



**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**

In November 2015 NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG submitted individual applications to NHS England to assume responsibility for the delegated responsibility of commissioning General Practice services. These applications were subsequently approved by NHS England in December 2015.

In December 2015, the CCGs presented a paper to Scrutiny Board providing assurance on the developing arrangements for accepting delegated commissioning responsibilities and an updated position was shared in January 2016.

This paper aims to provide a further update on the commissioning arrangements progressed across the CCGs. These relate to:

- Commissioning arrangements
- Governance arrangements
- Primary Care Commissioning Committee membership (PCCC)
- Updated risks and mitigating actions
- Finance

**1. Commissioning Arrangements**

1.1. Since the last update, the CCGs have made significant progress in operationalising plans to take on the agreed functions of primary care commissioning. This collaborative approach has seen the respective Leeds CCGs work closely with NHS England Area Team colleagues. The functions being formally delegated from NHS England can be found at Appendix A along with a summary of the functions being retained by NHS England.

1.2. The ongoing work has provided a robust understanding of the tasks that will be transferred directly across to the CCG with effect from April 2016. The CCGs and Area Team have agreed that the Area Team will continue to deliver transactional tasks for the foreseeable future. CCGs have also identified the areas where the three CCGs will work at a citywide level to deliver key commissioning tasks.

1.3. A single citywide document has been created by the CCGs and the Area Team outlining the division of responsibility between NHSE and the CCGs. This detailed document will underpin the Delegation Agreement to be signed between each CCG and NHS England and further supported by a Memorandum of Understanding between NHSE and the CCGs.

- 1.4. Each CCG continues to review the current capacity within their organisation. CCGs are progressing actions at CCG and citywide level to ensure adequate capacity to deliver additional commissioning responsibilities.
- 1.5. A citywide group has been established to support shared learning and development of commissioning initiatives across General Practices in Leeds. The first meeting of the city wide group has taken now place with a focus on the progress to date in preparation for the delegation of functions and auctioning any outstanding arrangements. The focus of the next meeting is to agree city wide priorities for 2016/17.

## **2. Quality and Governance Arrangements**

- 2.1 Each CCG has submitted a signed Delegation Agreement between themselves and NHS England. This is a national standard document that sets out the detailed arrangements for how the CCG will exercise its delegated primary medical services commissioning functions, including the governance arrangements.
- 2.2 The city wide governance and quality teams have identified the additional tasks to be undertaken to support and deliver aspects of the quality components to fulfil the delegated responsibilities of primary care commissioning.
- 2.3 Preliminary conversations established the need for consistency across the city in certain areas of co-commissioning and quality and governance was of significant note due to the ability for sharing learning across providers. For example incident management support for General Practice could most effectively be delivered through securing additional support within the citywide Governance Team.
- 2.4 This function will focus on trend and theme analysis to identify and respond to citywide quality and safety themes relating to General Practice.

## **3. Primary Care Commissioning Committees**

- 3.1. Each CCG is continuing to progress the establishment of the Primary Care Commissioning Committees (PCCC). The establishment of a PCCC within each CCG is a fundamental requirement within the Delegation Agreement and model Terms of Reference (ToR) of the PCCC have been produced nationally.
- 3.2. As set out in the Delegation Agreement each CCG PCCC will be a Committee of each CCG Board and should consist of the following membership:

### Members

- Lay member for patient and public engagement
- Lay member for governance
- Chief Officer
- Chief Financial Officer
- Director of Commissioning and Strategic Development
- Director of Nursing and Quality
- Secondary Care Consultant
- Public Health Consultant

### In attendance

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation

- A representative of Healthwatch as nominated by that organisation
- 3.3. The CCGs acknowledge the recent request from Scrutiny Board to include the Council Health and Wellbeing Champions in the membership of the Primary Care Commissioning Committee (PCCC). We do recognise the value of having local leaders involved in the co-production of schemes that support improvements in local services and would welcome the opportunity of identifying ways of facilitating these conversations routinely as opposed to through this formal committee.
- 3.4. As PCCC are new committees taking on additional CCG responsibilities at this initial stage of establishment, the CCGs feel it is important to follow the national guidance regarding membership with the option to review the membership of the committees in the future. Each CCG has approached the Health and Wellbeing Board and Healthwatch to nominate their respective attendees. All meetings will be held in public and as such, the local Health and Wellbeing Champions are able to attend.
- 3.5. Leeds North CCG held an initial planning meeting in January 2016 to clarify the membership, frequency and terms of reference of the committee. The governance structure of existing groups and committees was also reviewed with a view to future working and developments from 1st April. Future meeting dates were agreed with the first meeting planned to take place on the 27<sup>th</sup> April 2016. The membership of the committee is:

#### Members

- Lay member for Patient and Public Involvement (Chair)
- Lay member for governance (Deputy Chair)
- Chief Officer
- Chief Financial Officer
- Director of Commissioning
- Non-Executive Board Nurse
- Secondary Care Consultant
- Public Health Consultant

#### **In attendance**

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation
  - A representative of Healthwatch as nominated by that organisation
  - Representative of NHS England
- 3.6. Further work has been undertaken to map out the current functions, remit and work programmes of associated groups such as the Primary Care Quality Improvement Group to understand how these may change in the light of co-commissioning and the relationships to other associated groups and committees.
- 3.7. Leeds South and East CCG developed Terms of Reference for the Committee to support the application and these were agreed at the Governing Body Meeting on the 10th September.
- 3.8. The Governing Body agreed to establish the Primary Care Commissioning Committee in shadow form to enable a meeting to take place on the 31st March, prior to the commencement of the Committee in formal role, with the first meeting scheduled for May 2016.

3.9. The current GP Conflicts Committee will cease from 31st March 2016. The terms of reference will be ratified at the first Primary Care Commissioning Committee. The membership will be as follows:

#### Members

- Lay Chair of the Governing Body (Chair)
- Lay member leading on communications and patient and public engagement (Deputy Chair)
- Lay member leading on governance and audit
- Chief Finance Officer
- Chief Operating Officer
- Director of Nursing and Quality
- Secondary Care Consultant\*<sup>1</sup>
- Public Health Consultant\*

#### In attendance<sup>2</sup>

- A representative of Leeds Health and Wellbeing Board as nominated by that organisation
- A representative of Healthwatch as nominated by that organisation
- A representative of NHS England

3.10. The statutory attendees have been formally invited to join the Committee.

3.11. The dates for the Leeds West CCG Primary Care Commissioning Committee have now been confirmed with the first meeting taking place on 21st April 2016. The membership of the committee can be confirmed as:

#### Members

- Associate Lay Member – Primary Care (Chair)
- Lay Member – Patient & Public Involvement (Deputy Chair)
- Lay Member - Governance
- Lay Member – Assurance
- Secondary Care Consultant
- Chief Officer
- Chief Finance Officer
- Medical Director
- Director of Nursing & Quality
- Director of Commissioning, Strategy & Performance
- Public Health Consultant

3.12. Standing invites will be made to a representative from the Health & Wellbeing Board Healthwatch Leeds and NHS England to attend in a non-voting capacity. Our Associate Director of Primary Care will also attend meetings.

3.13. We are endeavouring to identify venues across the CCG area to ensure visibility within the community and as close to the GP practice population as possible.

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<sup>1</sup> There is a lay member/Executive member (majority membership). The Secondary Care Consultant and Public Health Consultant are clinicians

<sup>2</sup> Attendees are Non-voting.

- 3.14. A review of the role of each committee within Leeds West CCG is currently being undertaken and Terms of Reference are being updated as appropriate to take account of co-commissioning. The updated Terms of Reference will be presented to the Governing Body for approval on 23 March 2016
- 3.15. Where appropriate, GP members of the Board shall be invited to attend meetings to participate in strategic discussions on primary medical services' issues. They will be required to withdraw from the meeting during the deliberations leading up to a decision and from the decision making where there is an actual or potential conflict of interest.

#### 4. Updated risks and mitigating actions

4.1. The table below provides a brief summary of risks associated with the CCG's delivery of delegated responsibilities for the commissioning of primary care from April 2016.

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
<p><b>Capacity</b> - There is a risk that the time and capacity required to fully deliver all delegated functions may prevent the CCG from leading on the transformation of primary care and realise the stated benefits of co-commissioning for the local population and member practices.</p>	<p>The three Leeds CCGs have worked closely with the NHS England (NHSE) Area Team (AT) to agree the elements of delegated commissioning responsibilities which will continue to be delivered by the AT.</p> <p>The AT has confirmed they will continue to deliver the primary care contracting and commissioning functions unless otherwise stated by CCGs. This enables a more incremental approach to the CCG's delivery of additional primary care commissioning functions. The approach being undertaken by LNCCG, LSECCG and LWCCG has been to focus on the delivery of areas from April 2016 which will have the most significant impact on improving the quality of local services for patients eg quality, estates planning and aligning CCG and AT commissioning developments. This has been formally documented to underpin the Delegation Agreement.</p> <p>It has been agreed that the more transactional and contractual tasks will continue to be delivered through the AT.</p> <p>There is agreement across the NHS LNCCG, LWCCG and LSECCG to 'share' roles across CCGs to delivery delegated responsibilities in relation to incident management and estates.</p>	

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
<p><b>Consistency across the city</b> – There is a risk of fragmentation and lack of consistency in approach to primary care commissioning across the city.</p>	<p>There is a strong history of working collaboratively across the three CCGs in relation to primary care developments and therefore there is an established network of sharing learning and developments.</p> <p>All three CCGs have had their applications for full delegated co-commissioning of primary care approved by NHSE. The three CCGs have established a strategic primary care commissioning group to maximise opportunities for consistency of primary care commissioning approaches across the three Leeds CCGs. The group has already begun to meet and commenced work on an initial programme of transactional work to ensure consistency in decision making processes across all three CCG in relation to areas such as branch closures, mergers etc.</p> <p>Sign-off and decision making in relation to primary care commissioning initiatives and decisions will be made within each CCG Primary Care Commissioning Committees.</p>	
<p><b>Finance</b></p>	<p>Discussions have been held with NHSE by each CCG to understand the financial impact and associated risk. Where any concerns were raised each CCG has worked closely with NHSE to resolve.</p> <p>Planning guidance has now been issued around allocations for each CCG which has provided a clearer picture of financial impact. Each CCG is also currently modelling the impact of the recent contractual announcement against the financial allocation to determine overall risk.</p>	
<p><b>Balancing Conflicts of Interest and Clinical Involvement</b> – Concerns were raised that the absence of member practice representation on the Primary Care Commissioning Committee could limit clinical involvement.</p>	<p>Each CCG's internal governance arrangements are currently being reviewed in the light of additional co-commissioning responsibilities and to enable delivery of population health management</p> <p>CCGs have successfully embedded clinical input into service developments and would continue to utilise existing relationships to support primary care developments. However, <u>all</u> decisions relating to primary care commissioning will be taken by the Primary Care Commissioning Committee (PCCC) which excludes GPs from the</p>	

Summary of risks raised and discussed by members.	Mitigating Actions (February 2016)	RAG
	<p>membership. The PCCC terms of reference specifically permit general practice members to participate in strategic discussions, but not to be involved in decision making.</p> <p>Meetings are held in public to ensure transparency.</p>	
<p><b>The increase in demands on General Practice alongside significant challenges to workforce recruitment and retention creates a risk that some General Practices and services will fail</b> - In taking on delegated responsibility for the commissioning of General Practice, the CCGs will accept the risks associated with commissioning General Practice services for their local populations</p>	<p>The CCG will be able to use its local insight regarding the way in which practices are currently delivering core primary care services to inform more localised commissioning and contracting of primary care.</p> <p>The provision of additional and more aligned support from CCG teams to support practices to work together to identify opportunities for more efficient delivery of existing services, will reduce the likelihood of practices failing to deliver core services. Support will focus on areas such as workforce planning, budgets and identifying actions that could more effectively be 'done once' across a number of practices.</p> <p>CCGs have been supporting practices in this regard prior to the delegation of commissioning responsibilities and therefore this will continue post April 2016.</p>	

## 5. Finance

- 5.1. With effect from the 1st of April 2016 the three Leeds CCGs will receive the funding for the Primary Medical Services contracts. Work has been undertaken between NHSE and finance leads to establish the appropriate mechanisms in place to enable the smooth transition of these monies and the associated functions.
- 5.2. Finance teams are currently modelling the primary care resource against the planned contract changes that have recently been announced via NHS England / BMA negotiations.
- 5.3. The overall financial allocation in respect of primary medical services for Leeds equates to £105.8million. From looking at historic information, the allocation for Leeds PCT equated to £100.0million.
- 5.4. It should be noted that a direct comparison of the proposed arrangements and the historic arrangements for primary care commissioning cannot be accurately presented due to the changes regarding the actual functions being delivered across organisations.
- 5.5. We know from national analysis that the spend in General Practice has declined over years, which has led to the development of campaigns from organisations such as the Royal College of General Practitioners (RCGP) "Put patients first: Back general practice". The RCGP are calling for an increase in funding for general practice from an historic low of 8.39% of the UK NHS budget back to its previous share of 11%.

5.6. We as CCGs are responding to the opportunities being presented to us by NHS England and wish to utilise the flexibilities of co-commissioning to ensure high quality and accessible services to our population through working with our members and our local communities.