NHS
Wiltshire
Clinical Commissioning Group

# Clinical Commissioning Group Governing Body
# Paper Summary Sheet
# Date of Meeting: 22 July 2014

**For: PUBLIC session ☒ PRIVATE Session ☐**

**For: Decision ☐ Discussion ☒ Noting ☐**

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| **Agenda Item and title:** | **GOV/14/07/17 Co-commissioning of Primary Care – Expression of Interest** |
| **Author:** | Jo Cullen, Group Director WWYKD<br>Judith Dean, Associate, Attain |
| **Lead Director/GP from CCG:** | Jo Cullen, Group Director, WWYKD |
| **Executive summary:** | A paper to enable the Governing Body to discuss the expression of interest submitted to NHS England by NHS Wiltshire CCG in respect of assuming additional powers and responsibilities for Primary Care commissioning. |
| **Evidence in support of arguments:** | Working with our patients and public, the Health and Wellbeing Board and our member practices to assess need and develop our Primary Care Strategy, aligned to the CCG strategic vision and the Better Care Fund will deliver the following benefits:<br><br>- Deliver the vision set out within our five year plan, of extended primary care teams, supported by 'wrap-around' community, mental health and social care support to provide greater integration of health and care services wrapping services<br>- Create local ownership and engagement in the strategy, supporting commitment towards increasing personal responsibility<br>- Improve local knowledge of how are localities can work collaboratively across partners to improve integration<br>- Raise standards of quality within general practice by targeting new ways of working that reduce unwarranted variation and providing appropriate support where intervention is required<br><br>Through greater influence in the design of Directed Enhanced Services (DES), we can create local flexibility to help deliver:<br><br>- Reduced health inequalities and increasing quality by tailoring solutions to meet the needs of our local population, particularly deprived areas, mental health conditions and learning disabilities<br><br>- A co-ordinated approach to targeting enhanced services that support delivery of our two and five year priorities |

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| | Acting as intermediary to the Local Area Team and the Practices, the CCG will be in a position to: provide the Local Area Team with information and access to local knowledge, support to identify and resolve emerging risks and identify local opportunities to optimise use of resources e.g. Identifying shared accommodation with the council to solve premises challenges, enhancing improving local connectivity, improve engagement with practices by providing advice and support e.g. development of business cases for premises development. |
| **Who has been involved/contributed:** | CCG, Wessex LMC, Clinical Executive, NHS England Area Team<br>Discussion with Gloucestershire CCG, Swindon CCG, B&NES CCG |
| **Cross Reference to Strategic Objectives:** | NHS Wiltshire CCG 5 Year Plan, Operating Plan, QIPP, Better Care Fund |
| **Engagement and Involvement:** | The expression of interest has been developed in partnership with the Clinical Executive, CCG leaders, the local Area Team and neighbouring CCGs. |
| **Communications Issues:** | An engagement programme to include public, patients, providers and other stakeholders will then be planned following the feedback on our expression of interest from NHS England. |
| **Financial Implications:** | Prior to committing to any increased role in primary care commissioning the CCG would want to work with the Local Area Team to understand what capacity and resources from within the existing structures might be available to support the new commissioning arrangements.<br><br>The CCG recognise that for co-commissioning to deliver the intended benefits additional resources will be required. While determining the make-up of those additional resources, and how they will be funded, the CCG is conscious that the CCG running cost allowance will need to be adjusted to recognise the growth in responsibilities expected of the CCG. |
| **Review arrangements:** | We expect to be fully held to account by NHS England for those functions that would be delegated to us, and will fully engage with NHS England in this regard.<br><br>Once the guidance from the NHS Commissioning Assembly project is issued we will work with the Local Area Team to develop the joint monitoring and evaluation arrangements. |
| **Risk Management:** | A risk assessment will be undertaken on the progression of co-commissioning and further information – activity and finance- is made available to the CCG from NHS England. |
| **National Policy/ Legislation:** | Expression of Interest in response to NHS England letter dated 1st May 2014 |
| **Equality & Diversity:** | A full Equality Impact Assessment of the adoption of additional powers in respect of primary care commissioning has not been completed, however it is not anticipated that there will be any additional impact of this change upon equality and diversity. |
| **Other External Assessment:** | None as yet. |
| **What specific action re. the paper do you wish the Governing Body to take at the meeting?** | To discuss and endorse the CCG's expression of interest submitted to NHS England for assuming additional powers and responsibilities for the commissioning of Primary Care. |

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# Co-commissioning of Primary Care
# Expression of Interest

## ISSUE

To discuss the expression of interest submitted to NHS England by NHS Wiltshire CCG on 19th June 2014 in respect of assuming additional powers and responsibilities for Primary Care commissioning.

## TIMING

Priority

## RECOMMENDATION

Having considered the early views from across the CCG, our member practices and the Wessex Local Medical Committee (LMC), together with updated information from NHS England, we propose taking delegated responsibility for the development of the local primary medical care strategy and any funding that can be influenced locally to support the implementation of our strategic plan and new model of care, including Local Enhanced Services (LES), Directed Enhanced Services (DES) and key elements of Quality and Outcomes Framework (QOF).

Although we do not feel that delegated responsibility or joint commissioning is appropriate for us in terms of the contract and performance management, we recognise the need to act in an intermediary role supporting both practices and NHS England in the resolution of provider related issues such as premises and list closures which affect the quality of care for our patients and the ability to deliver our vision.

## BACKGROUND

On 1st May 2014 Simon Stevens, Chief Executive of NHS England, invited CCGs to express their interest in taking on an expanded role with regards the commissioning of Primary Care. In so doing, each CCG has been asked to set out the additional powers and responsibilities it would like to assume, and how these would meet a number of tests, including showing they will help advance care integration, raise standards and cut health inequalities in Primary Care. This paper sets out a summary of the expression of interest developed and submitted by NHS Wiltshire CCG.

## CCG Strategic Objectives/Priorities

In order to realise the CCG's strategic vision we are aware of the need to extend and enhance our primary care services. Primary Care will play a key role in the leadership, co-ordination and provision of services across Wiltshire. This will require investment in workforce development, investment in technology to support innovative care delivery, improved utilisation and development of our community estate infrastructure and education and refocus patients' behaviour. This will also require a step change in the way in which services are designed, commissioned and provided.

Our Five Year plan places Primary Care, alongside patients, at the centre of the health and social care economy. The aim being that not only will Primary Care continue to lead the design of the healthcare system via clinical commissioning, but also provide a greater range and improve the quality and safety of services delivered to patients and to support our plans for integration, moving care out of hospital and our reconfiguration of community services.

A coordinated, care system with services wrapped around the patient using integrated care services and support accessed and co-ordinated by Primary Care teams is the foundation stone for our strategic vision.

As a system we have used the Better Care Fund to support the development of integrated community health and care services and now wish to use the opportunities afforded through Primary Care co-commissioning to further strengthen our transformational programme and deliver at greater pace and scale.

Given the central role that primary care plays in the successful implementation of our strategic plans, we feel that an inability to shape the local primary care strategies including workforce development and premises would represent significant barriers to the implementation of our CCG strategy.

We also believe that the allocation of primary care funding, over and above core contracts, into individual streams, each with their own set of outcomes, risks duplication and limits the systems potential to deliver maximum return on investment and we see delegated local power to influence and align the primary care funding streams with our local transformational change investment including the Better Care Fund as key to optimising the patient and public benefits derived from wrapping community services around extended primary care teams.

## Options

The following table sets out the proposed CCG and Area Team roles and responsibilities

| | **Wiltshire CCG** | **Local Area Team** |
|---|---|---|
| **Delegated Authority for developing the Local Primary Care Strategy** | Ensure Primary Care Strategy is:<br>• Developed to meet the needs of the local population<br>• Aligned to support the delivery of the CCG five year plan and the integrated Better Care Plan<br>• Consistent with estates strategies / plans to develop the new care models in the 'onion'<br><br>Engage patients, public, providers and wider stakeholders in strategy and implementation planning<br><br>Stakeholder and consultee in dental, optometry and pharmacy primary care commissioning strategies to exploit potential for supporting urgent care plans and elective pathway development. | Assurance of plans<br><br>Stakeholder in primary medical care strategy development<br><br>Sharing learning between CCGs<br>Ensure risks around mis-alignment between the primary care strategies for neighbouring CCGs are identified and managed<br>(Similar to role currently performed by Area Team around commissioner and acute trust provider strategic risks)<br><br>Ensure alignment between the CCG strategies and priorities with the dental, optometry and pharmacy commissioning plans |
| **Delegated Authority for the commissioning of all primary care funding sitting outside of the core contract that can be locally tailored e.g. DES, LES, and 'local' QOF elements** | Planning and alignment of all available funding streams to ensure that they support both the delivery of the CCG strategy and the aggregate outcomes expected from each of the individual funding streams<br><br>Develop monitoring, reporting and evaluation processes to track progress, regularly reviewing and refining plans to ensure delivery of the defined outcomes | Assurance that the original principles / intended outcomes are contained within the plans and subsequently delivered<br><br>Ensure risks around mis-alignment between the primary care strategies for neighbouring CCGs are identified and managed<br><br>(Similar to role currently performed by Area Team around commissioner and acute trust provider strategic risks) |

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| **Greater influence in all other elements of primary care commissioning arrangements – particularly Workforce and Premises**<br><br>*NB – The CCG may wish to explore joint-commissioning or delegated responsibility for some of these elements in future* | CCG will act as an objective and supportive partner to both the Local Area Team and the Practices, attending practice visits and ensuring the:<br>• Local Area Team has access to local knowledge, including emerging risks and support to manage these risks.<br>• Practices are supported and NHS England have the local knowledge when dealing with practice provision issues<br><br>Stakeholder in quality improvement strategy development<br><br>Workforce<br>• Stakeholder in training and development planning<br>• Support development of integrated working between practice workforce and wider community teams<br>• Work with council and practices to reduce unnecessary hand-offs between practice, community health and social care community teams, developing individuals able to work across traditional organisational boundaries<br>• Provide support and guidance to address GP and practice staff recruitment issues<br><br>Premises<br>Work with NHS England and the practices to ensure that premises developments support the 5 year plan<br>• Ensure that local premises development is aligned to CCG / primary care estates strategy<br>• Support to practices and subsequent consultee in business case re primary care premises development<br>• Inform Area Team of opportunities to utilise more effectively e.g. joint opportunities with the council | Ensure all related strategies and plans including dental, pharmacy, optometry, premises and workforce are:<br>• Developed to meet the needs of the local CCG populations<br>• Aligned to the delivery of the local CCG strategic plans and new care models<br><br>Accountable and responsible for transactional functions related to (not exhaustive):<br>- Contract Management<br>- Estates decision<br>- Budget decisions<br>- Quality Improvement Strategy<br>- Practice provision (including mergers, dissolution of GP contracts)<br>- List closure requests<br>- Cancer screening services<br>- Core contract<br>- Sanctions / disputes<br>- Contract variations |

The CCG would envisage developing the infrastructure and processes over the coming months with the expectation of moving to shadow working during 2014/15 supported by a clear work programme.

Full implementation including delegated authority for budgets is expected to be fully operational from 1st April 2015.

## Risks

The primary risk around not taking on an enhanced role for commissioning primary care would be the inability of the CCG to fully realise its strategic vision for future care and so fail to deliver the expected benefits for the local population.

The primary risk to taking on these powers and responsibilities is a possible conflict of interest for the local clinical commissioners. The CCG has well established governance arrangements in place to manage conflicts of interest, and these are set out in the CCG Constitution around Standards of Business Conduct, Managing Conflicts of Interest, Declaration and Registering of Conflicts and Transparency.

Lay and non-GP board members, combined with established, effective and transparent decision making and prioritisation processes, provide further robust structures to ensure we appropriately discharge our statutory duty and oversight is provided by the Audit Committee who critically review the internal control principles and ensure the adequacy and effectiveness of the governance processes, through internal and external audit.

We recognise that there may be a need to review the measures we have in place to ensure any co-commissioning arrangement is supported with the appropriate safeguards to guarantee probity and commit to working with NHS England to improve processes as required.

## Benefits

Working with our patients and public, the Health and Wellbeing Board and our member practices to assess need and develop our Primary Care Strategy, aligned to the CCG strategic vision and the Better Care Fund will deliver the following benefits:

- Deliver the vision set out within our five year plan, of extended primary care teams, supported by 'wrap-around' community, mental health and social care support to provide greater integration of health and care services wrapping services
- Create local ownership and engagement in the strategy, supporting commitment towards increasing personal responsibility
- Improve local knowledge of how are localities can work collaboratively across partners to improve integration
- Raise standards of quality within general practice by targeting new ways of working that reduce unwarranted variation and providing appropriate support where intervention is required

Through greater influence in the design of DES', we can create local flexibility to help deliver:

- Reduced health inequalities and increasing quality by tailoring solutions to meet the needs of our local population, particularly deprived areas, mental health conditions and learning disabilities
- A co-ordinated approach to targeting enhanced services that support delivery of our two and five year priorities

Acting as intermediary to the Local Area Team and the GP Practices, the CCG will be in a position to: provide the Local Area Team with information and access to local knowledge, support to identify and resolve emerging risks and identify local opportunities to optimise use of resources e.g. Identifying shared accommodation with the council to solve premises challenges, enhancing improving local connectivity. Improve engagement with practices by providing advice and support e.g. development of business cases for premises development.

## Quality issues

The CCG already has a statutory duty to assist and support NHS England in securing continuous improvement in the quality of primary medical services.

Any clinical governance issues from local QOF could be monitored through the already established committee structures in the CCG.

## Partnership issues

During the development of these initial plans we have been working collaboratively with the three other CCGs served by our Local Area Team i.e. Gloucestershire, Swindon and Bath & North East Somerset and, while recognising the subtle differences between the organisation's plans, are confident that there is a high degree of alignment in our intent with regards proposed co-commissioning arrangements. Primary care co-commissioning has also been discussed with Wiltshire County Council, who is supportive of our position.

This is explicitly a work in progress submission and subject to further engagement with key stakeholders, further guidance being developed by the NHS Commissioning Assembly project team and the subsequent operational planning and resource analysis.

## Estate/Infrastructure

Adoption of the recommended expanded powers for co-commissioning would enable the CCG to have a greater say over the development of primary care infrastructure across the county, to ensure it matches wider aspirations around use of community assets and facilities with our partners including Wiltshire Council.

## Procurement Issues

N/A at this stage

## Equality and Diversity

A full Equality Impact Assessment of the adoption of additional powers in respect of primary care commissioning has not been completed, however it is not anticipated that there will be any additional impact of this change upon equality and diversity.

## Legal Issues

N/A at this stage

## RESOURCE IMPLICATIONS

Prior to committing to any increased role in primary care commissioning the CCG would want to work with the Local Area Team to understand what capacity and resources from within the existing structures might be available to support the new commissioning arrangements.

The CCG recognise that for co-commissioning to deliver the intended benefits additional resources will be required. While determining the make-up of those additional resources, and how they will be funded, the CCG is conscious that the CCG running cost allowance will need to be adjusted to recognise the growth in responsibilities expected of the CCG.

## COMMUNICATIONS AND PRESENTATION

The CCG have started to engage clinical leaders, member practices and the LMC in the development of our expression of interest.

The Clinical Executive and LMC have discussed the proposals in some detail and have signalled their support for the proposed co-commissioning arrangements and deeper engagement will continue as we jointly develop a greater understanding of the detail that sits below our headline intentions.

The primary care co-commissioning options appraisal was shared with practices to collect views and feedback. The responses have demonstrated a variation in the level of understanding with regards primary care commissioning and as a result the CCG are planning to run sessions to create a common understanding of the opportunity and to explore GP member views on the proposed arrangements. We would expect to run these sessions following feedback from NHS England on our expression of interest.

An engagement programme to include public, patients, providers and other stakeholders will then be planned following the feedback on our expression of interest from NHS England.