Humber Strategic Commissioning Model

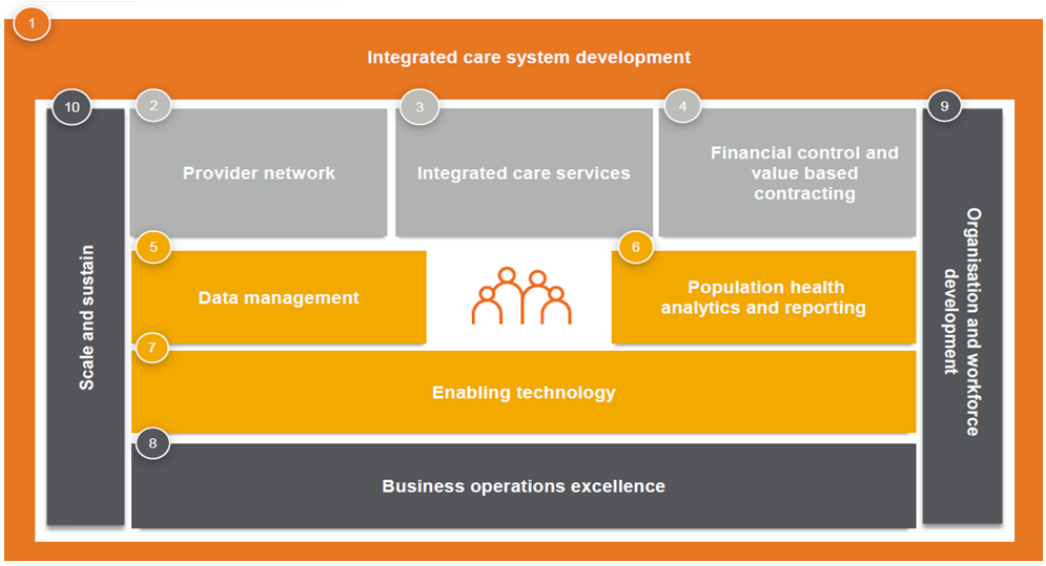
1. Introduction

The purpose of this paper affirms the intentions of the four Humber CCGs to deliver a strategic commissioning model for the Humber area of the Humber Coast and Vale ICS. It describes the governance arrangements to steer the partnership and sets out our timeline to reduce duplication and align capacity in order to deliver integrated models of care.

The Humber strategic commissioning model will accelerate the rate of progress in delivering the NHS long term plan ambitions and a 'system-by-default' approach.

It will do this by creating the conditions for integration, through collective leadership and a new operating model which supports the developing Humber, Coast and Vale Integrated Care System (ICS).

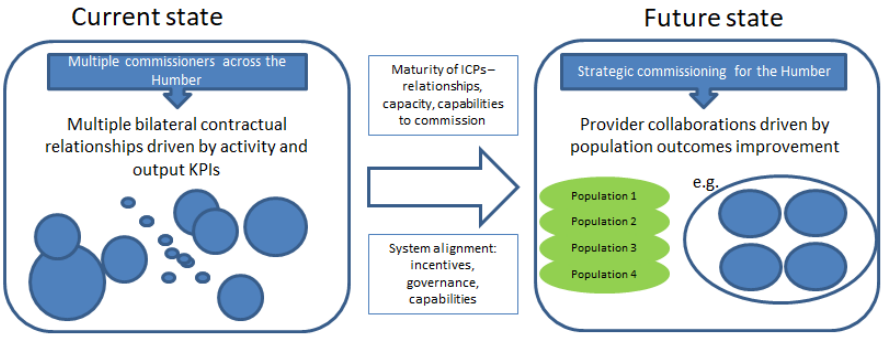
Fig. 1 Integrated Care Systems Framework (Optum, 2018)



2. Ambition for Strategic Commissioning and Integration

As a strategic commissioner, the Humber will deliver improvements to population health outcomes in the long term, tackling health inequalities and operating at a scale which adds value at a system level.

Fig 2. Current and Future State



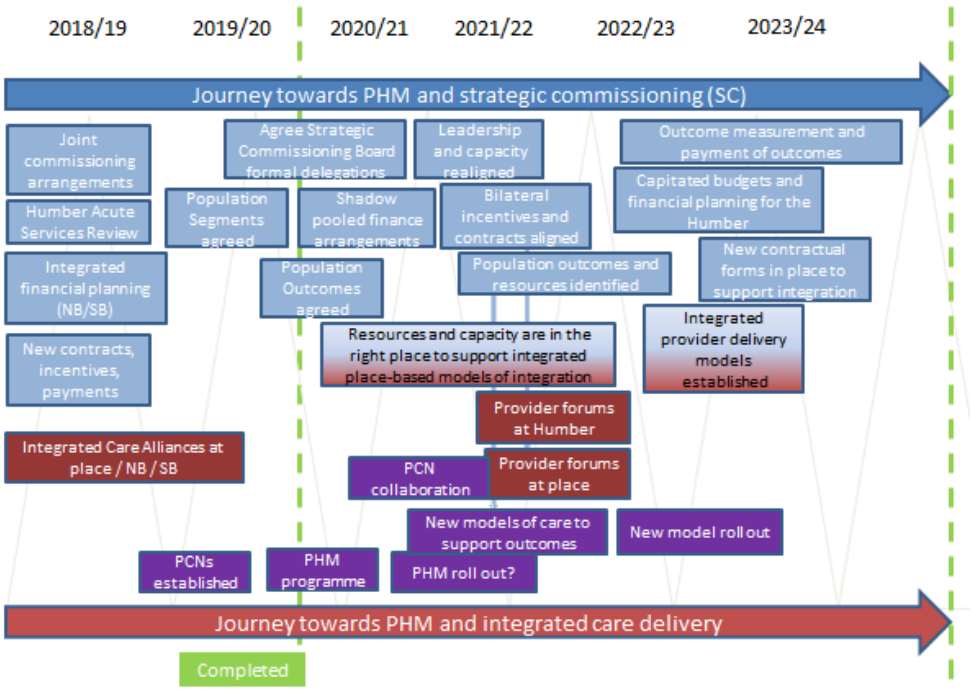
The future state illustrates how strategic commissioning will be organised so that population health is at the heart of decision-making at all levels, from locality, through to place and system. It will support the 'primacy of place' principle held by the ICS – strengthening commissioning between NHS and Local Authorities and driving integrated delivery models at place.

To realise this future state the Humber strategic commissioning model will:

1. Adopt the HCV population segments and outcomes as the primary lens through which we deploy our commissioning functions at all levels from locality, through to place and system.
2. Link resource inputs (money, workforce, estates) to outcomes for people and populations. Adopt actuarial modelling to shape population-based investment and QIPP priorities.
3. Develop payment systems for cycles of care for people and populations
4. Develop risk/gain share arrangements that promote a shared focus on tackling health inequalities and system resilience. Incentivising providers to work together to design solutions and invest upstream in prevention and proactive care.
5. Develop contracting, performance and quality systems that support inter-provider accountability and move away from counting activity to measuring outcomes that matter to people, both clinical and person-reported.
6. Enhance joint commissioning arrangements with local authorities to make shared decisions with providers on how to use resources, design services and improve population health.

Integration and population health improvement can only be realised if there is a simultaneous and equal ambition from providers to organise in order to respond to the needs of population groups. The integration roadmap recognises this journey is interdependent and mutually supporting:

Fig 3. Integration Roadmap



Integrated Delivery Models

As a strategic commissioner the Humber will support providers to develop integrated delivery models. These are system integrator functions which enable providers to come together through a variety of relationship-based and contractual-based mechanisms.

We will support providers to develop common approaches for inter-provider risk sharing, contracting and payments, quality improvement, population health management and operational/tactical commissioning activities – recognising that many providers operate across multiple footprints.

The Humber strategic commissioning model will also support more effective partnerships at scale in key areas such as workforce planning and integrated role development, economic growth, innovation spread and adoption, digital infrastructure investment, and environmental sustainability.

Delivery of outcomes in many cases will happen at place, in line with place plans which are themselves a response to population needs and overseen by Health and Wellbeing Boards.

Alignment of leadership, resources and capacity

Resources and capacity will be aligned to support strategic commissioning and integration:

- Operating pooled financial arrangements (initially in shadow form) to support and manage system and finance resilience, business rules and long term financial sustainability.
- Pooling resources and developing capabilities across the CCGs to undertake commissioning for population outcomes at a macro level to support a consistent approach to standards and outcomes.
- Aligning operational/tactical commissioning capacity and capabilities to support the development of integrated provider delivery models.
- Aligning resources and developing capabilities to support population health management in Primary Care Network populations – including micro commissioning to meet local needs at sub-place scales.

In order to operate as an effective strategic commissioner, the CCGs will establish teams which work on behalf of the Humber CCGs, with the leadership, management and administrative capacity and expertise to deliver responsibilities that fall within the authority of the strategic commissioner.

These arrangements will reduce duplication of process and staff time, simplify governance and support reductions in running cost allocation. Arrangements will strengthen relationships and support integration at all levels, from locality, to place, Humber and HCV.

Team capacity and capabilities will be developed in partnership with our staff, based on where the expertise, skills and strengths exist, regardless of employing organisation. Where arrangements continue at place, teams will be supported to work to common objectives.

Table 1 – CCG functions and activities – a. Humber strategic commissioning b. Duties retained by CCGs c. operational/tactical commissioning which could in future be undertaken as part of an integrated delivery model

<table>
<tr><th colspan="3">a. Humber functions and activities – lead arrangements and teams to be developed</th></tr>
<tr><td>Level of specialism/standardisation required</td><td>Capacity or capability is scarce</td><td>Challenges / opportunities more effectively done once</td></tr>
<tr><td>Commissioning, contracting, quality:
• Acute services including paediatrics, maternity, cancer
• Humber Acute Services Review
• Specialist MH, LD, autism e.g. eating disorders, forensic, inpatient
• National service specs

Quality standards and outcomes
Outcome measurement</td><td>Assurance reporting to HCV, NHS EI
Policy development e.g. PHBs, evidence, research
Communications, media, public consultation
Workforce and OD
Corporate governance e.g. FOI, complaints
Procurement
BI
System resilience
Population segmentation and outcomes</td><td>System partnerships e.g. LEP, ALBs, Universities and FE, Industry, HEE, large providers
Finance and estates planning
Workforce planning New contract design and payment structures
Strategy e.g. market shaping, bid writing, transformation programme management
Research and development</td></tr>
<tr><th colspan="3">Place-based functions and activities – integrated arrangements to be strengthened</th></tr>
<tr><th colspan="2">b. Cross-cutting corporate functions to be retained by CCGs as statutory bodies</th><th>c. Operational/tactical commissioning</th></tr>
<tr><td colspan="2">Board assurance and development
Investment priorities
Place-based planning
Political Engagement
Clinical Engagement
Community Engagement
Public Engagement
Quality assurance
Assessment of needs and assets in place and developing a strategy to meet gaps
Development of place-based integrated provider delivery models
Child death review
Safeguarding
CHC, S117, PHBs</td><td>Community services
Community MH
Primary Care and GP IT
Social prescribing, VCS, public health
CHC, S117, PHBs
PCN development
Medicines management support to primary care
Pathway design and service improvement
Provider and service integration
Place system and provider resilience including demand management and mutual aid arrangements
Provider relationship management</td></tr>
</table>

Arrangements will be formalised and overseen by a new Humber Strategic Commissioning Board.

Strategic Commissioning Board

The four CCGs will establish a Strategic Commissioning Board with effect from 1st April 2020. It will operate initially in shadow form, whilst work is undertaken to enable formal delegation of functions.

An executive leadership group will manage the delegated functions of the Strategic Board. This will be chaired by the Accountable Officer for East Riding, Hull and North Lincolnshire CCG.

The establishment of the Strategic Commissioning Board will not negate the need for local discussion at the four CCGs governing bodies, however it will be for the Strategic Commissioning Board to make decisions on areas that it has been made responsible for within each CCGs scheme of delegation.

The Strategic Commissioning Board will:

1. Oversee commissioning functions operating at scale for the Humber population and beyond, with formal delegated authority relevant to those at-scale functions.

2. Oversee the design and operationalisation of integrated provider delivery models – a 'system integrator' function which can over time deliver commissioning activities better undertaken by providers working together at place.

3. Support alignment of Humber population plans, with place plans, York and North Yorkshire plans, and ICS and neighbouring system plans. Ensuring plans balance and address both national and place-based priorities.

4. Provide a single line of site for reporting into NHS E/I and ICS for the Humber population.

5. Provide a single route into and coordination of external opportunities and strategic partnerships.

6. Act in the best interest of the four Humber populations, ensuring that no one locality is adversely affected or that health inequalities are increased as a result of any decision.

The Strategic Commissioning Board will be responsible for strategic commissioning for the Humber, and accelerate delivery of the LTP and ICS ambitions for Humber, Coast and Vale.