

## REPORT TO WANDSWORTH CCG

*18<sup>th</sup> April 2012*

**Agenda No. 5.1**

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| <b>Title of Document:</b> CCG development – internal structure and authorisation application  |   |
| <b>Report Author:</b>   | Andrew McMylor                                      |
| <b>Head of Service/<br/>Clinical Lead:</b>  | Andrew McMylor / Dr Nicola Jones / Graham MacKenzie |
| <b>Contact details:</b>   | Andrew.McMylor@wpct.nhs.uk                          |
| <p><b>Summary:</b><br/>Papers on CCG development serve two purposes:</p> <ul style="list-style-type: none"> <li>- Confidence that the proposed internal structure will enable WCCG to enact its functions and to transform the health &amp; well-being of Wandsworth residents</li> <li>- That WCCG should apply in wave one (July) of the authorisation approach (a decision is needed by April 30<sup>th</sup>)</li> </ul> <p>The paper outlines the rationale for the attached ‘high-level structure’ for the internal WCCG. A <i>detailed paper listing specific posts is attached for discussion in Part 2 if required</i>. The intention of the structure is to support practices, as a membership organisation to transform the health and well-being of Wandsworth residents via clinically led commissioning. The structure therefore provides the key ‘enablers’ (functions) for this to happen.</p> <p>The structure should give confidence that WCCG can apply in wave one (July) to be assessed to be a fully functional CCG ahead of April 2013 (when it will become a statutory body).</p> |   |
| <p><b>Key sections for particular note (paragraph/page), areas of concern etc:</b><br/>Both papers.</p>   |   |
| <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>• Approve the internal CCG structure, noting the justification.</li> <li>• Approve WCCG to apply for authorisation in wave one.</li> </ul>  |   |
| <p><b>Meetings which have previously agreed the report:</b><br/>Principles discussed and agreed at previous MT and CCGC to enable WCCG to deliver as many internal functions as possible. MT approved the structure on 21<sup>st</sup> March.</p>   |   |
| <p><b>Future Direction/Transition Arrangements:</b><br/>Paper outlines the high-level functional structure that should be in place by summer 2012.</p>  |   |

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| <p><b>Please state below how this document contributes to delivery of the QIPP Plan, Operating Plan or DH Domains of Authorisation:</b></p> <p><b>QIPP Plan:</b> Supports the QIPP Plan through the functions outlined<br/> <b>Operating Plan:</b> Supports the Op Plan through the functions outlined<br/> <b>Domains of Authorisation:</b> ALL</p>  |  |
| <p><b>Clinical Commissioning Executive comments (where appropriate):</b><br/> <b>N/A</b></p>  |  |
| <p><b>Financial Implications:</b> Considered in the paper; we are currently projecting a recurrent underspend in running costs which will enable WCCG to be flexible to local, in-year developments.</p> <p><b>Reviewed by:</b></p>   |  |
| <p><b>Other Implications including Patient and Public Involvement/Legal/Governance/Diversity/Staffing</b><br/> <i>Dependant on bids approved</i></p>  |  |
| <p><b>Equality Impact Assessment</b></p> <ul style="list-style-type: none"> <li>• Has an EIA been carried out? <b>NO</b><br/>                     (If not, state reasons) <i>Carried out for individual bids where applicable</i></li> <li>• Key issues from assessment <i>N/A</i></li> </ul>   |  |
| <p><b>Information Privacy Issues</b></p> <p>Has a consideration of privacy impacts been undertaken and controlled for? <b>Yes</b></p> <ul style="list-style-type: none"> <li>• Key issues from assessment <i>None</i></li> </ul>  |  |
| <p><b>Other Issues</b></p> <ul style="list-style-type: none"> <li>• How will this support patient self-management (education)? <b>As part of the Patient Experience function and key information to be embedded in service re-design initiatives</b><br/> <i>Dependant on individual bids approved</i></li> <li>• Have implications for Carers been considered? <b>As part of the JCU which is not considered in this paper</b><br/> <i>Dependant on individual bids approved</i></li> <li>• Has third sector contracting been considered? <b>As part of the JCU</b><br/> <i>Dependant on individual bids approved</i></li> </ul> |  |