusts and the LMC have been invited to comment. We have a meeting with HealthWatch Norfolk and HealthWatch Suffolk in place in September.

**Next steps**

There will be an opportunity for the membership to vote on the proposals which will run to 20 September. The final decision which will be made in public by each Governing Body will take place week commencing 23 September for all five Norfolk and Waveney Governing Bodies.

The deadline for applications to NHS England to merge is 30 September.

**Recommendation to JSCC:**

To review and note the engagement carried out to date, note next steps and discuss any issues which arise.