

### Delegated Primary Care commissioning Update for Health and Wellbeing Board March 2017

#### **1. Purpose**

The purpose of this paper is to update the Health and Wellbeing Board on H & F CCG's vote to adopt delegated commissioning of primary care services and on emerging work in development of the H & F Primary Care Strategy. In terms of delegation, the paper updates on:

- Primary care co commissioning transition to delegated commissioning
- Objectives and benefits of delegation
- Duties under delegation: CCG and NHSE
- Due diligence: governance, finance and workforce
- Committee membership
- Next Steps

#### **2. Background and Current position**

Since late 2015, all CCGs in NWL have undertaken Level 2/joint primary care co-commissioning alongside NHS England. This work has been undertaken through a joint co-commissioning committee at North West London level and local co-commissioning committees at CCG level. The Local Authority has been part of the membership in a non-voting capacity.

All CCGs are expected by NHSE to adopt Level 3/delegated commissioning by April 2018 at the latest. Given the potential benefits accruing from full delegation – including the ability for CCGs to manage the use of any financial headroom under delegation arrangements – the NWL CCGs embarked on a period of engagement with member practices, as outlined at Appendix One.

In February 2017, the H & F CCG membership voted to adopt delegated Primary Care commissioning from 01 April 2017, with 70% in favour. The CCG will therefore establish

from April 2017 a committee of the Governing Body in order to fulfil these functions. Of the NWL CCGs, all CCGs with the exception of Brent and Hounslow voted in favour of delegation.

### **3. Objectives and benefits of delegated Primary Care commissioning**

Delegated commissioning arrangements are one of a set of changes set out in the NHS England Five Year Forward View. Such arrangements for primary medical services (GP contracts) are seen as a key enabler in developing seamless, integrated services based around the diverse needs of local populations. They are also expected to drive the development of new models of care such as multi-specialty community providers (MCP), which the GP Federation and partners hope to pursue, and primary and acute care systems (PACS)<sup>1</sup>.

We believe that the objectives and benefits of delegation, as discussed with Governing Body and the GP membership, include:

- GPs in H&F having direct leadership to influence the development of investment in general practice
- H&F being best placed to commission primary, community and secondary care in a holistic and integrated manner
- Ability to design local schemes to replace the national GP Quality and Outcomes Framework and Directed Enhanced Services, based on local knowledge
- Greater power to drive forward the five year forward agenda
- Increased local freedom for investing in Primary Care
- Local decision-making, closer to patients' needs
- Ability to use innovative commissioning to implement local priorities
- Better care for patients via joined up working
- Tailored services to meet local needs
- Local patients having greater opportunities to input and influence
- Ability to develop and commission end to end care

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<sup>1</sup> integrated care model based around the needs of the population

#### **4. CCG duties under delegation**

The recently published delegation agreement is a nationally mandated document which sets out the detail as to the respective roles, responsibilities, rights and obligations of both parties under the terms of the arrangement. This document describes the relationship between NHS England and the CCGs in carrying out Primary Care commissioning functions: it was published in February and we are reviewing the detail. Listed below are the broad duties that will fall under the remit of the CCG and NHSE respectively, which build upon the sharing of duties we have exercised under co-commissioning arrangements.

##### **CCG**

- General Practice commissioning
- General Practice Budget management
- Procurement of primary medical services (i.e. GP) contracts
- Approval of practice mergers
- Planning and implementation of local incentive schemes
- Premises development and costs
- Practice profiling
- Management of poorly performing practices
- Planning new primary care medical services

##### **NHS England**

- Dental, eye care and community pharmacy contracts
- Management of the national performer list for GPs
- Administration of payments and performer list management
- National screening and immunisation programmes
- Complaints management
- Estates Technology Transformation Funding decision making
- Capital expenditure

##### **Shared**

- Management of Practice closures (e.g. following partner retirements, dispersal of patients, transfer to new premises etc.)

## 5. Due diligence

Due diligence has been undertaken in the key areas of finance, governance, and workforce, and necessary mitigating actions identified for all identified risks. The over-arching objectives of the due diligence in each area are as below:

- **Governance:** to ensure we implement robust governance procedures and principles required for level 3/delegation
- **Finance:** to ensure that CCG Governing Bodies consider the financial risks associated with the proposed transfer of responsibilities for the management of Primary Care contracts from NHS England
- **Workforce:** to review staff capacity to ensure that contract management, commissioning, finance, administration, business intelligence and lay input is equitable and resourced appropriately

Each work stream continues to report into the Delegation Executive Steering Group, membership of which includes all NWL MDs, Accountable Officers, Lay Representatives, Governance lead, Finance Lead, and Workforce lead.

### 5.1 Governance due diligence

The approach to the new governance arrangements is being driven by the following principles, namely ensuring that:

- the clinical voice is optimised whilst at the same time safeguarding GPs and the CCG from real or perceived conflicts of interest
- both local and joint working is effective and transparent to the CCGs and to all stakeholders, and that it delivers the objectives set out in the NWL plan around primary care
- decision-making remains fully compliant with statutory guidance and that it reflects good governance practice and is evidence-based

The CCG will formally disband and replace its Level 2 Primary Care Co-Commissioning Committee with a new Level 3 Primary Care Commissioning Committee, which shall be effective from 1 April 2017. This will be a decision-making committee on behalf of the

Governing Body, by which the committee will be held to account. The work of the committee will be a standing item on the Governing Body's agenda and will include the minutes (at corresponding closed and in public sessions) and an executive summary on commissioning decisions, explaining how these will impact the local population. To supplement this (and in line with statutory guidance), a register of new decisions will be provided to the CCG's Governing Body and a continuous log of decisions will be made available on the CCG's website.

## **5.2 Finance due diligence**

RSM (auditors) have undertaken an audit of financial issues and provided a final report encapsulating their findings. The main finance- and legal-related issues raised – and responses – are listed below:

- Historic legacy issues and budget deficits: NHS England will remain liable for any pre-April 2017 liabilities. Potential issues will be captured on NHSE's legacy list and provision will be made for these 'old-year' liabilities
- Counter-fraud arrangements: NHSE remains accountable and responsible for counter-fraud. Agreement around the above issues has been captured within the Memorandum of Understanding between the CCG and NHSE
- Use of primary care allocations to address deficits in other areas of the health service: primary care funding allocations are ring-fenced and to only be spent on Primary Care services
- Status of practice contracts and ongoing rent reviews: NHS England are completing templates which share all knowledge and known issues on a practice-by-practice basis

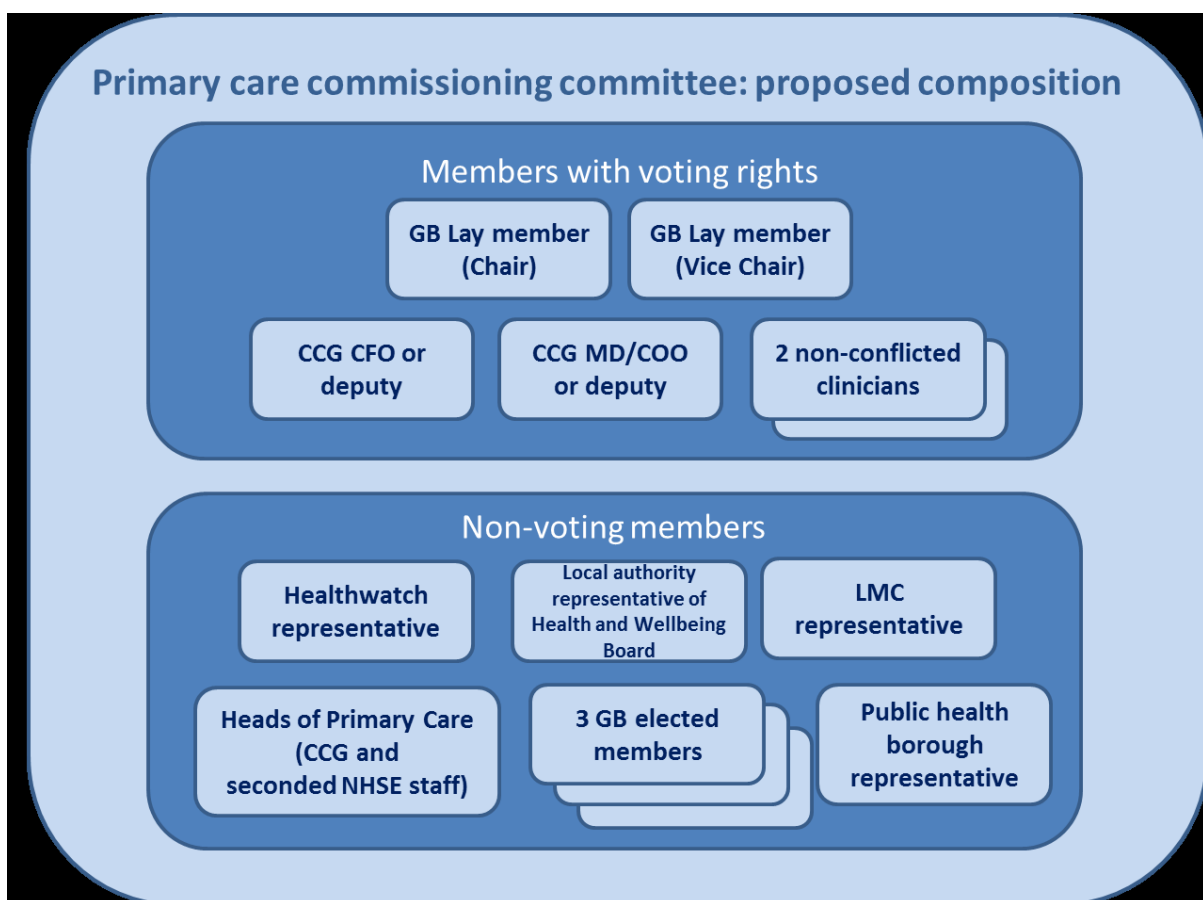
## **5.3 Workforce due diligence**

The CCG and NWL are currently considering the workforce requirements under delegated commissioning, at CCG and CWHHE level. The CCG will lead at a local level on primary care management, relationships and decision-making, with recognition that some resources will be best aligned to existing centralised teams e.g. technical contract support, business intelligence. Existing NHS England staff will be seconded to NWL and based at Marylebone Road offices alongside CCG staff – a Memorandum of Understanding has been developed to

manage the smooth transfer of staff. H&F CCG will advertise a Band 8B to shore up the existing local and centralised teams, with further posts to be recruited to as further workforce needs are identified.

## 6. Primary Care Commissioning Committee

The revised committee will be comprised of the following members, noting the continued inclusion of the LA representative of the HWBB, and the appointment of two non-conflicted clinicians with voting rights:



## 7. Primary Care Strategy

Alongside the progress made in transitioning to primary care commissioning delegation, H & F CCG has held the first two of a planned series of Board to Board sessions with Hammersmith and Fulham GP Federation – in January and February 2017. We have jointly agreed that we will co-develop over the next three months a Primary Care Strategy for H &

F. The strategy will build on joint work done to date, for example around practice resilience and out of hospital service delivery, and consolidate national and local strategies, including: the GP Forward View, the NWL STP, the national Strategic Commissioning Framework (which outlines outcomes in the areas of accessible, pro-active and co-ordinated care) and the draft Local Services Strategy. We continue to work alongside the Federation and partners on the developing Multi Specialty Community Provider (MCP) and ultimately Accountable Care Partnership (ACP) direction of travel as potential vehicles for delivering transformational change.

## **8. Next steps and transition**

- ensuring business as usual is maintained
- working with NHS England to ensure a smooth transition through 01 April and beyond
- working collaboratively with CCG colleagues across NW London to take full advantage of the synergies presented to us through delegated commissioning
- risk logs to continue to be monitored and risks mitigated
- Accountable Officer and CCG Chair to agree the process for recruiting non-conflicted clinicians to the new committee
- continued engagement with practices and key stakeholders
- primary care workforce development and recruitment to be continued by the CCG and across NW London. H & F CCG has commenced recruitment of one lead officer

## **Appendix One: engagement timeline**

- November to February 2017: Full engagement and information sharing with membership
- 8 November 2016: Hammersmith and Fulham Governing Body
- 1 December 2016: Joint Co-commissioning committee
- Monthly: local co-commissioning committee receives regular updates
- 5 December 2016: NHS England Checklist Application pending membership vote
- 10th January 2017: Hammersmith and Fulham Governing Body
- January 2017: NW London Delegated Commissioning Workshop hosted by NHSE National team
- 1 February 2017: Ballot of members opens
- 14 February 2017: Ballot of member closes
- 28 February 2017: NW London results of ballot declared