

Kent and Medway Joint Health and Wellbeing Board**Strategic Commissioner Update****28 June 2018****Introduction**

- The eight Clinical Commissioning Groups (CCGs) across Kent and Medway are developing a strategic commissioner function to work across all eight CCGs. The aim is to strengthen how the CCGs work together, where doing so can drive service improvements that patients need and expect, specifically to support improvements in:
 - life expectancy;
 - disease free life years;
 - reducing inequalities in health and wellbeing; and
 - improving the experience of care.

Background

- Making strategic commissioning decisions across multiple CCGs is beneficial because it provides consistency and reduces duplication. It will help improve services for patients by reducing variation in quality and access to care and will drive up standards across all providers. It is essential because:
 - some services do not lend themselves to being commissioned effectively by single CCGs
 - commissioning the Sustainability and Transformation Partnership's (STP's) plans needs to be given a statutory basis; and
 - NHS commissioning needs to adopt a more strategic role across the whole of Kent and Medway, particularly in relationship with other commissioning partners such as local authorities.
- Strategic commissioning arrangements are becoming common across the NHS, however, there is no single preferred model for either their scope or governance options. To help develop the most effective model for Kent and Medway experience and learning will be gleaned from those areas where these arrangements have already been established.
- The following outlines progress to date:
 - All eight CCGs have agreed in principle to establish the strategic commissioner for Kent and Medway
 - Three co-design workshops have been undertaken with CCG Governing Body members, staff and public and patient representatives
 - Initial thoughts developed on governance arrangements (see detail below), which will be further tested through the STP governance review, including a Strategic Commissioner Steering Group (terms of reference attached as appendix A) and Strategic Commissioning Governance Oversight Group
 - Next steps discussion paper being considered by CCGs ahead of wider discussions with partners and stakeholders including the Joint Health and Wellbeing Board

Role of the strategic commissioner

- The specific responsibilities which the strategic commissioner will take on are being developed in the next phase of detailed design work. Initial discussions have taken place and further detailed work is being planned to agree what commissioning responsibilities should be enacted at different geographical levels:
 - Kent and Medway wide
 - Sub-systems (operating on a smaller geography than Kent and Medway but across a number of CCGs)
 - Individual CCGs
 - Sub-CCG (e.g. delegated commissioning within new / emerging integrated care arrangements)
- In agreeing in principle to establish a strategic commissioner, the eight CCGs agreed that its aim should be to build capacity and capability across the CCGs and STP, and to work together where doing so can drive improvements in services for patients and efficiencies for the health and social care system. It is important to be clear that there is no intention for all commissioning to be 'lifted up' to or undertaken at a Kent and Medway level. It is important to preserve and develop frontline clinical leadership of commissioning and the ability to tailor health services to the needs of local populations where appropriate to tackle specific needs or health inequalities.
- Discussions to date have identified general principles on areas which CCGs do best at a local level and those where a strategic commissioner could add value. These initial ideas will now be developed through a detailed design phase to identify the exact responsibilities the strategic commissioner will take on.

DRAFT principles for the detailed design of strategic commissioning

Areas where strategic commissioning could add value to CCGs

- Commissioning high cost/low volume services once
- Reduction in inequalities across K&M
- Single 'K&M' plan – operating plan, emergency planning, financial plan - best use of the Kent & Medway £
- Specialised commissioning decisions
- Large scale acute reconfiguration – eg, stroke
- Market shaping for a whole geography
- Joint commissioning with LAs at scale
- Setting the framework for Local Care
- Behavioural change at large organisational level
- System self-regulation and continuous improvement
- Strategic solutions to K&M wide issues regarding:
 - Estate
 - Digitalisation
 - Workforce
- Strategic finance including
 - Capital investment
 - Resource allocation
 - Innovative payment models
- Managing KPIs and standards

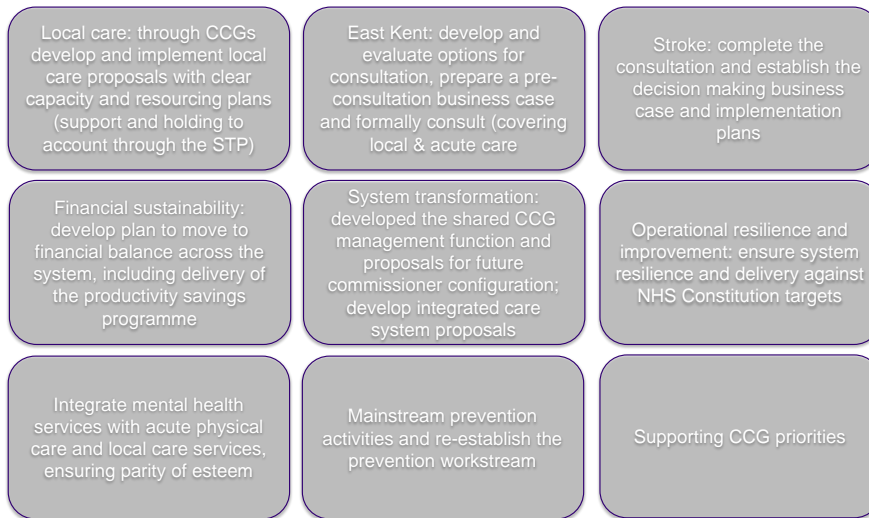
What individual CCGs do best

- Making local design decisions about the shape of services
- Making patient level decisions about care provision
- Engaging local stakeholders
- Stimulating third sector and voluntary sector
- GP five year forward view changes, primary care resilience, development of GP clusters/groups and reducing variation
- Public and patient engagement and involvement in development of services
- Managing KPIs and standards

This content has been informed by the discussions and outputs of three initial workshops and learnings from other ICSs

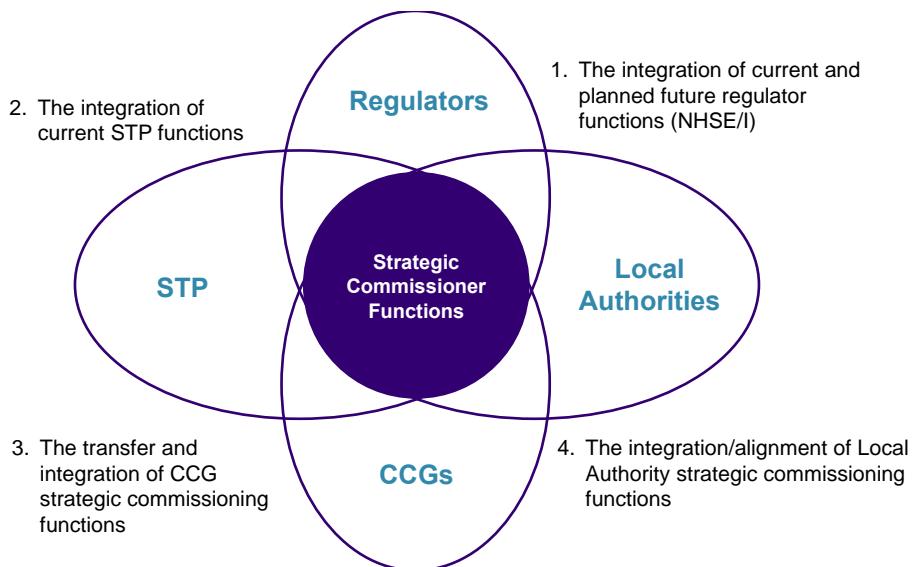
- Ensuring the provision of a full range of health services (covering physical and mental health and including prevention) and tackling health inequalities will continue to be the focus for the strategic commissioner. Establishing priorities within this, the local authority Joint Strategic Needs Assessments and Public Health system leadership will guide specific prioritisation as it does now.

- Through the STP a number of over-arching priorities have been identified, which the strategic commissioner will support:



Integrated health and social care commissioning

- To date the work has focused on NHS commissioning and specifically the remit of CCGs. Moving forward, the detailed design work will focus on engaging further with Kent County Council and Medway Council on options for integrated commissioning across health and social care; and with NHS England (South) on which of their commissioning and assurance responsibilities could be managed at the Kent and Medway level. The development of the strategic commissioning potentially sees a range of functions from different organisations being aligned or consolidated:



- As can be seen from the above diagram the development of the strategic commissioner presents an opportunity to not only consolidate a range of CCG commissioning functions, where there is a rationale to do so, but also integrate or align a range of commissioning functions across other bodies.

- The recently revised case for change was broadened to include a section on children and mental health and the subsequent Clinical Strategy for Kent and Medway includes these components as key priority areas for the area. Work is currently underway to develop an implementation plan for the Clinical Strategy, which needs to inform the development of commissioning arrangements for children's health, learning disability services and mental health services. The work on developing the strategic commissioning arrangements not only needs to determine what commissioning responsibilities should be enacted at different geographical levels but also needs to consider whether greater integration is warranted between NHS commissioners and upper tier local authorities (e.g. including lead commissioning arrangements).

Governance arrangements – strategic commissioner

- There are two distinct elements of governance for the strategic commissioner. The first to create the right model and the second for how its work will be governed once established:
 - **Establishing the strategic commissioner** - To steer and oversee the creation of the strategic commissioner a **Strategic Commissioner Steering Group** has been established (the terms of reference are set out at Appendix A) an **Strategic Commissioner Governance Oversight Group** will be established (consisting of lay and independent from CCG governing bodies – the terms of reference are in development)
 - **Operationalising the strategic commissioner** - The options are currently being explored and discussed within the CCGs. Assuming no legislative change, the approach for the initial shadow year is likely to involve establishing one or more joint committees of CCGs; to which the CCGs would delegate decision making authority for certain responsibilities. The design process must also include effective ways to involve clinicians, patients and the public from each CCG area in the work of the strategic commissioner.
- It is important to remember that the clinical commissioning groups remain the statutory organisations with decision making authority. Final agreement on both the above elements will need to be approved by each of the eight CCGs through their governing bodies, as well as by NHS England as part of their assurance role (including approval by NHS England of any change to the structure and constitutions of CCGs should these be proposed).
- The aim is to avoid an overcomplicated or bureaucratic process, in fact the creation of a strategic commissioner is an opportunity to streamline and improve commissioning governance in Kent and Medway.
- The work of the strategic commissioner will not alter the oversight and scrutiny arrangements that local authorities have over NHS commissioning.
- There will be local authority representatives from Kent and Medway on the oversight group and there will be regular updates to the Kent and Medway Joint Health and Wellbeing Board, local authority Health and Wellbeing Boards where appropriate, in addition to Oversight and Scrutiny Committees.

Governance arrangements – Sustainability and Transformation Partnership

- An STP Governance review is underway as it has become apparent that a tension remains between the STP “programme” governance arrangements and the governance arrangements of the statutory organisations. It important to draw a distinction between these two. The review will take into account the following considerations:
 - how to streamline meetings;

- new and emerging workstreams and their alignment to current STP priorities (these include the Primary Care and System Resilience and Performance);
- the development of the strategic commissioner steering group and Strategic Commissioner Governance Oversight Group;
- leadership arrangements for key workstreams;
- role of provider chairs and non-executive directors; and
- whether an independent STP chair should be appointed.
- The review will report back to the STP Programme Board in July with recommendations.

Next steps and time line

- The current intention is for the strategic commissioner to operate from April 2019 in shadow form. During 2018/19 the detailed design of the responsibilities and governance arrangements for the strategic commissioner will be completed as well as giving further consideration to options for a permanent model.
 - CCG governing bodies discuss options internally (through June/July 2018)
 - STP programme board update on governance (July 2018)
 - Complete detailed design of responsibilities and form (end August 2018)
 - Final proposal for sign-off by CCGs (Oct 2018) and NHS England (Nov 2018)
 - Internal change programme for any affected teams (Dec 2018 – March 2019)
 - Go-live in shadow form 1 April 2019

Appendix A: Proposed terms of reference for Strategic Commissioner Steering Group

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Strategic Commissioner Steering Group

<p>Remit</p>	<p>In 18/19, the remit of the Steering Group will be to provide steer to the following areas:</p> <ul style="list-style-type: none"> Detailed design of the Strategic Commissioner and its interactions with key Boards and organisations such as JSNA, HWB, STP Programme Board, individual providers and integrated care partnerships, and CCGs. Detailed design to cover both the specific responsibilities and objectives of the strategic commissioner as well as its governance form. In relation to governance, the Strategic Commissioner Steering Group (SCSG) will receive proposals recommended by Strategic Commissioner Governance Oversight Group (SCGOG) Wider provider transformation is out of scope of the SCSG although updates from MNWK and EK MDs should be provided to this Group on any significant developments in order to ensure alignment with commissioning changes The SCSG must refer all formal decisions to the statutory governance vehicles of CCGs and other relevant organisations. The purpose of this group is to steer the programme of work such that effective proposals can be put forward for formal decision making
<p>Role</p>	<ul style="list-style-type: none"> Provide strategic leadership to the development of the Strategic Commissioner Ensure that the programme delivers its milestones and outcomes on time and to budget (based on agreed plan TBD) Ensure that risks to implementation are identified and effectively managed Ensure that the programme engages effectively with all necessary stakeholder groups in the development of proposals
<p>Membership</p>	<ul style="list-style-type: none"> K&M Accountable Officer CCG Clinical Chairs (8) or nominated deputies Managing Director EK & MNWK (2) Local authority representation (2) Lay/independent member representation for EK and MNWK (2)
<p>In attendance</p>	<ul style="list-style-type: none"> STP Programme Director and other STP staff as relevant to agenda items
<p>Meeting frequency</p>	<ul style="list-style-type: none"> Monthly + dependent on work programme
<p>Chair</p>	<ul style="list-style-type: none"> Chair: Robert Bowes. Deputy: TBC



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Strategic Commissioner Steering Group

Principles for Terms of Reference

<p>Principles for Terms of Reference</p>	<ul style="list-style-type: none"> Provide strategic leadership for the development of the strategic commissioner and assurance for the delivery of the programme plan as per agreed timeline and to budget. Shapes the design and development of the transitional arrangements and future arrangements for the strategic commissioner Has responsibility to establish and lead task and finish groups to deliver finite pieces of work relating to the strategic commissioner and transitional arrangements Steering group members will have responsibility to develop proposals for K&M. However, will not have authority to make decisions. The SCSG must refer all formal decisions to the statutory governance vehicles of CCGs and other relevant organisations. The SCSG will report directly into CCG Governing Bodies (or future collaborations such as joint committee) with a dotted line to the STP Programme Board in order to ensure system engagement and oversight. All members are responsible for cascading information back to respective organisations and decision making Boards
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