

Wiltshire Clinical Commissioning Group
Governing Body
Paper Summary Sheet

For: PUBLIC session **PRIVATE session**

Date of Meeting: 27 January 2015

For: Decision **Discussion** **Noting**

Agenda Item and title:	GOV/15/01/12 Primary Care Co-Commissioning
Author:	Judith Dean, Implementation Director (Interim)
Lead Director/GP from CCG:	Jo Cullen, Group Director WWYKD
Executive summary:	<p>Primary Care is currently directly commissioned by NHS England through Area Teams.</p> <p>At the November Governing Body session the CCG decided that, subject to formal consultation and a mandate from member practices, they would submit an expression of interest to undertake joint commissioning of primary care.</p> <p>This paper summarises the background to the decision, the key aspects of the guidance and outlines the steps required to complete the submission to NHS England by the 30th January deadline.</p> <p>This paper has been approved at the Clinical Executive on 13 January 2015</p>
Evidence in support of arguments:	CCG Strategic Plan CCG Delivery Plan
Who has been involved/contributed:	CCG Clinical Executive CCG Governing Body Member GP Practices Wessex LMC NHS England
Cross Reference to Strategic Objectives:	Links to delivery of the Wiltshire CCG Strategic Five Year Plan

Engagement and Involvement:	<p>Programme of GP member engagement and consultation running until mid-February.</p> <p>No public engagement has taken place at this stage, although this supports delivery of the proposed model of care which has been through intense public, patient and stakeholder engagement and a programme of wider stakeholder engagement to ensure a clear understanding of what joint commissioning does and doesn't mean will take place following membership ballot, subject to a yes vote.</p>
Communications Issues:	Localities will be expected to develop robust communications plans with all stakeholders and public as part of the project implementation
Financial Implications:	While the CCG are not looking to move towards pooled budgets and many of the transactional arrangements will remain with NHS England, work is on-going to understand the likely staffing resource implications linked to joint commissioning
Review arrangements:	We have the opportunity to withdraw our application should the proposal not be supported by members, anytime before 31 st March 2015.
Risk Management:	Risk assessment and mitigating actions will be developed as part of the implementation plan
National Policy/ Legislation:	<p>NHS Five Year Forward View (Oct 2014)</p> <p>NHS England publication: Next Steps Towards Primary Care Co-Commissioning (Nov 2014)</p>
Equality & Diversity:	EIA assessment will be completed as part of the implementation planning, following member ballot.
Other External Assessment:	CCG application will be assessed nationally by NHS England
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body are asked to approve the wording for the objectives and benefits section of the submission, contained in Annex 1 and the amendments to the CCG constitution attached as Annex 2

PRIMARY CARE CO-COMMISSIONING

Issue

Primary Care is currently directly commissioned by NHS England through Area Teams and in May 2014, NHS England invited CCGs to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention being to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

This paper summarises the background to the decision, the key aspects of the guidance and outlines the steps required to complete the submission to NHS England in line with the CCG's intention to pursue a joint commissioning route.

Timing

Priority to meet the NHS England submission deadline of 30th January 2015

Recommendation

It is recommended that the Governing Body:

- Remind themselves of the background, note the progress in respect stakeholder engagement and formal consultation with member practice, together with risks and emerging plans for practical implementation
- Approve the objectives and benefits section of the CCG submission for joint commissioning arrangements
- Approve the required amendments to the CCG constitution

1. Background

In June 2014, Wiltshire CCG submitted an initial expression in taking on a greater role around co-commissioning primary care, in lieu of further clarification and guidance being made available in late autumn of 2014.

The expression of interest submitted, was for the CCG to take over the delegated responsibility for the development of primary medical care strategic development together with any funding that could be influenced locally to support the implementation of our five year strategy and new model of care, including LES, PMS growth funds, DES and key elements of QOF.

While the CCG was clear that it did not want to take on delegated responsibility for the core GP contract. The CCG saw the value in supporting practices to resolve provider related issues such as premises, list closures and recruitment etc. as these would impact the ability of the CCG to deliver the strategic vision.

2. National Context

2.1 Following a wide scale response from CCGs the national team revised guidance and subsequently issued *Next steps towards primary care co-commissioning* (Nov 2014)¹ which provided an opportunity for CCGs to review and refresh their submission, along with further clarification of the opportunities and parameters of each model, financial information and a tool kit to guide governance arrangements. A national framework for handling conflicts of interests is under development.

2.2 Co-commissioning aims to:

- Recognise the local knowledge of CCGs which the Area Teams do not have or cannot maintain
- Break down barriers in tiers of care
- Increase out of hospital provision by enabling CCGs to invest in Primary and enhanced Primary Care

2.3 There will be potential benefits for patients and the public:

- Improved access to primary care and wide out of hospital services with more services available closer to home
- High quality out of hospital care
- Improved health outcomes, equity of access, reduced inequalities and
- A better patient experience through more joined up services

3. Co-Commissioning Models

The three models for primary care co-commissioning set out in refreshed NHS England guidance, which CCGs re invited to express an interest in being part of are:

1. **Greater involvement** in primary care decision making (to collaborate more closely with the area team)
2. **Joint commissioning** arrangements (could be more than one CCG to assume responsibility to jointly commission primary medical services with the area team through a joint committee)
3. **Delegated commissioning** arrangements (full responsibility for commissioning general practices)

4. Appraisal of Co-Commissioning Models

¹<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

4.1 Greater involvement in primary care decision-making

This model means the CCG would meet with the Area Team more frequently and be surveyed quarterly by the National team at NHS England to ensure the 2 bodies are working well together.

There is a lack of clarity over how this informal engagement with the Area Team could help and support the transition and improvement to full delegated primary care co-commissioning

4.2 Joint Commissioning Arrangements

This model of co-commissioning would see the Area Team and CCG setting up a formal joint committee where both parties sign off commissioning decisions. The Area Team's role in this model mitigates conflicts of interest and financial risk as the Area team will retain budgets and liability whilst sharing some decision making.

4.3 Delegated Commissioning

In this model all functions (excluding the performers list and potentially the premises portfolio) would be delegated to the CCGs. This would mean local influence over investment and in the longer term, the chance to develop local quality schemes and move away from national QOF measures (by membership agreement). Whilst this model is simpler in some terms than joint commissioning – whereby joint committees and governance must be worked through – this model comes with significant financial and resourcing risks.

5. Proposal and Next Steps

5.1 At the November Governing Body session the CCG decided that, subject to formal consultation and a mandate from member practices, they would submit an expression of interest to undertake Joint Commissioning. This will be an expression of interest not a 'fait accompli'; and once we have submitted on 31 January 2015, we will have another 8 weeks before we are notified of any decision by NHS England, with any changes coming in from 1st April. If the membership does not support the joint commissioning application then we can withdraw from the process at any time.

The models outlined are entirely optional, so we can chose to not take on any such additional responsibility should the membership not wish to. Either of the possible two decisions which entail taking on more responsibilities presents a significant decision for general practices as each would have an impact on the remit of the CCG (and we would have to change our constitution accordingly). Any decision about which option we wish to pursue will need to be properly mandated by the membership.

The deadline for submission to NHS England for Joint Commissioning is 30th January and requires the following:

5.2 Objectives and benefits – a maximum of 400 words, briefly describing the objectives and intended benefits of the joint commissioning arrangements, particularly the benefits to patients

Draft for approval is contained in Annex 1

5.3 Evidence to support checklist to be completed by the Area Team (please note that where evidence is not complete, NHS England will need to see plans for completing prior to 31st March)

Joint Commissioning Checklist	CCG Evidence
CCG has complied with statutory duties regarding the involvement of members and other key stakeholders in the development of joint commissioning arrangements	<ul style="list-style-type: none"> • Briefing sent to all practices outlining the context and options available to the CCG • Single co-commissioning email account created to receive and collate all queries and comments from member practices • Joint CCG / LMC roadshows member practices in place and running until 12th February to ensure common understanding and inform members prior to ballot • Briefing paper shared with January Health and Well-Being Board • Building on the public engagement that was carried out in support of the Five Year plan development a public engagement programme will take place through March
CCG has involved its members in the development of joint commissioning arrangements and the governing body has ratified the proposed governance changes	<ul style="list-style-type: none"> • As above re evidence around membership involvement • Ratifying changes evidenced by January 2015 Governing Body minutes
CCG Governance structure, including terms of reference incorporating scheme of delegation is attached	<ul style="list-style-type: none"> • Updated Constitution – <i>Annex 2 for ratification by CCG Governing Body</i>
CCG has reviewed its conflict of interest policy in line with the forthcoming statutory guidance	
Constitution has been amended and is attached	
Area Team governance structure has been amended	<ul style="list-style-type: none"> • Area Team to complete
Will a pooled fund be put in place under this arrangement	<ul style="list-style-type: none"> • n/a - no pooled fund planned at this stage

6. Governance Arrangements for Joint Commissioning

6.1 Individual CCGs and NHS England would remain accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation. This means that in this arrangement, NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

6.2 Under joint commissioning CCGs are expected to form a joint committee or committees with the area team. It is for the area teams and the CCG to agree the full membership of their joint committees.

In the interests of transparency and the mitigation of conflicts of interest, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board will have the right to join the joint committee as non-voting attendees. Although NHS England state that there neither HealthWatch or the Health and Wellbeing Boards are under any obligation to nominate a representative, there would be significant mutual benefits from their involvement.

6.3 The CCG has an existing Primary Care Programme Board in place since May 2014, in line with the CCG Programme Management approach, which is Chaired by Dr Gareth Bryant (Medical Director of Wessex LMC) and Vice Chaired by Debra Elliott, NHS England and Jo Cullen, CCG with membership made up of the three GP Group Chairs or Vice Chairs, CCG management, and NHS England officers. The CCG, having discussed this with NHS England and the LMC, plan to use this existing body as the basis from which to create the joint committee. The CCG are keen to engage both HealthWatch and Wiltshire council and subject to support from member practices would like to invite a representative from each to attend the committee.

The current terms of reference are attached as Annex 3.

7. Conclusion

7.1. The Governing Body are asked to approve the wording for the objectives and benefits section of the submission, contained in Annex 1.

7.2 The Governing Body are asked to approve the proposed amendments to the CCG constitution contained in Annex 2.

7.3 Next Steps:

- The process of engaging and consulting with members will continue until 26th February.
- A report on the outcome of the member consultation process will come to the Governing Body following the ballot (please note that should the membership elect not to support Joint Commissioning, the submission can be withdrawn anytime before 31st March 2015).
- Public and wider stakeholder engagement plan development and roll out.

- Development of an implementation plan including work programme, committee set up, resource requirements and risk mitigation to support both transition period in March and operational running from April 2015.

Annex One: CCG submission of objectives and benefits of co-commissioning

Wiltshire CCG has a vision that **Health and Social Care services should support and sustain independent healthy living**. The design of our future Care system is based on three key principles:

- People encouraged and supported to take responsibility for their well-being
- Equitable access to a high quality and affordable system, which delivers the best outcomes for the greatest number
- Care delivered in the most appropriate setting at, or close to, the patient's home

The public and stakeholder work confirmed that our population wants joined-up services available in their communities, meaning we have to extend and enhance our primary care services.

The Five Year plan places primary care alongside patients at the centre of the health and social care economy. Given the central role of primary care, there are direct benefits to our population in being able to shape local primary care strategies; workforce development, high level GP recruitment and retaining high level of retention and appropriate premises will all support implementation and ensure outcomes are aligned to the strategic vision.

We have a strong track record of working with NHS England on Primary Care development, through our clinically led and LMC chaired Primary Care Programme board. Joint commissioning allows us to build on this and secure maximize benefit from primary care investment, over and above core contracts. This opportunity to align our local transformational change investment will help deliver:

Reduced health inequalities and increased care quality by tailoring solutions to meet the population needs, particularly in deprived areas and where mental health conditions and learning disabilities prevail

A co-ordinated approach to targeting enhanced services that support delivery of our strategic priorities

Access to local, area and nation-wide information will support the development of a high quality consistent core offer. Strengthening our ability to address unwarranted variation in the quality of care for patients, identify any emerging delivery risks and highlight opportunities to optimise use of resources.

Summary expected benefits include:

- Raising standards of quality within general practice, reducing unwarranted variation and providing appropriate support where intervention is required
- Delivery of our vision to support extended primary care teams with aligned 'wrap-around' community, mental health and social care provision to provide integration of health and care services and greater consistency of outcomes
- Create local ownership and engagement in the strategy, supporting commitment towards increased personal responsibility
- Improve local knowledge of how our localities can work collaboratively across partners to improve integration

Annex Two: Required Amendments to the CCG Constitution for Joint Commissioning Arrangements

The joint commissioning model of co-commissioning would see the Area Team and CCG setting up a formal joint committee where both parties sign off commissioning decisions. NHS England Area Team will retain budgets and liability whilst sharing some decision making with the CCG.

Where delegated responsibilities are being discharged collaboratively, the joint (collaborative) arrangements must:

- identify the roles and responsibilities of those CCGs, local authorities or other bodies who are working together;
- identify any pooled budgets and how these will be managed and reported in annual accounts;
- specify under which CCG's Scheme of Reservation and Delegation and supporting policies the collaborative working arrangements will operate;
- specify how the risks associated with the collaborative working arrangement will be managed between the respective parties;
- identify how disputes will be resolved and the steps required to terminate the working arrangements;
- specify how decisions are communicated to the collaborative partners.

The Constitution will require a description of the roles and responsibilities of the named joint committee with detailed membership. Terms of reference for the joint committee must be appended to the Constitution. Information about the operation of joint committees has already been added to the Constitution.

Scheme of Reservation and Delegation

The CCG's Scheme of Reservation and Delegation sets out:

- those decisions that are reserved for the membership as a whole;
- those decisions that are the responsibilities of the Governing Body (and its committees), the Locality Group Committees, the CCG's committees and sub-committees, joint committees, individual members and employees.

The CCG will be required to update the Scheme of Reservation and Delegation to detail the duties and decisions delegated to the joint committee. The CCG remains accountable for all of its functions, including those that it has delegated.

Standards Of Business Conduct and Managing Conflicts Of Interest

Employees, members, committee, sub-committee and joint committee members of the CCG must, at all times, comply with the Constitution and be aware of their responsibilities as outlined in it. They must comply with the CCG's policy on business conduct, including the requirements set out in the policy for managing conflicts of interest. This policy will be updated to acknowledge '*Managing Conflicts of Interest: Statutory Guidance for CCGs*' issued December 2014 and reflect addition local governance arrangements for joint commissioning. This Policy will be verified by the Local Counter Fraud Service.

Prime Financial Policies

Within the CCG Prime Financial Policies additional clarifying detail will be required to reflect joint commissioning for tendering and contracting, and commissioning.

Annex Three

Current TOR Primary Care Programme Board



PC Programme Board
TofR v1.3 11.07.14.c