NHS
Kent and Medway

By: Hazel Carpenter: Director of Commissioning Development and Transition

To: Health Overview and Scrutiny Committee, 9th September

Subject: NHS Transition: Update.

Executive Summary

Background

On the 22nd July, the Health Overview and Scrutiny Committee were provided with an update on the current proposals and arrangements outlined in the NHS White Paper: *Equity and Excellence: Liberating the NHS'.*[1] The Committee will be aware that the Health Bill is currently progressing through the English Parliament.

The Kent and Medway PCT Cluster (NHS Kent and Medway) have responsibility for the successful establishment of the new health commissioning architecture outlined in the White Paper and described in detail through the Department of Health: '*Shared Operating Model for PCT Clusters'* [2].

NHS Kent and Medway have a Commissioning Development and Transition Plan to enable the safe transfer of the commissioning functions of PCTs [and some SHAs] to designated receiving organisations including Clinical Commissioning Groups (CCG), local government and the NHS Commissioning Board (NHSCB) whilst maintaining focus on continued service delivery. The specific requirements determined through national policy, regional guidance and local clinically led objectives are:

- To successfully establish the new commissioning architecture such that it can accelerate the delivery improvements in health and healthcare.
- Ensure that clinical leadership remains at the heart of the new system with cluster management aiming to support and nurture clinical leadership
- Safe and comprehensive transfer of all PCT functions to appropriate successor organisations where the functions continue in the new system.

How the policy implications are being development and Implemented

The Commissioning Development and Transition Plan pulls together the new commissioning architecture outlined in the Health and Social Care Bill with the inclusion of a number of specific NHS Kent and Medway enabling workstreams (table 1). The Plan focuses on delivery of:

- The successful establishment of the new commissioning architecture such that it can accelerate the improvements in health and healthcare outcomes for the population of Kent and Medway.
- Sustainable capacity of clinical leadership to underpin the safe transfer of accountabilities in the new system.
- Safe and comprehensive transfer of all PCT functions to appropriate successor organisations where the functions continue in the new system.

Specifically, the Plan addresses these areas:

- Supporting the development of Clinical Commissioning Groups (CCGs) which are fit to be authorised as statutory bodies in their own right by April 2013.
- Developing Commissioning Support (CSO) arrangements and solutions for the new commissioning organisations in Kent and Medway.
- Transferring specific functions which will include specialist and primary care commissioning functions to the NHS Commissioning Board.
- Supporting development of new arrangements for Health and Well Being (HWB) Boards, Health Watch and Public Health developed with Kent County Council and Medway Council.
- Minimal cost of transfer e.g. necessity for redundancy through effective people transfer arrangements for PCT staff to new roles in NHS Commissioning Board, Local Government and other identified 'receiver' organisations.

Table 1

Programme Areas and Enabling Workstreams

	Programme areas	Lead body.	NHS Kent and Medway Director Lead
1	Clinical Commissioning Group development	NHS	Dr Robert Stewart, Medical Director
2	Commissioning Support	NHS - Cluster	Daryl Robertson, Director of Performance & Assurance
3	NHS Commissioning Board – including transfer of SHA responsibilities as required.	NHS – Department of Heath	Ann Sutton, Chief Executive
4	Health and well being boards – including Health Watch	Kent County Council and Medway Council	Meradin Peachey, Director of Public Health (Kent) Dr Alison Barnett, Director of Public Health (Medway)
5	Public Health Transfer	NHS	Meradin Peachey, Director of Public Health (Kent) Dr Alison Barnett, Director of Public Health (Medway)
6	Local NHS Education and Training Partnerships	NHS - SHA	Hazel Carpenter, Director of Commissioning Development and Workforce
Enabling work streams			
7	Clinical leadership development	NHS	Dr Robert Stewart, Medical Director
8	People Transition	NHS	Hazel Carpenter, Director of Commissioning Director and Workforce
9	Financial Accountability	NHS	Helen Buckingham, Director of Whole Systems Commissioning
10	Communication and engagement	NHS	Steph Hood, Director of Communications & Citizen Engagement
11	Business Continuity, legacy and closure	NHS - Cluster	Judy Clabby, Assistant Chief Executive

A small K&M cluster Commissioning Development team provides co-ordination of the programme, on behalf of the cluster and facilitates convergence of the plan with national and regional development and implementation approaches. In addition, the team supports the NHS Kent and Medway executive to ensure that there is robust co-ordination of each programme within the plan and to provide management overview of risks across NHS Kent and Medway and with key local partners.

Each programme area and workstream has an NHS Kent and Medway Director sponsor and a senior-named staff member who has commissioning development as part of their role. It is the responsibility of these staff to provide the link between the core commissioning development team and the functions within their directorate.

Each programme and workstream Director sponsor reports monthly to the Commissioning Development and Transition Committee, which is a sub committee of the PCT Board. In addition, summary reports on progress are provided to key partners; through

- The Strategic Oversight Board - a partnership board with Kent County Council
- the Medway Delivering Health Together – a partnership board with Medway Council

both established to work together at strategic level to deliver the vision for the NHS in the White Paper and to track progress of the transition of functions.

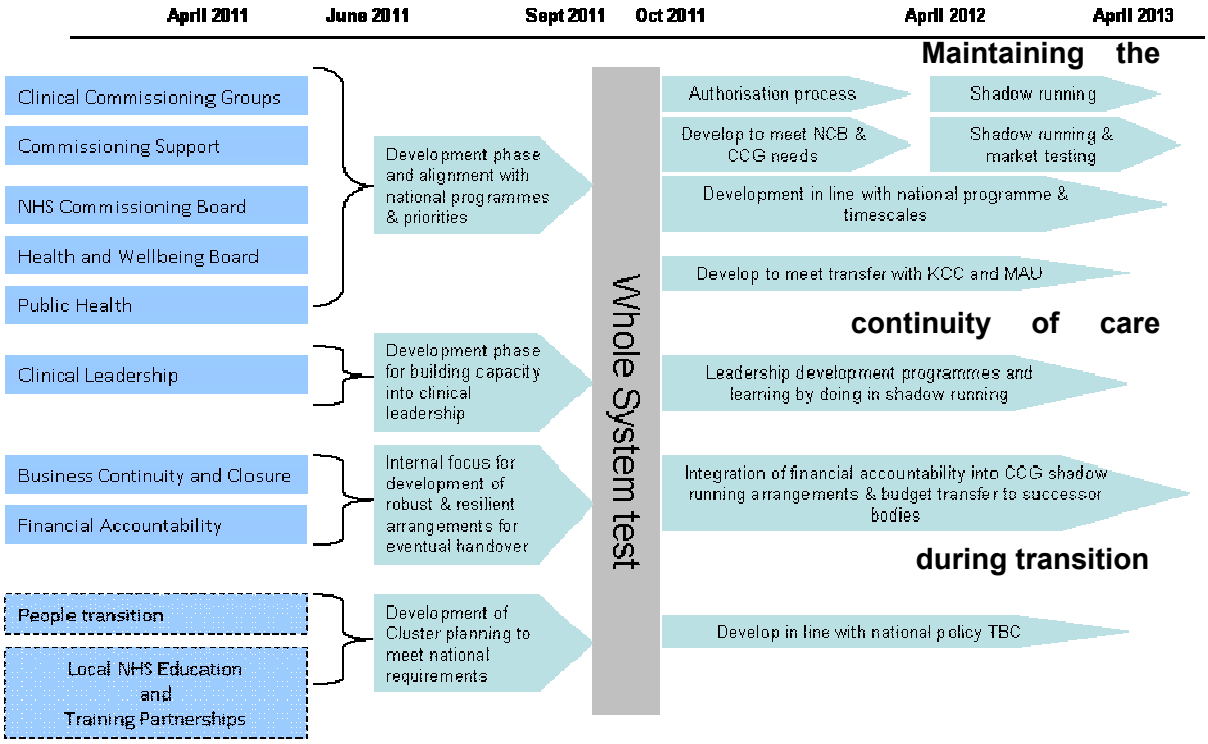
- The SHA Commissioning Development Board

The approach is guided by the SHA Commissioning Development Plan and informed by Kent and Medway partners. The approach includes Whole System Testing at agreed points during the transition period, the first being October 2011 to test assumptions and maximise design, ambition and ability to accelerate delivery.

The first Whole System Test is being developed for October/November (Figure 1) and will provide all stakeholders with the opportunity to identify any unintended consequences of current transition approaches on delivery and inform the development of each programme and workstream. Specifically, it will provide the shadow Health and Wellbeing Boards with a sound evidence base from which to develop their understanding and role in the authorisation process for emergent Clinical Commissioning Groups (CCGs)

Figure 1

Delivery Timetable for indiviudal programme and workstreams



Ann Sutton, Chief Executive, has recently set out the NHS Kent and Medway ambition to delivering sustainable healthcare for the residents of Kent and Medway. This vision sets out the scale of the challenge and describes the need to work together to find new ways of doing things, working across organisational boundaries to improve health and prevent illness and disease.

The Commissioning Development and Transition Plan is specifically designed to ensure that there is strong connectivity between development of the new commissioning architecture (for example, emerging CCGs) and continued delivery of this ambition for sustainable healthcare. This will be achieved through clinical leadership and co-design of the current delivery (11/12 and the ongoing development of the 12/13 Operating plans).

Working with CCG clinical leads, the delivery of priorities and issues; including maintaining delivery and monitoring key areas of effectiveness, safety and patient experience are being built into emergent CCG organisational development plans. These plans are essential for CCGs to build up a track record of delivery which will be reviewed by the NHS Commissioning Board as part of the CCG Authorisation process.

This approach, of building a track record through developing earned autonomy will ensure that NHS Kent and Medway maintains oversight and accountability of continuity of care, safety and quality of services but maximises the responsibilities delegated to CCGs, allowing these new organisations to have the appropriate earned autonomy/delegations.

Clinical Commissioning Group development and progress

Emergent Clinical Commissioning Groups have been working with their constituent practices of the past months to confirm the current arrangements for nine emergent CCGs across Kent and Medway (Table 1).

Table 1

Emergent K&M Clinical Commissioning Groups (August 11)

CCG	Patient list size	Pathfinder status	Pipeline Induction	Unaffiliated practices
Maidstone Malling	96,502	2nd Cohort	Aug 11	0
Swale	103,381	Application submitted	Sept 11	1
Ashford	121,533	5th Cohort	Aug 11	0
Thanet and Eastcliffe	138,391	2nd Cohort	Sept 11	1
South Kent Coast	199,192	2nd Cohort	Sept 11	0
C4 Canterbury and Whitstable	210,107	2nd Cohort	Sept 11	0
Dartford Gravesham and Swanley	248,364	1st Cohort	Aug 11	0
Medway	281,923	5th Cohort	July 11	0
West Kent and Weald	367,239	4th Cohort	Sept 11	0

All but one CCG are confirmed as Pathfinder status, the final application is being considered as part of the 6th national cohort this month.

The five East Kent CCGs have worked consistently together for the past 9 months, meeting weekly to review emergent policy and negotiate a way of working together to enable locality approach but making use of shared resources. In July, the 5 CCGs agreed, through a Letter of Intent, to work collectively under the East Kent Federation.

All eight Kent CCGs have developed a local approach to engaging with local practices and there are some excellent examples of strong leadership which is already resulting in changes in clinical behaviors such as better prescribing and improved clinical pathways. Some CCGs have developed constitutions and agreements with their practices, most have established CCG boards with formal governance arrangements in place.

There is good evidence that CCGs are engaging with the development of the shadow Health and Wellbeing Board.

With the focus currently on the development of the Operating Plans for each CCG, the Clinical Leads are also taking the initiative on contract negotiations, supported by the Contracting and Quality teams in NHS Kent and Medway. For example, the East Kent Federation has arranged planning meetings with the main providers, East Kent Hospitals Trust, the Kent Community Health Trust and the Kent Mental Health Partnership Trust to discuss approaches to planning services; Dartford, Gravesham and Swanley CCG is working closely with the secondary provider to speed up the sharing of key information that will help clinicians plan the use of resources in a better way.

Each of the CCG groups is currently preparing to undertake a self assessment of development needs using the SEC SHA Development tool know as the Self Assessment Pipeline. The Pipeline tool is a developmental, interactive self-assessment tool to allow emerging CCGs to understand and reflect upon their: values; culture; behaviours and wider organisational health.

The Pipeline supports emerging CCGs to focus on delivering tangible benefits to their patients, the wider community and the health system overall by stimulating discussion within CCG leadership teams about the skills and capabilities required of commissioners. It includes some of the key areas which are likely to be required for authorisation and also provides insight into how emerging CCGs can create vibrant organisations that can continually improve beyond the point of authorisation.

The 2012/13 planning round will be led by CCGs, supported by NHS Kent and Medway Directors and their teams. It is anticipated that each CCG will produce an operational plan for the coming year, and that those plans will be aggregated up to form the PCT and cluster level plans. This will form a substantive part of the development of a track record for each CCG and is integral to developing the organisational maturity of each CCG.

The detailed plans for 2012/13 planning round are likely to be presented to the Commissioning Committees of NHS Kent and Medway by December. We anticipate all Kent CCG to have undertaken the self assessment and prepared a Development Plan by this stage, using the experience of the planning round to inform and guide the development needs.

The key issues of note are:

	Milestone
The confirmation of size and geography of the CCG	December 11
Self assessment and Development Plan	December 11
Take a lead role in the Planning round	December 11
Begin to build a track record	October 12
CCG to articulate their commissioning support requirements	October 12
Cluster to begin delegating responsibilities through 12/13	October 12
Ensure CCG have appropriate earned autonomy/delegation of budgets	October 12
Support CCG in engagement with critical aspects of provider development	October 12
Ensure CCG have, in addition to the £2ph and appropriate management support, either directly assigned or working across several groups	October 12