

Short summary as to how the report links to the CCG's strategic objectives

Delivery of the CCGs strategic objectives will be monitored through NHS England. The report sets out the internal methodology to be adopted by the CCG in response to the proposed Assurance Framework.

Short summary as to how the report adds assurance to the Assurance Framework

The alignment of the requirements of NHSE's Assurance Framework into the CCG's existing performance management framework will add positive assurance across key elements of the CCG's own assurance framework.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance

No additional risks identified.

HR

No additional risks identified.

Quality

No additional risks identified.

Safety

No additional risks identified.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

The Patient Relations Team has daily contact with patients and other relevant parties as an integral part of their duties. The experiences from this engagement has informed the development of this policy.

Further insight work will be undertaken as part of the detailed performance reporting framework set out in Appendix 2 of the policy.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

No adverse legal issues identified.

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Group if this is not appended to the report).*

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THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

The proposals support delivery of Principle 3 of the NHS Constitution: The NHS aspires to the highest standards of excellence and professionalism.

National CCG Assurance Framework

1 INTRODUCTION

NHS England (NHSE) published its proposed 2013/14 Assurance Framework for CCGs at the beginning of May 2013. This paper sets out the key elements of the framework and the proposed CCG approach as to how these will be addressed.

2 BACKGROUND

It is a statutory requirement that NHSE publish an Assurance Framework for CCGs. The current proposals set out the interim arrangements for the 6 months to September 2013. Final proposals will be issued by NHSE in the autumn following a further process of wider engagement and discussion. This will be led nationally by a CCG leader and an Area Team director.

3 INFORMATION

The NHSE Assurance Framework is designed to provide assurance as to how well CCGs are performing against their plans to improve services and deliver better outcomes for their patients. In addition, it also provides an opportunity to identify the assistance and support NHSE may provide to individual CCGs as co-commissioners to secure quality and transform services.

The assurance process has three elements; a delivery element which is performance focused on a quarterly basis and a capability and support element assessed on an annual basis. The interim arrangements adopt a “balance scorecard” approach designed around 5 domains of performance, as follows:

- Are local people getting good quality care?
- Are patient rights under the NHS Constitution being promoted?
- Are health outcomes improving for local people?
- Are CCGs commissioning services within their financial allocations?
- Are conditions of CCG authorisation being addressed and removed?

The last domain does not apply to NHS Hull CCG as it was approved without any conditions.

There are scheduled quarterly “checkpoints” of assessment within the interim arrangements by the Area Team (AT) of NHSE at the end of Quarters 1 and 2 (June and September 2013). The CCG has undertaken an initial review to confirm the alignment of the performance measures within the interim assurance framework to what is reported in the revised Business Intelligence Report which is routinely received by the CCG Board and the Quality & Performance Committee. Further work will be undertaken over the coming weeks to reaffirm this position.

In addition, the CCG continues to work closely with the AT in preparation for the assessments. A member of the AT has been invited to attend the Quality & Performance Committee on an ongoing basis in order to assist in the pro-active gathering of assurances and populating the scorecard.

The results of the first two quarters checkpoint assessment between the CCG and the AT will be received by the CCG Board and subsequently published.

The final assurance guidance is expected to be published in the autumn. It is anticipated that this will more closely reflect the developmental methodology adopted for the authorisation process and have a wider focus around the three domains of delivery, capability and support.

Preliminary internal consideration and discussion with the AT had commenced with regard to the methodology to be adopted for the full assessment which will take place at the year-end of 2013/14. Further work will be undertaken, including with the CCG Board, during the summer and autumn to develop the CCG approach.

4. RECOMMENDATIONS

It is recommended that the CCG Board:

1. Consider and note the contents of the report and the interim national CCG Assurance Framework.
2. Note the work undertaken proposed methodology to be adopted by the CCG for the checkpoint assessments with the Area Team of NHS England.