



Darlington Clinical Commissioning Group
Durham Dales, Easington and Sedgefield Clinical Commissioning Group
Hartlepool and Stockton-on-Tees Clinical Commissioning Group
North Durham Clinical Commissioning Group
South Tees Clinical Commissioning Group

CCG Collaborative

Darlington, Durham, Teesside, Hambleton Richmondshire and Whitby Joint HOSC

Tuesday 27 November 2018

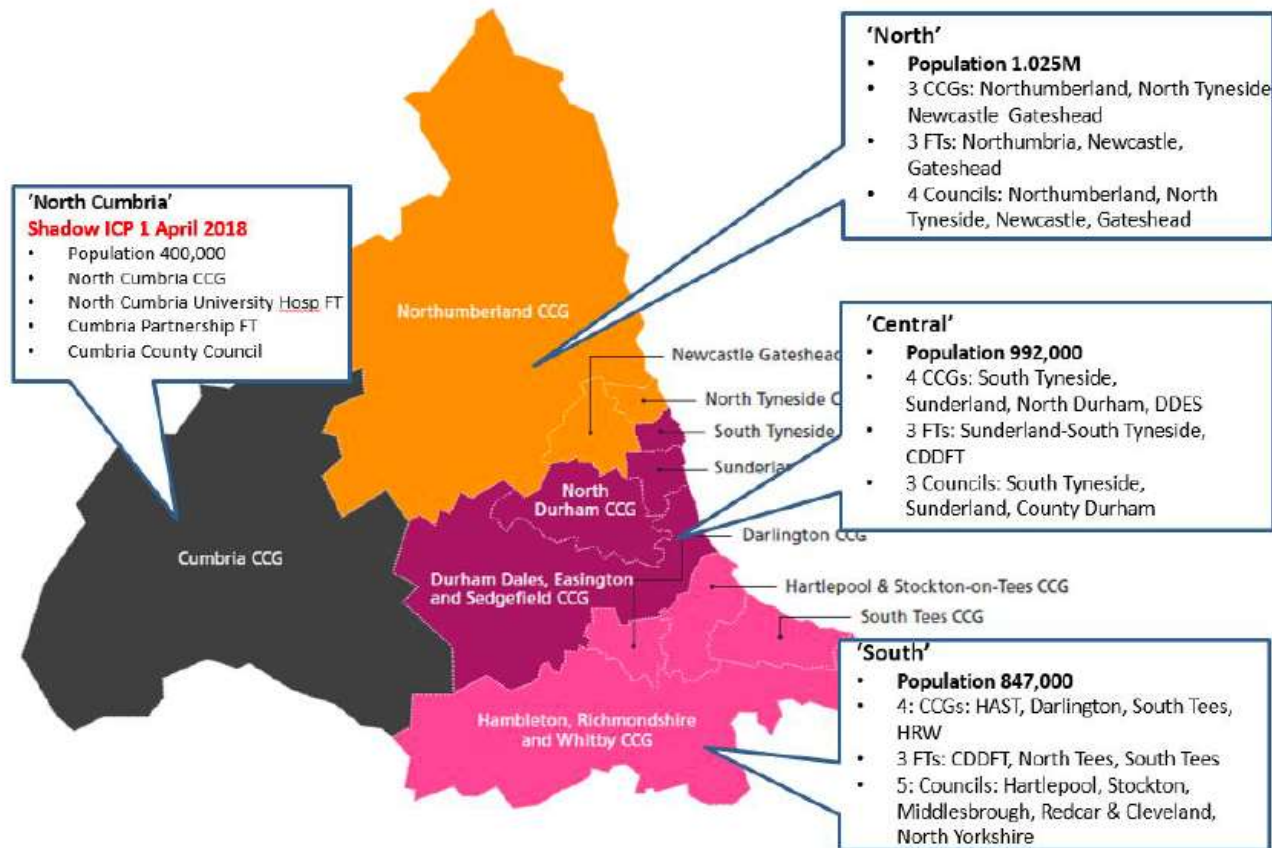


Background

- The Health and Social Care Act 2012 established the statutory role of the Clinical Commissioning Group and sets out the statutory duties and requirements including those roles which are considered 'statutory' i.e. the Chair of the Governing Body, the Chief Officer and the Chief Finance Officer and an Executive Nurse.
- Many CCGs around the country are now either merging or creating joint committees and collaborative arrangements with a single agreed leader/Accountable Officer
- The annual leadership assessment of CCGs by NHS England now includes a focus on collaborative working
- The 5 CCGs in Durham and the Tees Valley (NHS Darlington CCG, NHS Durham Dales, Easington and Sedgefield CCG, NHS Hartlepool and Stockton-on-Tees CCG, North Durham CCG and NHS South Tees CCG) have agreed to develop joint leadership and management arrangements and appointed a single Accountable Officer from 1st October 2018 supported by two Chief Officers and a highly skilled Director team.
- NHS Hambleton, Richmondshire and Whitby work closely with the 'collaborative' on areas of mutual interest e.g. acute services commissioning.

We have concluded on our ICP boundaries

Integrated Care Partnership geographies



Benefits

The CCGs have identified a number of benefits of working more collaboratively, including:

- Working together to share expertise and capacity presents the opportunity to learn quickly, shorten delivery timescales and achieve stretching ambitions
- Shared responsibility and delivery of the STP, working as key system leaders within a complex health and care system supporting the development of an Integrated Care System and Integrated Care Partnerships
- Potential for greater overall clinical engagement and input
- Support for both clinical and managerial succession planning across all CCGs
- Greater potential for influence locally, regionally and nationally
- Opportunity to re-focus, re-energise and align the team to support both the local and wider complex and significant transformation agenda by working at scale
- Reputational benefits for CCGs as joint working brings shared benefits for delivery and improved performance
- Management efficiencies in preparation for any running cost allowance reductions

Approach

- Place Based Commissioning will continue (this is critically important) as we further develop integrated working with local authority and provider partners, develop and extend primary care and community services, ensure services are responsive to local need reducing the reliance on hospital based care
- Each CCG will retain a strong local clinical voice and leadership
- Each CCG will retain individual CCGs statutory status
- Robust governance addressing statutory requirements at CCG level and through an integrated approach across CCG and other partners as new relationships and ways of working embed
- Conducting business in an open and transparent way
- “ clinically led, managerially enabled”
- What’s different ???
no change to partnership working, existing governance or decision making

Next Steps

- The collaboration positions the CCGs well to deal with finance and performance challenges and to support ambitious transformation plans
- Local place based teams will be supported by more robust integrated and at scale 'support' functions freeing capacity for local engagement and shared working with partners.
- Focus on greater integration and partnership approaches for the delivery of services that meet local need
- Supporting staff to deliver at their best through times of change and challenge