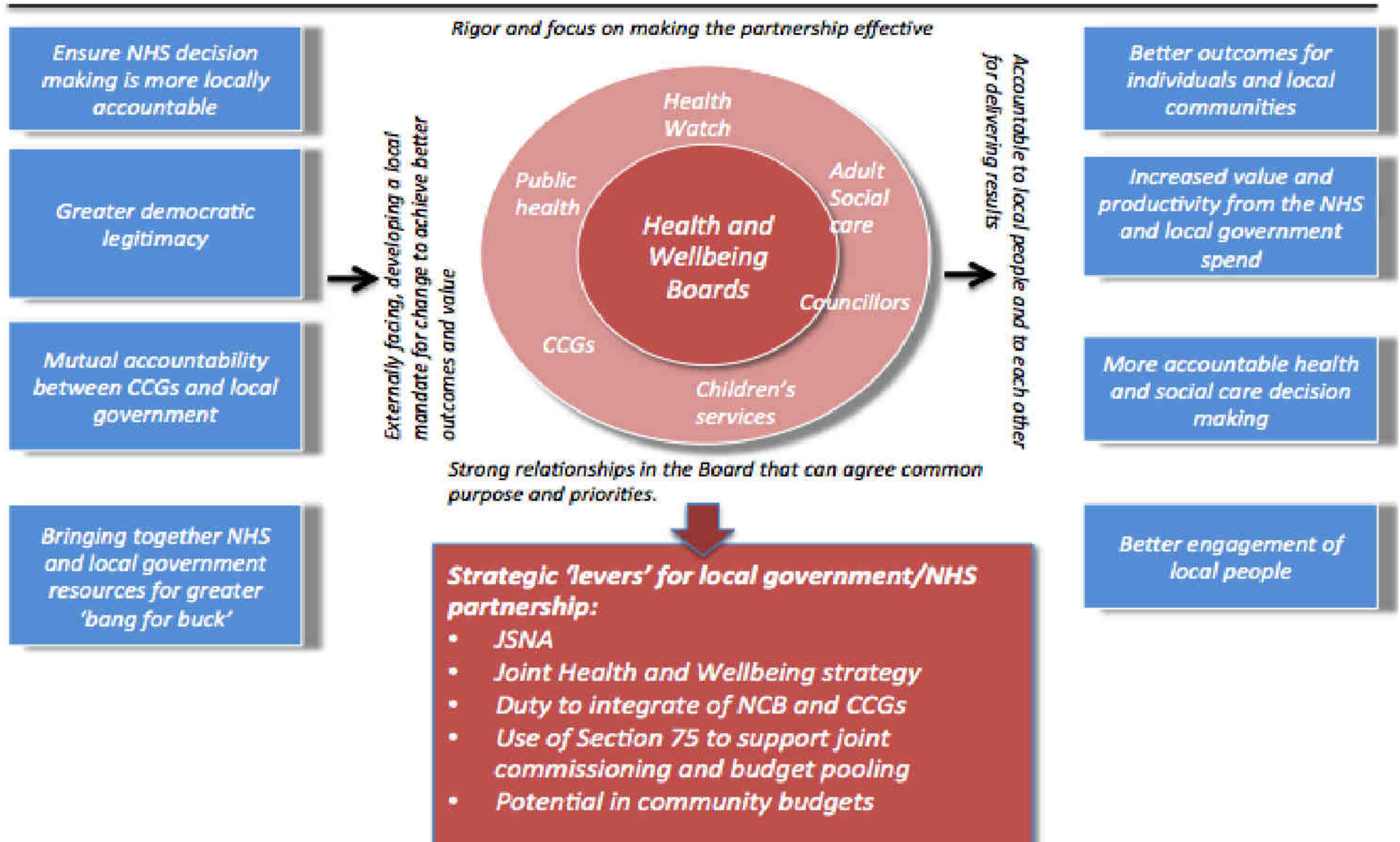


# ***CCG Authorisation update:***

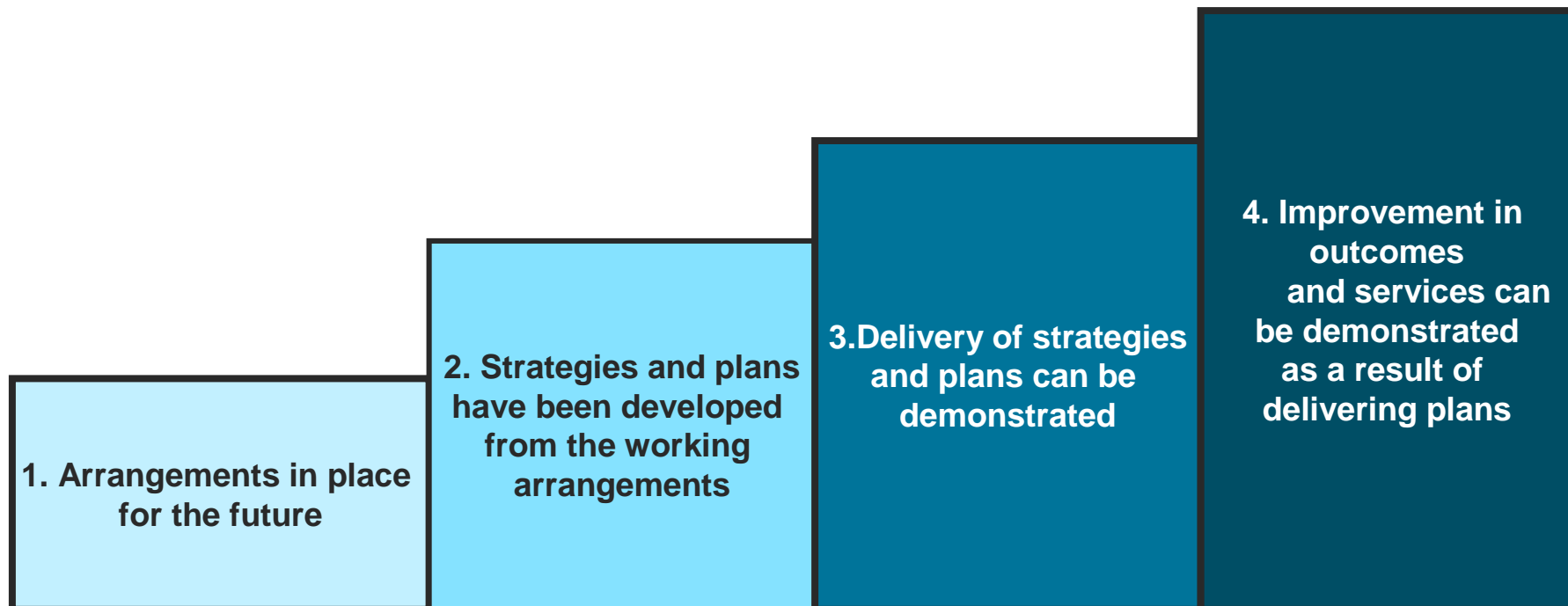
***23<sup>rd</sup> May 2012***

# Partnerships between local government and CCGs in health commissioning have transformative potential

Policy imperatives → Legislative and policy instruments → End result



# ***Maturity model reflected in authorisation could also be reflected in partnerships.***



# Principles of authorisation previously agreed

- *Towards Authorisation* (published 30/09/11) sets out thinking to date and some key parameters:

## Process Fit for purpose

Sufficiently robust to enable thorough and cost effective assessment of CCG capacity and capability

## Process developmental

Viewed by both the NHSCB and emerging CCGs as adding value and helping improve quality, overall patient experience and outcomes

## Setting the tone

Authorisation process is the basis for the future positive relationship between CCGs and NHSCB

## Minimising Administration

Minimising demands for both emerging CCGs and the review team whilst delivering a process which is both rigorous and efficient

## Evidence is a by-product

Evidence required should be a by-product of core business, as far as possible.

## Focus on potential to deliver

Recognising this is a unique process and as 'start-up' bodies, CCGs will be building a track record of performance.

## Nationally consistent approach

All emerging CCGs can have confidence that the same process is being applied.

# *Authorisation remains based on six domains as widely discussed*

- 1** A strong **clinical and multi-professional focus which brings real added value**
- 2** **Meaningful engagement with patients, carers and their communities**
- 3** **Clear and credible plans** which continue to deliver the QIPP challenge within financial resources, in line with national requirements (including outcomes) and local joint health and wellbeing strategies
- 4** **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
- 5** **Collaborative arrangements for commissioning** with other clinical commissioning groups, local authorities and the NHS Commissioning Board as well as the **appropriate external commissioning support**
- 6** **Great leaders** who individually and collectively can make a real difference

# Content Development Process

## Six domains describing a good CCG

The six domains set out in *Towards authorisation* remain the framework for authorisation

## Criteria and evidence systematically drawn from three sources

The likely requirements of CCGs resultant from the Health and Social Care Bill presently passing through Parliament;

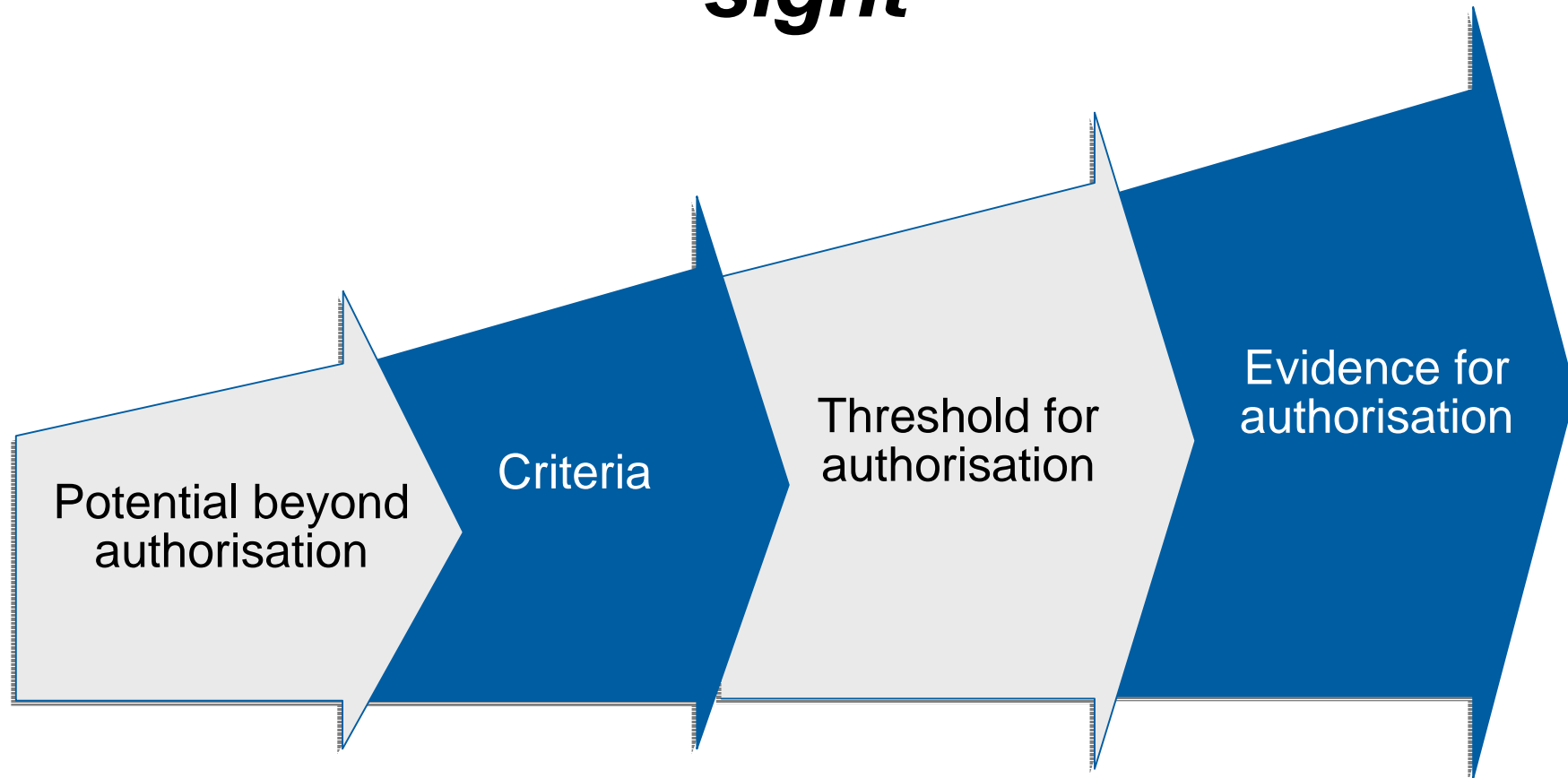
The advice of the DH on the policy expectations of CCGs as statutory NHS organisations;

The emerging commissioning competencies of CCGs as local commissioners derived from "Towards Authorisation"

## Final Calibration

NHSCBA considers proposed thresholds against principles of authorisation.

# ***Authorisation content: a clear line of sight***



## ***Draft application submission list (local government relevance highlighted)***

- Authorisation application form
- Proposed CCG constitution and other documents detailing governance arrangements
- CCG Organisational structure
- Letter of support for proposed Chair of CCG governing body
- **Relevant minutes of multi-professional meetings**, governing body and other committees
- **Draft Joint Strategic Needs Assessment and draft Joint Health and Wellbeing Strategy**
- Financial management arrangements compliant with national requirements
- **Relevant Health and Wellbeing Board minutes and reports**
- **List of joint commissioning draft agreements or plans, including pooled budgets, Section 75 agreements where appropriate**
- Organisational Development Plan
- SLA with assured commissioning support provider, where appropriate
- List of 2012-13 contracts agreed and signed off, via PCT Clusters
- **2012-13 Integrated Plan and draft commissioning intentions for 2013-14**
- **360° stakeholder survey report and CCG comment**
- Integrated risk management framework, including clinical, financial and corporate risk
- Public and patient engagement strategy
- Equality and diversity strategy
- Case studies or other documents



# Phases of authorisation

## Pre-application

Covering:

- Most aspects of governance
- Organisational form
- Commissioning support arrangements

## Application

Enabling the CCG to set out factual details relevant to its application, but also to demonstrate compliance / self-certify against a number of authorisation criteria

## NHSCB assessment

Covering all aspects of authorisation

- Desktop review
- 360 review
- Site visit
- Panel visit

# Proposed role of local government in phases of authorisation

## Preparation

Support CCGs to develop arrangements for safeguarding

Make arrangements for provision of public health and other specialist advice to CCGs

Work with CCGs to develop effective shadow HWBs, and prepare draft JSNAs and JHWS

## Views

Local authorities will be asked for their views on their relationship with aspiring CCGs, their views of CCG potential to deliver, as well as some question on specific topics

## Assessment

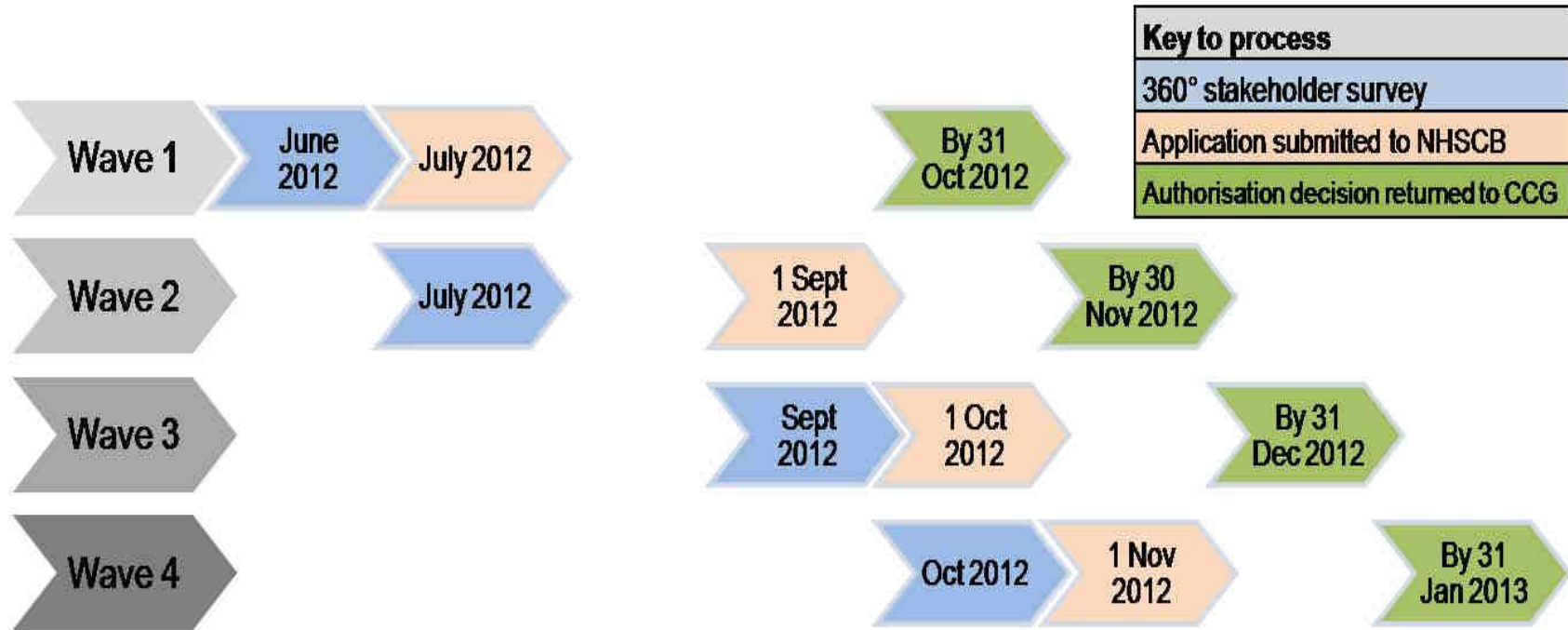
The NHSCB may seek LA/PH input into the assessment of CCGs with specific challenges in these areas

# 360° stakeholder review

<b>Objective</b>	The survey will assess whether CCGs have been developing strong foundations for successful relationships with all key stakeholders and examine the potential for these relationships to evolve
<b>Participants</b>	c40-45 stakeholders per CCG to include all GP constituent practices, other CCGs, (shadow) Heath & Wellbeing boards, Local Authorities, LINKs/(shadow) Healthwatch, NHS providers
<b>Timing</b>	CCGs to provide participants' contact details approx. 8 weeks prior to authorisation. Survey results will be returned to CCGs just prior to authorisation leaving enough time for their comment
<b>Format</b>	An online survey that will include generic questions to all participants plus small banks of stakeholder-specific questions. Total survey length will be approx. 15-20 mins
<b>Content</b>	Will cover themes such as stakeholders' experiences of working with emerging CCGs so far and their opinions of CCGs' potential to deliver quality, clinically-led commissioning in the future
<b>Role of CCGs</b>	To provide accurate stakeholder contact in a timely manner and to submit the survey results plus CCG comments as part of the authorisation documentation
<b>Assistance provided</b>	Information materials and a website will help inform CCGs and their stakeholders as to the survey's purpose and content. A dedicated email and enquiry line will also be made available
<b>Non-response</b>	Non-respondents will be followed up with reminder emails and a phone call. Any stakeholders not wishing to participate in the full survey will be asked to complete a non-response survey

# Application timetable

## CCG authorisation application process per wave



# Authorisation outcomes

Authorisation Status	Action
Authorised	Annual development agreement.
Authorised with conditions	Annual development agreement. Rectification plan agreed between CCG/ NHSCB to meet conditions in agreed timescale. NHSCB may identify additional local support.
Established but not authorised	Annual development agreement, including agreed timescale and plan for progressing to full authorisation. Temporary alternative arrangements for commissioning for that population. NHSCB legally accountable for commissioning decisions.

# CCG authorisation

Authorisation will look at a number of facets of the CCG-LA relationship:

## Public health

Arrangements in place between LA and CCG specifying how public health advice will be delivered

## Provision of advice

Arrangements to get advice from social care and public health professionals

## Engagement

Evidence of engagement with LA, LINKs/local Healthwatch

## HWB

Evidence of participation in HWB, and in development of draft JSNA and JHWS

## Integration

CCG plans aligned with JHWS, and opportunities identified to integrate commissioning and reduce health inequalities, depending on local timeframes

## Safeguarding

Arrangements in place for safeguarding children and vulnerable adults