

## Adult Social Care and Health Overview and Scrutiny Committee

19 June 2012

### Rugby Clinical Commissioning Group – Progress towards Authorisation

#### Recommendations

That the Adult Social Care and Health Overview and Scrutiny Committee consider the progress made by the Rugby Clinical Commissioning Group and the minutes of the Shadow Health and Wellbeing Board.

#### 1.0 Views of the Shadow Health and Wellbeing Board

The Shadow Health and Wellbeing Board considered a report from the Rugby Clinical Commissioning Group on Progress towards Authorisation at their meeting on 22 May 2012. The following excerpt of the draft minutes from that meeting sets out the views of the Shadow Health and Wellbeing Board:

“Stephen Jones provided a general overview of the move by the CCGs towards authorisation, explaining that significant progress had been made over the last two months. Debate had focused on the viability of a separate Nuneaton and Bedworth CCG and on the possibility of a combined Rugby/Coventry CCG. It is anticipated that South Warwickshire CCG will fall under wave 2 whilst the others will be in wave 4. There has also been some debate around the size and shape of the areas covered by the NHS Commissioning Board Local offices. It is likely that the model agreed will cover an area significantly larger than Coventry/Solihull/Warwickshire. Monica Fogarty informed the meeting that Warwickshire County Council would favour a local office that covered the Arden Cluster footprint. (She agreed to email this to Stephen Jones thus creating an audit trail for him). However, acknowledging that this was unlikely she called for a local area that was as compact as possible. Wendy Fabbro expressed concern that an office that covers a large area may not give integration the emphasis it deserves. In response to a question from Councillor Roodhouse the meeting was informed that the consultation letter concerning the local offices had not been sent specifically to LINK.

Regarding the development of a combined Rugby/Coventry CCG, Charlotte Gath apologised for not bringing the matter to the March 2012 Board meeting. She explained that consideration had been given to having a stand-alone Rugby CCG but the 100k population of the area would have been too small. She informed the meeting that the

CCG had sought to be as transparent in its dealings as possible and had requested the views of many stakeholders. The Rugby/Coventry configuration had been agreed on 2<sup>nd</sup> May 2012. Charlotte disputed that it was the role of the board to comment on the configuration of CCGs but the Chair stated that a concern with the integration of health and social care and the mechanisms to achieve it lay at the heart of the health and Wellbeing Board's role. Acknowledging the current position, Councillor Roodhouse suggested that moving forward, the key will be to look at how patient engagement will work. He explained that following a visit to UHCW he had come away concerned over the future plans for Rugby St Cross Hospital. He felt that not enough consideration had been given to the plans for the future development of Rugby and the pressure this will apply on health services. Councillor Timms' concern was that almost regardless of the structure agreed, the key is to ensure good service delivery. She reiterated the concerns about the future of Rugby St Cross.

There followed a discussion around the level of engagement of stakeholders in this matter. It was acknowledged that with the new relationships between local authorities and the health economy lessons are to be learned. It was also recognised that should it be found in the future that the Coventry/Rugby model does not work effectively the matter will be reviewed.

Stephen Jones noted that local authority boundaries do not always reflect patient flows and emphasised the need for agreement on the Coventry/Rugby model. Councillor Roodhouse called for a degree of consistency of approach by CCGs to communication with LINK/Heathwatch.

The Board resolved that the Shadow Health and Wellbeing Board:

1. Accepts the principle of closer working between Rugby and Coventry CCGs in order to pool knowledge and good practice, clinical capacity and leadership, achieve economies of scale, and commission effectively in line with patient flows.
2. Accepts, as a fait accompli, the progress made by Rugby CCG in working towards a single Coventry and Rugby CCG structure which will greatly strengthen the CCG's commissioning role with its main provider UHCW (University Hospitals Coventry and Warwickshire) and thereby help to strengthen, develop and protect services for residents at St Cross Hospital, Rugby and in the community.

The Chair invited Dr David Spraggett to update the board on the position regarding the South Warwickshire CCG. Having explained how the CCG might be put into wave 3 he offered to produce a briefing note for the board and provide a copy of the CCG's vision document and strategy. This was welcomed. Finally David Spraggett assured the

board that any 360 degree assessment undertaken would go to many stakeholders.”

## **2.0 Key Issues**

- 2.1 Rationale for a single CCG: Rugby CCG was amber rated for authorisation by the Strategic Health Authority (SHA) in November 2011. The CCG was rated green for all criteria except size, the population of under 100,000 posing potential risks on clinical risk management grounds and on management capacity and resources. The Rugby CCG Executive team have at all stages been committed to a strong local identity and locally based commissioning team for Rugby but recognise that our main provider UHCW, and mental health provider, Coventry and Warwickshire Partnership Trust (CWPT) are countywide organisations. Rugby GPs supported the view that the CCG’s commissioning role would be considerably strengthened by working more closely with the two former Coventry CCGs, and that this would be of clear benefit to Rugby patients and our population, and voted in support of working towards a single CCG governing body, with three underlying locality structures in March 2012.
- 2.2 The options appraisal with proposals for joint working which went to Rugby and Coventry GPs was also sent out to Health and Wellbeing Board senior colleagues in February 2012 and no comments were received at that time. This options appraisal document was sent to all HWB members last month. Warwickshire County Council and Rugby Borough Council are both represented on Rugby CCG’s Partnership Board which meets monthly, at which all the background to the above has been discussed regularly since November 2011 and no concerns have been expressed to date. We are now seeking the endorsement of Warwickshire HWB in working towards authorisation as a single CCG governing body across Rugby and Coventry in Autumn 2012, which will become fully operational in April 2013.

## **3.0 Background**

- 3.1 Rugby CCG will continue to have a strong locality team, including Chief Operating Officer and GP clinical leads, based in a Rugby locality office.
- 3.2 Rugby CCG will continue to work closely with our CCG colleagues in North and South Warwickshire, and as part of the countywide federation of CCGs, and will maintain a Warwickshire perspective in commissioning services for our Rugby population.
- 3.3 Rugby CCG will continue to be represented on Warwickshire’s Shadow Health and Wellbeing Board and remains committed to the key priorities identified in the Warwickshire JSNA and implementation of these through our local health strategy and to tackling health inequalities in our population.
- 3.4 Rugby CCG will continue its strong working relationships with public health colleagues, Warwickshire County Council and Rugby Borough Council on behalf of Rugby residents, and there will be no changes to the commissioning of social care for Rugby.

- 3.5 Rugby CCG will work with South Warwickshire Foundation Trust (SWFT) and both UHCW and CWPT to ensure seamless community services working across acute and community settings for the benefit of our residents and aiming to reduce unnecessary admissions and ensure timely and effective discharge arrangements from hospital.
- 3.6 Rugby CCG will continue to offer patients choice in terms of care in hospital settings, but we recognise that in Rugby making best use of the St Cross site in providing local services is a priority for our local population.
- 3.7 Rugby CCG will continue to work with Warwickshire Health and Scrutiny to oversee the above.
- 3.8 We are aware that concern has been expressed regarding future working in Warwickshire with a new combined CCG and hope that the above provides some reassurance. We believe the benefits of maximum leverage in commissioning from a large acute provider, and developing a structure which reflects patient flows into acute care, outweigh the potential disadvantages of working with two local authorities, and are of particular benefit to Rugby residents in considering future services at St Cross. Our current partnerships and working relationships in Warwickshire are good and will be maintained and strengthened under the new combined CCG structure.

#### **4.0 Timescales associated with the decision/Next steps**

- 4.1 On May 2<sup>nd</sup> 2012 the Rugby and Coventry CCG teams met together and agreed to a timetable of joint working with a view to authorisation as a single CCG governing body in Autumn 2012.
- 4.2 Coventry and Rugby CCGs' Executive teams will be meeting as joint Board-to-Board and management team meetings from 1<sup>st</sup> June and the Rugby team will ensure effective representation in all decision-making processes.
- 4.3 Recruitment is underway for the key roles of Chair and Accountable Officer, both of which will be local GPs, for a new combined CCG.
- 4.4 Further feedback on this process will be available at the next HWB in June.

	<b>Name</b>	<b>Contact Information</b>
Report Author	Dr Charlotte Gath Rugby CCG Clinical Lead	charlotte.gath@warwickshire.nhs.uk