HWOSC December 2012

Update on Brighton and Hove CCG Authorisation Process

1.Summary

The purpose of this paper is to provide an update on the progress of Brighton and Hove CCG towards being fully authorised as a statutory body from the 1st April 2013. In particular it:

- Describes the NHS Commissioning Board Authorisation process and context
- Outlines progress against the stages completed by Brighton and Hove CCG and next steps

2. Background and Context

By April 2013, Primary Care Trust (PCTs) across England will cease to exist and will be replaced with Clinical Commissioning Groups (CCGs) in line with the Health and Social Care Act 2012.
Each CCG will have had to complete an authorisation process (which is a legal process) to be established as a statutory body and be able to fulfil its statutory duties and responsibilities.
This process has been designed and led by the NHS Commissioning Board which formally became an independent body at arms length to the government on the 1st October 2012.

Each CCG earlier this year nominated themselves to participate within one of four waves to complete the process. Brighton and Hove nominated themselves to be in Wave two which commenced in June with a final decision due in January 2013.
The process towards authorisation covers a number of steps outlined below with CCGs being authorised fully, or with conditions (requiring a period of further work to provide assurance to the Commissioning Board prior to the 1st April 2013).

2.1 Pre application Phase
Completion of 360 degree stakeholder feedback survey, self assessment against delivery of statutory duties and assurance around prior risk assessments completed covering CCG size and configuration

B. Application Phase
Formal self certification and declaration of compliance that the CCG is able to discharge statutory duties and responsibilities across key areas.
Submission of core CCG documents covering 119 areas, such as Constitution, Organisational Structure Chart, Key strategies, Evidence if contracts and SLAs , Strategic Commissioning Plans , Health and Wellbeing Strategy and Board involvement
Case Studies to evidence delivery against 8 care areas
Submission of evidence against 6 core Domains of Authorisation (See Annex 1)

2.2 Desk Top Review

NHS Commissioning Board reviews through a panel of assessor's evidence submitted with phase 1a and b and identifies areas where further clarification is required or are areas for potential development prior to authorisation. These are called Key Lines of Enquiry (KLOE). This is produced within a report which CCGS have the opportunity to respond to prior to the site visit.

2.3 NHS Commissioning Board Site Visit

One day visit to the CCG from a panel senior representatives from the NHS Commissioning Board , clinicians , representatives from other CCGs in a different geographical area and assessors involved in the desk top review to meet the CCG, assess capacity and capability and review progress against KLOEs indentified during the desk top review. The outcome of the site visit and remaining KLOE are reported to the CCG again with an opportunity for the CCG to respond.

2.4 Authorisation Decision

The NHS Commissioning Board is the only organisation that can legally make a decision on CCGs authorisation .The final site visit report which includes the finding and recommendations from the visiting panel and the response of the CCG to these is reviewed by a moderation panel where final conditions, if any, are agreed. CCGs are given an opportunity to submit further evidence to support the closure of these or agree to develop a rectification plan to complete and close down the remaining KLOE prior to 1st April 2013.

3. Brighton and Hove CCG Authorisation

Brighton and Hove CCG has participated in Wave 2 of the national process with key stages completed in June – pre application phase and 360 survey, September - main document submission and October - NHSCB site visit .

Main feedback and outcomes from each stage have been as follows –

3.1 Pre application and 360 survey

Key finding of CCG survey

- Stakeholders feedback higher than average (in comparison to other wave 2 sites) levels of engagement with the majority satisfied with the engagement they had with the CCG
- Member practices feedback the arrangement that had been established to support member participation and decision making were effective , however fewer feeling they had been fully engaged in the development of the constitution. This reflected the fact that the constitution was still being drafted and consulted on whilst the survey was being completed.
- LINKS and patients groups were positive about the CCG clinical leadership and engagement to date
- Health and Well Being board members felt the clinical leadership of the CCG was engaging effectively
- CCG QIPP (Quality Innovation, Prevention and Productivity) plans were not fully understood and further work was required to engage all stakeholders in these plans.
- CCG arrangements with the Local Authority were identified as strong

3.2 Authorisation Documentation Submission

Desk top Review report outcomes

- 32 KLOE were identified within the desk top review report these included -
  Governing body appointments which remained outstanding
  QIPP and longer term strategic plans and associated finances plans
  CCG accountability and governance arrangements with members
  Systems in place to manage main providers
  Capacity and capability within the CCG to deliver full range responsibilities
  CCG organisational structure within nationally prescribed running costs
  Collaboration with other CCGs
  Collaboration and decision making within Health and Well Being Board
  Arrangements and SLA with identified commissioning support service
  Assessment of leadership, leadership development
  Lead clinicians selected from Member practices
  Governing body appointment process in line with national process
- The CCG clarified 6 areas from the KLOE within the response back to the NHS Commissioning Board , these covered -
  CCG finance arrangements
  Governing body roles, role outlines and adherence to national appointment process.
  Accountability and Governance arrangements
  Organisational Structures running costs, capacity and capability and clinical leadership from member practices

3.3 NHS Commissioning Board Site Visit

Following the completion of the site visit which took place in October, the CCG received the final site report with a reduction in the number of KLOE to 15.
The NHS Commissioning Board stated the CCG has made good progress to date, clinical leadership was evident throughout the CCG's work and a strong team was in place.
The CCG had made good progress with establishing its governance arrangements, which gave the panel confidence that the underlying foundation of the organisation were robust.
The panel felt that the CCG needed to develop a clear view about its medium term strategy and how it can be achieved supported by robust outcome measures. The panel identified this needed to be developed as soon as possible.
The CCG was praised for its patient engagement and work to engage with hard to reach groups to improve access and outcomes.

The main key areas the CCG was advised to focus on and are reflected within the 15 outstanding KLOE include -
Further development of the Strategic commissioning Plan
Finalising arrangements including pricing and SLA with commissioning support service
Internal review of capacity and capability to deliver all CCG responsibilities
Collaborative arrangements with other CCGs including management of main providers across Sussex and Sussex wide programmes
Completing appointments of governing body roles
Internal IM&T arrangements
Systems and processes to manage members who do not maintain standards
Dissemination of learning from Never Events and Serious Untoward incidents

The CCG has responded with clarification of 10 of the 15 KLOE and agreed with the remaining 5 which include -
QIPP and strategic Commissioning Plans
Collaborative arrangements with other Sussex CCGs
Dissemination of learning from Never Events and Serious Untoward incidents
Commissioning support, finalising arrangements
Final governing body appointments

3.4 Authorisation decision
At the time of writing this paper the moderation panel will be meeting to review the final site visit report and CCG response on the 26th November. The outcome of this panel will inform the conditions the CCG have applied, if any. The CCG will have a 10 day window to identify where within a short period of time some or all conditions can be addressed. The CCG can provide evidence and assurance during this time to the Commissioning Board that these conditions have been addressed.
The final review will take place in January with the CCG Authorisation decision being published around the 21st January 2013.

4. Next Steps

The authorisation for Brighton and Hove CCG has been managed by small team including Chief Operating Officer, Senior Commissioner , Head of Delivery and where required the CCG Chair and Accountable Officer.

Throughout the process the CCG has included where required the identified areas for ongoing development within the CCGs Organisational Development Plan.
This has again been refreshed following the recent site visit report and a process now established through the CCG delivery team to monitor progress against plan alongside the other CCG deliverables.

The CCG Board is updated on a monthly basis of progress and this will continue through to and beyond the Commissioning Board's decision in January.
The new CCG organisational structure has now within it a senior lead role to take on this responsibility post April 2013.

The CCG will continue the transition including the handover from NHS Sussex and internal transition to the new CCG organisational structure and governance arrangements during the next 3 months and will provide HWOSC with further updates as requested.

Annex 1

6 Core Domains for Authorisation

Domain 1

Domain	Description
A strong clinical and multi-professional focus which brings real added value	A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues; clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health.

Domain 2

Domain	Description
Meaningful engagement with patients, carers and their communities	CCGs need to be able to show they will ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. CCGs need to promote shared decision-making with patients, about their care.

Domain 3

Domain	Description
Clear and credible plans which continue to deliver the QIPP (Quality, innovation, productivity and prevention) challenge within financial resources, in line with national	CCGs shold have a credible plan for how they will continue to deliver the local QIPP challenge for their health system, and meet the NHS Constitution requirements. These plans will set out how the CCG will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within their financial allocation. They need a track record of delivery and progress against these plans, within whole system working, and contracts in place to

requirements (including excellent outcomes) and local joint health and wellbeing strategies	ensure future delivery. CCGs will need to demonstrate how they will exercise important functions such as the need to promote research.

Domain 4

Domain	Description
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	CCGs need the capacity and capability to carry out their corporate and commissioning responsibilities. This means they must be properly constituted with all the right governance arrangements. They must be able to deliver all their statutory functions, strategic oversight, financial control and probity, as well a driving quality, encouraging innovation and managing risk. They must be committed to and capable of delivering on important agendas included in the NHS Constitution as equality and diversity, safeguarding and choice. They must also have appropriate arrangements for day to day business, e.g. communications. They must also have all the process in place to commission effectively each and every one of those services for which they are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.

Domain 5

Domain	Description
Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as appropriate external commissioning support	CCGS need robust arrangements for working with other CCGs in order to commission key services across wider geographies and play their part in major service reconfiguration. They also need strong shared leadership with local authorities to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital and the ability to secure expert public health advice when this is needed. They also need to have credible commissioning support arrangements in place to ensure robust commissioning and economies of scale. They need to be able to support the NHS Commissioning Board in its role of commissioner of primary care and work with the Board as a partner to integrate commissioning where appropriate.

Domain 6

Domain	Description
Great leaders who individually and collectively can make a real difference	Together, CCG leaders must be able to lead health commissioning for their population and drive transformational change to deliver improved outcomes. These leaders need to demonstrate their commitment to, and understanding of partnership working in line with such senior public roles, as well as the necessary skill set to take an oversight of public services. They need individual clinical leaders who can drive change and a culture which distributes leadership throughout the organisation. The accountable officer needs to be capable of steering such a significant organisation and the chief finance officer must be both fully qualified and have sufficient experience. All those on the governing body will need to have the right skills.