

The National and Local Joint Commissioning Agenda



NHS Reforms – Where are we now?

- The Derbyshire Cluster
- GP Commissioning Consortia
- The 'Pause'
- Patient and Local Authority involvement
- **Financial balance**



The Derbyshire Cluster

- Chair – Mark Todd
- CEO – David Sharp
- Combined Board
- PCTs abolished in 2013
- ? Outpost of the NHS Commissioning Board
- Key role of Assurance
- ? 40 staff



GP Consortia

Consortium	Number of Practices	Population Served
Southern Derbyshire	59	525,000
North Derbyshire	31	228,000
Hardwick Health	15	96,000
High Peak & Buxton	8	60,000
Erewash	13	97,000

Responsibilities of Consortia

- Clinical leadership
- Clear sense of purpose
- Understanding of health needs
- Commitment to quality
- Commissioning skills
- Governance arrangements
- Financial management
- Public/patient engagement embedded
- Effective relationship with local authorities
- Stands up to public scrutiny



GP Consortia

	Clinical lead	Chief Operating Officer
Southern Derbyshire	Sheila Newport	Andy Layzell
North Derbyshire	Ben Milton	Jackie Pendleton
Erewash	Paul Weston-Smith	Rakesh Marwaha
Hardwick	Steve Lloyd	Wendy Sunney
Buxton and High Peak	Sean king	

Where are we going with joint
commissioning?



NHS Operating Framework 2011/12

NHS Commissioners will:

- Understand local health needs using JSNA
- Using the JSNA, agree a joint Health and Wellbeing Strategy
- Receive specific allocations to support social care



What will drive closer integration?

- Financial challenge
- Role of Health and Wellbeing Boards
- Changes in responsibilities for the NHS
- Interdependence of services
- Better outcomes for patients



Scenarios

- An integrated system
- Fragmented system
- Stasis

