

Item Number: 10

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

GOVERNING BODY MEETING



Vale of York

Clinical Commissioning Group

Meeting Date: 4 July 2013

Report Sponsor:

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1. Title of Paper: NHS England Clinical Commissioning Group (CCG) Assurance Framework 2013/14 Briefing Paper

2. Strategic Objectives supported by this paper

1. Improve healthcare outcomes
2. Reduce health inequalities
3. Improve the quality and safety of commissioned services
4. Improve efficiency
5. Achieve financial balance

3. Executive Summary

This paper provides a briefing on the proposed national Assurance Framework for Clinical Commissioning Groups (CCGs) for 2013-14. The Assurance Framework outlines how the effectiveness of CCGs will be assessed and sets out the thresholds for NHS England support and intervention into CCGs.

4. Evidence Base

The briefing is based upon the NHS England guidance publication '*Clinical Commissioning Group Assurance Framework 2013/14 (outline proposal and interim arrangements)*', published in May 2013. <http://www.england.nhs.uk/wp-content/uploads/2013/05/ccg-af.pdf>

5. Risks relating to proposals in this paper

There is a reputational risk if the overall performance of the CCG is categorised as 'Red'

6. Summary of any finance / resource implications

There may be some impact on officer time to support the assurance framework process.

7. Any statutory / regulatory / legal / NHS Constitution implications

The CCG is required to comply with the proposed Assurance Framework as part of the assurance role of NHS England to ensure CCGs deliver the best possible services and outcomes for patients within their financial allocation.

8. Equality Impact Assessment

n/a

9. Any related work with stakeholders or communications plan

To be developed as appropriate.

10. Recommendations / Action Required

That the Governing Body:

- a) Considers developing a self-assessment process aligned to the CCG Assurance Framework to proactively manage organisational performance.
- b) Receives an update on the final arrangements for the Assurance Framework in the Autumn.

11. Assurance

The Governing Body will be informed of any future revisions to the guidance.

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NHS England Clinical Commissioning Group (CCG) Assurance Framework 2013/14 Briefing Paper

1. Introduction

1.1 NHS England has published outline proposals for assurance of Clinical Commissioning Groups (CCGs). These arrangements are interim and will be used for monitoring Quarter 1 (April-June) and Quarter 2 (July-September) of 2013-14, with the final Assurance Framework being published in the Autumn 2013.

1.2 The purpose of the Assurance Framework is to monitor the effectiveness of CCGs, provide public accountability and to establish a standard approach to NHS England support and intervention into CCGs.

1.2 Principals of the Framework:

- Assurance of quality for patients, both today and future generations, is at the heart of the process
- The approach will promote CCG accountability to their local populations
- NHS England will support CCGs to develop ambitious plans for improvement
- Identification of the support a CCG needs to realise its potential
- Clear and consistent basis for NHS England support and intervention
- Focus on the role of the CCG in securing patient and public engagement
- Only use information that the CCGs need to manage their own business and to demonstrate accountability to their local population
- Continually evolving process in collaboration with CCGs, Health & Well-Being Boards, patients and the public.
- The output of CCG assurance should be proportionate and transparent.

2. Core Elements of the Framework

2.1 The Assurance Framework covers both the health outcomes in the local area, and the effectiveness of the organisation. CCGs need to demonstrate that they are a capable organisation, and that they can effect health outcomes in their area. The Framework is divided in the three key elements.

2.2 **Delivery:** Ensuring the CCs is delivering for its population against the full range of outcomes and standards agreed in the local plan.

2.3 **Capability:** Ensuring the CCG is set up to service patients and communities effectively, both now and for future generations with the required skills and knowledge and is exhibiting the appropriate behaviours.

2.4 **Support:** Determining the nature and level of support a CCG needs to be a great commissioner.

3. In-Year Monitoring

3.1 NHS England will undertake a series of quarterly checkpoints to monitor CCG progress. These checkpoints will primarily focus on the 'delivery element', but will also include any conditions of authorisation.

3.2 The CCG will be assessed using a balance scorecard approach. For each domain the CCG will be assessed as; Green, Amber-Green, Amber- Red or Red. For each domain, the document sets out the indicators and expected thresholds (Annex A of the guidance).

3.3 The domains for the quarterly balanced scorecard are set out in the table below:

Domain	Evidence
Are local people getting good quality care?	Provider evidence: <i>Enforcement actions, compliance issues, friends & family feedback, outliers, MRSA/ C.Diff, serious incidents, never events</i> CCG Evidence: <i>Clinical Governance, early warning systems, quality surveillance, emergency events, winterbourne action plan</i>
Are patients' rights under the constitution being protected?	NHS Constitution KPIs – <i>Referral to treatment waiting times, A&E waits, Diagnostic waits, Cancer waiting times, Ambulance response, Mixed sex accommodation, Cancelled operations, Mental health</i>
Are health outcomes improving for local people?	NHS Outcomes Framework Data – <i>preventing people dying prematurely, enhancing the quality of life for people with Long Term Conditions, helping people to recovery from an episode of ill health of following injury, positive experience of care, treating and caring for people in a safe environment, IAPT coverage</i>
Are CCGs commissioning services within their financial allocations?	Financial performance: <i>Surplus data, management of 2% NR funds, QIPP, Activity trends, running costs, identification of risks and mitigated actions</i> Financial Management: <i>Internal and External Audit opinions, Cash management and BPPC</i>
Are conditions of CCG authorisation being addressed and removed?	Not specified in the document

3.4 The data used to assess progress will be data published no more than six weeks after the end of the quarter.

- 3.5 The first checkpoint will be in July 2013.
- 3.6 Support and intervention from NHS England will be based upon the 'Red/ Amber/ Green ratings. If all the domains in the scorecard are Green or Amber-Green there will be no proposed intervention, although the CCG can self-refer.
- 3.7 If the scorecard includes Red/ Amber-Red ratings, support and intervention will be discussed with the CCG. The guidance provides a process map at Annex B (attached as Appendix 1 for information).

4. Annual Assessment

- 4.1 The capability of the organisation will be assessed annually and will include engagement with the public, patients and stakeholders and draw on the issues in the checkpoint meetings.
- 4.2 The annual assessment approach is an evolution of the authorisation process, and covers both progress made over the previous year and plans for the future. NHS England acknowledge that they will be testing approaches over the next six months to determine the model for annual assessment.
- 4.3 The document does not specify the process or evidence used for the annual assessment, but includes references to peer review, 360° surveys, self-certification and in-depth site visits. They propose a proportional approach, with those CCGs with strong quarterly performance having a more light touch approach. It will build upon the thresholds applied for CCG authorisation.
- 4.4 The proposed domains for the annual assessment are based upon authorisation and are set out in the table below.

Domain	Indicators (abridged)
A clinical and multi-professional focus with quality central to the organisation	<i>Quality reflected in governance, decision-making and planning, evidence of improvements in quality, member practice involvement, views from a wide range of professionals sought and used</i>
Good engagement with patients and public, listening to what they say and truly reflecting their wishes	<i>Active member of Health & Well-Being Boards, engagement intrinsic to all work, CCG monitors and acts upon feedback</i>
A clear and credible plan over the medium term to deliver great outcomes within budget, which has been determined in partnership locally and reflects the priorities of the health and well-being Strategy(ies)	<i>Detailed financial plan, integrated with commissioning plan, evidence of delivery against plans. On-going discussion with members, CCGs, providers and stakeholders on planning and local priorities</i>

Domain	Indicators (abridged)
Proper constitutional and governance arrangements, and the capacity and capability to deliver all their duties and responsibilities	<i>Ability to manage quality, commissioning full range of services, open and transparent culture, financial control and capacity, environmental and social sustainability</i>
Collaborative arrangements with other CCGs, local authorities and NHS England, appropriate commissioning support and good partnership relationships with their providers	<i>Strong collaborative ties with local authorities, clinical senates and area teams. Excellent partnership working and contract in place with assured commissioning support provider, with clearly articulated commissioning support service plans</i>
Great leaders who individually and collectively can make a real difference	<i>Individual and collective leadership who are committed to partnership working and have the skills to deliver transformational change and lead commissioning. Distributed leadership and extensive engagement and communication across practices.</i>

5. Future developments

- 5.1 NHS England are seeking views on whether to include an additional domain to the quarterly checkpoint ‘*Are CCGs ensuring the information is appropriately used to drive change*’. This would include the use of the NHS number, digitisation of care records, metrics from complaints data and patient access to online primary care data.
- 5.2 The proposals in the document are interim and subject to change following the engagement process. The final guidance will be published in the Autumn, however throughout the document it refers to an evolving process, so it is likely that refinements will continue in future years.

6. Implications for NHS Vale of York CCG

- 6.1 The proposed Assurance Framework is comprehensive and given that the organisation is currently authorised with conditions and is receiving NHS England Area Team support, it is likely to be a continuation and formalisation of the existing situation for the CCG.
- 6.2 A key difference from the existing arrangements will be that this process provides a published ‘scorecard’ for the CCG, which will enable the public to see the information in one place. This is an opportunity to be more transparent and enable stakeholders, patients and communities to hold us to account. However, if a number of the domains are assessed as Red, this could affect local confidence in the health economy and so communication of the findings will be very important.

- 6.3 The quarterly checkpoints within the framework proposed provide a good mechanism for organisational self-assessment, and therefore an opportunity to be pro-active in identifying areas of strength and concern. Aligning current reporting arrangements to the proposed dashboards in the Framework will reduce any risk of duplication and enable the organisation to actively monitor progress holistically against the balanced scorecard.
- 6.4 Consideration will need to be given to incorporate the demands of the assurance process, for example collating additional evidence, supporting stakeholder surveys and managing in-depth visits, within the routine cycle of work for the CCG.

7. Recommendations

That the Governing Body:

- 7.1 Considers developing a self-assessment process aligned to the CCG Assurance Framework to proactively manage organisational performance.
- 7.2 Receives an update on the final arrangements for the Assurance Framework in the Autumn.

Appendix 1: Proposed support, intervention and escalation framework under the balanced scorecard.

Appendix 1 - Proposed support, intervention and escalation framework under the balanced scorecard

Annex B: Proposed support, intervention and escalation framework under the balanced scorecard

