Cheshire East Council

Working for a brighter future together

Health and Adult Social Care and Communities Overview and Scrutiny Committee

Date of Meeting: 07 March 2019

Report Title: Working Together Across Cheshire (Convergence of Cheshire Clinical Commissioning Groups)

Senior Officer: Tracey Shewan – Executive Director of Quality and Safeguarding (NHS South Cheshire and Vale Royal Clinical Commissioning Groups)

1. Background

1.1. The Governing Bodies of the four Cheshire Clinical Commissioning Groups (CCGs) have all supported recommendations around strengthening collaborative commissioning arrangements, unified commissioning, and the development of a Joint Commissioning Committee between the four CCGs.

1.2. All the CCGs are progressing engagement with their GP Memberships and Stakeholders to support a proposal to consolidate the shared responsibilities and resources of the four Cheshire CCGs through merging and establishing a single Cheshire CCG from 01 April 2020. A major programme of work is underway between the four CCGs, called Working Together Across Cheshire (WTAC), which is progressing the alignment of functions, resources and governance arrangements so as to better enable the four CCGs to work as one, reduce avoidable repetition and to free up resources to further progress integrated or joined up care and, ultimately, improve patient care and experience.

1.3. The four CCGs have appointed Clare Watson as single Accountable Officer (Chief Officer) and are progressing with the appointment to a Single Executive Director structure to work across and on behalf of the four Cheshire CCGs by April 2019.

1.4. The four Cheshire CCGs are working in partnership with the three local (Cheshire) acute hospital trusts, Cheshire and Wirral Partnership NHS Foundation Trust, GP Federations, the two local authorities in Cheshire and other key stakeholders in developing two integrated care partnerships (ICPs). The two ICPs cover the geographic place of either Cheshire East Council or

Cheshire West and Chester Council. It is envisaged that, in time, both ICPs (and the partners within) will be responsible for both commissioning and/or delivery of the majority of health and care services for the population of Cheshire.

1.5. Care Communities are being developed across Cheshire East Council and Cheshire West and Chester Council. Care communities which will form the foundations of delivering integrated care across the whole of Cheshire.

2. Recommendations

2.1. The committee's views are invited on the proposals to merge the four Cheshire Clinical Commissioning Groups in parallel to (and to support) the development of two Integrated Care Partnerships (one in Cheshire West and One in Cheshire East) and care communities.

2.2. That the committee receives future reports on progress.

3. Summary of Main Issues

Development of 'Place-Based' Care and Integrated Care Partnerships

3.1. Nationally and regionally there is a direction of travel to move towards place-based care, with 'Place' locally being identified as local authority geographic boundaries. We have been working closely with Cheshire West and Chester Council and Cheshire East Council colleagues to consider what this would mean for the four Cheshire CCGs.

3.2. There are a number of challenges that we need to address. Funding for health and care services is tight and significant system-wide pressures mean Cheshire CCGs, and their partners, face an increasingly difficult annual challenge to balance the books and continue to ensure access to high quality, clinically safe and sustainable health and care services. With demand for services rising faster than available resources, positive transformative change is needed to maintain and improve the quality of care that the people of Cheshire have every right to experience.

3.3. The WTAC programme is striving to create the optimum environment for the four CCGs to support and enable the shared cross-system ambition to join up care via the development of ICPs within the local authority boundaries of Cheshire East and Cheshire West and Chester. ICPs are designed to join up the commissioning and delivery of hospital, primary and community based care (health and social care), mental and physical health and care services, for the benefit of local communities. Through the WTAC programme, CCGs will support the phased transfer of commissioning responsibilities for services from the CCGs to the two ICPs, whilst also working towards establishing a single strategic CCG for Cheshire.

3.4. In Cheshire East, the WTAC programme supports the ambitions of the Cheshire East Place Partnership, whose membership of this inter-partnership forum consist of all NHS partners and the local authority. At the centre of the integrated care plans of local authorities and NHS partners is the development of care communities based on footprints of circa 30,000-50,000 people. Each CCG is working with partners to develop these care communities which will form the foundations of delivering integrated care across the whole of Cheshire.

3.5. There are 17 care communities proposed across Cheshire: 9 in Cheshire West and Chester (2 in Vale Royal and 7 in West Cheshire) and 8 within the boundary of Cheshire East Council (3 in South Cheshire CCG and 5 in Eastern Cheshire CCG).

3.6. The approach of integrated care planning and delivery within the Care Communities of Cheshire East will focus particularly on services and support for older adults at first but would then be expanded to include services and support for children and other vulnerable groups of people. Introduction of the care communities started in 2018 as part of a five-year plan that will culminate in having a single integrated care system fully operational by 2022-23. The care communities will be run by health and social care professionals including GPs, community nurses and therapists, providers of mental health services for older people, social care workers and staff providing intermediate care as an alternative to hospital admission or to patients recently discharged from hospital. Over this five year period, providers of community and voluntary services will be brought on board while arrangements will be made for the care communities to work closely with providers of regional specialist services such as acute and hyper-acute care, treatment for major injuries and long-term complex mental health care.

3.7. Intended benefits of the care communities will include improved health, increased patient and staff satisfaction, fewer avoidable hospital visits and admissions, and more efficient use of taxpayers' money. People will have a better understanding of how to stay well and manage their long-term conditions, and there will be more non-emergency services available 24/7.

3.8. In aligning the four Cheshire CCGs to work and act as one, and with the intent to establish a single Cheshire CCG, a more powerful voice for Cheshire will emerge in championing the needs of local people and local organisations at both regional and national level, maximising the opportunities for commissioning at scale for the c750,000 of Cheshire and supporting collaborative commissioning with partners as part of the Cheshire and Merseyside Health Care Partnership and others surrounding Cheshire's borders.

3.9. It is imperative that the development of integrated care is done in parallel with the development of a single Cheshire CCG. It is envisaged that a single CCG will operate in a significantly different way and require a lower level of resource / staff to that currently required of the existing CCGs. This is because many of the functions (and therefore resource) of a CCG will be delegated to the emerging integrated care partnerships in Cheshire.

4. Quality and Patient Experience

4.1. Our shared ambition to develop integrated care across Cheshire is driven by a commitment to enable people to live well for longer. When they do need to access care, this will be available as close to home as is possible and regardless of where they live will be expected to be delivered to the same high standard level (quality, safety and experience). The ambition is to ensure that the best possible outcomes are attained for the local population regardless of where they live and who they are.

4.2. The development of a single Cheshire CCG, and through our partnership work with Cheshire West & Chester and Cheshire East Councils to further develop Integrated Care, will enable us to commission services using a common outcomes framework for both integrated care and each of our 17 care communities.

5. Finance

5.1. The four CCGs across Cheshire are committed to commissioning (buying, planning and monitoring) the best possible high quality safe care within the available resources that are nationally allocated to them by NHS England (NHSE). This continues to present a significant challenge and the development of a single Cheshire CCG is expected to improve our ability to plan and commission care services equitably, based on need and all the whilst meeting our statutory obligation to live within our financial allocations.

5.2. It is expected that there will be both short and long term financial savings for the Cheshire CCGs through the implementation of the programmes of work and strategic direction outlined within this paper. In collapsing and streamlining the operational and governance arrangements for the four CCGs, financial savings are likely to be realised through a number of areas both in relation to running costs associated with operating CCGs (e.g. estates, licences, contracts, staffing costs) and in undertaking their business (e.g. governance structures, meeting arrangements).

5.3. Demonstrating how CCGs are optimising the use of their administrative resources is a key assessment criterion for NHSE when assessing applications by CCGs requesting approval to merge. CCGs also have a responsibility to ensure that they continue to maximise the amount of funding available for direct patient care, which means constantly challenging

ourselves to ensure that management and administration functions are delivered in as efficient a way as possible. At the end of 2018, CCGs were also mandated by NHSE to reduce administration costs by 20% by 2020/21. This 20% reduction has also been adopted by NHSE and NHS involvement.

5.4. The adoption of a single way of doing things across the four CCGs and the establishment of a single Cheshire CCG is also expected to maximise the opportunity for making efficiencies in contracting arrangements and service delivery, which in turn frees up resource to be invested elsewhere.

6. Consultation and Engagement

6.1. The merging of CCGs does not require a formal consultation with members of the public or stakeholders, however we are committed to seeking the views of members of the public / stakeholders on such matters and this has been done across the country where CCGs have already merged.

6.2. In order to seek public opinion the CCGs are developing a document explaining the reasons for merger, along with an e-survey to support a 4 week period of engagement launching in May 2019. This will be supported by attendance at local meetings and forums, which has already been started, and a social media campaign to direct people to the survey.

6.3. Ahead of submitting any CCG merger application to NHSE, CCGs will need to have provided evidence and assurance to the CCG Governing Body(s), GP Membership(s) and stakeholders that a move to a larger geographical footprint is not at the expense the new CCG's ability to engage with GPs and local communities at locality level.

6.4. NHS England also requires evidence and assurance with regards the extent to which the CCG(s) has/have sought the views of the local authority(s) whose area covers the whole or any part of the CCG's area; any other person or body which in the CCG's view might be affected by the CCGs intentions to merge and the extent to which the CCG has sought the views of patients and the public.

6.5. There will be a need for ongoing engagement with members of the public and other stakeholders regarding the development of the care communities and the emerging ICPs. A communications and engagement outline plan is in development regarding the Cheshire East ICP.

7. Contact Information

7.1. Any questions relating to this report should be directed to the following officer:

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