

CCG Authorisation

Developing good working relationships between Health and Wellbeing Boards and Clinical Commissioning Groups

“The creation of health and wellbeing boards is one aspect of the NHS reforms that enjoys overwhelming support. The Boards offer new and exciting opportunities to join up local services, create new partnerships with GPs, and deliver greater democratic accountability” Kings Fund, 2012

Origins and purpose of this framework

The London Health and Wellbeing Board (HWB) Partnership Support Programme initiated this piece of work on behalf of the London Health and Wellbeing Board Network. Following a discussion on the Clinical Commissioning Group (CCG) Authorisation process at a Network meeting, it was decided that we should develop a framework to support HWBs and CCGs through the Authorisation process. This framework has been created by the London Health and Wellbeing Board Partnership Support Programme, in conjunction with London HWB support officers, the Londonwide Clinical Commissioning Council, Public Health Professionals, NHS London and a London CCG Chair.

The Authorisation process is not just about compliance, but also about helping to realise the potential of the CCGs. Authorisation is not the end in itself, but is part of the journey. This is an opportunity for the HWB to work in partnership with the CCG to drive local improvement in health, care and reduce inequalities.

The purpose of this paper is to:

- 1. Support both a CCG and HWB to develop a common understanding of the quality of their working relationship**
- 2. Outline how a HWB can support their CCG through the Authorisation process**
- 3. Provide an aid for the HWB to reflect upon when completing the 360 degree review of their CCG as part of the Authorisation process**

This framework intends to help support HWBs and CCGs **‘build the basics’** to develop effective partnership working as well as where they can build upon their current working arrangements to **‘develop together for the future’**.

This framework explores the domains of Authorisation, what it means for HWBs and how a HWB can support its CCG throughout the Authorisation process and beyond. It pulls together the thinking and examples of how HWBs and CCGs are already working together in London and suggests areas that could enhance their relationship and partnership working.

The framework is not intended to be prescriptive and should not be interpreted as policy or as an exhaustive list of what a CCG / HWB should be doing throughout the Authorisation process or how they should work together. This document was written to work now as the first wave of Authorisation

progresses. This framework will be reviewed as the Authorisation process advances and when further information evolves to support the role of HWBs in the annual CCG Assurance process.

Clinical Commissioning Group (CCG) Authorisation Process

During 2012-13, general practices across England will be preparing to take on responsibility for commissioning the majority of healthcare for their local population by forming CCGs. By April 2013, the whole of England will be covered by established CCGs and the present system of NHS commissioning organisations will be abolished.

To become an established CCG, each must go through an authorisation process. CCGs are new, clinically-led organisations coming into being for the first time and they must demonstrate that they meet nationally determined thresholds to assume their full statutory responsibilities.

CCGs will be assessed against six domains to provide assurance that CCGs can safely discharge their statutory responsibilities for commissioning healthcare services and are also intended to encourage CCGs to be organisations that are clinically led and driven by clinical added value.

What are the roles of the Health and Wellbeing Board in the authorisation process?

Each of the authorisation Domains have implications and considerations for how the CCG works with its partners through the HWB. During the Authorisation process, each HWB will have a role supporting preparation of evidence, i.e. Joint Health and Wellbeing Strategy (JHWS), against the domains for authorisation, as well as clarifying with CCGs; the roles, responsibilities and expectations of their partnerships with their Local Authority and the public.

HWBs and CCG will want to consider how they work together to deliver the three main functions of a HWB to:

- Assess the needs of their local population through the joint strategic needs assessment (JSNA) process
- Produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the board agrees are relevant
- Promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate

Health and Wellbeing Boards are listed as a stakeholder to participate in the 360 degree review of the CCGs carried out by the NHS Commissioning Board. Each stakeholder will be invited to be involved in a short web based survey that will be based on the domains so HWBs will need to develop a view of how the CCG is working in partnership now and how they would wish the partnership to develop in the future.

Authorisation Domain 1: A strong clinical and multi-professional focus which brings real added value

This domain is concerned with developing a systematic approach to monitoring quality and outcomes, demonstrate evidence-based decision making, democratically engaging with constituent practices and involving a range of other health professionals.

The evidence to support this domain is the CCG Constitution, 2012-13 Integrated Plan and Draft Commissioning Intentions 2013-14, JSNA, JHWS and HWB meeting minutes

Key Points to consider:

- CCG and HWB are working towards both a shared vision and shared commissioning intention utilising the JSNA / JHWS
- The CCG uses the HWB as a resource to improve health and health related services
- The CCG uses the HWB to engage with patients and the public

The following actions' proposes where CCGs and HWBs can Build the Basics to enable effective partnership working	Building on current working arrangements, the below proposes ways that CCGs and HWBs can develop together for the future
<ul style="list-style-type: none"> - The CCG and HWB have a complementary vision, covering population, partnerships and an approach to improving health and wellbeing and reducing health inequalities - The CCG should demonstrate in their constitution how constituent practices can influence the decisions of the CCG, HWB and vice versa which can be related back to decisions and discussions in the HWB - The CCG can evidence the use of JSNA and JHWS throughout development of their plans - The CCG can identify where conflicts may exist in decisions and have an agreement in place which includes how they will manage these when it is working as part of the HWB - The CCG can demonstrate it understands the role and benefits of working together with Public Health and other LA colleagues, to inform, advise and influence the work of the CCG - The CCG has developed a communications and engagement strategy that extends beyond Health Watch to articulate its vision to stakeholders, patients and the public and how this will influence decision making 	<ul style="list-style-type: none"> - The CCGs constitution could make reference to the Health and Wellbeing Boards priorities when outlining its shared vision - The CCG can indentify how advice from the HWB/LA professionals has impacted on their work. Arrangements to seek advice go beyond the use of the HWB - The CCG can outline clear linkages between the CCGs vision and that of their partners and how their commissioning intentions will specifically support joint workings to improve equalities of health - The CCG can evidence effective and ongoing engagement with patients and the public outside of the HWB to articulate it's shared vision - LINKs / Health Watch / other patient groups could be involved in governance arrangements of CCG and/or vice versa, supported through the function of the lay member

Authorisation Domain 2: Meaningful engagement with patients, carers and their communities

This domain is concerned with establishing clear processes to gather patient views and to receive patient feedback, constructing mechanisms for gathering these views into meaningful data, demonstrate how these views are fed into the decision-making process and to seek public health expertise to aid understanding of patient populations and their needs.

The evidence to support this domain is the 2012/13 Integrated Plan and Draft Commissioning Intentions for 2012/13, Configuration agreement, CCG Constitution, HWB Minutes and reports, JSNA, and JHWS

Key Points for consideration:

- The CCG should use the JSNA as an aid to map their communities which should be reflected in their commissioning plans
- The CCG plays an active role in the development of the HWB, the JSNA and the JHWS
- The HWB and CCG ensure systems are in place to engage with patients and public and convert their insights into commissioning plans

The following actions' proposes where CCGs and HWBs can Build the Basics to enable effective partnership working	Building on current working arrangements, the below proposes ways that CCGs and HWBs can develop together for the future
<ul style="list-style-type: none"> - CCGs meets in public, and their notes, minutes and documents are readily accessible - The CCG could consider developing the role of the lay member for PPE to champion work to ensure inclusion of diverse groups served by the CCG i.e. ensure PPE at the heart of CCGs, good links with Health Watch, voluntary organisations, views of public and patient groups views are heard, their expectations understood and met as appropriate - The CCG can evidence how patients, carers and their representatives' involvement has led to service improvement and indicate how they have fed this back to the local community - Demonstration of public engagement activity in partnership with other agencies (e.g. local authority or third sector groups), particularly to reach groups with specific needs - The CCG will have built an effective relationship with local Health Watch and draw on existing PPE and involvement expertise - LA and CCG should have co-terminus boundaries, if it doesn't, it should evidence 	<ul style="list-style-type: none"> - The CCG, HWB and Health Watch could take a joint approach to PPE to engage with seldom heard groups - The CCGs constituent practices bring added knowledge and are actively involved in the production of the JSNA and mapping / analysis - The CCG have developed with the HWB an agreement about how the development of the JSNA and JHWS will be resourced - The CCG could develop champions within constituent practices to lead on and follow through the work of the Health and Wellbeing Board at a practice level - There are examples of where CCGs and LAs are currently joint resourcing the establishment and continual development of the HWB - The HWB has agreed a transparent and systematic process to developing joint commissioning

<p>how the LA was consulted when the CCG was establishing its organisational boundaries and an assessment of the impact where boundaries differ</p> <ul style="list-style-type: none"> - CCG should have an active role in the development of the HWB, by attending meetings and participating in developmental activities - The HWB / LA is used as a resource by the CCG to better understand the development of the local services i.e. Housing - The production of a JSNA and JHWS is seen as a joint responsibility of all statutory members of the HWB, and the CCG should evidence how it has been involved in its development beyond sign off of final documents - The CCG can demonstrate understanding of difference within its population and how engagement and commissioning plans will address these different needs - The CCG can demonstrate how it will engage and address the needs of people who are not registered with a GP, who are transient, or who are registered with a constituent practices but living outside LA boundaries - The CCG has appropriate arrangements in place to secure PPE and to capture feedback from patients, carers and the public, e.g. investment, time, explicit ask requested of commissioning support organisations, patient forums, role development of lay member - The CCG has built an effective and productive relationship with Health Watch in regards to how will be used to actively monitor and improve quality of services - The CCG has developed an explicit statement and approach to shared decision making and patient choice principles and how this will be developed to enable data and outcomes to be captured at an individual patient level to influencing the commissioning process. This could be developed with Health Watch and the HWB. - The CCG can demonstrate clear safeguarding policies and procedures with leads working towards agreements how it will support the work of the local adults and childrens' safeguarding board particularly where the CCG crosses borough boundaries - The CCG attend LINKs / Health Watch / other patient groups' stakeholder meetings or support patient representative groups to enhance engagement with patients and the public 	<ul style="list-style-type: none"> - The CCGs engagement strategy can be cross referenced against communities of interest and geography to demonstrate the CCG understand and has plans in place to engage with hard to reach groups - The CCG could establish a sub-committee for quality assurance to focus on monitoring and acting on patient feedback - CCG contracts with providers have a requirement for providers to demonstrate continual improvement through PPE, patient reported outcomes measures and feedback into commissioning cycle work of the commissioning support organisation - The CCG understands the personalisation agenda and has mechanisms in place to enable commissioning at an individual level (personal health budgets) as well as strategic level - Contact with LINKs / Health Watch / other patient groups could go beyond just meeting with the Chair i.e. the CCG could have in-depth engagement throughout the organisation - There CCG can show how it has influenced commissioning intentions that affect the wider determinants of health, beyond social care and public health
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Authorisation Domain 3: Clear and credible plan which continues to deliver the Quality, Innovation Productivity and Prevention (QIPP) challenge within financial resources

This domain concerns developing robust financial management arrangements (including risk sharing), developing comprehensive commissioning plans that include the QIPP objectives and how achievement of these will be measured, and ensuring that all commissioning plans are backed by a coherent Joint Health and Wellbeing Strategy.

The evidence to support this domain is the 2012/13 Integrated Plan, Draft Commissioning Intentions 2013/14, JHWS, and the CCG Constitution

Key Points to consider:

- The CCG works with the HWB and other stakeholders throughout stages of integrated planning, plans are evidenced based using JSNA and JHWS and relate to the QIPP challenge
- Opportunities to integrate commissioning and provision are identified, including where joint commissioning will assist in delivery of QIPP agenda

The following actions' proposes where CCGs and HWBs can **Build the Basics** to enable effective partnership working

Building on current working arrangements, the below proposes ways that CCGs and HWBs can **develop together for the future**

- The CCG and HWB have worked together to develop the JSNA, stakeholder engagement, understand evidence / data and develop priorities outlined in the JHWS
- All commissioning plans / strategies tie in and align to each other across health, public health and the local authority, directly linking to the JHWS. Partners can demonstrate how they have been involved and influenced each others commissioning plans
- There is a shared understanding of resources available and how they are aligned to the priorities set out in the JHWS
- Opportunities to integrate commissioning is systemically approached across all ages and services, including an opportunity to incorporate health improvement and prevention in pathway redesign
- The CCG has shared high level risks with the HWB, with regard to any inherited risks from transferring contracts from the PCT
- The HWB / CCG have developed a 'statement of intent' describing how and when major risks or changes to commissioning plans will be communicated to avoid unilateral decisions that may unduly affect a partner or joint arrangements

- Plans at a sub-borough level / locality level could be put in place to tackle inequalities and the wider determinants of health
- The increasing use of Health Act flexibilities to share and align the use of resources can be evidence, i.e. Section 75 pooled commissioning budgets
- If the CCG is not meeting QIPP objectives, the HWB should be informed at the earliest opportunity of what the resolution path is, what the reporting mechanisms are, what the implications are for not meeting them and who is accountable

Authorisation Domain 4: Proper constitutional arrangements with the capacity and capability to deliver all their duties and responsibilities

This domain is concerned with engaging with constituent practices and involving all GPs locally; implementing democratic structures to ensure accountability to the local profession; securing effective commissioning support to ensure good financial management and demonstrating good governance arrangements.

The evidence to support this domain is CCG Constitution, CCG Organisational Development Plan, Integrated risk framework / register and, JSNA, JHWS, 2012/13, Integrated plan and draft commissioning intentions for 2013/14

Key points to consider:

- In order to deliver all their statutory functions, the CCG could utilise the expertise in the HWB to inform on health, social Care and public health
- The CCG will need to work closely with the HWB / LA to plan how integrated commissioning will be carried out and to also determine how their commissioning support plans will support commissioning arrangements within the LA

The following actions' proposes where CCGs and HWBs can Build the Basics to enable effective partnership working	Building on current working arrangements, the below proposes ways that CCGs and HWBs can develop together for the future
<ul style="list-style-type: none"> - The lay member for PPE should ensure public and patients' views are heard and their expectations understood and met as appropriate - The HWB could be used as a sounding board for discussing / monitoring significant issues of quality and the CCG could share learning of any serious untoward incidents and never events to the HWB, influencing future commissioning decisions - The CCG can evidence they understand their duties to safeguard children and vulnerable adults and have established systems to ensure regard is given to safeguarding in their own operations and in commissioning safe pathways of care from providers - The CCG could outline to the HWB who the responsible officer is for reducing Health Inequalities and attend Board meetings if not already a member - The CCG has considered and developed its approach to how public health expertise will be embedded within the CCG beyond the interface with commissioning support - The CCG's commissioning plans should outline how it aims to tackle health inequalities, having regard for the JSNA 	<ul style="list-style-type: none"> - HWB and CCG could annually / quarterly review risk of integrated working arrangements - Implications and learning for equality impact assessments can be tracked to changes in commissioning planning and implementation of service redesign

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| <ul style="list-style-type: none">- The CCG can directly demonstrate how the JHWS / JSNA has shaped development of commissioning intentions and how it has influenced use of resources (both commissioning and decommissioning services)
- The CCG will have involved the HWB in planning how it will arrange commissioning support services, including what it plans to have in house, externally contracted, share with other CCGs or the LA
- The CCG should have detailed planning with the LA how integrated commissioning will be carried out
- The CCG can articulate how their commissioning support arrangements will enable joint commissioning arrangements with LA | |
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Authorisation Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support

This domain concerns developing positive relationships with neighbouring CCGs, the Health and Wellbeing Board and local authorities; adopting a proactive approach to joint commissioning, with a view to achieving economies of scale and commissioning services that pose particular challenges and to ensure there is access to comprehensive commissioning support.

The evidence to support this domain is Constitution and geographical area assessment. HWB meeting minutes, JHWS, 2012/13 Integrated Plan and Draft Commissioning Intentions for 2013/14, HWB Minutes and the JHWS, Joint Commissioning Agreements, inc, pooled budgets, joint appointments, s75 Agreements etc

Key points to consider:

- Strong Partnerships with Local Authorities to develop JHWS and improve outcomes
- Strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital

The following actions' proposes where CCGs and HWBs can Build the Basics to enable effective partnership working	Building on current working arrangements, the below proposes ways that CCGs and HWBs can develop together for the future
<p>- The CCG can outline where and why it will work with other CCGs to the HWB, and clearly define how commissioning plans at borough, sub-borough and cross-borough level will relate to the local JSNA / JHWS and processes are in place where plans may effect local decision making / priorities or services available</p> <p>- The CCG is able to articulate when and how it will involve the HWB in preparing commissioning plans and when need arises to revise commissioning plans</p> <p>- The CCG can demonstrate its ability to engage with the develop of the JSNA / JHWS by attending HWB Meetings, involved in sub-groups and designating clinicians from practices to lead, taking responsibility for leading on elements of design and content, and demonstrating knowledge how information and evidence of need from constituent practices influences the JSNA process</p> <p>- The CCGs could outline decision making processes and accountability to the HWB, which could be documented in the CCGs constitution</p> <p>- There is an agreed definition of integration used locally to inform CCG and LA commissioning arrangements. Effective governance arrangements for joint</p>	<p>- The CCG could involve the HWB in discussions on how well commissioning support is performing</p> <p>-The CCG could demonstrate its engagement to the Health and Wellbeing Board by becoming its vice-Chair</p>

commissioning are in place to oversee the planning, design, procurement and management of contracts and performance against shared measures and outcomes. Existing joint arrangements have been reviewed and affirmed

- The JHWS should include a system wide overview of commissioning intentions across health and social care with attention to opportunities for integrated commissioning and service provision, requiring collaborative arrangements between CCGs and HWB partners and identifying where existing joint commissioning plans have been maintained

- The CCG can demonstrate an understanding about 'Any Qualified Provider' and how choice can be enabled in a way that still enables integrated provision

- CCG should outline to the HWB its proposed working arrangements with large acute trusts (especially where reconfiguration is taking place) describing mechanisms for including interests of local residents

Authorisation Domain 6: Great leaders who individually and collectively can make a real difference

This domain concerns setting up democratic structures and appointment processes designed to facilitate the appointment of skilled leaders with the support of their constituents and ensuring clear lines of accountability from the CCG leadership to constituent practices, including processes by which practices can access information about the decisions taken on their behalf

The evidence to support this domain is CCG Organisational Development Plan

Key points to consider:

- CCG leaders work collaboratively with HWB

The following actions' proposes where CCGs and HWBs can Build the Basics to enable effective partnership working	Building on current working arrangements, the below proposes ways that CCGs and HWBs can develop together for the future
<ul style="list-style-type: none"> - Clearly identified roles and responsibilities in the CCG includes defining where the key roles to link in with the HWB and any subgroups - Regular engagement by CCG leadership team and LA / HWB members - Engaged in organisational development together e.g. induction process - Demonstrates understanding and commitment to working collaboratively with partners 	<ul style="list-style-type: none"> - The CCG could ensure that their plans for organisational and leadership developments have links to the HWB organisational development plan - The HWB and CCG are committed to continually enhancing knowledge to ensure specific skills and awareness of health and social care leaders enable effective collaboration, communication and leadership - The HWB is involved in annual reviews of the effectiveness of the CCG board and visa versa

