

**NETWORK BULLETIN – No 14 – 30<sup>th</sup> July 2012**

<b>CLINICAL COMMISSIONING East of England JIP SUPPORT PROJECT</b>
Joint Commissioning & Partnership
Project lead: David R Jones <a href="mailto:davronjones@yahoo.co.uk">davronjones@yahoo.co.uk</a> Mobile: 07860 780616
<ul style="list-style-type: none"><li>Establishing a network; Mapping current joint commissioning; Comparing with national information; Facilitating knowledge sharing; Developing advice; Identifying infrastructure requirements to underpin partnership work &amp; joint commissioning</li></ul>

**In this Bulletin – David Jones**

Welcome to the 14th Network Bulletin for the East of England.

This project on Clinical Commissioning has a particular focus on joint commissioning & partnership. The work stream is now led by Harold Bodmer, Norfolk's DASS.

The main themes are summarised above after my contact details and include knowledge transfer with clinical partners, Governance arrangements in the new world and Infrastructure to support partnership. The work fits with the national commissioning priorities; including clinical commissioning development & preparing for direct commissioning.

The intention is that the Bulletin should provide some assistance through sharing information and stimulating local dialogue.

Items in this edition include:

- Health and Wellbeing Boards – national & regional updates
- Consultation and Engagement with Clinical Commissioning Groups in developing the Essex Joint Health and Wellbeing Strategy
- Clinical Commissioning Group developments, including Commissioning Support
- Healthwatch transition
- Primary Care Commissioning
- Public Health transition update
- News from Erpho
- The role of the DH Deputy Director
- The EACH project update

NHS Midlands & East has as one of its ambitions  
**Ensure radically strengthened partnerships between the NHS and local government, which accelerate the integration of services to improve the health & wellbeing of local people**

## Health and Wellbeing Boards

### National .....

The next National Learning and Sharing Summit – for HWB members and those who had been part of the learning sets – will be held on 8 November. (There should be heavy demand for places so book as soon as on line registration is available from early September). Some prominent speakers have already been confirmed. The agenda will focus on three significant areas for HWBs;

- Service integration
- Improving health outcomes
- Reducing health inequalities

The products developed by the learning sets are now available on the [Knowledge Hub](#) online portal: <http://www.local.gov.uk/health> If you were already registered on the Communities of Practice website you can use your same user name and password to access the Knowledge Hub. The documents are uploaded within the Groups section, under the ‘National Learning network for Health and Wellbeing Boards’ group. Within that group’s section, there is a forum for ‘Health and Wellbeing Board Learning Set Products’.

If you have any questions, please contact [lola.Olawole@dh.gsi.gov.uk](mailto:lola.Olawole@dh.gsi.gov.uk) or [david.harrison@dh.gsi.gov.uk](mailto:david.harrison@dh.gsi.gov.uk)

HWBs and children, young people and families – a very useful poster on key success factors / issues has been produced, together with a helpful review of recent documents; both are embedded below.



NHS02\_HealthAndWellbeingPoster\_For work



Children and young peoples health and wellbeing

A developmental tool for HWBs has been produced by the LGA and other partners. This aims to assist Boards to assess their progress by reference to 16 indicators of practice to move beyond assessing how ready the Board is, towards how effective it is being in practice and how that effectiveness is enhanced over a period of time. It is suggested this is used by Boards over the next couple of months, in 1 year and in 3 years.

This is embedded below:



A new development tool for health and wellbeing

Colleagues across the East of England have responded to the consultation on HWB secondary legislation / technical regulations. These should be laid before Parliament in November but may not be issued until as late as January 2013. However, major changes are not expected so Board membership should still be able to reflect local priorities.

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The King's Fund Information and Library Service produces a monthly bulletin focused around Health and Wellbeing Boards. It will contain the latest news, guidance and policy developments and will be useful for

anyone interested in, or working with, Health and Wellbeing Boards. If you would like to subscribe, email [HWB@kingsfund.org.uk](mailto:HWB@kingsfund.org.uk)



If you have any colleagues who are interested in signing up to their alert, they can do so at [www.kingsfund.org.uk/alerts](http://www.kingsfund.org.uk/alerts). The alert is also available as an [RSS feed](#) or follow them on Twitter [@kingsfund\\_ils](https://twitter.com/kingsfund_ils)

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## **In the East of England.....**

A **learning set** for development leads across the East of England meets every two months. At the last meeting on 19<sup>th</sup> July, the morning session was with children's trust lead officers; amongst the issues discussed were developing strategic relationships with schools, a model for sharing budgetary information and an update on Healthwatch.

In the afternoon, it was decided to carry out another preparedness survey in September. The regional developmental support – summarised below – was also covered.

**Support for Health & Wellbeing Board development** is being made available for the majority of HWBs in the East of England through either the LGA or the NHS Leadership Academy. They will be co-ordinating their support offers which will now be delivered from the autumn into early 2013.

Other support includes the Simulation Event on 4<sup>th</sup> September (10 of our 11 Boards will be participating), sessions for Portfolio Holder Members of Boards and the possibility of a workshop on integration later in the autumn.

## **Consultation and Engagement with Clinical Commissioning Groups in developing the Essex Joint Health and Wellbeing Strategy**

### **The Essex Joint Health and Wellbeing Strategy (JHWBS)**

Essex presents a complicated partnership picture:

- 1 county council with 2 adjacent unitary authorities that have collectively shared a Joint Strategic Needs Assessment;
- 5 PCTs now metamorphosing into 5 Clinical Commissioning Groups (CCGs);
- 12 district and borough councils, each with slightly different partnership group arrangements for health and wellbeing;
- The location for one of the national Community Budget pilots which has the potential to dramatically change the funding and governance of the whole public sector in Essex.

This has had a significant impact on the way in which the JHWBS has been developed. There are 4 strands to our approach, which are threaded into every stage of the strategy:

<b>Shape &amp; Inform</b> <i>Scope, Policy Drivers, Vision, Principles, JSNA, Rationale for Prioritisation, Shared Definitions</i>	<b>Engagement &amp; Ownership</b> <i>Shaping common vision &amp; Principles, setting priorities, getting agreement for core definitions</i>
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<p><b>Publication &amp; Communications</b>  <i>Stakeholder groups &amp; audiences, key messages, media, Plain language, workforce development</i></p>	<p><b>Accountability, Delivery &amp; Review</b>  <i>Roles &amp; Responsibilities, linkages with other strategies, delivery, governance, reporting, review, scrutiny</i></p>
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We have developed a three stage approach to the production of our JHWBS:

1. Development of Draft Strategy November 2011 – April 2012
2. Development of Final Strategy May 2012 – September 2012
3. Planning for implementation of Strategy October 2012 – March 2013

### **Consultation and Engagement in Stage 2**

There are 3 elements to the consultation and engagement that is currently taking place:

#### *1. Formal consultation with partners*

Our draft strategy is being sent out to key partners, asking for their comments. We are particularly interested in partners' responses to the strategic whole systems approach that the Board intends to take, which is outlined in the document - attached here:



D:\Documents and Settings\loretta.sollar

This document received strong input from the CCG members of the Health and Wellbeing Board.

#### *2. Prioritisation exercise*

We have developed an innovative discussion workshop that presents 18 potential priorities with information drawn from the JSNA, grouped under 8 ways of comparing these priorities and asks participants to agree upon their top 4 priorities. A briefing on this exercise is attached here:



W:\Chief Executives Directorate\Communi

This exercise is achieving its aim of generating some good quality discussion which is recorded by facilitators. It has been offered to all our CCGs with excellent feedback from the 2 where it has already taken place.

#### *3. Online survey*

An online survey asks participants to identify their top priorities from this same list of 18 options. It takes only 5 minutes to complete and includes a demographic analysis that will contribute towards the Strategy's Equalities Impact Assessment.

The survey can be viewed here:

<http://www.engageessex.org.uk/essex/KMS/elab.aspx?noip=1&CampaignId=159>

### **CCG experiences of the Consultation and Engagement**

It has taken a fair amount of planning and liaison with officers from the CCGs to get the strategy allocated time at CCG meetings. Staff seconded to work with the CCGs have been grappling with the massive weight of tasks associated with authorisation and although involvement with the JHWBS is included in the evidence that has to be presented, it's not the most important element in jigsaw. In all instances it has taken a general briefing session where we have been able to draw out the impact of the Strategy on different aspects of CCG

operations (joint commissioning, partnership work, QIPP etc) before we could schedule in the prioritisation exercise.

The three elements of consultation have been welcomed:

1. Some members are keen to comment on the draft strategy in the traditional way and we hope that these comments will draw out aspects of the relationship between the priorities and the CCGs' own commissioning plans;
2. Where the Prioritisation Exercise has taken place, it has been at stakeholder groups rather than the CCG's Boards. It has helped to develop understanding and relationships between local authorities and clinicians;
3. The online survey is being seen as a good way of involving individual practices and patient participation groups in the strategy.

For more information about the development of the Joint Health and Wellbeing Strategy in Essex, contact [loretta.sollars@essex.gov.uk](mailto:loretta.sollars@essex.gov.uk)

### **Clinical Commissioning Group Developments**

Sam Hepplewhite; Deputy Director of Commissioning Development

#### **Authorisation**

- CCGs have now all agreed which wave of authorisation they will be part of.
- Wave one CCGs will submit their applications on the 2<sup>nd</sup> July, wave two on the 3<sup>rd</sup> September, wave three 1<sup>st</sup> October and wave four 1<sup>st</sup> November.
- The assessors guide and the applicants guide have now been published
- The CCG learning and support tool has been published
- The NHS Commissioning Board web site is an excellent place for resources <http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/>
- Authorisation workshops are currently being held for wave two and three CCGs
- A knowledge management system has been developed which allows CCGs to upload their documentation evidence – there are a number (around 20) key documents that must be submitted by the CCG. The system has been developed to enable CCGs to upload a document – for example the constitution and this will then be mapped to the various indicators that require the constitution as the evidence.
- There will be a process for evaluation of the evidence, firstly at document level, then at domain level. From doing this the assessors will develop some key lines of enquiry, which will inform the focus of the site visit. Each CCG will receive a site visit. Approximately 2 weeks before the site visit the CCG will receive a site visit report which will outline the key lines of enquiry, so that the CCG can then prepare for the visit, by making sure that they have the right people available on the panel and have had an opportunity to prepare for these questions.
- Each visit will include a chair from the NHS Commissioning Board, a key assessor, a CCG representative (from another CCG not in the area), a clinical lead, a NHS CB senior representative, a financial expert, maybe a LA rep, a commissioning expert and a lay assessor (members may take more than one role outlined above). There will also be a panel recorder, a site visit evaluator and an authorisation team rep in attendance.

- There will be a lessons learnt document produced following wave one
- A number of CCGs are currently recruiting to their three main roles – the chair, the accountable officer and the chief finance officer. As part of the process for authorisation the NCB will finally ratify these appointments.

## **Commissioning Support**

- Following checkpoint one in January 2012, checkpoint two was carried out by the Business Development Unit at the end of May 2012.
- The primary purpose of checkpoint two were:
  - Assess whether the CSS will be ready to offer commercially viable services by checkpoint three (August 2012) and that these services are valued and affordable for CCGs and other customers
  - Agree a binding development and improvement plan between the CSS and the Board Authority
- There were a series of key tests across three domains – leadership, customer and business
- As part of this process each CCG was asked to complete a questionnaire
- The outcome for East of England CCGs was:
  - **Group A (CSS proceeds with medium to low issues as part of development plan). CSS has demonstrated evidence for all 3 domains but further work needed in all 3 areas.** – Norfolk and Waveney
  - **Group B (CSS proceeds with issues that need more rapid management). 1-2 of the domains marginally or just achieved** – Hertfordshire, Essex, Greater East Midlands (Bedford and Luton)
  - **Group C Recommend that the CSS stops** – NHS communication service
- The detail around how Commissioning Support services that will be an integral part of the CCG (as in the case of Suffolk and Cambridge) has not been published yet.

## **Healthwatch transition**

*By Claire Ogley, East of England Healthwatch Implementation Lead  
 Claire Ogley is aligned to the Local Government Association's support programme for Healthwatch implementation, and reports into the LGA on the progress and support needs of the East of England Local Authority leads for Healthwatch.*

**Joint-commissioning for complaints advocacy:** Discussions have begun among a number of local authorities in the Eastern region on the possible joint-commissioning of NHS complaints advocacy as an interim solution. The ICAS contract is currently run by the DH but becomes the responsibility of LAs from April 2013 as part of the functions of Healthwatch, either directly or under a sub-contract arrangement. Claire and the LA Healthwatch leads interested in this proposal will meet over the summer to progress this.

**Local Healthwatch regulations:** Headlines have emerged about secondary legislation (Regulations) for Healthwatch, although they will not be published until October. On the issue around who LAs can contract with for Healthwatch, the DH plans not to issue any guidance about membership other than that it should comply with the principles of a social enterprise model, as LAs are aware. The exclusion on Enter and View for children's health and social care remains in place (i.e., Healthwatch is not expected to perform a lay inspection

role), although E&V may be used as a mechanism for engaging, listening and gathering intelligence

**Scrutiny and Healthwatch:** Suffolk and Central Bedfordshire Councils will be working with the Centre for Public Scrutiny on looking at the roles and interdependencies between Healthwatch and Scrutiny functions. There is currently a DH consultation under way on suggested amendments to the role of Scrutiny. The eight-week public consultation seeks views on the content of the planned regulations. The consultation does not outline a draft version of the new regulations, but asks for views and comments on what the content of those regulations should be. The on-line consultation can be found at <http://www.dh.gov.uk/health/2012/07/health-scrutiny/> and will run until 7th September 2012

### **LGA website and Knowledge Hub:**

A wealth of information, fact sheets, briefing packs, presentations and other useful documentation is available on the LGA's Healthwatch web page <http://www.local.gov.uk/health> Scroll down that page and you will see '*Healthwatch and community engagement*'.

Also, there is a Healthwatch area on the LGAs Knowledge Hub under the '*National Learning Network for Health and Well Being Boards*' for knowledge exchange for Local Authority Healthwatch leads and others. If you haven't signed up, follow the '*Knowledge Hub*' tab on the Home page of [www.local.gov.uk](http://www.local.gov.uk)

[Claire.ogley@enableeast.org.uk](mailto:Claire.ogley@enableeast.org.uk) Tel: 07533 025751

### **Primary Care Commissioning**

The NHS Commissioning Board Authority has recently published the single operating model for the commissioning of primary care services within the NHS.

The new system will come into effect from 1 April 2013. At this date, the NHS Commissioning Board will take on many of the current functions of PCTs with regard to the commissioning of primary care health services, as well as some nationally-based functions currently undertaken by the Department of Health.

[\*Securing excellence in commissioning primary care\*](#) describes the system by which the NHS Commissioning Board will use the £12.6bn the NHS spends on commissioning primary care to secure the best possible outcomes for patients. In time, through this new system, the NHSCB will also develop the future strategy for primary care.

The benefits the Board Authority hopes to achieve from this change are:

- Greater consistency and fairness in access and provision for patients, with an end to unjustifiable variations in services and a reduction in health inequalities
- Better health outcomes for patients as primary care clinicians are empowered to focus on delivering high quality, clinically-effective, evidence-based services
- Greater efficiencies in the delivery of primary care health services through the introduction of standardised frameworks and operating procedures.

It is a system change which will have an impact on patients, providers and their teams.

The document is based on three guiding principles:

- People should have access to continuously improving, high quality primary care provision regardless of where they live
- The commissioning system should be clinically led and professionally managed to balance the needs of local communities within a single operating system
- There should be consistency in the contractual relationship between providers and the NHS Commissioning Board as the commissioner.

Over the next few months, local area teams, which will be responsible for the delivery of the new system, will be appointed as will central and regional primary care commissioning teams. CCGs, commissioning support services and local authorities will start to assume their future roles and responsibilities. This document will provide a guide these teams and bodies as they establish and/or further develop their organisations

Below is the link for the document:

<http://www.commissioningboard.nhs.uk/2012/06/22/ssom-comm-pc/>

### **Public Health transition update**

Locally, public health teams continue to bed down in their new local authority homes, ahead of formal transfer of responsibilities, funding, staff and service contracts in April 2013. Local teams should currently be working with their PCT colleagues to map out the service contracts that will be transferring, to ensure that each makes its safely to its new home with no break in the service that members of the public receive. Preparations should also be starting for testing of new systems in the autumn, to ensure that the new arrangements work before they go live in April.

On the national side of things, Duncan Selbie has officially taken up post as the first Chief Executive of Public Health England - you may have seen his weekly newsletters already. Further information is also coming out about the detailed roles and structure for Public Health England. In the East of England we are seeing proposals for PHE Centres (the most local level of the organisation) covering Norfolk/Suffolk/Cambridgeshire & Essex, and Hertfordshire/Bedfordshire/Northamptonshire & Milton Keynes.

Duncan Selbie will be visiting the East of England as part of a national tour to discuss the vision for public health. He will be speaking at an event organised by the regional team in Cambridge on September 19th. There will also be a range of local speakers giving their perspectives on the new public health system and highlighting some of the new ideas they are pursuing in local areas. The regional team will be sending out invitations to local government, NHS, public health and clinical commissioning representatives shortly. In the meantime if you have any questions on this event please email [phevents@dh.gsi.gov.uk](mailto:phevents@dh.gsi.gov.uk)

For all other public health transition queries please contact [Laurie.rainger@dh.gsi.gov.uk](mailto:Laurie.rainger@dh.gsi.gov.uk)

The new Clinical Commissioning website address for NHS Midlands and East is:

[www.midlandsandeast.nhs.uk/clinicalcommissioning](http://www.midlandsandeast.nhs.uk/clinicalcommissioning)



## **News from Erpho: the Public Health Observatory for the East of England**

Details of all recent updates from erpho and the Public Health Observatories can be found in our full **June 2012 newsletter** which is available from the erpho website [here](#)

### **Fingertips update and improvements: also coverage extended to East and West Midlands**

The Adult Social Care section of [Fingertips](#) has been refreshed to reflect the Adult Social Care Outcomes Framework, and 40 indicators are now updated with 2010/11 data. Indicators have also been extended to cover the MESH region and now include East and West Midlands; you will see new drop-down menus allowing you to select the area of choice.

Also updated in this month's release:

- Breastfeeding (initiation and at 6-8 weeks)
- Smoking in pregnancy
- Coverage of NHS Health Checks
- Antenatal booking
- Young people receiving their first reprimand, warning or conviction
- Fuel poverty
- Hospital stays for alcohol-related harm
- Place of death

For more information about using Fingertips, take the video tour linked from the [front page](#) and watch the other videos in our new series, explaining significance, spine charts and funnel plots. Sign up to follow Fingertips on [Twitter](#) @ErphoFingertips to hear about the next data updates and other upgrades.

### **Health Profiles**

[Health Profiles](#) is the Department of Health's programme to improve availability and accessibility for health and health-related information in England. The profiles give a snapshot overview of health for each local authority in England. They are produced annually by the Public Health Observatories in England working in partnership and are commissioned by the Department of Health. Designed to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities, the profiles present a set of important health indicators that show how the area compares to the national and regional average.

### **Training, development, workshops and seminars**

#### **Have you seen the erpho training videos yet?**

There are five so far:

You can watch them all at our [YouTube channel](#) or, if you cannot access YouTube, run them from the media player on our [video webpage](#).

- Introducing erpho
- Introducing the Fingertips tool
- Understanding significance in the Fingertips tool
- Understanding funnel plots
- Understanding spine charts

Remember that videos are just one part of erpho's training resources; visit our [Training and development](#) page for details about taught courses and more.

### **Keeping in touch**

To keep up to date with all Erpho outputs and products go to the [Erpho website](#)

## **Follow erpho on Twitter**

@ErphoPHO for news and product information

@ErphoFingertips for specific alerts on indicator updates

## **For information and queries**

Email: [communications@erpho.org.uk](mailto:communications@erpho.org.uk)

## **The role of the DH Deputy Director**

Rachel Holynska started working as DH Deputy Director across Midlands and East in April 2012. Rachel works in the DH Social Care, Local Government & Partnerships Directorate, which is responsible for DH policy relating to local government. There are four regional Deputy Directors, aligning with the four regions of the NHS Commissioning Board and Public Health England. Their role is to:

- Work with strategic leaders in local government and its partners to promote whole system reform. e.g. development of Health & Wellbeing Boards and Local HealthWatch
- Work with ADASS branches and wider social care sector on the reform of the social care system. e.g. personalisation; workforce; health and care integration

Deputy Directors support two way dialogue with local government on the reforms and provide a ministerial line of sight to support particularly the Minister for Care Services in terms of ministerial accountability and policy development.

## **Embedding Ambassadors in Community Health – The EACH Project Update**

The EACH Project reached a significant milestone at the end of June – its first ‘birthday’. The project began on 1<sup>st</sup> July last year, with an extensive scoping exercise. We talked to a wide range of NHS organisations and voluntary sector groups working with migrant communities about their needs and their experiences of either providing or accessing healthcare.

This in-depth scoping exercise enabled us to recruit both an excellent range of community organisations to develop and deliver our free, interactive workshops on cultural awareness, and extremely proficient interpreting agencies to provide our interpreting workshops.

In common with many under-one-year-olds:

- We’ve *grown* – we not only met our EU funder’s target of 210 workshop delegates across the region; we exceeded it, finishing year 1 with around 400 delegates
- We’ve *explored* – some of our NHS partners have started to request their own ‘tailor-made’ workshops. For example, we have recently delivered workshops for mixed staff groups at Addenbrooke’s Hospital and for the School Nursing Service in Luton, whilst maintaining our existing rolling programme
- We’ve *adjusted* – as the NHS changes and adapts, with the development of CCGs and location of Public Health within Local Authorities, the EACH Project has tried to keep pace with these changes, keeping our contacts updated and maintaining working links with as many NHS partners as possible, to maintain the project’s profile

So we hope that this coming year will be a ‘Terrific Two’.

For example, we put out an invitation to tender in our fortnightly Strategic Migration Partnership newsflash on 11<sup>th</sup> June to attract any additional local BME groups who may like to work with us to provide EACH workshops in future, whilst retaining the existing sixteen Black & Minority Ethnic Community Organisations and Interpreting Agencies we have worked with in year 1.

We have plans to continue to expand the project by bringing the workshops into more NHS 'workplaces'; whether that might be a community healthcare or mental health team; a group of hospital staff or a GP team meeting for example.

We will also be having more discussions with the CCGs as they continue to evolve, about their development and training needs in the area of equality and diversity, to see how we can work together.

And we will be introducing a series of 'Open Dialogue Workshops', bringing together groups of local women who have recently-arrived in the UK to discuss with NHS staff how the services appear to them, and to share thoughts on cultural sensitivity.

To find out more about the EACH Project, please visit our website:

<http://www.eelga.gov.uk/campaigns-and-projects/strategic-migration-partnership/each-project.aspx>

You can also contact the Project Team: Sue Hay – EACH Project Worker with the East of England Local Government Association, Strategic Migration Partnership

(m) 07920-257964 (e) sue.hay@eelga.gov.uk

### **Links to recent Publications**

#### **NHS Commissioning Board**

##### **Clinical commissioning group (CCG) authorisation: draft guide for applicants**

This document is designed to help emerging CCGs develop clear plans to progress through the authorisation process and become an authorised CCG. It provides a detailed description of the criteria, thresholds and evidence for authorisation and sets out the three phases of authorisation: pre-application, application and Board Authority-led assessment. It then sets out the timetable for applications in four waves and outlines the possible outcomes: fully authorised; authorised with conditions; and established but not authorised (a shadow CCG).

- [Guide](#)

#### **NHS Commissioning Board - resources**

#### **Local Government Association (LGA)**

##### **LGA - publications**

**Making this Network Bulletin work for you**

- What would be useful for you, especially in relation to joint commissioning and partnership?
- Would you be willing to share local developments – successes & frustrations?

Comments on this Bulletin	
Requests for the next Bulletin	
Offers of contributions for the next Bulletin	

\* Please Email David Jones at [davronjones@yahoo.co.uk](mailto:davronjones@yahoo.co.uk)

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