

Governing Body (public) meeting

DATE: 21 May 2015

Title	CCG Assurance Framework 2015-16 Briefing	
Recommended action for the Governing Body	That the Governing Body: Note the CCG's assurance framework 2015-16 as laid out in the attached report.	
Executive summary	<p>The report is a briefing paper to inform the Governing Body, how NHS England will approach CCG assurance for 2015-16.</p> <p>The previous assurance process was based on authorisation and since then much has changed. CCG have had to respond to more challenges, financial pressures and changes to the commissioning landscape. The 2015-16 assurance framework aims at addressing these changes. It is a continuous process that aims to provide confidence to internal and external stakeholders and the wider public of the effectiveness and delivery of CCGs to achieve outcomes for patients.</p> <p>According to NHS England the assurance framework will be supported by an operational manual which it hopes to issue to CCGs.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks (corporate and/or clinical)	Failure by the CCG to provide assurance under the 2015-16 framework.
	Equality and diversity	None identified in this report.

Clinical Commissioning Group

	Patient impact	Failure by the CCG to provide assurance under the 2015-16 framework may impact on service delivery and patient care.
	Financial	Failure by the CCG to provide assurance under the 2015-16 framework may on the finances of the CCG.
	Legal issues	Failure by the CCG to provide assurance under the 2015-16 framework may lead to legal implications for the CCG.
	NHS constitution	Failure by the CCG to provide assurance under the 2015-16 framework may lead to a breach of the NHS constitution.
Consultation (public, member or other)	Not applicable.	
Audit (considered/approved by other committees/groups)	None identified in this report.	
Communications plan	The report will be available to the public.	
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Date	11 May 2015	

CCG Assurance Framework 2015-16

Introduction

This report describes NHS England's approach to Clinical Commissioning Group (CCG) assurance for 2015-16. It provides an overview of:

- The principles and behaviours which will underpin the approach to assurance;
- The contents of the assurance framework;
- How the assurance process will operate; and,
- NHS England's potential responses to the assurance process.

According to NHS England the framework will be supported by an operational manual which will set out further details of the assurance process and its alignment with *The Forward View into Action: Planning for 2015/16*. The manual will be issued in late spring following further engagement with CCGs.

Background

The Health and Social Care Act 2012 created CCGs as membership organisations of GP practices, to promote clinical leadership and local ownership of the way health services are delivered. Under the provisions of the Act, NHS England has a statutory duty to conduct a performance assessment of each CCG and it does this through the assurance process. Underpinning CCG assurance are the statutory duties that each CCG has to meet and the need for NHS England to comply with guidance issued by the Secretary of State for Health.

NHS England's first assurance framework was based on the CCG authorisation process. This process successfully provided assurance about CCG capability (CCGs not fully ready were subject to conditions) but also added significant value to CCGs as part of their development. However, the process was inevitably limited to an assessment of capability and potential to deliver, recognising that CCGs had no record of performance on which to draw. They have now been in existence for almost two years, and their record of performance and improvements for patients is really material.

Much has changed since the authorisation process was undertaken, giving rise to the need for a refreshed approach to assurance. The NHS has had to respond to more challenging performance and financial positions, as well as changes within the commissioning landscape. The publication of the *NHS Five Year Forward View*² in October 2014 set out a new strategic direction, describing how the health service needs to change and, linked to that, NHS England has worked with Monitor and the NHS Trust Development Authority to develop a more joined up approach to planning and supporting local health economies.

The National Information Board framework for action *Personalised Health and Care 20203*, published alongside the *Forward View*, outlined the increasing importance of

technology and information in the delivery of safe, efficient and effective care. As commissioners of secondary care and with responsibility for the GP IT budget, CCGs are uniquely placed to achieve safe, digital record keeping and the digital transfer of patient information across care settings within their health economies. They will need to understand and can fulfil their obligations for digital interoperability.

CCGs are already responsible for commissioning out-of-hours Primary Medical Care Services in accordance with the direction from NHS England to do so on its behalf. Another change in the scope of commissioning responsibilities is that NHS England has determined that CCGs should have a much greater role in commissioning some of the services for which NHS England has statutory responsibility. Specific additional assurance will be required for such delegated functions which from April 2015, will include primary care.

A new assurance framework is therefore required to address these changes. This will strengthen the focus on a CCG's track record and on-going performance in delivering improvements for patients. It will continue to assess a CCG's capability as well as ensuring its fitness to take on additional roles and responsibilities.

This new framework also acknowledges that CCGs have different starting positions, with different populations and challenges, requiring different leadership responses. Some are operating in an extremely difficult environment, within challenged health economies or with legacy financial issues. Assurance covers the overall delivery of a CCG, and will take place continuously throughout the year, rather than as a one-off inspection.

This framework describes a continuous assurance process that aims to provide confidence to internal and external stakeholders and the wider public that CCGs are operating effectively to commission safe, high-quality and sustainable services within their resources, delivering on their statutory duties and driving continuous improvement in the quality of services and outcomes achieved for patients.

Principles of the assurance

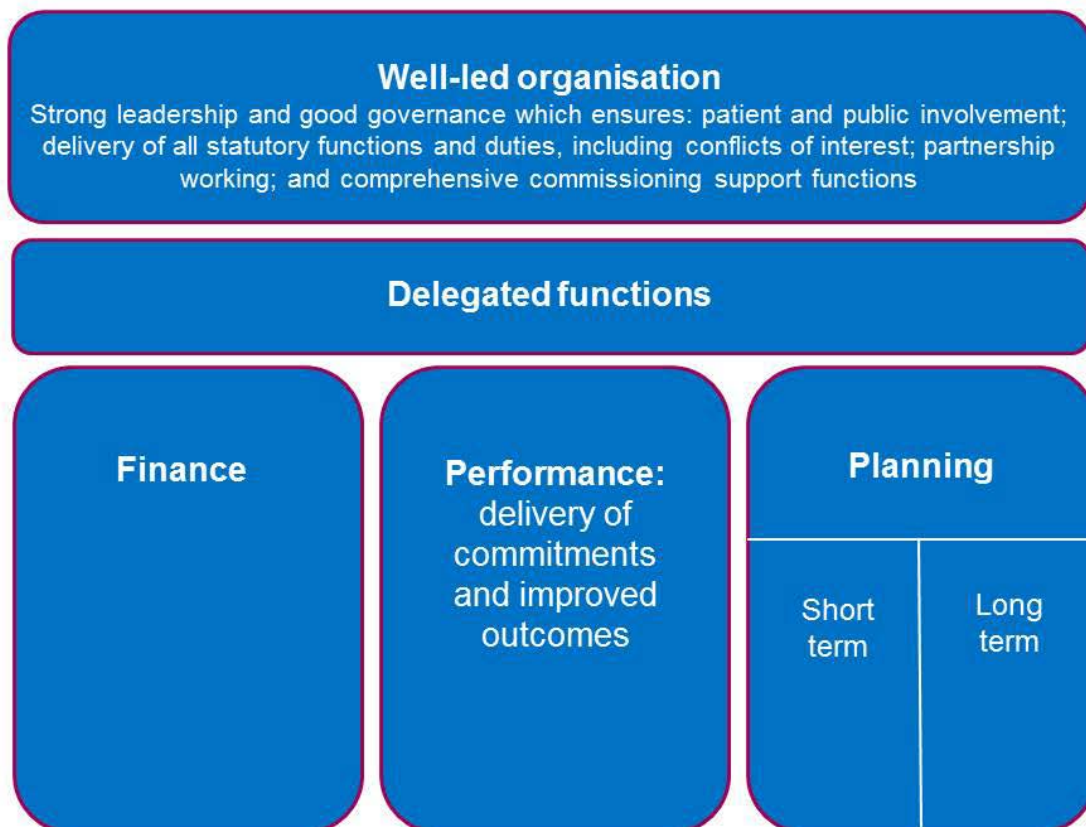
A set of broad principles have been identified, which should underpin how CCG assurance is undertaken:

- Assurance should be transparent and demonstrate to internal and external stakeholders and the wider public the effective use of public funds to commission safe and sustainable services;
- Assurance is primarily about providing confidence;
- Assurance should build on what CCGs are already doing to hold themselves accountable locally to their communities, members and stakeholders, for both statutory requirements and for national and local priorities;
- Assurance should minimise bureaucracy and additional reporting requirements by drawing on available data and aligning with other regulatory and planning processes – there should be minimal additional paperwork;
- Assurance should be proportionate and respect the time and priorities of CCGs and NHS England teams;

- Assurance should be summative and take place over the year as on-going conversations;
- The tone, process and outcomes need to focus on development as well as performance;
- Accountability, learning and development between CCGs and NHS England will be integral to the process;
- The framework will be based on a nationally consistent methodology and format whilst allowing room for local context and variation;
- Whilst uncompromising on the facts which describe the quality of services patients are receiving, we will be open minded in understanding the reasons for variation and where a problem is found, clear on the consequences and actions which the CCG and NHS England will need to take

Components of the assurance framework

The new assurance framework recognises that assurance is a continuous process that considers the breadth of a CCG’s responsibilities. It will consist of the following components as illustrated below:



Assurance process

CCGs are statutory organisations responsible to their governing body for the delivery of both their statutory and constitutional duties, and improvements in the health outcomes of their population. NHS England will therefore approach assurance from the assumption that CCGs will deliver against these requirements. This will underpin the approach to assurance, and the agreed improvement plan and support that is made available.

The information and metrics used as the basis for the assurance process will be subject to discussion between the CCG and NHS England. It will be important to take into account the variety of circumstances which may explain the reasons for variation between CCGs.

The new assurance process introduces a more risk-based approach which differentiates high performing CCGs, those whose performance gives cause for concern, and those in between. It will provide a robust, supportive and structured framework for those in more challenged circumstances, with a lighter touch approach for the best performers. A continuous assurance approach will help to identify emerging patterns of poor performance or any areas of potential risk, with less reliance on fixed points. The process will use information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings, will be agreed between NHS England and individual CCGs, depending on their circumstances, the range of risks identified, and on the leadership response.

We will work with CCGs to identify how peer review can be incorporated into this process.

CCGs operating within a distressed health economy, in challenged circumstances, or with performance issues, will have more frequent assessments including of those areas described above that will be continuously reviewed.

At the end of the year all information will be consolidated into a statutory assurance report by NHS England.

For co-commissioning functions and for out-of-hours services, CCGs will be required to prepare a quarterly self-certification of compliance against five key areas: governance and the management of potential conflicts of interest, procurement, expiry of contracts, availability of services, and outcomes. For delegated arrangements and out-of-hours services, the self-certification will be required to be signed off by the CCG governing body. For joint commissioning arrangements the self-certification will be signed off by the joint committee of the CCGs or of the CCG and NHS England. The process will reflect the flexibility of NHS England to respond differently in different circumstances.

A national moderation process will take place to provide confidence that the framework has been applied consistently across all CCGs, and that issues are being handled and escalated using the same approach.

At the end of the year all this information will be consolidated into a statutory assurance report to be published by NHS England. CCGs will also be expected to publish their individual assurance reports

Governance of the CCG assurance process

NHS England's Commissioning Committee will oversee this assurance on behalf of the Board. The Committee will need to be assured that the process for CCG assurance is robust, fair and consistent, and will receive the annual report for 2015/16 at the end of the year. This report will outline headline assurance ratings for all CCGs and any areas of interest or concern.

The Committee will be underpinned by management's CCG Assurance Oversight Group. This group will undertake an active role in the assurance process throughout the year, taking responsibility for:

- Operational oversight of the assurance process, ensuring that it is robustly and consistently delivered;
- Approving any changes to the status of any CCG including interventions, taking powers of direction, lifting existing conditions and placing a CCG into special measures; and,
- Identifying emerging risks or issues.

Assurance Categories

	Assured as outstanding	Assured as good	Limited assurance, requires improvements	Not assured
Explanation of assurance category	CCG can demonstrate that it is continuing to perform well across the five components of assurance. It may have some identified challenges but is proactively managing them.	There are minor concerns with the performance of the CCG, but overall the CCG is well led and in good organisational health, or if a CCG has a higher level of risk but it is managing it effectively.	CCG has serious / persistent / chronic performance or finance challenges and it may not demonstrate the capability or capacity to manage the associated risks to make sustained improvement on its own.	NHS England is satisfied that a CCG is failing or is at risk of failing to discharge its functions
Support level	None	Some support may be required for specific issues	Extensive, from a range of provider options	Formal direction by NHS England
Number / level of issues and unmitigated risks	LOW	MEDIUM	HIGH	VERY HIGH
Action plan – time to recover	None	3-6 months	Up to 12 months	As appropriate
Funding for support and ownership of improvement	N/A	CCG	CCG	CCG/NHS England