

Kent and Medway Strategic Commissioner – HOSC Update

April 2018

The Clinical Commissioning Groups (CCGs) across Kent and Medway are developing a strategic commissioner function to work across multiple CCGs. The aim is to strengthen how the CCGs work together, where doing so can drive service improvements that our patients need and expect.

Making strategic commissioning decisions across multiple CCGs is good because it provides consistency and reduces duplication; both for ourselves and the hospital, community and mental health services we work with. It will help improve services for patients by reducing variation in quality and access to care and will drive up standards across all providers.

Following discussions within the individual CCGs in January and February 2018 seven of the eight CCGs have committed to establishing the strategic commissioner and sharing a single senior management team with one accountable officer (chief executive). An announcement covering six of the eight CCGs was made on 12 March, confirming Glenn Douglas as the new accountable officer. Thanet CCG joined shortly after on 19 March. South Kent Coast CCG is having further discussions with its GP member practices and is expected to make a decision on 19 April (verbal update to follow at meeting).

As well as working strategically across all areas, the CCGs will also work in two groups on more local matters. These groupings are:

- **Medway, North and West Kent:** covering the CCGs of Medway; Dartford, Gravesham and Swanley; Swale; and West Kent.
- **East Kent:** covering the CCGs of Ashford; Canterbury and Coastal and Thanet (South Kent Coast if confirmed at later date).

This means that the responsibilities of CCGs will be delivered at three levels:

- Kent and Medway wide
- Locality groups of four CCGs
- Individual CCGs

The CCGs across Kent and Medway have already been working informally in this way for several years.

Co-design of the future model

The work to establish the strategic commissioner function is underway but is still in the design stage. In March we held two design workshops and a final session is taking place in early May. These sessions are looking at which commissioning responsibilities should stay with individual CCGs and which should be done either once across all CCGs or within the

locality groups. We are also considering if any current NHS England functions might sit more appropriately with a strategic commissioner.

A core part of this design work is looking at how we ensure the local voice of clinicians and patients is heard at the strategic level, and how we ensure that commissioning decisions are still taken locally where this is most appropriate. We are working with staff, member practices, lay-members of the CCGs and patient and public representatives to develop the new model.

The strategic commissioner will operate in a shadow form through 2018/19 during which time we will review progress and develop proposals for a permanent model.

Single management team roles

Glenn Douglas has taken up the accountable officer responsibilities with immediate effect from 12 March. He also retains his role as chief executive of the Kent and Medway Sustainability and Transformation Partnership.

As part of establishing the new arrangements the previous CCG accountable officers have taken on the following roles:

	Shared management team role	Previously accountable officer for
Ian Ayres	Medway, North and West Kent Managing Director	West Kent CCG
Patricia Davies	Director of Acute Strategy	Dartford, Gravesham and Swanley CCG, Swale CCG
Simon Perks	Medway, North and West Kent Deputy Managing Director	Ashford CCG, Canterbury and Coastal CCG
Caroline Selkirk	East Kent Managing Director	Medway CCG
Hazel Smith	Director of Partnerships	South Kent Coast CCG, Thanet CCG

Does this mean the CCGs have merged?

No, the creation of a strategic commissioner is about the CCGs working together. However, each CCG remains a statutory organisation with its own Governing Body and remains responsible for the commissioning of healthcare in its area.

The strategic commissioner will operate as a joint committee of the eight CCGs. It will have some delegated powers to make decisions on work that covers all CCG areas. The detail of its membership and governance is currently being developed.

A formal merger of CCGs is one potential option for the longer-term. We will be discussing this in the coming months, but it is not the only option and no decisions have been made at this stage. A proposal to merge would require all the CCGs involved to engage and seek the views of their membership practices and other stakeholders, and NHS England would also have to approve a proposal to merge. Nationally there are some CCG mergers happening this year and other groups of CCGs are looking to merger in 2019/2020.