February 2015 – for CCG governing bodies

FINAL

Board paper for CCG Governing Bodies

1. Summary

This paper is a joint paper from all London CCG Chief Officers; the proposals set out in the paper have been considered and developed with CCG Chief Officers and are being brought to the governing body for approval.

Recognising the direction towards population based commissioning, the ongoing development of co-commissioning with NHS England and the challenges ahead for NHS commissioners in London, CCGs from across London have been working with NHS England colleagues to consider how we can best collaborate to secure transformation and enable change. This has been the subject of CCG and NHS England (London) awaytime discussions as the environment in which we all operate has changed. From these discussions the Commissioning System Design Group (CSDG) was established in August 2014 as a collaborative working group between London's CCGs and NHS England (London) with a remit to develop a proposal on how we could secure extra value from working together to help us to deliver future transformation and in particular to respond to the recommendations set out in the London Health Commission's report, *Better Health for London,* and the NHS *Five Year Forward View.*

This paper reports on progress to date in agreeing our collaborative transformation priorities and how the associated programmes are proposed to be developed further to enable commissioners to deliver change within our boroughs and across our Strategic Planning Group arrangements. CCG governing bodies are now asked to;

- Agree the thirteen priority programmes to be developed and progressed over for 2015/16
- Agree interim London-wide programme governance arrangements, recognising that further proposals will be brought back to CCGs with regard to final governance arrangements
- Agree the proposed maximum CCG transformation funding of 0.15% for 2015/16, at this stage for planning purposes
- Agree the next steps for programme and resource development

2. Introduction and background

The London Health Commission ('the Commission') was an independent inquiry established in September 2013 by the Mayor of London, chaired by Professor the Lord Darzi, to examine how London's health and healthcare could be improved for the benefit of our population. On 15 October 2014, it published its report *Better Health for London*.

The Commission's diverse representation, with a number of CCG representatives, and its broad engagement at local, regional, national and international levels informed the development of the Commission's ambitions and recommendations. Engagement included over 10,000 Londoners polled for their views; public events in every borough; and a number

of events and meetings with key partners. This engagement included two awaytime sessions at which the developing proposals were tested and developed with CCG Chairs, Chief Officers, Chief Financial Officers and NHS England (London) colleagues, and subsequently a stakeholder event with Professor the Lord Ara Darzi to test final recommendations ahead of publication. Written and verbal evidence was also received from a range of stakeholders during the Commission's *Call for Evidence* period with an overwhelming theme that emerged calling for London to take firm action to transform both health and healthcare; the evidence highlighted the importance of much of this action taking place at a local level and complemented by collaborative city-wide action where there is clear added value in doing so to ensure consistency or to benefit from economies of scale.

This engagement culminated in 10 ambitions and over 60 recommendations to transform London's health and care to be the world's healthiest major global city and improve the lives of all Londoners. Ambitions include giving all children a healthy, happy start to life; getting London fitter and healthier; reducing the gap in life expectancy between adults with mental illness and the rest of the population; supporting people to manage their own illness; improving access to general practice; closing the gap in mortality rates between those admitted to hospital on weekdays and those at weekends; and having the lowest death rates in the world for the top killers: cancer, heart diseases and respiratory illness.

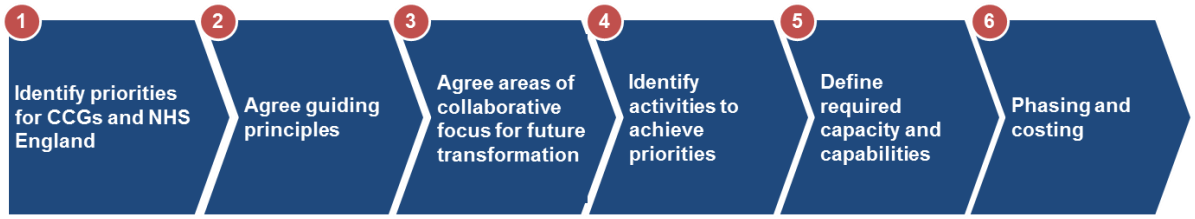
London CCGs and NHS England (London Region) have jointly written to the Mayor to endorse the Commission's report and the ambitions set out in it.

The *NHS Five Year Forward View* (FYFV) was subsequently published on 23 October 2014 aiming to set out a shared view for why the NHS needed to change, to what and how. It calls for action on four fronts – firstly, it argues that the NHS needs to do more to tackle the root causes of ill health; secondly, it commits to giving patients more control of their own care, including the option of combining health and social care; thirdly, it says the NHS must change to meet the needs of a population that lives longer; and fourthly, it sets out the actions that need to be taken to develop and deliver new models of care, including greater alignment between the national NHS bodies to provide meaningful local flexibility in the way that payment, rules and regulatory requirements are applied and proposes investment in workforce, technology and innovation.

There is significant alignment between the two publications, with the Commission's tangible recommendations, in part, enabling a robust response to the challenges highlighted in the NHS *Five Year Forward View.* In anticipation of these publications, in August 2014, the Commissioning System Design Group (CSDG) was established with the remit to develop a proposal on future transformation in London; in particular to consider outline responses to the recommendations in the *Better Health for London* report, and the implications and context of the FYFV. In developing these proposals the CSDG has sought to address many of the requirements of CCGs detailed in the 2015/16 planning guidance – *The Forward View into Action: Planning for 2015/16* - published on 22 December 2014, including, for example, meeting the Seven Day Services clinical standards; implementing the national urgent and emergency care review; achieving parity for mental health; and developing fully interoperable digital records.

3. The Development of the Transformation Priorities for London

The CSDG initially set out a six step process to define the future transformation requirements for London as shown in the diagram below:



The final output of this process should demonstrate a clear vision and a robust, collaborative plan for whole system transformation and put London's commissioners in a strong position to draw on additional national resources signaled in the NHS Five Year Forward View.

Step 1
Priorities were established through starting with the complete list of *Better Health for London* recommendations, priorities identified in the FYFV and identifying additional transformation priorities from CCGs and NHS England (London); the full range of priorities were considered by the CSDG throughout October and November.

Step 2
Before agreeing areas of collaborative transformation focus the CSDG established important principles for the activities that need to take place at each commissioning level. These principles detailed CCG -led activities at borough level as the default, except where there is advantage in working collaboratively at Strategic Planning Group level or pan-London level to for example, ensure consistency across a wider geography or around a large provider or benefit from economies of scale.

Step 3
In considering all priorities the CSDG identified 13 transformation programmes for collaborative action to support and enable local CCG delivery of priorities. A proposed list of priority programmes was taken to the CCG Chief Officer's meeting on 20 November 2014. At this meeting the proposed priority programmes were agreed and two additional programmes added – homeless healthcare services and prevention (full list in table 1 below); CCG clinical leads and chief officer leads were then nominated to develop the scope of each programme in more detail.

Table 1. Agree priority programmes

Clinical programmes	Enabler programmes
Urgent and emergency care	Primary Care
Children and young people	Business intelligence and interoperability
Mental health	Estates
Cancer	Engagement and personalisation
Prevention	Payments and funding
Homeless healthcare services	Specialised commissioning
	Workforce

Some of these programmes are already in train, such as Primary Care and Cancer, having demonstrated their value they were highlighted as programmes to continue with collaborative transformation efforts. Other proposed programmes are at a more developmental stage, such as workforce and estates, but have been prioritised by CCGs as important contributors to supporting change where work across London could support local initiatives. All programmes were selected on the basis that working collaboratively would

lead to added value in supporting the delivery of local transformation priorities, including drawing on the learning from work already underway or developing in different parts of London.

There is synergy between these programmes and the strategy for change across NW London and CWHHE CCGs are taking lead roles in some areas to ensure work is mutually supportive. An example is Central London CCG taking a lead for homeless healthcare services.

Step 4
Identified CCG clinical leads and Chief Officer leads for each programme then developed the proposed initial scope of each programme and using the agreed principles (step 2) established the proposed activities required at each level of the system. Those deliverables that have been agreed would add value to be developed once for London and facilitate local transformation include, for example:

- Consistent London-wide urgent and emergency care network and facility specifications and framework for designation;
- Mental Health crisis case for change and model of care;
- Support to commissioning for children's healthcare
- Commissioning support for primary care, such as contractual implications;
- Develop commissioning resources and tools for implementing new payment mechanisms; and
- Develop London architecture for the inter-operability of information systems.

These activities could either not be done at a CCG level, e.g. architecture for inter-operability, or would benefit from shared economies of scale or consistency – ie standard setting.

Steps 5 and 6
In developing the scope of each programme draft resource requirements have been identified to take forward those activities agreed to take place once for London. A piece of work is now underway with the CSDG and programme leads to refine resource expectations to ensure programme portfolio efficiencies are achieved and to consider the phasing of programmes activities and deliverables.

Broad engagement across CCGs and wider stakeholders is underway and programme scope, deliverables and resources will be refined based on feedback from across CCGs.

CCG Governing Bodies are asked to agree the priority programmes (table 1) and agree next steps for programme and resource development.

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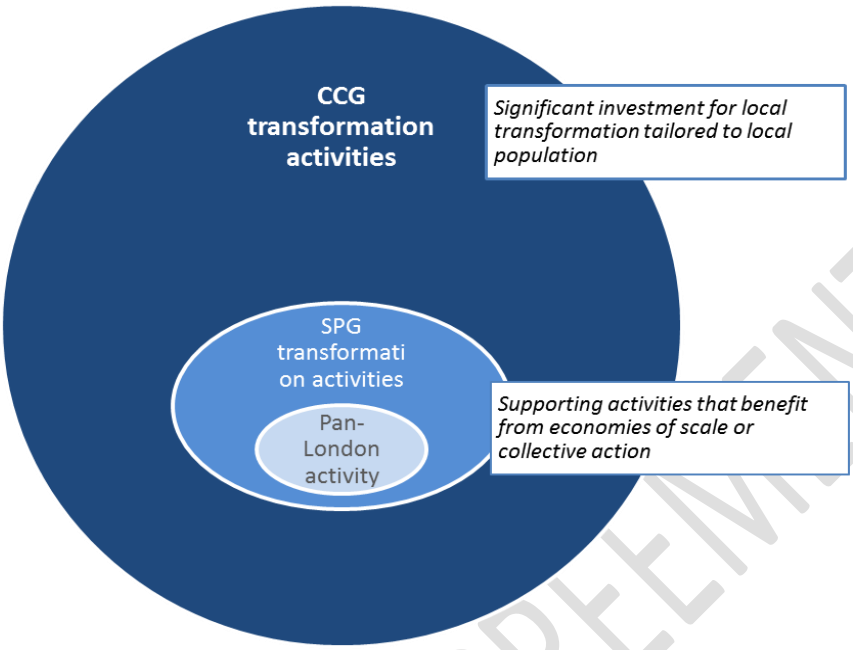
4. Transformation Investment

Investment to undertake transformation activity across London will be from a number of sources: 2015/16 planning guidance requires CCGs to set aside 1% non-recurrent spend for transformation; allocated Better Care Fund resources to better integrate care; and other mainstream resources identified locally. The vast majority of the activity associated with this

investment will be undertaken at CCG and SPG level with a much smaller amount proposed for pan-London work in support of local activities and priorities.



SPG and pan-London activities are based on the agreed principles and identified as activities that would benefit from scale and/or consistency at a multi-CCG or London level to enhance local delivery or any activities that require expertise that may not be available locally.

The programme team for London activities within the agreed scope would work as part of the support to CCGs and SPGs. Depending on the stage of the programme this could work in a number of ways, for example, in the development of urgent and emergency care network and facility specifications, the team would engage extensively across SPGs and CCGs and other stakeholders to establish a consistent London-wide specification. For primary care the interface with CCG and SPG teams would be more bespoke, based on specific needs for the delivery of the agreed framework. The way in which the Transforming Cancer Services team currently work has been highlighted as a good example on which to develop ways of working. As SPGs evolve as collaborative CCG vehicles, working arrangements will need to develop to reflect this.

In developing the scope of each of the transformation programmes, activities required at each level of the system to deliver the agreed priorities have been established. As described the majority of investment to deliver these activities is needed at CCG and SPG level, funded from the 1% non-recurrent spend that all commissioners have been asked to set aside for 2015/16. For those activities that have been agreed would benefit from scale and/or consistency at a London level it is proposed that funding will be held in a London transformation fund.

In December 2014, CCG Chief Financial Officers agreed a planning assumption of 0.2% non-recurrent spend for investment in the London transformation fund as part of the 1% figure in 2015/16 national planning guidance. As described in section 3 above, resource requirements are currently being refined to take account of phasing and programme portfolio efficiencies. At this stage, based on latest estimates, the planning assumption for CCG

investment in the Transformation Fund has now been revised down to 0.15%. This was agreed with CCG Chief Financial Officer representatives from each SPG area at their meeting on 14 January 2015. This is proposed as a maximum investment and as the scope of programmes and associated resources are further refined it is expected that this figure will be reduced. A star chamber approach to agreement of final spend plans will be considered as part of the interim governance arrangements.

We are seeing the benefit of working collaboratively through a number of other contributions that have also been secured or are in the process of being confirmed. NHS England have agreed to contribute £1.3 m to the core programme team A bid for additional national funding (£1.2m) to support London as an incubator for inter-operability and personalisation is being considered in early 2015. Funding from other sources is also being sought, and discussions are underway with Public Health England, Health Education England, Local Government and other partners for contributions. These discussions are strengthened by the collaborative approach to transformation in London.

CCG Governing Bodies are asked to agree the proposed maximum investment of 0.15% for the transformation fund

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5. Proposed interim governance arrangements

At the London CCG Chief Officer meeting on 22 January 2015 Chief Officers agreed in principle that there should be a pan-London group of CCG and NHS England (London) representatives to provide strategic direction and to oversee programme development and delivery, but that proposals for governance arrangements needed to be developed further. It was agreed that the current informal CSDG arrangement should be strengthened through the establishment of an interim governance arrangement with the remit to;

- Make recommendations to accountable organisations (CCGs and NHS England) on final ongoing governance arrangements, including how the patient and public voice is to be adequately reflected and how the resources of the Strategic Clinical Networks could mesh with programmes to ensure high quality clinical advice is available and work priorities are aligned to commissioning priorities.

- Agree the priority transformation programmes' scope and deliverables;

- Agree programme resources within the agreed financial cap (to be lower than the planning assumption of 0.15%);

- Agree programme mobilisation arrangements.

Chief Officers considered a number of options for CCG membership of the Interim Transformation Group and agreed that to ensure an equitable voice across London CCGs this should be relative to population size, as shown in table 2. The aim being to also have a balance of Clinical Lead and Chief Officer representation.

Table 2. Proposed CCG membership of Interim Transformation Group

Geographical area	Population size	Membership
NWL	2,016k	3 members
NCL	1,412k	2 members
NEL	1,905k	3 members
SEL	1,755k	3 members
SWL	1,478k	2 members

Membership of the Interim Transformation Group is proposed as:

- CCG chief officer and chair representatives x 13 with one representative to co-chair the group
- Regional Director, NHS England (London) to co-chair the group plus NHS England (London) director representatives x 7
- Representative of London Office of the CCGs

Accountability remains with CCG governing bodies and NHS England.

As SPGs further evolve as collaborative CCG vehicles, these arrangements will be taken into consideration when defining ongoing governance arrangements.

CCG Governing Bodies are asked to agree the proposed interim governance arrangements

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6. Next steps

Following agreement from CCG Governing Bodies the next steps will be:

- Quickly establish interim governance arrangements
- Agree proposed ongoing governance arrangements
- Agree the scope of programmes and associated resources following robust engagement