

South East London Commissioning Strategy Programme - DRAFT

Version 3.0 – 15 January 2014

Introduction

All CCGs are expected to produce two year plans and five year strategies. In a context where some strategic change will need to be delivered across CCGs, the six CCGs in south east London are proposing to work together and with NHS England commissioners (specialised services and primary care), as well as developing their individual plans and strategies.

Building on the successful collaboration of the six south east London CCGs on the community-based care programme, the CCGs and NHS England commissioners, in close partnership with local providers and local authorities, are planning to develop and deliver a new five year commissioner-led, clinically-driven strategy programme across the boroughs. The aim is to address the challenges faced across the south east London health system by working together to deliver local health and integrated care services which meet safety and quality standards consistently and are sustainable in the longer term.

This will complement and build on the very specific work of each CCG with its local authority and other local partners and will address those issues which cannot be addressed by one CCG alone or where the CCGs agree that there is added value from working together.

The South East London Commissioning Strategy Programme will encompass the South East London response to NHS England's requirement to produce a five year strategy.

The purpose of this document is to outline the following aspects of the programme:

- Programme Approach and Vision
- The Strategic Planning Process
- Governance Arrangements

Please note that the contents of this pack are presented only to provide an update on the initiation activities of the South East London Commissioning Strategy Programme. They come from a variety of sources that are still in draft form and represent thinking and discussions that are still in progress.

South East London Commissioning Strategy Programme update

1) Approach and Vision

2) Strategic Planning Process

3) Governance Arrangements

Programme Approach

The approach will have a strong focus on engagement, aiming to co-design with partners, including patients and local people. Initial thinking will be developed and amended through the engagement process.

Key principles for the approach, which are being developed with partners, include:

- Being based on local needs and aspirations, listening to local voices and building on work at borough level, whilst taking into account national and London policies.
- Focusing on improving health and reducing inequalities.
- Employing a strong partnership approach, led by NHS commissioners and involving closely a wide range of local partners, including patients and communities, local authorities and NHS partners, to build agreement on priorities, strategic goals and outcomes.
- Creating solid foundations by ensuring all stakeholders have a common understanding of the scale of the challenge and then a shared vision and ambition for the next five years.
- Being open and transparent throughout the process, from identification of need, to implementation of the strategy.
- Engaging broadly, building on existing borough-level work with wider engagement activity to complement this as appropriate.
- Working with the Health and Wellbeing Board in each borough.

Following these principles, the South East London strategy will build on the six individual CCG-level strategies developed locally with partners. CCGs will work collaboratively on the elements of the strategy that cannot be addressed at CCG level alone, or where there is common agreement that there is added value in working collectively.

Engagement will be undertaken throughout the process, primarily through existing borough-level engagement, but on a wider basis where this is helpful. Initial engagement will include developing the case for change, scope and vision, the ambition of the programme and will move onto priorities and models of care as the programme develops. *(The draft strategy is being initiated before the conclusion of the NHS 'Call to Action' consultation in all boroughs. The work will be reviewed at the completion of this consultation to check alignment).*

In the nature of fast moving, iterative programmes, as the South East London Commissioning Strategy Programme works through the steps above the details of the vision and scope are currently constantly moving to reflect the feedback received at each stage of the engagement. As such, details contained in this pack are likely to evolve in the coming weeks and months as the strategies are finalised.

Programme Vision

Initial emerging themes on which the vision and scope will be based include:

- Engagement throughout to put the public and patient voice and views of other key stakeholders at the heart of strategy design and delivery.
- Co-designing and co-production of a shared strategy to improve the health and wellbeing of individuals and communities in each borough and across south east London, to meet local health and social care needs and to reduce local health inequalities.
- Delivering local health and integrated care services across south east London that consistently meet safety and quality standards and are sustainable.
- To maximise effectiveness of all activities across south east London, the programme takes account of existing or planned initiatives and alignment with overall strategic direction.
- Employing a "bottom up" approach to developing a south east London-wide 'frame' for individual CCG's strategies, while also reflecting the national and London policy context.

South East London Commissioning Strategy Programme update

1) Vision, Scope and Scale of Challenge

2) Strategic Planning Process

3) Governance Arrangements

Introduction

The primary focus of the South East London Commissioning Strategy Programme is the design and implementation of the five year Commissioning Strategy for South East London covering the period 2014/15 to 2018/19.

In addition, with a view to maximising effectiveness of all change activities across South East London, the programme also takes account of other existing or planned initiatives, seeking to ensure alignment with overall strategic direction.

The purpose of this section of the document is to outline the following aspects of the programme:

- The relationship between the 5 Year Strategy and the Operational Planning Process
- A high-level view of the plan for the definition of the South East London 5 Year Strategy

South East London Five Year Strategy

Planning cycle and timetable

The five year strategy design and implementation cycle runs alongside the regular cycle of commissioning operational planning and delivery.

While the development of the CCGs' 2014/15 operational plans will be largely completed in advance of the initial draft strategy, future iterations will be heavily informed by the strategy and the need to deliver benefits as early in the five year cycle as possible.

Stakeholder, patient and public engagement will be built into the plan from the earliest stages of the design of the five year strategy, using existing borough-level and south east London-wide engagement routes.

The South East London Commissioning Strategy Programme will encompass the south east London response to NHS England's requirement to produce a five year strategy covering the period 2014/15 to 2018/19. It is currently at a very early stage, defining its overall scope and delivery approach.

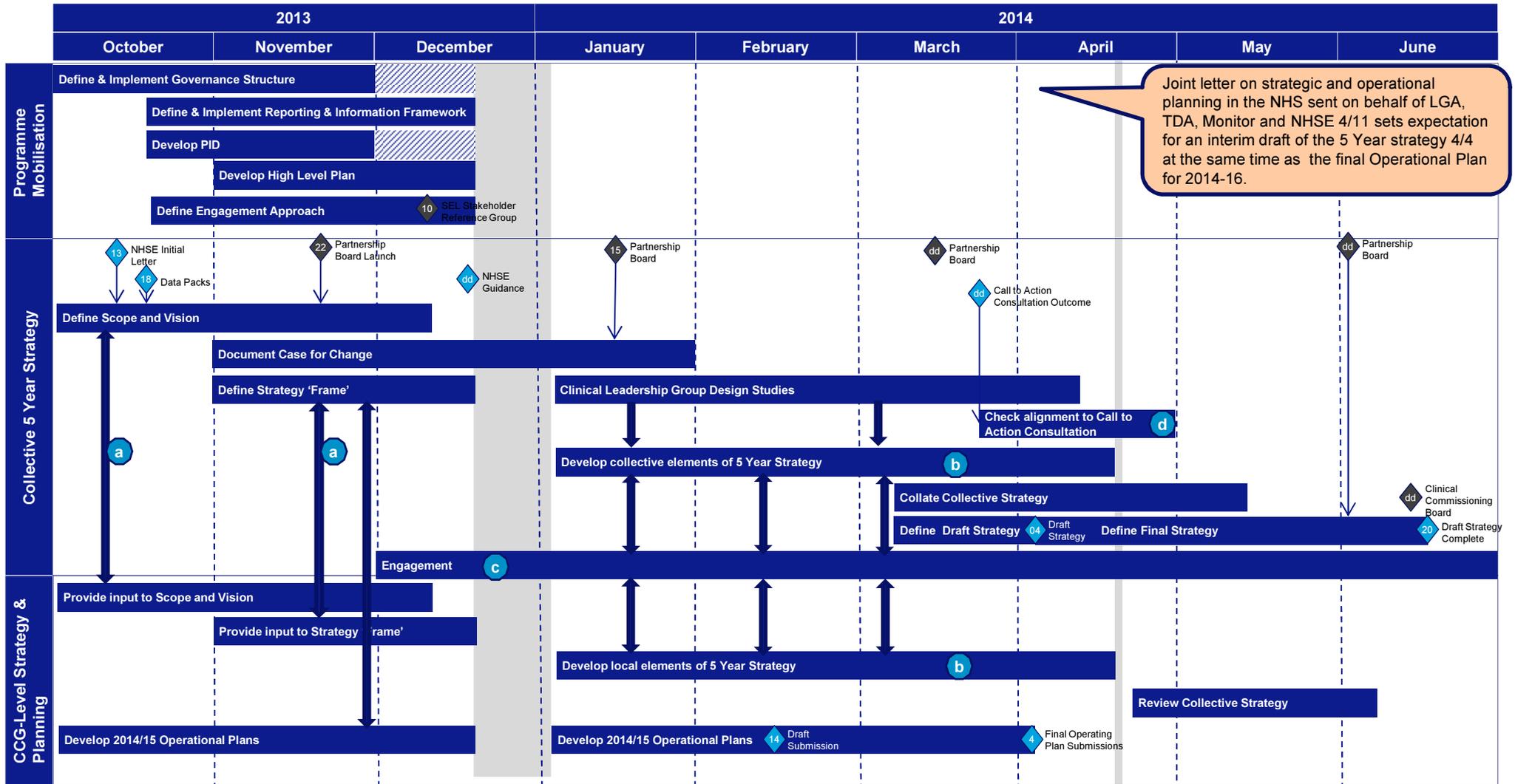
NHS England has set some milestones:

A high level description of the approach is required by 18 December 2013 – this has been delivered.

A draft strategy needs to be submitted to NHS England by 04 April 2014 and the full strategy by 20 June 2014.

The first delivery project within the Commissioning Strategy Programme will focus on the development of the strategy by June 2014. The diagram overleaf shows how this development will be undertaken, in partnership with the programme's stakeholders.

Strategy Development Timetable



Joint letter on strategic and operational planning in the NHS sent on behalf of LGA, TDA, Monitor and NHSE 4/11 sets expectation for an interim draft of the 5 Year strategy 4/4 at the same time as the final Operational Plan for 2014-16.

South East London Commissioning Strategy Programme update

1) Vision, Scope and Scale of Challenge

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Introduction

The South East London Commissioning Strategy Programme governance is designed to ensure a partnership approach to design and delivery, while remaining commissioner-led and clinically-driven and ensuring that the needs of local patients remain at the heart of the strategy.

The governance structure has been designed to be consistent with the NHS England Strategic Planning guidelines to support joint commissioning and strategic planning, building on well established collaborative relationships within the six boroughs and NHS England.

The structure will enable effective decision-making and oversight and clear ownership of deliverables and benefits at all stages of the programme. It will operate in an open and transparent manner, and takes account the voices of stakeholders across the South East London community.

The purpose of this section of the document is to outline the following aspects of the governance of the programme:

- Principles
- Structure and high-level memberships
- Key roles and functions
- Arrangements that will be put in place for collaboration and assurance.

Principles

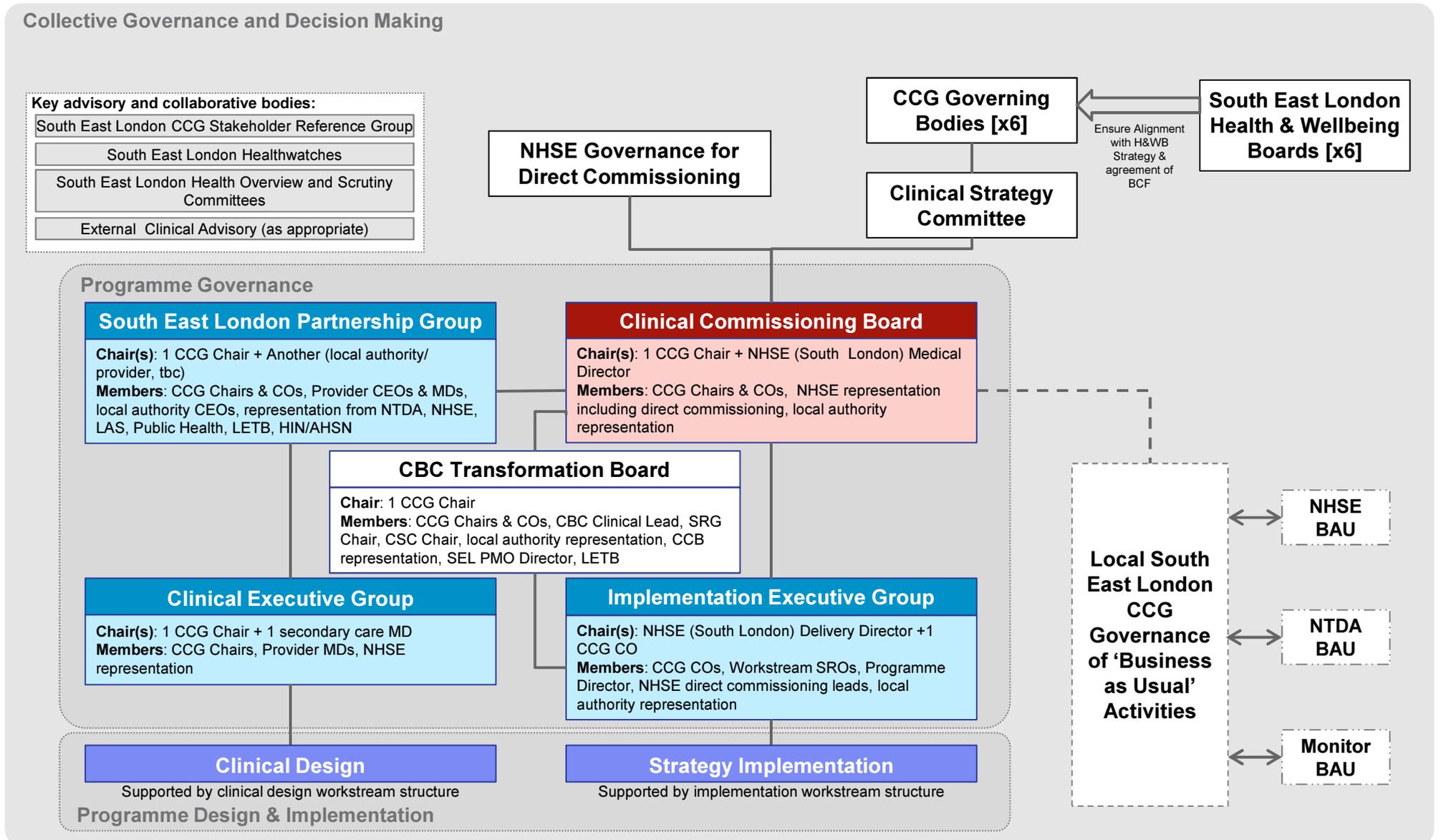
The programme will contain a combination of contributing projects and workstreams at varying points in their lifecycle, each requiring slightly different treatment from a governance and operating perspective. The governance of the programme has been designed to take account of each of these stages:

- **Design** – focusing on envisioning, co-design and strategy development and service specification underpinned by good information and analytics
- **Implementation** – focusing on delivering agreed projects, programmes and service changes
- **Business as Usual (BAU)** – focusing on delivery as part of normal operations, with appropriate assurance and benefits management.

The governance approach is based on a number of overarching principles and assumptions:

- It is based on local needs and aspirations, building on work at a borough level
- Patient safety and quality must be at the heart of decision making
- Programme governance must be open and transparent, with opportunity for challenge by from local authorities, patients and public
- Decisions should take into account patients, carer and community voice
- The roles, responsibilities and accountabilities of the CCGs, NHSE and all partner organisations must be explicitly defined
- There should be clear points of accountability for all deliverables
- Programme governance should provide assurance that the anticipated benefits of the programme will be delivered
- The core programme will be responsible for ensuring that contributing projects and programmes deliver the planned benefits of the programme in line with the programme critical path and overall timetable
- Duplication of effort should be minimised across the health system.

Structure and high-level memberships



Notes & Abbreviations

BCF = Better Care Fund
 NHSE = NHS England
 NTDA = NHS Trust Development Authority

LAS = London Ambulance Service
 LETB = Local Education and Training Boards
 HIN = Health Innovation Network

AHSN = Academic Health Science Networks
 MD = Medical Director, throughout
 BAU = 'Business as Usual'

CBC = Community Based Care
 SRG = Stakeholder Reference Group
 CSC = Clinical Strategy Committee

Last Updated : 11/12/13

Key roles and functions

Key roles and functions within the governance structure are outlined below. The structure reflects initial planning guidance (NHSE, LGA, TDA and Monitor - 04 November 2013) including approach to joint working and units of planning. Structure and membership have been designed to best support the development of the Commissioning Strategy and it is likely that this will need to be revisited at key points in the programme lifecycle – in particular when the programme moves on to a delivery footing.

In South East London the function of the Strategic Planning Group will be primarily delivered through the Clinical Commissioning Board, supported by South East London Partnership Group and the Implementation Executive Group.

- The **Clinical Strategy Committee (CSC)** is a committee of each CCG Governing Body and provides the point of governance for CCGs for the five year strategy. There will be equivalent point of governance for services directly commissioned by NHSE.
- The programme will be led by the **Clinical Commissioning Board (CCB)**, which will act as the overall programme board. The CCB will be commissioner-led and clinically-driven and will steer and make decisions on the development and delivery of the strategy. Members of the CCB will have the authority to make decisions on the agreed scope of the programme on behalf of their respective organisations. All workstream SROs within the programme will be accountable to the CCB for delivering their agreed share of the benefits of the programme.
- The **South East London Partnership Group** will be the strategic and partnership forum for the programme. The Group will be clinically-led and will frame and shape the commissioning strategy on behalf of the CCB, providing collective system leadership and oversight to the programme. Key programme decisions will require the support of the Partnership Group.
- The **Clinical Executive Group (CEG)** will assist the Partnership Group with oversight of clinical design work by providing assurance and managing interdependencies across the individual clinical leadership groups. It will act as a conduit for the management and escalation of clinical risks.
- **Clinical Leadership Groups (CLGs)** will be responsible for clinical design work, ensuring that this takes into account national and London quality standards, clinical interdependencies, and clinical workforce implications. The groups will ensure that proposed models of care deliver safe and sustainable clinical services; and that clinical redesign projects have plans in place to deliver safe services during transition and change. CLGs will be managed as a clinical workstream and will report to the Clinical Executive Group.
- The **Implementation Executive Group (IEG)** will be the executive group supporting the CCB, providing oversight to planning, implementation, benefits realisation and assurance. The IEG will also steer the mobilisation workstream, and have an ongoing responsibility to make recommendations to the CCB on the optimal structure and scope of the programme.

Collaboration and assurance

The programme will include a number of advisory and collaborative bodies. Links will be established with these groups as appropriate as part of the mobilisation and ongoing delivery.

- **Health and Wellbeing Boards (HWBs)** will provide oversight, advice and input into the programme at borough level, focused on improvement of the health and wellbeing of their local populations, reducing health inequalities, and encouraging joined up working across commissioners.
- **Health Overview and Scrutiny Committees (HOSCs)** will provide local scrutiny and review in line with statutory requirements under the Local Government Act and Health and Social Care Act.
- The programme will link to the **South East London Stakeholder Reference Group** for advice and oversight in relation to engagement on the development of the Commissioning Strategy, in order to ensure that the views of patients, service users, the public and their representatives are heard and acted upon.
- The programme will link to local **Healthwatch** teams in each borough to ensure that proposals developed as part of the Commissioning Strategy take account of the voices of consumers and those who use services local health and social care services.
- An external **Clinical Advisory Group** will be established, if and as required at later stages in the programme, to ensure that any proposed clinical changes are designed in a manner that ensures wide ranging clinical engagement in service design and alignment with national and London-wide quality standards; and that clinical services will be safe and sustainable both during transition and post implementation.