

Paper 13.0(d)

Governing Body Meeting in Public

Thursday, 30 March 2017

<b>Title: Joint Co-commissioning Committee Report</b>	<b>Agenda Item:</b> 13.0(d)
<b>Presented by:</b> Roland Ginn, Lay Member – Co-Commissioning Chair	
<b>Author:</b>	
<b>Responsible Executive Director:</b> Clare Steward, Director of Strategy & Transformation (Interim)	
<b>Has this paper been signed off by the Responsible Executive Director?</b> Yes	
<b>Actions/ Recommendations required by the Governing Body:</b> To note the key points of discussion and agreed actions from the first Joint Co-commissioning Committee meeting held with NHS England on 16 February 2017	
<b>Purpose of Paper:</b> To outline the key discussion points and actions agreed from the first Joint Co-commissioning Committee meeting held with NHS England on 16 February 2017	
<b>Background:</b> BCCG was officially approved to undertake Joint Co-commissioning of Primary Medical Care with NHS England on 13 June 2016. The first Joint Co-commissioning Committee meeting took place on 23 June 2016 and the committee will meet quarterly thereafter.  The Joint Co-commissioning Committee is a sub-Committee of Bedfordshire CCG Governing Body and will produce an executive summary report for information, on a quarterly basis.	
<b>Audit Trail:</b> N/A	
<b>Strategy Implications:</b> Primary Care Co-commissioning is directly aligned to the BCCG Primary Care development priority	
<b>Financial Implications:</b> N/A	
<b>Risks:</b> All Primary Medical Care Co-commissioning related risks are captured on the Primary Medical Care Co-commissioning Risk Register	
<b>Legal:</b> N/A	
<b>Has appropriate engagement and consultation taken place?</b> NHS England ratified the evidence of readiness submitted by the CCG, which included evidence of engagement around co-commissioning, at its meeting on 13 June 2016.	
<b>Has an appropriate equality and diversity assessment taken place?</b> N/A	

## **Executive Summary:**

The Bedfordshire CCG and NHS England Joint Co-commissioning Committee is a joint committee with the primary purpose of carrying out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England. The Joint Committee is a sub-group of the BCCG Governing Body and will undertake to provide a quarterly report on key discussion points and actions agreed by the Committee under the following headings;

1. Governance and accountability
2. Operational
3. Planning

The NHSE representation on the Joint Co-commissioning Committee will report into the NHS England, Midlands and East (Central Midlands) Primary Care Commissioning Panel, respectively.

## **Joint Co-commissioning Committee meeting report – 16<sup>th</sup> February 2017**

### **1.0 Documentation Approved:**

- Terms of Reference for the JCC, PCWG and were reviewed and supported
- The Commissioning Executive Group Terms of Reference were noted

### **1.1 Documentation Noted**

#### **Conflicts of interest guidelines**

- **Conflict of interest action plan** - the plan would be modified to reflect that GP practices would be encouraged to undergo conflict of interest training however, this it was agreed that this was not mandatory other than for those GPs who act on CCG Business

- **Corporate Risk Register**

The corporate risk register was reviewed by the committee. It was noted that the principle risks would be incorporated into the group corporate risk register.

### **2.0 Quality Report**

- 2.1** In accordance with the memorandum of understanding between NHS England (NHSE) and Bedfordshire Clinical Commissioning Group (CCG), the Primary Medical Care Quality & Performance Group meets every other month. The group has a focus to ensure appropriate primary care quality information is shared, assessed and risk rated at practice level with subsequent actions identified to mitigate any risks.

At each meeting a risk log containing a number of key quality indicators/metrics including General Practice High Level Indicators (GPHLI), complaints, friends and family test, serious incidents, CQC inspection ratings, and contractual issues are presented and discussed. Further soft intelligence is also shared to provide a holistic view of practices.

The Committee note the content of the report.

### **3.0 Delegated Commissioning update**

- 3.1** An update was given by a representative of NHSE around the standing of CCGs within the Midlands and East region stating that across 61 CCGs there are 6 that remain in Joint Co Commissioning, equating to just 10% of the region. Within the South Locality 3 remain,

these being Bedfordshire, Luton and ENHerts. The figure that remain appears to be similar across the country.

The process of opting to move in to Delegated Commissioning will be prompted on an annual basis. The next deadline will be set to take place near November 2017, ensuring the budgets and robust staffing models for such move are considered. It was mentioned that the model will reflect the STP footprint.

There is a need to ensure resource is used effectively locally therefore a discussion around joint resource moving forwards will be required.

Discussions are underway at STP level re primary care resource across the STP as this will need to be established. Key are meetings taking place with LCC and MKCCG sharing learning and views of delegated commissioning NING and it would be useful to dovetail such conversations with NHSE and the Accountable Officers.

The timing of the decision to move to delegated commissioning is focussed and needs to be considered the proposal will need to gain a formal support from a member vote from the wider membership in the next year. Sufficient communications and information will be shared to the wider GP membership.

#### **4.0 Primary Care Modernisation - Estates & Technology Transformation Fund**

The schemes (estates and IM&T) prioritised for the CCG's submission to the Estates and Technology Transformation Fund (ETTF) were discussed in detail.

Members of the Joint Co-Commissioning Committee are asked to approve the recommendations from the Primary Care Working Group in relation to the deployment of Practice Transformational Funding, subject to alignment with the GPFV return at the end of February. The committee endorsed the principles of the CCG's proposed ETTF submission.

The following principles have been agreed by the Primary Care Working Group for the £400k funding to be directed towards supporting implementation of the Locality Plans each year:

- Funding to be directed towards priority projects identified within Locality Development Plans to improve the sustainability of primary care
- Funding to be made available to support schemes across groups of practices covering a minimum of 30,000 population. It is not anticipated that funding will be made available to individual practices.
- Funding to be made available to localities on a fair share basis as far as possible, providing the criteria above are met. Locality Boards to be responsible for prioritising the allocation of their fair share if funding requested by a locality exceeds that available.

In view of the very tight timescales the bids have been submitted to NHSE.

#### **5.0 Supporting Vulnerable Practices – Sustainability Plans**

##### **GP Resilience Programme**

The health system is under significant pressure, General Practice requires support to ensure its sustainability and to begin to lay the foundations for delivery of the GP Forward View and Primary Care at scale. The development and shaping of Primary Care services to meet local needs must be enabled in a financially stable way.

The Locality Implementation Plans have been developed in partnership with locality teams and their practices to support sustainability, initiate working at scale through collaboration across General Practice services, developing multi-disciplinary primary care teams and establishing new models of care. These were discussed.

NHSE General Practice Resilience Programme has been applied for throughout Bedfordshire. In addition plans from the Local Medical Council (LMC) to support Bedfordshire Practices are available and were outlined.

The programme aims to deliver a menu of support that will help practices to become more sustainable and resilient, better placed to tackle the challenges they face now and into the future, and securing continuing high quality care for patients.

14 Practices in Bedfordshire have been shortlisted for support under the programme. These practices serve a population of approximately 148,061 patients in the CCG area. The submissions comprise of individual practice submissions and groups of practices working collaboratively.

Recently the LMC has negotiated a legal package to support practices that wish to work in collaboration, merge contracts or take over another practices contract. It also includes advice regarding the formation and governance of emerging federations.

**6.0 Items that were to be brought back to the next meeting were identified as:**

GPFV

Lessons Learnt - HHC