

GOVERNING BODY IN PUBLIC – PART I
FULLY DELEGATED CO-COMMISSIONING

Date of the meeting	1 December 2016
Author	Sadie Parker, Associate Director of Primary Care and Engagement
Sponsoring Board Member	Melanie Craig, Chief Officer
Purpose of Report	To update members on the recent GP practice survey and to approve the recommendation to apply for fully delegated co-commissioning
Recommendation	The Governing Body is invited to approve the report
Reason for inclusion in Part II	N/A
Stakeholder Engagement	Letters to all member practices and telephone calls to all member practices. Discussion with South Essex Local Medical Committee
Previous GB / Committee/s, Dates	Joint Primary Care Co-commissioning Committee in October, Governing Body Seminar meeting in November

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality • Equality and Diversity • Engagement • Outcomes • Governance • Partnership-Working • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework / Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal / Regulatory	✓	✓	
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: SAP

1. Introduction

- 1.1 The purpose of this paper is to update members on the recent survey carried out among our member GP practices to gain their views on fully delegated co-commissioning; and to invite the Governing Body to approve a recommendation to apply for fully delegated co-commissioning.

2. Background

- 2.1 Following majority support by its member practices, NHS Southend CCG successfully applied for shared co-commissioning from 1 April 2016 and has held Joint Primary Care Co-commissioning Committee meetings with NHS England in September, October and November.
- 2.2 The CCG undertook to review the impact of co-commissioning after six months to determine how to move forward.
- 2.3 NHS England has recently encouraged all CCGs nationally to apply for fully delegated co-commissioning of primary medical services. CCGs wishing to apply for fully delegated co-commissioning must do so by 5 December.
- 2.4 Following discussions at our Governing Body seminar meeting and at the Primary Care Co-commissioning Committee meeting, it was agreed the CCG should survey member practices on their views and recommend to member practices that the CCG should apply for fully delegated co-commissioning.

3. Practice survey

- 3.1 The CCG wrote to all practices on 7 November explaining the Governing Body's recommendation to apply for fully delegated co-commissioning and providing information on the benefits and risks of co-commissioning. This can be seen at appendix one.
- 3.2 By 24 November, 28 of 32 practices responded, covering 93% of our patients. The following table sets out the percentage of practices in support of co-commissioning:

	No. from responding practices	% from responding practices
In support	24 practices 147,293 population	86% practices 86% population
Not in support	4 practices 24,324 population	14% practices 14% population

- 3.3 There is a clear majority of our practices in support of an application for fully delegated co-commissioning covering a high proportion of our population.

4. Conflicts of interest and governance

- 4.1 The guidance to support CCGs in managing conflicts of interest has recently been strengthened and this has been previously presented to both the Governing Body and the Joint Primary Care Co-commissioning Committee. An action plan has been developed and implementation is being monitored by the CCG's Audit Committee.
- 4.2 For the new Primary Care Co-commissioning Committee, no further changes to membership would be required at this time, however the CCG may consider including an additional lay post in the future, as set out in the guidance. This would enable the CCG to appoint a lay vice chair to the committee.
- 4.3 The committee would remain with lay and executive members in the majority and the membership would be as follows:
- Voting members:
 - Lay member chair (not audit committee chair) – mandated
 - Lay member (the vice chair may not be the audit committee chair) – mandated
 - Chief nurse
 - Chief officer
 - Chief finance officer
 - Non-voting members
 - NHS England representative
 - Associate director of primary care and engagement
 - CCG chair
 - CCG clinical executive chair
 - Healthwatch Southend representative - mandated
 - Health and wellbeing Board representative - mandated
- 4.4 Decisions of the committee are binding on NHS England and the CCG.
- 4.5 The CCG would also have to amend its Constitution to incorporate the new Committee. There are standard templates for this provided by NHS England and this, along with revised terms of reference for the committee, would need to be agreed with the NHS England locality director prior to April 2017.

4.6 Discussions would also be held between the chief finance officer and the local NHS England director of finance to agree the final delegated budget for primary medical services to be transferred to the CCG.

5. Recommendations and next steps

5.1 Governing body members are invited to:

- Approve a recommendation to proceed with an application for fully delegated co-commissioning arrangements

5.2 Assuming the recommendation is approved, the next steps will be:

- Develop, agree and submit a joint application for fully delegated co-commissioning arrangements with the NHS England locality director by 5 December
- Develop and agree proposed changes to the CCG's Constitution to incorporate a new Primary Care Co-commissioning Committee
- Work with the Joint Primary Care Co-commissioning Committee to prepare the new terms of reference so that the first fully delegated Co-commissioning Committee can be held in April 2017

SENT VIA EMAIL

To all Southend GP Members and Practice Managers

7 November 2016

Harcourt House
5-15 Harcourt Avenue
Southend on Sea
SS2 6HE

Tel: 01702 314299
Fax: 01702 313703

Dear Colleague

Co-commissioning of Primary Medical Services

We are writing to you to seek your views on a recommendation to move to fully delegated co-commissioning status from April 2017. NHS Southend CCG implemented shared co-commissioning arrangements with NHS England in April 2016 following majority support from our member practices. Our Governing Body agreed to review the impact of co-commissioning after six months, which it did at its seminar meeting on 3 November.

The Governing Body fully discussed the opportunities for moving to fully delegated co-commissioning and wishes to strongly recommend to member practices that the CCG moves to fully delegated co-commissioning. We have set out below the key benefits we see for our local population and GP practices:

Premises – The CCG would seek to work with local partners, such as the council and local GPs when developing new premises, whereas NHS England is obliged to work with NHS Property Services and Community Health Partnerships (both national organisations).

New contracts – The CCG wishes to invest in and support existing local GMS and PMS providers rather than bringing in new providers. (There would be no change to the contractual or funding arrangements for existing contract holders.) NHS England has published a national policy stating all new contracts will be APMS.

Policy and strategy – the CCG's Governing Body and Primary Care Committee would agree local policy and strategy for primary care commissioning to provide clinical leadership, guide local approaches and ensure consistency, for example around contracts and estates. NHS England is bound by national policy and processes, which may not be best for Southend.

Local practices – the CCG wants to invest in and support existing local providers to ensure sustainable and resilient primary care for the future. Our primary care team is based locally and understands local practices and the needs of our local population.

Funding – Currently NHS England manages one budget for primary care across their East region. Any underspends in Southend are therefore balanced across the region rather than being made available to Southend. Under shared arrangements, NHS England retains control of all primary care funding but this would formally transfer to the CCG under fully delegated co-commissioning (GMS and PMS contracts will remain with NHS England) and

would ensure Southend funding is available to spend in Southend. We plan to invest in local practices by creating a locality transformation fund to support our developing localities.

Influence – In shared arrangements, NHS England has the casting vote on the primary care committee and therefore the power of veto; under fully delegated co-commissioning NHS England would attend the committee as an observer.

Enhanced services – NHS England commissions enhanced services using the national specifications and does not commission local enhanced services; the CCG is able to be flexible and offer local enhanced services as an alternative choice for practices to the national specifications, to remove bureaucracy where possible and make services sensitive to the local needs of patients and practices. The CCG can also work with local practices to develop the specifications.

Our Governing Body recommends a move to fully delegated co-commissioning and as a member organisation it is important we have the support of our member practices to do so. We have also discussed this with the LMC and they have advised we should seek a 65% majority of those practices that choose to vote.

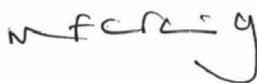
We strongly recommend to our practices that we apply to NHS England to take on fully delegated co-commissioning arrangements with effect from 1 April 2017 and enclose a factsheet to provide further detail. We believe this will enable us to support member practices to develop sustainable and resilient services for the future to maximise the benefits to our patient population.

We would be very interested in understanding your practice's view as a commissioning member of the CCG. Please could you complete the form overleaf and return to the CCG by post or by email sccg.communications@nhs.net no later than 23 November 2016. We would also be pleased to meet individual practices to discuss further if this would be helpful.

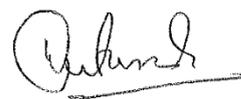
Yours faithfully



Dr Jose Garcia
Chair
NHS Southend CCG



Melanie Craig
Chief Officer
NHS Southend CCG



Dr Krishna Chaturvedi
GP Governing Body Member &
Clinical Executive Committee
Chair, NHS Southend CCG

Co-commissioning of Primary Medical Services

Name:

GP Practice Name:

Date:

Does your practice support fully delegated co-commissioning? Yes / No

Please return by 23 November 2016 to:

Via Post:

Sadie Parker
Associate Director of Primary Care & Engagement
NHS Southend CCG
Harcourt House, 5-15 Harcourt Avenue,
Southend on Sea SS2 6HE

Via Email:

sccg.communications@nhs.net

Co-commissioning factsheet
November 2016

What is co-commissioning?

Co-commissioning enables CCGs to commission primary medical services, either in shared arrangements with NHS England or with fully delegated arrangements. NHS Southend CCG is currently operating under shared arrangements with NHS England, following majority support from member practices.

NHS England is now encouraging all CCGs nationally to move to fully delegated co-commissioning. This does not include performer list management or GP appraisals and only applies to primary medical services commissioned by NHS England.

How many CCGs are already doing co-commissioning?

Nationally around three quarters of CCGs are already co-commissioning primary medical services with 114 approved for fully delegated and a further 70 approved for shared arrangements. In Essex Castle Point and Rochford CCG are fully delegated and all other CCGs are approved for shared arrangements.

What support is there for the CCG?

NHS England has provided template governance documentation and has recently published strengthened conflicts of interest guidance.

What about conflicts of interest?

New strengthened guidance has already been published and requires a quarterly declaration from the CCG to NHS England. Southend CCG has recently reviewed its conflicts of interest procedures in order to meet the new strengthened requirements. It should be noted that CCGs already work with real and perceived conflicts of interest in the commissioning of local enhanced services. In addition the CCG is required to have a lay/ executive majority on its primary care committee.

What will we be able to achieve that we can't do now?

Co-commissioning enables local accountability in commissioning of primary care and enables CCGs to commission services across the whole of health and social care. We see the main benefits of fully delegated co-commissioning as follows:

Premises – The CCG would seek to work with local partners, such as the council and local GPs when developing new premises, whereas NHS England is obliged to work with NHS Property Services and Community Health Partnerships (both national organisations).

New contracts – The CCG wishes to invest in and support existing local GMS and PMS providers rather than bringing in new providers. (There would be no change to the contractual or funding arrangements for existing contract holders.) NHS England has published a national policy stating all new contracts will be APMS.

Policy and strategy – the CCG's Governing Body and Primary Care Committee would agree local policy and strategy for primary care commissioning to provide clinical leadership, guide

local approaches and ensure consistency, for example around contracts and estates. NHS England is bound by national policy and processes, which may not be best for Southend.

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Funding – Currently NHS England manages one budget for primary care across their East region. Any underspends in Southend are therefore balanced across the region rather than being made available to Southend. Under shared arrangements, NHS England retains control of all primary care funding but this would formally transfer to the CCG under fully delegated co-commissioning (GMS and PMS contracts will remain with NHS England) and would ensure Southend funding is available to spend in Southend. We plan to invest in local practices by creating a locality transformation fund to support our developing localities.

Influence – In shared arrangements, NHS England has the casting vote on the primary care committee and therefore the power of veto; under fully delegated co-commissioning NHS England would attend the committee as an observer.

Enhanced services – NHS England commissions enhanced services using the national specifications and does not commission local enhanced services; the CCG is able to be flexible and offer local enhanced services as an alternative choice for practices to the national specifications, to remove bureaucracy where possible and make services sensitive to the local needs of patients and practices. The CCG can also work with local practices to develop the specifications.

How will governance arrangements have to change?

NHS England has provided template documents to enable CCG constitutions to be updated to reflect new primary care committees and has provided guidance and terms of reference to support this. Our primary care committee meets the requirement to have a lay and/or executive majority and meet in public. An annual report must be produced by the CCG. The Health and Wellbeing Board and Healthwatch already have a non-voting place on our primary care committee and the chair and clinical executive chair (Drs Garcia Lobera and Chaturvedi) also attend.

What if the CCG changes its mind and wants to stop co-commissioning?

There is nothing to prevent the CCG from discussing ceasing arrangements with NHS England or from moving between the levels. If a CCG is fully delegated this may be more challenging to achieve in year.

Does this mean my GMS contract will transfer to the CCG?

No, contracts remain with NHS England and the contract funding remains the same. Decision-making happens through the primary care committee meeting in public and the decisions of the committee are binding on both the CCG and NHS England. This provides local accountability and transparency to the process and additional support to local practices through a local primary care team.

What are the benefits of co-commissioning for local patients and GP practices?

As well as the benefits set out above, unlike NHS England, CCGs are clinically-led with strategy determined by local clinicians and local people, decisions are made in public and the CCG is accountable locally. The CCG plans to invest in and strengthen primary care in Southend by working with existing contract holders. Priorities would be locally determined for Southend and would not have to compete with other areas in the East of England. Services could be commissioned across a whole pathway rather than exclude primary care.

What risks are involved with co-commissioning?

Previous concerns raised were centred on conflict of interest, capacity and financial risk. New strengthened national guidance and the lay/ executive majority of the CCG's primary care committee have mitigated the conflict of interest issue, and the CCG has developed a dedicated primary care team to support commissioning.

Castle Point and Rochford CCG's experience of fully delegated co-commissioning has shown that, under normal circumstances, the delegated budget is adequate. The risk to this is with unexpected costs, such as a sudden closure of a practice or suspension payments (which are met by the local system despite not managing the performers list). Early indications from other Essex CCGs are that they would be open to a risk sharing arrangement, similar to that in place with PCTs.

How would fully delegated arrangements work?

The CCG would need to amend its Constitution to incorporate the change from shared to fully delegated arrangements and update the terms of reference for its primary care committee (there are national templates for this).

Fully delegated arrangements require a joint application from NHS England area team and the CCG to the NHS regional team at Midlands and East. New arrangements would start on 1 April 2017 so this would give us enough time to ensure we had reviewed, amended and approved the relevant governance documents.