

South East London CCG System Reform

Update – SEL Joint Health Overview & Scrutiny Committee (JHOSC)

25 September 2019

V5

Purpose

This document is provided as a supplement to the full paper shared in advance*.

It seeks to provide an overview of:

- The expectations of a single CCG
- The process/ timeline to date
- Status of the approvals process
- Engagement Summary
- Opportunity for discussion

*The main paper provided the public Governing Body paper received by meetings in public of those bodies between 4 and 18 September.

What do we expect to achieve from a single SEL CCG?

Our case for change was based upon creating a new commissioning approach that would derive:

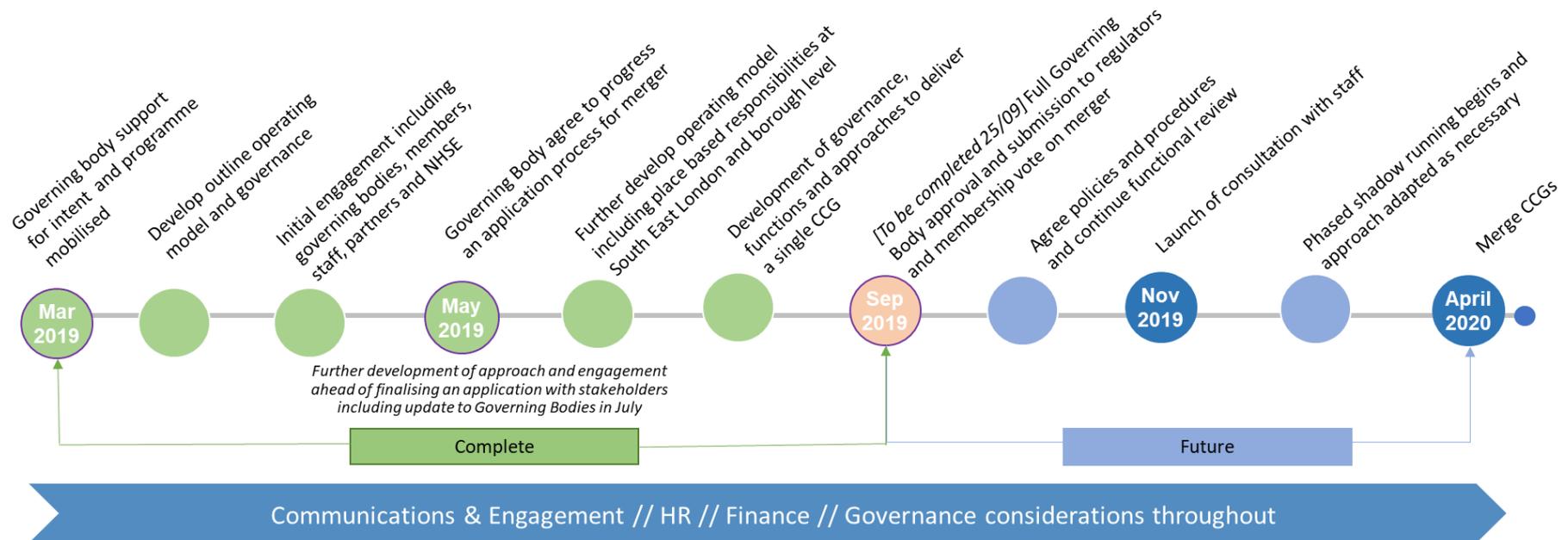
- ✓ Responsive population-based commissioning at very local (neighbourhood), borough, and system (SEL) place levels that those diverse communities require – simultaneously, through the redesign of commissioning functions and planning and co-ordination of a single commissioning authority with borough based boards.
- ✓ A different approach to commissioning - that gives greater focus to system strategy, planning and oversight; greater integration of health and social care commissioning; and enables alliances of providers to take 'traditional commissioning roles' in service design, responding to populations of similar geography or need.
- ✓ The ability to derive solutions at the required scale and pace, to the quality, performance and financial challenges that cannot be resolved by our current organisations working in isolation.
- ✓ The requisite capacity and different capability required to commission services for our populations going forward within a reduced management cost envelope and in line with the above objectives.

Importantly however, there are a number of commitments and expectations which remain in place:

- The CCG will be a statutory organisation, with the same obligations to patients & residents, membership etc as the current six organisations. To note the STP / ICS will not change status through this process, it continues to be a partnership of sovereign bodies
- Services commissioned by our boroughs are not being changed through this process
- We will continue to work closely with all six Overview and Scrutiny Committees (OSCs), Healthwatch, Health & Wellbeing Boards, Local Authorities and Local Medical Committees (LMC) and other local groups within each borough – in fact our expectation is that this is enhanced in many boroughs by the 1st April 2020
- The CCG will continue to analyse and act upon local population data and needs and will maintain engagement resources and fora locally

Progress to Date: Preparing for Merger

Since the initiation of our System Reform programme in March 2019, we have been developing our proposed approach to a South East London CCG merger. Below is a high level timeline of different phases of the programme:



- Over the last few months (and intensively since May 2019), we have undertaken significant engagement work on our proposal to merge, with over 450 points of contacts with our stakeholders across staff, governing bodies, memberships, Local Authorities and Health & Wellbeing Boards, Residents, Providers and others across all six boroughs.
- Throughout August and September, we have been developing our merger application, in preparation for our internal approvals and submission to the regulator and our engagement has shaped that process and set of proposals.
- During September, the six SEL CCG governing bodies and their membership are asked to approve the merger. This will be completed by the 25 September (see slide 5). The decision upon merger application approval is NHS England's.
- We have been preparing for implementation for several months, including developing function approaches and structures with staff since June.

Approvals to date

Each of our Governing Bodies have been asked to approve the application to merge, and then make a recommendation to their membership who then need to vote. The current status of this is shown below

Governing Body Approval:

CCG	Governing Body Decision Status	Outcome
Bexley	Complete – 5 Sept 2019	Approved
Bromley	Complete – 5 Sept 2019	Approved
Greenwich	Complete – 4 Sept 2019	Approved
Lambeth	Complete – 18 Sept 2019	Approved
Lewisham	Complete – 12 Sept 2019	Approved
Southwark	Complete – 12 Sept 2019	Approved

Membership Votes:

- Four of the CCG memberships have now voted in accordance with their existing constitutions
- Turnout has been positive (between 63 – 95%) attendance
- Votes have then been overwhelmingly in favour; at least 80% “for” of those attending
- These front line clinicians in Bexley, Bromley, Greenwich and Lewisham have now approved an application to dissolve their current CCG and establish a new SEL CCG on 1 April 2020.
- Lambeth and Southwark practices will vote on the afternoon and evening of 25 September 2019.

Engagement Feedback

Summary of Engagement meetings

Since March 2019 we have designed and completed a programme of engagement.

>450

Points of contact

35

Local Authority or Health & Wellbeing Board meetings

>30

Resident and patient meetings and discussions

>150

Meetings

>30

Governing Body Discussions

1:1 meetings with 6 trust Chief Executives and letters of support from ICS partners

>200

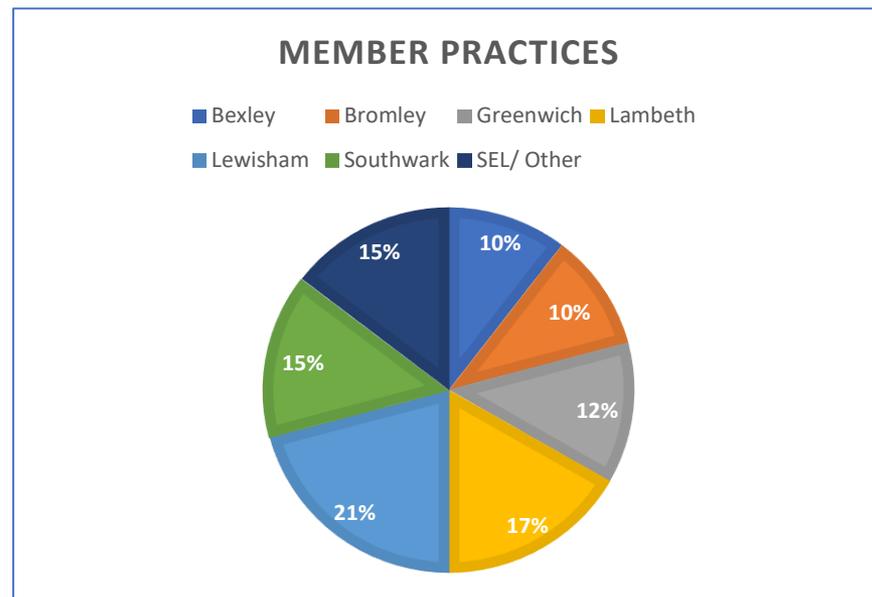
Staff involved in developing proposals

More detail is provided on the following slides...

Member Practices Engagement Feedback

We have had **48** meetings with member practices on system reform (in addition to informal discussions etc) and other interactions including:

- *Borough membership and/or locality meetings across engagement period*
- *Seven newsletters and update letters to all practices*
- *Two Frequently Asked Questions documents produced in response to initial engagement with membership*
- *General Practice constitution reference group (two representatives per borough)*
- *LMC Standing Joint Liaison Committees in every borough*
- *SEL Six Borough Meetings with LMC Chairs*

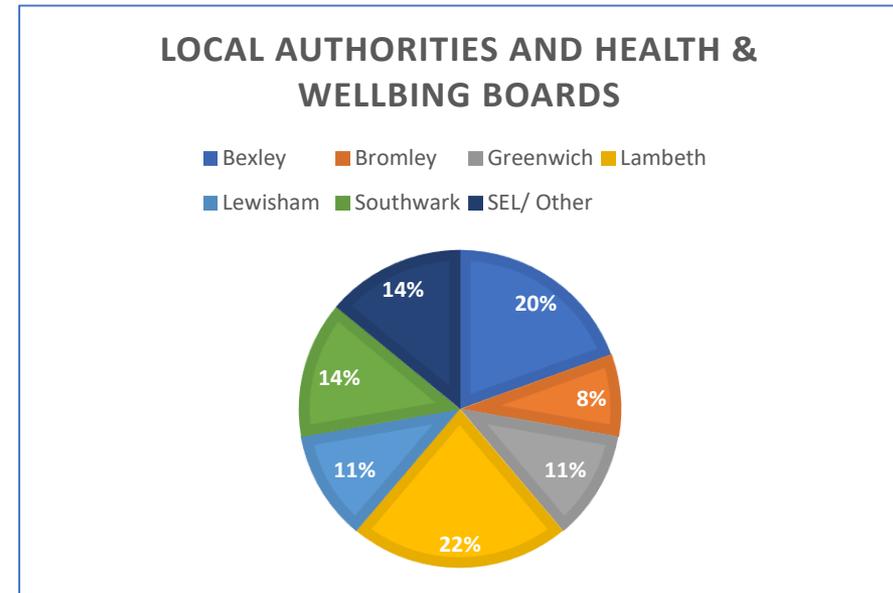


We have made commitments or changes to proposals in response to engagement with this group:

- ✓ **Maintaining local connectivity and responsiveness**
- ✓ **Retaining capacity and capability to support Primary Care**
- ✓ **Further developing clinical leadership and voice in commissioning at borough and SEL levels**
- ✓ **Supporting clinical leadership of different kinds and with partner (e.g. supporting PCN leadership)**
- ✓ **A GP majority on the Governing Body, equal votes per borough and GPs on Borough Based Boards**
- ✓ **Direct involvement in the development of the constitution**
- ✓ **Continued engagement through the process and in the new CCG**

We have had **36** meetings with Local Authorities and Health & Wellbeing Boards on system reform (in addition to informal discussions etc) and other interactions including:

- *1:1 meetings with Local Authority CEOs in all boroughs and with leaders and/ or portfolio holders/ cabinet members*
- *Attendance at Health and Wellbeing Boards or informal engagement with members*
- *Letters of update and briefing to each Local Authority CEO*
- *Regular attendance and briefing of DASSs at the CCG Alliance Executive*
- *System Reform and Delivery Group (SRDG) membership includes one DASS and one Director of Integrated Commissioning (Joint appointment)*
- *Local Authority representation and inputs to CCG workshops, Governing Bodies and committees.*
- *Letters to SEL's MPs on the CCG Merger sent in June and July 2019*



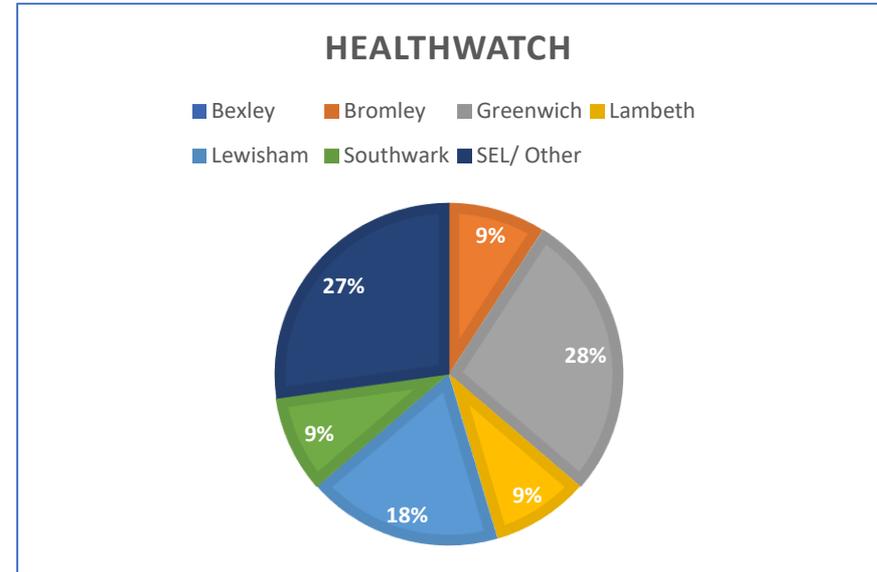
We have made commitments or changes to proposals in response to engagement with this group:

- ✓ **Maintaining local connectivity and responsiveness (H&WBs, JOSCs and OSCs and local capacity)**
- ✓ **Ensuring SEL decision making is appropriately representative of and informed by boroughs and formal delegation of decision making of borough based boards**
- ✓ **Allowing flexibility in our 'Place' or borough arrangements based on local partnership preferences**
- ✓ **Ensuring that commissioning remains responsive to different local requirements and need (Local DPH attendance at borough based boards and DPH input to the SEL Governing Body)**
- ✓ **Transparency in budget setting and management**

Healthwatch Engagement Feedback

We have had **11** meetings with Healthwatch on system reform (in addition to informal discussions etc) and other interactions including:

- *1:1 Borough meetings between the CCG and borough Healthwatch representatives*
- *Six borough Healthwatch organisation meetings*
- *Inclusion of Healthwatch representatives at public / resident engagement meetings*
- *Inclusion of Healthwatch representatives at CCG workshops*



We have made commitments or changes to proposals in response to engagement with this group:

- ✓ **Local Healthwatch representatives will be members of the Borough Based Boards in each place**
- ✓ **A Healthwatch representative (on behalf of the 6 boroughs and mandated accordingly) will be a member of the CCG Governing Body**
- ✓ **The new CCG will provide additional funding (for two years) for the recruitment of additional capacity to support the above as requested (pending a positive outcome of the merger application)**

Resident and Patient Engagement Feedback

We have had **33** meetings with residents and patients on system reform and other interactions including:

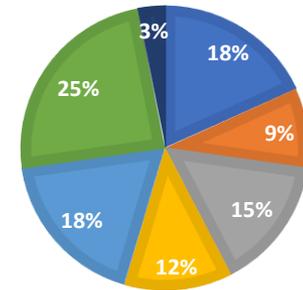
- *Public meetings*
- *Patient Participation Groups*
- *Our Healthier South East London (ICS) Patient and Public Advisory Group*
- *Lewisham Pensioners Forum & stakeholder event*
- *Bexley Patient Council & Voluntary sector network*
- *Voluntary sector organisation meetings in Greenwich*
- *Responses to letters received (four patient letters and Save Lewisham campaign letter)*
- *Meetings held in public including July and September CCG Governing Bodies, several HWBBs and SEL JHOSC. Papers are also available on appropriate websites*
- *Information on CCG websites*

We have made commitments or changes to proposals in response to engagement with this group:

- ✓ **Commitment that the CCG will seek out best practice in opportunities to involve individuals and communities in our commissioning activities**
- ✓ **Ensuring there is capacity in leadership, commissioning and communication and engagement at borough and SEL level**
- ✓ **Confirmed that the single CCG will address all statutory requirements of a commissioning organisation**
- ✓ **Each borough will be equally represented in decision making (particularly for the SEL Governing Body) and continued GP leadership in each borough**
- ✓ **That all partnership and related arrangements will be maintained at borough level – e.g. Health & Wellbeing Boards, Healthwatch (which will also work closely with the CCG at a SEL level) and OSCs**
- ✓ **SEL GB and Borough Based Boards will meet in public and consideration as to where meetings are held**
- ✓ **Ensuring work on health inequalities and diversity and equalities is not lost through the merger; in fact an aim to enhance our approaches here**
- ✓ **Clarification that management cost reduction saving would be invested in front line services**
- ✓ **Commitment to a dedicated governance fora at SEL level to ensure the voice of local people is heard and patient and public involvement is monitored and effectively delivered upon**
- ✓ **Arrangements to be in place at both SE London and borough level to involve individuals and communities in the planning and delivery of health services and in addressing health inequalities.**

RESIDENTS AND PATIENT GROUPS

■ Bexley ■ Bromley ■ Greenwich ■ Lambeth
■ Lewisham ■ Southwark ■ SEL/ Other



Overview and Scrutiny Committees Engagement Feedback

We have met with each Overview and Scrutiny committees, and attended the Joint Health Overview & Scrutiny Committee in July.

This meeting provides an opportunity for further comments from the JHOSC, some of the comments or questions responded to were:

- ✓ **Clarification that the merger proposals did not include a service change.**
- ✓ **Clarification that the CCG, post-merger, would be the sovereign and statutory body and that STPs and ICSs remain partnerships of sovereign bodies and have no legal status generally or as a result of merger.**
- ✓ **Question regarding whether there would be meetings in public – confirmed that the CCG Governing Body, its primary care commissioning committee and its Borough Based Boards will meet in public and would do so locally.**
- ✓ **Noted that the CCG would maintain its relationship with borough based OSCs.**
- ✓ **The CCG will relate to both the borough OSCs and the SEL JHOSC as and whenever appropriate.**
- ✓ **Members sought to understand the degree to which differential delegation would be possible across boroughs and that transparency of borough-based allocations would be provided. Full assurance was provided on this latter point and in relation to the former the proposals now include the arrangements for how the CCG will determine upon changes to delegation that may create a differential.**

Question and Answers
