APPENDIX 1

NHS LEEDS NORTH CCG, NHS LEEDS SOUTH AND EAST CCG and NHS LEEDS WEST CCG

REPORT FOR SCRUTINY BOARD (ADULT SOCIAL CARE PUBLIC HEALTH AND NHS) ON PRIMARY CARE CO-COMMISSIONING

SUMMARY

NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group have submitted a formal application to co-commission primary care medical services with NHS England from 1 April 2016.

This paper sets out the principles of co-commissioning and aims to address the specific issues raised by the Scrutiny Board (Adult Social Care, Public Health, NHS) as follows:

- Patient benefits from the new model of commissioning
- How CCGs will manage conflicts of interest
- CCGs preparedness by April
- Risks and mitigating actions

1.0 BACKGROUND

1.1 Co-commissioning describes the process of CCGs and NHS England working more closely together to commission services for the local population through the delegating certain commissioning responsibilities from NHS England to CCGs. Co-commissioning is one of a number of initiatives highlighted in the NHS Five Year Forward View.

1.2 Co-commissioning supports organisations to influence the way the *whole* of NHS funding is being invested for local populations and support effective integrated care outside hospital. Commissioning services in a more integrated way will lead to a range of benefits for the public and patients, including:

- improved access to primary care and wider out-of-hospital services, with more services available closer to home;
- high quality out-of-hospitals care;
- improved health outcomes, equity of access, reduced inequalities; and
- a better patient experience through more joined up services.

1.3 Nationally, the current scope of primary care co-commissioning is limited to general practice services and excludes primary care pharmacy, dentistry and ophthalmic services. The scope of delegated co-commissioning responsibilities of general practice services, includes:

- contractual GP performance management,
- undertaking reviews of primary medical services in the area
- budget management

Co-commissioning excludes all functions relating to individual GP performance management (medical performers lists for GPs, appraisal and revalidation) which remain with NHS England.

1.4 Since May 2014, CCGs have been invited to apply for one of three levels of co-commissioning:

- Level 1 - Greater involvement in decision making
- Level 2 - Joint commissioning arrangements
- Level 3 - Full delegated arrangements

1.5 From April 2015, 63 CCGs assumed 'Level 3' delegated co-commissioning responsibilities for commissioning general practice services. 86 CCGs nationally are co-commissioning with NHS England through 'Level 2' joint commissioning arrangements.

1.6 Nationally, CCGs have been encouraged to apply for Level 3 delegated co-commissioning responsibilities.

2 Co-commissioning arrangements within Leeds.

2.1 NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group have worked closely with NHS England to scope and understand the risks and benefits associated with co-commissioning primary care.

2.2 Over the last 18 months each CCG has worked with its own member practices and governing body to discuss the implications, challenges and opportunities associated with the different levels of co-commissioning. Discussions were progressed through each CCG's internal governance structure. However, there was a commonality of the themes raised across all three CCGs. These related to the need for clear assurances around:

- the benefits for patients and public;
- the need to manage perceived conflicts of interest;
- undertaking financial due diligence of inherited budgets;
- ensuring CCGs continue to work together to reduce fragmentation of commissioning across the city.

2.3 In October 2015, NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group each submitted individual expressions of interest for Level 3, fully delegated co-commissioning responsibilities.

3.0 BENEFITS TO PATIENTS

3.1 As part of their individual application to NHS England, each CCG identified and articulated the benefits of co-commissioning to patients and the wider CCG populations.

3.2 The key benefits of Level three delegated co-commissioning of primary care responsibilities can be seen as follows:

- The ability to better respond and support local population health needs through using the CCGs' local and specific knowledge to improve quality and range of services within our practices.
- A more patient centered approach to commissioning by being able to commission whole pathways of care (as opposed to different commissioners commissioning different components of patient pathways).
- Control of the wider NHS budget to facilitate and enable a shift in investment from acute to primary and community services to enable patients to receive care closer to home. This is something that patients and the public have said is important.
- The CCGs in Leeds already have a commissioning strategy, which enables us to commission for population health needs. The additional responsibility for commissioning primary medical services will enable us to progress a more integrated commissioning approach across the whole system.

3.3 Co-commissioning will help us achieve our vision for primary care in line with new models of care identified through the Five Year Forward View. A key aim is to create sustainable General Practice for the future and develop services to meet the local population needs through the integrated neighbourhood teams and 'wraparound' community services.

3.4 Although the vast majority of primary medical services are currently commissioned by NHS England, CCGs have a statutory role in improving the quality of primary care and for commissioning local primary care initiatives. Inevitably, this often leads to confusion across general practices, staff, patients and the public as to roles and responsibilities. It is anticipated that by CCGs taking on Level Three co-commissioning responsibilities this confusion, and in some cases duplication, will significantly reduce.

3.5 Across Leeds, new innovations and primary care development have been led by individual CCGs through ongoing member engagement and GP leadership. This has been driven by CCGs and member practices responding to local population needs and other local influences, rather than through the national contract commissioned by NHS England. Co-commissioning and the ability to localise elements of national contracts to reflect local innovation and population is the next logical step for CCGs.

4.0 CONFLICTS OF INTEREST

4.1 NHS England has developed a clear policy for CCGs assuming Level 3 co-commissioning responsibilities of primary medical services. Detailed national guidance was issued in December 2014 on managing Conflicts of Interest. Each CCG has reviewed its own policy relating to Declarations of Interests to take account of the guidance. This includes asking individual practices to submit any conflicts of interest so that these can be recorded.

4.2 National guidance requires that CCGs with Level 3 co-commissioning responsibilities establish a 'Primary Care Commissioning Committee' as a formal sub-committee of their (statutory) Governing Body. As this is a statutory requirement each CCG will have their own committee.

4.3 The purpose of the committee is make decisions on primary care commissioning. These include:

- approval of practice mergers;
- decision making in relation to poorly performing practices
- developing and agreeing local variations to the GP contract and enhanced services.

4.4 Guidance relating to the Primary Care Commissioning Committee also states that:

- the Chair and Vice Chair must be lay members of the CCG;
- the committee must have a lay and executive member majority;
- standing invitations must be made to Healthwatch;
- the local Health and Wellbeing Board should appoint representatives to attend meetings in a non-voting capacity;
- meetings must be held in public.

4.5 Standard terms of reference for the committee have been made available via NHS England to set out the remit and function of the committee (Appendix A).

4.6 Each CCG has reviewed their constitution to include reference to the Primary Care Commissioning Committee and to include the Committee's functions in the overarching scheme of delegation. These have been approved by each CCG's Governing Body and member practices.

4.7 It is important to note that CCGs are already accustomed to managing conflicts of interest across a variety of areas. Across the city there a number of mechanisms in place to ensure transparency and probity in decision making process. Examples of these are highlighted below:

4.6.1 NHS Leeds North CCG has arrangements in place which ensure that when decisions relating to primary care are made, anyone with an interest is excluded from the decision making process. The Board is constituted in such a way as to enable decisions to be made when practice members are excluded. To further aid transparency, the Board

register of interests is on the agenda as an information item at each public Board meeting.

4.6.2 NHS Leeds South and East CCG has had a GP Conflicts Committee in place to ensure any decisions related to CCG primary care funding are made effectively and can demonstrate transparency both internally and externally, without conflicts of interest affecting the outcome. Clinical GP leadership is available to support the discussions in which the Conflict committee members debate and raise questions before excluding the Executive GPs from the decision making process.

4.6.3 NHS Leeds West CCG has tested out its governance procedures over the past year in the approval of a number of business cases which invest in general practice. In all cases, the GP members have been removed from the decision making process. In relation to the enhanced primary care scheme, the actual decision was delegated to the assurance committee to manage conflicts of interest appropriately. Since then, the quorum has been revised to ensure that the Governing Body can make decisions when all of the GP members are removed.

5.0 PREPARED AND READINESS

5.1 Over the last 18 months, the Leeds CCGs and NHS England have developed closer working relationships. CCGs have become increasingly involved in both activities and decision making relating to member practices. This has provided opportunities to develop greater understanding and insight regarding the additional responsibilities and functions associated with Level Three co-commissioning responsibilities.

5.2 Each CCG has continued to review their current workforce capacity and capability in relation to delivering additional delegated functions. CCGs are working together and with NHS England to describe how specific responsibilities will be delivered from April 2016. Within Leeds, CCGs are working closely together on a ‘make, buy, share’ framework to identify how new functions can be delivered most effectively and efficiently across the three CCGs.

5.3 NHS England is able to provide expert knowledge and experience within primary care contracting and the Leeds CCGs continue to work with NHS England to understand what functions they will continue to deliver in conjunction with individual and collective CCGs. This phased, supportive approach will create headroom within the CCGs to ensure the relevant systems and processes are in place whilst developing the workforce capacity and capability.

5.4 Each CCG is developing and implementing an internal action plan to ensure additional delegated responsibilities transition smoothly from April 2016. At the same time, CCGs are working together, and with NHS England, to share learning, avoid duplicating efforts and to ensure that there is a consistent approach. CCG plans cover the following areas:

- Governance, including establishing the Primary Care Commissioning Committees.
- Review of workforce requirements, team functionality and other committees across the City i.e. Quality and Safety.
- Establishing financial mechanisms and systems.
- Engaging members, staff and patients.

5.5 Whilst there is clear guidance that each statutory body needs to have its own Primary Care Commissioning Committee; the CCGs have also established a citywide forum to enable strategic alignment and learning and to support consistency across the city.

6.0 RISKS AND MITIGATING ACTIONS

6.1 Each CCG has undertaken a full due diligence review which included a specific review of the financial impact of co-commissioning. Whilst some financial risks are associated with taking on full delegated responsibility the overall recommendation from all CCGs was to continue to move towards full delegation.

6.2 The following table highlights key risks and mitigating actions associated with co-commissioning.

Risk	Mitigation	RAG
Capacity There is a risk that there is insufficient capacity within teams to support primary care commissioning.	Continue to work with NHS England to look at the Memorandum of Understanding to understand roles and responsibilities. Continue to work with citywide colleagues to look for opportunities to develop joint arrangements where possible. Internally, teams to review their capacity to identify how they may need to adjust to meet the changing requirements of co-commissioning.	**AMBER**
Finance Some specific financial risks have been identified within individual CCGs.	Due diligence process undertaken to identify all known risks.	**AMBER**
Relationships Being responsible for commissioning primary care will change the relationship of a members led organisation.	The CCGs' role has evolved and our strong relationships with our members means that difficult conversations can take place in a positive and constructive way.	**AMBER**

Governance Review governance arrangements to take on the additional primary care responsibilities including establishing a new committee resulting in additional responsibilities for lay members.	Robust arrangements for managing conflicts of interest during decision making processes have already been established	**GREEN**