Barnet Clinical Commissioning Group

Camden
Clinical Commissioning Group

Enfield
Clinical Commissioning Group

Islington
Clinical Commissioning Group

Haringey
Clinical Commissioning Group

CCG Collaborative Working in North Central London

Introduction and Overview

- North Central London (NCL) Clinical Commissioning Groups (CCG) commissioned bespoke engagement work with the five CCGs to explore how the CCGs could collaborate to strengthen commissioning arrangements and transform services
- This work gave the five CCGs the opportunity to explore the best way to do this
- This is against a background of significant challenge faced by the five CCGs in terms of delivering clinically and financially sustainable health services for the NCL wide population of 1.4M
- The financial challenge to commissioners and healthcare providers has been quantified and is significant at between £400M to £900M across NCL by 2019/20, dependent on level of cost and productivity improvements
- Staff recruitment and retention issues are variable across the five CCGs but the CCGs need to be able to attract and retain the highest calibre clinical and managerial staff to lead and deliver the NCL wide ambitious plans
- This report summarises the work programme to date that has been agreed across the NCL Collaboration Board

North Central London has a complex health and social care landscape

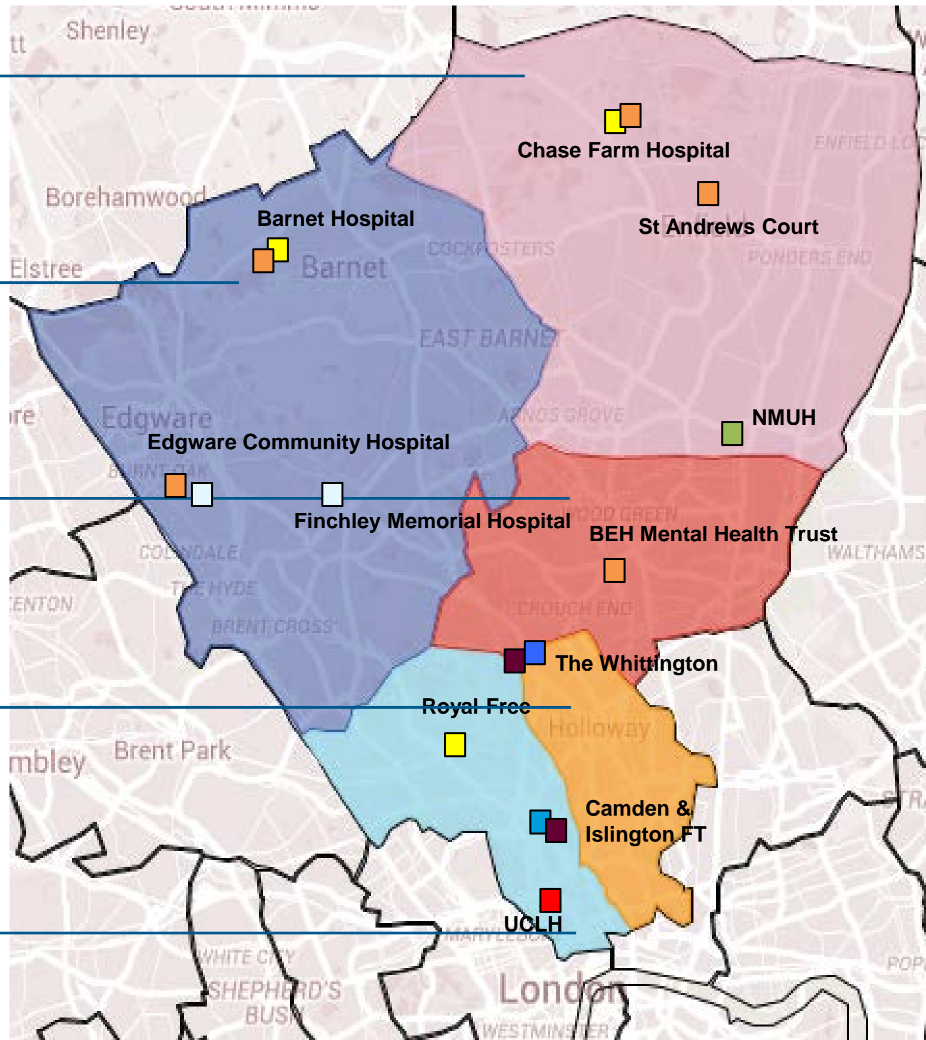
Enfield CCG / Enfield Local Authority
317,000 population
49 GP practices
NHS spend - £345m / £1,087
LA spend - £1,038m / £3,277

Barnet CCG / Barnet Local Authority
366,000 population
68 GP practices
NHS Spend - £409m / £1,117
LA spend - £887m / £2,425

Haringey CCG / Haringey Local Authority
273,000 population
50 GP practices
NHS Spend - £321m / £1,175
LA spend - £993m / £3,636

Islington CCG / Islington Local Authority
249,000 population
31 GP practices
NHS Spend - £319m / 1,282
LA spend - £1,120m / £4,497

Camden CCG / Camden Local Authority
246,000 population
38 GP practices
NHS Spend - £356m / £1,447
LA spend - £873m / £3,548



SOURCE: Population = 2013/14 ONS

Main provider sites:

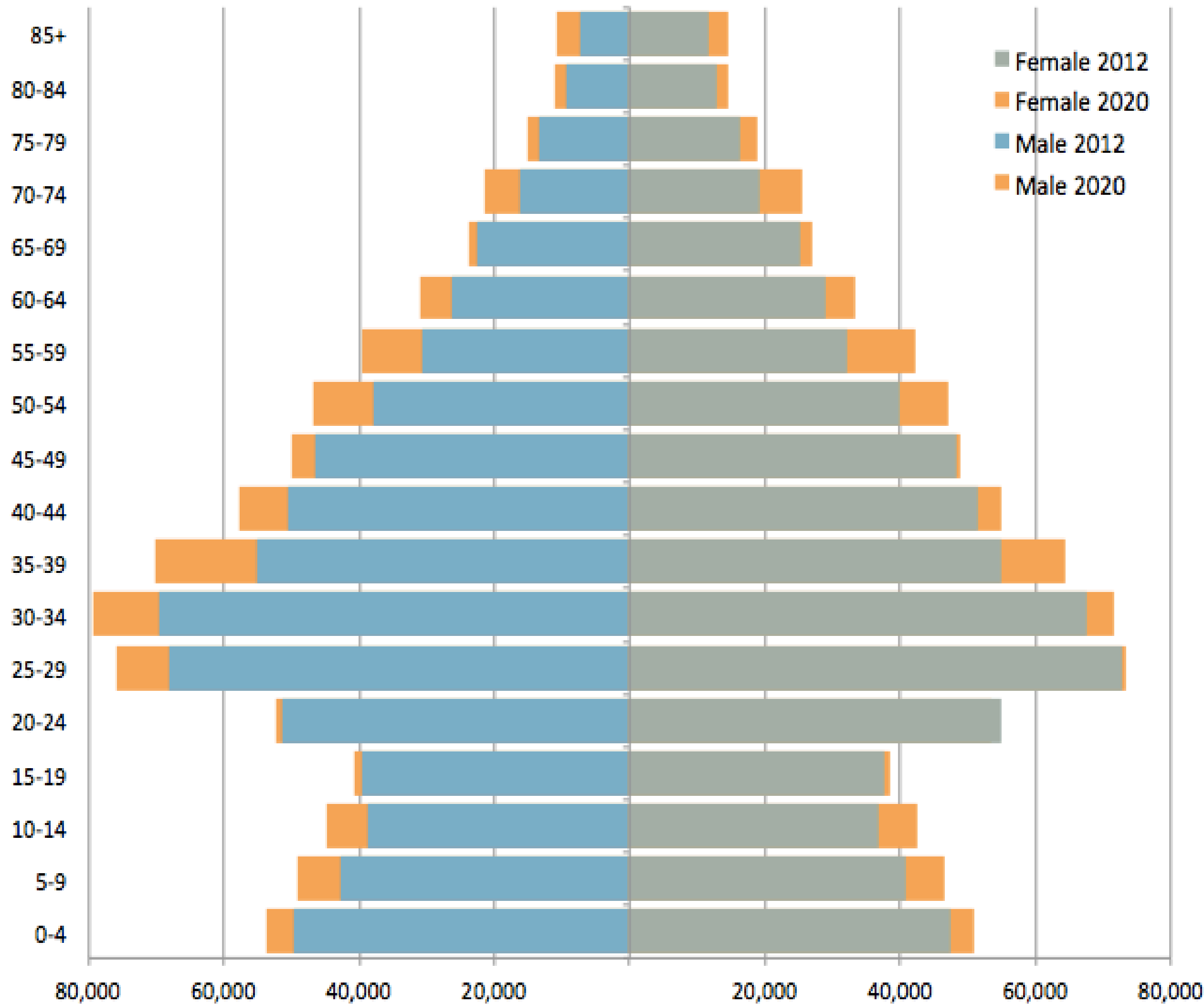
- Whittington Health NHS Trust (including Islington and Haringey Community)
- University College London Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- The Royal Free London NHS Foundation Trust
- Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
- Camden and Islington NHS Foundation Trust (and main sites)
- Central and North West London NHS Foundation Trust (Camden Community)
- Central London Community Healthcare NHS Trust (Barnet Community)

Total NHS England specialised commissioning spend **~£680m**

Total NHS England Primary Care spend **~£320m**

Total population: 1.4m

Population growth by age band, showing that the NCL population is expected to grow by almost 150,000 by 2020

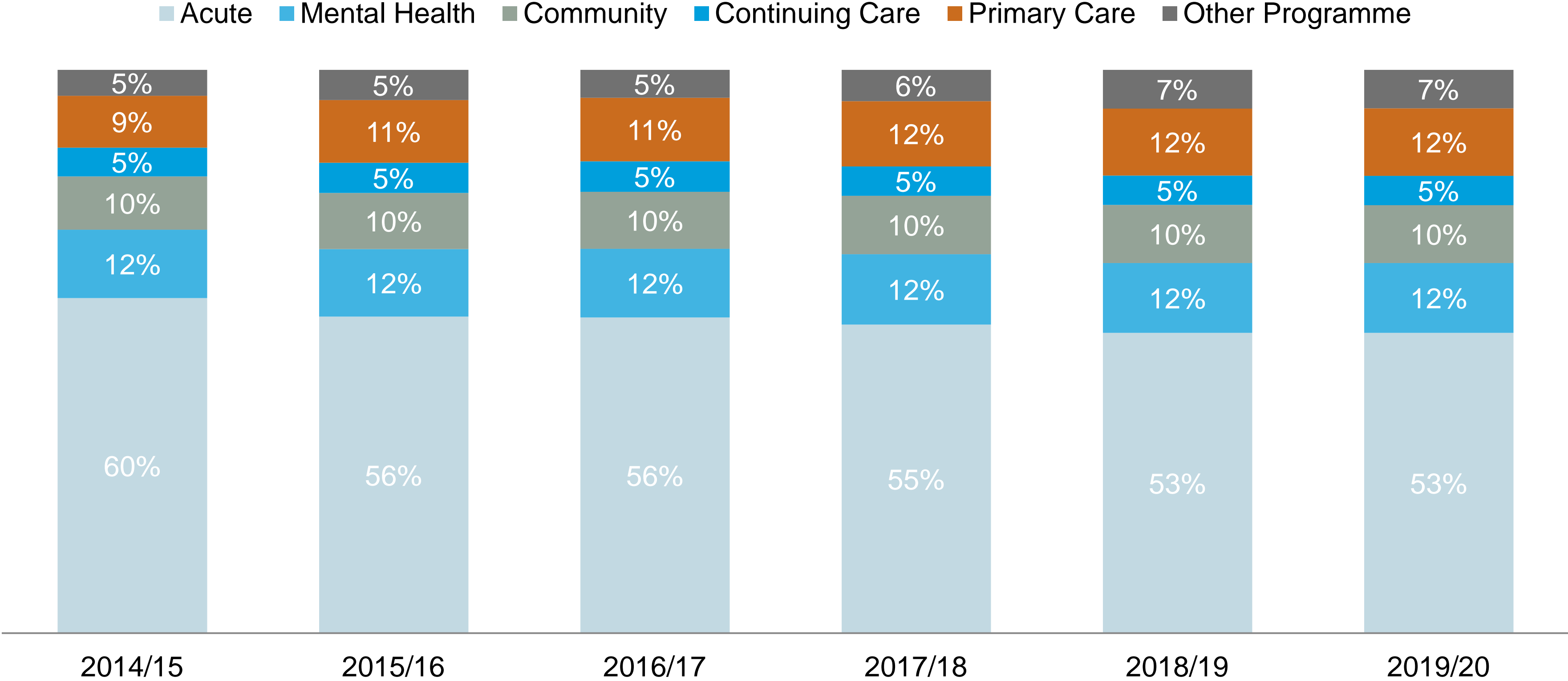


- The population of NCL has grown from 1.37m in 2012 to currently just over 1.4m
- By 2020 it is set to grow to 1.54m
- The largest age groupings are those between 25 and 45
- All segments of the population are set to grow by 2020, with a slight overall aging of the population
- The 1 – 14 year old age categories are also increasing, more quickly than national averages
- There is also some variation in age profile between boroughs, for example the percentage of over 65s is 9% in Haringey but 14% in Barnet and the percentage of under 15s is 15% in Islington but 21% in Enfield.

Adults with long term conditions and mental health illness account for significant portions of NCL spend

NCL	Mostly Healthy	Chronic conditions	SEMI	Dementia	Cancer	Learning disability	Severe Physical Disability
Children 0-16	Mostly healthy children 765 248.4 190.0	Children with chronic conditions 1,189 11.2 13.3	Children with SEMI [1] 4,146 0.4 1.6	Children with dementia n/a - -	Children with cancer 10,322 0.1 1.0	Children with learn. disability n/a - -	Children with phys. disability n/a - -
Adults 16-69	Mostly healthy adults 746 838.2 625.6	Adults with chronic conditions 2,111 189.9 400.8	Adults with SEMI 10,146 13.8 140.3	Adults with dementia 14,354 0.4 5.2	Adults with cancer 4,925 12.2 60.0	Adults with learn. disability 47,035 2.7 127.7	Adults with phys. disability 19,734 1.2 23.1
Elderly 70+	Mostly healthy elderly 3,079 22.9 70.4	Elderly with chronic conditions 4,661 58.3 271.6	Elderly with SEMI 20,597 1.3 27.2	Elderly with dementia 20,551 3.9 81.0	Elderly with cancer 6,944 11.6 80.4	Elderly with learn. disability 50,577 0.1 6.3	Elderly with phys. disability 28,927 3.4 98.6

Acute spending constitutes the largest point of delivery spend for commissioners



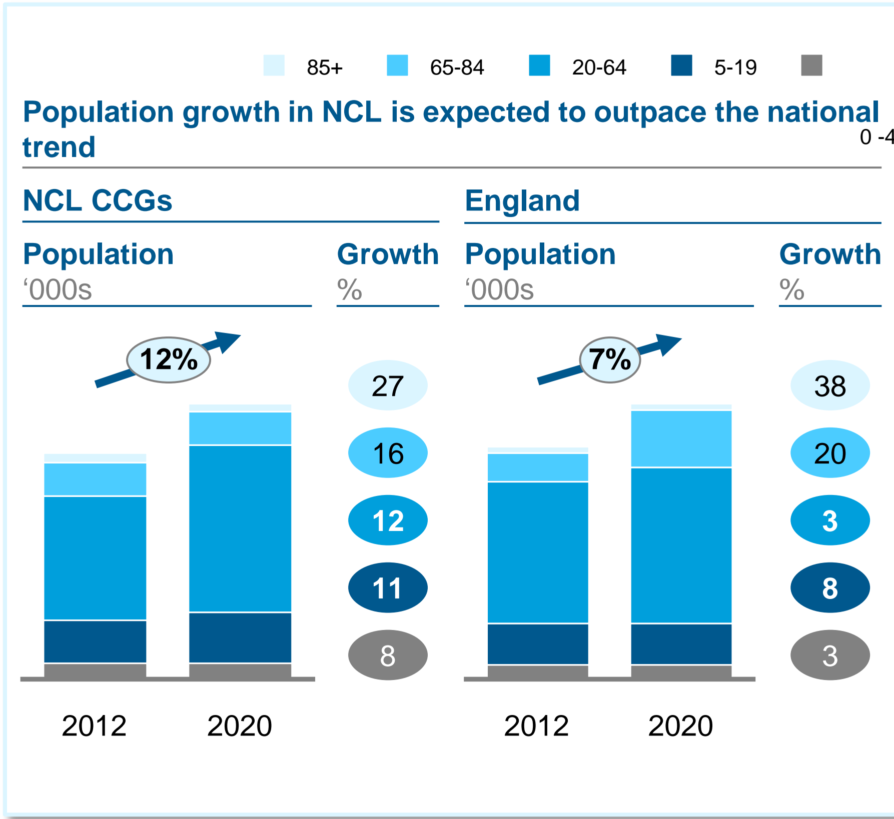
- Plans assume a reduction in acute spend over the period from 60% to 53% of total programme allocation, with small marginal increases in primary care and other programmes
- Mental health, community and continuing care spend remain static across the period
- ‘Other programme’ includes Better Care Fund, pooled budgets and schemes with Local Authorities

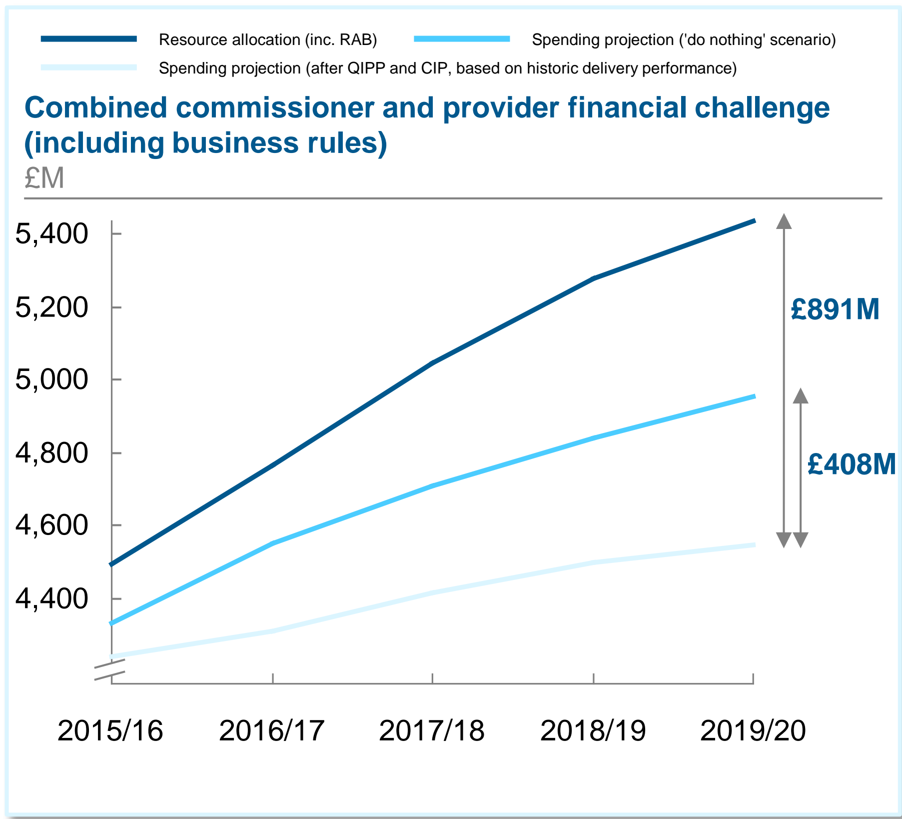
All CCGs are in the highest quartile nationally for prevalence of mental health conditions

National quartiles

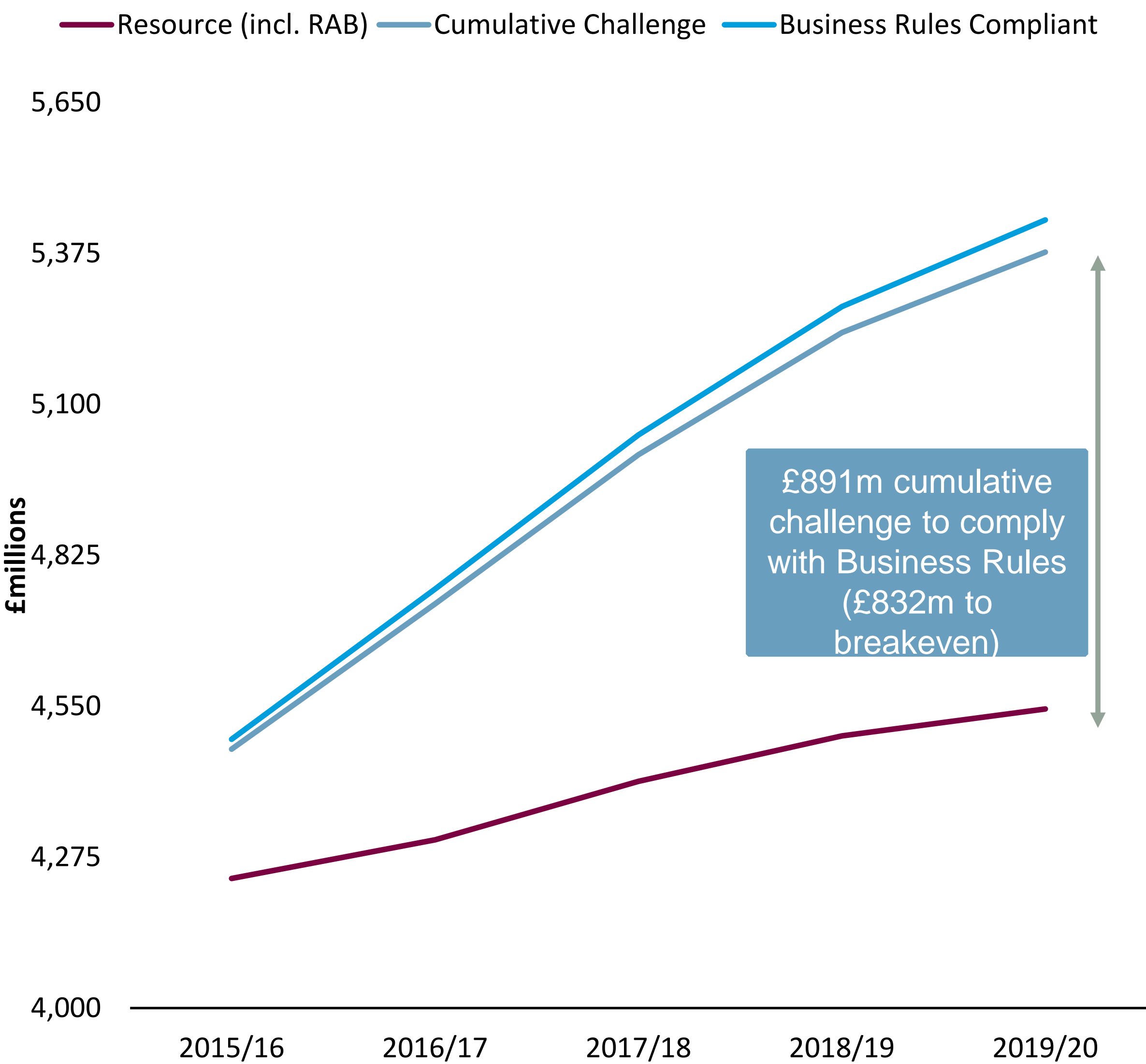
Prevalence of diseases	Barnet CCG	Camden CCG	Enfield CCG	Haringey CCG	Islington CCG	England average
CHD	2.65	1.59	2.46	1.65	1.67	3.45
Cardiovascular disease – Primary prevention	2.81	2.31	3.02	2.61	2.43	2.86
Heart failure	0.51	0.55	0.52	0.47	0.54	0.73
Stroke or TIA	1.28	0.91	1.19	0.86	1.01	1.79
Hypertension	11.84	8.27	13.34	10.55	9.08	14.04
Diabetes	6.00	3.82	7.04	5.95	4.92	6.26
COPD	1.10	1.11	1.03	0.79	1.52	1.80
Epilepsy	0.59	0.47	0.62	0.56	0.61	0.81
Hypothyroidism	3.03	2.53	2.28	1.85	2.20	3.34
Cancer	1.91	1.49	1.62	1.32	1.42	2.17
Palliative care	0.30	0.18	0.08	0.13	0.23	0.24
Mental Health	0.98	1.39	1.00	1.26	1.48	0.81
Asthma	4.54	3.92	4.88	4.56	5.31	6.10
Dementia	0.62	0.39	0.46	0.31	0.40	0.63
Depression	4.84	5.85	4.50	4.18	6.86	6.36
Chronic kidney disease*	3.00	2.27	2.79	1.85	1.76	3.93
Atrial fibrillation	1.18	0.92	1.03	0.67	0.82	1.63
Obesity	6.28	4.87	9.72	9.07	6.55	9.66
Learning disabilities	0.50	0.50	0.50	0.50	0.50	0.48

NCL is facing significant clinical and financial challenges





Combined commissioner and provider 'do nothing' financial challenge - if no QIPP or CIP is delivered from 2015/16 onwards

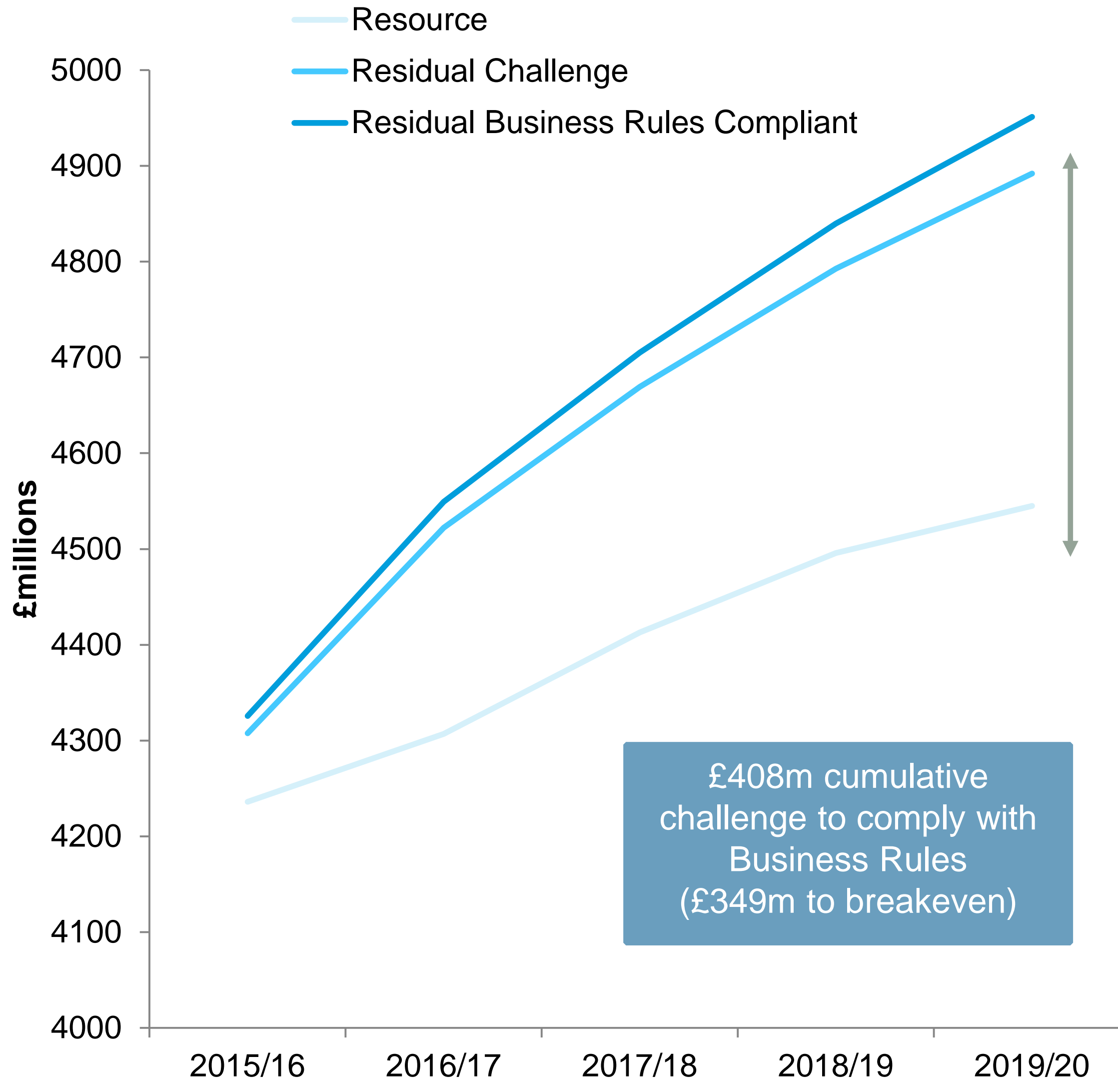


- The scale of the financial challenge for NCL, if none of the assumed QIPP or CIP were delivered between 2015/16 and 2019/20 would be £832m based on the organisational financial models provided to deliver a breakeven position
- This increases to £891m to comply with national business rules
- £343m of this is commissioner driven (£283m to breakeven)
- £549m is driven by acute providers to breakeven
- This only includes the impact of NHS England commissioner challenge for specialised and primary care at this stage within provider and CCG financial plans.

Important note:

- Provider income covers the total organisation and not just income from NCL commissioners.

Combined commissioner and provider residual challenge with assessed QIPP and CIP delivery from 2015/16 to 2019/20



- The residual financial challenge for north central London, based on achievement of the assessed likely QIPP or CIP delivery would be £349m without adjustment to meet business rules
- This increases to £408m to comply with national business rules
- £191m of this is CCG Commissioner driven (£132m to breakeven)
- £217m of this is driven by acute providers to breakeven
- This does not include any impact from the NHS England commissioner challenge for specialised and primary care as details were not provided.

Important note:
- Provider income covers total organisation and not just income from NCL commissioners.

Strategic aims and objectives of our programme

This initial set of priorities has been established through three months of engagement across the leadership of the following organisations:

- Barnet Enfield and Haringey Mental Health NHS Trust
- Camden and Islington NHS Foundation Trust
- Central and North West London NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- London Borough of Barnet
- London Borough of Camden
- London Borough of Enfield
- London Borough of Haringey
- London Borough of Islington
- Monitor
- NHS Barnet CCG
- NHS Camden CCG
- NHS Enfield CCG
- NHS England
- NHS Haringey CCG
- NHS Islington CCG
- NHS Trust Development Authority
- North Middlesex University Hospitals NHS Trust
- Royal Free London NHS Foundation Trust
- UCL Partners
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust

Strategic aims and objectives of our programme

The five CCGs in NCL want to work with partners to improve health, reduce health inequalities and commission high quality and safe services for our patients, delivering care which is designed around their needs and integrated in its delivery to them.

The high level case for change provides evidence that significant transformation to the delivery of healthcare services is needed over the next 2 – 5 years. From this initial evidence and engagement with senior leaders across all NCL health and care organisations, we have identified a set of priorities which we are planning to work on collaboratively going forward:

1. Transforming urgent and emergency care
2. Transforming care for those with severe and enduring mental illness (SEMI)
3. Primary care transformation: developing an enhanced offer from primary care
4. Optimising the use of the estate
5. Prevention and self care: better health for North Central London
6. Care for those with chronic complex needs
7. Care for those in child and adolescent mental health services (CAMHS)

To deliver against these priorities we are establishing a substantial programme of work which requires appropriate commitment of internal and external resources. The programme will have strong clinical leadership and a strong clinical focus in its governance, structure and management.

The programme workstreams have been prioritised based on the case for change and our strategic objectives

	Summary from the case for change	High level objectives
Transforming urgent and emergency care	• There are too many unnecessary A&E attendances • High numbers of people are admitted to hospital for conditions that should not usually need hospitalisation • Acute spending constitutes the largest point of delivery spend from commissioners • Commissioners plan to reduce the percentage spent with acutes	• Support people to access urgent and emergency care appropriately, in the right place at the right time • Provide consistently high quality care to patients, significantly reducing variation across NCL providers as well as across the days and times of the week
Care for those with severe and enduring mental illness (SEMI)	• All CCGs are in the top quartile of SEMI prevalence in the country • One of the mental health providers is currently not sustainable	• Maximise individual's physical and mental health and wellbeing • Improved integration of physical and mental health • Better supporting self-management of illness • Optimising the use of estates and reducing reliance on inpatient care
Primary care transformation- developing an enhanced offer from primary care	• There is an opportunity to deliver more care in primary and community settings • There is scope to improve patient experience of care • There is variation in primary care performance	• Building on the seven existing priority areas for primary care in NCL, develop the capacity for delivering more services • Ensure there is safe and effective care closer to home which provides improved outcomes for patients • Patients have the best possible experience of care and rate these services highly

The programme workstreams have been prioritised based on the case for change and our strategic objectives

	Summary from the case for change	High level objectives
Optimising the use of the estate	• The London Health Commission highlighted various issues with the management of London's NHS estate. • These issues included highly variable quality, exemplified in NCL by the difference between UCLH and Chase Farm sites • The report also describes a possible 15% under utilisation of buildings, high capital spend on buildings but low spend on medical equipment (compared to the Beveridge peer group)	• Maximise the effective use of NHS estate in NCL to provide care in the right place at the right time • Care is delivered in appropriate, high quality facilities, which meet essential standards for NHS buildings • Easy access to services which are delivered in appropriate settings for the patient
Prevention and self care: better health for North Central London	• More must to be done to support people to lead healthy lifestyles • Almost all CCGs are in the bottom quartile or third national quartile for people feeling supported to manage their long term conditions • In NCL there is low health related quality of life for people for long term conditions	• Maximising individuals' physical and mental health and wellbeing • Encouraging individuals to take greater responsibility for their health • Supporting self-management of illness in particular for those with long term conditions • Use technological innovation so that patients can access information about their care, manage their own care and conditions and can connect effectively to health services from their home and in the community • Care is integrated within and between organisations (providers, LAs, community and voluntary sectors) and shaped around the individual

The programme workstreams have been prioritised based on the case for change and our strategic objectives

	Summary from the case for change	High level objectives
Care for those with chronic complex needs	• On average across NCL less than 60% of people with long term conditions feel supported in managing them • A quarter of all acute bed days across NCL are used by people over the age of 85 • Adults and older adults with chronic conditions account for c. £670m of spend (30% of total spending)	• Delivering safe and effective care which provides improved outcomes for patients • Easy access to services which are delivered in appropriate settings for the patient • Care is integrated within and between organisations and shaped around the individual • There is improved coordination across the system, bringing together health and social care provider so that care is delivered in more seamless way
Care for those in child and adolescent mental health services (CAMHS)	• Demand for services is similar across all CCGs but there are significant difference in current levels of spending • There is fragmented provision for NCL, with 5 main providers of services • Child admissions for mental health condition is above peer group median for 4 of the CCGs	• Improving early diagnosis and reducing complications • Improved integration of physical and mental health • Better transition to adult services • Services are commissioned and contracted in ways that support partnership and integrated working

Context to this work and case for change

- NCL commissioners have demonstrated **strong commitment to work together** on strategic challenges, already forming a Collaboration Board to work jointly on six programmes of work (covering £250M in spend)
- However, there is recognition that **system wide change is required** to address the challenging clinical demand landscape and remaining financial gap, and NCL **commissioners, providers and local authorities must work together** and at a bigger scale to do this
- **Four programmes have been prioritised** to work together:
  1. **Acute services redesign**: with an immediate focus on **urgent and emergency care**
  2. **Mental health**: with an immediate focus on transforming **inpatient care**
  3. **Pathways**: with an immediate focus on **primary care**, having common standards and reducing variation
  4. **System wide enablers**: with an immediate focus on **estates**

This report details:

- A **proposed scope for the four prioritised programmes** for collaboration
- A governance and delivery model to plan and implement the agreed programmes

Objectives of each programme:
Four programmes will make up the first phase (1/2)

Programme	Objectives	SRO
1 **Acute Services Redesign: with an immediate focus on urgent and emergency care**	▪ **Delivering value and sustainability across the whole system** by working as a system to transform urgent and emergency care and reduce variation across NCL ▪ **The programme aims to bring together initiatives to improve the care that patients experience** ▪ Urgent and Emergency Care Networks: review role of Systems Resilience Groups as true system co-ordinators ▪ Urgent Care Centres: London Quality Standards ▪ NHS111 and Out of Hours: commissioned across NCL to improve and expand and increase access to a range of clinical advise earlier in the pathway ▪ **Improving out of hospital services** so that we reduce hospital attendances and admissions wherever possible, by supporting patients to access urgent care in the right place at the right time: Foundations of Good Community Services: Primary Care – Strategic Commissioning Framework	Paul Jenkins Enfield CCG
2 **Mental health: with an immediate focus on transforming inpatient care**	▪ **Improve integration of physical and mental health services** across NCL ▪ **Better self-management** of illness to reduce reliance on inpatient care ▪ **Simplify patient journeys** through unified and streamlined pathways ▪ **Consolidate specialized services** / sites to reach threshold of ‘critical mass’ ▪ **Invest in community based support** rather than just inpatient care so that patients can stay closer to home	Dorothy Blundell Camden CCG

Four programmes will make up the first phase (2/2)

Programme	Objectives	SRO
3 **Pathways: with an immediate focus on Primary Care, having common standards and reducing variation**	▪ Accessible, co-ordinated and proactive **primary care services** ▪ Develop **a wider range of services** in primary care ▪ **Develop new approaches to care delivery** (eg. harnessing new technology) ▪ Build **capacity and capability in primary care** (eg. Workforce, premises, IT) ▪ Effective **co-commissioning** of primary care services	Alison Blair Islington CCG
4 **System wide enablers: with an immediate focus on Estates**	▪ **Enable the priority programmes to be implemented** (eg. Ensuring service redesign strategy and plans alight with estates strategy and plans) ▪ **Enable addressing the funding gap by optimising the use and costs of the NCL NHS and local authority estates** (eg. Establishing a shared robust asset base; collaboration to drive out voids) ▪ **Potential NCL Sub Regional London Devolution Application –** collaborating on our respective powers, challenges and assets could add system wide value	Regina Shakespeare Barnet CCG

To deliver NCL programmes, we are evaluating governance models

These range from a **Federation**: A federation is a group of sovereign CCGs that have delegated authority over well-defined functions to a central organisation among them; the CCGs retain independent authority on all other functions

CCGs would move to a federated model of working by creating a combined executive function with the specific goal of delivering the objectives for programmes to be managed at NCL level.

Other CCG responsibilities will remain managed by existing separate teams at the CCG level

To a **Joint Committee**: A Joint Committee is empowered to make major strategic decisions by majority vote of CCG representatives.

CCG delegates are delegated authority by their Governing Body

Sharing of CCG Executive functions is not precluded

Remit does not extend by default to resource sharing, commissioning decisions, contracting, operational performance management or monitoring.

No central resource other than a central team to manage the Transformation Programme is required.

We are evaluating the most effective model and discussions with system-wide partners

Next Steps

- We are evaluating governance models to determine the most effective model to deliver the NCL wide programme

- Following Collaboration Board with local authority and provider leaders on 29 September, reconsider the shape of the transformation programme following comments received

- We have recruited to interim arrangements for a programme director, a clinical lead and a finance lead to commence this work programme

- Engagement with our GP practice member organisations – 4th November GP event

- Further updates will be provided to HWBB and Overview and Scrutiny, as the arrangements including governance are put in place and the work programme commences

- NCL Governing Bodies will consider final options and governance infrastructure by the end of November 2015