

Paper 10.0

MEETING	NHS Barnet CCG Board Governing Body Meeting- Part I
DATE	26 th February 2015
REPORT	North Central London CCGs Joint Primary Care Co-Commissioning Proposal and Strategy
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EXECUTIVE SUMMARY

NHS Barnet, Camden, Enfield, Haringey and Islington CCGs North Central London (NCL) have applied to take on joint commissioning responsibility for Primary Care (GP Services) with NHS England.

The purpose of this report is to update the Governing Body on the proposal that was submitted to NHS England on 30th January and for the Governing Body members to approve all of the draft governance documents which were used as supporting documentation as part of the submission, which were developed in consultation with constituents and stakeholders.

The NCL CCGs have received feedback from NHS England's Regional Moderation Panel on the application for joint commissioning on 16th February 2015:

- The Regional Panel recognises and appreciates the progress which has been made in terms of NCL CCGs working together and with NHS England and endorses the direction of travel;
- The Panel has approved the application for NCL CCGs to start Joint Commissioning on the 1st of October 2015 in principal, based on the following:
 - I. The Panel has asked that NCL continue their plans to gain the necessary sign offs by the 1st of April 2015;
 - II. Rather than using the term 'shadow joint commissioning' which might be confusing in terms of decision-making, NHS England (London) suggest that the term 'development period' is used for the period up to October 2015.
 - III. NCL CCGs would then need to re-submit a Joint Commissioning application on the **24th June 2015** in order to be reviewed by the Panel on the **1st July**, as per the process for mid-year co-commissioning changes. This is also an opportunity to further strengthen the application with learnings from the development process.

In Barnet we have always strived to develop and support a sustainable primary care system that contributes to our plans to improve health outcomes and develop an integrated healthcare system. In July 2014 we submitted an expression of interest outlining our intention to become Primary Care Co-commissioners. In November 2014 further guidance was released by NHS England, inviting CCGs to submit proposals for co-commissioning. CCGs were allowed to choose between three types of co-commissioning arrangements, which were as follows:

- **Level 1 – Greater involvement in Primary Care decision making:** CCGs who wish to have greater involvement in primary care decision making could participate in discussions about all areas of primary care including primary medical care, eye health, dental and community pharmacy services, provided that NHS England retains its statutory decision-making responsibilities and there is appropriate involvement of local professional networks
- **Level 2 – Joint Commissioning:** A joint commissioning model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their area team, either through a joint committee or “committees in common”. Joint commissioning arrangements give CCGs and area teams an opportunity to more effectively plan and improve the provision of out-of hospital services for the benefit of patients and local populations.
- **Level 3 – Delegated Commissioning:** Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services. Legally, NHS England retains the residual liability for the performance of primary medical care commissioning. Therefore, NHS England will require robust assurance that its statutory functions are being discharged effectively. Naturally, CCGs continue to remain responsible for discharging their own statutory duties, for instance, in relation to quality, financial resources and public participation.

In Barnet we submitted proposals related to joint commissioning. The opportunity to become primary care joint commissioners will provide us with greater strategic oversight and the opportunity to shape the way in which primary care develops. Our intention is to act collaboratively across Barnet, Camden, Enfield, Haringey and Islington (NCL), and work towards the aims set out in the *Strategic Commissioning Framework for Primary Care Transformation in London*.

The deadline for submitting our proposal to become primary care joint commissioners in North Central London to NHS England was 30th January 2015. Our proposal set out plans to operate as primary care joint commissioners (in shadow form) from April 2015 – October 2015. In order to become primary care joint commissioners, we will need to make some changes to our constitution and also establish a Primary Care Committee to enable us to jointly commission services with NHS England. This will enable NCL CCGs to assume responsibility for primary medical services with the NHS England area team, through a joint committee or “committees in common”.

We have been provided with some model wording for the constitution, and the terms of reference for the Primary Care Committee, which have been developed by solicitors on behalf of NHS England. The model wording enables us to act as primary care joint commissioners. This model wording has been reviewed internally by all of the NCL CCGs and our view is that, subject to minor amendments, the model wording should be adopted as it stands to ensure that we are in line with national changes relating to co-commissioning.

In addition, in preparation for our new role, we have been asked to update our Conflicts of Interest policy to reflect statutory guidance produced by NHS England on 18th December 2014 and to include the Primary Care Committee in the CCG scheme of delegation, reflecting that we will need to update our constitution in preparation for our new

responsibility.

Therefore, the Governing Body are asked to approve the NCL Primary Care Committee;

- Appendix A –North Central London CCGs Primary Care Strategy Refresh;
- Appendix B –Draft Terms of Reference for the Primary Care Committee; and
- Appendix C -Proposed Amendment to Barnet CCG’s Constitution.

Following the approval of these documents, we will establish the Joint NCL Primary Care Committee so that it the first meeting is April 2015. We will put in place the structures for the Committee, along with carrying out further transfer due diligence from NHS England.

Conflicts of Interest

The CCGs proposals relating to co-commissioning include an amended Conflicts of Interest Policy, which reflects statutory guidance released by NHS England in December 2014. Taking joint commissioning responsibilities will mean that the Primary Care Committee will make decisions that will impact the CCGs’ member constituents as providers of services. Therefore, the proposed makeup of the Primary Care Committee is a Lay and Executive majority. The NCL CCGs are currently working together to establish the arrangements for this and are commissioning Baker Tilly to develop a Conflicts of Interest Policy for NCL CCGs. This will be shared with the Governing Body once finalised.

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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.

RECOMMENDED ACTION

Governing Body members are asked to:

1. Approve the primary care joint commissioning proposal including the governance documents provided as appendices to this report; and
2. Approve the proposed changes to the CCG’s Constitution highlighted in Appendix C, subject to agreement by NHS England.

Objective(s) / Plans supported by this paper: *(How does this report help to deliver the objectives plans and strategies of the CCG?)*

Strengthens CCG decision making with NHS England on commissioning primary care, enabling more joined up commissioning of services outside hospital.

Outcomes Expected:

Strengthens CCG decision making with NHS England on commissioning primary care, enabling more joined up commissioning of services outside hospital.

Audit Trail: *(Details of the groups or committees that have received the paper including dates)*

Considered at Governing Body 18 December 2014

Considered at Clinical Cabinet 5 Feb and 19 Feb 2015

Report to Health & Wellbeing Board 29 Jan 2015

Other key stakeholders engaged with include LMC and Network Leads.

Patient & Public Involvement (PPI):

Discussed at latest Patient Engagement Group.

Equality Impact Assessment: N/A

Risks: See conflicts of interests above.

Resource Implications: None directly. Provides opportunity for joint decisions on use of existing budgets held by CCG and NHS England.

Next Steps: *(This section will set out what will happen next, including when the item may next be reported to a committee or the Board. It should include explicitly any communication plan)*

Engagement with member practices.

Approval to constitution changes by NHS England.

Finalise governance documents.

Establish joint committee for developmental period to October 2015.

Submit formal application by 24 June 2015.

Commence joint commissioning in October 2015.