

Integrated Commissioning Design

Joint Senior Leadership
Meeting 20/02/19

Purpose of these slides is to describe:

- The clinical leadership for the Devon CCG from April 2019.
- The principles informing integrated commissioning arrangements.
- Responsibility & accountability, including to statutory organisations and aligned to responsibility for resources.
- The commissioning Executive and System roles to deliver system level commissioning functions, including how these map to relevant NHS and Local Authority statutory roles
- The membership of the “Integrated Commissioning Executive”
- The commissioning functions & structure of integrated local teams
- Leadership of these teams inc seniority, legitimacy and reporting
- A common description & terminology of levels in the system
- The implementation process, pace and next steps
- Work programme for 2019/20 including delivery of the system plan and items for development.

CCG Clinical Leadership in Commissioning

- Inform the design of the constitution and of the Governing Body of the Devon CCG to be established April 2019, demonstrating it will be a clinical led organisation.
- Sets out how the membership from local areas across Devon will be represented and have the opportunity to inform the CCG's plans and actions.
- Sets out the means for primary care as service providers to influence service design and delivery to improve population well being, support and care for patients.
- Clarifies responsibility for deployment of clinical / professional leadership to support integrated commissioning processes, whilst optimising the use of the professional resources available in the Integrated Care System.

CCG Governing Body & Membership Representation

- Commitment to the newly formed CCG being a **clinically led organisation** and for this to be reflected in its Governing Body.
- GB to have a **Clinical Chair and x 4 representatives of the membership** in each local area of the CCG.
- For April 2019 the 4 areas will be North, South, East and West to provide continuity, consistency with primary care collaborative boards and to be coterminous with community health and care providers. Local areas may be altered in due course through consultation with members and to enable alignment with local authorities where identified as beneficial.
- The **4 local leads will also be the CCG clinical and membership representative at the local partnership forum** (or equivalent) in each area enabling them to bring local intelligence to the GB and offer a strategic and CCG organisational view to local plans.
- The process of appointment of potential candidates will be a selection and interview process to determine capability prior to an election process by the membership.
- The roles are **clinical members of the GB rather than holding executive responsibilities**. As well as having the shared responsibilities of all GB members in overseeing the functions of the CCG, these roles hold a **specific responsibility to ensure that the plans and actions are informed by appropriate clinical knowledge and local intelligence**.
- This in turn will support the CCG in fulfilling its role as the NHS commissioner working with respective partner organisations in strategic and tactical commissioning to improve population outcomes, support and services and as part of an integrated care system.

Influencing service design and delivery to improve population well being, support and care for patients

- It is **essential for primary care to work in partnership** with health and care organisations in the design of service delivery to improve population outcomes, support and services.
- **Primary care practitioners** working collaboratively with community leaders, health and social care professionals and VCS organisations **will enable direct influence** on patient care and support, enhancing self-care, enabling people to stay well and building resilience in local communities.
- **Primary care as a provider should also be represented in the local partnership forums** and at whole system through the clinical / professional cabinet. This is **in addition and distinct from the local CCG clinical membership lead roles**.
- GP provider representation at each local partnership forum should be nominated by each local primary care collaborative board.
- The CCG executive are responsible for appointing clinical leads to support commissioning and the design of care models or service pathways as part of the functions of the CCG.
- Developing **clinical and professional leadership** should in future form part of the function of the **system wide clinical / professional cabinet** as currently being considered through an “Academy” approach.

Integrated Commissioning & Primary Care

- Optimise contribution of primary care in its different modes of:
 - CCG member
 - Clinical leadership in commissioning
 - Provider of primary care services
- Importance of developing primary care networks AND the capacity & capability of network leaders. This to include shared learning, e.g. in relation to Population Health Management, and integrated service delivery with partner organisations.

NB Primary Care Networks still at a formative stage

- Develop potential to support integrated system governance with aim of developing accountability to local population.

Governance Principle 1: Nature and Degree of Integration at Executive level

Integration will be through the shared business processes and joint decision making of relevant senior officers acting on behalf of their organisations.

This means that the relevant Executives from each partner organisation will establish systematic arrangements for working and meeting together to facilitate integrated commissioning both at executive level and through their staff teams.

It does not preclude opportunities to develop joint executive roles between the NHS and Local Authorities at a future date.

Governance Principle 2: Nature and Degree of Integration at Executive level

The Integrated Commissioning Executive meeting, together with the associated business processes, provide a mechanism for joint planning and shared decision making by the relevant responsible senior officers who have the authority to act and commit resources in accordance with the decision making framework of each partner organisation.

The schemes of delegation should provide for appropriate delegation of responsibility to enable expediency of decision making, whilst senior officers remain accountable through the governance mechanisms of their individual organisations.

The Integrated Commissioning Executive meeting will be a meeting of 'decision makers', with authority held by individual executives. It will therefore be a meeting rather than a joint committee of the statutory partners.

This does not preclude moving to a joint committee of the NHS and Local Authorities at a future date if deemed to be required and with agreement of all partners.

Governance Principle 3: Policy & Planning

A planning & policy framework and system governance framework will be developed during 2019/20 to support partner organisations to work effectively together as an integrated care system.

The responsibility for decision making of policies or long term plans rests with the appropriate bodies of respective organisations i.e. the Cabinets or Health & Well Being Boards of Local Authorities, CCG Governing Body and with collective system governance mechanisms where statutory organisations are represented by leaders and chief executives i.e. STP Collaborative Board.

The Integrated Commissioning Executive, through leadership of the commissioning process, will have a role in contributing to policy formulation or development of long term plans.

The integrated commissioning executive will agree joint strategies or actions to implement agreed policies or long term plans, prioritising and deploying resources in accordance with the decision making frameworks of individual organisations, and reviewing impact and progress.

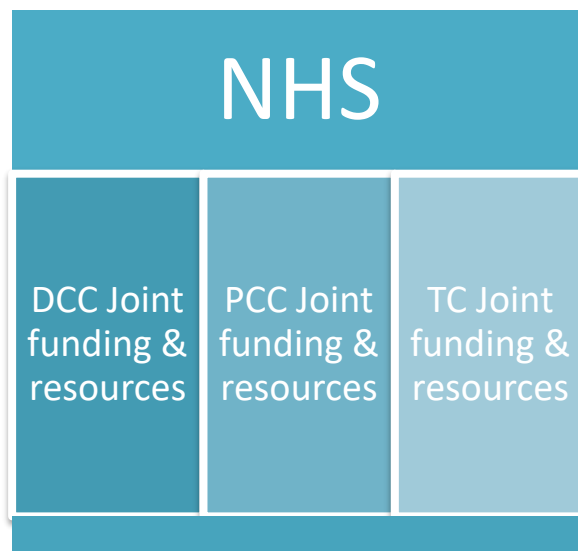
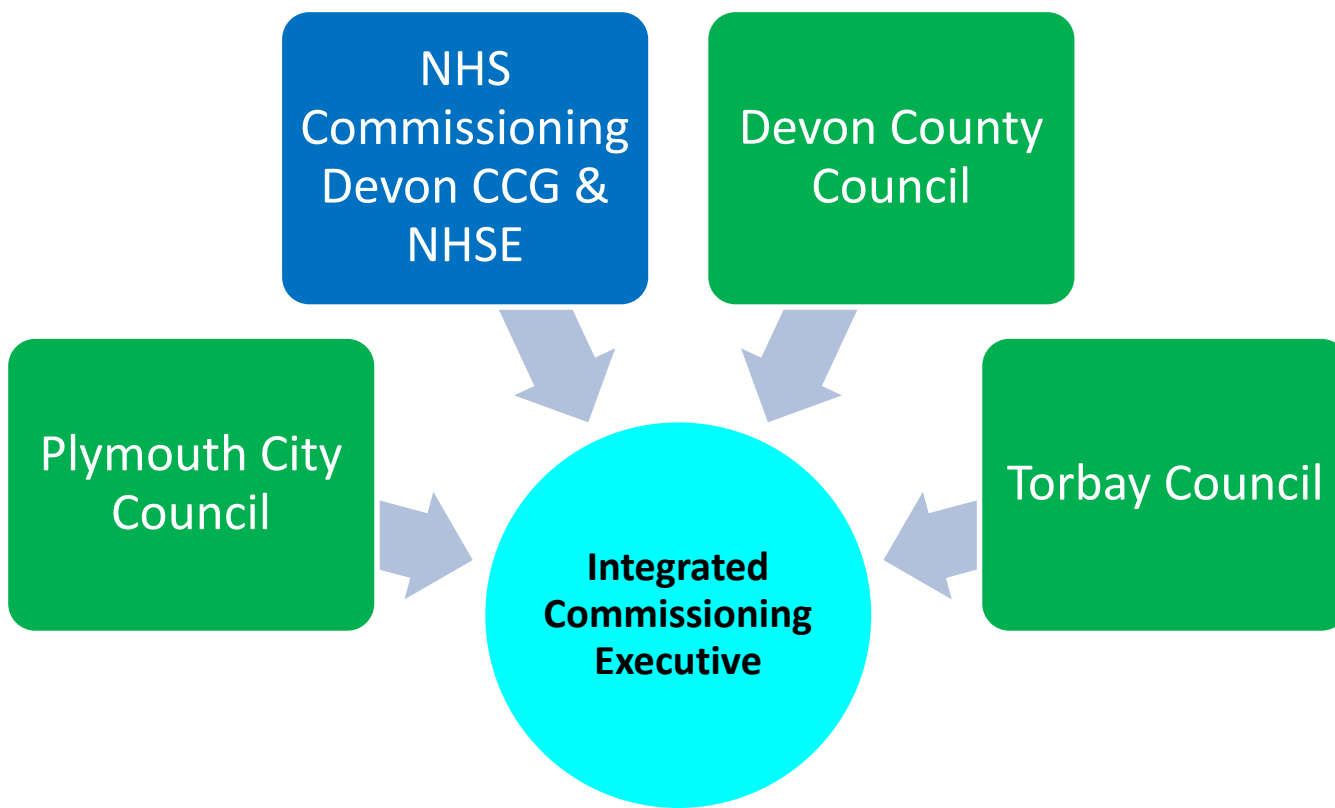
An integrated strategic planning cycle will be developed to facilitate early planning and policy direction which in turn will speed decision making and delivery.

Integrated Commissioning: Shared Ethos

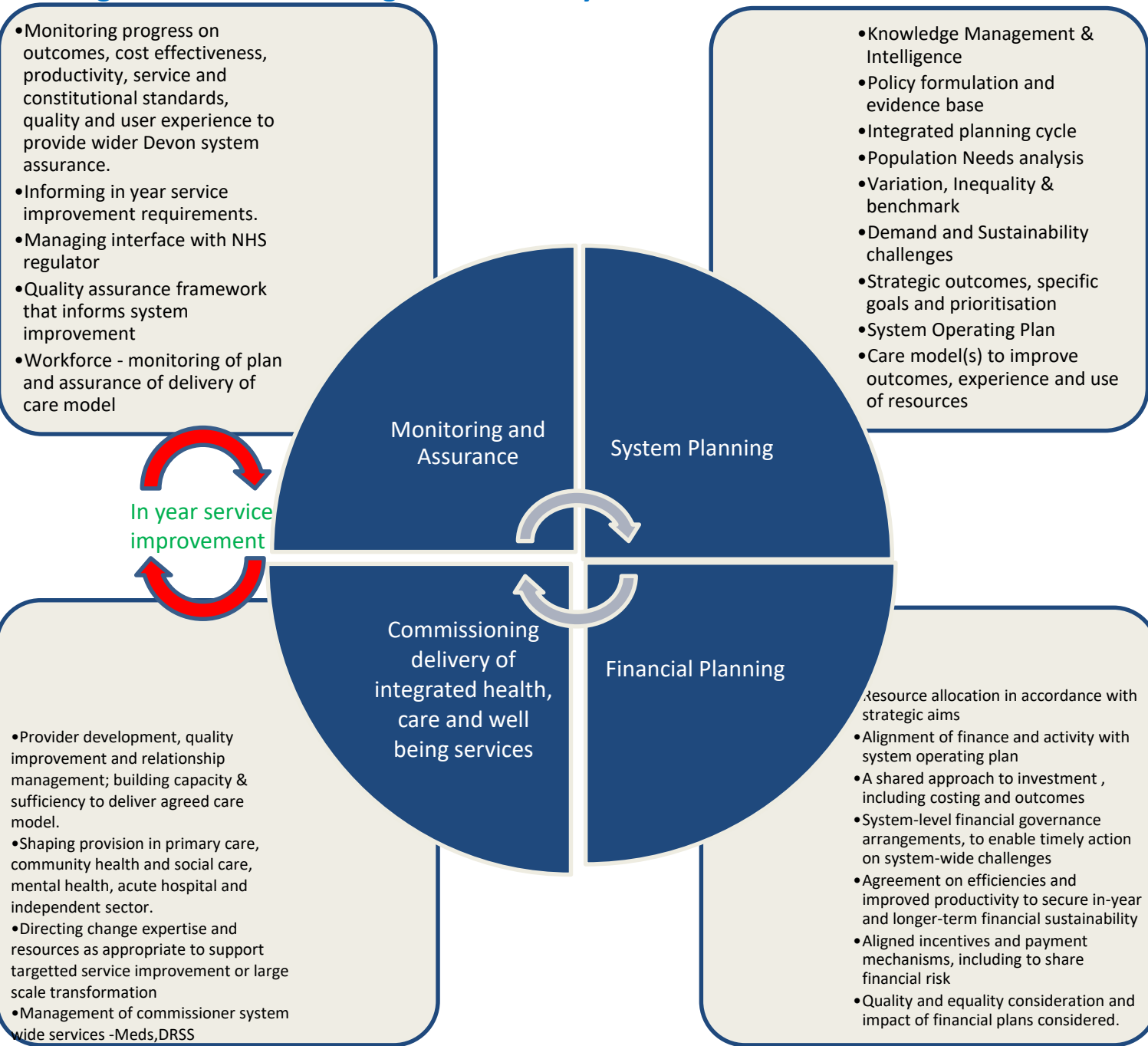
- Manage ambiguity;
- Be agile and take opportunities as continue to develop
- Shared aim of becoming a self-improving system with increased maturity and delegated regulatory functions. This will require both:
 - Supporting providers in the most effective way
 - Purposeful relationship management with regulators
- Arrangements as set out are for 2019/20 and can be developed and adapted as required for future years.
- Integrated Commissioning Executive needs to add value in working at system level rather than duplicate local system planning and commissioning functions.

Integrated Commissioning: Joint Approach

- Establish and maintain rigorous commissioning process with plans informed by evidence, e.g. of population need, variation in outcome, access, cost effectiveness.
- Test and refine role in year with live examples, e.g. the role of the Integrated Commissioning Executive in relation to Specialist Clinical Services review and strategy.
- Establish a well organised planning cycle and forward work plan for the executive to manage the agenda and balance strategic planning with delivery.
- Establish support and business processes to perform function effectively and efficiently including e.g. appropriate feeds / reporting from quality, finance and business intelligence.
- Commit to test, review and improve functioning over the year.



Integrated Commissioning Executive – System Level Functions



System Resources

- System Leadership and governance
- Professional Leadership
- Leadership for Population Health & Well Being
- Comms and engagement
- Workforce
- IT / Digital
- Change capability
- Corporate Support services

Engaging and facilitating resource and expertise drawn from across the whole system

Integrated Commissioning Executive: Membership

- Each partner organisation will continue internal executive functions & meetings to manage the business of that organisation.
- Membership will comprise those senior officers with responsibility for commissioning services and managing resources on behalf of their organisations including those jointly deployed through pooled fund arrangements.
- Membership:
 - **Devon CCG Accountable Officer**
 - **X 3 Local Authority Directors with DASS responsibility**
 - **Devon CCG Director of Commissioning**
- CCG Executives, CCG clinical membership representative and System Leadership Roles (see next slide) are not members, but will attend and inform decision making as required according to the agenda.
- Directors of Children's Services will be invited to attend as necessary to enable whole population planning and alignment of children and young peoples plans with whole system plans. In addition where improvement in service delivery requires action at executive level across services for adults and children

Local Authority, CCG & Integrated System Leadership Roles

Executive / System Role	NHS & relevant local government statutory roles	Comments
Senior Executive Officer	CCG AO	
Chief Officer for Adult Care and Health Devon County Council	DASS	
Strategic Director for People Plymouth City Council	DASS	
Director of Adults Services and Housing Torbay Council	DASS	
Director of Commissioning		
Director of Financial Planning	CCG DOF	CCG and System role
Director of Strategy		
Director of Assurance	CCG CNO	
Director of Transformation		<i>To be appointed</i>
Director of Comms & HR		Shared CCG and system role
Director for Population Health and Wellbeing*	DPH	New system role to be established on behalf of x3 Directors of Public Health; 2 year term
Professional / Clinical Director		System Chair of clinical / professional cabinet
Primary Care Medical Director		<i>To be appointed</i>

Examples of Integrating Commissioning- Integrating Processes

- ❑ Integrated Population Health and Well Being Profile
- ❑ Integrated Planning Cycle
- ❑ Strategic Outcomes Framework
- ❑ Integrated monitoring and assurance process
- ❑ Integrated Decision making (*linked to governance*)

Governance Principle 4. Integrated Commissioning at Local System / Tactical level

Establish joint leadership of multi functional teams, integrated by a shared plan and objectives, common processes, and deployment of joint resources.

NB *This does NOT require delegation of responsibility and resource by one partner to another or represent a structural approach involving a transfer of employment.*

The Associate / Deputy Directors of integrated commissioning that will lead the integrated teams should:

- a) have the delegated authority to act on behalf of partner organisations
- b) be joint appointments between CCG and Local Authority
- c) Report and be accountable to both the Local Authority officer with DASS responsibility and the CCG Director of Commissioning

Enable integrated working via co-location where opportunity arises.

Integrated Commissioning – Place Functions

- Monitoring progress on outcomes in the local system inc service standards, quality & safety, user experience, productivity and financial performance.
- Quality surveillance contributing to wider Devon system assurance.

Performance Management

Local System Delivery Planning

- Local planning and delivery of the integrated care model including assessment of need, demand and capacity planning to provide services that meet quality standards within a capitated budget.
- Creating the conditions to facilitate conversations between providers / partner organisations about gaps and support required.
- Connecting with relevant partners to address well-being, housing and leisure etc.
- Use of quality and equality impact.

- Assimilating service and / or care group specific plans or strategies; integrating these at a local level to support the development of healthy communities.
- Facilitating provider relationships (inc. primary care, community health and mental health, acute and independent); to deliver integrated care model and safe services
- Building capacity/sufficiency in supply

Market management

Co-design with the population

- Co-design with local populations; planning how to improve outcomes, quality and sustainability; co-production of proposals for service development or changes in delivery.
- Support the role of health and care practitioners in engaging with local communities to improve well-being as well as experience, effectiveness and efficiency of service delivery.

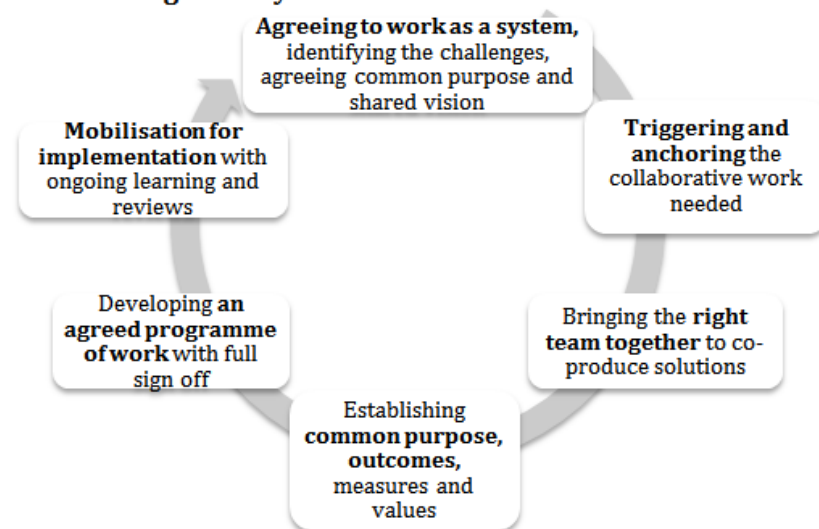
Integrated Commissioning, realising our shared purpose of “Together, building thriving lives, support and services for everyone”
 Commissioning that *“Optimises potential and releases value with equitable and sustainable solutions”* through:

1. Creating the Conditions for Successful Collaborative

Commissioning with an iterative process which

- Builds relationships, trust and common ownership
- Uses long term financial models and invests to save
- Drives improvement through using key skills to be disruptive, innovative complete finishers influencing, facilitating and listening
- Shares responsibility using peer reviews that check and challenge and ensure flexibility and adaptability
- Provides proactive and enduring leadership to collaborate and co-produce
- Skilfully pays attention to the dynamic relationship between part and whole and works to foster the strengths of both

2. An Integrated Cycle



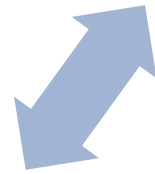
3. Supporting the system design criteria

An ICS that can...	<i>...make clear decisions so that resources can be mobilized to meet the needs of the people of Devon;</i>	<i>...be agile and adaptable</i>	<i>...exercise good governance</i>	<i>...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity</i>	<i>...deliver involvement and influence at every level</i>	<i>...be digitally enabled</i>
Integrated commissioning that can..	Define outcomes based on the needs of the population and make best use of resources	Act collectively, managing organisational and legislative differences and meet emerging needs dynamically and rapidly deploying resources	Maximise the benefits of local and whole system concurrently and manage within our means	Build thriving communities and encourage local innovation	Commission collaboratively, using knowledge and evidence to improve outcomes	Supports innovation, productivity, access and safety, allow remote access and the flows of information around the system and with patients and the public

Integrated Commissioning -Place Structure

Contributing to System

Associate / Deputy Director of Integrated Commissioning
Finance lead / Pooled Fund Manager
Performance and Planning leads Quality Leads
Public Health lead Clinical Leads



Working flexibly

Quality Improvement Lead Market
Management Lead
Service Improvement Team Contract
Management
Community and Public Engagement
Local named neighbourhood leads (not posts)



Commissioning for Support and Services Team
covering the following areas as an flexible and agile team:

Wellbeing and Prevention	Planned Care
Integrated Care Model	Urgent Care
Primary Care	Medicines Optimisation
Mental Health	C&YP
Market Management	Disabilities
Quality Assurance	

Enabling local community

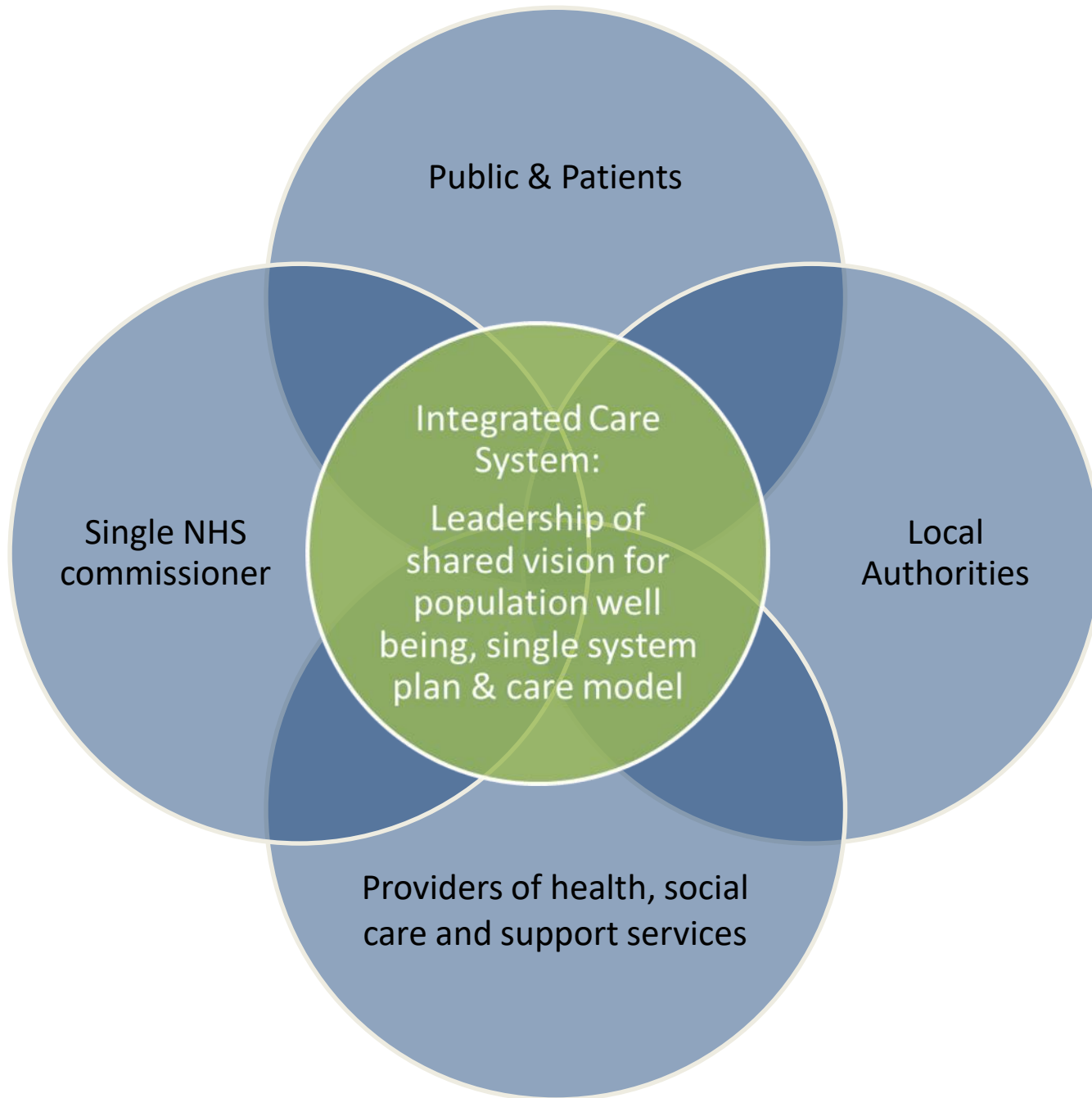
Shared working across place & system

Examples of Integrated Commissioning

- Co-location of Commissioners
- Increased number of Joint Posts
- Integrated Stocktake Meetings
- Joint Development Days
- Section 75 Agreements in place
- Joint Procurements and Contracts

Integrated Commissioning

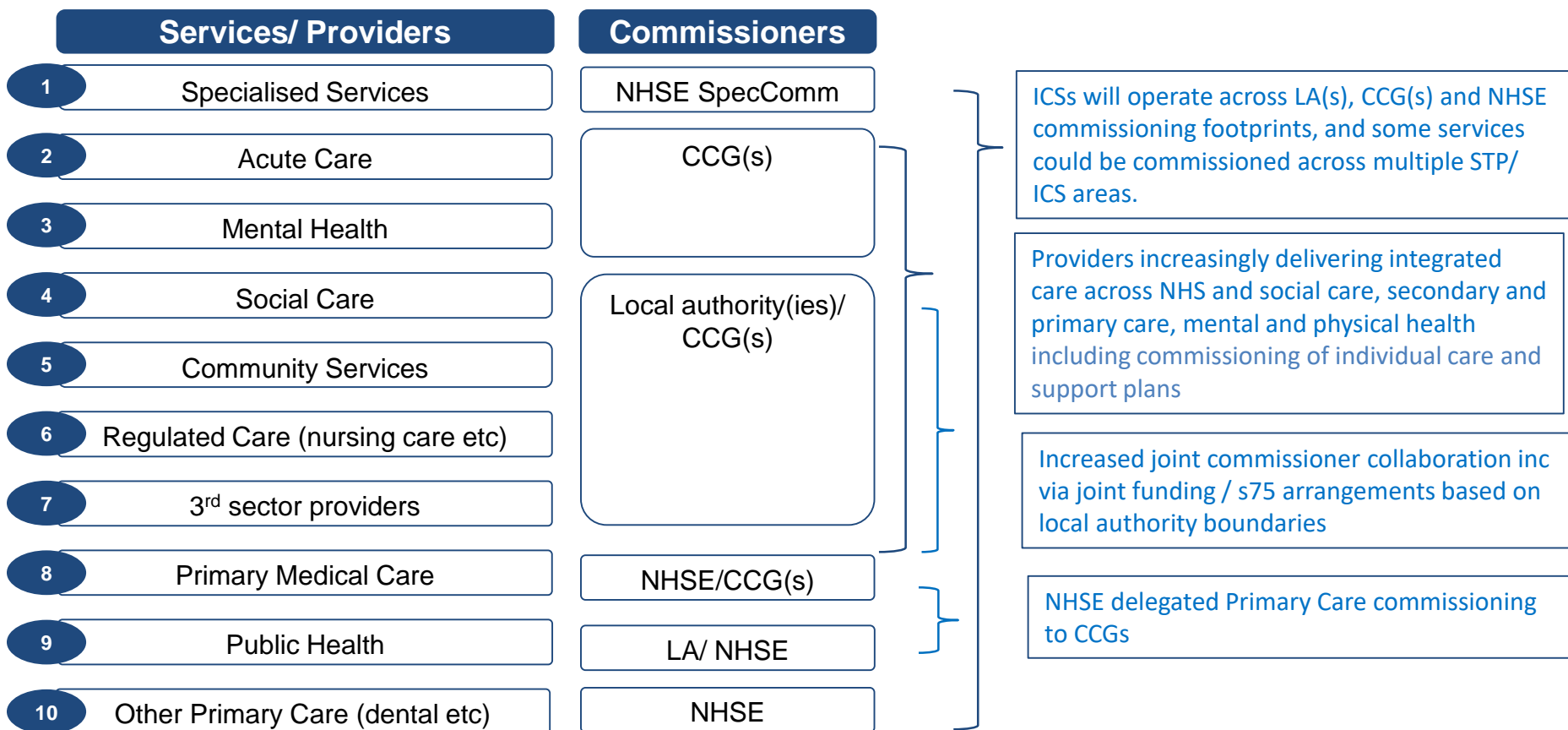
In the context of the Devon
Integrated Care System



Integrated Commissioning and planning footprint(s)

Integrated commissioning will need to operate over different footprints according to the population and services being commissioned, whilst operating to a common set of principles and processes to enable:

- joint commissioning of health, social care and well being services within a local geography,
- commissioning services for patient flow over provider footprints that may span local authority boundaries,
- or commissioning specialist and specialised services across the Integrated Care System or multiple ICS's.

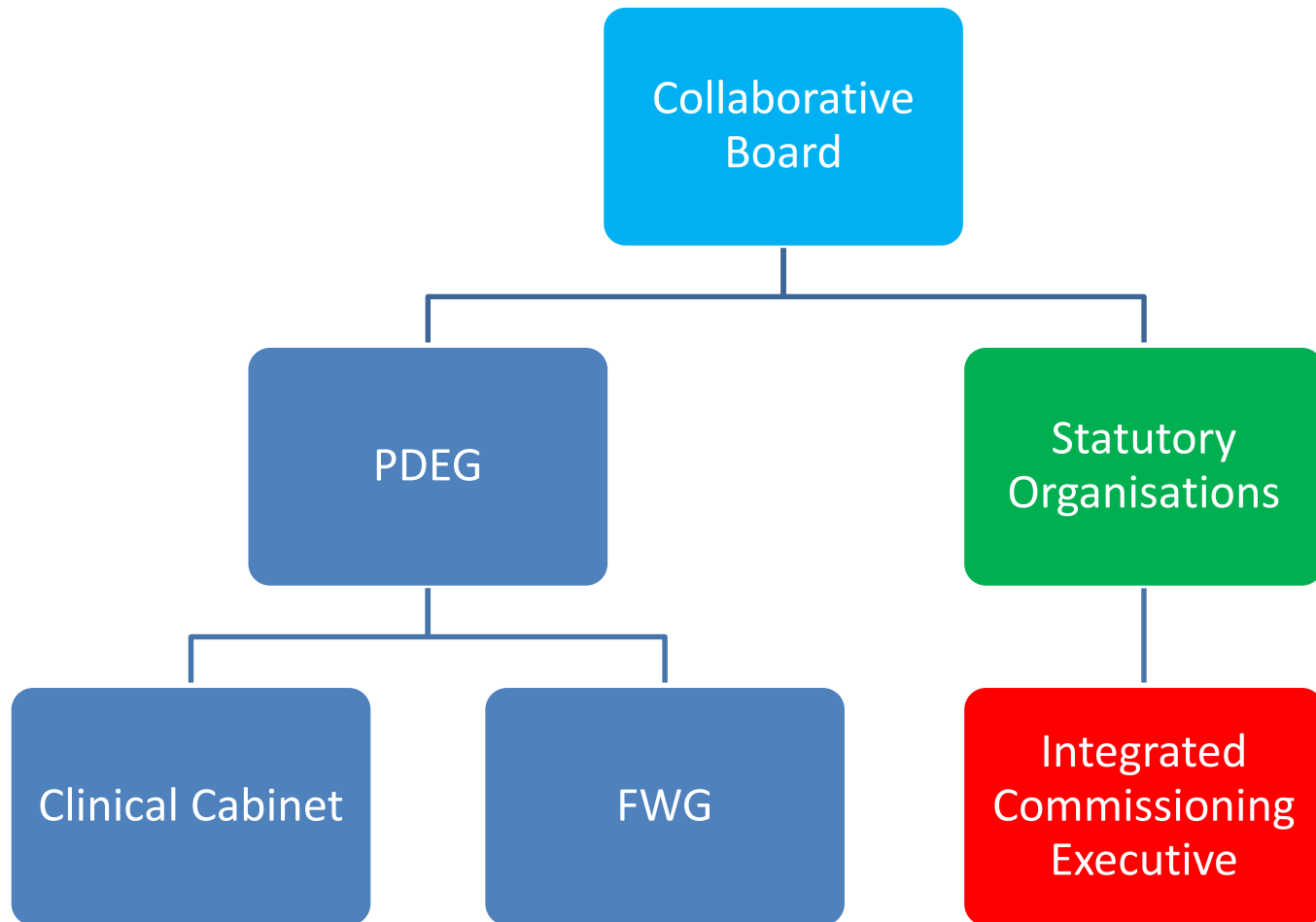


Question: Is 'commissioner consolidation' a sensible concept/is it a distinct work-strand?

Footprints for Devon System

Level	Function	Mode of Integration	Geography
Region	<ul style="list-style-type: none"> NHS regulatory role –System development, improvement and intervention Specialist secondary and tertiary services 	<ul style="list-style-type: none"> System accountability 	<ul style="list-style-type: none"> South West & SW peninsula sub-region
System	<ul style="list-style-type: none"> Leadership of shared vision for population well being, System plan inc overall care model, resource allocation and strategic transformation programme System level assurance of quality, performance and finance. 	<ul style="list-style-type: none"> Collaborative arrangement between statutory partners. Setting direction, framework & culture Directing collective resource to support and enable progress 	<ul style="list-style-type: none"> Wider Devon (Devon Plymouth and Torbay)
Local Authority	<ul style="list-style-type: none"> Statutory responsibilities Joint / pooled funding between NHS and each local authority. Deployment of shared resources. 	<ul style="list-style-type: none"> Joint working and agreements between statutory bodies Joint teams 	<ul style="list-style-type: none"> Devon Plymouth and Torbay Local Authority footprints
Planning & Delivery Footprints	<ul style="list-style-type: none"> Planning and provision of integrated social care and NHS primary care, acute and mental health services working with independent and Voluntary & Community Sector providers GP Collaborative boards Primary Care Networks 	<ul style="list-style-type: none"> Local partnership of NHS and social care organisations to plan and improve delivery of integrated services, provide required standards and optimise use of available resources. 	<ul style="list-style-type: none"> North; East; South; West North; East; South; West Under development
Local Communities	<ul style="list-style-type: none"> Local leaders and statutory service leads and voluntary and community sector working to improve well being of people in communities 	<ul style="list-style-type: none"> Compact or alliance of community leaders, statutory services and VSC organisations 	<ul style="list-style-type: none"> Market & Coastal towns in Devon Neighbourhoods / localities in Plymouth and Torbay

System bodies with distinct and complementary roles



Implementation: Integrated Commissioning

- March 2019 – Summary paper providing a statement of intention and direction – as a marker and milestone to inform organisations that will commence integrated commissioning arrangements from April 2019.
 - To include myth busting of what proposed arrangements are NOT
 - Emphasis co-production and collaboration in process of design
- Summary paper to be shared with each Local Authority, each H&WB and CCGs GB. Plus briefing update to PDEG as part of developing working as an Integrated Care System.
- Stakeholder management – develop communications and tailor key messages to audience.
- Manage alignment and consistency with related whole system developments including development of system governance with democratic accountability for population well-being, development of LCP arrangements and development of Devon system's long term plan.

Implementation: Integrated Commissioning Executive

- Establishing the integrated commissioning executive meeting:
 - Agree ToRs
 - Clarify relationship to system fora and governance - PDEG / Clinical Cabinet / FWG / Collaborative Board and H&WBs
- Develop Pooled Fund arrangements in each area
- Agree 2019/20 work programme inc. Delivery & Development
 - Operating plan and support development of Long Term Plan
 - Commissioning finance plan, allocation against priorities, resource shifts and incentives
 - Delivery of commissioning plans, transformation schemes and review impact
 - Continue developing commissioning capabilities, including planning cycle, outcomes framework, intelligence, change capability
 - Creating the conditions to enable local partnership development inc. finance, performance, delivery of Integrated Care Model, local & system transformation
- Determine future appropriate approach with providers to Integrated or Delegated Commissioning arrangements, e.g. commissioning individual care and support packages to service level commissioning and delivery.
- Forming a joint view of future state

Implementation: Establishing Integrated Teams

- Agree / appoint leads to deputy director integrated commissioning roles
- Establish joint teams via a peer group led process to enable:
 - Consistency in the development of culture, ethos and function of integrated commissioning teams
 - Commissioners to act on behalf of partner organisations
 - Local differentiation in the exact make up of teams to reflect local systems including how these will work with providers and communities
 - Continuing practice of staff working in their local teams as well as leading or contributing to work across the system
 - Effective multi-functional teams without silos – including quality, intelligence, finance, comms, workforce
 - Optimise professional / clinical expertise.
 - Balance subject matter expertise through fixed roles with the agility and flexibility of project / portfolio working?
- Continue to support co-location as an enabler to integrated working

Next Steps : Mobilising for 1st April

- Map tasks and identify team to support readiness for Integrated Commissioning Executive meeting
- Map key milestones for first 6 months based on 19/20 Operating plan, development of Devon's Long Term Plan and capabilities to work as an Integrated Care System.
- Develop Joint Appointments for agreed roles – to lead integrated commissioning in local systems.
- Deliberately plan time & space in annual work plan for development to enable learning and adaptation.