

WOLVERHAMPTON CCG
GOVERNING BODY MEETING
14 MARCH 2017

Agenda item 8

Title of Report:	Future Commissioning Across the Black Country
Report of:	Dr Helen Hibbs –Chief Officer
Contact:	Dr Helen Hibbs –Chief Officer
Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To update the Governing Body on matters relating to the Future Commissioning Across the Black Country
Public or Private:	This report is intended for the public domain.
Relevance to CCG Priority:	Update by the Chief Accountable Officer.
Relevance to Board Assurance Framework (BAF): <ul style="list-style-type: none"> • Domain 1: A Well Led Organisation • Domain 2a: Performance – delivery of commitments and improved outcomes • Domain 2b: Quality (Improved Outcomes) • Domain 3: Financial Management • Domain 4: Planning (Long Term and Short Term) • Domain 5: Delegated Functions 	<p>This report provides assurance to the Governing Body of robust leadership across the CCG in delivery of its statutory duties.</p> <p>By its nature, this briefing includes matters relating to all domains contained within the BAF.</p>

1. BACKGROUND AND CURRENT SITUATION

On Thursday 2 March 2017 we brought together the leadership teams of the four Black Country CCGs in a workshop to develop the principles for collaboration across the Black Country and agreed the framework for a more detailed set of proposals.

2. FUTURE COMMISSIONING IN THE BLACK COUNTRY

2.1 Introduction

Our four CCG governing bodies have agreed to explore the potential for collaborative commissioning arrangements across our STP footprint of the Black Country and West Birmingham. Following this shared direction, we agreed to establish a joint committee to oversee this work. On the 2nd March we brought together the leadership teams of the four CCGs in a workshop to develop the principles for this collaboration and agree the framework for a more detailed set of proposals.

The event was a really positive opportunity to look to the future and we can all see the potential for collectively using our resources to maximise the power of commissioning moving forwards. We agree that the future must be in combining efforts to use the new national contracts to create strong, local, place based, models of care and to deliver secondary care contracts (in both acute and mental health services) which hold the right incentives for the system across the Black Country to respond to our population needs.

We see the value in the relationships that we have with each other, our providers, our partner councils, our membership and with the people we serve, as a great asset moving forwards. The workshop was a chance to take stock on how successful we can be when we do work together and we are proud to have many examples of national best practice and people shaping emerging national policy in key areas.

At the meeting we agreed that the next step should be to establish a number of task and finish groups which will report to the joint committee. Three Accountable Officers subsequently met to draw together the ideas that arose from the meeting in order to summarise the proposed schedule and objectives for these groups, to take to our Governing Bodies for approval.

2.2 Considerations by the Accountable Officers:

2.2.1 Valuing our Staff

A clear outcome of the workshop was a shared recognition of the importance of all of our staff and the value that we place in their commitment to securing the best possible healthcare for our population.



So we have agreed the following actions in recognition of the importance of our staff:

- We will bring together our HR resources across the four CCGs to work together to establish a common HR approach to any collaborative arrangements we establish.
- We will develop a common talent management plan – to map the talent and aspirations of all staff across the four CCGs in order to have a plan, shared and understood with each individual, for each person as we develop our new arrangements
- HR leads will meet together on a regular basis and will report on these requirements to the three AOs.

2.2.2 Enabling collaboration

It is important that we provide consistent leadership across the four CCGs in order to enable our collaboration to be as effective as possible.

To this end, the AOs and Chairs have previously agreed:

- The Joint Committee will meet monthly in order to provide the forum with delegated decision-making
- The chair of the committee will rotate every 6 months amongst the chairs of the CCGs. The first chair will be Nick Harding
- The committee will provide the mechanism for any regulatory requirements for shared CCG reporting, assurance or decision-making on a Black Country and West Birmingham STP basis

In addition the AOs have agreed:

- To meet together fortnightly to provide the mechanism if needed for any shared operational decisions (such as the coordination of HR and PMO activities)
- That there is a need to appoint a project manager to support the work of the joint committee. The project manager role will be offered as an interim opportunity for one year to any suitable member of staff from any of the four CCGs to apply – the individual will retain their current terms and conditions and their existing JD as their permanent role and they will continue to be employed by their CCG. They will report to the chair of the joint committee and work jointly for the three AOs.

2.3 Priorities for Transformation

It was clear from both the previous paper considered by the governing bodies on future commissioning arrangements - and from the recent workshop - that the priority for all four CCGs is to implement the system changes that are necessary in order to create the best possible potential for delivering high quality, sustainable health and social care for our population.



The first system transformation priority is to create the right frameworks in each local system that will deliver our preferred local placed-based models of care.

Whilst this is the right priority for our local systems it is also a key priority for each of our CCG teams – as each CCG will expect to contract for many of its existing functions to be part of their local placed-based care model – and consequently many staff currently working in the CCGs can expect to be working as part of their local placed-based care system in the future. Consequently the three AOs have concluded that we should prioritise commissioning our local models of care before we plan to make any permanent changes to the organisational structure of the CCGs.

The previous paper also set out the potential to develop from these new placed-based arrangements in each local area an integrated Black Country and West Birmingham CCGs , which working alongside integrated acute and mental health services within the Black Country will create accountable care systems.

This leads to an indicative outline timetable for priorities as follows:

- 2.3.1 Apr17-Sept17: Key focus on the design of our placed-based care models (and contracts)
Collaborate on shared CCG activities
Collaborate on strategic Black Country plans / reviews of key services
Issue shared commissioning intentions to providers at end Sept

- 2.3.2 Oct17-Mar18: Mobilise the placed-based care models with new contractual frameworks
Collaborate on the commissioning of acute and move to a single contract for certain mental health services across the Black Country

- 2.3.3 Apr18-Sept18: Mobilise new CCG arrangements:
- including functions transferring into local placed-based systems and the creation of a single Black Country arrangement.
Design Black Country acute and continue to work with mental health system contracts and accountable system arrangements.

- 2.3.4 Oct18-Mar19: Mobilise single acute and mental health contracts
Establish new Black Country accountable system structure



This sets out a realistic timetable, not just for redesigning how our CCGs work, but more importantly for creating a new structure to the way care is organised in each of our boroughs and across the Black Country and West Birmingham. An initial task of the joint committee will be to develop this timetable in more detail and to engage the rest of the system in this proposed way forward.

2.4 Task and Finish Groups

One outcome from the workshop was the recommendation to establish a series of time-limited task and finish groups to start this process of joint working. These task and finish groups that will report to the joint committee and make their initial recommendations setting out the way forward by the end of Q1, June 2017.

Each group will have an AO sponsor; a CCG manager to facilitate the initial meeting of the group; and relevant representation from all four CCGs.

The proposed initial six groups are as follows:

2.4.1 Communications and engagement

AO sponsor: Helen Hibbs

Manager: Mike Hastings

Purpose: To establish both standard communications relating to this agenda and any shared requirements for public engagement and/or consultation

2.4.2 Governance

AO sponsor: Paul Maubach

Manager: Sara Saville

Purpose: To organise the governance of the joint committee, clinical board and the task and finish groups; and to evaluate the consequences of CCG statutory duties on any future arrangements

2.4.3 Finance

AO sponsor: Andy Williams

Manager: James Green

Purpose: To develop a shared approach to financial planning and identify key financial risks to the Black Country system and consequential actions / review

2.4.4 Infrastructure including IM&T

AO sponsor: Helen Hibbs

Manager: Claire Skidmore

Purpose: To determine the opportunities for joint working on the use of IM&T, estates and the Black County digital roadmap



2.4.5 Systems design and contractual frameworks

AO sponsor: Paul Maubach

Manager: Neill Bucktin

Purpose: To establish the scope of services between local place and system-wide services; and develop the methodology for enabling each CCG to implement their placed-based model(s) of care

2.4.6 CCG collaboration

AO sponsor: Andy Williams

Manager: Sharon Liggins

Purpose: To explore the opportunities for either the sharing of 'back office functions' and/or to collaborate of common systems and processes to improve the effectiveness of the four CCGs on current activities

The detailed terms of reference for each task and finish group will need to be initially approved by the joint committee, in line with the outlines given here, before being submitted for sign-off by the governing bodies. However in order to continue the momentum that has been built from the workshop it will be our intention to start these groups as soon as possible.

3. CLINICAL VIEW

3.1.1 Clinicians were included in the Workshop and a Clinical Executive is being set up to provide clinical advice to the four CCGs.

4. PATIENT AND PUBLIC VIEW

4.1 Lay members from each CCG were involved in the initial discussions and communication and engagement is one of the key workstreams. A full engagement will be developed in due course.

5. RISKS AND IMPLICATIONS

5.1 Key Risks

5.1.1 Potential for distraction from CCG priorities during a period of change.

5.1.2 Need for increased manpower to enable task and finish groups to function appropriately.

5.1.3 Potential for confusion in communication across the four CCGs.



5.2 Financial and Resource Implications

5.2.1 As new models of care develop, there is a clear need for both capacity and capability to develop the programme of work which could be financially challenging.

5.3 Quality and Safety Implications

5.3.1 Within any new arrangements it will be essential to continue to monitor the Quality and Safety off all commissioned services.

5.4 Equality Implications

5.4.1 Equality Impact analysis will be carried out as appropriate.

5.5 Medicines Management Implications

5.5.1 There are no implications at this stage.

5.6 Legal and Policy Implications

5.6.1 These will be considered under the Governance Task and Finish Group.

6 RECOMMENDATIONS

- That the report be noted and approve the direction of travel.
- The Governing Body requests a progress report.

Name Dr Helen Hibbs
Job Title Chief Officer
Date: 9 March 2017



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/A	
Public/ Patient View	N/A	
Finance Implications discussed with Finance Team	N/A	
Quality Implications discussed with Quality and Risk Team	N/A	
Medicines Management Implications discussed with Medicines Management team	N/A	
Equality Implications discussed with CSU Equality and Inclusion Service	N/A	
Information Governance implications discussed with IG Support Officer	N/A	
Legal/ Policy implications discussed with Corporate Operations Manager	N/A	
Signed off by Report Owner (Must be completed)	Dr Helen Hibbs	09/03/17

