

# Strategic case for greater alignment between NHS Croydon CCG and Croydon Health Services NHS Trust

## Executive Summary

### Introduction and context

Croydon is one of London's fastest growing and most diverse boroughs with more than 380,000 residents living locally. Similar to the majority of regions across the UK, the Croydon health and care system is experiencing challenges.

There are significant health inequalities across Croydon – for example, life expectancy in the most deprived areas of the borough is up to ten years lower than the least deprived. 30% of patients treated in hospital are more suited to a community or home setting and large numbers of patients are currently leaving the borough to receive elective care elsewhere. This is occurring at the same time as financial pressures and workforce shortages.

Croydon is already undertaking considerable collaborative work to address these challenges, through partnerships such as the One Croydon Alliance, which has resulted in a number of improvements in care to date.

However, to fully overcome these challenges, further transformative change is required. NHS Croydon CCG (the CCG) and Croydon Health Services (CHS) therefore plan to move towards greater alignment and integration, implementing a place-based model of care.

Croydon is in an ideal position for such models with a single provider of both acute and community services, a single co-terminus CCG and local authority and a commitment to integrated working at the place level. Although this next step is between two health organisations, it is expected that over time it will evolve to include all of the partners of the One Croydon Alliance, as well as factoring in Croydon's role in the broader South West London area as the potential for the merger of CCGs across the STP area progresses.

The ultimate goal of greater alignment is to:

- improve the health of the Croydon population
- provide better quality care for patients
- improve ways of working and return the system to sustainable financial balance
- provide opportunities to combine staff focus on system transformation
- create a greater range of roles to support recruitment and retention.

We will achieve this through transforming clinical services across both primary and secondary care, but also improving organisational alignment and system performance in other areas, including shared functions and shared governance.

### Our proposal

Developing a place-based model will be a continuous process. Croydon is already working as a system-wide collaboration through the One Croydon Alliance, and significant progress towards greater alignment has been made between CHS and Croydon CCG. The next stage

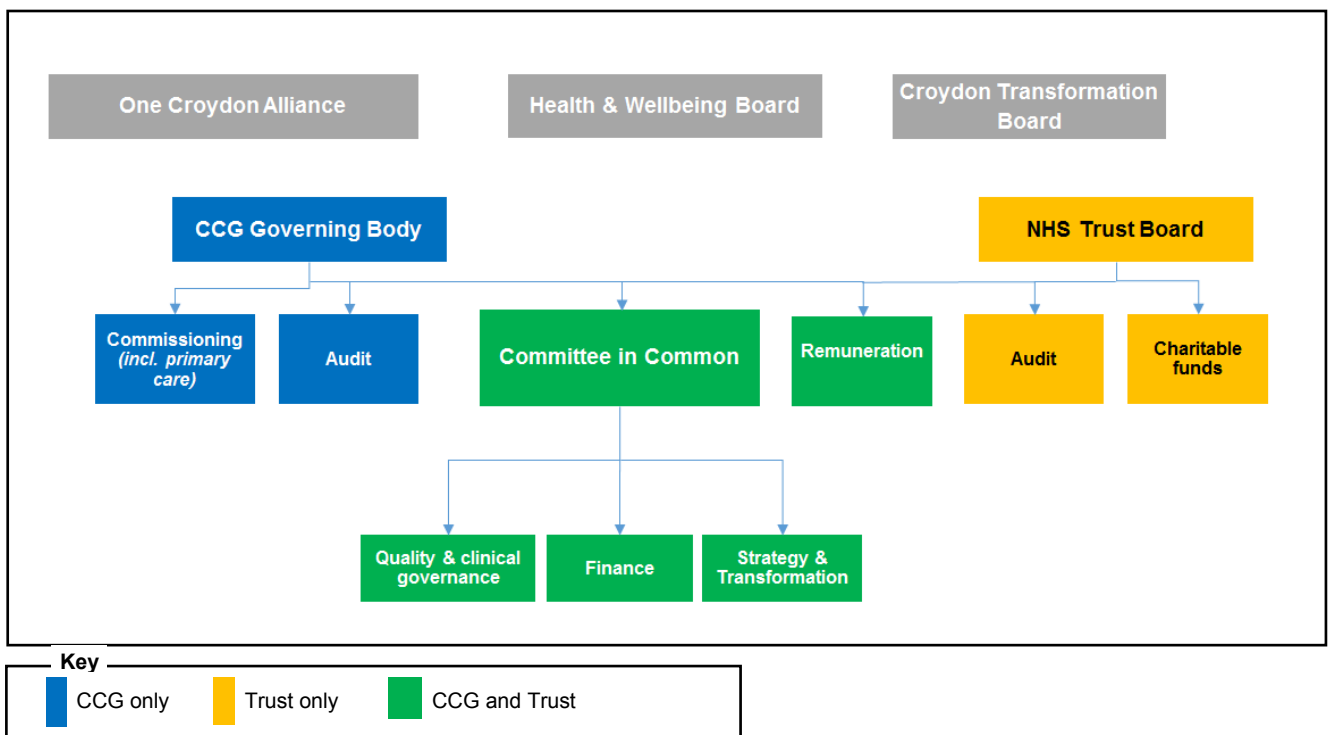
of alignment will see CHS and the CCG effectively operating as a single organisation across many of our core responsibilities.

Key to this model is a single place-based leadership team and full alignment across provider services, finance, clinical leadership and strategy and transformation, with executives having responsibilities spanning both organisations.

However, responsibilities related to commissioning, procurement and contracting will remain a CCG only function to manage any potential conflicts of interest.

As this is not a formal merger, the CCG Governing Body and the Trust Board will continue to exist and be held accountable for their respective statutory duties. However, all key decisions relating to strategy, transformation and finance will be taken at a committee in common made up of executives, NEDs and lay members of both organisations.

### Proposed governance structure



We recognise that the CCG and CHS may not appoint a statutory joint committee, therefore we plan to appoint ‘committees in common’, with authority from the CCG Governing Body and Trust Board respectively.

### South West London context

In parallel, all six south west London governing bodies are considering a potential south west London CCG merger by April 2020 in line with the NHS Long Term Plan. All CCGs want to make sure our people and functions are in the right place, at the right level and the right scale in the future. We also want to make it easier for health and care organisations to work more closely together at a local level. There is a commitment that 80% of care will continue to be commissioned and delivered locally in our six boroughs.

Our SWL partners are supportive of Croydon’s plan to move to a place-based model of care in light of wider ambitions to create a SWL Integrated Care system. SWL view Croydon as a

potential model for how place-based care will be delivered as part of the ICS and will be looking to develop the ICS in conjunction with the work happening in Croydon.

While some of the planned structures for Croydon may evolve to reflect this work, we would expect the principles of the Croydon place-based model to remain the same. To that end the governance structure set out above could reflect the position if the CCG remains in Croydon or is merged into a single South West London CCG. It should be noted that the potential for conflict of interest would naturally lessen should there be a merger of CCGs.

Similarly, we would expect that over time we will need to consider how to reflect the One Croydon Alliance partners and the Croydon Health and Wellbeing Board in the proposed governance arrangements. The alignment and integration of CCG and CHS is only the first step in providing a fully joined-up approach for the people of Croydon.

### Plans for implementation

We recognise that to develop and implement a sustainable place-based model it is essential that we break down organisational barriers and remove the siloed working that can create conflicting priorities within the system.

Croydon has a growing track record of collaborative working and the next phase of alignment will build on these successes.

The Trust and CCG have already formed one shared safeguarding team – bringing together the combined expertise across both organisations to strengthen protection for children and vulnerable people.

Shared appointments like Croydon's Chief Pharmacist show how seamless care can be provided between hospital and primary services, saving time and money, whilst giving people a more coordinated service.

Most recently, the Trust and CCG have appointed a Joint Chief Nurse to lead nursing, midwifery and allied health professionals across both organisations to improve the consistency of care and health outcomes for people in Croydon.

Our partnership proposals to bring the Trust and CCG closer together include:

- A 'place-based leader' – appointing a single leader for CHS and Croydon CCG – and a number of joint executive posts
- A number of shared forums across assurance and decision making for example for the exec team, finance and quality
- A set of functions and/or roles that are employed jointly and shared between CHS and CCG
- Shared strategic priorities and a single delivery plan across CHS and CCG
- A single control total and financial plan (the joint control total sets a combined deficit target for the Trust and CCG of no more than £9.7m in 2019/20)
- Creating a stronger, common and consistent voice for health and care in Croydon.

A number of 'committees in common' will be established by both organisations that will operate as virtual joint committees, meeting at the same time and venue and sharing agendas and papers. The committees are expected to have overlapping membership, reducing the likelihood of inconsistent decisions or deadlock. However, shared roles would be limited to executive (salaried) posts and would include a shared place-based leader.

Some committees would remain distinct for the purposes of managing conflict of interests – for example, a Health Commissioning Committee, Audit Committees and the Trust’s Charitable Funds Committee.

### Achievements to date

Croydon is already undertaking considerable collaborative working across the system, which has resulted in a number of improvements in care to date.

### One Croydon Alliance

Our One Croydon partnership was crowned winner of the Local Government Chronicle (LGC) Health and Social Care Award at the LGC Awards 2019. The judges commented that the entry showed impressive scale and system-wide leadership – with real impact.

Formed in 2017, the One Croydon alliance is a partnership between Croydon Health Services and Croydon CCG, alongside the South London and the Maudsley NHS Foundation Trust (SLAM), Croydon Council, the Croydon GP Collaborative and Age UK Croydon. The One Croydon Alliance has focussed firstly on working together to improve the quality of care provided to the over-65s, shifting from reactive care to proactive care, via the use of multi-disciplinary teams and coordination across care-settings. Our intention is to extend this to improve our services for people of all ages.

To date One Croydon has implemented several key initiatives, including:

- the establishment of **six multi-agency, integrated care networks** and huddles across Croydon, which resulted in a 15% decrease in the number of unplanned admissions amongst the over 65s, compared to an increase in unplanned admissions overall;
- the implementation of a **Living Independently for Everyone (LIFE) scheme** – 60% of people participating in the LIFE programme did not require long-term care packages after discharge from hospital;
- the establishment of a Croydon-wide transformation board to support the change delivered through the Alliance.

### Better results against key targets

Furthermore, CHS and Croydon CCG are beginning to realise benefits of improved relationships and working together. Since July 2018, joint working together and releasing time to care has seen CHS’s 62-day cancer targets improve from 78% to 80% (Nov 2018), and its RTT targets have continually remained above the 92% target.

### CHS as provider of choice

Both organisations are committed to encouraging local patients and GPs to choose Croydon Health Services for elective care. We have reviewed elective flows and are engaging jointly with Croydon GPs to strengthen pathways and referrals. We have also established a weekly elective delivery group between the CCG and CHS to support this.

### Joint Control Total

Both CHS and CCG were placed in Financial Special Measures by NHS regulators in 2016. The Trust successfully exited the scheme seven months later and the CCG exited in July 2018.

For the first time, Croydon CCG has achieved a balanced financial position, achieving the planned surplus at year end for 2018/19. In total, the CCG delivered savings of over £98 million in the six years since it was established. Whilst having to take some difficult decisions, the overarching focus has been on working with partners to keep people as

healthy and independent as they can be, improving care quality and reducing waste adopting innovation.

We are now in a very strong position to agree a shared control total so that we can make sure we invest every pound in the best and most efficient way possible. The new joint control total sets a combined deficit target for the Trust and CCG of no more than £9.7m in 2019/20. To put this in context, the NHS in Croydon spends £6.5m every week on hospital and community services in the borough.

### Future developments

Increasing organisational alignment will allow the Trust and CCG to deliver large-scale service and clinical transformation projects across acute, community and primary care, which benefits the whole system rather than individual care settings. It will:

- remove duplication of function to enable resources and assets to be used more effectively;
- reduce misalignment, divergent priorities, and conflicts, which waste unnecessary time and resources;
- allow the Trust and CCG to share approaches, capability and best practice with one another.
- Be part of a continuous process towards a wider, place-based model – we continue to work closely to discuss this with our Alliance partners

### Benefits for patients

Both CHS and CCG are committed to reducing health inequalities and supporting local people to live longer, healthier lives. Our plans will directly benefit patients in a number of ways:

- More services delivered locally in settings closer to home
- Reduced waiting times and shorter stays in hospital
- Seamless pathways between primary, secondary and community care
- People kept well and out of hospital wherever possible
- Effective and accessible hospital care when required
- Improved care and outcomes for those living with long term conditions
- Equality of access and care standards across the borough

### Benefits for staff

For staff, closer alignment will help to improve fragmented and disjointed working. Teams will be enabled to work more closely together across organisational boundaries as part of a multi-skilled workforce all supporting the same local people. This will provide a less complicated user experience for patients.

There are workforce shortages across multiple professional groups and staff are stretched trying to meet increasing demand. Reducing duplication and sharing resources and expertise across CHS and CCG will allow us to redirect the time and money saved into delivering care.

### Wider South West London plans

We have developed our proposed alignment with the wider nationwide shift towards integrated and place-based care in mind. The NHS and its partners are being encouraged to design and develop System (ICS), place (borough) and Neighbourhood leadership and organisational arrangements. We recognise that we are operating in an environment of “unknowns”, with the exact route to establishing a South West London ICS currently being designed. However, we know that we are aiming for a place-based model of integrated care for Croydon, nestled within a wider SWL integrated care system.

In developing our place-based solutions for Croydon we are assuming that decisions will continue to be delegated to a place-based level, and that Croydon decision makers will continue to direct 80-90% of commissioning resources related to Croydon under delegated arrangements; however, the exact form of the local place-based functions is still to be determined and may impact on the overall leadership and governance model. We will remain flexible and plan to work closely with the rest of South West London to ensure the solution is one that meets the needs of the population of Croydon and is supportive of the NHS Long Term Plan.

As such, we believe Croydon should continue to progress with its plans for greater alignment and not delay or slow our progress. Croydon's aspirations for place-based care at borough-level is in support of wider ambitions for a South West London ICS. Progress made in Croydon is expected to support wider ICS implementation, with Croydon acting as a potential model as to how place-based care will be delivered within the ICS.

### Timeline

In order to make progress against the challenges facing Croydon today, CHS and Croydon CCG propose moving to the new model at pace over the next 12 months. We plan to go-live with the new model in October 2019, building up to full implementation in April 2020.

Subject to regulator approval, there are a number of key milestones to achieve in order to meet this deadline, including:

- Going live with the agreed Joint Control Total from April 2019
- Appointment of joint roles across CHS and CCG from April 2019 to March 2020
- Recruitment of place-based leader by October 2019
- Standing up on shadow joint functions and shadow board formally by October 2019
- Engagement and collaboration with Croydon and wider SWL partners on an ongoing basis

### Get involved

If you would like more information on these proposals or if you have any questions, please contact us at [Croydon-GetInvolved@swlondon.nhs.uk](mailto:Croydon-GetInvolved@swlondon.nhs.uk)

[www.croydonhealthservices.nhs.uk](http://www.croydonhealthservices.nhs.uk)

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