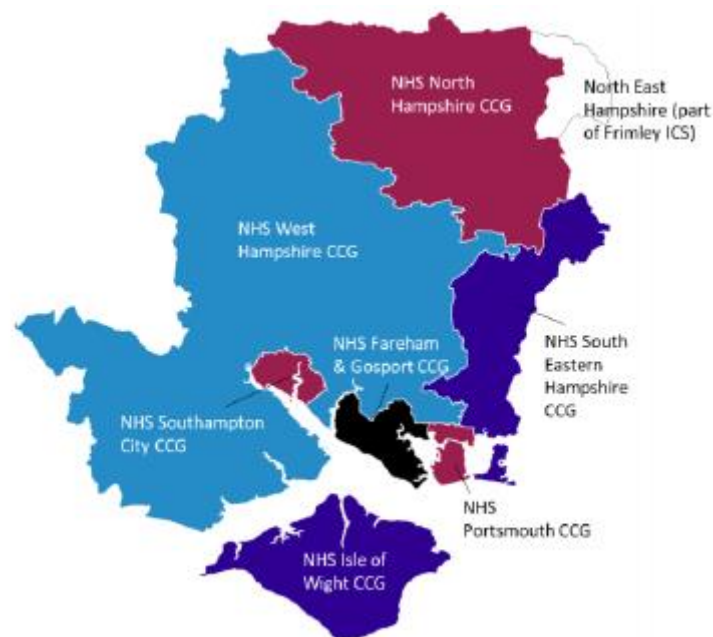


## Future ways of working for Clinical Commissioning Groups in Hampshire, Southampton and Isle of Wight

### 1. Context

- 1.1. Clinical Commissioning Groups (CCGs) were established in 2013 and have statutory responsibility for commissioning services for the population they serve. The primary objectives of CCGs are to improve the health and wellbeing of the populations we serve, and to ensure residents have access to high quality healthcare when they need it.
- 1.2. Seven CCGs serve the 1.9 million people living in Hampshire & Isle of Wight and are responsible for a budget of £2.7 billion, which is about two-thirds of the NHS budget for Hampshire and Isle of Wight. The remaining NHS budget (for dentists, opticians, specialised services and some public health services) is commissioned by NHS England. The figure below outlines the current geographical make up of CCGs in Hampshire and Isle of Wight.



- 1.3. In line with national policy, the health and care system in Hampshire & Isle of Wight will be designated as an Integrated Care System (ICS) by the end of 2020. In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. An ICS is an evolved form of the existing Sustainability and Transformation Partnership.

- 1.4. Integrated Care Systems will further enable shared leadership and collaboration in order to deliver improvements for residents. Collaboration is key to successfully achieving our objectives, and significant strides forward have been made. CCGs work increasingly closely together and increasingly closely with local authorities, with NHS providers and with other partners to deliver our shared goals.
- 1.5. CCGs have been working together to determine how commissioning should evolve to better meet the needs of the local population. Our aim is to retain the benefits of the current CCG model – the local focus, local relationships with partners and local clinical leadership - whilst also gaining greater benefits of working together.
- 1.6. North Hampshire CCG, West Hampshire CCG, Southampton City CCG, Isle of Wight CCG, Fareham & Gosport CCG and South Eastern Hampshire CCG have concluded that coming together to form one CCG is the appropriate next step to accelerate progress. This will deliver benefits for patients and residents, benefits for primary care, and benefits for health and care partners.

## 2. The case for change

- 2.1. We have concluded that CCGs need to change the way they work in order to accelerate improvements for residents and better support the health & care system in Hampshire & Isle of Wight to deliver its 5-year plan. Change is needed so that we can:

- **Overcome complexity and fragmentation**

Having multiple CCGs operating independently creates complexity and fragmentation, and means that we do not always have all of the skills needed to address the challenges or to enable the scale of transformation required. CCGs have begun working together more closely, retaining their local focus and operating at scale; we want to go further with this.

- **Reduce duplication and cost**

There is also now duplication across CCGs and with some STP functions which needs to be overcome as the Integrated Care System is established. Duplication causes waste and confusion, which we can 'design-out.' There are currently c700wte staff working in CCGs and additional staff working in the STP. We need to make sure that CCGs are as efficient and effective as possible.

- Adapt to the new ways of working in an Integrated Care System**  
 Our view is that the best way to deliver high quality sustainable care is through collaboration. Too often in the past – in part as consequence of the market environment - commissioning was undertaken remotely, separate from provision. As we look ahead, we see commissioning as a joint endeavour, requiring the combined skills, experience, perspective and expertise of NHS providers, CCGs and local government – as well as with the input of local people.
- Align with national policy**  
 The NHS Long Term Plan, published in January 2019, sets out the policy direction for the NHS. The expectation is that every Integrated Care System will have streamlined commissioning arrangements to enable a single set of commissioning decisions at system level, which will typically involve a single CCG for each Integrated Care System. 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.

2.2. By merging, we believe there will be benefits for patients and residents, benefits for primary care, and benefits for health and care partners, as outlined below:

- 1 Better health & better services for local people**

  - Retaining our **local focus**, local teams and relationships with local communities
  - Deeper **partnerships with local government** to improve health outcomes
  - Gaining **benefits of scale** to accelerate improvements in health outcomes and services – sharing skills & best practice, more specialist support for local teams
  - Reducing duplication and redirecting clinical and managerial resources to **tackling the critical issues faced by our patients and residents**
- 2 Better for primary care**

  - Primary care is the foundation of the NHS and the first port of call
  - We are **increasing the focus of local teams on supporting primary care** and increasing support for PCN development
  - Shared, **improved expert support for primary care** eg for estates and IT
  - Ensuring a **strong voice for primary care** in planning and redesigning services
- 3 Better for health and care partners**

  - Creating clear, **consistent and coherent** commissioning for Hampshire & IoW
  - Reducing duplication & complexity, **taking out layers of bureaucracy**
  - Enabling **collaboration and delivery** through the Integrated Care System
  - CCG **teams aligned with local authorities and NHS partners** to improve health and health services
  - Increasing efficiency and **reducing costs**

### 3. Our proposal

- 3.1. It is proposed to become one CCG named Hampshire, Southampton and Isle of Wight CCG.
- 3.2. This proposal has been informed by feedback from local GPs and member practices, patients, local stakeholders (including scrutiny panels) and our staff. The feedback we received included the following key themes:
  - The importance of keeping a local 'place' focus and not losing sight of the individual needs of different communities
  - Recognition that streamlining and joining up care across the areas could benefit patients
  - The importance of building on existing good practice
- 3.3. This CCG will have one CCG board, which will hold the statutory responsibilities of the CCG and provides strategic leadership to the CCG. The Board will be responsible for setting NHS commissioning policy to deliver the ICS strategy and priorities in Hampshire & Isle of Wight, and for oversight of system performance (financial, operational & quality). The Board is accountable to NHS England for NHS performance and delivery for the population it serves. There will also be a single executive team for the CCG.
- 3.4. Clinical leadership has been central to the success of CCGs to date, and we envisage a range of different types of clinical leadership roles in the single CCG. These will include clinical leaders in local teams, clinical roles spanning Hampshire and Isle of Wight, and clinical Board-level roles.
- 3.5. One of the key strengths of CCGs has been their important local focus on the places and communities where people live and work. When at their best, CCGs have strengthened primary care delivery, leadership and engagement in the NHS; co-produced solutions with residents; enabled service transformation and improved patient outcomes, service quality and efficiency. CCGs have been most successful where they have worked in partnership with primary care, local government, providers, voluntary organisations and local people. CCGs are rightly proud of the good work that has been done to improve services, deliver better outcomes and enable people to be as healthy and independent as possible.
- 3.6. These strengths of CCGs will be retained. The new arrangements will build on the best aspects of what happens now, as well as adapting to what is needed in future. The proposed single CCG for Southampton, Isle of Wight and Hampshire will be a clinically led membership organisation,

focussed on the needs of local people, and retaining the current partnership arrangements in place, in particular with local authorities and NHS providers.

- 3.7. In order to better support the planning and delivery of improvements in outcomes and service performance, we plan to:
- **Increase the support we provide to primary care** and to the development of primary care networks. General practice is the cornerstone of the NHS and primary care networks are at the heart of the integrated care model.
  - **Pursue deeper integration of health and care with local council partners** in order to make a step change in the impact we have on preventing ill health, reducing inequalities, joining up health and care delivery, and improving people's independence, experience and quality of life. Where we have existing integrated commissioning arrangements we will retain and further strengthen these.
  - **Align CCG teams with local partnerships/alliances of providers and local authorities.** Members of CCG teams will support alliances of providers to transform delivery and improve care pathways in Portsmouth & South East Hampshire, on the Isle of Wight, in North & Mid Hampshire, in Southampton & South West Hampshire, and across Hampshire as a whole.
  - **Create a single strategic commissioning function for the Hampshire & Isle of Wight ICS,** reducing duplication and providing clear, consistent and coherent commissioning policy for the health and care system.

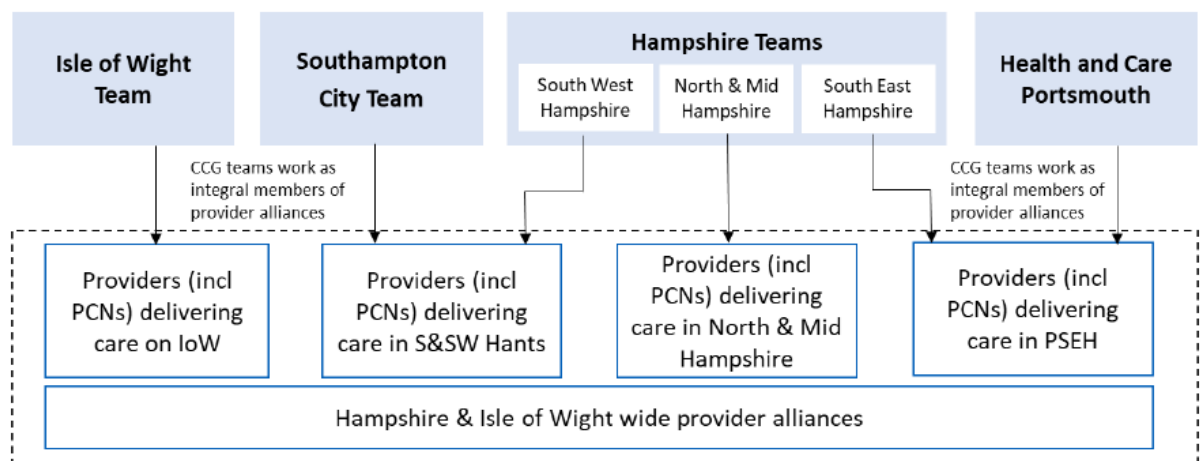
#### 4. Retaining a local focus

- 4.1. The importance of a strong, local focus was highlighted in feedback from stakeholders to our initial proposal to merge. In the new CCG, teams, resources, structures and governance will be organised to provide the strong local focus and local decision making needed to support general practice.
- 4.2. It is proposed that the CCG is organised with five local teams, one for each of North & Mid Hampshire, Isle of Wight, Southampton City, South West Hampshire, and South East Hampshire.

- 4.3. Each local team will be accountable for improving health outcomes, service quality and NHS performance for the local population, and for the allocated population budget. The local team also has responsibility for supporting local primary care and PCN development, and for engagement with and acting as the interface with member practices.
- 4.4. Each local team will comprise of clinicians and managers who work together and with partners to meet the needs of the local population. The local team will be led by a clinical leader with a senior manager.
- 4.5. Members of local teams will work as an integral part of the partnerships of providers, local authorities and CCGs based around each acute hospital to support the transformation of delivery and care pathways. This means members of the Southampton City and South West Hampshire local CCG teams working with providers delivering care in Southampton & South West Hampshire, in line with the University Hospital Southampton NHS Foundation Trust catchment area.
- 4.6. Local integrated commissioning arrangements will allow for the option to pool NHS and local authority budgets, and commissioning resources to deliver outcomes and target wider determinants of health, in addition to enabling health and social care services to work together.
- 4.7. Where there are existing integrated NHS and local government commissioning arrangements (for example, the Joint Commissioning Board in Southampton) these will remain unchanged. Our aim is to further deepen integrated commissioning, building on these existing arrangements.
- 4.8. The figure below illustrates the design with local CCG teams aligned to each local authority area, supporting service transformation in local delivery systems:

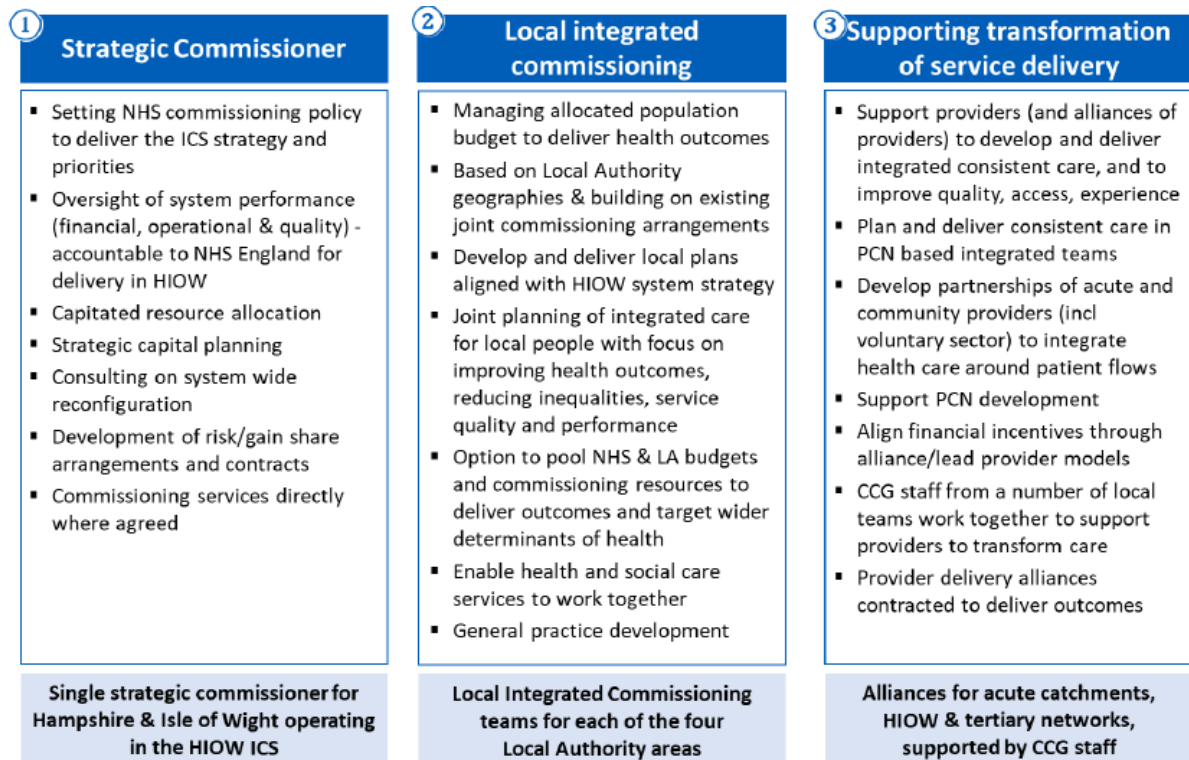
Local CCG teams, working with local authority Partners responsible for local integrated commissioning

Members of local CCG teams supporting alliances of providers to transform delivery and care pathways





4.9. The figure below summarises the role of strategic commissioner, the role of local integrated commissioning teams, and the role of CCG teams supporting transformation and service delivery in delivery alliances:



## 5. Next steps

- 5.1. At the end of September 2020, governing bodies recommended to approve the proposed merger of North Hampshire CCG, West Hampshire CCG, Southampton City CCG, Isle of Wight CCG, Fareham & Gosport CCG and South Eastern Hampshire CCG from 1 April 2021.
- 5.2. The merger application was submitted to NHS England on 2 October for approval (with a decision expected from NHS England by the end of October)
- 5.3. A single executive team will be appointed shortly and the management of the transition from the current arrangements to the new arrangements has started.
- 5.4. Staff and partners, including the Health Overview and Scrutiny Panel, will continue to be involved in order to implement the changes successfully and realise the benefits. Work continues on the design of the governance and culture for the new organisation.

- 5.5. A full impact assessment for both our population and staff has been undertaken, which has informed the development of this proposal.
- 5.6. If the proposal is approved, all of the existing staff, assets and liabilities of NHS Southampton City CCG will transfer to the new statutory organisation on 1 April 2021.
- 5.7. The internal programme board overseeing the merger have discussed the impact of Covid 19 on the merger. Much of the work to technically merge the organisation will be undertaken by back office suppliers to create a new financial ledger and new staff record system. Both of these systems are provided by the same suppliers across the NHS and have undertaken a number of other CCG mergers. This however is kept under constant review internally and in discussion with the mergers team at NHS England.
- 5.8. We will continue to keep the Health Overview and Scrutiny Panel updated.