

The CCG
Assurance
Framework:
2014/15
Operational
Guidance



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The CCG Assurance Framework: 2014/15 Operational Guidance

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Contents

Introduction and context	5
Purpose of document.....	5
Co-production	5
Lessons learned from 2013/14.....	5
Strategic and operational issues	6
Delivering an Effective Assurance Culture	6
Assurance domains	7
Domain 1: Are patients receiving clinically commissioned, high quality services? ..	7
Domain 2: Are patients and the public actively engaged and involved?	8
Domain 3: Are CCG plans delivering better outcomes for patients?	8
Domain 4: Does the CCG have robust governance arrangements?	8
Domain 5: Are CCGs working in partnership with others?	9
Domain 6: Does the CCG have strong and robust leadership?	9
Cross-cutting themes	10
Assurance cycle overview	12
Introducing flexibility to the frequency of meetings.....	12
Involvement of independent members in the assurance process	12
Mutual assurance and accountability	13
Process steps	13
Quarterly assurance.....	13
Annual assurance	13
Publication of assurance outputs	13
Inputs to the process: evidence	13
Outputs of the process: assurance categories	14
Headline assessment.....	14
Domain assessments.....	14
Contrasting ‘assured’ and ‘assured with support’	15
Intervention	16
Development.....	18
Annex 1 – Process steps and milestones for CCG assurance	20
Annex 2 – Example summary report of quarterly assurance review	21
Annex 3 – Agreed principles regarding behaviours and interactions of NHS England and CCGs	26
Annex 4 – Support and intervention	27

Introduction and context

Equality statement

1. Equality and diversity are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

Purpose of document

2. This document is designed to take the principles and behaviours described in the *CCG Assurance Framework*¹ and translate these in the context of *Everyone Counts: Planning for Patients 2014/15 to 2018/19*² into operational guidance for CCGs and NHS England to use in 2014/15 assurance conversations.
3. This guidance does not restate the content of the *CCG Assurance Framework* or *Everyone Counts: Planning for Patients 2014/15 to 2018/19* but should be read in conjunction with these documents.

Co-production

4. NHS England is pleased that the CCG assurance process has been recognised by NHS Clinical Commissioners, the independent representative body of CCGs, as an example of area teams and CCGs committing to a process of continuous improvement. NHS England will ensure that the positive relationships established with partners to date, including the NHS Commissioning Assembly, are further developed during 2014/15.

Lessons learned from 2013/14

5. The 2013/14 operational guidance has been refreshed to not only take account of updated national priorities, but also to reflect the experiences of CCGs and area teams from the first year of undertaking the CCG assurance process. In summary, the key changes to the guidance can be described as:
 - Updated content on CCG development, the delivering an effective assurance programme and culture and behaviours between NHS England and CCGs;
 - Amended domain descriptions to help set out what successful delivery would look like under each domain for CCGs to use as a guide for success and for area teams to use as an aid to assurance judgements;

¹ www.england.nhs.uk/wp-content/uploads/2013/11/ccg-ass-frmwrk.pdf

² www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

- Expanded requirements for assurance to cover the cross-cutting themes of parity of esteem, inequalities and better care;
- A revised delivery dashboard which is more contemporary and removes the rules associated with the previous balanced scorecard under the interim framework;
- Additional guidance to further clarify the distinction between judgements of 'assured' and 'assured with support';
- New guidelines enacting the proposal to allow assurance meetings to take place less frequently where a CCG has continued to demonstrate strong delivery across the assurance framework; and
- Revised timelines to allow more time for assurance conversations to take place.

Strategic and operational issues

6. For the first time, CCGs have been asked to set out strategic plans covering a five-year period, with the first two years at an operating plan level. While the CCG assurance process will primarily focus on operational plans, area teams will work with CCGs, providers, health and wellbeing boards and local authorities to ensure that strategic plans are robust. Regional teams will have overall responsibility for the assurance of these strategic plans through existing processes.
7. In addition to reviewing compliance with a CCG's statutory duties, the assurance process will be one of the mechanisms employed to assess performance against a CCG's delegated duties, such as the commissioning and monitoring of out of hours services and GP information technology. As announced on 1 May 2014³, a CCG's delegated duties may be extended during 2014/15 to include enhanced powers and responsibilities to co-commission primary care.

Delivering an Effective Assurance Culture

8. As CCGs continue to develop and mature at different paces, with different challenges and needs, staff in assurance roles will need to use a range of techniques and styles to get the best out of organisations and hold effective assurance conversations. In order to do this, the 'Developing an Effective Assurance Culture' programme has been developed. Using a blended solution of e-learning and face-to-face development time, attendees will benefit from greater confidence, insight and a flexible range of tools and techniques to effectively handle a variety of assurance scenarios.

³ www.england.nhs.uk/2014/05/01/power-improve-pc/

9. The programme will be rolled out in Autumn 2014 for all area and regional teams who hold assurance conversations. The programme could be extended in future to all parts of NHS England and to any CCGs who are interested, subject to further development work.

Assurance domains

10. The six assurance framework domains reflect the key elements of an effective clinical commissioner. The assurance domains are described below in order to demonstrate what an effective CCG may look like. The descriptions are not intended as an exhaustive list, nor are they intended for use as a checklist for each assurance meeting. Rather these are the key elements of effective practice which would demonstrate delivery against the requirements of the planning framework. The *Framework of Excellence in Clinical Commissioning: For CCGs*⁴ sets out in more detail the elements of effective practice in each of these six domains.
11. Both CCGs and area teams should use the descriptions as a guide to inform ongoing judgements about CCG competence. Where evidence suggests that a CCG is not meeting the required levels of competence, they should be considered for discussion through the assurance process, with a focus on the role of NHS England in supporting CCGs to make the required improvements.

Domain 1: Are patients receiving clinically commissioned, high quality services?

12. In continuing to demonstrate delivery against this assurance domain, a CCG will:
 - Co-design a clear vision and priorities including aims for improving quality, agreed and shaped by member practices, which will be reflected in their operational and strategic plans;
 - Ensure there is strong clinical input into the design and monitoring of contracts with providers, stipulating the desired standards of quality and outcomes that the CCG wants to achieve;
 - Ensure that local contracts include action plans to deliver a set of clinical standards for urgent and emergency care that patients should be able to expect seven days a week, including the transformation of urgent and emergency care services;
 - Ensure it is an active participant in Quality Surveillance Group meetings with appropriate attendance;
 - Underpin delivery through robust constitution and governance arrangements;
 - Conduct stakeholder surveys in order to canvas views of member practices and other key partners such as the Health and Wellbeing Board and local Healthwatch;
 - Work in partnership with providers to improve nursing, midwifery and care staffing for the benefit of patients; and

⁴ www.england.nhs.uk/wp-content/uploads/2013/11/frmwrk-exc-cc1.pdf

- Work proactively with providers and other partners to address issues and protect patients where problems are identified, including responding to CQC inspection reports and ratings, reports from other reviews and agencies and being active participants in risk summits where they are called.

Domain 2: Are patients and the public actively engaged and involved?

13. In continuing to demonstrate delivery against this assurance domain, a CCG will:

- Know their community and understand their needs;
- Co-develop a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, and participate in their ongoing refresh, ensuring alignment with the CCG's integrated plan and commissioning intentions;
- Have transparent arrangements in place to feed patient and public insights into CCG decision making, including evidence from local Healthwatch, patient feedback, complaints and concerns;
- Commission person-centred care which promotes support for self-management, shared decision making and personalised care planning, including offering personal health budgets to all patients who may benefit; and
- Use information technology as an enabler to delivering patient and public engagement activity.

Domain 3: Are CCG plans delivering better outcomes for patients?

14. In continuing to demonstrate delivery against this assurance domain, a CCG will:

- Develop defined plans and ambitions for improvement based on a detailed understanding of where there are opportunities for the greatest improvement in outcomes and seek interventions to address these;
- Use data available to measure its baseline position against outcome indicators, benchmark itself against other local and like CCGs, measure improvement rates over time and use the output to inform future plans;
- Develop clear and credible operational and strategic plans which are focussed on delivering high quality for patients and maximising efficiencies, underpinned by strong local clinical and public engagement; and
- Ensure contracts with main providers are agreed and signed off each year, including systems in place to track performance against contracts.

Domain 4: Does the CCG have robust governance arrangements?

15. In continuing to demonstrate delivery against this assurance domain, a CCG will:

- Have well-developed governance arrangements, including a robust constitution that meets the requirement of legislation and standard financial management arrangements;

- Have effective systems in place to make good value for money decisions about the use of its running costs, minimising costs to the commissioning system overall;
- Maintain a robust risk management framework covering clinical, financial, performance and corporate risk, including business continuity and emergency preparedness, resilience and response (EPRR);
- Have effective systems in place, working with other commissioners, to secure excellent affordable commissioning support services;
- Have effective systems and processes for monitoring and acting on information about quality including patient feedback, so that the CCG is able to identify early warnings of a failing service;
- Have arrangements in place to deal with and learn from serious incidents and never events;
- Identify health inequalities issues and addresses them through the Joint Strategic Needs Assessment and an integrated plan;
- Have established appropriate systems for safeguarding;
- Focus its commissioning plans on securing improvements in quality and outcomes;
- Ensure there is a focus on quality at governing body level, with frequent reports to the governing body and discussions focussed on improvement in quality and outcomes; and
- Safely discharge those statutory functions delegated by NHS England, such as the commissioning and monitoring of out of hours services, and GP IT.

Domain 5: Are CCGs working in partnership with others?

16. In continuing to demonstrate delivery against this assurance domain, a CCG will:

- Have robust governance arrangements and a constitution in place;
- Have collaboration arrangements in place with a range of NHS, local government, community and voluntary providers, with strong links with the Health and Wellbeing board, evidenced by the production of a Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy; and
- Have agreements in place on safeguarding arrangements.

Domain 6: Does the CCG have strong and robust leadership?

17. In continuing to demonstrate delivery against this assurance domain, a CCG will:

- Have a robust organisational development plan;
- Involve clinicians in service redesign and improvement;
- Select senior leaders with appropriate attributes and competencies; and
- Have a clear and robust plan in place for nurturing and developing future leadership talent and succession planning.

Cross-cutting themes

18. There are a number of issues highlighted in *Everyone Counts: Planning for Patients 2014/15 to 2018/19* which run through and across more than one assurance domain. Whilst these issues cannot be tracked through performance metrics they should nevertheless be an important part of any assurance conversation as they represent the core of what a successful CCG should be striving to achieve. The principle of challenge by exception will remain in place to avoid dictating assurance agendas centrally, however as a minimum area teams will be expected to include a brief narrative for each of these issues within their summary assurance reports.

Parity of esteem

19. In order to deliver parity of esteem between mental and physical health, it will be important that a CCG can demonstrate how it considers the whole needs of its patients and their families across the entire life course. A CCG will need to ensure that equivalent attention is given to the possibility of harm from a lack of mental health provision as there is from a lack of physical health provision. This will be evidenced by:

- Achievement of Mandate requirements including improved dementia diagnosis and IAPT access and recovery ambitions; and
- Mechanisms for commissioning jointly with partner agencies across a patient's whole life span.

20. True delivery of parity of esteem will require a shift in the way that the mental health needs of all patients and their families are identified and met including delivering patients' new legal rights to choice of healthcare professional led team and of provider^{5 6} and the requirements of the *Children and Families Act 2014*⁷.

21. These themes should be explored through assurance conversations, particularly where CCGs may require support to improve their approach to parity across all ages, including early intervention and prevention. CCGs and NHS England may wish to refer to indicators in the CCG Outcomes Indicator Set to help gain a rounded picture of local mental health outcomes. The National Parity of Esteem Programme will provide assistance to area teams and CCGs to support delivery in this key area.

⁵www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

⁶ www.gov.uk/government/publications/nhs-mandate-2014-to-2015

⁷ www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Focussing on equality, reducing inequality

22. Key statutory responsibilities for both CCGs and NHS England, as they exercise their functions, are to reduce health inequalities as set out in the *Health and Social Care Act 2012*⁸ and to promote equality as set out in the *Public Sector Equality Duty*⁹.
23. NHS England is working to develop a Commissioning to Reduce Health Inequalities Toolkit, as well as encouraging CCGs to use the Equality Delivery System, which will complement assurance conversations and allow for more detailed discussion of the CCG position relating to these issues.
24. As key components of the assurance conversation, a CCG will need to demonstrate the following across all assurance domains:
 - Comprehensive insight into their population's health needs and assets and be able to describe how, through their own commissioning and wider collaboration through health and wellbeing boards, they are meeting the inequality challenge for their population; and
 - A focus on the outcomes of the Equality Delivery System – including better patient access to services and wider choice, and better patient experience and outcomes.

Better care

25. The Better Care Fund (BCF) and *Transforming Primary Care*¹⁰ publication have been designed to support the vision for more proactive, personalised and integrated care. CCGs have a key role in ensuring this vision is realised. All CCGs have agreed joint BCF plans with their local authorities and health and wellbeing boards aimed at ensuring transformation in integrated health and social care. The BCF is a critical part of, and aligned to, CCG operational and strategic plans as well as local government planning. National indicators of BCF performance have been included in the delivery dashboard which will inform assurance conversations.
26. To foster joined-up working, CCGs will provide £250 million to commission additional services which will support GPs to improve quality of care for older people and those with complex needs. This will be measured by NHS England and CCGs through the Proactive Care Programme.
27. CCGs will need to demonstrate across the assurance domains:
 - A strong understanding of their population and be able to describe how, through their own commissioning and wider collaboration through

⁸ www.legislation.gov.uk/ukpga/2012/7/contents

⁹ www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/index.html

¹⁰ www.gov.uk/government/uploads/system/uploads/attachment_data/file/304139/Transforming_primary_care.pdf

health and wellbeing boards, they are ensuring that patients receive appropriately integrated care;

- A focus on expanding care in community settings, for example, as part of the Integrated Care Pioneers programme¹¹, through community budgets, work with the Public Service Transformation Network and ensuring better patient experience and outcomes; and
- A focus on how additionally-commissioned services are improving quality of care for older people and those with complex needs.

Assurance cycle overview

28. As a default, each annual assurance cycle will continue to consist of four quarterly meetings, to discuss progress against each of the assurance domains. The fourth meeting of the year will include an annual review, summative in nature with 'no surprises', including agreement of future development needs and support. The annual review meeting must take place in order for NHS England to meet its statutory responsibility to make an annual assessment of CCG delivery.

Introducing flexibility to the frequency of meetings

29. Ultimately, decisions about the frequency of formal assurance meetings will be a mutual decision between NHS England and the CCG. It is anticipated that a reduced frequency of meetings would be appropriate where a CCG has continued to demonstrate strong delivery across the assurance framework over a minimum six-month period. At a national level, the CCG assurance process will continue to be run on a quarterly basis to allow for frequent assessment of system risk.

30. Where the frequency of meetings is reduced, regular dialogue outside of the formal assurance process should continue and the need to increase the frequency of meetings should be reviewed if the positive performance picture is challenged by new evidence or insight.

31. For clarification purposes, the minimum legal requirement remains for at least one assurance meeting to take place each financial year.

Involvement of independent members in the assurance process

32. Independent members have played an important role in enhancing the transparency and robustness of assurance conversations to date. During 2014/15 CCGs and area teams should agree proposals to further develop independent member involvement in the assurance process. To support this work, NHS England will be publishing detailed guidance on the role of independent members in the CCG assurance process later in the year.

¹¹ www.england.nhs.uk/2013/11/01/interg-care-pioneers/

Mutual assurance and accountability

33. Mutual assurance provides confidence that CCGs and NHS England are working together to achieve improved outcomes by effective commissioning. This could be achieved through mutual assurance of the delivery of strategic and operational plans and commissioners are encouraged to develop ways of working that will meet this aspiration, whether as health commissioners or ultimately as commissioners across health and social care. Consideration should be given as to how health and wellbeing boards could be further developed to fulfil this assurance role.

Process steps

34. Annex 1 sets out the four steps of the assurance process.

Quarterly assurance

35. An assurance report will be shared with the CCG in draft format following the assurance conversation. The report will summarise examples of good practice and also agreement of the issues requiring further attention. A sample report is shown in annex 2.

Annual assurance

36. An annual letter from NHS England to the CCG governing body will be produced which summarises the annual assessment against each of the assurance domains and any areas of support or development that have been identified. This letter may be supported by annexes, including key evidence which was used to make the assurance judgements.

Publication of assurance outputs

37. NHS England expects that CCGs would wish to discuss and/or publish the outputs of assurance in a public forum for the purposes of transparency.

38. To meet statutory requirements, NHS England will publish the summary results of the annual assessment.

Inputs to the process: evidence

39. This section provides details of how two of the suggested sources of evidence from the *CCG Assurance Framework* have been further developed for 2014/15.

360 degree survey

40. NHS England intends to continue developing the national 360 degree survey on an annual basis, working to refine content over time and expanding the

scope to reflect the perspectives of both CCGs and NHS England as a direct commissioner. The overarching principles of the survey are that it will provide:

- Broad comparisons of the relative maturity of the relationships forged by CCGs in England;
- Assurance of continuing organisational development within CCGs across England;
- Triangulation of evidence of stakeholder and partnership working across the local health economy through the quarterly assurance process; and
- Value to both NHS England and CCGs as a national insight tool.

Delivery dashboard

41. The delivery dashboard has been further refined for 2014/15 and provides a consistent set of national data to inform assurance conversations. This is to ensure that each CCG is assured on an equal basis but recognises that additional local information needs to be used in context to inform the final assurance judgement.
42. Further details of the delivery dashboard can be found in the technical appendix which has been published alongside this operational guidance.

Outputs of the process: assurance categories

Headline assessment

43. Every quarter, usually following assurance conversations, area teams will make a headline judgement about whether a CCG is 'assured' or 'not assured' on the basis of assurance discussions.
44. This headline assessment will be driven by the individual assurance domain assessments. Where NHS England is assured that a CCG can continue to deliver, with or without support, across all six of the individual domains, the headline assessment will be 'assured'.
45. Any proposed intervention under any single assurance domain would result in a headline assessment of 'not assured' and this would lead to formal statutory powers being exercised.

Domain assessments

46. In addition, a summary assessment will be made under each assurance domain on the basis of the assurance conversation and any additional information presented. These judgements will be based on the level of risk associated with the CCG's current plans and progress, and wherever possible, will be a joint decision made with the CCG.

47. There are three categories that can be applied to each assurance domain at the end of the assurance conversation:

- Assured;
- Assured with support; or
- Not assured, intervention required.

48. The judgement of the assurance category can be based on a number of interrelated factors for example:

- The level of risk associated with each CCG;
- The approach taken by the CCG in managing their current and future positions; and
- The risk within the wider environment in which the CCG is operating.

49. Where CCGs have not been able to provide assurance based on the conversation or any additional information provided, support should be agreed, alongside clear improvement objectives, which is documented and subject to further monitoring and discussion.

Contrasting ‘assured’ and ‘assured with support’

50. Where the CCG can demonstrate that it is continuing to perform and develop well across the domain, the judgement should be that the domain is ‘assured’. This includes CCGs that are performing well, or have some identified challenges but are proactively managing them.

51. Where the CCG has performance or other concerns which can be mitigated by a package of support agreed with NHS England, the judgement should be that the domain is ‘assured with support’.

52. The difference between the two categories can be defined by the level of risk associated with the CCG’s current performance – if this risk is being actively managed within the CCG, this will give assurance to NHS England. If a risk is not being managed appropriately, this will require additional support and will move the CCG to the ‘assured with support’ category. An example and case study are provided in annex 4 to demonstrate the categorisation of CCG assurance.

Assured with support

53. The support package agreed can include a range of inputs from providing information and advice to providing additional expertise and capacity to resolve performance or other concerns. It can be provided by NHS England itself, or through external sources as agreed between the CCG and NHS England. **A judgement of ‘assured with support’ is not an indication that the CCG is failing, and should not be viewed as such.** Through agreed support, the collective efforts of local partners can be mobilised. Support conversations should drive creative and innovative responses and should

include a much greater focus on the identification of peer support and shared learning in addition to more established approaches.

54. Where the process has identified the need for support for a CCG, this should be agreed between the CCG and the area team. The agreement should include a clear rationale and justification for the judgement that support is required and should specify an agreed, time-limited package of measures, outlining who will be providing the support and how this will be resourced. The agreement should include clear indicators of success so that both parties can agree under what circumstances the CCG can return to an 'assured' status. There should be a transparent audit trail of the relevant communications and clear evidence that the support packages have been agreed by both parties.

Intervention

55. In rare circumstances, the assurance process will identify concerns where CCGs cannot provide evidence that they are capable of mitigating the risks they face, or may have demonstrated over time that agreed support is not sufficient to deliver agreed improvement.
56. Where these serious concerns arise, NHS England has the ability to exercise formal powers of intervention where it is satisfied that a CCG is (a) failing or (b) is at risk of failing to discharge its functions, supported by legislation. In these limited circumstances, the judgement should be that the domain is 'not assured, intervention required' and formal intervention action would be proposed, as laid out in the legislation in section 14Z21 of the *NHS Act 2006 (as amended)*¹². Since intervention is the element of the assurance framework which most affects CCG autonomy, careful consideration is required before this course of action is implemented. Any proposed intervention should be appropriate to the risk identified.
57. A further case study is provided in annex 4 to demonstrate the difference between the 'assured with support' and 'intervention' categories.

Behaviours through intervention

58. Intervention represents a significant step for both NHS England and the CCG. It is therefore important that this step is only taken after careful consideration and only when other options have been considered and/or exhausted. It will be important that in these exceptional circumstances, the behaviours of NHS England are appropriate and considered. In collaboration with NHS Clinical Commissioners, it has been agreed that the principles outlined in annex 3 will govern the behaviours and interactions of NHS England and CCGs. Upholding these agreed ways of working will be of particular importance during more difficult or sensitive circumstances.

¹² www.legislation.gov.uk/ukpga/2006/41/contents

59. When considering the use of intervention powers, a number of steps need to have been taken in order to establish whether the use of such powers is proportionate and appropriate. The process steps are outlined below.

<p>1 – Assurance meeting</p>	<p>The assurance meeting is the opportunity to use national and local insight to drive a discussion about areas of concern. This is the first formal opportunity to raise concerns. It is expected that in line with the principle of ‘no surprises’, issues will have been raised through ongoing relationships.</p>
<p>2 – Formal letter and request for information</p>	<p>Using powers under sections 14Z18 and 14Z19 of the <i>NHS Act 2006 (as amended)</i>, the area team should formally write to the CCG requesting further information or assurance following the assurance conversation.</p>
<p>3 – Consideration of support options</p>	<p>If the formal request for information does not provide sufficient assurance about the CCG’s ability to deliver the required improvement, consideration should be given as to whether the CCG should either request or be given support by regional or national teams.</p>
<p>4 – Consideration of intervention options</p>	<p>If it is found that the concern is so deep set or serious that only intervention is appropriate, then the implications of doing so should be considered carefully. The principle must be that the implication of the intervention action for patients is at the very least no worse than the status quo of not intervening.</p>

<p>5 – Regional and national consistency</p>	<p>Because intervention is being discharged on behalf of the Board of NHS England, it is important to ensure that peer review is sought through the assurance consistency process to ensure that the rationale for intervention is robust.</p>
<p>6 – Summary report and directions drafted for committee approval</p>	<p>Finally, the relevant evidence and legal wording needs to be submitted to NHS England’s Assurance and Development Committee for consideration. Once approved the documentation, including any directions, will be passed to the Chief Executive for signature.</p>

Development

60. NHS England is strongly committed to working collaboratively with CCGs and the wider commissioning system to pursue continuous improvement in clinical commissioning. In July 2013, NHS England published the *CCG Development Framework*¹³ in response to the views expressed by CCGs and external stakeholders about CCG development support needs. The Framework sets out the main identified requirements which were designed to stimulate the marketplace for CCG development to be focussed on the most important areas.

61. CCGs and NHS England will continue to work in partnership to take forward the CCG development agenda which is being steered by CCGs through the NHS Commissioning Assembly CCG Development working group.

62. The CCG development work programme has delivered:

- The online searchable Directory of Development Support Offers¹⁴, launched in February 2014, with over 400 support offers from a wide range of NHS, public, third and private sector organisations who sit on a procurement framework;
- An online Learning Environment¹⁵ to support CCGs in developing themselves, to capture best practice and spread and adopt what is most

¹³ www.england.nhs.uk/wp-content/uploads/2013/08/20130829-CCG-Development-Framework-final-v5.0.pdf

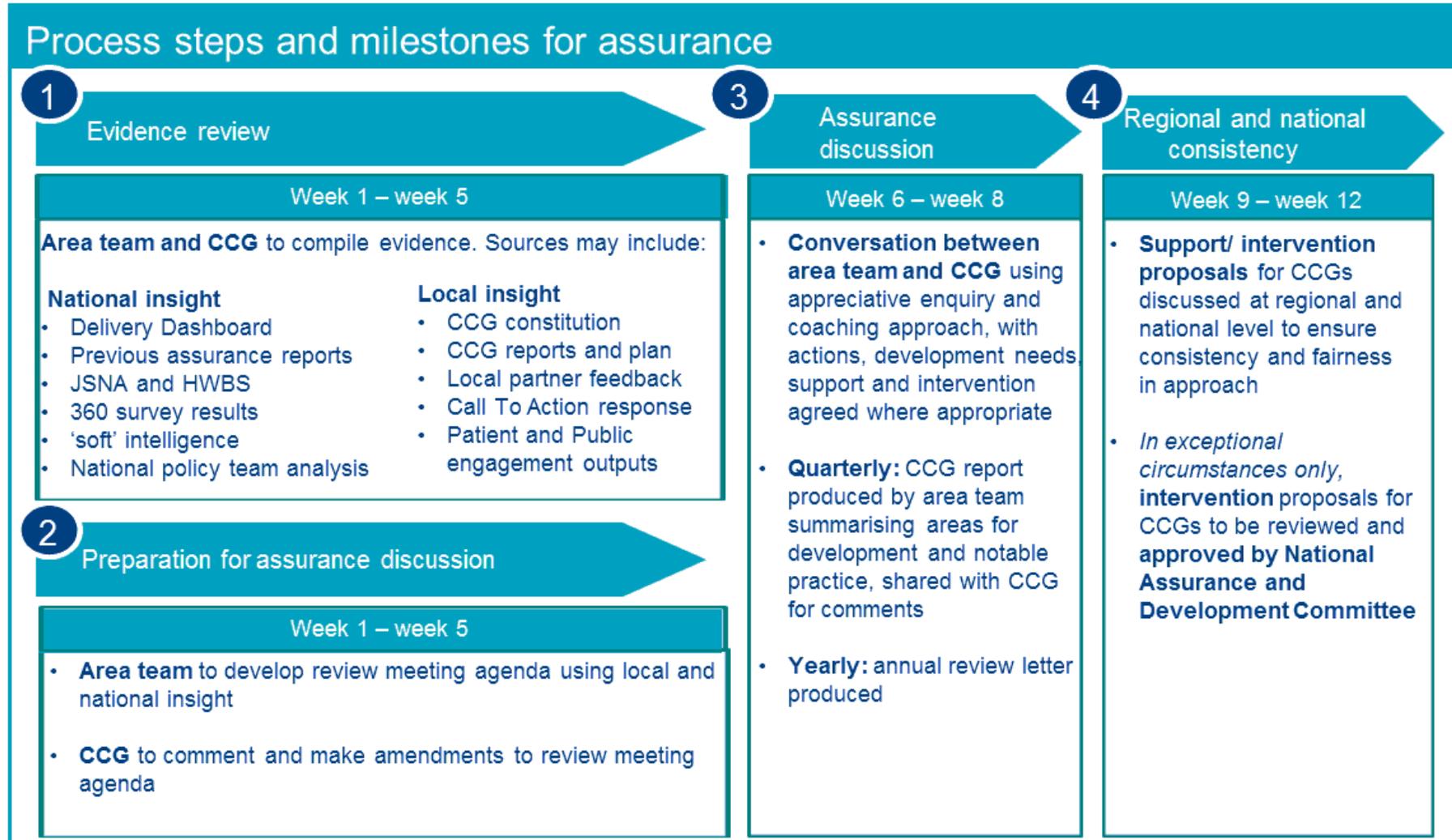
¹⁴ learnenv.england.nhs.uk/

¹⁵ learnenv.england.nhs.uk/

useful to CCGs that are at different stage of their development journey. The Learning Environment utilises social networking, group discussions and hosting of case studies to support:

- innovation and solution finding;
 - adoption and spread of good practice;
 - enhancing CCG effectiveness; and
 - peer to peer support.
- A programme of new help and support for commissioners where help has not previously been available, including:
 - The Commissioning for Value project which supports individual CCGs to identify real opportunities to improve outcomes and increase value for local populations. The localised information supports the strategic planning cycle and aids discussions about prioritising areas for change, utilising resources and improving healthcare quality, outcomes and efficiency; and
 - Improving the effectiveness of governing bodies. This project is supporting CCGs to develop effective governance arrangements, including a shared language to describe governance that is not associated with bureaucracy and 'red tape' and the development of a set of SMART statements to describe the outputs of good governance and the outcomes they achieve.

Annex 1 – Process steps and milestones for CCG assurance



Annex 2 – Example summary report of quarterly assurance review

Anyshire CCG assurance report

Focus	Assurance level	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Are patients receiving clinically commissioned, high quality services?	Assured	A strategic plan has been aligned with joint health and wellbeing strategies and has gained support of partners in engagement.	Need to increase involvement of members in design and delivery of service change.	
Are patients and the public actively engaged and involved?	Assured	Recent consultation on changes in service configuration in line with best practice.		
Are CCG plans delivering better outcomes for patients?	Assured with support	CCG is on track to deliver local priorities for improvements in outcomes in 2014/15.	62 days cancer waits – issues with capacity and succession planning in some specialties. A&E waits – Anyshire NHS FT not yet delivering target consistently.	62 days cancer - the CCG have requested a revised action plan. Additional Haematology consultants recruited. A&E - Monitor is reviewing Anyshire NHS FT process currently. NHS England is active member of the Urgent Care Working Group and will review progress against recovery actions and trajectory at the monthly assurance meetings.

Focus	Assurance level	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Does the CCG have robust governance arrangements?	Assured		<p>Awareness of procurement requirements and best practice amongst members needs to be increased.</p> <p>Support from CSU does not always meet CCG needs.</p>	<p>CCG working to separate 'GP as provider' and 'CCG as commissioner' discussions.</p> <p>CCG having discussions with CSU regarding rectification plan for underperforming support services.</p>
Are CCGs working in partnership with others?	Assured with support	CCG has worked effectively with other CCGs to assure the progression of the local 111 provider.	<p>Health and Wellbeing Board is at an early stage of development.</p> <p>Urgent Care Working Group is evolving but could be more effective in terms of prioritising decision making to deal with immediate issues.</p>	<p>CCG planning to use the Health and Wellbeing Board Development Tool to gauge the maturity of the HWB and identify areas of development.</p> <p>NHS England and CCG as active members of the Urgent Care Working Group to drive forward prioritisation of UCWG objectives to implement those actions needed as part of winter resilience.</p>

Focus	Assurance level	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Does the CCG have strong and robust leadership?	Assured	The CCG has reviewed and updated its organisational development plan alongside its strategic plan.	<p>The four localities within the CCG are working together but engaging membership requires significant focus and effort.</p> <p>The CCG remains reliant on a small number of strong leaders.</p>	<p>CCG plans to use the strong leaders to engage and develop others. CCG to develop a leadership succession plan.</p> <p>NHS England to lead piece of work around best practice in utilisation of practice managers.</p> <p>CCG participating in leadership development programme and will share learning with NHS England.</p>

Cross-cutting themes	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Parity of esteem	Innovative development of a programme of support for people recently diagnosed with early stage dementia and their family and carers are available. This programme is delivered through a partnership of Alzheimer's Society, Rethink Mental Illness and Anyshire NHS Partnership Trust.	Increasing Access to Psychological Therapies (IAPT) – CCG unlikely to meet targets.	Waiting list issues with regards to access for assessment at the Memory Assessment Service. Capacity and demand modelling support agreed and support with development of the business case for short-term funding.
Focus on equality, reducing inequality	Agreement with local authority regarding licensing of fast food outlets.	Due to being a partially rural area, the CCG considers that people in minority groups are often not present in sufficient numbers to form coherent groups and therefore there are likely to be unmet health and social care needs.	More intelligent and granular analysis to identify the groups of people and areas where health inequalities exist by joint working with the Health and Wellbeing Board.

Cross-cutting themes	Particular achievements noted/examples of good practice	Issues identified	Any issues identified requiring further action and actions agreed
Better care	Roll-out of 'one team' approach to discharge including social services 7 days a week, significantly reducing transfers of care.	CCG considers there to be a risk that patient and stakeholders are not signed-up to the changes identified in the Better Care Fund submission.	Recruitment and training of appropriately skilled staff. Work with providers and others to develop a workforce plan for Anyshire. Investment in workforce training as part of Better Care Fund proposals (particularly around dementia and carers).

Annex 3 – Agreed principles regarding behaviours and interactions of NHS England and CCGs

Ways of working that support CCGs and NHS England to secure high quality care for all, now and for future generations

Build from common purpose

We **put the interests of patients and communities first**, prioritising their health and wellbeing in everything we do

We **share the responsibility for securing the best outcomes** for patients and communities

We **account to each other** for the differences we make in people's lives and the best use of public money to do this

Local leadership and accountability

We recognise and **respect the different roles, responsibilities and accountabilities** we each have for leading the commissioning system

We **create space and freedom to lead and operate**, seeking to open up the innovation and improvement for the benefit of patients

We are **clear about our decision making powers**, decision making processes and the rules for intervening, and we operate these mindfully and consistently

Honesty and transparency

We **engage with positive intent**, our motives are to do what is right for patients, we share the what, we are open minded about the how and respect that our view on this can differ

We listen carefully to each other, we have **consistent open and honest conversations**, we respect difference and work with this constructively

We **challenge and support** each other in equal measure to do the best for our patients, and work collaboratively to overcome challenge

Annex 4 – Support and intervention

Underpinning the assurance assessment is the need to proportionately respond to identified risks. NHS England has a number of statutory powers under the *NHS Act 2006 (as amended)* which can be exercised to deliver the CCG assurance process. The most relevant in the case of support and intervention are as follows:

14Z9	Exercise of functions by NHS England
14Z10	Power of NHS England to provide assistance or support
14Z18	Power to require documents and information
14Z19	Power to require explanation
14Z21	Power to give directions and dissolve a CCG.

It is important that when these powers are used, NHS England and the CCG are clear on how powers are being exercised and for what purpose. The powers themselves give the scope for a flexible and nuanced approach, supporting the principles of the assurance framework and the NHS England and NHS Clinical Commissioners *Ways of Working* approach. The *Ways of Working* flow from NHS England’s vision and purpose and are integral to how NHS England operates. In order to achieve the best outcomes for patients, the ways in which key partners work together will be crucial. The importance of using the *Ways of Working* as a framework, particularly when support and intervention powers are under consideration or enacted, should not therefore be underestimated.

With the exception of intervention powers under section 14Z21, it is expected that statutory powers should be transparently and frequently exercised through assurance to ensure that any identified risks are managed appropriately and that assurance is being delivered in line with the underpinning legislation. NHS England will ensure it creates an environment of support and appropriate intervention, recognising its role in assurance, support and development and as a co-commissioner with the CCG.

Contrasting ‘assured’ and ‘assured with support’

Examples of each of the categories are shown below, and an example case study is used to demonstrate the categorisation of CCG assurance.

Assured	Assured with support
<ul style="list-style-type: none"> CCG is open and honest regarding key areas of development needs and challenge and provides insight into the root cause of these 	<ul style="list-style-type: none"> CCG does not yet understand key challenges, or have an action plan in place to identify root cause and mitigate challenges and the role of NHS England is to support the delivery of that challenge

Assured	Assured with support
<ul style="list-style-type: none"> • CCG can demonstrate there is a clear action plan in place to mitigate any challenges identified, with measurable outcomes • CCG actively manages against agreed plans and takes action when timescales are not met to support progress • Level of risk is being actively managed by CCG 	<ul style="list-style-type: none"> • CCG could benefit from additional expertise from relevant organisations / teams • CCG does not manage against plans to ensure improvement trajectories are met • Level of risk associated with CCG is higher than could be managed by the CCG acting without an additional support package agreed with NHS England

Case study:

In Q1, Anyshire CCG has been focussing on their financial and performance position. There has been good progress made and it is likely they will meet their QIPP plan target this year. However, they are likely to be in a difficult financial position next year.

Response 1:

- The CCG is proactive in analysing the challenges and data, and understanding the root cause.
- They provide detailed insight into the potential solutions, including where external support is needed.
- An action plan has been drafted but is still being worked up to outline the key next steps and timelines.

Category: Assured

Response 2:

- The CCG has not thought through the challenges in any great detail, and is not able to provide much insight or analysis for the root causes of the challenges.
- There are some initial ideas of potential actions and timeframes, but these have not been thought through in detail and are not supported by evidence.

Category: Assured with support

Requiring documents, information and explanation

Through assurance, risks will be identified and appropriate action should be agreed between NHS England and the CCG to mitigate these risks. Requiring documents, information and explanation should be a routine response to identified concerns and will provide an important starting point for supporting and monitoring improvement.

Requests for information should not in themselves lead to a domain assessment of 'assured with support' but should inform this assessment and will be an important element of escalation if issues cannot be satisfactorily resolved over time.

The establishment of a record of requests will be an important way in which NHS England can demonstrate the consistency and fairness in approach described through the assurance framework.

Providing assistance and support

During assurance meetings, CCGs and area teams should discuss the progress being made to address any identified concerns. Agreement should be reached on appropriate assistance or support, taking into consideration the following factors before final decision:

- Impact of any historical legacy of the performance concern;
- System partnerships and other external relationships;
- The CCG internal process for performance improvement;
- Organisational development of the CCG including capacity and capability;
- Governance of the performance risk through the governing body or delegated committee;
- Improvement trajectory timetables; and
- Clarity of action plans and progress between assurance conversations.

Support and assistance under section 14Z10 of the *NHS Act 2006 (as amended)* is drawn broadly and gives significant scope to adapt a flexible approach which can be strengthened with agreement over time.

The support that could be made available includes:

- Providing model documents and guidance, with informal advice available if needed;
- Making advice and expertise available to the CCG;
- Facilitating peer review and partnership with other CCGs;
- Creatively collaborating with partner organisations such as NICE and NHS Improving Quality to gain broader professional input into problem solving;
- Facilitating conversations with key partner organisations and facilitating best practice modelling;
- Area team providing expertise and challenge to the CCG Governing Body;
- Area team brokering conversations between CCG and providers;
- Area team brokering conversations between wider stakeholders and system partners;
- Agreeing on the need for specific and time-limited capacity solutions; and

- Agreeing on the need for input from expert teams, such as the improvement team or Leadership Academy.

Where support is agreed, it is important that there is a clear understanding of the required improvement as a result. Under the *NHS Act 2006 (as amended)*, NHS England can impose restrictions on the use of any financial or other assistance or support provided under section 14Z10. This should be considered through assurance conversations and confirmed in writing following the meeting. It is expected that the agreed level of support should be adjusted responsively over time. Where agreed improvement is made, this should be recognised. Where it is not, more intensive support should be considered.

In the same way as for requiring documentation, the establishment of a record of agreed support should be kept and it is expected to be published as part of the quarterly assurance assessment, in addition to any improvement trajectories.

Escalation

Where recovery of identified issues is not delivered or where expected progress is not made in accordance with previous discussions, the CCG and the area team will need to understand the level of support and scrutiny attached to assurance and make an assessment of appropriate escalation. If necessary, this will be clearly signalled through:

- The area team developing a single coordinated view having triangulated all available information including soft intelligence;
- The area team articulating this view to the CCG, preferably face to face and discussing it with them, working within the culture and expected behaviours of *Ways of Working*; and
- The area team and CCG agreeing specific escalation actions to address issues. This should include a timeline, milestones and explanation of clear consequences should this not happen.

Escalation demonstrates that both CCGs and area teams are responding to challenges and it is expected that the exceptional use of intervention powers should not be proposed without strong evidence of effective escalation.

Intervention

In exceptional circumstances where either the exercise of existing powers over time has been insufficient, or in the extraordinary situation where the quality of patient care was at serious risk, the exercise of intervention powers under 14Z21 of the *NHS Act 2006 (as amended)* would be necessary.

Any proposed intervention action should be appropriate to the risk identified and behaviours in line with the *Ways of Working* principles.

NHS England has the ability to exercise formal powers of intervention where it believes that a CCG is failing or at risk of failing to discharge its functions, these include:

- Directing the CCG as to how it discharges its functions;
- Directing the CCG or the Accountable Officer (AO) to stop carrying out any functions for a defined period;
- Terminating the AO's appointment and appoint a new AO;
- Varying a CCGs constitution;
- Carrying out certain functions on behalf of a CCG or arrange for another CCG to do so; or
- Dissolving the CCG.

The following case study shows the difference between the 'assured with support' and 'intervention' categories.

Case study:

In Q4, Anyshire CCG has narrowly met their QIPP target in year. However, their planning work has shown that their financial position is very challenged in the following year and their local acute provider is experiencing financial and clinical quality challenges.

The CCG has been 'assured with support' to develop and deliver an action plan for the mitigating actions for the last three quarters.

Response 3:

The CCG is making some progress on delivering their action plans, and have come to the assurance meeting with some progress to report, including close clinical engagement between the CCG and provider clinicians.

The CCG agrees with the area team that some additional support is required in order to mitigate the additional risk they have identified.

Category: Assured with support

Response 4:

The CCG does not acknowledge the severity of the current situation and the risk level associated with their current position.

Minimal progress has been made and the situation has not improved.

Action plans and timelines that were previously agreed have not been followed and there has been little action to mitigate the risk of financial failure.

The CCG does not agree that further support is necessary to ensure delivery and mitigation of financial or clinical risks.

Category: Not assured, intervention required