



North Lincolnshire  
Clinical Commissioning Group



East Riding of Yorkshire  
Clinical Commissioning Group

# Humber Joint Commissioning Committee

## Commissioning Together

### Annual Report 2018/19



Hull  
Clinical Commissioning Group



North East Lincolnshire  
Clinical Commissioning Group



# Introduction

This is the first Annual Report from the Humber Joint Commissioning Committee (JCC).

The Humber CCG's – East Riding of Yorkshire, Hull, North East Lincolnshire and North Lincolnshire began discussions in early 2018 as to how they could work more effectively together, particularly in support of the Humber Acute Services Review.

The first development meeting was held in January 2018.

The April meeting considered the scope of the committee and the development of terms of reference. It was agreed to meet monthly to consider how they would work together to commission collaboratively.

Helen Kenyon, Chief Operating Officer North East Lincolnshire CCG, has chaired the JCC in 2018/19.

The JCC is supported by Caroline Briggs as Programme Director.



# Governance

All four CCG's Governing Bodies approved the establishment of the Humber JCC at their meetings in October or November, including Term of Reference, principles for working together, commissioning approach and the work plan for 2018/19.

The Committee is accountable to the CCG's with Members acting in collaboration, each being accountable to their respective nominating CCG's for overseeing and providing assurance on the matters set out within the Terms of Reference.

Individual CCG's remain accountable for meeting their statutory duties. Members act within the authorisations agreed by their constituent organisations.

Where decisions are needed by all 4 CCG's then they will work together to ensure Governing Bodies are synchronised to support timely and coordinated decision making.

Meetings are held monthly or as agreed by the Committee – 9 meetings were held in 2018/19 (see attendance list at page 16)



# Membership

Chief Officers (or equivalent) and the Directors of Commissioning (or equivalent) of the constituent CCG's. Named deputies allowed.

Plus attendance from representatives from the following specialisms across the constituent CCG's

- Chief Finance Officer
- Director of Quality
- Director of Public Health representation
- Medical Director/Clinical Leads

And attendance as required dependent upon agenda items from

- Contracting Leads
- Performance and Information Leads
- Associate Director of IT

Quoracy requires a representative from each CCG. Two meetings were not quorate in 2018/19 however it was agreed that the meetings would go ahead, no decisions were made at those meetings.



# Leadership – Humber JCC- Four Places - A Single Voice

Clinical – Dr Peter Melton

Acute Commissioning – Emma Latimer

Local Authority and Workforce – Rob Walsh

Quality and Mental Health – Paula South

Finance – representation from CFOs

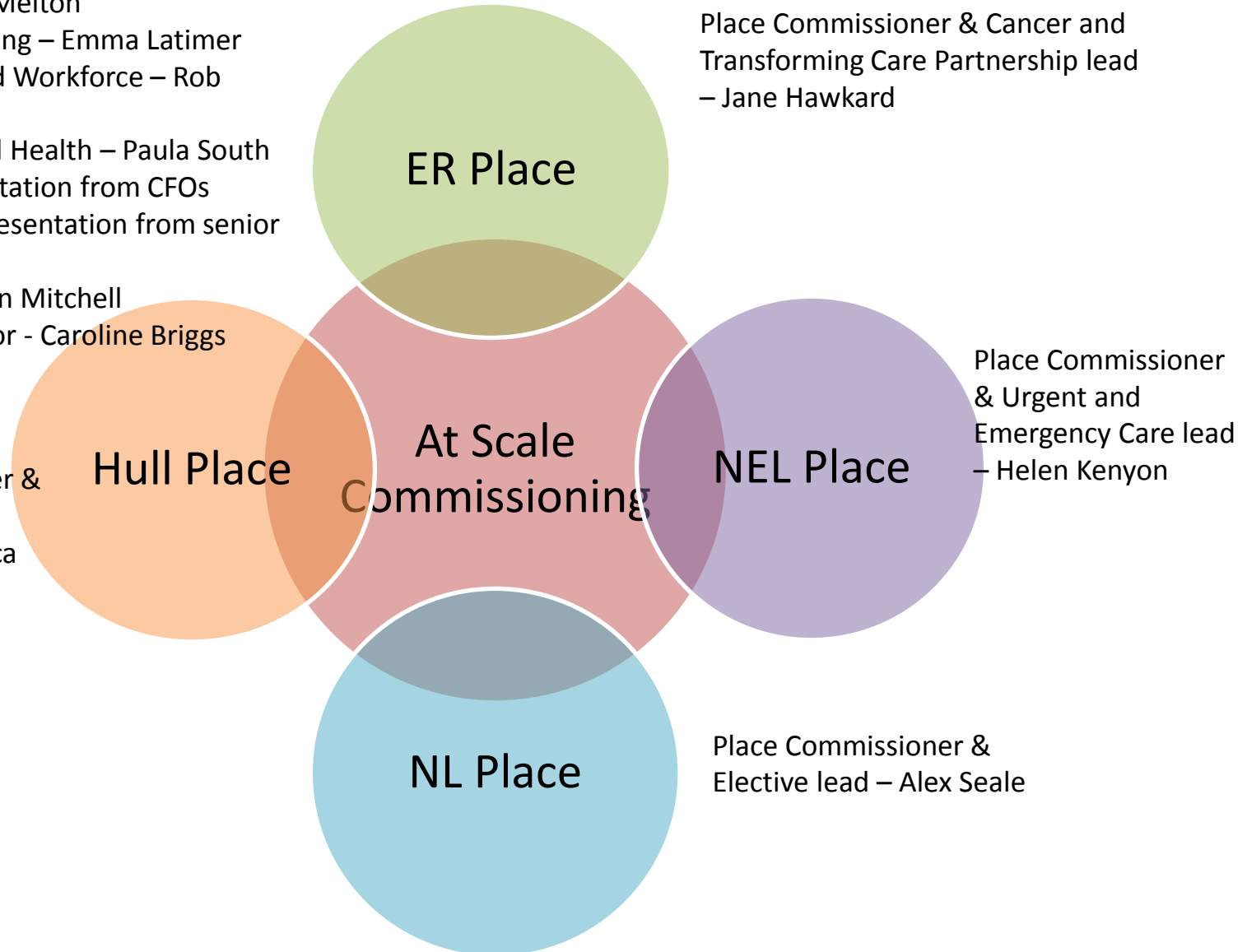
Contracting – representation from senior contractors

Digital and IT – John Mitchell

Programme Director - Caroline Briggs

Place Commissioner & Maternity and Children lead – Erica Daley

Place Commissioner & Cancer and Transforming Care Partnership lead – Jane Hawkard



# JCC Responsibilities

## **The Committee will:**

Develop and agree strategic and commissioning intentions that will inform and shape the HASR and other areas where the Committee agrees to collaborate to commission

Be the forum through which the four CCG's will coordinate the approach to the HASR

Oversee and deliver a single contracting approach for Humber wide acute services

Have strategic oversight of the service transformations taking place at Place and Humber Acute Services Review level, to make sure that, when added together, they present a coherent plan for health and care delivery for the populations covered

Develop the commissioning requirements e.g. service standards to be met and population outcomes sought, to feed into the HASR and other areas where the Committee agrees to collaborate

Ensure that appropriate clinical, democratic and public engagement, is taken as part of the development and redesign of services where the Committee agrees to collaborate

Ensure that there is a robust consultation process where it is proposed that a significant service change is required

Support the alignment of Place plans with the plans for acute services

Identify clinical thresholds for in hospital and out of hospital services where they underpin the acute model and ensure that, across the pathway, the model meets the populations needs

Determine the quality indicators to be used as part of the development and design of acute services

Identify the total financial envelope that is available for acute services across the Humber area and ensure that the services developed/delivered do not exceed this value over time

Oversee the development and implementation of innovative, appropriate contracts, that support the overall strategic direction of the CCG's and providers to deliver sustainable services, e.g. aligned incentive contracts

Evaluate and review acute services business cases received to make recommendations for adoption to CCG's

Agree urgent and emergency services required at scale i.e. specialist emergency services

Share good practice across the 4 CCG's.

# 2018/19 Focus

2018/19 has been focused on establishing the JCC and exploring how the CCG's work together, particularly to support Acute Commissioning and the Humber Acute Services Review.

Key areas of work in 2018/19 have included:

- The agreement of Joint Commissioning Principles (page 9 and 10) which set out how the CCG's will work together and with providers.
- The development of a Commissioning Position to support the Humber Acute Services Review (HASR) which will also apply to other areas where collaboration is supported. This sets out how the CCG's will commission across the Humber. 'Commissioning Together' (pages 11 and 12 are extracts from this).
- Sharing of information to support alignment of commissioning and identification of areas where it may make sense to commission collaboratively, or through lead CCG arrangements. In particular a shared approach has been taken to acute contracting for 2019/20.
- Actions to take forward delivery of the commissioning principles including the development of a single approach to impact assessments.
- Actions to support the development of the governance of the JCC for sign off by Governing Bodies

# Commissioning approach through the JCC

In autumn 2018 the four Governing Bodies each agreed the commissioning approach which sets out how the four CCG's will work together to commission services on a Humber population basis, particularly Acute.

This includes a set of commissioning principles setting out how the CCG's will work together and how they will work with providers. (These are set out on pages 7 and 8).

Further work has been done to develop these to reflect the direction towards the development of Integrated Care. This includes:

- Considering the population levels needed to commission services for populations at place, Humber and Humber, Coast and Vale level
- and the impacts for contracting, signalling a direction in 19/20 to enable contracts to support integrated care from 2020/21.





# Agreed Commissioning Principles – how we will work together

- CCGs have agreed to collaborate with neighbouring commissioners where there is a need to commission services across a broader footprint, for example to ensure that there is the right critical mass of patients in order to meet quality requirements and standards
- Commissioners have agreed to a joint approach to service transformation where it makes sense to do so across the footprint of the four CCGs with the following specific areas highlighted:
  - Transformation will focus on the delivery services not on organisational impact
  - No transformation of services will be pursued that has a negative or unintended impact in terms of safety and quality
  - Service transformation must take account of promoting positive patient experiences
  - Service transformation will take in to consideration the ability of people to access services
- All commissioning partners will triangulate commissioning intentions and impacts on providers before finalising contracts
- A single approach to assessing the impact of service change will be adopted across the CCGs
- Where it makes sense to do so, services will be commissioned locally to ensure that they can be built around the needs of individual communities with a clear alignment to Place Based Plans
- CCGs will adopt a commissioning model that has a focus on personal responsibility, prevention, wellbeing self-care and delivering outcomes that matter for patients using the assets that exist in each place and are available to individuals
- The CCG's will work together to develop an approach and timeline to move to an outcomes approach to commissioning rather than service delivery detailed specifications. Seeking outcomes for people rather than how services will be delivered with progress monitored at population level via key performance indicators.



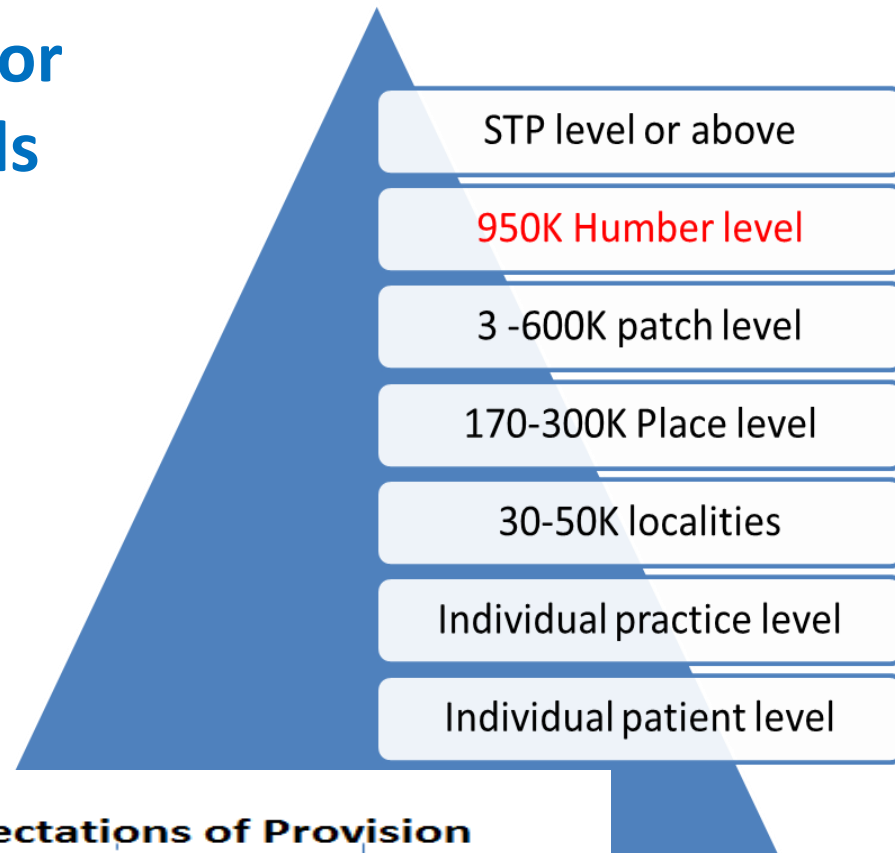
# Agreed Commissioning Principles – how we will work with providers

- The CCGs will only commission services from providers that are able to meet essential standards, pertinent to the respective service/speciality including delivery of agreed improvement plans
- Services must be delivered in line with progress to the delivery of a financially sustainable service against agreed benchmarks
- Where services are reviewed/re-commissioned providers will need to demonstrate they have the required capacity including the ability to meet predictable increases in demand and that all of their workforce have the appropriate skills to deliver the services commissioned
- We will commission on the basis of ensuring access to good quality, safe services offering a positive patient experience, accepting that this may result in changes to the configuration of existing providers
- We will expect providers to implement best practice and alternative service models and innovations that drive greater efficiency and reduce costs
- We will expect all providers to deliver care using the appropriate technology for example not to rely on 'face-to face' contacts as the default option
- There is an expectation that workforce models take account of best practice models in terms of the skill mix to deliver the service
- We will move to innovative contract models and approaches wherever it makes sense to do so to facilitate change
- For the agreed priorities, partners will develop an agreed approach to how we decide on the level of engagement and consultation to support service change and work jointly where appropriate to develop the approach

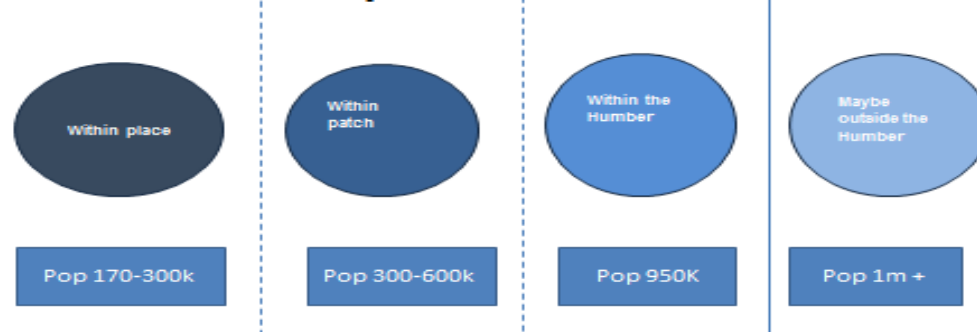


# Commissioning for Population levels

CCG's commission a wide range of services. Not all population needs can be met at place level, where they can the expectation will be that they can be delivered in each CCG area. Where a larger population is required to be able to provide services effectively and efficiently that meet expected standards the CCG's will work together. The JCC have adopted the models on the right to set a framework which supports this approach.

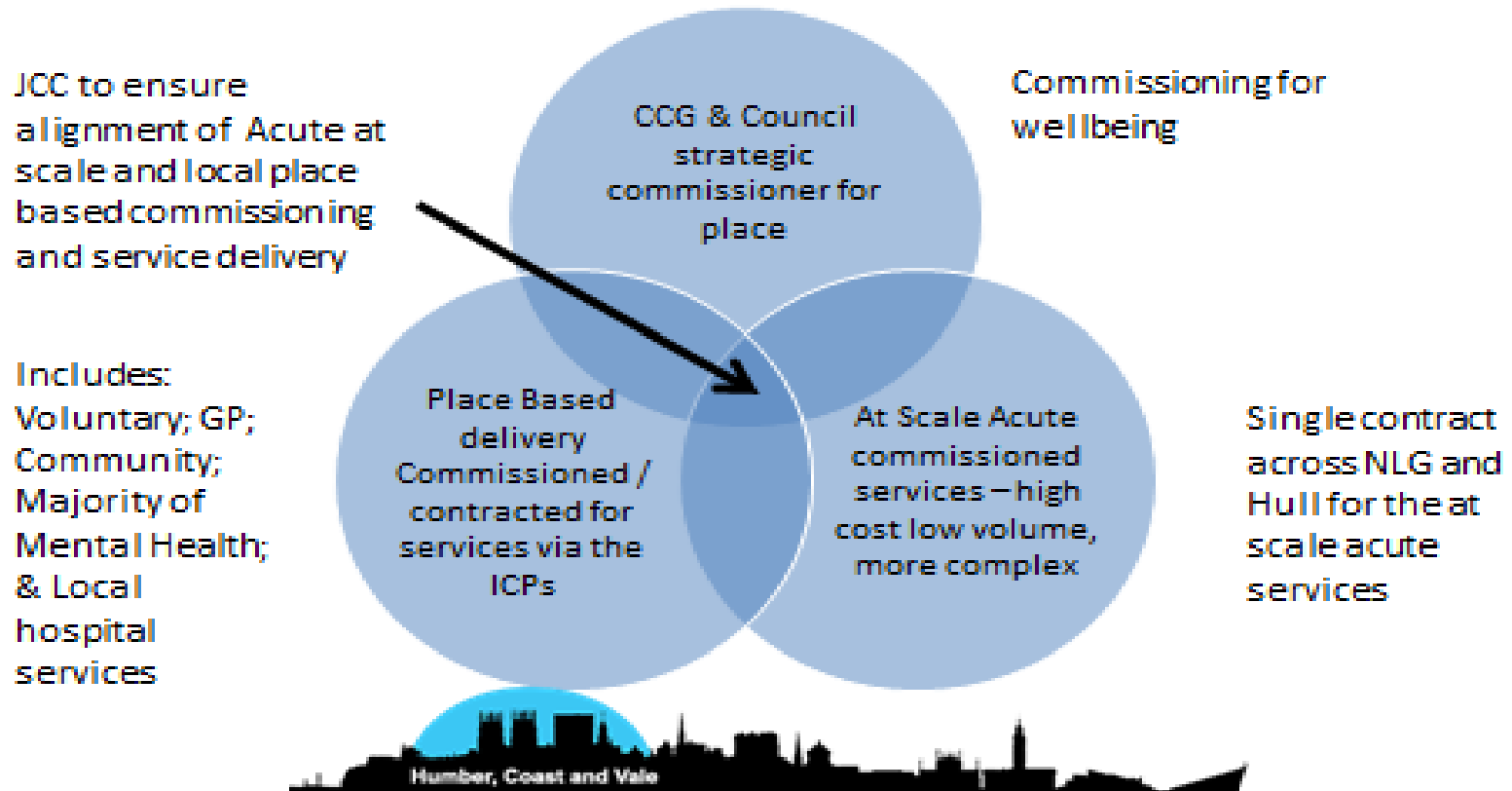


## Minimum Expectations of Provision



Default position is use of technology to enable non face to face consultations and professional advice where appropriate

# CCG collaboration and commissioning



Through the JCC the CCG's are working together to commission at scale acute services and to ensure that acute and local place based commissioning and service delivery are aligned.

# Humber Acute Services Review and Acute Commissioning

Each JCC meeting has a standing item in relation to the review to ensure the commissioning input is coordinated and to provide a forum to support decision making.

The JCC considered alternate models as part of its development to support decision making in relation the review. The proposal to the Governing Bodies, which was supported, was that Governing Body meetings would be aligned at key decision making points for the review as required.

The CCG's have agreed to appoint a Director of Collaborative Acute Commissioning to lead for the CCG's in the review, the development of a Humber Acute Strategy and the bringing together of the contracting arrangements with the two acute providers over time into a single contract. Interviews were held in March 2019 and the successful candidate will be in post in late May 2019.



## Population Health

Steve Pintus, Director of Public Health North East Lincolnshire has led work on behalf of the JCC to produce a Humber population health assessment to support the Humber Acute Services Review.

Further work is now underway to consider how this assessment can support the place planning in each area and identify any areas where we might benefit from addressing on a Humber basis.

The approach to population health intelligence and management is now being developed on a Humber Coast and Vale basis.

## Planning and Contracting

JCC in February 2019 agreed a list of common contract requirements that they would expect to see in all NHS Standard contracts shared contract terms and schedules for 2019/20 contracts.

This was developed taking into account planning guidance and the Long Term Plan.

JCC has also provided a forum to share intelligence to support operational planning for 19/20 and to consider the impacts of the Long Term Plan to support consistent and aligned planning across the CCG's.



# Impact Assessments

The commissioning principles set out on page 6 include:

- *Commissioners have agreed to a joint approach to service transformation, where it makes sense to do so, across the footprint of the four CCGs with the following specific areas highlighted:*
  - *Transformation will focus on the delivery services not on organisational impact*
  - *No transformation of services will be pursued that has a negative or unintended impact in terms of safety and quality*
  - *Service transformation must take account of promoting positive patient experiences*
  - *Service transformation will take in to consideration the ability of people to access services*
- *All commissioning partners will triangulate commissioning intentions and impacts on providers before finalising contracts*
- *A single approach to assessing the impact of service change will be adopted across the CCGs*

To support delivery of this JCC agreed to adopt a standard impact assessment process to apply to the Humber Acute Service Review. This includes assessment of impacts of any proposed service change on quality, equality, sustainability and privacy as well as consideration of communications and engagement and procurement implications.

In 2018/19 the Programme Director has worked with CCG Directors of Nursing and Quality and Quality Leads to develop an Integrated Impact Assessment policy and tool which will be applied for all Humber JCC commissioning decisions. It may also be used where agreed where two or more of the CCG's work together.

The final draft will be considered at the JCC on the 10 May 2019.



	Roles	30/4/18	21/5/18	11/6/18	19/7/18 (noted not quorate)	22/8/18	26/9/18	22/11/18	14/12/18 (noted not quorate)	8/2/18
<b>North East Lincolnshire</b>										
Helen Kenyon	COO (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dr Peter Melton	AO	✓		✓			✓	✓		
Laura Whitton	CFO	✓	✓	✓						
Steve Pintus	DPH		✓	✓		✓		✓		
<b>East Riding</b>										
Jane Hawcard	CO	✓			✓	✓	✓	✓	✓	✓
Alex Seale	DoC (to 10/18)	✓	✓	✓	✓	✓	✓			
Richard Dodson	CFO	✓						✓	✓	✓
Paula South	DN&Q	✓	✓	✓	✓	✓		✓		
Tracey Craggs	DoC (from 11/18)								✓	✓
<b>Hull</b>										
Erica Daley	DoC	✓			✓	✓		✓		✓
Karen Ellis	DDoC			✓			✓			
<b>Hull/North Lincs</b>										
Emma Latimer	CPDO		✓							
Emma Sayner	CFO	✓	✓			✓	✓			✓
<b>North Lincolnshire</b>										
Julie Warren	COO (to 09/18)		✓	✓						
Alex Seale	COO (from 11/18)								✓	✓
<b>In Support</b>										
Caroline Briggs	PD		✓	✓		✓	✓	✓	✓	
Linsay Cunningham	HCV C&E		✓							
Eddie McCabe	ADContracting									✓
John Mitchell	AD IT							✓		
Carrie Cranston	DPS							✓		

AO – Accountable Officer/CO – Chief Officer/ COO – Chief Operating Officer/CFO – Chief Financial Officer/ DPH – Director of Public Health/ DoC – Director of Commissioning/ DN&Q – Director of Nursing and Quality/ DDoC – Deputy Director of Commissioning/PD – Programme Director/ HCV C&E – Communications and Engagement/ AD – Assistant Director of Contracting/ADIT – Associate Director of IT/DPS – Digital Programme Support