

MEETING:	Haringey Clinical Commissioning Group Governing Body Meeting
DATE:	Wednesday, 30 November 2016
TITLE:	Primary Care Co-Commissioning
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SUMMARY:

This report provides feedback from the North Central London (NCL) Primary Care Joint Committee who tasked a programme group with the appraisal of the NCL CCGs potential move to Level 3 – delegated commissioning of primary care. The programme group have coordinated all elements of the review, which has included engagement of stakeholders (Appendix A), governance, due diligence (Appendix B) and support to the NHS England organisational development review of staffing and resourcing.

This paper sets out the recommendation that Haringey, Islington, Barnet and Enfield CCGs submit an expression of interest for delegated commissioning. Should the governing body accept this recommendation; each CCG will need to submit an expression of interest in December 2016 to become Level 3 – delegated commissioners of primary care from April 2017.

Following engagement activities carried out across NCL, Camden CCG was required to hold a vote of their membership. Despite there being '1' no vote and 24 'yes' votes, as there were 8 abstentions, the CCG were not able to obtain the required 27 'yes' votes to proceed with an application for delegated commissioning at this stage. Camden CCG will continue to work with member practices on this and intend to collaborate with the other CCGs in NCL in transforming primary care.

Following the governing body meeting, the programme team will prepare an expression of interest for delegated commissioning. The application form will be finalised by each CCG area and sent to NHS England for regional and national moderation. Prior to submission, the programme team will work with the CCG

governance leads to finalise an approach to the governance of the Committee that ensures Camden CCG remain a partner in transforming primary care in NCL.

SUPPORTING PAPERS:

- Appendix A: Stakeholder Feedback & FAQs
- Appendix B: Outline due diligence information

RECOMMENDED ACTION:

The Governing Body is asked to:

- **CONSIDER** and **COMMENT** on the items in this report and
- **APPROVE** the recommendation that Barnet, Haringey, Islington and Enfield CCGs submit an expression of interest to become Primary Care delegated commissioners, subject to:
 - Satisfactory conclusion of due diligence activities in the take on of delegated commissioning responsibilities;
 - A finalised governance arrangement which allows four delegated CCGs (Enfield, Haringey, Barnet and Islington) to meet as Committees-in-Common, alongside one Joint Co-Commissioning CCG (Camden).

Objective(s) / Plans supported by this paper:

- Delivering the NCL vision for primary care as outlined in the Sustainability and Transformation Plan.
- Supporting CCGs to carry out their duty of ensuring continuous improvement in the quality of services provided to our local population.

Audit Trail: This paper has previously been considered by the North Central London (NCL) Primary Care Joint Committee and the NCL Primary Care Commissioning Options Steering Group.

Patient & Public Involvement (PPI): A summary of patient and public engagement activities can be found in Appendix A.

Equality Impact Assessment: The proposal outlined in this paper supports local primary care commissioning based on the needs of local patients and public.

Risks: The key identified risks relate to resourcing, the core primary care budget and conflicts of interest.

Resource Implications: A due diligence report is included as Appendix B.

1. Introduction

The North Central London CCGs began primary care co-commissioning with NHS England in October 2015, and formed a Primary Care Joint Committee (PCJC) to oversee this new area of commissioning. In April 2016 the PCJC held a workshop to discuss how it was progressing and to explore the possibility of moving to 'delegated' commissioning arrangements for primary care from April 2017. This would mean CCGs would formally take on delegated primary care commissioning responsibilities from NHS England, rather than taking joint responsibility with NHS England.

The PCJC agreed that further consideration be given to requesting delegated commissioning in North Central London. They felt there were potential benefits that needed further exploration, as well as recognition that this is a national direction of travel. The Chairs and Chief Officers of North Central London CCGs agreed to support further work on this.

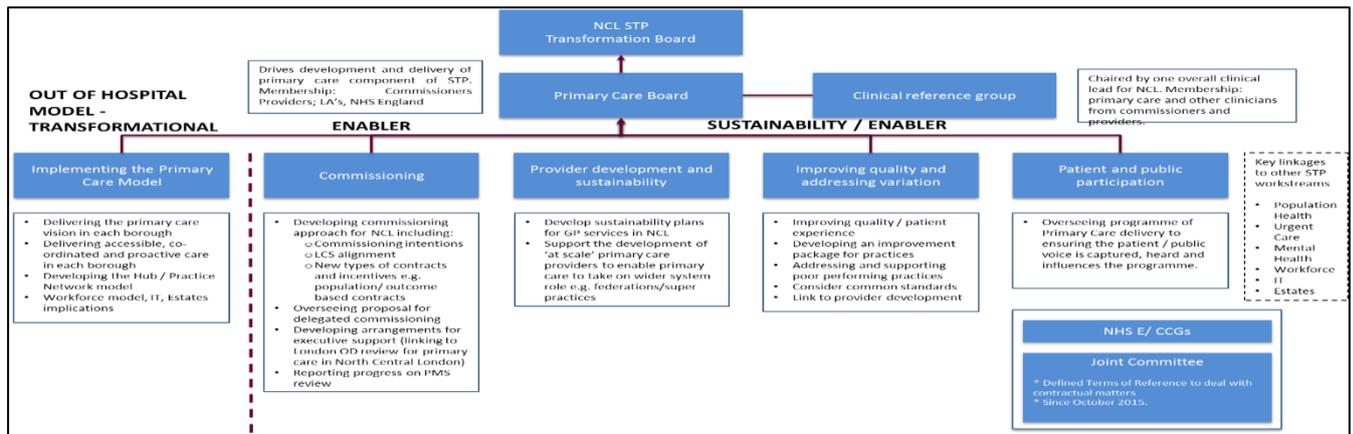
A programme of work commenced to consider an application to move to delegated commissioning (application to be submitted in December 2016) which included a programme of engagement with a variety of key stakeholders, including GP practice members and other partners.

2. Context

Since moving to primary care joint commissioning arrangements with NHS England, the CCGs in North Central London have experienced greater involvement and transparency around primary care contracting decisions. For example, CCGs have been involved in contracting discussions at an earlier stage and this has enabled local knowledge to be used to inform the decision making process and to provide support to practices more quickly.

Building on existing joint commissioning arrangements by moving to delegated commissioning of primary care is seen as the direction of travel for all CCGs across London and Nationally. The NHS Five Year Forward View signals a clear and continued shift towards commissioning based on the specific needs of a local area and its patients. For NCL, for example, developing population-based contracts to deliver health outcomes for the local population is a key priority for ensuring that patients are provided with accessible care, proactive care and that they are supported to care for themselves. To do this, NCL will need to be able to commission services across all parts of the health system including primary care. Taking on delegated primary care commissioning functions would enable this. A move to full delegation would ensure that primary care contracting functions can align with the overall strategic direction of the STP (see diagram 1 below). Without moving to full delegation, NCL CCGs would still be able to jointly commission primary care services and influence decision making, however they may not have the full autonomy required to make the whole system changes outlined in the NCL STP.

Diagram 1. Primary Care STP programme structure



3. Opportunities and Risks

It is anticipated that moving to delegated primary care commissioning would open up a range of opportunities for Haringey, Islington, Barnet and Enfield CCGs:

- We would be better positioned to exercise our duty to ensure continuous improvement in the quality of services provided to our local population e.g. by local decision making on investment priorities and by being able to provide support more quickly;
- We would be uniquely placed to take a whole-system approach to commissioning, bringing about the necessary shifts in secondary care utilisation described in the NCL STP;
- We would be able to have increased clinical leadership and public involvement in primary care commissioning, enabling more local decision making;
- We would be able to use our local knowledge and relationships with patients and local communities to commission in a way that reflects the needs of local people;
- We would be able to maximise our relationships with health and wellbeing board members, our Health watch representatives and with local communities to ensure local people are engaged in transforming services in their local area.
- We would be able to forge a collaborative approach to working with CCG constituents to deliver the best possible approach to improving access to GP services locally i.e. working together to better understand local needs
- We would be able to design local incentive schemes which align to our NCL STP. This will minimise duplication or waste of funds on overlaps;
- We would be able to commission primary care services in a way that supports our integrated care programme as we would have an overview of the health system locally;
- We would be able to work together more effectively across NCL to support practices to achieve the specifications within the **Strategic Commissioning Framework for Primary Care Transformation in London**,

which will improve access, proactive care and co-ordination of care for our patients as well as ensuring we develop our workforce, premises and technology and information systems;

- We would be able to progress new commissioning models such as value based commissioning that cannot be achieved without integration of services across care providers;
- We would be able to have greater freedom in planning and investing in our primary care workforce, ensuring that we retain our best staff, develop the staff we have and ensure a greater clinician to patient ratio and thus lead to greater continuity of care and satisfaction for patients;
- We would be able to more effectively share best practice across NCL;
- We would be able to offer greater transparency around decision making.

However, alongside the opportunities for transformation and improving the quality of primary care through greater local control of primary care, there are some key risks and issues to consider:

Area	Identified Risk	Mitigation / Comment
Resourcing	<p>The existing primary care contracting service provided by NHS England (London region) is already stretched.</p> <p>If NCL CCGs were to deliver a primary care contracting service over and above what is currently provided it will require investment in to the staffing of the team.</p>	<p>There may be opportunities to realise greater efficiency in the way in which the current contracting team operate. NHS England are currently carrying out an organisational review of the primary care contracting function. It is anticipated that CCGs will be allocated a share of existing NHS England staff at NCL level.</p> <p>It is acknowledged that to realise the ambition of the STP the CCGs will likely need to invest resource to ensure we are better able to proactively support improvements in primary care services in NCL. There may be external funding streams to support this such as NHS England’s practice resilience fund and wider STP funding.</p>
Primary Care Budget	<p>No additional funding (over the core primary care budget) will be available to implement improvements in primary care and CCGs would assume responsibility for budgetary pressures, deriving from commissioning primary care, including Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings. CCGs may inherit existing</p>	<p>These issues will need to be addressed through the CCG’s due diligence process. Where financial risks are identified, CCGs will need to consider how these can be mitigated (or not). NHS England has indicated that money has already been accrued against existing financial risks such as QIPP and contract disputes.</p>

Area	Identified Risk	Mitigation / Comment
	liabilities (such as contract disputes) or material financial commitments (e.g. in relation to premises agreements).	
Conflicts of Interest	Taking on the commissioning of primary care, could create perceived or actual conflicts of interest for GP commissioners.	The proposed governance structure includes a number of mitigations such as ensuring out of area clinician(s) are available in circumstances where NCL CCG clinicians are conflicted and by supporting transparency and benchmarking in decision making as CCGs will make decisions in front of each other. NHS England published new conflicts of interest guidance for CCGs in June 2016 including specific recommendations for primary care commissioning committees. These are being incorporated into the NCL Conflicts of Interest Policy.
	There may be a perceived tension between CCGs operating as member organisations performance managing members.	CCGs already have a statutory duty to support NHS England in managing the quality of GP practices. Individual GP performance will remain a responsibility of NHS England's Medical Directorate. Under delegated primary care commissioning, day to day contracting activities will be managed against national contracts supported by national and regional standard operating procedures and by a team employed by NHS England working across North Central London, as is currently the case.

4. Roles and responsibilities

The functions identified under each level of Co-Commissioning are identified in table 1 below:

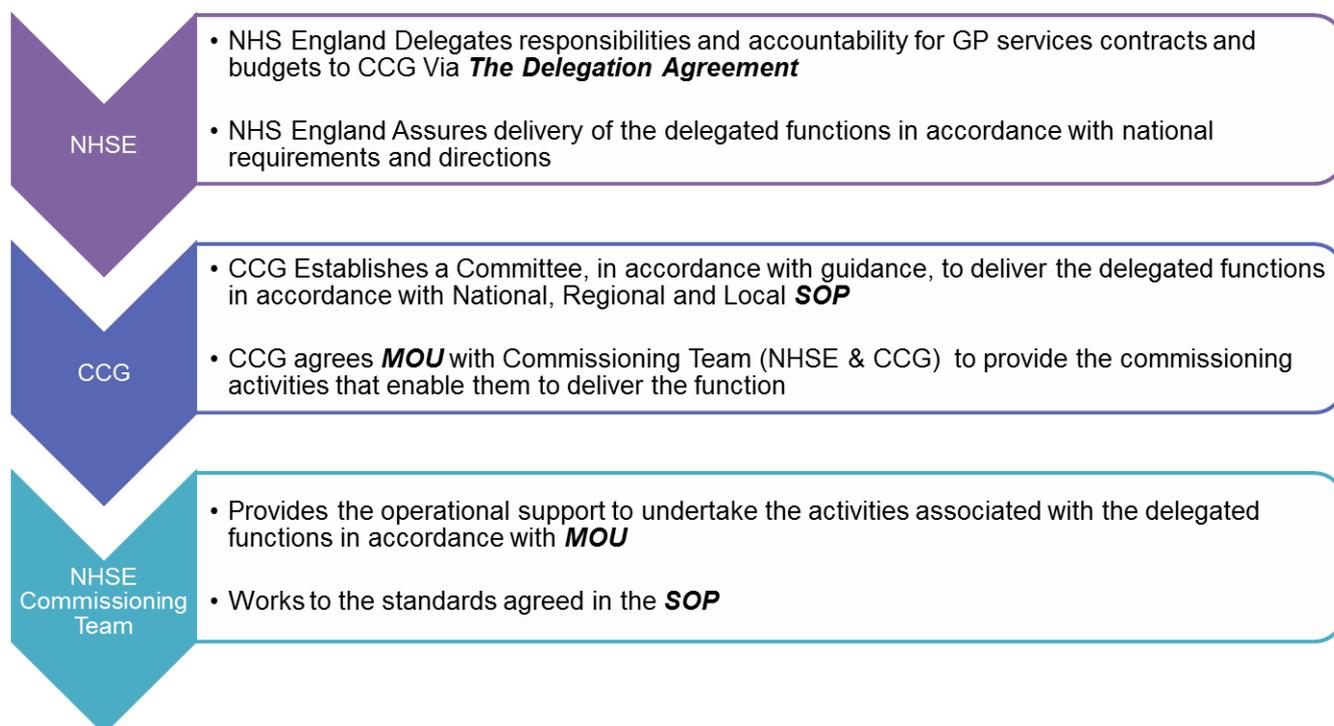
Table 1. Functions under different levels of Co-Commissioning

Primary Care Function	Level 2: Joint Commissioning	Level 3: Delegated Commissioning
General practice commissioning	Jointly with NHS England (London region)	Yes
Pharmacy, eye health and dental commissioning	Potential involvement in discussions but no decision making role	Potential involvement in discussions but no decision making role
Design and implementation of local incentives schemes	Subject to joint agreement with NHS England (London region)	Yes
General practice budget management	Jointly with NHS England (London region)	Yes
Contractual GP practice performance management	Jointly with NHS England (London region)	Yes
Medical performers' list, appraisal, revalidation	No	No

Source: NHS England, *Next steps towards primary care co-commissioning*, November 2014

Under delegated commissioning, operational delivery of the activities related to delegated commissioning remain with the staff currently delivering the function. However, NHS England delegates the responsibilities and accountabilities to CCGs via the delegation agreement which CCGs will need to sign as part of submitting an expression of interest in December 2016 to become delegated commissioners. As delegated commissioners, CCGs carry out their responsibilities via a Primary Care Commissioning Committee established to oversee the function and make all key decisions. See diagram 2 below.

Diagram 2. Delegated Commissioning roles and responsibilities



4.1. Under level 3 co-commissioning arrangements, CCGs have responsibility for:

- Commissioning, procurement and management of Primary Medical Services Contracts (*Enhanced Services, Local Incentive Schemes, decisions to establish new GP practices and closure of GP practices, decisions about 'discretionary' payments, decisions about commissioning urgent care (including home visits as required) for out of area registered patients*)
- Approval of practice mergers
- Planning primary medical care services *including carrying out needs assessments*
- Undertaking reviews of primary medical care services
- Decisions in relation to the management of poorly performing GP practices including: *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)*
- Management of the Delegated Fund Premises Costs Directions functions
- Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate
- Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

4.2. Under level 3 co-commissioning arrangements, NHS England retain responsibility for:

- Management of the national performers list
- Management of the revalidation and appraisal process
- Administration of payments in circumstances where a performer is suspended and related performers list management activities
- Capital Expenditure functions;
- Section 7A functions under the NHS Act (public health functions)
- Functions in relation to complaints management
- Decisions in relation to the Prime Minister's Challenge Fund
- Such other ancillary activities that are necessary in order to exercise the Reserved Functions

5. Governance

This section of the report provides a summary of the work of the governance work stream who have prepared information and documentation should the Governing Body accept the recommendation to submit an expression of interest to become delegated commissioners.

This governance work has been led by the governance lead from Camden CCG in conjunction with advice provided by all of the North Central London governance leads. It has been verified that none of the five CCGs in North Central London are required to amend their CCG constitution to become delegated commissioners. Therefore, the primary focus on the governance work stream has been to:

- Provide a critical review and recommendation of the most suitable governance structure for North Central London;
- Critically appraise and identify issues related to the documentation by which CCGs will sign up to when becoming delegated commissioners (delegation template and delegation agreement template);
- Lead a review of the North Central London Conflicts of Interest guidance and make the necessary changes to adhere to national policy, and to;
- Provide all supporting documents which allow the CCGs in NCL to become delegated commissioners (Terms of Reference, Information Governance Toolkit etc.).

5.1. Governance structure

The governance work stream has reviewed a number of governance options before recommending the preferred choice of committees-in-common. The committees-in-common structure enables each of the four CCGs to have its own primary care commissioning committee and therefore ensure local decision making, however the 4 CCG committees would meet at the same time and in the same place i.e. as 'committees-in-common'. Each CCG would vote separately on any decisions, but by meeting in common, this structure will promote integrated working, information sharing and benchmarking, support management of conflicts of interest by creating more

transparency and supporting non-conflicted clinical input and helping to identify areas for collaborative working. How Camden CCG collaborates with the other 4 CCGs whilst remaining as Joint Commissioners is unclear at this stage. Following November Governing Body meetings further work will be carried out to finalise arrangements before submitting an expression of interest in December.

5.2. Conflicts of Interest Policy

The Conflicts of Interest Policy for NCL has been updated and will be presented to November 2016 Governing Body meetings, see table 2 below which outlines the key changes specifically relating to Primary Care Commissioning Committees.

Table 2. NCL Conflicts of Interest Policy Changes

Key Recommendations from updated guidance	NCL draft response
<p>In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.</p>	<p>This recommendation has been considered and it is anticipated that under delegated authority co-commissioning arrangements GP members of CCG Primary Care Commissioning Committees will retain a vote, however conflicts of interest will be managed in a sophisticated way with the ability to co-opt non-conflicted clinicians on to each Committee to ensure clinical input.</p>
<p>A standing invitation must be made to the CCG’s local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board to join the primary care commissioning committee as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.</p>	<p>Under delegated authority co-commissioning arrangements Healthwatch and local authority representatives will be invited to attend the meetings of the NCL Primary Care Committee in Common. Where it is appropriate attendees may join part 2 agenda discussions at the absolute discretion of the Committee.</p>
<p>CCGs must ensure minutes of meetings contain the following information where interests are declared at meetings:</p> <ul style="list-style-type: none"> o Who has the interest; o The nature of the interest; o Why it gives rise to a conflict; o The magnitude of the interest; o The agenda item to which it relates; o How the conflict was agreed to be managed; o Evidence that the conflict was managed as intended (e.g. recording if a person left the room etc). 	<p>This information will be reflected in Committee minutes. CCGs will be working to strengthen their registers of interest and conflicts of interest management based on the updated June 2016 guidance. These broader changes will also make it easier to identify potential conflicts of interest in primary care commissioning activities.</p>

6. Feedback from stakeholder engagement

Engagement activities have been carried out throughout May-August 2016. The engagement period provided an opportunity for stakeholders to share their views and identify those areas where further information will be required through the due diligence process. Table 3 below summarises the feedback received by each CCG area.

Table 3. Summary CCG feedback for delegated commissioning

CCG	Summary feedback received
Islington	Islington clinicians were positive towards a move to delegated commissioning. Clinicians noted the benefit of having greater control of primary care contracting and the ability to bring about shifts from secondary to primary care. Healthwatch were also supportive, albeit asked that great care and thought be given to the relationship between the CCG and practices and the need for transparency and management of conflicts of interest. The LMC felt that they needed more information to inform their feedback, however their initial feedback suggested concerns regarding the resource/ capacity to deliver the function.
Barnet	Information shared with stakeholders, no specific concerns or feedback raised by GP practices, or the Scrutiny Committee. The LMC and practice managers' forum expressed the need to ensure there is enough resource/ capacity to deliver the function. The last meeting of the GB members were interested to better understand the rationale for choosing the Committee in Common governance structure.
Enfield	Enfield's LMC and Locality events both felt strongly that the Primary Care Commissioning Committee needed to not lose the Enfield voice in discussions about improving primary care. The practice managers and nurses forums welcomed the changes, however flagged the need to ensure there is enough resource/ capacity to deliver the function.
Haringey	Similar to other areas, concerns focused on the resource/ capacity to deliver the function. Haringey practices and practice staff welcomed the opportunity to gain greater control, particularly over the primary care budget. As with Enfield, there was a concern that Haringey needed not to lose its voice in discussions about primary care across NCL. The LMC discussion noted the benefit of greater local autonomy, however flagged a concern with any pooling or spreading of funds originally allocated for Haringey CCG.

See Appendix A for more detailed information on frequently asked questions and feedback provided by stakeholders.

6.1. Outcome of CCG votes

As is mentioned earlier in the report, in two of the five CCGs in North Central London, a membership vote has taken place. In Haringey the vote concluded that the CCG should take part in delegated commissioning. In Camden the ballot opened on 21st July 2016 and was extended (beyond its original cut-off date of 25th August 2016). Of 35 practices in Camden, 33 practices took part in the ballot. 24 practices voted yes and 1 practice voted no.

Therefore, as members in favour of Level 3 – delegated commissioning did not reach 75% of responses received, the CCG will remain as Level 2 – Joint Commissioners with NHS England. Camden CCG will continue to work with member practices and the other 4 CCGs in NCL on a proposed way forward.

7. Next steps

Should the Governing Body accept the recommendation to move to Level 3 – delegated commissioning the programme team will:

- Identify the governance approach which allows collaboration between the level 3 delegated commissioning CCGs and Camden CCG;
- Conclude due diligence activities;
- Develop an application pack, which will highlight any outstanding issues for resolution, for submission in December 2016.
- Work alongside NHS England to ensure that staffs aligning from NHS England are inducted by North Central London prior to April 2017.
- The programme team will work alongside the primary care contracting organisational development review team to ensure processes which transfer to North Central London are documented and are as efficient as possible within the resources available.
- Work towards mobilising the Primary Care Commissioning Committee, which will mean the recruitment to key posts on the Committee-in-Common.