

NHS Commissioning Board

CCG Authorisation

Site Visit Report

CCG name: Brent CCG

Wave: 2

Panel Chair	Teresa Moss
Date report generated:	31/10/2012

Summary assessment overview

The Assessor Panel was made welcome and the CCG had organised the day well. There were open, honest sessions throughout the day. The CCG spoke enthusiastically but practically about their programmes of health improvement which all had a strong patient focus. Contributions were freely made from across the whole CCG team. The panel were struck by the strong and inspiring leadership of the Chair, but also by the impressive distributive leadership across the governing body, for clinicians and managers alike.

Areas of strength

- Brent Clinical Commissioning Group has demonstrated that can move forward on very firm foundations. There is a strong tradition in the area of clinical engagement and a track record of delivering financial turnaround. The Governing Body will be able to draw on this and benefit from continuity of membership and the organisational memory this provides.
- Brent CCG demonstrated strong clinical leadership in depth, throughout the site visit, as well as effective team working with lay, managerial and other staff.
- The federated model of the CCG was found to make best use of the senior and rare skills of its Accountable Officer and the Finance Director.
- The assessor panel was also confident that at CCG level there is a strong Chair and COO partnership dedicated to Brent CCG, underpinned by a strong team.
- There is a sound understanding of statutory responsibilities and procurement processes across lay, clinical and managerial staff.
- Good working partnerships with the Local Authority were evident.
- The CCG team responded to enquiries in depth and with honesty. They demonstrated a sound grasp of key risks.
- The health improvement programme underway is impressive and appropriately prioritised. There is a clear vision and focus on improving the welfare and health of patients and the public in Brent.
- The structures and processes in place to deliver the QIPP programme, both at the level of Brent CCG and the federated CCG, was found to be exemplary. The assessors were particularly impressed by the partnership arrangements between clinical and managerial leads that had been put in place to deliver each QIPP programme. The CCG has a good record of delivering QIPP savings.

Remaining evidence gaps (overview) and related risks identified

The CCG needs to appoint a secondary care specialist and nurse to its governing body.

- The Safeguarding Adults Programme is being developed; the CCG should build on the processes it has developed for children's safeguarding.

A further skills audit of the governing body should be planned by the CCG, together with the formation of a collective development plan.

Areas for development beyond authorisation requirements

- Although the CCG is in financial balance, it is operating in an environment where the key trusts and neighbouring CCGs have financial challenges. There are clear strategies to address the underlying financial deficit through the proposed merger of North West London Hospitals NHS Trust with Ealing Hospital Trust; together with the major reconfigurations being consulted on under 'Shaping a Healthier Future'. Delivering these will require focus and substantial skill if service change and stronger community based services are to be achieved and resources released. These changes will require strong implementation management of commissioning initiatives. Proper evaluation of results, short term and longer term, needs to become standard practice if the benefits to patients are to be realised.
- The federated model is a strength in tackling these shared and significant strategic endeavors with neighbouring CCGs. The Brent CCG presented a clear understanding that "they are all in it together", and there is a track record in financial risk sharing across CCGs. However, these issues will inevitably present challenges and tensions and would benefit from a continued programme of cross organisational development and support.
- Brent CCG needs to build on the existing work focused on the development of clinical leaders and ensure this encompasses all members of the governing body when they are in post. The governing body's development plan will need to be refreshed.

Dashboard summary assessment

Summary Domain Dashboard	Assessment threshold outcomes	
	No. of reds	No. of greens
1. A strong clinical and multi-professional focus which brings real added value	1	16
2. Meaningful engagement with patients, carers and their communities	0	15
3. 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	0	22
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	1	31
5. Collaborative arrangements for commissioning with other CCGs, local authorities and the NHSCB as well as the appropriate commissioning support	0	17
6. Great leaders who individually and collectively can make a real difference	1	15
Total 119 authorisation sub-criteria	3	116

The following criteria were changed from red to green as a result of evidence seen at the site visit: 1.1 - B, 1.2 - E, 2.1.1 - B, 2.1.1 - C, 2.2 - A, 2.4.1 - B, 3.1.1 - C, 3.1.1 - D, 3.1.1 - E, 3.1.3 - A, 3.3 - B, 3.3 - F, 4.2.1 - F, 4.2.1 - H, 4.2.3 - C, 4.2.3 - E, 4.3.1 - B, 4.3.1 - C, 4.3.2 - B, 4.3.3 - A, 5.2 - C, 5.3 - A, 5.3 - B, 5.3 - C, 5.3 - D, 5.4 - B, 5.4 - C, 6.1 - C, 6.2 - A, 6.4 - G

Domain 1 Summary

Summary assessment overview

A majority of the thresholds have been met following the site visit with minor items outstanding relating to the appointment of a nurse and doctor to the governing body.

Areas of strength

- 1) Clinical and managerial leads has been identified in most areas with shared roles within ONWL. This will be helpful in sharing good practice and potentially adopting them more widely;
- 2) Practice members forum will be a good tool to engage practices in the future for 'decision making';
- 3) The CCG has planned to go for integration between reablement and intermediate care to avoid duplication. It is a very good planning step although difficult to implement.
- 4) The CCG has also built in a comprehensive quality requirements framework for the community services with 74 KPIs (refer page 51 in Integrated plan). This is a very good practice to ensure quality outcomes from community services and crucial in the current environment.

Remaining evidence gaps (overview) and related risks identified

A secondary care specialist and nurse are still to be appointed to the governing body.

Areas for development beyond authorisation requirements

The only area for development noted was the need for implementing a clear succession planning strategy for clinical leadership.

Domain 2 Summary

Summary assessment overview

All thresholds have been met following the site visit, the panel noted good engagement with the public and hard to reach groups.

Areas of strength

- 1) There is clear evidence in the documentation of the CCG engaging with local authority colleagues, and is engaged in shadow health and wellbeing board.
- 2) Furthermore, there is evidence the CCG is participating in refresh of JSNAs and in development of the JHWS
- 3) Accountability between CCG and member practices is reflected in its constitution and in any broader governance arrangements.
- 4) There are good examples of the CCG engaging different groups and communities through a range of communications channels in the development of its vision and plan.

Remaining evidence gaps (overview) and related risks identified

None noted.

Areas for development beyond authorisation requirements

All areas of development noted previously were addressed during the site visit, no additional areas were noted.

Domain 3 Summary

Summary assessment overview

The information presented by the CCG in relation to the robust financial governance arrangements and the development of commissioning plans was thorough and clear.

The CCG also demonstrated strong understanding of inherent risks and demonstrated that these were accounted for within QIPP plans, this instilled confidence in the panel.

Areas of strength

- 1) The CCG provided good examples of the clinical leadership within developing QIPP plans, ensuring quality was not lost.
- 2) The management arrangements for QIPP seemed authentic and there appeared to be a strong handle on the financial position.
- 3) The CCG clearly used a quality driver as contract management area which was commendable.

Remaining evidence gaps (overview) and related risks identified

None noted.

Areas for development beyond authorisation requirements

- 1) The CCG should maintain focus on the delivery of QIPP and follow through on the challenge in relation service transformation.
- 2) The CCG should recognise the need to make a step change in the quantum of QIPP delivery in subsequent years and ensure they forward plan for this.

Domain 4 Summary

Summary assessment overview

The risks and benefits of the federated model had clearly been explored by the CCG which was commended.

The CCG were very clear on its statutory responsibilities which was commended.

Areas of strength

- 1) Good risk management strategy.
- 2) Good Quality Strategy and links to the Quality Safety and Clinical Risk Committee.
- 3) Oversight at Governing Body as well as QIPP and Finance Committee of the QIPP plan.
- 4) Clear JHWS setting out the key areas for further development and why.
- 5) Good clarity on the core population groups and their needs within the Authorisation Application and what this means for commissioning within Brent.
- 6) Clear CSS arrangements.
- 7) Clear communication policy including key stakeholders and communication channels to ensure that stakeholders are kept up to date.

Remaining evidence gaps (overview) and related risks identified

The only remaining evidence gap noted was the need for the development and adoption of an adult safeguarding policy.

Areas for development beyond authorisation requirements

The governance arrangements are complex and will undoubtedly lead to additional complexities which the CCG should continually monitor and test.

Domain 5 Summary

Summary assessment overview

The CCG clearly demonstrated their collaborative arrangements throughout the day and how they were addressing the risks of a federated model.

The CCG have various strategic challenges in the area that they have recognised and provided adequate resource to address any necessary changes.

Areas of strength

- 1) Collaborative working with other CCGs - the Chair's forum has the job of identifying areas where collaboration is needed and there is a decision making process that is in consultation.
- 2) Collaborative working with LA - the case study (contracting) shows how Brent CCG has worked with other CCGs to gain a better contract with shared KPIs enabling them to monitor and enhance performance of community services.
- 3) It has to be noted that CCG is doing and planning a number of initiatives to work closely with LA which is good practice. For example - integrated community services for admission avoidance and case management and the future plan for integrating reablement with intermediate care.
- 4) Commissioning arrangements with the CSU and other CCGs was robust and thorough.

Remaining evidence gaps (overview) and related risks identified

None noted.

Areas for development beyond authorisation requirements

The CCG need to consider how it will implement its out of hospital strategy linking with the NHSCB on primary care improvement as a building block to this strategy.

Domain 6 Summary

Summary assessment overview

The CCG clearly had a strong collective clinical leadership body that worked well with lay and management representatives.

The Chair had a strong and collective style and was clearly able to lead from the front.

Areas of strength

- 1) The CCG has undertaken a detailed OD diagnostic and has clearly reflected on the results.
- 2) There is also clear evidence of where the CCG has enhanced clinical involvement in service redesign and improvement.
- 3) Many of the roles outlined have been clearly appointed using best practice, and the roles and appointment of the governing body is thorough.
- 4) The CCG had a clear vision and commitment to health improvement which will notably make a real difference to the people in Brent.
- 5) The CCG had a clear focus on their vulnerable and hard to reach population which was commendable.

Remaining evidence gaps (overview) and related risks identified

Skills assessment and audit to be completed across all board members.

Areas for development beyond authorisation requirements

The CCG should refresh their governing body development plan to span across all members including lay members.

Outstanding issues

Threshold for Authorisation	Site Visit Threshold	Rationale for red rating and distance from threshold	Outstanding Issues (including CCG's proposed plan and timescale to meet requirements, if applicable and discussed at site visit)
1.3 - B		<p>Desk top review - The governing body has a nurse and secondary care doctor but these posts are not yet filled.</p> <p>Site Visit - A secondary Care Doctor and Nurse has yet to be appointed to the governing body. this has been turned red from green at desktop due to additional NHSCB guidance.</p>	A secondary Care Doctor and Nurse should be appointed to the governing body.
4.2.3 - D		<p>No Safeguarding policy was provided at desk top review so it was not possible to determine that there are appropriate processes in place within Brent CCG.</p> <p>There is a role for the Quality, Safety and Clinical Risk Committee to oversee the policies and processes relating to safeguarding and so there are clear governance arrangements in place. Also, the CCG structure for Risk Management within the risk strategy sets out that there will be CCG Safeguarding Subgroups, but without the policy it is not possible to determine the purpose and scope of these groups.</p> <p>Site Visit 1) The safeguarding policy for children was provided 2) The adults safeguarding policy is due to be signed off by December</p>	The adults safeguarding policy needs to be finalised and signed off by the governing body.

Threshold for Authorisation	Site Visit Threshold	Rationale for red rating and distance from threshold	Outstanding Issues (including CCG's proposed plan and timescale to meet requirements, if applicable and discussed at site visit)
6.4 - E	●	<p>After reviewing all documentation, it is clear that there are intentions to provide training, but there is no evidence that a skills audit has been done, and development plans put in place. the personal development plan shows the plans in place for clinicians, but not for governing body members.</p> <p>The Organisational Structure (page 8) illustrates the structure within the CCG. Further evidence is required to demonstrate that the CCG has assessed the skills possessed by governing body members and has a plan to build governing body competencies/skills where required. It would be beneficial to carry out a skills audit to identify and address any gaps.</p> <p>OD plan, slide 20 - The CCG has intentions to provide training and induction to Governing Body members.</p> <p>Further evidence is required in order to determine whether the skills of the governing body have been assessed as a collective and individually.</p> <p>Site Visit 1) The CCG demonstrated that the clinical leads on governing body have gone through a skills assessment with Ashbridge but not all members had undertaken a skills audit</p>	All members of the governing body should undertake a skills audit