

From: Cllr Teresa O'Neill

To: London Borough Leaders, Health and Social  
Care Portfolio Holders and Health & Wellbeing Board Chairs

12<sup>th</sup> December 2014

Dear colleagues,

### **Primary Care Co-Commissioning**

Discussions at recent London Councils Leaders' Committee and Executive meetings have confirmed that we all recognise the need for local government to find ways of gaining real influence and leadership in health and care transformation. As part of this, NHS England's move to co-commissioning of primary care with Clinical Commissioning Groups (CCGs) is a key opportunity. However, the timescales to influence the arrangements being developed for 2015/16 are tight. So I wanted to flag briefly the latest information and opportunities.

NHS England invited CCGs to express interest in co-commissioning primary care in the summer. Most London CCGs did so, some individually but generally in groups. It appears that in most cases there was very little, if any, discussion about this with local authority partners or Health & Wellbeing Boards.

Mayor Jules Pipe, as Chair of London Councils, wrote to Simon Stevens in September, highlighting local government's interests in primary care and boroughs' strong desire to be partners in new local co-commissioning arrangements. No response has yet been received, but we understand that the letter fed into the shaping up the next stage of the process.

NHS England published guidance to CCGs for the next stage of primary care co-commissioning on 11<sup>th</sup> November. CCGs have until 9<sup>th</sup> January 2015 to submit proposals if they want primary care commissioning to be wholly devolved to them or until 30<sup>th</sup> January if they want to develop joint commissioning arrangements with NHS England. These will then be subjected to a regional moderation and national sign-off by NHS England, so that new arrangements can be implemented from 1<sup>st</sup> April 2015.

I understand that CCGs' engagement with boroughs or Health & Wellbeing Boards on their developing plans remains very varied, and in too many cases non-existent. For any boroughs struggling to get leverage in these discussions, I wanted to highlight some of the key points from the guidance or other discussions that may be of use, both in this short window when CCGs are determining their arrangements and as these start to operate in practice:

- Specific committees will have to be established to undertake primary care commissioning. The guidance is explicit that a local authority representative from the local Health & Wellbeing Board and a local Healthwatch representative will have a right to join these committees as non-voting attendees.
- Addressing conflicts of interests is a significant issue for CCGs. NHS England will issue specific guidance on this before Christmas. However, the existing guidance is clear that the committees must have a lay and executive majority and a lay chair.

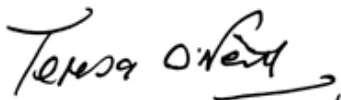
There is, therefore, the potential to explore with CCGs whether boroughs could provide some of this lay membership and/or how membership might overlap with that of the Health & Wellbeing Board.

- One of the main drivers for many London CCGs pursuing sub-regional arrangements for co-commissioning primary care is to share a limited commissioning support resource. Boroughs who feel strongly that primary care commissioning would be better led at local level might want to explore with their CCG the potential for securing sufficient resource by better integrating commissioning functions with local authorities.
- CCGs are required to include their Health & Wellbeing Board in the preparation of commissioning plans, publish the opinion of the Board with these plans once agreed and Boards can refer plans to NHS England if they do not think they have had appropriate regard to the Joint Health & Wellbeing Strategy. There is no reason or suggestion that these requirements would not apply to any primary care co-commissioning plans.
- Health & Wellbeing Boards have the power to request any information necessary for the performance of their functions from any bodies represented on the Board.

London Councils officers are liaising with borough officers to get a picture of how engagement in primary care co-commissioning is playing out, not least to identify any issues that might need to be raised with NHS England at a London level. They will also explore with NHS England how the clear expectation in the guidance that CCGs will engage local authorities, Health & Wellbeing Boards and local communities in primary care decision making, is taken into consideration in the regional assurance process they undertake.

One other related issue to flag is the Strategic Commissioning Framework for Primary Care Commissioning. This is a proposed specification for primary care in London – ie defining what good should look like - to which all areas should be working, including through co-commissioning. NHS England and CCGs are supposed to be engaging widely on this between now and March. If this not happening in a meaningful way in your area, this should be raised with the CCG directly or London Councils officers who can facilitate the right links.

Best wishes,

A handwritten signature in black ink that reads "Teresa O'Neill".

**Cllr Teresa O'Neill**  
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**London Councils Portfolio Holder for Health**

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