



HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

19 JUNE 2018

KENT AND MEDWAY NHS STRATEGIC COMMISSIONER

Report from: Glenn Douglas, Kent and Medway CCGs Accountable Officer / Kent and Medway Sustainability and Transformation Partnership Chief Executive

Author: Michael Ridgwell, Programme Director Kent and Medway Sustainability and Transformation Partnership

Summary

This report updates Members on the development of a single strategic commissioner across the eight NHS clinical commissioning groups (CCGs) in Kent and Medway and the appointment of a single accountable officer across the eight CCGs. It is for information only.

1. Budget and Policy Framework

- 1.1 This is an item for information related to NHS commissioning partners.
- 1.2 Under the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.
- 1.3 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Background

- 2.1 The Clinical Commissioning Groups (CCGs) across Kent and Medway are developing a strategic commissioner function to work across all eight CCGs. The aim is to strengthen how the CCGs work together, where doing so can drive service improvements that our patients need and expect.
- 2.2 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.

- 2.3 Following discussions within the individual CCGs between January and April 2018 all eight CCGs have committed to establishing the strategic commissioner and sharing a single senior management team with one accountable officer (chief executive). Glenn Douglas has now been confirmed as the new accountable officer. Glenn also retains his existing role as chief executive of the Kent and Medway Sustainability and Transformation Partnership.
- 2.4 An announcement covering six of the eight CCGs were made on 12 March and final decisions by Thanet and South Kent Coastal CCGs followed in April.
- 2.5 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).
- 2.6 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.

2.7 **Co-design of the future model**

The work to establish the strategic commissioner function is underway but is still in the design stage. Through March-May 2018 we held three design workshops and further sessions are being planned in the months ahead.

- 2.8 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.
- 2.9 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.
- 2.10 The current intention is for the strategic commissioner to operate in a shadow form from April 2019. During 2018/19 we will be establishing the design and governance arrangements and giving further consideration to options for a permanent model.

2.11 Single management team roles

Glenn Douglas has taken up the accountable officer responsibilities with effect from 12 March 2018. He also retains his role as chief executive of the Kent and Medway Sustainability and Transformation Partnership.

- 2.12 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

- 2.13 Hazel Smith, previously Accountable Officer of South Kent Coast and Thanet CCGs, has now been seconded to a role with Health Education England (Kent, Surrey, Sussex) leading on a strategic workforce programme.

2.14 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.

- 2.15 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.
- 2.16 A formal merger of CCGs is one potential option for the longer-term. We will be discussing this in 2018/19, 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 including local authorities. 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.

3. Consultation

- 3.1 The development of the strategic commissioner involved engagement with the governing body members across the eight CCGs including lay-members, staff and GP member practices. NHS England was also engaged and approved the appointment of the single accountable officer.
- 3.2 The creation of a strategic commissioner does not change the statutory responsibilities of each member CCG and formal consultation was not required.

4. Risk management

- 4.1 The strategic commissioner development is part of the system transformation workstream within the Kent and Medway STP. Risks are proactively managed through the overall risk register for the STP and reported through the STP Programme Board on a regular basis. Current risks relate to ensuring effective engagement in the design of the strategic commissioner across internal and external audiences.

5. Financial Implications

- 5.1 There are no direct financial implications for Medway Council. Overall the development of strategic commissioning within the NHS aims to make better use of NHS budgets by driving consistency across all eight CCGs and supporting wider transformational change of NHS services. Shared management team arrangements within the CCGs will also be more efficient and help the CCGs to retain and attract high calibre commissioning staff.

6. Legal Implications

- 6.1 There are no legal implications for Medway Council. The creation of a strategic commissioner does not change any existing arrangements between Medway CCG and the council.

7. Recommendations

- 7.1 The committee is asked to note this report.

Lead officer contact

Michael Ridgwell, Programme Director, Kent and Medway Sustainability and Transformation Partnership.

E-mail: mridgwell@nhs.net

Appendices

None.

Background papers

None.