Manchester City Council
Report for Resolution

Report to: Manchester Health and Wellbeing Board – 14 November

Subject: National Commissioning Board and the Role of the Greater Manchester Local Area Team

Report of: Warren Heppolette, Director of Policy & External Relations NHS Greater Manchester, and Designate GM LAT Director of Operations and Delivery

---

Summary: This paper provides an introduction to the role of the Greater Manchester Local Area Team (LAT) as part of the NHS Commissioning Board and describes the responsibilities of each of the Directors and their directorates within the LAT. It also provides an update about areas of work which are not transferring to the Local Area team but which remain strategic priority areas within health and social care.

Board Priority(s) Addressed: 1 – 8

Recommendations

The Board is asked to note the remit of the Local Area Team, and to discuss the ongoing membership and input of the Local Area Team as a key strategic partner to the Manchester HWB.

Contact Officers:

Name: Warren Heppolette
Position: Director of Policy & External Relations NHS Greater Manchester, and Designate GM LAT Director of Operations and Delivery
Telephone: 07917 551247
E-mail: warrenheppolette@nhs.net

Name: Naomi Duggan
Position: Director of Communications and Engagement, NHS Greater Manchester
Telephone: 0161 304 5387
Email: Naomi.Duggan@nhs.net

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- Developing the NHS Commissioning Board Gateway Ref number: 16222

1.0 Introduction

1.1 The designate Directors for the Greater Manchester Local Area Team (LAT) within the NHS National Commissioning Board have been now appointed, and the broad parameters for the work of each of the directorates have been determined nationally.

1.2 This paper will give an overview of the roles and responsibilities of the team within the context of the new commissioning architecture. It will also consider the implications for our relationship as a key strategic partner to the Manchester Health and Wellbeing Board, and provide the basis for a discussion about future working arrangements.

2.0 Background

2.1 Since May 2011 the ten Primary Care Trusts within Greater Manchester have been accountable to NHS Greater Manchester, also known as the Cluster.

2.2 NHS Greater Manchester has been responsible for ensuring that all the statutory duties of PCTs continue to be discharged, for oversight of the overall performance and quality and safety standards across Greater Manchester, and for helping Clinical Commissioning Groups to navigate through the official authorisation process which will enable them to operate as independent entities from April 2013.

2.3 As a result of the changes to commissioning outlined in the Health and Social Care Bill, Primary Care Trusts will be abolished by the end of March 2013, and the Cluster will also cease to operate.

2.4 Much but not all of the existing work of the Cluster will be picked up by the new Local Area teams which are part of the National Health Service Commissioning Board.

3.0 The role of the NHS Commissioning Board

3.1 The NHS Commissioning Board has been set up to undertake aspects of commissioning that cannot or should not be undertaken by the new Clinical Commissioning Groups. For example it would be inappropriate to give CCGs the authority to commission their own member practices to provide primary care services. It would also be unrealistic to expect CCGs to take responsibility for work that could only be efficiently and effectively provided at national or regional level.

3.2 Part of the role of the NHSCB is therefore to support, develop and hold to account an effective and comprehensive system of Clinical Commissioning Groups. The Board will also be responsible for delivering its own commissioning functions.

3.3 The Board will be a single national organisation with a single operating model. However many of its functions will need to be carried out at a more local level, and Regional Directors of the NHS NCB have worked with local government partners to co-design optimal geographies of local area teams within each region.

4.0 The role of Local Area Teams

4.1 Nationally there will be 27 local area teams split across 4 regions. Greater Manchester will have its own Local Area Team, the footprint of which is exactly the same as it has been for the Greater Manchester Cluster. This is by far the largest LAT in the North of England with a population of over 26 million, 12 CCGs and 10 Health and Wellbeing boards.

4.2 All local teams are taking on direct commissioning responsibilities for GP services, dental services, pharmacy and certain aspects of optical aspects of optical services. This means that the Greater Manchester LAT will continue to be a significant commissioner of services as well as being responsible for oversight of the performance of the system as a whole.

4.3 LATs will also share the same core functions around CCG development and assurance; emergency planning, resilience and response; quality and safety; partnerships; configuration and system oversight.

4.4 Ten local area teams are leading on specialised commissioning across England and a smaller number of LATs are carrying out the direct commissioning of other services such as military and prison health. The Cheshire, Warrington and Wirral LAT will lead on Specialised Commissioning for the North of England, Military Veterans health will be lead by the N.Yokshire & Humber LAT and Lancashire will lead on custodial healthcare commissioning.

5.0 Greater Manchester LAT Team

5.1 Within Greater Manchester there will be a relatively smooth transition between the old and the new commissioning arrangements as almost the entire executive team of NHS Greater Manchester have been successful in securing the designate roles of the Greater Manchester Local Area Team. Trish Bennett is the only new member of the team and she has been released early from the Mersey PCT Cluster to take on the Director of Nursing role within Greater Manchester.

5.2 Mike Burrows, CEO for NHS Greater Manchester, is the designate Managing Director for the Greater Manchester LAT. This will have five directorates as mandated by the Centre: Nursing led by Trish Bennett Executive Director of Nursing; Medical led by Raj Patel, Medical Director; Commissioning led by Rob Bellingham, Director of Commissioning; Operations and Delivery led by Warren Heppolette Director of Operations and Delivery; and Finance led by Claire Yarwood, Director of Finance.

5.3 From the 1st October there has been a “flip” to work ensure that Clusters work in a more aligned manner to the arrangements that will become substantive from the 1st April 2013.

5.4 This means that the designate LAT directors need to balance “old Co” responsibilities alongside the development of the “new Co” responsibilities. The levels of resource within the LAT are significantly less than those within the cluster which will necessitate completely new ways of working with our CCGS and the provider organisations they are responsible for. To do this well we need to establish

relationships of trust with our CCGS and we are currently establishing a compact to establish our new ways of working with them. We believe that the Greater Manchester model could establish a standard for how this relationship works across other parts of the country.

5.5 A brief description of the work of each directorate and key challenges is outlined below:

6.0 Nursing

6.1 The key functions of the Nursing Directorate are to provide clinical and professional leadership in conjunction with the Medical Director for all five domains of the NHS Outcomes Framework, taking a lead role for domains 4 and 5.

6.2 The team will support and enable Clinical Commissioning Group and all healthcare providers to deliver and commission high quality safe care and will provide strategic professional leadership to nurses and midwives within Greater Manchester. It will be critical to continue to develop strong partnerships and trustful relationships with all parts of the Greater Manchester system to ensure to drive quality improvements and maintain safety and at all times fostering a co-ordinate approach.

7.0 Medical

7.1 The Medical Directorate key functions will be to provide: joint clinical leadership with the Director of Nursing for the five domains of the NHS Outcomes framework; clinical input to the Commissioning Directors team for direct commissioning and CCG oversight and working with CCGs to improve the quality of Primary Care; the statutory Responsible Officer (RO) role for the 2,200+ GPs in Greater Manchester and address professional performance issues; and clinical leadership in developing, establishing and managing the Clinical Senate and Strategic Clinical Networks for Greater Manchester, Lancashire & S.Cumbria.

8.0 Commissioning

8.1 A mentioned earlier the LAT will be responsible for commissioning GP services, dental services, pharmacy and certain aspects of optical aspects of optical services.

8.2 The LAT will also be responsible for Public Health Commissioning for screening and immunisation. Structures for these teams have been released by Public Health England, and this team will be employed by PHE but will be seconded to the LAT.

8.3 We are facing significant risk in establishing the new Primary Care commissioning arrangements, with an estimated reduction from current staffing levels of circa 75%. This requires us to work with colleagues nationally to implement a new operating model and will mean that current processes of engagement with practitioners will need to be reworked.

8.4 The interface between the LAT and the CCGs with regard to quality improvement in primary care is a critical one and work is underway to define the processes to underpin this. A working group of CCG lead clinicians and Chief Operating Officers and the LAT has been set up to progress this piece of work. The definition and implementation of a new model for Primary Care is a central feature of the Healthier Together programme and we are committed to ensuring that the LAT plays a full and active role in this work.

9.0 Operations and Assurance

9.1 NHS Greater Manchester has made a great deal of progress over the last year in terms of performance improvement, with capability across all of the CCGs considerably enhanced.

9.2 However, we have recognised that the relationships and roles which were appropriate in the context of a PCT Cluster, with a single Integrated Plan responding to clear requirements of an NHS Operating Framework will change as the context shifts to authorized CCGS, a LAT with a clear assurance (perhaps as opposed to a performance management) function and a national NHS Mandate.

9.3 Going forward, each CCG will own its performance agenda, with the role of the LAT becoming one of assurance. Where there is consistent delivery we will be taking a “hands off” approach. Where performance issues arise we will recognise that both the LAT and the CCG are each elements of the commissioning function of the NHS and the expected role is to support and reinforce the actions of the CCG to support performance turnaround. We are working with our CCGs to co-design an appropriate system of consequences and of triggers if any escalation actions is necessary.

9.4 For Emergency Planning, Resilience and Response we will seek to hold the benefits of many elements of the current arrangements and the strong links made with local government through the Local Resilience Forum. Clearly a Gold Command function at the Greater Manchester Level cannot exist in isolation, and resilience and response will rest on reliable and persistent Silver and Bronze arrangements (perhaps better described as Strategic, Tactical and Operational). We will be working closely with our CCGs to ensure each of these strands work together and can be relied upon in times of pressure or crisis. This will involve the formal EPRR functions and responsibilities of the LAT working effectively with local economy arrangements, each connected through the resilience function of the CSU.

10.0 Finance

10.1 Delivery of the financial control total for each of the ten PCTS is a statutory responsibility, therefore whilst Chief Finance Officers have been appointed to CCGs they retain responsibility for the delivery of the PCT Financial Control totals for revenue capital and cash and the production of all the associated internal and external reporting as their first priority.

10.2 This is a significant challenge with the mixture of centralised GM and delegated CCG functions. In addition DH/NCB require many financial reports to be provided to assist in the preparation of the Financial regime for the future. These two areas of work must be prioritised alongside the development of financial systems and

procedures for the future, whilst recognising the overall development of the new architecture.

10.3 Financial planning and Quality Improvement Prevention and Performance (QIPP) will be the bedrock of the new commissioning architecture and additional resources may be required locally to ensure that these priorities are delivered. The Cluster Director of Finance and Locality Directors of Finance (CCG CFO designates) are working collaboratively to deliver this agenda.

10.4 The remaining posts within the LAT will now be recruited to on a rolling programme up until the end of December 2012.

11.0 Other Key Work Programmes

11.1 In addition to the services that are transferring to the Local Area Team as outlined above, there are a number of functions which are currently undertaken or overseen by the Cluster which will not be transferring to the LAT but that the HWB are likely to be interested in. Updates on these are provided below:

12.0 Transition of Public Health Services

12.1 Transition of Public Health Services to Local Authority is well underway. The current plan indicates that by the 1st December we will have a list of all individuals associated to core public health posts transitioning to Local Authorities.

12.2 However, this is dependent on knowing the destination of the some local health protection function in particular infection control. Discussions are underway within Public Health England as to whether this function will transition to PHE or Local Authority, and we expect an answer towards the end of November. This means we are managing the risk of destabilising the good work on infection control as staff seek opportunities elsewhere in the NHS.

12.3 Work is well underway to put in place the processes and protocols required in Local Authorities to ensure that the system transition is smooth and is fully operational on the 1st April 2013. The Commissioning Support Unit has been engaged to offer Public Health products for contract management, medicine management and business intelligence. Each Local Authority / DsPH will be engaging their respective CCGs in order to ascertain CCG requirements for Public Health input in these areas which should inform the decision the Local Authority makes to whether they will be ‘purchasing’ CSU products or develop local arrangements, possibly in conjunction with CCGs.

12.4 Planning will commence shortly to ‘test’ the future system interfaces early next year, where PH teams will ensure that future governance / reporting arrangements / interactions with CCGs, PHE, CSU operate as they should do.

13.0 Community Budgets Work

13.1 Work is continuing on developing a whole place perspective to the pace and scale of reform required across health and social care. This is being done in the context of a wider programme of public sector reform led by the Association of

Greater Manchester Authorities (AGMA) with all key public sector partners in GM. The focus is on the construction of local derived models of integrated care supported by new investment models and agreements to shift money around the system. In support of local models there continues to be an important GM context, recognised by the CCG Council, not least Healthier Together but also some commonality of access points to local services. Most important is the creation of a pan GM leadership commitment to the case for change and a future vision, and the LAT team are working to ensure the CCGs are collectively well placed to drive this forward.

14.0 Transferred Shared Funding Arrangements

14.1 We are exploring opportunities to maintain a limited number of key shared work programmes through the transition from PCTs to CCGs. This work primarily relates to service transformation, clinical networks (potentially both strategic and operational) and also a small amount of continuation funding for the community budget work with AGMA partners. We will update the Manchester HWB as things progress.

15.0 Healthier Together

15.1 Service transformation is of fundamental importance to the sustainability of NHS services within Greater Manchester and we will be continuing to progress this agenda collaboratively at Greater Manchester level.

15.2 We are currently developing a model of shared ownership between the CCGs and the Local Area Team as a co-commissioner.

15.3 The ongoing support and co-operation of our local authority partners and each H&WB remains vital to the success of the Healthier Together programme which is seeking to involve all partners, clinicians and the public in forming proposals for the Health and Social care services of the future.

15.4 Members of the HT team have already presented to the Manchester OSC and the Manchester HWB Board and we will be seeking to update you on a regular basis.

15.5 Any proposed options for new models of care will be subject to full public consultation. Anticipated timing of this is Spring 2013.

Conclusion

Local Government throughout Greater Manchester is a key partnership area for us and we welcome a discussion with the Manchester HWB about how members wish us to engage with them going forward to ensure that they have the necessary oversight and input into key strategic issues around the health and social care agenda.

Our intention is to divide responsibility for attending each of the ten Health and Wellbeing Boards amongst the LAT Director team to ensure that each Board gets the right level of strategic input and commitment. We welcome your comments and views.