

<b>4 December 2012</b>		<b>ITEM: 6</b>
<b>Health and Well-Being Overview and Scrutiny Committee</b>		
<b>Thurrock Clinical Commissioning Group Authorisation</b>		
<b>Report of: Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group (TCCG)</b>		
<b>Wards and communities affected:</b> Not Applicable	<b>Key Decision:</b> Not Applicable	
<b>Chief Operating Officer:</b> Mandy Ansell, Chief Operating Officer, Thurrock Clinical Commissioning Group		
<b>Accountable Officer:</b> Dr Nimal Raj, Accountable Officer, Thurrock Clinical Commissioning Group		
<b>This report is public</b>		
<i>If the report, or a part of this, has been classified as being either confidential or exempt by reference to the descriptions in Schedule 12A of the Local Government Act 1972, it is hereby marked as being not for publication. The press and public are likely to be excluded from the meeting during consideration of any confidential or exempt items of business to which the report relates.</i>		
<b>Date of notice given of exempt or confidential report:</b> Not applicable		
<b>Purpose of Report:</b> to update the Committee on the current situation regarding Authorisation for a Clinical Commissioning Group to represent Thurrock		

### **EXECUTIVE SUMMARY**

New Clinical Commissioning Groups have to be authorised by the NHS Commissioning Board prior to them taking formal responsibility for the delivery of health services within Thurrock. Thurrock is in the final wave of this Authorisation process with a view to operating as a fully authorised organisation with effect from 1 April 2013. Thurrock CCG, which currently represents approximately 68% of the GP practice population, has now submitted its application for authorisation and will undergo an assessment process culminating in a decision being reached on its proposed application early to mid-March 2013. Discussions are currently in progress, led by Andrew Pike (CE of South Essex Cluster and also Local Area Team Lead of the NCB) to identify a way forward to incorporate all Thurrock practices under one CCG.

### **Background and current position**

The reforms outlined in the Government’s NHS White Paper: Equity and Excellence: Liberating the NHS introduced the concept of GP-led consortia – now known as Clinical Commissioning Groups or CCGs.

These will take over responsibility for commissioning the majority of NHS services in England, with Primary Care Trusts (PCTs) due to be abolished by April 2013.

On 24th May 2012 the NHS Commissioning Board (NHSCB) confirmed the application timetable for all CCGs across England to apply for authorisation, Thurrock CCG was accepted to apply for authorisation in Wave 4. The CCG authorisation timetable:

Application group	Date for evidence submission	Total CCGs applying	South Essex CCGs	NHS Commissioning Board decision
Wave 1	1 <sup>st</sup> July	35	None	End October
Wave 2	1 <sup>st</sup> September	70	None	End November
Wave 3	1 <sup>st</sup> October	67	None	End December
<b>Wave 4</b>	<b>1<sup>st</sup> November</b>	<b>40</b>	<b>TCCG</b>	<b>Early –Mid-March</b>

All CCGs will take over responsibility for commissioning from April 2013 (if successfully authorised), irrespective of their application Wave.

To achieve authorisation CCGs undergo a rigorous assessment process, which includes the submission of 19 mandatory documents, and around 40 to 100 documents evidencing specifically stated thresholds and criteria to achieve an authorised state.

The assessment starts with the NHSCB’s review of a suite of CCG evidence, ensuring it satisfies 119 detailed criteria, and concludes with full day Site Visit to the CCG by an NHSCB led panel to interview the Governing Body regarding their application.

The evidence required falls under 6 Key Domains:

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

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

**Domain 3:** Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.

**Domain 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 commissioning all the services for which they are responsible.

**Domain 5:** Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support.

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

Thurrock CCG have successfully achieved this part of the authorisation process, submitting a suite of 53 documents to evidence the 119 criteria, a week ahead of deadline.

The CCG is now preparing for the NHSCB Site Visit on 20 December. This is another element of the authorisation process, which will inform the final decision on Thurrock CCG's authorisation status, due in March 2013.

It is envisaged that all 212 CCG's will gain an Authorised status this will come with conditions ranging from:

**Minor conditions:** amendments / updates such as re-submission or preparation of an Action Plan to deal with any identified issues, ... to

**Extreme conditions:** such as remaining a shadow body with no authority to discharge the statutory duties – which could be undertaken by NHSCB, an external top team sent into to lead the organisation, or another organisation given the authority to lead the unsuccessful CCG.

Risks to successful authorisation for Thurrock CCG include:

- not securing membership of 100% of the GP practice population of Thurrock;
- QIPP (quality, innovation, productivity and prevention) plans not delivering to expected level;
- Insufficient capacity to support the CCG through to authorisation.

Remedial actions are underway to mitigate each of the risks and good progress is being made. The CCG is optimistic that these will be addressed to support successful authorisation.

## 1. RECOMMENDATIONS:

### 1.1 To note

## 2. INTRODUCTION AND BACKGROUND:

### 2.1 Not Applicable

## 3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

### 3.1 Not Applicable

**4. REASONS FOR RECOMMENDATION:**

4.1 Not Applicable

**5. CONSULTATION (including Overview and Scrutiny, if applicable)**

5.1 Not Applicable

**6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT**

6.1 Not Applicable

**7. IMPLICATIONS**

**7.1 Financial**

Implications verified by: Not Applicable  
 Telephone and email: Not Applicable

Not Applicable

**7.2 Legal**

Implications verified by: Not Applicable  
 Telephone and email: Not Applicable

Not Applicable

**7.3 Diversity and Equality**

Implications verified by: Not Applicable  
 Telephone and email: Not Applicable

Not Applicable

**7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Not Applicable

**BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):**

- Not Applicable

**APPENDICES TO THIS REPORT:**

- Not Applicable

**Report Author Contact Details:**

**Name:** Mandy Ansell  
**Telephone:** 07507558070  
**E-mail:** Mandy.Ansell@swessex.nhs.uk