

# The future arrangements for NHS commissioning in your area

October 2019

Engagement Document

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## About this document

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 would like to hear your views on two new ways of working:

- local working in each of the three counties (the 'integrated care partnerships')- **See page 5**
- wider, at-scale working across the three areas (the 'integrated care system') - **See page 6**

The way in which the NHS Clinical Commissioning Groups (CCGs) in your area work together is changing. For some time, the three CCGs have been working more closely together, most notably including commissioning services such as 999 and 111. Since 2016, there has been even closer working with an agreed intention to establish joint committees and take single joint decisions on behalf of the whole population, where this is appropriate.

As these new ways of working become more established, this document aims to describe why the management and structure of the existing organisations needs to change and how it could help support all partners to work in a more efficient way which will benefit the local population.

When it was published earlier this year, the NHS Long Term Plan set an expectation that each Integrated Care System will "typically" be covered by a single CCG. By delivering this, the organisations which are part of the 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.

For the BOB ICS, this would mean making sure we get the balance right to keep our focus local wherever possible, while making sure we maximise the opportunities to deliver benefits to our patients. We recognise the opportunity that exists to be more efficient by pooling our expertise and resources across the whole of the ICS and this document sets out some of these.

This engagement is aimed at key stakeholders who would be impacted by the proposed new structure and governance arrangements. However, the engagement document is a public document and we would welcome feedback from anyone with an interest in the proposals.

## During this engagement period we would like to hear initial views from:

- GP Practices which are members of the CCGs
- Members of staff from the three CCGs
- Healthwatch and other patient representative bodies

## We would also welcome responses from the following stakeholders:

- Members of the public
- Local authorities
- Elected representatives
- Other NHS organisations
- Voluntary and community services

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# Introduction

**Dear Colleague,**

**We are asking for views on proposals about the future of commissioning arrangements in Buckinghamshire, Oxfordshire and Berkshire West.**

First and foremost, our main focus will be to ensure that everyone living in our geography has the best health and wellbeing they can. To this end, each county based partnership will continue to develop its own local plans, based on local needs, for local people.

Whatever commissioning arrangements are put in place in the future, our priority is making sure local needs are addressed, that we provide people with access to quality healthcare and that we reduce the health inequalities that exist today.

We have a responsibility to make sure valuable resources are used wisely and in the best way to support people in living longer, happier, healthier and more independently into their old age.

We would like to seek your views and opinions about proposals for any new working arrangements that would help to enable this ambition.

You may be aware that health and care partners have been working more closely since 2016, culminating in our designation earlier this year as a 'wave three' integrated care system for Buckinghamshire Oxfordshire and Berkshire West.

Over the past year, we have been exploring how our organisations can work more effectively to meet our shared ambition. This work, along with the publication of the NHS Long Term Plan (LTP), has helped to shape our thinking about what any future arrangements could look like.

Our intention is to engage with you on the proposals contained within this document as a first step in a longer process, leading to a CCG member vote. We want to hear your views on our proposals and how future arrangements could be designed for the greatest benefit of local people.

**We ask that you please take the time to consider the proposals set out in this document and respond to us with your views by 1<sup>st</sup> December 2019.**

We look forward to hearing from you.

**David Clayton-Smith**  
Independent Chair  
BOB ICS

**Dr Raj Bajwa**  
Clinical Chair  
Buckinghamshire CCG

**Dr Kiren Collison**  
Clinical Chair  
Oxfordshire CCG

**Dr Abid Irfan**  
Clinical Chair  
Berkshire West CCG

**Fiona Wise**  
Executive Lead  
BOB ICS

**Lou Patten**  
Accountable Officer  
Buckinghamshire CCG  
Oxfordshire CCG

**Dr Cathy Winfield**  
Accountable Officer  
Berkshire West CCG

# Existing Commissioning Arrangements

Our three CCGs are:



**Buckinghamshire, Oxfordshire & Berkshire West (BOB) Integrated Care System (ICS) will have three Integrated Care Partnerships (ICPs) delivering improved services to patients**

## How we are structured now

There are three Clinical Commissioning Groups (CCGs) within the BOB Integrated Care System.

Over the past six years, the number of CCGs has changed from seven to three. Each is a separate statutory organisations with the same healthcare responsibilities and the need to meet legal and NHS duties.

When CCGs were formed in 2013, the four CCGs established in the Berkshire West area - North and West Reading, South Reading, Newbury and District and Wokingham – operated as a federated group, with one Accountable Officer and a shared management team. They merged in April 2018 to become Berkshire West CCG in order to more effectively support the work towards greater integration and the development of their Wave One ICS.

Similarly, in Buckinghamshire, 2013 saw the establishment of Aylesbury Vale and Chiltern CCGs. In July 2016, the CCGs federated and went onto merge to become Buckinghamshire CCG in April 2018. Since 2017, Oxfordshire and Buckinghamshire CCGs have been led by the same named Accountable Officer.

Most recently, each of the CCGs has been working on the design of joint committees which can take single joint decisions on behalf of the whole population. This is an important step which will begin the process of taking joint decisions where it is most appropriate to do so.



# The future development of each Integrated Care Partnership

## What is an Integrated Care Partnership?

Integrated Care Partnerships (ICPs) are alliances of NHS and Local Government organisations that work together to plan and deliver care through a joint approach. These providers include hospitals, community services, social care, mental health services and GPs.

Each of our three ICPs in Buckinghamshire, Oxfordshire and Berkshire West will be covered by an Integrated care partnership (ICPs). Each of these ICPs are in different phases of their evolution and an opportunity now exists to set some common principles for their design

## Our vision for the development of ICPs

We believe that each ICP should be a clinically led collaboration between the NHS and Local Government and have the following common factors:

### Is a vibrant partnership with voluntary, community and the social enterprise sector

ICPs will foster partnerships to develop community assets which provide easy access to a wide range of support.

### Operates within a locally designed governance framework which binds the partners

We will make the fullest use of any new, nationally designed systems for ensuring that our ICPs have decision making authority and are accountable to local people.

### Will be able to direct how its resources are used to best effect

It is our intention that ICPs will be best placed to understand how resources should be utilised within each ICP and this will be reflected in how services are planned for and delivered

### Acts as the main point of interface with Primary Care Networks

With 45 Primary Care Networks across the BOB geography, our three ICPs will offer a more effective interface for the planning and delivery of new services.

### Availability of expert resource to ensure local delivery

ICPs will not be able to operate effectively without sufficient expertise and resources to design and embed service change. Each of our ICPs will have access to a designated workforce with a broad skill-mix and experience.

### Has its own senior leadership which is represented at an ICS level

We will support our ICPs to ensure they are well led, with executive accountability for outcomes, performance and use of public money. We believe that for the ICS to be successful, representation from each ICP will be essential within the leadership and decision making structures of the ICS.

**Utilises shared care records** to ensure providers and practitioners have access to the information they need to provide seamless care

## What are the benefits of implementing strong ICPs?

We are committed to ensuring that each ICP is well developed to guarantee that each part of our system can deliver the transformation to services required by the Long Term Plan. 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

### *Tell Us What You Think:*

What is important for you about the development of Integrated Care Partnerships in your area?

What are your views on our vision for Integrated Care Partnerships?

In your view, what are the key features of a successful Integrated Care Partnership?

# Identified drivers for reviewing our way of working across the Integrated Care System

## 1 We need to meet the ask of the NHS Long Term Plan

The NHS Long Term Plan (LTP) published at the beginning of 2019, set out the vision and ambition for the NHS for the next 10 years.

It states that:

*“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 Long-Term Plan implementation” -- NHS Long Term Plan (2019) p29*

Whilst this is a natural development of the work that we have been advancing as three CCGs, it makes our current configuration unsuitable if we are to meet this requirement.

## 2 Joint arrangements require leadership and management support

During 2019/20, the three CCGs have been designing a mechanism for taking commissioning decisions together. As this process continues to evolve, it is expected that by the end of the year joint decisions will be made with regard to:

- **CCG commissioned services at scale**
- **Primary Care**
- **Specialised Services (in collaboration with NHS England)**

We believe that this is a real opportunity for our patients, particularly to reduce variation between geographies and eliminate ‘postcode lotteries’. This way of working will become increasingly difficult however as leadership and management resource currently resides in each of the three separate CCG organisations. To make this way of working operationally effective, we must be able to find a way to build formal organisational and management structures across the ICS geography.

## 3 We could 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. All transformation funding for PCNs is already allocated at a BOB ICS level and this is likely to continue to be the case. PCNs will require considerable assistance in their development including leadership support and the ability to engage on an equal footing with other partners inside their ICP, some of whom will be long established and of a considerably larger scale.

It is envisaged that with regard to PCNs, stronger collaboration would:

- Support PCNs become capable providers
- Make sure that investment flows to support and maintain transformation
- Take a more rounded view on the maturity and capabilities of PCNs across a broader footprint than a single ICP

## 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. Neither of these options are sustainable given the vital role it will play in the future strategic commissioning role envisioned for an ICS by the Long Term Plan. We recognise that we need to address this challenge quickly to ensure long term sustainability and effective oversight of the ICS, particularly with the expectation that future investments in service transformation will be allocated at an ICS geography.

## 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. In common with other NHS organisations, our partner organisations regard workforce shortages as their greatest risk to delivering the ambitions of the NHS. As a merged organisation implemented at a larger footprint, greater support could be provided to ensure that where our providers have the most challenging shortages (e.g. dermatology, bariatrics) greater facilitation could be provided to help resolve this, matching capacity with demand and eliminating postcode lotteries.

# Proposals for changes which 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 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. 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 ICP 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 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. 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 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 between our organisations

<b>Better healthcare and health outcomes</b>	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.
<b>Better use of clinical and other resource</b>	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.
<b>Stronger, consistent commissioning voice and leadership</b>	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.
<b>Greater support for transformation and local innovation</b>	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.
<b>More efficient way of working</b>	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.



# These proposals will support the continuing evolution of the BOB Integrated Care System

## Relationship with the BOB Integrated Care System

Should the proposal for a single Accountable Officer be supported, it is our intention that this individual would also act at the BOB ICS Lead. This does not mean, however, that the ICS and the CCG(s) are the same thing. Whilst the CCG(s) will continue to be responsible for the legal duties required of them, the ICS will play a broader role in the promotion of collaboration and integrated leadership between public sector organisations across the area. The ICS has collectively agreed the following principles:

1. Activities and decisions will occur as **locally** as they can, keeping close to patients and services.

2. Focus effort at the level where it will be most **efficient and effective** at achieving optimum outcomes.

3. **Reduce unwarranted variation** in outcomes and value.

4. Avoid wasted effort by **reducing duplication** within the system.

5. **Drive consistency** of intent, approach and outcome.

6. Align decisions with our long term **population health outcome goals** and our **long term plans and strategy**.

7. Deliver services in a way that is **well understood by our populations and those who deliver care**.

The BOB ICS has an ICP based focus, recognising that system working at a county level is a key driver of much of the transformation across the BOB footprint. The role of the BOB ICS will therefore be to:

**Take collective responsibility and secure consensus** for patient experience, clinical outcomes, safety and value for money whilst fostering work with partners to design changes which improve all of these things.

**Set the strategic agenda** for work which develops the health and care offering in each of the three ICPs.

**Define common principles of transformation** for both system wide and ICP based improvement programmes which improve service delivery and value for money.

**Act as a point of support and challenge** to partners in the development of improvement schemes, commissioning plans and business cases.

**Facilitate the sharing of best practice** at ICP, system and wider level between partners.

# How to share your response to this document / Next Steps

Please share your views by:

**Completing the online survey via your CCG's website**

**Emailing us at the following addresses:**

**Buckinghamshire** [ccgcomms@buckscc.gov.uk](mailto:ccgcomms@buckscc.gov.uk)  
**Oxfordshire** [OCCG.media-team@nhs.net](mailto:OCCG.media-team@nhs.net)  
**Berkshire West** [communications@royalberkshire.nhs.uk](mailto:communications@royalberkshire.nhs.uk)

**Sending your response by post to:**

**Buckinghamshire**  
Buckinghamshire CCG Communications and Engagement Team  
County Hall, Walton Street, Aylesbury HP20 1UA

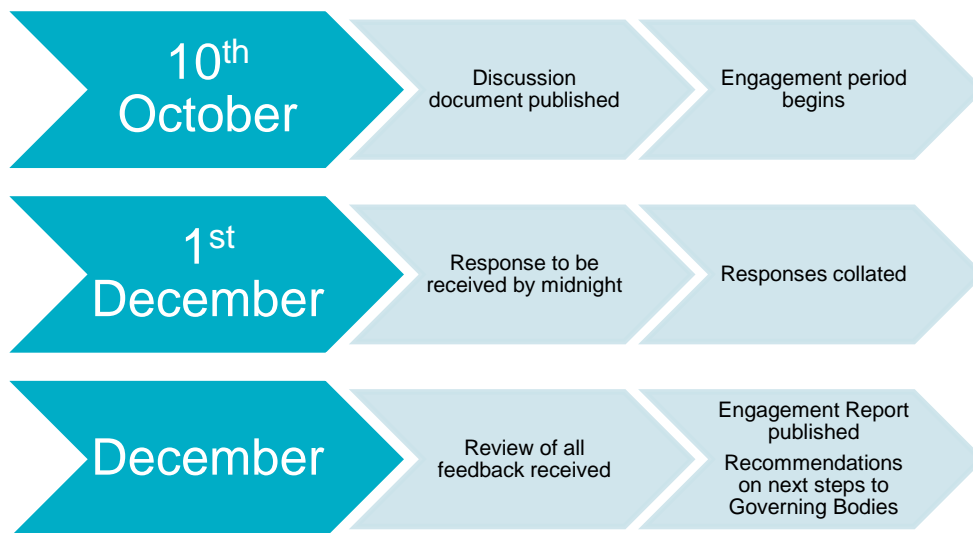
**Oxfordshire**  
Oxfordshire CCG Communications and Engagement Team  
Jubilee House, John Smith Drive, Oxford Business Park South,  
Oxford OX4 2LH

**Berkshire West**  
Berkshire West CCG Communications and Engagement Team  
57-59 Bath Road, Reading RG30 2BA

## Next Steps

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.**



**We would like to hear your views by midnight on 1<sup>st</sup> December 2019. Following this we will set out our next steps in due course.**