# Health and Wellbeing Board

23 April 2013

REPORT OF: NHS Enfield Clinical

**Commissioning Group** 

Agenda – Part: 1 Item: 4

Subject:

**Update on Authorisation, Transition and** 

**Handover Process** 

Date: 23 April 2013

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# 1. EXECUTIVE SUMMARY

This report provides a summary of the overall position of the Authorisation, Transition and Handover processes of NHS Enfield Clinical Commissioning Group by providing:

- An overview for Health and Wellbeing Board
- An update on the CCG Introduction event on 6 April 2013

### 2. RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board is asked to note the contents of this report, in particular that:
  - To receive and note the briefing about the Authorisation, Transition and Handover Processes.
  - To receive and note the update to the CCG introduction event on 6 April 2013

#### 3. AUTHORISATION UPDATE- FROM 1 APRIL 2013

- 3.1 NHS Enfield Clinical Commissioning Group (ECCG) was authorised by NHS England as a legally established organisation with 7 conditions (out of 119 criteria), including one legal direction, on 6 March 2013. On 1 April 2013, NHS Enfield CCG took on the commissioning responsibility for most of the health services for the Enfield population of 312,500 (2011 Census). It is a membership organisation that comprises all of the GP practices in the borough.
- 3.2 NHS Enfield CCG commissions services from hospitals, mental health and community services providers including Barnet and Chase Farm Hospitals NHS Trust, North Middlesex University Hospital NHS Trust and Barnet, Enfield and Haringey Mental Health NHS Trust.
- 3.3 NHS Enfield CCG will be supported by the North and East London Commissioning Support Unit (NEL CSU), which will provide a number of services including business intelligence information, technology and informatics; communications, support for Commissioning/QIPP planning and service redesign; procurement and market management and quality and provider management.
- 3.4 The CCG is producing a plan by 12 April that outlines the developments it will carry out to resolve the remaining conditions. A summary of the plan will be available following the Governing Body meeting on 24 April 2013.
- 3.5 NHS England will review the plan and advise the CCG of the outcome by 22 April 2013. Following which, ECCG will work with NHS England to resolve as many of the conditions by its first quarterly review in June 2013.
- 3.6 The CCG is expecting that there will be Monthly and Quarterly Assurance Reviews and Annual Assurance Reviews until all of the conditions are discharged.

#### 4. ORGANISATIONAL DEVELOPMENT

4.1 NHS Enfield CCG is reviewing and updating the CCG's Organisation Development Plan and developing a new programme to support locality based working in the CCG. This will help to identify the strengths and development areas of the CCG.

#### 5. TRANSITION AND HANDOVER PROCESS

5.1 The North Central London Cluster undertook a number of activities to ensure the smooth handover of PCT functions to CCGs within North Central London. These activities included senior level meetings; development of functional handover certificates and a final list of ongoing issues that would be need to be resolved post 31 March 2013,

where relevant, these have been incorporated in the CCGs risk register and mitigating actions are being taken by the lead CCG managers.

# 6. FIRST NHS ENFIELD CLINICAL COMMISSIONG GROUP PUBLIC EVENT

On 4 April 2013 NHS Enfield CCG held its first public event as a newly authorised NHS organisation.

Over 80 people attended the launch event at The Dugdale Centre in Enfield Town. During the first half of the evening there were presentations from Dr Alpesh Patel, Chair and Liz Wise, Chief Officer who explained the development and role of the CCG, Dr Shahed Ahmad, Joint Director of Public Health who gave an overview of Enfield's health needs and Richard Quinton, Director of Finance and Commissioning who presented the commissioning strategy and QIPP plans. Ray James, Director of Health, Housing and Adult Social Care at Enfield Council gave an update on Healthwatch Enfield and introduced the new chair Deborah Fowler. After the presentations, the public were invited to ask questions which were answered by the panel.

Following refreshments there were a series of workshops looking at some of the key areas that the CCG will be focusing on over the next year. Round table discussions were held on unscheduled care, the BEH Clinical Strategy, integrated care and primary care.

A full report on the event will soon be made available and in the meantime, the presentations are available at www.enfieldccg.nhs.uk.

#### 7. REASONS FOR RECOMMENDATIONS

To brief Health and Wellbeing Board members on CCG development.

#### 8. KEY RISKS

The CCG reports key risks in the risk register and assurance framework to the Governing Body. Authorisation risks have reduced and relate to implementing the action plan to discharge the 7 conditions. Transition risks have increased pending resolution of issues relating to CCGs' and NHS England's' respective commissioning responsibilities.

## **Background Papers**

None