



Merton

Clinical Commissioning Group

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 27th March 2014

Agenda No: 6.1.2

Attachment: 05

<p>Title of Document: SWL Collaborative Commissioning</p>	<p>Purpose of Report: Review and approval</p>
<p>Report Author: Charlotte Joll, Programme Director, SWL Collaborative Commissioning</p>	<p>Lead Director: Eleanor Brown Chief Officer, Merton CCG</p>
<p>Executive Summary: This paper provides an update on the Better Services Better Value (BSBV) programme and the next steps which the SW London CCGs wish to take to address the clinical case for change and deliver a five year commissioning strategy.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Section 3 on the proposed governance structures that will take affect from 1st April Section 4 on the approach for developing the 5-year strategy Section 5 on timescales and next steps</p>	
<p>Recommendation(s): The Governing Body is asked to approve the collaborative approach for developing a 5-year strategy and the proposed governance arrangements.</p>	
<p>Committees which have previously discussed/agreed the report: NA</p>	
<p>Financial Implications: A business case for the shared funding of the SWL programme team is being developed for approval by the SWL Commissioning Executive.</p>	
<p>How has the Patient voice been considered in development of this paper: A proposed Patient and Public Involvement process is being discussed by lay representatives of each CCG.</p>	
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)</p>	
<p>Equality Assessment: NA</p>	

Information Privacy Issues: NA

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) NA



South West London Collaborative Commissioning

South West London Collaborative Commissioning March 2014

1 Introduction

- 1.1 This paper presents proposals for a new approach for collaborative commissioning in SWL, and sets out the next steps which the SW London CCGs wish to take to address the clinical case for change.
- 1.2 It outlines the proposed new governance arrangements for the SW London collaborative commissioning programme and describes the process and timescale for the development of the strategy.
- 1.3 **The Governing Body is asked to approve the collaborative approach for developing a 5-year strategy and the proposed governance arrangements.**

2 Context

- 2.1 On the 18th February the CCG Chairs issued a joint statement (see Appendix 1 for full text) with the following key messages:
 - CCGs will not be continuing the BSBV programme or consulting on the options which emerged from that programme.
 - The clinical case for change is unanimously supported and all hospital services should be commissioned against London Quality Standards.
 - The detailed and thorough analysis developed through BSBV will be used in designing future commissioning strategies.
 - It will not be possible to achieve the scale of change that is needed by working independently at borough level.
 - CCG chairs strongly advocate joint work to develop new strategies for local health services, including engagement with local providers.
 - Local clinicians, local authorities and patient representatives will continue to be involved. CCGs will seek and listen to the views of local people.
- 2.2 The six CCG chairs, alongside NHS England, have clearly stated an intention to continue to work collaboratively to address the case for change in SWL. They have together formed a Strategic Planning Group in response to the 'Everyone Counts' planning guidance, issued in December 2013. Actions taken to date in line with this guidance have included:

- Submitting a plan on a page to NHSE in December 2013 setting out the high level vision and strategic priorities for the planning unit.
- Two extended off-site meetings in January and February 2014 to discuss how the CCGs wish to work together going forwards, and to begin the agreement of high level goals which will govern the development of a 5-year strategy.
- The development of a proposed governance structure for the strategic planning group over the next five years.

2.3 The planning guidance noted the following significant planning deadlines to which NHS organisations need to adhere:

First submission of draft finance, Better Care Fund (BCF) and 2-year operational plans	14 th February 2014
Contracts agreed	28 th February 2014
First submission of provider 2-year operating plan	5 th March 2014
Final submission of finance, BCF and CCG/provider 2-year operational plans	4 th April 2014
First submission of draft 5-year strategy	4 th April 2014
Final submission of 5-year strategy	20 th June 2014

3 Proposed governance: SWL Collaborative Commissioning

3.1 The CCG chief officers and chairs, with NHSE have discussed an approach to working together to deliver the requirements of the planning guidance. A new programme was formed as of the 18th February 2014, called **SWL Collaborative Commissioning**.

3.2 A number of principles for collaborative working have been set out that will govern the way CCGs and NHSE will work together in future. CCGs will:

- Recognise the sovereignty of the six CCGs and that each is a membership organisation which needs to conduct its business according to its constitution.
- Build relationships and trust so CCGs have confidence in each other's ability to deliver on their behalf.
- Have a clear and transparent framework by which we hold each other to account.
- Work together to understand each other's clinical commissioning and service re-design priorities and where possible align and agree collective strategies to support the achievement of better outcomes, improved quality and value for money.
- Co-ordinate dialogue with providers to maximise impact by ensuring CCGs speak with a single voice.
- Ensure regular opportunities for dialogue between clinical and executive leaders and local provider trusts.

- Seek to co-ordinate and combine efforts to manage relationships with both NHS England and South London Commissioning Support Unit (CSU).
- Deploy clinical capacity where it is most needed, in a timely way.
- Learn from existing experience and make time together to reflect on and build 'what good looks like' as we develop.

3.3 The proposed governance sets out a number of new groups, which will take effect from 1st April 2014 (see Appendix 2).

- The **Strategic Commissioning Board** (SCB) will lead the programme. It will be formed of CCG Chief Officers and Chairs, NHS England (London) direct commissioning lead(s) and will have patient and public and local authority representatives. Its role will be to develop and agree joint commissioning plans and oversee the joint delivery of the work programme. The board will be chaired by Howard Freeman, the Chair for Merton CCG.
- CCG Chief Officers and NHSE (London) will separately sit on the **Commissioning Executive**, which will discuss ongoing operational and governance issues and provide oversight to planning, implementation and benefits realisation.
- Engagement with a wider group of stakeholders will be achieved through the **SWL Forum**. The Forum will be comprised of CCG Chairs and COs, patient and public representatives, Local Authority representatives, Provider CEs and representatives from the National Trust Development Agency (NTDA), NHSE, London Ambulance Service (LAS), Public Health, Health Education South London (HESL), SW London Academic Health Science Network and SWL System. The Forum's primary responsibility will be to provide advice, input and challenge to plans developed by the SCB. The SWL Forum will be chaired by Chris Elliot, the Chief Clinical Officer for Sutton CCG.
- The **Clinical Advisory Group's** primary role will be to provide clinical advice to the SCB. It will also challenge and develop clinical pathways and models of care developed by the work-streams, and identify interdependencies between these plans which need to be addressed collectively. It will be formed of the clinical leads from each work-stream and provider medical directors and directors of nursing.
- The **Patient and Community Stakeholder Group** will ensure patient and public engagement in the development and implementation of the commissioning strategy. It will be formed of local Healthwatch representatives from each CCG, CCG lay representatives, voluntary and community sector representatives and a nominated lay member from each clinical design group.
- The five **Clinical Design Groups (CDGs)** will have the primary role of developing a clinical vision, strategy and work programme for each clinical area. Each CDG will have a nominated CCG accountable lead, a clinical lead, nominated provider clinical representatives, patient and public representation and representation from social care where appropriate.
- Five **Patient and Public Reference Groups** will be formed, linked to each clinical design groups. They will be formed of lay members in each area and will provide input and challenge to the plans developed by each work-stream.

- The **Enablers Workstream** will interface with the CDGs and the SCB to ensure the appropriate workforce, estates and IT infrastructure is in place to support the delivery of the SPG strategy.
- 3.4 Each CCG will continue to retain decision making, operating within the terms of its constitution. The NHS Act 2006 (as amended) does not currently allow CCGs to form joint committees with themselves or other bodies in the way that primary care trusts could previously. The Strategic Commissioning Board (SCB) and accompanying groups will therefore act in an advisory and support structure to CCG governing bodies and NHSE. However, the Department of Health has consulted on a Legislative Reform Order (LRO) which, if enacted, would allow CCGs to form joint committees. If in due course it becomes clear that the Strategic Commissioning Collaborative would work more effectively should the SCB operate as a joint committee for decision making purposes relating to the design and delivery of the strategy, and if there is legislation that allows this to happen, individual CCG Governing Bodies may wish to agree to delegate specific elements of decision-making in line with their individual constitutions.

4 Approach for developing 5-year strategy

- 4.1 The strategic planning group has discussed a proposed approach to developing the five year strategy. Key features are as follows:
- Graham Mackenzie, Chief Officer Wandsworth CCG, will lead on the development of the five-year strategy document, working closely with the SWL Collaborative Commissioning programme team and colleagues from individual CCGs.
 - CCGs will be responsible for the production of 2-year operational plans and, alongside local authorities, Better Care Fund plans.
 - The development and delivery of the five year strategy will be organised through five separate clinical design groups mapped against specific pathways: Out of hospital, urgent and unscheduled care and primary care transformation; maternity care; elective care; children's care; and mental health care.
 - An accountable lead and clinical lead will be identified for each CDG Following discussions with CCG chief officers and chairs the following proposals have been put forward:

Clinical Design Groups	Accountable lead	Clinical lead
Out of hospital, urgent care and primary care transformation	Eleanor Brown (Merton CCG), Jonathan Bates (Sutton CCG)	Dr Tom Coffey (Wandsworth CCG) Dr Chris Eliot (Sutton CCG)
Maternity care	Paula Swann (Croydon CCG), Lucie Waters (Wandsworth CCG)	Dr Mike Lane (Wandsworth CCG)
Planned care	Tonia Michaelides (Kingston CCG)	Dr Naz Jivani (Kingston CCG)
Children and young people's care	Adam Doyle (Merton CCG)	Dr Brendan Hudson (Sutton CCG)
Mental health care	David Smith (Kingston CCG), Stephen Warren (Croydon CCG)	Dr Phil Moore (Kingston CCG)

- The development of the strategy will take place over two phases: phase one will involve working with CDG leads to describe a very broad 5 year strategic vision and a work plan for its development into a five year strategy, and the second phase, post 4th April, will be to engage widely with stakeholders, particularly patients and the public, clinicians, providers, and local authorities.

5 Timescales and next steps beyond March

February	Terms of reference developed for new governance
February-March	Meeting with CDG leads and other groups to begin to develop strategy proposals
March	Meeting with providers to discuss proposed approach to strategy development
March	First draft of strategy written and discussed with SW London Forum
Last week of March	Draft strategy reviewed by SCB in advance of first submission deadline
1 st April	New governance takes effect
4 th April	Submission of preliminary draft of 5-year strategy to NHSE
April-mid May	Development of the case for change and prioritisation of emerging strategic proposals through engagement with Health and Well Being Boards, patients and the public, providers and clinicians
Mid May-end May	Development of final version of strategy
June	Signoff by CCG Governing Bodies
June 20 th	Final submission of 5-year strategy to NHSE

6 Use of shared programme team

- 6.1 CCGs and NHSE have committed to funding a shared SWL programme team to support the Collaborative Commissioning programme, hosted by Wandsworth CCG and working closely with the CSU. A business case for the programme is being developed for approval by the SWL Commissioning Executive.

7 Actions

- 7.1 The Governing Body is asked to approve the collaborative approach for developing a 5-year strategy and the proposed governance arrangements.**



South West London Collaborative Commissioning

Appendix 1: CCG Chairs press release, issued on 18th February

- “As GP leaders of the local NHS, we have a unique opportunity to work together to transform services for our patients in south west London. We must tackle the variation in quality across all local health services and we know we can only do this by working together.
- Our services are inter-dependent and the challenges we face cross borough boundaries. We need closer working between our hospitals and between the hospitals, GPs, community and mental health services if we are to improve quality for everyone in south west London and make the local NHS sustainable. We do not believe it would be possible to achieve the scale of change that is needed by working independently at borough level. We will work with our local authorities, Health and Wellbeing Boards, mental health trusts, primary and community care providers, local hospitals, patients and neighbouring CCGs to achieve substantial and lasting improvements in our health services.
- We unanimously support the clinical case for change set out as part of the BSBV programme and at national level by NHS England’s Call to Action. If we do not address these challenges, we know that local services will decline in quality and that we will not be able to meet the required quality and safety standards.
- We will therefore be recommending to our CCG boards that the six CCGs and NHS England, who commission specialist services in south west London, work jointly to develop new strategies for local health services. We do not propose to continue with our BSBV programme or to consult on the options that emerged from it, which have now been withdrawn. But we do know that we need to continue to work together to drive up the quality of local health services in a way that is acceptable to our patients. There are no easy answers and we know change will be needed.
- We have listened to feedback from local people and we agree that we should look at local health services in a holistic way – so we will focus not only on acute hospital services, but also on transforming GP, community, mental health and specialist services, as well as encouraging healthier lifestyles.
- We agree that all future hospital services should be commissioned against the London Quality Standards – which are the minimum safety standards developed by senior clinicians, based on Royal College guidance – and that all hospitals must provide seven-day, consultant-led services. We know this will not be easy – as there are not enough senior and experienced doctors, the hospitals will have to work together to achieve this. We also expect our hospitals to comply fully with the recommendations set out in the national review of urgent and emergency care by Sir Bruce Keogh and to be financially sustainable.

- As commissioners of specialist services in south west London, NHS England will work with us as part of a strategic planning group to develop long term, sustainable improvements for patients.
- Should the outcome of our discussions mean major service change at any of our trusts – which we think is likely, given the difficulty of meeting the London Quality Standards across four hospitals – then proposals would of course be subject to public consultation.
- We will use the detailed and thorough analysis developed through the BSBV programme, setting out expected future patient need and provider trust staffing and finances, to develop our future commissioning strategies.
- We will ask local provider trusts to work together and with us on developing solutions that will deliver safe, high quality care for everyone. We will also continue to involve local clinicians, local authorities and patient representatives. We will seek and listen to the views of local people.
- We will involve local people in this work, engaging local Healthwatch organisations, the voluntary sector and local residents as we plan our future strategies.
- The next step will be for us to discuss our new approach with our boards and with local provider trusts and seek their support for it. We plan to announce our five-year strategy in June 2014.
- We would emphasise that at this point, no decisions have been made and that this statement reflects the recommendations of CCG chairs, which have still to be agreed with our boards.”

Appendix 2: Proposed governance structure from 1st April 2014

