

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Health and Wellbeing Board
<b>FROM:</b>	Healthier Pennine Lancashire ICP and Healthier Lancashire ICS
<b>DATE:</b>	17/02/2020

## **SUBJECT: Commissioning Reform**

### **1. PURPOSE**

This paper seeks to update Blackburn with Darwen HWBB members on upcoming discussions about the evolution of NHS commissioning in the Blackburn with Darwen CCG and Pennine Lancashire area, and across Lancashire and South Cumbria over the next two years.

In recent months, the Chairs and Chief Officers from all of the Lancashire CCGs have been reviewing the progress made in conjunction with NHS providers, local authorities and other partners to introduce new models of integrated care in local areas and across Lancashire and South Cumbria. Over time this has begun to change the roles undertaken by commissioners and for this reason, colleagues have agreed a road map for commissioning reform.

A case for change and options appraisal document has therefore been drafted and is attached. This document sets out how commissioning organisations can work to continue the development of these local integrated health and care partnerships.

### **2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**

The Health and Wellbeing Board is requested to:

- (i) Receive the paper and,
- (ii) Provide feedback on the proposals

### **3. BACKGROUND**

Based on the collective vision to continue this journey of integrated care in neighbourhoods, local places and across Lancashire and South Cumbria, commissioning leaders have identified a number of options for the commissioning arrangements which can best support this next stage of development. Each option has been assessed against the following criteria:

- Tackle inequalities and improve outcomes for patients
- Get our resources and capacity in the right place to support our integrated place-based models in Primary Care Networks, local health and care partnerships and (where there is value in acting collectively) across the Integrated Care System
- Reduce duplication of commissioning processes, governance arrangements and the use of staff time
- Support a consistent approach to standards and outcomes

- Be affordable, reduce running costs and support longer term financial sustainability
- Offer the potential for further development of integrated commissioning between the NHS and Local Authorities
- Be deliverable
- Be congruent with the NHS Long Term Plan expectation that there will “typically” be a single CCG for each Integrated Care System area.

The Case for Change document (appendix) recommends an option which would lead to the creation of a single CCG for Lancashire and South Cumbria. This option is also clear that the single CCG will discharge a range of its functions through locality-based commissioning teams working with partners in each of the five localities: Central Lancashire, Fylde Coast, Morecambe Bay, Pennine Lancashire and West Lancashire.

The place based commissioning teams will be the key commissioning link with each locality and will retain many of the benefits the member practices have indicated are important to them including; local clinical leadership, engagement and commissioning of primary care, population health improvement, local performance, quality and financial management.

Following an agreement by the Joint Committee at its meeting in January 2020, the next steps are to commence a period of formal engagement from February to April 2020 with member practices, CCG/CSU staff and other stakeholders including providers, Local Authorities and patient/public groups.

No decisions have been taken at this point in time about future configuration of CCGs. The formal decision about any option to change the number of CCGs will be taken according to each CCG's constitution through a vote of member GP practices which is planned to take place in May 2020.

If the outcome of this vote is to support the creation of a single CCG, then a full set of merger submission documents will be prepared in line with NHS England guidance. A formal merger application will be submitted to NHSE by 30 September 2020 with the aim of a single CCG for Lancashire and South Cumbria operating in shadow form from October 2020 and being fully established on 1 April 2021.

Feedback on the attached case for change is requested from HWBB members so this can be taken into consideration in the detail on which the GP membership will vote.

#### **4. RATIONALE**

Commissioning leaders have a clear intention of building on the best work undertaken with our partners to improve health and join up health and care services and community assets in neighbourhoods, five local health and care partnerships (Central Lancashire, Fylde Coast, Morecambe Bay, Pennine Lancashire and West Lancashire) and across the whole of Lancashire and South Cumbria.

This work aims to create a focus for the health and care system to work very differently, agreeing plans to improve the whole population's health, using partnerships to improve the quality of health services and bringing the system back into financial balance.

We have also acknowledged that there is a need to address several examples of fragmented or variable commissioning in the current system. Examples include our approach to complex, individual packages of care, cancer services and the care of people with learning disabilities.

**5. KEY ISSUES**

None.

**6. POLICY IMPLICATIONS**

None.

**7. FINANCIAL IMPLICATIONS**

None.

**8. LEGAL IMPLICATIONS**

None.

**9. RESOURCE IMPLICATIONS**

None.

**10. EQUALITY AND HEALTH IMPLICATIONS**

None.

**11. CONSULTATIONS**

The draft proposals are currently the subject of engagement. Should the proposal be agreed, a period of formal staff engagement will be undertaken in line with our statutory obligations.

<b>VERSION:</b>	<b>V3</b>
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**CONTACT OFFICER:**

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**DATE:**

17/02/2020

**BACKGROUND PAPER:**

Appendix: ICS Commissioning Reform Case for Change

