

South Yorkshire and Bassetlaw – “Working Together Programme”

Governing Body meeting

4 July 2013

M

Author(s)/Presenter and title	Dr Tim Moorhead, CCG Chair
Sponsor	Ian Atkinson, CCG Accountable Officer
Key messages	
<ul style="list-style-type: none"> <li>• A facilitated event for Chairs and Chief Officers of CCGs in South Yorkshire and Bassetlaw (SYB) together with representatives of NHS England was held on 15 May 2013 to discuss to agree strategy around wider service planning</li> <li>• An initial list of services for joint working was identified by commissioners at the workshop to discuss further with providers and test against the wider evidence base on outcomes.</li> <li>• A series of Governance recommendations are made to facilitate the programme across the CCGs</li> </ul>	
Assurance Framework (AF)	
<p><b>Risk Reference Number:</b> 941 (2012/13)</p> <p><b>How does this paper provide assurance to the Governing Body that the risk is being addressed</b></p> <p>1.1.3 Working collectively to evaluate and plan for highest service offer</p> <p>1.4.1 Testing strategic fit across provider and commissioners</p> <p>2.1.1 seeks to address demand pressures creating untenable service pressures</p> <p><b>Is this an existing or additional control</b> Existing (2012/13 as above)</p>	
Equality/Diversity Impact	
<p><b>Has an equality impact assessment been undertaken?</b> No</p> <p><b>Which of the 9 Protected Characteristics does it have an impact on?</b> There are no specific issues associated with this report.</p>	
Public and Patient Engagement	
None required.	

## Recommendations

Each CCG Governing Body and the Area Team Management Board is asked to endorse and actively support the programme. Specifically, this means:

- Recognising and supporting the case for commissioners working together.
- Recognising the initial list of priorities set out above. Noting further work is being done to qualify this list against the evidence and to finalise a proposal for the service priorities for joint commissioner working; including the evidence for each priority.
- Agreeing to the Governance proposal set out above. Including SYCOM (with representatives for the other CCGs in the footprint) as the Steering Group.
- Developing a Programme Initiation Document; including developing the Governance Proposal in more detail.

## **Proposal for Commissioners to Work Together Across South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire**

### **BACKGROUND**

The NHS is going through a period of fundamental change. There are significant changes to the commissioning landscape, with an emphasis on the need to improve the quality and outcomes of care. Demand is rising due to an ageing population and the increasing burden of chronic diseases. At the same time, providers are approaching the fourth year of a seven-year austerity programme. Many of the straightforward savings have already been made, yet this challenge is unlikely to disappear after 2014/15 with cost pressures projected to grow at around 4% a year up to 2021/22.

The NHS in England must achieve unprecedented and sustained increases in productivity to avoid cuts to the service or a fall in the quality of care to patients. It is, however, unlikely that achieving significant levels of productivity gain will be possible unless the NHS thinks and acts on a larger scale, achieving transformation of systems and processes not possible at an individual organisational level.

Furthermore, the recent Francis Inquiry has highlighted the need for healthcare organisations to improve. This means enabling and ensuring the development and application of fundamental standards of service; ensuring openness and candour throughout the system; and fostering a common culture shared by all which puts the patient first.

Increasingly, high performing NHS organisations across the country are coming together to help each other anticipate and respond to the challenges and opportunities being faced.

### **PROVIDER COLLABORATION**

The seven Acute providers in South Yorkshire, Mid Yorkshire and North Derbyshire have agreed to work together to help meet these challenges and improve the quality of care they deliver. Together, these seven Trusts serve a combined population of over 2mn people, employ 40,000 staff, and have a turnover of £2,387mn.

Historically, this has been a high performing health economy. However, all the Trusts face substantial financial challenge (with one Trust already under significant scrutiny from Monitor) accompanied by increasing pressure on clinical standards and outcomes.

The emphasis of the provider work is on a clinically led, innovative and inclusive approach, which will enable services to be provided as locally as possible and to the highest service standards. There is a real opportunity to build on, and accelerate, the innovative work being undertaken with the CLAHRC, LETB, AHSN, universities and industry by sharing good practice, and pooling experience and talent.

The participating Trusts have discussed the benefits to collaboration and the necessary factors to make this successful over the last few months. In January 2013, the Trusts signed up to a Memorandum of Understanding. This was followed by a facilitated meeting on the 1 February 2013 where it was agreed to proceed with proposals to each of the Boards to create a fully resourced programme office by 1 April 2013.

## COMMISSIONER COLLABORATION

A facilitated event for Chairs and Chief Officers of CCGs in South Yorkshire and Bassetlaw (SYB) together with representatives of NHS England was held on 15 May 2013.

The commissioners confirmed that the NHS in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire faces **challenges** to concurrently meet the needs of an ageing population; to continue to increase productivity; and to further improve the quality and outcomes of care. The arrival of specialised service specifications, coupled with the small population of the patch for many specialised services will also be a challenge. The NHS across this patch recognises it needs to work together to anticipate and respond to these challenges. The commissioners across South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire agree the need to work together to agree strategy and take action on these challenges.

There are a number of **benefits** of commissioners working together, these include: -

- Sharing limited resources and effort.
- Coherent and consistent service planning and commissioning across the patch. Including alignment on quality and safety.
- Retention of 'local' services in CCG localities.
- Retention of specialised services in the patch.

An initial list of services for joint working was identified by commissioners at the workshop, which is similar to the list developed by the providers. The initial list of **priorities** for joint working is: -

- Cardiac service and 'DGH' cardiology
- Urgent care (urgent care boards are being established)
- Children's services and neonates
- Primary care (work has already started on this)
- Small services, such as ophthalmology, ENT, maxfax and dermatology
- Vascular
- Upper GI
- Local general surgery services
- Possibly rehabilitation services
- Possibly dementia services

These priorities now need to be qualified against the evidence. Commissioners also agreed that their joint work programme should be coordinated with the joint work between providers.

The commissioners at the workshop agreed the preferred **footprint** for commissioner joint working is SYB, North Derbyshire and Mid Yorkshire. This mirrors the provider footprint. For specific issues a bigger or smaller footprint could be used. It was agreed a 'SYCOM' equivalent is required for the governance of commissioner joint working; and that this should link to the provider joint working arrangements.

The CCG Chairs and the Area Team tasked the CCG Chief Officers and Eleri de Gilbert to develop a proposal for the governance arrangements for joint commissioner working. The footprint for these arrangements should reflect the provider footprint. The governance arrangements should include links to the provider work. It was agreed commissioner joint

working should go to private Board meetings in June 2013 and the proposal for how commissioners work together to public Board meetings in July 2013.

With regard to **communications** it was agreed: -

- Commissioners need to make the case for change, for any proposed service changes.
- Commissioners need to be consistent in their communications across the patch.
- Chief Officers would agree the communications to the providers.

## **GOVERNANCE PROPOSAL**

### ***Governance Principles***

It is proposed the commissioners agree: -

- The programme should have the endorsement and active support of the CCG Governing Bodies and the Area Team Management Board.
- The programme would need to be staffed with high quality people of sufficient seniority to make change happen.
- Each commissioner would supply material resource and organisational support for the programme.
- Each commissioner will ensure that seconded staff are given the time to fulfil their roles.
- The selection and operation of projects is decided in a fair manner with commissioners involved in a mechanism for selecting or vetoing projects.
- The programme would need to be aware and able to work through issues at a CCG level and a regional level.
- CCG Governing Bodies and the Area Team Management Board recognise that they are working for the greater good and this may result in occasional imbalances to their organisation with specific projects, however there should be an overall benefit for all the commissioners.

### ***Footprint***

It is proposed the footprint for commissioner joint working is South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire. For specific issues a bigger or smaller footprint could be used.

### ***Roles and Responsibilities***

The **CCG Governing Bodies and the Area Team Management Board** retains overall accountability for decisions about their organisations commissioning decision. Each Governing Body and the Management Board will consider whether it wishes to endorse and actively support the joint working programme, reviewing and approving key recommendations produced by the programme.

It is proposed to form a **Steering Group** to drive the overall strategic direction for the programme and ensure it delivers the anticipated outcomes and benefits. It will make decisions on the key recommendations for approval by the CCG Governing Bodies and the Area Team Management Board. The Steering Group will be comprised of SYCOM as well as representatives from the other CCGs in the footprint. The personal objectives of the CCG Chief Officers and other relevant senior managers should be aligned to the programme. The Commissioner Steering Group will regularly meet jointly with the parallel provider group. The Steering Group will be supported by a series of broader events held

with a wider audience, including Clinical Chairs from the CCGs, and other stakeholders. Links with Health and Wellbeing Boards will be made on a locality basis.

The Steering Group will be supported by **Clinical Reference Groups** which will be formed for specific workstreams and will include clinicians from providers and commissioners. They will link with the relevant existing clinical networks.

Programme management arrangements will be agreed through SYCOM to deliver the requirements of the programme.

Each **workstream** will have a lead commissioner, who may become the host commissioner for the relevant service(s). The workstreams will be led by senior Directors, who will have dedicated time to define and deliver the key tasks required within the programme. This includes working up the detail behind the recommendations that the Steering Group will present to the CCG Governing Bodies and the Area Team Management Board. It is envisaged most workstreams will involve joint work between providers and commissioners, and may include Local Authorities.

It is proposed that the programme will be resourced from existing CCG and NHS England resources. The resources required for the programme will be reviewed following the development of the Project Initiation Document.

## **RECOMMENDATIONS**

Each CCG Governing Body and the Area Team Management Board is asked to endorse and actively support the programme. Specifically, this means: -

- Recognising and supporting the case for commissioners working together.
- Recognising the initial list of priorities set out above. Noting further work is being done to qualify this list against the evidence and to finalise a proposal for the service priorities for joint commissioner working; including the evidence for each priority.
- Agreeing to the Governance Proposal set out above. Including SYCOM (with representatives for the other CCGs in the footprint) as the Steering Group.
- Developing a Programme Initiation Document; including developing the Governance Proposal in more detail.

## **NEXT STEPS**

Chief Officers are continuing to work with colleagues to action the points set out in this paper on the assumption that CCG Governing Bodies and the Area Team Management Board agree to proceed.

Barnsley CCG, Clinical Chair and Chief Officer.  
Bassetlaw CCG, Clinical Chair and Chief Officer.  
Doncaster CCG, Clinical Chair and Chief Officer.  
Greater Huddersfield, CCG Clinical Chair and Chief Officer.  
Hardwick CCG, Clinical Chair and Chief Officer.  
NHS England, Area Directors.  
North Derbyshire CCG, Clinical Chair and Chief Officer.  
North Kirklees CCG, Clinical Chair and Chief Officer.  
Rotherham CCG, Clinical Chair and Chief Officer.  
Sheffield CCG, Clinical Chair and Chief Officer.  
Wakefield CCG, Clinical Chair and Chief Officer.

June 2013