

## The NHS Long Term Plan, CCG merger discussions and thinking about Place-based Committees

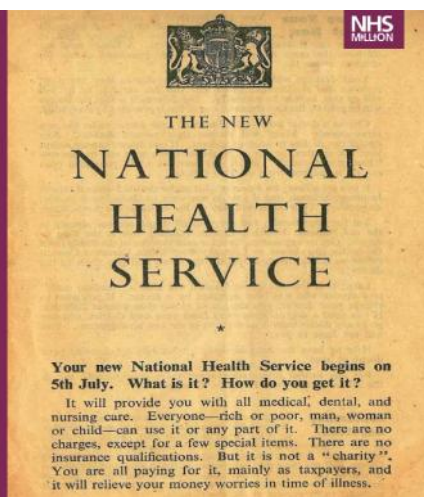
Dr Andrew Murray

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The NHS was established in 1948.

And it remains one of the finest health care systems in the world.



The NHS is at the heart of the UK's affections. For many Brits, the universal healthcare service has become **a symbol of a fair society**, delivering free at the point of access services for all, irrespective of wealth or financial contributions.

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## High level messages from the NHS Long Term Plan



- Focus on **prevention and reducing health inequalities** – specific new evidence-based NHS prevention programmes
- **New clinical standards** will be set to build on successes of stroke etc – Clinical standards review will be published in Spring 2019
- **NHS priorities for care quality and outcomes improvement** for the next 10 years, wider than in FYFW - cancer, mental health, diabetes, multimorbidity, healthy aging including dementia, children's health and wellbeing, maternity and neonatal, cardiovascular and respiratory conditions and learning disability and/or autism
- **Reforms to hospital emergency care** - every hospital with a type 1 A&E dept will move to a Same Day Emergency Care model; hospitals will establish acute frailty services
- Roll out of **NHS Personalised Care** model across the country

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## High level messages - continued



- The NHS and social care will continue to improve performance at **getting people home without unnecessary delay**
- **Boost "out of hospital care"** - Primary care and community care funding and requirements
  - Urgent community response and recovery support to deliver within two hours of referral
  - Reablement care within 2 days of referral
  - Primary care networks created with new "shared savings" scheme
- Renewed commitment that **mental health services** will grow faster than the overall NHS budget – new ringfenced investment fund created (£2.3 bn by 2023/24)
- Guaranteed NHS support to people living in **care homes** – vanguard model rolled out
- Greater recognition and support for **carers** – Quality Markers in primary care that highlight best practices in carer support and identification

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## High level messages - continued



- **Workforce** is a significant focus - Expansion in nursing and other undergraduate places; new routes into nursing and other disciplines include apprenticeships; flexible rostering will become mandatory; doubling of volunteers
- Better use of **data and digital technology**
- **Integrated Care Systems** across the country by April 2021
- **Funding**
  - Major reforms to NHS financial architecture, payment systems and incentives
  - New financial recovery fund and "turnaround" process established
  - Expectation that over the next 5 years the NHS, trust sector, local systems and individual organisations will return to financial balance
- **Legislative changes** that would support more rapid progress outlined

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## Integrated Care Systems (ICS)

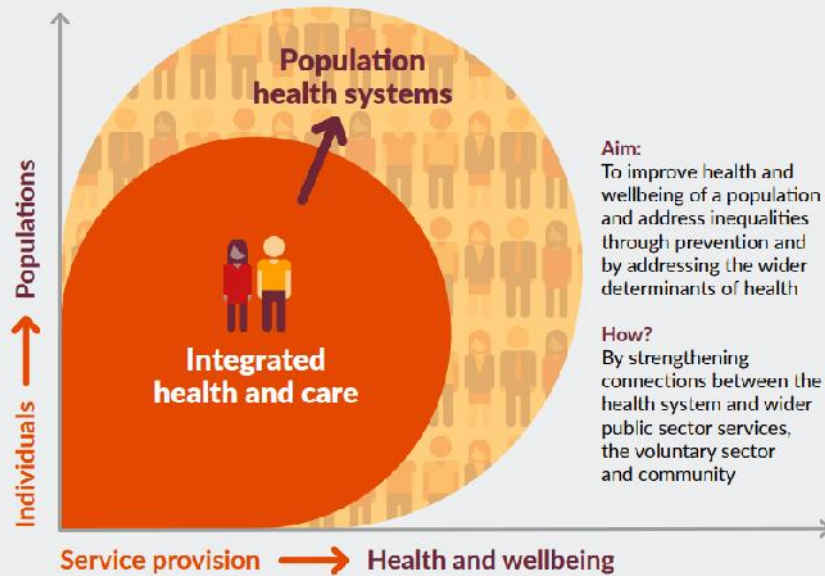


- In an integrated care system, NHS organisations, in partnership with local councils and others, take **collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.**
- Local services can provide **better and more joined-up care for patients** when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.
- By working alongside **councils**, and drawing on the expertise of others such as **local charities and community groups**, the NHS can **help people to live healthier lives** for longer, and to stay out of hospital when they do not need to be there.
- In return, integrated care system leaders gain **greater freedoms** to manage the operational and financial performance of services in their area.

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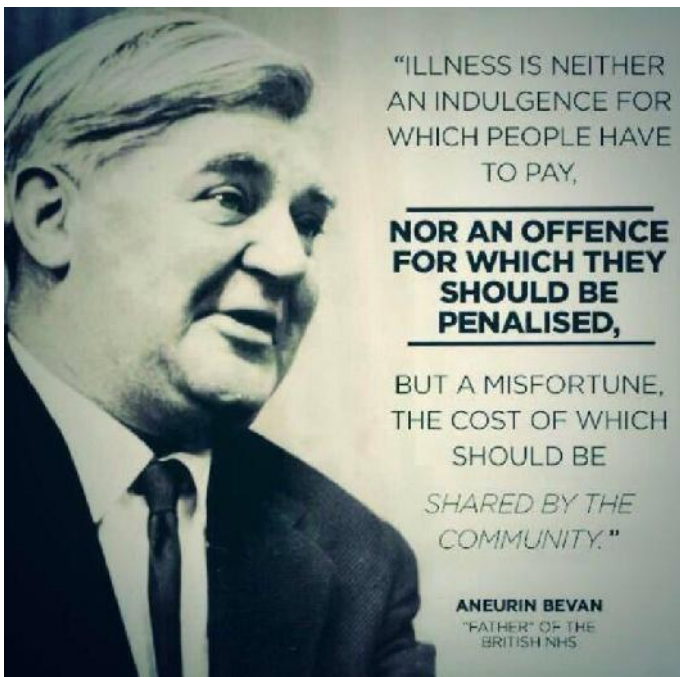
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# ICS



**Aim:**  
To improve health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health

**How?**  
By strengthening connections between the health system and wider public sector services, the voluntary sector and community



## Next Steps on the NHS 5 Year Forward View:

“there are still substantial opportunities to cut waste and increase efficiency in the NHS, just as there are in every other country’s health care system. In a tax-funded health service, every pound of waste saved is a pound that can be reinvested in new treatments and better care for the people of England.”

## NHS Long Term Plan:

“Chapter 6 - Taxpayers’ investment will be used to maximum effect”

## Our case for change in South West London



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## SWL CCG – The Foundations

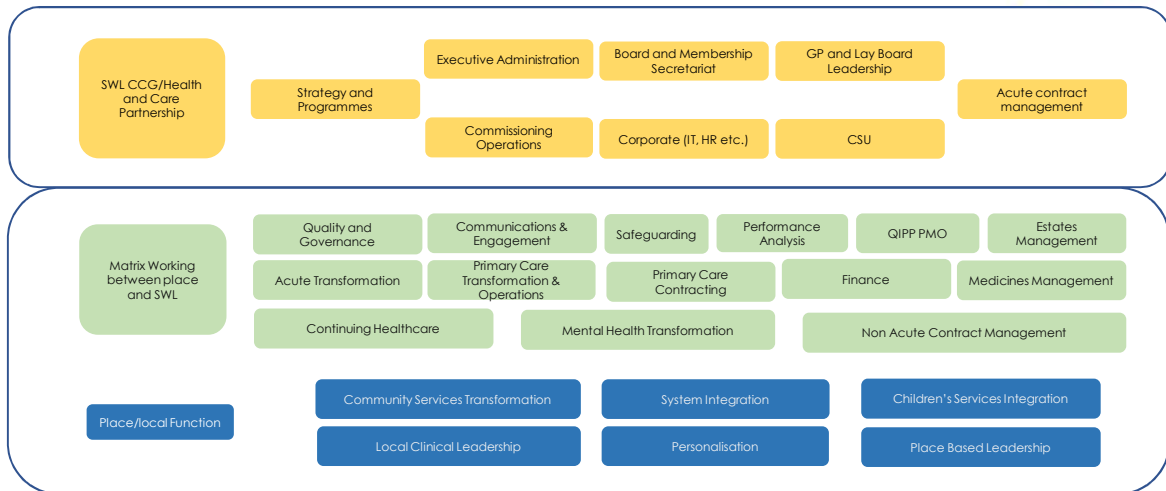


- We have a number of workstreams and work programmes, however there are some foundations that are needed in order to progress
  - **Functions** – what is done, by who, across SWL and local place teams
  - **Delegation** – what decisions will be made at what level
  - **Place based governance** – how delegated decisions are made collaboratively with partners

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## Our current view of where functions will sit



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## Delegation



- CCGs can delegate responsibility to another person or body to carry out specific duties
- The delegating person or body remains accountable for the outcome
- SWL will work with partners to agree how oversight of SWL accountability will take place
- We want to agree where delegation will sit in a place and SWL model
- This needs to work at place and SWL level
- There are 3 levels of delegation

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## CCG Delegation Models – a discussion

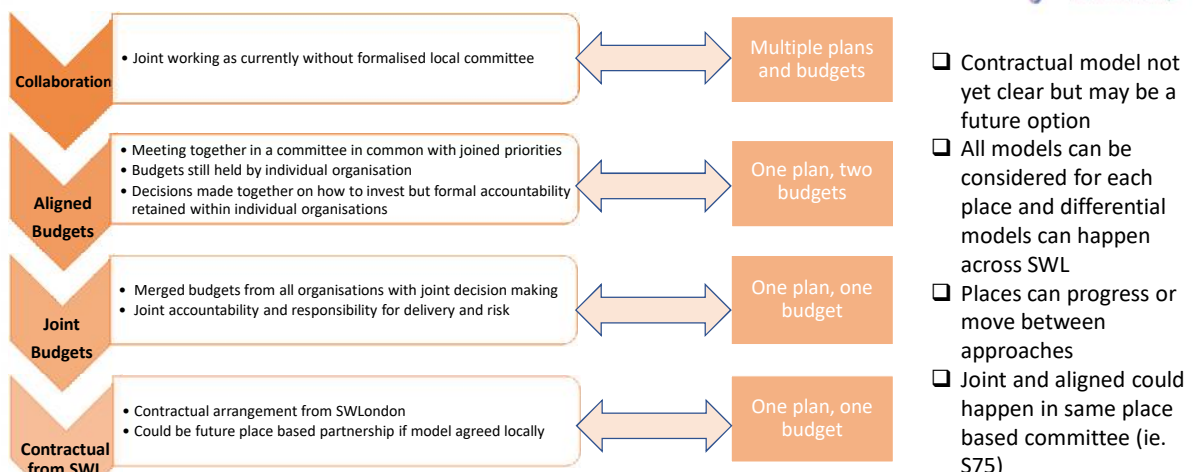


Delegation	Description	notes
Commissioning - <b>Full delegation to place – permissive model</b>	Delegation of CCG planning and commissioning functions to place (delegated back up to SWL level for any agreed centralised functions) - priorities, outcomes and associated investment determined locally, at individual borough level.	Likely to secure local support – from CCGs and Local Authorities Change is focused on single governance structure and reduced costs in back office – retains the ability to delegate back up to scale/system level
Commissioning - <b>Partial delegation – with local agreement</b>	Delegation to be driven by local agreement on place based model and health and care plans Areas that could be retained at SWL - Coordination of planning and commissioning - Acute commissioning - Place teams retain influence on all	Could be seen to reduce direct influence and responsibility. Could reduce local risk Would provide a strong single voice with those services retained at SWL Would also deliver savings associated with back office
Commissioning – <b>No delegation – delivery, system management and development at place</b>	Coordination of all functions undertaken at scale/once across SWL - Place based interest in and influence on both the above, including generation of local priorities to feed in to SWL wide approaches Place/borough based teams – delegated responsibility for local delivery and development	Unlikely to receive support– as reduces direct influence and responsibility Supports a single strategic commissioning focus with more staff directed at the how Would deliver savings but may impact on localised focus and ownership

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## Place based approaches



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## Place based approaches - what this means for Merton



- The CCG and LBM already have **aligned and joint** commissioning arrangements in relation to some services for older people, mental health and children's services. We also collaborate with the wider system via the **Merton Health and Care Together Board**
- We will need to set up a **place based committee** for Merton that can
  - Take decisions which are delegated from the SWL CCG
  - Take decisions and set overall strategy, with partners, on a collaborative, aligned or joint basis
- We think the **Merton Health and Care Together Board should act as the place based committee** for many decisions
- Where this creates a conflict of interest, commissioners may meet on their own. This might be just CCG clinicians and staff or might be jointly with LBM officers
- The MHCT Board will continue to **report into the Health and Wellbeing Board** as well as the SWL CCG Board. The CCG and LBM are working through how this dual reporting will work
- However we will also need to work with partners in Wandsworth to make decisions in relation to our **partnership with St George's Hospital**

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## We are also supporting the development of Primary Care Networks



- Primary Care Networks are being formed across the NHS so that groups of practices, serving populations of 30 – 50,000, can come together to
  - provide a wider range of local services by working together
  - work collaboratively with other local health and care providers
  - support each other with challenges like workforce, IT and estates
- They will be responsible for services such as social prescribing, extended access and in-practice physiotherapy
- We have approved 6 Primary Care Networks in Merton
- The Primary Care Networks will be represented on the MHCT Board and are working together with Merton Health, our local GP Federation

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## Primary Care Networks in Merton

Primary Care Network	Practice	List Size	Collective List Size
North Merton	Mitcham Family Practice	3625	37411
	Riverhouse Medical Practice	5822	
	Merton Medical Practice	8163	
	Mitcham Medical Centre	8988	
	Colliers Wood Surgery	10813	
East Merton	Rowans Surgery	7330	45728
	Figges Marsh Surgery	8083	
	Tamworth House Medical Centre	9241	
	Wide Way Medical Centre	9486	
South West	Cricknet Green Medical Practice	11588	39441
	Grand Drive Surgery	8870	
	Nelson Medical Practice	29571	
Morden	Ravensbury Park Medical Centre	5515	37735
	Stonecot Surgery	8586	
	Central Medical Centre	8909	
	Morden Hall Medical Centre	14725	
North West Merton	Vineyard Hill Surgery	4333	31748
	Alexandra Road Surgery	5646	
	Wimbledon Medical Practice	9358	
	Wimbledon Village Practice	12411	
West Merton	Francis Grove Surgery	13720	31517
	Lambton Road Medical Practice	17797	

### Summary:

- 6 networks of 30-50,000 registered patients.
- 100% coverage of patients and practices.
- Geographically contiguous.
- Clinical Director appointed for each network.
- Strong foundations for joint working built during 2018/19 through Primary Care at Scale programme and other initiatives such as Integrated Locality Teams.

### Priorities in Year 1:

- Employment of new roles at network level – social prescribing link workers and clinical pharmacists.
- Delivery of extended access services.
- Significant focus on OD and planning to enable delivery of new services in future years.
- CCG to consider how other services will integrate with Network arrangements and what support may be required.

### Aims:

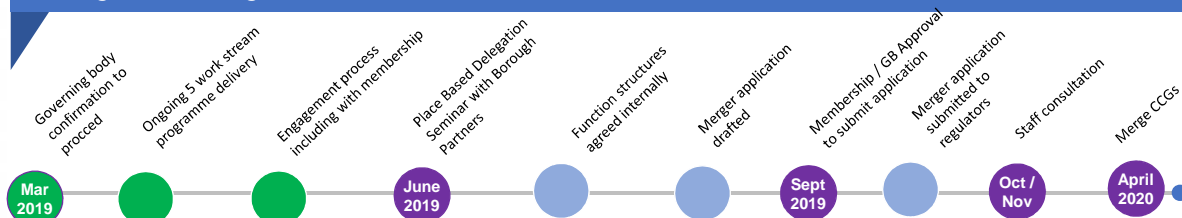
- More resilient, sustainable and integrated Primary Care.

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## High level timeline

### Moving Forward Together



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