ISLINGTON

Chief Executive Department
Town Hall, Upper Street, London N1 2UD

Report of: **Chief Officer, Islington Clinical Commissioning Group**

Meeting of	**Date**	**Agenda Item**	**Ward(s)**
Health and Wellbeing Board	14th January 2015	Item	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: PRIMARY CARE STRATEGY AND CO-COMMISSIONING

1. Synopsis

In recent months a number of policies and publications have been released which inform the overall direction of primary care and require CCGs to think through future plans. This includes the policy of primary care co-commissioning to share problem-solving and decision-making on primary care issues across CCGs and NHS England. In addition the North Central London Primary Care Strategy is in its last year of the agreed investment programme so we are currently refreshing the strategy across the five CCGs. The strategy will align with our co-commissioning plans as they need to support what we are trying to achieve in primary care.

This report sets out the new context for primary care and updates the Board on progress with co-commissioning. It is an opportunity for the Board to discuss and comment on plans prior to their formal approval by CCG Governing Bodies.

2. Recommendations

The Board is asked to:

- **consider** and **comment on** progress on plans for primary care across North Central London including co-commissioning, in particular the role of the Board in any new arrangements for commissioning. Some questions for the Board have been indicated in the report but it would be helpful to have comments on the way forward for primary care in Islington more broadly.

3. Background

3.1 National and London Context

Over the past few months there have been some key policy announcements at a national and London level about how primary care is commissioned and delivered.

3.1.1 Co-commissioning

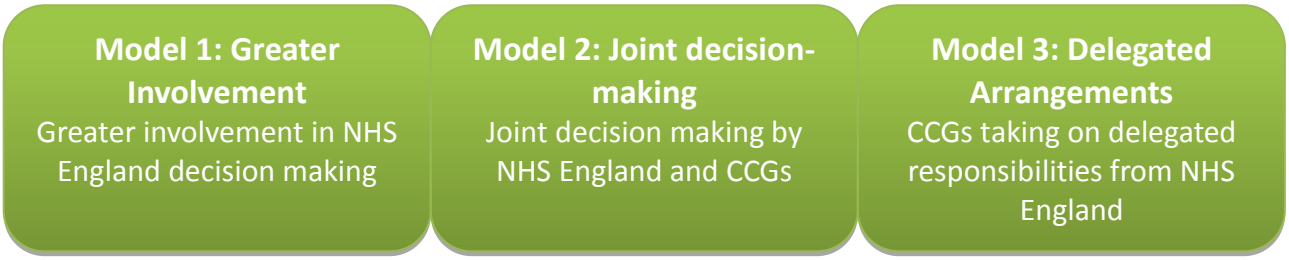
In May 2014, Simon Stevens (CE of NHS England) invited CCGs to come forward to take on an increased role in the commissioning of primary care services. The intention is to empower and enable CCGs to improve primary care services locally, in part through co-commissioning. The overall aim of primary care 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.

Some of the possible benefits from co-commissioning:

- 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
- Co-commissioning is the beginning of a longer journey towards place-based commissioning

For this year, the scope of primary care co-commissioning is general practice services. The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework.

Through a national analysis of expressions of interest, it has become apparent that there are three main forms of co-commissioning CCGs would like to take forward:



NCL has expressed an interest in Model 2 Joint Decision-making in the first instance.

Further guidance about co-commissioning was published on 11th November (http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-

cocomms.pdf). It sets out in more detail how co-commissioning will develop in each of the models. For joint commissioning, we will need to establish a joint committee or a committee in common with NHS England. We have the option to pool investment funds. Joint committees could cover the following functions:

- GMS, PMS and APMS contracts (design, monitoring, actions)
- Design enhanced services
- Design of local incentive schemes
- Approve practice mergers
- Making decisions on discretionary payments.

We will agree membership as part of the approval process but can include others e.g. Healthwatch and Health and Wellbeing Board representation as non-voting attendees.

The national timetable for co-commissioning is as follows:

<table>
<tr><th>Co-commissioning form</th><th>Nov 2014</th><th>Dec 2014</th><th>January 2015</th><th>February 2015</th><th>March 2015</th><th>April 2015</th></tr>
<tr><td>Greater involvement</td><td colspan="6">Take forward arrangements locally</td></tr>
<tr><td>Joint commissioning</td><td rowspan="2" colspan="2">CCGs work with their membership and area team to consider and agree the preferred co-commissioning arrangement for 2015/16.</td><td>30 Jan: CCGs are invited to submit proposals to their regional office.

Please note that constitution amendments which relate solely to joint commissioning arrangements will also be accepted at this point.</td><td>NHS England works with CCGs to review and approve their submissions.</td><td>Local Implementation by CCGs with their area team</td><td rowspan="2">1 April: Arrangements implemented and go-live</td></tr>
<tr><td>Delegated commissioning</td><td>5 Jan: CCGs are invited to submit proposals to england.co-commissioning@nhs.net

During January, NHS England will work with CCGs to ensure that proposals are ready for sign off.

Please note that constitution amendments which relate solely to delegated commissioning arrangements will also be accepted at this point.</td><td>16 Feb: Proposals are signed off by an NHS England Committee (likely to be the proposed new Commiss-ioning Committee)</td><td>Local Implementation by CCGs and their area team</td></tr>
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The approvals process is designed to be straightforward to support as many CCGs as possible to implement co-commissioning by April 2015. We are required to implement a short proforma and request amendments to constitutions.

3.1.2 NHSE Five Year Forward View and the London Health Commission Report

Both of these reports published at the end of last year strongly focus on the need for a sustainable high quality primary care landscape.

The Five Year Forward View includes the following:

- Stabilise core funding for general practice and review how resources are fairly made available
- Give CCGs more influence over NHS budget – investment: acute to primary and community
- Provide new funding though schemes like the challenge fund
- Expand as fast as possible the number of GPs, community nurses and other staff
- Design new incentives to tackle health inequalities
- Help public deal with minor ailments without GP/A&E
- Potential new care models such as Multispecialty Community Providers and Primary & Acute Care Systems

The London Health Commission Report includes the following:

- Increase the proportion of NHS spending on primary and community services
- Invest £1bn in developing GP premises
- Set ambitious services and quality standards for general practice
- Promote and support general practices to work in networks
- Allow patients to access services from other practices in the same networks
- Allow existing or new providers to set up services in areas of persistent poor provision.

3.1.3 London Strategic Commissioning Framework for Primary Care

On 26th November the vision for high quality primary care for all patients in London is being launched for further engagement by NHSE with the support of CCGs. It covers specifications (service offers) based on the areas that patients and clinicians have identified as the most important:

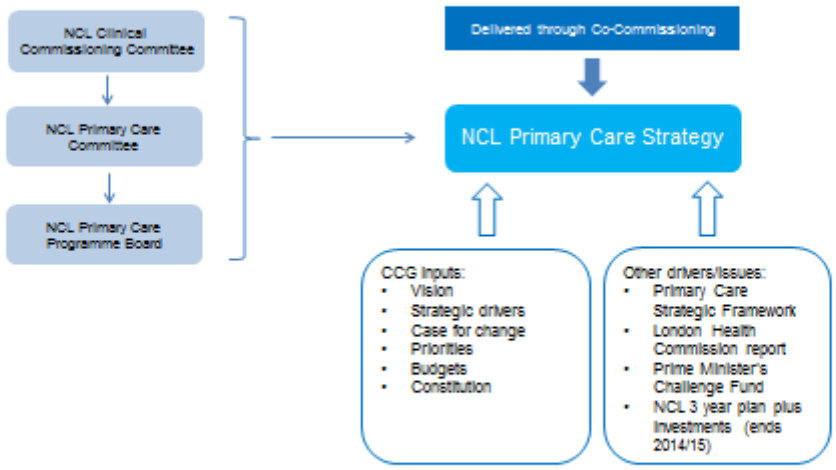
Accessible care – better access primary care professionals, at a time and through a method that's convenient and with a professional of choice
Coordinated care – greater continuity of care between the NHS and other health services, named clinicians, and more time with patients who need it
Proactive care – more health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

This will have significant workforce and financial implications. CCGs in London will need to work through how to take forward the framework from April over a period of time.

4. North Central London Primary Care Strategy

Due to this changing context and in view of the pressures on general practice locally and the variable quality in some parts of the patch, North Central London (NCL) needs a refocused primary care strategy. We have been working over the past three years on developing primary care infrastructure and improving quality and access in line with the NCL Strategy. This has involved investment of c£12m per year from our pooled CCG funds. This commitment was for three years up to 2014/15. We need to be clear how we want this work to progress from the end of this year.

NCL needs a new primary care strategy by January 2015



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NCL has a strong track record in collaborative and mutually supportive working which will benefit the progression of the primary care development standards, and other initiatives such as co commissioning. As a starting point for refreshing the strategy have looked at local CCG plans and summarised our shared priorities for primary care development for NCL as follows:

- **Extending access to appointments**. This also includes work in making practices more productive and using information technology to enhance and improve patient care (e.g. interoperability, video consultations)
- **Ensuring GP provider collaboration and harnessing the benefits of working at scale** including development of GP networks to integrate with other services (pharmacy, CHS, Specialist) to deliver personalised care for patients with complex long term conditions
- **Reducing variability and increasing the quality** of the offer to patients, enabling all patients to have fuller and more equitable access to services
- **Improving patient experi**ence and having in place a range of methods to be able to engage and get feedback from patients
- **Closing the gap on expected and observed prevalence** for long term conditions, and more proactive care of people with chronic diseases
- **Promoting self-care**
- **Integrating care better** and ensuring that primary care plays a key part in successful delivery of integrated and coordinated care

- **Taking a strategic approach to primary care premises development** and where appropriate trying to improve premises where primary and community services are delivered from

- **Supporting the primary care workforce** through planning, education and training to help deliver our strategic ambition for the transformation of services.

Based on these themes it is proposed that we refresh our primary care strategy for April 2015. This will be a joint primary care strategy for NCL that will broadly cover the following:

- Vision for primary care in NCL

- Implementation of the Co-commissioning Framework

- Response to the London Health Commission

- Key objectives for primary care across NCL.

Questions for the Board

- ***Are the shared priorities above the right ones for Islington?***
- ***Bearing in mind the changing policy context, what opportunities are there for the HWBB to support the development of primary care locally?***

5. Co-Commissioning Primary Care in NCL

In June 2014, the five CCGs in NCL submitted our expression of interest in co-commissioning and since then we have been progressing local discussions on a joint commissioning model. We have been clear that any collective co-commissioning approach must mean that we can discharge that responsibility in a way that is better than now, and result in tangible patient benefits:

- The NCL Primary Care Strategy underpins the development of co-commissioning

- Gives CCG oversight of primary care development and how contributes to forwarding local strategic change

- More integrated decision-making

- Great consistency of outcomes and incentives

- Collaborative approaches to infrastructure developments (estate, workforce, IT).

We have identified some risks of co-commissioning which still need working through:

- Governance and handling of conflicts of interests: this will need careful and sensitive management. A national framework for conflicts of interest in co-commissioning is being published as statutory guidance in December 2014.

- Stakeholder and member views: Local CCGs need to continue to engage with their stakeholders and members to ensure they understand what we are proposing and what we are trying to achieve.

- Financial positions: Data on resources will need to be subject to transparent sharing and examination.

- Management costs: There will be no increase in running cost allowances and limited redistribution of NHSE resources under a joint commissioning arrangement.

  The current approach in NCL is to set up a joint commissioning model over time with a shadow arrangement starting in April. This will give time to test out arrangements for decision making and membership as well as determine the resources needed.

  Questions for the Board

  - ***Is the joint commissioning model the right one?***
  - ***What should be the functions of a joint committee?***
  - ***Who should be on the joint committee?***

6. Implications

6.1. Financial implications

The financial implications will be worked through as plans develop but it is not envisaged that any budgets and resources will be delegated from NHS England in a joint co-commissioning model. With regard to resources available for primary care investment which will be necessary for primary care to develop locally, we await clarification on sources of funding from London-wide and national policy initiatives but it appears likely that there will be opportunities. In addition NCL CCGs will need to make a decision about whether investment that has been available for the last three years to implement the NCL strategy will continue next year.

6.2. Legal Implications

Although not legal implications, CCGs will need to amend constitutions and approve terms of reference for the new co-commissioning arrangements which will require consultation with GP practice members.

The legal framework for co-commissioning is set out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012). The relevant NHS England duties are set out in the NHS Act (sections 1H, 13O and 13P, 83 and 91) and regulations. NHS England is able to enter into arrangements with CCGs, including delegated arrangements (section 13Z NHS Act).

CCGs and NHS England can establish joint committees (sections 13Z 14Z3 and 14Z9 of the NHS Act, as amended). The procurement requirements are set out in the National Health Service (Procurement, Patient Choice and Competition) (No 2) Regulations 2013 and 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations' issued by Monitor. CCGs must have due regard to 'Managing conflicts of interest: statutory guidance for CCGs'.

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6.3. **Equalities Impact Assessment** .

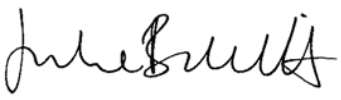
As the plans for primary care progress, there will need to be consideration of the equalities impact.

6.4. **Environmental Implications**

N/a

Background papers: N/A

Final Report Clearance

Signed by  ……

Julie Billett
Director of Public Health

Date: 5th January 2015

Received by ……. Head of Democratic Services

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Report author: Alison Blair, Chief Officer, Islington CCG
Tel: 020 3688 2902
Fax: n/a
E-mail: alison.blair@islingtonccg.nhs.uk