1. Introduction

This paper provides an update on Lewisham Clinical Commissioning Group’s (CCG) progress in the national authorisation process. It also summarises identified strategic commissioning priorities that will inform the development of a more detailed QIPP for 2013/14 plan to be presented to the committee at its February 2013 meeting.

A previous report on these areas was presented to the committee in June 2012.

2. CCG Authorisation

2.1 CCG Governing Body

As part of the transition to full clinical commissioning group responsibility from April 2013, Lewisham CCG has established a shadow governing body which is operating as a sub-committee of the PCT. The membership of the governing body has been recruited to and the designate members are:

- CCG Chair, Dr Helen Tattersfield
- 6 GP Clinical Directors, Drs David Abraham, Faruk Majid, Hilary Entwistle, Judy Chen, Marc Rowland, Arun Gupta
- Accountable Officer, Martin Wilkinson
- Chief Financial Officer, Tony Read
- Secondary Care Doctor, Dr Suparna Das
- Registered Nurse, Professor Ami David
- Lay member, CCG vice chair and chair of audit committee, Ray Warburton
- Lay member, lead on patient and public involvement, Diana Robbins

Information on the background of the lay members has been circulated to Select Committee members.

2.2 Authorisation Process

The process for authorisation by the NHS Commissioning Board involves assessment against 119 criteria. Nationally it is taking place in four waves, different timescales applying the each wave. Lewisham is in wave 2.

Lewisham CCG has completed the following steps in the process:

- Application and Documentary Evidence Submission
The CCG made its submission on 3rd September. This included self-certification that the applicant CCG is ready, willing and has plans in place to discharge its duties and responsibilities in key areas and core documents to support its proposed governance and collaborative arrangements, financial management, and strategic and operational plans.

The documentary evidence review concluded that 83 of the 119 criteria were satisfied, which was above the national average.

- Site Visit

The site visit took place on 17th October. An external panel assessed the outstanding 36 criteria through themed plenary and breakout sessions with members of the governing body and key partners. The outcome of the site visit is that only 1 of the criteria remains outstanding. This has been confirmed following a national moderation process. Again, Lewisham CCG performed better than the national average at this stage.

The outstanding criteria is concerned with having systems for safeguarding in place.

The next stages in the authorisation process are:

- Conditions Panel

The national conditions panel will recommend whether the CCG should be authorised, authorised with conditions or established but not authorised.

The CCG will be informed of the draft recommendations of the conditions panel and will have the opportunity to submit further evidence to meet the remaining criteria. In preparation for this the CCG is updating its safeguarding policy, has established and is leading the Health Safeguarding Group, and will provide further evidence to demonstrate implementation of arrangements to meet its responsibilities. This does not mean that existing PCT arrangements have been at risk in the interim.

The CCG is likely to be informed of proposed conditions on 5th December and will have 10 working days to provide its additional evidence, consideration of which will inform the final recommendation to the NHS Commissioning Board authorisation committee.

- Final Authorisation Decision

The likely date for the NHS Commissioning Board committee to consider Lewisham CCG’s authorisation is 18th January; and the indicative date for the CCG to be informed is 21st January.
3. Strategy

The CCG has developed an outline strategic commissioning plan to 2015 and which formed part of its authorisation submission.

There are five main themes that will form the CCG’s strategic priorities:

- Healthy living
- Mental health
- Managed care
- Unplanned care
- Cancer

These are derived from the outline health and wellbeing strategy priorities, the joint strategic needs assessment (including key health inequalities and population and demographic issues), clinical priorities (based on quality issues), patient feedback, benchmarking comparisons, and financial requirements. Financial requirements will need to be revisited once the CCG allocation from the National Commissioning Board becomes known in December 2012.

Further work is taking place to develop a full strategy from the outline, including updating for the changing financial and provider context, to identify measurable strategic goals, and to provide further detail on the necessary implementation plans and enabling initiatives, specifically for QIPP plans for 2013/14.

4. Summary

Recruitment to Lewisham CCG’s Governing Body has been completed. The CCG is in wave 2 of the national authorisation process and has completed the application and evidence submission and site visit. 1 out of 119 criteria is still to be met. The CCG is able to submit further evidence after it has been advised of proposed conditions on 5th December. The final authorisation decision is expected on 21st January.

An outline commissioning strategy plan has identified five main themes: healthy living, mental health, managed care, unplanned care, and cancer. The outline is being updated and more fully developed.

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