Healthier Lancashire & South Cumbria

Lancashire and South Cumbria Joint Committee of CCGs

7th September 2017 1pm – 3pm

Venue: Chorley Town Hall, Market Street, Chorley, PR7 1DP

Agenda

Timings	Item Number	Item	Owner	Action	Format
Standing Items					
5 mins	17901	Welcome and Introductions	Phil Watson	Information	Verbal
	17902	Apologies	Phil Watson	Information	Verbal
	17903	Declarations of Interest	Phil Watson	Information	Verbal
5 mins	17904	Minutes from the last meeting held on 6th July 2017	Phil Watson	Information	Paper
	17905	Action Matrix Review	Phil Watson	Information	Paper
5 mins	17906	Any other business declared	Phil Watson	Information	Verbal
For Discussion/Recommendations					
40 mins	17907	Programme Overview	Carl Ashworth	Information	Paper
25 mins	17908	Urgent Care Presentation	David Bonson	Information	Presentation
25 mins	17909	Mental Health Presentation	Debbie Nixon	Information	Presentation
	17910	Any Other Business	Phil Watson		Verbal
Formal meeting closed – continue with Questions from the Public					
15 mins			All	Discussion	Verbal
For information only					
		The next JCCCG Meeting will be held 2nd October 2017 at Morecambe Bay CCG	Phil Watson	Information	Information

Apologies should be sent to Jacquie Allan, jacquie.allan1@nhs.net or 01253 951 630

Details of Venue – Directions and parking attached

Chorley Town Hall
Market Street
Chorley
PR7 1DP

DIRECTIONS

https://www.bing.com/maps?&ty=18&q=Chorley%20Town%20Hall&ss=ypid.YN1029x4412017960548822792&ppois=53.6539077758789_-2.63330101966858_Chorley%20Town%20Hall_YN1029x4412017960548822792~&cp=53.653908~-2.633301&v=2&sV=1

PARKING

https://en.parkopedia.co.uk/parking/building/chorley-town-hall-chorley/?arriving=201707310930&leaving=201707311130

The above link gives you the location, parking restrictions, walking directions to the venue and cost. Below are the five nearest car parks that have a maximum stay time of 4 hours or more.

Street	Post Code	Max Stay
St Marys, on Peter Street	PR7 2BW	4 hours
Farrington Street	PR7 1DY	24 hours
Queens Road	PR7 1JX	24 hours
Water Street	PR7 1EP	4 hours
Euro Car Parks	PR7 1EP	24 hours

The main car park to avoid is the Flat Iron Car park opposite the council buildings as this has a maximum 2 hour stay due to construction work.

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

Minutes of the Joint Committee of the Clinical Commissioning Groups
held on Thursday 6th July 2017, 1pm – 3pm
at the Banqueting Suite, South Ribble Borough Council, West Paddock. Leyland, Lancashire, PR25 1DH

Chair	Phil Watson (PW)	Independent Chair	JCCCGs	Attended
Voting Members	Alex Gaw	Chair	Lancashire North CCG	Apologies
	Andrew Bennett	Chief Officer	Lancashire North CCG	Attended
	Chris Clayton	Chief Clinical Officer	Blackburn with Darwen CCG	Attended
	Debbie Corcoran	Lay Member	Greater Preston CCG	Attended
	Sumantra Mukerji	Chair	Chorley & South Ribble CCG	Apologies
	Doug Soper	Lay Member	West Lancashire CCG	Apologies
	Marie Williams	GP Member	Blackpool CCG	Apologies
	Geoffrey O'Donoghue	Lay Member	Chorley South Ribble CCG	Attended
	Gora Bangi	Chair	Chorley South Ribble CCG	Attended
	Graham Burgess	Chair	Blackburn with Darwen CCG	Attended
	Mark Youlton	Chief Officer	East Lancashire CCG	Apologies
	Mary Dowling	Chair	Fylde and Wyre CCG	Attended
	Paul Kingan	Chief Finance Officer	West Lancashire CCG	Attended
	Phil Huxley	Chair	East Lancs CCG	Attended
	Roy Fisher	Chair	Blackpool CCG	Attended
	Adam Janjua	Clinical Lead Vice Chair	Fylde and Wyre CCG	Attended
Non-Voting Members	Allan Oldfield	Chief Executive Officer	Fylde Council	Attended
	Amanda Doyle	Accountable Officer	Healthier Lancs & South Cumbria	Apologies
	Andrew Bibby	Director for Specialised Services	NHS England	Attended
	Andy Curran	Medical Director	Healthier Lancs & South Cumbria	Attended
	Carl Ashworth	Service Director	Healthier Lancs & South Cumbria	Attended
	Dean Langton	Chief Executive Officer	Pendle Council	Apologies
	Gary Hall	Chief Executive Officer	Chorley Council	Attended
	Gary Raphael	Finance Director	Healthier Lancs & South Cumbria	Attended
	Harry Catherall	Chief Executive Officer	Blackburn Council	Attended
	Jane Higgs	Director of Operations	NHS England	Attended
	Dave Tilleray	Deputy Chief Executive	West Lancs Borough Council	Attended
	Lawrence Conway	Chief Executive	South Lakeland District Council	Apologies
	Karen Smith	Chief Executive Officer	Blackpool Council	Attended
	Sir Bill Taylor	Chair	Healthwatch	Attended
	Diane Wood	Chief Executive	Cumbria County Council	Apologies
	Sakthi Karunanithi	Deputy	Lancashire CC	Attended
In attendance	Jacquie Allan	Exec Support Officer	Healthier Lancs & South Cumbria	Attended
	Neil Greaves	Comms & Engagement	Healthier Lancs & South Cumbria	Attended
	Malcolm Ridgeway	Primary Care	NHS England	Attended
	Jackie Forshaw	Primary Care	NHS England	Attended
	Mark Spencer	Primary Care	NHS England	Attended

Healthier Lancashire & South Cumbria

Joint Committee of the Clinical Commissioning Groups (JCCCGs)

		ACTION
17-07-1	**Welcome and Introductions** The Chair welcomed the members of the Committee to the formal meeting. He explained the status of the meeting and that the Committee had invited members of the public to observe what happens at these important decision making meetings. He clarified that this was a meeting held in public but not a public meeting, although the members of the public would be allowed to ask questions relating to agenda items at the end of the meeting. He explained to the Public that Lancashire Television would be filming the meeting. He had approved this to demonstrate our commitment openness and transparency in the JCCCGs when making decisions.	**Info**
17-07-2	**Apologies and Quoracy** Apologies were acknowledged and the meeting was declared quorate. ***RESOLVED: The Chair noted the apologies and declared the meeting quorate***	**Info**
17-07-3	**Declarations of Interest** The Chair requested that the members declare any interests relating to items on the agenda. The Chair reminded those present that if, during the course of the discussion, a conflict of interest subsequently became apparent, it should be declared at that point. ***RESOLVED: It was agreed that the "A vision from Primary Care Transformation" could contain items that could result in the GPs on the JCCCGs being conflicted.***	**Info**
17-07-4	**Minutes from the previous meeting held on the 2nd March 2017** The minutes of the meetings were reviewed, and amendments made. A discussion followed on the accuracy of the Terms of Reference (ToR), highlighted in point 17-03-04. Work still needs to be completed to ensure all relevant conversations and actions from separate meetings between Capsticks and the CCGs were incorporated into the ToR. It was agreed that in line with the new governance proposals the ToR would be revisited, and a sub group would agree the ToR and recirculate. With this action the members of the JCCCG were happy to proceed. The Chair asked that with the agreed changes and acknowledgement of the need to review the ToR, the Committee would accept the minutes of the meeting. ***RESOLVED: The minutes of the meetings were accepted subject to the relevant changes being made to the 2nd March meeting.***	**Info**
17-07-05	**Action Matrix Review** The Action Matrix from the previous meeting was reviewed. 17-01-09 Evaluation and Hurdle Criteria: Prior to purdah this was discussed at the Programme Board meeting and more work is required for the exercise to be completed.	**Info**

	This will be presented at the September JCCCG. 17-03-07 Integrated Diagnostic paper: This has been deferred to October 2017. 17-03-09: West Lancashire LDP Presentation: This has been uploaded to the HLSC Website. 17-03-09: Accountable Care Systems: A description was forwarded as requested to members of the JCCCG with the agenda for the meeting. ***RESOLVED: The action matrix was reviewed and updated.***	
17-07-06	**Any Other Business Declared:** The Chair asked the members of the Committee if they had any other business they wished to declare for discussion at the end of the meeting. At this point Sir Bill Taylor reminded the Committee that it would be more helpful for the public if the Committee could refrain from using acronyms. This was agreed. The Chair added to the public that there would be time once the formal meeting had been closed for the audience to ask questions.	**Info**
17-07-07	**A Vision of Primary Care Transformation** Dr Malcolm Ridgway presented a slide deck on the vision for Primary Care. Key messages were: • A standardised primary care offer delivered in community settings where it is safe and cost effective do so, provided by integrated teams serving a population of between 30,000 to 50,000, 8am until 8pm, 7 days per week • The hypothesis is that it is expected that the amount spent on secondary care by CCGs will remain relatively static over the next four years. CCG growth funding will be channelled into primary care to manage increased demand and there will also be a necessity to invest in prevention, self-care and community resilience • Primary Care Networks (PCNs) are the simple first steps for GPs; these are collaborations between primary care providers developing a multidisciplinary team approach. These can become business units of MCPs or other Accountable Care Systems. There are already models across the HLSC footprint in varied stages of development and maturity • The NHSE Primary Care Transformation team is working with the LDPs and CCGs, utilising their local expertise. There will be funding available to co-produce plans around the practices and other providers integrating and working at scale to manage more people in the community. • A project completed in the Pennine Lancashire area has shown that a third of admissions and emergency attendances could have been managed in the community There is a need for whole systems change, including Extensivist GPs working with specialist teams managing people in their own homes and Accountable Care Systems.	**Info**

	Dr Mark Spencer commented that the final slide in the deck was most important referring to prevention and healthier communities. We need to focus on wellness rather than illness. Questions and answers followed: It was felt that training for GPs and the workforce was an important issue and should have been emphasised in the presentation. The way the workforce will have to operate going forward will be very different from what they are doing presently. There will be a need to work in an integrated way. The need to continue with GP trainers was considered central, to ensure the correct skill mix across the Lancashire and South Cumbria footprint. The importance of finance and the flow of funding were also discussed. Quality was stressed as the most important aspect, but efficiency, cost savings and continuity of services were also substantial issues. As there are decreasing numbers of GPs, there is a need to make changes to the model of care to mitigate this impact. Some of the current changes currently taking place within practices was likened to 'sticking plasters', when a whole service redesign is required to make then sustainable. The Primary Care team is now engaging with fellow professionals and stakeholders to propose the next steps. Sir Bill Taylor made the point that through Healthwatch any engagement events should be made available and put into the public domain Mr Neil Greaves confirmed that any events are also published on the Healthier Lancashire and South Cumbria website. ***RESOLVED: The JCCCG agreed the proposals in principle***	
17-07-08	**Governance of the STP – Issues for the JCCCGs** Mr Gary Raphael presented a paper explaining the rationale for changes to the Sustainability and Transformation Partnership (STP) governance structure, especially with respect to the relationship between a proposed STP Board and the Joint Committee of CCGs (JCCCGs). He explained that the structure had already been taken to several different forums and discussed in detail with Chief Executives and Chief Officers. The composition of the STP Board had been directed by NHSE and NHSI and for Lancashire and South Cumbria this had been interpreted as follows: • An executive lead from each of the LDPs/ACS • Up to five non-executive/lay members drawn from CCGs and FTs/NHS Trust • A councillor representative from each of the four upper tier local authorities • The STP lead and other, interim, STP executives • A primary care provider representative • Other officers and/or observers in attendance, as required	**Info**

The final governance structure will need to be considered by NHSE and NHSI, for them to accept and endorse the recommendations.

It was proposed that following today's discussion the governance structure will be refined and forwarded to all Chief Executives and Accountable Officers of Trusts, CCGs and Local Authorities so that they are able to provide formal feedback on the plans.

The Committee was asked to: note the content of the paper; endorse the proposals if possible; and note that formal proposals were to be made to boards and governing bodies within the next month to enable them to support the new governance arrangements.

Discussions followed with sections being highlighted from the report.

Point	Comment
10	Mandate – is this the correct wording STP cannot make decisions – this is not in relation to the STP it is in relation to the totalities of what the STP may tale on
5	Is a presumption?
14	Is there not the same conflict for providers?
Appendix 1	It was felt that the diagram was traditional and further work needed to be finalised. Greater clarity was required on the accountability and nature of relationships

In response to point 10, GR explained that there will be an element of mandate in the STP Board's work as both NHSE and NHSI will continue to hold organisations to account even as they align their functions with the STP and NHSE/I senior managers are likely to be on the Board in officer roles.

GR thought that he had made a factual point in paragraph 5. In the current governance arrangements the JCCCGs is the focal point of decision making but in the proposed new governance structure the STP Board brings together commissioner and provider perspectives and will be expected to lead strategy development and implementation.

GR explained the reason for identifying a constraint in the membership of the STP Board's non-executive membership: if the JCCCGs was to receive a 'referral' from the STP Board for a commissioning decision, it would surely be better not to have the same lay members reviewing the STPs Board's recommendations if they were on both bodies? GR did not think that any other STP Board or JCCCGs members could be in that position.

GR confirmed to the Committee that he would welcome any discussion outside of the meeting in order to refine the proposals and asked that any further comments be sent to him for response.

A final comment was that the STP Board should not be established as 'just another meeting' on top of everything else currently being done. It was suggested that greater efforts needed to be made to rationalise the number of meetings and forums across Lancashire and South Cumbria to enable us to make the new arrangements work better

	for us all. These sentiments were endorsed by all at the JCCCGs. The Committee thanked GR for the paper, acknowledging that it was a welcome explanation of the plans for the new STP Board. The Committee felt that the plans could be refined and looked forward to some further discussions over the summer period alongside CCG governing bodies and provider boards being asked to support refined proposals. ***ACTION: The paper was noted.***	
17-07-09	**Development of proposals for delegated decision making in the Joint Committee of CCGs** Mr Andrew Bennett presented an update to the members on the development of proposals for delegated decision making from CCG Governing Bodies. The paper confirmed that CCG Accountable Officers are sponsoring the development of a common paper for each CCG's Governing Body which will set out proposed areas for delegated decision making to the Joint Committee. It is essential that the delegations requested were specific enough to enable CCG Governing Bodies to understand the scope and impact of decision making both on the STP as a whole as well as local health and care systems. The workstream leads had been asked to identify the delegated decisions and work is continuing to complete the drafting of this paper during July 2017. It is expected that a final version of the delegations paper will be available for consideration by CCG Governing Bodies during August and September. The papers were well received and the members were appreciative of a document to take back through their respective CCGs for comment. There were a few comments on the amount of time that was being taken to establish the committee. Mr Paul Kingan pointed out that although it sometimes felt that little progress had been made in fact the STP had already undertaken a lot of work and what we are trying to do through the decision making arrangement was to formally agree a process. ***ACTION: Note the current development of proposals for delegated decision making to the Joint Committee of CCGs***	
17-07-10	**Any other business** There was no other business raised at this point**.**	

	The next JCCCG Meeting will be held on the 7th September 2017 at Chorley Town Hall, Market Street, Chorley, Lancashire.	
	The Chair thanked the Committee members for their attendance and noted that he was delighted at the interest shown from the General Public and closed the meeting prior to taking questions from the gallery.	

Topics discussed through the Public Questions:

Access to papers prior to the meeting – it was confirmed that these should and will be posted on the website
The New STP Board
Self-Diagnosis
Public Health Education and new technology
Use of ANPs
Capturing success

Healthier Lancashire & South Cumbria

Healthier Lancashire and South Cumbria Joint Committee of the Clinical Commissioning Groups Meeting Action Matrix

Ref	Subject	Owner	Update	Status	Date to Board If Applicable	Complete
17-01-09	Evaluation and Hurdle Criteria Criteria to be complied and assessed then reviewed at March 2017 JCCCG.	GR/AC	Planned to be on the September 2017 agenda		Sep-17	
17-03-07	Integrated Diagnostics paper update to be presented to JCCCG in August 2017	DH	Deferred to October 2017		Oct-17	
17-03-09	West Lancashire LDP Presentation	PK	Circulate the web link for the video		May-01	
17-03-09	Accountable Care Systems	AB	To circulate the draft description discussed		May-01	
17-03-05	Terms of Reference	CA	It was agreed that in line with the new governance proposals the ToR would be revisited, and a sub group would agree the ToR and recirculate		Oct-17	

LANCASHIRE & SOUTH CUMBRIA STP

STP OUTLINE WORK PROGRAMME 2017/18

Introduction

The *Five Year Forward View – the Next Steps* (March 2017) proposed the establishment of Sustainability & Transformation Partnerships (STPs) as a way of bringing together GPs, hospitals, mental health services and social care to keep people healthier for longer and to integrate services around the patients who need it most. The STP is a forum in which health leaders can plan services that are safer and more effective by linking together primary, secondary and tertiary health and social care so that staff and expertise are shared between them.

STPs are not new statutory bodies - they supplement rather than replace the accountabilities of individual organisations, especially in relation to effective collaborative working – but need a basic governance and implementation 'support chassis' to enable effective partnership working. Therefore all NHS organisations are required to be a member of an STP, and each STP must form a Board drawn from its constituent organisations – membership will include appropriate non-executive participation, partners from general practice, and from local government. CCGs within the STP footprint should also establish a joint committee of CCGs to enable collective decision making on commissioning issues.

Lancashire & South Cumbria (building on early implementation in the Blackpool & Fylde Coast) has been identified as an early adopter of the STP role, and governance arrangements already in place under the Healthier Lancashire programme have allowed the L&SC to make swift progress in establishing an appropriate structure within which the wider work of the partnership can progress.

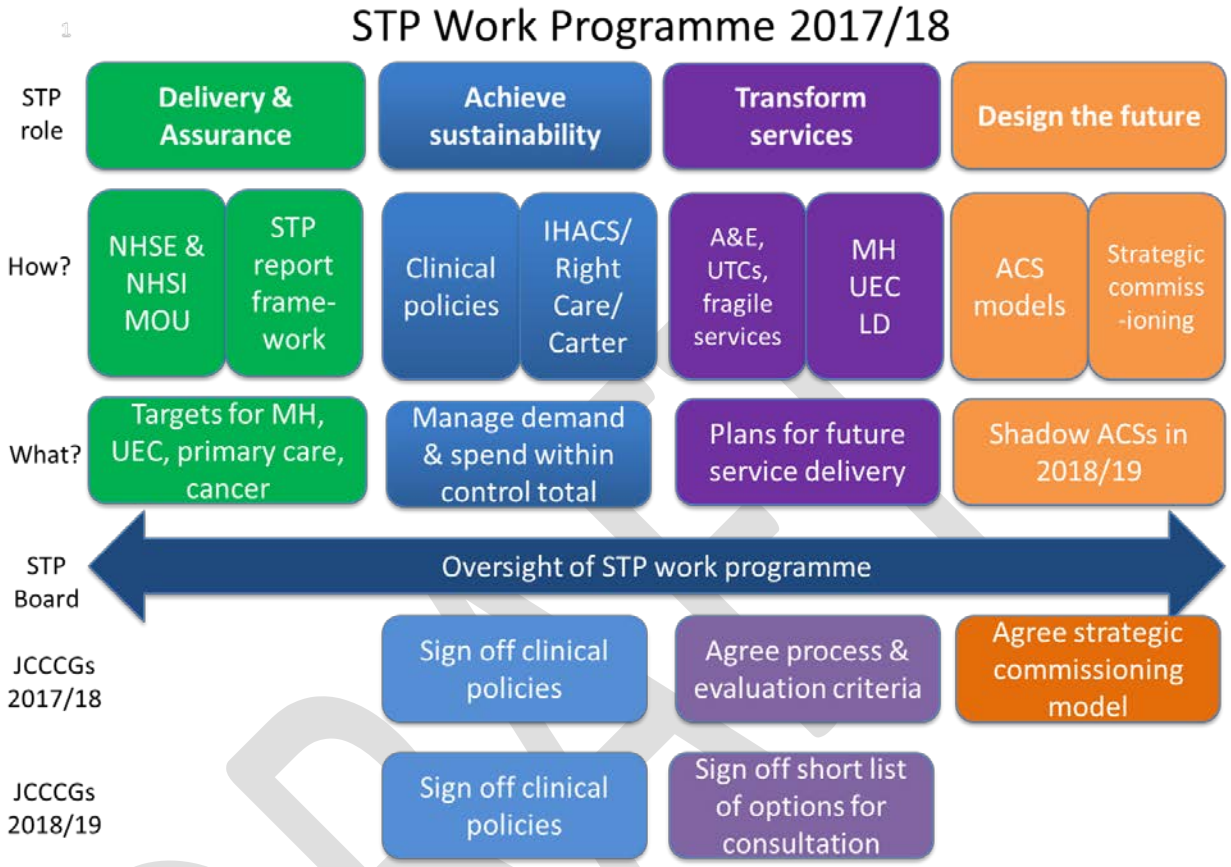
With the establishment of the L&SC STP Board in September/October, there is a requirement to set out the outline STP work programme for the remainder of the financial year and to identify the relative roles of various bodies – especially the STP board and the JCCCGs - in managing that programme. It is hoped that this will answer previous requests from Joint Committee members for detail on the scope of the programme.

Defining the STP Work Programme

From national guidance, it is clear that STPs are expected to make progress simultaneously across a number of fronts:

- Establishing STP governance arrangements
- Delivery and assurance of system performance against NHS Constitution targets
- Achievement of system sustainability
- Transformed services that manage future demand in a different way
- Designing future commissioning/provider arrangements through ACS and strategic commissioning development

The tables in the Appendix to this paper consider each of the above functions in more detail, describing the required deliverables for each role; the actions being taken to achieve these; timescales; and the relative roles of the STB Board and JCCCGs in managing the outputs. These are summarised in the following diagram.



Commissioning leaders from each CCG and NHSE have recently agreed that a strategy for Commissioning Development needs to be developed and agreed during the autumn of 2017. This will encompass:

- Collective commissioning – how commissioners will take decisions together to address common priorities across the STP
- Local Delivery Partnerships – how commissioners will support the development of accountable care arrangements in the 5 local health and care communities.
- Integrated commissioning – how CCGs will work with other key partners including Local Government, NHS England and Midlands and Lancashire CSU to align priorities and resources

Each of the above elements will impact on the outline STP work programme as described in this document.

Recommendations

The JCCCGs is asked to note the outline STP work programme for 2017/18 – and the proposed arrangements for managing the outputs – as described within this document.

APPENDIX – PROPOSED 2017/18 LANCASHIRE & SOUTH CUMBRIA STP WORK PROGRAMME

STP Role	1. Establish STP Governance arrangements
Deliverables	Governance arrangements that allow STP leaders and organisations in the partnership to undertake their role of: • Delivery & assurance of L&SC system performance against nationally defined priority NHS Constitution targets • Achievement of system sustainability and delivery and • Transformation of future service provision • Designing the future commissioning/provider system
How will we deliver?	An STP governance paper is currently being considered by CCG Governing Bodies and Trust Boards, seeking agreement to the proposed revised governance structure, including: • Establishment of shadow STP Board, with an initial workshop in September/October • Establishment of clear relationship between the STP Board, LDPs and JCCCGs • Reconvene current Healthier Lancashire Programme Board as the STP Partnership Board • Review and revision of terms of reference of all groups in the governance structure • Agree formal business processes across work-streams and the groups within the structure (e.g. Collaborative Commissioning Group, Care Professionals Board, Provider Board, Programme Management Group) • Ensure appropriate arrangements in place to identify and manage conflicts of interest
Timescales	• Shadow STB Board monthly meetings from September/October • Full implementation of revised governance structure by October • Review in March 2018 in advance of formal appointment of STP executives
Role of STP Board	STP Board will oversee further development and implementation of revised governance arrangements
Role of Joint Committee of CCGs	The Joint Committee will confirm its role within the governance of the STP

STP Role	2. Delivery & Assurance
Deliverables	L&SC STP to be single point of accountability for performance of the system, measured initially through delivery of national NHS Constitution targets set for 4 priority clinical areas: • Urgent & emergency care • Primary care • Mental health • Cancer
How will we deliver?	• A memorandum of understanding (MOU) has been agreed nationally between NHS England/NHS Improvement and the Blackpool & Fylde Coast LDP/ACS – this defines the expectations placed upon the shadow ACS and the freedoms they will be given in return • A further MOU is to be agreed between NHSE/NHSI in the North with the whole of the L&SC STP, pending the development of ACS models within other LDPs – this not only describes expectations of the STP but also provides more detail of the way in which NHSE and NHSI will align their roles and resources to support the STP in the delivery of its role. This will focus in particular on delivery and assurance functions • Working with NHSE, NHSI, CCGs, providers and the CSU to develop an STP reporting framework that supports the STP oversight of performance in each LDP and each constituent organisation • Partners will also streamline the regulation, reporting and assurance process within and across LDPs and constituent organisations
Timescales	• NHSE/NHSI/STP MOU to be agreed in advance of initial shadow STP Board workshop in September/October • STP reporting framework to be in place from October • Streamlined reporting assurance processes within and across LDPs to be in place by November
Role of STP Board	• Oversight of the agreement and implementation of the NHSE/NHSE/STP MOU • Oversight of STP performance through reporting framework • Holding LDPs to account for delivery of agreed priorities
Role of Joint Committee of CCGs	

STP Role	3. Achieve system sustainability
Deliverables	Manage demand on healthcare and improving quality and outcomes within agreed system control totals through effective identification and collective implementation of opportunities for improved efficiencies and innovation
How will we deliver?	• Development and agreement of a suite of clinical commissioning policies (including those covering interventions of limited clinical value), implemented consistently across LDPs, supported by effective clinical engagement across primary and secondary clinicians • Development and agreement of a suite of clinical prescribing policies (covering prescription of items of limited clinical value, use of biosimilars, use of generic drugs etc), implemented consistently across LDPs, supported by effective clinical engagement across primary and secondary care clinicians • Establishment of Improving Health and Care at Scale (IHACS) function, working across PH, Innovation Agency, CSU and Right Care/Getting it Right First Time programmes, to offer population risk stratification to enhance clinical decision making; focussed improvement programmes to reduce unwarranted variation in outcomes and spend; and adoption & spread of innovations • Collective agreement across providers on operational productivity improvements and reducing unwarranted provider expenditure, including consolidation of corporate services, networking of pathology and other clinical support services, and concerted action to drive better value from NHS procurement • Collective agreement across CCGs on delivery of QIPP efficiencies
Timescales	• Phasing of suite of clinical policies already agreed via CCB for 2017/18 • Phasing of suite of prescribing policies to be agreed by CCB (timing TBC) • IHACS function to be established in September • Provider Carter efficiency programme to be agreed by provider board (timing TBC) • CCG collective QIPP programme to be agreed by CCB (timing TBC)
Role of STP Board	Oversight of development and implementation of policy development programme; IHACS function; and delivery of collective efficiency and quality improvement programmes
Role of Joint Committee of CCGs	Collective sign off of clinical and prescribing policies

STP Role	4. Transform services
Deliverables	Robust plans for system wide change in how services are delivered, to enable the reduction of anticipated gaps in health & well-being; care and quality; and finance & efficiency, including: • Supporting population health management within integrated community services to allow future anticipated increases in demand on hospital care to be managed in different way • Ensuring that people have access to the very best hospital care
How will we deliver?	• Policy work-streams – with supporting enabling digital, HR, OD, finance and estates programmes – will focus collective work across partners on: o Acute & Specialised Services o Urgent & Emergency Care o Prevention o Regulated Care o Primary Care o Mental Health o Children's & Young People's MH & well being o Learning Disabilities • Several work-streams (MH, UEC, LD, primary care) have nationally defined service models that require implementation – we will work with providers to do this • Some work-streams (prevention, primary care, MH) will work alongside LDPs as they develop ACS models to ensure a fully integrated approach • All work-streams to be subject to gateway review to test alignment with STP aims and objectives and assess intended impact on closing triple gap • Within the Acute & Specialised work-stream, there are priority areas for action during 2017/18 due to significant demand on services: o A&E and associated urgent care services – work will be undertaken during 2017/18 to develop options for future delivery of such services o Clinically fragile services, where availability of workforce is limited – providers will work together to agree how best to deliver these services in future o Stroke services – options for acute and hyper acute service delivery
Timescales	TBC
Role of STP Board	Oversight of programme delivery against milestones; delivery of STP aims and objectives; and intended impact against triple gap
Role of Joint Committee of CCGs	Agree process and hurdle/evaluation criteria for decision making this year, in advance of receipt of options next year

STP Role	5. Designing the future L&SC commissioning & provider system
Deliverables	• Design and delivery of Accountable Care System model within each LDP – with clear definition of current commissioner and provider functions to be undertaken by each ACS • Each ACS to be ready to run in shadow form during 2018/19 • Development of integrated health and care strategic commissioning function across L&SC footprint
How will we deliver?	Across the L&SC footprint, work across partners to identify those strategic commissioning functions that will be required to 'commission' ACSs and those services that would benefit from being commissioned across the whole patch For each LDP/ACS, work with NHSE & NHSI (nationally and locally) and CCG, provider & LA partners on: • Creating an effective collective decision making and governance structure, including clear definition of current commissioning functions that will in future be undertaken by the ACS • Developing as a vertically integrated health and care system • Spreading existing vanguard care models across the whole ACS area and adopting population health care models • Deploying rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self-management for long term conditions, manage avoidable demand, and reduce unwarranted variation • Realising the benefits of horizontal integration, including clinically networked service delivery • Reforming and integrating the payment system to move beyond activity-based reimbursement All of these proposals to be included within an overall STP commissioning development strategy to be agreed during Autumn 2017
Timescales	• All ACSs to be ready to move to shadow form during 2018/19 • Model for integrated strategic commissioning function to be agreed by March 2018
Role of STP Board	Oversight of development of ACS model in each LDP Oversight of development of model for strategic commissioning
Role of Joint Committee of CCGs	Collective agreement of strategic commissioning model and implementation plan