



**North East London**  
Clinical Commissioning Group

# A brief guide to the new North East London CCG

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April 2021



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**Tower Hamlets, Newham  
and Waltham Forest**

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# In brief

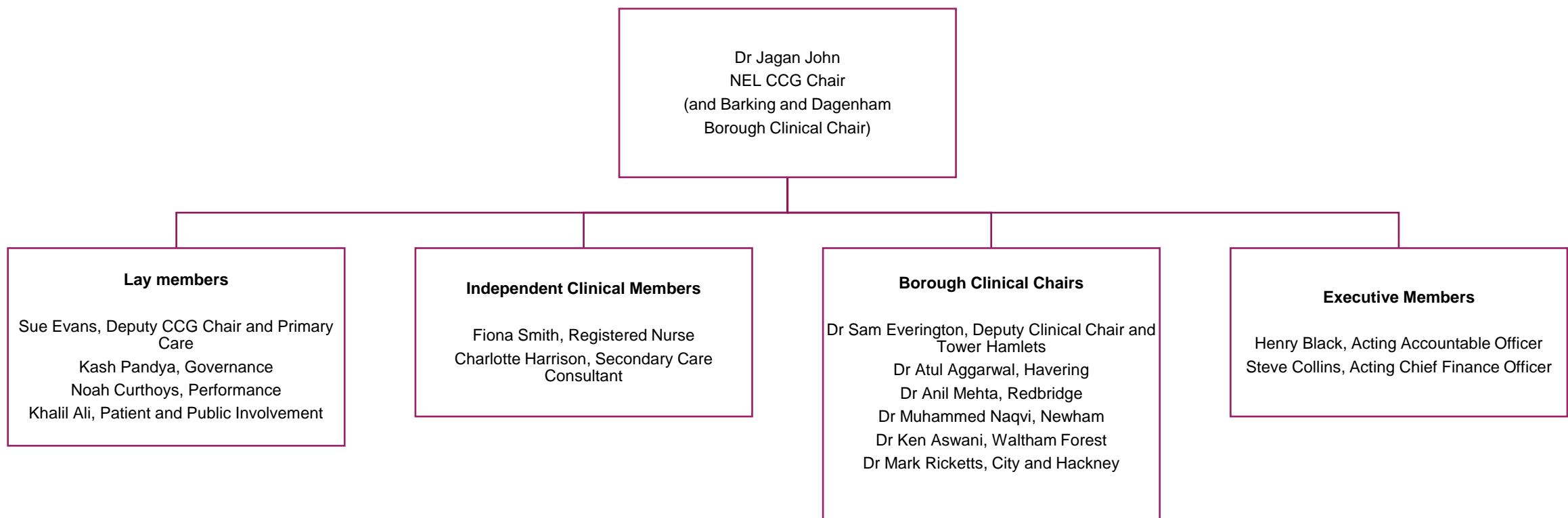
- NHS North East London CCG was formed on 1 April 2021 following the merger into a single organisation of its seven legacy CCGs: City and Hackney, Tower Hamlets, Newham, Waltham Forest, Barking and Dagenham, Havering, and Redbridge.
- A majority of GP member practices in each of the legacy CCGs supported the merger in a vote in October 2020.
- The merger reflects national policy for the streamlining of NHS commissioning in a way that supports the NHS to tackle its biggest strategic issues and to drive up the quality and equity of provision.
- NHS North East London CCG is the local statutory NHS commissioner for the two million people living in the seven boroughs
- It is a member organisation of the North East London integrated care system, alongside councils, NHS trusts, primary care networks, and community partners from across the patch.
- NHS North East London CCG is expected to be a transitional organisation: depending on legislation expected in the summer of 2021, its functions will be folded into the North East London integrated care system when that partnership becomes a statutory organisation from 1 April 2022.

# The NEL CCG governance structure

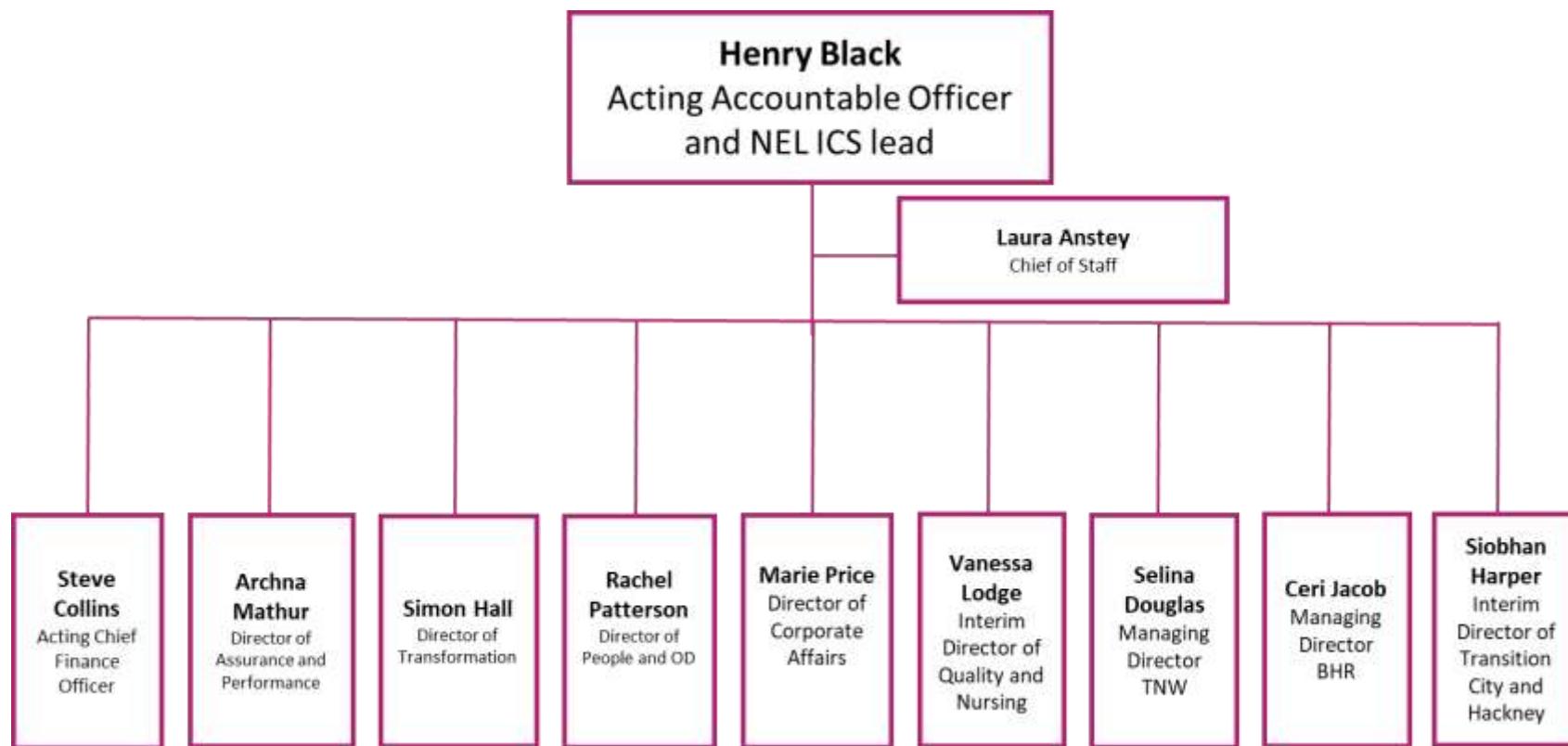


The CCG also has seven GP members' committees where the GP members meet with their borough chair and can exercise their rights as set out in the CCG's constitution.

# The NEL CCG governing body



# The NEL CCG senior management team



# TNW: why the NHS works together across the three boroughs

- NHS England requires the seven boroughs of North East London to work together on improving the health and wellbeing of our two million residents. It also requires partners in each individual borough also work closely together, focussed on local needs and circumstances.
- Within NEL, groups of boroughs also work together between these two levels: TNW, BHR, and City and Hackney.
- These groups of boroughs, also known as integrated care partnerships, are designed to act as a **bridge** between the strategic role of NEL-wide work and the concentrated local relationships delivering transformation in each borough.
- This approach **compliments the strengths of the other two layers** and **mitigates their limitations** – for example, the ability of NEL-wide work to deliver bespoke pathways appropriate to multiple different communities and the ability of place-based partnerships to work together at a sub-NEL scale where more localised collaboration is appropriate.
- Some of the key benefits are:

- co-ordinated programmes of work that **recognise the specific needs of our natural sub-systems**, often based around the acute trust footprints. These programmes are driven by **local interactions between hospitals and primary and community care**, for example on outpatients transformation and long-term conditions management;

- a more meaningful and nimble scale on which to share and act on learning across boroughs with similar populations and challenges;

- collaborative forums to **resolve wicked issues applicable across several boroughs** but not the whole ICS – meaning a quicker and more agile response; and

- **leaner and more efficient** deployment of senior clinical and executive leadership across groups of boroughs.

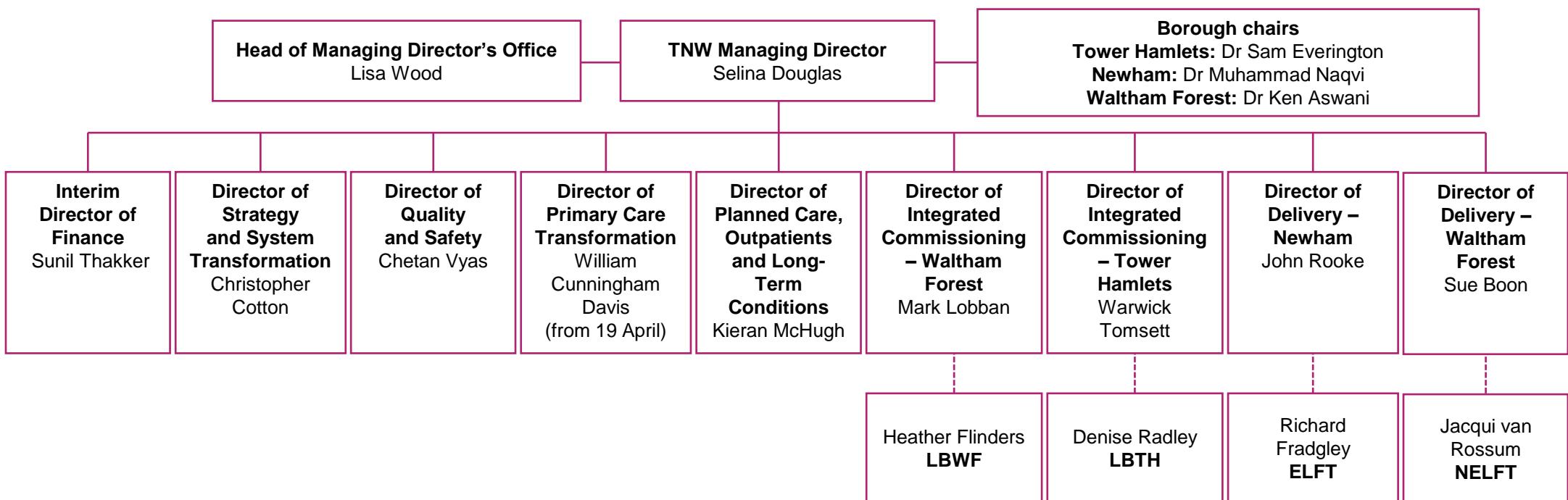
# TNW: part of NEL CCG as well as a broader partnership

- TNW is both a part of the new NEL CCG and an integrated care partnership that brings together organisations from across the three boroughs as part of the North East London Health and Care Partnership.

TNW within NEL CCG	TNW as a partnership within NEL HCP
<ul style="list-style-type: none"><li>• As part of NEL CCG, TNW is led by the Joint Management Team which in turn is supported by the Senior Leadership Group</li><li>• There is a TNW Area Committee, which holds delegated responsibilities from the NEL CCG governing body relevant to the three boroughs</li><li>• There are also two sub-committees:<ul style="list-style-type: none"><li>◦ Finance and performance sub-committee</li><li>◦ Quality, safety and improvement sub-committee</li></ul></li><li>• Each borough has a members' forum:<ul style="list-style-type: none"><li>◦ Tower Hamlets Borough Members' Forum</li><li>◦ Newham Borough Members' Forum</li><li>◦ Waltham Forest Borough Members' Forum</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Each borough also has its own partnership arrangements:<ul style="list-style-type: none"><li>◦ Tower Hamlets Together</li><li>◦ Newham Executive Group</li><li>◦ Waltham Forest Integrated Care Board</li></ul></li><li>• Additionally, as an integrated care partnership, organisations work together across the patch through the TNW Delivery Group, which is now being developed into a broader partnership board</li><li>• There are also multiple improvement and transformation programmes to which all partners contribute, within and across the three boroughs</li></ul>

# The TNW leadership team

- The **Joint Management Team (JMT)** leads TNW in the delivery of the statutory responsibilities delegated to the TNW Area Committee by the NEL CCG governing body.



# CCG governance within TNW

Area committee	Finance and performance sub-committee	Quality, safety, and improvement sub-committee
<p><b>Purpose</b></p> <ul style="list-style-type: none"><li>• To enable the CCG to take decisions on its delegated functions for the TNW area</li><li>• It is a committee of the North East London CCG Governing Body</li></ul> <p><b>Key functions</b></p> <ul style="list-style-type: none"><li>• Commissioning strategy</li><li>• Population health management</li><li>• Market management</li><li>• Financial and contract management</li><li>• Monitoring performance</li><li>• Stakeholder engagement and management</li></ul>	<p><b>Purpose</b></p> <ul style="list-style-type: none"><li>• To support the management of budgets and improvement of performance within TNW</li><li>• It is accountable to the NEL CCG Finance and performance committee and reports into this committee and the Area committee</li></ul> <p><b>Key functions</b></p> <ul style="list-style-type: none"><li>• To gain assurance on the robustness of financial plans and delivery of services within delegated budgets</li><li>• To gain assurance on the financial and contractual performance of TNW providers</li><li>• To make recommendations to the TNW Area committee on areas of additional spend, including areas of transformation and development of health population initiatives</li></ul>	<p><b>Purpose</b></p> <ul style="list-style-type: none"><li>• To exercise the statutory quality, safety, and safeguarding delegated functions within TNW</li><li>• It is accountable to the NEL CCG Quality committee and reports into this committee and the Area committee</li></ul> <p><b>Key functions</b></p> <ul style="list-style-type: none"><li>• To provide assurance around quality and safety and safeguarding matters across TNW, focussed on quality planning, quality surveillance, and quality assurance</li><li>• To make recommendations to the TNW Area Committee on quality assurance and quality improvement matters</li><li>• Through a part two meeting, to focus on driving quality improvement initiatives with partners across TNW, focussing on pathways and systems</li></ul>

# Additional information

- The merger of the CCGs does not itself materially impact how NHS commissioning interacts with local government:
  - borough-based integrated commissioning teams – team members employed by the NHS have become employees of the new single CCG but accountability and management arrangements have not changed
  - accountability to health and wellbeing boards – the new CCG continues to be accountable to health and wellbeing boards in each borough and the management teams will continue to engage with both the board and scrutiny committee in each borough
  - council members' and officers' most senior point of contact in TNW will continue to be Selina Douglas, as the CCG's managing director across the three boroughs
- The borough partnerships continue to be critical elements of the developing North East London integrated care system and the CCG is committed to supported their continued development and impact.

# Developing the NEL ICS

**Overview of National policy for Integrated Care Systems  
and what this means for NEL**

**April 2021**

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# Principles of ICS development



Key expectations (subject to relevant legislation) are:

- There will be **one statutory ICS NHS body and one statutory ICS health and care partnership per ICS from April 2022.**
- **CCG functions will be subsumed into the ICS NHS body** and some NHS England and Improvement direct commissioning functions will be transferred or delegated to ICSs.
- **Staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.**
- Through **strong place-based partnerships**, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. **Joint working with local government will be further supported by the health and care partnership at ICS level.**
- The **development of primary and community services and implementation of population health management will be led at place level**, with **Primary Care Networks as the building blocks of local healthcare integration.**
- **Every acute (non-specialist) and mental health NHS trust and FT will be part of at least one provider collaborative**, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
- **Clinical and professional leadership will be enhanced**, connecting the primary care voice that has been a strong feature of PCNs and CCGs, to clinical and professional leadership from community, acute and mental health providers, public health and social care teams.

# Key timetable – ICS development

**By end Q1** Update SDPs and confirm proposed boundaries, constituent partner organisations and place-based arrangements.

**By end Q2** Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI). Confirm proposed governance arrangements for health and care partnership and NHS ICS body.

**By end Q3** Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.

**By end Q4** Confirm designate appointments to any remaining senior ICS roles. Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies. Submit ICS NHS body Constitution for approval and agree “MOU” with NHS England and NHS Improvement

**1 April** Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

## What this means for North east London

- These proposals are broadly in line with our direction of travel. We have a strong history of partnership working in NEL and our collective response to the Covid-19 pandemic, across health and care has demonstrated the strength of this approach
- We have established strong borough based working and integrated care partnership working across boroughs where it makes sense and place based working will be at the core of our ICS and the proposed legislation supports us to continue to do this
- We have also already been establishing strong provider collaboratives between our acute providers and we have a community based out of hospital collaborative which brings together mental and community health services, as well as a reducing health inequalities collaborative and a primary care collaborative to and these form a key part of our ICS approach
- In April 2021 our seven CCGs became one single CCG for NEL, we have entered a development phase between April and September, establishing our ICS board arrangements and reviewing our clinical leadership and focusing on reducing health inequalities. We are expecting further guidance and will continue to work with our partners to shape the emerging governance structures and priorities
- We anticipate that we will move into formal shadow arrangements in October 2021.

## A locally focused approach

- The borough based partnerships are the building block of local decision-making and will each have a local partnership board.
- Where there is benefit in working across larger footprints, especially around transformation of acute pathways, our Integrated Care Partnerships bring all partners together to improve services.
- The vast majority of responsibility will be delegated down from the ICS but the ICS will maintain some functions where it is appropriate to operate at scale.

## **People at the heart of everything we do**

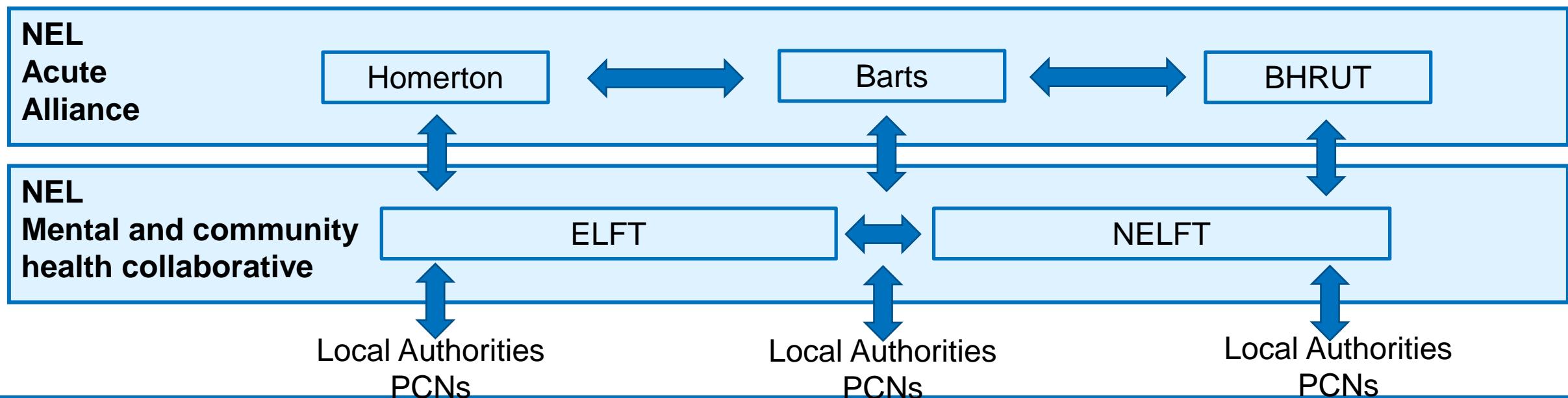
We are committed to:

- Exploring opportunities for co-design and co-production
- Establishing an oversight group of experts to support change programmes
- Looking at how we can involve local people with lived experience in the transformation of health and care services
- Involving community and voluntary services and look at how we involve and inform critical friends
- Where significant change is required, a public consultation process would ensure further engagement opportunities for local people.

# Provider collaboration

**NHS provider trusts will be expected to be part of provider collaboratives, in order to:**

- deliver relevant programmes on behalf of all system partners;
- agree proposals developed by clinical and operational networks, and implement resulting changes (from standard operating procedures to wider service reconfigurations);
- challenge and hold each other to account through agreed systems, processes and ways of working, e.g. an open-book approach to finances/planning;
- enact mutual aid arrangements to enhance resilience, for example by collectively managing waiting lists across the system.



# Workstreams to Develop the ICS during 2021-2022



## ICS Infrastructure

### Governance

Develop light touch governance to make the ICS work smoothly and efficiently whilst maximizing engagement.

Ensuring that the transitional arrangements can evolve into the new statutory arrangements seamlessly.

### Local systems

Implement Borough and local partnership based integrated care arrangements including developing the integrated Primary Care Networks.

### Provider development

Developing provider alliances across Acute, Mental Health, community and primary care providers.

### Operating Model

Create a new financial framework and allocation system.

Create an accountability framework for a self-improving system that shows how the system and constituent partners are delivering against their key outcomes and moves us from an organisational view of quality and performance to a system and patient focused view.

Creating a new outcomes framework and building an integrated planning system.

### Business Intelligence and Population Health Management

Build an effective, integrated approach to Business Intelligence (BI) and Population Health Management (PHM) to support the planning, delivery and performance management of the ICS.

## Delivery enablers

### Strategy

Building on the work to create the LTP and the focus on recovery from Covid-19 the NEL Strategy Directors group are pulling together a strategic framework for the ICS to help shape our priorities.

### People

Implement the NEL People Plan focusing on improving morale, flexible working, equality of opportunity, with a particular focus on the impact Covid-19 has had.

### System and Organisational Development

Focus on improving leadership, clinical culture and sustainability, particularly in outer NEL.

Develop system and organisational development plans to foster new ways of working and roles and responsibilities.

### Estates

Create an integrated Estates capacity across organisations to deliver the Estates Strategy.

### Digital

Roll out digital transformation across NEL.

### Communication and engagement

Bring together communication and engagement leads across NEL to create consistent messages and increase patient and public participation by involving local people in every aspect of the ICS's work.

## Next steps

- ICS Executive to begin to meet to shape the ICS development.
- An ICS steering group and delivery group are being established to drive through the programmes of work.
- ICS Chair to continue to engage with Local Authority leaders on how the overarching governance will develop as we move towards shadow form in October 2021.
- Each workstream lead to lay out their key deliverables and programme of work for the next few months, to be signed off by the ICS Exec.
- Workstream leads to engage with stakeholders to ensure an effective balance of wide-ranging engagement and input, with a action focused task and finish approach.
- A light touch reporting framework is being put in place to track progress and provide assurance. Monthly progress reports will be produced for the ICS Exec and constituent bodies.
- We do not intend to close down on the governance too quickly as we await the conclusions of national consultation.
- Consistent Communication and Engagement material is critical to ensuring wider stakeholder involvement.
- There is an ongoing need for extensive OD, with an early start being built in to support leadership development and the workstreams.
- There is a close link between this work and the implementation of the wider planning guidance.