

1. PURPOSE

To inform HWB Board members on the ongoing development of the Clinical Commissioning Group (CCG) and to point to future focus for the CCG.

2. RECOMMENDATIONS

That the Board:

- **Note the progress to date**
- **Agree to take a major role in a transformational process for our local health economy.**

3. BACKGROUND

3.1. Authorisation of the CCG to be the statutory body commissioning healthcare in Telford and Wrekin requires the completion of an assessment process, which has several facets.

- The three lead members Chair, COO and Chief Finance Officer had to be assessed personally and an adjudication made about their suitability,
- there was a multisource feedback process considering the whole CCG and a report from the Strategic Health Authority and
- the CCG had to demonstrate competence across 119 separate measures of performance. Competence was assessed initially from documents submitted by the CCG and then at a 'panel day'.

4. SUMMARY OF ACTIVITY AND PROGRESS

4.1. Following satisfactory completion of the first two bullets, on the 1st November the CCG entertained a panel of assessors for a day.

4.2. The panel attended with express aim of examining in more detail the elements of development that were less clearly articulated in the documentation submitted in the early autumn.

4.3. 56 of the 119 measures were judged to need more information, which was fairly average for the wave of CCGs that were being authorised at the same time (Wave 2 of 4).

4.4. On the Panel day, the CCG performed extremely well. At the end the Chair reported that the panel felt the CCG had strengths particularly relating to its focus on quality and also patient engagement.

4.5. The outcome was a judgement that there were 13 of the measures that needed further development before they could be approved as being ready. These related to process largely on four areas: demonstration of Safeguarding governance, demonstration of working agreements with two partners – Shropshire CCG and the commissioning support unit, and demonstration of a longer term plan with the capacity to deliver it.

- 4.6. The CCG had two weeks to submit further evidence between the 11th and the 24th December.
- 4.7. With this evidence submitted, the CCG is awaiting adjudication from the National Commissioning Board (NCB). The NCB will decide both if the CCG can be authorised, and what conditions might be attached to that authorisation.
- 4.8. A preliminary review by the NCB suggests that authorisation is certain and that there might be three conditions still to be discharged: The 2 agreements with our partners and the longterm plan.
- 4.9. The CCG expects to be able to discharge at least two, if not all three conditions before end March (should that be the number).
- 4.10. If the NCB does decide the CCG is authorised, effectively the CCG will be the statutory body from the end of January, though this will not legally be the case until 1st April 2013.
- 4.11. The PCT in the form of the Cluster met in December as a Board and stood down all committees except the legally necessary ones of the Board and the remuneration committee.
- 4.12. Transfer of all staff is now complete and all staff bar a very small number have been retained in one organisation or another. There has been some natural loss on the way with people finding other jobs.
- 4.13. The CCG is in the process of reorganising the estate to accommodate the CCG, some of the Community trust, some of the Commissioning support staff, some of the Local Area Team, Public Health and joint commissioning.

5. FUTURE ACTIVITY

- 5.1. The legal process of closing the PCT and handing over is being developed with the help of our legal advisers Mills and Reeve.
- 5.2. It will be necessary to meet in March and April for the formal hand over as well as an inaugural meeting to adopt all our policies.
- 5.3. Apart from managing the day to day working of the health service, in partnership with Shropshire CCG, the CCG intends to embark upon a process of transformation for the local health economy that will include social care and primary care.
- 5.4. This is necessary to address the financial challenge of the next five years and it will be the major piece of work for the CCG in the first stages of its autonomous existence.
- 5.5. Both the Health and Wellbeing Board and Scrutiny will play a big part in this process of consultation and transformation.