

Item No. 7.	Classification: Open	Date: 29 January 2015	Meeting Name: Health and Wellbeing Board
Report title:		Primary Care Co-commissioning	
Ward(s) or groups affected:		Southwark wide	
From:		Andrew Bland, Chief Officer, NHS Southwark CCG	

RECOMMENDATIONS

1. To note and support the CCG's proposal to submit an expression of interest to NHS England on 30 January 2015 to establish the following arrangements for the co-commissioning of primary care services in Southwark:

Joint commissioning of primary care services with NHS England for the Southwark population from the 1 April 2015, with a commitment to a programme of work to explore and potentially apply for full delegation of these commissioning responsibilities from 1 April 2016.

2. To note the local engagement process that has informed this recommendation and the future requirement to consider the final arrangements for primary care co-commissioning following this expression of interest and ahead of the establishment of any such arrangements before 1 April 2015.

BACKGROUND INFORMATION

3. In October 2014 the NHS Leadership in England published a Five Year Forward View that makes clear that co-commissioning of primary care services will exist in some form across England by 1 April 2015.
4. This followed an initial invitation from NHS England to all Clinical Commissioning Groups in summer 2014 to consider the potential benefits to the health and wellbeing of their residents of taking greater control or involvement in the commissioning of primary care services delivered to their population.
5. Between October 2014 and January 2015 the CCG has engaged with local residents, key partners and its member practices to explore the potential for co-commissioning in the borough and to determine the form that co-commissioning might take.
6. By the end of January 2015 the CCG wishes to make an expression of interest to NHS England to enter arrangements that allow for joint commissioning of primary care from 1 April 2015 and a commitment to a work programme to explore and potentially take full delegation of this responsibility from 1 April 2016

Co-commissioning of Primary Care Services

7. The overall aim of primary care co-commissioning is to harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers

seamless, integrated out-of-hospital services based around the needs of local populations.

8. Co-commissioning could potentially lead to a range of benefits locally and in line with our partnership priorities:
 - Improved provision of out-of hospital services for the benefit of patients and local populations;
 - A more integrated healthcare system that is affordable, high quality and which better meets local needs;
 - More optimal decisions to be made about how primary care resources are deployed;
 - Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
 - A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.
9. Importantly the development of co-commissioning arrangements on a borough basis will allow for a population focus for the commissioning of these services rather than the single operating model for commissioning that currently exists and is exercised once for England irrespective of local circumstance by NHS England.
10. Although this development refers to the commissioning of primary care the opportunity for CCGs relates to general medical services or GP practices only. Community Pharmacy, Optical services and dentistry will remain under current commissioning arrangements.

Integrated Commissioning for local populations

11. Under current NHS commissioning arrangements the commissioning of primary care services for local people is fragmented with services commissioned by up to four local or national bodies (including CCGs, Local Authorities, Public Health England and NHS England). Whilst co-commissioning does not bring those arrangements under one commissioning body it does seek to ensure that commissioning intentions are developed and implemented in the local context - CCG's with greater influence over the commissioning of local services alongside their Local Authority and Health and Wellbeing Board partners.
12. Commissioning for health services more generally is equally fragmented at this point in time and this may not maximise the opportunity to commission along the entire pathway of care. The establishment of co-commissioning will seek to align commissioning to address this with local decision making established across 'upstream' preventative measures, through to primary, secondary and tertiary care services. In addition to the co-commissioning of primary care - CCGs will also have the opportunity to take a greater role in the commissioning of specialised services with NHS England in future.
13. In the context of financial constraint right across the public sector - the bringing together of these budgets, in what might be termed a 'Place based budget' also provides the opportunity to build upon local work in areas such as the Better Care Fund and create pooled or capitated budgets that reward improved population outcomes for those providers who can collaborate or integrate across health and social care to deliver them. These arrangements have the potential to allow a greater shift of resources toward community based care.

KEY ISSUES FOR CONSIDERATION

Involvement in the commissioning of primary care services

14. In any future arrangement the statutory responsibility for primary care commissioning remains with NHS England and co-commissioning arrangements describe the way in which different parts of the commissioning system will work together to provide greater local focus to drive high quality, best value and locally responsive care.
15. The form that co-commissioning takes is for local CCG determination, working with their partners and residents to determine this. National arrangements do however stipulate three potential levels of involvement in co-commissioning:
 - Greater involvement in NHS England Decision making (Greater Involvement)
 - Joint decision making by NHS England and CCGs (Joint Commissioning)
 - CCGs taking on delegated responsibilities from NHS England (Delegated Commissioning)
16. Whilst CCGs are asked to determine their level of involvement in advance of the 1 April 2015 there is then an annual opportunity to enhance that involvement by moving to the next level (e.g. from Joint to Delegated Commissioning). Both Joint and Delegated commissioning arrangements will provide a local focus for commissioning decisions although the former will establish arrangements whereby CCGs will take those decisions with NHS England, rather than as individual decision makers acting with full delegated authority

Local consideration of these options

17. Over the last four months the CCG has engaged its members, partners and local residents in an exploration of the strengths, weaknesses, opportunities and threats (SWOT) offered by the options outlined above. The SWOT analysis is available along with the outcomes of those discussions. This has led to the recommendation to the CCG Governing Body meeting in January 2015 to pursue the two stage proposal outlined above moving to joint commissioning in the first instance with active work and a programme of due diligence to determine whether to enhance that role in April 2016. This was based upon the following considerations:
 - That co-commissioning of primary care services offers significant opportunity to improve local outcomes for residents and reduce inequalities by adopting a more integrated and locally responsive approach to commissioning.
 - That the 'Greater Involvement' option did not maximise the potential of this important opportunity and represented an 'as is' option for the borough, based on current working relationships with NHS England Commissioners
 - That both forms of greater responsibility held significant opportunities but that Joint Commissioning rather than full Delegation should be adopted in the first instance taking in to the account the following:
 - A recognised need for due diligence over the available local budget and any pre-commitments or unforeseen future financial commitments and

upon the required governance arrangements for full Delegation – the CCG’s proposed option would allow for that process over the next year

- That joint commissioning in the first year of this new arrangement would secure sufficient influence over local decision making whilst allowing the CCG to learn more about the implications and resource requirements of fully delegated responsibilities
- The clear opportunity to adopt full delegation in future years

Further considerations

18. In addition to the concept and forms of co-commissioning that might be adopted locally the CCG has also given and continues to give full consideration to a number of areas (making use of more recently available national guidance) listed below. Specific responses to each of these areas will be determined in the remainder of 2014/15 and will be outlined to the Board in March 2015 ahead of any implementation.

Management of conflicts of interest

19. It is clear that as a membership organisation of local general practices the perceived or actual conflicts of interest may be heightened by co-commissioning of primary care services. In response to this the CCG will adopt new national guidance once it has been reviewed to enhance our current arrangements. This will need to be worked through locally but will include decision making in public, with greater lay involvement and an invitation to representatives of the Health and Wellbeing Board and Healthwatch to such committees or arrangements. NHS Southwark CCG is also considering how it can collaborate with the other five CCGs in south east London to strengthen arrangements.

Governance

20. Any joint commissioning arrangement will require the ability to work and take decisions with NHS England, with the potential to develop pooled or aligned budgets. This will require new governance arrangements to be established with the requisite changes to the CCG’s constitution to enact them.

Resources

21. Any changes to commissioning arrangements will not attract additional management resources or ‘running costs’ to the NHS commissioning infrastructure and as such the CCG will need to share resources with NHS England to ensure the robust delivery against these new responsibilities. In order to achieve economies of scale the CCG is again giving active consideration to the sharing of management resources with the other CCGs in south east London whilst ensuring a local borough focus to commissioning activities.

Collaboration across south east London

22. As outlined above the CCG is giving active consideration to the benefits to be derived from collaboration with other CCGs in the region where it makes sense to do so. However, the benefits of co-commissioning are firmly grounded in the local nature of this arrangement and collaboration would only be established

where:

- It allows the implementation of effective borough based commissioning at lower cost or with greater efficiency
- Where working together has the potential to facilitate stronger governance arrangements (potentially in terms of managing conflicts of interest) or
- Where boroughs are working together with a strategic alignment (e.g. where primary care commissioning sits in the context of Southwark and Lambeth Integrated Care or where there is a common commissioning intention as part of the South East London strategic plan development).

Next Steps

23. Following an expression of interest as described above the CCG would work to develop the governance and management arrangements to secure the delivery of these arrangements locally. These will be reviewed by NHS England through an assurance.
24. Provided the necessary assurance is secured the CCG would seek the approval of its Governing Body and the endorsement of the Board to enter those arrangements from 1 April 2015.

Policy implications

25. See sections above

Resource implications

26. See sections above

Consultation

27. Plans for the future form of co-commissioning of primary care services in Southwark have been the subject of an engagement process between October 2014 and January 2015 with all CCG member practices in the borough (all general practices), residents as members of the CCG's Engagement and Patient Experience Committee of the Governing Body, the Local Medical Committee, local NHS providers and NHS England (London Region).

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

28. Not applicable.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
'Next Steps Toward Primary Care Co-commissioning (NHS England, November 2014)	NHS England (Link below)	
Link: http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf		
'Managing Conflicts of Interest: Statutory Guide for CCGs (NHS England, December 2014)	NHS England (Link below)	
Link: http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf		

AUDIT TRAIL

Lead Officer	N/a	
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CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
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Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
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