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Meeting	Health and Well-Being Board
Date	27 June 2013
<b>Subject</b>	<b>The NHS England Assurance Framework: national report for consultation</b>
Report of	Chief Officer, Barnet Clinical Commissioning Group
Summary of item and decision being sought	Update on the NHS England Assurance Framework and for the plans to respond to the draft framework by Barnet CCG

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Officer Contributors	John Morton, Chief Officer, Barnet CCG
Reason for Report	To update the Health and Well-Being Board on the NHS England Assurance Framework and to ask the Health and Well-Being Board if it wants to comment on the proposed performance management system. The CCG would be able to include any comments in its own response or as a joint response.
Partnership flexibility being exercised	N/A
Wards Affected	All
Contact for further information	John Morton, Chief Officer, Barnet CCG, <a href="mailto:john.morton@barnetccg.nhs.uk">john.morton@barnetccg.nhs.uk</a>

## **1. RECOMMENDATION**

- 1.1 That the Health and Well-Being Board comments on the proposed performance management system.
- 1.2 That the Health and Well-Being Board confirms with the CCG if it would like to include any comments in the CCG's own response, or complete a joint response.

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 This is a national report for consultation.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The proposal provides assurance proposals for the NHS and Public Health in England.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 Not applicable.

## **5. RISK MANAGEMENT**

- 5.1 The assurance framework will contribute to overall assurance processes in the NHS and Local Government.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Not applicable.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The proposal provides assurance proposals for the NHS and Public Health in England and is for consultation.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 The proposal provides assurance proposals for the NHS and Public Health in England and is for consultation.

## **10. DETAIL**

- 10.1 **CCG Assurance framework 2013/14 for consultation.**

10.2 NHS England published the CCG Assurance framework 2013/14 on 7<sup>th</sup> May 2013 as an outline proposal for consultation and to set out interim arrangements.

10.3 This is an important document for the CCG and for Local Authorities and a summary is set out over the next four pages. The CCG will need to develop with the Commissioning Support Unit the performance reporting and management systems to underpin this assurance framework for the CCG.

#### **10.4 Introduction**

10.5 The assurance process identifies how well CCGs are performing against their plans to improve services and deliver better outcomes for patients, as well as working together to assess how they can realise their full potential and provide support on that journey.

10.6 The paragraphs below describe NHS England's outline proposal and interim arrangements for the assurance framework which they intend to discuss widely with CCGs and other key stakeholders, over the coming months. The definitive assurance framework for 2013/14 will be published in the autumn. The expectations that the framework will continue to evolve as CCGs and the wider commissioning system continue to develop over future years.

10.7 The framework is designed to give assurance that CCGs are delivering quality and outcomes for patients, both locally and as part of the national standards, as well as being the basis for assessing that CCGs are continuously improving from the start point of authorisation. Of necessity, it therefore looks at both the CCGs performance and its health.

10.8 NHS England assumes that CCGs will wish to publish their progress against their locally agreed plans and hence their performance on delivering key standards and outcomes to their local population. The performance aspect of assurance will be based on this published information.

10.9 It will be important that an interim process is in place to monitor CCGs during their first few months. This document outlines how NHSE will do this through 'checkpoints' in July and October which we propose will be used as pilots to inform how similar checkpoints operate in the long term.

10.10 NHSE proposes that the framework is built on a clear set of principles:

- The approach will always place the assurance of quality for patients, both today's and future generations, at the heart of the process
- The approach will promote the accountability of CCGs to their local populations
- Support CCGs to develop ambitious plans for improvement; a key feature will be the identification of the support a CCG needs to realise its full potential
- There should be a clear, consistent basis on which any NHS England support or intervention is predicated. The underpinning principle should be to support the CCG to deliver good outcomes
- The approach will focus heavily on the role of CCGs in securing patient and public engagement
- The approach should only use information that CCGs need to manage their own business and to demonstrate accountability to their local populations
- The process will continually evolve in collaboration with CCGs, HWBs,

patients and the public

- The output of CCG assurance should be proportionate and transparent

- 10.11 NHS England is committed to a new style of working with CCGs, working in partnership, not hierarchy. They have already begun work with CCGs, and NHS Clinical Commissioners, to co-create shared expectations of the behaviours that will enable effective relationships to drive improvements. NHSE will support CCGs to be high performing organisations, working together as a co-commissioner of services for local populations, but providing the right assurance to patients and the public that CCGs are good commissioners. NHS England will only intervene in the few circumstances when this is necessary. This will require a fundamental cultural shift and a mind-set change for many working within the healthcare system.
- 10.12 To commission high quality care successfully, NHSE will need to promote engagement, transparency and successful relationships between all involved in the delivery of health and care services. This is in order to realise our collective vision of a health system shaped by patient and citizen participation and designed with improved outcomes and patient experience at its heart. Future iterations of the assurance framework will significantly increase the focus on patient experience as we develop a completely fresh approach to transparency, and patient engagement and insight. New organisations call for a consciously new approach with emphasis on a mature and equal conversation between CCGs and NHS England, informed by rich sources of evidence.
- 10.13 Key sources of such evidence are highlighted in the planning guidance, *Everyone Counts: Planning for Patients 2013/14* which makes a number of offers to support the successful development of the system's ability to commission high quality care, including the development of care.data - a modern knowledge service for the NHS.
- 10.14 This proposal is focussed firmly on CCG assurance. Alongside this NHS England also needs to consider mutual assurance which is fundamental to the on-going relationship between NHS England and CCGs as co-dependent commissioners of NHS services. In designing mutual assurance, NHS England needs to consider interventions with local authority commissioners as they commission public health services for their population as well as social care. The model of mutual accountability must be anchored within the local Health and Well-Being Board (HWBB). HWBBs play a key role in bringing organisations together for the mutual interest of their population. It is the place where all key commissioners of health and social care services come together alongside other vital stakeholders to hold each other to account to local people for their use of public money and the results they deliver. NHS England will explore with CCGs, local authorities, HWBBs and other key stakeholders how they can best develop this approach to mutual assurance.
- 10.15 NHS England will also ensure that the same level of scrutiny is applied to its own direct commissioning responsibilities. This will be developed along the same timeframe, and apply parallel principles to assure organisational health and performance of NHS England in its capacity as a commissioner, using the same assurance framework as CCG assurance wherever this is practicable. What is important is that practical, mutual assurance takes place at the same time through a unified and coherent process. NHS England will be working through the engagement exercise to build this into the final process.

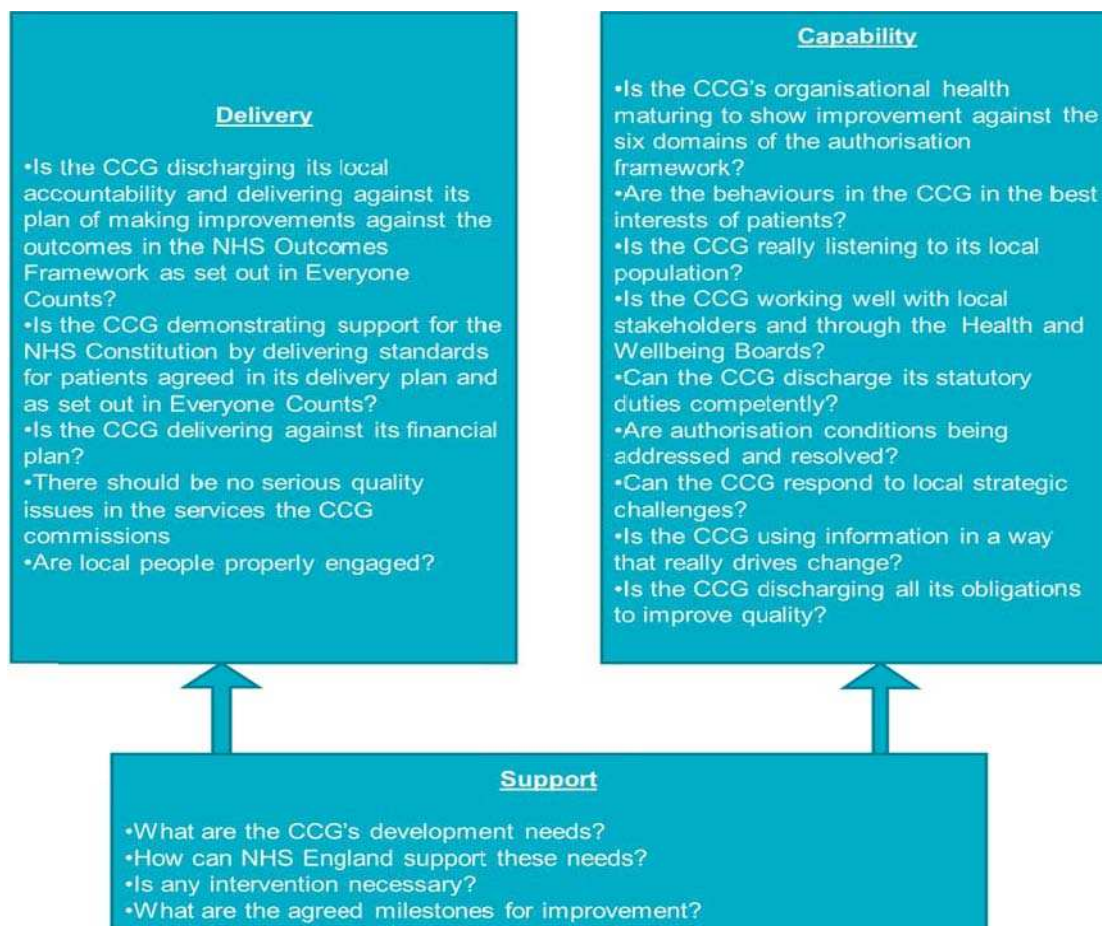
#### **10.16 Core elements of assurance**

- 10.17 NHS England proposes that the process should have three main elements.

**Delivery** – ensuring that the CCG is delivering for its population the full range of outcomes and standards (both national and local) agreed in its plan.

**Capability** – ensuring the CCG is set up to serve patients and communities effectively, both now and for future generations with the required skills and knowledge, and is exhibiting the appropriate behaviours.

**Support** – determining the nature and level of support a CCG needs to be a great commissioner.



10.18 For the most part, assurance about delivery against plan will be undertaken through a series of quarterly checkpoints and will be based on information which it is expected a CCG would wish to make available publicly as part of its responsibility for local accountability. This will include delivery against its agreed strategic plan, which will include the standards in the NHS Constitution, and improvement against the Outcomes Framework as set out in section two of Everyone Counts. It will also assess that the CCG is on track financially. Whilst these checkpoints will mainly be about the assurance of performance, there will also be some assessment of capability in these quarterly checkpoints.

10.19 Capability will be assessed on an annual basis, and will be based on and build upon the authorisation process. NHS England will review the CCG's organisational health with a particular focus on its relationship with patients and the public, its capacity to assure quality and its behaviours with key stakeholders. It will inevitably draw on the outputs of the checkpoints but it will also be a key opportunity to review whether the CCG is dealing with local strategic challenges.

10.20 The final stage will be to identify support needs. The expectation is that the majority of CCGs will receive support from NHS England on an informal basis and that this will be integral to the on-going relationship between organisations. However, this proposed assurance framework will provide the mechanisms by which NHS England would use its statutory powers to intervene where there were serious concerns.

10.21 The weblink to the consultation is attached:

<http://www.england.nhs.uk/wp-content/uploads/2013/05/ccg-af.pdf>

## **11. BACKGROUND PAPERS**

None