

# Creating the new Health and Care landscape



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

## Setting the scene:

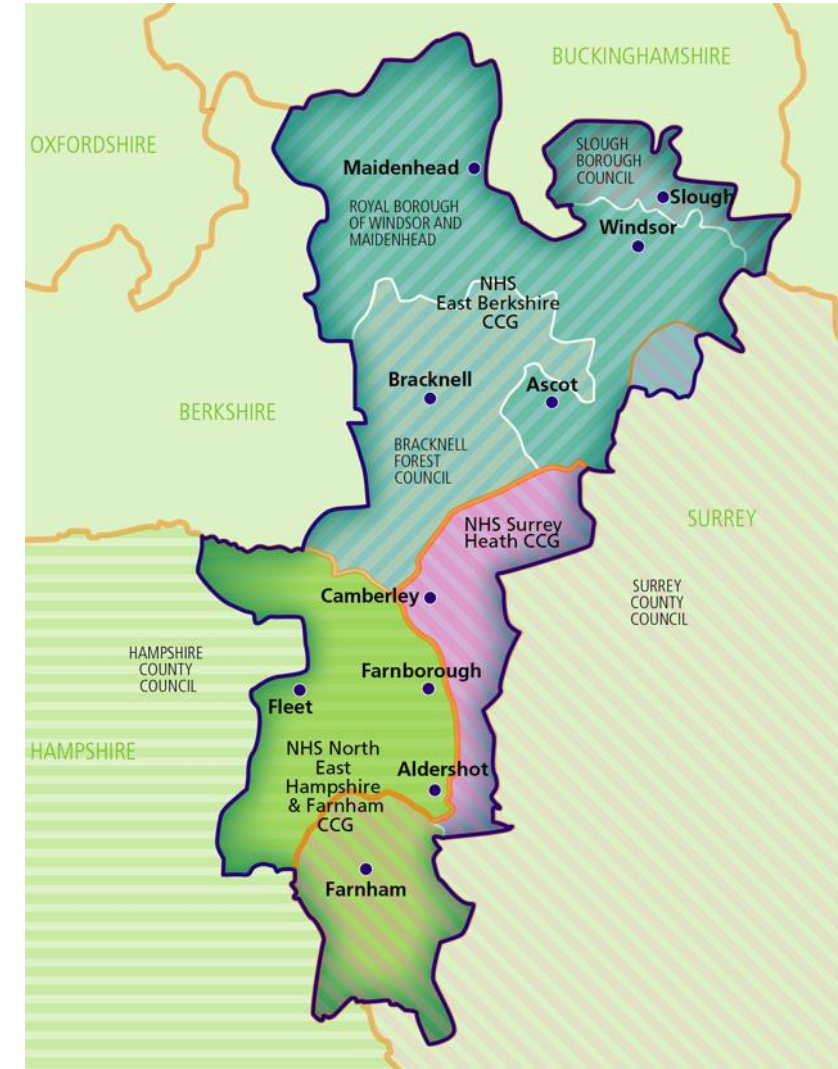
- We want to share our thinking around the developments for future ways of working across the Frimley Collaborative – the three clinical commissioning groups of East Berkshire, North East Hampshire and Farnham and Surrey Heath.
- As you may be aware, nationally NHS England (NHSE) has opened an opportunity for clinical commissioning groups to consider a merger, which would require us to note an expression of interest to NHSE by end of September 2020.
- Our Frimley Collaborative Board have agreed to register an intent to merge at this stage, providing an opportunity for us to further explore our options before final submission.
- The national timetable sets clear deadlines, which means if we were to go ahead with a formal merger we would need to deliver a business case by September 2020, with merger preparation during winter 2020/21 and merger from April 2021.
- The [NHS Long Term Plan](#) ambition is for each Integrated Care System is to have streamlined commissioning arrangements, to enable a single set of commissioning decisions at Integrated Care System, typically involving a single CCG for each ICS.
- The crisis of Covid-19 has demonstrated that we have greater impact when health, social care and communities come together, with a common aim. We have an exciting opportunity for us to build on the many positive examples of change during the pandemic and to transform how we work and ultimately deliver better outcomes for local people.

# What have we achieved as a Collaborative:

- Created five place based leadership teams and structures with clinical leaders, lay members and managing directors;
- Increasing our focus on individuals, neighbourhoods, PCN's and communities;
- Major role in shaping the future ICS and strengthened strategic commissioning across our system;
- Continue to build our evidence based decision making - population health management and focus on health inequalities;
- Created a single executive team and making decisions as a single Collaborative Board\* combining three Governing Bodies together;
- Transformed how we work together as a collaborative and as a system – demonstrating rapid learning and effective working with our COVID 19 Pandemic response; and
- Created shared priorities and values, focusing on the things that really matter and working collaboratively with our partners across health and care.

\*January 2020

## Frimley Collaborative Partnership of Clinical Commissioning Groups





# Working in a way that is right for local people:

- ✓ We know that many people are unaware of the structures that make up their local health and care services – we want local people to know the NHS is working as a whole system to provide the best services and outcomes for the local population, regardless of our organisational boundaries;
- ✓ We also want them to know we are delivering consistently good quality services, targeted and tailored to meet the needs of our local population and delivering positive outcomes no matter where people live;
- ✓ We will retain a local focus in five places and work closely with our PCNs to ensure we continue to make clinically led decisions, increasing our focus on the local population and the communities and neighbourhoods within them;
- ✓ We want patients and local people to know that our decisions are based on good evidence and insight from across health and care and our third sector, including what people tell us about their experiences of using health and care services;
- ✓ We want to stop people becoming ill where we can, so that the future way of working and how people access services is different, more focused on preventing ill health and supporting people to look after themselves.



# Working in a way that is right for the future:

- ✓ The NHS Long Term Plan ambition is for each Integrated Care System to have streamlined commissioning arrangements, to enable a single set of commissioning decisions at ICS level - typically involving a single CCG for each ICS;
- ✓ We want to have a collective commissioning voice across our system, strengthening our role as we integrate further with our partners across Frimley Health and Care;
- ✓ It makes sense to work together to maximise the benefit of the way we use our resources across our three CCG's and Frimley Health and Care ICS;
- ✓ We want to do things once where it makes sense to, working at scale when it is right to do so and reducing duplication - such as on clinical transformation projects across acute, community and primary care;
- ✓ We can increase our understanding of population health by sharing and using data and insight across our organisations to drive decision making and address health inequalities across our system and at place



# How will the landscape look in the future?:

**Frimley Collaborative**  
Partnership of Clinical Commissioning Groups

- ✓ We will focus on improving population health outcomes and where our services can be more efficient – particularly around services closer to peoples homes;
- ✓ Frimley ICS is one of the leading systems in the country – with that position comes potential opportunities – we want to take advantage of those opportunities and continue to drive transformation and innovation across our services;
- ✓ We need to provide greater value for money as we reduce duplication, freeing up much needed resource and expertise to work collectively on the things where it makes sense to do just once and where we can make the biggest difference;
- ✓ There will be opportunities to use resources and assets more effectively and collectively, centralising some functions to be more effective and streamlined – meaning better access to support and expertise;
- ✓ We will create new ways of working to simplify how we do business such as making it easier to share data and where possible not doing things three times;
- ✓ We will develop clear, lean decision making processes that support getting things done



# What are the benefits/opportunities that a merger could provide?:

By working as a merged organisation we will:

- ✓ Be more resilient to our continued pandemic response by combining our ways of working and our capability and capacity even further
- ✓ Be able to retain local knowledge and use population health management and local insight at the centre of our decisions
- ✓ Be able to combine the best of our resources, bringing together expertise from across the three CCG's and resources such as staff intranet, HR portals, system level training hubs;
- ✓ Build on what already works - retain our strengths, learn from each other and harness our talent
- ✓ Target and tailor services, recognising the need to adapt and deliver services to meet the needs of our local communities
- ✓ Align our priorities with local authorities, third sector and community partners at place and across the system or particular communities where it makes sense
- ✓ Create opportunities to develop stronger local partnerships and community led projects
- ✓ Create more opportunities to talk and listen to our local communities, co-designing our services and the community deal(s)



# Timetable:

- **July – August 2020** – engagement programme to seek the views of the staff, public, local councils, ICS partners, member practices, and local organisations to help develop the case for change and show how we have incorporated their views in how we plan to work in the future.
- These views will play a key part of the decision making process when the Collaborative Board meet on 8 September 2020. Alongside the case for change that clearly sets out the pros and cons of a future merger.
- **September 2020** - the Collaborative Board will deliberate whether or not to submit an application to NHSE to merge.
- **Mid September 2020** – member practices will be asked to vote on the proposed merger.
- **30 September** – deadline for application to NHSE/I





# What happens if we decide to submit an application to merge?

- 30 September – deadline for application to NHSE/I
- October 2020 – NHSE/I hold a regional panel and will decide on the merger and whether to offer a conditional approval.
- Oct - November 2020 - We expect to receive feedback on the application and we will need to move quickly to finalise the new CCG constitution before the end of the year.
- January – March 2021 – Mobilisation period and when all the technical aspects are carried out – asset and resources transfer to the new organisation.
- Mid March 2021 – formal notification from NHSE/I on the new organisation and the dissolution of the three CCGs.
- 1 April 2021 – new CCG



# What next:

We want to hear your views on the following questions

- a) What are the benefits and opportunities that a merger would provide – to you, your CCG/Place, our practices and our patients/local communities?
- b) What are the challenges from your perspective, that a merger could effect?
- c) What do you think is important for us to retain?
- d) Are there some practical things that you think we need to be aware of and consider as part of the merger discussions?