



Report considered by the Health and Adult Social Care Scrutiny Committee on  
12 March 2020

<b>Meeting title</b>	Milton Keynes Health and Adult Social Care Scrutiny Committee	<b>Date:</b> 12 March 2020
<b>Report title:</b>	The creation of one single CCG across Bedfordshire, Luton and Milton Keynes	<b>Agenda item:</b>
<b>SRO</b> Geraint Davies	<b>Presenter Name:</b> Dr Nicola Smith  Jane Meggitt	<b>Title:</b> Clinical Chair Milton Keynes CCG  Director Communications and Engagement, BLMK Commissioning Collaborative

<b>Report summary</b>	Outlines the proposal to disestablish the existing Clinical Commissioning Groups in Bedfordshire, Luton and Milton Keynes and create one single CGG by April 2021.		
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	We ask the Committee to note the report and provide any comment for the Governing Body of the CCG to consider in July, before the submission of our application to NHS England in September 2020.		

### 1. Purpose of the Report

The purpose of this report is to inform members about the proposal to create one single Clinical Commissioning Group across Bedfordshire, Luton and Milton Keynes by April 2021.

### 2. Recommendation

We ask the Committee to note the report and provide any comment for the Governing Body of the CCG to consider in July, before the submission of our application to NHS England in September 2020.

### 3. Background

In January 2019, the NHS Long Term Plan set out the ambition for every Integrated Care System (ICS) to take a streamlined approach to commissioning at a system level. This typically means that one Clinical Commissioning Group would be established to work across the footprint of the ICS.

While this is national policy, it aligns to the work undertaken locally in November 2018, which saw Bedfordshire, Luton and Milton Keynes CCGs come together to share one single Executive team.

Following discussions with the Regional Director at NHSE/I, the Governing Bodies of Bedfordshire, Luton and Milton Keynes CCGs agreed to apply to NHSE/I to dis-establish the existing three CCGs and create NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group, which would become a legal entity on 1 April 2021.

The national deadline for applications to NHSE/I is 30 September 2020. This timeframe is nationally determined, due to legal and financial implications and for appropriate assurance to be provided.

The timescales are tight and require us to move at pace. However, we have built in sufficient provision for us to have a meaningful conversation with important stakeholder groups, as part of the process.

While we do not have a statutory duty to formally consult on system changes to the commissioning structure within the NHS, it is important that we are completely transparent and engage with elected members, patients and residents to explain what this means to them and their families.

#### **4. What are the changes we propose?**

In line with national policy, we propose to create NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group from April 2021.

The organisation will be served by one Governing Body, one Executive team and a single management structure, working across the BLMK area. A joint team of staff is already being created to work across the three existing CCGs to deliver greater efficiency.

To achieve this, a new Executive structure has been devised, which is provided for your information in Appendix A. This new structure will start to work in shadow form from April 2020, so that we can provide assurance to NHSE/I. The team of staff reporting into the new structure are currently in a Human Resources process to apply for the new positions in the structure. We expect to complete by early autumn.

While we recognise that this is a change and will cause some anxiety for partners who are concerned about care being delivered locally, the Joint Accountable Officer, Executive team and Chairs of the three organisations are clear however and want to provide assurance that services will:

- Remain locally focused and;
- Remain clinically led – giving doctors, nurses and other healthcare professionals a key decision making and advisory role in the delivery of services that we provide.

#### **5. Why is this necessary?**

We know that there are pressing health inequalities in our area. As three CCGs, we have been working independently to provide the services we need for our local population, but this means that some things are done multiple times and there is duplication in the system.

It also means that the care you access and receive can be different, depending on where you live. By adopting the national policy, taking a population health approach to commissioning across a wider geography, we will increase consistency across the area, free up valuable resources including clinical time, expertise, development and support, while improving health outcomes for our patients and reducing health inequalities.

We have achieved much since the CCGs were established in 2013, but decision making across the 'wider system' can be slow and in some cases, not conducive to delivering the change we need to make.

We need to look at some of the big issues facing our area, like our response to cancer, stroke and mental health. By working with partners across a larger area, we will be able to improve performance, patient care and patient experience.

We're committed to delivering care locally, but we need to adapt how we're organised to be ready for changing needs in the population and funding flows.

Local working will remain an important aspect. We have developed new Primary Care Networks across Bedfordshire, Luton and Milton Keynes which will allow for greater sharing of knowledge and resources in primary care, and by working together locally with providers including hospitals, councils, GPs and community and mental health trusts, we will be able to transform care pathways to create a more comprehensive, personalised offer for local healthcare.

## **6. How will you keep a local focus?**

We know that elected members and residents will be concerned that by taking a strategic approach to commissioning at scale, that the local focus will be lost. We will continue to commission locally, where it is appropriate to do so and primary care is one area which will retain a strong local focus.

The new Primary Care Networks and Integrated Care Partnerships with time will take on our existing responsibility to develop personalised care services which meet healthcare needs at neighbourhood level. Their work will directly inform our commissioning plans and activities.

In fact, the new arrangements of one single CCG taking strategic decisions across the whole area and smaller Primary Care Networks at local level would directly lend themselves to having an even closer local focus, whilst at the same time enabling more effective commissioning of services across the entire geography.

We believe that by supporting, and working with these networks and alliances, we have an opportunity to strengthen our existing approach to commissioning for specific populations and communities.

The development of Integrated Care Partnerships (ICPs) will also enable us to keep commissioning at a local level. The ICPs will be a group of providers including councils, hospitals, GP surgeries that will work together to ensure that local population health needs are met. These partnerships will not be separate organisations, but will remain connected to the statutory Clinical Commissioning Group.

The functions of the ICPs are still in discussion and development. As our proposals mature, we will provide stakeholders with more details of how this will work, but to be clear, these partnerships will remain connected to the statutory CCG and will not be private organisations delivering local healthcare.

## **7. How are we engaging?**

Following the input and approval of our three Governing Bodies in January, external engagement with key stakeholders regarding the creation of the new CCG has begun in earnest. We are engaging with:

- The GP Membership from Bedfordshire, Luton and Milton Keynes
- Local Medical Council
- Employees
- Trade unions
- Councils / elected Leaders and Members
- Statutory Committees – Health and Wellbeing Boards, Health Overview and Scrutiny
- MPs
- Providers i.e. hospitals, mental health and community health services, ambulance etc.
- Healthwatch
- Members of the public

The engagement process will run for six months, take in all the statutory bodies and provide regular feedback to the Governing Body of the CCG and members of the public.

In June / July, GP Members of the existing three CCGs will be asked to tell us whether they support the constitution for the new CCG in a vote.

## **8. What have we done so far?**

Our engagement started at the end of January and to date, we have engaged with staff, trade unions, all local providers, the leadership of our Councils, and where possible, the Health and Wellbeing Boards of four local authorities, Healthwatch, the Local Medical Council (LMC) and GP colleagues. A number of dates are also scheduled for meetings with Councillors and MPs.

We have drafted a Case for Change document, which sets out the rationale for our approach. This will be published to the website for stakeholders to read and digest.

We have also set up listening posts, which will be held before our Governing Body meetings, so that residents and elected members can come along to ask any questions they might have. The feedback from the listening post events will be captured in a monthly report, which will be presented to the 'One Team' programme Board and our Governing Body.

## **9. How did we use the feedback?**

The feedback from all engagements will be captured in a report, which will be presented to the Governing Body in July, for consideration before the final submission of our proposal to NHSE/I in September 2020.

## **10. What do we need to do now?**

Engagement will continue until the end of June. We welcome the opportunity to speak to elected members and residents should they have any questions.



## Executive Team portfolios



Bedfordshire, Luton  
and Milton Keynes  
Commissioning Collaborative

<b>Anne Murray</b> Director of Nursing and Quality	<b>Nicky Poulain</b> Director of Primary Care (Place lead: Luton)	<b>Richard Alsop</b> Director of Commissioning & Contracting (Place lead: MK)	<b>Geraint Davies</b> Director of Performance & Governance (Place lead: Central Beds)	<b>Mike Thompson</b> Director of Strategy, Planning & Population Health (Place lead: Beds)	<b>Jane Meggitt</b> Director of Communications & Engagement	<b>Dr Sarah            Whiteman</b> Medical Director	<b>Chris Ford</b> Director of <u>Finance</u>
<ul style="list-style-type: none"> <li>• Clinical Quality and Governance</li> <li>• Professional leadership and quality</li> <li>• Safeguarding</li> <li>• Serious Incidents</li> <li>• Clinical effectiveness</li> <li>• Complex care professional support and assurance</li> <li>• Infection prevention</li> <li>• Patient Experience</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Commissioning and Contracting</li> <li>• Primary Care Governance and Performance</li> <li>• Primary Care Transformation</li> <li>• Primary care support functions (Important in maintaining resilient Primary Medical Services)</li> <li>• Bedfordshire Care Alliance (BCA) Development function</li> <li>• Medicines Management / Optimisation</li> </ul>	<ul style="list-style-type: none"> <li>• Contracting (excluding Primary Care)</li> <li>• System Management</li> <li>• Individualised Care System Flow</li> <li>• Planned &amp; Specialist Care</li> <li>• Children &amp; Maternity</li> <li>• Mental Health &amp; Learning Disabilities</li> <li>• Individualised Care</li> <li>• Place-based Integrated Care and Commissioning (MK)</li> </ul>	<ul style="list-style-type: none"> <li>• Performance Management</li> <li>• Governance</li> <li>• Corporate Services:               <ul style="list-style-type: none"> <li>➢ HR</li> <li>➢ Estates</li> <li>➢ Information Governance</li> <li>➢ EPR</li> <li>➢ Complaints</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Strategy</li> <li>• Transformation &amp; Improvement</li> <li>• Planning Population Health</li> <li>• Business Intelligence</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic communications</li> <li>• Operational communications and media management</li> <li>• Communications and Engagement</li> <li>• Statutory functions</li> <li>• Staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Governance</li> <li>• Professional leadership and quality</li> <li>• Clinical pathways</li> <li>• Commissioning and Contracting</li> <li>• Professional liaison</li> <li>• Practitioner Performance</li> <li>• Statutory Duties</li> <li>• Workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Governance</li> <li>• Financial Services</li> <li>• Financial Management</li> <li>• Financial Planning and Strategy</li> <li>• ICT</li> </ul>