

Wolverhampton City Council

OPEN INFORMATION ITEM

Health Scrutiny Panel

Date **7 FEBRUARY 2013**

Originating Service Group(s)

Contact Officer(s)/

RICHARD YOUNG, DIRECTOR OF STRATEGY & SOLUTIONS

Telephone Number(s)

01902 444644

Title

CCG DEVELOPMENT UPDATE

SUMMARY

The subsequent report provides the Wolverhampton City Council Health Scrutiny Panel with an update on the progress of the Clinical Commissioning Group (CCG) and an outline of the Integrated Commissioning Plan.

This is a fast moving area of work and elements of this report may not reflect the latest position. A verbal update will be provided at the committee.

RECOMMENDATIONS

The Panel is asked to note the content of the report and receive further updates on the progression of the CCG.

1. **BACKGROUND**

Subsequent to Royal Assent, the Health and Social Care Bill is now the Health and Social Care Act. One of the overarching aims of the Act is to strengthen the commissioning of NHS services by means of the implementation of clinically led commissioning.

Clinically led commissioning will empower NHS professionals to improve health services for the benefit of patients and communities and will be undertaken by the Clinical Commissioning Groups, subject to authorisation.

In order for this change to take place, the CCG must demonstrate that it is able to undertake the commissioning responsibilities to the NHS Commissioning Board, through an authorisation process. To meet the authorisation requirements, CCGs will need to demonstrate their capability and competence across six domains:-

- A strong clinical and multi-professional focus which brings real added value
- Meaningful engagement with patients, carers and their communities
- Clear and credible plans which continue to deliver the QIPP (Quality, Innovation, Productivity & Prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies
- 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
- Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as appropriate external commissioning support
- Great leaders who individually and collectively can make a real difference

Wolverhampton City CCG has applied for authorisation in Wave Three of the authorisation process.

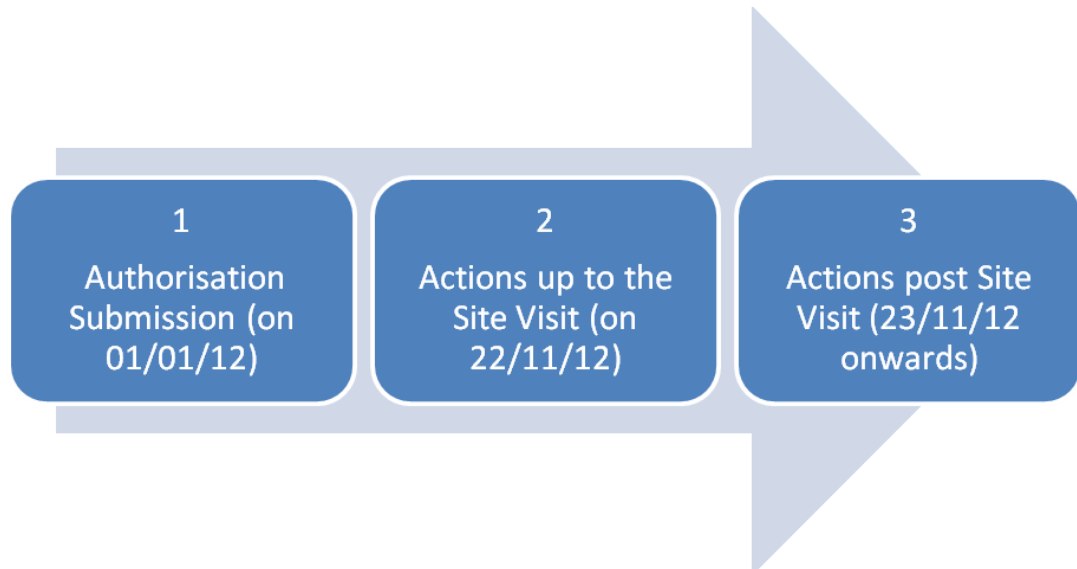
2. **CURRENT POSITION**

This is a fast moving area of work and elements of this report may not reflect the latest position. A verbal update will be provided at the committee.

2.1 **Authorisation**

The CCG authorisation process operates in three discrete phases (Diagram One). This process culminates in the CCG being authorised (with or without conditions) from the 1st April 2013, where if successful, the CCG will become a statutory body and part of the NHS.

Diagram One – CCG Phases of Work



Wolverhampton City CCG submitted a portfolio of evidence to the NHS Commissioning Board on 1st October 2012. This was appraised by the NHS CB and the results of that original application were followed up in a Site Visit on the 22 November 2012. After the first phase (application), out of 199 criteria areas, the CCG was assessed as having 54 ‘red rated’ areas and 59 ‘green rated’ areas.

The CCG underwent its Authorisation Site Visit by the NHS Commissioning Board on Thursday 22 November 2012. The day went well with some very positive feedback on the progression of the CCG since document submission, particularly around Governance and Quality.

At the completion of the site visit, only 15 “Reds” remained. A written report was then sent to the CCG and the CCG then submitted a considered response to that report. This response along with the Report then goes forward to the Moderation Panel who will review the outcome of the submission and visit to date.

The CCG is now in ‘phase 3’ and has put an action plan in place to turn the remaining ‘red flags’ to green. It is estimated that around half of these are a matter of timing or due process and will be completed shortly. The remaining issues are not thought to be problematic and will be successfully achieved by 31st March.

2.2 Commissioning Support Unit (CSU)

The contract between the CCG and the CSU has now been signed and is in place together with a set of KPIs. The CSU has completed its first round of recruitment and ‘embedded staff’ are now being deployed in to CCGs.

2.3 Appointments

Appointments have now been made to the internal structure of the CCG. There are now just a small number of vacancies remaining, for example the Secondary Care Clinician, which is in the process of being re-advertised.

2.4 Integrated Commissioning Plan

The CCG is continuing its development of the Integrated Commissioning Plan, working closely with its partners to ensure its alignment to interdependent plans such as the JSNA, Health and Well Being Strategy etc. (see section 3 for further detail).

2.5 Organisational Development (OD) Plan

Work is continuing around the OD Plan to ensure that we have a detailed implementation plan with appropriate timescales. An external OD adviser is assisting with this.

2.6 Patient and Public Engagement (PPE)

Pat Roberts, Member of the Governing Body – PPE, is working with the developing PPE Team and beginning to build a structure for engagement going forward. This includes three locality based Patient Participation Groups, each which will have a Chairperson sitting on the newly forming Wolverhampton Partnership. The partnership will consist of a number of representatives from stakeholders for example voluntary organisations, patient groups, Local Authority, Links and Health and Wellbeing Board.

2.7 Accountable Officers Meeting

A meeting took place with the Birmingham, Black Country CCGs and Local Area Teams on 15 November 2012. There was discussion around the need to collaborate, particularly around primary care commissioning and specialised services. Ways of working will be explored further. There was also discussion around commissioning of the Ambulance Service and it was generally agreed that the best model would be with one CCG hosting the commissioning arrangements but that the other CCGs all needed to have input particularly around local KPIs.

2.8 PCT Closure Plan

The PCT Closure Plan is currently being monitored by the CCG Senior Management Team and the PCT Cluster Transition Board. There are no current areas of concern.

3. INTEGRATED COMMISSIONING PLAN: THE WAY FORWARD

The Integrated Commissioning Plan (or ICP) will operate as the CCG's primary strategy document and place quality for patients and clinical views at its heart. In addition, the ICP will describe the governance, decision making and planning and detail how the CCG will achieve mandatory performance targets and operate within its financial resource.

The ICP specifies the vision, values and mission of the CCG, illustrate the case for change (patient views, financial, health needs and quality/performance) and set out the CCG's high-level commissioning intentions.

Whilst the CCG accepts that there are many priorities, in order to focus its work and be as effective as possible for the people of Wolverhampton, it will concentrate on four

specific areas. These four priority areas have been identified by assessing how well the CCG performs against a number of measures including those within the NHS Outcomes Framework, quality reports and patient feedback. This assessment was then evaluated by members of the public and General Practitioners within numerous engagement activities. The work from the assessment exercise and the engagement events has been assembled and arranged into four priority areas:-

1. Improve outcomes and the cost effectiveness of planned care
2. Build a sustainable and effective urgent care system
3. Create a sustainable and effective system for the whole care journey of patients with long term conditions (including mental health)
4. Reducing inequalities across Wolverhampton

The CCG is placing effective and comprehensive engagement as a key component within its new ways of working. Specifically, the CCG will be striving to:

- Agree the Case For Change with all stakeholders
- Ensure priorities align with the work of all stakeholders and avoid gaps/duplication
- Work collaboratively to attain mutual benefit and avoid unintended consequences
- Ensure the CCG planning and operational response truly reflects the views of all stakeholders
- Establish an effective method for Relationship Management

For the CCG to operate effectively, it will continue to work with Wolverhampton City Council in regards to the Public Health Core Offer and establishing the revised model for the Joint Commissioning Unit. In addition, the CCG will work in collaboration with the Commissioning Support Unit, to establish a cost effective and sustainable solution, regarding the support functions.

4. RECOMMENDATIONS

The Committee is asked to note the content of the report and receive further updates on the progression of the CCG.

5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications of this report.