

**REPORT TO THE HEALTH AND WELLBEING BOARD
3 February 2015**

Primary Care Co-Commissioning

Report Sponsor: Lesley J Smith
Report Author: Lesley J Smith
Received by SSDG: N/A
Date of Report: 26 January 2015

1. Purpose of Report

To provide the Health and Wellbeing Board with an overview of the CCG's application to take on delegated responsibility from NHS England for commissioning primary medical services for the people of Barnsley.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the CCG Governing Body's decision at its meeting of 8 January to proceed with the application for delegated responsibility for primary care commissioning
- Note NHS England's authorisation process and timetable

3. Introduction/ Background

3.1 In May 2014, Simon Stevens invited CCGs to come forward with proposals to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally in order to:

- harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations
- enable more optimal decisions to be made about how primary care resources are deployed
- achieve greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- promote a more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

A joint CCG and NHS England group—the Primary Care Co-commissioning Programme Oversight Group—was set up to work in partnership to design and agree

with CCG leaders the practical next steps towards co-commissioning. This Group produced guidance in November 2014. The guidance outlined three broad models for co-commissioning:

- greater involvement of CCGs
- joint arrangements, or
- delegated arrangements.

The scope of primary care co-commissioning arrangements for 2015/16 will only include general practice services. CCGs have the opportunity to discuss dental, eye health and community pharmacy commissioning with their area team and local professional networks, but have no formal decision making role.

At its meeting on 13 November 2014 the Governing Body decided to pursue option 3 – delegated arrangements. This decision was supported by the Membership Council at its meeting of 17 December 2014, and a number of practices not present at that meeting subsequently confirmed their support in writing to the CCG. A task and finish working group was established to develop the CCG's application.

The CCG met with representatives from NHS England's Area Team on 6th January to discuss the CCG's application and provide the assurance they required. Following this, an extraordinary meeting of the Governing Body was held on 8 January which reviewed and approved the CCG's application. The Chief of Corporate Affairs submitted the application to NHS England by the required deadline of noon on 9 January 2015.

The submission also contained a declaration from NHS England that the CCG:

- meets the required standards across the six assurance domains
- is capable of taking on the delegated functions
- complies with the statutory Conflicts of Interest guidance
- demonstrates sound financial control and meets all statutory and business planning requirements.

4. Conclusion/ Next Steps

4.1 Regional moderation panels will convene in mid-January 2015 to review all delegated proposals, specifically the CCG's proposed approach to conflicts of interest management. A national moderation panel, in place to ensure consistency of approach across the country, will make final recommendations to the relevant new NHS England committee (likely to be the proposed new Commissioning Committee) on which proposals are ready to be taken forward from 1 April 2015. The committee will provide final sign off for delegated proposals in February 2015.

Once proposals are approved, CCGs will need to set out their plans as per the 2015/16 NHS planning guidance which will be published in December 2014. Proposals will then be implemented on 1 April 2015. Where proposals are not recommended for approval, an appropriate plan will be developed between the CCG and area team, supported by regional teams, to either further develop proposals or

to establish joint arrangements for 2015/16, if this is agreed to be the preferred approach.

Once delegated arrangements have been established, their effectiveness will be monitored as part of the ongoing CCG assurance process undertaken through the quarterly assurance meetings with NHS England.

5. Financial Implications

5.1 None for Health and Wellbeing Board.

6. Consultation with stakeholders

6.1 A meeting of the Membership Council was held on 17th December at which the CCG's proposals were presented to the Membership for approval and sign off. As approval for changes to the Constitution are reserved to the membership, the Membership Council was also asked to approve the proposed changes to the CCG's Constitution outlined above. Practices not present at this meeting were written to and asked to confirm their approval for the proposals.

Members of the Governing Body considered and commented on the proposals as they have developed, including a full discussion at the Governing Body meeting held on 11th December 2014 and at an extraordinary Governing Body meeting held on the 8th January 2015.

The public has had the opportunity to hear about the CCG's proposals at the public meeting of the Governing Body. It was also discussed with the CCG Membership Council at the December 17th meeting. However no formal consultation process is proposed at this stage since the proposal is for a change in accountability rather than a substantive change to the services being provided.

The Primary Care Strategy which underpins the application for delegated responsibility is an integral part of the CCG's Commissioning Plan 2015/16 which will be consulted on in full prior to its final submission on 10 April 2015.

The CCG has worked closely with NHS England to develop its proposals.

Officer: Lesley J Smith **Contact:** lesleyjane.smith@nhs.net **Date:** 26/1/2015