

Warwickshire Shadow Health and Wellbeing Board

17 July 2012

The Development of Clinical Commissioning Groups and their Relationship with the Health and Wellbeing Board in Warwickshire.

Recommendations

That the Health and Wellbeing Board:

- 1) Receives this report for information.
- 2) Notes and puts in place a process to respond to the opportunity to contribute to the Authorisation process for Clinical Commissioning Groups (CCGs) through the “360 degree survey”.
- 3) Invites CCG’s to update the Health and Wellbeing Board on their progress towards Authorisation.

1.0 Introduction

1.1 This paper outlines

- 1) The Role and Purpose of Clinical Commissioning Groups
- 2) Their journey to Authorisation
- 3) Their links to Health and Wellbeing Boards
- 4) The links between the HWB and other elements of the NHS Commissioning System

2.0 Clinical Commissioning Groups. (CCGs) Role and Purpose

2.1 The development of Clinical Commissioning Groups (CCGs) will form the centre piece of the changes in the way in which NHS services will be commissioned in future. Whilst the creation of CCGs continues to emphasise the split between the commissioning of services from their provision, CCGs will be expected to be different from predecessor NHS organisations.

“Whilst statutory NHS bodies, they will be built on the GP practices that together make up the membership of a CCG. These member practices must decide, through developing their constitution, and within the framework of legislation, how the CCG will operate. They must ensure

that they are led and governed in an open and transparent way which allows them to serve their patients and population effectively”

Towards Establishment

- 2.2 In this context “Commissioning” means
- 2.3 The process of arranging and continuously improving services which deliver the best possible quality and outcomes for patients, meet the population’s health needs and reduce inequalities within the resources available. The process includes
- Planning the optimum services which meet national standards and local ambitions, ensuring that patients and the public are involved in the process alongside other key stakeholders and the range of health professionals who contribute to patient care;
 - Securing services, using the contracting route that will deliver the best quality and outcomes and promote shared decision-making, patient choice and integration;
 - Monitoring, assessing and, where necessary, challenging the quality of services; and using this intelligence to design and plan continuously improving services for the future.

2.0 Establishing and Authorising CCGs

- 2.1 The Arden Cluster is in the process of “Establishing” three Clinical Commissioning Groups (CCGs) to Commission Health Services on behalf of the populations of Coventry and Warwickshire
- 2.2 Each of the prospective CCGs is now working through a process of development which is intended to allow them to become an “Authorised” CCG on the 31st of March 2013.
- 2.3 CCGs will apply to the NHS Commissioning Board (NHSCB), the national body with overall responsibility for the commissioning of all NHS services to become “Established” and “Authorised” to take on the responsibilities of commissioning services for their populations. Each CCGs application will be appraised by the NHSCB which will be categorised as “Authorised”, “Authorised with conditions” or “Established”. For those organisations who are only Established, the NHSCB will determine who will take on commissioning responsibilities for their populations. Those organisations that are Authorised with conditions will have clear criteria which they will be expected to meet within a set time.

3.0 Configuration

- 1.1 Following consultation with the prospective “members” of CCGs, (the GP Practices who will comprise them), three CCGs will cover the following populations
- Warwickshire North
 - South Warwickshire
 - Coventry and Rugby
- 3.3 The configuration of CCGs has been subject to approval by the NHS CB and scrutiny by the Local Authorities. Particular assurances have been requested from CCGs who plan to work across Local Authority boundaries, as is the case in relation to Coventry and Rugby.
- 3.4 Coventry and Rugby have chosen to emphasise the significance of the three localities within their organisation which represent the historic configuration of Practice Based Commissioning. All three predecessor organisations are committed to the development of a single organisation which remains capable of maintaining the benefits of the local focus of its predecessors.
- 3.5 Warwickshire North is likely to operate with two sub groups, which will reflect former Practice Based Commissioning groupings

4.0 Development

- 4.1 All CCGs will be expected to provide evidence of and a growing track record of meeting 6 broad criteria
- 1) A strong clinical and multi-professional focus which brings real added value;
 - 2) Meaningful engagement with patients, carers and their communities;
 - 3) Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies;
 - 4) Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible;
 - 5) Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support; and

- 6) Great leaders who individually and collectively can make a real difference.
- 4.2 For CCGs to become Authorised, they will need to be able to demonstrate an adequate level of competence across all these areas and the potential to achieve excellence in future.
- 4.3 Each applicant will be expected to present a portfolio of evidence that shows their capacity and capability to operate effectively from the outset and to develop into fully fledged organisations capable of leading the commissioning of health care for their population.
- 4.4 Each CCG faces its own unique set of challenges and is at a different point in their development. Interim Governing Bodies have been established in South Warwickshire and Coventry and Rugby and leadership teams are now established.
- 4.5 Accountable Officers (designate) have been confirmed for:
- Coventry and Rugby CCG (Dr Steve Allen)
 - South Warwickshire CCG (Gillian Entwistle)
- 4.6 Warwickshire North CCG has appointed an Interim Senior Officer (Andrea Green) to support the CCG over the next 6 months and will recruit an Accountable Officer (designate) in due course.
- 4.7 The emerging Warwickshire North CCG has had further SHA facilitation to help support the creation of a Governing Body and constitution. Formal elections will be held in due course for the substantive Governing Body.

5.0 Application

- 5.1 CCGs have opted to make their applications for authorisation in the following waves
- Coventry and Rugby CCG - Application in November - Wave 4
 - Warwickshire North CCG - Application in November - Wave 4
 - South Warwickshire CCG - Application in October - Wave 3

6.0 CCG links to Health and Wellbeing Boards.

- 6.1 As part of the process of developing clear and credible plans, developing good governance and meaningfully engaging with patients, carers and their communities CCGs .

“will require a comprehensive and effective patient and public engagement strategy with systems and processes to assure the governing body that this is taking place throughout the organisation. They will need to play a full role on their local Health and Wellbeing

Boards including co-operating, in preparing joint strategic needs assessments, and agreeing a joint Health and Wellbeing Strategy. They will also work in partnership with Local Authorities and (as members of the Health and Wellbeing Boards) have a role in encouraging health and social care commissioners with the aim of securing better integrated health and social care for their patients. They will have a responsibility to ensure that relevant health and care professionals are involved in the design of services and that patients and the public are actively involved in the commissioning arrangements.”

Towards Establishment

7.0 Stakeholder Survey

7.1 As part of the Authorisation process CCGs will be subject to a 360 degree assessment. 360° stakeholder surveys will be undertaken shortly before each application.

- Coventry and Rugby CCG - Survey in October
- Warwickshire North CCG - Survey in October
- South Warwickshire CCG - Survey in September

7.2 A range of stakeholders including Health and Wellbeing Boards (see Annex C for list of stakeholders) will be invited to complete a short web-based survey.

7.3 Stakeholders will be asked to respond to a series of standard questions addressing how they perceive the aspiring CCG has fulfilled and will continue to fulfil the six domains of authorisation. In addition, as representatives from a specific stakeholder group, participants will be asked a number of bespoke questions linked to their specific relationship with the CCG in question.

7.4 A report analysing responses will be sent to the applicant CCG for them to submit to the NHSCB. The applicant CCG will be able to comment on and provide a response to any issues raised by the survey. Survey findings will inform the wider Authorisation process.

8.0 The Wider Commissioning Architecture

8.1 The development of CCGs forms part a radical restructuring of commissioning within the NHS. Other components of the commissioning system for the NHS which will influence or interact with the HWB include

8.2 The National Health Service Commissioning Board.

8.3 The NHS CB came into being in October 2012. The Board plays a vital role in providing national leadership for improving health outcomes and

driving up the quality of care. At its simplest, the purpose of the Board will be to work with clinical commissioning groups (CCGs) and the wider system to use the commissioning budget of around £80 billion a year to secure the provision of high-quality health services for patients and communities. The Board has a direct responsibility for Primary Care Commissioning, which includes General Practitioner, Dentists, Pharmacists and Optometrists.

8.4 Local Area Teams

8.5 There are 27 Local Area Teams (LATs) to provide a local presence for the NHS CB. The LAT covering Warwickshire will also be responsible for Coventry, Worcestershire and Herefordshire and will work through a number of more local offices.

8.6 All LATs will have the same core functions around:

- CCG development and assurance
- emergency planning, resilience and response
- quality and safety
- partnerships
- configuration
- system oversight

8.7 Senates

8.8 There will be 12 Senates nationally. Clinical senates will help Clinical Commissioning Groups, Health and Wellbeing Boards and the NHS CB to make the best decisions about healthcare for the populations they represent by providing advice and leadership at a strategic level.

8.9 They will be made up of a range of clinicians and professionals from health, including public health and social care alongside patients, public and others, as appropriate.

9.0 Proposals

9.1 Issues from the Health and Wellbeing Partnership Board

- CCGs are expected to foster and develop a wide range of relationships in order to fulfil their role and responsibilities
- The requirement to work with Health and Wellbeing Boards will make a significant contribution to their planning and prioritisation processes as well as the development of partnership working to address the wider health and well being issues that affect the communities that each body serves.

- Health and Wellbeing Boards will make a formal contribution to the Authorisation process for each CCG within the Arden Cluster through the 360 degree Survey process.

9.2 The Health and Wellbeing Board are invited to accept the following proposals

- 1) Receive this report for information.
- 2) Note and accepts the opportunity to contribute to the Authorisation process for Clinical Commissioning Groups (CCGs) through the “360 degree survey”.
- 3) Invite CCGs to update the Health and Wellbeing Board on their progress towards Authorisation.

10.0 Timescales associated with the decision/Next steps.

10.1 The 360 degree Surveys will be conducted in September and October. The Health and Wellbeing Board should ensure that appropriate links are made with each CCG to ensure that Board members can appropriately contribute to the process.

10.2 The Board may wish to invite CCGs to update them on their progress towards Authorisation at their September meeting.

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