NHS South West London Clinical Commissioning Group

CIC briefing document on MFT application

Introduction

1. In March and September this year, the Governing Bodies (GBs) of the six SWL CCGs all agreed to progress the merger of CCGs at SWL level by April 2020. Over the past months we have been working with Chairs, members, stakeholders (including patient representatives) and our staff to develop our thinking and planning regarding merger. The six CCGs in SWL are: Croydon, Merton, Kingston, Richmond, Sutton and Wandsworth. In September, all the CCG GBs agreed to recommend the new constitution and the merger to their memberships.

2. This document sets out:
    - The context we are working in and the case for change to support the creation of one SWL CCG;
    - The CCGs' strategic aims;
    - The design principles;
    - The proposed governance structure;
    - The senior management team structure.

Context

3. The direction of travel in England is for local health and care systems to join up ways of working in both commissioning and delivery of care for their local populations. We all want to provide better outcomes for patients and remove the barriers to achieving integrated care around the needs of residents and patients.

4. To do this, we need to speak with a single South West London voice, reflective of local priorities, removing duplicative activities and modelling effective joint working.

5. Working in a more integrated way, at all levels of our health and care services, will deliver better outcomes and experience for patients, better value for taxpayers and better job satisfaction for our staff.

6. Patient needs have changed over the last 70 years. Across England, half a million more people are aged over 75 today than was the case in 2010, and there will be two million more in 10 years. Fifteen million people have chronic conditions, with individuals often experiencing multiple long-term conditions. A quarter of us will experience a mental health issue in our lifetime. If we are to effectively respond to these challenges, and the ever-increasing financial pressures the system is facing, we need to move towards greater integration of care. This includes integration across primary and acute care; mental and physical health; and health and social care.

7. The NHS set out a collective intent to move towards more integrated care in the NHS Five Year Forward View. Since then, the New Care Models (vanguard) programme has demonstrated what integrated care can deliver. Emergency admissions in our most integrated geographies grew at well under half of the rate of the rest of the country. Where hospitals and GPs were coordinating their work more closely emergency admissions grew by between 1.4% and 1.7%, compared with 5.7% growth elsewhere, based on twelve months of data from Q3 2017/18 compared with 2014/15. This means that fewer people were attending hospital and were being better supported and treated at home or cared for by their GP.

8. Integrated models of care result in earlier support and interventions to prevent illness and, where we can't achieve that, preventing people's conditions deteriorating into acute illness. This 'population health' approach must be informed by a better, data-driven understanding of local populations, identifying those who are at risk and who we can impact – and designing a more proactive and targeted way of delivering care.

9. Through the development of the SWL Health & Care Partnership (HCP), we are already working with our partners (NHS Provider organisations, Local Authorities, Healthwatch, GPs and other community partners) to make more effective use of their collective resources to improve quality of care and health outcomes for local populations. By bringing together our six CCGs we will be able to support these vital improvements in how the health and care organisations across our geography collaborate as they design and deliver integrated care and support for patients. In order to do this, we need to work in a much more streamlined way at SWL and local level. This will allow us to:

    - Reflect and harness the diverse local needs and voices across SWL communities;
    - Be much more consistent in setting the expectations of our partners towards our common goals;
    - Rapidly develop bespoke models of care, sharing learning, expertise and best practice across South West London; and
    - Provide forms of support and oversight that best help our system deliver improved outcomes for residents and financial sustainability across the system.

Why do we need to change?

10. We have been working together as six CCGs over the past year, and we know that when we work together, it's better for the health and care outcomes of local people. We can also influence policy and secure more national funding for our local SW London services.

    - **Improving functions by consolidating** - Where we have brought functions together, we have improved quality of service e.g. our communications and engagement function has individual CCG teams working in a matrix way across SWL with reduced management overheads but improved quality, resilience and professional accountability. We are confident we can replicate this across many of our other functions;
    - **Investment in 'Primary Care Networks' of GP practices:** The NHS needs to free-up resource so we can deliver the NHS Long Term Plan with investment in community and mental health services, and in new developments such as Primary Care Networks (PCNs). PCNs will bring together GP practices to provide a wider range of services for local people. They will also be the footprint around which community-based health and social care professionals will deliver more joined-up care for our communities. We are planning to strengthen our primary care transformation function to support PCN development;
    - **It is our priority to make sure that GPs receive the same level of support or better:** We want to maintain and improve primary care and day-to-day support as well as strong local relationships e.g. a single IT service for primary care to improve connectivity and reliability of IT systems, and the quality of IT services to practice. It is our expectation that our GPs in each borough will retain their current local primary care team, potentially with enhanced resource, to support them through these changes and new responsibilities;
    - **Cut red-tape and duplication to invest in frontline services:** The NHS Long Term Plan is clear that NHS organisations should work more closely together, rather than in competition: we will work toward the end of the 'NHS internal market' or the purchaser/provider split. NHS organisations will no longer have to administer complex negotiations, contract monitoring and payment regimes at local level: a single SWL CCG could re-direct this resource in bureaucracy back to frontline services for patients. A single CCG could better support NHS organisations to collaborate and learn from each other across SWL. By moving to collaboration and away from competition, we can better drive-up quality and reduce variation in standards and deliver better health and care outcomes for the people in every one of our boroughs. It will be easier to engage with the ICS as it develops if we have a single, nuanced commissioning voice. A potential merger of our CCGs would also free-up resource for frontline services by reducing management costs and layers of bureaucracy at a local level. We currently have six Governing Bodies; 18 associated statutory committees; six sets of annuals accounts and auditors; and six assurance processes from NHS regulators: it takes considerable clinical and managerial

time, money and focus to work in this way. For example, by just moving to one CCG Governing Body, we would save at least £1.6 million. We believe a merger would be better for our CCG staff – with more career progression and opportunities across a bigger organisation, and with more opportunities for training and development.

Working across more than one CCG would also be much easier and less time consuming – we could get more done, more quickly, with no need for multiple governance committees and different assurance paperwork. This would strengthen our ability to retain our expert staff.

- **Take control of our future**: If we were to merge, we would want to make sure we designed our own model for the way we would work together: a way that works for our GPs, and our partners in each borough. We would like to progress quickly, to ensure that we can influence national thinking and deliver our SWL model.

Benefits

11. We envisage the merger of the CCGs will enable us to deliver the following benefits:

- **Economic Benefit** - Financial Improvement, releasing cash, increased income, better use of funds;
- **Effectiveness Benefits** - Doing things better or to a higher standard;
- **Efficiency Benefits** - Doing more for the same or the same for less;
- **People Benefits** – A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit to our people;
- **System Benefit** - A benefit that although it has an economic, efficiency or effectiveness reason has a direct benefit on our systems.

Challenges

12. In working toward achieving these benefits we also recognise that there are challenges that we will need to mitigate:

a. loss of local focus and ability to make decisions locally;

As set out later in this document, we will establish Borough Committees and Place Based Committees in Common to ensure that we maintain a local focus and that decisions continue to be made locally.

b. loss or weakening of clinical leadership;

Working with the membership from across our CCGs, our current clinical Chairs and LMC representatives, we believe we have ensured that the clinical voice stays at the heart of what we do. For example, we will have a clinical majority or GP majority on both the Borough Committees and the SWL Governing Body.

c. loss of staff knowledge, expertise and relationships with stakeholders;

We recognise that our people are central to the success of the new CCG. Our staff have been involved with the design the structure of the new organisation and we have kept them updated on all the work that has taken place. We believe that merging our CCGs will strengthen the opportunities and development we can offer our staff thus helping us retain the knowledge, expertise and relationships we already have within the organisations while also attracting the best talent.

d. weakening of local engagement with patients and the public.

We have worked closely with our Patient and Public Engagement Steering Group to

ensure that we continue to be able to hear the voice of the patient in everything we do. Our Boroughs will determine the local arrangements for ensuring this continues and we will have two representatives from the SWL HealthWatch and Voluntary sectors on the SWL CCG Governing Body.

Our System

13. Health and Care Partners in SWL have been working together to address the health and care needs of local people for over three years. In November 2017, we published 'The South West London Health and Care Partnership: One year on', that showed the progress the SWL Partnership had made in its first year and outlined our plans for the next two years.

14. Our vision is to provide the framework and resources to ensure that place-based partnerships engage with their communities to deliver well-being support that enables people to:

    - **Start Well**
    - **Live Well**
    - **Age Well**

    And provides a vehicle to plan and deliver services at scale where this best supports place-based partnerships.

15. We are clear that the key to health and care improvement lies in each of our six Borough partnerships who work together to address the health and care needs of local people. Recently, local health and care partners developed Local Health and Care Plans to set their joint work programmes for the next two years. These Local Health and Care Plans form the foundation of our new SWL Health and Care Plan.

16. Over the past three years, we have grown and strengthened how we do things together. Our local leaders have spent time considering how we want to operate together and agreeing what we should do at neighbourhood, place and system level as we merge as CCGs and move towards becoming an integrated care system by 2021.

17. We have worked with patients and residents in each of our six boroughs so that what matters most to them in health and care has guided and informed us.

How will it work

18. We have worked with our members and stakeholders across SWL to design a new way of working which will see the majority of decisions being made at Borough level. Early in the process all the current CCGs indicated that they wished to design a fully delegated model working within a SWL CCG framework.

19. The new CCG will be made up of six local areas, Boroughs, which will have the same geographical boundaries as the current CCGs and are coterminous with their respective Local Authorities. Each Borough will be led by a Place Based Leader/ Locality Director supported by a local Senior Management Team. Each Borough will have a local Borough Committee. This Borough Committee will be a formal sub-committee of the new CCG's Board.

20. The local GP membership of the Borough will be responsible for electing clinical representation to the Borough Committee. Each Borough Committee may have a slightly different make-up, depending on local needs. However, as a minimum the Borough Committee must be made up of an elected GP Chair, a clinical representative and the Place Based Leader. The committee must always have a clinical majority.

21. Each Borough Committee will have its own, locally agreed, Terms of Reference. This will include some overarching principles and clauses agreed at SWL level and consistent across all Boroughs.

22. The Borough Committee will also be able to meet as a Committee in Common with other local system partners. These Committees in Common will be called the 'Place Committee'. Membership will be agreed locally but could include local provider trusts, the Local Authority and local voluntary sector members.

23. At SWL level, the Governing Body will consist of the six locally elected GP Chairs. These six Chairs will vote for one of this group to be the overall Chair of SWL CCG. The local area from which this Chair comes from will then elect another, local, Chair to represent them on both the Borough Committee and SWL GB. This will mean there will be seven, elected, GPs on the SWL GB. In addition, we will have a Secondary Care Doctor and a Registered Nurse. In all, there will be nine clinical members of the GB, ensuring there is a GP majority.

24. The GB will also have three lay members, the Accountable Officer and the CFO as voting members. Other members of the SWL Senior Management Team, including the Place Based Leaders/ Locality Directors will be non-voting members of the GB.

25. The six local Health Watches' across SWL and the SWL voluntary sector have all agreed that they will nominate one representative each (i.e. one HW representative and one voluntary sector representative) to attend the SWL GB. The diagram below sets out the make-up of the SWL GB.

    Diagram 1: GB voting arrangement

Voting Members	Non-Voting Members	Observer
Elected GPs x7 (GB Chair has casting vote)	Place Based Leader/ Locality Director x4	HealthWatch
Secondary Care Doctor	Other SWL SMT members x6	SWL Voluntary Sector Representatives
Registered Nurse		
Lay Members x3		
CFO		
AO		

26. We are continuing to discuss with our Local Authority colleagues how best their views are represented at both Borough and SWL levels.

27. In all, these arrangements will ensure we fulfil our statutory duties; that our members are appropriately represented and can hold the CCG to account; that our stakeholders are able to contribute to the development of the system; and that we are able to consider the patients voice.

SWL CCG committees

28. In addition to the six Borough Committees, the SWL CCG will have five statutory committees:

- Audit;
- Remuneration Committee;
- Primary Care Commissioning Committee;
- Finance; and
- Performance and Quality.

29. Each committee will be Chaired by either a Lay or Clinical member.

30. In the current arrangement, each CCG has a Primary Care Commissioning Committee (PCCC) that delivers on the statutory responsibilities for CCGs in executing the delegated authority for primary medical care services. The intention is that the new PCCC for SWL CCG will fulfil this role. In addition, the PCCC will also have six sub-group (one for each Borough), which will be known as Primary Care Management Groups.

Management Structure

31. To support the new CCG and Borough structure we are putting in place the following management structure:

- **Accountable Officer –** The Accountable Officer, is accountable for the overall operation of the CCG, delivery of its statutory responsibility and overall strategic goals. They will lead the organisation in developing high quality, sustainable, services for patients across the Alliance CCGs and SWL more broadly. To help ensure we provide the best service for our population this post will build and maintain relationships across SWL partners, London Region and at National level.

  The AO will spend 50% of his/her time managing the CCG and 50% of his/her time building and manging the STP. There will be a joint reporting arrangement between the London Regional Director and the Chair of the STP.

  The AO will be a voting member of the CCG's Governing Body.

- **Chief Financial Officer** – This post has lead responsibility for developing and implementing the financial strategy for SWL CCG. They will play an active role in the determination and delivery of wider corporate strategy, supporting the overall CCG and place-based areas to commission high quality services which reflect the needs and improve the health of local people.

  The CFO will also operate as the professional lead for finance across the group of CCGs and will build a network of professional support with the Local Directors of Finance in each place. The CFO will be a voting member of the CCG's Governing Body.

  The CFO will also work across the system with Provider Directors of finance to agree the strategic approach to finances for the SWL system.

- **Chief Nurse and Director of Quality –** The Chief Nurse will ensure and assure the quality of commissioned services and patient experience across the SWL CCG. Working closely with the Locality Directors the post holder will ensure that effective and appropriate quality systems and processes are in place to meet statutory guidance and regulations. They will also promote good clinical governance and best practice and ensure the safety and wellbeing of patients whose services are commissioned by the Alliance.

  The Chief Nurse will provide nursing professional leadership across the SWL CCG and link to Directors of Nursing at a local and national level, work with other nurses across SWL to develop nursing strategies including for development, workforce and quality.

- **Locality Directors/ Place Based Leads –** The Locality Directors/ Place Based Leads have principal responsibility for the development and delivery of the local place level plans, including finance, staffing and operational performance standards. They will be responsible for developing and sustaining key relationships both internally and externally with all partners and stakeholders as well as engaging with a wide range of clinicians,

managerial leaders and organisations to drive ongoing development of the CCG's strategic goals.

Each of the Directors will hold a common portfolio of functions locally as well as SWL responsibilities. They will, with the locally elected GP, lead the Borough Committee of the CCG.

- **Chief of Staff –** This post holder will provide senior level support to the Accountable Officer to discharge their responsibilities in a range of areas. They will provide oversight of the CCG's governance functions across SWL driving a common, high quality, cost effective approach to corporate and governance services. As a part of this remit the post is also responsible for effective risk management across the CCG. The post also has oversight of the FoI, IG, PALS, complaints, and Equality and Diversity functions within the CCG**.**

- **Director of System Planning, Performance and Delivery -** Working closely with the Locality Directors/ Place Based Leads and the CSU, this role will have specific responsibilities for leadership and oversight of contract management, performance management and delivery across the CCG. The Director will support the Governing Body and finance committee in delivery of its statutory functions associated with delivery of contracts and performance and related functions. The role will lead programmes of work that enable the AO to discharge his/her responsibilities for commissioning functions and the performance and commissioned services against national standards and within the context of the STP's objectives and goals. The post will also lead and direct the procurement and performance management of commissioning support services and functions provided by the CSU or other suppliers.

  This post will work closely with regulators to develop the future regulatory/ oversight function for any future SWL ICS.

- **Director of Communications and Engagement -** The Director of Communications will be responsible for providing expert strategic communications advice to the AO, Governing Body members, SWL CCG SMT and localities. The post holder will ensure effective communications and engagement support is in place to drive forward the STP and wider transformation initiatives. They will be responsible for a range of communications functions including stakeholder management including with regulators, engagement with the public, and proactive media management.

  This role will lead a team of communications and engagement professionals across SWL that will link to systems and work in a matrix approach across SWL.

- **Director of Strategy and Transformation –** This post will drive the development of the implementation plans for all STP/ ICS priorities, holding individual leads to account for the delivery of the planned clinical and financial benefits and ensuring buy-in from all partners. They will ensure that all projects and programmes involved in the delivery of the SWL STP/ICS are properly structured, reported on and tracked, and that robust project and programme methodologies are employed.

  The post holder will also build strong networks at a local and national level, identifying how national priorities and the wider political and strategic environment will impact on SWL and ensuring that plans remain aligned.

  The Director will lead strategies for SWL and be the Director of Strategy for the SWL CCG. The Director will provide direct support to the AO and Governing Body on the development of strategic approaches for the STP/ ICS and the CCG.

This post will lead a professional and flexible team of transformation and strategy experts who will support local and SWLondon work to agreed priorities and support SROs to deliver their objectives.

Finance

32. The merger of the current CCGs into a single SWL CCG will enable us to derive additional financial benefits to SWL through:

    - Streamlining of governance and transactional arrangements for CCGs;
    - Streamlining arrangements between a single CCG and local providers compared to a six CCG arrangement as currently exists;
    - Derive benefits through economies of scale;
    - Derive financial benefits through standardisation and levelling up of work standards.

33. These benefits will enable the CCGs to deliver the 20% savings targets from running cost allocations in full from largely transactional and governance areas. This will enable SWL to support and invest in areas that will enable further improvements to patient care supported by improved and standard ways of working.

34. SWL has a track record of effective working together across the Commissioning landscape through the development of the SWL Alliance and SWL HCP. This will be further strengthened by a single CCG with a strong locally delegated focus.

Communications

35. Since March 2019, we have been working across the six SWL CCGs to engage with our GP members, Healthwatches, Local Authorities, NHS Providers and other borough partners, communities and staff on proposals to merge and create a single CCG for SWL.

36. We have based the principles of our approach on engaging early with our GP members and key partners, being clear about the rationale for merger and opportunities for people to have their say, ask questions and raise any issues or concerns, both now and in the future. To support our engagement work we mapped our stakeholders at an early stage and have kept detailed logs of all our engagement work. We have listened and adapted our proposals in response to views of our local partners. We wanted to ensure transparency and ongoing dialogue with our key partners – to build on our existing relationships and trust and protect the legacy of good work from each CCG during any time of change.

37. Our engagement focus has included:

    - Iterating our ‘case for change’ for merger;
    - Proposed governance and membership arrangements for each place-based committee;
    - Patient and public voice in the proposed future governance and membership at each place level, and SW London level;
    - With our staff and trade union representatives, early engagement over the summer on sharing initial draft staffing structures for a single organisation. We have also shared this detail with those partners we work mostly closely with on a day to day basis including GP and council colleagues;
    - With the SW London JHSOC Chair, OSC Chair representatives, and Healthwatch to ask their advice on the level and scope of engagement with communities we needed to consider for a CCG merger.

Evidence of Joint Working

38. All the CCGs within SWL have been working together, with Local Authorities, NHS Providers and across the health system. They have all developed Local Health and Care Plans within their areas.

Equality Statement

39. As a public sector organisation SWL CCG is statutorily required to ensure that equality, diversity and human rights are embedded into all its functions and activities as per the Equality Act 2010, the Human Rights Act 1998 and the NHS Constitution. The CCG plays a key role in addressing equality and health inequalities as commissioners, as employers and as local and national system leaders, in creating high quality care for all. This encompasses giving equal access to all services wherever possible, having 'due regard' as we develop and procure services and ensuring equality and diversity is an integral part of the CCG's decision-making processes.

40. Everyone has different needs in relation to public services both in the workplace and as service users; it is widely accepted, at times certain individuals / groups can experience unfair and unequal outcomes. In accordance with the NHS Constitution and the Public Sector Equality Duty (PSED), we will actively seek to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic (age, race religion, gender, gender reassignment, sexual orientation, marriage and civil partnership, pregnancy and maternity and disability – including carers) and those who do not.

41. The CCG aims to ensure that the principles of equality, diversity and inclusion underpin all its and all commissioned providers' employment, organisational policies and procedures. The CCG is committed to ensure that any case of discrimination is effectively resolved and aims to ensure that all staff are aware of their responsibilities in this area.

42. CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Act. The Governing Bodies of all the current CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

43. Tackling inequalities is one of our key priorities. We are committed to making sure that equality and diversity is a priority when planning and commissioning local healthcare. We work closely with local communities to understand their needs and how best to commission the most appropriate services to meet those needs.

44. Our aim is to eliminate inequalities and barriers, enabling the SW London CCG to:

- Ensure that no-one receives less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race (including nationality or culture), religion or belief, sexual orientation, caring responsibilities, or any other irrelevant criteria in any aspect of their employment;
- Create an organisation that provides a culture free from discrimination, harassment or victimisation and actively promotes equality of opportunity for all, including patients and their carer's, relatives, partners, service users, visitors and staff;
- Promote diversity in employment and employ a workforce that is representative of the communities it serves; and
- Recognise and welcome the fact that people bring a range of different work experiences and personal styles, and a variety of different values, beliefs and attitudes.

45. We will ensure that we pay due regard to our statutory duties and that our staff are clear on their responsibilities in upholding the requirements of this policy and ensuring that equality and health inequalities are addressed. In carrying out its functions, the CCGs will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.

Other Governance matters

The name of the new organisation

46. In compliance with the CCG Regulations, clauses 3-6, the name of the CCG will be 'The NHS South West London Clinical Commissioning Group'.

- The name clearly identifies the area that the CCG covers;
- The proposed name is not similar to that of an established CCG (3);
- The name begins with "NHS" in capital letters (4);
- The name includes a geographical reference immediately after the NHS element (5);
- The geographical reference fairly and accurately represents the area specified in the CCG's constitution (5);
- The geographical reference has a name in common usage in the area specified in the CCG's constitution (5);
- The name ends with the words "Clinical Commissioning Group.

Support of the membership

47. At the end of September Sarah Blow, Accountable Officer for five of the six SWL CCGs seeking to merge, asked NHS England for their agreement to the submission of the SWL merger application without having held the final membership votes. The request was made and approved on condition that we would withdraw the merger application if we did not receive a positive vote from all six CCGs.

48. In March 2019 the SWL Governing Bodies all received a presentation on the SWL merger proposals and were asked to:

- Confirm that the they were committed to progressing to merger of CCGs at SWL level by April 2020;
- Agree the headline case for change and recommended guiding principles;
- Agree that we should now progress discussions with the GP membership on the case for change, intent and process.

49. All the GBs approved the above.

50. Conversations have been on going with the GBs since that point. At the beginning of September 2019, the GBs were specifically asked to recommend the constitutional changes to their memberships and to convene a SWL Committee in Common (CIC) to ratify the SWL merger application. All the GBs agreed these recommendations.

Legal Directions or Special Measures

51. None of the CCGs within SWL are currently under legal directions or special measures.

Accountable Officers Declaration

52. Andrew Eyres (Accountable Officer for Croydon CCG) and Sarah Blow (Accountable Officer for Richmond, Kingston, Wandsworth, Merton and Sutton CCGs) have confirmed that the

merger application has been done in accordance with the current governance arrangements in each of the existing CCGs.