

# Central Bedfordshire Shadow Health and Wellbeing Board

**Contains Confidential  
or Exempt Information** No

**Title of Report** Authorisation of Bedfordshire Clinical Commissioning Group (BCCG)

**Meeting Date:** 8 November 2012

**Responsible Officer(s)**

**Presented by:** Dr Paul Hassan, Chief Clinical Officer, BCCG

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## Action Required:

1. To note the national decision making process for authorisation of CCGs and progress being made by BCCG in being legally established.
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## Executive Summary

<b>1.</b>	<p><b>1.1 National Process</b></p> <p>The report sets out the current position of Bedfordshire CCG in its application to be authorised as a CCG and the key milestones in the decision making process.</p> <p>The national process for authorising Clinical Commissioning Groups has 3 phases lasting c6 months.</p> <ol style="list-style-type: none"><li>1. Pre-application</li><li>2. Application</li><li>3. NHS Commissioning Board (NHSCB) Assessment</li></ol> <p>BCCG successfully completed the first 2 phases and is currently being assessed by the NHSCB with 34 other Wave 1 CCGs. There are 212 CCGs nationally and are being assessed in 4 waves.</p> <p><b>1.2 BCCG Progress</b></p> <p><b>Appendix 1</b> sets out the remaining steps of the process (NHSCB assessment phase). In summary;</p> <p><b>1.2.1.</b> Following the application on 1 July the CCG received a 'desk top report' that set out the NHSCBs initial desk top review / assessment of the CCGs progress against 112 nationally set criteria (standards).</p> <p><b>1.2.2</b> This report then formed the themes of a 'Site Visit' which took place on</p>
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	<p>18 September. The site visit comprised an NHSCB Panel led by an NHS CEO and other senior members including a Local Authority CEO and commissioning and finance experts.</p> <p>The Panel received a presentation by the CCG and undertook a number of breakout sessions with the senior CCG team. The CCG team included senior officers from both Local Authorities and the Director of Public Health.</p> <p><b>1.2.3</b> Following this the ‘final’ CCG Report will be taken to 2 national panels led by the NHSCB.</p> <ol style="list-style-type: none"> <li>1. The Moderation Panel will ensure that the assessments and judgements made against CCGs were consistent nationally. It meets on 23 October.</li> <li>2. The Conditions Panel will then determine what, if any, conditions should be applied to the CCGs authorisation. It meets 2 November. In most cases these will be minor and the expectation is that they will be removed before 1 April 13.</li> </ol> <p><b>1.2.4</b> There is then a short period where the CCG can provide additional documentary evidence to the NHSCB such that it has had every opportunity to evidence meeting all the criteria and that any remaining conditions are appropriate and proportionate.</p> <p><b>1.2.5</b> A sub-committee of the NHSCB Board will then make a final decision on the Wave 1 applicants on 5 December 12. The CCG will be legally established after this but will not have its full range of powers and budgets until 1/4/13.</p>
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<b>Background</b>	
<b>2.</b>	The report is an update for members on the authorisation process, and BCCGs current position, having received an earlier report on the subject.
<b>3.</b>	Summarise any previous Board consideration of the specific proposal. If it is not possible to explain the background to a proposal in the space of two paragraphs include an attachment and provide further details.
	Not applicable

<b>Detailed Recommendation</b>	
<b>4.</b>	There are no recommendations outside those in action required above.

<b>Issues</b>	
Strategy Implications	
7.	<p>Explain in no more than ten lines how this proposal is aligned to the priorities and objectives of the Health and Wellbeing Board. (These will be clearer when the JHWS is produced)</p> <p>The CCGs Strategic Commissioning Plan, assessed as part of the authorisation process, is derived directly from the JSNA and explicitly aligned to CBC and BCC draft Health &amp; Wellbeing Strategies.</p>
8.	<p>Please state which other partnership strategies the proposal is aligned to. (BCCG; PCT Cluster)</p> <p>The authorisation process has a key component (domain) of testing the strength of the CCGs strategic partnerships with other bodies and in particular Health &amp; Wellbeing Boards. The feedback from the site visit on 18 Sept noted the strong relationships that were being developed with the Local Authorities in Bedfordshire.</p>
Governance & Delivery	
9.	<p>Outline how this proposal will be managed and progress reported to the Shadow Health and Wellbeing Board and the methodology for managing day to day progress</p> <p>Once authorised the CCG has a specific accountability to the Health &amp; Wellbeing Board and will report as necessary and routinely as a member organisation of the H&amp;W Board..</p>
Management Responsibility	
10.	<p>Identify the Member of the Board that will be accountable for delivery and the manager that will be responsible for day to day delivery</p> <p>Dr Paul Hassan, Chief Clinical Officer John Rooke, Chief Operating Officer</p>
Public Sector Equality Duty (PSED)	
11.	<p>The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.</p>

	Are there any risks issues relating Public Sector Equality Duty	Yes/No
	<u>No</u>	Yes <i>Please describe in risk analysis</i>

### **Risk Analysis**

Briefly analyse the major risks associated with the proposal and explain how these risks will be managed.

The CCG has a detailed Board Assurance Framework and Corporate Risk Register. There are no significant risks associated with this paper that requires escalation / reporting.