

		AGENDA ITEM 5
		AFW/03/11
Committee:	West Essex Area Forum	
Date:	8 March 2011	

The Cluster Arrangements and the changes within NHS structures locally

Jonathan Marron, Director of Strategy and Planning, South West NHS will update the Committee on the Cluster Arrangements and the changes within NHS structures locally.



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South Essex Cluster Implementation

NHS South East Essex and NHS South West Essex
8 March 2011

National Context

- Equity and Excellence: Liberating the NHS
 - GP Consortia
 - NHS Commissioning Board
 - Local Authority – Public Health
- Reduction in management/running costs

Timescales for changes

- Cluster Executive Team - April 2011
- New structure for Cluster – Sept 2011
- GP Consortia – journey to April 2013
- NHS Commissioning Board – April 2012
- Local Authority – journey to April 2013

South Essex Cluster – role of the cluster

- Ensure capacity in the system to maintain and improve quality and safety of services
- Ensure delivery of operational plans
- Overseeing medium term QIPP plans
- Overseeing local and regional planning process with involvement of GP Consortia
- Overseeing closure of PCT
- Overseeing primary care, national and regional commissioned specialised services
- Ensure governance, handling of statutory business, decision making and accountability

South Essex Cluster – role of the cluster (cont'd)

- Delivery of PCT statutory responsibilities including safe guarding
- Retaining key talent and capability
- Ensuring GP Consortia have access to commissioning support
- Oversee development of GP Consortia
- Maintain relationships with local government and key partners, supporting development of health and well being boards
- Ensure delivery of 55% reduction in management costs

South Essex Cluster - structure

- Two core functions:
 - Commissioning Support Service and Corporate Unit
 - Direct commissioning support aligned to support GP Consortia in delivery, implementation of QIPP plan; and developing joint commissioning arrangements with local authority

Governance

- Two PCT's will continue as statutory bodies
- Business of the PCT will be streamlined to ensure it is efficient and effective
- Two PCT's will continue to have statutory responsibilities they must deliver until their closure in April 2013.

Engagement with local population

- Through Cluster need to continue to engage local population on priorities for services
- Need to support GP Consortia in development of their engagement with their local population



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New functions for local authorities

- Health and Wellbeing Board
- Public Health
- Health Watch (takes over PALS function)

GP consortia

- New organisation
- Responsibility for commissioning/
planning services provided by NHS
Foundation Trusts or other organisations
- Will be established and develop
responsibilities during 2011/12
- Some will be reorganised with pathfinder
status



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Notes