

## HEALTH & WELLBEING BOARD

**Subject Heading:**

The future of health and care for the people of north east London (NEL); proposal for a single CCG

**Board Lead:**

Steve Rubery, BHR CCGs

**Report Author and contact details:**

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**The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy**

<input type="checkbox"/>	<p>The wider determinants of health</p> <ul style="list-style-type: none"> <li>• Increase employment of people with health problems or disabilities</li> <li>• Develop the Council and NHS Trusts as anchor institutions that consciously seek to maximise the health and wellbeing benefit to residents of everything they do.</li> <li>• Prevent homelessness and minimise the harm caused to those affected, particularly rough sleepers and consequent impacts on the health and social care system.</li> </ul>										
<input type="checkbox"/>	<p>Lifestyles and behaviours</p> <ul style="list-style-type: none"> <li>• The prevention of obesity</li> <li>• Further reduce the prevalence of smoking across the borough and particularly in disadvantaged communities and by vulnerable groups</li> <li>• Strengthen early years providers, schools and colleges as health improving settings</li> </ul>										
<input type="checkbox"/>	<p>The communities and places we live in</p> <ul style="list-style-type: none"> <li>• Realising the benefits of regeneration for the health of local residents and the health and social care services available to them</li> <li>• Targeted multidisciplinary working with people who, because of their life experiences, currently make frequent contact with a range of statutory services that are unable to fully resolve their underlying problem.</li> </ul>										
<input checked="" type="checkbox"/>	<p>Local health and social care services</p> <ul style="list-style-type: none"> <li>• Development of integrated health, housing and social care services at locality level.</li> </ul>										
<input checked="" type="checkbox"/>	<p>BHR Integrated Care Partnership Board Transformation Board</p> <table border="0"> <tr> <td>• Older people and frailty and end of life</td><td>Cancer</td></tr> <tr> <td>• Long term conditions</td><td>Primary Care</td></tr> <tr> <td>• Children and young people</td><td>Accident and Emergency Delivery Board</td></tr> <tr> <td>• Mental health</td><td>Transforming Care Programme Board</td></tr> <tr> <td>• Planned Care</td><td></td></tr> </table>	• Older people and frailty and end of life	Cancer	• Long term conditions	Primary Care	• Children and young people	Accident and Emergency Delivery Board	• Mental health	Transforming Care Programme Board	• Planned Care	
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## SUMMARY

This paper sets out the plan to establish a single CCG for north east London. The new CCG is part of the evolution to an Integrated Care System (ICS) and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale. Among other benefits, this will reduce duplication and releasing capacity to focus on what matters: improving outcomes for residents.

## RECOMMENDATIONS

The Health and Wellbeing Board is asked to: note and comment on the proposal to establish a single CCG for north east London

## REPORT DETAIL

### 1. Introduction and Background

- 1.1 Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCG) shared on Thursday 6th August 2020 two key stakeholder engagement documents which set out the plan to form a single north east London (NEL) CCG. This was part of a wider engagement exercise to share the proposals with key stakeholders from across the seven NEL CCGs.
- 1.2 The plans both build on and bring together the vision for how key stakeholders will work in partnership across north east London to provide the best health and care possible for residents.
- 1.3 The document 'The future of health and care for the people of north east London (NEL)' (appendix one) sets out the overarching NEL vision.
- 1.4 This is supported by appendix two; "What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)" which outlines the history of successful partnership work in BHR which the plans for a single CCG build on, alongside the vision and plan to continue to deliver the majority of health and care services at a local level, working in partnership with providers, local authorities, the community and voluntary sector and local people.

### 2 The plan for a single north east London CCG

- 2.1 The formal process to come together as an integrated care system (ICS) includes the creation of a new CCG for NEL. This is not about creating a large commissioning body; the greatest strengths of the partnerships that we have built across NEL are our local knowledge, strong relationships, and focus on delivering stronger community care.
- 2.2 The new CCG is part of the evolution to an ICS and will be based on what is being referred to as the 80:20 principle. This is about 80% of delivery



continuing at a local level and 20% at NEL level where it makes sense to do things together and achieve economies of scale.

- 2.3 BHR CCGs General Practice (GP) membership are required to undertake a formal vote as part of this process and there is a full engagement programme underway with GPs in various forums over the coming weeks to gather feedback, outlining why this is the right thing to do and discussing how to achieve the best possible outcomes for local people.
- 2.4 There will also be a formal consultation with staff (alongside ongoing engagement) who are employed by the CCG as their employer will change from their current CCG, to the north east London CCG.
- 2.5 A new CCG for NEL will provide the support and strategic overview required to enable the Barking and Dagenham, Havering and Redbridge Integrated Care Partnership to continue on its local integration journey.
- 2.6 The NEL future is based on the following principles:
- Future proofing ahead of any further legislative changes
  - Building on achievements and looking ahead with a positive view of what has been done well and what can be done next both locally and together
  - Reducing duplication and releasing capacity to focus on what matters: local people
  - A level playing field in terms of payment systems and voice for mental and physical health, in and out of hospital care, social care and community health
  - Working together across the whole of NEL for the health of our communities and to drive out inequalities
  - Ultimately ensuring NEL is a place that our workforce want to live and work and our people are able to thrive and age well

### **3. Consultations (list if any)**

- 3.1 There will be a formal consultation with CCG staff employed by the respective seven north east London CCGs as the creation of a single CCG will result in a change in employing organisation. This will continue to be an NHS organisation.

### **4. Recommendations**

- 4.1 The Health and Wellbeing Board is asked to: note and comment on the proposal to establish a single CCG for north east London

**Emily Plane**  
**Programme Lead, BHR System development**



# Havering

LONDON BOROUGH

IMPLICATIONS AND RISKS
None specifically arising from this item
BACKGROUND PAPERS
<p>'The future of health and care for the people of north east London (NEL)'</p> <p>"What does the move to a single NEL Clinical Commissioning Group (CCG) mean for Barking and Dagenham, Havering and Redbridge (BHR)"</p>