

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting:	5 th March 2015
Subject:	INFORMATION REPORT NHS England and Harrow CCG Co-Commissioning proposals
Responsible Officer:	Rob Larkman, Accountable Officer, Brent, Harrow and Hillingdon CCG.
Exempt:	No
Wards affected:	All
Enclosures:	Primary Care Co-commissioning in North West London

Section 1 – Summary and recommendations

The eight NWL CCGs have submitted an application to NHS England to undertake co-commissioning. This has been approved subject to the agreement of constituent members and agreement with NHS England of a suitable co-commissioning model. Agreement to the new arrangements would enable Harrow CCG to begin co-commissioning from 1 April 2015. This would enable the CCG and other Harrow stakeholders to work more closely with NHS England to commission primary care (GP) services in Harrow. This could assist in improving health outcomes for Harrow residents and in particular in delivering the out of hospital strategy and ensuring that more residents receive support in the community without having to go to hospital.

The Health and Wellbeing Board is invited to note the work underway, consider its potential involvement and offer its support for the benefits that this could bring to Harrow residents.

Recommendations

It is recommended that the Health and Wellbeing Board:

1. Note the work that is presently underway to consider the benefits of co-commissioning of primary care services in Harrow and the benefits that this will bring;
2. Offer its support to the proposals to undertake primary care co-commissioning from 1 April 2015;
3. Consider the benefits of nominating a representative from the Health and Wellbeing Board to be involved in commissioning committee meetings if NWL CCGs agree to go forward with the proposals.

Section 2 – Report

1. Introduction and work so far

1.1. In June 2014 NHS England invited Clinical Commissioning Groups (CCGs) to submit an Expression of Interest in an increased role in the commissioning of primary care services. The intention was to enable CCGs to improve primary care services locally for the benefit of patients and local communities.

1.2. Currently NHS England commissions primary care services, including primary medical care services (those provided by GPs), ophthalmology, dentistry and pharmacy. NHS England also commissions specialised services, offender healthcare, and healthcare for people in the military. Co-commissioning would involve local CCGs working with NHS England to commission primary medical services.

1.3. On 10 November 2014, NHS England published Next steps towards primary care co-commissioning¹ (which can be found by clicking [here](#)).

¹ *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

This document set out three possible models for primary care co-commissioning:

- **Greater involvement**, Greater involvement in primary care co-commissioning is simply an invitation to CCGs to collaborate more closely with their area teams to ensure that decisions taken about healthcare services are strategically aligned across the local health economy.
- **Joint commissioning**. In joint arrangements, commissioning decisions would be taken by the CCG and NHS England area team. 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.
- **Delegated commissioning**. Under delegated arrangements, CCGs would have the ability to offer GP practices the opportunity to participate in a locally designed contract, sensitive to the diverse needs of their particular communities, above or different from the national requirements e.g., as an alternative to QOF or directed enhanced services (DES).

1.4. NHS England requested that applications for **delegated commissioning** arrangements be submitted by 9 January. The NW London CCGs did this proposing that commissioning functions should be delegated to a joint committee made up of representatives from NHS England, the constituent CCG and other key stakeholders.

1.5. The application was reviewed by a regional moderation on 16 January. The feedback from the panel was that the governance arrangements proposed did not align with NHS England legislation as NHS England cannot delegate functions directly to a joint committee. Therefore the CCGs would have to look at a different approach, for example a 'Committee in Common', or joint commissioning.

1.6. On the basis of the feedback received the eight CCG Chairs agreed to undertake a further engagement process with member practices to test support for joint commissioning.

2. The vision for care in North West London for sustainable, integrated and high quality services

2.1. In NW London, there is a vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

2.2. This vision is supported by three principles:

- People will be empowered to direct their care and support and to receive the care they need in their homes or local community;
- GPs will be at the centre of organising and coordinating people's care; and
- The NW London systems will enable and not hinder the provision of integrated care.

2.3. The vision for NW London is focused on integrated whole systems delivering population-based care, co-ordinated around the needs of the patient.

2.4. General Practice will be the cornerstone for this new model of care delivery, with the majority of patient care being delivered in the primary care setting and with General Practice delivering more accessible, co-ordinated services with a focus on prevention.

3. Challenges faced in General Practice nationally and locally in North West London

3.1. General Practice currently undertakes 90% of NHS activity for 7.5% of the NHS budget, seeing more than 320million patients nationally per year. However, the model of General Practice that has served Londoners well in the past is now under unprecedented strain.

3.2. Primary care nationally and in North West London is facing a number of challenges:

- A growing and aging population with increasingly complex health and care needs;
- Variable levels of accessibility and quality of primary care services that patients can access;
- Workforce challenges with an increasing proportion of General Practitioners (GPs) nearing retirement age and with limited number of clinicians coming into the system; and
- A significant fall in investment in General Practice as a percentage of total health spend, with minimal investment into developing and maintaining primary care estates and facilities.

3.3. Given these challenges, in NW London there is an ambition to enable a shift in investment into primary care to achieve supported and sustainable General Practice.

3.4. As patients' needs are changing, the systems that are currently in place need to evolve to ensure that they are still fit for purpose.

3.5. However, new ways of working that GPs would be asked to deliver for the NW London vision are above and beyond that expected in the current primary medical services contracts. Furthermore, while some expectations are within the remit of the core contracts, there is a lack of clarity in the specification.

3.6. In addition, current contractual forms for General Practice cannot be readily changed.

4. Primary care co-commissioning in North West London to promote sustainable and integrated high quality services to deliver patient benefits

4.1. Since May 2014, NW London CCG Chairs, London-wide LMCs and NHS England/NW London representatives have been involved in a discussion

about the place primary care co-commissioning could have in ensuring that General Practice is supported in its role as the core for the new model of care for NW London.

4.2. Alongside this, the NW London CCGs have been involved in an extensive period of stakeholder engagement with the NHS England local area team, CCG Governing Bodies, CCG constituent members, the London-wide LMCs, local NW London LMC borough Chairs, patient and public representative groups and other stakeholder groups.

4.3. Primary care co-commissioning will be an enabler to helping NW London achieve this vision, by enabling local commissioners and stakeholders the ability to:

- Influence local decision making in primary care to align with wider local strategies for integrated and coordinated care;
- Commission for a new contractual offer for General Practice to sustainably deliver the necessary enhanced services for it to act as the foundation for the new model of care and to limit current variations in quality and access; and
- Influence the necessary investment in the supporting primary care estates and workforce to enable the delivery of the enhanced role of General Practice.

4.4. Ultimately, through primary care co-commissioning, the ambition is to achieve the right benefits for patients:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities;
- Services that are joined up, coordinated and easy for users to navigate around;
- A better patient experience through more joined up services; and

- A greater focus on prevention, staying healthy and patient empowerment.

4.5. Although primary care co-commissioning is seen as an opportunity for local clinicians and people to gain more influence over the commissioning of primary care to achieve the right benefits for patients, through stakeholder engagement it has been agreed that in NW London co-commissioning will not be about:

- Losing local influence in decision-making on out-of-hospital services to NHS England; or
- Taking away core primary care contracts from practices.

4.6. As member-led organisations, the decision to enter into primary care co-commissioning arrangements will be determined through the support of each CCG's constituent member practices. Although the method and level of support varies between each CCG, according to their constitutional agreements in place, support must be achieved through a majority vote and the final stages of this engagement process are currently taking place. In particular:

- A meeting of all GP Practices in Harrow (GP Forum) takes place on Wednesday 4 March to consider the benefits of joint commissioning and agree the preferred way forward
- This decision will be considered at a meeting of the CCG Governing Body on Tuesday 31 March

If constituent members agree to the proposals for joint commissioning and these are agreed by CCG Governing Bodies by 31 March then the new arrangements will begin in April 2015.

5. Health and Wellbeing Board involvement in Primary Care Co-commissioning

5.1. National guidance on Health and Wellbeing Board involvement in primary care co-commissioning states that:

- In both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee;
- Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

6. Next steps in terms of Health and Wellbeing Board involvement in Primary Care Co-commissioning for North West London

6.1. The Health and Wellbeing Board are invited to:

1. Note the work that is presently underway to consider the benefits of co-commissioning of primary care services in Harrow and the benefits that this will bring;
2. Offer its support to the proposals to undertake primary care co-commissioning from 1 April 2015;
3. Consider the benefits of nominating a representative from the Health and Wellbeing Board being involved in the commissioning committee meetings if NWL CCGs agree to go forward with the proposals.

6.2. It is also proposed that if Harrow CCG goes forward with proposals for co-commissioning the Health and Wellbeing Board undertake a review of progress six months after the new arrangements go live.

Section 3 – Further Information

7. None

Section 4 – Financial Implications

8. Currently Harrow CCG spend approximately £253 million per year on health care services for Harrow residents. NHS England spend £27 million per year commissioning primary care services from Harrow GP practices.

Section 5 - Equalities implications

9. Full consideration of equality implications is an integral part of the commissioning process.

Section 6 – Council Priorities

10. Following preliminary consideration of the proposals for primary care co-commissioning Council officers have provided the following comments and it is proposed that these are used to inform the future development of proposals. Harrow Council and members of the Harrow Health and Wellbeing Board are:

1. Supportive of principle that primary care should be commissioned closer to local communities and with more scope for joint commissioning/HWBB oversight;
2. Believe that greatest potential is for this to be an enabler of greater health social care integration rather than just a contractual function to sort out GP contracts;
3. Keen that Harrow councillors play a role in governance for transparency and democratic legitimacy;
4. Concerned that capacity will be a major barrier to achieving this vision. It seems that lack of capacity nationally is part of the drive to push leadership to local areas. We would want some reassurance that capacity would be properly funded alongside the new responsibility;
5. Believe that what would be most effective is if all primary care was commissioned more locally rather just focusing on GP services, which seems to be the focus of these proposals.

Ward Councillors notified: No

YES/ NO

** Delete as appropriate.*

Section 7 - Contact Details and Background Papers

Contact: Sue Whiting – Assistant Chief Operating Officer, Harrow CCG

Background Papers: N/A

List **only non-exempt** documents relied on to a material extent in preparing the report. (eg previous reports) Where possible also include electronic link.