PARTNERSHIPS COMMITTEE

9th NOVEMBER 2020

REPORT TITLE:	**STRATEGIC DEVELOPMENTS IN THE NHS**
REPORT OF:	**SIMON BANKS, CHIEF OFFICER, NHS WIRRAL CLINICAL COMMISSIONING GROUP AND WIRRAL HEALTH AND CARE COMMISSIONING**

REPORT SUMMARY

This report provides a high level summary of strategic developments in the NHS pertaining to:

- Cheshire and Merseyside Health and Care Partnership and the development of the organisation to become an Integrated Care System.
- Plans to restructure commissioning and Clinical Commissioning Groups.
- Local influence in the health system.

RECOMMENDATION

It is recommended that the Partnerships Committee notes this report.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 This report is for the information of the Partnership Committee. It is therefore recommended that the Partnership Committee notes the report.

2.0 OTHER OPTIONS CONSIDERED

2.1 This is a report for information and therefore does not present options for consideration or recommendation.

3.0 BACKGROUND INFORMATION

3.1 Cheshire and Merseyside Health and Care Partnership

3.1.1 The Cheshire and Merseyside Health and Care Partnership (referred to hereafter as the HCP) is a non-statutory organisation that covers the nine boroughs or "places" in Cheshire and Merseyside. These are Cheshire East, Cheshire West and Chester, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral. The HCP Chair is Alan Yates and the Chief Executive is Dr Jackie Bene.

3.1.2 The area covered by the HCP is the third largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 18 NHS providers and nine local authorities. This is a population of over 2.5 million people. The HCP is an evolution of the Sustainability and Transformation Partnership (STP) approach set out in the NHS Five Year Forward View (October 2014), the NHS Long Term Plan (January 2019) and associated NHS planning guidance (2016/17 to 2020/21).

3.1.3 The HCP has set out a shared core purpose to ensure that the people of Merseyside and Cheshire become healthier than they are now and can continue to have access to safe, good quality and sustainable services. The HCP has to set out how the health and care system can remain fit for the future and respond successfully to the growing demands that are being placed on it, alongside ambitious ideas to improve the health of people living and working in the region.

3.1.4 The HCP recognises that the work to transform health and care in Cheshire and Merseyside has been underway for some years. The HCP sees their role as bringing together all organisations across Cheshire and Merseyside to make sure that we can spread best practice, make sure no area is left behind and challenge one another to change the way we do things to benefit local people as much as possible.

3.1.5 The HCP acknowledges that the majority of work needed to transform health and care is in the hands of organisations and communities in the nine local authority areas or "places" that make up Cheshire and Merseyside. Each place has their own partnership of organisations that are responsible for developing a plan, for and with their local population, setting out how they will organise health and care services in future based on local needs, and how they want to improve the health of their population. It is also of equal importance that each of the nine places of Cheshire

and Merseyside come together as the HCP to share ideas and learn from one another.

3.1.6 The NHS Long Term Plan set out the policy objective of ensuring that, by April 2021, the whole of England would be covered by Integrated Care Systems (ICSs). The Plan stated that ICSs would be built on strong and effective providers and commissioners, underpinned by clear accountabilities. As local systems are in different states of readiness, NHS England/Improvement (NHS E/I) are supporting each developing system to produce and implement a clear development plan and timetable to become an ICS. It is likely that, in 2021, primary legislation will be introduced by Her Majesty's Government to further support the implementation of the NHS Long Term plan and to give ICSs statutory roles.

3.1.7 The guidance from NHS E/I sets out that, as part of the development towards becoming an ICS, all areas should consider how they operate and make decisions at the following levels:

- *Neighbourhoods (populations circa 30,000 to 50,000 people)* -served by groups of GP practices working with NHS community services, social care and other providers to deliver more coordinated and proactive services, including through primary care networks.
- *Places (populations circa 250,000 to 500,000 people)* -served by a set of health and care providers in a town or district, connecting primary care networks to broader services including those provided by local councils, community hospitals or voluntary organisations. As stated above, Wirral is regarded as a place in this definition.
- *Systems (populations circa 1 million to 3 million people)* -in which the whole area's health and care partners in different sectors come together to set strategic direction and to develop economies of scale. This is the HCP footprint of Cheshire and Merseyside.

3.1.8 The HCP is currently on the pathway to becoming an ICS and is receiving support from NHS E/I on this journey. With partners, the HCP is exploring how health and care providers and commissioners, including local authorities, will work together at the three levels described above. This will lead to some changes in how NHS providers work together, with the development of formalised alliances or "provider collaboratives", and the future of CCGs as referenced elsewhere in this paper.

3.1.9 The HCP has established a Partnership Assembly, designed to bring together leaders whose roles and responsibilities deliver a positive impact on health and wellbeing for local people. The Partnership Assembly also supports the HCP in developing the approach to becoming an ICS. The first meeting of the Assembly was held virtually on 17th September 2020 with attendees from local authorities, CCGs, NHS providers and the not-for-profit sector. The meeting was attended by circa 160 people including a strong representation from Wirral.

3.1.7 The meeting concentrated on the purpose of the HCP, the meaning of place and the benefits of adopting a place based approach. Four broad themes emerged from the

Assembly, as communicated by Alan Yates after the event and repeated verbatim below:

- *Democracy* - The Partnership is not a statutory body and as such its democratic mandate is not proven. It can take its authority only from the community of interest that comprises it, so many of whom were represented at the Assembly. The established organisations in the Partnership are just that and do not need replicating. This puts the onus on the Partnership to be a living community of Partners rather than relying on being a standing feature of local governance. It will be by working together in real time that the Partnership will prove its value. While the Partnership is a peer-to-peer body, its purpose is ultimately to serve the interests of patients and the public, not itself. Many voices at the meeting reminded us that peer-to-peer engagement is valid only if it remains alive to the experience of both local people in Places and those elected members who represent them. It was with this in mind that we recognised our nine Place Leads: they help to coordinate such voices at Place level.

- *Design* - As it's Chair, I am very much alive to the concern that the Partnership does not become another mouth to feed. It has to create value. I read or heard several comments at the Assembly meeting that the Partnership risks adding to what is already a crowded field of institutions, organisations and practices; or that it represents a rerun of SHAs and harbours the intention of bossing the system. This is not the case. The Partnership does not sit 'above the system' but is rather a convening of it. It exists to facilitate effort across Cheshire and Merseyside in improving population health and reducing health inequalities. Its purpose lies in the real world, not in the intra-organisational world. In other words, the Partnership is designed as a horizontal not a hierarchy. Yes, there is a Partnership Board and Executive, but these exist to ensure transparency and operational efficiency rather than exert control. They are the servant leaders of the Partnership and indeed of the Assembly itself.

- *Direction* - The contributions to the Assembly have served to sharpen the mission of the Partnership: 'We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership.' The emphasis not just on health but on inequalities serves as a reminder that the Partnership is not NHS-led but a broad coalition of local authorities, voluntary organisations and other vital organisations who enjoy parity. Practically speaking, this means that the design of our programmes will be critical, and it is my intention that the next Partnership Assembly will focus in on the programme structure and the benefits it aims to bring. It is at programme level in Places that the Partnership will prove its value.

- *Digital* - One of the most exciting themes that emerged at the Assembly was that of the opportunities afforded by digital. Covid has accelerated trends already underway in the Cheshire and Merseyside system, and the Assembly has provided another

fillip to find smarter ways of working digitally. However, it was the theme of 'digital exclusion' that was just as prominent at the Assembly. If we are to fulfil our mission of reducing health inequalities, we must find ways of including those socio-economic groups who risk being left behind even further because of lack of digital access. Again, this will mean looking at the design of our programmes so that these twin aspects of promoting digital innovation and reducing digital exclusion have their place.

3.1.9 Following the Assembly the Partnership had committed to:

a) Developing a simple draft memorandum of understanding which sets out the proposals for revised governance arrangements which take into account the points made above. The Partnership Board will need to have revised membership, be more transparent and accountable, aligned to the Partnership's stated objectives and be the basis for progress to formal membership of the Partnership. It is anticipated that a draft will be available by the end of November 2020 for widespread discussion and contribution throughout the Partnership.

b) Developing network groups for the constituencies of the Partnership where they don't already exist and would be beneficial; Primary Care Networks, Integrated Care Partnerships and enable them to be the source of representation at the Partnership Board.

c) Establish criteria for identifying programme priorities on the basis of the original partnership dashboard and the Assembly discussion. Those criteria will include contribution to health improvement, reduction in inequalities, collaboration, value including cost reduction, learning and the avoidance of duplication.

d) On the basis of those criteria review the current programmes as well as develop proposals for those missing. All of the programmes work will be the basis of the next Assembly meeting where we will be able to look at the organisation of the Partnership less and its work more. It may be that we need an Assembly meeting earlier than planned to enable this review to be meaningfully addressed by the Assembly.

3.1.10 More information about the Cheshire and Merseyside Health and Care Partnership can be found at https://www.cheshireandmerseysidepartnership.co.uk/.

3.2 NHS Restructuring – Clinical Commissioning Groups

3.2.1 The NHS Long Term Plan set out that each ICS "will need streamlined commissioning arrangements to enable a single set of commissioning decisions

at a system level". The Plan stated that "this will typically involve a single CCG for each ICS area". This policy was reiterated in the letter of 31st July 2020 outlining the third phase of the NHS response to COVID-19, stating that "formal written applications to merge CCGs on 1 April 2021" to deliver a single CCG across an ICS "should be submitted by 30 September 2020".

3.2.2 When established on 1st April 2013 there were originally 12 CCGs in Cheshire and Merseyside. These arrangements have evolved since this time. On 1st April 2020 the four CCGs that originally covered Cheshire East and Cheshire West and Chester local authority areas merged to become NHS Cheshire CCG following an approvals process set by NHS E/I. NHS Southport and Formby CCG and NHS South Sefton CCG have existed since April 2013 with separate Governing Bodies and a joint management team. NHS Halton CCG and NHS Warrington CCG have joint management team and joint governance arrangements, which stop short of a full merger. NHS St Helens CCG and NHS Wirral CCG have developed strong integrated commissioning arrangements with their respective local authorities, the Wirral arrangements are described later in this paper. The 9 CCGs in Cheshire and Merseyside are therefore:

- NHS Cheshire CCG
- NHS Halton CCG
- NHS Knowsley CCG
- NHS Liverpool CCG
- NHS Southport and Formby CCG
- NHS South Sefton CCG
- NHS St Helens CCG
- NHS Warrington CCG
- NHS Wirral CCG

3.2.3 The CCGs in North Mersey – NHS Knowsley CCG, NHS Liverpool CCG, NHS Southport and Formby CCG and NHS South Sefton CCG – had begun work to take forward a merger. In light of the policy direction set out in the phase 3 guidance, the Chairs of the four CCGs met with leaders from NHS E/I and the HCP on 17th August 2020 to understand what this meant for their proposal. The outcome of the meeting was that an application for a North Mersey CCG was considered not to be on a scale that matched the national or regional direction and that there would be a single CCG for Cheshire and Merseyside.

3.2.4 The HCP have been asked by NHS E/I to develop an ICS plan for the future of strategic commissioning in Cheshire and Merseyside, noting the requirements of "system by default". The HCP and NHS E/I recognise that local integrated commissioning at a place level remains vital to ensure delivery of appropriate services for each place, but that there are also advantages in commissioning at scale across a wider footprint. Specifically, NHS E/I and HCP have agreed that the CCGs will form a Committees in Common or a Joint Committee by March 2021, with a view to having a single CCG in place for Cheshire and Merseyside by April 2022.

3.2.5 The HCP, with the support of NHS E/I, has commenced work to put in place a delegated function for shared decision making at a Cheshire and Merseyside

level by March 2021. This work is being led by the Chief Officer of NHS Knowsley CCG. The purpose of the work is to explore ways by which the HCP and CCGs can develop and support place based Integrated Care Partnerships (ICPs) through an efficient, effective and economical commissioning infrastructure. The default principle is that wherever possible commissioning decision making should be at place, with only those commissioning decisions which make sense being retained at a Cheshire and Merseyside CCG level.

3.2.6 The work is being undertaken through:

- Gaining an understanding of the approaches being taken across the country and undertaking a mapping exercise to identify those which may be of benefit to the Cheshire and Merseyside system.
- Semi-structured interviews to gain views, concerns and aspirations with key stakeholders, including local authority Chief Executives utilising the NHS Transformation Unit to ensure independence and objectivity.
- Workshops facilitated by the NHS Transformation Unit, considering the outputs from the above activities and reaching a consensus on the preferred approach.
- Undertaking a risk/benefits analysis.

A report will be produced that the captures the outputs of this work, which will be shared with the HCP and CCGs to inform next steps, including the more complex task of creating a single CCG for Cheshire and Merseyside whilst integrated commissioning at place.

3.3 Local influence in the health system

3.3.1 Health and Wellbeing Board

3.3.1.1 Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1st April 2013 in all 152 local authorities with adult social care and public heath responsibilities.

3.3.1.2 Health and Wellbeing Boards are formal committees of local authorities charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with CCGs, to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body. In Wirral the Health and Wellbeing Board is chaired by the Leader of the Council. The Board includes representatives from Wirral Council, NHS Wirral CCG and Healthwatch, as well as other local partners. Wirral Council are currently reviewing the governance and functioning of the local Health and Wellbeing Board.

3.3.1.3 Health and Wellbeing Boards have significant value of boards in bringing together major local partners around the table. Organisational structures and roles have become more complex as a result of the Health and Social Care Act 2012, and the need for local authorities to work closely with their local NHS partners on a range of issues – from population health to hospital discharge – has never been greater. The boards have taken on new responsibilities that directly affect the NHS, for example signing off local Better Care Fund plans.

3.3.1.4 The King's Fund (2019) suggest that Health and Wellbeing Boards should have a bigger role in shaping the future of their local services through a more strategic and integrated approach to commissioning that makes better use of squeezed budgets, achieves better outcomes for individuals, and improves their experience of an otherwise fragmented system. Options for integrated commissioning include:

- reaching agreements under Section 75 of the NHS Act 2007 to establish lead commissioning
- joint commissioning
- a pooled budget.

As set out in the next section of this report, Wirral has established and evolving integrated commissioning arrangements that will need to respond to the forthcoming structural changes in commissioning across the NHS.

3.3.2 Wirral Health and Care Commissioning

3.3.2.1 Wirral Council and NHS Wirral Clinical Commissioning Group (CCG) have been working together formally as Wirral Health and Care Commissioning (WHCC) since April 2018. Together, the CCG and Wirral Council are responsible for commissioning the vast majority of health and care services for the population of Wirral and it makes sense (and is in line with national policy) to do this in an integrated way so as to make sure our resources and expertise are used to best advantage.

3.3.2.2 As Council and NHS staff have been working together (in areas such as Safeguarding, Complex Care and Children) real benefits have been seen, such as:

- Duplication being reduced.
- Information and expertise being shared between health and social care professionals.
- Consistent, seamless pathways of care being developed, meaning less variation for individuals and families.
- People we care for only having to 'tell their story once' as we commission integrated services with single assessments and care records.
- Former tensions between partners around funding care being removed as resources are shared to arrange the most appropriate care.
- Better outcomes being achieved for individuals and their families.
- Better and more effective planning processes.

- Streamlined contracting/procurement processes with our providers and the care market.

In addition, as WHCC includes Public Health and a combined intelligence function, this means that health inequalities can be targeted and reduced. Services can therefore be commissioned that are now more sensitive to the needs of local communities.

3.3.2.3 In 2018, the Council and NHS Wirral CCG put in place the Joint Strategic Commissioning Board, a meeting whereby Councils officers, elected members, NHS clinical leaders and lay members could discuss and approve health and care strategies, whilst also providing oversight on the implementation of these strategies, and overseeing the 'pooled fund' that brings together health and care resources in specific areas. At this meeting, elected members had the delegated authority to make decisions and hence a joint decision could be made by the NHS and the Council at the same time. As Wirral Council has moved away from Cabinet oriented governance to a committee approach we have needed to review our governance and decision making.

3.3.2.4 Wirral Council and NHS Wirral CCG are establishing a Joint Health and Care Commissioning Executive Group (JHCCEG), made up of senior officers from both organisations, which will develop joint health and care strategies and plans. These health and care strategies and plans, where they require decision, will be referred to either the Adult Social Care or Health Committee and/or to the Children, Young People and Education Committee and the CCG's Governing Body for parallel approval. The JHCCEG will have no decision making powers of its own, but will act as an advisory body to recommend courses of action to both the Council and CCG's decision making committees as established under their respective constitutions. Recommendations for approval will be in areas where the proposed joint approach is believed to be in the best interests of the Wirral population (e.g. the Children and Families Strategy). For clarity, no one organisation can veto the decision of the other or impose its decision on the other. In all cases, a consensus approval will be the main aim and any papers submitted to the Council and CCG's decision-making committees for approval can be referred back to JHCCEG for more work or information. Some aspects of health and care commissioning will also be referred for approval to the Health and Wellbeing Board which has specific duties in defined areas such as approval of the Better Care Fund.

3.3.3 <u>Other areas of influence</u>

3.3.3.1 There are many areas of local influence in the health system that could be covered in this report. Economic regeneration, employment, licensing, planning, education, leisure and public health are all areas that impact on health in Wirral. In these areas there are strong partnership arrangements in place across all sectors. This report concludes by briefly focusing on two areas of influence that are most relevant when set against the context of the rest of this paper.

3.3.3.2 Over the past 4 years Wirral Council has been on a journey through which the provision of health and care services has been increasingly integrated. This is perhaps best exemplified in the transfer of social care staff to Cheshire and Wirral

Partnership NHS Foundation Trust and Wirral Community Health and Care NHS Foundation Trust. This approach to integrated provision and the developments around integrated commissioning described above have provided the bedrock on which the Wirral health and care system's response to COVID-19 has been built. The systems, processes and relationship that have put in place have allowed Wirral to respond to the challenge of the pandemic collectively, collaboratively and effectively.

3.3.3.3 The *Healthy Wirral* programme has been put in place to support the transformation of health and care services in the borough at pace and "as one" across all organisations. NHS Wirral CCG, Wirral Council, Healthwatch and NHS providers including Primary Care Networks and general practices are all engaged in these programmes. At present, the *Healthy Wirral* Partners' Board (of which the Council and the CCG are a part) is a forum for discussion and debate at seek 'system' alignment between health and care partners, but has no direct decision making powers and must refer to Wirral Council's Cabinet and NHS Boards for approval in line with their statutory and regulatory duties.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a result of this report.

5.0 LEGAL IMPLICATIONS

5.1 It is likely that, in 2021, primary legislation will be introduced by Her Majesty's Government to further support the implementation of the NHS Long Term plan and to give ICSs statutory roles.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 None as a result of this report.

7.0 RELEVANT RISKS

7.1 The system changes outlined in this report will risk management frameworks as part of their implementation.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement and consultation will need to take place in regard to the system changes outlined in this report.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information and no EIA is required.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 None as a result of this report.

REPORT AUTHOR: **Simon Banks**
Chief Officer, NHS Wirral CCG and Wirral Health and Care Commissioning
telephone: 0151 651 0011
email: simon.banks1@nhs.net

APPENDICES

There are no appendices to this paper.

BACKGROUND PAPERS

- NHS Five Year Forward View, https://www.england.nhs.uk/five-year-forward-view/
- NHS Long Term Plan, https://www.longtermplan.nhs.uk/
- NHS Planning Guidance, https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/
- NHS England/Improvement, Designing Integrated Care Systems (ICSs) in England, https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf
- Third Phase of NHS Response to COVID-19, https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf
- King's Fund, https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems
- Wirral Council Constitution, https://democracy.wirral.gov.uk/documents/s50070394/2020%2009%20Constitution%20September%202020.pdf

SUBJECT HISTORY (last 3 years)

Council Meeting	Date