Nottinghamshire County Council

Report to the Health and Wellbeing Board

27th June 2012

Agenda Item:10

REPORT OF CHAIR OF THE BASSETLAW CLINICAL COMMISSIONING GROUP

CLINICAL COMMISSIONING GROUP AUTHORISATION PROCESS

Purpose of the Report

1. The purpose of the report is to provide information to members of the Health and Wellbeing Board about the process for authorisation of the six Clinical Commissioning Groups (CCGs) in the current NHS Nottinghamshire County Primary Care Trust area.

Information and Advice

2. The NHS Commissioning Board, when established, will have a duty to ensure that by 1st April 2013 every GP practice in England is a member of a CCG and that the geographical areas covered by CCGs cover the whole country. For unregistered patients, the responsible commissioner will be the CCG in whose area they live. CCGs will also be responsible for providing for emergency and urgent care for those within their boundary at the time of need.

3. The process for authorisation as a Clinical Commissioning Group consists of three stages:

   (a) **Pre-application**: in addition to the responsibilities undertaken as part of the scheme of delegation, CCGs participated in a self-assessment diagnostic and assemble the evidence needed as part of the application submission

   (b) **Application**: Submission of an application form to the NHS Commissioning Board, together with supporting evidence and self-certification on some of the criteria for authorisation.

   (c) **NHS Commissioning Board Assessment**: Only the NHS Commissioning Board can legally make a decision on authorisation, although it must have regard to the assessment and views of Strategic Health Authorities, the NHS Commissioning Board Authority and other parties. The formal assessment will be based on the evidence gained from several key components including 360° survey, Desk-top Reviews, Case Studies and site visits.

Authorisation Domains

4. The authorisation content is structured around 6 domains:

    - A strong clinical and multi-professional focus which brings real added value
    - Meaningful engagement with patients, carers and their communities
    - Clear and credible plan which continues to deliver the Quality Improvement, Productivity and Prevention (QIPP) challenge within financial resources
    - Proper constitutional arrangements with the capacity and capability to deliver all their duties and responsibilities
    - Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as appropriate commissioning support
    - Great leaders who individually and collectively make a real difference.

Key Documents in the Authorisation Process

5. Clinical Commissioning Groups will need to supply a number of key documents as part of the application process, and ensure that the documents provide the necessary evidence in the relevant domains.

6. Key documents include:

    - Proposed CCG constitution, signed off by all member practices
    - Documents detailing governance, financial management, integrated risk management arrangements.
    - CCG Organisational structure & Organisational Development Plan
    - Minutes of multi-professional meetings, governing body and other committees
    - Draft Joint Strategic Needs Assessment
    - Joint Health and Wellbeing Strategy
    - Draft commissioning intentions for 2013/14
    - List of collaborative commissioning arrangements
    - Service Level Agreement with assured commissioning support provider
    - Case studies – providing evidence across a range of domains and service areas
    - Communication and engagement strategy.

Declaration of Compliance

7. The application will be signed by the Chair and Accountable Officer of the CCG and will include a declaration of compliance. This will be made available on the CCG's website, together with key documents. It covers areas including promotion of research, promoting the NHS constitution, promoting choice and shared decision making, environmental and social sustainability, education and training, innovation, the public sector equality duty and procurement requirements,

statutory responsibilities, and detail on the CCG's commissioning arrangements for the main areas of:

- Mothers and newborn
- People with need for support with mental health
- People with learning disabilities
- People who need emergency and urgent care
- People who need routine operations
- People with long-term conditions
- People at the end of life
- People with continuing healthcare needs.

360 Degree Stakeholder Survey

8. The aim of the 360 degree survey is to assess whether foundations for key stakeholder relationships are present at authorisation, and whether relationships are likely to provide a sufficient basis for effective commissioning.

9. The 20 minute website survey will be carried out by Ipsos MORI 6 weeks prior to the application date to enable the results to be collated, fed back to the CCG and the CCG to prepare and submit a commentary with their application.

10. Clinical Commissioning Groups will be asked to submit contact details to Ipsos MORI for the following people, having obtained permission from each of them to do so:

- All constituent member practices
- Other relevant CCGs
- Health and Wellbeing Boards
- Local Authorities, both upper and lower tier
- LINks and other patient groups
- NHS providers
- Clinical networks
- Commissioning Support Services

Desk Top Review

11. The evidence portfolio will consist of the CCG application and accompanying documents, the 360 degree stakeholder survey report, the CCG data profile and the SHA report. The review of the evidence will take place in three stages:

    a. a document assessment made by trained and accredited assessors who will assess different types of document depending on their background and experience, and consider the quality of the documents, areas of good practice, areas of concern and areas for development and produce clear reports in the form of a populated template.

    b. A domain assessment undertaken by trained domain assessors under the guidance of six national domains leads, one for each domain of assessment following the reports of the document assessors. The domain leads are clinicians who will be the same across each wave of application to ensure that the domains are assessed appropriately and consistently throughout the accreditation process. The domain

assessors will independently assess the documents to judge them against the 6 domains and will produce a report giving strengths, weaknesses or anomalies of the domain in question.

c. Key assessment, which is an overview and triangulation of the findings led by a key assessor allocated to the CCG who will become an expert in that CCG's profile, strengths and challenges. That person considers the CCG application, the submitted documents, the 360 degree summary report and domain reports, and co-ordinates a meeting of the domain assessors which is in two parts, the first considering the evidence submitted and remaining gaps, uncertainties and conflicts to gain a consensus view of the CCG's strengths and weaknesses. A report on the submission is produced prior to the second part of the meeting, to ensure effective triangulation. This second part looks at the SHA progress report, 360 degree report and data profile. The final summary report is then sent to the CCG who are given two days to carry out a factual check on the report prior to the site visit.

Site Visit

12. There will be a one day site visit for each CCG from a team consisting of a senior representative from the NHS Commissioning Board, a member of the NHS Commissioning Board authorisation team, a clinical leader from a CCG from a different area, a lay assessor, finance and commissioning experts.

13. Fairness and equality will be ensured through a standardised authorisation process for every CCG. Assessors will be trained to the same standards and provided with the same guidelines to assess against, applicable to every emerging CCG in England. Conflicts of interest will be carefully monitored and mitigated against with every assessor providing a declaration of interests. Assessors will not take part in the authorisation process for CCGs with whom they have connections.

Timescales for Authorisation

	Wave 1	**Wave 2**	**Wave 3**	**Wave 4**
Stakeholders for 360° surveys contacted, their permission gained.	04/05/2012	22/06/12	20/07/12	17/08/12
360° survey takes place	14/05/12 – 08/06/12	16/07/12 – 10/08/12	13/08/12 – 07/09/12	10/09/12 – 05/10/12
Application submitted	01/07/2012	01/09/2012	01/10/2012	01/11/2012
Authorisation decision back to CCG	31/10/2012	30/11/2012	31/12/2012	31/01/2013

14. All the authorisation waves are equal and there is no difference between a CCG in wave one or wave four in terms of competence. Proposed CCGs in each wave will continue to develop throughout the year as they take on increasing responsibilities, and could have conditions set irrespective of the wave in which

they are placed. There is no advantage in being part of any particular wave as all CCGs will take on their new commissioning duties, if authorised, on 1st April 2013, regardless of their wave.

15. The NHS Commissioning Board is on schedule to have completed the authorisation process by January 2013. The wave process will comprise: 35 proposed CCGs in wave one; 70 in wave two; 67 in wave three; and 40 in wave four. The majority of proposed CCGs were able to secure their first choice of 'wave' but, due to the fact those applications for wave two exceeded availability, some were asked to move into an alternative. These moves were agreed between the proposed CCG and the SHA cluster. Following the initial view of the national authorisation profile for waves two to four, a total of 44 CCGs were asked to move, 22 from wave two to wave three and 22 from wave three to wave four.

16. Within Nottinghamshire :

Wave 1	Bassetlaw
Wave 2	Nottingham West Nottingham North East Rushcliffe
Wave 3	Mansfield and Ashfield Newark and Sherwood

Nottingham City CCG will be going in Wave 2.

17. Whilst Mansfield and Ashfield and Newark and Sherwood CCGs had asked to go in wave 2, the SHA asked them to delay until wave 3 because of the oversubscription for wave 2. There are considerable interlinks between all CCGs in Nottinghamshire County and Nottingham City and the authorisation teams from the NHS Commissioning Board will need to take account of this and the different timescales.

Potential Outcomes for the Assessment Process

18. There are three possible outcomes of the assessment process:

a. **Fully authorised** - satisfies all requirements set out in the legislation
b. **Authorised with Conditions** - conditions or directions specific to the particular criteria which have not been satisfied.
c. **Established but not authorised** - The NHS Commissioning Board will make alternative arrangements for commissioning for that population until the shadow CCG ready to move forward.

All CCGs will have a development plan reflecting the outcome.

Clinical Commissioning Groups Names

19. The expectation is that the requirement for CCG names is likely to be made of three constituent parts only:

    a. the term 'NHS';
    b. a geographical reference;
    c. The term 'clinical commissioning group' or the acronym CCG following a and b.

20. Principia Rushcliffe have, therefore, been asked to change their name to Rushcliffe CCG. The CCG is currently considering this, and it will be confirmed by the governing body. The Strategic Health Authority is using the term Rushcliffe CCG for now.

Other Options Considered

21. There is a requirement for all CCGs to go through the authorisation process before April 2013, and there are therefore no other options to consider.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

23. The authorisation process includes rigorous standards for service user participation, and since decisions will now be taken at the most local level possible and appropriate, there will be greater opportunities for services user to influence service design and outcomes.

Financial Implications

24. Each CCG will have a limit of £25 per head in operating costs. All CCGs are within this limit. The joint commissioning work between CCGs therefore gives a good balance in terms of local decision making, and making best use of available commissioning resource.

Human Resources Implications

25. Staff currently employed by Nottinghamshire County PCT will be transferred under TUPE in April 2013 to the CCGs, the NHS Commissioning Board, or the Commissioning Support service.

Implications for Sustainability and the Environment

26. As part of the authorisation process, CCGs will have to demonstrate their commitment to environmental and social sustainability. They will therefore continue and develop the work already begun by the PCT on this area.

RECOMMENDATION/S

It is recommended that the Health and Wellbeing Board:

1) are asked to note the authorisation process for CCGs
2) members will be asked to participate in the 360 degree survey as key partners.

DR STEVE KELL
Chair of the Bassetlaw Clinical Commissioning Group

For any enquiries about this report please contact:
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Constitutional Comments

27. The recommendations within this report fall within the remit of the Health and Wellbeing Board.

Financial Comments

28. The plans within this report will be delivered within the budget allocated.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All.

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