## HARINGEY CCG UPDATE - SUMMARY FOR OVERVIEW AND SCRUTINY COMMITTEE

The Haringey Clinical Commissioning Group (CCG) was created in 2011, following the publication of the White Paper Equity and Excellence: Liberating the NHS which set out the Government's vision to place lead responsibility for commissioning health services in the hands of GPs, on the basis that clinicians are best placed to understand local health needs. By empowering the full range of clinical professionals, CCGs are designed to realise the potential for clinical leadership.

CCGs will be responsible for commissioning the majority of healthcare for their local population. CCGs are designed to be truly different organisations through the clinical engagement and leadership GPs and other clinicians bring, the engagement of a range of health and care professionals, working in partnership with local government and the ability to be much closer to communities and patients. They will require good management and support to be able to function effectively.

Following GP elections organised by the Electoral Society, a shadow Board was established, made up of elected GP members and appointed members from the NHS North Central London Haringey Borough team, Public Health, Haringey Council, Haringey PCT non-executive directors and patient representatives. The Chair and Vice-Chair were both appointed following interviews.

The Shadow Haringey CCG Board is made up of the following members:

| Dr Helen Pelendrides* | Chair / Central Lead |
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| Dr John Rohan* | Vice Chair / North East Lead |
| Andrew Williams | Borough Director |
| Dr Peter Christian* | West Lead |
| Dr Muhammad Akunjee* | South East Lead |
| Dr Sharezad Tang* | Central GP Member |
| Dr Simon Caplan* | North East GP Member |
| Dr Gino Amato* | North East GP Member |
| Dr Dina Dhorajiwala* | West GP Member |
| Dr David Masters* | West GP Member |
| vacant | South East GP member |
| Dr Rebecca Viney* | Sessional GP member |
| David Maloney | Borough Head of Finance |
| Dr Jeanelle de Gruchy | Director of Public Health |
| Sue Baker | Non-executive |
| Cathy Herman | Non-executive |
| Patrick Morreau | Patient Representative (West) |
| Ivy Ansell | Patient Representative (East) |
| Mun Thong Phung | Haringey Council |
| Councillor Dogus | Haringey Council |
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In addition to the formal membership above, Sarah Timms is Nursing and Quality Advisor and other representatives of the NHS North Central London Haringey Borough team attend as appropriate.

The first shadow Board meeting was held on 13 July 2011. The Board meets bimonthly and four meetings have now been held since its inception.

The inaugural meeting focused primarily on governance issues, reflecting the embryonic state of the group. The second meeting (15 ${ }^{\text {th }}$ September 2011) centred on a detailed discussion of commissioning intentions, which would be developed further at the impending Health Leadership Summit and other CCG and HWBB meetings and forums, before being agreed at the CCG Development Meeting on 20 October.

The Board discussed the options for delegated commissioning budgets and agreed the delegation of the prescribing budget and the proposed timelines for delegation of subsequent budget sections and the consequent governance development required.

The third Board meeting on 17 November 2011 focused on strategy and development, with an update on the BEH Clinical Strategy, and detailed discussion of NHS NCL Commissioning Strategy and QIPP Development and local commissioning intentions, as well as discussion of delegated responsibilities, building on previous discussions concerning the assurance process around the delegation of commissioning budgets.

The most recent shadow Board meeting was held on $19^{\text {th }}$ January 2012. The Board approved the approach to developing Haringey CCG and Haringey Health and Wellbeing Board Capabilities for locally-led joint commissioning. This had been previously approved by the shadow Health and Well Being Board.

The Board approved the proposal for the CCG to undertake delegated authority for the budgets for prescribing, planned care and A\&E. This was an increase in what was envisaged at the previous meeting and indicative of the CCG's mounting confidence as it has developed over the past year.

In addition to the highlights above the Board also receives regular updates are also provided on the local QIPP delivery programme, the current financial position and forecast out-turn, performance, quality and safety and the local risk register.

The bi-monthly Board meetings outlined above alternate with bi-monthly organisational developmental sessions led by Entrusted Health Partnership to embed the individual and collective leadership skills required prior to establishment and authorisation. These workshops have focused so far on patient and stakeholder engagement, governance and commissioning.

In order to strengthen the CCG Board governance structure prior to it taking on delegated responsibilities a Finance sub-group has been created which will meet monthly to review finance reports, monitor financial risks and review all CCG service developments/decommissioning decisions (including QIPP plans) for their financial implications. A Quality and Safety Sub-group has also been created.

Each CCG will decide the extent to which it carries out services in house, or shares or buys in support services, especially from Commissioning Support Organisations (CSOs). NHS North Central London has joined forces with NHS East London and the City, and NHS Outer North East London to create a draft Commissioning Support Organisation prospectus, which was published in early January 2012. As the Haringey CCG develops towards authorisation it will continue to develop and firm up its operating model and structure.

Andrew Williams<br>Interim Borough Director<br>7 February 2012

