

To work with member practices, public, patients and partners to commission efficient and effective services within

budget

This paper is being submitted to the Governing Body for amendment and/or approval as appropriate. It should not be regarded, or published, as policy until formally agreed at the Governing Body meeting.

NHS Corby Clinical Commissioning Group Governing Body Meeting – 24 June 2014											
Title Rep	•	shire Programme Director's	Number: CCG-14								
1	hor: Dale Squire, Prograr thamptonshire	mme Director, Healthier	Contact No: 01536 560420								
Presented by: Dale Squire											
Purpose / Summary:											
	 Progress being made on the challenged health economy work being supported by Deloittes. 										
	 Strategic plans will be submitted for both the commissioner and provider health partners by the end of June, providing clarity on the model for health and social care. This will then inform the scope of the HN strategy to be implemented. 										
	 A programme management approach and supporting PMO is being established, to support programme implementation. This will be fully aligned to the local PMOs. 										
	 Scoping documents have been produced for the initial 7 priority portfolios. 										
	 An All Board meeting is being arranged for 15 July (tbc) to review the provider and commissioner 5 year strategic plans and associated HN programme to be implemented. 										
Rel	evance to Strategic Deli	very:									
		Strategic Priorities									
	Care Closer to Home	Reconfiguration of Hospital Services	The establishment of a credible and accountable, fit for purpose statutory organisation								
ectives	To develop and implement an out of hospital strategy	To commission high quality evidence based services	To comply with all statutory duties and achieve full authorisation								
ategic Objectives	Develop capacity and capability in primary and community care	To implement the outputs from the Healthier Together programme	To ensure high quality services through increased clinical and managerial leadership								
at			To deliver all national, and local targets								

Not Applicable to Strategic Delivery

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The Corby Clinical Commissioning Group Governing Body is asked to:

 Note the report and the decisions of the Healthier Northamptonshire Programme Board.

Appendix:

Healthier Northamptonshire Programme Update

1. External Support

The May Healthier Northamptonshire (HN) Programme Board focused on the McKinsey/Deloitte review of the Local Health Economy strategic plans. This includes updating the case for change and conducting a system wide review of: the financial model, options, strategic plans and recommendations for implementation and governance.

Work is ongoing engaging clinicians through Medical Director's Advisory Group (MDAG), Finance Directors through Finance Management Advisory Group (FMAG) and is overseen by the Chief Executives through the Operations Executive.

The intention is to agree a direction / preferred solution with both the commissioners and providers, which will inform the strategic plan submissions due at the end of June, and agree next steps which will inform HN programme implementation.

This review will be informed by Appendix 1.

2. Preparing for implementation

A new Programme Director, Dale Squire, commenced on 6th May. He is responsible for developing the HN Implementation Plan, incorporating any changes arising from the above challenged health economy work as appropriate.

An overview of the key building blocks and associated timescales is provided. See Appendix Fig 2. The key dependency being submission of the Health Partner Strategic Plans by the end of June which needed to be aligned to Healthier Northamptonshire.

The key steps as part of preparing for implementation are putting in place:

- Appropriate communications and engagement plans; and a
- Framework and supporting HN programme management approach to support portfolio / project process. This will of course be fully aligned to the local PMO arrangements.

The overall HN programme governance arrangements will need to be revised so that they are more implementation focused.

Communications and engagement for the programme has been secured from GEMCSU.

3. Priority Portfolios

The HN Programme Board agreed to progress 7 priority portfolios so that progress on the

programme continues. These are as provided as Appendix 1 Fig 3, together with allocated roles and responsibilities.

Project scoping documents have been completed for 6 of the 7 portfolios.

- Quality discharge
- Developing care closer to home
- Supporting urgent care at the door
- End of Life
- Mobilisation at scale of elderly frail model
- Creation of a Joint Commissioning Unit.

The 7th portfolio, "seven day working" is expected shortly.

All the completed portfolio/project scoping documents are being subjected to assurance activity, before being submitted to the Programme Board for approval and progression. This will ensure that there is:

- 1. Clarity about the clinical evidence base underpinning the proposals
- 2. Support of the GP commissioners involved.
- 3. Promotion of choice for their patients.
- 4. Appropriate engagement with the public, patients and local authorities
- 5. Clarity on scope and interdependencies with other portfolios
- 6. Clear benefits mapped to HN Strategy, aligned to partner strategic plans.

These portfolios/projects will then be tracked through an agreed HN Programme Methodology, supported by a HN PMO which the Programme Director is currently putting in place.

4. Health and Wellbeing Board

A progress update and has been produced and will be presented to the Health and Wellbeing Board on 6th June 2014. This focused on the integration of health and social care.

5. Joint Commissioning Unit

The development of new Joint Commissioning arrangements, including the option for the creation of a Joint Commissioning Unit (Portfolio 5), is identified in the HN Strategy as an essential precursor to increased integration. The strategy also highlights the need for more robust governance arrangements, if Joint Commissioning on a larger scale is to be effective. The first phase of the Joint Commissioning work programme is already underway with the appointment of an independent expert, John Bolton, to conduct an appraisal of the options for the creation of new joint commissioning arrangements. The option appraisal will commence in June and will also address governance arrangements and the scale and pace of integration. A report on the outcomes and recommendations from this appraisal will be produced in August.

6. All Boards Meeting

An All Boards meeting will be arranged for 15th July (date still to be confirmed). The main agenda Items would be:

- Final report and recommendations/options from Intensive Support Team
- Alignment of all provider and commissioner 5 yr strategic plans to above and HN programme.

This meeting is dependent on the strategic plans all being completed at the end of June.

Dale Squire Programme Director 4 June 2014