

|  |  |                            |  |  |  |             |  |
|--|--|----------------------------|--|--|--|-------------|--|
| <b>Title of meeting:</b>   |  |                            |  | <b>Primary Care Joint Commissioning Committee Committee in Common</b>  |  |             |  |
| <b>Date of Meeting</b>   |  | 12 <sup>th</sup> July 2016 |  | <b>Paper Number</b>  |  | 11          |  |
| <b>Title</b>   |  |                            |  | Progress on delegation of primary care commissioning   |  |             |  |
| <b>Sponsoring Director</b>   |  |                            |  | Fiona Slevin-Brown,<br>Director of Strategy and Operations   |  |             |  |
| <b>Sponsoring Clinical / Lay Lead</b>  |  |                            |  | Jim O'Donnell, Dr William Tong, Dr Adrian Hayter<br>CCG Clinical Chairs  |  |             |  |
| <b>Author(s)</b>   |  |                            |  | Jacky Walters Programme Lead   |  |             |  |
| <b>Purpose</b>   |  |                            |  | This paper provides an update on progress and recommends the process for going forward is noted.   |  |             |  |
| <b>The Primary Care Joint Commissioning Committee Committee in Common is required to (please tick)</b>   |  |                            |  |  |  |             |  |
| <b>Approve</b>   |  | x                          |  | <b>Receive</b>   |  |             |  |
|  |  |                            |  | <b>Discuss</b>   |  |             |  |
|  |  |                            |  |  |  | <b>Note</b> |  |
|  |  |                            |  |  |  | x           |  |
| <b>Risk and Assurance</b><br><i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>  |  |                            |  | The first part of the paper provides the outcome of the three recent CCG member votes. All 3 CCGs are still engaged in co-commissioning and so there is no risk to the commissioning of primary care services.   |  |             |  |
| <b>Legal implications/regulatory requirements</b>  |  |                            |  | Currently only WAM CCG has voted to proceed  |  |             |  |
| <b>Public Sector Equality Duty</b>   |  |                            |  | Not applicable to this issue.  |  |             |  |
| <b>Links to the NHS Constitution (relevant patient/staff rights)</b>   |  |                            |  | To ensure that all people have access to health services.  |  |             |  |
| <b>Strategic Fit</b><br><i>Primary Care strategy? and Other relevant strategies</i>  |  |                            |  | The role of co-commissioning and delegated commissioning of primary medical care enables local primary care strategies to be delivered and supports the operating plan and sustainability and transformation plan delivery.  |  |             |  |
| <b>Commercial and Financial Implications</b><br><i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i><br><br><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> |  |                            |  | Strong primary care is fundamental to the sustainability of the local health system. Fully delegated commissioning gives greater freedom for how primary care finances are used, but we will continue to work with NHS England to get maximum value for local patients from the primary care (GP) allocations, whether the budget be fully delegated or jointly commissioned. We will also seek assurances from NHS England for the continuity of high quality central support to primary care contracting arrangements<br><br>Date Deputy CFO sign off ...8 <sup>th</sup> July 2016 |  |             |  |

|  |   |
|--|---|
| <p><b>Quality Focus</b><br/><i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets<br/>Include date the Director of Nursing has signed off the quality implications)</i></p> | <p>The Director of Nursing and Quality had concluded that the closer involvement of the local quality team with the commissioning of primary medical services is beneficial to the impact on the quality of services that patients will receive. Furthermore it will enable closer engagement with GP Practices to address any quality issues.</p> <p>Date Director of Nursing sign off...8/7/2016</p>  |
| <p><b>Clinical Engagement</b><br/><i>Outline the clinical engagement that has been undertaken</i></p>  | <p>Each CCG members committees have has significant information over recent months and took an informed vote at their most recent meetings.</p> <p>Bracknell &amp; Ascot CCG 16/06/2016<br/>WAM CCG 23/06/2016<br/>Slough CCG 06/07/2016</p>  |
| <p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>  | <p>The Joint Commissioning Committees held in public has been engaged throughout the process and has wide membership covering patients, local authorities, well-being boards and health watch. All papers have been available on the 3 CCG websites.</p>  |
| <p><b>NHS Outcomes</b><br/><i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:<br/>Please note there may be more than one Domain.</i></p>   | <p><b>Domain 1 Preventing people from dying prematurely;</b></p> <p><b>Domain 2 Enhancing quality of life for people with long-term conditions;</b></p> <p><b>Domain 3 Helping people to recover from episodes of ill health or following injury;</b></p> <p><b>Domain 4 Ensuring that people have a positive experience of care; and</b></p> <p><b>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</b></p> |
| <p><b>Co-Commissioning governance</b></p>  |   |
| <p>Which CCG does this Paper relate to or potentially effect?</p>  | <p>Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell &amp; Ascot <input checked="" type="checkbox"/></p>   |
| <p>Is this paper related to a CCG statutory function?</p>  | <p>Yes through co-commissioning.</p>  |
| <p>Is this paper related to a NHS England statutory function?</p>  | <p>Yes</p>  |
| <p>Potential conflicts of interest (who for?)<br/><i>GP's, Practice Managers, Federations, Councils,</i></p>   | <p>No</p>   |
| <p>Are all voting members eligible to vote?</p>  | <p>Yes</p>  |

**Executive Summary**

The purpose of this paper is to update the Joint Commissioning Committee, Committee in Common on the outcomes of the recent individual CCG votes on whether to apply for fully delegated primary care (medical) commissioning from NHS England. The paper also sets out the implications of the votes and next steps.

Currently Windsor, Ascot and Maidenhead (WAM) CCG has voted to proceed with an application for delegated responsibility for primary care commissioning from April 2017. This means that across the East Berkshire Collaborative there is likely to be a mixed approach to the commissioning of primary medical care from April 2017. Two CCGs would be still working as co-commissioners with NHS England and one CCG working independently with delegated authority.

Each CCG retains its independence around voting and decision making according to its constitution and the operation of this Primary Care Joint Commissioning Committee, Committee in Common remains in its current form until April 2017.

The 3 CCGs will now consider, in more detail with NHS England the most pragmatic approach to managing this mixed economy for primary medical care commissioning.

The time line for application to NHS England will continue for WAM CCG with the next 3 months to October being the first milestone for meeting submission requirements as further detailed in this document. The WAM Governing body on 15<sup>th</sup> September and 5<sup>th</sup> October 2016 being the relevant points for sign off.

**Recommendation(s)**

The Joint Commissioning Committee, Committee in Common is asked to:

- Note the decision of the membership of each of the 3 CCGs.
- Note the timeline for proceeding to apply for delegation.

| <u>Chairs Use Only</u>   |            |
|--|------------|
| Any known conflicted committee members from Declarations of Interest register? | GP members |

## Background

Over the past 3 months the CCG's have engaged with each of their member practices to provide information and discussion opportunity to consider the application for delegated responsibility from NHS England, for the commissioning of primary medical care services.

The timetable below outlines the dates of meetings.

| CCG                       | GP Members       | Gov Body (*Joint) |
|---------------------------|------------------|-------------------|
| <b>B&amp;A GP Council</b> | 19/5, 16/6, 21/7 | 11/5, 8/6, 20/7*  |
| <b>Slough Locality</b>    | 1/6, 6/7         | 3/5, 7/6, 20/7*   |
| <b>WAM Assembly</b>       | 19/5, 16/6, 21/7 | 4/5, 1/6, 20/7*   |

Comprehensive questions and answers were proactively developed and enhanced as more questions came in from members. Information about Pros and Cons were provided for people to consider and discuss as well as links provided for easy access to BMA (British Medical Association), LMC (Local Medical Committee) and RCGP (Royal College of GPs) views and opinions.

NHS England provided insight to those more experienced CCGs that had been delegated for the previous 12 months and the pros and cons and risks as they fed back. Detail of the primary care budgets that would come to the CCG and the potential effect on the GP contract funding streams were discussed.

The collaborative CCGs in their recent re-structure now has in place a primary care commissioning team. The way that this will work in an integrated way throughout the collaborative and with the three CCG memberships was shared. There remained concern from practices that there was no financial support transferring from NHS England who currently held this function. This concern remained, despite the assurance that memorandums of understanding would be in place for a transitional period of at least the first year where support through NHS England teams would still be available across finance, information and quality. Many practices were also concerned about the potential for increased financial risk towards primary care budgets when they are already working in a challenging environment to maintain fiscal stability across their current commissioning responsibilities.

The outcomes of the members vote to the following motion were as follows.

*Does the CCG membership agree to progressing with an application to NHS England to take on the delegated responsibility for Commissioning of Primary Care (Medical) Services from April 2017? Vote **YES or NO***

| CCG                            | Date of vote               | Motion passed |
|--------------------------------|----------------------------|---------------|
| Bracknell and Ascot CCG        | 16 <sup>th</sup> June 2016 | No            |
| Windsor Ascot & Maidenhead CCG | 23 <sup>rd</sup> June 2016 | Yes           |
| Slough CCG                     | 06 <sup>th</sup> July 2016 | No            |

Next Steps:

The timetable below outlines the milestones for WAM CCG to progress towards its application to full delegation and plans will commence immediately.

The primary care team will now work with NHS England and Bracknell and Ascot CCG and Slough CCG to further respond to the apprehension of members and continue with a pragmatic and productive way forward whilst continuing local commissioning of primary medical services.

| Actions and tasks to complete  | Timeline                 |
|--|--------------------------|
| Objectives and Benefits of the arrangements developed and engagement with GP council, member practices, Health and Wellbeing Boards (HWBs), Patient Forum, local stakeholders etc.   | April – July 2016        |
| CCG Constitution or proposed constitutional amendment has been updated in line with the guidance (and this has also been approved by the NHS England regional office and sent to <a href="mailto:england.co-commissioning@nhs.net">england.co-commissioning@nhs.net</a> prior to this submission). | July – Sept 2016         |
| <a href="#">Governance documentation has been updated in line with the NHS England guidance (delegated terms of reference for Primary care Committee)</a><br>engage with Governing Body and NHS England team to finalise for submission – iterative process  | July – Sept 2016         |
| CCG has reviewed its conflicts of interest policy in line with NHS England's managing conflicts of interest statutory guidance. The Director of Commissioning and Operations (DCO) confirms the CCG meets the required conflicts of interest management thresholds.                                | July – Sept 2016         |
| CCG Information Governance Toolkit meets level 2 criteria as a minimum   | July – Sept 2016         |
| The CCG's current assurance level (as at Q2 of 2016/17 or equivalent) for each of the five assurance components:   | July – Sept 2016         |
| Finance template for delegated budgets completed in full (include completed table):  | July – Sept 2016         |
| CCG sign off and Submission by end of September for submission to NHS England  | October 2016             |
| NHS England approval process/feedback and comments   | November – December 2016 |
| Preparation for Delegation   | January – March 2017     |
| Delegation Day   | April 2017               |