

## **Declarations of compliance**

Clinical Commissioning Groups (CCGs) applying for authorisation are asked to self-certify compliance with the following statements as part of this application. In undertaking this declaration applicant CCGs will be expected to be aware of the legal, regulatory and policy positions that exists at the point of application. A copy of the declaration of compliance should be made available on the CCG's website, or otherwise made available for public review together with key documents such as the CCG's constitution if a website is not yet in place.

Should an applicant CCG be found to have knowingly misrepresented its position it will automatically fail in its authorisation application. Once authorised, compliance will be monitored through on-going assurance. Should non-compliance be subsequently identified, this will be managed through on-going assurance of the CCG by the NHS Commissioning Board (NHSCB).

### **Promotion of research and treatment costs of patient participation in research**

We declare that our CCG understands and will comply with our statutory responsibilities regarding promoting research; and that we are committed to following the policy of ensuring that the NHS meets the treatment costs for patients who are taking part in research funded by Government and research charity partner organisations.



### **Commitment to have regard to, and promote the NHS Constitution**

We declare that our CCG will have regard to and promote the NHS Constitution.



### **Procurement**

We declare that at the point of authorisation our CCG will be compliant with current procurement requirements, and will have systems in place to discharge these requirements.



### **Choice and shared decision-making**

We declare at the point of authorisation our CCG is aware of its statutory duties to, in the exercise of its functions, act with a view to enabling patients to make choices with respect to aspects of their care and to promote the involvement of individual patients, and their carers and representatives, in decisions about their care and treatment.



### **Inheritance from primary care trusts**

We declare that our CCG has quantified, identified and understood its likely inheritance from Primary Care Trust(s) (PCT(s)) and has taken all steps to ensure that robust transition arrangements are in place.



### **Public sector equality duty**

We declare that at the point of authorisation our CCG will be compliant with the public sector equality duty and can demonstrate the use of the Equality and Diversity Strategy (EDS) (or equivalent) to help attain compliance and ensure good equality performance.



### **Education and training**

We declare that at the point of authorisation our CCG will demonstrate commitment to the education and training of the NHS workforce. We agree to work in partnership with the local education and training boards to ensure that the system for the planning, commissioning and delivery of education and training is able to respond to service commissioning priorities.



### **Sustainability**

We declare that at the point of authorisation our CCG will demonstrate commitment to promoting environmental and social sustainability through our actions as a corporate body as well as a commissioner.



### **Innovation**

We declare that from 1 April 2013 our CCG will have robust arrangements in place to champion innovation and adoption of innovation.



### **Commissioning support**

We are aware of our duties as a statutory body to conduct a formal procurement for any commissioning support we wish to use, within a reasonable timescale; and that we will need to begin preparing for that procurement from April 2013.



### **Statutory responsibilities**

In line with the Health and Social Care Act 2012, CCGs will be required to comply with other related acts of Parliament and secondary legislation. These requirements are set out in the functions document.

We declare that at the point of authorisation our CCG will be compliant with all its statutory responsibilities.



## **Detailed commissioning arrangements**

### **Capability and capacity to commission**

We declare that from 1 April 2013 our CCG will have the capability and the capacity to commission key areas of care for which we are responsible.



In this section you should outline your CCG's commissioning arrangements for each of the eight areas below.

### **Mothers and newborns**

HealthEast uses a matrix working approach to commissioning. Maternity and newborn commissioning arrangements are supported by both in-house and Commissioning Support Unit (CSU) derived support for information, finance and quality input. HealthEast employ a Band 8 Commissioning Manager for Maternity and Newborn. Contracting for maternity and newborn is part of the main contract with a dedicated team commissioning our principle acute provider, the James Paget University Hospital (JPUH). We have close links with our co-commissioners for Neonatal Intensive Care, the East of England Specialised Commissioning Group (SCG). We also have contracts with the Norfolk and Norwich University Hospital (NNUH), Cambridge University Hospital, and Ipswich Hospital. Services provided to our population outside these contracts are on a cost per case basis.

HealthEast has a Children, Young People and Maternity Programme Board (CYPMB) which meets bi-monthly. This Board consists of the HealthEast Commissioning Manager (Band 8) for CYPM, a retained GP (Dr Karretti) whose sessional time is dedicated to the CYPM agenda, Heads of Service for East Coast Community Healthcare (ECCH) community services, JPUH, Norfolk County Council and Suffolk County Council Divisional Managers, Norfolk Community Health and Care, Children's Centre Managers, Child and Adolescent Mental Health Services (CAMHS), Public Health and parent representation.

A six weekly Operational Group has been developed for provider team leaders and commissioning to achieve closer integration. The Commissioning Manager holds regular contact meetings with Service Managers.

The CYPM Commissioner and retained GP meet regularly for planning and development, and report to the Director of System Development.

Partnership commissioning with Norfolk includes representation on joint commissioning groups for CAMHS and Additional Needs and Short Breaks. HealthEast are members of Suffolk Children's Trust Board and the Executive Board. Arrangements for the Norfolk Joint Commissioning Children's Trust Board are currently being clarified.

Quality issues arising in Maternity and Newborn services will be reported to and investigated by the Cluster Quality team (irrespective of where such a concern arises from). The team report through the Cluster-wide Quality and Patient Safety (QPS), and thence to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest, investigate and act upon concerns from the consulting room. They also receive direct reports from providers (e.g. SIs and Never Events) and CLIPS data, as well as providing clinical quality scrutiny to activity data. All of this is brought together at Contract Quality meetings with each provider; HealthEast provide clinical leadership and oversight to this process via a designated retained GP who is part of these meetings for each main provider contract.

### **People with need for support with mental health**

Commissioning of services for both Mental Health (MH) and Learning Disabilities (LD) is carried out via our Mental Health and Learning Disabilities Programme Board. The Programme Board is resourced via a Programme Manager (Band 8), and double sessions of

a retained GP (Dr Ross). The Programme Board acts as a locality board of the Norfolk-wide Mental Health Delivery Board, where HealthEast collaborates with our Norfolk Clinical Commissioning Group (CCG) colleagues in commissioning for all MH/LD services. Commissioning proposals from this over-arching group, which includes all Norfolk CCGs, go to our Clinical Commissioning Committee (the HealthEast delegated body) for local decision making. Usually this will come via our local Programme Board with a recommendation. Our local Programme Board has representation from service users and carers alongside the local authority and other stakeholders, evidencing multidisciplinary working.

Embedded in the commissioning process is integrated matrix working such that finance, information, quality and contracting support (sourced partially in-house, and partially from the CSS) are involved both in initial commissioning and ongoing contract monitoring. HealthEast are active participants in the regular contract meetings where both quality and activity are monitored. We also provided lead clinical negotiating support to the contract in the 2011/12 contracting round, contributing to a Norfolk and Waveney wide MH/LD negotiating team.

Activity and finance data flows from this contract to the HealthEast Board (see below for quality reporting lines) are currently being redesigned to reflect the fact that Norfolk and Suffolk Foundation Trust (NSFT) are a national pilot site for the development of payment by results for MH. We are engaged with the Trust on this project. In addition, data outputs regarding Improving Access to Psychological Therapies (IAPT), the Mental Capacity Act and Deprivation of Liberty Standards and LD Health Checks are reported to the NHS Information Centre via the HealthEast Information Team with input from our MH Programme Manager, with additional Strategic Health Authority (SHA) level reporting on IAPT activity.

Quality issues arising in MH and LD services will be reported to and investigated by the Cluster Quality team (irrespective of report source). The team report through the Cluster-wide Quality and Patient Safety (QPS), and thence to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's Authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The quality team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest investigate and act upon concerns from the consulting room. They also receive direct reports from providers (eg serious incidents (SIs) and Never Events) and CLIPS data, as well as providing clinical quality scrutiny to activity data. All of this is brought together at Contract Quality meetings with NSFT; HealthEast provide clinical leadership and oversight to this process via our designated retained GP for MH, Dr Ross.

### **People with learning disabilities**

Overall arrangements and capacity are integrated with our Mental Health Programme board – please see arrangements, governance and establishment description in Mental Health section of Submission. Specific contracting arrangements below.

#### *Adult*

Contracts below are managed by our dedicated MH Programme Board Manager with support from HealthEast contracting and information teams, and clinical leadership from Dr Ross:

- Block contract with NSFT for LD health services in Waveney – NHS Suffolk are lead commissioners for this with HealthEast as associate commissioners

- Norfolk LD pooled fund – for specialist health services. Sec 75 agreement in partnership with Norfolk County Council (NCC) and NHS Norfolk. NCC leads on this. Provides LD Community Teams, adult respite services at 3 Mill Close, assessment and treatment services at Poplar House
- The Midlands and East Specialised Commissioning Group commission on behalf of the whole system a range of LD services, high, medium and low secure services
- Individual packages of care with providers such as Cawston Park for people usually detained under MH Act
- A variety of joint funded packages of care are commissioned for individual service users, usually those subject to Sec 117 of the MH act in partnership with Norfolk LD Services

*Infants, children and young people (CYP) under 18 years. (Up to 19 applies in some SEN cases)*

Contracts below are managed by through matrix working and mutual support between our Children and Young People's commissioner and our MH Programme manager with support from the HealthEast contract and information teams and clinical leadership provided by Dr Ross.

- Children With Disability (includes LD) Child development clinic team - Community Paediatrics, OT, Physio, commissioned from JPUH
- SALT services commissioned from ECCH
- For LD CYPs accessing school and specific Norfolk services this is commissioned through Norfolk Community Health and Care (NCHC)
- For LD CYPs accessing school and specific Suffolk services this is commissioned through JPUH – Children's Community Nursing Team and NSFT - LD Nursing Team.
- LD Nursing Teams Great Yarmouth - Block contract NCHC
- Waveney - Block contract NSFT
- LD/CAMHS T3 services Great Yarmouth - Block contract NCHC
- Waveney - Block contract NSFT
- LD/CAMHS T3/4 Assessment and Treatment Unit GYW - Block contract – NSFT
- CWD and LD Respite Care - Home Based Respite currently commissioning costs under S256 HSC - GYW, NCC and SCC
- Residential Care – Little Acorns – NCHC
- Fritton Lodge – BREAK charity
- Tripartite, Bipartite and aggregated cost commissioning through Norfolk Children's Additional Needs Panel and Suffolk County Panel

### **People who need emergency and urgent care**

Commissioning is through the Unplanned Care Programme Board, resourced by a HealthEast Programme Manager (Band 8) and Assistant Programme Manager (Band 7). A HealthEast focus, additional clinical support is present in this key care area – we have four retained GPs and a retained nurse working on unplanned care. It should be noted that commissioning for Long Term Conditions (LTC) is aligned with this Programme Board and this personnel resource covers both areas.

Forums within the Unplanned Care Programme include representation from HealthEast's contracting, finance and information teams, retained GPs representing various commissioning areas, all our local partner and provider organisations and patient representatives. Where necessary, we connect to the emerging CSU offering (eg when Quality Team input is required).

Focussed Task and Finish Groups, (eg Integrated Falls Group) progress any recommended developments or changes to services. These system-wide (ie multi-stakeholder) groups are clinician focussed with managerial support to realise service change. There's a matrix approach to ensure links and support from key areas within HealthEast and the wider system.

Commissioning proposals are taken through the Members Clinical Leads meetings for consultation, and then to the HealthEast delegated body for decision (the Clinical Commissioning committee and on to Board where necessary), along with any partner organisation committees where joint commissioning arrangements are in place.

Quality issues arising in Emergency and Urgent Care services will be reported to and investigated by the Cluster Quality team (irrespective of report source). The team report through the Cluster-wide Quality and Patient Safety (QPS), and thence to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's Authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The quality team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest investigate and act upon concerns from the consulting room. They also receive direct reports from providers (eg SIs and Never Events) and CLIPS data, as well as providing clinical quality scrutiny to activity data. All of this is brought together at Contract Quality meetings with all acute providers; HealthEast provide clinical leadership and oversight to our key (lead) contracts via our designated retained GP team; Dr Kathuria for ECCH, Dr Elissen for SEH, and Dr Wyllie (Director of Clinical Transformation) for the JPUH contract.

#### *Contracts:*

- Accident and Emergency (A&E), and Emergency Admission Services commissioned from the James Paget University Hospital
- Some A&E/Acute Admissions commissioned from the NNUH
- Ambulance Services commissioned with the East of England Ambulance Service, via the East of England Consortium Agreement. NHS Norfolk and Waveney (NHSNW) currently leads the consortium contract
- Out of Hours GP services and integrated 111 service commissioned from South East Health (SEH)
- Minor Injuries services commissioned from ECCH at community hospitals
- Walk-In Centre commissioned from Malling Health
- GP Local Enhanced Service for minor injury services

#### **People who need routine operations**

The majority of planned care for local residents is provided at JPUH, for whom HealthEast are the lead commissioner. Planned care is primarily covered under PBR. Choose and book is well adopted with most services being directly bookable

We have a small number of contracts with community providers for minor surgery, dermatology and vasectomy. Some specifically accredited optometrists are also participating in the glaucoma referral pathway

The planned care programme is co-ordinated through the Planned Care Programme Board where we have three HealthEast retained GPs, a retained nurse, a patient representative and core local providers supported by a HealthEast Programme Board Manager (Band 8) and Assistant Programme Board Manager (Band 7). The group also has representatives

from contracting, finance and information from within the CCG to provide an integrated approach. This group meets monthly, alternating as a full Programme Board and an internal CCG operational group. The Programme Managers and retained GPs also meet with providers on a regular basis to review new initiatives and discuss opportunities for improved pathways with both clinicians and managers.

The commissioning managers work closely with primary, secondary, and community clinicians to develop and implement improved care pathways, both in quality and cost effectiveness. Our three retained GPs lead on different specialties and transformation projects. All improvement ideas are discussed at the patch-wide Member's Clinical Leads meetings, before escalation for decision to the Clinical Commissioning Committee and on to Board as needed.

Quality issues arising in Planned Care services will be reported to and investigated by the Cluster Quality team (irrespective of report source). The team report through the Cluster-wide Quality and Patient Safety (QPS), and then to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's Authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The quality team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest investigate and act upon concerns from the consulting room. They also receive direct reports from providers (eg SIs and Never Events) and CLIPS data, as well as providing clinical quality scrutiny to activity data (eg for Planned Care, referral to treatment (RTT)). All of this is brought together at Contract Quality meetings with all acute providers; HealthEast provide clinical leadership and oversight to our key (lead) contracts via our designated retained GP team; Dr Kathuria for our Community provider, and Dr Wyllie (Director of Clinical Transformation) for the JPUH contract.

### **People with long-term conditions**

A range of services including stroke, cardiac, commissioned with the JPUH.

A range of services including COPD nurses, case managers, commissioned with ECCH.

Commissioning for people with long-term conditions is aligned with the unplanned care Programme Board (please see section on commissioning arrangement for people who need emergency and urgent care above) hence the significant resources dedicated to this area - a Programme Manger (Band 8), and Assistant Programme Manager (Band 7), four retained GPs, a retained nurse and administration support via HealthEast's administration team. In addition we recognise links to our acute community and Mental Health contracts, and also our joint commissioning agenda with our County Council colleagues with whom we have specific joint commissioning arrangements. Finally, there are clear links to our personalisation workstream, and we are pleased that the Norfolk pilot of personal health budgets is being expanded to cover our area. We look forward to exploring how this new tool in the commissioning toolbox can deliver more personal, tailored and cost effective care to our population who have a long-term condition.

Quality issues arising in long-term conditions services will be reported to and investigated by the Cluster Quality team (irrespective of report source). The team report through the Cluster-wide Quality and Patient Safety (QPS), and thence to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The quality team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest investigate and act upon concerns from the consulting room. They also receive direct reports from providers (eg SIs and Never Events) and CLIPS data, as well as providing clinical quality scrutiny to activity data. All of this is brought together at Contract Quality meetings with our providers; HealthEast provide clinical leadership and oversight to our key (lead) contracts via our designated retained GP team; Dr Kathuria for our Community provider, and Dr Wyllie (Director of Clinical Transformation) for the JPUH contract.

### **People at the end of life**

Commissioning is through our Palliative and End of Life (EOL) Programme Board. This meets bi-monthly and includes service users, health and social care providers and commissioners in the statutory, voluntary and independent sectors. Internally there is matrix working with finance and contracting colleagues.

The Programme Board is resourced with a clinical programme manager (Band 8), retained GP, Dr Scott, and also MacMillan GP facilitator and nurse facilitators. It has administration support from the HealthEast team.

Our focus is implementing the Marie Curie Delivering Choice (MCDC) Programme priorities to improve choice and quality at end of life: i) to commission specialist palliative care inpatient services ii) to commission a supportive and palliative care resource centre and iii) to increase the level of palliative care education.

#### *Acute commissioning:*

- We ratified three specifications: "end of life care in the acute care setting" an integrated "NICE compliant specialist palliative care" and a "palliative care resource centre and outreach service" (delivered in partnership with a range of voluntary sector providers). All of these have been agreed via the acute contract with JPUH, and are monitored and performance managed via the main JPUH contract meeting.

#### *Community commissioning:*

- Our provider contract (East Coast Community Healthcare) contains a district nursing palliative care component, end of life and palliative day care in community hospitals and "hospice at home". The community provider also commissions the local Marie Curie Nursing Service and budget. These services are monitored and performance managed via the ECCH contract meeting.
- The Programme Board has worked in partnership with procurement and contracting teams to tender for and procure a two year fixed term contract with St Elizabeth's Hospice for a two bed inpatient specialist palliative care service.
- Continuing Care: Palliative care fast track is provided as part of continuing care arrangements in Norfolk and Waveney.

Quality issues arising for patient care in end of life services will be reported to and investigated by the Cluster Quality team (irrespective of report source). The team report through the Cluster-wide Quality and Patient Safety (QPS), and then to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

The quality team receive and manage both patient level reporting via HealthEast's reporting system to systematically harvest investigate and act upon concerns from the consulting room. They also receive direct reports from providers (eg SIs and Never Events) and CLIPS

data, as well as providing clinical quality scrutiny to activity data. All of this is brought together at Contract Quality meetings with providers; HealthEast provide clinical leadership and oversight to our key (lead) contracts via our designated retained GP team; Dr Kathuria for our Community provider, Dr Elissen for South East Health (OOH/111) and Dr Wyllie (Director of Clinical Transformation) for the JPUH contract.

### **People with continuing healthcare needs**

HealthEast commission East Coast Community Healthcare (ECCH) to deliver a comprehensive service for check listing, assessing and reviewing for NHS Continuing Healthcare (CHC) and Funded Nursing Care (FNC) in the community and in other providers' services as specified; this includes peoples' own homes, all community hospitals, all care homes and nursing homes and specified acute providers. The CHC team comprises ten whole time equivalent (WTE) nurses. They report through the ECCH contract meeting, where both quality and activity are scrutinised as standing agenda items, and thence to the HealthEast Board.

Quality issues arising in CHC providers (eg Care Homes) will be reported to and investigated by the Cluster Quality team (irrespective of where such a concern arises from). The team report through the Cluster-wide Quality and Patient Safety committee (QPS), and thence to both Cluster and HealthEast Boards. As laid out elsewhere within HealthEast's Authorisation submission, we have agreed across all Norfolk CCGs to maintain a collaborative approach to Quality; we will all use the QPS Committee and are developing a shared Service Specification for a Quality Team who will work across Norfolk and Waveney.

We have a Section 75 agreement in partnership with Norfolk County Council to provide Funded Nursing Care to those eligible.

A small variety of joint packages of care are commissioned for individual service users that have been through the CHC process and have been deemed not eligible but do have a health need that cannot be met by Adult Community Services (Suffolk County Council and Norfolk County Council) or other commissioned services.

HealthEast has experienced a significant increase in CHC cost; we are therefore reviewing how CHC services are commissioned and provided to improve the deployment of nursing resource in assessing, placing and contracting. Pending release from the PCT Cluster we have appointed an experienced CHC Lead Nurse, (band 8c), to lead the review and provide clinical commissioning leadership and challenge to the team as a whole. The core task of the review is to develop recommendations for the Clinical Commissioning Committee on how we can sustainably commission high quality and affordable care for our patients from existing resources.

### **Application declaration**

**This declaration must be signed for the CCG by the nominated Accountable Officer and the designate Chair of the governing body.**

We hereby declare that the information detailed in this application is true and accurate.

We understand that it is our responsibility to inform the NHS Commissioning Board of any information that is relevant to our application and which may not have been requested, and to update this information accordingly. We have kept a copy of all the information submitted in our application for our records.

In making this application for authorisation with the NHS Commissioning Board, we agree to comply with the Health and Social Care Act 2012 and associated regulations.

We understand that non-compliance with the relevant legislation could lead to the refusal of this application or intervention by the NHS Commissioning Board once authorised.

Please check or tick this box to confirm that the CCG's governing body members have seen and agreed the contents of this application



Nominated Accountable Officer's name  
Andrew Evans

Designate Chair of the governing body's name  
Dr John Stammers

Date  
02/07/2012

Date  
02/07/2012

Job title  
Chief Executive

Job title  
Chair