

<b>Report To:</b>	Governing Body Meetings in Common
<b>Report Title:</b>	Update on the future of healthcare commissioning within Coventry and Warwickshire
<b>Report From:</b>	Dr Sarah Raistrick, Chair CRCCG Mr David Allcock, Chair WNCCG
<b>Date:</b>	17 July 2019
<b>Previously Considered by:</b>	Executive Team Coventry Health and Overview Scrutiny Committee 10 July 2019

<b>Action Required</b>							
<b>Decision:</b>		<b>Assurance:</b>		<b>Information:</b>	✓	<b>Confidential</b>	

<b>Purpose of the Report:</b>
To provide the Governing Bodies with information regarding the implementation of the NHS Long Term Plan in relation to the commissioning function of the Clinical Commissioning Groups (CCGs) within Coventry & Warwickshire, and to provide an update on the outcome of the membership vote and next steps.
<b>Key Points:</b>
<p>The Long Term Plan (LTP) states that local NHS organisations will increasingly focus on population health, moving everywhere to Integrated Care Systems (ICSs) each covering a population of c1m by April 2021 growing out of the current network of Sustainability and Transformation Partnerships (STPs). These will have a key role in working with Local Authorities at ‘place’ level, and through them commissioners will make shared decisions with providers on how to use resources, design services and improve population health</p> <p>In Coventry and Warwickshire we are on a journey towards becoming an ICS by 2021 as required in the LTP. The Clinical Commissioning Groups (CCGs) have set out to determine their response to achieving ‘streamlined commissioning’, and the requirement to deliver during 2020, a 20% administrative cost reduction in the CCG. In this context the Governing Bodies asked that a transitional case for change be developed, with the facts known so far, and potential options for the strategic direction of the CCGs. In our CCGs, determining the strategic direction of the CCG is a matter reserved for GP Members.</p> <p>Since the last meeting of the Governing Bodies on 22 May 2019, the executives have responded to the outcome of the vote by members and taken action to address the concerns raised by both members and by the Governing Bodies.</p> <p>The vote concluded with overwhelming support to explore Options 2 and 3 as detailed in the case for change. A considerable amount of work will now be required with colleagues and stakeholders to co-design what commissioning at Place entails, and what strategic commissioning entails.</p>

**Recommendation:**

Governing Bodies are asked to receive the report for **INFORMATION** and **ASSURANCE** noting the Next steps in Section 4 of the report.

**Implications**

<b>Objective(s) / Plans supported by this report:</b>	NHS Long Term Plan requirements for strategic commissioning arrangements						
<b>Conflicts of Interest:</b>	None						
<b>Financial:</b>	<b>Non-Recurrent Expenditure:</b>	N/A					
	<b>Recurrent Expenditure:</b>	N/A					
	<b>Is this expenditure included within the CCG's Financial Plan?</b>	<b>Yes</b>		<b>No</b>		<b>N/A</b>	
<b>Performance:</b>	N/A						
<b>Quality and Safety:</b>	N/A						
<b>Equality and Diversity:</b>	<b>General Statement:</b> The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.						
	<b>Has an equality impact assessment been undertaken?</b>	<b>Yes</b>		<b>No</b>	✓	<b>N/A</b>	
<b>Patient and Public Engagement:</b>	Engagement plans will be determined						
<b>Clinical Engagement:</b>	Members will be engaged with throughout the process						
<b>Risk and Assurance:</b>	There is a risk to engagement activities with stakeholders and members, as well as the pace of the development work around Place and Place governance.						

## **1. Purpose**

To provide the Governing Bodies with information regarding the implementation of the NHS Long Term Plan in relation to the commissioning function of the Clinical Commissioning Groups (CCGs) within Coventry & Warwickshire.

## **2. Information / Background**

The NHS Long Term Plan<sup>1</sup> (LTP) published in January 2019 by NHS England (NHSE) was developed with input from patients' groups, professional bodies and frontline NHS leaders who since July 2018 shaped it through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people.

The LTP sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. It sets out:

- how the NHS will strengthen its contribution to prevention and health inequalities;
- the NHS's priorities for care quality and outcomes improvement for the decade ahead;
- how current workforce pressures will be tackled, and staff supported;
- a wide-ranging programme to upgrade technology and digitally enabled care across the NHS; and
- how to return the NHS onto a sustainable financial path.

The LTP states that local NHS organisations will increasingly focus on population health, moving everywhere to Integrated Care Systems (ICSs) each covering a population of c1m by April 2021 growing out of the current network of Sustainability and Transformation Partnerships (STPs). These will have a key role in working with Local Authorities at 'place' level, and through them commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract awards).

Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. This will typically involve a single CCG for each ICS area. CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations on population health, service redesign and LTP implementation.

In Coventry and Warwickshire we are on a journey towards becoming an ICS by 2021 as required in the LTP. The Clinical Commissioning Groups (CCGs) have set out to determine their response to achieving 'streamlined commissioning', and the requirement to deliver during 2020, a 20% administrative cost reduction in the CCG. In this context the Governing Bodies asked that a transitional case for change be developed, with the facts known so far, and potential options for the strategic direction of the CCGs. In our CCGs, determining the strategic direction of the CCG is a matter reserved for GP Members.

To shape and inform the transitional case for change, there have been briefings and engagement events for staff, GP Members and Governing Body Members since December

2018. Other events were held with key stakeholders between March and May 2019. The purpose of this engagement activity was to bring together a wide range of stakeholder views from across Coventry and Warwickshire, including colleagues working in health and social care, voluntary and community organisations, councillors, carers and patients and their representatives with the aim of:

- providing clarity that this piece of engagement was specifically around the future of health commissioning as it pertains to meeting the needs of a future integrated care system for Coventry and Warwickshire.
- giving attendees background information and putting things in context to help them understand why we are considering changing health commissioning.
- capturing their initial thoughts and reactions to this information to input into the a high level case for change document which was presented to the Coventry and Rugby CCG Governing Body in May.

### **3. Considering the Case for change**

The Governing Bodies considered the transitional case for change at the meeting in May and were clear that, with the development of a single strategic commissioner, about 80% of the current CCG work will be aligned with “Place”, and that we have 4 “Places” defined namely Coventry, Warwickshire North, South Warwickshire and Rugby. 20% of the current CCG activity will align with strategic commissioning at a Coventry and Warwickshire level.

The Governing Body agreed that they would make a recommendation to GP Members that to create streamlined commissioning, the strategic direction would be a merger of the 3 local CCGs but that this was subject to development of a full case for change that described benefits/ disbenefits, risks and mitigations. They asked that the future arrangements at each Place be clearly set out, that a detailed timeline for how and when such a merger or any change might occur, and an appropriate due diligence assessment.

In line with the CCGs’ constitutions, GP Members were asked to vote on the way forward, initially using the document the CCG Governing Body had used to make their recommendation. The Local Medical Committee Officers, in Coventry, Rugby and Warwickshire North asked for greater clarification, stating that the transitional case for change had insufficient information about impact at Place for the GP Membership to use to vote.

An additional briefing was developed and issued and GP Members have voted on this. The result was that the majority of members voted for the CCG to explore two options, which were a) a single management team working for each of the 3 CCG's b) a merger of the 3 CCG's with a single management team.

### **4. Next steps**

A considerable amount of work will be required with colleagues and stakeholders to co-design:

- what commissioning at Place entails, and what strategic commissioning entails;
- the staff and skills required in the Places and in the strategic commissioner.

We are committed to working closely with stakeholders from across the system throughout this process of development. The CCGs will also need to ensure they can meet all the other requirements in relation to merger set out in April 2019 guidance from NHSE prior to making any application for change in their legal status to NHSE. This includes very clear requirements in relation to stakeholder and Member engagement.

## **5. Recommendations**

Governing Body members are asked to receive the report for information and assurance, and note the requirements for engagement of stakeholders during the developmental phase.

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<sup>i</sup> <https://www.longtermplan.nhs.uk/online-version/> NHS England

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