Consultation Document

Future arrangements for NHS commissioning across Nottingham and Nottinghamshire

Ensuring everyone in Nottingham and Nottinghamshire has the best possible health and wellbeing

We can provide this document in other languages and formats, such as Braille and large print, on request. Please telephone 0800 028 3693 or email Ncccg.patientexperience@nhs.net for more information.

About this Consultation

This consultation is jointly led by the six NHS Clinical Commissioning Groups (CCGs) across Nottingham and Nottinghamshire. We are collectively considering the future of commissioning arrangements for the area we serve and would like to invite views from key stakeholders on the options available.

This consultation is aimed at stakeholders who work closely with commissioners and would be impacted by the proposed new structure and governance arrangements. However, the consultation paper is a public document and we would welcome feedback from anyone with an interest in the proposals. For the purposes of this consultation, our key stakeholders include:

- Member GP Practices
- Local clinicians
- Healthwatch and other patient representative bodies
- Voluntary and community services
- Local authorities
- Other healthcare partners
- CCG Staff
- Local decision makers

What is not included

This consultation is about commissioning arrangements only. It does not relate to any other NHS organisation or NHS-funded services, such as hospitals, mental health organisations, or primary and community care, and will not affect the funding they receive from us.

This proposal is specifically about the future of the six Nottinghamshire NHS CCGs described on page 4. It does not consider Bassetlaw in the north of Nottinghamshire and so does not include Bassetlaw CCG. This is because this particular area will remain part of the South Yorkshire and Bassetlaw healthcare system.

Contents

Introduction

Dear Colleague,

We are consulting on a proposal to change the future of commissioning for Nottingham and Nottinghamshire.

You will be aware that we have been working in closer alignment since the area became one of the first-wave of Integrated Care Systems (ICSs) nationally in 2017.

Over the past year, we have engaged with member GPs, local clinicians, healthcare partners, patient representative groups and others in exploring how our six CCGs can work more efficiently and effectively across the healthcare system.

We are forming a single joint leadership team and will begin a wider internal reorganisation during the summer this year.

We believe that our natural next step should be to establish one single organisation. We also need to make sure our valuable resources are used in the best way to support people in living longer, happier, healthier and more independently into their old age. We would like to seek your views and opinions about our proposal to merge, before making a formal application.

Whatever our future form, our main focus will remain on ensuring that everyone living in Nottingham and Nottinghamshire has the best health and wellbeing they can. To achieve this we will work together, alongside our health and care partners, to provide people with access to quality healthcare and reduce the health inequalities that exist today.

This decision will have an impact on how we operate as commissioners and how we work together. We ask that you please take the time to consider our proposal and respond to us with your views by 9am Monday 17th June.

We look forward to hearing from you.

Ever-closer collaboration and integration has been a natural progression for our six CCGs since they were established in 2013

Nicole Atkinson
Clinical Chair
NHS Nottingham West CCG

Thilan Bartholomeuz
Clinical Chair
NHS Newark and Sherwood CCG

James Hopkinson
Clinical Chair
NHS Nottingham North and East CCG

Gavin Lunn
Clinical Chair
NHS Mansfield and Ashfield CCG

Hugh Porter
Clinical Chair
NHS Nottingham City CCG

Stephen Shortt
Clinical Chair
NHS Rushcliffe CCG

Amanda Sullivan
Single Accountable Officer for all six CCGs

Existing commissioning arrangements

Our six CCGs are:

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Nottingham North and East Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Nottingham City Clinical Commissioning Group

How we are structured now

All six CCGs are separate statutory organisations with the same healthcare responsibilities and the need to meet legal and NHS duties.

Over the past five years, CCGs have worked more collaboratively, culminating in two geographical areas:

- Mid Nottinghamshire - 2 CCGs (worked jointly from March 2016)
- Greater Nottingham Clinical Commissioning Partnership (formed April 2018) - 4 CCGs

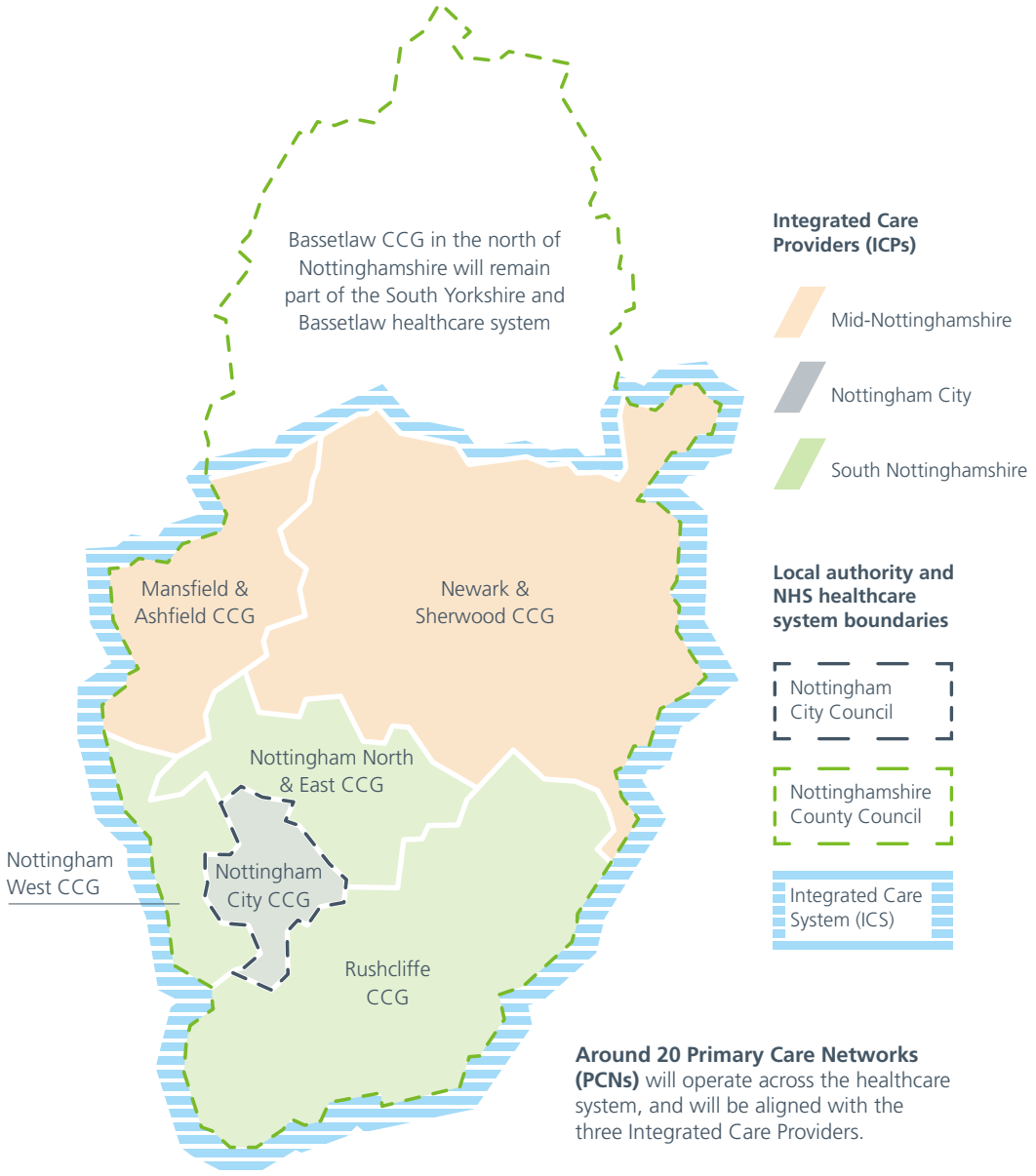
Over the past year, and well before the publication of the NHS Long Term Plan in January 2019, CCGs across Nottingham and Nottinghamshire had already started to consider the potential for a more formal joining up of commissioning arrangements.

In recent months, CCGs have introduced a number of joint arrangements to serve all six CCGs. We now have a single Accountable Officer supported by a single leadership team. Joint committees will soon meet 'in common' and the first joint Governing Body meeting will take place in July 2019. Transitional work is underway both to align wider CCG governance and to bring together staffing structures.

Our boundaries and the areas we serve

The map shows the areas covered by each CCG. It also demonstrates how our boundaries align with those of local authorities and the new Integrated Care System (www.healthandcarenotts.co.uk), which will coordinate healthcare across Nottingham and Nottinghamshire.

Nottingham and Nottinghamshire Integrated Care System (ICS)



Around 20 Primary Care Networks (PCNs) will operate across the healthcare system, and will be aligned with the three Integrated Care Providers.

Introducing our proposal

Each of the Nottingham and Nottinghamshire CCGs has a Governing Body responsible for leading decisions about commissioning with the involvement of member GP practices, local people, partners and other stakeholders. Chaired by a GP, Governing Body members include GPs, lay members, a nurse and a secondary care doctor, as well as non-clinical leaders.

We have discussed the possibilities for future commissioning arrangements openly with many organisations, groups and individuals over the past year, including member GPs, local authorities, voluntary services, hospitals and other healthcare partners.

These conversations have directly helped to shape our thinking, including the preferred proposal to merge. We understand that our stakeholders are supportive of a solution which paves the way for closer integration and better partnership working, enables more strategic commissioning, reduces administration costs, and releases valuable resources to focus on services and initiatives closer to the front-line.

All six CCG Governing Bodies agreed in April 2019 that our preferred way forward would be to fully merge, but no decisions have yet been taken and we remain open to the views of our key stakeholders. This document describes the merger proposal and explains why we have identified this as being the appropriate next step.

Our Proposal: Apply to merge the CCGs

A clear vision

Our overall commissioning aim is to enable people living across Nottingham and Nottinghamshire to have the best health and wellbeing they can.

To achieve this, we must work effectively with all our partners across the entire area to provide people with consistent access to quality healthcare. At the same time, we must also respond to the needs of specific populations and neighbourhoods so that we can reduce the health inequalities that exist today.

We therefore need to be able to operate at a 'system' level across the entire geographical area, as well as maintain our focus on more specific, local healthcare requirements.

The arrangements we put in place for commissioning should be fit for the future and be affordable and sustainable in the longer-term.

Merging to create opportunity

All six CCG Governing Bodies agreed in April 2019 that a merger represents the best opportunity for us to improve health and wellbeing across the areas we serve, as well as redirect clinical and other essential resources closer to the front-line where they are most needed. Delivering better health outcomes, reducing health inequalities, and improving the quality and consistency of local healthcare services are at the heart of our proposal. Whilst changes underway to the NHS around us are important and complement what we are proposing, they are not the primary reason why we feel a merger is the right thing to do.

Duplication ties up valuable resources

At present, the six CCGs do things multiple times – and often differently – across Nottingham and Nottinghamshire. We have the opportunity to reduce duplication, increase our consistency of approach (but not when differences are appropriate) and free up valuable resources, inlcuding clinical time, expertise and development support.

The NHS is changing around us

More widely, the NHS across England is developing to respond to the changing needs of the population. Like elsewhere, across Nottingham and Nottinghamshire we will soon see the creation of new organisations and partnerships. These aim to support health and care organisations in working more effectively together to deliver and improve services, from neighbourhood level all the way up to county-wide.

New Primary Care Networks and Integrated Care Providers will take on some of the existing responsibilities of our six CCGs, for example, leading the transformation of care pathways and creating a more comprehensive, personalised offer for local healthcare. Click here for more information.

Regardless of whether we merge or stay as we are, we believe we must give these new arrangements the best opportunity to succeed in delivering the best health and care services for our local population.

Top 5 benefits of merging

There are many advantages to merging our six CCGs. These will benefit - either directly or indirectly - patients and local people, GPs and other clinicians, health and care partners and many others. Here are the top five reasons why we believe we should combine our CCGs into one single, statutory commissioning organisation.

A full merger would allow us to provide:

1. Better healthcare and health outcomes	Align with health and care partners across the system in order to address health inequalities and ensure consistency of services where appropriate.
2. Better use of clinical and other resource	Save precious clinical time and resources that can be invested into tackling community health priorities via the new Primary Care Networks.
3. Stronger, consistent commissioning voice and leadership	Provide a stronger clinical voice in strategic decisions about health and care services, as well as at neighbourhood level via Primary Care Networks.
4. Greater support for transformation and local innovation	Scale-up the most successful local clinical innovations to rapidly share best practice across a wider area.
5. Significant administrative savings	Reduce duplication in back office functions in order to redirect clinical and other essential resources closer to the front-line where they are needed most.

These benefits are explained in more detail on pages 14-15 in the supporting information section

Other benefits include:

- More control over defining and creating the health system we need and want for the population
- Greater buying power with the ability to deliver better value for money
- Better opportunity to attract, afford and retain staff with the right talent and skills
- Would help achieve a better balance between standardisation and personalisation of care across the area
- Taking forward the best practice from individual CCGs and agreeing common approaches to increase consistency and quality of care
- Making it easier for health and care partners to engage and work with us
- Meets the NHS Long Term Plan requirements
- More affordable so more likely to be sustainable in the longer-term

Why we don't think we can stay as we are

NHS Long Term Plan

The system continues to change around us and we need to adapt. The NHS Long Term Plan sets clear expectations for the next generation of commissioning organisations. These include typically having a single commissioner within each healthcare system and one set of commissioning decisions. Staying as we are would not directly align with the national direction for the NHS.

Duplication and sustainability

We have made some savings by implementing joint arrangements across our CCGs. However, each CCG is a separate legal entity and it costs significantly more to service all six organisations than it would a single body.

Harder to focus on healthcare needs at a local level

The new Primary Care Networks and Integrated Care Providers will take on our existing responsibility to develop personalised care services which meet healthcare needs at neighbourhood level. Their work will directly inform our commissioning plans and activities.

In fact the new arrangements of one single CCG taking strategic decisions across the whole area and smaller PCNs at local level would directly lend themselves to having an even closer local focus, whilst at the same time enabling more effective commissioning of services across the entire geography.

We believe that by supporting, and working with these networks and alliances, we have an opportunity to strengthen our existing approach to commissioning for specific populations and communities.

We already have in place arrangements to engage and involve local people, clinicians, partners and others in the development of our commissioning plans. Over the coming weeks we are creating a new communications and engagement strategy with the aim of building on the good practice of today.

Running costs of six CCGs versus one

If we continue to run multiple CCGs the costs incurred will be much higher than having one streamlined organisation. The time and money spent on governance arrangements and essential statutory duties e.g. annual reports that could be invested in delivering care for patients.

Furthermore, with the shared arrangements we already have for leadership and governance, many of the collaborative arrangements we would need are already in place. Not proceeding to the next logical step of merging would mean that the momentum and progress on delivering better health for the people of Nottingham and Nottinghamshire would be lost.

The new Primary Care Networks and Integrated Care Providers will take on our existing responsibility to develop personalised care services which meet healthcare needs at neighbourhood level.

Why we don’t think we can stay as we are

Improving clinical leadership, involvement and engagement

At present, the six CCGs employ clinical leaders and clinical staff, and involve and engage many more GPs and other local clinicians. A single organisation would not require as much clinical resource and would encourage the streamlining of related programmes and activities.

A significant proportion of these clinical resources are tied up in duplicate activity as well as in the administration of the CCG itself.

If the decision to proceed to merger is not taken then this valuable clinical resource will continue to be invested in CCG administrative responsibilities rather than seeing patients on the front line, where they are most needed.

How to share your views

This consultation ends at 9.00am on Monday 17 June 2019. So that we can fully consider your views when we finalise our proposals, your feedback must be received by this time.

Over the next few weeks, senior representatives from the CCG will be meeting with GP member practices and other stakeholders, and we will be involved in a number of other events and activities. For more information, please visit our website:

www.nottinghamnortheastccg.nhs.uk/nhs/ccgs-merger/

Please share your views by:

- Completing our online survey ***www.surveymonkey.com/r/ProposedCCGMerger***
- Responding to the questions on page 11 and sending your answers to us
- Downloading the question and answer sheet from our website and sending the completed document to us by:

  Email: ncccg.patientexperience@nhs.net

  Post (no stamp required):
  Freepost RTGE-CRAT-BABH
  NHS Mansfield & Ashfield CCG
  Birch House
  Mansfield
  NG21 0HJ

If you need help or have any questions about this consultation, you can email us (see left) or call on 0800 028 3693. This includes if you would like to attend an event, require translation services, need us to post information to you or require help with the online questionnaire.

We would encourage you to complete the consultation questions online if you can.

This approach makes it easier to process feedback and compare the views of different groups. The online consultation questionnaire can be accessed from anywhere provided that you have a suitable device with an internet connection.

You will have the opportunity to share your views openly as well as being asked a number of specific questions. You don't need to answer all the questions if you don't want to.

www.surveymonkey.com/r/ProposedCCGMerger

Consultation questions

The questions we are asking in relation to this consultation are:

Q1

To what extent do you support our proposal to merge the six CCGs and create a single commissioning organisation?

Please explain your answer

Q2

To what extent do you support keeping the CCGs as they are now?

Please explain your answer

Q3

Is there anything else you think the CCGs should consider when discussing future arrangements for commissioning?

What happens next

Finalise proposals

We will formally consider the feedback we receive from you during our joint Governing Board meeting on 4 July 2019. Stakeholder views will directly inform our decision as to whether to make a formal application to merge.

NHS England review

If the agreed option is to merge, an application would be made to NHS England for approval. This is the organisation that leads the National Health Service (NHS) in England and is responsible for overseeing our commissioning activities.

NHS England will be particularly interested in the feedback we receive from you. They will want to make sure that our proposed plans are appropriately supported by our key stakeholders, in particular, GP member practices, Healthwatch and healthcare partners. They will also want to make sure that we have effective plans in place to ensure effective clinical leadership as well as ongoing engagement with local people, clinicians and other stakeholders in any new arrangements.

Responding to stakeholder feedback

We have appointed independent parties to evaluate the responses we receive. Their report will summarise what key stakeholders have told us and we will share this on our website. We will discuss feedback in Governing Body meetings and other forums, and will respond formally to the feedback we receive.

Latest news and information

Please visit our website where you will find the latest news and information about this programme of work.

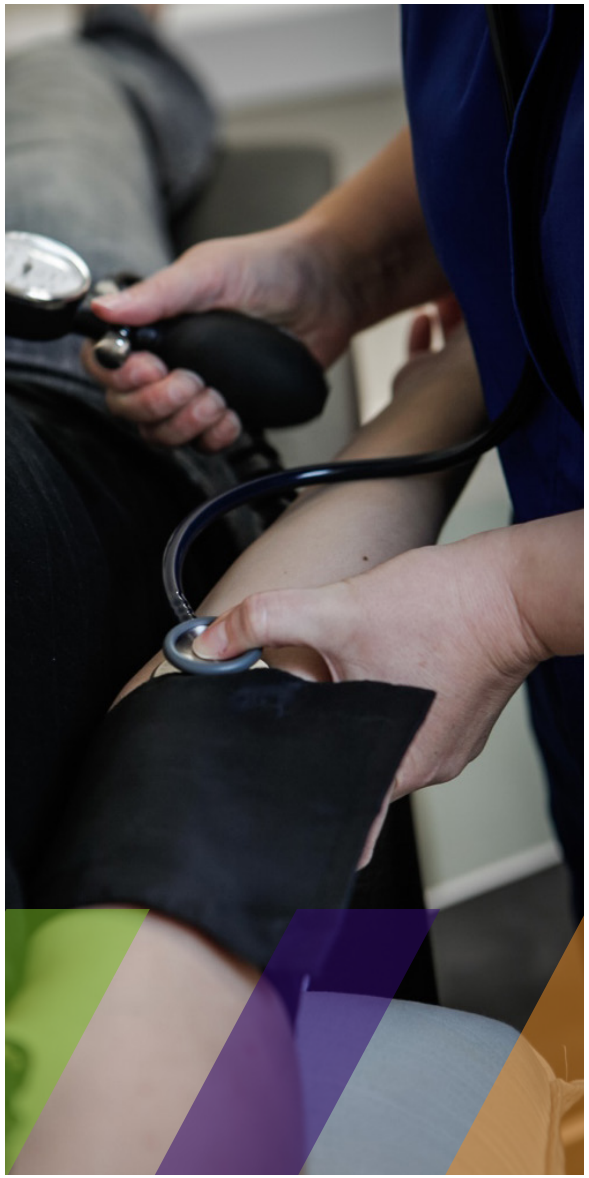
www.nottinghamnortheastccg.nhs.uk/nhs/ccgs-merger/

You can also contact us if you have any queries about the consultation – please see details on page 10.

Timescales

Should we agree to merge and NHS England accepts our proposal, the single CCG organisation would be in place from 1 April 2020. In the meantime, we will make the various organisational changes that need to be made in readiness and will engage with key stakeholders to inform this work.

If we decide not to make an application for merger, we will continue to implement existing plans for closer collaboration between CCGs and will discuss how we can work in the most effective way with the emerging arrangements across the new Integrated Care System.



Supporting Information

The following pages provide further detail about:

- Top 5 merger benefits explained
- The new NHS arrangements and where commissioning will sit
- Plans underway to deliver essential CCG requirements or 'must-haves' in the future

Top 5 benefits of merger explained

There are many advantages to merging our six CCGs. These will benefit - either directly or indirectly - patients and local people, GPs and other clinicians, health and care partners and many others. Here are the top five reasons why we believe we should combine our CCGs into one single, statutory commissioning organisation.

A full merger would enable:

1. Better healthcare and health outcomes

Being a single commissioner would complement emerging developments within the NHS arrangements around us, in particular the Integrated Care System (ICS), Integrated Care Providers and Primary Care Networks (find out more here). Our boundaries would mirror the ICS footprint and align with local authority boundaries (view here).

By structuring ourselves in the best way to enable health and care partners across the system to work more effectively and efficiently together, we would provide the best opportunity to improve healthcare, tackle health inequalities and ensure consistency of services in terms of quality and availability across Nottingham and Nottinghamshire.

2. Better use of clinical and other resource

Through the new Primary Care Networks and Integrated Care Providers, GPs and other healthcare providers will focus on developing and delivering services to meet healthcare needs in their neighbourhoods, whilst still being involved in strategic commissioning through their membership of the CCG.

Duplicating commissioning activities, particularly where clinicians are involved, uses valuable time and resources, which could be freed up to deliver and support front-line services where they are most needed.

3. Stronger, consistent commissioning voice and leadership

As a single body we would provide a stronger, single and more consistent commissioning vision, leadership, voice and approach for the Nottingham and Nottinghamshire health and care system. Clinical leadership would have a greater impact, with consistent decision-making and more clinical efficiency at a system-level, as well as within neighbourhoods through Primary Care Networks.

"A single CCG would remain a clinically-led, GP membership organisation. Strong clinical leadership, together with the involvement of local people, clinicians and partners, remains an absolute priority."

Top 5 benefits of merger explained

4. Greater support for transformation and local innovation

Working across the system to implement a single, cohesive strategy, accompanied by speedier decision-making, would enhance the pace at which transformation can be achieved. We could therefore deliver better patient health outcomes more quickly and effectively, and improve the consistency of services as well as our approach to commissioning.

Front-line clinicians would be able to innovate locally to deliver our strategy consistently within and across neighbourhoods, with best practice properly supported, identified and applied more rapidly across a wider area.

5. Significant administrative savings

Having a single organisation would eliminate duplication of administrative support functions like finance, payroll and procurement. The significant savings made would be better channelled into addressing priority activities which deliver real benefits for local healthcare, rather than serving the CCG organisations themselves.

CCGs have to make a 20% saving in running costs by 2020/21*. At present, this would need to be applied to each of the six CCG budgets. Reducing duplication through merger would make a significant contribution towards this saving. Furthermore, by pooling together, we could collectively address the target in a more innovative and effective way, ensuring ongoing funding for the commissioning activities we need the most.

* The 20% cost savings are to be applied only to CCG administration costs. Patient services, such as hospitals, GPs and community services, are not part of CCG running costs and will NOT be affected.

Other benefits include:

- More control over defining and creating the health system we need and want for the population
- Greater buying power with the ability to deliver better value for money
- Better opportunity to attract, afford and retain staff with the right talent and skills
- Would help achieve a better balance between standardisation and personalisation of care across the area
- Taking forward the best practice from individual CCGs and agreeing common approaches to increase consistency and quality of care
- Making it easier for health and care partners to engage and work with us
- Meets the NHS Long-Term Plan requirements
- More affordable so more likely to be sustainable in the longer-term

‘Must-Haves’

Our ‘Must-Haves’

Regardless of the future arrangements for commissioning, there are a number of ‘must-haves’ that we are committed to delivering. Although they do not form part of this consultation because we need to do them anyway, we recognise that they are likely to be of particular relevance to our GP members.

We must have:

- ✓ The ability to deliver our commissioning ambitions and responsibilities effectively and as quickly as possible, both at neighbourhood level and across the entire geography we serve
- ✓ Strong clinical leadership and involvement in the new arrangements (find out more here)
- ✓ Effective engagement with local people, clinicians, healthcare partners and others to inform commissioning decision making and activities from neighbourhood lto system-wide levels (find out more here)
- ✓ An ongoing focus on the health and care needs of neighbourhoods or specific populations, as well as a strategic focus across Nottingham and Nottinghamshire (find out more here)
- ✓ A single commissioning vision with strategic priorities and health outcome goals at system, place and neighbourhood levels
- ✓ The best opportunity to work effectively with our partners and pave the way for better integration of health and care services
- ✓ The ability to deliver both the 20% savings in CCG running costs* by 2020/21, and restore financial balance across the system in the foreseeable future

* Running costs relate to the administration of the CCG organisation itself, e.g. payroll, finance and procurement. They do not include patient services, which are covered by a separate budget and which will not be affected by this consultation.

‘Must-Haves’

Regardless of the future arrangements for commissioning, there are a number of ‘must-haves’ that we are committed to delivering. As well as asking for your response to this consultation, we welcome views on how we can enable these ‘must-haves’ to happen.

Must-Have 1: Clinical leadership and involvement

Strong clinical leadership and involving clinicians in making healthcare decisions are essential aspects of commissioning. All GP practices are members of a CCG and have a say in what, and how, local NHS services are provided. None of this will change, even if we become a single commissioning organisation.

As well as GPs, we also involve clinicians from hospitals, mental health and community services, and other care settings in our decision-making. Listening to, and learning from, the experiences of front-line clinicians helps us to commission better services for local people in the long-term.

We believe that the good work taking place within CCGs to involve clinicians must not only continue, but be strengthened in any new arrangements. Our GP clinical chairs are developing plans to make sure this happens, and which include:

- CCGs will continue to be clinically-led. Depending on the outcome of this consultation, several GP leaders, a nurse and a secondary care doctor would sit on either an overarching Governing Body, or on a joint committee representing each CCG (as they do now). Our supporting CCG committees will maintain strong clinical involvement, with members including GPs, pharmacists and Allied Health Professionals
- We are working with partners to ensure leadership by, and the involvement of, GPs and other clinicians within the new ICS, ICP and PCN arrangements. Each PCN will be led by a designated Clinical Director
- We will create a specialist clinical group or ‘cabinet’ across Nottingham and Nottinghamshire to provide clinical advice and scrutiny of developments within care pathways and other significant programmes of work
- We will combine similar programmes of clinical work underway across CCGs, e.g. urgent care, cancer or end of life, with each programme led by a senior clinician

If you would like to help shape our thinking around clinical leadership and engagement, including how we can nurture diverse, compassionate and inclusive leadership, please share your views and these will be forwarded to the senior clinical team overseeing this work.

Key question:

How can we ensure ongoing clinical leadership in any future commissioning arrangements, and how can we strengthen what we do already?

Must-Have 2: Effective engagement

Regardless of what our future organisational arrangements look like, we remain committed to engaging and involving our key stakeholders in our commissioning activities.

As happens now, the Governing Body of a single CCG would include patient representatives (lay members) and clinical leads including a GP Clinical Chair, other GPs, a nurse and a secondary care doctor. We would also continue to strengthen and build upon our arrangements for involving and engaging local people, clinicians, CCG staff, partners and others in our everyday activity, which include patient participation groups, patient and public engagement committees, lay member representation and other events and activities.

‘Must-Haves’ (continued)

Effective engagement (continued)

By introducing an Integrated Care System and three Integrated Care Providers which mirror local authority boundaries overall, our partners should find the NHS across Nottingham and Nottinghamshire much more accessible and easier to work with. Furthermore, services delivered by partners at a neighbourhood level, e.g. voluntary services and social care, will be able to work more closely with NHS providers through the Primary Care Networks.

Over the next few weeks we will be refreshing our communications and engagement strategy and will be involving our various stakeholders in doing so. The strategy will include plans for strengthening our approach to engaging with patients, GPs, partners and others, whether as six separate organisations or as a single commissioner. Although not part of this particular consultation, we would welcome your views on how we might achieve this.

Key question:

How can we strengthen our arrangements to involve local people, GPs, other clinicians and healthcare partners in future commissioning activities?

Key Must-Have 3: Ensuring a focus on the health and care needs of neighbourhoods or specific populations, as well a strategic focus across Nottingham and Nottinghamshire

The Primary Care Networks and the three Integrated Care Providers have an essential role to play in understanding, recommending and delivering the services needed at a local level. Based on clinical evidence and experience at a local level, their recommendations will directly inform our commissioning strategy across Nottingham and Nottinghamshire. In turn, PCNs and ICPs will deliver our commissioning aims at a local level, personalising services as required both within and across their neighbourhoods.

Because more clinicians and other healthcare providers will work together to inform services in a specific area, we believe that there will be a far better opportunity to get services right locally.

As a single commissioner with oversight of all these needs, we would also be able to identify where needs are the same across different areas. This means that we can plan and buy unique services for specific neighbourhoods or populations. We can also ensure that consistent services are available across all areas where needed.

As part of our communications and engagement arrangements, we ensure that we listen to, engage and communicate with neighbourhoods and communities across the area we serve. Through patient participation groups, patient and public engagement committees and groups, lay member representation and various events and activities throughout the year, we ensure that patients have a strong voice and are able to help shape our strategies, plans and activities both within neighbourhoods, and across the area we serve.

Regardless of our future organisational form, we remain committed to this type of engagement and will continue to build upon what we do already.

Key question:

What else should a strategic commissioner do to ensure a continuing focus on health and care needs at a local level?

New and emerging NHS arrangements

The NHS is changing around us to meet the developing needs of people living across England, whilst making better use of public funds. These changes are aimed at achieving greater consistency in the quality and availability of healthcare services, and to address health inequalities. They will also streamline healthcare activities, enabling commissioners to do what they do best, e.g. assessing needs and setting meaningful outcomes, whilst supporting providers in doing what *they* do best, e.g. innovating and delivering personalised care solutions to the people they serve.

The new nationwide arrangements will help NHS organisations to take a more strategic view of healthcare across a wider population, to identify common areas of health need and to address them collectively instead of doing things many times and differently. People will find it easier to gain access to healthcare services that both meet their needs and are consistent across the wider area. In turn, this will help address the 'postcode lottery' where some people do not have access to the same services because of where they live.

Our new Integrated Care System (ICS) will bring together NHS organisations, local authorities, voluntary services and other key partners within Nottingham and Nottinghamshire. With a strategic view across the entire geography, the ICS will focus on achieving the best possible health and care services for the entire population, as well as for specific populations and neighbourhoods.

At the same time as enabling a more strategic approach, the changes support a greater clinical focus on healthcare within specific neighbourhoods through the creation of Primary Care Networks (PCNs). The PCNs across Nottingham and Nottinghamshire will in turn be aligned to one of three Integrated Care Providers to collaborate across a wider area in delivering and improving healthcare services.

The changes also aim to make the NHS more efficient and effective by reducing unnecessary duplication and by placing clinical and other valuable resources closer to the front-line.

More about the new arrangements being set up across Nottingham and Nottinghamshire can be found overleaf.

You can find out more about nationwide NHS developments, why they are being made and what they aim to achieve in the *NHS Long Term Plan*, available on the following website: **www.longtermplan.nhs.uk**

Locally, our commissioning priority is to ensure that everyone living in Nottingham and Nottinghamshire has the best possible health and wellbeing they can. We believe the new NHS arrangements being introduced across our area will help us to achieve this. We want to give them every opportunity to succeed and recognise that we will need to adapt the way in which we work if we are to make this happen.

Having explored the various options, we believe that the new arrangements would benefit most from having a single commissioning organisation.

An overview of new NHS arrangements for Nottingham and Nottinghamshire

Primary Care Networks (PCNs) - NEIGHBOURHOODS

As well as having a view of healthcare across the overall area, it is equally essential that we maintain our focus on local needs within a specific neighbourhood or population. Primary Care Networks (PCNs) are being set up to do exactly that. Around 20 new PCNs will be set up across our area so that organisations providing healthcare services at a local level can work even better together.

PCNs will consist of groups of general practices working together with a range of local providers, including primary care and community services, mental health, social care and the voluntary sector. Through these networks, local health and care providers will focus on delivering more personalised, coordinated health and social care to meet the needs of their particular neighbourhood.

PCNs will be led by clinicians and will be appropriately funded, resourced and supported. They will be aligned to one of three Integrated Care Providers (ICPs) according to their geographical location.

Integrated Care Providers (ICPs) - PLACE

All PCNs will belong to one of three Integrated Care Providers (ICPs). These will serve wider populations living within the geographical areas of Nottingham City, Mid-Nottinghamshire* and South Nottinghamshire**. These areas reflect local authority boundaries overall, and build on existing collaborations and alliances which have proven to work well.

ICPs are alliances of health and care providers, including PCNs, that will work together to deliver care by agreeing to collaborate rather than compete. They will be responsible for the cost, quality and consistency of services for the population they oversee. They will develop better pathways of care for patients and more effective ways of working together. Like PCNs at a neighbourhood level, ICPs will inform commissioning decisions relating to the area they serve.

* Mid-Nottinghamshire: Ashfield, Mansfield, Newark and Sherwood
** South Nottinghamshire: Broxtowe, Gedling and Rushcliffe

Our Integrated Care System (ICS) - SYSTEM

The NHS is not the only body that plays a key role in influencing and responding to people's health and wellbeing. For example, local authorities are a major partner because they provide social care, public health and other services which influence the health and wellbeing of the population. Other important partners include voluntary services and the independent sector.

Under the new changes, NHS, local authorities and other key organisations will form a partnership across a designated geography, called an 'Integrated Care System' or 'ICS'. Locally, our ICS covers the geography of Nottingham and Nottinghamshire excluding Bassetlaw, which is historically aligned to services within South Yorkshire. Together, partners within the ICS will focus on ensuring the best possible health and care services both across the entire area, as well as for specific populations and neighbourhoods.

An ICS organisation will provide clinical and administrative expertise to support health and care partners in working together effectively across the area. It will also take the lead on workforce planning and play a regulatory role.

Responsibilities of new organisations and alliances

SYSTEM:
Nottingham and Nottinghamshire Integrated Care System (ICS)

Population: 1 million+

Partner organisations work together to oversee health and care across Nottingham and Nottinghamshire

Key responsibilities:

- Respond to ICP and PCN feedback and recommendations, and set the healthcare strategy for the system to include expected health outcomes
- Improve local health and wellbeing across the entire area and at neighbourhood level
- ***Strategic Commissioning (clinically-led)****
- Manage resources and workforce planning
- Coordinate health and care partnerships
- Regulation

This is where future commissioning arrangments will fit

PLACE:
Three Integrated Care Providers (ICPs)

Population: 330,000 - 700,000

Health and care providers collaborate across the geography (place) they serve

Key responsibilities:

- Oversee the cost, quality and consistency of services
- Develop better pathways of care and more effective ways of working together
- Inform commissioning decisions
- Deliver commissioning strategies and plans
- Tailor healthcare where appropriate to meet needs within their place

All PCNs will be aligned to one of the three ICPs

NEIGHBOURHOOD:
Primary Care Networks (PCNs*)

Population: 30,000 - 50,000

GPs work with social care, pharmacists, mental health and other local health and care providers to focus on services within their neighbourhoods

Key responsibilities:

- Deliver coordinated health and care services within their neighbourhood
- Personalise services on their doorstep to meet specific local needs
- Innovate locally to deliver and inform commissioning decisions and plans
- Encourage, represent and respond to the local patient voice

Each PCN will be led by a clinical director

*The number of patients in each PCN is flexible depending on the locality. There will be around 20 PCNs across the area. This is subject to discussion and agreement in May 2019.

How does commissioning fit within new NHS arrangements?

Whether as a single organisation or through joint arrangements, CCGs must both meet the national criteria, and deliver the system requirements as effectively as possible.

We believe that a single, strategic commissioning organisation would have the best opportunity to make this happen. Furthermore, we would be supporting the delivery of care closer to home by reducing duplication and moving valuable resources closer to the front-line, as well as by supporting the collaboration of primary, secondary and community care providers.

The Long Term Plan clearly sets out the expectations for local commissioning, and signals significant changes to the role that commissioners will play within their health and care system.

Key aspects can be summarised as follows:

- Typically, there will be a **single commissioner** within each ICS area
- Every ICS is expected to enable a **single set of commissioning decisions** at system level
- CCGs must become **leaner, more strategic organisations** that support providers in partnering with local government and other community organisations
- Working through the ICS, commissioners will make **shared decisions with providers** about using resources, designing services and improving population health
- Commissioners will be exclusively **responsible for certain decisions,** e.g. procurement and the awarding of contracts
- **Streamlined commissioning** arrangements across the ICS footprint are essential

Although arrangements for the Nottingham and Nottinghamshire ICS are still emerging, a number of requirements have already been agreed for the role of a future strategic commissioner.

These are:

- **Commissioning for outcomes** within and across neighbourhoods through the development of ICP contracts and PCNs
- Commissioning the **transformation of services,** designing and delivering large-scale change in conjunction with partners
- Overseeing and mitigating any **quality and equality impacts** of service change
- Providing **professional leadership** across the system (nursing, therapies, pharmacy, linking general practice with secondary care)
- Driving the **personalisation agenda** whereby services are tailored to specific needs
- Agreeing a long-term system **financial strategy for the system,** including achieving financial balance
- Delivering a 20% **reduction in commissioning running costs** by 2020/21

Glossary

CCG	Clinical Commissioning Group
ICS	Integrated Care System
ICP	Integrated Care Provider (Three within Nottingham and Nottinghamshire healthcare system)
NHS England	The organisation that leads the National Health Service (NHS) in England and is responsible for overseeing our commissioning activities.
PCN	Primary Care Network (there will be around 20 across Nottingham and Nottinghamshire)