1 Introduction

This paper outlines: the key requirements as set out in the Commissioning Framework; the proposed solution for a revised structure and indicates the timescales for the immediate actions.

2 Key Requirements

The Carter Review contained over 30 recommendations relating to the arrangements for commissioning specialised services. These recommendations were broadly accepted by Ministers and the key commissioning requirements for specialised services are set out in some detail in Appendix B of the Commissioning Framework (see attached). More detailed guidance on these requirements is due to be issued later, possibly in the Autumn of 2006.

3 Local Proposals

When considering the right solution for the Yorkshire and Humber area it is important to take into account the following factors:-

- The need for active participation of the PCT Chief Executives whilst making best use of individual's time.
- The need for local specialist knowledge about the local tertiary service provider.
- The need for local specialist knowledge of, and integration with, local clinical networks and patient care pathways.
- The need for the continuing involvement of the local acute services provider Chief Executives.
- The need to engage with neighbouring PCTs particularly where there are significant patient flows to the local tertiary provider and there is active participation in local clinical networks e.g. Bassetlaw and Derbyshire County PCTs.
- The need to find ways of minimising overheads for example by linking in with arrangements which support other PCT collaborative processes.
Taking all the above factors into account the proposed solution for the Yorkshire and Humber area is as follows:-

- To create a new Yorkshire and the Humber SCG.

- The SCG will be a joint sub-committee of the constituent PCT Boards with an Establishment Agreement which gives delegated authority to the SCG including the power of the SCG to make binding decisions.

- The work of the SCG will be delivered through two local groups – one in the south i.e. covering the PCTs currently making up the NORCOM constituency and one in the North i.e. the new West and North East Yorkshire Networks and Commissioning Agency.

- The Establishment Agreement will be supplemented by a detailed Scheme of Delegation which clearly identifies the decisions to be taken by the SCG and decisions to be taken by the local groups.

- All PCTs will be formal members of the SCG and will have the right to attend at any time. The core membership of the SCG will include the chair and vice chair of the two local groups.

- The SCG arrangements will be hosted by one of the PCTs and there will be a clear agreement between the specialist team and the host PCT describing the services to be delivered.

  Barnsley PCT has volunteered to host the SCG arrangements. The Chief Executive of Barnsley PCT will be the chair of the SCG.

- The two local groups will be hosted by two local PCTs with clear agreement between the specialist team and the host PCT describing the services to be delivered.

  Barnsley PCT will continue to host NORCOM.

  The Chief Executive of Kirklees PCT will chair the new West Yorkshire and North East Yorkshire Networks and Commissioning Agency.

- The chair of the SCG will be the designated lead representative on the National Specialised Services Commissioning Group. The SCG will identify a named deputy.

  The Scheme of Delegation will cover:-

- The scope of services for local decision making and services where decision making powers are reserved to the SCG.
The range of functions to be delegated e.g. service planning, procurement.

Resource limits, when making decisions to commit resources.

Reporting arrangements between the two tiers of groups in respect of performance.

4 Next Steps and Timescales

Work has been undertaken to produce a national template for the SCG Establishment Agreement and the national template has been used as the basis for developing the local Establishment Agreement. (See attached).

The aim is to establish the new SCG by January 2007. For this to happen, the Establishment Agreement will need to go to the December/January PCT Board cycles.

Urgent action is also required to:-

- Agree the arrangements between Yorkshire and the Humber SCG and East Midlands SCG for Bassetlaw and Derbyshire County PCTs.
- Identify the total costs of the new SCG arrangements and the other activities required by the Commissioning Guidance e.g. pooled budgets.

Further proposals relating to a Scheme of Delegation, an Inter PCT agreement, and a Host PCT agreement will be presented to PCT Boards in February/March 2007.

5 “Names”

The name for the new SCG is:

“Collaborative Agencies for the Yorkshire and Humber PCTs” (CAYAH).

The “local” arrangements will become:-

“CAYAH (North)” and “CAYAH (South)".
Appendix B

Commissioning arrangements for specialised services

B.1 This appendix describes the approach to co-ordinating the commissioning of specialised services developed from the Carter Review. It will help to strengthen the commissioning and provision of these services, leading to more consistent and improved access for patients who require them.

B.2 A National Specialised Services Commissioning Group (NSSCG) will be established to co-ordinate specialised services commissioning and make national decisions, where appropriate, across all Specialised Commissioning Groups (SCGs).

B.3 The National Specialist Commissioning Advisory Group (NSCAG) will continue to commission services for extremely rare conditions or very unusual treatments nationally and to advise Ministers on national provider designation status, but it will move from the DH to the NHS and be constituted as a subgroup of the NSSCG. It will be hosted by a Strategic Health Authority (SHA) on behalf of all SHAs.

B.4 High-security mental health services will be covered by national commissioning arrangements. Further guidance will be issued in due course.

B.5 Performance management of the NSSCG and the NSCAG will be undertaken by one SHA acting on behalf of all SHAs.

B.6 Each SHA will be responsible for ensuring that appropriate and effective collaborative commissioning arrangements for specialised services are in place for the PCTs in their area and will performance-manage such arrangements. In particular:

> Each SHA area will have an SCG responsible for the commissioning arrangements for all specialised services, including medium/low-security mental health services and screening services. Further guidance on the latter will be issued.

> All PCTs are required to be a member of the SCG, and SCG decisions are binding on PCT members.

> SCGs will be supported by dedicated teams of commissioners with sufficient capacity and expertise to support the designation programme, develop contracts and ensure compliance.

> SCGs will be funded from a budget pooled from PCT allocations to cover – the cost of specialised services commissioned on behalf of its PCTs; and – the SCG commissioning team costs.

> SCGs will formally designate specific providers to provide specified specialised services; designation will be based on an agreed set of criteria (eg patient-centred, clinical, service, quality, financial) and will be reassessed every five years.

> SCGs will facilitate the delivery of integrated care by working closely with service/clinical networks to achieve commissioning and investment plans that support integrated care and
will act as the co-ordinator where the service in question has a planning population covering several networks; PCTs will act as the focal point in ensuring a good fit between the priorities and commissioning plans of practices and those of the SCG so as to maintain and strengthen integrated care pathways.

> SCGs will support the establishment of national/regional clinical databases and regular audit of specialised services to enable commissioners and providers to monitor clinical outcomes and performance against standards and compare performance between providers and over time.

> SCGs will have a Patient and Public Involvement (PPI) strategy and ensure patient representation on relevant committees to strengthen patient and public input to the SCG designation process, to the SCG annual prioritisation process and to the SCG annual commissioning plans. (Further guidance will be issued on PPI and Overview and Scrutiny Committees with regard to specialised services.)

> SCGs will publicise details of their commissioning arrangements, including contact details for the lead commissioner for each specialised service.

B.7 We will discuss with Monitor how SCG views might be taken into account in relation to:

> the proposed mandatory services that are specialised services in the application processes for NHS Foundation Trusts; and

> where an NHS Foundation Trust seeks to cease providing a mandatory service which is a specialised service and could damage patient access to key services.