

28th November 2012**Clinical Commissioning Group Collective Commissioning Update****1.0 Purpose of Paper**

- 1.1 This report is to provide an updated position on the North Yorkshire and York Clinical Commissioning Group (CCG) plans for collective commissioning activities associated with partnership working.

2.0 Recommendations

- 2.1 The Board is asked to note the current progress.

3.0 Background

- 3.1 The Board will be aware that following Royal Assent of the Health and Social Care Bill earlier this year, changes are being made nationally and locally to the NHS commissioning structure. The changes will be formalised fully from 1 April 2013 when Primary Care Trusts (PCTs) will cease to exist and new organisations will be fully established to undertake the relevant roles.
- 3.2 PCT responsibilities will transfer to various new functions but mainly to the NHS Commissioning Board (NHSCB) and the Clinical Commissioning Groups (CCGs) which is where the focus of this paper is aimed. The Board will, however be aware that some functions are transferring to Local Authorities with Public Health in April 2013 and the transition process for this is currently underway.
- 3.3 This paper provides an update on the local situation specifically in relation to the collective commissioning aspects that will be undertaken by each of the CCGs and which rely on partnership working with Local Authorities to deliver.

4.0 Local Context

- 4.1 The range of services under the partnership agenda include:

- Continuing Healthcare (including Funded Nursing Care)
- Vulnerable People Commissioning (Mental Health, Learning Disabilities (All life stages)) & Safeguarding Adults
- Children's Commissioning & Safeguarding Children
- Infection Prevention Control

- 4.2 Uniquely, all these services include working in partnership with the Local Authorities and are associated with direct patient commissioning activity. To that end, it complicates the decision making and governance arrangements if some of these are undertaken by the Commissioning Support Unit (CSU) or individual CCGs.

- 4.3 The Department of Health have released guidance for Adult and Children's Safeguarding that clearly states these functions cannot be placed within a CSU environment. The new guidance drives us to revise the model for adult safeguarding to create something along the lines of children's safeguarding (designated/named professionals).
- 4.4 Whilst the role of Designated Professionals for Safeguarding Children/Child Deaths is not primarily a commissioning role, the DoH guidance is clear that the Designated Professionals should be located within CCGs and should form an integral part of the "clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice." Thus the model is one of clinical experts supporting local commissioning processes and safeguarding practice for provider organisations & partner agencies (such as Police & Local Authority) across an entire health economy.
- 4.5 Partnership commissioning has long been established for mental health, learning disabilities and children's services; partnership boards have been the delivery vehicles in the main. Given the momentum needed in the health and social care economy to work towards common goals and the shared responsibility for many of these patient groups, a partnership model that delivers a final solution of a single management arrangement for these services is a CCG aspiration.

5.0 Proposal

- 5.1 The proposal is that the partnership services as outlined above should all be hosted within CCGs as opposed to the CSU but contained as a discrete business unit. The complexity of the model is associated with multiple CCGs hosting separate elements of the partnership services. To address this, a single operational director role will be appointed to on an interim basis to establish the concept and begin the process of transition towards a single management arrangement with respective Local Authorities. Part of the remit will be to develop and agree a future management structure which is sustainable in the longer term.
- 5.2 The Designated Professionals for Safeguarding Children will not form part of this business unit since their remit is not primarily with commissioning processes. The model adopted within North Yorkshire and York is for the Designated Nurses and Doctors for Safeguarding Children and the Designated Doctor for Child Deaths to be hosted by one CCG (Scarborough and Ryedale) with a Memorandum of Understanding supporting the delivery of services by the team across the other three CCGs. Each CCG will, however, retain its discrete individual internal governance arrangements as required by statutory and regulatory bodies.
- 5.3 The proposal will require CCGs to reach an agreement on hosting arrangements for particular services but the proposed partnership model will deliver the activity day to day without distracting CCGs from their other activity. The objectives of the proposal are to:
- Establish the right structures moving forward towards better partnership integration
 - Operational Management of the day to day activity
 - Establish lines of safe governance and accountability
 - Deliver and end solution for integrated partnership commissioning
- 5.4 North Yorkshire and York CCGs are in the process of agreeing the hosting arrangements for the individual elements of the partnership arrangements. (The

hosting arrangements for Safeguarding Children services have already been agreed as per 5.2 above.) They are also discussing the necessary steps to take forward a sustainable structure to deliver the above outcomes. Completion of the transition is expected within the next 18 months.

5.5 The Board will be kept informed of progress.

Report prepared for:

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