

Update on the development of the Oxfordshire Clinical Commissioning Group

1. Introduction

The following paper gives an update on the progress of Oxfordshire Clinical Commissioning Group (OCCG) in the lead up to its authorisation as a statutory NHS body in April 2013.

2. The authorisation process

OCCG has been successful in its application to be considered in Wave 1 for authorisation. There will be three further waves of authorisation to help spread the work involved at the NHS Commissioning Board. OCCG believes that it is a real benefit to be part of Wave 1 as this will mean we will have completed the process by October leaving the organisation free to concentrate on ensuring we have achievable plans in place for 2013/14 and have time to address any conditions before taking full responsibility in April 2013.

For OCCG this means all evidence needs to be submitted to the NHS Commissioning Board (NHSCB) by Monday 2 July 2012. The information submitted will then be reviewed by an assessment team appointed by the NHSCB using the six domains:

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.

Within these domains there are 118 criteria being used to ensure the CCG is ready to be authorised.

The initial review will result in feedback to OCCG with an indication of the key lines of enquiry that will be used during the next stage of the assessment at a site visit during September.

The CCGs going forward in wave 1 are expecting to have confirmation of their authorisation in October 2012 before becoming a statutory organisation on 1 April 2013.

3. Stakeholder survey

Ipsos MORI have coordinated the stakeholder survey which is being used by the NHSCB as one piece of evidence for authorisation. The stakeholders identified by OCCG included several members of Oxfordshire Health Overview and Scrutiny Committee, District, City and County Council representatives and LINKs. Other stakeholders included local NHS providers and all 83 GP practices in Oxfordshire.

The overall response rate for OCCG was 60% and it is understood that there were several reports of technical difficulties which meant Ipsos MORI conducted some interviews by telephone. Thanks go to all those who completed a survey.

4. Governing Body appointments

The appointment of the Chair, Accountable Officer and Chief Finance Officer for CCGs is being managed through a national process.

Stephen Richards has been confirmed as appointable to the post of Accountable Officer- this will be finally confirmed by the NHSCB following the authorisation process. Confirmation is expected soon for the Chief Finance Officer appointment.

Recruitment to the post of Chair has resulted in two candidates being put forward for the national assessment. Assuming both are appointable, the governing body will then make a decision about which to appoint.

Three other directors are currently being recruited: Director of Quality and Innovation, Director of Partnerships and Development and the Medical Director. These posts were advertised nationally and interviews take place later in June. It is likely that the names of the new post-holders will be able to be confirmed at the HOSC meeting.

Two lay members have been recruited following an open process that resulted in almost 80 applications interested in one of the lay posts (including the Chair). Ros Avery and Louise Wallace have been confirmed into these posts.

5. Structure of OCCG

An outline structure of the organisation has been published and consulted on with staff. Following appointment of the Directors, the Assistant Director posts will be recruited, initially allowing applications from existing staff across Oxfordshire and Buckinghamshire PCT Cluster. The more detailed structure of the organisation will then be determined which will also confirm which

functions will move to the Commissioning Support Organisation (initially to be hosted by the NHSCB).

6. Developing localities

The six localities are building their engagement with practices and all have monthly meetings with their practice leads. There has been a need to focus some of their time on considering the governance arrangements and other requirements for establishing a new organisation. This includes a constitution that describes the way the organisation will work.

They are currently developing Locality Plans which will begin to demonstrate the true value of clinical commissioning where plans are developed with a bottom-up approach. These locality plans may vary across localities as this is an opportunity to reflect the issues that are local to them. There is also a need to continue to deliver the savings required under the Quality, Innovation, Productivity and Prevention (QIPP) agenda and locality plans will demonstrate how this challenge will be addressed.

This shadow year is important for demonstrating capability to address some of the most challenging issues for Oxfordshire.

7. The Governing Body

The Governing Body for OCCG has 20 members:

- Chair (lay)
- 2 other lay members (one for audit, one for PPI)
- 7 Locality Clinical Directors
- Accountable Officer (clinical)
- Medical Director
- Nurse Director
- Secondary Care Doctor
- Chief Finance Office
- Director of Quality and Innovation
- Director of Partnerships and Development
- Practice Manager (non-voting)
- Director of Public Health (non-voting)
- Director of Social Care (non-voting)

There are eleven clinicians and six non-clinicians (three of whom are lay) with voting rights which provides a clinical majority.

A constitution for the Governing Body has been discussed with practices and following amendments made as a result, it is now agreed. The first meeting in public will take place on 4 September 2012.

15 June 2012