

Wolverhampton City Council

**OPEN INFORMATION ITEM**

**Health Scrutiny Panel**

Date **28 MARCH 2013**

**WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP**

Contact Officer(s)/	<b>RICHARD YOUNG, DIRECTOR OF STRATEGY &amp; SOLUTIONS</b>
Telephone Number(s)	<b>01902 444644</b>
Title	<b><u>CCG AUTHORISATION UPDATE</u></b>

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**SUMMARY**

This report provides the Wolverhampton City Health Scrutiny Panel with an update on the progress of the Clinical Commissioning Group (CCG).

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 Health Scrutiny 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. This process culminates in the CCG being authorised (with or without conditions) from the 1<sup>st</sup> April 2013, where if successful, the CCG will become a statutory body and part of the NHS.

Wolverhampton City CCG submitted a portfolio of evidence to the NHS Commissioning Board on 1<sup>st</sup> 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 was considered by the Moderation Panel who reviewed the outcome of the submission and visit. The outcome was that one further ‘red flag’ was raised – however, this was a technicality and the actions to address some of the other ‘reds’ has already dealt with this issue.

The CCG was then invited to further submit evidence in January to satisfy the NCB on upto 12 of the 16 remaining areas. The CCG will be notified on 20<sup>th</sup> February if it has been successful on any of these areas.

## **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.

## **2.4. Integrated Commissioning Plan (ICP)**

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.

The Wolverhampton City CCG ICP is in the final stages of construction and so it is not possible to share the final version of the document at this stage. However, there will be a presentation at the meeting on progress, the latest position and plans for sign off / further engagement at the meeting.

## **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. 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. Authorisation Update**

### **3.1. January Evidence Submission**

All evidence for the 12 criteria was submitted during the 10 day evidence window.

The NCB Moderation Panel is set to review all evidence on Monday 18th February with a view to contacting the CCG in writing on/ around Wednesday 20th February with an authorisation decision.

In the event that within the 12 submitted, some remain red, the CCG will need to address these in a "Rectification Plan" which needs to be submitted on 1st March.

The rectification plan will be produced by the CCG and will outline its plans to turn any outstanding criteria, post authorisation notification, to a green rating. It is advised that the CCG liaise closely with the LAT (as suggested by our key assessor) to build a comprehensive and robust plan that will gain acceptance from the assessors.

The plan, as mentioned above, must be returned to the LAT by 1st March. There is no pre-defined template/ method for the submission of this although it has been suggested by the NCB that the plan must include (as a minimum):

1. Statement of outstanding condition rated red
2. Statement of standard to be achieved
3. CCG action plan to achieve required standard, to include:
  - a. Specific actions to be taken
  - b. Timeframes and lead responsibility for each action
  - c. Position achieved by date of submission of plan
  - d. Expected completion date if not achieved by date of submission of plan
4. Evidence to support 'Position achieved by date of submission of plan'. This should be described in a short narrative, and may include appendices, or website links to, documentation signed off by your CCG Board.

It will be in this document that the CCG will need to evidence collaborative working with the LAT to address any outstanding reds.

### **3.2 Final Report from the NHS Commissioning Board**

On 21st February, the CCG received the final report from the NHS Commissioning Board stating that the CCG has been authorised with conditions.

This means Wolverhampton City CCG became authorised as a statutory NHS body from 15 February subject to some conditions. These conditions will be reviewed before 31 March by the NHS Commissioning Board and quarterly thereafter.

This news follows a long process of gathering evidence, refining and explaining plans, and sending these to the NHS CB to provide assurance that we meet the 119 legal criteria necessary to take on our statutory powers.

The CCG has been able to reduce the 16 previous “red flags” to 7 following the 10-day evidence window in January. These are:

- 1.2D: CCG to provide evidence of member practice involvement in decision-making process and, where appropriate, there are clear arrangements for delegation of functions
- 1.3A: Provide evidence that arrangements are in place for CCG to involve and seek advice from healthcare professionals from secondary, community, mental health, learning disabilities and social care
- 1.3B: Governing body must include nurse and secondary care doctor
- 2.3B: Provide examples of CCG engaging different groups and communities through a range of communications channels in the development of its vision, plan, or in broader CCG decision-making
- 3.1.1B: CCG must have a clear and credible integrated plan that meets authorisation requirements
- 3.1.1D: Demonstrate that QIPP is integrated within all plans and clearly explain any changes to existing QIPP plans
- 3.3H: Provide evidence of on-going discussion between the CCG and provider organisations about long-term strategy and plans

### **3.2. Next steps**

The CCG will submit a rectification plan to the NHS CB Local Area Team (LAT) by 21 February 2012. The CCG has robust plans underway to address these conditions so we remain confident that we will remove these before PCTs are abolished on 31 March 2013.

Finally, the CCG is pleased to receive formal confirmation of Dr Helen Hibbs’ appointment as the CCG’s Chief Responsible Officer.

### **4. Recommendations**

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

### **5. Financial Implications**

There are no direct financial implications of this report.