



**HEALTHY
FUTURES**

Better health for all across
the West Yorkshire region



Sustainability and Transformation Plans (STP)

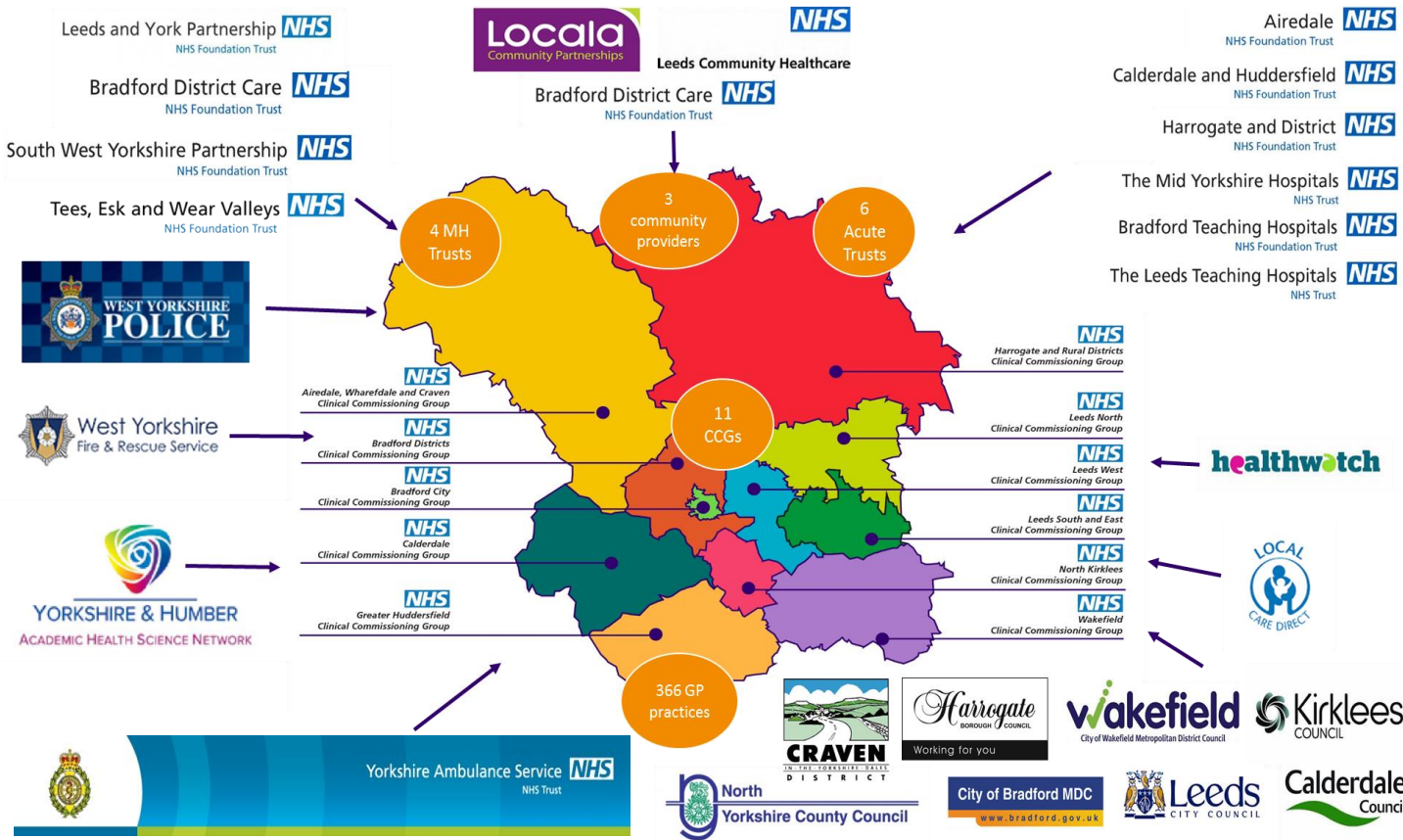
***What are the key
governance challenges?***

A Commissioner Perspective

Katherine Bryant



Our health and care economy



- Serving a population of 2.6m
- With a total allocation of £4.7bn across health by 20/21
- And 113,000 staff

Plus...

- 650 Care homes
- 319 Domiciliary care providers
- 10 hospices
- 8 large independent sector providers
- Thousands of Voluntary & Community Sector organisations

In West Yorkshire and Harrogate commissioning is moving in a number of directions...

A West Yorkshire & Harrogate wide commissioning / contractor function dealing with acute and some specialist services

- Design of evidence based pathways and service standards
- System wide outcomes and payment incentives
- Extension / formalisation of the CCG joint committee arrangements
- Identification of services that need to be commissioned on a WY basis - starting point STP priorities

and...

A place based commissioner bringing together the functions of Las, CCGs and NHS England (primary care) commissioning


- 6 'places' within West Yorkshire and Harrogate – in line with the place based planning footprints / HWB areas
- Organisations collaborate on a defined geographic footprint – collective accountability
- Essential that we maintain 'connection' between West Yorkshire and place based commissioning – see cancer example

and...


A local 'commissioning' function embedded within ACO models

- ACOs working to a capitated budget will need to make decisions about how resources are used to best meet population needs.
- Therefore some 'commissioning' competencies required aligned to strategic function of organisation.

Progress to date....


- CCGs working together as '10CC'
 - CCG Memorandum of Understanding in place – collaborative forum
 - Next step... CCG joint committee – April/May 2017
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Memorandum of Understanding

- **objectives** of the collaboration,
 - **roles and responsibilities** of the CCGs,
 - **decision-making structure**, monitoring and reporting arrangements;
 - terms of reference for the Joint Committee / **scope** of its decision making;
 - the arrangements for the establishment of a **Programme Management Office**;
 - how financial **contributions and resources** will be managed by the host CCG;
 - how any **disputes** between the CCGs or 'deadlock' situations (where the Joint Committee cannot reach a decision) will be resolved; and
 - the circumstances in which the MOU can be **terminated**.
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The Joint Committee

- **Joint committee structure:**
 - two CCG representatives
 - independent lay chair
 - lay members
 - one CCG one vote
 - 75% to reach approval on a decision

 - **Delegated commissioning functions: work plan:**
 - Mental health
 - Stroke
 - Cancer
 - Urgent and emergency care
 - Standardisation of commissioning policies
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Wider STP governance

WY&H STP Leadership Team and Steering Group

Local Authorities

- West Yorkshire Health and Social Care consultative board to facilitate elected member engagement

Acute Trusts

- West Yorkshire Association of Acute Trusts
- Development of a 'Committee in Common'

Mental Health Trusts

- considering 'Committee in Common'


Governance challenges

‘sovereignty is the enemy of acting in the public interest’

Rob Whiteman – CIPFA CEO



Governance challenges...

- Lines of accountability
 - No legal status, no legal powers
 - Individual and collective duties of boards remain
 - Ownership
 - Complexity
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..... Governance challenges

- VFM – organisation & whole system
 - Public & patient involvement / consultation
 - Risk of judicial review
 - Collaboration, relationships & trust
 - The pace of change
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