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CCG Assurance Framework

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Publications Gateway Reference:	**00816**
Document Purpose	---
Document Name	CCG Assurance Framework
Author	NHS England
Publication Date	28th November 2013
Target Audience	CCG Chief Officers, NHS England Regional Directors, NHS England Area Directors
Additional Circulation List	CSO Managing Directors, Communications Leads
Description	This document outlines the final proposal for CCG Assurance for Q3 2013/14 onwards. This final framework supersedes the CCG Assurance Framework Interim Proposal 2013/14 (Publications Gateway Ref No.00072) It is the product of the engagement efforts and reflects views gathered from across the stakeholder community.
Cross Reference	Everyone Counts: Planning for Patients 2013/14
Superseded Docs (if applicable)	CCG Assurance Framework Interim Proposal 2013/14
Action Required	
Timing / Deadlines (if applicable)	
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Document Status

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CCG Assurance Framework

First published: November 2013

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Introduction and context

The interim clinical commissioning group (CCG) assurance framework[1] (published in May 2013) set out NHS England's initial proposals to ensure that CCGs, following their significant achievements through authorisation, were continuing to meet their ongoing responsibilities to patients and the public. The interim framework set out how quarterly checkpoints would contribute to an annual assessment focussed on broader measures of organisational health with a commitment to testing and co-development over the first half of the year to produce a final framework that was fit for purpose.

The final CCG assurance framework is the product of these engagement efforts and reflects views gathered from across the stakeholder community including at convened CCG development events which resulted in detailed discussions with CCGs across the country. The feedback from this engagement has been integral to the development of the final framework and the accompanying CCG assurance engagement report sets out in more detail the engagement journey and the feedback received. Operational guidance has also been developed and published alongside the assurance framework which sets out in more detail the assurance process itself and identifies the key elements of assurance which are linked to the planning framework and which will be monitored on an in-year basis. The intention is to retain the overarching structure of the assurance process in future years and republish the operational guidance to reflect any changes to the planning guidance where appropriate.

The CCG assurance engagement process resulted in some strong messages about the importance of developing a final framework which is more evenly balanced across the year - summative in nature, proportionate in delivery and reinforcing of the developing relationships between CCGs and NHS England area teams. There were also strong feelings about the importance of assurance conversations that were genuinely tailored to local needs and flexible in delivery to take account of broad sources of evidence underpinned by a commitment to support and ongoing development throughout.

As a result, the quarterly checkpoints established through the interim assurance framework will become quarterly assurance meetings and will focus across the breadth of the assurance framework. The balanced scorecard will be renamed to reflect its role in the process as a delivery dashboard and will be refocused to become a source of intelligence which informs assurance conversations. The delivery dashboard will not guide the outcome of the process or any decisions about intervention; however, it will remain a consistent and useful piece of national insight which both CCGs and area teams can use to inform assurance conversations.

1 http://www.england.nhs.uk/wp-content/uploads/2013/05/ccg-af.pdf

Whilst the CCG assurance engagement has been taking place, the publication of the Keogh review[2] into hospital mortality rates and the Berwick review[3] into patient safety have made important contributions to the national debate about the quality of NHS services. The final CCG assurance framework has been written in the context of these reports, reflecting the need for evidence-based enquiry and the fundamental need to better reflect patient and public opinion in assurance conversations and assessment methodologies.

Why assurance?

The CCG assurance process has been designed 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. This framework sets out six broad 'assurance domains' under which this assessment will be made – allowing for sophisticated conversation to take place locally which results in an assessment which meets statutory requirements but also contributes to ongoing ambitions for development.

As co-commissioners of healthcare, CCGs and NHS England need to work together to contribute jointly to improving services for patients and each organisation has a mutual responsibility to identify areas for improvement. Assurance conversations provide the opportunity to underpin a supportive and developmental approach that helps CCGs to become the best commissioning organisations they can be, building on what CCGs are already doing to hold themselves accountable to their communities, members and stakeholders.

Principles and behaviours

The CCG assurance engagement has resulted in the development of a set of broad principles which should set the benchmark for the way assurance should be delivered.

1. 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
2. Assurance is primarily about providing confidence

2 http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf

3 https://www.gov.uk/government/publications/berwick-review-into-patient-safety

3. 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
4. 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
5. Assurance should be proportionate and respect the time and priorities of CCGs and NHS England area teams
6. Assurance should be summative and take place over the year as ongoing, adult to adult conversations
7. The tone, process and outcomes need to help CCGs unlock their potential – there should be no discussion about performance without a discussion about development and vice versa
8. Accountability, learning and development between CCGs and area teams will be integral to the process
9. The framework will be based on a nationally consistent methodology and format whilst allowing room for local context and variation

Beyond these principles, it is also important that assurance is a model for the mature relationships which we aspire to build between NHS England and CCGs. To ensure that this commitment is met, NHS England will undertake a benchmarking exercise which will identify a development programme for area teams to ensure that the same attention is given to the development of our own functions as a commissioning organisation as has been given through authorisation to the development of CCGs. The direct commissioning assurance framework which is published alongside the CCG assurance framework sets out further detail on this commitment and also outlines how we will meet our commitment to deliver equal transparency for our own direct commissioning functions and the timescales for this to happen.

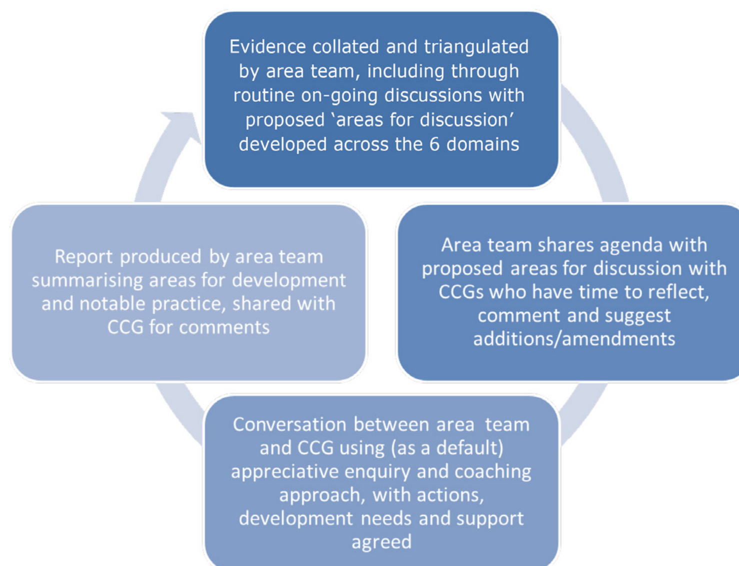
Mutual accountability

To reinforce the reciprocal nature of assurance conversations and to reinforce our mutual responsibility for the commissioning of local services and accountability to patients, direct commissioning assurance has been developed with comparable principles and standards. Direct commissioning assurance will also be based around the six assurance domains and will involve quarterly meetings to discuss a set of locally agreed areas for discussion. The evidence base to feed these meetings needs more development, acknowledging the different positions we are in with the different elements of direct commissioning, compared to that of CCG assurance.

However, we know that what is important is that practical, mutual assurance takes place at the same time through a unified and coherent process, and that both assurance processes can join together to ensure that commissioners are working in unison to address any concerns around the quality of care across the whole local health economy.

The assurance process

Figure 1: The assurance cycle



The final CCG assurance framework recognises that assurance is continuous and takes place through every local interaction. The annual assessment will be the product of these interactions. It will be balanced and summative in nature, with 'no surprises', based on a mature relationship between CCGs and area teams. Together they are engaged are engaged in a range of discussions around assurance and development throughout the year and the frequency and nature of these will vary dependent on local circumstances. This framework sets out an overall context for assurance and development discussions and describes the formal elements of assurance that will be in common for all CCGs and area teams.

The assurance proposals which were previously described in the interim framework have been significantly refined as a result of CCG engagement. Assurance is now structured around six assurance domains which have been jointly developed and agreed with CCGs through engagement. For the first year, assurance and development conversations will continue to take place on a quarterly basis, and will be proportionate and minimally burdensome in both their design and delivery.

The CCG assurance domains reflect the key elements of an effective clinical commissioner which were integral to CCG authorisation.

Figure 2: CCG assurance domains

Domain 1: Are patients receiving clinically commissioned, high quality services?
The CCG consistently demonstrates a strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements to commission safe, high quality and compassionate care for patients.
Domain 2: Are patients and the public actively engaged and involved?
The CCG demonstrates active and meaningful engagement with patients, carers and their communities which is embedded in the way that the CCG works.
Domain 3: Are CCG plans delivering better outcomes for patients?
The CCG is delivering improved outcomes within financial resources, supported by clear and credible plans which are in line with national requirements (including excellent outcomes), and local Joint Health and Wellbeing Strategies.
Domain 4: Does the CCG have robust governance arrangements?
The CCG has effective and appropriate constitutional, corporate, clinical and information governance arrangements in place, with the capacity and capability to deliver all its duties and responsibilities, including financial control, as well as effectively commission all the services for which it is responsible.
Domain 5: Are CCGs working in partnership with others?
The CCG has strong collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, as well as appropriate external commissioning support services and wider stakeholders including regulators.
Domain 6: Does the CCG have strong and robust leadership?
The CCG has in place great leaders who individually and collectively make a real difference.

The process of CCG authorisation set a static benchmark for safe operation under each of these domains to establish CCGs as statutory organisations. Assurance represents a dynamic process which takes the baseline established through authorisation and tests it against CCG planning and delivery in the context of progressive improvement and development.

For the purposes of assurance, drawing on a rich range of evidence sources, area teams will shape a proposed agenda with areas for discussion across the six domains. In line with the principle of minimising additional bureaucracy, assurance conversations will be on the basis of rich and varied sources of existing information and intelligence - reflecting a balance of national and local data sources - including the published documents which CCGs use to demonstrate assurance to their own governing bodies (an important indicator of robust internal governance arrangements). This means that each assurance meeting will be structured around a nationally consistent framework but with content that is specific to each CCG.

Underpinning the assurance domains 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 under 14Z16 or 14Z8 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012). CCG governance was a core component of the CCG authorisation assessment and as established statutory bodies, CCGs will use these internal structures to monitor their own delivery against statutory requirements, for example towards improving quality, reducing inequalities, obtaining advice and engaging patients and the public. NHS England's assessment of a CCG's statutory compliance will use these internal assurances as the basis for the annual assurance assessment. However, where evidence indicates that these duties are not being met then this should form one of the areas for discussion.

Whilst the development of areas for discussion will be subject to local discretion, there are a number of areas which should be consistently considered for discussion across the country, including:

- Any performance concerns identified by the quarterly delivery dashboard
- Any evidence to suggest that CCGs are not delivering against their statutory duties
- The annually commissioned 360 degree stakeholder survey which will give insight into both CCGs and area teams, providing another national source of intelligence and insight into the strength of local relationships.

The emphasis of the conversations at each quarter may also change during the year to reflect the stage of the CCG's annual planning and delivery cycle – for example the discussion of the planning process around the quarter 3 assurance conversation. In this way, the assurance process aims to align with the annual functioning of a CCG, complementing and supporting the work being undertaken, rather than adding another layer of process.

Quarterly assurance meetings will ensure that formal assurance discussion is continuous throughout the year, and the evidence from these meetings will contribute to the final annual assessment. Following the first full year of assurance, when CCGs will have developed a track record of delivery, the frequency of

assurance meetings could be subject to more local discretion and could be less frequent on the agreement of both the CCG and area team where the CCG has demonstrated strong performance across the assurance domains. Where assurance concerns remain, conversations should continue to take place at a minimum on a quarterly basis and where evidence emerges that the delivery of statutory duties are at risk, it is expected that these would be raised with the CCG, including the reassessment where necessary of the agreed frequency of meetings.

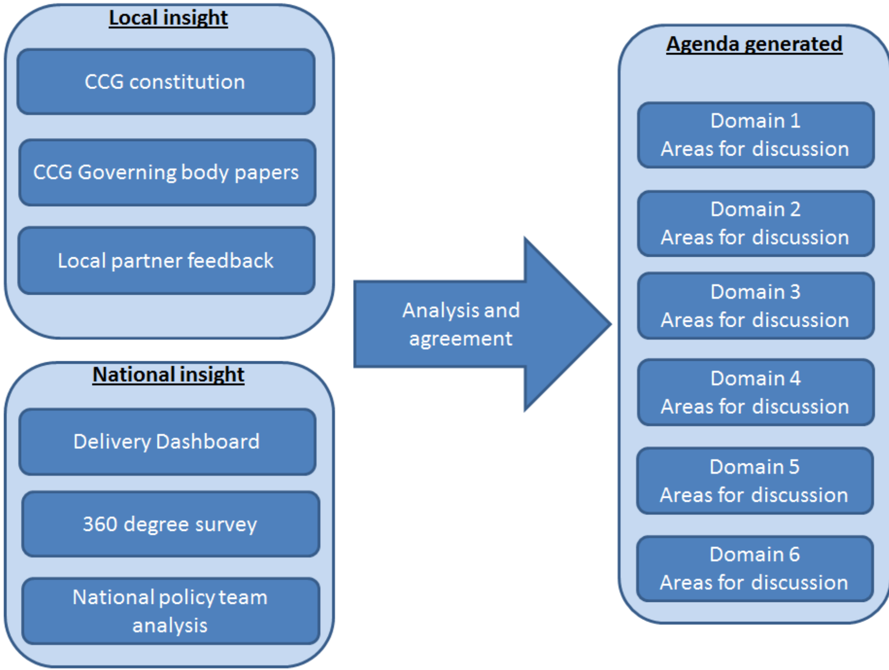
The result of the quarterly assurance conversations will inform the annual assessment and will also encourage discussions about further development or support required. Where concerns remain following assurance conversations, support to address these should be agreed and clear improvement trajectories set which should be subject to further monitoring and discussion.

This assurance approach recognises that the concept of support can be broadly drawn on a continuum which ranges from providing information and advice to providing additional expertise and capacity to resolve specific performance concerns. Support would include activity to help CCGs develop as organisations and is not restricted to work to help address quality or performance concerns through assurance. Development and support should be the default response and it is only in the exceptional circumstances where these are not sufficient that we would expect statutory intervention to take place, in line with the development, support and intervention framework shown at annex A. Further detail about the continuum between development and support, and the exceptional exercise of statutory intervention powers is set out in the operational guidance.

Possible key sources of evidence

There are a number of key documents that may be used in the development of the areas for discussion that underpin assurance conversations but these will be dependent on local circumstances. The framework is intentionally not prescriptive in this area, and area teams and CCGs are encouraged to be creative in the use of robust, reliable and diverse sources of evidence to contribute to a supportively challenging assurance conversation.

Figure 3: Examples of key sources of evidence



National insight

National data flows give a consistent insight into a wide range of performance areas and are an important source of evidence to provide assurance across a number of the domains of assurance. As a general principle, where national insight indicates areas of concern, to ensure consistency of approach these should become areas for discussion in the assurance conversation.

NHS England will continue to produce a quarterly delivery dashboard which is aligned to a number of potential areas for discussion under the assurance domains. This dashboard will be based on the balanced scorecard which was proposed under the interim CCG assurance framework but will be further refined to improve content and also to develop better insight into key indicators of good public and patient involvement. In future years, the delivery dashboard will be further amended to reflect revisions to national planning and delivery priorities in line with CCG plans. The revised delivery dashboard is included in the operational guidance which is published alongside the CCG assurance framework.

National analysis from policy teams will also inform the assurance assessment through routine information and intelligence which can be generated and provided to area teams on a regular basis. This will help with evidence to highlight areas under the planning framework where local performance is presenting a risk to the achievement of the NHS Mandate or the continued delivery of statutory duties.

A nationally commissioned 360 degree stakeholder survey will also be made available each year to inform the annual assessment, augmenting existing local governance and information about the strength of local stakeholder relationships. The content and core participants for the 360 degree survey will be subject to further engagement with CCGs and area team representatives but in principle will be developed to represent a rich view of both CCGs and area teams for the purposes of insight and mutual assurance. NHS England will also work to develop the survey to generate more specific local insights in agreement with CCGs.

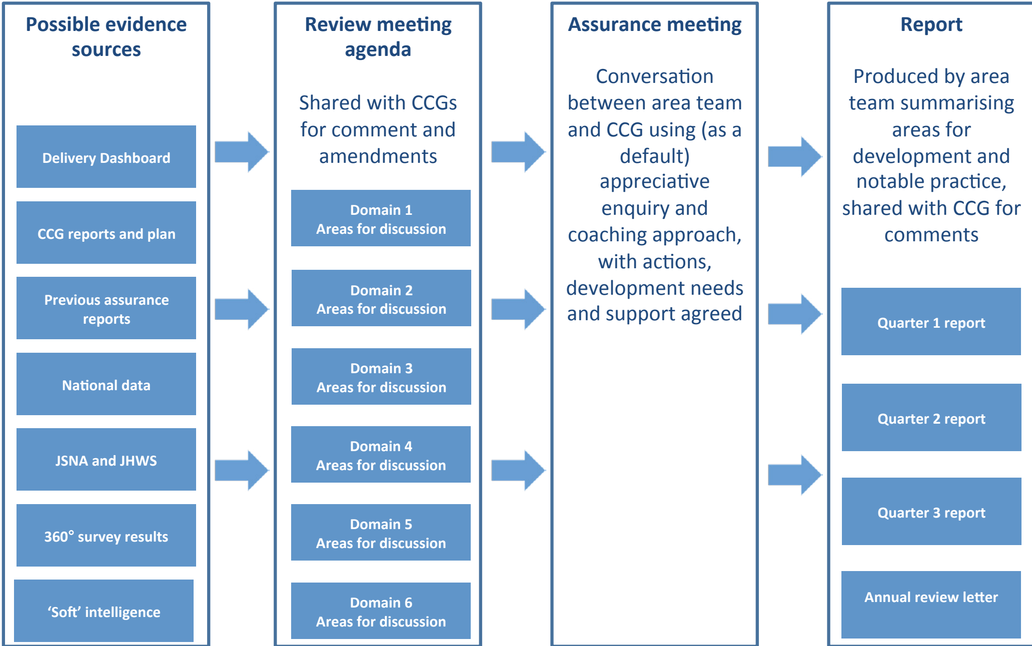
Local insight

Areas for discussion will also be generated from the information which CCGs produce and make available locally to patients and the public such as CCG board papers and the CCG constitution - including internal and external audits and financial and strategic plans. Each of these documents demonstrate CCG accountability and contain additional supporting information which provide insight across the domains of assurance with a particular focus on CCG governance.

Another key source of insight will be intelligence received from local partners and other organisations, such as the Care Quality Commission, the NHS Trust Development Authority and Monitor reviews and reports, plus relevant local Joint Strategic Needs Assessments (JSNA), Joint Health and Wellbeing Strategies (JHWS) and insights from quality surveillance groups. Local Healthwatch organisations also play a crucial role in highlighting issues of local concern and opportunities for improving services. This intelligence will also give insight into concerns about delivery and an opportunity to provide constructive challenge to ensure that CCGs are meeting their statutory responsibilities. Key local partners, including local authority and Health and Wellbeing Board members, will also be important contributors to the 360 degree stakeholder survey.

In addition, CCGs also have a statutory obligation on an annual basis to develop and publish an annual report. In addition to the explicit areas which CCGs need to include in their annual report, as set out in statute and detailed through the forthcoming CCG Annual Reporting Manual, NHS England would expect CCGs to make a formal statement about their delivery against their statutory duties. Further detail is included at annex B. This would then form an additional key source of insight to inform assurance conversations following publication.

Figure 4: Overview of the assurance process



Output of assurance

The output of assurance should respect the principle to minimise the bureaucratic impact of the assurance process.

There will be two headline outputs from the assurance assessment which the area team should produce and share with the CCG – a quarterly report which contains both a headline assessment and summary report, following quarterly assurance conversations and an annual letter from the area team to the CCG governing body which summarises the annual assessment.

Within the quarterly report, the headline assessment should be a clear assessment of whether NHS England is 'assured' or 'not assured' on the basis of the assurance domains. Informing this headline assessment, there should also be a brief summary report which identifies the assessments made under each domain (see Development, Support and Intervention Framework at annex A) and includes references to the information which informed these judgements. It should also reference particular areas of best practice identified through discussion. In addition, where assurance requires agreed support, the summary report should also contain any agreed improvement trajectories.

The annual letter should summarise assurance conversations throughout the year and also identify any agreed improvement required and ambitions for further development. This letter may be supported by annexes, including key evidence used to make assurance judgements.

To ensure transparency in the output of assurance conversations, we would expect that CCGs will want to make these materials available for public review. In addition, to meet statutory requirements, NHS England will publish the results of the annual assessment as required by statute as part of the summary from its Authorisation and Assurance Committee.

Attendance at the quarterly assurance conversations

In recognition that each conversation will be unique and different, the agenda and attendance at the quarterly assurance meeting should be agreed locally. However, we would expect that attendance should be appropriate for a comprehensive discussion of the agenda. This could include requesting specific expertise where necessary e.g. lay representation, nursing representatives.

A key lesson from the approach taken to the mortality review undertaken by Sir Bruce Keogh was the importance of the involvement of lay people in assessment. To ensure transparency and openness to patients and the public, it has been suggested that public participation is built into CCG assurance meetings. To ensure transparency and openness with patients and the public both CCGs and area teams should locally agree proposals to embed lay people and independent scrutiny into their relationships.

Options to do this could include, but would not be limited to, inviting a representative from Healthwatch, involving members of the Health and Wellbeing Board, CCGs including their lay members in their representation at the meetings or accessing local patient engagement arrangements that have been developed by CCGs. NHS England area teams will work locally with CCGs to further develop these proposals which should contribute further evidence to the domains of assurance. Further work will be done by NHS England to support this lay input into the process, including developing training for lay members to ensure that involvement can be meaningful as a developmental and productive part of assurance conversations.

CCG development and support

Every assurance conversation should be an opportunity to identify further areas for development and for NHS England to support CCGs to continue to meet their own self-determined development needs and continue to pursue excellence in commissioning. The assurance process and its outcomes need to help CCGs unlock their potential – there should be no conversation about assurance without development and vice versa.

One of the key elements of the annual assessment should be an agreement between CCGs and NHS England about development needs which should be used to set development priorities in the year ahead. Similarly, each quarterly meeting should be an opportunity for CCGs and area teams to discuss areas for support and development, to inform conversations and CCG ambitions, and develop the relationship between the two over the coming quarter. These quarterly meetings should also be used as a way of identifying notable practice, where a CCG is excelling or has developed practice that should be showcased more broadly.

As support is on a continuum it is not possible to develop a check list of potential support options because flexibility is required in order to deliver a tailored response. As has been described, support can include every action from providing information and advice to providing additional expertise and capacity to resolve performance concern. Support should be the default response to any performance challenge. It is not an indication that a CCG is failing and should not be viewed as such. Many of the concerns raised through assurance will have a system-wide impact and the response requires both the CCG and NHS England as a direct commissioner to act. Shared problems (for example, provider quality concerns) require shared solutions. In these cases, agreed support will ensure that NHS England is equally as accountable for agreed improvement. Through support, the collective efforts of local partners can be mobilised. Support conversations should drive creative and innovative responses and should include a much greater focus on the identification of peer support and shared learning in addition to more established approaches.

A commitment to ongoing development

NHS England is strongly committed to working collaboratively with CCGs to deliver continuous improvement in clinical commissioning in the pursuit of excellence. Throughout the development of the CCG assurance proposals, work has been ongoing with the NHS Commissioning Assembly, its CCG development working group and external partners to develop a strategic framework for CCG development. Based on the views and feedback from CCGs across the country, a number of key areas of work are being taken forward to support continued CCG development. These include:

- The identification and presentation of insight into notable practice in clinical commissioning, across the six assurance domains, based on international examples, academic research, and the codified best practice of leading CCGs
- Listening to CCGs and marshalling resources at scale, where it makes sense to do so (for example, from within NHS England itself, NHS Improving Quality and

the NHS Leadership Academy) to respond to the development needs that have been identified by CCGs

- Making more visible the wider range of support available and encouraging a vibrant, innovative market of support for CCGs to meet their specific needs
- The development of practical offers of real help for CCGs in response to specific identified needs and gaps
- Exploring the specific shared development needs of CCGs and their local partners within Health and Wellbeing Boards, including area teams, public health and local government, as local system leaders and fellow commissioners for their populations
- Supporting the creation of a national learning network designed around CCG preferences for adopting and spreading learning and innovation

To complement both assurance and development activity, further work will be undertaken in collaboration with CCGs and area teams to test a proposal for a programme of local health and care summits—strategic stocktakes for local health economies aimed at strategic alignment of commissioning plans and objectives across a local patch. The purpose, costs and benefits will be carefully explored in the design phase of the programme before a pilot is undertaken.

Development, Support and Intervention Framework

Following each assurance conversation, area teams will make an assessment under each assurance domain on the basis of the evidence presented. These assessments will be individual to each conversation but should be made in accordance with the development, support and intervention framework set out in more detail at annex A. The assessment should also take into account any information which the area team has received following the assurance conversation as a result of any request for further information or improvement trajectories.

The assessment should be documented in the summary report published as supplementary evidence to the headline assessment in the quarterly report (see output from assurance above).

Where the CCG can demonstrate that they are continuing to show good performance across the domain, the assessment should be that the domain is ‘assured’.

Where the CCG has quality performance concerns which can be mitigated by mutually agreed support from NHS England, the assessment should be that the domain is ‘assured with support’.

In both of these circumstances, subject to monitoring of any performance improvement and moderation of whether support is being provided consistently across the country, there should be no further intervention action taken at that time. The assessment of these domains, and the overall assessment of each CCG, will be based on a CCG's capacity and capability as an organisation. Although the environment in which the CCG is operating will be relevant to the CCG's ability to act effectively, this is an assurance process for CCGs as organisations rather than of local health and care systems.

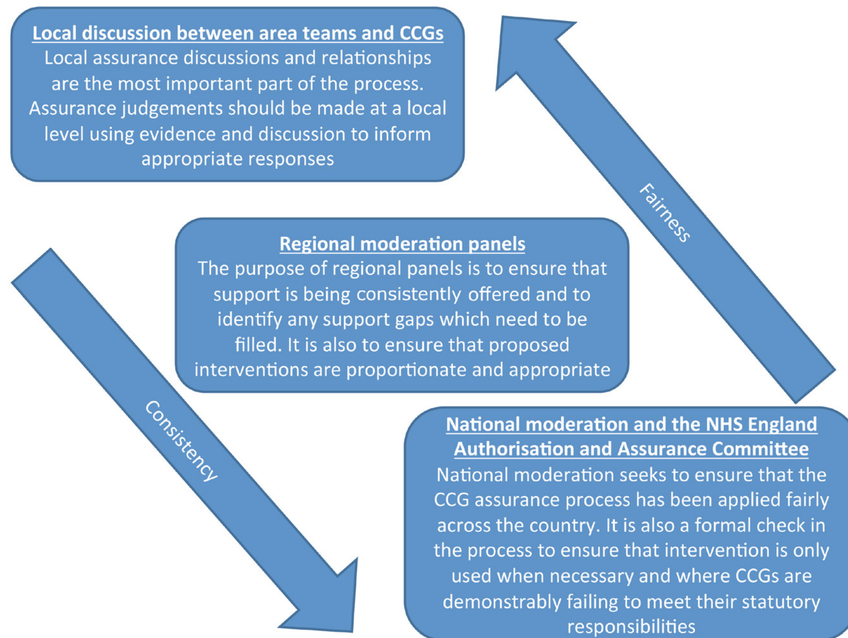
In some circumstances, assurance will identify concerns where CCGs cannot provide evidence that they are capable of giving assurance under the assurance domain, or may have demonstrated over time that support is not sufficient to deliver agreed improvement. Where these serious concerns arise, NHS England has the ability to exercise statutory powers of intervention where it is satisfied that (a) a CCG is failing or (b) is at risk of failing to discharge its functions. In these limited circumstances, the assessment should be that the domain is 'not assured' and appropriate intervention action would be proposed.

We expect that statutory intervention powers will be used rarely and only where NHS England is satisfied that a CCG is failing or is at risk of failing to discharge its functions. The assurance approach should be characterised by a regular dialogue with a focus on development and support.

NHS England will continue to work to develop the application of this framework. This work will include the development of a shared understanding of the range of support offers, how these are linked to the assurance discussions, how an assessment of a CCG would result in it moving from 'assured' to 'not assured' and how a view is taken that NHS England would move from supporting a CCG to an intervention with legal directions.

Nothing within the assurance framework should prevent a CCG from acting to avoid a significant quality breach and likewise nothing should prevent NHS England taking steps to ensure that this quality oversight is in place including acting to ensure that patient care is not compromised.

Figure 5: Moderation process

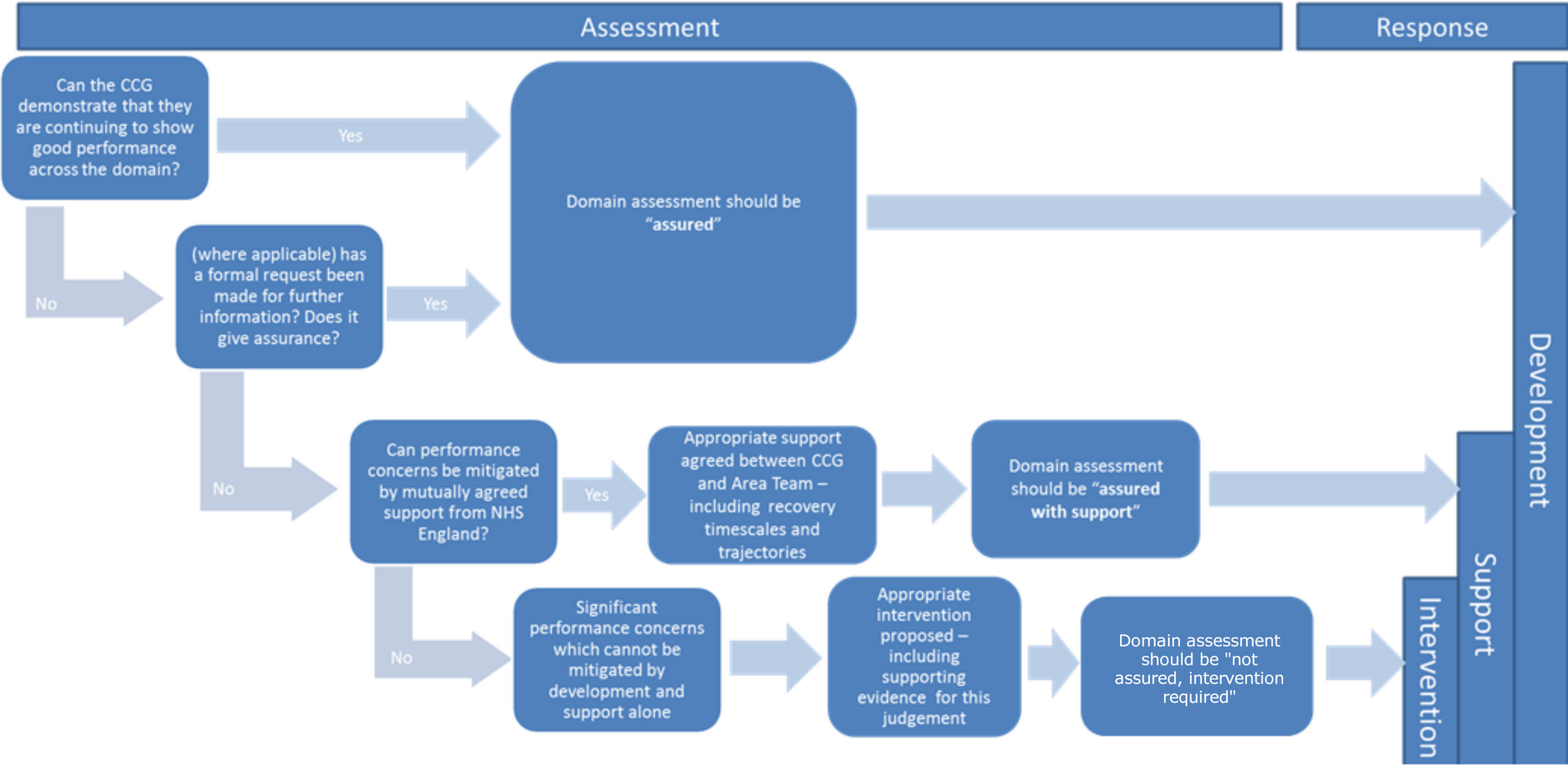


In common with the interim assurance process, appropriate checks and balances will be put in place to ensure that the assurance framework is applied fairly. Support proposals will be discussed at regional level to ensure that they are applied consistently and to identify any gaps in existing support offers to CCGs. Any proposals for intervention will continue to need agreement by the Authorisation and Assurance Committee of NHS England.

A continuously evolving process

This CCG assurance framework is the product of a significant engagement exercise and represents a point in time, but acknowledges that relationships are continuing to develop and both CCGs and area teams evolving over time. This framework will therefore necessarily also continue to improve. It has been developed to provide a framework that is resilient to change but NHS England are committed to ensuring that the process of assurance and the key sources of information which inform it continue to develop as relationships mature in the spirit of ongoing co-production with CCGs.

Annex A: Development, Support and Intervention Framework



Annex B: CCG annual report requirements

Under section 14Z15 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a duty to prepare an annual report for each financial year on how they have discharged their functions. Further detail on the requirements set out for annual reporting will be included in the CCG Annual Reporting Manual.

A full list of CCG statutory duties was produced to support the CCG authorisation process[4]. The annual report will be an important source of local insight to inform the annual assessment of CCGs, particularly regarding compliance with statutory duties including the publication of financial information. CCGs are therefore expected to include a section on statutory compliance within their annual report which makes a self certification about continued delivery of statutory duties.The CCG Annual Reporting Manual will set out further information about this certification. Whilst NHS England will not be prescriptive about the narrative to support the certification, it is expected that it will specifically cover how the CCG has:

- Acted with a view to ensuring that health services are provided in a way which promotes the NHS Constitution, and that it has promoted awareness of the NHS Constitution among patients, staff and members of the public
- Assisted and supported NHS England in discharging its duties relating to securing the continuous improvement in the quality of primary medical services
- Promoted the involvement of patients, their carers and representatives in decisions that relate to the prevention or diagnosis of illness in the patient, their care and treatment
- Enabled patients to make choices with respect to the aspects of health services provided to them
- Promoted innovation, research, education and training
- Consulted widely when devising its commissioning plans
- Taken appropriate steps to secure that it is properly prepared for dealing with a relevant emergency
- Cooperated with its Health and Wellbeing Board in relation to the discharge of the Health and Wellbeing Board's functions
- Discharged its functions with regard to the need to safeguard and promote the welfare of children
- Cooperated in relation to the preparation of Joint Strategic Needs Assessments

4 http://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf

The publication timescales for the production of annual reports runs in parallel with the quarter 4 annual assurance conversations. It is expected that at a minimum, annual reports be used as a key source in generating the areas for discussion at this meeting.