

Future arrangements for NHS commissioning

Louise Patten RGN DN BSC MBA
Chief Executive, NHS Buckinghamshire & NHS Oxfordshire CCGs

November
2019

Introduction



This is the **first stage** of seeking feedback on the future of commissioning within the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

We have been asking for views on two ways of working:

- 1) Local working in each of the three counties ('the integrated care partnerships')
- 2) Wider, at-scale working across the three areas (the 'integrated care system')

by midnight on the 1 December through the link on your CCG's website.

Overview



The way in which the NHS Clinical Commissioning Groups (CCGs) in your area work together is changing. For sometime the three CCGs Buckinghamshire, Oxfordshire and Berkshire West have been working more closely together. [For example, 999 and 111.](#)

When the NHS Long Term Plan was published earlier this year, it set an expectation that each Integrated Care System will “typically” be covered by a single CCG.

By delivering this approach, the organisations which are part of BOB ICS would be better able to achieve their vision of a joined up health and care system where everyone can live their best life, get high quality treatment, care, and support now and into the future.

Summary of proposals



1) Appointment of a single Accountable Officer and Shared Management Team

We believe that a single Accountable Officer will provide a focal point for leadership and accountability within the Integrated Care System. Our expectation is that this post holder would also assume the role of the Executive lead for BOB ICS.

2) Design stronger Integrated Care Partnerships which are constituted using a set of common principles

Our three ICPS will be the main delivery function for our shared ambition to transform the services delivered to patients.

3) A proposal to create a single commissioning organisation across the BOB geography

In line with the Long Term Plan, there is an expectation that each ICS will 'typically' be covered by a single CCG by April 2021.

Our Integrated Care Partnership



Buckinghamshire, Oxfordshire and Berkshire West will each have their own Integrated Care Partnership sitting within the Integrated Care System.

- The **Buckinghamshire Integrated Care Partnership (ICP)** will work by collaboration, not competition, with:
 - An **open book approach** – transparency across the system about how to manage the **cost** of care
 - All partners working in alliance, **directing resources** to achieve the best possible outcomes using a **population health management** approach
 - A system **Clinical & professional voice** to ensure coordinated, multidisciplinary clinical input
 - A system **Stakeholder Group** to ensure we have a coordinated and proactive approach to public engagement

Oversight by Health & Wellbeing Board

Buckinghamshire Healthcare Trust

Oxford Health NHS FT

Buckinghamshire Unitary Council

Primary Care Networks x 12

Commissioners in Partnership

Voluntary Sector Partners

System Professional forum

System Stakeholder Group

Benefits of Local Integrated Care Partnerships



The NHS is stronger when it works in partnership, whether that is between NHS organisations or with our other partners such as Local Government and their social care teams.

We will know that we have created the right model for ICPs when:

- Patients can more easily receive their care from a number of different organisations with no duplication or interruption to their service from crossing organisational boundaries
- Our organisations make best use of our resources, sharing expertise and budgets where appropriate to achieve greater efficiency and more streamlined working
- ICPs are able to make recommendations on how money is best spent, accountable to local people through democratic structures such as Health & Wellbeing Boards
- These local partnerships have strong leadership and governance, with an energised workforce which is committed to working for the benefit of local people
- Primary Care Networks are being well supported by their ICPs and able to implement the new models of care described by the Long Term Plan.

At-scale working across Buckinghamshire Oxfordshire and Berkshire West



- 1 The NHS LTP set out the vision and ambition that ‘typically’ each ICS will be covered by a single CCG.
- 2 Joint arrangements require leadership and management support. During 2019/20 the three CCGs have been designing a mechanism for taking commissioning decisions together, where it makes sense to do this at scale.
- 3 We can provide better support for Primary Care Networks (PCNs). In order to become the delivery vehicles for more local care services, much more will be required of PCNs than can be delivered within the current commissioning arrangements.
- 4 We need greater oversight and accountability for the ICS. The ICS is a recent development which does not currently have permanent leadership or statutory governance. We recognise that we need to address this challenge quickly to ensure long term sustainability and effective oversight of the ICS.
- 5 We have a better opportunity to share expertise and resources. NHS organisations in the BOB geography have a long and successful history of working collaboratively

Proposals will help us meet these challenges

1

Appoint a single Accountable Officer and Shared Management Team

We believe that a single Accountable Officer will provide a focal point for leadership and accountability within the Integrated Care System. Our expectation is that this postholder would also assume the role of the Executive Lead for the BOB ICS, enabling a greater degree of statutory authority and accountability for the role. This decision is reserved to CCG Governing Bodies and would be a critical component from which any of the other proposed changes would have to rely on to be effective. By taking this step we would:

- Have individual accountability which mirrors our new way of working
- Provide strong and consistent leadership across the organisation(s)
- Be able to establish a shared resource with significant expertise able to work at scale
- Achieve a greater level of efficiency for the taxpayer, patients and partner organisations

2

Design stronger Integrated Partnerships which are constituted using a set of common principles

Our three ICPs will be the main delivery function for our shared ambition to transform the services delivered to patients. A number of approaches may exist to ensure that the three ICPs can be designed to deliver this function and the previous section of this document sets out some of the potential features for your feedback. It is our expectation that each ICS would be:

- A vibrant partnership with voluntary, community and the social enterprise sector
- Operating within a strong, statutory framework which binds the partners
- Able to direct how its resources are used to best effect
- The main point of interface with Primary Care Networks
- Supported with resource to ensure the delivery of local priorities
- Has its own senior leadership which is represented at an ICS level
- Utilises shared care records to support better care across different settings

3

A proposal to create a single commissioning across the BOB geography

In line with the Long Term Plan, there is an expectation that each ICS will 'typically' be covered by a single CCG by April 2021. To address this requirement we would like to engage with our stakeholders to explore their views on reviewing our commissioning architecture to mirror the ICS footprint. This will require the approval of the member practices of the current CCGs as set out in their constitution will require the approval of the member practices of the current CCGs as set out in their constitutions. If this proposal was approved, we would:

- Operate more effectively within a statutory framework that reflects the way in which we now work
- Establish common principles to support the design and delivery of changes at a ICP and network level
- Eliminate the inefficiencies of having three separate sets of reporting and regulatory requirements
- Provide a single point of interface for partner organisations and regulators to interact with

Benefits of greater collaboration

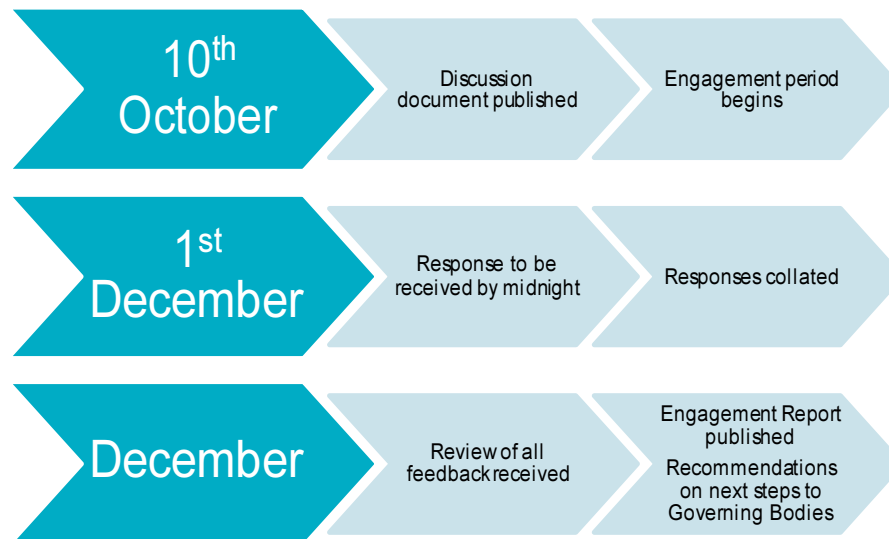
<p>Better healthcare and health outcomes</p>	<p>Greater collaborative working would provide the best opportunity to support each ICP with its work to improve healthcare, tackle health inequalities and ensure consistency of services in terms of quality and availability across Buckinghamshire, Oxfordshire and Berkshire West.</p>
<p>Better use of clinical and other resource</p>	<p>Through the new Primary Care Networks and Integrated Care Partnerships, GPs and other healthcare providers will focus on developing and delivering services to meet healthcare needs in their neighbourhoods, whilst still being involved in strategic commissioning through their membership of a single commissioning organisation. By working more collaboratively, we could encourage closer working between NHS organisations to better match capacity with demand.</p>
<p>Stronger, consistent commissioning voice and leadership</p>	<p>Closer working would provide a stronger, single and more consistent commissioning vision, leadership, voice and approach. Clinical leadership would have a greater impact, with the development of common principles and sharing of expertise between ICPs and organisations.</p>
<p>Greater support for transformation and local innovation</p>	<p>It is likely that transformation funding will continue to be allocated at a BOB level. Working across the BOB ICS to implement a single, cohesive strategy, accompanied by speedier decision-making, would enhance the pace at which transformation can be achieved. This could deliver better patient health outcomes more quickly and effectively, and improve the consistency of services as well as the approach to commissioning.</p>
<p>More efficient way of working</p>	<p>Closer working would eliminate duplication of some current functions such as payroll and procurement. This improvement in how we work together would enable us to be more efficient and therefore address priority activities which deliver real benefits for local healthcare, rather than duplicating activity.</p>

Next Steps

The consultation ended on 1 December.

All feedback received will be fully considered by CCG and ICS leaders and will inform recommendations to CCG Governing Bodies about a single Accountable Officer/ICS Lead, associated supporting management structure and consultation with CCG members on any future possible CCG configuration.

An engagement report will be published and made available via the CCGs' websites.



Recommendation:

The Health and Wellbeing Board is invited to receive the update and presentation at the meeting and comment on the proposals and future role of the HWB as part of system wide governance arrangements.