

## Developing System Commissioning Arrangements in 2019/20

Governing Body meeting

7 March 2019

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<b>Purpose of Paper</b>	
<p>This paper sets out the approach for expanding commissioning arrangements in South Yorkshire and Bassetlaw to provide a strategic commissioning focus for 2019/20 with priorities managed through the Joint Committee of CCGs (JCCCGs) strengthened with delegated decision making authority where agreed by the five CCGs to secure single commissioning decisions.</p> <p>The Long Term Plan (LTP) sets out a clear direction that commissioning arrangements will change over the next few years and NHS England and NHS Improvement are to publish an engagement document setting out specific proposals to primary legislation at the end of February. ICSs will need to have in place streamlined commissioning arrangements to enable a single set of commissioning decisions at system level and CCGs will become more strategic organisations supporting health and care partners to jointly focus on population health, service redesign and long term plan implementation.</p>	
<b>Key Issues</b>	
<p>The SYB CCGs have traditionally worked together to develop and deliver commissioning and contracting responsibilities on behalf of each other as efficiently as possible, from a best use of resources, standardisation, quality and cost perspective and to avoid duplication. These collaborative arrangements are wide ranging and largely cover undertaking a lead role on behalf of the five for a commissioning function or activity, leading a service transformation programme or a lead commissioner for an NHS contract.</p> <p>Additional priorities for system commissioning have been considered where there is an opportunity in SYB to:</p> <ul style="list-style-type: none"> <li>• Standardise to reduce unwarranted variation, improve equity of service, access, quality, outcomes, pathways and specifications , metrics</li> <li>• Improve financial efficiency and best utilisation of resources</li> <li>• Improve population health and outcomes</li> </ul> <p>A set of SYB proposed priorities has been developed and a JC CCG work plan is underway for 2019/20, informed by discussions with Governing Body, Accountable Officers and the Joint Committee of CCGs. The priorities are recognised by SYB commissioners as a good step towards developing system commissioning signalled in the NHS Long Term Plan. Work is progressing in relation to proposing which priorities could be delegated to the JCCCGs from CCGs for single decision making. The revised final work programme and proposals for delegated authority to the JC CCG will be presented to Governing Bodies in Quarter 1 2019/20.</p>	

**Is your report for Approval / Consideration / Noting**

**For consideration and approval**

**Recommendations / Action Required by Governing Body**

Members of the Governing Body are asked to:

1. Consider the content of the paper and support the approach to expand on and implement system commissioning in SYB during 2019/20 in line with the NHS Long Term Plan requirements.
2. Agree the draft 2019/20 JCCCG priorities and support the JCCCG to develop the work programme and propose which priorities should be given delegated authority from CCGs to the JCCCGs for 2019/20.
3. Support the next steps and timeline.

**Governing Body Assurance Framework*****Which of the CCG's objectives does this paper support?***

To ensure there is a sustainable, affordable healthcare system in Sheffield and  
To improve patient experience and access to care

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

Any resource implications as a result of system commissioning will be quantified and discussed with GBs early 2019/20.

**Have you carried out an Equality Impact Assessment and is it attached?*****Please attach if completed. Please explain if not, why not***

Not required. Individual programmes and projects will undertake assessment as part of their implementation process as appropriate.

***Have you involved patients, carers and the public in the preparation of the report?***

Not required at this stage.

## **Developing System Commissioning Arrangements in 2019/20**

### **Governing Body meeting**

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#### **1. Purpose**

- 1.1. This paper sets out the approach for expanding commissioning arrangements in South Yorkshire and Bassetlaw to provide a strategic commissioning focus for 2019/20 with priorities managed through the Joint Committee of CCGs (JCCCGs) strengthened with delegated decision making authority where agreed by the five CCGs to secure single commissioning decisions.

#### **2. Background**

- 2.1 The SYB CCGs have traditionally worked together to develop and deliver commissioning and contracting responsibilities on behalf of each other as efficiently as possible, from a best use of resources, standardisation, quality and cost perspective and to avoid duplication. These collaborative arrangements are wide ranging and largely cover undertaking a lead role on behalf of the five for a commissioning function or activity, leading a service transformation programme or a lead commissioner for an NHS contract. The list of collaborative commissioning arrangements already in place in SYB is shown in Appendix 1.

- 2.2 In 2016 the SYB Sustainability and Transformation Plan (STP) set out the intention to review commissioning to support the development of places and working together strategically as a system. In summer 2017/18 the JCCCGs agreed to explore how SYB could develop new arrangements for commissioning/ contracting with specific aims:

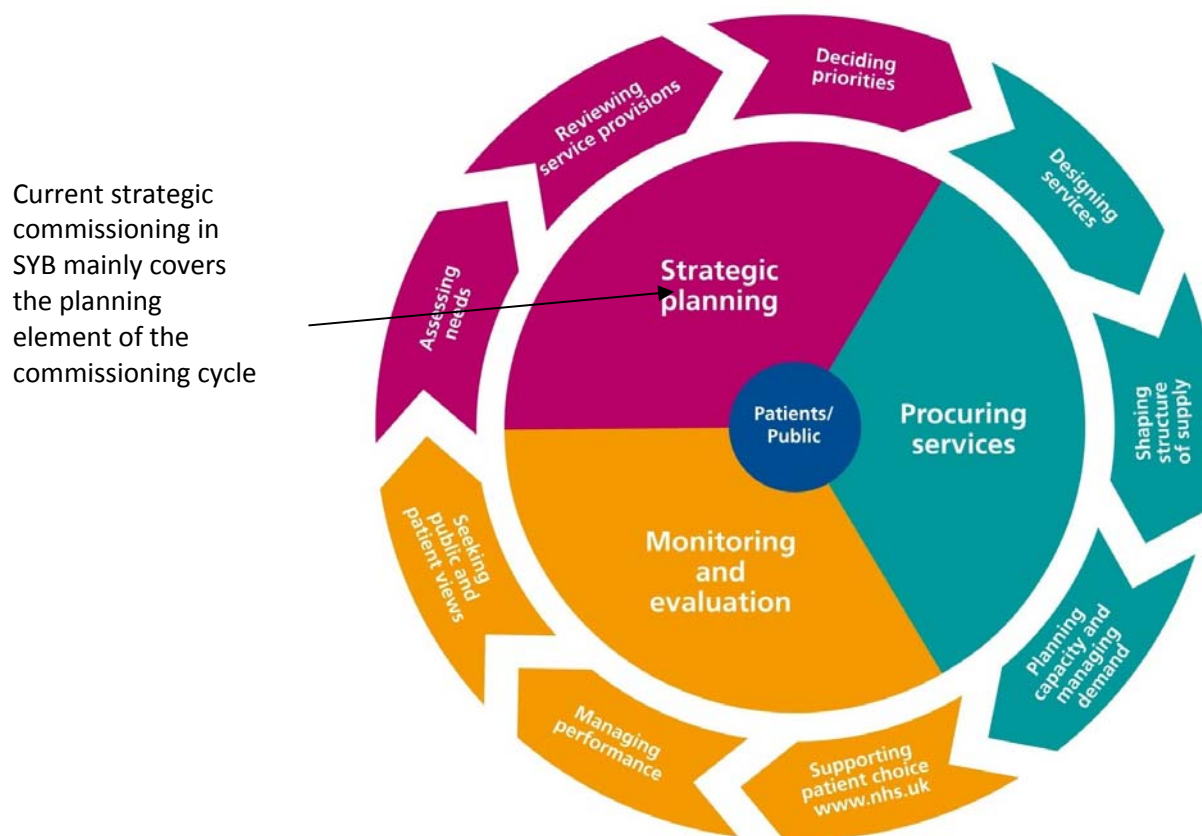
- At SYB – commission, plan and deliver some activities ‘once’ across SYB system where it is more efficient and effective to do so to reduce unwarranted variation improving equity of access, quality and standardisation of service to achieve improved population health outcomes for patients.
- At Place - commission, plan and deliver services locally, with a focus on integrated health and care with partners to improve population health at a place e.g. through new models of integrated care, and a consistency in approach to support providers to deliver services more equitably for the local population.

- 2.3 The five CCG Governing Bodies agreed to explore and scope out opportunities of system commissioning and the required delegated decision making arrangements through the JC CCGs to enable this. A series of Governing Body workshops were held during 2018 to develop the approach for system commissioning and the future role of the JCCCG.

### 3. Implementing System Commissioning in SYB

- 3.1 The opportunity of moving to system commissioning across SYB is hindered by the Health and Social Care Act, 2012 where CCGs are statutorily responsible for commissioning the majority of NHS health care. Delegating responsibility from CCGs for non-statutory commissioning functions to 'do once' is legally permissible through the Joint Committees of CCGs.
- 3.2 Where it is not possible to shift priorities fully to system commissioning, the commissioning cycle (fig. 1) can be split across place and system to enable consistency and standardisation of elements of commissioning e.g. clinical pathways, policies, service specifications and contractual arrangements to deliver improved population outcomes, reduce inequalities and efficiency of resources. This process is already in place for SYB Integrated Care System (ICS) transformation priorities, delivered through the ICS workstreams and commissioning oversight and delegated decision making through the JCCCG.

**Fig 1 NHS Commissioning Cycle**



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: [www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)

### 4. National Context - NHS Long Term Plan Requirements for Commissioning

- 4.1 The Long Term Plan (LTP) sets out a clear direction that commissioning arrangements will change over the next few years. ICS's will need to have in place streamlined commissioning arrangements to enable a single set of commissioning decisions at system level and CCGs will become more strategic organisations supporting health and care partners to jointly focus on population health, service redesign and long term plan implementation. NHS England and NHS Improvement

are to publish an engagement document setting out specific proposals to primary legislation at the end of February 2019.

4.2 A new integrated NHSE/I operating model will be fully introduced in 2019/20 reducing NHS administration costs. This is also a requirement of CCGs with a 20% reduction in running costs required by 2020/21. CCGs will have the flexibility to determine locally how these efficiencies can be delivered and plans are required by March 2020.

4.3 Across the north region the emerging approach to assuring that the reduction in running costs is secured will be through assurance that CCGs are building the future system by paying equal and proportionate attention to developing new models of commissioning as part of the emerging NHS architecture including:

- place based integration of commissioning
- place based integration of commissioning and provision through integrated delivery models
- supporting the development of primary care networks /neighbourhoods
- supporting the development of the commissioning system at an ICS level

## 5. **Local Context – Place Commissioning**

5.1 The vast majority of commissioning activities in SYB are done at place to meet local population health needs. A significant amount of progress has been made in each place over the last few years to integrate care and develop place commissioning established through Integrated Care Partnerships (ICPs). These arrangements are underpinned by strong relationships with local authority, providers, wider public services and voluntary sector partners to develop a shared vision to improve the health and care of the local population. Each has a place plan with a collaboration agreement or memorandum of understanding to formalise the partnership working, expectations, governance, roles, and responsibilities.

5.2 Each ICP has introduced integrated care models and approaches within a defined neighbourhood encompassing a cluster of GP practices called Primary Care Networks (PCNs). PCNs largely cover populations of around 50,000 and are a key requirement of the LTP to strengthen and enable primary and community care to work together with other health and care professionals to provide multi-disciplinary integrated care. Additionally, ICPs have implemented new commissioning infrastructures including joint posts with integrated portfolios across health and care, commissioning teams / hubs and funding for specific priorities secured from partners to drive forward service transformation. Some have introduced more formal joint health and care commissioning functions through a Section 75 agreement (pooled budget arrangements) with Local Authorities to support delivery of ICP priorities and are building further on this in 2019/20.

## 6. **Guiding Principles for SYB System Commissioning**

6.1 A guiding principle for any changes to commissioning and/or joint decision making must be that it demonstrates added value to patients for place and ICS including improvement in outcomes and population health, standardisation of care, financial efficiency, better use of resources including scarce workforce and avoids unnecessary duplication. Unintended significant risks for a CCG, place or ICS should be avoided.

6.2 Robust ICS governance arrangements and business processes are crucial to enable system commissioning for business case development including the following steps: project scope, a clinical evidence base and clinical leadership and involvement, commissioner and provider involvement, patient and public engagement, robust financial modelling and investment requirements, implementation planning and joint decision making arrangements through the JC CCGs to ensure ongoing commissioner support throughout the process to reduce the potential of dispute or any unintended consequences for CCGs that could have been otherwise avoided. Senior commissioning expertise and capacity will also be required to support the running of the JC CCGs.

6.3 It is important that system commissioning priorities are clinically developed to ensure an agreed SYB consensus to pathways, policies and protocols. Assurance will be required that the case for change is underpinned by a robust clinical evidence base and best practice with local clinicians in each place having the opportunity to engage, influence and develop. To enable this, a standard approach to clinical engagement will be agreed by the JC CCG for Governing Bodies with clear processes to be followed.

## 7. **Governance Arrangements and Delegating Authority to Joint Committee of CCGs**

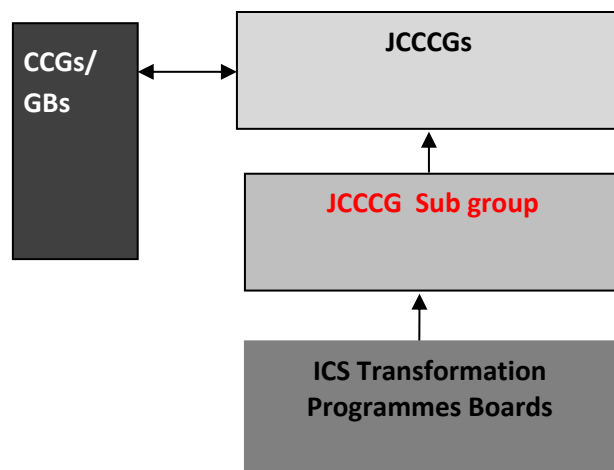
7.1 The JCCCGs plays an important role in commissioning in relation to joint working and streamlining decision making. Delegated authority to the JCCCG was agreed in 2017 by the five CCG Governing Bodies for the Stroke HASU Service and Children's Surgery and Anaesthesia transformation programmes which have been largely completed.

7.2 Expanding system commissioning arrangements in SYB is linked into the wider ICS governance review currently underway which will when completed reflect the joint working between ICS commissioners and providers consistent with the LTP direction of travel for system integration.

7.1 North Derbyshire CCG and Wakefield CCG will be engaged in the work where agreed ICS system commissioning priorities impact on North Derbyshire and Wakefield patients. The agreed work plan will determine their ongoing involvement in the JC CCG for 2019/20.

7.2 New support infrastructure and governance arrangements will be put into place to support the JC CCGs:

- **JCCCGs Sub Group** with Accountable Officer and Director level membership will be responsible for managing the work programme; assuring clinical engagement and leadership and setting the JCCCGs agenda for both public and private meetings. The JCCCGs Sub group will liaise with the ICS Transformation Programmes and the place based commissioners and providers on the JCCCG in taking forward the priorities.



7.3 Due consideration will be given by commissioners regarding public communications and engagement requirements where decisions are to be delegated to JCCCG.

## 8 SYB System Commissioning Priorities and JC CCGs Work Plan

8.1 Priorities for system commissioning have been considered where there is an opportunity in SYB to:

- Standardise to reduce unwarranted variation, improve equity of service, access, quality, outcomes, pathways and specifications , metrics
- Improve financial efficiency and best utilisation of resources
- Improve population health and outcomes

8.2 The SYB system commissioning approach will need to respond to the Hospital Services Programme (HSP) and providers joint working plans as they emerge, for example how the commissioners and the JC CCGs supports and enables hosted networks and other transformation and reconfiguration priorities being taken forward by the HSP.

8.3 The proposed 2019/20 list of SYB System Commissioning priorities is shown below and has been developed from the Governing Body workshops held in 2018 and ongoing discussion with SYB commissioners. The priorities are recognised by commissioners as a good initial step towards implementing system commissioning signalled in the LTP. The priorities will be further developed by the JC CCGs into a work programme and proposing which priorities could be delegated to the JC CCGs for single decision making. The final work programme and proposals for delegated authority will require Governing Body approval in Quarter 1 2019/20.

## **2019/20 SYB Proposed System Commissioning Priorities**

### **Services / contracting**

- 999/111 SYB lead commissioner with options for additional delegated authority for decision making through AOs
- Outpatient follow up and Outpatient first appointments\*
- Tariff and payment reform\* (also linked to OPs and Quality incentives contracting and the work on payment reform Efficiency Board )
- Developing Quality outcomes Incentives based contracting\*
- Perinatal Mental Health\*
- Developing outcomes incentive based contracts\*
- Community diagnostics and digital technology, telecare/ telehealth – supporting Neighbourhoods / PCHs\*
- Joint working with Spec Com to align service pathways specialised/non-specialised

### **Medicines optimisation in primary care standard SYB policies\***

- Over the counter prescribing
- Gluten free
- Avastin

### **SYB Commissioning Policies and commonality of quality standards and outcomes:**

- Commissioning for outcomes – new priorities and a review of the existing SYB policy\*
- IVF inclusion and exclusion criteria and number of IVF cycles
- Developing Prevention and Population Health approaches and interventions embedding principles into commissioning and decision making to reduce unwarranted variation\*
- QUIT in hospital scheme\*

### **Service Transformation**

- HSP implementation working jointly with providers
- Stroke HASU Sheffield CCG Lead commissioner
- Cancer – service pathways and patient testing \*
- Perinatal MH standardised pathways and lead contracting arrangements\*

*\*Also priorities of the LTP*

## 9 **Next Steps and timeline**

9.1 The next steps to conclude this work are:



<b>March</b>	<ul style="list-style-type: none"> <li>Developing System Commissioning Arrangements 2019/20 taken through (Public) Governing Bodies</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>JCCCG to propose delegation for identified priorities in work plan for Governing Body approval</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>Governing Body consideration and approval of final work plan with delegated authority to JCCCG</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>Revised JCCCG Manual Agreement and Terms of Reference approved by Governing Bodies</li> <li>Terms of Reference approved for JCCCG sub group</li> </ul>

## Recommendations

Members of the Governing Body are asked to:

1. Consider the content of the paper and support the approach to expand on and implement system commissioning in SYB during 2019/20 in line with the Long Term Plan requirements
2. Agree the draft 2019/20 JCCCG priorities and support the JCCCG to develop the work programme and propose which priorities should be given delegated authority from CCGs to the JCCCGs for 2019/20
3. Support the next steps and timeline

Paper prepared by Lisa Kell, Director of Commissioning, SYB Integrated Care System

On behalf of SYB Accountable Officers

February 2019

## Appendix 1 – Existing system commissioning arrangements - Services and functions done on behalf of each other – across the Five CCGs

CCG	NHSE – direct commissioning	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Existing system Lead Commissioning responsibility	<ul style="list-style-type: none"> <li>• GPFV transformation team</li> <li>• Primary care commissioning – pharmacy and optometry</li> <li>• Dental services commissioning (Urgent, Acute and Community)</li> <li>• National screening programmes</li> <li>• National immunisation programmes (including public health Support)</li> <li>• Commissioning healthcare in the secure and detained estate (prison, YOI, secure children’s homes and IRC and custody)</li> </ul>	<ul style="list-style-type: none"> <li>• BHNFT &amp; SWYPFT lead Commissioner</li> <li>• Patient Discharge Service contract lead for Doncaster/Rotherham</li> <li>• Armed Forces network lead for S Yorkshire</li> <li>• Yorkshire and Humber Perinatal Mental Health commissioner Lead (for S Yorkshire)</li> <li>• Regional Adult ASD Assessment and Diagnostic service lead (for South Yorkshire)</li> </ul>	<ul style="list-style-type: none"> <li>• Chair CFO CCG SYB meeting.</li> <li>• National Diabetes Prevention Programme lead for Rotherham, Doncaster &amp; Bassetlaw</li> <li>• Lead for implementation of APEX workforce tool across SYB.</li> <li>• Lead for e-consultation procurements for Sheffield, Bassetlaw, Barnsley and Doncaster.</li> <li>• Lead for implementation of GP wifi across SYB.</li> <li>• Chair of D2 Digital IT workstream on behalf of SYB.</li> </ul>	<ul style="list-style-type: none"> <li>• DBH Lead commissioner</li> <li>• CHC appeals lead for Rotherham, Wakefield, Doncaster &amp; Barnsley</li> <li>• PUPoC lead for all SY&amp;B plus Wakefield, Huddersfield &amp; Calderdale</li> <li>• Renal Transport service and contract lead for SYB</li> <li>• Cancer Alliance Business Intelligence</li> <li>• Provision of performance intelligence for live CHC cases</li> <li>• CHC Workforce and Education lead</li> <li>• Primary Care Workforce tool procurement lead</li> <li>• Y&amp;H ASC/PD TCP Collaborative procurer lead</li> </ul>	<ul style="list-style-type: none"> <li>• Sheffield City Region Joint Assets Board representative</li> <li>• RFT Contract Coordinator</li> <li>• Yorkshire &amp; Humber Maternity Network</li> <li>• Yorkshire &amp; Humber Neonatal Network</li> <li>• Medicines Management Manager Lead</li> <li>• Health &amp; Safety (All 5 CCGs)</li> <li>• Fire Safety (All 5 CCGs)</li> <li>• Business Continuity (All 5 CCGs)</li> <li>• Emergency Planning (All 5 CCGs)</li> <li>• GP IT (Rotherham &amp; Doncaster)</li> <li>• Financial Services (Rotherham &amp; Barnsley)</li> <li>• NCAs (Rotherham, Barnsley &amp; Bassetlaw)</li> </ul>	<ul style="list-style-type: none"> <li>• Lead commissioner for HASU services</li> <li>• Host for IFR team (SY&amp;B)</li> <li>• Host for Procurement team for Sheffield, Rotherham, Barnsley &amp; Bassetlaw</li> <li>• Transactional HR Service (All 5 CCGs) and HR Advisory Service (All CCGs except Doncaster)</li> <li>• Sub Regional Lead 999/111 South Yorkshire</li> <li>• Contract Coordinator for STH, SCH, SHSC, Independent Sector providers</li> </ul>
	<ul style="list-style-type: none"> <li>• Commissioning sexual assault referral services</li> <li>• Commissioning liaison &amp; diversion services and street triage</li> </ul>					
ICS lead areas of responsibility	<ul style="list-style-type: none"> <li>• Integrated Assurance and Operational Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Deputy ICS lead</li> <li>• Finance Host for ICS</li> <li>• ICS Cancer Lead</li> </ul>	<ul style="list-style-type: none"> <li>• ICS lead Elective &amp; Diagnostics</li> <li>• ICS lead Medicines Optimisation</li> <li>• ICS Lead - Integrated Assurance &amp; Improvement Delivery for the ICS</li> </ul>	<ul style="list-style-type: none"> <li>• ICS TCP LD Lead</li> <li>• ICS Clinical Cancer Lead</li> <li>• ICS Joint Mental Health and Learning Disability Lead</li> </ul>	<ul style="list-style-type: none"> <li>• ICS Estates Lead</li> <li>• ICS Digital Lead (clinical and managerial)</li> <li>• ICS Children’s &amp; Maternity Lead</li> <li>• SY&amp;B Local Maternity System SRO</li> </ul>	<ul style="list-style-type: none"> <li>• ICS Primary Care, population health and prevention Lead</li> <li>• ICS Co-Lead UEC</li> <li>• Finance functional Host for ICS</li> </ul>