STRATEGIC CLINICAL NETWORKS

SINGLE OPERATING FRAMEWORK

NOVEMBER 2012

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FOREWORD

Clinical networks are an NHS success story. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff, they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary secondary and often tertiary care. In July 2012 we published *The Way Forward, Strategic Clinical Networks*; we are now delighted to announce the next step in this process: the Single Operating Framework for Strategic Clinical Networks (SCNs).

Since July, we have held a number of stakeholder events to explore how this model should develop. We found the extensive comments very helpful in creating this new Operating Framework for SCNs. This document sets out the high level framework within which local clinicians can come together and develop local arrangements which meet local circumstances and need.

The next stage is the appointment of the Clinical Senate and network support teams, one team per Clinical Senate area. The NHS Commissioning Board Regional Directors will get teams into place in line with the People Transition Plan to lead implementation locally, drawing on the knowledge and experience of existing networks, both formal and informal.
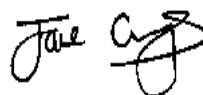
We plan to publish two additional documents by the end of November 2012: *The Way Forward: Operational Delivery Networks*; and *The Way Forward: Clinical Senates*.

This is a great opportunity to improve outcomes for patients across the country for the 'big killers' including cancer and heart disease and other significant areas of health and wellbeing in maternity, paediatrics, mental health, dementia and neurological conditions. Through this single operating system, patients will see the benefits of consistent standards of care and the use of the very latest evidence and technology to improve their lives.

Professor Sir Bruce Keogh   Jane Cummings

NHS Medical Director   Chief Nursing Officer

INTRODUCTION

The Way Forward: Strategic Clinical Networks publication confirmed that the NHS Commissioning Board (NHS CB) will host a category of clinical networks entitled Strategic Clinical Networks (SCNs) from April 2013. These networks will work across the boundaries of commissioning and provision, as engines for change in the modernised NHS. The emphasis is on SCNs being one element of the new system that will support commissioners with their core purpose of quality improvement and ultimately the achievement of outcome ambitions for patients. SCNs will sit alongside a system of Operational Delivery Networks (ODNs) and Clinical Senates. More information on their development will follow.

SCNs need to be established and developed effectively across the NHS, in accordance with the values and principles of the NHS CB. This document outlines a single operating framework to guide SCN establishment, development and functioning. This framework promotes consistency of approach but also allows flexibility for health communities to develop their SCN structures in line with local need and circumstances.

It is expected that SCN support team leads will come together across the country to further shape this framework, agreeing a common approach to SCN operation where beneficial. In doing this it will be important to draw learning from the wealth of experience of current network teams and take account of the outputs of the engagement undertaken as part of the network review involving the full range of stakeholders both within and outside the NHS.

CONTEXT AND TERMS OF REFERENCE

The NHS CB has confirmed four initial SCN groupings, which will operate throughout the country:

- Cancer;
- Cardiovascular;
- Maternity and Children;
- Mental health, dementia and neurological conditions.

The first SCNs were chosen using criteria developed with input from a broad range of stakeholders. Essentially, these are areas where:

- a large scale change is required across very complex pathways of care involving many professional groups and organisations and is the best approach to planning and delivering services; and

- a co-ordinated, combined improvement approach is needed to overcome certain healthcare challenges, which have not responded previously to other improvement efforts.

The detailed list of criteria can be found in *The Way Forward: Strategic Clinical Networks* (NHS CB July 12).

It is important to note that these are initial groupings and it is expected that as the work of a particular network is concluded or mainstreamed, there is potential to establish SCNs for other conditions and patient groups in line with local and national priorities.

Professionals will also be encouraged to establish local networks to share knowledge and best practice.

The NHS CB plans to publish *Operational Delivery Networks: The Way Forward* at the end of November 2012. As with all networks, the main aim is to improve outcomes through strong clinical relationships across a system. ODNs are focused on coordinating patient pathways between providers over a wide area to ensure access to specialist resources and expertise. Provider clinicians dominate their membership and work closely with patients and other stakeholders. ODNs will be provider hosted and funded in the long term, with transitional arrangements in the short term. ODNs typically cover areas such as adult critical care, neonatal critical care, trauma and burns.

The NHS CB, through its NHS Outcome Framework Domain Leads, will establish overarching expectations and priorities, which will then be translated into more detailed plans and objectives by local health communities, based around a shared responsibility to deliver improvements around each of the Outcome Framework domains.

It will be for local health communities to agree the terms of reference for their SCNs in accordance with this framework.

GUIDING VALUES AND PRINCIPLES

The NHS CB has developed a set of values; fixed points for measuring success and a series of 'lenses' to design its business processes. These have formed the foundation on which strategic clinical networks have been designed; and should now guide their development and operation:

1. Values:

   - A clear sense of purpose;
   - A commitment to putting patients, clinicians and carers at the heart of decision making;
   - An energised and proactive organisation[1] offering leadership and direction;
   - A focused and professional organisation, easy to do business with;
   - An objective culture, using evidence to inform the full range of its activities;
   - A flexible organisation;
   - An organisation committed to working in partnership to achieve its goals;
   - An open and transparent approach;
   - An organisation with clear accountability arrangements.

2. Fixed points for measuring success:

   - The NHS Constitution;
   - The NHS Outcomes Framework;
   - Delivering within budget;
   - Statutory duties including promoting equality and reducing inequalities.

   Whilst SCNs will fundamentally support the achievement of outcome ambitions and the delivery of the NHS Outcomes Framework, they should also ensure that their activities are conducive with the NHS Constitution and with available funding, recognising the QIPP challenge; and that they promote equality.

3. The five 'lenses' that provide the guiding principles for strategic clinical networks:

   - Quality – contribution to the NHS Outcomes Framework;
   - Clinical leadership;
   - Patient and public voice;
   - Equality and health inequalities;
   - Innovation and the NHS change model.

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[1] For organisation read 'organisational model' in relation to SCNs.

NETWORK DEVELOPMENT

The main stages of network development are: pre-emergent; emerging; established; mature and dormant. It is for the NHS CB to lead the pre-emergent phase determining which conditions and patient groups are prescribed a SCN. It is also for the NHS CB to determine when the work of an SCN should be concluded or mainstreamed.

It will be for individual network support teams to determine which frameworks and tools they use to support SCN development, building on learning to date. The SCN support team leads from the 12 geographical patches across the country are encouraged to come together to agree a common approach to network development, further developing this framework.

NETWORK GEOGRAPHY

Twelve senate geographical areas have been confirmed as per the map below.

Each of the 12 areas will contain a single support team for the SCNs and the Clinical Senate in their patch. However, the number and size of each network, such as cancer, will be for local determination based on patient flows and clinical relationships. For example there could be more than one cancer network 'nesting' in a geographical area, facilitated by the support team, although it is expected that some rationalisation may occur over time, in keeping with common improvement agendas and best use of available supporting resource. The number of SCNs for any of the agreed conditions will be for local determination.
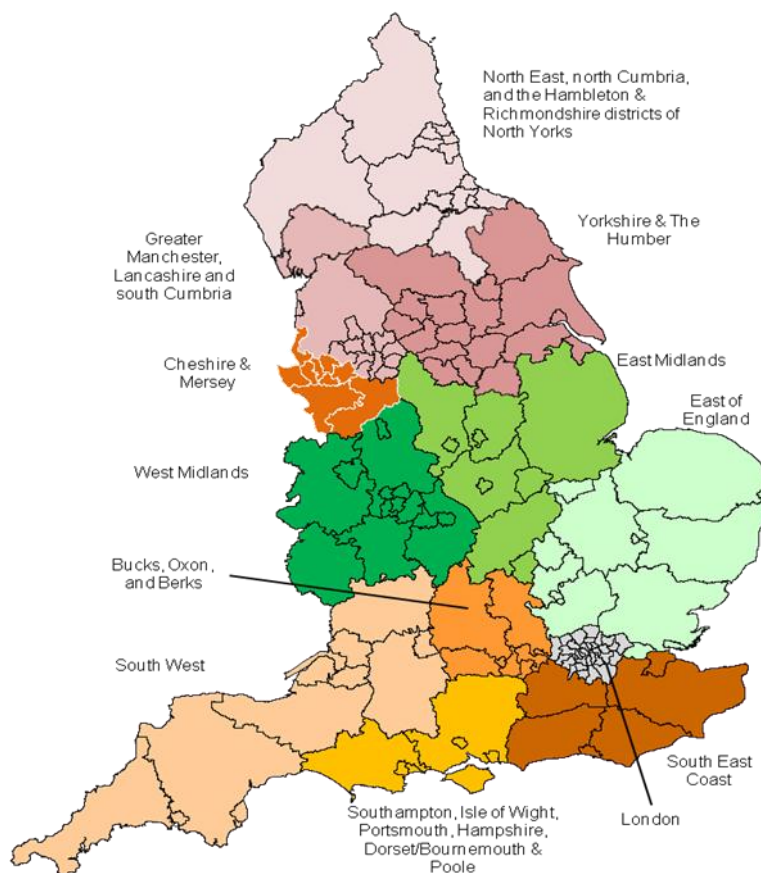
ACCOUNTABILITY AND GOVERNANCE

SCNs are a non-statutory organisational model. Within this model, commissioners will remain accountable for the commissioning of services and providers for the quality of service delivery. SCNs will have an annual accountability agreement, with the NHS CB, for delivering a programme of quality improvement, as agreed with the NHS CB Domain Leads and local partners.

SCNs will be hosted by, and accountable to, the Operations Directorate of the NHS CB but will function within a matrix management environment, ensuring close alignment with the other directorates, particularly the Medical, Nursing and Transformation Directorates.

NHS commissioners and providers of NHS services, who are involved in the pathway activities of the SCNs, are the constituent organisations of the SCNs. Active involvement and engagement in the SCNs will not be mandated; however, it is expected that commissioners and providers will want to be actively engaged if the SCNs:

- Address big issues; meet member needs; and generate helpful outputs;
- Support the achievement of the NHS Constitution; the NHS Outcomes Framework; financial stability and promote equality in their activities;
- Provide a source of expert clinical advice; facilitate clinical leadership, engagement and the patients' voice in improvement initiatives; as well as supporting the use of the NHS change model including the spread of innovation and best practice.

Engagement in SCNs will enable Clinical Commissioning Groups (CCGs) to provide assurance that they are fulfilling their core purpose of quality improvement. Where clinical commissioners are not actively engaged and as a consequence not achieving the improvements required, there will be opportunity for the SCN support team to raise concerns through their responsible Local Area Team (LAT) Medical Director.

Engagement in SCNs will enable providers to develop and deliver services in line with the requirements of the terms and conditions of contract, best practice tariffs and CQUIN payments. Where providers do not engage and as a consequence do not achieve the required standards of care for all patients, once again there will be opportunity for the SCN support team to raise concerns through their responsible LAT Medical Director.

In addition to commissioners and providers of NHS services, effective, value adding SCNs will have the full range of partners engaged in their activities, including social care and the voluntary sector, for the benefit of continuous quality improvement.

Responsibilities and lines of accountability of the SCN support team will be outlined in individual job descriptions, terms and conditions of contract, as well as through annual objective setting and appraisal processes. SCN Associate Directors will report and be accountable to the Medical Director of their host LAT. It is expected

that all LAT Medical and Nursing Directors in a Senate area will want to contribute to the leadership of the SCNs.

It will be for the Network support team to ensure robust governance arrangements[2] are put into place for their SCNs, recognising the need for an oversight group of some form as well as individual steering groups/task and finish groups for specific SCN projects. These governance arrangements should include:

- Terms of reference for the SCNs, which are agreed with the commissioning constituent organisations (to include what falls outside the remit of the SCNs);
- A governance structure, to include terms of reference for all groups within the structure;
- Project and programme management arrangements, including mechanisms for identifying, managing and escalating risks to quality improvement;

The network support team leads from the 12 geographical areas are encouraged to come together to agree a common approach on governance, further developing this framework.

HOSTING ARRANGEMENTS AND NHS CB SUPPORT

SCNs and their support teams will be hosted by LATs of the NHS CB. In the main they will be aligned to their LAT which has a responsibility for specialised commissioning:

Geographical Area	Host Local Area Team
Cheshire and Merseyside	Cheshire, Warrington and Wirral
East of England	East Anglia
East Midlands	Leicestershire and Lincolnshire
Greater Manchester, Lancashire and South Cumbria	Greater Manchester
Northern England[3]	Cumbria, Northumberland, Tyne and Wear
London	London
South East Coast	Surrey and Sussex
South West Coast	Bristol, North Somerset, Somerset and South Gloucestershire
Thames Valley	Thames Valley
Wessex	Wessex
West Midlands	Birmingham, Solihull and the Black Country
Yorkshire and the Humber	South Yorkshire and Bassetlaw

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[2] NB: there is only one 'board' in the new commissioning system and SCGs should take this into account in establishing their governance arrangements.
[3] (North East, north Cumbria, and the Hambleton and Richmondshire districts in North Yorkshire)

SCNs and Clinical Senates will come under their host LAT Medical Directors' portfolio.

The local and regional NHS CB teams will provide the SCNs and their support teams with:

I. Human resources support to include;
   a) Expertise and support for workforce change;
   b) Ad hoc support for recruitment and staff management;
   c) Access to mandatory training and other HR courses.

II. Finance / budget management support to include:
   a) Expertise in budget setting and advice on budget management;
   b) Support for procurement of services.

III. Information technology support to include:
   a) Expertise and support in the procurement and use of new information technology;
   b) Ongoing support with the functioning and maintenance of information technology.

IV. Pharmacy / Medicines Management support to include:
   a) Pharmacy advice for protocols, guidelines and change initiatives.

The funding agreed for SCNs includes a provision for accommodation. It is expected that the support teams will be located within NHS estates. However, it is anticipated that members of the team could often be working at locations at a distance from any base office.

The Domain Leads and NHS Improvement Body will provide national leadership and support for the SCNs. A range of other supporting services has also been secured via the NHS CB to ensure effective network functioning:

Public Health Expertise (secured from Public Health England via the NHS CBA)	• Detailed needs assessments; • Health intelligence; • Knowledge of evidence base e.g. what works based on cost, activity, population impact, risk and best practice; • Knowledge of improvement e.g. what works to deliver targeted behaviour change within discrete populations.
Analytical expertise	• Development and publication of agreed dashboards / scorecards (national reports together with local 'drill down' analysis where required); • Benchmarking and variation reports (national reports together with local 'drill down' analysis on unwarranted variation where required); • Ad hoc focused reports on areas of identified concern (at a national level agreed across the SCNs and at a local level); • Interpretation and reports of national and local audit programmes.

Communications expertise	• The development, implementation and evaluation of communications and engagement strategies (for internal and external stakeholders); • Delivery of network documents such as annual reports; • Communications expertise and products for improvement initiatives and campaigns; • Advice and expertise on the use of communications technology, such as webinars, to support effective and efficient SCN operation. *NB: It is assumed media handling will be through the SCNs' constituent organisations. It is also assumed that any public consultations will be progressed through constituent organisations too.*
Financial expertise	• Financial modelling and appraisals of change initiatives (to include tariff unbundling etc).

ALIGNMENT WITH THE NEW SYSTEM

The new system has been designed to achieve the NHS's goals and ambitions. SCNs are just one structure, albeit an important structure, in this new system. All networks will contribute to the achievement of all domains of the Outcomes Framework.

SCNs need to develop effective partnerships, for the benefit of patients, with the full range of other structures both within and outside the NHS including: commissioners; providers; other networks such as research networks and academic health science networks; clinical senates; health and wellbeing boards; social care; patients, patient organisations and the voluntary sector; professional organisations; and at times Monitor and the NHS Trust Development Authority. Where appropriate, this could include contributing to new arrangements such as Quality Surveillance Groups.

The SCNs will need to develop particularly close relationships with the NHS CB and Health and Wellbeing Boards, both of whom will be able to support effective engagement and the accomplishment of network activity.

From 2013 the initial SCN groupings will become operational throughout the country. At the same time the first wave of Academic Health Science Networks (AHSNs) will also be established, with the intention of AHSNs being developed throughout the whole country. AHSNs will provide a systematic delivery system for the NHS and universities, working with industry to transform the identification, adoption and spread of innovations and best practice.

Both SCNs and AHSNs have a role in supporting quality/service improvement and ultimately the achievement of patient and population health outcomes. Whilst the roles of the two networks differ in many ways, they clearly have complementary agendas and as such close alignment and collaboration are expected. It will be for local health communities to determine how these structures are best developed to

meet local needs, demonstrating effective partnership arrangements between the structures and potential efficiencies, including possibly in support arrangements.

Clinical Senates will play a unique role in the commissioning system by providing strategic clinical leadership and advice to CCGs, Health and Wellbeing Boards and the NHS CB. They will not be focused on a particular condition; instead they will take a broad, strategic view on the totality of healthcare within a particular geographical area. They will use their extensive knowledge of the local health system to assist commissioners to put outcomes and quality at the heart of the commissioning system, increasing efficiency and promoting the needs of patients above those of organisations and professions.

Links between the SCNs and Clinical Senates will be made in part through the single support teams in each of the 12 geographical patches. Within these teams there should be dedicated management and administration posts for the activities of the clinical senate. It is expected close working relationships will be developed between the SCNs and Clinical Senates, with the support team leads in each geographical area being members of any core senate group.

FINANCE

SCNs will be funded by the NHS CB. However, there is nothing to stop constituent organisations contributing additional funding if desired. £42m has been secured to fund SCN and Clinical Senate activities, of which £10m is from the NHS CB running costs and the remaining £32m from the NHS programme budget.

The £10m is being allocated on an 'equal share' basis. The £32m is being allocated based on unweighted population.

The 2013/14 allocations are:

Geographical Area	Running Cost £'000k	Prog. Budget £'000k	Total £'000k
Cheshire and Merseyside	833	1,447	2,281
East of England	833	3,573	4,406
East Midlands	833	2,825	3,658
Greater Manchester, Lancashire and South Cumbria	833	2,606	3,439
Northern England	833	1,879	2,712
London	833	4,794	5,627
South East Coast	833	2,687	3,520
South West Coast	833	2,793	3,626
Thames Valley	833	1,233	2,066
Wessex	833	1,592	2,426
West Midlands	833	3,342	4,175
Yorkshire and the Humber	833	3,230	4,063
TOTAL	10,000	32,000	42,000

Each support service can use their equal share of the £10m running cost funding (namely £833k per support service) to fund managerial and administration posts. The programme budget allocation must be used for posts and activity which relate directly to patient care, in line with national definitions of programme budget expenditure.

It is expected that the national funding will cover:

- The core management support team to include 1 wte Network and Senate Associate Director (band 9)
- Clinical leadership to include part-time clinical directors for each of the SCN groupings (4 x approx 0.4wte)
- Pay to commission work
- An amount to promote and support informal network meetings and activities (approx £30k)
- An amount to support patient and public involvement (approx £30k)
- An amount to enable training and events
- Non pay associated with the support team and SCN activities
- An amount to support the Clinical Senate (approx £250k)
- An amount for estate/accommodation based on the formula: (number of staff x 80% x £8k per desk)

To date some networks have benefited from excellent partnerships with the voluntary sector and it is expected that these will also be built upon, with the opportunity for this sector to contribute funding to network improvement activities going forward.

SUPPORT STRUCTURE

A support team structure has been proposed for the SCNs (as outlined below). This structure is based on a 'flexible' staff model with only a small core of management posts and the ability to commission/contract for further expertise as needed.

The core structure includes a SCN and Senate Associate Director who will have overall general management responsibility for all the SCNs and the Senate in a given area. The Associate Director, together with the SCN Clinical Directors and Chair of the Clinical Senate, will report and be professionally accountable to the LAT Medical Director. The number of sessions needed by each Clinical Director will be for local agreement; involvement of all LAT Medical Directors and nurse directors is encouraged in the leadership of the SCNs. The number of other clinical leadership sessions required for the SCNs is also left for local determination in accordance with available funding.

In addition the structure includes a number of network managers at band 8c and administration / support officer jobs at bands 4 and 5. The remaining posts are band 6 - 8B quality improvement lead posts which should be assigned to specific programmes of quality improvement on a flexible basis, working across SCN areas.

Whilst these core posts will be common to all networks/senates, individual teams may be supplemented using programme funding or other local funds.

Clinical Networks and Senates Core Support Team Structure

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                    ┌─────────────────────────┐
                    │   NHS CB LAT Medical    │
                    │        Director         │
                    └─────────────────────────┘
        ┌───────────────────────┼───────────────────────┐
┌───────────────────┐                         ┌───────────────────────┐
│   Senate Chair     │                         │  SCN Clinical Directors│
│ (approx. 0.2 wte)  │─────────                │ (4 x approx. 0.4 wte)  │
└───────────────────┘                         └───────────────────────┘
                    ┌─────────────────────────┐
                    │ SCN & Senate Associate  │
                    │   Director Band 9       │
                    └─────────────────────────┘
                              │        ┌──────────────────┐
                              │────────│    PA Band 5     │
                              │        └──────────────────┘
        ┌─────────────────────┴────────────────┐
┌───────────────────┐                 ┌───────────────────────┐
│  Senate Manager    │                 │   Network Managers     │
│  0.5 wte Band 8C   │                 │   3/4 x Band 8Cs       │
└───────────────────┘                 └───────────────────────┘
        │                         ┌──────────────┴──────────────┐
┌───────────────────┐   ┌──────────────────────┐  ┌──────────────────────────┐
│   Senate PA        │   │ Quality Improvement  │  │ Network Asst 1 x Band 5  │
│  0.5 wte Band 4    │   │       Leads          │  │           &              │
└───────────────────┘   │ Min of 8 x Band 6 - 8B│  │   Network Admin &        │
                        └──────────────────────┘  │ Support Officer 1 x Band │
                                                   │           4              │
                                                   └──────────────────────────┘
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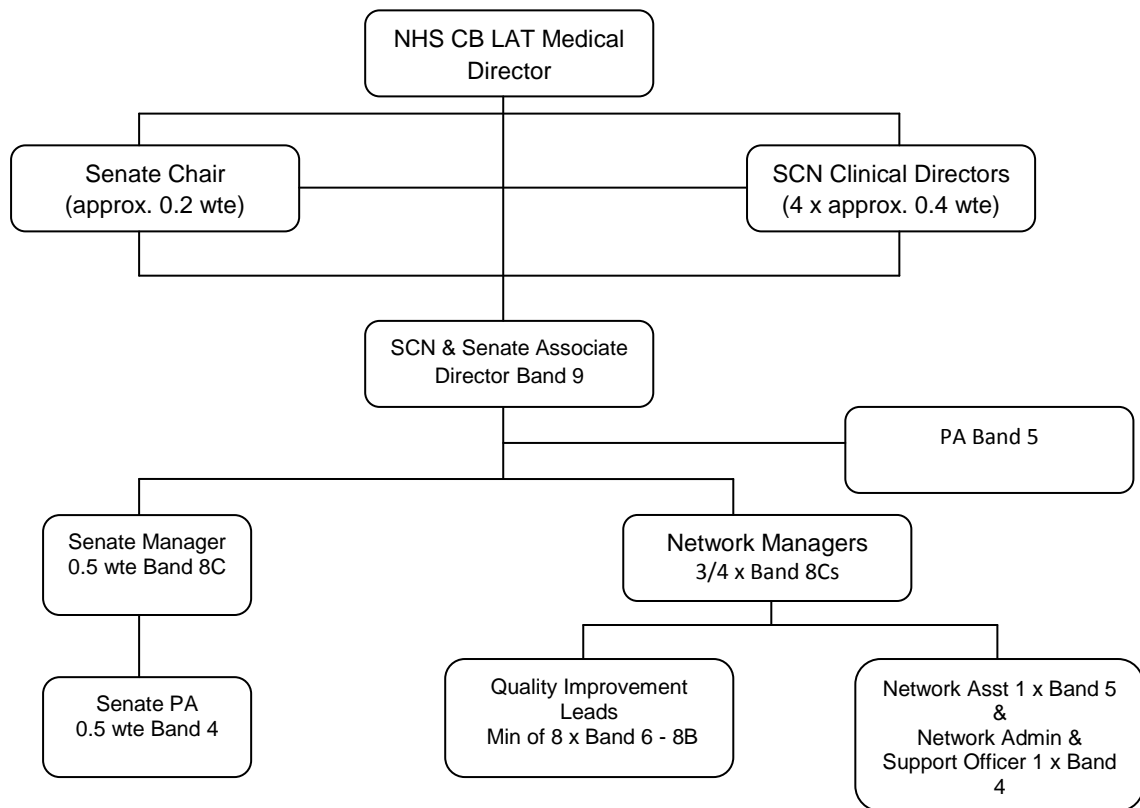
For the Senate, a part-time manager and part-time PA post have been included in the structure.

MEASURING SCN EFFECTIVENESS

It is expected that the NHS CB Domain Leads will wish to bring together the SCN Associate and Clinical Directors, from across the country, on a regular basis to facilitate dialogue about the achievement of the agreed quality improvement programmes.

It will be for the Domain Leads to collectively determine how SCN effectiveness is evaluated in the round involving commissioners and other key partners. It is expected that this evaluation will be based on a structure-process-outcome model with further information shared in advance; however it can be anticipated that:

- Structure: will cover aspects of network functioning such as adequate governance arrangements (e.g. oversight and steering groups; mechanisms for patient and public involvement; and finance plans.

- Process: will principally cover the functions the SCNs are expected to fulfil such as: having an agreed annual programme of quality improvement based on the national priorities; the use of the NHS single model of change to include the adoption of innovation and spread of best practice; the publication of an annual report.

- Outcomes: SCNs cannot be held directly to account for clinical outcomes; however, progress in their local area against the relevant metrics in the NHS Outcomes Framework and Commissioning Outcomes Framework will be incorporated into the assessment of network performance as a proxy of network effectiveness.