

Leeds Health & Wellbeing Board

Report author: Nigel Gray and Ruth Gordon
Tel: 0788 560 8524

Report of: Nigel Gray, Chief Officer, Leeds North Clinical Commissioning Group

Report to: Leeds Health and Wellbeing Board

Date: 25 March 2015

Subject: Update on the position of the primary care co-commissioning in Leeds

Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If relevant, Access to Information Procedure Rule number: Appendix number:		

Summary of main issues

Across Leeds the 3 CCGs have worked together to apply to improve primary care services through co-commissioning from April 2015 with NHS England (NHSE). Co-commissioning will further enable the CCGs to develop projects that will improve primary care delivery and support delivery of care closer to home and projects to address inequalities. We have applied to progress at Level 1¹ where the accountability and governance arrangements remain with NHSE. We are the only area in the region which has considered its co-commissioning role across more than one CCG.

Recommendations

The Health and Wellbeing Board is asked to:

- Discuss the work on developing primary care co-commissioning in Leeds, and comment on the opportunities and risks outline in this paper
- Consider how the HWBB can help the development of primary care in Leeds, and how members of the HWBB can positively influence this agenda.
- Advise on driving greater public involvement in this development, and on local opportunities to engage (e.g. Member Health Champions)

¹ Which is 'increased involvement in primary care co-commissioning'.

1. Purpose of this report

- 1.1 This report is to update the Health and Wellbeing Board on the application to co-commission primary care services from the 3 Leeds CCGs with NHSE.

2. Background information

- 2.1 Following discussions with the member practices of the three CCGs in Leeds, a combined, non-binding expression of interest was submitted to the NHS England Yorkshire and Humber Area Team (NHSE) for the co-commissioning of primary care from April 2015.
- 2.2 The CCGs are undertaking this work as we believe that working together will help to deliver better primary care and in turn this will help to deliver a key supporting component of the Joint Health and Wellbeing Strategy, as well as create a sustainable Health and Social System by improving local decision making about primary care and being better able to respond to the needs of patients to reduce health inequalities.
- 2.3 Since the expression of interest was submitted, the clinical leads and managerial leads from the Primary Care teams at the Leeds CCGs have worked together to learn more about NHS England's co-commissioning proposals, and to understand what the co-commissioning of primary care across Leeds could look like. A task and finish group was established, led by Leeds North CCG on behalf of the city. It has clinical and primary care managerial representation across all 3 CCGs and NHSE² and has fully supported the work and examined the implications for CCGs, for NHSE, for GPs and for patients.
- 2.4 The task and finish group considered the various routes open to apply for primary care co-commissioning. Recent policy has provided the opportunity to progress at Level 1 without the need to establish a Joint Committee, with its inherent costs and governance requirements. We believe that we are better able to work together to achieve the aims we want for patients by moving forward in this way. We are fully committed to working in year to achieve the outcomes we want by utilising on the great work already completing and work through the existing relationships with NHSE.
- 2.5 To enable this an operational and strategic group will be established. The operational group will be made up of primary care managers working with NHSE to work through issues that affect Leeds patients. The strategic group will work jointly with NHSE to look at how best to make use of the primary care budget and decide if there are ways to spend NHSE primary care budget differently and approve other primary care contractual issues.

² Nigel Gray, Dr Gordon Sinclair, Dr Chris Mills, Dr Jackie Campbell, Dr Jason Broch, Dr Ben Browning, Martin Wright, Kirsty Turner, Deborah McCartney, Gina Davy, Kathryn Hilliam, Stephen Gregg, Stuart Barnes, and Ruth Gordon.

2.6 The task and finish group has developed and supported:

- Agreement of functions of primary care co-commissioning.
- The description of the work of an operational and strategic group.
- Agreement of the membership for the operational and strategic group.
- Undertaken extensive engagement with members, HealthWatch, Health and Wellbeing Board and also via Patient Advisory Groups (PAGs).

We hope to hear about approval by the end of February or early March 2015.

3 Main issues

3.1 By working more closely with the Area Team, the CCGs collectively will have a greater ability to help the city change the way it delivers primary care by:

- Strengthening local commissioning and being able to potentially see the budget as one, using co-commissioning of primary care as holistic or total commissioning i.e. population based commissioning.
- Providing greater development of primary care which is required to provide a high quality service and take on the shift of work from in-hospital care to out-of-hospital care.
- Strengthening CCG relationships with their member practices and supporting practices to develop and to take on new roles.
- Enabling our patients and clients to receive care nearer to where they live.

3.2 Additional benefits of co-commissioning include the ability to allow the CCGs to work with our local practices to deliver changes that benefit patients. The CCGs in Leeds recognise that practices know their patients well and want to use this knowledge to co-produce an outcomes-based approach that means quality can be better measured and improved.

3.3 This will be done by the CCGs working with practices to ensure they are fit to deliver quality care for patients and, importantly, to take on care from secondary care.

3.4 We will be able to create much more locally focussed incentives to reduce waste and duplication at practice and CCG level, making the financial resources available to the health and social care sector in Leeds go further.

3.5 We will be able to tailor national contracts to enable local commissioning for local health priorities and known inequalities, enabling people to stay healthier for longer.

3.6 To enable this, an operational and a strategic group will be established. The operational group will be made up of primary care managers working with NHSE to work through issues that affect Leeds patients. The strategic group will work jointly with NHSE to look at how best to make use of the primary care budget and decide if there are ways to spend NHSE primary care budget differently and to approve other primary care contractual issues.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

4.1.1 The benefits of co-commissioning have been described and shared with member practices, HealthWatch, the Health and Wellbeing Board and PAGs:

- Improved patient experience of general practice through effective commissioning based on patient need.
- Creates a primary care model which is sustainable for future transformation.
- Delivery of integrated strategic priorities.
- Supports the Leeds Health and Wellbeing Strategy.
- Supports the city wide transformation work and provides a model for future service development.

4.1.2 As CCGs, we have established mechanisms, networks and relationships to engage with clinicians, patients, the public and specific local communities to influence our commissioning decisions about the development of integrated primary care services.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 If accepted, co-commissioning will enable us to develop projects that will improve primary care delivery and support delivery of care closer to home and projects to address inequalities.

4.3 Resources and value for money

4.3.1 There is no implication for resources at present as the budget and the accountability for this remains with NHSE under Level 1. Over time there may well be resource implications in relation to adequate staffing structures within CCGs to take on greater roles to support co-commissioning. This could be a significant risk which has yet to be robustly identified and mitigated.

4.4 Legal Implications, Access to Information and Call In

4.4.1 There are no significant legal implications of progressing at Level 1 as the accountability for the primary care budget and governance remains with NHSE.

4.5 Risk Management

4.5.1 There are several key risks to the work of primary care per se. Firstly, there is a lack of overall NHS budget to sustain primary care as the demand for care grows. Particularly as primary care capacity is needed to help and sustain people in out-of-hospital care. Without increased primary care, the system in Leeds will be unable to adjust hospital care resources to enable a greater out-of-hospital care in its widest sense. There are also challenges around workforce and the ability to recruit, not least that much of the primary care workforce, especially in nursing staff, is approaching retirement age. We recognise that there may be political changes to overall funding for primary care and its future funding and direction of travel pre and post the election in May.

5 Conclusions

- 5.1 The application at Level 1 is seen as the best way forward, at the present time, to ensure that the primary care commissioning budget is spent in a way that reflects the needs of Leeds people.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Discuss the work on developing primary care co-commissioning in Leeds, and comment on the opportunities and risks outline in this paper
 - Consider how the HWBB can help the development of primary care in Leeds, and how members of the HWBB can positively influence this agenda.
 - Advise on driving greater public involvement in this development, and on local opportunities to engage (e.g. Member Health Champions)