

Governing Body meeting (held in public)

DATE: 26 November 2015

Title	Constitutional Matters
This paper is for Decision and Information	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <ol style="list-style-type: none"> 1. Note the new Constitution has been approved by NHS England and published on the CCG Website. 2. Note the terms of reference for the <i>South East London Committee in Common for the purpose of strategic decision making</i> has been approved. 3. Appoint three members to the Committee in Common. 4. Approve the (South East London) Collaborative Framework v 2.
Potential areas for Conflicts of interest	None identified in the report.
Executive summary	<p>In May 2015 the Governing Body meeting agreed to:</p> <ul style="list-style-type: none"> • establish a <i>South East London Committee in Common for the purpose of strategic decision making</i> • amend the constitution <p>Following the approval by PCAG to amend the constitution an application was made to NHS England.</p> <p>NHS England has now approved the application (see attachment) and the next step is for the CCG’s governing body to nominate three of its members to represent the CCG on the Committee in Common.</p> <p>It is proposed that each of the constituent parts of the Governing Body are represented on the committee in common (elected members, management members and independent members) and recommended that the Governing Body appoint the following to the committee:</p>

Clinical Commissioning Group

	<p>Dr Nikki Kanani, Chair as an elected member Sarah Blow, Chief Officer as a management member An independent member</p> <p>The collaborative agreement (see attachment) for working across South East London has been refreshed to reflect the new arrangements and presented to the SEL Clinical Strategy Committee on 19th November 2015.</p> <p>The Six CCGs in South East London approved a draft framework for collaboration in August 2012 prior to authorisation and a risk share agreement was agreed.</p> <p>The framework has now been updated, all governance leads across the six CCGs have been consulted on earlier and this final draft; suggested amendments have been incorporated.</p> <p>The main changes from the original version are;</p> <ul style="list-style-type: none"> • The agreement has been simplified with greater use of appendices • The inclusion of hosting arrangements in relation to the PMO • A map of the committee structure to include the Primary Care joint commissioning committees and the committee-in-common for strategic decision making • Provisions for new members to join, members to leave and dispute resolution <p>The risk share section remains unaltered.</p>	
How does this paper support the CCGs objectives? **	Patients:	Changes to the constitution and collaboration arrangements facilitates the CCG working at scale to benefit patients.
	People:	Changes to the constitution and collaboration arrangements facilitates the CCG working at scale to give greater opportunities for staff to develop .
	Pounds:	Changes to the constitution and collaboration arrangements facilitates the CCG working at scale to be more efficient.
	Process:	
What are the Organisational implications	Key risks	No major risks associated with these changes as the governing body retains control.
	Equality	None identified.
	Financial	None identified.

Clinical Commissioning Group

	Data	None identified.
	Legal issues	NHS England have confirmed that the constitutional changes are compatible with the requirements of the Health and Social Care Act 2012.
	NHS constitution	None identified.
Engagement	PCAG, SEL CCGs, Governing Body.	
Audit trail	The report will be published and available for audit purposes.	
Comms plan	The report will be published for public consumption.	
Author: Elinam Attipoe Corporate Governance and Risk Manager	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Simon Evans-Evans Director of Governance and Quality
Date	12 November 2015	

30 October 2015

Sarah Blow
Chief Officer, Bexley CCG
221 Erith Road
Bexleyheath
Kent
DA7 6HZ

Dear Sarah,

Re: CCG proposed constitutional change: Approval of application for Bexley CCG

I would like to thank you for your submission for constitutional change that was submitted in relation to the establishment of a Committee in Common to support decision making for strategic change across the six CCGs in south east London.

NHS England has a responsibility to agree any changes to a CCG constitution that was agreed as part of its authorisation. In line with this responsibility, we need to be assured that the constitution complies with the particular requirements of the NHS Act 2006 as amended by the Health and Social Care Act 2012 and is otherwise appropriate.

I have reviewed your application for constitutional change and the Establishment Agreement and note the inclusion of the 'permissive' clause' regarding NHS England's membership of the Committee in Common, based on the advice provided to you. I am happy to inform you that we are assured that this complies with the requirements.

Next steps

You are now able to amend your constitution as highlighted in your application. Once you have done this and uploaded the new document onto your CCG website, please notify england.londonsubmissions@nhs.net.

Yours sincerely



Matthew Trainer
Director of Commissioning Operations
NHS England – London Region (South London)



Collaborative Framework

Agreed between

NHS Bexley Clinical Commissioning Group;

and

NHS Bromley Clinical Commissioning Group;

and

NHS Greenwich Clinical Commissioning Group;

and

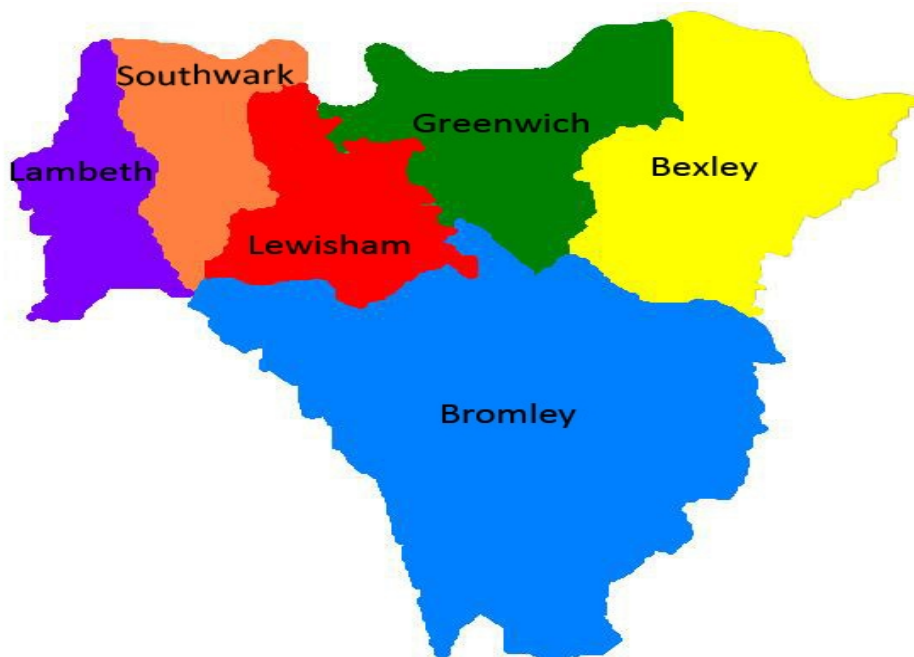
NHS Lambeth Clinical Commissioning Group;

and

NHS Lewisham Clinical Commissioning Group;

and

NHS Southwark Clinical Commissioning Group.



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1. Status of this framework

- 1.1. This collaborative framework is made between NHS Bexley Clinical Commissioning Group and NHS Bromley Clinical Commissioning Group and NHS Greenwich Clinical Commissioning Group and NHS Lambeth Clinical Commissioning Group and NHS Lewisham Clinical Commissioning Group and NHS Southwark Clinical Commissioning Group collectively known as “the six CCGs in South East London” or “the Collaborative”
- 1.2. The collaborative is not an organisation or legal entity, the individual CCGs are the statutory organisations responsible for commissioning healthcare in their area, the framework stems from each the constitutions of the six CCGs in South East London.(see appendix 1)
- 1.3. Whilst this framework records the intentions of the six CCGs in South East London in relation to partnership working, the provisions of this agreement are not intended to be legally binding and the framework shall not give rights or liabilities to any of the six CCGs in South East London.
- 1.4. This framework replaces the framework for collaboration agreed between the six CCGs in South East London agreed in August 2012
- 1.5. The six CCGs in South East London are sovereign bodies held accountable by the public, to their membership and NHS England

2. Definition and interpretation

- 2.1. In this framework, unless otherwise stated, the meanings are as set out in Appendix 5 (Glossary).
- 2.2. A reference to the singular shall include the plural and vice versa and reference to a gender shall include any gender.

3. Executive summary

3.1. Purpose

3.1.1. The Collaborative Commissioning arrangements outlined in this paper describe how the six CCGs in South East London will work in partnership in such a way to maximise the benefits for all patients in South East London on a number of areas in order to deliver a sustainable and high quality healthcare system. The collaborative arrangements seek to:

- provide a framework for overseeing the implementation of collaborative arrangements including but not limited to the Our Healthier South East London strategy;

- identify areas that would benefit from a common approach by the six CCGs in South East London with the aim of improving services for patients;
- provide a forum at which clinical leaders and managers can discuss commissioning and other issues;
- facilitate collective decision-making, where appropriate;
- provide a forum for taking collective actions and making collective decisions where appropriate;
- provide a forum to share ideas, innovation and best practice;
- provide a framework for agreeing risk sharing provisions between the six CCGs in South East London.

3.1.2. It describes how we plan to work together to influence and formulate joint strategy and policy in South East London; and at an operational level how we will look to work in partnership to implement our joint strategic and local priorities through effective commissioning from the major providers in SEL.

3.1.3. Each of the six CCGs in South East London are individually responsible, and shall remain responsible, for the performance and exercise of their statutory duties and functions for commissioning NHS funded services to meet the needs of their population.

3.2. Collaboration aims

3.2.1. This document describes a framework for overseeing the implementation of collaborative arrangements including but not limited to the Our Healthier South East London strategy and commissioning arrangements for healthcare contracts; non-healthcare contracts; collaborative functions outside of commissioning support services risk and benefit sharing.

3.2.2. In determining the collaborative arrangements, clinical and management leaders from the six CCGs in South East London have designed a model that:

- establishes specific arrangements for collaborative working;
- delivers Our Healthier South East London;
- works with other partners, CCGs and NHS England at a London-wide level to take forward a transformation programme in response to the Better Health for London aspirations developed by the London Health Commission;

- works with local partners and in particular the local authority at borough level;
- works between boroughs, recognising that commissioning challenges and priorities will require the direct collaboration of a group of CCGs to achieve specific strategic goals;
- identifies hosting arrangements for any centralised functions necessary for strategic delivery (appendix 3).

3.2.3. The six CCGs in South East London are clear that individual CCGs will:

- adhere to statutory requirements and guidance to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information;
- work towards ensuring that the commissioning ambitions and intentions of one another are met;
- oversee; manage; and account to one another for performance of their respective roles and responsibilities set out in this framework;
- seek to develop the collaborative so as to achieve the full potential of the relationship;
- share information, experience, materials and skills to learn from one another where relevant and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost;
- have arrangements that are responsive, flexible, resilient and sustainable;
- have arrangements that provide continuity and stability throughout any transition; and the model enables the six CCGs in South East London to:
 - tailor commissioning support to meet local requirements
 - adapt as requirements change in future years
 - meet the requirements placed upon CCGs for primary care improvement, amongst others
 - support and enable joint working with local authorities
 - develop towards a level of commissioning that is equal to best practice

3.3. Expected behaviours of the six CCGs in South East London

3.3.1. In defining this collaborative framework, the six CCGs in South East London have identified acceptable behaviours to facilitate good working relationships; these include at all times to:

- act in good faith towards one another;
- act in a timely manner;
- communicate openly about concerns, issues or opportunities relating to collaboration;
- oversee, manage; and account to one another for performance of their respective roles and responsibilities set out in this framework;.
- adopt a positive outlook and to behave in a positive, proactive manner in relation to the collaboration;
- act in an inclusive manner with regards to the collaboration;
- adhere to statutory requirements and guidance to ensure compliance with applicable laws and standards including those governing procurement, data protection and freedom of information;
- comply with the Nolan principles of public life;
- manage conflicts of interest in accordance to each CCGs constitutional arrangements.

4. Mechanisms for collaboration

4.1.1. The collaborative governance structures at the date of this agreement are subject to change but are outlined in appendix 2, the structure will facilitate the ability of the six CCGs in South East London to:

- share and align strategic priorities and to share best practice on issues that are of common interest to more than one CCG;
- create formal and shared committees of the relevant CCG governing bodies to allow decision making at scale;
- gain collective assurance on the quality and performance of the commissioned services of shared providers; and
- plan, co-ordinate and deliver collective work programmes.

4.1.2. The collaborative governance structures as at the date of this agreement are subject to change but are outlined in appendix 2, the

structure will facilitate the ability of the six CCGs in South East London to:

5. Model for strategy, business planning and organisational performance

5.1.1. To deliver the Our Healthier South East London Strategy, Better Health for London and meet the challenges set out in the NHS Five Year Forward View, the six CCGs in South East London will work with other NHS commissioners in partnership with patients; Public Health England (London); London councils; the Mayor of London; Greater London Authority; and the voluntary sector (third sector) in establishing and delivering the programme 'Preventing ill health and making Londoners healthier'.

5.1.2. All the six CCGs in South East London will maintain local resources for strategy, business planning and organisational performance, to lead the development of statutory planning requirements such as integrated plans, operating plans, QIPP (quality, improvement, prevention and productivity) plans and Joint Strategic Needs Assessment (JSNA) (in partnership with local authorities and working with the Health and Wellbeing Boards).

6. Hosting arrangements

6.1.1. All parties to this agreement have agreed to fund a programme office for the collaborative work of the six CCGs in South East London; the programme office will be hosted by NHS Southwark CCG.

7. Financial Risk Share

7.1.1. South East London CCGs are collaborating to mitigate and effectively manage financial risks, working together and with other health partners and public sector organisations. Agreed risk sharing approaches have been used effectively and will be kept under continuous review each year to ensure that they incentivise good performance, avoid untoward incentives and can demonstrate best stewardship practice in the use of resources.

7.1.2. It is recognised that risk is best managed by those best able to address the specific risk. As such there is no single place that financial risk management will best be delivered. A range of risk management approaches are encompassed within our overall risk sharing framework including actions through:

- Individual CCG financial controls and governance through budgetary and other risk and contingency management frameworks;
- Risk sharing with local commissioning partners, including local government, such as through joint commissioning arrangements;
- Risk sharing with providers through contractual agreements to incentivise service change and QIPP delivery;
- Risk sharing and pooling across CCGs to reflect approaches to share risk in specific commissioned services and to support the delivery of shared programmes; and
- Mutual financial aid to support delivery of individual CCG financial targets in the short term, assist recovery and sustain on-going strategic direction without destabilising the health economy.

7.1.3. Full details are contained in appendix 4

8. Leaving the Collaborative

8.1.1. A CCG may withdraw its membership from the Collaborative, by giving notice not less than six months prior to 31 March of each year; notice must be in writing to the chair of the Clinical Strategy Committee (CSC).

8.1.2. If a CCG gives notices of its withdrawal from the Collaborative, the said CCG will continue to be entitled to all its rights; (including representation on the Chief Officer's Group and South East London Committees) and be bound by all its obligations, indemnities, contributions to the operational costs, including financial risk element up to 31 March of the financial year notice was served.

8.1.3. However, it shall not be entitled to vote on any of the SEL committees in respect of any strategy, contract (s) or service(s) that has implication beyond the 31 March in the financial year notice was served.

9. Joining the SEL Collaborative

9.1.1. A new CCG may join the Collaborative where boundary changes warrants the new CCG joining.

9.1.2. Inclusion will be considered in the first instance by the Chief Officers Group (COG) which will make a recommendation to the chair of the CSC.

9.1.3. Provisos:

- the new CCG agrees to be bound by the terms of this framework

- the CCG is not being administered by NHS England because of performance issues
- formal approval of a new member joining the Collaborative requires all of the six governing bodies to approve.

9.1.4. If approved, the new CCG member: will be eligible for immediate representation on the Chief Officer's Group, South East London committees, receipt of South East London committee papers and be bound by all its obligations, indemnities, contributions to the operational costs, including financial risk element up to 31 March of the financial year; pro rata from the month of being formally approved to join; and thereafter full years costs as determined by the six CCGs in South East London.

9.1.5. It shall be entitled to vote immediately on any of the collaborative committees in respect of any strategy, contract (s) or service(s).

9.1.6. The new CCG member may join at any time in the year.

10. Grievance and Alternative Dispute Resolution (negotiation and mediation)

10.1.1. Any grievance or dispute arising in the way the Collaborative is operating shall be resolved in accordance with the process set out in 9.1.3 and associated bullet points.

10.1.2. The SEL CSC will have no jurisdiction over a commissioning decision taken by a CCG that differs from a decision of another CCG member of the group. The grievance and disputes process should be restricted to matters relating to the operation of the Collaborative, including agreed roles of each party.

10.1.3. The following is the process which aims for local resolution prior to external mediation and external adjudication.

- The parties in dispute shall escalate the grievance or dispute in the first instance to the Chief Officers Group (COG).
- The COG shall within 21 operational days from the date the grievance or dispute is lodged consider potential approaches to achieve a resolution:
- Where a resolution agreement has been achieved this will be communicated to parties concerned.

- Where the COG is unable to achieve a resolution then within five operational days, the COG shall inform the CSC to mediate via the Chair of the CSC.
- If the CSC is unable to achieve a resolution then within five operational days, the chair of the CSC shall arrange for an external independent party to mediate.
- The mediator will meet with the parties and work to gain resolution to the grievance or dispute. Where there is agreement, the mediator will set out the agreement in writing and each party shall sign the agreement.
- Where agreement cannot be reached at or following mediation, the Parties will submit to the binding decision of the NHS England - London Director. The decision of the NHS England - London Director will be recorded in writing and signed as binding by all parties.

11. Termination of Framework

11.1.1. This framework may be terminated at any time by majority agreement by the six CCGs in South East London.

12. Variations

12.1.1. This framework may only be varied by the agreement of all the governing bodies of the six CCGs in South East London

12.1.2. Where the variation is not agreed by governing bodies it will be withdrawn.

13. Agreement

13.1.1. The arrangements for this collaborative framework have been designed and established by the CCGs Chief Officers and approved in accordance with their individual governance arrangements

13.1.2. The following CCG Chief Officers are signatories to this agreement.

14. Signatories

CCG	Chief officer	Date
Bexley	Name:	

	Signature:	
Bromley	Name:	
	Signature:	
Greenwich	Name:	
	Signature:	
Lambeth	Name:	
	Signature:	
Lewisham	Name:	
	Signature:	
Southwark	Name:	
	Signature:	

1. Appendix

1.1. References to constitutions

CCG	Reference in collaborative agreement	Reference in CCG Constitution
Bexley	Paragraph 1.2	Clause 6.10.5
Bromley		
Greenwich		
Lambeth		
Lewisham		
Southwark		

2. Appendix – collaborative governance structure

The role of the Collaborative is to make recommendations to the individual Governing Bodies of the CCGs on matters relating to the services where a collaborative approach is likely to benefit patients and/or the functioning of the individual CCGs. Each CCG acknowledges that decisions will only be taken by the individual Governing Body of each CCG, taking into account the recommendations of the Clinical Strategy Committee (CSC), and any such recommendations of the Collaborative are not binding unless, or until, ratified by each individual CCG, or the South East London committee in common for strategic decision making as appropriate.

2.1. Decision-making and process for holding one another to account

2.1.1. The committees outlined below are governed by agreed terms of reference and the provisions of their respective members' CCG constitutions. In general terms the CCGs aim is to always achieve collective decision-making in a collaborative manner through consensus. The six CCGs in South East London will have a collective responsibility to resolve and minimise any local challenges or disproportionate impact of CCG wide decisions on any one CCG.

2.2. Summary Committee and Group Purpose

Terms of reference can be found on the South East London Website [insert hyperlink](#)

2.2.1. Strategic Committees and Groups

South East London Committee in Common for Strategic Decision Making

The committee's purpose is strategic decision making, with particular reference to Our Healthier South East London strategy, as a prime committee of the respective CCGs Governing Body.

The role of the Committee in Common is to take decisions on behalf of the CCGs; decisions will be taken in public by the representatives of the respective CCG and will be taken only after consideration of the issues by the CCG Governing Body and the engagement of the CCG membership.

Clinical Strategy Committee

The Clinical Strategy Committee (CSC) will discuss and lead thinking on pan borough strategic clinical issues across the six CCGs in South East London and to

advise and make recommendations to the SEL Committee in Common for Strategic Decision Making and other relevant CCG decision making bodies.

The role of the CSC will be to develop, agree and oversee commissioning strategy across south east London to improve health outcomes and increase safety, effectiveness and experience of services within available resources.

South East London Partnership Group.

The SEL Partnership Group is the strategic partnership forum for the Our Healthier South East London programme.

It is clinically-led and frames and shapes the commissioning strategy on behalf of the Clinical Commissioning Board, providing collective system leadership and oversight to the programme. Key programme decisions will require the support of the Partnership Group.

2.2.2. Delivery Committees and Groups

South East London Chief Officers Group.

This group can make decisions based on the scheme of delegation passed to individual chief officers by individual CCG constitutions and provides an effective forum to provide coherent and consistent involvement in all matters concerning collaborative working across the six CCGs in South East London or pan London. .

South East London Director Groups

The following collaborative groups report directly to the COG on current and emerging issues; the groups are non-decision making, but will make recommendations to the COG on financial; commissioning; quality; and governance matters:

Chief Finance Officers (CFO) Group
Director of Commissioning (DOC) Group
Director of Quality (DoQ) Group
Governance Leads Group (GLG)

Clinical Commissioning Board (Programme Board)

The Clinical Commissioning Board (CCB) acts as the overall programme board for Our Healthier South East London strategy.

It steers and makes decisions on the development and delivery of the Our Healthier strategy¹. Members of the CCB have the authority to make decisions on the scope of the programme on behalf of their respective organisation. All workstream Senior Responsible Officers (SROs) within the programme are accountable to the CCB for delivering their agreed share of the benefits of the programme.

Implementation Executive Group

The Implementation Executive Group (IEG) is the executive group supporting the CCB and provides oversight of planning, implementation, benefits realisation and assurance. The IEG also steers the mobilisation workstreams, and has an on-going responsibility to make recommendations to the CCB on the optimal structure and scope of the programme.

Clinical Leadership Groups

To address current and future health needs, six clinical leaderships groups (mental health is core to all six) have been established made up of clinicians from the local NHS, health service managers, social care leaders working for local councils, patients and members of the public:

- Community-based care
- Maternity
- Children's and young people services
- Cancer
- Planned care
- Urgent and emergency care

System Resilience Group (SRGs):

Group – Bromley, Lambeth & Southwark

Group – Bexley, Greenwich & Lewisham

The SRGs work collaboratively across the health and social care system to oversee the delivery of statutory performance targets for elective and non-elective care. The group(s) will provide a forum for the whole system to work together strategically to ensure that robust and complimentary plans are in place which help deliver continuous improvement. The SRG will be the body that provides assurance to NHS England on matters relating to performance, demand and capacity plans and usage of non-recurrent funding such as winter resilience funding.

South East London Area Prescribing Committee

¹ Whilst the CCB steers and makes decisions on the development and delivery (implementation) of 'Our Healthier' strategy; the Committee in Common for Strategic Decision is the strategic decision making committee with reference to our 'Our Healthier' strategy

The Area Prescribing Committee (APC) is accountable to the SEL Clinical Strategy Committee – with a nominated Lead Clinician and Lead Chief Officer identified from within the six CCGs in South East London.

The APC will be advisory to the six CCGs in South East London, however the six CCGs in South East London will uphold APC recommendations except in exceptional circumstances;

The role of the APC includes providing advice on implementation of best practice around medicines, including NICE guidelines and technology appraisals to encourage rapid and consistent implementation.

Primary Care Joint Commissioning Committees

The six CCGs in South East London have established six Primary Care Joint Commissioning Committees (PCJC), (joint with NHS England but meet concurrently with each other), These committees are a prime committee of the respective CCGs Governing Body; they will work jointly with NHS England to carry out functions relating to the commissioning of primary medical services under section 83 of the National Health Service Act 2006.

2.2.3. Engagement and Consultation Committees and Groups

Clinical Advisory Group

An external Clinical Advisory Group is likely to be established, at a later stage in the programme, to ensure that any proposed clinical changes are designed in a manner which ensures wide ranging clinical engagement in service design and alignment with national and London-wide quality standards; and that clinical services will be safe and sustainable both during transition and post implementation.

Stakeholder Reference Group

For advice and oversight in relation to engagement on the development of the Commissioning Strategy, in order to ensure that the views of patients, service users, the public and their representatives are heard and acted upon.

Clinical Executive Group

The Clinical Executive Group (CEG) supports the SEL Partnership Group by providing oversight of clinical design work, assurance and management of interdependencies across the individual clinical leadership groups. It acts as a conduit for the management and escalation of clinical risks across the programme.

2.2.4. Advisory and collaborative bodies

The Our Healthier South East London programme links to a number of existing statutory, advisory and collaborative bodies. Relationships have been established with these groups as appropriate as part of mobilisation and on-going delivery.

Health and Wellbeing Boards (HWBs) provide oversight, advice and input into the programme at borough level, focused on improvement of the health and wellbeing of their local populations, reducing health inequalities, and encouraging joined up working across commissioners. As well as being engaged and involved in the co-development of the Commissioning Strategy, ensuring alignment with local Health and Wellbeing Strategies, Health and Wellbeing Boards have agreed Better Care Fund plans.

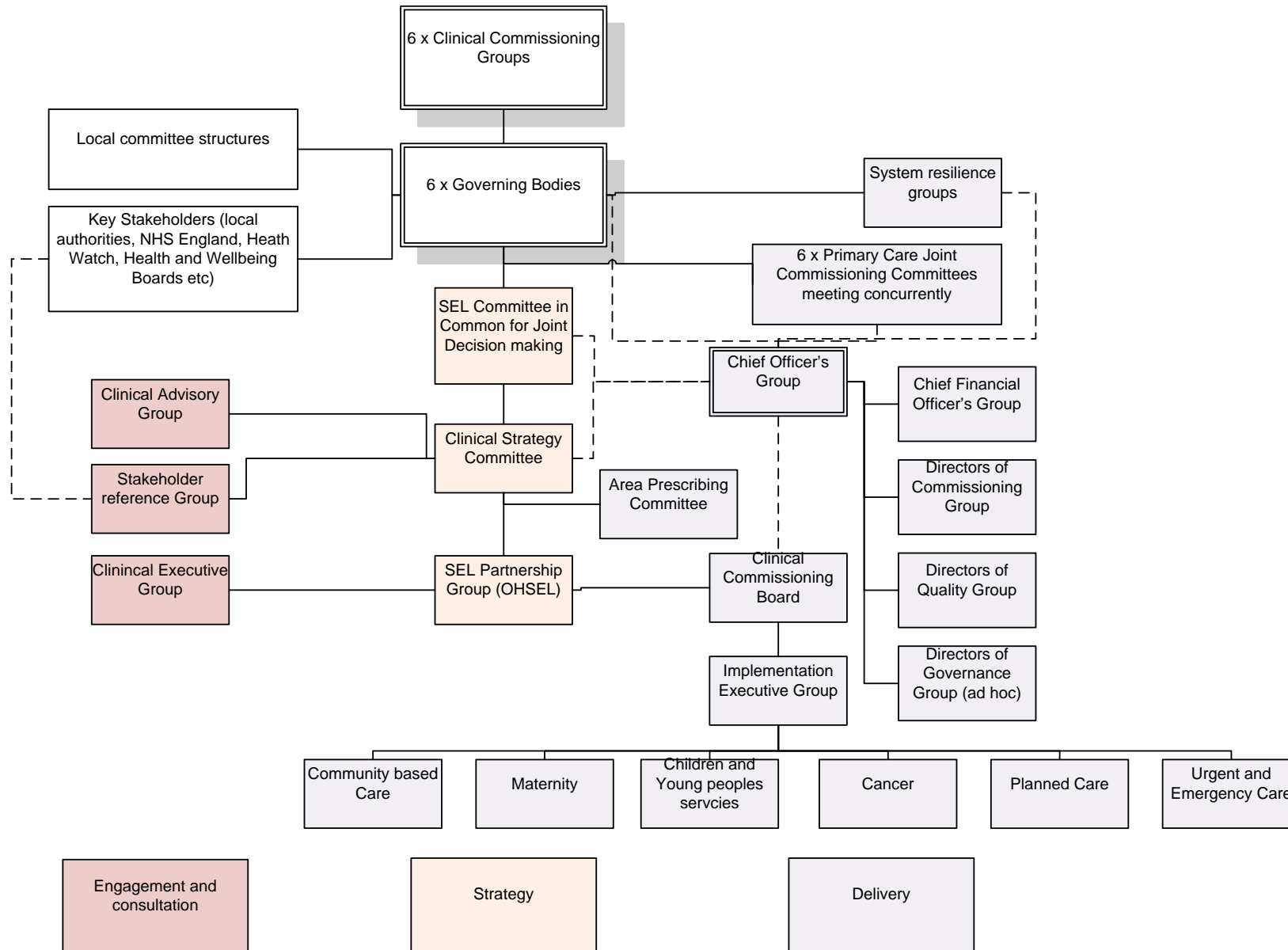
Health Overview and Scrutiny Committees (HOSCs) will provide local scrutiny and review in line with statutory requirements under the Local Government Act 2000 and Health and Social Care Act 2012.

The programme links to local Healthwatch teams in each borough to ensure that proposals developed as part of the Commissioning Strategy take account of the voices of consumers and those who use local health and social care services.

The constitutions of the six CCGs in South East London allow for the establishment of further joint committees and working groups of their governing bodies that will allow them to discharge their functions effectively, should the need arise. Additional forums may need to be developed on specific strategic or commissioning issues or directives from NHS England.

In addition the six CCGs in south east London will work collaboratively in a number of other groups including but not limited to Clinical Quality Review Groups, Contract Management boards and for specific projects

Collaborative Governance Structure



3. Appendix– collaboration in commissioning

The Six CCGs in South East London will procure external commissioning support (ECS) as agreed from time to time, the current support

3.1. Collaborating in acute commissioning

3.1.1. As with all areas of commissioning, acute commissioning will be owned, provided and led by the Clinical Commissioning Groups with strong support from commissioning support arrangements. In their development of commissioning intentions the six CCGs in South East London will use their collaborative arrangements to ensure alignment of intentions and consistent, coherent interaction with major providers.

3.1.2. In acute commissioning and contracting, the collaboration will be underpinned by the use of multi-disciplinary contracting teams and lead arrangements for providers.

3.1.3. Multidisciplinary contracting teams draw together the clinical leadership of CCG, key representatives from the ECS acute contracting multi-disciplinary team (i.e. contracting, performance management, information), and the CCG commissioning teams (including medicines management).

3.1.4. In this way respective CCGs acute contracts will be managed by a team comprising:

- Multi-disciplinary team from ECS
- Clinical leads from the major CCG commissioners (by spend) including one acting as lead
- Senior management leads from CCG commissioning teams (reflecting lead arrangements)

A summary of key roles and responsibilities is set out below:

3.1.5. Local CCG led

3.1.5.1. All six CCGs in South East London have a senior manager who is responsible for co-ordinating the monitoring and management of the CCG's total acute portfolio and providing robust and expert professional advice and guidance to the CCG on the commissioning of acute services. A 'head of acute contracting' will be employed by the ECS with strong lines of communications to the six CCGs in South East London but will be predominantly based in the local CCG where agreed and will draw support from the acute multi-disciplinary team in ECS to ensure the provision of timely,

comprehensive and systematic support to manage the annual cycle of commissioning and contracting activity.

3.1.5.2. Each of the six CCGs in South East London provides clinical leadership, chairing contract management and quality meetings and leading the annual acute negotiating process. Local clinicians provide expertise, for example in the completion of clinical audits, review of care pathways and medicines management.

3.1.6. Services delivered by ECS

3.1.6.1. South East London CCGs have agreed to purchase acute contract management support from the ECS. As a result, CCGs will have a dedicated multi-disciplinary acute contracting team, comprising dedicated leads for acute contracting, finance, performance, and information. This team will be directly employed by the ECS, and will support the overall delivery of the commissioning cycle by:

- Supporting annual and on-going contract negotiations
- Co-ordinating contract management including challenging over performance, performance targets, quality standards, KPIs and acute QIPP and demand management schemes
- Delivery of robust claims management
- Supporting the lead commissioners role
- Advising on impact of service redesign, CQUIN or QIPP proposals on acute contracts
- Translating service redesign, CQUIN & QIPP plans into acute contracts

3.1.7. CCG collaborative activity

3.1.7.1. The six CCGs in South East London have agreed to act as “lead commissioner” for all London CCGs, for one or more trusts which are geographically located within the six CCGs in South East London, liaising closely with the other CCGs’ acute contract management teams to ensure that all CCGs achieve maximum leverage across all trusts in South East London and Dartford and Gravesham NHS Trust.

3.1.7.2. In order to deliver the major benefits of inter-CCG collaboration to maximise scale and leverage with the large acute Trusts; CCGs recognise that they will need to work together to:

- share CCG commissioning intentions and service re-design priorities to identify areas of common interest and difference

- align priorities and agree collective negotiation strategies with provider trusts where applicable to support the achievement of better outcomes, improved quality and value for money
- co-ordinate dialogue with provider trusts to maximise impact by ensuring that they speak with a single voice
- improve efficiency by avoiding multiple conversations with providers where possible

Lead commissioner arrangements

3.1.8. The lead commissioner will be charged with leading the delivery and performance management of a provider trusts contract, on behalf of a lead CCG and its associate CCGs. This lead role will be performed with the full support of the multi-disciplinary team described above for each contract. The geographical spread of south east London provider trusts and the proportion of spend between CCGs has led to an agreement that clinical commissioners and their CCG leads will participate, alongside the lead, in contract negotiation, quality and performance meetings (see table below).

3.1.9. These arrangements will require the coordination of a number of different relationships including the Chief Officer for escalation, senior managers, clinicians, and commissioning support staff of the lead CCG, and also those of its key associate CCGs.

3.1.10. Table 1 - Sets out the current lead commissioning responsibilities.

Table 1

Provider	Lead CCG	Key Associate SEL CCG in contract teams
Guy's and St Thomas' NHS Foundation Trust	NHS Lambeth CCG	NHS Southwark CCG NHS Bromley CCG
King's College Hospital NHS Foundation Trust	NHS Southwark CCG	NHS Lambeth CCG NHS Bromley CCG NHS Bexley CCG
Lewisham and Greenwich Hospital NHS Trust	NHS Lewisham CCG (Lewisham CCG strongly collaborates with Bexley CCG)	NHS Bexley CCG NHS Greenwich CCG
Dartford and Gravesham NHS Trust	NHS Bexley CCG	NHS Bromley CCG NHS Greenwich CCG

Roles and responsibilities

3.1.11. Table 2 - Summarises the broad roles and responsibilities for the lead commissioner (working with other major commissioning CCGs by contract spend) and the ECS. It is recognised that lead CCGs will also need to work with a range of associate CCGs and will need to sign a consortium agreement in advance of annual negotiations which define their responsibilities to one another. This agreement will set out arrangements for quoracy and decision making between CCGs as well as a process for dispute resolution.

Table 2

Lead CCG (with support from ECS)	Key Associate CCG	ECS
Setting and coordinating commissioning intentions and where applicable a collaborative approach for trust wide commissioning intentions while being mindful of the intentions of associate CCGs	Share commissioning intentions and play active part in dialogue between CCGs	Co-ordinate dialogue between lead CCG and associate CCGs to align priorities, set direction and work to agreed working lines Provide robust and professional advice on the commissioning of acute services
Lead on contract negotiations, agreeing final terms and conditions after due consultation with associate CCG	Support contract negotiation meetings and provide information on a timely basis	Support CCGs to translate commissioning intentions and priorities into signed acute contracts, while ensuring lead CCG is appropriately facilitated to lead negotiations and agree terms & conditions acceptable to all parties
Manage the performance against contract reporting back to associate CCGs on a regular basis. Consult with associate CCGs to agree pro-active management action to rectify performance or variances to plan	Support performance management process and also provide information and intelligence to inform performance management	Ensuring lead CCG is appropriately facilitated to manage performance and ensure management action both Trust wide and on behalf of all CCGs Monthly monitoring reports against contractual targets and validates price and activity (claims management), underpinned by analysis and interpretation of issues and trends
Co-ordinate clinical dialogue and decision	Share views on a timely basis on individual	Provide advice and recommendations to

<p>making on investment and disinvestment in services. Sign-off decisions and monitor and review outcomes, reporting back to CCGs</p>	<p>investment and disinvestments, based on local circumstances</p>	<p>support decision-making on suitability, feasibility and affordability of proposed service changes</p> <p>Negotiating contract variation where applicable</p>
<p>Share QIPP, CQUIN and Local Incentive Schemes (LIS) to a timetable to enable input from Associate CCGs</p>	<p>Input into QIPP, CQUIN and LIS schemes discussions in a timely manner</p> <p>Associates to provide their own QIPP schemes to ensure inclusion in the contracts</p>	<p>Facilitate process for Lead and associate CCGs to submit QIPP schemes and ideas for CQUINs</p> <p>Report on QIPP and CQUIN schemes to support contract negotiations</p> <p>To provide details of productivity efficiencies required from providers before contract negotiations start</p> <p>Facilitate development with providers</p>
<p>Lead negotiation with the Trust on in year financial settlement , taking into account individual associate CCGs concerns</p>	<p>Respond on a timely basis to information prepared by ECS to enable lead to negotiate an in-year financial settlement</p>	<p>Provide robust financial reports and analysis</p> <p>Co-ordinate in-year financial settlement, preparing settlement proposals for discussion with associate CCGs and leading negotiation with the Trust, taking into account individual associate CCGs concerns</p>
<p>Chair the monthly Clinical Quality Review Group (CQRG).</p> <p>Oversee Serious Incident (SI) and co-ordinate SI review process, with input from clinical leads from relevant CCG and disseminate learning</p>	<p>Play a part in CQRG proportionate to overall share & stake in contract</p> <p>Provide clinical expertise to support SI reviews and clinical audits</p>	<p>On-going reporting against quality, safety indicators and co-ordinate clinical audits</p>

Mechanisms for collaboration

3.1.12. At an operational level it is expected that each lead CCG will establish mechanisms to co-ordinate dialogue between associate CCGs and the provider Trust, with support and input from the ECS. One size will not fit all, and arrangements will need to be tailored to deal with individual Trust circumstances and the available time of local clinicians. However each multi-disciplinary contract team will lead contract negotiation, performance and quality meetings across any given contract year.

3.2. Collaborating in non-acute commissioning

3.2.1. Non-acute commissioning will be owned, provided and led by the CCGs. In their development of commissioning intentions CCGs in south east London will use our collaborative arrangements to ensure alignment of intentions and consistent and coherent interaction with major providers.

3.2.2. The six CCGs in South East London has established leadership and capacity for the commissioning and contracting of mental health and community services and for the redesign of community based care. Each CCG will work with their respective local authority and be responsible for commissioning services, contract management and pathway redesign. As such, in all circumstances, commissioning responsibility for community based care remains with respective CCGs and there is a limited level of commissioning support provided directly by the ECS.

Community services and mental health

3.2.3. Arrangements for the commissioning and contracting of community services reflect the current provider landscape and has required the collaboration of CCGs, particularly where current and major providers of care are shared (much of the provision of community services is now secured through integrated service provision).

3.2.4. To this end The six CCGs in South East London work in collaboration to commission and contract these services, outlined in the table below, aligning commissioning intentions, business plans and establishing a consistent approach to contracting, undertaken collectively.

Table 3

Community Services Provider	Borough	Commissioning Arrangements
Guy's and St	NHS Lambeth CCG	Lambeth and Southwark CCG

Thomas' NHS Foundation Trust	NHS Southwark CCG	Commissioning teams and clinical leads (working in partnership)
Lewisham and Greenwich NHS Trust	NHS Lewisham CCG	Lewisham CCG Commissioning team and clinical leads working with access to ECS Acute contracting team (integrated contracting across acute and community)
Oxleas NHS Foundation Trust	NHS Greenwich CCG	Greenwich CCG Commissioning team and clinical leaders
Oxleas NHS Foundation Trust	NHS Bexley CCG	Bexley CCG Commissioning team and clinical lead
Bromley Healthcare	NHS Bromley CCG	Bromley CCG
Mental Health Provider	Borough	Commissioning Arrangements
South London and the Maudsley NHS Foundation Trust	NHS Lambeth CCG NHS Southwark CCG NHS Lewisham CCG	Lambeth, Southwark and Lewisham CCG Commissioning teams and clinical leads (working in partnership plus link to NHS Croydon CCG)
Oxleas NHS Foundation Trust	NHS Greenwich CCG NHS Bexley CCG NHS Bromley CCG	Greenwich, Bromley and Bexley CCG Commissioning teams and clinical leaders (working in partnership)

Appendix B

4. Appendix - Managing Financial Risk across South East London CCGs

4.1. Introduction and Context

The six CCGs in South East London are collaborating to mitigate and effectively manage CCG financial risks across the SPG, working together and with other health and social care partners and public sector organisations.

Each of the six CCGs in South East London retain individual accountability for the management of the CCGs financial risk. This is overseen and assured through each CCGs own governance arrangements reporting to CCG Governing Bodies in order to ensure that CCG financial statutory duties are met and that the CCGs financial objectives in support of their health strategies are achieved. Annual approaches to financial risk management will be informed by CCG Chief Financial Officers, who will advise the CCG chief officers.

Agreed risk management approaches will be reviewed each year by CCG chief financial officers, to ensure that they incentivise good performance, avoid untoward incentives and can demonstrate best practice stewardship in the use of resources.

It is recognised that risk is best managed by those best able to address the specific risk. As such there is no single place that financial risk management will best be delivered. A range of risk management approaches are encompassed within our overall risk management framework including actions through:

- Individual CCG financial controls and governance through budgetary and other risk and contingency management frameworks
- Risk sharing with local commissioning partners, including local government, such as through joint commissioning arrangements
- Risk sharing with providers through contractual agreements to incentivise service change and QIPP delivery
- Risk sharing and pooling across CCGs to reflect approaches to sharing risk in specific commissioned services and to support the delivery of shared programmes
- Risk sharing and pooling across CCGs and NHS England to reflect approaches to sharing specific risks e.g. national CHC risk pool
- The six CCGs in South East London designing and implementing the Our Healthier South East London programme in South East London. In addition to driving efficiencies within providers, this requires a level of investment funding from within CCGs to transform community and primary care based integrated services. This will include double running and implementation costs. In line with national planning requirements, SEL CCGs have agreed to plan for 1% of RRL non recurring each year to 2016/17 to be used to further develop and

implement the CBC transformation programme, recognising that there may be other calls on this funding.

- The six CCGs in South East London, in line with London planning requirements, each planning for 0.15% of RRL non recurring each year to 2016/17 to be set aside towards the implementation of the London Health Commission recommendations
- Mutual Financial Aid to support delivery of individual CCG financial duties in the short term, assist recovery and sustain on-going strategic direction without destabilising the health economy. Each year each CCG will set aside 0.25% of its revenue resource limit for this purpose and hold this as a specific non-recurrent reserve.

4.2. Framework for Financial Risk Management across SEL CCGs

We have defined through our financial risk management approaches a clear and stratified approach, as follows:

- Financial risk managed by individual CCGs and through local shared joint commissioning arrangements
- Financial risk managed through collaborative CCG risk management commissioning arrangements
- Financial risk managed through Mutual Financial Aid arrangements to ensure all CCGs in SEL can collectively support each other to achieve their annual financial duties, in a way that supports the South East London health economy to support sustainable underlying financial balance
- Financial risk managed collectively over 4 years arising from the cost to CCGs of the implementation and transition period of the provider reconfigurations arising from the dissolution of South London Healthcare Trust across SEL. This includes implementation of the Community Based Care transformation programme / Local Care Networks and internal CCG QIPP programmes.

Approaches and arrangements to each of these elements of our Framework are set out below:

Financial risk managed through individual CCGs and through local shared joint commissioning arrangements

Each CCG has financial reporting and risk management arrangements in place around key areas of expenditure. This is part of normal business to meet individual commissioning outcomes and targets. For these areas the CCGs will share information, and good practice, but will manage the financial risk individually often working with borough partners.

The scale of these approaches varies depending on the nature of the commissioning budget and exposure to risk. Examples include:

CCG Specific Provider Financial Risk Management

- Individual risk management arrangements agreed within some NHS providers
- Risk management arrangements between CCGs and Community services providers (e.g. Guys and St Thomas' FT, Lewisham and Greenwich Trust, Oxleas FT) around specific services or agreements to manage demand growth and its impact.
- Individual agreements around a key local service, or its redesign.
- Risk management arrangements on forensic/complex placements with SLAM and Oxleas

CCG Specific Local authority and other key partner Financial Risk Management

- Specific pooled or aligned budgets, and associated risk management arrangements, through s75 and/or s256 shared commissioning arrangements with NHS providers and/or Councils, for example for Better Care Fund plans.
- Agreed handling, through local Partnership arrangements, to manage shared resources, such as substance misuse shared programmes, to address in partnership changes in available resources across commissioners.
- Joint approaches, with local government social care commissioners, to commissioning from private sector providers, for example addressing voids in nursing home contracts.

Financial risk managed through collaborative CCG risk management commissioning arrangements

CCGs already have in place a wide range of effective risk sharing arrangements to support the shared commissioning of specific services and programmes, or to reflect shared contracting arrangements negotiated with providers. Some of these operate at a South East London wide level whilst others operate across groupings of CCGs, often reflecting shared contracting approaches with specific providers or shared programmes of work. CCGs will continue to evaluate the effectiveness of our approaches and consider further opportunities to better manage risk through common approaches with providers or to smooth impact where financial impact is unpredictable across CCGs. These will be reviewed through the development of our annual Operating Plans and commissioning intentions, and through contract negotiation strategies developed by our shared CCG led contracting teams with providers. In doing so the appropriate level of commissioner financial risk will be reviewed, for example between CCG contracting partners e.g. LSL/BBG, BSL/BGL, SEL or beyond SEL.

4.3. Current and potential risk sharing areas:

Shared CCG contracting approaches with providers

- Acute contract pressures on tertiary services with hospital providers

- Acute contract pressures on elective and emergency activity with hospital providers
- Delivering key national performance and outcome standards and CQUINs
- Management of the impact of changes in national contracting models
- Implementation with providers of service transformation initiatives, such as through integrated care approaches
- Supporting the introduction of new drugs on a trial or full basis

Shared approach to CCG risk sharing for commissioned services

- Implementation of shared CCG initiatives and programmes, including transformational QIPP and community based care programmes such as 111, integrated care programmes etc.
- High cost low volume services with unpredictable demand.
- Specialised services overspend.
- Supporting the introduction of new drugs on a trial or full basis.
- London-wide or other network based implementation of new strategic improvement initiatives.
- Continuing healthcare.
- Supporting organisational change and transition across the health system, including the implementation of local care networks and infrastructure improvement such as shared information systems
- Specific organisational risks such as the impact of mental health investigations

Mutual Financial Aid (MFA) across CCGs

CCGs recognise that it is in the interests of the whole South East London health economy for all commissioning organisations to be in a position of underlying financial balance, and able to meet 1% surplus in line with national planning expectations, with robust affordable plans in place to address service transformation, health improvement and to manage growing demand for services. Through our collaborative working CCGs have developed shared approaches to strategic planning aimed at supporting the ambitions of six CCGs in South East London and addressing the challenges they face. This includes implementation of the Our Healthier South East London programme, including the community based care transformational plans.

Risks to CCG Financial Positions

There are a number of new and emerging financial risks to CCG purchasing power that previous approaches to risk management in South East London did not fully mitigate. These include:

- Adequacy of delegated primary care commissioning allocations
- Adequacy of delegated specialised commissioning allocations
- Uncertainty in future specialised commissioning payment rules and geographic risk arrangements
- Loss/non return of CCG surpluses

- Higher than planned transfers of NHS resources to councils
- Impact of other CCG deficits
- Impact of NHS England deficits
- Impact of provider deficits
- Impact of council deficits
- Higher than planned investment required in CCG, SEL and London strategies
- Future CCG income uncertainty, including uplifts
- Future national tariff reduced price efficiencies and trust agreement to tariff efficiencies.

The six CCGs in South East London acknowledge that in the short to medium term any individual CCG may require mutual financial aid to ensure they can deliver their annual financial statutory duties. The 6 CCG chief financial officers will collectively review and operate the Mutual Financial Aid (MFA) rules each year and advise chief officers on the application of the risk reserve. This will include reviewing CCG pressures that justify support, the proportionality of planning approaches and existence of credible recovery plans where appropriate.

Each year each CCG will plan to set aside 0.25% of its revenue resource limit for this purpose and hold this as a specific non-recurrent reserve for the SEL collective risk management agreement. The pool will be operated South East London wide and not individual CCG to individual CCG.

Principles of Mutual Financial Aid (MFA)

1. Applies to all 6 SEL CCGs
2. MFA is applicable to support the delivery of statutory financial duties with the intention that each SEL CCG delivers its statutory breakeven duty at each year ending 31 March
3. Each CCG contributes equitably to a SEL CCG risk reserve each year, unless this would prevent any CCG achieving its expected plan (i.e. business rules or breakeven)
4. Each South East London CCG plans to deliver its statutory breakeven duty each year at 1 April unless NHSE has agreed a plan that allows a CCG to deviate from these)
5. A CCG's own risk reserve is the first call before requesting MFA
6. CCG financial plans and forecasts will be openly shared with transparency
7. The pool will be operated South East London wide and not individual CCG to individual CCG.
8. Arrangements commence from CCGs' 2015/16 plans. All previous arrangements are managed outside of this MFA agreement.

Based on the principles of MFA, any assistance with achieving target balance (and surplus positions) should be short term, i.e. up to 5 years. Any CCG receiving mutual financial aid will need to have a recovery plan in place agreed with the partners setting out assurance as to how financial recovery will be delivered.

Where possible CCGs will offer support to other SEL CCGs to achieve planned surplus positions, but this will be managed outside of this agreement, and any terms of support given will be negotiated separately to this framework.

MFA Rules - Creation of Risk Reserve

1. Each CCG will plan a fixed contribution of 0.25% of opening recurrent total RRL each year.
2. The 0.25% is in addition to NHSE required planning rules on reserves and contingencies and also any common planning rules agreed by London CCGs and South East London CCGs.
3. The terms pertaining to the application of the 0.25%, from the risk reserve, in order to deliver a CCG's breakeven position (planned or actual) will be discussed and considered collectively by the six CCG's Chief Financial Officers **annually as part of the Operational Planning process**
4. A CCG's own MFA risk reserve is the first call to delivering a breakeven plan before requesting MFA.
5. The risk reserve will be managed as a virtual pooled fund. Unutilised reserves within CCG plans will be held as a reserve within the originating CCG.

MFA Rules - Application of Risk Reserve

1. To be able to access funds (other than the CCG's own 0.25%):
 - a. CCG operating plans must comply with NHS England business/planning rules (excepting limiting any surplus requirement to breakeven or where NHSE has agreed that a CCG may deviate from these); and
 - b. CCG operating plans must comply with any NHSE London/London CCG common planning rules; and
 - c. CCG operating plans must comply with any South East London CCG common planning rules; and
 - d. CCG operating plans must deliver a minimum 2% net QIPP plan; and
 - e. CCGs must demonstrate a proportionate local planning approach; and
 - f. CCGs must share a credible recovery plan where appropriate.
2. The first call by any CCG against the risk reserve will be from its own 0.25% (a CCG needing to use its own risk reserve must inform the other 5 CCGs immediately this is known). Thereafter utilisation of the South East London risk reserve will be calculated in proportion to CCG's contributions subject to point 5. below.
3. Where MFA is required in year to support year end forecast breakeven positions, CCGs must first fully utilise all local reserves and flexibilities.
4. Where MFA is requested in-year to support year end forecast breakeven positions, CCGs must request this ahead of Month 8 CCG financial reporting deadlines, in order that individual CCG Month 8 reported positions may be "fixed" as the expected year end positions.
5. For the avoidance of doubt MFA will not be applied from any supporting CCG's 0.25% risk reserve if that would result in the supporting CCG to fail to deliver its financial targets (i.e. planned surplus) or planned surplus position.

6. Unutilised balances month 8 will be retained by the originating CCG.

Scenarios covered by MFA rules

SEL Chief Financial Officers will collectively oversee the application of these MFA arrangements. This will include reviewing CCG plans and positions to establish justifications to access MFA, the terms of access (reviewed annually) considering future year implications of financial positions and advising Chief Officers on potential actions to deliver financial targets for scenarios that are specifically excluded from these arrangements.

Stage MFA requested	Cause	Scenario	Possible Outcome	Note
Draft Operating Plan	To agree breakeven plan	Less than requesting CCG's own 0.25% reserve	Apply in part or full requesting CCG's own 0.25% risk reserve up to breakeven	*
Draft Operating Plan	To agree breakeven plan	Greater than requesting CCG's own 0.25% reserve and less than aggregate of all CCGs' 0.25% reserves	Apply in full requesting CCG's own 0.25% risk reserve and apply in part or full the other CCGs' 0.25% risk reserves, up to breakeven, in proportion to their risk reserve contributions	
Draft Operating Plan	To agree breakeven plan	Greater than sum of all CCGs' 0.25% reserves	CFOs to review in conjunction with NHSE and advise COs	
In year before Month 8	To deliver breakeven position at year end	Less than remaining balance of requesting CCG's own total reserves	Apply in part or full remaining balance of requesting CCG's own total risk reserve up to breakeven	
In year before Month 8	To deliver breakeven position at year end	Greater than remaining balance of requesting CCG's own total reserves and less than remaining balance of aggregate of other CCGs' 0.25% reserves	Apply in full remaining balance of requesting CCG's own total risk reserves and apply in part or full the remaining balance of other CCGs' 0.25% risk reserves, up to breakeven, in proportion to their risk reserve contributions	
In year before Month 8	To deliver breakeven position at year end	Greater than sum of remaining balance of requesting CCG's own total reserves and remaining balance of aggregate of other CCGs' 0.25% reserves	CFOs to review in conjunction with NHSE and advise COs	**

* scenario applies to Bexley CCG in 2015/16

** scenario not fully mitigated by MFA arrangements. Chief Financial Officers to review and advise Chief Officers

Example

If any CCG(s) cannot deliver a breakeven plan the SEL CCGs' MFA risk management arrangements will apply as follows:

1. Apply part or all of the 0.25% risk reserve, held by the CCG requiring support, to ensure a breakeven plan can be met.

2. Apply part or all of the aggregate risk reserves held by the remaining (e.g. 5) CCGs to the CCG(s) requiring support to meet a breakeven plan, in the same proportion as the remaining CCGs' risk reserve contributions
3. If the sum of CCG planning shortfalls to breakeven is greater than the sum of the six CCGs' 0.25% risk reserves, the Chief Financial Officers shall review and advise the Chief Officers (in liaison with NHSE).

Illustrative Source of Funds 2015/16 to 2019/20

	201516	201617	201718	201819	201920
<i>Assumed 2% uplift for illustrative puposes only</i>		1.02	1.02	1.02	1.02
SOURCES OF FUNDS	£m	£m	£m	£m	£m
Bexley - 0.25% SEL risk reserve	0.706	0.720	0.735	0.749	0.764
Bromley - 0.25% SEL risk reserve	1.028	1.049	1.070	1.091	1.113
Greenwich - 0.25% SEL risk reserve	0.877	0.895	0.912	0.931	0.949
Lambeth - 0.25% SEL risk reserve	1.112	1.134	1.157	1.180	1.204
Lewisham - 0.25% SEL risk reserve	0.999	1.019	1.039	1.060	1.081
Southwark - 0.25% SEL risk reserve	0.972	0.991	1.011	1.031	1.052
TOTAL SOURCES	5.694	5.808	5.924	6.043	6.163

Scenarios not covered by MFA rules

Any support requested that is designed to create a planned or in year forecast position more favourable than breakeven is not covered by the MFA provisions. In such cases, on a case by case basis, the six South East London CCG Chief Financial Officers will review causes for support, impact, potential solutions, future year consequences and terms of support and make recommendations to Chief Officers. The terms of any financial support provided in these cases will be determined by the applicable CCGs and not by these risk management arrangements.

4.4. Financial risk due to the cost to CCGs of the implementation and transition period of the provider reconfigurations arising from the dissolution of South London Healthcare Trust (SLHT) including implementation of the community based care transformation programme / Local Care Networks and internal CCG QIPP programmes

Impact of SLHT solutions for 2013-14 onwards on each of the 6 CCGs.

South East London CCGs contributed £4.7m to the cost of the Transaction Agreements between NHSE, TDA and Providers in relation to Trust acquisitions arising from the dissolution of South London Healthcare Trust. This £4.7m, together with the planned costs of the CCG Community Based Care transformation programmes across South East London, has been sourced over the 4 years 2013/14 to 2016/17 from 1% non-recurrent CCG reserves to support strategic change, specifically CBC, and fund transitional cost pressures.

This approach has been agreed by all SEL CCGs, and will be considered alongside the development of CCG Commissioning Strategy Plans, Commissioning Intentions and annual Operating Plans.

**Implementation of the community based care transformation programme /
Local Care Networks and internal CCG QIPP programmes**

The six SEL CCGs have been working as a Strategic Partnership Group to develop 'Our Healthier South East London'. Community based care and Local Care Networks underpin this strategy and as such their development and implementation is vital across all South East London CCGs.

The South East London CCGs therefore agree to work together on implementation to ensure equity of service across SEL and enable delivery of the strategy.

5. Appendix - Glossary

Alternative Dispute Resolution	The process whereby The six CCGs in South East London resolve disputes short of litigation
ASHN	Academic Health Science Networks (ASHN); The Health Innovation Network is the AHSN for South London. HIN connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the process of innovation and spread of innovative ideas and best practice across large populations
CCG	Clinical Commissioning Group (CCG) are NHS membership organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England, they are clinically led
Collaboration for Leadership in Applied Health Research and Care (CLAHRC) South London	The CLAHRC investigates the best way to make tried and tested treatments and services routinely available University-based researchers, health professionals, patients and service users' work together to make this happen.
Collaborative	Working partnership between South East London CCGs (NHS Bexley CCG; NHS Bromley CCG; NHS Greenwich CCG; NHS Lambeth CCG; NHS Lewisham CCG; and NHS Southwark CCG)
Collaborative Commissioning	The collaborative approach to commissioning undertaken by SEL
Committee in Common	The six CCGs' joint committees will meet in common, though respective CCGs joint committee will retain individual decision-making authority
Commissioning	The contract(s) entered by The six CCGs in South East London and a provider(s) of NHS
External Commissioning Support arrangements	Arrangements put in place through separate services contracts by CCGs to support the delivery of their commissioning functions
Health Education England	England's health and healthcare people service; responsible for the education, training and personal development of every member of staff, and recruiting for values
Health Innovation	The Health Innovation Network is the Academic Health

Network	<p>Science Networks (AHSN) for South London AHSNs connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry in order to accelerate the process of innovation and spread of innovative ideas and best practice across large populations</p>
London Clinical Commissioning Group	<p>There are 32 Clinical Commissioning Groups (CCGs) in London [Appendix F]. Each CCG is a statutory NHS body with its own governance arrangements; they are responsible for meeting the health needs of their populations and their main focus is on local issues</p> <p>London CCGs work together in order to discharge some of their responsibilities namely:</p> <ul style="list-style-type: none"> To manage collective commissioning arrangements. To liaise with other London wide organisations such as the NHS England (London), Mayor’s office and London Councils To work in partnership with the NHS England (London) to plan, and to manage strategic change which cross CCG boundaries To promote shared learning to improve performance To coordinate other activities as required
London Clinical Senate	<p>The Clinical Senate is a multi professional advisory body, which brings together a broad range of health and social care professionals with patients and careers</p> <p>The Senate supports development of London’s health services and the delivery of safe, sustainable, high quality and cost effective care, by providing independent, strategic advice to commissioners, supporting them to make the best decisions about health care for the populations they serve</p>
London Health Commission	<p>The London Health Commission is an independent inquiry established in September 2013 by the Mayor of London. The Commission, chaired by Professor the Lord Darzi, examined how London’s health and healthcare can be improved for the benefit of the population. On 15 October 2014, the London Health Commission published its Better Health for London report to the Mayor of London</p>
NHS Commissioning Board	<p>The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes</p>

Nolan Principles	<p>The Committee on Standards in Public Life (Nolan Committee) has set out seven principles of public life which it believes should apply to all in public service. The following are the seven principles of conduct that underpin the work of public authorities including CCGs:</p> <p>Selflessness Integrity Objectivity Accountability Openness Honesty Leadership</p>
Programme Office (PO)	Central support structure, designed to provide assistance and support delivery of 'Our Healthier South East London' strategy
Provider	The provider of services to a (CCG(s) including both health care services to patients and ancillary commissioning support functions
Public Health England	Public Health England is an executive agency of the Department of Health in the United Kingdom that began operating on 1 April 2013. Its formation came as a result of reorganisation of the National Health Service in England outlined in the Health and Social Care Act 2012. It took on the role of the Health Protection Agency, the National Treatment Agency for Substance Misuse and a number of other health bodies