

Working together:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS West Cheshire Clinical Commissioning Group

Working Together Across Cheshire

March 2019

Why should we do this?/Case for Change

- **Improve outcomes for the population & better engage our residents in co-design of services**
- **We want to improve the quality of care that the people of Cheshire have every right to experience – currently we're not meeting NHS Constitution standards**
- **Unprecedented levels of demand for services – something needs to change**
- **Range of issues around internal efficiencies and ability to deliver improvements speedily for public and patients**
- **Examples of fragmented, inconsistent care remain**
- **Funding for health and care services is tight. Demand for services is rising faster than budgets**
- **Significant system-wide challenges, Cheshire CCGs face annual challenge to balance the books - we need to do something different from a commissioner and provider perspective**

Working together across Cheshire:

NHS Eastern Cheshire Clinical Commissioning Group (CCG), NHS South Cheshire CCG, NHS Vale Royal CCG and NHS West Cheshire CCG

Benefits of working together



- **A more powerful voice for Cheshire in championing the needs of local people at regional and national level – advocate for the 750,000 residents**
- **Ability to plan in a more “joined up” manner especially in relation to Cheshire as a whole and with respect to the flows of patients**
- **Standardise, as far as possible, pathways and approaches to care to improve outcomes for everybody**
- **Availability of clinical and managerial capacity to support the development of Integrated Care Partnerships**
- **Better use of CCG workforce - improving efficiency and sharing of best practice, reducing duplication**
- **Maximise opportunities for commissioning at scale across Cheshire, Cheshire & Mersey, Region, 2 local authorities**

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Benefits continued:

- **Reduce the number of formal and informal meetings across 4 CCGs**
- **Reduce the number and volume of plans, contracts, annual reports formal audits etc. required across the 4 CCGs**
- **Increase ability to cope effectively with an increasingly turbulent financial environment including changes in CCG allocations**

Integrated Care Partnerships

- **Shared cross-system ambition to join up care**
- **Place-based approach to integrated care in Cheshire**
- **Partnership of multiple organisations delivering health and care in same geography – true system approach**
- **Collective accountability for budgets and outcomes**
- **Focus on collaboration resulting in more multidisciplinary working**
- **Development of 17 ‘care communities’ extending beyond existing community care teams**
- **Able to co-ordinate care for individuals along whole pathway of care**
- **Proactive management of population – prevention and early identification**
- **Integrated IT solutions**
- **Increased involvement of patients and users in service design and delivery**
- **Aim to join up hospital and primary care, health and social care, mental and physical health and the NHS and local communities.**
- **Working together will create the best environment to achieve this**

Strategic Clinical Commissioning Group

- Develops in parallel to two ICPs: Cheshire East & Cheshire West
- Development of two integrated health and social care commissioning boards on local authority footprints
- Supports place-based approach to integrated care in Cheshire
- Maximises opportunities to commission at scale
- Common outcomes framework for both integrated care and care communities
- Optimises resources & reduces costs
- Collective accountability for budgets and outcomes
- Improved outcomes for population and better engagement of residents

Membership Engagement Process

- Briefings and discussions with Memberships
- Agenda items to address specific issues i.e. Clinical Leadership, Financial Framework etc.
- Two all Membership meetings based on 'Place'
- Alignment of ICP development
- Relationship with GPs – Members, Partners
- Strong GP/Clinical leadership
- Representation/Voice

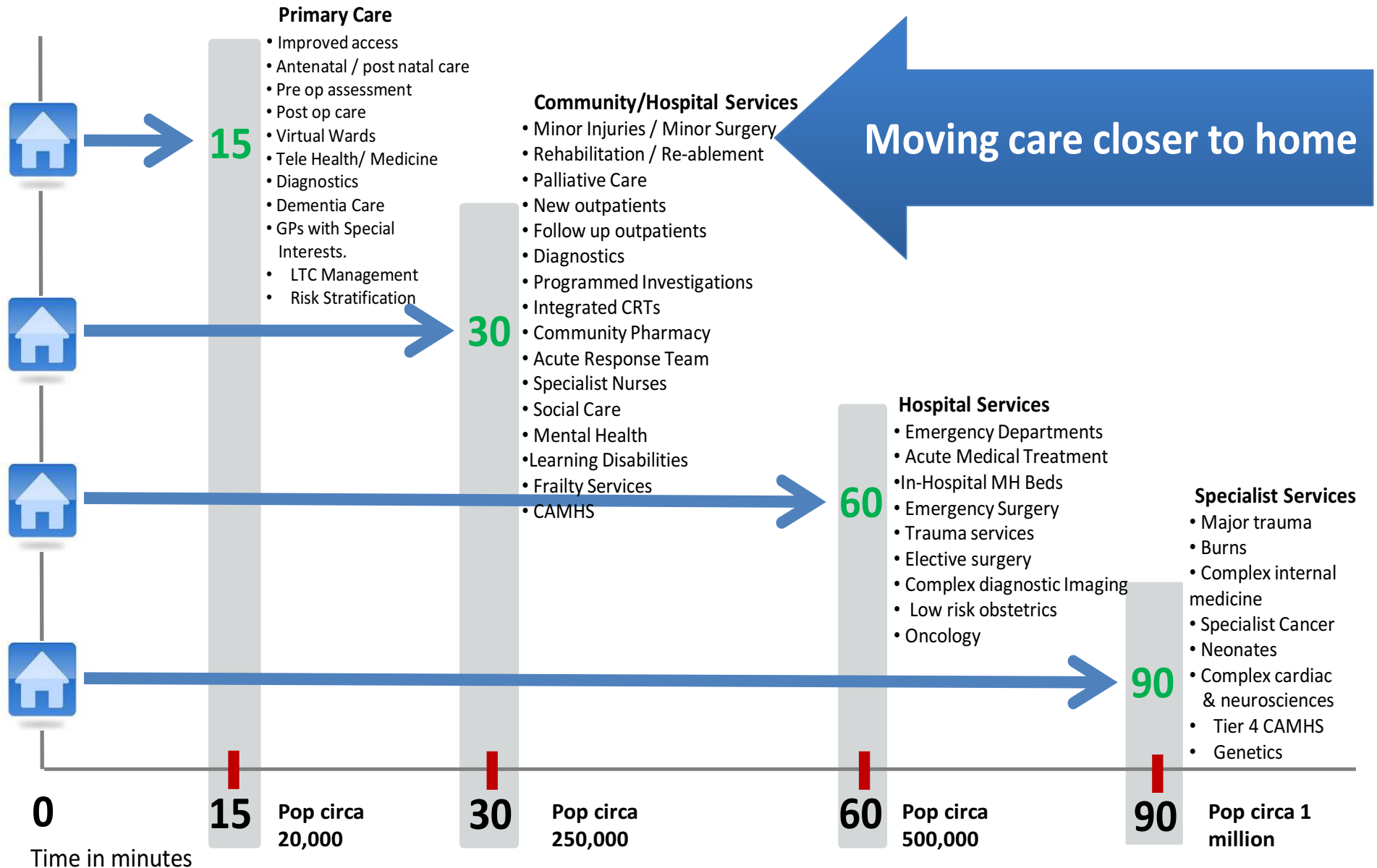
Engagement with Stakeholders

- **E-survey for patient and public feedback ++**
- **Healthwatch Cheshire**
- **LMC Cheshire**
- **1:1 briefings with LA leaders and CEOs**
- **Briefings and attendance at OSCs and Health & Wellbeing Boards**
- **Briefings to and with MPs**
- **Letters of support from stakeholders inc. providers**
- **Letter of support from neighbouring CCGs**

CCG & ICP's leadership & governance

- **Aligned & interdependent**
- **GP & clinical leadership central to transformation of care and services in Cheshire**
- **“Exec” side of emerging & ICP's tbc**
- **Clinical leadership model of ICP & CCG to be designed & agreed with Memberships**
- **Scope resource across Cheshire – existing CCG & Care Communities resource - transition for the future**

Exploratory Model of Care



How we plan to get there

- **Timeline to April 2020 – ambition agreed by all 4 Cheshire CCGs**
- **Strengthening collective and collaborative commissioning arrangements – overseen by Joint Commissioning Committee**
- **ICP's development & governance - currently overseen by Cheshire East (ICP) Partnership Board & Exec**
- **Map CCG functions and services – some likely to form part of a strategic commissioner, others ICPs**
- **Phased transfer of some CCG functions & associated resources to ICPs – starting March 2019**
- **Delegation Agreement – incl. delivery & outcomes MoU – between CCG & ICPs**
- **Delegation Agreement between other provider partners into the ICPs**

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