
Meeting	Health and Well-Being Board
Date	31 May 2012
Subject	Barnet Clinical Commissioning Group - Update
Report of	Chair, Barnet Clinical Commissioning Group
Summary of item and decision being sought	Board members are asked to note progress on developing the Clinical Commissioning Group (CCG) and comment on the way in which the Board can support the CCG authorisation process in Barnet.

Officer Contributors	Alison Blair, Borough Director, NHS North Central London.
Reason for Report	To update the Board on progress with the development of local clinical commissioning arrangements and provide an opportunity to discuss the authorisation process.
Partnership flexibility being exercised	Not applicable
Wards Affected	All
Contact for further information	
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1 RECOMMENDATION

- 1.1 Board members are asked to note progress on developing the Barnet Clinical Commissioning Group and comment on the way in which the Board can support the authorisation process in Barnet.

2 RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Discussions have taken place at monthly CCG Board meetings as well as internal NHS events. In addition progress is regularly monitored via NHS North Central London.

3 LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS

Link to Commissioning Strategies

- 3.1 From 2013 the CCG will have responsibility for local NHS health commissioning (acute, mental health and community services) which is a budget over £500m. An effective CCG is essential to the development and implementation of commissioning strategies across health and social care.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 The CCG views the Joint Strategic Needs Assessment as the document which sets out health needs and from which to develop strategic priorities.

5 RISK MANAGEMENT

- 5.1 A high level local risk assessment has been undertaken as part of planning for local development of the CCG. Initial risks have been identified as:
 - 5.1.1 That GPs and member practices may not all engage with the development of the CCG and the implementation of its commissioning plans. This risk is being mitigated through a focus on engagement of GPs in the development of the CCG via localities particularly;
 - 5.1.2 That the CCG does not have effective commissioning arrangements in place to support its development. Work is underway on developing effective support as set out in section 10.
 - 5.1.3 That the CCG does not have the partnership arrangements and relationships in place to work effectively across the health and social care system. The CCG has developed a communications plan and is an integral part of the Health and Wellbeing Board.

6 LEGAL POWERS AND IMPLICATIONS

- 6.1 The Health and Social Care Bill was given Royal Assent on 27 March 2012. The Act provides for the abolition of Primary Care Trusts and Strategic Health Authorities and the

establishment of the NHS Commissioning Board and Clinical Commissioning Groups. This means that on 1 April 2013, the commissioning functions of NHS North Central London will pass to a number of organisations, primarily, Clinical Commissioning Groups (CCG), the NHS Commissioning Board, Local Authorities and NHS Property Services Ltd. The CCG will take responsibility for securing continuous improvements in the quality of services commissioned, reducing inequalities, enabling choice and promoting patient involvement, securing integration and promoting innovation and research.

7 USE OF RESOURCES IMPLICATIONS

- 7.1 The CCG will receive an allocation of approximately £500m from which to commission acute, mental health and community services.

8 COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Communications arrangements for the CCG are set out in section 10.
- 8.2 A LINKs member and the Local Authority Director of Adult Social Services and Health are observers with speaking rights on the CCG Board.

9 ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 Engagement events with local providers have been undertaken and more are planned.

10 DETAILS

10.1 Introduction

The development of Barnet CCG is progressing well and the CCG is on track to be authorised and established for April 2013. This report sets out progress in some key areas of work.

The CCG has been up and running since July 2011. We have experienced clinical leaders along with those new to the role which provides a great combination. We work hand in hand with an excellent local team. From the discussions so far key themes that the CCG wishes to embed locally are:

- Strong primary care involvement and leadership
- Clear messages to providers
- Emphasis on primary care education and development
- The use of end-to-end care pathway design
- The development of integrated models of care.

We have some key opportunities to bring about change locally with the opening of the new Finchley Memorial Hospital in October 2012, the implementation of the Barnet, Enfield and Haringey Clinical Strategy and the delivery of the primary care strategy.

10.2 The Vision of Barnet Clinical Commissioning Group:

Local clinicians working with local people for a healthier future.

We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

10.3 Our commitments:

- We will continue to improve the health and well-being of the local population by focusing on preventative services, reducing health inequalities, and enabling the population to take responsibility for their own health.
- We will ensure the provision of high quality, efficient and effective health services for the population, within available resources, recognising that Barnet faces considerable financial pressures.
- We will facilitate integration between health and social care services.
- We will ensure good quality, safe healthcare in all settings.
- We will have a Barnet Strategy that is clinically led, draws on evidence, and uses innovative, radical solutions to deliver the best possible care to patients and their carers within allocated resources.
- We will focus on education and development support to clinicians to improve care and ensure that high quality services are delivered.
- We will take action when we are not receiving high quality, efficient and effective health services.

10.4 Delegation of Commissioning Responsibilities

As CCGs develop they can request to take on delegated responsibilities from Primary Care Trusts. Following approval for the delegation of responsibilities for commissioning medicines management to the CCG in February; Barnet CCG has been working with the NHS North Central London to ensure that all the remaining responsibilities are signed off by the beginning of June 2012. Plans are being finalised to take on this responsibility locally which includes a sound approach to managing the financial challenges faced locally.

10.5 Commissioning Support Service Development

Barnet CCG is in the process of determining its commissioning support arrangements in discussion with the North Central East London Commissioning Support Service (NCEL CSS). Following further discussion the CCG will be asked to sign a detailed service level agreement. In the meantime a high level memorandum of understanding has been agreed which indicates that NCEL CSS and the CCG have worked together to agree which core commissioning support services the CCG will require, how these should be delivered locally and what the price will be.

NCEL CSS is expected to begin full service delivery in October 2012, in line with the wider NHS staff transfer and selection timetables. Signature of the SLA will support CCG authorisation and NCEL CSS' delivery of services in line with CCG requirements. Between October 2012 and April 2013 the CCG and NCEL CSS will agree Key Performance Indicator (KPI) targets, having agreed metrics.

10.6 Public Health Commissioning Support

With the transfer of public health functions to the Local Authority, public health support to commissioning will be provided back to the CCG. The CCG is developing an understanding of its requirements with regard to this in line with the national guidance which will then be discussed locally as the basis of an agreement.

10.7 Clinical Commissioning Group Structure

A draft structure has been produced for the Borough CCG support team and agreed with the CCG Board. The principles underpinning this draft structure are:

- That it is self-sufficient i.e. that the structure can stand independently and, in the main, functions are not shared with other CCGs
- That it is affordable
- That it as far as possible addresses identified current resource gaps (i.e. finance, information, children's commissioning, administration and communications)
- That it will provide the CCG with continuity but also, where possible, gives current staff opportunities to progress and/or take on new responsibilities
- That it is manageable and conforms with good leadership practice
- That there is some flexibility over the next few months to take account of changing circumstances in the CCG
- That it takes the CCG through authorisation in 2012/13 and provides the broad direction of travel for subsequent years.

10.8 Senior Post holders

Draft guidance has been issued by the Department of Health which sets out role descriptions for senior CCG post holders and additional Board members (chair, lay members, accountable officer and chief finance officer, specialist doctor and nurse), as well as core competences, skills and experience. Recruitment to the posts of accountable officer and chief financial officer is underway and should be concluded by June 2012.

10.9 Organisational Development

The CCG has a development plan which it is working through supported by KPMG. The key areas of this in the next few months are:

1. Individual professional coaching for Board members
2. Development days from May to July 2012 to include: finance, performance and risk, governance and engagement, corporate and clinical quality and the planning and implementation of the Board Assurance Framework (BAF) and Strategic Operating Plan
3. Wider member practice engagement.

10.10 Education Strategy

Statement 6 of the CCG Board vision states "We will focus on education and development support to clinicians to improve care and ensure that high quality services are delivered"

We are currently working to develop an overarching educational strategy for the CCG which will take into account the wider arena of primary care and stakeholders. This strategy will align with key strategies and programmes of work for Barnet such as:

Learning through Peer Review, the Primary Care Strategy and the Medicines Optimisation Strategy among others.

10.11 Communications Update

Since the CCG Board was established it has led a programme of communications.

The Barnet GP intranet went live on the 2nd April 2012. This tool will enable the immediate communication of updates and news to GPs and practice managers. It will be supported by SMS messages.

The NHS Barnet public website dedicated to the CCG is being refined to include pen portraits of Board members, the Board vision and values, events, news and in the future access to papers and key documents.

The CCG Communications Strategy is currently being updated and a draft action plan has been devised.

A series of events have been undertaken with local providers and stakeholders. A second engagement event for patients and carers is being planned for early July, and will be co-hosted with Barnet LINKs.

10.12 Authorisation

In April 2012 the NHS Commissioning Board Authority (NHS CBA) ratified the Clinical Commissioning Group: Draft Guidance for Authorisation. The document sets out the process for authorisation including the evidence that CCGs will be required to provide to ensure that they are above the "threshold", based on six domains. The document also clearly defines the pipeline, including key dates that CCGs will need to work towards. A link to the full document can be found at

<https://www.wp.dh.gov.uk/commissioningboard/files/2012/04/ccg-auth-app-guide.pdf>

There are four waves for CCG authorisation over the next few months. Barnet have been confirmed as being in wave three submitting an application for authorisation in September 2012. The CCG have begun to collate evidence to support the CCG's case against the six domains.

In addition a Barnet CCG performance and population health profile will be provided by the NHS CBA one month before the application process. Initial guidance suggests that the profiles will contain the following data:

- Configuration at CCG level:
- Geography – including the relationship between the CCG and local authorities, and the relationship between a CCGs registered and resident population;
- Demographic and socio-economic profile – e.g. age/ sex/ Index of Multiple Deprivation;
- Population level outcomes data;
- Activity and outcomes data (e.g. the latter from inpatient survey) split by main provider;
- Performance data;
- Financial data.

The profiles will be used by the assessment team to understand Barnet's challenges in more detail and will form part of the triangulation process for track record, planning, prioritisation and financial management.

360° stakeholder surveys will also be undertaken in August/September 2012. This short web based survey will be sent to a range of stakeholders shortly before Barnet's entry into

wave 3. This will include the Health and Well-Being Board and will ask for views on “the CCGs willingness and ability to be involved in partnership working and their relationship to their local population”.

The application phase will commence in September 2012 with a signed self certification by the Chair and Accountable Officer. This will certify that the CCG is ready, willing and has plans in place to discharge its duties and responsibilities in key areas. Once received the process will commence with:

- A review of the evidence, data from the CCG profile and the findings of the 360° stakeholder survey.
- A one day site visit with the explicit purpose of meeting the CCG and assessing their capability to deliver as individuals and as a team. The Health and Wellbeing Board and other stakeholders may also be part of this day.

The NHS CBA will then inform the CCG of their final decision. Guidance suggests that aspirant CCGs can be approved without condition or with conditions if the NHS CBA are not fully satisfied that the CCG has met all the thresholds for authorisation.

11 Background papers

None

Legal - HP

Finance - JH