Agenda Item No. 8

Shadow Dudley Health and Wellbeing Board

Report of the Management Lead Dudley Clinical Commissioning Group

Dudley Clinical Commissioning Group – Update on Development

Purpose of Report

1. This report sets out progress to date in the development of the Dudley Clinical Commissioning Group (CCG) and highlights key tasks for the CCG in the coming months

Background

2. The Shadow Health and Wellbeing Board will recall that the Dudley CCG was established on 1st April 2011 as a sub-committee of Dudley PCT, with a number of PCT staff assigned to provide managerial support to the CCG. Since that time the CCG has started the process of becoming established as a clinically led commissioning organisation with a delegated budget.

3. There are a number of key issues that the CCG is now focussing upon in terms of its development as follows:-

   - governance arrangements;
   - organisational arrangements;
   - relationships with partner organisations and the wider community;
   - fulfilling its commissioning responsibilities;
   - ensuring that it is developing appropriately to meet the requirements for formal authorisation.

4. These are dealt with below

Governance Arrangements

5. As indicated above the formal status of the CCG at present is that of a sub-committee of the PCT. This is the mechanism by which the CCG is able to hold a budget delegated by the PCT.

6. The existing CCG Board was established from representatives from the former Practice Based Commissioning Groups. This pre-dated the publication of proposals for the establishment of CCGs. Therefore, in order to provide a firm mandate to the CCG in its developing role, the Board is in the process of being refreshed through an electoral process. At the time of writing nominations have been received from clinicians wishing to serve on the Board. These will be drawn from 5 localities which broadly reflect the township model with which the Shadow Health and Wellbeing Board will be familiar. The Board has already

been joined by the Chief Executive of Dudley MBC and membership of the Board will be kept under review in the light of emerging national requirements.

7. It is anticipated that once re-constituted, the Board will start to hold meetings in public.

Organisational Arrangements

8. The CCG has organised itself on the basis of each clinical member of the Board overseeing a work programme for a particular clinical area such as planned care, urgent care, long term conditions, mental health, children's services. The clinical leads are supported by members of the commissioning team.

9. It is anticipated that the actual management infrastructure supporting the CCG directly will not necessarily be as extensive as that which previously served the PCT.

10. A number of services such as IT, information support, finance support, contract management and other back office functions may well be provided as "commissioning support services" from other organisations set up for this purpose and serving a number of clients. This might be carried out on a Black Country or wider basis depending upon the service in question.

11. Work will be taking place within the CCG to scope those services which it would expect to provide "in house" and those which would need to be externalised. This work will be carried out in conjunction with work taking place to develop commissioning support services. A key determinant as to what is feasible will be affordability in terms of the likely resources available to the CCG for management functions.

Relationships With Partner Organisations and the Wider Community

12. It is important that the CCG continues to develop effective relationships with partner organisations both within and outside the local health and social care community. This will be a key feature of the CCG's "development journey" (see below).

13. CCG representatives already serve on a number of partnership bodies. The clinical leads (see above) are actively engaged in developing relationships with our main service providers with dialogue on commissioning and service development issues taking place between respective clinicians and real "clinical challenge" being put into the system.

14. A key task for CCG representatives will be to make a positive contribution to the development and future role of the Health and Wellbeing Board (see below).

15. The CCG is also in the process of developing its approach to patient and public involvement. This will be based upon ensuring that appropriate mechanisms for engagement are utilised both in relation to the commissioning process and the commissioning decisions that need to be made and in terms of maintaining a wider dialogue with the local community as a good "corporate citizen".

Commissioning Responsibilities

16. The CCG is now responsible for a delegated budget in excess of £388 million. This budget is broken down into a set of work programmes as indicated above. In this context the CCG has also taken on responsibility for implementing the three key strategies previously developed by the PCT – planned care, urgent care, long term conditions – which are also dependent upon contributions from key partners.

17. Given the Shadow Health and Wellbeing Board's role in encouraging coherent commissioning strategies across all partners, the CCG will have a clear responsibility to ensure that the continued development of these strategies and the commissioning intentions that flow from them are developed through the Shadow Health and Wellbeing Board.

18. In addition, as part of the commissioning cycle, a key responsibility for the CCG will be to make a full contribution to the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

19. As commissioning intentions emerge for future commissioning rounds, these will be shared with the Shadow Board.

20. The CCG is also responsible for the implementation of a number of Quality, Innovation, Productivity and Prevention (QIPP) initiatives, designed, amongst other things, to deliver financial savings. The CCG is performance managed in relation to these by both the Black Country PCT Cluster and the Strategic Health Authority. The CCG will have to ensure that any risks in relation to these are appropriately managed and that schemes continue to be developed that are robust enough to deliver the changes required.

Authorisation

21. Information has now been published in relation to the authorisation process for CCGs. It is envisaged that by April 2013, CCGs will have been authorised to take on commissioning responsibilities for the populations they serve. Applications for authorisation will be considered by the NHS Commissioning Board which is likely to be established between July and October 2012.

22. Authorisation is seen as a "development journey", the first element of which will be a risk assessment of the proposed configuration of the CCG. This will be carried out by the SHA and will examine:-

    - support of member practices
    - population coverage
    - relationship to local authority boundaries
    - size – relationship with organisational capacity and engagement with practices

23. It is envisaged that this will be carried out from October 2011. At this stage it is anticipated that, as far as this assessment is concerned, the risks for the CCG will be limited.

24. The next element is the "development path". The authorisation process will be based upon six domains:-

- strong clinical and professional focus
- engagement with patients, carers and communities
- delivery of the QIPP
- constitutional and governance arrangements
- collaborative commissioning arrangements
- leadership capacity

25. Some of these issues have been alluded to, in part, above. The next step for the CCG will be to carry out a self assessment in terms of how well it meets the criteria which support these domains.

26. As a result of this assessment, a development plan will be produced designed to take the CCG to the point where it can demonstrate through a track record of delivery that it meets the criteria and is in a position to seek authorisation.

27. 360 degree assessment will form part of the authorisation process. In this context, the Shadow Health and Wellbeing Board will have an important role in the authorisation process, in terms of commenting upon the CCG's contribution to partnership working and relationships with the local population. Therefore, it will be critical for the CCG to fulfil its responsibilities in relation to the Shadow Health and Wellbeing Board and make its contribution to the Board's own developmental process.

Conclusion

28. In the coming months, the CCG has a number of key issues to address both in terms of its day to day responsibilities for managing a commissioning budget of £388 million and in terms of taking the necessary steps to be formally authorised as an NHS organisation.

29. In both these respects, the development of an effective relationship with and contribution to the Shadow Health and Wellbeing Board will be of significant importance.

Finance

30. There are no financial implications arising directly from this report

Law

31. Clinical Commissioning Groups will be established under the provisions of the Health and Social Care Bill currently before Parliament

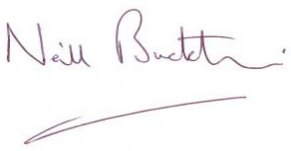
Equality Impact Assessment

32. There are no equality issues arising directly from this report. Addressing health inequalities in their widest sense will be a key consideration for the CCG in determining its commissioning intentions.

Recommendation

33. The Shadow Health and Wellbeing Board is recommended to:-

- Note progress to date in terms of the development of the Dudley Clinical Commissioning Group
- Note the role that the CCG will be expected to play in the development of the Board in terms of its future commissioning strategies and intentions
- Note the requirements of the CCG authorisation process and the role the Board will play in this



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List of Background Papers

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