

## **Oxfordshire Joint Health Overview and Scrutiny Committee – Thursday 24<sup>th</sup> May 2012**

### **Development of the Oxfordshire Clinical Commissioning Group**

#### **1. Introduction**

The following paper gives an overview of how the Oxfordshire Clinical Commissioning Group has progressed over the past year and development plans for 2012/13 in the lead up to its authorisation as a statutory NHS body in April 2013.

#### **2. Background**

In July 2010 the Government published a White Paper, Equity and Excellence: Liberating the NHS, setting out its long term vision for the NHS.

The key principles of the changes are:

- Primary Care Trusts (PCT) and Strategic Health Authorities will be abolished.
- Clinicians will have responsibility and budgets for commissioning, the planning, designing and paying for health services. They will work together in Clinical Commissioning Groups.
- Greater emphasis on outcomes for patients, rather than simply meeting targets.
- Putting patients at the heart of the NHS.
- More independence for healthcare providers and reduced bureaucracy.
- Health improvement will be the responsibility of Local Authorities.

#### **3. Progress to date**

In the autumn of 2010 GPs from the 83 practices in Oxfordshire agreed to form a single county-wide clinician led commissioning organisation called the Oxfordshire Clinical Commissioning Group (OCCG). The OCCG has six localities. The localities are increasingly taking on responsibility for commissioning local health services for the public and for the Quality, Innovation, Productivity and Prevention programme<sup>1</sup>. All of the GP practices in the county are part of the OCCG structure – through the locality structure. Each area of work under QIPP (planned care, urgent care, long term conditions, medicines management and complex care) has a GP lead who works very closely with managers implementing the programmes of work and advocating the work to their clinical colleagues. There are also GP leads taking a lead role for special projects such as the implementation of NHS 111 and the Appropriate Care for Everyone programme which is tackling delayed transfers of care in the county.

The OCCG Transition Board, which has representation from all localities within OCCG and Oxfordshire County Council, has been responsible for developing a work programme for transition during 2011/12. A key task facing OCCG now, is to devise a structure that is fit for purpose for

commissioning health care for its population, and enables OCCG to be ready for the authorisation process to become the statutory commissioning body for Oxfordshire.

Following a short consultation, a Shadow Governing Body (Shadow Board) was put in place in April 2012. Prior to establishing the new structure the senior appointments in the Governing Body are being covered by interim appointments until designate appointments can be made, following national processes.

The next requirement is for proposals for the OCCG organisational structure to be defined and for the processes to determine who will take up the posts in the structure to be taken forward. A staff consultation has just been undertaken with the results due at the end of May 2012.

#### **4. Authorisation**

Authorisation of Clinical Commissioning Groups is being managed in four waves during the summer and autumn of this year. OCCG has been accepted to be part of wave one of authorisation and is preparing for the process which requires evidence to be gathered ready for submission by 1 July 2012.

Authorisation is built around six domains. The process for assessing CCGs through these domains is being managed by the NHS Commissioning Board who will be seeking assurance that CCGs can safely discharge their statutory responsibilities for commissioning healthcare services. The six domains are:

1. A strong clinical and multi-professional focus which brings real added value.
2. Meaningful engagement with patients, carers and their communities.
3. Clear and credible plans which continue to deliver the Quality, Innovations, Productivity and Prevention (QIPP) challenge within financial resources, in line with national requirements (including excellent outcomes) and local joint health and wellbeing strategies.
4. Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commissioning all the services for which they are responsible.
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support.
6. Great leaders who individually and collectively can make a real difference.

OCCG has been working hard in all of these areas and has made steady progress in developing the organisation across all six domains. Some highlights include:

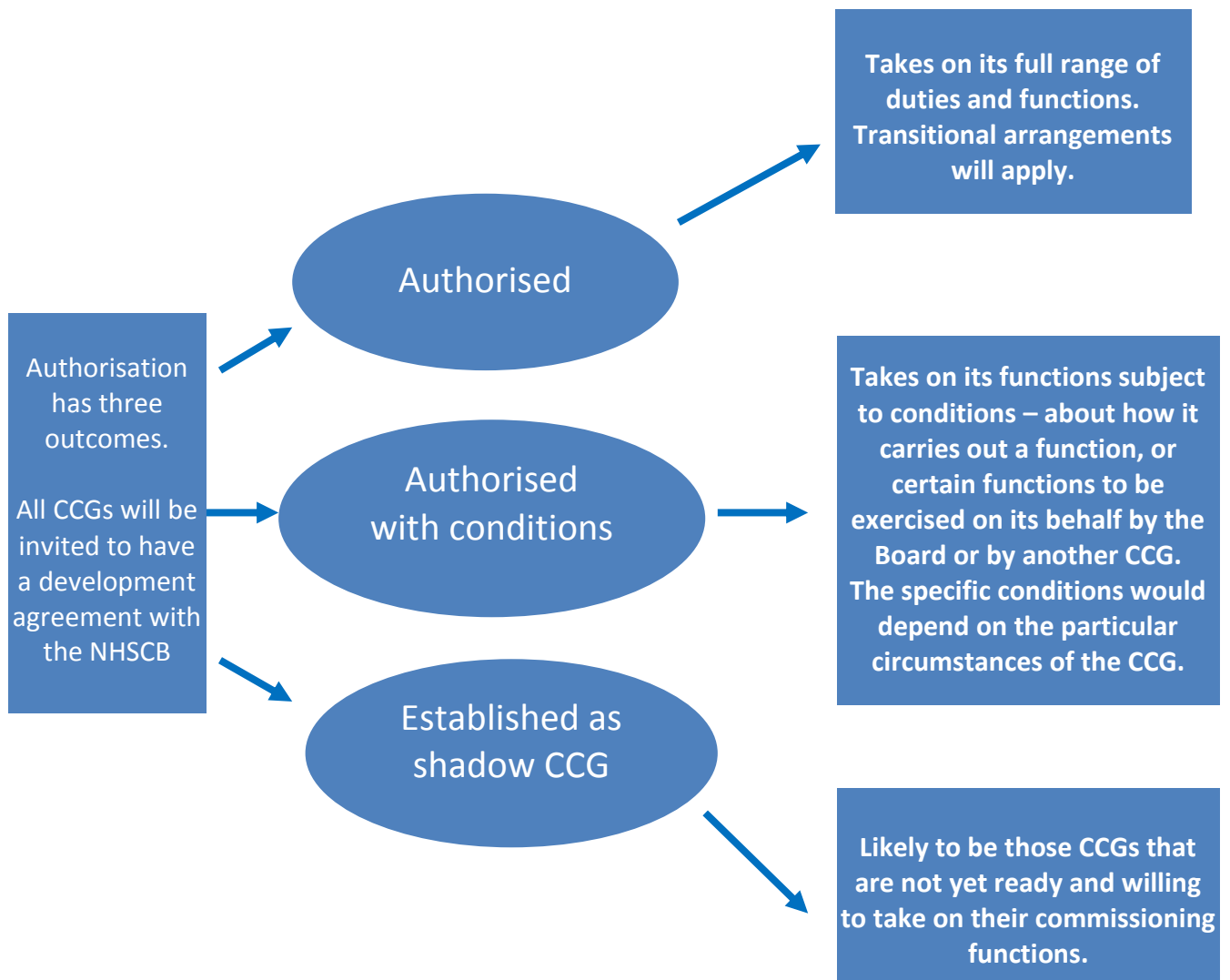
- The membership of the governing body has been agreed following wide consultation and posts are now being appointed to. This includes the key clinical leaders of the organisation. The governing body will have a lay Chair plus two other lay members (currently being appointed) plus representatives from the local authority and a secondary care provider.
- The structure of the organisation has also been consulted upon and appointments to senior management posts are expected to take place over the early summer.
- The vision, mission and values for OCCG are being developed and have been discussed widely within locality groups and at the public meetings during 2011/12. This has brought

ideas together for how OCCG will be different from the PCT and what benefits clinical leadership will bring.

- Governance arrangements for the organisation are being developed. A draft constitution is currently being discussed with GP practices and this is expected to be agreed in June.
- A draft communications and engagement strategy is in place, building on the work of Oxfordshire PCT.

Part of the preparation for authorisation is a 360° Stakeholder survey which seeks to gather views of a wide range of stakeholders about how prepared OCCG is for becoming a statutory organisation. Members of the Health Overview and Scrutiny Committee, GP practices, NHS providers and all local authorities will be asked to respond. This is an important part of the authorisation process and the results will provide the NHS Commissioning Board with an insight into the relationships that have been developed during the early days of the organisation.

There are three possible outcomes of authorisation. OCCG is keen to be authorised to take on the full range of duties and functions. Being successful in wave one will allow OCCG to concentrate on the planning and delivery of commissioning during the autumn without distractions.



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<sup>i</sup> QIPP: The Department of Health has initiated a programme of work called *Quality, Innovation, Productivity and Prevention* (QIPP) to respond to the difficult financial situation across the NHS in England. The approach looks at how the NHS can protect and promote quality while releasing savings across health systems. There is an Oxfordshire QIPP plan and it is the responsibility of all NHS health care providers in Oxfordshire to help deliver it. NHS organisations across the county are already working together to respond to this challenge.

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