

NHS Transition - update

1. Introduction

- (a) On the 9th September 2011 the Kent Health and Overview Committee were provided with an update from the Kent and Medway PCT Cluster on the approach to delivering the reforms.
- (b) The early paper described the systems and processes in place to ensure 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.
- (c) This update and briefing paper will describe the progress through application of the programme and will confirm the new architecture and measures are in place to ensure the continuity and quality of care for the residents of Kent.

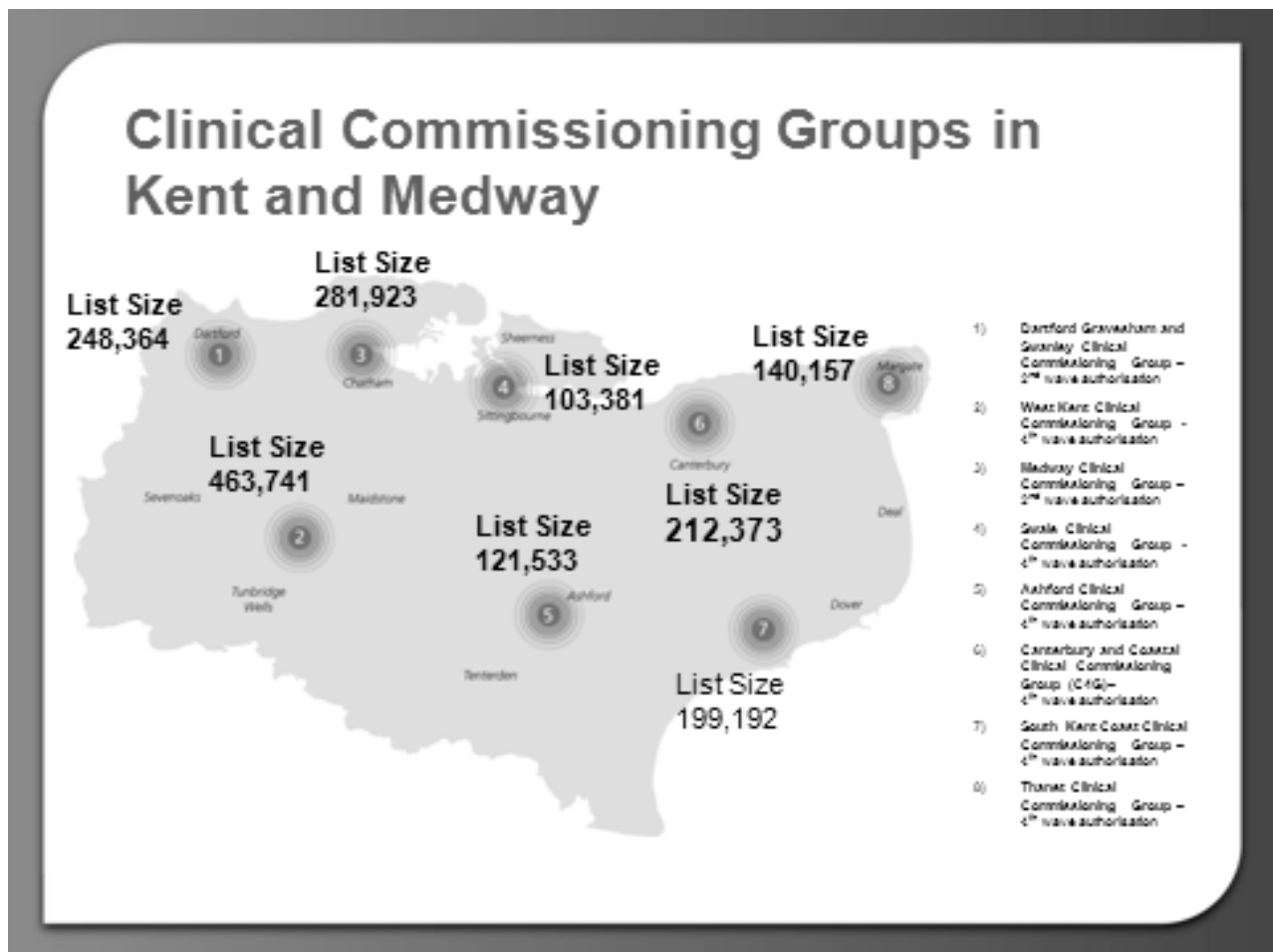
2. Clinical Commissioning Groups (CCGs)

- (a) The Kent and Medway Cluster has been supporting the development of eight CCGs across Kent and Medway. Since September 2011 the Kent and Medway PCT Cluster has worked with the emergent CCGs to address the following key priorities:

September 2011	Formal constitution of the Commissioning Development and Transition Committee as a subcommittee of the PCT Cluster Board to oversee transition and reform programme.
October 2011	Commence alignment of PCT cluster staff to CCGs to shift commissioning delivery
November 2011	Completion of a national configuration risk assessment to help CCGs understand whether their current proposed arrangements were likely to meet the criteria defined in the Health and Social Care Bill.
December 2011	Confirmation of the eight emergent CCGs and the membership profile (table 1)
January 2012	The completion and submission of emergent CCG organisation development plans.
	CCG Leads participate in the shadow Kent Health and Wellbeing Board meeting

- February 12 Kent and Medway Cluster hosted a simulation based, whole system event called 'Testing the Circuits'. The purpose was to test out how the new structures and processes for health and social care and wellbeing will operate, identify any potential risks and establish what further development work might need to be undertaken to address them.
- March 12 The cluster confirmed the Scheme of Delegation through a Memorandum of Understanding whereby a percentage of the commissioning budget is delegated to each CCG. It included the setting up of all eight CCGs as sub committees of the current Cluster board from April 2012 to April 2013.
- April 2012 An authorisation readiness review is undertaken in partnership with the SHA.
- CCG committees confirm their commissioning intentions as part of the Annual Operating Plan and commence detailed planning of delivery of commissioning intentions for 2012/13.
- CCG Clinical Leads begin to describe the services and functions that would be bought from commissioning support services.
- May 2012 National decision on the authorisation wave applications with confirmation that Dartford Gravesham and Swanley and Medway CCGs would make authorisation applications for wave 2 (September 2012) and West Kent, Ashford, Swale, Canterbury and Coastal, Thanet and South Kent Coast would make applications for wave 4 (November 2012).
- Development and implementation of CCG constitutions and governance arrangements, including elections and recruitment of board members
- June 2011 CCGs commence recruitment to senior officer posts of Accountable Officer and Chief Financial Officers

Table 1



- (b) Over the last ten months clinical leads and their board membership have continued to develop the principle of the governing body through practice membership. In addition the clinical leads have been developing relationships with local authority partners to understand the key priorities for their community.
- (c) Each CCG has identified clinicians to work closely with health providers to agree contract terms and now meet regularly with providers to consider performance and quality of care based on those contract terms. These individual performance meetings form part of the overall assessment of healthcare delivery and performance which are summarised at the Integrated Care Board.
- (d) Current work is focussing on the collaboration of Kent and Medway clinical leads to consider the strategic view of current investment and outcomes to inform the development of the next iteration of the annual operating plans. The intention is that this early work will inform the Kent and the Medway strategic health and wellbeing strategies.
- (e) A further 'Testing the Circuits' whole system event is planned for October which will concentrate on the provider perspective in

negotiating the new commissioning landscape and specific relationships between public health, CCGs and the health and wellbeing boards.

- (f) All CCGs are working toward full authorisation without conditions; Medway CCG and Dartford, Gravesham and Swanley CCG are in wave 2 and have a detailed programme of work and evidence that will demonstrate competence and clear track record at submission in September 2012. The remaining CCGs are also preparing detailed plans that will ensure full authorisation.

Commissioning Support Services

- (a) The Kent and Medway Cluster Board has confirmed the intention to establish a commissioning support service to be named Kent and Medway Commissioning Support (KMCS).
- (b) The KMCS has submitted their outline business case to the Department of Health Business Development Unit which successfully passed checkpoint 2. Work is underway to prepare a full business case through a due diligence assurance process. Teams are currently describing their detailed offer of services for CCGs and other potential customers.
- (c) An interim management team has been appointed and the outcome of the national recruitment process for the Managing Director role is awaited.
- (d) Teams are working closely with CCGs to maintain the current delivery plan. Specific projects are being supported within CCG localities to underpin the delivery of the QIPP programmes.

NHS Commissioning Board

- (a) The Department of Health and shadow Commissioning Board have been working with SHA and PCT Cluster to agree the final arrangements for NHS Commissioning Board (NHSCB) local area teams (LAT). There will be 27 local area teams, with local staff of the operations directorate working from a number of office bases across their geographical area.
- North of England: 9 local area teams
 - London: 3 local area teams
 - Midlands and East: 8 local area teams
 - South of England: 7 local area teams (table 2)
- (b) All LATs will have the same core functions around; CCG development and assurance; emergency planning, resilience and response; quality and safety; partnerships; configuration and system oversight. All LATs will take on direct commissioning responsibilities for GP services,

dental services, pharmacy and certain aspects of optical services, in addition:

- 10 local area teams will lead on specialised commissioning
 - A smaller number of local areas teams will carry out the direct commissioning of other services such as military and prison health;
 - The model for the commissioning of NHS public health services and interventions is still to be finalised.
- (c) Through June – July 2012: the NHSCB will commence recruitment to the very senior manager (VSM) posts. From July - December 2012 the recruitment to direct reports of the local area team directors will take place.
- (d) **Clinical Senates** - The formation of clinical senates has been agreed and there will be a total of 12 senates covering England. They will be made up of a range of clinicians and professionals from health, including public health and social care alongside patients, public and others, as appropriate. The NHSCB is working with clinicians and stakeholders on the exact makeup of clinical senates.
- (e) **Primary Care** – A national Primary Care Single Operating Model has been released which describes the system by which the NHS will use the £12.6bn it spends on commissioning primary care to secure the best possible outcomes.
- (f) The local, regional and national teams will work in one single system and the local element of the system includes people working in the local area teams of the NHSCB, CCGs, local authorities and health and wellbeing boards.
- (g) The local primary care team are currently working with all CCGs to develop existing mechanisms that assess quality and performance across primary care.

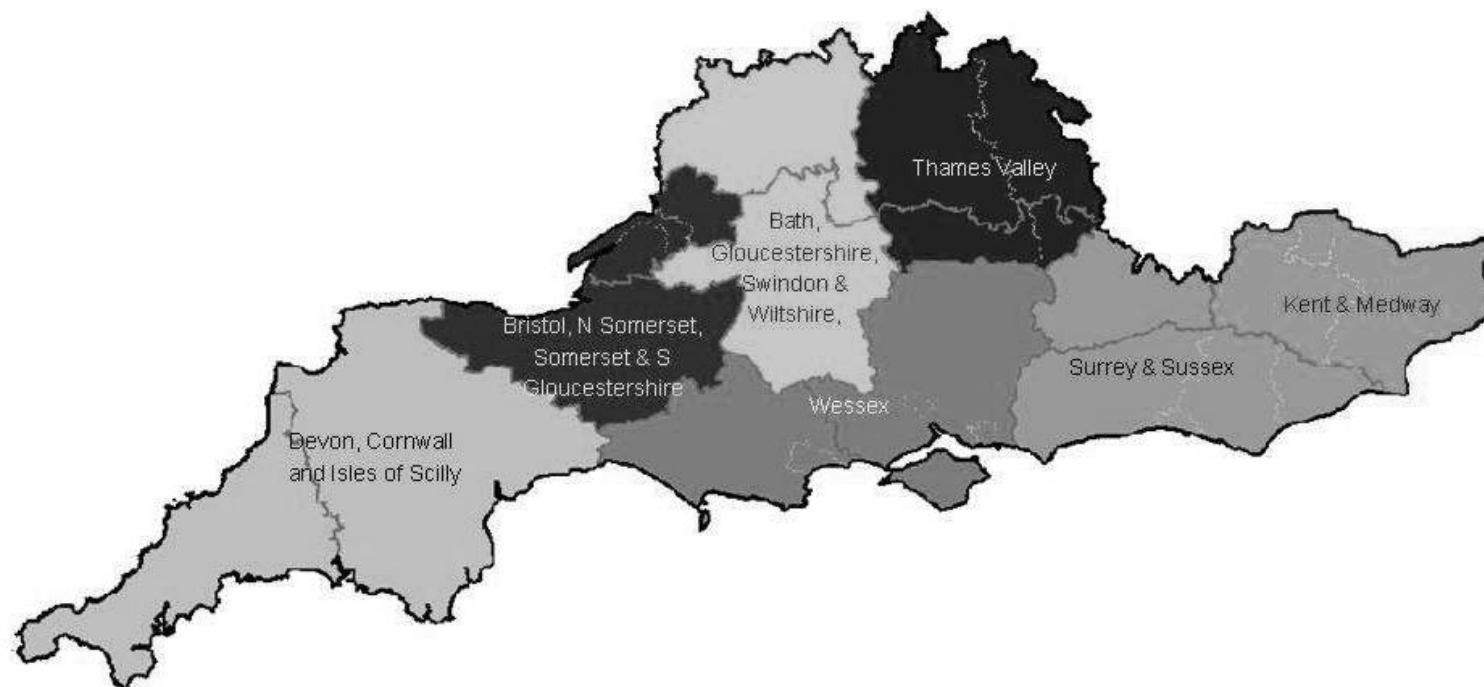
Public Health

- (a) Local authorities will be responsible for commissioning or providing most public health services locally. The budgets to pay for these services will be transferred from PCTs to local authorities from April 2013. These budgets will be ring-fenced and include the costs of the public health workforce that will transfer to local authorities. Local authorities will also be required to provide public health advice, expertise and intelligence to CCGs. The costs of providing this service will be met from within the same overall ring-fenced budgets transferred to local authorities.

Table 2
Clinical Senate Geography – South of England

South of England

South of England	Popn (1,000s)	CCGs	HWBs
Bath, Gloucestershire, Swindon and Wiltshire	1411	4	4
Bristol, N Somerset, Somerset and S Gloucestershire	1413	4	4
Devon, Cornwall and Isles of Scilly	1652	3	5
Kent and Medway	1662	8	2
Surrey and Sussex	2640	12	4
Thames Valley	1985	10	8
Wessex	2550	9	7
Total	13313	50	34



- (b) The NHS Commissioning Board is likely to commission the following public health services on behalf of the Secretary of State:
- Routine screening programmes (cancer and non-cancer)
 - National immunisation programmes
 - Public health services for children aged 0 – 5 years (until 2015)
 - Child Health Information Systems
 - Public health services for those in prison or custody
 - Sexual Assault Referral Centres (SARCs)
- (c) The public health transition plans for Kent and Medway have been submitted to SHA. The feedback letter reported that Transition plans were rated 'green'
- (d) In relation to public health people transition, HR joint working groups have met and scheduled monthly meetings to track progress toward specific milestones with revised structures being consulted on during June and July 2012
- (e) Work is underway to review contracts for transfer to local authorities; systems are in place to ensure information governance principles remain in place.