Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

NHS Sheffield CCG – A review of Localities and their clinical decision making at the heart of our CCG

Item 14j

Governing Body meeting

8 January 2015

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Sponsor	Ian Atkinson, Accountable Officer and Dr Zak McMurray, Clinical Director

Is your report for Approval / Consideration / Noting

Noting

Are there any Resource Implications (including Financial, Staffing etc)?

Financial and Contractual

Audit Requirement

CCG Objectives

All – CCG Management infrastructure

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No

If not, why not? Not applicable

PPE Activity

How does your paper support involving patients, carers and the public?

Supports ongoing portfolio patient and public engagement

Recommendations

The Governing Body is asked to note the management infrastructure change

NHS
Sheffield
Clinical Commissioning Group

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1.0 Introduction

Our CCG has had a successful first year. We have been very successful in creating one CCG with four strong localities, leading to authorisation without restrictions of a co-terminus organisation with our City Council and large traditional NHS providers. We have championed a high level of clinical engagement with innovative ideas being developed at locality level with small pilots and some extension to city wide developments.

However much of the resultant system change is small scale and piecemeal at best and is in danger of 'blurring' the commissioner/provider split, potentially leaving us open to challenge, but perhaps more importantly could exclude member practices from 'providing' the services they have developed.

To prevent this, and create the transformation that is consistent with our principles, we need to find a way of maintaining the high level of engagement and innovation at our locality level, whilst ensuring a city wide approach to commissioning change across all care sectors. This needs to include more clarity around decision making to take locality clinical work forward that mitigates the conflict of interest issue by linking much more closely to our portfolios whilst adopting the CCG's new 'programme management' approach to deliver change.

As a consequence we have reviewed our arrangements for governance towards the end of this first year as a result of feedback from our members, clinical leads and staff. A number of areas were considered worthy of some attention to see if we can make our decision making and engagement better. This paper is a product of that review initiated by the OD steering Group and the Clinical Director. It is based on many conversations across the locality representatives, the clinical portfolio leads and the Executive Team.

It sets out a renewed purpose for our localities, a strengthened role for clinical decision making at the heart of our CCG and greater engagement with member practices through a more collaborative locality group.

2.0 Localities

NHS Sheffield CCG is a city wide CCG based on strong localities. This original establishing principle, agreed across the city during the summer of 2011, **we consider remains equally valid today**. The key roles of localities we have discussed and agreed are:-

- To ensure member practices can come together easily to identify health (and increasingly care) needs of their patients across their localities

- To allow innovative service developments to be devised which would respond to these identified needs and be implemented by the CCG
- To ensure that there is effective engagement with member practices to consider and advise (where necessary) the CCG Governing Body and wider management arrangements of the views of the member practices
- To ensure that there is effective engagement with member practices to share information and decisions of the CCG to the member practices and improve their understanding of the work and strategic direction of the CCG.

2.1 Proposal to standardise Locality Executive Groups (LEGs)

Locality Executive Groups were agreed during 2012 as part of the completion of the Governance arrangements for the emerging CCG. The intention was to integrate the locality management arrangements into the CCG. The LEGs continue to meet although the feedback connections to the wider CCG are not consistent with the exception of Governing Body which has a short agenda item with minutes from the LEGs. **There is a general consensus that this is an opportunity missed.**

There is an opportunity to re-define the core membership of LEGs and help them have a stronger Governing Body voice through their Locality nominated member and a consistent membership which includes CCG as well as Locality Management support.

Recognising the core purposes of Localities above, LEGs should have as **core** members:-

- Locality nominated GP of Governing Body
- Locality Manager
- A CET executive director (may not need to attend all meetings)
- Another GP
- A practice manager
- A practice nurse

(The rationale for the inclusion of the CET member is to provide senior management support to each of the LEGs on wider CCG commissioning issues that they will be addressing, wider feedback and engagement on operational pressures the CCG is facing and support/advice for management of issues that may be perceived as attracting conflicts of interest).

(The rationale for the inclusion of a practice nurse recognises feedback from some of the localities on the role for nurses in the Clinical Commissioning Group more specifically).

Notwithstanding this change, we have concluded that whilst the localities individually are working on many of these points, there is less cross locality working than we would anticipate. This “gap”, identified principally by the locality managers, is a concern since we would expect innovation to spread across the city or CCG commissioned services to be universally adopted or supported.

In response to this, the locality managers have begun to increasingly work together more closely and through the OD Steering Group have brought together a number of locality GPs to consider these issues further. The outcome of this work is to propose a **City wide Localities Group (CLG).** The terms of reference, for this group are set out below:-

2.2 Proposed Terms of Reference for the City wide Localities Group (CLG)

(a) Purpose

There are four Commissioning Localities within the NHS Sheffield Commissioning Group (CCG):

- HaSL
- West
- Central
- North

The CLG will have five broad roles:

- To be core contributors to the Innovations Group of the CCG's Programme Management function – thereby fully supporting the development cycle of new commissioning schemes.

- To enable and develop city wide practice engagement in GP commissioning and the work of NHS Sheffield CCG increasing ownership of decisions and approaches.

- To ensure that the services commissioned for the Localities by the CCG are responding to the health and care needs of the Localities practice population and advise the CCG where this is not the case.

- To provide a membership reference group through the city's locality voice to advise the CCG in the development and implementation of commissioning proposals – this can be considered a "testing out" function of agreed schemes

- To undertake and act on representative authority of the LEGs as identified in the remit and responsibilities section.

(b) Membership

Membership will include representation from all four Localities and will include:

- Locality LEG representatives (the locality manager, the locality nominated Governing Body GP and one other locality based clinician)

- Director of Business Planning and Partnerships and Programme Director (Primary Care) (May not be all meetings)

- Others, as required

(c) Frequency

The CLG will meet on a monthly basis

(d) Governance

- The CLG is authorised by the Locality LEGs to undertake the range of responsibilities detailed in section 5.

- The CLG will be accountable to their respective LEGs and through the Locality nominated GP, the Governing Body for the delivery of the broad roles set out above.

- The CLG will work closely and collaboratively with CET to ensure major commissioning decisions that impact on member Practices are considered appropriately prior to implementation and dissemination.

- The CLG will engage with and be a Core Contributor to the CCG's Innovations Group to contribute to the development of new initiatives. Innovations from the Localities and member Practices will be shared across the CLG and the Innovations Group.

- The CLG will operate in accordance with Sheffield CCG Constitution and abide by the requirements of Sheffield CCG's policy on managing conflicts of interest.

- Minutes of the CLG will be provided to CET and Governing Body

(e) Remit and Responsibilities

The CLG will undertake the following specific duties:

- To be a collective locality voice to advise on the direction of travel and commissioning decisions being made as a CCG.

- Contribute to the development of the CCG's commissioning plans, commissioning strategies and service reviews.

- To proactively act as a constructive sounding board and provide oversight to support the development and delivery of key CCG initiatives, to ensure that they can and are delivered by Practice members and increase ownership and the potential for successful delivery.

- Support the four Localities through working collaboratively together by sharing best practice, resources, and managing core activities to support effective city wide commissioning and deliver effective and efficient services.

- To stimulate, support and lead innovation in the commissioning of services, particularly through the CCG's Innovations Group function and the five clinical portfolios.

- To provide additional city Locality clinical input and leadership in the CCG planning and delivery processes.

- To support the CCG in ensuring that services for the local population are commissioned in a way that delivers improved health, better clinical outcomes, excellent patient experience and productivity. Services commissioned must therefore: address the health needs of its communities and population and champion the importance of health promotion, disease prevention and reducing inequalities.

- To have regard to the requirements of the CCG's Constitution, Schemes of Delegation and the wider NHS Constitution in all its actions and decisions

(f) Review

- The terms of reference will be reviewed in 6 months or sooner if national policy or agreements in relation to the growth of delegation of responsibilities are required.

3.0 Proposals to create a Clinical Executive Team (CET)

The portfolio leads met with the Clinical Director supported by Mike Tomson, St John Livesey and Jane Howcroft to discuss the issues with our current approach and consider a proposal to take forward to CET around a future model. Strengths of the current system were noted, particularly around good clinician/manager relationships, focus on clinical improvement and a perception of a high level of internal organisation trust as well as clinical leadership trust at a practice level. Weaknesses were identified around potential confusion around strategic direction, overlap and potential 'silo' working.

There was also a feeling that there could potentially be a locality/portfolio and inter - portfolio disconnect and difficulty ensuring that member practices were fully engaged in redesign work. There was a general wish for closer portfolio working, with an opportunity for regular catch ups and feedback both internally and with localities. General consensus was that the Acute portfolio was too large and should be split into Elective and Urgent Care. It was felt that there were significant opportunities for more effective joined up portfolio working with a wish to create a stronger 'clinical engine room' within the CCG executive function. Portfolio leads expressed a desire for more clarity around their roles within the organisation, with a formal job description and employment status. They also felt that their role needed to inevitably move to one of cross city working with less commitment at locality level.

In response we are proposing that we need to revise our current CCG structures to create the vehicle for at scale change, with a more uniform approach to how we redesign pathways and clinical systems and then implement and monitor the changes we wish to put in place. This should include a more standardised approach to system change and pathway development to ensure that all demographic, quality, effectiveness and cost implications are considered in line with the revised Clinical Reference Group', Programme Management Approach and newly proposed City wide Locality Group (CLG).

To facilitate this we propose that the CCG moves towards creating a **Clinical Executive Team** to become 'the CCG clinical engine room' with a clear mandate to deliver significant city wide change.

Therefore it is proposed that:

- The Clinical Director role will become the CCG Medical Director.
- We will create five Clinical Director roles for each of the five portfolios, replacing the four current Locality/portfolio clinical leads.
- They will be employed posts of the CCG reporting to the Accountable Officer in line with other Director roles.
- The Clinical Executive Team will comprise, Accountable Officer, Clinical Directors and the CCG's Management Team Directors.
- The Clinical Director roles will be city wide and not locality nominated – they will be subject to appointment as all CCG employed roles are.

4.0 Overall Governance Arrangements

Appendix A sets out the relationships and decision making of the CCG with respect to the changes proposed.

The key Points are:-

- LEGs are consistent in minimum membership and include a CET management team director and practice nurses as well as Locality GPs, the Locality nominated Governing Body GP and the CCG employed Locality Manager
- LEGs agree a representative grouping of the four LEGs – the City wide Localities Group (CLG)
- The City wide Localities Group (CLG) advises CET approvals, CET and Governing Body
- CET is renamed the Clinical Executive Team with five Clinical Directors who will be the new five Portfolio Directors, employed by the CCG, sitting with the Management Team Directors accountable to the Accountable Officer of the CCG.
- The CET Approvals Group will comprise CET above and Locality Managers with others as set out in PMO documentation. The CLG will support this process through engagement via the PMO as set out above.
- There will be no direct Locality GP nominated to CET.
- Governing Body should have a CLG slot for feedback and greater integration of the Localities work in the business of the Governing Body
- The funding to support this development is within the overall envelope of the CCG Locality and Clinical Engagement budget.
- Budget management will be clearer through Clinical Directors and Locality managers having agreed delegated limits consistent with the CCG's SFI's.
- There are no constitutional changes required to enact this
- The process for implementation will take place over Q4 this year.

5.0 Recommendation:

The Governing Body is asked to note the change to the management infrastructure and the greater role of Locality feedback to Governing Body and the decision making process of the CCG.

We would like to acknowledge the work of Simon Kirby, Rachel Dillon, Gordon Osborne and Paul Wike in the production of the initial version of this paper.

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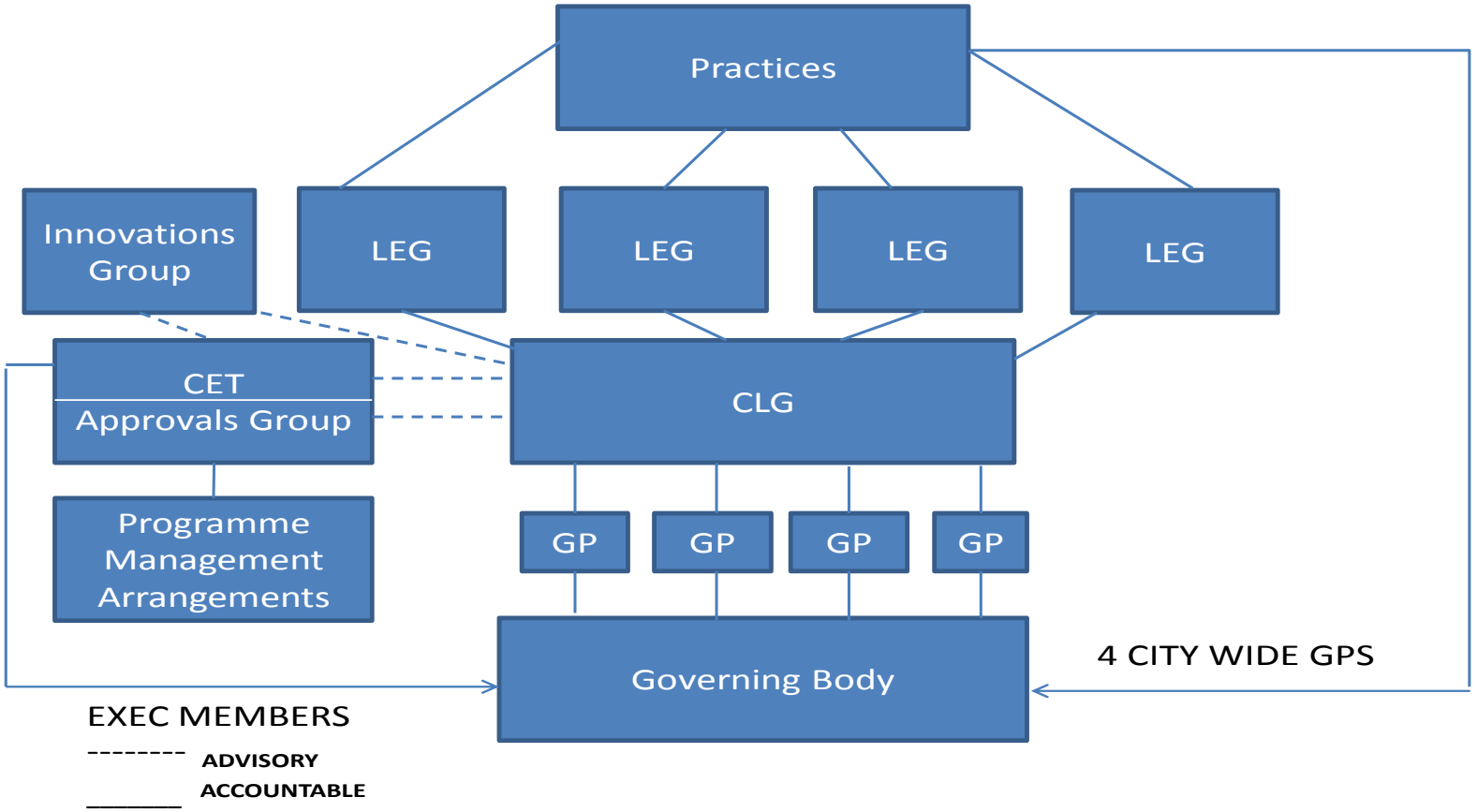
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