NHS
Harrogate and Rural District
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 9.1**
Date of Meeting:	**2 August 2018**	
Paper Title:	**One North Yorkshire**	

Session (Tick)	
Public	X
Private	
Workshop	

Responsible Governing Body Member Lead	**Report Author and Job Title**
Amanda Bloor, Chief Officer	Amanda Bloor, Chief Officer

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No

Executive Summary

Each of the three CCGs, Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale, have recently completed a Capacity and Capability Review and developed an action plan in response. Each of the CCGs have, since establishment, delivered significant benefits to their local population, have developed strong clinical leadership and developed collaborative approaches to address priority areas.

However, each of the capacity and capability reviews highlighted that with the challenges now facing the CCGs, all three CCGs in North Yorkshire have significant capacity constraints and different ways of working will be necessary to address these. As a result a key recommendation was as follows:

'The CCGs' leadership must urgently meet with NHS England to agree the optimum approach to ensure the right capacity across the three organisations, and how these should be led.'

The attached paper sets out a proposal which allows us all to focus on continuing the developments that have made such a difference in each CCG over the last five years particularly the local clinical leadership on patient pathways, whilst capitalising on the capacity, and expertise across the County where this make sense for our populations. The development of networks of support and synergy will increase the resilience of all three organisations, as well as speeding up the sharing of good practices.

Recommendations

The Governing Body is asked to:

1. To endorse the recommendation of the leadership of the CCG that we move to a single shared senior leadership team across Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Scarborough and Ryedale CCG.

2. That the three Clinical Chairs commence discussion with NHS England on the proposal to appoint a single Accountable Officer to lead the development of the shared team.

3. To support the programme of work to agree the design of the shared arrangements, the governance which underpins them and to work together to develop a shared culture and behaviours.

Monitoring

Updates will be brought to Governing Body as required. All Governing Body members will also be kept up-to-date outside of Governing Body meetings.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	**X**
2	Better Value Healthcare	**X**
3	Well Governed and Adaptable Organisation	**X**
4	Health and Wellbeing	**X**
5	Active and Meaningful Engagement	**X**

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	**X**
2	Commitment to Quality of Care	**X**
3	Compassion	**X**
4	Improving Lives	**X**
5	Working Together for Patients	**X**
6	Everyone Counts	**X**

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES	X	NO	

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline
2-4	The scale of QIPP required to support delivery of the Financial Recovery Plan could impact on capacity and opportunity to develop and implement achievable service change.
2-5	The CCG financial plan for 2018/19 will not be delivered resulting in deterioration in the in-year financial position.
2-6	If the CCG does not improve its underlying deficit position then this may result in the deterioration of the CCG's longer term financial sustainability.
3-1	Strategic planning of partner organisations could impact on the opportunities and pace needed to transform the way services are commissioned for the local population and therefore may not fully align with the principles of a strategic system plan.

Any statutory / regulatory / legal / NHS Constitution implications	None in the interim as the proposed structure is to maintain the three current CCGs as statutory organisations. Any implications will be dealt with in line with the CCG's Constitution and Scheme of Reservation and Delegation.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Not applicable at this stage.
Financial / resource implications	Not applicable at this stage.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	Not applicable.

Amanda Bloor, Chief Officer
August 2018

Introduction

Each of the three CCGs, Hambleton, Richmondshire and Whitby, Harrogate and Rural District and Scarborough and Ryedale, have recently completed a Capacity and Capability Review and developed an action plan in response. Each of the CCGs have, since establishment, delivered significant benefits to their local population, have developed strong clinical leadership and developed collaborative approaches to address priority areas.

However, each of the capacity and capability reviews highlighted that with the challenges now facing the CCGs, all three CCGs in North Yorkshire have significant capacity constraints and different ways of working will be necessary to address these. As a result a key recommendation was as follows:

'The CCGs' leadership must urgently meet with NHS England to agree the optimum approach to ensure the right capacity across the three organisations, and how these should be led.'

Alongside the local context we should recognise the national view of a changing NHS. A recent paper from NHS England and NHS Improvement identified this as follows:

'As the NHS moves into its next decade, local health and care systems across the country are rising to the challenge of a growing and ageing population by collaborating across organisational boundaries to develop more integrated models of care. In line with the vision of the NHS Five Year Forward View, we are seeing a growing movement towards commissioners and providers focusing on population health supported by local system-wide action. This means working together to mobilise community assets and collective capabilities to improve quality of care for individuals, health outcomes for populations, and wise stewardship of taxpayers' resources.'

Rationale

We are faced with challenges in our individual CCGs and systems which are significant:

- Substantial in year and underlying financial challenges
- Service issues in relation to challenged specialties
- Primary care workforce challenges
- Strategically influencing wider system priorities

As recommended in the Capacity and Capability Review outcome and the context of the NHS moving forward, the Leaders of the 3 CCGs met with NHS England to agree the optimum approach for the future leadership model across our organisations.

There has been discussion within each CCG regarding the options which may be available to address this. In order to test these options the leadership team agreed the criteria by which options should be assessed.

Criteria

1. Demonstrates the senior leadership at scale to address the capacity issues highlighted within the three CCG Capacity and Capability Reviews

2. Ensures engagement and appropriate integration with North Yorkshire Local Authority to ensure delivery of new integrated models within each 'place'.

3. Can assure Regulators that it is the optimum solution to achieve statutory duties, meet the challenges currently facing the CCGs at pace and systems in the medium term.

4. Supports the Acute reconfiguration of services to ensure sustainable services for the population of North Yorkshire and York.

5. Ensures each CCG has the right governance arrangement in place for decision making with each of the three STPs they relate to.

Options

PwC identified the following options from discussion with the three CCGs:

- stay as we are
- establish shared leadership team across the 3 North Yorkshire CCGs
- establish shared leadership team within the 3 separate STPs
- establish shared leadership team with main provider
- establish shared leadership team with the Local Authority.

As a leadership team and in consultation with NHS England our recommendation is that the only option which meets the criteria set out above is the option to establish a shared leadership team across the 3 North Yorkshire CCGs.

Benefits

A single leadership team across the three North Yorkshire CCGs enables us:

To determine the overall operating model for the provision of health and social care across North Yorkshire, allowing enabling services such as business intelligence, digital interventions, app development etc. to be commissioned once.

The CCGs across North Yorkshire have a great opportunity to capitalise on their collective scale and to create consistency across the geography. PwC identified a

need for a more consistent approach for the delivery of community care based around and tailored for local populations.

We are making significant strides in developing an integrated approach to mental health services, but the lack of a consistent approach across commissioners is delaying and adding duplication into the system.

This will enable us to effectively commission acute services which meet the needs of the entire North Yorkshire population. It will give greater consistency of acute commissioning across the overall patient catchment area for acute providers. Assist us to provide greater equality in the access of services across acute care provision for the population of North Yorkshire. In addition it allows closer alignment of the commissioning function with the Local Authority enabling better co-commissioning discussion on social care and care closer to home. Allows the commissioning function to benefit from greater strategic influence and combined capabilities that rest across more than one CCG.

A shared leadership team better supports QIPP at greater scale, given that the CCGs are finding it more challenging to identify local QIPP opportunities and there remains significant opportunity in a larger footprint. This includes areas such as the identification of opportunities through a “one public sector estates” approach.

Allows relatively small CCG functions and teams such as business intelligence and PMO. to work across a larger area. This gives an increased capability and better allows the sharing of successes and best practice.

A potential reduction in running costs and/ or a freeing up of resources from efficiencies from enacting a single team. These could arise from doing those things that make sense at scale once, sharing good practice and deploying resource across priority areas.

It meets the criteria initially set by NHS England in the establishment of CCGs of co-terminosity with Local Government.

Challenges

In putting forward this recommendation we recognise the concerns which have been raised.

CCGs were established with the intention of a greater level of clinical and public engagement than previous commissioning organisations. This has been achieved by all 3 CCGs. The concern is clinical engagement will become tokenistic.

There is a concern that the local focus will be lost and decision making will be distant. Each of the CCGs has its own complications in terms of patient flows and primary geography for which they serve. How will this ensure we do the right thing for the individual populations?

Each of the CCGs is a member of a different STP and are concerned to ensure they maintain their influence in those STPs. Specifically ensuring the clinical voice in the design of care pathways to address the needs of their patients.

Each of the CCGs has a financial challenge and would want to be assured that the allocation for their population is put to best effect for that population.

Next steps

All of these issues were considered in reaching our recommendation and there is a proposal for how the structure could be designed to address these concerns with a strong locality focus, maintaining the three current CCGs as statutory organisations and doing those things once at scale that make sense to do once.

More importantly we recognise that this recommendation requires us to create a shared culture and manage the change well. Many of the concerns relate to how we work together.

To address the concerns we will need to work together to develop a shared culture and ways of working of our three organisations within the single management team.

A joint approach to culture and behaviours should be developed with staff and clinicians to ensure we maintain those things that work well and change those things that do not.

This change does affect our staff. We will, therefore, ensure all ‘people processes' are fair and transparent, and adhere to our existing organisational policies.

We recognise that change can have an adverse effect on maintaining our delivery and therefore believe we should move forward at pace with the next steps. This issue has been under discussion for some time. We recommend that the process for designing the management arrangements, shared culture and behaviours should be done in parallel to moving to appointment of the single senior leadership to be in place by October.

Timescale

By end of July 2018	Recommendation of the preferred management option.
By Mid- August 2018	Advertisement for single Accountable Officer
By September 2018	Interview for single Accountable Officer
By 1st October 2018	Commence appointment to single management team

Recommendations

We collectively believe the uncertainty about shared management arrangements has been a distraction for all the CCGs, and this proposal allows us all to focus on continuing the developments that have made such a difference in each CCG over the last five years particularly the local clinical leadership on patient pathways, whilst capitalising on the capacity, and expertise across the County where this make sense for our populations. The development of networks of support and synergy will increase the resilience of all three organisations, as well as speeding up the sharing of good practices

Therefore, we are asking the Governing Body to:

1. To endorse the recommendation of the leadership of the CCG that we move to a single shared senior leadership team across Hambleton, Richmondshire and Whitby CCG, Harrogate and Rural District CCG and Scarborough and Ryedale CCG.

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