

	Health and Wellbeing Board 17 September 2015
Title	Joint Co-Commissioning Arrangements for Primary Care Services within Barnet and North Central London CCGS from 1 October 2015
Report of	Director of Clinical Commissioning (Interim)
Wards	All
Date added to Forward Plan	July 2015
Status	Public
Enclosures	Appendix 1: Barnet CCG Governing Body Report, February – North Central London CCGs Joint Primary Care Co-Commissioning Proposal and Strategy
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<h2>Summary</h2>
<p>This report provides an update regarding the arrangements for the development of Joint Co-Commissioning of Primary Medical Services at Level 2, within Barnet and North Central London CCGs. The Joint Committee will comprise NHS England - London and the North Central London CCGs which are Barnet CCG, Camden CCG, Enfield CCG, Haringey CCG and Islington CCG ('NCL CCGs').</p> <p>Co-commissioning for primary care refers to the increased role of CCGs in the commissioning, procurement, management and monitoring of primary medical services contracts, alongside a continued role for NHS England.</p>

Recommendations

1. That the Health and Wellbeing Board notes and comments on the contents of this report.

1. WHY THIS REPORT IS NEEDED

- 1.1 This report provides Members with an overview of the current work within Barnet Clinical Commissioning Group (Barnet CCG) and North Central London (NCL) CCGs (Camden, Islington, Enfield, Haringey) to develop Level 2 Joint Co-Commissioning arrangements for Primary Care with NHS England – London from 1 October 2015.
- 1.2 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (CCGs) to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. Co-commissioning for primary care refers to the increased role of CCGs in the commissioning, procurement, management and monitoring of primary medical services contracts, alongside a continued role for NHS England.
- 1.3 There are three levels of co-commissioning:
 - Level 1: where CCGs have involvement in primary care decision making,
 - Level 2: which is where the CCG (or CCGs) participate in decision making with NHS England in a Joint Committee
 - Level 3: delegates decision making regarding certain functions entirely to the CCG (or CCGs)
- 1.4 Following the submission of the North Central London CCGs' Co-Commissioning application in January 2015 (see Appendix 1 for background information) to be involved at Level 2 decision making only, the CCGs in NCL have been working to sign off changes to their constitution. The changes allow the CCGs to collaborate within the Joint Co-Committee arrangements set out by NHS England.
- 1.5 The Barnet CCG's Governing Body approved the submission of an updated proposal to NHS England on 24th June 2015 to establish Joint Co-Commissioning of Primary Care services with NHSE from 1st October 2015. The Terms of Reference for the NCL Primary Care Joint Committee, Standing Orders and the Scheme of Delegation have been developed and are due to be approved by NCL CCG Governing Bodies in September 2015.
- 1.6 The Joint Committee's membership will meet the requirements of each of the NCL CCGs' constitutions and shall consist of the following voting members:
 - A GP representative from Barnet CCG;
 - A GP representative from Camden CCG;
 - A GP representative from Enfield CCG;
 - A GP representative from Haringey CCG;

- A GP representative from Islington CG;
- An officer representative from Barnet CCG;
- An officer representative from Camden CCG;
- An officer representative from Enfield CCG;
- An officer representative from Haringey CCG;
- An officer representative from Islington CCG;
- A practice nurse representative from an NCL CCG;
- Three lay member representatives from the NCL CCGs;
- Three representatives from NHS England.

1.7 The Chair of the Joint Committee shall be a lay member of an NCL CCG.

1.8 The Vice Chair of the Joint Committee shall be a lay member of an NCL CCG.

1.9 Non-voting attendees shall include:

- Health and Wellbeing Board representative(s);
- Healthwatch representative(s);
- A Local Medical Committee representative

1.10 It has been agreed that the NCL Joint Co-Committee will include within its remit the following activities in which all members of the Joint Committee will participate and be joint decision makers:

- Oversight of General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Personal Medical Service (APMS) contracts (including the design of PMS and APMS contracts, sharing contract monitoring information);
- Development of newly designed enhanced services (Local Enhanced Services and Directed Enhanced Services);
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF)
- Informing decision making on whether to establish new GP practices in an area:
- Informing decision making on approving of practice mergers, retirements, resignations; and
- Ratifying of decisions made by the NHSE England Contracting Team with regards to 'discretionary' payments.

1.11 The Joint Committee will not have delegated Authority from NCL CCGs to:

- Pool Budgets
- Make all of the CCGs primary care commissioning decisions
- Make decisions on the CCG's statutory functions

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Wellbeing Board are asked to note and comment on the report.

2.2 The recommendation to members of the Health and Wellbeing Board is in line with the NHS Act 2006.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None.

4. POST DECISION IMPLEMENTATION

4.1 The commencement of joint co-commissioning will become business as usual for Barnet and NCL CCGs from 1 October 2015.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 In line with the London Transforming Primary Care Strategic Commissioning Framework, the NHS Five Year Forward View and BCCG's 2015/16 Operating Plan

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 Barnet CCG is required by statute to discuss with all key stakeholders - that includes: the public and patients of Barnet, the Health and Wellbeing Board and key providers of healthcare. Section 14Z2 of the NHS Act states:

- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways) —
- (a) in the planning of the commissioning arrangements by the group,
 - (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
 - (c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

5.3.2 Section 15 of the Constitution Responsibility for Functions Annex A requires the Health and Wellbeing Board to jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to all relevant strategies and policies

5.3.3 The HWBB must also consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

5.4 Risk Management

- 5.4.1 Risks relating to conflicts of interest will need to be managed as a result of co-commissioning. This is being addressed via the new NCL CCG's Conflicts of Interest Policy

5.5 Equalities and Diversity

- 5.5.1 Ensures that BCCG meets its Equalities Duties and due regard will be given to ensure that all relevant aspects of Equalities and Diversity are considered by virtue of the Public Sector Equality Duty at s149 of the Equality Act 2010, in order to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- The protected characteristics are - age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

- 5.5.2 The Terms of Reference, Standing Orders and Scheme of Delegation for the new North Central London Joint Committee have been drafted in accordance with the Equality Act 2010.

- 5.5.3 It is anticipated that monitoring and actively improving the performance and quality of Primary Care service provision will have a beneficial impact for all patients in Barnet.

5.6 Consultation and Engagement

- 5.5.4 All North Central London CCGs agreed to apply to become Joint Co-Commissioners of Primary Care with NHSE from 1 October 2015.

6. BACKGROUND PAPERS

- 6.1.1 See attached Documents: 1. North Central London Primary Care Co-Commissioning Submission and 2. North Central London CCGs Strategy Refresh (Draft) which were presented to the Barnet CCG Governing Body on 26 February 2015.