

NHS North Central London Transition Update Report Report to the Joint Overview and Scrutiny Committee

16 January 2012

1. Executive Summary

Members of the Joint Health Overview and Scrutiny Committee expressed an interest in the new structures being developed to replace the functions currently undertaken by PCTs within the cluster. This paper provides an introduction to this and gives members the opportunity to reflect on how this impacts on their role in scrutiny.

This paper gives members an overview of the national milestones in transition and the progress made so far within the NHS North Central London transition programme. It then provides specific information about the development of Clinical Commissioning Groups. There is a description of progress made to securing delegated responsibility and plans for securing authorisation in 2012. A further paper on other elements of the transition will be provided at the February meeting of the committee.

2. Transition programme

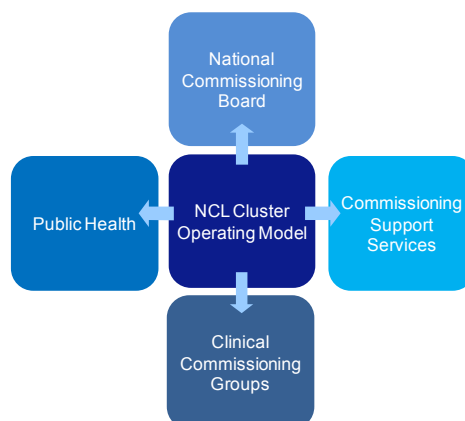
The Health and Social Care Bill proposes significant changes within the NHS that will focus on improving quality of care, more choice and improved outcomes for patients, as well as long-term financial savings for the NHS, which will be available for reinvestment to improve care.

The aims of the transition programme can be broadly described as:

1. Developing clinical commissioning groups
2. Deliver a commissioning support services, one of three in London
3. Supporting the establishment of Health and Wellbeing Boards
4. Public Health transition, locally and to Public Health England, and
5. Continuing to deliver the first year of the Commissioning Strategy and QIPP Plan

Figure 1

Figure 1 describes these “destinations”.



Known Milestones

Our current expectation of key transition milestones is as follows, subject of course to the Health & Social Care Bill receiving Royal Assent, which is presently expected to happen in May 2012:

- | | |
|---------------------|--|
| April 2012 | <ul style="list-style-type: none"> • Clinical Commissioning Groups have agreed their size, structure and geography • All appropriate commissioning budgets delegated to Clinical Commissioning Groups • Clinical Commissioning Groups have established an authorisation development plan • Commissioning Support Services set up in shadow form • NHS Commissioning Board functions and design agreed • Public Health England established in shadow form |
| October 2012 | <ul style="list-style-type: none"> • Clinical Commissioning Groups have identified accountable officers and senior management teams in place • Clinical Commissioning Groups responsible for leading the 2013/14 contracting round • Clinical Support Services have finalised their Full Business Plans • Clinical Support Services and Clinical Commissioning Groups have service level agreements for provision of commissioning support • NHS Commissioning Board fully operational and able to authorise Clinical Commissioning Groups • NHS Commissioning Board operating model operational and accountable for 2013/14 contracting of its directly commissioned services • NHS Commissioning Board has made final decision on which Clinical Support Services to host |
| April 2013 | <ul style="list-style-type: none"> • Clinical Commissioning Groups become statutory entities • All Clinical Commissioning Groups achieve full authorisation • Clinical Commissioning Groups to be assisted by commissioning support services • Clinical Support Services migrate to hosting arrangements with the NHS Commissioning Board • NHS Commissioning Board becomes a statutory entity and holds Clinical Commissioning Groups to account • Public Health England becomes a full statutory body |

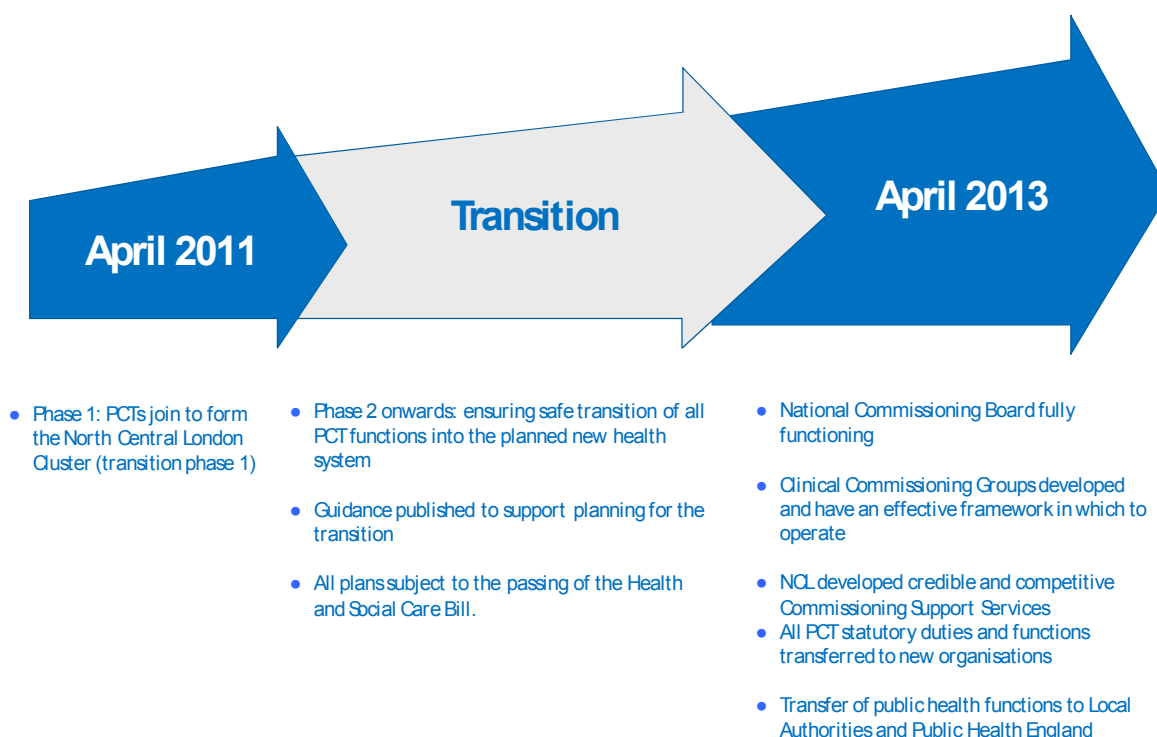
3. Overall Transition – progress update

To meet the vision set out in the Bill, and address local population needs, the north central London health landscape is changing between now and 2013 when the new nationwide system is expected to be established. As we plan for 2013, NHS North

Central London needs to develop commissioning and commissioning support services and ensure safe transition of all PCT functions into the planned new health system.

Following further progress of the Health and Social Care Bill through Parliament and publication of a number of supporting guidance documents from DH and NHS London during the Summer/Autumn 2011, North Central London undertook a preparation phase of the Transition Programme. We have now entered the delivery phase in 2012. The middle section of figure 2.

Figure 2



Local programme planning

- A small internal planning group was established, developing the outline plans and milestones for the year ahead.

Engagement & communications

- Workshops with staff to define and capture key issues for the programme and work stream plans.
- Regular updates and information to all staff and partner organisations

Nationally

- There has been ongoing development of national milestones and activities to inform internal and external stakeholders (see above). The associated guidance have increasing amounts of detail and more is expected in the coming months.

Learning from previous reorganisations

- We have been keen to learn lessons from phase one of transition (see diagram above) so that staff and our partners always as fully informed as possible in order to avoid any disruption to services.

Working with other clusters

- A dedicated CSO programme established in October with two other clusters. Outer North East London and East London and the City. The first task was to produce a prospectus and target operating model which was published on January 5th and can be found on the NHS North Central London website at <http://www.ncl.nhs.uk/future-planning/developing-commissioning-support.aspx>

In the forthcoming delivery phase the programme will focus on ensuring delivery of the four 'enabling' work streams (People Transition, Governance & Finance, Stakeholder Engagement & Communications; and Infrastructure) and two 'specialist' work streams, delegation of responsibility to clinical commissioning groups (see next section) and clinical contract transfer.

Detailed updates on progress towards public health, national commissioning and clinical support will be provided at a subsequent meeting whilst the following section describes the current position regarding clinical commissioning.

4. Delegation of Responsibility to Clinical Commissioning Groups

NHS North Central London has a key role in assuring Clinical Commissioning Groups (CCGs) secure delegation of responsibility in 2012 and achieve authorisation in 2013. Guidance issued by the Department of Health during 2011 is designed to support Clinical Commissioning Groups, Clusters and other healthcare organisations in the journey. The following guidance relates directly to this area of activity and should be referred to for more detailed national information:

- Developing Clinical Commissioning Groups: Towards Authorisation (September 2011)
- Towards Establishment: Creating Responsive and Accountable Clinical Commissioning Groups (December 2011)

More information can be found at <http://healthandcare.dh.gov.uk/towards-authorisation-faqs/>

Within the NHS North Central London transition programme, the CCG Delegation of Responsibility work stream has focused on supporting CCGs in their journey to secure delegation of responsibility by April 2012, and on organisational development activity.

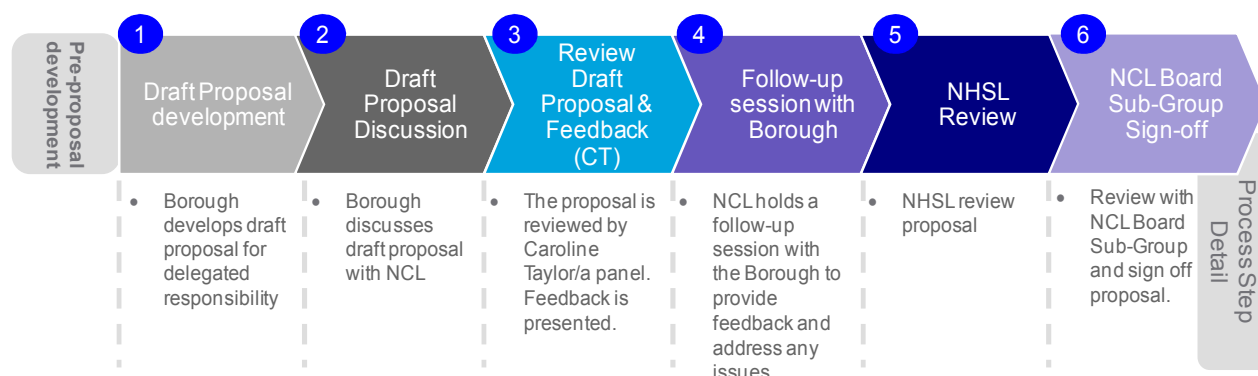
Before CCGs are fully authorised they will be established as committees of the relevant PCT. In North Central London there are currently five, coterminous with each of our boroughs. That is Barnet, Camden, Enfield, Haringey and Islington.

Significant progress has been made both in setting out the governance and processes for the assumption of delegated responsibilities by CCGs in NHS North Central London, and in individual CCGs working through their local approaches to delegation. Partial delegation is already in place for Islington CCG, with significant extension of scope and coverage expected across all CCGs in the first few months of 2012.

The assurance process

A 6-step process for the approval of delegation has been set out, illustrated in figure 3:

Figure 3

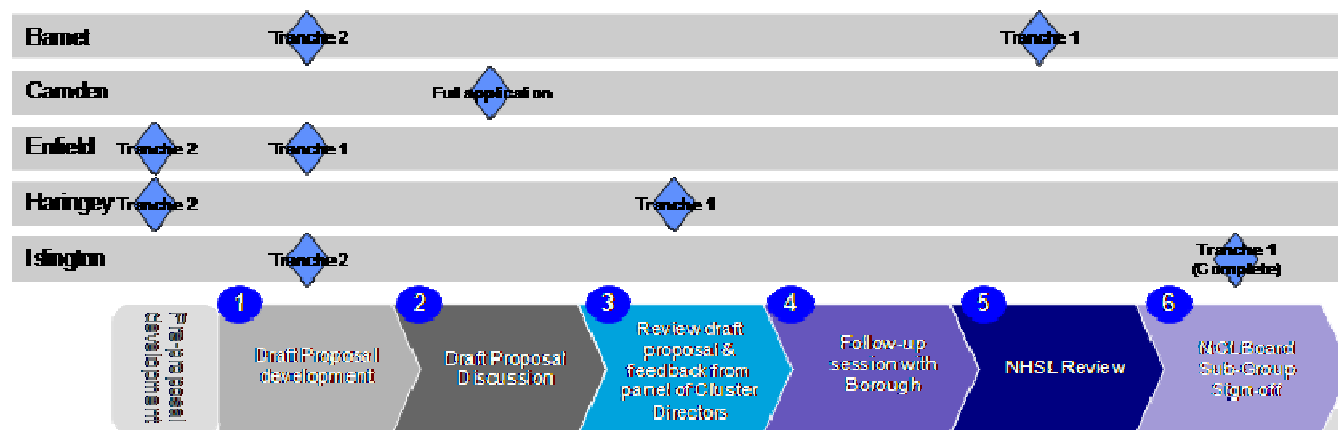


5 Current position of each CCG

For the CCGs in North Central London the next diagram (figure 4) describes how far along the journey each is.

Delegated responsibility comes in two tranches, the first is for partial responsibility and the second is for full delegation. Camden CCG has chosen to go for full delegated responsibility from the outset.

Figure 4



- **Barnet CCG** is proposing to take delegated responsibility for primary care prescribing services in the first instance, and then other eligible services in a single second tranche thereafter. The initial application is now under review by NHS London and approval is expected in due course. Drafting of the second tranche application is underway and scheduled for NHS North Central London Director Panel review in February.
- **Camden CCG** proposed to take delegated responsibility for all eligible services in one tranche. Iterative discussions have taken place between the CCG and NHS North Central London teams, and a draft application is now under review. The NHS North Central London Director Panel review is scheduled for late January and sign off from NHS London is anticipated in early March.
- **Enfield CCG** is proposing to adopt the Prescribing budget in the first tranche of delegation. The application for tranche one is currently underway, and review is likely in mid-January. NCL review is expected in early February. Delegation of remaining eligible services will follow in due course.
- **Haringey CCG** is proposing to take on delegation for Prescribing, Planned Care and Accident and Emergency minors in the first tranche application, with all remaining eligible services in a single second tranche. The tranche one application will be ready for review in early February. It is expected the drafting of tranche two will be undertaken in parallel, commencing in late January.
- **Islington CCG** is proposing to take delegated responsibility for primary care prescribing and adult community services budgets in the first instance. Their application was submitted to NHS London and for review and confirmed as successful in early December 2011. The CCG is proposing to take responsibility for the remainder of eligible services, acute and joint commissioning budgets, in a single second tranche, on track to be reviewed by a panel of NHS North Central London Directors in early February and approved by NHS London later the same month.

6 Implications of delegation in the future

Following authorisation in April 2013, Councillors can expect CCGs to have adopted a genuine partnership with their local authorities the commissioning of services. The Health and Wellbeing Board will be a statutory function of the Local Authority. It will play a strategic co-ordinating role, joining up commissioning across the NHS, adult social care, children's services, public health, the third sector and other services that directly relate to health and wellbeing, in order to improve outcomes for the local population.

During the period of delegated responsibility, starting in April 2012 (in shadow-running form) for the majority of NHS North Central London's CCGs, there will be a focus on creating robust relationships between local authorities, the CCG, local health and social care professionals, the voluntary sector and residents. The aim will

be to achieve the integration that will be necessary for a cohesive system and integrate service delivery vertically within health and horizontally across health and social care.

7 Recommendations

The Joint Health Overview and Scrutiny Committee is asked to

- 1 Note the contents of this report and consider the implications of what this might mean for the overview and scrutiny function in the future,
- 2 Note the process for the approval of delegation of responsibility to CCGs and the update on the current status of the delegation of responsibilities to CCGs within NHS North Central London.