NCL Joint Commissioning Committee
Thursday, 3 January 2019

Report Title	Adult Elective Orthopaedic Services Review Governance and Process for Stage Two of the Review	**Date of Report** 3 January 2019	**Agenda Item** 2.1

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GB Member Sponsor	Not applicable.		
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Report Summary	**Background** This report follows on from a report that came to the 1 February 2018 meeting of the JCC which formally approved the mandate for the Review including the governance and overarching timetable. Updates on progress were also taken to the 5 July seminar and 2 August meetings of the JCC. Papers went to the 6 December 2018 meeting setting out the independent evaluation of the pre-consultation engagement and the output from a series of clinical design workshops. **Summary** The North Central London (NCL) Adult Elective Orthopaedic Services Review was established by the Joint Commissioning Committee of the five NCL CCGs on 1 February 2018. A draft case for change was published by the Review Group in August 2018 to test the rationale for change and engage with patients, the public and wider stakeholders. The draft case for change, detailed a two stage governance process: • Stage one – a clinically led process led by a Review Group focusing on engagement following publication of a draft case for change and co-creation of a proposed outline model of care; and • Stage two – a clinical commissioner led process delivering an options appraisal and creation of a pre-consultation business case (PCBC). Stage one of the programme concluded at the end of November 2018. The programme is therefore approaching a baton-pass moment in terms of the governance of the review, moving from a clinically owned process to one with more explicit clinical commissioner ownership.		

	At the 6 December 2018 Joint Commissioning Committee the adult elective orthopaedic services Review Group presented two things: i) the independent feedback from the evaluation of the engagement on the draft case for change ii) a paper from the Review Group summarising the output of five clinical design workshops, which set out the emerging design principles for the new model of care and areas where further work is required in the next stage of the review Decision-making responsibility for the review sits with clinical commissioners, via the Joint Commissioning Committee. The proposals in this paper look to strengthen the governance framework for the next stage of the review to effectively underpin the programme and set out a timetable for delivery with more explicit clinical commissioner leadership. Following the agreement of a number of design principles at the 6 December 2018 Joint Commissioning Committee and reflecting on the extensive pre-consultation engagement, consideration has now been given to the final contract form to support a new model of care. This paper therefore sets out for approval: the proposed timeline and process for the review from January 2019 until public consultation on any changes in autumn 2019; revised governance structures; and proposed contract form for any new service model.
Recommendation	The Joint Commissioning Committee is asked to: • **AGREE** a more overtly led process to formally oversee stage two of the review; • **AGREE** the decision making process up until public consultation, including carrying out an options appraisal process and the creation of a pre-consultation business case (PCBC); and • **AGREE** that in taking forward the second stage of the adult elective orthopaedic services review and any options appraisal process that the services should remain within the NHS by way of variations to existing annual contracts.

Identified Risks and Risk Management Actions	The Review Group has considered risks in the programme and the two most significant risks that have been identified are: • Public objections lead to delays • Stakeholder objections lead to delays These risks are to be expected on a programme of this size and complexity. They are being managed through extensive stakeholder communication, co-creation of the clinical model with clinicians and very early engagement.
Conflicts of Interest	Legal advice has been sought about how to manage any potential of interest in the second stage of the review and this is reflected in the proposals that have been put forward for decision.
Resource Implications	Not applicable at this stage – resource implications both capital and revenue will need to be worked through as part of the next stage of the review process and extensively documented in the Pre-

	Consultation Business Case (PCBC) which will come to the JCC for approval.
Engagement	Stage one of the review included a comprehensive pre-consultation engagement process, which was reported to the JCC at their December meeting. Proposals put forward for the second stage of the review include a workstream around ongoing communications and engagement.
Equality Impact Analysis	An independent desktop equalities mapping exercise was completed to inform the engagement activities throughout the review. A deeper equalities analysis of the impact of the proposed service configuration will be required later in the process.

Report History and Key Decisions	This report follows on from a report that came to the 1 February 2018 meeting of the JCC which formally approved the mandate for the Review including the governance and overarching timetable. Updates were taken to the 5 July seminar and 2 August meetings of the JCC. Papers went to the 6 December meeting setting out the independent evaluation of the pre-consultation engagement and the output from a series of clinical design workshops.
Next Steps	The Joint Commissioning Committee would be asked to agree the clinical service model and evaluation criteria for an options appraisal process.
Appendices	One appendix is attached to this paper setting out the proposed governance and process for stage two of the adult elective orthopaedic services review. It also includes a recommendation about future contract form.
Which CCG does this relate to	Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG, Islington CCG

Adult Elective Orthopaedic Services Review
Governance and Process for Stage Two of the Review
Paper for approval by the Joint Commissioning Committee of the North Central London CCGs
3 January 2019

Introduction

The North Central London (NCL) Adult Elective Orthopaedic Services Review was established by the Joint Commissioning Committee of the five NCL CCGs on 1 February 2018. A draft case for change was published by the Review Group in August 2018 to test the rationale for change and engage with patients, the public and wider stakeholders. The draft case for change, detailed a two stage governance process:

- Stage one – a clinically led process led by a Review Group focusing on engagement following publication of a draft case for change and co-creation of a proposed outline model of care; and
- Stage two – a clinical commissioner led process delivering an options appraisal and creation of a pre-consultation business case (PCBC).

Stage one of the programme concluded at the end of November 2018. The programme is therefore approaching a baton-pass moment in terms of the governance of the review, moving from a clinically owned process to one with more explicit clinical commissioner ownership.

At the 6 December 2018 Joint Commissioning Committee the adult elective orthopaedic services Review Group presented two things:

i) the independent feedback from the evaluation of the engagement on the draft case for change
ii) a paper from the Review Group summarising the output of five clinical design workshops, which set out the emerging design principles for the new model of care and areas where further work is required in the next stage of the review

The Joint Commissioning Committee welcomed the approach that had been taken to engagement around the review and accepted the design principles and areas for further consideration put forward in the feedback from the clinical design workshops and independent evaluation of the engagement.

This paper sets out three things for the Joint Commissioning Committee to agree:

i) a more overtly commissioning led process to formally oversee stage two of the review;
ii) sign-off the decision making process up until public consultation, including carrying out an options appraisal process and the creation of a pre-consultation business case (PCBC); and
iii) that in taking forward the second stage of the review and any options appraisal process that the services should remain within the NHS by way of variations to existing annual contracts.

Proposed timeline and process

The proposed timeline and key decision points are set out in **Appendix 1**, which would mean that the changes outlined in the review would be consulted on over the autumn.

If the suggested timeline is agreed, the future key decision making checkpoints for the Joint Commissioning Committee in 2019 would be:

i) **March/April** – agreement of the clinical model and options appraisal criteria;
ii) **June/July** – agreement of PCBC

Of course some of these timings may need to be amended as the detailed work is undertaken; however for planning purposes this is our best assessment of the time required for each set of tasks. It should be noted that some of the elements within the assurance process have significant lead in times, for instance the clinical senate assurance process can take up to three months.

Contract form

The 6 December 2018 Joint Commissioning Committee agreed the emerging design principles and six areas of next steps which were the outputs from the five clinical design workshops.

A number of these design principles are pertinent to the contract form that any new service will eventually take, namely:

- Differentiation of 'levels or tiers' of service at different hospitals
- Partnership approach with all hospitals being seen as a 'base' hospitals with a stake in an elective centre
- Staffing model with clinical staff working into the unit from the local trusts, particularly surgeons following the patient to the elective centre and providing continuity of care
- All pre-operative and post-operative outpatient care to stay at base hospitals (i.e. as at present)
- Paediatrics, trauma, spinal surgery to stay at base hospitals (i.e. as at present). For paediatrics the base hospital would act as a filter, with complex referrals continuing to go to GOSH and RNOH
- Multi-disciplinary team working to be a core component of the model – need to develop expectations about how this would operate. Noted that there should be opportunities to do some of this virtually.
- High dependency Unit – elective centre needs to be able to manage a range of conditions and complexity, to do this they will require appropriate back-up medical services and step-up care

These emerging design principles create the backbone of a service that in order to deliver high value quality outcomes for patients needs to be embedded within the operation of wider and interdependent NHS services, specifically the requirement for:

- HDU support at sites with an elective centre;
- staff working between the base hospital and elective centre(s) – specifically clinical staff delivering elective orthopaedic services would need to continue to have job plans that include trauma lists and elective lists, and to work between base hospitals and elective centre(s) to deliver this range of activity; and
- multi-disciplinary working across sites.

The partnership model, described in the design principles, is the model that is successfully operated in South West London (SWLEOC), underpinned by a financial partnership agreement.

Being able to manage trauma activity is a vital component of any hospital running an emergency department. There is a very real risk that a delivery model that does not include integrated clinical teams who deliver elective and trauma services would undermine what are already fragile emergency services across north central London.

All these considerations mean that in our view it is not possible to deliver the establishment of adult elective orthopaedic centre(s) as a standalone service. The Joint Commissioning Committee is therefore asked to agree that in taking forward the second stage of the review and any options appraisal the services should remain within the NHS by way of variations to existing annual contracts.

A theme through both the engagement with patients, public and wider stakeholders and also through the clinical design workshops was that further detailed work is required around system sustainability particularly the financial model. Consideration of this will need to take place in the next stage of the review, with a recommendation about the exact form of the variations of contract coming to the Joint Commissioning Committee as part of the decision-making process.

The detailed service model will need to be finalised in the next stage of the review and in developing the final clinical model and any options appraisal, the CCGs will refer to and document their considerations around the requirements of the NHS (Procurement, Patient Choice and Competition) (No 2) Regulations 2013.

Governance

Decision-making responsibility for the programme sits with clinical commissioners, via the Joint Commissioning Committee, and we are proposing a new governance framework to effectively underpin the programme and set out a timetable for delivery with more explicit clinical commissioner leadership.

Other commissioners with significant flows into north central London

One of the early tasks for the programme team in the next stage will be to formally establish which commissioners outside of north central London have such significant flows into NCL that they should be considered decision-makers. The programme governance therefore shows that places will probably need to be offered on the Programme Board to commissioners outside of NCL and also to specialised commissioning. Commissioners with significant flows into NCL should be included in the final decision-making and should this be the case special joint arrangements to be made.

Appendix 2 sets out the proposed governance process and **Appendix 3** sets out the detailed membership, both of which are described below.

Senior Leadership

To strengthen the commissioner leadership for the programme, we are proposing a move from a single SRO to a joint commissioner and provider SRO. Under the revised governance structure, the current SRO (Chief Executive of the RNOH) would be joined by the NCL CCGs Director of Strategy in the position of Joint SROs. The NCL CCGs Director of Strategy already manages a number of pan-NCL programmes and the adult elective orthopaedic services review is being managed as part of this wider STP portfolio sitting within the planned care workstream.

Programme Board

A Programme Board will be established, this would not be a decision-making body but would oversee the programme and outputs from the workstreams and would include membership from all key stakeholders seeking to ensure appropriate balance between commissioners and providers. The Programme Board would make recommendations to the Joint Commissioning Committee. The Programme Board would be co-chaired by the Joint SROs.

The three most intensive workstreams for the programme would be managed in the following ways and feed directly into the Programme Board.

- **Clinical** – proposal is that this would be managed through the soon to be established clinical orthopaedic network (this group would also review workforce considerations)
- **Finance and activity modelling** – would be managed through a finance steering group
- **Communications and engagement** – would be managed through existing STP structures (see below) and linked through the inclusion of the STP Head of Communications and Engagement who would sit on the Programme Board

See below for sections setting out the detailed arrangements for each of the workstreams.

Membership of the Programme Board:

- The executive/clinical chair of each work-stream
- An executive director level representative of each of the five largest providers in NCL (trusts to nominate)
- Two current GP representatives on the Review Group (proposed that the current Camden and Enfield representatives to continue)
- Two current patient representatives on the Review Group as nominated by Healthwatch (proposed that the current Barnet and Haringey representatives to continue)
- NCL CCGs Finance Director
- Commissioner representatives from other STPs (one per STP) with a significant interest (further work required to establish criteria for inclusion)
- Director level representative from specialised commissioning
- NHS England Strategy and Reconfiguration
- STP Head of Communications
- Programme Director, Manager and workstream operational leads (as required)
- One Director of Adult Social Services representing the five boroughs (nominee to be confirmed)
- Independent clinical adviser (as required)

Independent Clinical Adviser

To provide additional assurance to both the Programme Board and Joint Commissioning Committee, it is proposed to put together a person specification for an independent clinical adviser from outside of north central London. This person would be an expert in acute elective orthopaedics and could, as required, be drawn on during the process to review and comment on papers, take part in any options appraisal process and attend both the Programme Board and Joint Commissioning Committee to provide independent clinical assurance.

Establishing a clinical orthopaedic network

As set out in the December JCC paper, the review has generated a lot of clinical engagement and interest and there is an opportunity to capitalise on this and identify changes that can be clinically owned; a number of which are not dependent on the establishment of an elective orthopaedic centre. The current Review Group, which is provider led, needs to cease its direct governance oversight at the beginning of December once the output from the engagement exercise and emerging model have been presented to the JCC.

As agreed at the December JCC, the Review Group will transition to become a **clinical orthopaedic network** that can take forward a number of immediate pieces of work identified through the review process and become the clinical body that is able to test out and provide input into the clinical service model as part of the next stage of the adult elective orthopaedic services review.

A workshop is planned for February 2019 to work with the existing Review Group to see how they can transform into a clinical orthopaedic network. This will consider changes that will be needed to the membership to enable holistic in-put into the clinical model, alongside the priority work areas and fit within the wider musculoskeletal workstream of the STP.

To ensure continuity of clinical leadership, the clinical chair of the Review Group would become chair of the Network pro tem. However, as the orthopaedic clinical network will be a new entity with a slightly different purpose, formal expressions of interest for the position of chair would be sought once it is fully established i.e. later in 2019/20.

An HR Director lead has already been appointed (via expressions of interest) to provide expert advice and to support to the programme around any workforce implications. Health Education England (HEE) have already started work to support the workforce baseline.

Finance and Activity
Proposal to establish a time limited finance steering group to work through the financial model and risk share options. Expressions of interest to be sought in the New Year for a provider Director of Finance to chair the group. As this is a key workstream it is proposed that the group meet monthly.

Group to include:

- All acute trust Directors of Finance or their representative
- NCL CCGs Director of Finance
- CCG Acute Contracting representative (to be discussed with the NCL Directors of Commissioning)

Communications and patient engagement
Rather than setting up a new communications and engagement structure to manage this programme it is proposed to use the existing NCL STP structures and for the adult elective orthopaedic review to be a standing item on the following agendas:

- Monthly STP meeting with the five Healthwatch Chief Executives
- Monthly STP/CCG communications and engagement group
- Quarterly STP/CCG/Provider communications and engagement group

Operational support would be provided through the Head of Communications and Engagement for the STP. The NCL STP Head of Communications and Engagement would sit on the Programme Board and join the Programme Executive as required.

Strong patient engagement is vital and it is proposed that the two existing patient representatives who sit on the Review Group would continue to attend the Programme Board, as well as the orthopaedic clinical network.

As the programme moves closer towards public consultation, it may be necessary to supplement these existing STP structures with the creation of a task and finish group, involving a range of interested stakeholders, to provide advice into the consultation planning and materials.

Programme Executive
Although each workstream would report into the Programme Board the day-to-day operational work of the programme and co-ordination between work-streams would be managed by the Programme Executive.

The Programme Executive would meet weekly, members would include:

- Joint SROs
- Core programme team
- Operational support each workstream
- Head of Communications and Engagement (as required)
- Chairs of workstreams (if required)

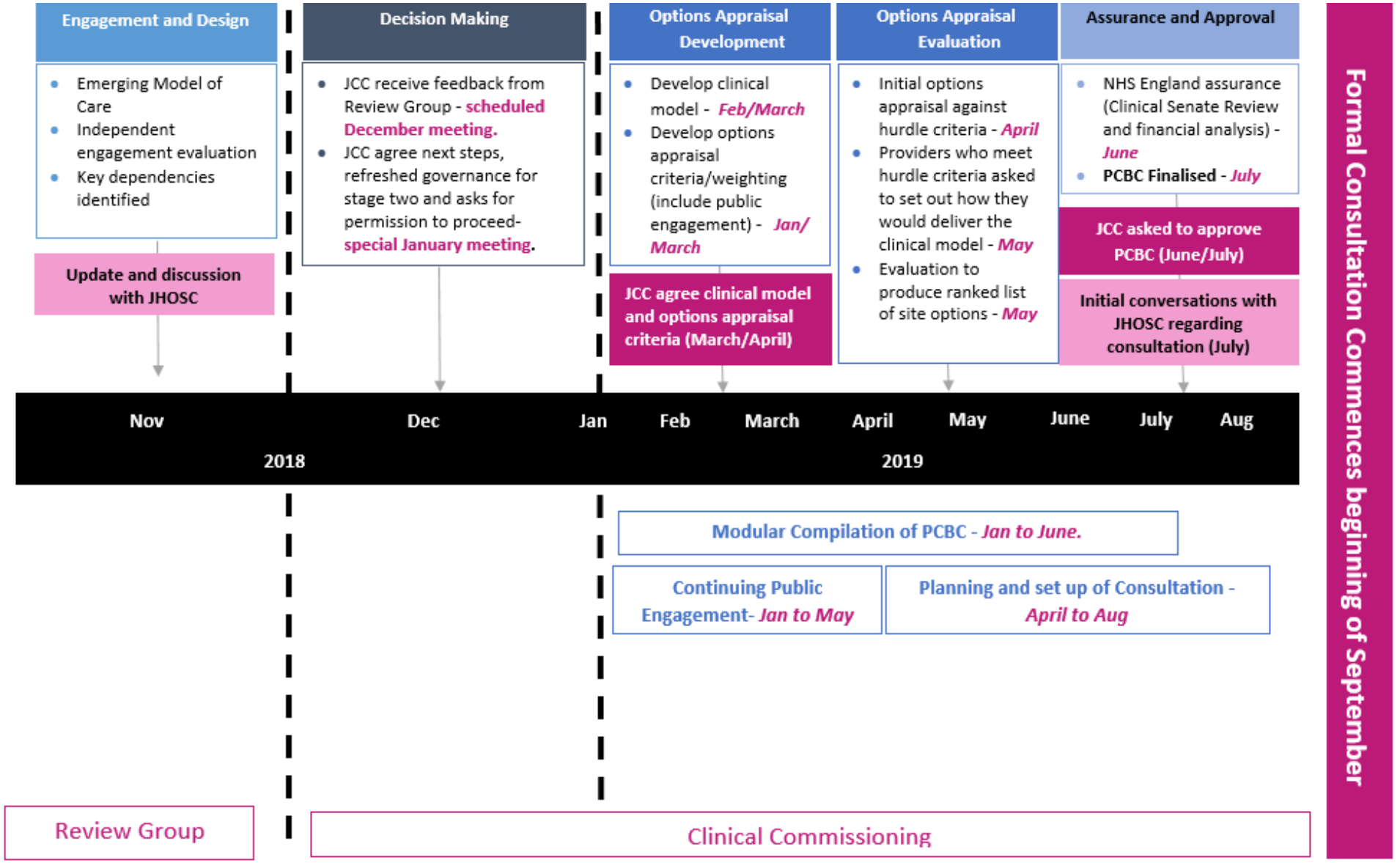
Managing conflicts of interest
The programme will need to be mindful about conflicts of interest and to manage these in the next stage of the review. In proposing the joint provider and commissioner SRO, appropriate assurances

have been given to manage any conflicts of interest. Declarations of interest will be obtained from all the individuals involved in the next stage of the review and any conflicts managed in accordance with the NHSE guidance.

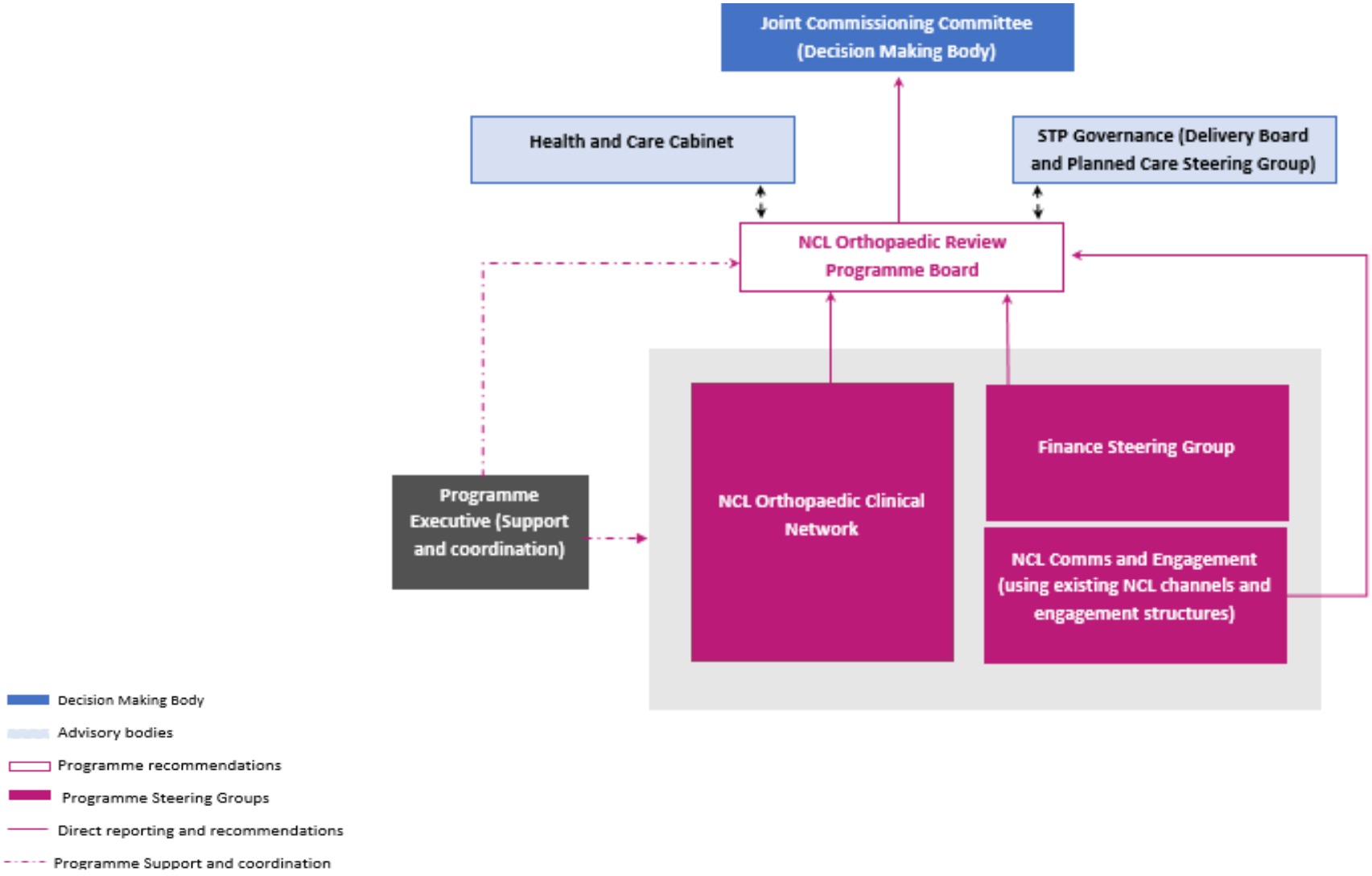
Programme Budget 2019/20

As the review moves into stage two, a preliminary assessment of the overall budget required from April 2019 has been made. This will include support for the finance and activity workstreams and any further communications and engagement support for a public consultation. Further discussions are also required around any additional support that can be drawn from GIRFT. A paper will be put forward to the Joint Commissioning Committee seeking approval for the proposed 2019/20 budget.

Appendix 1: Proposed Governance Structure for Stage 2



Appendix 3: Function and Membership the NCL Adult Elective Orthopaedic Review Programme



Appendix 3: Function and Membership the NCL Adult Elective Orthopaedic Review Programme

NCL Adult Elective Orthopaedic Review Programme Board **(As required for key decision making)**	Adult Elective Orthopaedic Review Steering Groups **(Monthly or via existing meeting schedules)**	Programme Executive **(Weekly)**
Remit: Recommendation of NCL Orthopaedic Model **Proposed Chairs**: Director Strategy, NCL CCGs and Chief Executive RNOH **Members:** • The executive/clinical chair of each steering group • An executive director level representative of each of the five largest providers in NCL • Two clinical commissioner representatives • Two patient representatives • NCL CCGs Finance Director • Commissioner Representatives from other STPs (one per STP) • Director from Specialised Commissioning (as required) • NHS England Strategy and Reconfiguration (as required) • STP Head of Communications • Programme Director, Manager and workstream operational leads (as required) • One Director of Adult Social Services representing the five boroughs (to be confirmed) • Independent clinical adviser (as required)	**NCL Orthopaedic Clinical Network** **Remit: Clinical and workforce expertise and advice** **Proposed chair:** Current Review Group Clinical Lead (confirmation later in 2019/20) **Members:** • February workshop to establish work programme, remit and additional membership requirements from other disciplines and specialities. **Finance Steering Group** **Remit: Financial and activity expertise** **Proposed Chair:** Provider Finance Lead (tbc) **Members:** • All acute trust Directors of Finance or their representative • NCL CCGs Director of Finance • CCG Acute Contracting representative (tbc) • Supported by NEL CSU **Communications and Engagement** Via existing NCL communications channels and engagement infrastructure.	**Remit: Programme support and Coordination** **Proposed Chair:** Programme Director **Members:** • Core programme team • Operational support each workstream • STP Head of Communications and Engagement (as required) • Chairs of workstreams (if required)