

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

CCG Assurance Framework 2015/16 Delegated Functions - Self-certification Q1

Date of Meeting	4 th November 2015	Agenda Item	16.
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CCG Corporate Objectives	
To extend the life of our citizens and their quality of life adding life to years as well as years to life.	Y
To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations	Y
To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.	Y
To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.	Y
To offer effective service interventions this will provide a better experience for patients with privacy and dignity.	Y
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	Y
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	Y
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	Y

Programme Leadership:	
Clinical Lead	Dr Stephen Gunn
Senior Lead Manager	Mr. Peter Sellars
Report authorised by	Dr Malcolm Ridgway
Decision Recommendations	
For Information	

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

Annex A

**CCG Assurance Framework 2015/16
Delegated Functions - Self-certification**

Blackburn with Darwen CCG	
Quarter/year to which certification applies	Quarter 1 2015/16

1. Assurance Level

To support ongoing dialogue, CCGs are asked to provide a self-assessment of their level of assurance for each Delegated Function (as appropriate) .		
	Assurance Level	Change since last period
Delegated commissioning	Assured as good	Not applicable
OOH commissioning	Assured as good	Not applicable

2. Outcomes

Briefly describe progress in last quarter towards the objectives and benefits the CCG set out in taking on delegated functions, in particular the benefits for all groups of patients <maximum 200 words>
<p>Summary of benefits</p> <ul style="list-style-type: none"> Clinical Lead now in place to support commissioning of primary care services. Practices through the locality structure are now supported and encouraged to identify innovative solutions to deliver improvement through new models of care. The CCG is now piloting additional locality patient appointments through the Prime Minister’s Challenge Fund which is central to our Out of Hospital Strategy. The CCG is now scoping primary care finances to enable equal weighting with other sectors for development and investment. Commenced development of Local Quality Incentive Scheme to address need and clinical variation to raise standards and reward best practice. This aims to improve quality, safety access, health screening, patient experience and reduction health inequalities. Now supporting practices to operate at a greater scale whilst retaining the benefits of local delivery via the locality structure and local federation. Have commenced dialogue with practices in line with the Primary Care Strategy to scope and consider more sustainable models for the future. The Primary Care Workforce data has now been baselined. A workforce group has

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

been established to enable development of other primary care professionals i.e. Pharmacists and Physician’s Associates. A leadership training programme has now commenced to prepare practices for future new model developments.
An estates strategy is now under development.

3. Governance and the management of potential conflicts of interest in relation to primary care co-commissioning (this section should be completed by those CCGs which undertake joint commissioning with NHS England as well as those that have delegated commissioning arrangements)

	Co-commissioning	OOH commissioning
Have any conflicts or potential conflicts of interest arisen during the last quarter?	Yes	No
If so has the published register been updated?	Yes	No
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Yes	Not applicable
Please provide brief details below and include details of any exceptions during the last quarter where conflicts of interest have not been appropriately managed		
<maximum 200 words>		
n/a		

4. Procurement and expiry of contracts

Briefly describe any completed procurement or contract expiry activity during the last quarter in relation the Delegated Functions and how the CCG used these to improve services for patients (and if and how patients were engaged). <maximum 250 words per Delegated Function>

There have been no procurements during the first quarter of 2015/16, however the CCG is developing a new APMS specification and will be going to procurement in January 2016.

Patients within the practices have been engaged and communicated with by letter. Further patient engagement will be planned during the procurement programme.

Agreement of the date when the PMS premium will be withdrawn, along with the plan for re-investing the premium back into primary care through the developing Local Quality Scheme is planned to commence in April 2016

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

Local Incentive Schemes	
Is the CCG offering any Local Incentive Schemes to GP practices?	Yes
Was the Local Medical Committee consulted on each new scheme?	Yes
If any of those schemes could be described as novel or contentious did the CCG seek input from any other commissioner, including NHS England, before introducing?	No We don't believe any schemes to be novel or contentious
Do the offered Local Incentives Schemes include alternatives to national QOF or DES?	No
<i>If yes, are participating GP practices still providing national data sets?</i>	Yes
What evidence could be submitted (if requested) to demonstrate how each scheme offered will improve outcomes, reduce inequalities and provide value for money? <maximum 250 words for each Delegated Function>	
The current local incentive schemes could be submitted; however these are currently being reviewed with a plan to absorb these into the new quality scheme. The quality scheme is locally called the General Practice Quality and Outcomes Enhanced Services Transformation (QOEST)	

5. Availability of services

Briefly describe any issues raised during the last quarter impacting on availability of services to patients (include if and how patients were engaged). <maximum 250 words for each Delegated Function>		
No issues raised during the last quarter		
	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	0	0
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	n/a	n/a
During the last quarter were any providers placed into special measures following CQC assessment?	No	No
If yes, please provide brief details of each case and how the CCG is supporting remediation of providers in special measures		

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

<maximum 50 words per case>	
In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)	No
If yes, please provide link to published results:	

6. Internal audit recommendations

	Co-commissioning	OOH commissioning
Has internal audit reviewed your processes for completing this self-certification since the last return?	No	No
If so, what was their conclusion and recommendations for improvement?		
<maximum 200 words for each Delegated Function>		
Mersey Internal Audit Agency have confirmed they are in discussion with NHS England to ascertain the requirements of their involvement in the audit process. This will form part of the CCG's Audit Plan for Primary Care Co-Commissioning during 2015/16.		

Use this space to detail any other issues or highlight any exemplar practice supporting assurance as outstanding

PRIMARY CARE CO-COMMISSIONING COMMITTEE MEETING

7. CCG declaration

I hereby confirm that the CCG has completed this self-certification accurately using the most up to date information available and the CCG has not knowingly withheld any information or misreported any content that would otherwise be relevant to NHS England assurance of the Delegated Functions undertaken by the CCG.

I confirm that the primary medical services commissioning committee remains constituted in line with statutory guidance.

I additionally confirm that the CCG has in place robust conflicts of interest processes which comply with the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest.

Signed by CCG Accountable Officer

Name: Dr Chris Clayton
Position: Clinical Chief Officer
Date: 02/10/2015

**Signed by Audit Committee Chair**

Name: Mr Paul Hinnigan
Position: Audit Committee Chair
Date: 02.10.2015



Please submit this self-certification to your local NHS England team and copy to england.primarycareops@nhs.net using the email subject 'Delegated functions self-certification.'