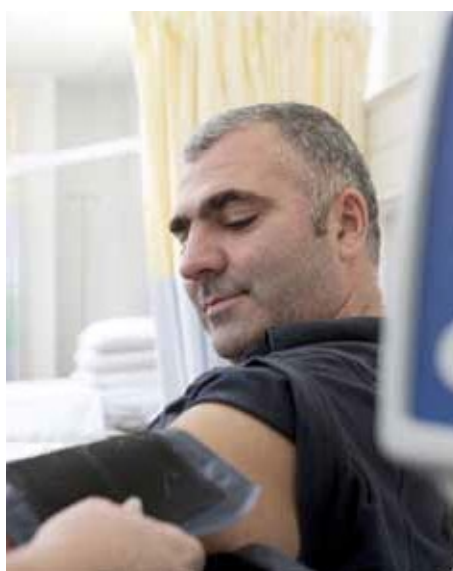
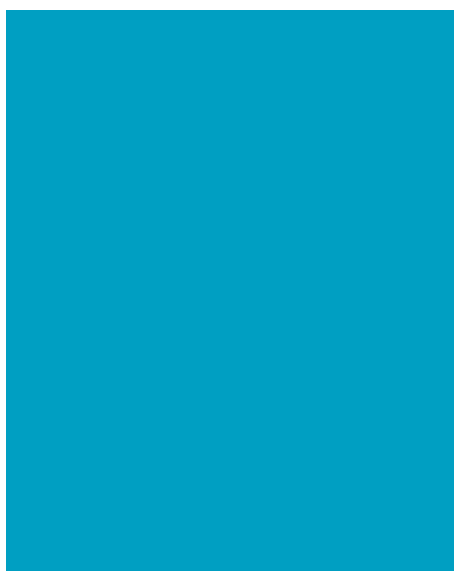


Clinical commissioning groups:
Potential development
beyond authorisation



Clinical commissioning groups: Potential development beyond authorisation

Introduction

During 2012-13 general practices across England will be preparing to take on responsibility for commissioning the majority of healthcare for their local population by forming clinical commissioning groups (CCGs). Based on the membership of constituent practices, and involving a broad range of professional groups and stakeholders, CCGs are a cornerstone of the new clinical commissioning architecture.

CCG authorisation recognises that CCGs are new, clinically-led organisations coming into being for the first time. While aspiring CCGs are already showing commitment to be as good as they possibly can be, the full potential of clinical leadership of commissioning will emerge over time through learning from innovation and experience.

At the same time, authorisation must ensure CCGs meet safe thresholds to assume their full statutory responsibilities.

For this reason, authorisation of CCGs is designed as a maturity model in which the thresholds for authorisation are set in the context of a longer-term vision drawn from what aspiring CCGs are striving to deliver.

Each of the six domains of CCG authorisation set out in *Clinical commissioning group authorisation: Draft guide for applicants* is introduced with a description of 'potential beyond authorisation'. These descriptions offer CCGs vision and support in their ambitions to lay the foundations of organisations that can fulfill the potential of clinical commissioning as they mature over time. These descriptions also ensure that authorisation is not seen as an end in itself and that the first steps on a CCG's journey are taken with the longer-term vision in mind.

In response to requests, this brief booklet brings together these early descriptions of how CCGs might develop beyond authorisation into an accessible introduction for anyone interested in the potential of CCGs to improve health and healthcare locally.

As CCGs come forward with examples of how they are delivering improvements, the descriptions will be developed. It is intended this will be an effective way of supporting CCGs to learn from each other, share good practice and innovate.

Domain	Description
A strong clinical and multi-professional focus which brings real added value	A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues; clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health.
Meaningful engagement with patients, carers and their communities;	CCGs need to be able to show how they will ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients are translated into commissioning decisions and how the voice of each practice population will be sought and acted on. CCGs need to promote shared decision-making with patients, about their care.
Clear and credible plans which continue to deliver the QIPP (quality, innovation, productivity and prevention) challenge within financial resources, in line with national requirements (including excellent outcomes), and local joint health and wellbeing strategies;	CCGs should have a credible plan for how they will continue to deliver the local QIPP challenge for their health system, and meet the NHS Constitution requirements. These plans will set out how the CCG will take responsibility for service transformation that will improve outcomes, quality and productivity, whilst reducing unwarranted variation and tackling inequalities, within their financial allocation. They need a track record of delivery and progress against these plans, within whole system working, and contracts in place to ensure future delivery. CCGs will need to demonstrate how they will exercise important functions, such as the need to promote research.
Proper constitutional and governance arrangements, with the capacity and capability to deliver all their duties and responsibilities including financial control, as well as effectively commission all the services for which they are responsible;	CCGs need the capacity and capability to carry out their corporate and commissioning responsibilities. This means they must be properly constituted with all the right governance arrangements. They must be able to deliver all their statutory functions, strategic oversight, financial control and probity, as well as driving quality, encouraging innovation and managing risk. They must be committed to and capable of delivering on important agendas included in the NHS Constitution such as equality and diversity, safeguarding and choice. They must have appropriate arrangements for day to day business, e.g. communications. They must also have all the processes in place to commission effectively each and every one of those services for which they are responsible, from the early health needs assessment through service design, planning and reconfiguration to procurement, contract monitoring and quality control.
Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate external commissioning support;	CCGs need robust arrangements for working with other CCGs in order to commission key services across wider geographies and play their part in major service reconfiguration. They also need strong shared leadership with local authorities to develop joint health and wellbeing strategies, and strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care is vital and the ability to secure expert public health advice when this is needed. They also need to have credible commissioning support arrangements in place to ensure robust commissioning and economies of scale. They need to be able to support the NHS Commissioning Board in its role of commissioner of primary care and work with the Board as a partner to integrate commissioning where appropriate.
Great leaders who individually and collectively can make a real difference.	Together, CCG leaders must be able to lead health commissioning for their population and drive transformational change to deliver improved outcomes. These leaders need to demonstrate their commitment to, and understanding of, partnership working in line with such senior public roles, as well as the necessary skill set to take an oversight of public services. They need individual clinical leaders who can drive change, and a culture which distributes leadership throughout the organisation. The accountable officer needs to be capable of steering such a significant organisation and the chief finance officer must be both fully qualified and have sufficient experience. All those on the governing body will need to have the right skills.

Domain 1: A strong clinical and multi-professional focus that brings real added value

How might CCGs develop beyond authorisation in this domain?

Clinical perspective in everything that it does, with quality at its heart:

CCGs will bring a relentless focus on quality that clinically led organisations naturally bring. Frontline contact with patients and with services will drive a clinical mindset that is singularly focused on inequalities, the quality and outcomes of services. This frontline contact with patients informs clinicians' views on how those services might be improved. Effective CCGs recognise that quality improvement through commissioning will depend on the involvement and support of a multi-professional community, and through clinical senates and networks; so that all those working with member practices understand their role in delivering change.

Gaining significant engagement from constituent practices:

GP practices are a key contact with the NHS for many people, and through their daily contact with patients, they have a unique insight into people's health needs and inequalities, the quality and outcomes of services, and how services might be more efficient. CCGs will harness these insights from their daily reality of general practice, together with insights from wider engagement with patients, carers and communities, into the commissioning of healthcare services. Strong relationships across member practices will be the driving force behind successful CCGs and the improved services and outcomes that CCGs deliver. At the heart of maturing CCGs, members will proactively support delivery of CCG objectives.

Widespread involvement of other clinical colleagues providing health services locally:

Through involvement of a range of clinicians in commissioning there will be an increase in the local focus and pace of service redesign in order to reduce inequalities, and to improve the quality and outcomes of local services. CCGs recognise that the redesign and integration of services is most effective when it involves co-operation between clinicians across primary, secondary and community care and CCGs will increasingly work with clinical senates and networks for this purpose. Already in regular contact with clinician colleagues, CCG clinicians value the ideas of other clinicians on how to improve services and outcomes for patients. They will encourage co-operation with colleagues in primary, community and secondary care to redesign and integrate pathways.

Domain 2: Meaningful engagement with patients, carers and their communities

How might CCGs develop beyond authorisation in this domain?

Ensure inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards, local authorities and other stakeholders:

CCGs will recognise that communication and engagement drives transparency, accountability and ultimately better services and outcomes. They will recognise that their success in improving outcomes and the quality of services is significantly dependent on their ability to look outward and be inclusive of those they serve. CCGs will be transparent and open about the decisions they make, and therefore will include a wide range of individuals, groups and communities in their work so that the population feel involved in decision-making. They will adhere to the highest possible standards of probity and transparency to account regularly to the communities they serve about their allocation of public resources. As intelligence-led organisations, CCGs will have a clear understanding of who the communities of geography and interest are in their area, and CCG leaders will invest time in building strong relationships with diverse groups and communities to understand their needs, priorities and experiences. In partnership with local authorities through health and wellbeing boards and LINks/local HealthWatch, CCGs will play their part in driving local improvement in health and care, and reducing health inequalities, and will account to local communities for those improvements. CCGs proactively engage in the development of joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWS) to integrate local services and work in shared governance and processes with local authorities where it makes sense to do so.

Analysing and acting on information from communication and engagement activities to translate into priorities for improvement in services, access and outcomes:

As the main contact with the NHS for the majority of patients, GPs and other CCG clinicians will engage with local communities to encourage adoption of improved services. CCGs will link comprehensive understanding of patients' needs and experiences of health services. Patient and carer feedback to practices, and complaints and concerns raised with the CCG will be a significant way in which CCGs will detect at the earliest stage any potential deterioration in the quality of a service as well as evidence of excellence that should be adopted and spread. CCGs will work with LINks/local HealthWatch and other partners to understand the experiences of people using local services, to help local people to shape and understand the need for different services, and to encourage local people to use those services.

Voice of each practice population to be sought and acted on and the views of individual patients are reflected in shared decision-making and commissioning decisions, including patients exercising choice:

The increasing ability of CCGs to commission services that are sensitive to the needs of all their local communities will be strengthened by proactively seeking feedback from each of their member practice populations and, in turn, CCGs provide on-going feedback about the changes that have been made because of their participation. CCGs will strengthen the use of the everyday contact member practices have with patients as an invaluable source of insight about the quality of local services for all their local communities. They will develop effective mechanisms to capture this insight so that it underpins and informs CCG decision-making processes, and so that it drives tangible improvements to local services. CCGs will explain how they have used clinical, patient and public insight to make effective commissioning decisions, and will enable patients to make choices and shared decisions about their care and treatment. They will have clear plans to extend the potential for patients to exercise choice about their care and treatment.

Domain 3: Clear and credible plans that continue to deliver the QIPP challenge within financial resources, in line with national requirements, including excellent outcomes and local joint health and wellbeing strategies

How might CCGs develop beyond authorisation in this domain?

Credible plans for how CCGs will continue to deliver the local QIPP challenge for the local health system, and meet the NHS Constitution requirements:

In the context of the Secretary of State's annual mandate to the NHS CB, the NHS Outcomes Framework and the Commissioning Outcomes Framework, CCGs will integrate local planning with local authorities to use local resources to better effect. CCGs have in place robust processes for tracking and monitoring implementation and impact, and plans will be refreshed annually with more detail for the year to come. These plans will be live strategic tools to focus commissioning activity, and each CCG member practice will have been part of the planning process and committed to implementation in its day-to-day practice. Plans will be clear about what is to be improved and credible because stakeholders are committed to delivery. They will develop a shared vision and consensus with local authorities and local communities through health and wellbeing boards, about the priorities for local services, including where integrated services across health, social care and wider public services are the best approach.

Track record of delivering service transformation:

Whilst robust commissioning and financial planning are essential in this domain, delivery of improved health outcomes will be the ultimate measure of success. CCGs will use the national NHS Outcomes Framework and the Commissioning Outcomes Framework to interpret and determine local priorities. CCGs will be able to demonstrate a track record of delivering changes that improve quality and productivity. CCGs will drive improvement locally and help local people and partner organisations understand the need for change. CCGs will be guided in their service transformation by the NHS single model of change. They will ensure they have the resources to meet all their local priorities as well as national service performance requirements for people across the country. Confidence in delivery capability will be an important way for CCGs to account to their own members, and for CCGs to show their partners and local people that their leadership is making a tangible difference to health outcomes.

Contracts in place to secure future delivery:

Strategic and operational planning in CCG informs and is reflected in their contracts with providers. Delivery of these changes through contracts will be monitored rigorously by CCGs, including being assured of the quality of the care that providers deliver. CCGs recognise that mature relationships with providers drive and sustain improvement in the long term. They actively support present and potential service providers, and support education and training providers to derive the future size and skills base of the workforce. They will also support providers to derive the information technology and future use of estate in care settings. Increasingly, providers will be liberated by the clarity and certainty of quality and outcome-based plans to innovate, and meet and surpass the clear expectations of their local clinical commissioners. This active dialogue with providers includes dialogue between CCGs' member practices about the quality of primary medical care, as CCGs work closely with the NHSCB to ensure all aspects of primary medical care are commissioned coherently with local plans in place for improvement. Over time, the NHS CB will consider CCG plans when carrying out its responsibility to lead the commissioning of both primary medical care and specialist services.

Domain 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

How might CCGs develop beyond authorisation in this domain?

Properly constituted with the right governance arrangements:

Good governance in CCGs means that they are clinically-led organisations that will operate with maximum transparency and accountability, and are rigorous enough to withstand challenge as statutory bodies and manage risk appropriately. The internal controls established in CCGs will be sufficiently robust to deal with the scale and complexity of their responsibilities. This system of strong internal controls also means that clinicians will be able to focus their time and effort on driving real improvements in services and outcomes. CCGs will embody the Nolan principles and the principles of good governance, setting the right policy and procedures for ensuring every aspect of CCGs' work is done in a systematic, transparent and publicly accountable way. They will adhere to the highest possible standards of probity and transparency in order to build their organisational reputation as fully accountable organisations.

Able to deliver all their statutory functions efficiently, effectively and economically; including strategic oversight, financial control and probity, public accountability, quality improvement, the public sector equality duty, reducing inequalities, promoting innovation and managing risk:

CCGs will be clear that they are discharging their statutory duties and responsibilities effectively, in terms of the specific functions required to fulfil each duty and how the elements of those duties can be fulfilled through the discharge of their other commissioning and organisational functions. CCGs will establish governance arrangements overseen by their governing body, to ensure effective commissioning of all the services for which they are responsible. CCGs will have effective and efficient ways to fulfil their statutory responsibilities, making use of excellent management expertise.

Committed to and capable of delivering on important principles included in the NHS Constitution such as equality and diversity, safeguarding and choice, CCGs will have processes in place for day-to-day business and to commission effectively each and every one of the services for which they are responsible:

CCGs will be clear about all their duties and responsibilities, and have worked through and learned how they can most effectively be delivered in a clinically led commissioning organisation. CCGs will have determined where clinicians add most value to commissioning and those functions where they wish to retain skills within their organisations. They will have decided what external expert management and skills will best support their operating model and procured this support from a quality-assured provider of commissioning support. CCGs will be assured that the support employed directly within their organisations meets or surpasses the same tests of quality and cost as the assured external providers.

Domain 5: Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board as well as the appropriate commissioning support

How might CCGs develop beyond authorisation in this domain?

Robust arrangements for working with other CCGs in order to commission key services across wider geographies:

CCGs will work together in order to effectively commission all the categories of care for which they are responsible, but also to share risk safely, transfer skills and secure commissioning support. They will increasingly look beyond their own direct commissioning responsibilities to recognise where quality, access to and outcomes from local services depend on commissioning services on a larger geographical footprint, prioritising those service areas where improvement is needed most to ensure collaborative arrangements, be that with other CCGs, local authorities or the NHS CB.

Strong partnerships with local authorities to develop joint health and wellbeing strategies and improve outcomes:

CCGs will recognise that health and wellbeing boards are the key planning forum for all local communities, and commit significant leadership resources to making them a success, promoting investment in health and wellbeing and acting as advocates for local people. With increasing freedom to innovate and generate solutions on behalf of the local communities they serve, CCGs will improve collaboration between practices and local patient and community representatives. In partnership with health and wellbeing boards, CCGs will build on the strong and common sense of place shared by patient and community representatives and local clinicians.

Strong arrangements for joint commissioning with local authorities to commission services where integration of health and social care are vital:

CCGs will recognise the important mutual relationship with local authorities to plan and commission improvements in health and care services for local populations. CCGs will take much greater advantage of opportunities for aligning budgets, including commissioning budgets and integrating provision. With both CCGs and local government devoting significant leadership resources to promoting integration locally, they will achieve better use of combined health and local government resources.

Effective commissioning support arrangements in place to ensure robust commissioning and economies of scale:

Based on a robust assessment of how the CCG effectively fulfils all its statutory duties and responsibilities whilst ensuring clinical added value, high-performing CCGs may have established collaborative arrangements with suppliers of commissioning support that ensure they have high quality, locally responsive support that meets their requirements.

Support the NHS CB in its role as commissioner of primary medical care and specialised services. CCG clinicians have a vital role in supporting the NHS CB to improve the quality of primary medical care as well as specialised services:

Recognising that primary care is the gateway to the NHS for many patients and because of the potential in primary care for the primary and secondary prevention of illness, CCGs will work in partnership with the NHS CB to improve the quality of and access to primary medical care services directly commissioned by the NHS CB. CCGs will work closely with the NHS CB to develop and implement integrated care pathways that ensure that the needs of patients for these services are identified and addressed in an appropriate and timely manner.

Domain 6: Great leaders who individually and collectively can make a real difference

How might CCGs develop beyond authorisation in this domain?

Individual clinical leaders who can demonstrate commitment to partnership working and have the necessary skill set to lead commissioning and drive transformational change:

Leaders of CCGs will have a relentless focus on improving patient experience and health outcomes, and recognise that strong relationships with member practices, with local communities, with local government, other CCGs and the NHS CB are essential to delivering their purpose. CCGs will actively develop individual leaders to have the knowledge and skill set for the task and can effect change through working with others and by communicating effectively. In taking responsibility for decisions about how the majority of the health budget is allocated, CCG leaders will embrace the concepts of stewardship and responsible leadership. Individual leaders will recognise that strong interpersonal and communication skills and self-awareness are important, as clinical leadership has a powerful impact on clinical behaviour and decision-making in GP practices. CCG ability to manage in ambiguous and complex environments and across organisational boundaries will make collaboration a success.

Distributed leadership throughout the culture of the CCG organisation, with clinical leadership present beyond the governing body in every GP practice:

CCGs will recognise that the scale and scope of the commissioning challenge requires distributed leadership at many different levels within the multi-professional clinical community. As CCGs mature as organisations, the relationships between leaders and members in CCGs will become more important than the behaviours, style or achievements of individual leaders themselves. In order to sustain improvement at the necessary pace and scale, CCG leaders will identify clinicians with the potential to provide leadership in taking commissioning forward, support these clinicians in developing the self-confidence, capabilities and vision to fulfil this role; and help them to develop the skills they will require as new leaders. Distributed leadership will lead to extensive and on-going communication and engagement across practices, as each individual engages more actively in commissioning. With full engagement from their member practices reflected in their governance arrangements, CCG leaders will have the legitimacy and mandate to make difficult decisions with the support of all their members. CCGs will have an operating model that encourages the involvement of clinicians other than GPs, with an appointment mechanism that is fair, transparent and inclusive.

Accountable Officers capable of steering clinical commissioning organisations, and Chief Financial Officers who are both fully qualified and have sufficient experience:

Accountable Officers will have the leadership qualities, the judgement and the competency to discharge their responsibilities and have a clear personal development plan that reflects the CCG development priorities over time. All those on the governing body will have the right skills, whether clinicians, lay members or managers, and governing bodies will be central to CCGs being able to deliver their responsibilities today and to develop their organisational health for delivering over the longer term. CCG leaders will promote and embody the NHS values as set out in the NHS Constitution, and they will become leaders of the wider NHS system. As the ability of CCGs fully emerges, governing bodies will ensure that the organisation is aware of its performance and the root cause of that performance at their heart. CCGs will have governing bodies that retain focus on both delivery of today's operational challenges, and development for tomorrow's strategic issues.