

Report to:	HEALTH SCRUTINY COMMITTEE
Item number	5
Relevant Officers:	Steve Sienkiewicz, Scrutiny Manager.
Date of Meeting	12 th June 2014

BLACKPOOL CLINICAL COMMISSIONING GROUP

1.0 Purpose of the report:

1.1 The Committee to consider an update report from Blackpool Clinical Commissioning Group.

2.0 Recommendation(s):

2.1 To scrutinise the report, asking questions and making recommendations that are considered appropriate.

3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None.

4.0 Council Priority:

4.1 Improve health and well-being especially for the most disadvantaged.

5.0 Background Information

5.1 Assurance Update

5.1.1 The Clinical Commissioning Group (CCG) has met with the Lancashire Area Team for NHS England, on a quarterly basis and they report back to the CCG which is then, in turn, reported back to the Governing Body on the CCG's progress and assurances. The CCG uses the NHS England Assurance Framework to provide assurance to the Area Team. This covers all of the areas that the CCG is responsible for. The CCG recently underwent a year end assurance review with the Area Team.

5.1.2 The current position is that the CCG has been able to provide the Area Team with assurance of achievement in all areas of its business. The CCG Assurance Framework is based on six domains – or areas of scrutiny. These are:

Domain 1: Are patients receiving clinically commissioned, high quality services? Here the expectation is that the CCG consistently demonstrates a strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangements to commission safe, high quality and compassionate care for patients.

Domain 2: Are patients and the public actively engaged and involved? The CCG needs to demonstrate active and meaningful engagement with patients, carers and their communities which is embedded in the way that the CCG works.

Domain 3: Are CCG plans delivering better outcomes for patients? For this domain, the CCG provides assurance that it is delivering improved outcomes within financial resources, supported by clear and credible plans which are in line with national requirements (including excellent outcomes), and local Joint Health and Wellbeing Strategies.

Domain 4: Does the CCG have robust governance arrangements? The CCG can provide assurance that it has effective and appropriate constitutional, corporate, clinical and information governance arrangements in place, with the capacity and capability to deliver all its duties and responsibilities, including financial control, as well as effectively commission all the services for which it is responsible.

Domain 5: Are CCGs working in partnership with others? For this domain, the CCG can provide assurance that it has strong collaborative arrangements in place for commissioning with other CCGs, local authorities and NHS England, as well as appropriate external commissioning support services and wider stakeholders including regulators.

Domain 6: Does the CCG have strong and robust leadership? Here, the CCG demonstrates that it has in place great leaders who individually and collectively make

a real difference locally.

5.2 **Annual Report**

5.2.1 The CCG has drafted its first Annual Report. The timetable for production is very tight. The draft Annual Report was submitted to NHS England for review and Auditor scrutiny on the 23rd April. Fully audited and signed off accounts will need to be submitted to NHS England by the 6th June. A further paper copy of the annual report and accounts will be sent to NHS England by the 13th June. The final version of the Annual Report and Accounts is expected to be published on the CCG website by the 13th June, with the expectation that the CCG will hold an AGM where the Annual Report and Accounts will be presented on the 9th September.

5.3 **Altogether Now – Blackpool Community Sports Awards**

5.3.1 Blackpool's finest sports stars, coaches, clubs and volunteers were honoured for their achievements at the 2014 Altogether Now – a Legacy for Blackpool Community Sports Awards event which took place on the 3rd April. The event was a success, with hundreds of residents attending the ceremony at Bloomfield Road where local sports stars from various community clubs and the professional world of sport were honoured. Those in attendance heard inspirational stories about the commitment and achievement of all the nominations.

5.3.2 The full list of winners is:

- Coach of the Year: Sam Owen, Blackpool Cricket Club
- Disability Sports Award: Isaac Towers, Wheelchair Athlete
- Community Club of the Year: Blackpool Stanley Rugby League
- Team of the Year (Ted Schools Award): Blackpool Cricket Club Under 17s
- Young Volunteer of the Year (age 14-24): Ashleigh Reid, Blackpool Aquatics Amateur Swimming Club
- Adult Volunteer of the Year: Susan Marshall, Blackpool Aquatics Amateur Swimming Club
- Young Achiever of the Year (age 14-24): Fiona Hockey, pole vault, Blackpool, Wyre and Fylde Athletics Club
- Lifetime Achievement:
- Garry Whittle, Blackpool Aquatics Amateur Swimming Club
- Graham Pitman, Blackpool Stanley Rugby League
- Mark Coltman, Bispham Junior Football Federation
- Wilkinson Sword: Brian Rose, professional boxer.

5.3.3 Altogether Now – a Legacy for Blackpool is a partnership between the NHS in Blackpool (Clinical Commissioning Group and Hospitals Trust), Blackpool Council and Blackpool Football Club. The all-inclusive programme is aimed at improving the

health and wellbeing of people in Blackpool, irrespective of age, gender, race or ability through increased physical activity, lifestyle changes and an awareness of the role mental health health and wellbeing play in overall health.

5.4 Better Care Fund Update

5.4.1 As part of the Government's June 2013 Spending Review, the £3.8bn Better Care Fund (BCF) was announced. The fund is a "single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". Health and Wellbeing Boards have a vital role to play in the implementation of the Better Care Fund (BCF) locally and are responsible for signing off the plans developed by the local authority and Clinical Commissioning Groups. In doing so Boards must be assured plans are appropriate to local needs and address specific national requirements before being taken forward for ministerial sign off.

5.4.2 At the time of writing this update, NHS England published a holding statement regarding the submission of BCF (final) plans in April. Whilst it acknowledged that plans had improved considerably since the draft submissions in February, it noted some areas still need further clarification and information before plans can proceed for ministerial sign off. A single statement covering the latest position, timescales and additional guidance is expected shortly.

5.4.3 Background Information

5.4.4 Taking forward the preparatory work led by the local Strategic Commissioning Group, the Better Care Fund Programme Board established in February 2014 is a multi-organisational group responsible for the co-ordination of the locality plan for Blackpool and the design and implementation of all aspects of the Better Care Fund model described in the plan.

5.4.5 The Programme Board have been working hard over the past three months to:

- Work up the (final) locality plan for Blackpool, applying feedback from NHS England and national partners on the draft submission. The final plan was submitted to NHS England in April 2014.
- Develop its governance and accountability arrangements (as set out in the PID attached under appendices)
- Initiate the Better Care Fund 'Programme'. This has involved the creation of five workstreams (Design, Delivery & Estates, IT, Finance, HR & Workforce and Communications). Supported by Task and Finish groups, workstreams are responsible for constructing the Better Care Fund model to ensure it will be ready to be implemented in 2015/16 and will report at regular intervals to the Programme Board on progress.
- Secure interim programme management support from Lancashire CSU to

support the set up of the aforementioned workstreams.

- Integrate and align the Better Care Fund plan with the Out of Hospital Strategy and Fylde Coast 5 Year Strategic Plan.
- Source best practice and key learning from Better Care Fund pioneer sites across the Country to inform the development of the model for Blackpool (which is an ongoing area of work)

5.5 Witnesses/representatives

5.5.1 The following persons have been invited to attend the meeting and report on this agenda item:

- Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
- Dr Mark Johnson, Blackpool Clinical Commissioning Group

Does the information submitted include any exempt information?

No

List of Appendices:

None.

6.0 Legal considerations:

6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 N/A

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13.1 None.