

Appendix A

Primary Care Co-commissioning in North West London: Update for Health and Wellbeing Boards

1. Executive Summary

Through the letter to Local Authority Chief Executive Officers and Health and Wellbeing Board (HWBB) Chairs issued on 18th December¹, NHS England encouraged HWBBs to have a conversation with their local commissioners of primary care, both Clinical Commissioning Groups (CCGs) and NHS England.

This paper serves as an update for HWBBs on developments in primary care co-commissioning across the eight CCGs of North West (NW) London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward to ensure a timely and transparent dialogue about the role primary care co-commissioning could play in realising the NW London shared pioneer vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and lead full lives as active participants in their community. In particular it focuses on the role of the General Practice at the centre of organising and coordinating care, based upon need and individual circumstances, rather than separate services or disease conditions.

The paper notes the initial expression of interest submitted by the eight CCGs of NW London and the agreement to enter into shadow arrangements from January 2015 onwards. The paper also notes the intention to continue to formally explore the establishment of primary care co-commissioning with NHS England through the nationally-established assurance processes and notes the need for constituent practice support for any constitutional changes.

Finally, the paper proposes the areas where more structured engagement with the HWBB of NW London will be helpful to ensure that the benefits of co-commissioning in relation to achieving the pioneer vision, is fully realised.

2. Key Matters for the Board's Consideration

- 2.1. The HWBB are asked to support the conversation between the HWBB and local commissioners of primary care for NW London and NHS England on the role of local HWBBs in primary care co-commissioning going forward.
- 2.2. Furthermore the HWBB is asked to consider:
 - How to ensure a transparent dialogue both during shadow arrangements and following any decision to enter into formal co-commissioning arrangements in April 2015; and
 - Further stakeholder organisations that they may need to engage with over the coming months and how the NW London CCGs can support in this.

¹ Update on primary care co-commissioning. 18 December 2014. Gateway reference: 02776.

3. Introduction and National Context

- 3.1. In June NHS England invited clinical commissioning groups (CCGs) to submit and Expression of Interest in an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.
- 3.2. Currently NHS England commission primary care services, including primary medical care services, ophthalmology, dentistry and pharmacy. NHS England also commission specialised services, offender healthcare and healthcare for people in the military.
- 3.3. At this stage primary care co-commissioning refers to the commissioning of primary medical care services only, either jointly between CCGs and NHS England or through NHS England delegating their commissioning functions to a CCG.
- 3.4. The eight CCGs of NW London jointly submitted an Expression of Interest in Primary Care Co-commissioning to NHS England in June 2014.
- 3.5. On 10 November 2014, NHS England published next steps towards primary care co-commissioning². This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.
- 3.6. The approach has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group, which includes two local authority representatives: Ged Curran (Chief Executive, Merton Council) and Merran McRae (Chief Executive, Calderdale Council).
- 3.7. Through the letter to Local Authority CEOs and Health and Wellbeing Board (HWBB) Chairs issued on 18th December³, NHS England encouraged Health and Wellbeing Boards to have a conversation with their local commissioners of primary care, both CCGs and NHS England.
- 3.8. This paper serves as an update for HWBBs on developments in primary care co-commissioning in North West London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward.

4. The Vision for Care in North West London for Sustainable, Integrated and High Quality services

- 4.1. 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.
- 4.2. 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;

² *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

³ Update on primary care co-commissioning. 18 December 2014. Gateway reference: 02776.

- General Practitioners 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.
- 4.3. The vision for NW London is focused on integrated whole systems delivering population based care, co-ordinated around the needs of the patient.
- 4.4. 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.
- 4.5. Therefore in NW London there is an ambition of achieving sustainable General Practice that is supported to deliver the services and high quality that local people need.

5. North West London's Plans for Early Adopter Implementation of Whole Systems Integrated Care and the National Policy Direction Indicated in NHS England's Five Year Forward View

- 5.1. The opportunity to enter into arrangements for co-commissioning from April 2015 is particularly timely given NW London's plans for early adopter implementation of Whole Systems Integrated Care and the national policy direction indicated in NHS England's recently published Five Year Forward View. Both the Whole Systems Integrated Programme and the wider national context envisage a vital role for enhanced primary care including co-commissioning arrangements.
- 5.2. Under the NW London Whole Systems Integrated Care programme, 31 pioneer partner organisations are working together in pursuit of a common 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. This means proactive, coordinated care delivered in the right setting, enabled and incentivised by the right commissioning arrangements, aligned outcomes and funding flows.
- 5.3. From April 2015, early adopters in each of NW London's eight boroughs will begin to implement new models of integrated care, based on NWL vision and framework set out in the NW London Integrated Care Toolkit. General Practitioners will be at the centre of organising and coordinating care, based on need and individual circumstances, rather than separate services or disease conditions.
- 5.4. As well as aligning to the next crucial stage for Whole Systems Integrated Care, the introduction of co-commissioning in NWL also fits with the direction of national policy outlined in the Five Year Forward View that was published by NHS England on 23 October. The Forward View describes new models of care to be tested from 2015/16 by local places across the country working in conjunction with NHS England and other national partners. Transformation funding of £200m is being made available across the country to help meet the costs of implementing new care models.

At this stage, we envisage that the multi-speciality community provider model relates most closely to the NW London approach – predicated on establishment and development of General Practice networks or federations to expand primary care leadership, working with a wider range of professionals and providers.

6. Challenges Faced in General Practice Nationally and in North West London

- 6.1. Today General Practice undertakes 90 per cent of NHS activity for 7.5 per cent of the cost, seeing more than 320million patients nationally per year.
- 6.2. The vision of whole systems integrated care for NW London describes General Practice at the core of coordinating and delivering services.
- 6.3. However, the model of General Practice that has served Londoners well in the past is now under unprecedented strain. Therefore in NW London there is an ambition to enable a shift in investment into primary care to achieve supported and sustainable General Practice.
- 6.4. Primary care nationally and in North West London is facing a number of challenges in the evolving health and care landscape:
 - 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 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.
- 6.5. As patients' needs are changing the systems that are currently in place need to evolve to ensure that those are still fit for purpose.
- 6.6. However, new ways of working that General Practitioners 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.
- 6.7. In addition, current contractual forms for General Practice cannot be readily changed.

7. Primary Care Co-commissioning in North West London to Promote Sustainable and Integrated high Quality Services to Deliver Patient Benefits

- 7.1. Since May 2014, NW London CCG Chairs, Londonwide 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.
- 7.2. Alongside this, NW London have been involved in an extensive period of stakeholder engagement with the NHS England local area team, CCG Governing Bodies, CCG constituent members, the Londonwide LMCs, local NW London LMC borough Chairs, patient and public representative groups and other stakeholder groups.
- 7.3. 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.
- 7.4. 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.
- 7.5. 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:
 - CCGs taking on the role of performance or contract managing practices or General Practitioners which would introduce potential conflicts of interest;

- Losing local influence in decision-making on out of hospital services to NHS England; or
 - Taking away core primary care contracts from practices.
- 7.6. 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 needed to demonstrate this support varies between CCGs generally this support must be achieved through a majority vote.
- 7.7. Through engagement over the last months, NW London have achieved support from CCG constituent members and Governing Bodies to enter into a shadow period in which joint commissioning arrangements may be trialled in order to test how arrangements could work. Through these arrangements, NW London can explore and determine how to achieve the flexibility to enable the required benefits as well as defining streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation.
- 7.8. As the establishment of shadow arrangements do not affect the CCG constitutional arrangements in place, all decisions continue to be ratified by individual CCG Governing Bodies and NHS England.
- 7.9. Any decision to enter into formal primary care co-commissioning arrangements will be following full engagement with CCG's constituent member practices to gain the support to make the necessary constitutional amendments. Support is likely to be sought in March 2015.

8. National Guidance has influenced how Primary Care Co-commissioning can be taken forward

- 8.1. On 10 November 2014, NHS England published Next steps towards primary care co-commissioning⁴ (which can be found by clicking [here](#)). This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.
- 8.2. Further statutory guidance on the management of conflicts of interest was issued on 18 December (and can be found [here](#)).
- 8.3. The new guidance does not change what have been agreed as priorities for NW London, however it will impact how NW London can take co-commissioning plans forward in practice.
- 8.4. The new guidance makes it apparent that *delegated commissioning* arrangements may align best with what has been described for NW London, as it would enable:
- Greater local influence in primary care commissioning decisions without giving up influence to NHS England on decisions relating to out of hospital services;

⁴ *Next steps towards primary care co-commissioning*. NHS England and NHS Clinical Commissioners. 10 November 2014. Publications Gateway Reference 02501.

- The commissioning of a full new offer for General Practice;
 - Streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation; and
 - More appropriate management resource to carry out assumed functions.
- 8.5. Ultimately, future arrangements must be designed around the required benefits and the boundaries that have been agreed upon through stakeholder engagement.
- 8.6. NHS England have requested that proformas for delegated commissioning arrangements are submitted by 9 January 2015 and this date is non-negotiable.
- 8.7. The NW London CCGs have committed to strive to influence the process as much as possible to ensure the end result is the most beneficial for our local health economy. To put NW London on the right footing to choose to move onto the next steps in co-commissioning next year if this is agreed following further constituent membership engagement, a proforma must be submitted to NHS England within these timeframes.
- 8.8. As member-led organisations, any alterations to CCG governance arrangements are subject to full consultation with members in due course at the appropriate forums. Therefore, any submission to NHS England will be in draft form.
- 8.9. As such, NW London reserve the right to either withdraw their application and not proceed into co-commissioning arrangements in April 2015, or to opt for joint arrangements in April 2015, dependent on agreement through further consultation with CCG constituent members and other stakeholders.

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

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), CCGs have the following statutory requirements in relation to CCG commissioning plans and Health and Wellbeing Boards:

- 9.1. CCGs must give each relevant Health and Wellbeing Board a draft of the plan and consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy published by it, which relates to the period that the plan relates to (section 14Z13(4));
- 9.2. Where a Health and Wellbeing Board is consulted, it must give the CCG its opinion on whether the plan takes proper account of each relevant joint health and wellbeing strategy;
- 9.3. CCGs must include a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the commissioning plan in the final plan as published (section 14Z13(8)); and
- 9.4. Where a significant revision is made to an existing commissioning plan, CCGs must consult with the Health and Wellbeing Board as per section 14Z13, before finalising the revised plan (section 14Z12). They must also give a copy of the document to each relevant Health and Wellbeing Board.

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

- 9.5. 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;
- 9.6. Where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee; and
- 9.7. 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.

10. Next Steps in Terms of Health and Wellbeing Board Involvement in Primary Care Co-commissioning for North West London

- 10.1. This paper serves as an update for HWBBs on developments in primary care co-commissioning in North West (NW) London. Furthermore, this paper is intended to initiate conversations between local commissioners and HWBBs in NW London on the role of local HWBBs in primary care co-commissioning going forward.
- 10.2. With the publication of the new guidance and the proposal to explore delegation and / or joint commissioning now is the appropriate time to take forward the conversation between the NW London CCGs and HWBBs, both across NW London and on individual borough basis on HWBB involvement in formal primary care co-commissioning arrangements in the future. These conversations will enable:
 - The agreed benefits that should be realised across NW London in relation to primary care co-commissioning as an enabler of achievement of the NW London Pioneer vision for whole system integrated care;
 - The joint identification of local authority representation for future co-commissioning arrangements in NW London;
 - Local authority representation in shadow co-commissioning arrangements in NW London; and
 - The appropriate ways to ensure full engagement at a local and NW London level in the development of co-commissioning over the coming months.