



**Bedfordshire, Luton
and Milton Keynes**
Commissioning Collaborative

An NHS for the future

Public Engagement Briefing

An engagement briefing on the proposal to change current commissioning arrangements to create NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group by April 2021.

August 2020

Introduction from the Clinical Chair of Bedfordshire, Luton and Milton Keynes CCGs

There are currently three Clinical Commissioning Groups operating across Bedfordshire, Luton and Milton Keynes (BLMK). Over the last 18 months we have been working closely together to improve the health and wellbeing of the population we serve. During the Covid-19 emergency we have experienced the real benefits that joint working can bring.

We believe that having a single CCG, instead of three separate organisations will allow us to make better use of our resources, reduce duplication and spread good practice.

This change means we are taking the right steps to help us deliver the NHS Long Term Plan, published in January 2019 This outlines that there should be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS). Bedfordshire, Luton and Milton Keynes is an ICS. As a system we will work together with our partners in the NHS, local government, patient representatives, volunteers and local communities to help people live longer and healthier lives.

The role of Clinical Commissioning Groups is to buy health services for their population and make sure they are of good quality. They are member organisations, responsible for and accountable to the member GP surgeries and the populations they serve. As one of the fastest growing areas in England, we need to take steps to make sure that our local NHS is ready for the future and can meet the needs of our almost one million population within the finances allocated to us by national government.

We know from the listening we have already done that people want services to remain local. This is very important to us and we want to make sure that each place has its own representation built into the governance arrangements so that there is a strong local voice in our decision-making. We believe it makes sense to work together, whilst also allowing each local area to flourish

This proposal will have an impact on how we operate as commissioners and we understand that you will want to know practically how this proposal will affect you and your family. This document helps to explain this as much as possible.

The Clinical Commissioning Groups (CCGs) in Bedfordshire, Luton and Milton Keynes have begun an engagement process with a view to coming together as one organisation by April 2021

We welcome your feedback and encourage you to make your voice heard. Please take time to complete the short survey on our website. Your views will be taken into account when the Governing Bodies of the three CCGs meet on 22 September 2020.

Thank you



Dr Nicola Smith
Chair, Bedfordshire, Luton and Milton Keynes CCGs

3 August 2020

What's this about?

Currently, there are three CCGs in Bedfordshire, Luton and Milton Keynes (BLMK).

CCGs are NHS organisations made up of clinicians, General Practices and NHS Managers, who work together to buy health services for the people of Bedfordshire, Luton and Milton Keynes.

We propose to bring together the three CCGs to form one organisation, NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group and we want to know what you think about this.

There are national criteria which must be addressed for creating one single CCG. These are summarised in the appendix.

How long do I have to give feedback?

You can respond to this proposal between 3rd August and 13th September 2020.

We have already been speaking to GP Members, stakeholders and local people over recent months and are collating the feedback we have received in order to show how your feedback has been considered. There is a summary of the key areas people have raised and our responses here at the end of this document.

What is not included in this document?

This document sets out how we intend to manage the commissioning of health services in Bedfordshire, Luton and Milton Keynes. It is about commissioning arrangements only. It does not focus on any other NHS organisation (such as hospitals, mental health organisations, or primary and community care), NHS funded health services or relationship with Local Authorities.

The proposal will not affect how you access your doctor or any NHS services, you may need.

Who we are and what we do?

Our three Clinical Commissioning Groups (CCGs) are:

- Bedfordshire Clinical Commissioning Group
- Luton Clinical Commissioning Group
- Milton Keynes Clinical Commissioning Group

All three CCGs are separate organisations that are responsible for buying health services including GP surgeries, hospitals, community health care and mental health care in Bedfordshire, Luton and Milton Keynes.

Since 2018, the three CCGs have been working more closely together. We have a single Chair (Nicola Smith), single Accountable Officer (Patricia Davies), supported by a single executive team. In April 2020 we introduced transitional 'shadow working' arrangements to align our governance and help us to work more as one organisation.

Having one executive team has already delivered greater stability in leadership arrangements – something we have struggled to achieve as three smaller organisations. Stable leadership helps us to work better with our partners in delivering improvements to services.

The boundaries we cover

The boundary of our area aligns with the Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) and includes:

- Bedford Borough
- Central Bedfordshire
- Milton Keynes Borough
- Luton Borough

Our area has:

- Two acute hospital trusts*
- 98 GP practices
- Two ambulance service trusts
- Two mental health providers
- Three community health providers



**On 1 April 2020, Bedford Hospital NHS Trust and the Luton and Dunstable University Hospital NHS Foundation Trust merged to form Bedfordshire Hospitals NHS Foundation Trust.*

We currently have almost one million people living within our boundaries, however BLMK is one of the fastest growing areas in the country, with our population forecast to increase by up to 90% by 2050.

BLMK is an area of diversity:

- There is a 20-year gap in life expectancy between the poorest and more affluent areas;
- We have an ageing population, high birth rate and more people are living with more than one long term health condition such as diabetes, heart failure, respiratory disease and cancer;
- Prior to Covid-19, the number of people seeking treatment at our A&E departments was rising year on year, putting more and more pressure on our hospitals and ambulance services;
- Coronary heart disease admission rates are higher than the national average
- We face workforce shortages and financial pressures and these will get worse if we continue to work in the same way without changing.

Our Proposal - what do we want to achieve?

By becoming one organisation and changing the way we commission services we aim to achieve our vision of:

Working together to improve health and wellbeing and reduce inequalities for the people of Bedfordshire, Luton and Milton Keynes

We want to become a strategic commissioner, which means:

- Closer working with health, local authority, social care and voluntary sector partners to develop improved ways of delivering services
- Taking a longer-term approach to allow more time to develop new ways of working
- Introducing new ways of paying and contracting for services that make it easier to introduce improvements
- Using data and information to understand people's health needs better and to target support where it is most needed
- Working with Primary Care Networks (groups of General Practices) to make sure their services meet the needs of their communities.

We have an urgent need to reduce health inequalities and improve health outcomes for our population – this is more important than ever as a result of the Covid-19 pandemic. As three separate organisations, we have taken steps to understand and tackle health inequality, but by coming together and reducing duplication we will have greater resources to be able to do this work.

What are the changes we propose?

We plan to create a new, single CCG for Bedfordshire, Luton and Milton Keynes with one Governing Body. These changes are planned to come into effect on 1 April 2021.

The new organisation will be called: NHS Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group.

We are already working as one team in 'shadow form' to prepare us for the new way of working and this is already delivering greater efficiency and effectiveness. Becoming one legal organisation will remove the need to do some things three times, like producing three sets of annual reports and accounts.

The Accountable Officer, Executive team and Chair of the three CCGs are clear that it is imperative that the BLMK CCG has strong:

- **local focus** – so that it can respond to and meet the needs of local communities; and
- **clinical leadership** – giving doctors, nurses and other healthcare professionals a key decision making and advisory role in the delivery of services that we provide.

How will we keep a local focus?

So far we have heard that there are two things that are really important to people about the change we are proposing:

- keeping our work locally focussed as well as being focussed on Bedfordshire, Luton and Milton Keynes
- making sure that local areas do not lose their NHS funding

We believe that we will have a stronger local focus as one organisation and are introducing the following actions to deliver on that commitment:

Local Focus

- There will be GPs from the four local authority areas that make up BLMK on our Governing Body
- We will keep local member forums in each area
- There is a lead Executive Director for each Local Authority area in BLMK. They are responsible for working closely with local partners and the Councils to deliver local plans via Health and Wellbeing Boards and other local governance arrangements
- By joining-up some of our support functions we will free-up staff time to work with local partners to deliver improved health outcomes for local communities

Local funding

- We will ring-fence funding for primary care for 2 years after 1 April 2021
- We will be able to access more national funding for local NHS improvements as a bigger organisation
- We will deliver a 20% reduction in our running costs which can be re-invested in front-line services

Why not keep three CCGs?

Staying as we are would not directly align with the national policy direction for the NHS.

Creating one CCG for BLMK will support the development of the BLMK Integrated Care System by making it easier for partners to work together.

We will be able to make greater financial savings by becoming one organisation and these can be re-invested in front-line services.

Having three CCGs has meant that we have to take decisions to three separate Governing Bodies and Committees and this slows down our ability to make changes. We will make quicker decisions as one organisation.

We are committed to retaining a local focus within these arrangements and are ensuring that there is a strong local voice in our decision-making.

The benefits of our proposal

There are many benefits that will be delivered by creating one CCG. These are summarised below and will benefit patients and local people, GPs and other clinicians, health and care partners and many others.

Benefits of the BLMK CCG



Patients

Improved engagement with public
 Public engagement in decision-making
 Lower running costs
 Budgets allocated by population need
 Greater integration with local authorities and more integrated commissioning
 Strong, unified commissioning voice
 Improved quality & safety of care for patients
 Reinvestment in front-line workforce



GPs

GP membership organisation
 New constitution & appointment of local GP representatives to the GB
 CCG commissioning primary care - managed locally with clinical leadership
 Primary Care funding ring fenced for two years
 Wide-range of clinical roles at BLMK, place and PCN level



Local Authorities

Local voice determines priorities
 PCNs strengthen local accountability
 Health and Wellbeing Boards provide the strategic steer for effective local delivery
 Closer integration to achieve more within budget
 Innovation & greater freedom to work together to agreed outcomes
 Opportunities for joint appointments & shared work programmes
 Opportunities to extend joint commissioning of local services
 Executive Lead for each LA



Staff

Greater resilience
 Economies of scale and reduce duplication
 New opportunities for staff
 Work in a new way, making the best use of new technology
 Improving work / life balance
 Consistent leadership & direction for staff
 Greater financial stability
 Opportunities to share knowledge & learn



Partners

Partner in BLMK ICS
 Streamlining commissioning
 Single point of contact for partners & single vision for commissioning
 Support for existing partnerships & working relationships at place with ICPs & PCNs
 Releasing staff capacity to support the ICS, ICPs and PCNs
 Longer-term outcome-based contracts supporting integration & innovation
 Opportunity to delegate CCG functions to partners



Financial

Financial sustainability – contributes to achieving BLMK Control Total
 Economies of scale, stronger negotiating position
 Share financial skills across the system
 20% savings on our management costs
 Strategically commission services via
 Longer term outcomes based contracts
 Commissioning consistent care improves efficiency

How will we engage?

We have been talking to our GP Members, other NHS providers, local authorities and residents about our proposal.

We have created a short on-line survey so that you can share your views with us
<https://www.surveymonkey.co.uk/r/OneBLMKpublic>

Our Governing Bodies will listen to all feedback and take it into account before our final submission in September 2020.

We want to hear from local residents and have activities planned throughout August and September to listen to local views.

We are committed to transparency and we will provide a detailed report on our website, to show the feedback that we have received. Your feedback will also be considered at a meeting in public of our Governing Body in September.

Have your say

If you would like more information about our proposal, visit the BLMK CCGs website:

www.blmkccg.nhs.uk

You can access information online:

- About our proposal,
- Find out more about the online events you can attend to listen to our local GPs and Executives and ask questions about the proposal.

You can share your views by:

- Completing our on-line survey <https://www.surveymonkey.co.uk/r/OneBLMKpublic>
- Attending our Governing Body meeting on 22 September 2020 which will be a live stream virtual meeting. Look out for the link on our website and social media closer to the date and questions can be submitted up to 7 days before the meeting via: involvement.bedfordshireccg@nhs.net
- Speaking to your local Councillor / MP

What happens next?

The deadline for feedback on this proposal is **13 September 2020**.

Once we have listened to all the views presented, we will provide a detailed report for discussion at our Governing Body in September 2020. Regular updates will also be provided on our website and to our Governing Body, to ensure absolute transparency in the process.

Your feedback will be considered as part of the final submission process to NHS England and NHS Improvement. The final decision will be taken in September 2020.

We will make the findings and decision public as soon as possible.

We will continue to communicate and engage with the BLMK public on the process of becoming one CCG following the submission of our application leading up to the merger in April 2021.

Appendix

Summary of NHSEI Criteria for CCG Mergers

- **Alignment with or within the local Integrated Care Partnership:** As one of the constituent partners of the ICS, the CCG is aligned to the ICP;
- **Engagement with local authorities:** The Bedfordshire, Luton and Milton Keynes CCGs have worked closely with Bedford Borough Council, Central Bedfordshire Council, Luton Council and Milton Keynes Council for many years, both as a CCG and as a Primary Care Trust (the predecessor to CCGs). Integration with our councils is at the centre of our approach.
- **Strategic, integrated commissioning capacity and capability:** we are committed to boosting commissioning capability and capacity in our area, as set out by our approach on page 4.
- **Clinical leadership:** we have already taken steps to strengthen clinical leadership in the Commissioning Collaborative by appointing a Medical Director and a Nursing Director. We plan to build on this by working with GP Members and clinicians to co-produce new governance arrangements to maintain clinical views in the driving seat of the organisation.
- **Financial management:** A new CCG is required to have robust financial governance and independent audit. The BLMK Commissioning Collaborative already has a strong financial team in place and details of future arrangements would be developed as this plan is further developed.
- **Joint working:** the creation of one single CCG should build on collaborative working between the existing CCGs and represent a logical next step from current arrangements.
- **Ability to engage with local communities:** safeguarding public involvement and ensuring their views are represented in decision-making and our governance processes remains paramount. As part of the development of the new CCG, a new social cohesion and involvement strategy, and a communications and engagement plan would be developed to ensure local views are listened to.
- **Cost savings:** There are financial benefits associated with the creation of the new CCG, as outlined within this document.
- **CCG Governing Body approval:** the application to create a single CCG must show evidence of approval from each existing CCG Governing Body. The three CCGs have so far agreed on the direction of travel for this proposal.
- **GP Members and local Healthwatch consultation:** this is underway and in development.

Key themes and our response

Risk of loss of local focus	<ul style="list-style-type: none"> • Retaining locally based CCG staff • Executive Lead for each Borough • GP from each Borough on Governing Body • Consolidation releases capacity to drive local transformation at ICP & PCN level • Population health management approach – responds to local needs at PCN & LA & addresses wider determinants of health
Protect the local NHS £	<ul style="list-style-type: none"> • Ongoing commitment to transparency - part of BLMK system control total • Section 75s will continue and can be enhanced • Enhanced finance and contracting workstream (Population Health Management programme) • Primary care funding ring-fenced for 2 years • Reducing overheads to enable re-investment in clinical services
CCG too big/duplication with ICS	<ul style="list-style-type: none"> • Consolidation to one CCG will reduce running costs by 20% • CCG team supports and does not duplicate delivery of ICS functions • Streamlining back office functions will release capacity to local transformation & front line services • CCG functions and staff could transition to ICPs as part of development of strategic commissioning/local developed lead provider arrangements