

<b>Title of meeting:</b> Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).			
<b>Date of Meeting</b>	11 <sup>th</sup> October2016	<b>Paper Number</b>	11
<b>Title</b>	Delegation of Primary Care Commissioning Progress Update		
<b>Sponsoring Director</b> (name and job title)	Fiona Slevin-Brown, Director of Strategy and Commissioning		
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	Clive Bowman Lay Chair JCC CIC		
<b>Author(s)</b>	Jacky Walters Programme Lead		
<b>Purpose</b>	To appraise the Joint Commissioning Committee on the progress towards WAM CCG application for delegated responsibility to commission primary care (medical) services for their population.		
<b>The Primary Care Joint Commissioning Committee is required to (please tick)</b>			
<b>Approve</b>	<input type="checkbox"/>	<b>Receive</b>	<input checked="" type="checkbox"/>
<b>Discuss</b>	<input type="checkbox"/>	<b>Note</b>	<input checked="" type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	The Transition Working Group has reviewed current risks for the move to delegation and there are no red risks to highlight to the governing body at this stage.		
<b>Legal implications/regulatory requirements</b>	Changes to CCG constitution will be required for April 2017		
<b>Public Sector Equality Duty</b>	None for this report		
<b>Links to the NHS Constitution (relevant patient/staff rights)</b>	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and</p>		

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	<p>sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>
<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Reflects primary care strategies and federation strategy to work collaboratively where possible.</p>
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>Director of Finance is part of the Transitional Working Group Primary Care budget £17.3m will come to CCG. Staffing to manage transfer of functions to be reviewed with NHS England. Memorandum of understanding arrangements with NHS England to be discussed for transition. Consideration of any areas for risk share.</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>Deputy director of Quality Nursing &amp; Safety is part of the Transitional Working Group. CCG Nursing and Quality Directorate to work with opposite team in NHS England South (Central) to agree transition responsibilities and arrangements.</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>WAM CCG has a lead GP for the transition work. Both Slough CCG and Bracknell and Ascot CCG have open invitations for clinical leads to attend.</p> <p>WAM CCG Assembly is appraised of progress from the Transition Working Group.</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>The Transitional Working Group is chaired by a WAM CCG Lay member and all other Lay members across the 3 CCGs are invited and included in the circulation of agendas and minutes.</p> <p>The transition plan includes the development of a communications plan to include updates to Patient Participation Groups, Health and Wellbeing Boards and the Partnership Forum.</p> <p>There will be a dedicated area on the WAM CCG</p>

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	<p>website with the link to submit communications and questions highlighted. This will be open to public and member practices.</p> <p>A Primary Care bulletin is also being developed to engage and inform member practices of all primary care issues.</p>
<p><b>NHS Outcomes</b>  Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:  Please note there may be more than one Domain.</p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<b>Co-Commissioning governance</b>	
Which CCG does this Paper relate to or potentially effect?	Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell & Ascot <input checked="" type="checkbox"/>
Is this paper related to a CCG statutory function?	Yes – delegated through co-commissioning
Is this paper related to a NHS England statutory function?	Yes – primary care commissioning
Potential conflicts of interest (who for?) GP's, Practice Managers, Federations, Councils,	None
Are all voting members eligible to vote?	No voting required
<p><b><u>Executive Summary</u></b></p> <p>This paper will;</p> <ul style="list-style-type: none"> <li>Appraise the Joint Commissioning Committee on the progress towards WAM CCG application for delegated responsibility to commission primary care (medical) services for their population from April 2017.</li> <li>Highlight the legislative changes.</li> <li>Indicate the benefits for patients.</li> <li>Report the progress and governance of the Transition Working Group (TWG). Terms of reference are supplied at Appendix A.</li> </ul>	

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- There are no extreme risks identified against this programme currently. Some medium to moderate risks and being managed and can be seen at Appendix B. There is currently high engagement at an executive level across all CCG directorates.

Although majorly referencing WAM CCG, this work is inclusive of Slough CCG and Bracknell and Ascot CCG so that learning is shared for when they make the transitional journey to delegation.

### **Recommendation(s)**

The JCC is asked to receive and note this report.

The JCC is asked to support WAM CCG in submitting its application to NHS England Central Board on 5<sup>th</sup> December 2016. The application will be presented to the CCG Audit Committee on 11<sup>th</sup> November for recommendation to the WAM CCG Governing Body to approve on 16<sup>th</sup> November 2016. An update will be available to the JCC/CIC on 10<sup>th</sup> January 2017.

<b><u>Chairs Use Only</u></b>	
Any known conflicted committee members from Declarations of Interest register?	No

### **Introduction**

This paper sets out the stages to fulfil the requirements for WAM CCG to proceed with its application to take on delegated responsibility from NHS England for the commissioning of primary medical care services from April 2017.

A task and finish Transition Working Group (TWG) has been set up to oversee and support the transition from now to April 2017.

Key points to understand are that NHS England is delegating the functions, not transferring them and as such NHSE remains accountable and so has to have a direct line of sight to the work of the new delegated Primary Care Commissioning Committee (PCCC) for WAM CCG. Performance will be monitored as part of the current CCG/NHSE quarterly assurance meetings. From April 2017 the PCCC will operate as a subgroup of the WAM CCG Governing Body with a line of accountability to NHS England (South).

### **Delegated functions**

For clarity, the functions that will become delegated to WAM CCG are detailed below:

**a)** decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

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- i) decisions in relation to Enhanced Services;
  - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
  - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
  - iv) decisions about 'discretionary' payments; (such as maternity and long term sickness)
  - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b)** the approval of practice mergers;
- c)** planning primary medical care services in the Area, including carrying out needs assessments;
- d)** undertaking reviews of primary medical care services in the Area;
- e)** decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f)** management of the Delegated Funds in the Area;
- g)** Premises Costs Directions functions;
- h)** co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i)** such other ancillary activities as are necessary in order to exercise the Delegated Functions.

The above functions are in addition to those functions below that are already set out as part of the CCGs responsibilities.

Full details at <sup>1</sup><https://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf>

1. Duty to **commission certain specified health services** for residents and registered patients in its Area.
2. Duty in securing **continuous improvement in the quality** of primary medical services.
3. Duty of the CCG to **comply with the direction** of functions in relation to the provision of primary medical services. If directed by the (NHSE) Board.
4. Duty to **follow prescribed descriptions** of primary medical services. Registered patients and Core Hours definitions.

### **Transition Working Group (TWG)**

The terms of reference (TOR) for the Transition Working Group (TWG) leading to delegated Primary Care Commissioning for WAM CCG have now been agreed. See Appendix A. This group meets monthly and will make decisions related to the preparation and delivery of the application to NHS England for delegation on 5<sup>th</sup> December 2016. It reports to the WAM

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CCG governing body with updates to the Primary Care Joint Commissioning Committees, Committee in Common (JCC/CIC).

Requirements around primary care commissioning determine that meetings should have a non-clinical majority in order to reflect best governance around the management of conflicts of interest.

For that reason, the transition group has a Lay chair, executive members and an open invitation to all other Lay members of the 3 East Berkshire CCGs. There are 3 GP representatives in total. Both Slough and Bracknell and Ascot CCGs are invited to be part of the TWG, as much of the detail will be relevant for when they later make the transition.

There are key milestones and responsibilities for the steps to application submission on December 5<sup>th</sup> 2016. These are currently on track with no significant risk to delivery identified.

In January 2017, NHS England will communicate the outcome of the application with the CCG. If successful, then a Delegation Agreement document will be issued for the legal delegation of functions from April 2017.

In order to support the CCG in taking on these responsibilities, NHS England has been offering a suite of Memorandum of Understandings (MOUs) across the functions of Finance, Quality, Communications and Engagement and more general Primary Medical Services Support. WAM CCG and the senior management team are already sharing and discussing the content of these with NHSE South Central. This will ensure that in Quarter four when the local MOUs are offered by NHS England there is a good core of understanding of where priorities and requirements will predominate.

### **Workforce**

All directorates are engaged and committed to working with the NHS England team to effect a smooth, efficient and effective outcome to transition and thereafter.

A very important part of transition is to prepare for the workforce that is needed to deliver these new responsibilities. The implementation support document 'Next steps towards primary care commissioning' NHSE November 2014, states that pragmatic and flexible local solutions will need to be agreed by CCGs and area teams to put in place arrangements that will work locally. These local agreements will need to ensure that:

- CCGs that take on delegated commissioning responsibilities have access to a fair share of the area team's primary care commissioning staff resources to deliver their responsibilities; and
- Area teams retain a fair share of existing resources to deliver all their ongoing primary care commissioning responsibilities.

There will be no nationally prescribed model: this will be a matter for local dialogue and determination. However, NHS England is committed to supporting local discussions in any way deemed helpful.

Alternatively, some CCGs may wish to integrate primary care commissioning support with wider commissioning support from their Commissioning Support Unit (CSU). Again, in this

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scenario, arrangements should be agreed and implemented locally with particular attention to the practicalities.

The CCGs as part of primary care transformation programme have a subgroup that is focussing on workforce. This is led by the Assistant Director for Primary Care and the Director of Nursing and Quality and it has been agreed that the needs of Primary Care Commissioning will be supported through that route.

### **Communications and Engagement**

The TWG has a work stream that will focus on the communication and engagement requirements through the transition process. This will include engagement with member practices, Health and Wellbeing boards, patient and public groups and Healthwatch. The aim is to establish an area on the WAM CCG website with the link to submit communications and questions highlighted. This will be open to public and member practices. A Primary Care bulletin is also being developed to engage and inform member practices of all primary care issues.

The clinical lead for WAM is working with members and patients to agree a short objectives and benefits statement to reflect the role of delegated commissioning that will enable all stakeholders to be engaged in understanding and supporting the desired outcomes from operating at greater scale and in greater collaboration. Members of JCC/CIC will be part of this work.

There are two scenarios below that demonstrate how delegation responsibility can enhance the way that primary care functions might be delivered.

## **Practice wants to closedown**

<b>Pre delegation</b>	<b>Post April 2017</b>
Practice notifies NHS England of intention to close 9-12 months notice. NHSE will talk to practice and CCG to see if local solution.	CCG is made aware through its contact with practice that it is considering closedown. This is likely not to be a surprise due to regular communication at a local level.
NHSE conducts needs and impact assessment and engagement proposal. Works with CCG and practice to conduct this.	Both discuss the options for sustainability if desired. Are there things that can be done to support the practice with the help of other local providers or through local scheme? Consider how this fits with the CCG Primary Care strategy, is there opportunity that can benefit all? If still closedown then this will be managed closer to the community and with closer involvement of other providers locally to seek solutions.
Follows single operating procedure for practice closedown	The new commissioning committee with wide expertise and local membership will be the vehicle to steer the process. Real incentive to look at the whole patient pathway in light of other commissioning decisions.
	Will still need to follow single operating procedure for practice closedown but variations on the one closedown option might emerge.

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## CCG wants to commission a service from general practice as part of its musculo-skeletal pathway *(fictitious) ?*

Pre delegation	Post April 2017
General practice is considered best provider to employ and share use of early physio and GP assessment and a business case and specification is developed.	General practice is considered best provider to employ and share use of early physio and GP assessment and a business case and specification is developed.
CCG has to request agreement from NHSE to issue this locally commissioned service <u>as it would be using funding allocated by NHSE for reducing A&amp;E attendance</u> . The contract would also be with General Practice and NHSE holds the contract.	CCG has already reviewed business case for value. Primary care governance checks have been made. Supports transformation of primary care and sustainability through skill mix and coherent patient care pathway reducing inefficiencies.
NHSE needs to seek internal approval (time). It could then say that the funding can only be used to pay for time that is extra hours for existing primary care staff. It would want not risk having revenue costs beyond the allocated budget without extra assurances.	Recommended to Primary Care Commissioning Committee to use the NHSE primary care funding and additional funding if required for revenue. Approval and implementation within 3 months.
If approved, NHSE could add a number of caveats, extra reporting requirements and have the ability to require the CCG to cease the service if not satisfied.	

### **Conflicts of Interest and Governance**

The TWG is directed in the same way as the joint co-commissioning committee (JCC) by the most recent revised statutory guidance for CCGs on Managing Conflicts of Interest, published June 2016.

Declarations of Interest are recorded and held by the Head of Corporate Services and available publicly on the CCGs websites. Declarations will be required at the start of all TWG meetings and there is a process for new declarations and for management of existing conflicts at these meetings.

The 3 CCG collaborative is in the process of updating its Managing Conflict of Interest policy and will discuss this with the TWG as part of its consultation and in specific reference to the requirements around primary care commissioning.

Changes to the WAM CCG Constitution will be required for delegated responsibility and this is currently being drafted and will be managed through the Corporate Governance Team along with other planned amendments that are imminent.

The TWG is working on the first draft of the TOR for the new delegation Primary Care Commissioning Committee (PCCC) for WAM CCG. Conflicts of interest management will be of paramount importance and is reflected in the proposed makeup of the committee and governance arrangements. This will be going to WAM members Assembly in October for discussion and approval and then to Audit Committee for review and WAM Governing Body for sign off in November as part of the application.

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## **Appendix A**

### **Terms of Reference**

Windsor, Ascot and Maidenhead (WAM) Clinical Commissioning Group  
Delegation of Primary Care Commissioning

### **Transitional Working Group (TWG)**

#### **1. PURPOSE OF THE GROUP**

To ensure a smooth transition to fully delegated arrangements for Primary Care Commissioning from 1<sup>st</sup> April 2017. The group will make decisions related to the preparation of the application to NHSE and the transition and operations related to establishing a new Primary Care commissioning Committee.

The group will review the offer from NHSE of Memorandum(s) of Understanding and arrangements to transition of all delegated functions to the WAM CCG on either a full or shared basis throughout 2017-2018.

#### **2. OBJECTIVES**

- To agree a transition delivery plan
- To oversee the delivery of that plan
- To facilitate the actions required by key senior personnel to effectively meet deadlines and resolve issues in a timely way
- To manage communications with member practices and wider stakeholders
- To ensure that primary care commissioning is fully owned throughout the CCG and becomes embedded as part of the organisations commissioning business and operational structures
- To agree ongoing roles and responsibilities within the CCG and wider CCG collaborative
- To identify any risks and mitigating actions as they arise, escalating to the WAM CCG Governing Body and NHS England as required

#### **3. ACCOUNTABILITY**

##### **Accountable to:**

Monthly reporting to WAM CCG Governing Body and updates to members assembly.

Quarterly updates to Primary Care Joint Co-Commissioning Committee /Committees in Common (JCC/CIC)

Regular briefings to Executive Management Team

#### **4. DECISION MAKING AND REPORTING**

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The TWG will make decisions related to the preparation and delivery of the application to NHS England.

The final sign off the application will be the responsibility of WAM CCG Governing Body.

## **5. MEMBERSHIP**

The Transition Working Group shall consist of:

### ***Membership***

Independent Lay member for governance (Chair)  
Director of Strategy and Operations (or nominated deputy)(vice chair)  
Director of Nursing and Quality (or nominated deputy)  
Director of Finance and Performance (or nominated deputy)  
Head of Corporate Services (CCGs)  
NHS England Representative  
Communication Lead for WAM  
Senior manager primary care  
One GP representative from each CCG

There will be a standing invitation to WAM CCG Governing Body Lay PPI member.  
There will be a standing invitation for Slough CCG and Bracknell and Ascot CCG Lay Governing Body members and GP representation to attend.

## **6. QUORACY AND VOTING**

There will be no voting requirements of the TWG. Decision will be made by majority agreement. In the event of this not being possible then the Chair will need to refer the decision to the WAM CCG Governing Body.

NHS England South (South Central) will have a key role of the group to advise and support the members in deliberations and decision making.

There must be at least 3 members present to include the chair or vice chair and one primary care manager

## **7. MEETING FREQUENCY AND CONDUCT**

Meetings of the TWG will be monthly prior to application (Dec) and will thereafter require meetings to meet specific requirements to complete the transition process for April 2017.

Members of the Group have a collective responsibility for the operation of the Group. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The Group may call additional experts to attend meetings on an ad hoc basis to inform discussions.

The group may assign task and finish pieces of work to be completed by others between meetings.

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The Group shall respect confidentiality requirements as set out in the CCG Standing Orders.

### Secretariat

The Group will be supported by a Primary Care Manager.

## **8. GOVERNANCE AND MANAGEMENT OF CONFLICTS OF INTEREST**

The roles of the appointed Lay chair and Vice chair are of utmost importance to the open and transparent governance arrangements for the Group.

The Group will ensure that all potential conflicts of interest are managed in an open and transparent manner and following the NHS *England Managing conflicts of interest: statutory guidance for CCGs* June 2016.

CCGs must maintain a register of interest of the members of the committee and must publish these registers and make arrangements to ensure that members of the public have access to these registers on request.

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the committee as soon as they become aware of it, and in any event within 28 days.

Members must declare any interests at the start of the meeting and will have to exclude themselves from any part of the decision making process in relation to the agenda item in question. This will include discussion beforehand if so requested by the Chair.

## **9. REVIEW OF TERMS OF REFERENCE**

The TWG should be a task and finish group with review once delegation has been effectively operationalised. In April 2017, the new WAM Primary Care Commissioning Committee (PCCC) should decide when to formally dissolve the TWG.

Date approved: 24 August 2016 at TWG

For information to:

WAM CCG Governing Body 5<sup>th</sup> October 2016  
JCC/CIC 11<sup>th</sup> October 2016

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## Appendix B

Risk ID	Principal Risk	Risk Owners	Likelihood	Impact	Risk (L x I)	Mitigating actions	Progress Sept 2016
TWG_01	<p><b>TWG Risk: Workforce</b></p> <p>There is a risk that if sufficient capacity cannot be clearly identified across the organisation to deliver the functions of delegated commissioning that the CCG may not meet its delegated obligations.</p>	Director of Strategy & Commissioning	2	3	6	<p>TWG in place with senior membership from all CCG departments.</p> <p>Meeting is chaired by Lay Member for Governance.</p> <p>Staffing plan has been modelled to show connections between departments and external agencies.</p> <p>Detailed functions database has been established using experience from other areas and guidance from NHS England.</p> <p>All Directors are sited and engaged in this programme.</p>	<p>First monthly TWG meeting held 24<sup>th</sup> August.</p> <p>Action plan in place following meeting to begin to look at individual functions in detail by department</p>
TWG_02	<p>There is a risk that relevant skill and knowledge of Primary Care may not be available to deliver delegated functions if CCG cannot recruit staff and NHS England staff were to leave.</p>	Director of Strategy & Commissioning	4	3	12	<p>CCG is actively recruiting to the Primary Care Team to 1 WTE remaining vacancy.</p> <p>Interim primary care support is in place to support application and delegation programme.</p> <p>Existing Primary Care Team staff will attend national training events related to primary care.</p> <p>Specific functions provided through CSCSU are maintained.</p>	<p>Two periods of recruitment have not been successful. AD of Primary Care is reviewing situation prior to re-advertising.</p> <p>AD will have discussions with NHS England regarding any staffing opportunities.</p> <p>To have discussions with other CCGs in local footprint about skills and recruitment</p>

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Risk ID	Principal Risk	Risk Owners	Likelihood	Impact	Risk (L x I)	Mitigating actions	Progress Sept 2016
TWG_03	Any lack of capacity within the communications team could have a detrimental effect on communication with member practices and subsequent support to take on the delegation responsibility.	Director of Nursing & Quality	2	3	6	Recruitment to pending vacancy is taking place.  Communications & Engagement manager is on the TWG membership and will be scoping the requirement of the team to highlight any risks.	Confirmation that communications team member can attend the TWG going forward.
TWG_04	<b>TWG Risks</b> <b>Finance &amp; contracts:</b> If there are unforeseen additional expenses incurred due to delegation functions then this could have a negative impact on WAM CCGs financial position post April 2017.	Director of Finance and Performance	2	3	6	The Director of Finance and Performance is working closely with the Finance Team in NHS England to look at the granular detail of function for the team and budgets.	First monthly TWG meeting held 24 <sup>th</sup> August.
TWG_05	If WAM CCG does not have access to the CQRS system then there is a risk that practices will not be paid QOF from April 2017 in a timely manner.	Director of Finance and Performance	1	3	3	Steps have already been taken to enable early access to the system to ensure familiarity at the CCG and that there will be no late barriers to full access.  Set up named CCG staff to have access to the CQRS system for the purposes of commissioning and reviewing Quality & Outcomes Framework achievements.	Consent is being requested from all WAM practices for early access.

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Risk ID	Principal Risk	Risk Owners	Likelihood	Impact	Risk (L x I)	Mitigating actions	Progress Sept 2016
TWG_06	The new national Capita <b>contract</b> that conducts a range of direct primary care support functions is held by NHS England. If this under performs there could be limited ability for the CCG to influence and improve the service to patients.	Director of Strategy & Commissioning	3	2	6	<p>Currently there are monthly webinar meetings with NHSE and Primary Care Leads in CCGs where these matters are raised and escalated to NHSE Central via the local NHSE team.</p> <p>AD Primary care will work with NHS England and other local CCGs to ensure that there is a conduit in place where CCGs can escalate these matters and receive feedback for practices.</p>	<p>This will be discussed at the TWG and the current monthly webinars.</p> <p>Sight of the Capita contract has been requested.</p>
TWG_07	<p><b>TWG Risks</b></p> <p><b>Practice sustainability:</b> If the CCG is not aware of all individual practice legacy issues by April 2017 then practices may not receive the support they require and be vulnerable to sustaining services.</p>	Director of Strategy & Commissioning	3	3	9	<p>There is already a Primary Care Quality Improvement meeting established with wide membership including NHSE and practice representation.</p> <p>A primary care dashboard has been developed to highlight risks.</p> <p>The TWG has started the processes of mapping the detail that will need to be reviewed to support safe transfer of information from NHSE to CCG for delegation responsibility.</p> <p>Memorandum of understanding will be agreed before April 2017 between NHSE and WAM CCG to secure transitional support throughout the first year.</p>	First monthly TWG meeting held 24 <sup>th</sup> August.

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