

Item Number: 10

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**GOVERNING BODY MEETING**



**Vale of York**

**Clinical Commissioning Group**

**Meeting Date: 6 June 2013**

**Report Sponsor:**

Rachel Potts  
Chief Operating Officer

**Report Author:**

Rachel Potts  
Chief Operating Officer

**1. Title of Paper: NHS Vale of York CCG Authorisation Conditions and Directions Rectification Plan**

**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**

In order to remove the conditions and directions imposed upon NHS Vale of York CCG through the authorisation process, the attached plan has been agreed.

**4. Evidence Base**

Not applicable

**5. Risks relating to proposals in this paper**

Not applicable



**6. Summary of any finance / resource implications**

Not applicable

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

Not applicable

**8. Equality Impact Assessment**

Not applicable

**9. Any related work with stakeholders or communications plan**

Not applicable

**10. Recommendation / Action Required**

The Governing Body is asked to note the Authorisation Conditions and Directions Rectification Plan.

**11. Assurance**

Regular meetings with the Area Team and Area Team representation at the monthly Business Committee meetings.



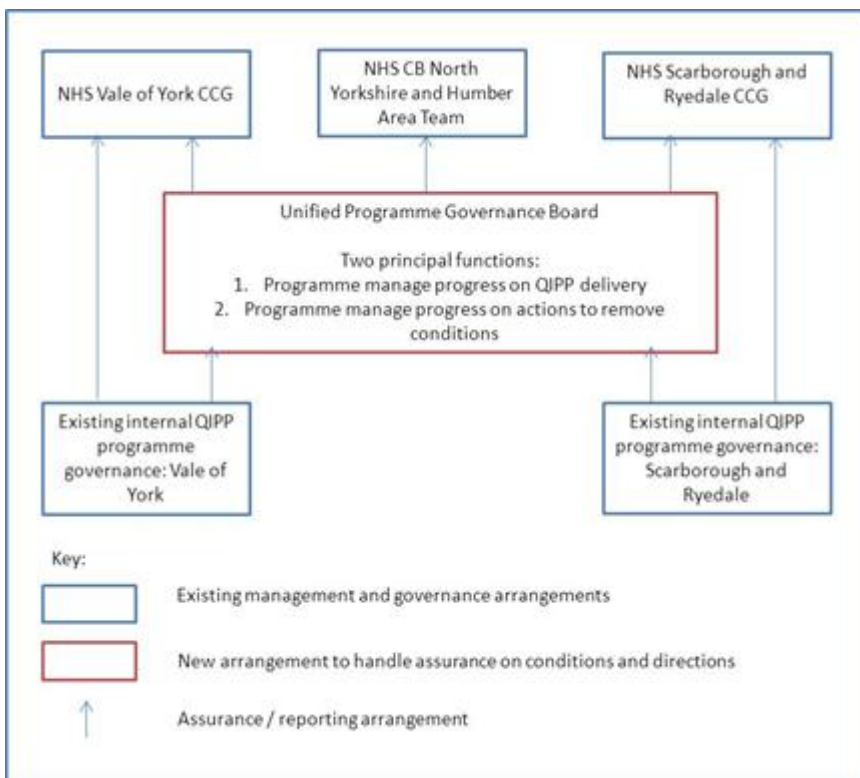
## NHS Vale of York CCG Authorisation Conditions and Directions Rectification Plan

JD - Jon Develing, Regional Director of Operations and Delivery, NHS England  
 MN - Matt Neligan, Director of Operations and Delivery, NHS England North Yorkshire and Humber Area Team  
 RP - Rachel Potts, Chief Operating Officer, NHS Vale of York CCG  
 JS - Jon Swift, Finance Director, NHS England North Yorkshire and Humber Area Team

Agreements and Actions	Who?	By when?
<p>1. Contracting &amp; Turnaround Leadership</p> <ul style="list-style-type: none"> <li>Senior contracting and turnaround leadership to be put in place for both CCGs. The expectation is that this will need to be in place for 12 months but will be reviewed quarterly.</li> </ul> <p><b>Action:</b> Secure individual(s)</p> <p><b>Action:</b> Confirm NHS CB funding available</p>	<p>MN / JS</p> <p>JD</p>	<p>Immediate</p> <p>End March</p>
<p>2. Service Improvement Methodology</p> <ul style="list-style-type: none"> <li>Vale of York have secured resource to support them with service improvement methodology</li> <li>Scarborough and Ryedale require support</li> </ul> <p><b>Action:</b> NHS CB will explore opportunities to support Scarborough &amp; Ryedale through the use of the New Improvement Body</p>	<p>JD</p>	<p>End March</p>
<p>3. Productive General Practice</p> <ul style="list-style-type: none"> <li>Productive General Practice Programme to be put into place</li> </ul> <p><b>Action:</b> Confirm NHS CB funding available</p>	<p>JD</p>	<p>End March</p>

<p>4. Oversight of QIPP Governance</p> <ul style="list-style-type: none"> <li>Programme Office to be established which is owned by CCGs but has NHS CB representation. The PO will report to the Area Team and each CCG with local subgroups feeding in. Diagram 1 illustrates the reporting arrangements. The PO will consider both progress against QIPP delivery (high level as detail done in individual CCGs) and progress on removal of conditions. The two are closely related.</li> </ul> <p><b>Action:</b> Establish a Programme Office</p>	<p>RP</p>	<p>End March</p>
<p>5. Oversight of Plans</p> <ul style="list-style-type: none"> <li>Maintain current arrangements to oversee the delivery of plans i.e. joint weekly meetings between now and final plan sign off. Weekly meetings to involve Matt Neligan, John Swift, Rachel Potts, Simon Cox, Adrian Snarr.</li> </ul> <p><b>Action:</b> None (maintain current system)</p>		
<p>6. Sign Off Plans</p> <ul style="list-style-type: none"> <li>Reviewed plans for the delivery of Level IV Conditions and Directions to be submitted to the Area Team</li> <li>The Area Team to respond to CCGs</li> </ul> <p><b>Action:</b> CCGs submit plans</p> <p><b>Action:</b> NHS CB Area Team respond in writing to confirm sign-off</p>	<p>RP</p> <p>MN / JS</p>	<p>Share in advance of CCG GB</p> <p>April</p>
<p>7. Provision of Information</p> <ul style="list-style-type: none"> <li>Any additional information that is required by the Area Team to support the delivery of Directions to be submitted upon request</li> </ul> <p><b>Action:</b> Submit information as required</p>	<p>RP</p>	<p>Ad hoc</p>

**Diagram 1. Governance / reporting arrangements**



**Timetable for Removal of Conditions  
Vale of York**

Criteria	Condition	Monitoring and Expected Timetable to Remove
1.3A	Provide evidence that arrangements are in place for CCG to involve and seek advice from healthcare professionals from secondary, community, mental health, learning disabilities and social care	Consider progress against condition on a monthly basis.  Condition can be removed once the necessary evidence has been provided (likely to be June Conditions Panel if not removed in March)
1.3B	Governing body must include nurse & secondary care doctor	
3.1.1B	CCG must have a clear and credible integrated plan that meets authorisation requirements	Monitor progress against QIPP on a monthly basis.  Condition can be removed after Q2 once the necessary evidence has been provided (likely to be December Conditions Panel)
3.1.1C	CCG must have detailed financial plan that delivers financial balance, sets out how it will manage within its management allowance, and is integrated with the commissioning plan	
3.1.1D	Demonstrate that QIPP is integrated within all plans and clearly explain any changes to existing QIPP plans	
4.3.1C	Demonstrate how proposed staff resource and any contracted commissioning support will provide capacity and capability to delivery its full range of responsibilities	Consider progress against condition on a monthly basis.  Condition can be removed once the necessary evidence has been provided (likely to be June Conditions Panel if not removed in March)
5.3B	Provide evidence that clear line of accountability for safeguarding is reflected in CCG governance arrangements, and CCG has arrangements in place to cooperate with the LA in the operation of the LSCB / SAB	
5.3D	Provide evidence that the CCG has a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training	
6.4G	CCG to evidence that senior in-house management roles in CCG provide adequate capacity and capability to maintain strategic oversight with available resources	