AUTHORISATION OF CLINICAL COMMISSIONING GROUPS

Board Meeting

20 February 2012

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<tr>
<th>Author(s)/Presenter and title</th>
<th>Eleri de Gilbert, Director of CCG Development</th>
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<td>Sponsor Director</td>
<td>Eleri de Gilbert</td>
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Purpose of Paper

To provide the Board with an assurance around progress being made by eCCGs towards authorisation and establishment through a general briefing paper and individual reports from eCCG chairs.

Key Messages/Issues

- Authorisation of CCGs will be a significant challenge in terms of pace and scale nationally.
- Draft criteria and process not expected until late March 2012 with final guidance expected after passage of the health and social care Bill in June/July 2012.
- 1st tranche applications will be submitted in July 2012 for a decision in October 2012 with all eCCGs having gone through the authorisation process by December 2012.
- eCCGs now have to have clear and credible plans to reach establishment and be authorised within this timescale – there are less than 100 working days before the first tranche of applications are expected.
- Local eCCGs are being supported in the developments of their plans/critical path and in ensuring that they are equipped to proceed to authorisation.

Recommendations

The board is asked to **NOTE** the timescales for authorisation and progress being made by local eCCGs.

Background (Brief Summary)

It is expected that the new commissioning architecture for the NHS will be in place by 1st April 2013. The establishment of Clinical Commissioning Groups is a significant part of that new system and it is expected that CCGs will have been developed in readiness for this start date. The CCGs will have to be authorised to be able to fully operate.

Analysis of Risks

- Agreement on the scope and nature of commissioning support services to be commissioned.
- Capacity to deliver against critical path milestones and provide all required evidence which will be required as part of authorisation.
• Configuration of Barnsley eCCG being resolved in readiness to meet the authorisation timelines.

Equality Impact:

| The establishment of eCCGs has involved an Equality Impact Assessment. The decisions and policies of the eCCGs will be subject to separate equality impact assessments. |   |
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1. Context

Subject to the passage of the Health and Social Care Bill the new system of Clinical Commissioning Groups (CCGs) will go live on 1 April 2013 when Primary Care Trusts will be abolished and the new commissioning architecture for the NHS will be in place. The vast majority of the national commissioning budget which will be overseen by the NHS Commissioning Board (NHSCB) will be discharged through CCGs. These CCGs will have to be authorised by the NHSCB to assure the NHSCB that they are capable of taking on that challenge.

2. Emerging Clinical Commissioning Groups (eCCGs) in South Yorkshire and Bassetlaw

At present there are 4 eCCGs in South Yorkshire and Bassetlaw which have been established as committees of the Cluster Board. The Cluster Board previously approved a scheme of delegation, which allows the delegation of budgets and functions to the eCCGs. The eCCGs remain accountable to the Cluster Board until 1 April 2013 when that accountability transfers to the NHSCB. It is at this stage that CCGs will have to be authorised to function fully.

The eCCGs in South Yorkshire and Bassetlaw are:-

- Bassetlaw CCG
- Doncaster CCG
- Rotherham CCG
- Sheffield CCG

Each of these eCCGs have passed the first risk assessment on behalf of the NHSCB which relates to configuration – size, geography.

Configuration remains unresolved in Barnsley although this is subject to ongoing discussions with GPs as the proposed configuration was red risk rated and have therefore not been established as committees of this board.

3. Approach to Authorisation

CCG Authorisation represents a significant challenge in terms of scale and pace. The authorisation process is currently being designed with significant input from CCGs themselves but also from the DH, NHSCB, expert policy leads SHA Clusters and PCT Clusters through a range of workshops and Accelerated Learning Events.
It is envisaged that the authorisation process will recognise that CCGs have not previously existed they will not be able to demonstrate a significant track record of delivery or their potential. The authorisation process will therefore be a threshold on a journey of continuous improvement and not an end point. The authorisation will be an assessment of confidence in the potential of CCGs to deliver whilst drawing on any track record to date, as delegated committees.

Authorisation is being designed at a scale and pace that assumes all CCGs are ready and willing to apply in the timescale to go live in April 2013.

Clinicians are already demonstrating the clinical added value they bring to commissioning which, systematically harnessed, is the defining improvement in the local commissioning system. It is expected that authorisation will recognise and promote these qualities.

4. Authorisation Content

The content is still under development but will remain focused on the six domains described in Developing Clinical Commissioning Groups: towards authorisation. These are:-

- a strong clinical and multi-professional focus that brings real added value
- meaningful engagement with patients, carers and communities
- clear and credible plans
- proper constitutional and governance arrangements for commissioning with other CCGs and Local Government
- great leaders who individually and collectively make a difference

Work is underway to develop the specific criteria, thresholds and the evidence that will be required for authorisation. This will inform the draft guidance expected late March 2012.

5. Authorisation Process

It is expected that the authorisation process will start in July 2013, subject to the passage of the Health and Social Care Bill. It is likely to involve a SHA led pre-assessment followed by a formal assessment by the NHSCB after an application is received by the NHSCB.

The formal assessment is to demonstrate to the NHSCB readiness for authorisation and it is said will be both rigorous and lean, using a mix of demonstrated delivery, existing documentation, 360° stakeholder survey and site visit by the NHSCB.

The SHA led pre assessment will involve CCGs in completing a series of development checklists and providing supporting evidence.

6. Timeline

It is envisaged the timeline will be:

- Draft guidance: Late March 2012
- Final guidance: June/July 2012
- First tranche of applications: July 2012 (with decision October 2012)
- Final tranche applications: October 2012 (with Decision Jan 2013)
7. Outcomes of Authorisation

Work is taking place to refine the outcomes of authorisation. The type of scenarios being considered include:

- Authorised without conditions
- Authorised with conditions
- Established but not authorised

8. Local Action To Support And Develop Our eCCGs To Authorisation

Much work is taking place within eCCGs to establish their track record of delivery and to ensure that the system, processes and structures they establish to deliver are robust and meet statutory and best practice requirements and standards.

Each eCCG has an OD plan and OD programme to support their development and support is being given to assist each eCCG along the critical path to authorisation - designed to meet the needs as identified by themselves.

It will be critical over the coming weeks – recognising that for any eCCG wanting to go to authorisation in tranche one that there is only around 100 working days before they submit their application, that the Cluster provides the support to achieve this.

Development reviews have been set up to review progress, identify the levels if support required by each eCCG and establish an agreed timeline and critical path to authorisation. Whilst these reviews will be a means of providing assurance to the Cluster Board they will also be an opportunity to demonstrate to eCCGs the role of the Cluster in empowering and supporting eCCGs to reach authorisation without conditions. Feedback will be provided to the next Cluster Board meeting.

Attached to this report are reports from each eCCG chair describing their progress and the key issues they wish to highlight to the Cluster Board in respect of challenges, development and risks. These are the first of such reports from eCCG Chairs and feedback is welcomed from Cluster Board members on the nature of such reports for future meetings.

Eleri de Gilbert
Director of CCG Development
February 2012
Emerging CCG (eCCG): Bassetlaw Commissioning Organisation

Chair: Dr Steve Kell

Report to PCT Cluster Board on CCGs Preparations Towards Authorisation and Establishment.

| 1. A summary of work being undertaken within CCG to prepare for authorisation | • Constitution redrafted in accordance with national guidance and about to go to members 
• Ongoing meeting of Clinical leads and member meetings with GP Practices. 
• Public/patient engagement increasing including vulnerable groups and Strategic Plan consultation. Regular meetings with local Councillors. 
• Clinical leadership of strategic plan 
• Increasing collaboration and partnership working with local authorities, CSO and CCGs. 
• Established leadership team and engagement in national committees/oversight. |
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<td>2. Key risks being identified by CCG to authorisation process</td>
<td>• Running costs for CCG. We will mitigate against this by effective partnership working arrangements and efficient clinically led management and innovative governance and management arrangements.</td>
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</table>
| 3. Any issues which you would like to highlight to the PCT Cluster Board around work of CCG | • Current emphasis is maintaining focus on quality and delivering end of year Financial Position and targets. 
• Other priorities are developing progressive arrangements to be authorisation ready, and developing the Strategic and Operational Plan with partners and the public. |
| 4. Is there any support you require from PCT Cluster or any other body in preparing you for establishment/authorisation | • Establishment of an effective; embedded CSO. 
• Co-ordination of work around AQP and 111 with regard to local preferences and priorities. |
Emerging CCG (eCCG): Doncaster Clinical Commissioning Group (DCCG)

Chair: Dr Eric Kelly

Report to PCT Cluster Board on CCGs Preparations Towards Authorisation and Establishment.

| 1. A summary of work being undertaken within CCG to prepare for authorisation | The Doncaster Clinical Commissioning Group (DCCG) Committee held its first meeting in public on 19th January 2012 in preparation for our public-facing role moving forwards. The meeting was held in a community venue and attended by 13 members of the public. An integrated approach to publically reporting Performance, Quality and Finance has been developed. We have also agreed a draft Patient and Public Engagement Strategy for our CCG including a Membership model and will implement this over the coming months.

Discussions are underway within our 5 localities / constituencies to develop our approach to a robust governance structure which will establish us as a clinically-led and effective organisation and meet the draft authorisation criteria.

We have agreed our key priorities moving forwards as the following, and these are captured in our first draft of our clear and credible plan:

- Alcohol
- Cancer
- Children’s Services
- Continuing Healthcare
- Authorisation and Governance
- Patient & Public Engagement

We have completed a 3-day Committee development programme focussing on clearly |
articulating our Strategy, working in partnership and creating the right organisational culture through clinical added value. Our third and final ID session on 12\textsuperscript{th} January was attended by John Bewick from the Department of Health to whom a recap of our progress was presented. John reflected that we are on the right track and provided us with further pointers to ensure that we build a successful organisation. We evaluated our strengths and our areas for development and agreed a further work programme to consolidate the developmental areas including the development of our:

- Clear and credible Single Integrated Plan / Strategy
- Partnership Strategy
- Organisational Development Plan and associated clinical leadership model, identifying areas where we can ensure clinical added value to the commissioning process
- Contracting model with the CSU
- Constitution – review

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<th>2. Key risks being identified by CCG to authorisation process</th>
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<td>We have developed a full CCG Assurance Framework which evolved from the NHS Doncaster Assurance Framework, has been mapped to the Cluster risk matrix and which was received by our December Audit &amp; Risk Group and our January DCCG Committee meeting. The risks which we are treating within our Assurance Framework and which contribute to the authorisation process are:</td>
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<td>- The need to clearly articulate the priorities for DCCG, how they were developed and the expected outcomes. These will be integrated into our clear and credible plan.</td>
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<td>- Alignment of performance, quality and patient experience data into one appreciative enquiry model to triangulate data. This model is currently under development.</td>
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<td>- The current position on running costs / resource allocation. Regular monitoring and reporting continues.</td>
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<td>- The need for a partnership strategy to capture our approach to working in partnership with partners, providers, community groups and patients.</td>
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In addition, we consider the national lack of clarity regarding the Health & Social Care Bill to be a risk to our authorisation.
3. Any issues which you would like to highlight to the PCT Cluster Board around work of CCG

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<td>● Development of clear and credible plan</td>
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<td>● Positive feedback from the Department of Health’s John Bewick</td>
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<td>● Clinical added value</td>
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<td>● OD programme outcomes</td>
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<td>● Approach to patient and public engagement</td>
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4. Is there any support you require from PCT Cluster or any other body in preparing you for establishment/authorisation

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<th>We eagerly await the development of the detailed specifications to support the CSU Prospectus. This will allow us to further develop our contracting intentions as regards CSU services.</th>
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<td>The sharing of best practice models and templates across the Cluster is welcomed.</td>
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## Emerging CCG (eCCG): Rotherham CCG

**Chair:** Dr David Tooth

### Report to PCT Cluster Board on CCGs Preparations Towards Authorisation and Establishment.

1. **A summary of work being undertaken within CCG to prepare for authorisation**

   We continue to make positive progress towards authorisation. The GP community has voted to confirm arrangements for the GP engagement group, and we are undertaking a further process to confirm the mandate for the 8 lead GPs. The previous vote gave our arrangements approval ratings of up to 93%.

   Our senior management team of officers continue to work exceptionally well with GP commissioners and together we have produced the first draft of our ‘clear and credible strategic plan’. We have actively involved all key stakeholders and we believe the plan should give the CCG (when authorized) a clear framework for delivering its objectives.

2. **Key risks being identified by CCG to authorisation process**

   **Risks to authorisation**

   Continued uncertainty around staffing remains a significant risk. The CCG senior management team is fully integrated with GP commissioners and we consider our senior officers crucial to our success. To mitigate this risk we wish, if possible, to align our existing COO/Deputy COO and CFO to our CCG.

   Commissioning support is also a major risk to our authorisation. We are committed to a South Yorkshire and Bassetlaw Commissioning Support Service and we have clear views about what support we wish to purchase from the CSS. The pace of development is not progressing as quickly as we had hoped and we expect this to be a clear priority for the cluster for the next few months.
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<td><strong>3.</strong> Any issues which you would like to highlight to the PCT Cluster Board around work of CCG</td>
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<td><strong>4.</strong> Is there any support you require from PCT Cluster or any other body in preparing you for establishment/authorisation</td>
<td>We have found Eleri De Gilberts support very helpful, and we will look to continue to work closely with her on the development of the CCG to authorisation. We wish to be put forward for the authorisation process as soon as possible and would ask the cluster to prioritise us for the authorisation process.</td>
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Emerging CCG (eCCG): Sheffield NHS CCG

Chair: Dr Tim Moorhead

Report to PCT Cluster Board on CCGs Preparations Towards Authorisation and Establishment.

1. **A summary of work being undertaken within CCG to prepare for authorisation**

   Sheffield has developed a comprehensive Authorisation Plan, informed by the six domains and the associated tier-two statements of the National Diagnostic Tool.

   GPs have each been allocated a domain and have portfolios with specific areas of work pertinent to authorisation. The Authorisation Plan captures our achievements and identifies our development needs that will then inform a bespoke Organisational Development Plan. The OD Plan has high level principles for consideration by the CCG, and is structured across five levels to address individual, team and organisational requirements. We have a comprehensive programme of facilitated 2 hour, half day and full day OD sessions in place.

   The programme for the February committee includes:

   - NHS 111
   - Finance
   - Clear Credible Plan
   - Engagement

   In addition, we have a programme of Committee to Board meetings planned with our local Foundation Trusts.
2. **Key risks being identified by CCG to authorisation process**  
   - Level of uncertainty and delay in the Bill  
   - Delay in promised documented guidance  
   - Absence of key job descriptions  
   - Agreement on the CSS business model

3. **Any issues which you would like to highlight to the PCT Cluster Board around work of CCG**  
   We have strong commitment across our Committee and Executive Team, but there is increasing pressure for GPs in balancing practice and committee work.

4. **Is there any support you require from PCT Cluster or any other body in preparing you for establishment/authorisation**  
   Our OD lead is working closely with OD leads across the cluster and we are grateful for the support of the Cluster Director of HR and Governance.
   
   We are participating in the South Yorkshire and Bassetlaw PCT Cluster Development Programme to develop a NHS 111 system.
   
   We have initiated a CCG network of Committee Chairs and Chief Operating Officers and it would be helpful to have support from the PCT cluster to progress the arrangements for implementation.
   
   It would be useful to have a much clearer approach around enabling the CCGs to be at arm's length as we move through this authorisation process.