NHS
Camden
Clinical Commissioning Group

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Wednesday 9th October 2019

Sent via email to Camden general practices

Dear colleagues,

Re: Constitution for North Central London Clinical Commissioning Group (potential merger)

Thank you to everyone that has responded with comments and questions on the draft Constitution documents. We value, and are giving careful consideration to, members' input. The feedback period runs to Monday 21 October but we wanted to provide further information on some of the main areas NCL practices have fed back on, and to circulate Schedule 5 (Financial Principles) of the Constitution.

Financial principles

Schedule 5 (attached) provides further detail on a set of financial principles on how budget setting, investment decisions, and financial planning will initially be undertaken for a merged CCG. We wanted to highlight three key points:

1. The starting point for a single CCG will be the current borough-based allocations of funding and services. The 2020/21 budgets will be set on this borough basis ahead of the merger, through current CCG governance structures.
2. Section 2.3 sets out that in the merged CCG the responsibility, authority, budget and capacity for primary care commissioning (strategy development, planning and commissioning intention, local GP support services), community care and out-of-hospital commissioning will be delegated to borough-level arrangements.
3. Section 2.4 sets out that 2020/21 borough-level budget for these non-acute services will form a "floor" in cash terms for future annual borough level budget setting. The future NCL CCG will not disinvest in non-acute services in any boroughs and will over time look to increase investment in these areas where it can reduce or support lower levels of growth in acute budgets and reduce health inequalities within and across boroughs.

Retaining commissioning clinical leadership

The five CCGs recognise how important it is that we retain robust clinical leadership in our future organisational form. The Constitution proposes that 12 out of 17 Governing Body posts would be held by clinicians, 10 of which would be elected by local general practices. The future model would also continue to have a cohort of clinical leads, supporting both NCL and borough-based activity.

Borough-based commissioning of those functions remaining at a local level will be led by local clinicians, and the governance structures to best support this would be developed in partnership with members for each borough. We want to work with members to put in place the right mechanisms to ensure that local needs are heard and met by the NCL CCG. We would also welcome your views on maintaining effective relationships between clinical groups (e.g. Health & Care Cabinets) and CCG governance arrangements.

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Future member engagement mechanisms
It will be vital all member practices feel they have close links with the NCL CCG, as well as their borough commissioning team, and the power to influence at both levels. Each of the five NCL CCGs has worked hard to establish robust mechanisms for member engagement and we are committed to protecting and extending these as a merged CCG. We would like to work with member practices to define the right model for future member engagement over the coming months, and would welcome feedback on this during the Constitution engagement period.

Borough-level decision making and Integrated Care Partnerships
Several members have enquired about future structure, governance and delegation arrangements for borough-level commissioning and emerging Integrated Care Partnerships (ICPs). ICPs are not statutory organisations and still developing through local work with partners. However, it is important to emphasise that under the new CCG operating model, there will be clear borough-facing functions with senior management and clinical leaders based at borough level.

The primary objectives of these roles will be to work together with primary care, community, mental health and social care partners to plan and configure services around individuals rather than organisations. At this borough level there will also continue to be an important interface with democratic structures including Health and Wellbeing Boards and Overview and Scrutiny Committees, via borough teams.

General practice will have a central role in their borough team and developing ICP and, as CCG members, in borough commissioning planning and decisions. Further work on defining this will be undertaken with members over the coming months and we will share emerging proposals with member practices to develop these further.

Partnership with voluntary, community and resident representatives
We recognise it is equally important the strong relationships that our five CCGs have with local voluntary, community and patient groups are retained as we merge, and that we do not lose vital 'touch points' that allow us to listen to local voices. Work is underway on a detailed Patient and Public Engagement strategy, which we will involve partner organisations in developing. More information on this will be shared with practices.

The proposed merger provides us the opportunity to achieve an optimum balance of delivering healthcare services that are best commissioned at scale across NCL and those that are best commissioned at a local level, to better deliver improvement in health outcomes and reduce inequalities. However, it is important that clear local accountability is retained and that borough-based working remains a key part of our delivery model. We look forward to working closely with our members between now and April 2020 to ensure this is the case.

We would warmly welcome further practice feedback on the Constitution, or wider merger planning, to help shape plans for the future. This can be sent direct to me (neel.gupta@nhs.net) or the NCL Governance team (NCL.governance@nhs.net).

Yours sincerely

Neel Gupta
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