

## **System Leadership Structure**

### **Proposals - Draft 3**

#### **1) Introduction**

This paper contains recommendations for the introduction of system leadership forum for commissioners and providers in west Kent. It has been discussed at the CCG Governing Body, by the CCG Clinical Strategy Group and by CCG Officers. Draft 3 incorporates the changes suggested by these groups. The final version of the paper will go to the CCG Governing Body on the 28 October for formal approval.

## 2) Background

All statutory bodies, commissioners and providers, have their own internal governance and decision making structures that work to manage their own business and implement local strategies and plans. West Kent CCG uses the Governing Body, the Clinical Strategy Group and Programme Oversight Groups to do this. These groups tend to operate with a single organisation focus & membership, and do not operate with a system wide focus and membership. In addition the Practice Engagement Committee and Patient Forum cover issues relating to Public and Member engagement. To achieve sustainable long term system wide performance these structures need to be supported by system wide structures to ensure that the whole of the local West Kent System (commissioners and providers) operates in a co-ordinated and coherent manner.

Mapping the Future (MtF) has set out for the West Kent System and Blueprint for the future organisation of Health and Care Services. To deliver this will require providers across the health and care system to make significant changes to the way services are organised and delivered. Key components of the Mapping the Future Program are the introduction of New Primary Care, New Secondary Care, and Self and Community supported Care. The CCGs five year plans submitted to NHS England in June are based on successful delivery of the aspirations of MtF. At present delivery and oversight of the changes needed to achieve MTF is fragmented across existing CCG structures and is not held together in a coherent form that allows the Governing Body to ensure its implementation. Whilst Provider awareness of MtF has developed, engagement in implementation is patchy at best.

CCGs in Kent, working with KCC are part of the national programme of Integration Pioneer; a programme established by the Coalition to enable rapid local change to achieve Integration of health and social care around individuals. The Kent Integration Pioneer is set up as an overarching programme of integration with local delivery models at CCG system level (CCGs systems are North, East, and West). For West Kent the model for this Integration is the delivery of New Primary Care. KCC is pushing each system to establish formal structures for partnership working. As yet West Kent CCG has not established these structures.

The introduction of the Better Care Fund (BCF) by the Coalition has heightened the need joint working between the CCG and KCC to ensure compliance with the national process for approving the use of local BCFs. Development and delivery of the BCF requires a formal mechanism for joint working to develop and implement change. At present the plans for use of the BCF are being developed between officers of both organisations with no clear overall governance.

NHS England has recently issued guidance requiring CCGs to establish Resilience Forums to oversee achievement of urgent care and RTT performance standards. These forums are supposed to be composed of senior decision makers from across the system who have authority to commit their organisations to the changes needed to deliver performance. Funding for urgent care and RTT will be released to local systems based on plans developed by this group. In West Kent a Resilience Forum has been established but is working on similar issues to the already established Urgent Care Groups and there is significant overlap in the remit of both groups.

In conclusion, the current system leadership structures are not fit for purpose to ensure the governance and delivery of the changes needed to deliver sustainable long term system wide performance, the Blueprint for future services as set out in MtF, the requirements of the Integration Pioneer, the Better Care Fund and Resilience.

### **3) Current structures**

Current structures for partnership working are as follows:

#### ***Kent wide Health and Wellbeing Board (HWB)***

The Kent wide HWB has a remit to oversee the production and ultimately approve the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Kent; and to encourage partnership working. The Integration Pioneer Steering Group reports to the HWB. The BCF for Kent needs to be approved by the HWB before being submitted to NHS England.

All CCGs and KCC are members of the HWB

Chair – KCC Local Authority lead member for Education and Health Reform

#### ***West Kent Health and Wellbeing Board (WK HWB)***

The WK HWB is a sub-committee of the Kent wide HWB and has a remit to oversee the production and ultimately approve West Kent specific Joint Strategic Needs Assessments and Health and Wellbeing Strategy; and to encourage partnership working

WK CCG, KCC, District Councils, PH, Healthwatch and NHS England are members of the WK HWB

Chair – WK CCG Clinical Chair

#### ***Urgent Care Board (and operational group)***

The WK wide Urgent Care Board has a remit to lead changes to the urgent care system to achieve delivery of performance standards and manage demand. The group has no devolved authority and no clear reporting relationships.

WK CCG and providers (manages and clinicians) are members of the urgent care board.

#### ***Integration working group***

The integration working group has a remit to develop integration. The group has no devolved authority and no clear reporting relationships.

WK CCG and KCC officer are members of the group

#### ***KCC DMT***

CCG Accountable Officers are invited to attend the KCC Social Care directorate Management team on a monthly basis. The meeting has a remit to discuss issues of shared interest and for attendees to agree shared approaches for officer to take back to their organisations for decision. The meeting has no devolved authority from CCGs and does not formally report into CCG governance structures.

KCC Corporate Director of Social Care, Senior manager, and CCG AOs attend the meeting.

## **4) Proposed new structures**

### ***Kent wide Health and Wellbeing Board (HWB) – No change***

The Kent wide HWB has a remit to oversee the production and ultimately approve the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Kent; and to encourage partnership working.

This group will set the overall high level priorities for Kent; those areas partners should focus on and those that are not a priority. It will not describe how partners should deliver services and make changes to how care is delivered. [For example it might conclude from a review of need and outcomes that services for children need to be improved and better integrated with services such as Education. It should not tell CCGs, Providers or KCC how to organise services or what investment to make. It might ask us what we plan to do, but only for information not for performance management]

The Integration Pioneer Steering Group reports to the HWB. The BCF for Kent needs to be approved by the HWB before being submitted to NHS England.

All CCGs and KCC are members of the HWB

Chair – KCC Local Authority lead member for Education and Health Reform

### ***West Kent Health and Wellbeing Board (WK HWB) – strengthened leadership role***

The WK HWB is a sub-committee of the Kent wide HWB and has a remit to oversee the production and ultimately approve West Kent specific Joint Strategic Needs Assessments and Health and Wellbeing Strategy; and to encourage partnership working.

It is proposed that this group takes a more central role in setting broad strategic direction and co-ordinating commissioning plans for all local commissioners. Local commissioning bodies such (CCGs, LA etc) will still retain the overall accountability for determining commissioning plans and strategies for delivery of local services in line with the broad strategic direction set by the WK HWB.

This group will review the priorities set by the Kent Wide HWB and issues raised by partners themselves and agree between partner organisations the broad actions that each partner will take to tackle the priorities and issues. It should not describe how each partner will deliver the agreed actions. [For example it might review the priority to improve Children’s services identified by the Kent Wide HWB and agree the specific issues to be addressed in West Kent; these might be different from the Issues to be addressed in East Kent. It might then discuss and agree the contribution each West Kent Partner organisation can make to tackle the specific West Kent Issues. It should not tell CCGs, Providers, KCC, or Districts how to organise services or what investment to make. It might ask us what we plan to do, but only for information not for performance management]

WK CCG, KCC and District Councils are members of the WK HWB

Chair – WK CCG Clinical Chair

### ***System Leadership Group – New Group***

It is proposed to establish a Systems Leadership Group (SLG) with a remit to oversee the alignment of providers and commissioners five year plans and the effectiveness of partnership arrangements for strategic and operational delivery by the NHS and local Authorities.

This group will review commissioners and provider's 5 year plans of and identify areas where the plans are not aligned and areas where the plans require cross organisational working. The objective for the group is to create a forum where it is possible to align individual organisational plans into a common vision for the future of care services in West Kent and to co-ordinate the oversight of the major change programs needed to deliver this vision. It should not instruct partner organisations on actions they should take nor should it take any operational leadership role in delivery of change. [For example it might review each partner's plans for developing services for children and consider, the degree to which these plans deliver the priorities identified by the West Kent HWB and create an integrated service for children. Issues identified through these discussions will be taken back to individual organisations by SLG members for consideration. The group cannot instruct any organisation to change its plans. The group might periodically review progress in order to identify any cross organisational issues that need action, it will not performance manage the changes.]

The Group would hold no formal delegated authority from any statutory body but its membership would include senior individuals who can influence and steer their organisations. The group would have an advisory and co-ordination role rather than a decision making role. Within the CCG reports of the work of this group will go to the Governing Body.

Proposed membership would be Chief Officers and professional leads from all significant local commissioners and providers (including NHS Lewis Havens and High Weald CCG). This would cover health and local authorities (social care, justice, housing, education and planning).

Because of the breadth of the remit and membership of the group it is suggested that this group meets in full four times a year.

Proposed Chair – CCG Clinical Chair

Proposed Executive Support – CCG Accountable Officer

### ***SLG Sub Group 1 – Mapping the Future Leadership Forum – New group***

It is proposed to establish a Mapping the Future leadership Forum with a remit to oversee and co-ordinate cross system development to deliver the changes needed to deliver Mapping the Future. This includes supporting the West Kent component of the Integration Pioneer program and the West Kent Better Care Fund delivery.

This sub-group will focus on the big strategic changes that require cross organisational working and take several years to achieve.

The Forum would hold no formal delegated authority from any statutory body but its membership would include senior individuals who can influence and steer their organisations. The group would have an advisory and co-ordination role rather than a decision making role. The Group will report to the Systems Leadership Board. Within the CCG reports of the work of this group will go to the Clinical Strategy Group.

Proposed membership would be senior strategic decision makers (professionals and managers) from key commissioners and providers of health and social care.

This Forum will replace the existing Integration working group.

Where appropriate and from time to time the Forum might establish focused Working Groups with a task and finish format.

The group would meet monthly.

Proposed Chair – CCG Accountable Officer

Proposed Executive Support – CCG Chief Operating officer

### *SLG Sub Group 2 - Resilience Forum*

It is proposed to establish a Resilience Forum with a remit to oversee, plan, and coordinate the operational delivery of key resilience targets.

The Forum would hold no formal delegated authority from any statutory body but its membership would include senior individuals who can take operational decisions for their organisations. The Group will report to the Systems Leadership Board. Within the CCG reports of the work of this group will go to the Clinical Strategy Group.

This sub-group will focus on short term operational activities that are needed to deliver current year performance.

The Forum will replace the existing Urgent Care groups

Proposed membership would be senior operational decision makers from commissioners and providers.

Where appropriate and from time to time the Forum might establish focused Working Groups with a task and finish format.

Proposed Chair and Executive Support – WK CCG GP lead for Urgent Care and Resilience

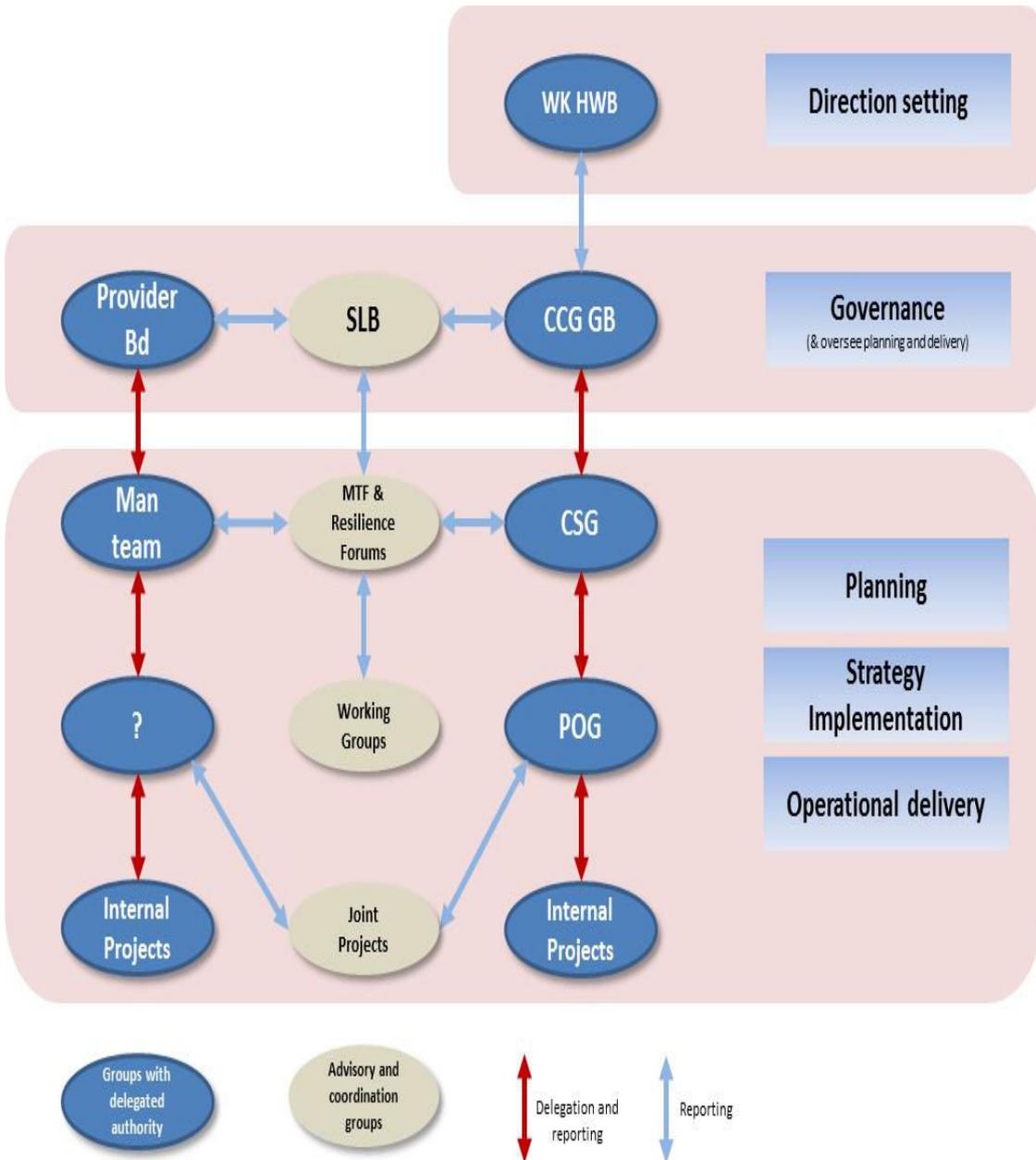
Proposed Executive Support – WK CCG COO and Head of Urgent Care

### *KCC DMT – No change*

CCG Accountable Officers are invited to attend the KCC Social Care directorate Management team on a monthly basis. The meeting has a remit to discuss issues of shared interest and for attendees to agree shared approaches for officers to take back to their organisations for decision. The meeting has no devolved authority from CCGs and does not formally report into CCG governance structures.

KCC Corporate Director of Social Care, Senior manager, and CCG AOs attend the meeting.

5) The new structure in diagrammatic form



## 6) Next Steps

### *Establishing System Leadership*

This paper has been produced as a discussion document for senior individuals in the CCG and local stakeholders. Following feedback and if supported by the governing body, it will be further developed for discussion with the WK HWB and providers.

If supported by partner organisations, formal Terms of Reference and Membership will be produced for CCG Governing Body Approval.

### *Current CCG structures – Governing body, CCG and PEC*

It is not intended that the role or function of these groups will change as a result of establishing these partnership structures. The SLG and sub groups will provide support and advise to the CCG which will retain accountability for commissioning decisions.

### *Integrated commissioning*

It is anticipated that between the CCG and KCC there will be rapid development of full integration of some commissioning responsibilities with delegated authority and shared budgets. These will be underpinned by formal S75 agreements. As these are developed they will need to be added into the structure. It is not intended to incorporate this level of structural integration into the proposals at this stage.