

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
13 NOVEMBER 2012	Public Report

Report of Andy Vowles, Chief Operating Officer for Cambridgeshire & Peterborough Clinical Commissioning Group (designate)

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UPDATE ON THE DEVELOPMENT OF THE SHADOW CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP AND THE PETERBOROUGH AND BORDERLINE LOCAL COMMISSIONING GROUPS

1. PURPOSE

- 1.1 This report is to update the Scrutiny Commission for Health Issues on the development of the shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups.

2. RECOMMENDATIONS

- 2.1 To note the progress of wider Clinical Commissioning Group and the work of the Local Commissioning Groups in Peterborough and Borderline.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

The work of the Shadow Clinical Commissioning Group (the CCG) links with the priorities of tackling inequalities and creating strong and supportive communities.

4. BACKGROUND

- 4.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) comprises its 109 member Practices and covers a population of over 860,000 people. If authorised as a statutory commissioning body by the NHS Commissioning Board early in 2013, the CCG will be one of the largest in the country.

From the start, our objective was to develop a devolved model of operation with clinical commissioning at its heart. We have also sought to achieve a smooth transition to the national model of Clinical Commissioning by building key elements of the new system well before 2013. In Peterborough and the surrounding area, authority has been devolved to the Peterborough and Borderline Local Commissioning Groups. Two practices from Northamptonshire, Oundle and Wansford & Kingscliffe have joined the Borderline LCG. See APPENDIX B for practice locations across the CCG.

Clinical Commissioners will be responsible through the CCG for the following:

- Commissioning hospital and community health services – but not specialist services
- Managing prescribing based on clinical and cost effectiveness
- Developing a vision for commissioning local health and health care services with member practices, other professionals and key partners
- Working with the Local Authorities, play a full part as a member of the Health and Wellbeing Boards
- Shaping the culture, behaviours and relationships across the localities
- Implementing structures and systems to safeguard transparency, accountability and good governance

The CCG will produce and consult on an over-arching Annual Plan setting out the strategic and local commissioning priorities. The plan will take account of the Health and Wellbeing Strategies, the views of the Health and Wellbeing Boards and the work of Local Commissioning Groups.

5. KEY ISSUES

5.1 Since April 2012, clinical commissioners have been working alongside PCT staff, with delegated authority from the NHS Cambridgeshire & NHS Peterborough Cluster Board. In Peterborough the GP Sub-Committee has existed since April 2011. Over recent months, much work has been done to establish the new organisation, and to work through 'authorisation' by the NHS Commissioning Board, which has existed since October 2012.

Vision and Values

Over the last few months, the Governing Body and the member practices have been working on developing our vision and values for the new organisation, and the local commissioning groups that make up the CCG. They are as follows:

Our Mission

To empower our communities to keep healthy and to ensure fair access to good quality healthcare for all those who need it.

Our Vision

NHS Cambridgeshire & Peterborough Clinical Commissioning Group will be led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them.

Our Values

- Patient focused - Our population, patients and their families are at the centre of our thoughts and actions we will commission care tailored to their needs
- Quality driven - We will constantly strive to be the best we can be as individuals and as an organisation and we will ensure that this is reflected in our commissioning decisions
- Work locally – Through our Local Commissioning Groups working within their communities
- Excellent – Our aim is to be an excellent organisation, for our communities, clinicians and our staff

Priorities and Commissioning Intentions

The CCG and LCGs have also spent a lot of time looking at the challenges facing our communities, in particular the growth in our older population over the next four/five years.

Peterborough:

23% growth in 65+ population
23% growth in 80+ population
32% growth in 85+ population

Cambridgeshire:

25% growth in 65+ population
18% growth in 80+ population
22% growth in 85+ population

The CCG has selecting three priorities for areas of focus and for discussion with all our providers as we set out our commissioning intentions for 2013/14. These are:

- Frail elderly
- End of life care

- Health inequalities, particularly in relation to coronary heart disease

These link well to a number of priorities in the Draft Peterborough Health and Wellbeing Strategy, currently out to consultation, in particular:

- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

Local work in Peterborough and Borderline Local Commissioning Groups to address these areas includes:

- Multi-Disciplinary Team, focusing on improving outcomes and patient experience for patients for Progressing development of integrated care
- End of Life Care
- Mental health services, clinicians leading redesign work with CPFT
- Prescribing, reviewing appropriate and best value prescribing

The Peterborough and Borderline LCGs recognise the importance of working closely with Peterborough City Council and have created A Joint Commissioning Forum, which has the City Council as a member. It is the vehicle to discuss future Joint Commissioning strategies and Plans.

Beneath this forum the Commissioners have a Transformation Board which enables Commissioners and statutory providers/ Independent Sector and Voluntary Sector Providers to develop Projects within this joint governance structure.

Membership of the Peterborough and Borderline Local Commissioning Group and the Joint Commissioning Forum are attached at Appendix A. Membership of the CCG Board is at Appendix C.

6. IMPLICATIONS

- 6.1 The Cambridgeshire and Peterborough Clinical Commissioning Group, subject to authorisation by the National Commissioning Board, will take over statutory responsibility for commissioning acute and community and other services for the people of Peterborough and Borderline and the other six LCGs in April 2013.

7. CONSULTATION

- 7.1 The new Clinical Commissioning Groups are very keen to ensure there is widespread engagement with patient groups across the area. There is a Patient Reference Group, which is a formal sub-committee of the Shadow CCG Governing Body. This is made up of patient representatives from each LCG Board as well and there will also be representation from Healthwatch in the future. The Peterborough Consultation Forum also sits on this group. The CCG will retain the same statutory duties around public consultation when considering major service changes, and is committed to involving patients in all stages of the commissioning process.

8. NEXT STEPS

- 8.1 The CCG and Local Commissioning Groups are happy to keep the Commission regularly updated on progress and to return again, subject to authorisation.

10. APPENDICES

- 0.1 Appendix A - Peterborough and Borderline LCG Board membership
- Appendix B - Map of CCG practice locations
- Appendix C – Membership of the CCG Governing Board

Peterborough LCG Board

GP Members

Dr Michael Caskey (Chair)
Dr Neil Modha

Dr Mohsin Laliwala
Dr Neil Sanders

Dr Harshad Mistry
Dr Paul van den Bent

Patient Representative Members

Barbara Cork

Brian Parsons

Practice Manager Representative Member

Andy Slater

Officers/Management Support

Cath Mitchell,
Local Chief Officer

Borderline LCG Board

Dr Richard Withers (Chair)
Dr Gary Howsam (Vice Chair)
Dr Oliver Stovin
Dr Cosmos Nnochiri
Dr Andrew Anderson
Cathy Mitchell, Local Chief Officer
Dr Nick Fletcher
Helena Ayre
Michael Bacon, patient representative

Others who may attend LCG meetings

Maureen Donnelly CCG Chair
Andy Vowles, Chief Operating Officer
Dr Neil Modha, Chief Clinical Officer
Sharon Fox, CCG Board Secretary

Peterborough Commissioning Joint Forum

GP Members

Dr Michael Caskey
Dr Paul van den Bent

Dr R Withers
Dr G Howsam

Dr A Liggins

Patient Representative Members

Barbara Cork

Brian Parsons

Michael Bacon

PCC Representatives

Terry Rich

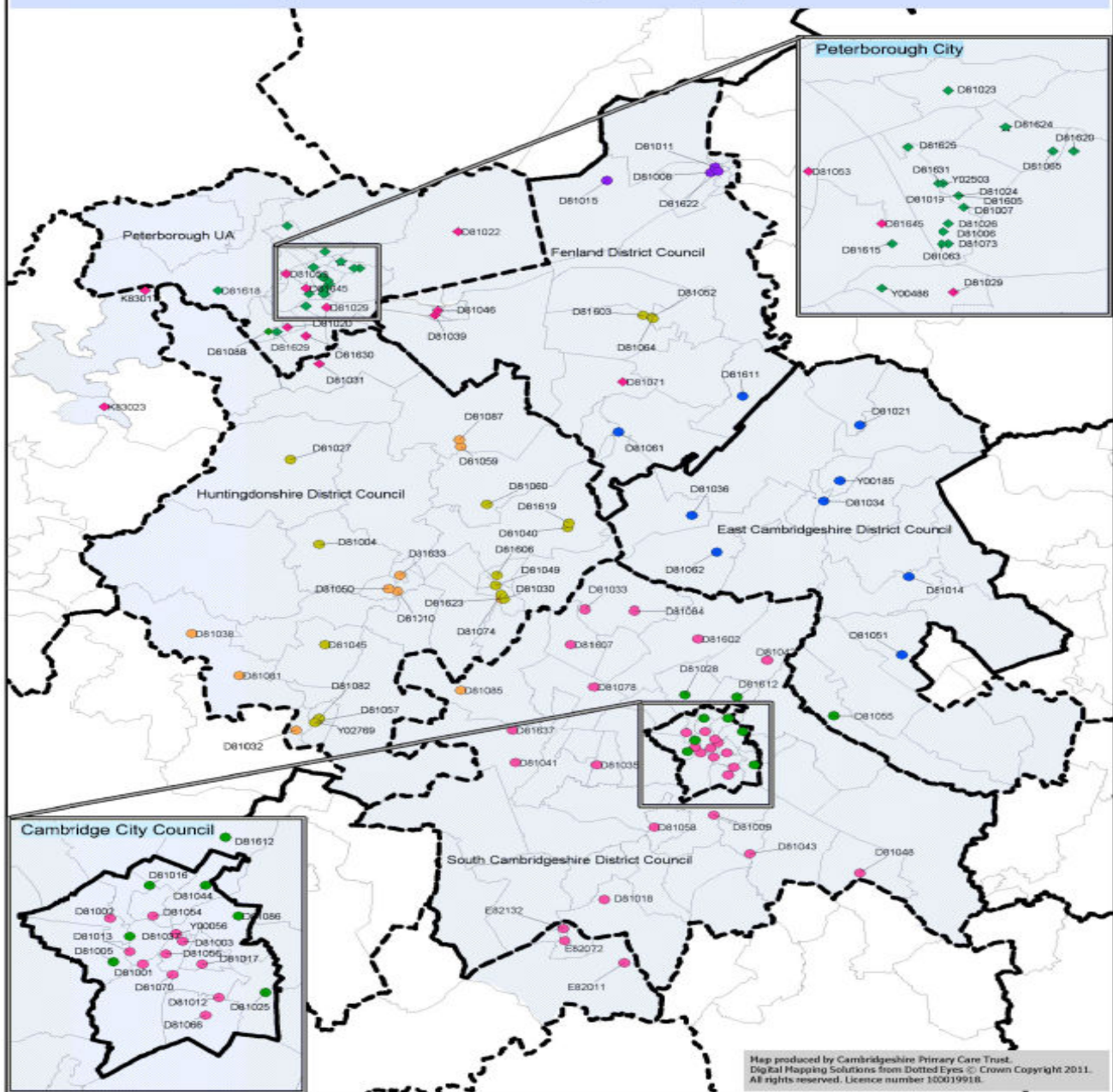
Malcolm Newsom

Wendy Ogle-Welbourn

Officers/Management Support

Catherine Mitchell
Paul Whiteside

Cambridgeshire & Peterborough CCG, April 2012



Clinical Commissioning Group Chair and Lay Members

Maureen Donnelly, Chair (designate)

Maureen is a Maths Graduate and has spent her career in the telecoms sector. She was head of marketing for BT before leaving to become Commercial Director of Colt Telecom in the City of London. Since then she has set up two telecoms companies (in Germany and in the UK) and now works as an advisor on commercial and acquisition strategy. Maureen, who lives in Cambridge, is Chair of Digital Region, a broadband telecoms company in South Yorkshire and Chair of the Corporation of Hills Road Sixth Form College.

Peter Southwick, Lay Member (designate)

Peter has a first degree and a PhD in Metallurgy from Cambridge University. He spent much of his career in the USA, in the steel industry. His last position in the USA was President and Chief Executive Officer of Ispat Inland Inc (subsequently Mittal Steel USA and now Arcelor Mittal), which was followed by promotion in 2003 to the post of Corporate Director, Quality Assurance, based in London. In the 1990s, he was also a Board member of his local branch of United Way, the largest charitable fundraising organisation in the USA.

Glen Clark, Lay Member (designate)

Glen, who lives in Wicken, near Ely is Finance Director of Marshall of Cambridge Aerospace. He is also a Board member of a number of their subsidiaries, including four companies based overseas - and takes a lead role in Corporate Governance.

Rebecca Stephens, Lay Member (designate)

Rebecca is Founder and Director of Syntax Communications and has previously been a non-executive director at Cambridgeshire and Peterborough NHS Foundation Trust. She has a long career as a journalist which culminated in her being the Editor and Editorial Director for the Peterborough Evening Telegraph from February 2004 until June 2007. Rebecca has also created a corporate social responsibility forum for Peterborough with city-wide engagement from private, public, voluntary, community and charitable sectors. Rebecca's work has given her a wide knowledge of voluntary and community sectors in Greater Peterborough as a former board member of the Greater Peterborough Partnership and Peterborough City Centre Management Executive. She has strong links with a number of community groups and charities in the area and helped to develop the Pride in Peterborough Award and the Women of Achievement award.

Directors

Dr Neil Modha, Chief Clinical Officer (designate)

Dr Neil Modha is a working GP at Thistlemoor Medical Centre in Peterborough, where he has helped to transform the practice into a GP-led training practice with eight doctors, serving 11,500 patients. Neil was previously a member of the shadow Cambridgeshire and Peterborough Clinical Commissioning Group, taking responsibility for acute commissioning. He has been involved in the Finance and Performance sub-committee.

Andy Vowles, Cambridgeshire Chief Operating Officer (designate)

Prior to joining NHS Cambridgeshire, Andy was Deputy Director of Commissioning for NHS East of England. His portfolio included co-ordinating East of England commissioning policy, supporting the development of commissioning expertise within PCTs, and leading on a range of policy areas including primary care and practice based commissioning. Before joining NHS East of England, Andy was Head of Performance for Essex SHA, and has also worked for a number of national bodies including the Audit

Commission and the Department of Health. Andy lives in Cambridge with his wife and three young children.

Jessica Bawden, Director of Communications, Membership and Engagement (designate)

Jessica joined NHS Cambridgeshire from the National Housing Federation, the trade body for housing associations. She has over fifteen years' experience of public campaigning in the not-for-profit sector including working for Age Concern, the business campaign group, London First and the pro-European campaign, Britain in Europe. She also spent five years working in Parliament. She is passionate about social change and believes that successful change happens only when the public's views are truly heard. Jessica was educated at Oxford University and is married with four children.

Jill Houghton, Director of Quality, Safety and Patient Experience (designate)

Jill is a registered nurse, midwife and health visitor. She has had experience in all sectors of healthcare, clinically and managerially within primary and secondary care, at a Health Authority, Strategic Health Authority and at board level in a Primary Care Group and two Primary Care Trusts as a Director with responsibilities for patient services, quality, safeguarding and infection control. She has been a member of the Nursing and Supportive Care Guidelines Advisory Panel at the National Institute of Health and Clinical Excellence and undertaken national projects, in relation to patient safety and quality, with the Leadership Centre, the National Patient Safety Agency, the Department of Health and the Chief Medical Officer's Office. Jill was most recently the Director of Nursing for West Mercia Cluster which consisted of four Primary Care Trusts and six Clinical Commissioning Groups. Jill's role is to ensure commissioning for quality is delivered through the changing NHS Architecture working with providers, Local Authorities and particularly the shadow Clinical Commissioning Group to ensure our population receive the best quality of care possible within available resources.

Victoria Corbishley, Director of Performance and Delivery (designate)

Victoria joined the CCG from NHS Midlands and East Strategic Health Authority where she was responsible for running the performance and informatics teams across the SHA Cluster. Before the SHA, Victoria was one of the first employees at Monitor, the Independent Regulator of NHS Foundation Trusts where she spent time assessing applicant trusts, overseeing compliance at existing Foundation trusts and developing policy. Victoria is a qualified accountant and has worked in the I.T. industry, with companies such as IBM and Xerox, and as a management consultant.

Harper Brown, Director of Commissioning and Contracting (designate)

Harper joins us from Great Yarmouth and Waveney PCT where he was Deputy Chief Executive and he was Executive Director of Integrated Care at Norfolk & Great Yarmouth and Waveney PCT.

Tim Woods, Chief Finance Officer (designate)

Tim was previously Executive Director of Finance at Derbyshire Healthcare NHS Foundation Trust.