



Derby City Council

**HEALTH AND WELLBEING BOARD**  
**22<sup>nd</sup> November 2018**

Report of the Chief Executive Officer,  
Derbyshire CCGs

# ITEM 07

## **CCG update – creation of a new single organisation and update on Commissioning Strategy and Commissioning Intentions**

### **SUMMARY**

- 1.1 This report sets out progress and next steps on Derbyshire CCGs proposals to merge covering:
  - Development of the CCG's Clinical Commissioning Strategy
  - Commissioning Intentions for 2019/20.
  - Update on merger and next steps.
- 1.2 The purpose of the report is to provide the Health and Wellbeing Board an overview of the plans and required process.
- 1.3 In addition, this report also provides the Health and Wellbeing Board with an overview of the CCGs Commissioning Strategy and Commissioning Intentions for 2019/20.

### **RECOMMENDATION**

- 2.1 To note the progress on the CCG Merger.
- 2.2 To receive and note progress on developing Commissioning Strategy and note the first draft.
- 2.3 To receive and note the CCG Commissioning Intentions.

### **REASONS FOR RECOMMENDATION**

- 3.1 To ensure that the Health and Wellbeing Board is fully informed of the intention and progress of Derbyshire CCGs to merge, and any implications for the health and wellbeing of the local population and/or provision of health and care services in the city.
- 3.2 To meet the requirement of the Health and Wellbeing Board to receive the commissioning plan of the CCG.

## SUPPORTING INFORMATION

### 4.1 Clinical Commissioning Strategy

A key element of our application to merge is the development of a credible and affordable clinical commissioning strategy, supported by a medium term financial strategy and an organisational development strategy. The draft strategy has been approved by our Governing Bodies and is currently the subject of an engagement programme with key stakeholders, patients and the public, and our staff. The engagement process will further inform the strategy, enabling us to finalise it for submission to NHS England at the end of January. The current draft is attached at Appendix 1.

### 4.2 Commissioning Intentions

At the end of September each year CCGs are required to notify providers of their Commissioning Intentions for the following year. These are supported by more detailed Contracting Intentions to inform preparation for contract negotiations.

It is intended that a single set of Commissioning Intentions are developed across all Derbyshire CCGs to reflect the move towards a single commissioning organisation and to restate the CCGs commitment to delivering the system wide priorities set out in Joined Up Care Derbyshire.

The Commissioning Intentions are set in the context of the current financial position and highlight the CCGs approach to developing the QIPP programme for 19/20.

It is proposed that they also highlight the Operating Principles which will underpin the CCG's Commissioning in 19/20 as:-

- We will align our QIPPs to the STP priority programmes to ensure they complement the wider system working and to minimise duplication of focus;
- We will work with our Partners across health and social care, including the Voluntary Sector to create seamless partnerships and commission the most appropriate and efficient services from the right providers in the right setting;
- We will undertake service level reviews where benchmarking data suggests there are opportunities for improved outcomes and efficiency. We will draw on national data and best practice, nationally and internationally to identify the best ways of working and opportunities for improvement;
- We will work with our providers to develop more outcome based contracts which best meet the needs of our local population, improve the quality of clinical services and improve the efficiency and productivity of the provision of clinical services;
- Our service reviews and procurement will consider clinical dependencies between services and reflect national and local priorities;

- Mental health will be given parity of esteem with physical health and the CCGs will continue to meet the requirements of the Mental Health Investment Standard;
- We will commission services that support the transition towards more Place-based care as set out in the STP, reducing reactive care through more prevention and self-care and reducing unnecessary hospital admissions.

Specific commissioning intentions are being developed for clinical /service areas, these will be further informed by the development of the CCGs Clinical Strategy but at present highlight 19/20 priorities for:-

- Implementing Place – including developing Place Alliances, focussing on Frail elderly cohort, developing integrated community teams.
- Primary Care – including developing a Derbyshire wide enhanced services offer, using data to drive quality improvement, extending access through the GPFV programme.
- Prescribing – including working towards a system wide prescribing budget, encouraging use of self-care.
- Community Services – including review of services at Place level, implementing sustainable voluntary sector infrastructure.
- Outcome of specialist nursing reviews, working with Local Authority to develop a sustainable voluntary sector infrastructure,
- Urgent Care – including review of MIU's & Urgent Care centres, developing Urgent care offer for people with Mental Health needs, working across system to ensure patients are discharged to most appropriate pathway;
- Planned Care – including eliminating unwarranted variation in primary care and in providers, streamlining MSK care pathways, improving timely and effective diagnostics;
- Cancer – including improving uptake of screening programmes, meeting national cancer waiting times standards;
- Mental Health – including improving community based support, ensuring people in crisis have timely care, reducing reliance on bed based care.
- Learning Disabilities & Autism – including reviewing local acute assessment and treatment provision for patients, improving community based support, implementing outcome of 'Short Breaks' review;
- Maternity – including ensuring maternity services deliver personalised care, improving post natal and peri natal mental health;
- Childrens & Young Peoples Services – including Physical Healthcare pathways, SEND, Mental and Emotional health and wellbeing;
- Continuing HealthCare – including ensuring those in receipt of CHC funding are being reviewed in a timely way,
- End of Life Care – including supporting a consistent approach to Advanced Care Planning, developing an EoL model of care, reviewing the Out of Hours

provision for EoL.

#### 4.4 Merger update

The CCG has now received formal approval to merge from the NHS England Regional Director, subject to the following conditions:

- The approval of the new CCG's constitution: this will set out how the new CCG will comply with legislation, guidance, and is otherwise appropriate, including confirming the CCG's Governing Body composition; its approach to governance and engagement arrangements; and with membership support for the new constitution documented.
- Nomination and appointment of an appropriate Chair, Accountable Officer, and Chief Finance Officer (CFO).
- In addition, given the Directions applied to North Derbyshire CCG, NHS England retains a degree of oversight over these appointments, particularly to the post of CFO. A separate letter will be sent to the proposed Accountable Officer formally appointing them to that role in parallel with the authorisation of the establishment of the CCG.
- Governing Body composition and staffing: the CCG will need to ensure that it has identified the other statutory roles and that the new Governing Body is correctly constituted and that it has identified its new staffing structure, including details of clinical involvement in commissioning.
- The development and approval of a robust financial recovery plan that sets out how the new organisation will repay its existing cumulative deficits and achieve underlying financial sustainability whilst coming together as a single organisation.

4.5 The CCG continues to work on actions to satisfy the above conditions along with the technical requirements of establishing a new organisation and closing down the existing four CCGs. We will continue to update the Health and Wellbeing Board throughout this process.

### **OTHER OPTIONS CONSIDERED**

5.1 None

**This report has been approved by the following officers:**

<b>Legal officer</b> <b>Financial officer</b> <b>Human Resources officer</b> <b>Estates/Property officer</b> <b>Service Director(s)</b> <b>Other(s)</b>	
--	--

<b>For more information contact:</b>	Helen Dillistone, <a href="mailto:helen.dillistone@nhs.net">helen.dillistone@nhs.net</a> and Zara Jones, <a href="mailto:zara.jones@nhs.net">zara.jones@nhs.net</a>
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 – Implications

<b>IMPLICATIONS</b>
---------------------

**Financial and Value for Money**

1.1 None.

**Legal**

2.1 None.

**Personnel**

3.1 None.

**IT**

4.1 None.

**Equalities Impact**

5.1 An Equalities Impact Assessment has been undertaken and can be shared on request.

**Health and Safety**

6.1 None.

**Environmental Sustainability**

7.1 None.

**Property and Asset Management**

8.1 None.

**Risk Management and Safeguarding**

9.1 None.

**Corporate objectives and priorities for change**

10.1 None.