

	<p align="center"><b>Health and Wellbeing Board</b></p> <p align="center"><b>21 July 2016</b></p>
<b>Title</b>	<b>Primary Care Co-Commissioning Options</b>
<b>Report of</b>	Beverley Wilding, Head of Primary Care Commissioning, Barnet CCG Leigh Griffin Director of Strategic Development Barnet CCG
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1: Stakeholder Engagement Pack
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<b>Summary</b>
<p>Clinical Commissioning Groups (CCGs) within North Central London (NCL), Barnet, Enfield, Camden, Haringey and Islington CCGs, must decide whether to apply in October 2016 to take on delegated commissioning of primary care services from NHSE; this is the level of Co-commissioning which holds the greatest level of responsibility. NCL CCGs have jointly Commissioned primary care services with NHSE since October 2015. There is an expectation that all CCGs will become delegated commissioners at some point in the future.</p> <p>CCGs as Delegated Commissioners have sole responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services within its Borough.</p> <p>The current NCL Primary Care Joint Committee tasked a steering group with the responsibility for overseeing an engagement and options appraisal process for assessing whether or not to apply for Delegated commissioning powers.</p> <p>In determining this decision NCL CCGs are asking relevant stakeholders, which includes the Health and Wellbeing Board, for their views as part of the due diligence process to inform CCG Governing Bodies decisions in September 2016 on whether or not to apply for Delegated Commissioning. The Stakeholder Engagement Pack is attached as</p>

Appendix A. The three key questions set out in the Engagement Pack for stakeholders to consider are as follows:

- Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?
- Do you have any comments about the proposed governance structure?
- Is there additional information needed to better inform your understanding?

## **Recommendations**

- 1. That the Health and Wellbeing Board is asked to consider and comment on the enclosed Engagement pack and on the opportunity for Barnet CCG and the other North Central London CCGs to apply for Delegated Commissioning of Primary Care Services.**
- 2. That the Health and Wellbeing Board consider and comment on the key questions set out in the Stakeholder Engagement Pack and provide feedback to Barnet CCG:**
  - Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?
  - Do you have any comments about the proposed governance structure?
  - Is there additional information that you need to better inform your understanding?

### **1. WHY THIS REPORT IS NEEDED**

- 1.1** In determining whether the CCGs within North Central London should apply to NHS England to become a Delegated Commissioner of Primary Care services the views of relevant stakeholders are requested. The attached engagement pack sets out the advantages and disadvantages of Joint Commissioning and Delegated Commissioning, and the Health and Wellbeing Board are asked to consider and comment.

### **2. REASONS FOR RECOMMENDATIONS**

- 2.1** The NCL CCGs have set up a steering group with the responsibility for overseeing an engagement and options appraisal process and the Health and Wellbeing Board are asked to consider and advise if it supports Barnet CCG moving from level two Joint Commissioning to level 3 Delegated Commissioning.
- 2.2** The perceived benefits for NCL of becoming a delegated commissioner of primary care services are as follows:
  - Collaborative primary care commissioning;
  - Ability to influence local primary care transformation;
  - Local input in decision making;
  - Ability to redesign local incentive schemes;
  - Clinical leadership and decision making;

- CCG insight into practices and ability to harness CCG expertise to drive up quality;
- Control of primary care medical budgets;
- Greater control of workforce and processes supporting co-commissioning.
- Expectation nationally that CCGs take on level 3 delegated commissioning at some point in the future.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

- 3.1 The alternative to moving to Delegated Commissioning is to retain the status quo and remain as a Joint Commissioner of Primary Care Services. It should be noted that there is an expectation that all CCGs will ultimately take on delegated responsibility for the commissioning of primary care services.

### **4. POST DECISION IMPLEMENTATION**

- 4.1 The CCGs in North Central London will be engaging with local stakeholders from June – August 2016. Following engagement activities, each of the Governing Bodies in North Central London (NCL) will be provided with a recommendation of the preferred option for Co-Commissioning based on feedback received as part of the engagement process.
- 4.2 If it's agreed to move to Delegated Commissioning, an application will be made to NHSE in October 2016.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 Delegated Commissioning provides the opportunity for CCGs to commission the full range of primary care services; to make commissioning decisions based on local need as identified through the Joint Strategic Needs Analysis, and the CCGs Strategic Commissioning Objectives. Commissioning of good, quality primary care services is important for the planning of out of hospital care and the delivery of integrated care pathways that supports the management of patients within primary care.

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

- 5.2.1 The Primary Care Budget currently managed by NHS England will transfer to individual CCGs, which will provide greater autonomy in funding decisions relating to the management of primary care services.
- 5.2.2 A review of the current NHSE staff structure is being undertaken to identify the current capacity and options for the TUPE of staff at an NCL or individual CCG level; this review will also take into account the numbers of primary care staff at a CCG level.

#### **5.3 Social Value**

- 5.3.1 Not applicable as this is not a procurement decision

#### **5.4 Legal and Constitutional References**

- 5.4.1 As part of the due diligence process to take on Delegated Commissioning the

CCG has reviewed its Constitution and identified that no changes would be necessary, it is also reviewing its Scheme of Delegation and Conflicts of Interest Policy.

5.4.2 It is proposed that NCL CCG's would establish a Committee in Common if it is agreed to apply for Delegated Commissioning; this Committee would support decision making and manage conflicts of interest. Each CCG would still retain its own local Primary Care Commissioning Committee.

5.4.3 Under the Council's Constitution, Responsibility for Functions – Annex A, the terms of reference of the Health and Wellbeing Board includes the following responsibilities:

- To consider all relevant commissioning strategies from the CCG and the NHS England and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Receive the Annual Report of the Director of Public Health and commission and oversee further work that will improve public health outcomes.
- Specific responsibilities for: Overseeing public health; Developing further health and social care integration.

## 5.5 **Risk Management**

5.5.1 The risks and associated mitigations of applying for Delegated Commissioning will be considered when the engagement period is complete and the full report is written for the Governing Body meeting. Initial risks that have been identified relate to sufficient staff capacity given the small team currently managing primary care at NHS England, and budgetary pressures that may occur.

## 5.6 **Equalities and Diversity**

5.6.1 The proposal to consider the options and benefits of applying for delegated commissioning does not exclude, prevent or discriminate against any of the protected equality groups.

5.6.2 As set out in the Equality Act 2010 the council pays active due regard to the

need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- 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.

5.6.3 The protected characteristics identified in the Equality Act 2010 are age, disability, ethnicity, gender, gender reassignment, marriage and civil partnership, pregnancy, maternity, religion or belief and sexual orientation

## 5.7 Consultation and Engagement

5.7.1 The North Central London CCGs have established a steering group that will oversee the engagement process with relevant stakeholders. All feedback from stakeholders which in addition to the Local Authority includes General Practice and their staff, Londonwide LMCs and Barnet Local Medical Committee, local providers, patients and the public including Healthwatch, will inform the due diligence process. The final decision will be made by individual NCL CCG Governing Bodies in September 2016.

## 5.8 Insight

5.8.1 The engagement process will be informed by the experience of NCL CCGs of Joint Commissioning of primary care services with NHSE since 1 October 2015, and the experiences of other London CCGs that already have Delegated commissioning responsibility.

## 6. BACKGROUND PAPERS

6.1 Health and Wellbeing Board, 17 September 2015 – Agenda Item 10 (Joint Co-Commissioning Arrangements for Primary Care Services within Barnet and North Central London CCGS from 1 October 2015) Barnet CCG to develop Level 2 Joint Co-Commissioning arrangements for Primary Care with NHS England – London from 1 October 2015.

<https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8384&Ver=4>