

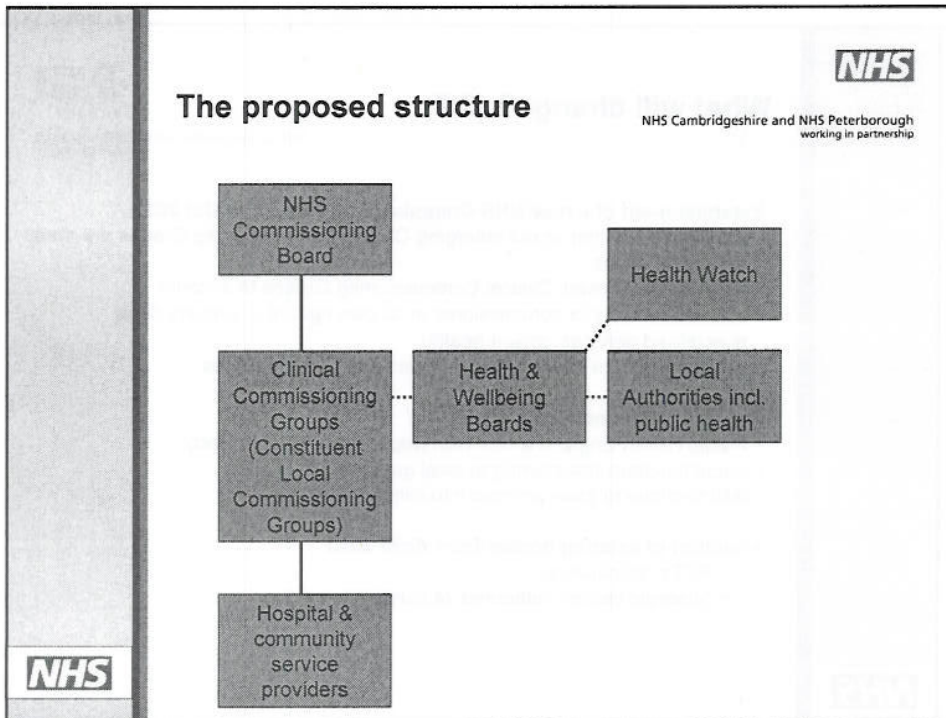
Appendix 1


NHS
NHS Cambridgeshire and NHS Peterborough
working in partnership


**Developing clinical commissioning
in Cambridgeshire & Peterborough**

update for Scrutiny Commission for Health Issues
17 January 2012

NHS







What will change? (1/2)


NHS Cambridgeshire and NHS Peterborough
working in partnership


Establishment of new Clinical Commissioning Groups (CCGs) 2013

- based on groupings of GP practices, clinically led
- will take on the majority of commissioning from PCTs. Required to commission for the population, i.e. registered and unregistered patients
- will be established on April 2013. Before establishment, NHS Commissioning Board will seek views of the Health & Wellbeing Board
- Governing Body to have at least 2 lay members (for public involvement and governance), one Nurse and one Hospital Doctor
- Required to meet in public and publish minutes and details of contracts

Establishment of new Health & Wellbeing Boards

- Key vehicle for joint working: agree Health & Well-Being Strategy
- close partnership with Clinical Commissioning Groups
- will have a role in establishing Clinical Commissioning Groups





What will change? (2/2)

NHS Cambridgeshire and NHS Peterborough
working in partnership

Establishment of a new NHS Commissioning Board in Oct 2012

- will decide whether or not emerging Clinical Commissioning Groups are ready to take on duties
- will hold 'authorised' Clinical Commissioning Groups to account
- will also be a major commissioner in its own right (e.g. primary care, specialised services, prison health)
- will operate from 4 sub-national offices and 50 local offices

Public health functions transferring

- Public Health England a new Non Departmental Public Body
- Local functions transferring to local government
- Will continue to have an input into clinical commissioning

Abolition of existing bodies from April 2013

- PCTs (50 clusters)
- Strategic Health Authorities (4 clusters)

NHS
NHS Cambridgeshire and NHS Peterborough
working in partnership

Our local proposals

- One Clinical Commissioning Group for Cambridgeshire and Peterborough
- The CCG will be made up of a federation of a number of (8) Local Commissioning Groups (LCG)
- There will remain a strong focus on Peterborough and the needs of its residents
- LCGs will be enabled and supported by the CCG to make local change happen and manage resources through delegated budgets
- LCGs will be able to take on different responsibilities and operate at different speeds
- The CCG Governing Body will ensure that statutory duties are met, hold LCGs to account, and ensure probity
- All the above is subject to authorisation by the NHS Commissioning Board in autumn 2012

NHS

NHS
NHS Cambridgeshire and NHS Peterborough
working in partnership

LOCAL COMMISSIONING GROUPS

LCG	LCG Population
Cam Health	73,635
Hunts Care Partners	110,828
Hunts Health	73,911
Isle of Ely	86,881
Wisbech	45,845
Borderline	97,602
Peterborough	144,119
CATCH (Cambridge)	222,758
Total CCG	855,579

NHS

Why a CCG for Cambridgeshire & Peterborough?

- CCG are membership organisations - GPs have discussed the options and wish to create a Cambs & Peterborough CCG with a strong local focus delivered through LCGs
- Clinical leadership and engagement with patients at local level will improve services and health outcomes, whilst the CCG manages relationships with the NHS Commissioning Board, large provider organisations
- Supports partnership working with Local Authorities, Health & Well-Being Boards
- Commissioning health services needs both local focus and strategic overview to deliver the best service for patients, and make the most effective use of public funds
- Financial challenges now and in the future can be managed better by a larger CCG, specifically sharing and managing financial risk

Why Local Commissioning Groups are important

- Focused on local needs and enables meaningful engagement with **patients** – on a scale in which patients identify with 'community'
- The 'local' scale capitalises on the motivation of all **clinicians and staff** to see the impact of their daily efforts on improvements for patients
- Achieves practice-level engagement, enables mutual trust across **practices** which helps drive improvements in practice performance
- Enables local **partnership** working
- **Flexibility** - does not impose a 'one size fits all' , or a 'one pace for all' model
- The ideal 'test-bed' for **innovation** - scale of risk inherent in trialling new approaches is manageable

Local Commissioning Group Board/Committee

Membership varies, but could include:

- GPs
- Practice manager
- Nurse representation
- Patient representation
- Local authority representation
- Management function heads e.g. prescribing, commissioning, etc.

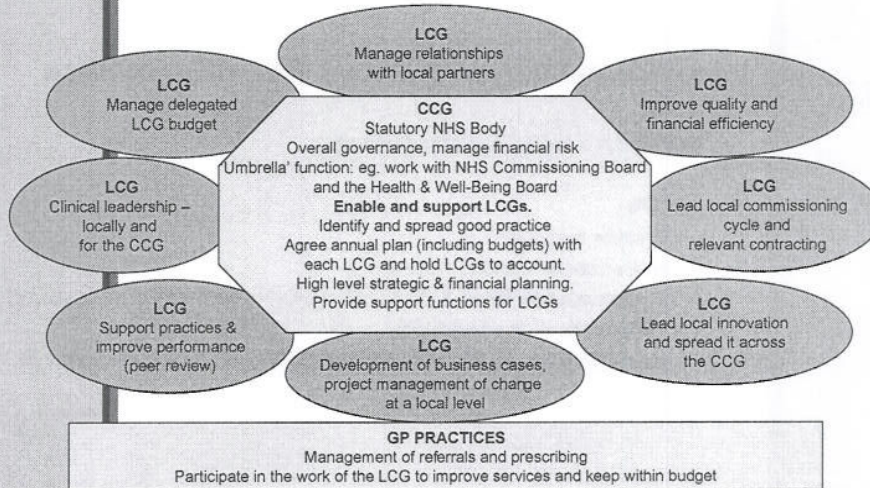
Where are we now in Peterborough?

- We have been implementing clinically led commissioning for some time
- The PCT Board has already delegated significant commissioning responsibility to local GPs
- We have a Clinical Commissioning Sub Committee of elected GPs to take a strategic overview for Peterborough
- Participating in the work of the shadow Health & Well-Being Board

Proposed Clinical Commissioning Group and Local Commissioning Group roles



NHS Cambridgeshire and NHS Peterborough
working in partnership



NHS Cambridgeshire and NHS Peterborough
working in partnership

Questions?

We welcome your views on the development of the Clinical Commissioning Group and the Local Commissioning Group for Peterborough.

