

# INNER NORTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

All Members of the Inner North East London Joint Health Overview and Scrutiny Committee are requested to attend the meeting of the Committee to be held as follows:

**SUPPLEMENTARY AGENDA**  
Wednesday, 6 September 2017 at 6.30 p.m.

**C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London,  
E14 2BG**

**This meeting is open to the public to attend.**

	Representing
<b>Chair:</b> Councillor Clare Harrisson	INEL JHOSC Representative for Tower Hamlets Council
<b>Vice-Chair:</b> Councillor Susan Masters	INEL JHOSC Representative for Newham Council
<b>Members:</b> Councilman Christopher Boden	INEL JHOSC Representative for City of London Corporation
Councillor Ann Munn	INEL JHOSC Representative for Hackney Council
Councillor Ben Hayhurst	INEL JHOSC Representative for Hackney Council
Councillor Yvonne Maxwell	INEL JHOSC Representative for London Borough of Hackney
Councillor Anthony McAlmont	INEL JHOSC Representative for Newham Council
Councillor James Beckles	INEL JHOSC Representative for Newham Council
Councillor Shiria Khatun	INEL JHOSC Representative for Tower Hamlets Council
Councillor Muhammad Ansar Mustaquim	INEL JHOSC Representative for Tower Hamlets Council

The quorum for this body is the presence of a member from each of three of the four participating authorities.

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Web: <http://www.towerhamlets.gov.uk/committee>

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6. **NEW COMMISSIONING ARRANGEMENTS FOR NORTH EAST LONDON  
(Pages 1 - 12)**

**Date of the next Meeting:**

The next meeting of the Committee will be held on Thursday, 9 November 2017 in the C1, 1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG

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# New commissioning arrangements for north east London



A presentation by the following north east London CCGs:  
Barking and Dagenham; City and Hackney; Havering; Redbridge; Newham;  
Tower Hamlets; Waltham Forest

# Our vision



***Our vision: to improve health outcomes across north east London through working in a more collaborative and patient-focused way across the health and social care landscape***

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Across the country, NHS organisations are being asked to break down barriers in order to provide better coordinated, more joined-up care between GPs and hospitals, physical and mental healthcare and social care and the NHS.

The vision is that services are integrated around patients, putting their needs first and in line with the expectations of the NHS Five Year Forward View.

## Improving commissioning arrangements

### ***Designing commissioning around the needs of our local populations - and harnessing the benefits of working together***

To achieve this for residents in north east London, and in common with other NHS systems across England, the seven north east London clinical commissioning groups (CCGs) are looking at how they can work together and with other NHS organisations, social care services and the voluntary sector.

This reflects the consensus that the public sector should work to integrate services and emphasise collaboration rather than competition.

All changes must be compatible with the statutory duties of a CCG as laid out in the 2012 Health and Social Care Act .

The stronger focus for collaborative work is being supported by the development of local Accountable Care Systems (ACSs) to support the delivery of priorities set out in the Five Year Forward View.



## Building on our local relationships

The CCGs have been successful in delivering solid clinical commissioning in collaboration with our patients, and in developing long-lasting relationships with partner local authorities to plan services jointly which deliver improvements for our diverse and growing populations

To continue that success, we are looking to strengthen the NEL commissioning arrangements, while maintaining strong borough and system-based leadership.

This approach requires strong partnership working between the NHS and others, with local authorities being key partners. Boroughs provide the main sense of place to most people and local accountability is important to service users and citizens.

It is anticipated that ACSs will hold a capitated budget and be accountable to local people and partners and commissioners for delivering improved health and social care outcomes.





## Working in partnership

Each of the seven CCGs in north east have been looking at how they can work better together with other NHS organisations, and in partnership with social care services and the voluntary sector.

Currently the East London Health and Care Partnership has a senior responsible officer (SRO) that manages and oversees the development of the local Sustainability and Transformation Partnership (STP) and works with patients and the public to identify innovative, effective and efficient ways of designing, delivering and joining up services.

Alongside this there is a recognition that whilst the borough and system focus are important in delivering the best services for local people there is also a need to work at scale – standardising some functions and some ways of working that are common across all east London CCGs.

This would enable CCGs to operate collectively with consistency in the commissioning of local services and which could include defining outcomes, framing the budgets, contracting with hospital providers, reviewing performance and evaluating the outcomes.

To help deliver this it is being proposed that there is a single Accountable Officer across the seven CCGs.

## Strengthening commissioning and delivering change

The current arrangements between the CCGs do not sufficiently support focus and the attention needed to deliver action on those things that are better done together or once across north east London. This would include – for example – financial risk share and management, strategic workforce issues and some services like London Ambulance Service and specialist commissioning.

The appointment of a single Accountable Officer would work as part of a new delegated governance process (from CCGs) and provide leadership and focus on those things which are done collaboratively, and would ensure that the big changes required to support effective local commissioning are delivered.

Each system would have its own senior manager and a team focussed on local delivery to provide strong local leadership presence for each borough. This will focus on reporting on local day to day performance, ensuring the delivery of the plans within the local system, local finances and the engagement of local partners to drive integration between health and social care. The leadership will be accountable to the CCG and its members and responsive to – and work with - local partners, residents and stakeholders.

# The proposed new commissioning arrangements

The proposed new commissioning arrangements have two interlocking elements:

- The appointment of a shared Accountable Officer who will also take the STP lead role
- The establishment of new shared governance arrangements to support commissioning at NEL, system and individual borough levels, based on principles of subsidiarity to preserve local accountability and sovereignty

The AO will be appointed by the seven CCG governing bodies to be the AO for each of the CCGs separately. They will be members of each CCG governing body and act with each to take local responsibility for local performance.

The AO will lead a small corporate team comprised of borough/system leaders and corporate directors, including a 'lead' Chief Finance Officer, acting together to provide executive lead for the NEL commissioning system. The shape and scope of this team is in development with proposals to be submitted to November CCG Governing Bodies. This will include engagement with local councils and other partners through ELHCP.

## The role of the single Accountable Officer

Having a single Accountable Officer would support the NEL CCGs by:

- Enabling time and resource to be unlocked through being more efficient – in practice this means undertaking certain appropriate functions across the seven NEL CCGs
- Facilitating conversations with NHS England about how CCGs account for performance with them on critical change and transformation issues
- Taking on the commissioning of specialised services together which could ensure that additional resources became available to NE London CCGs
- Supporting local CCGs access funds for transformation. Having one Accountable Officer - supported with a robust governance structure - is a precondition for the transfer of these funds locally
- Facilitating decision-making locally on key areas of workforce development, by negotiating for funding from Health Education England.

## The proposed new governance arrangements

A new and different kind of collective governance arrangements would be brought in for those areas of collaborative work and functionality across the seven CCGs. This will ensure effective decision making and oversight for those aspects of policy, change and commissioning which CCGs have delegated upwards.

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Joint decision making would be the result CCG governing bodies acting together and not the responsibility of an AO and their team working in isolation.

This will be achieved through a **Joint Committee** that would be responsible for the strategic functions that need to be done at NEL level. The AO will be a key member of the Joint Committee, whose additional membership is recommended to include the seven CCG Chairs and lay members and two other clinical members (Nurse and Secondary Care Clinician). This Committee would agree the objectives and work programme for NEL collaborative work. Committee members would be jointly accountable for achievement of the objectives

In addition there will be **Committees in Common** for functions where CCGs wish to collaborate at a system level, thereby supporting local accountability and sovereignty.

# Schematic - proposed new governance arrangements

## Functionality

### Commissioning and development work

- Specialist commissioning
- Acute care strategy and approach including new approaches to payments
- Framework for commissioning of ACS's
- Management of the STF
- Management of any agreed risk sharing
- Workforce development
- Benchmarking and dissemination of best practice

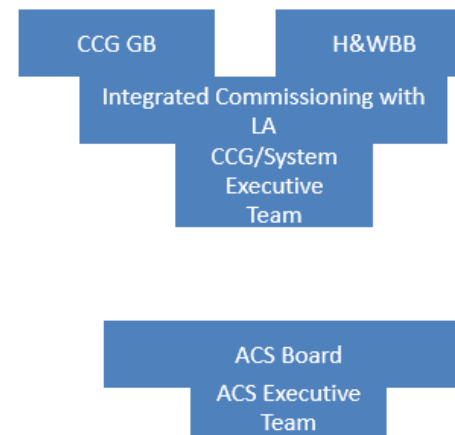
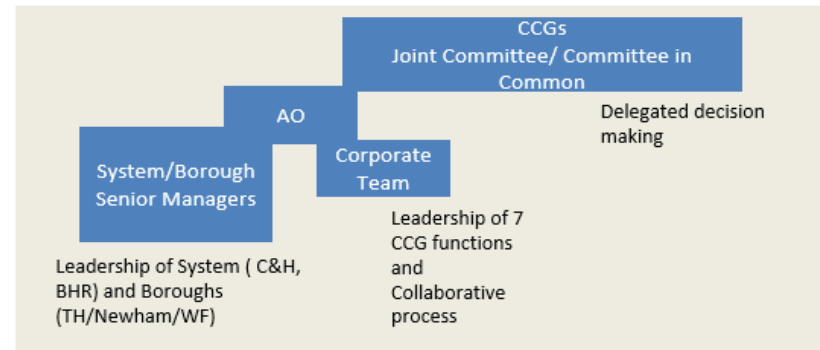
### Development and Commissioning of the Local ACS

- Setting outcomes for health and well being
- Setting the local budgets for health
- Agreeing expectations for delivery
- Performance and review ( quality, activity, cost)
- Overall accountability for local performance to local people

### Service re-design and delivery

- Detailed pathway development
- Organisation and development of local resources
- Integrated service operations
- Own performance review and change
- Local engagement

## Governance and Management



## Next steps

The CCGs' Governing Body chairs, chief officers, senior clinicians and lay representatives have been meeting to work through the detail of the role of the single Accountable Officer.

Inner North East London JHOSC is being asked today for comments on the proposed changes.

A report will be going to each of the seven CCG's Governing Bodies in September 2017, seeking agreement to appoint a single Accountable Officer and approve the governance process across the seven boroughs.

It is anticipated that new arrangements would be in place by 1 April 2018.

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