

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 6 January 2015
Report for: Information
Report of: Gina Lawrence, Chief Operating Officer, NHS Trafford Clinical Commissioning Group

Report Title

Report from Trafford CCG on its proposed co-commissioning arrangements for primary care.

Summary

The report provides an overview on the future co-commissioning arrangements for Trafford CCG. It includes the consideration of the CCG and the readiness assessments. With a recommended level of entry into co-commissioning of primary care as agreed by the CCG members.

Recommendations

The Health and Wellbeing Board is asked to support the recommendations of the CCG to move forward with model two joint commissioning of primary care.

The Health & Wellbeing Board is also asked to nominate a representative to attend the Trafford CCG Primary Care Co-Commissioning Committee. This representative will be able to play an active role in discussions but will not form part of the committee and will have no voting rights.

Contact person for access to background papers and further information:

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PROPOSED CO-COMMISSIONING ARRANGEMENTS FOR PRIMARY CARE

1.0 INTRODUCTION

- 1.1 In the summer of 2014 CCGs were given early indication that as part of NHS England's five year forward view there would be a need for CCGs to become involved in primary care commissioning that had previously been done through the local area teams. Work was scoped out at Greater Manchester level and was described as a number of functions and levels that you could look to express an interest in.
- 1.2 The CCG completed an internal readiness assessment and felt that level three was the best option (this was the highest option and gave the CCG the most scope to act autonomously) **see appendix 1.**
- 1.3 On the 20th June 2014 after consulting with the CCG members and wider stakeholders including the Local Medical Committee and Local Area Team we agreed to express an interest in what at the time was described level 3 **see appendix 2.**

2.0 PRIMARY CARE CO-COMMISSIONING MODELS

- 2.1 In November 2014 NHS England published "Next steps towards primary care co-commissioning" in which three models for primary care commissioning are described. **see appendix 3**
- 2.2 The models are:
 - Model one – Greater involvement in primary care decision-making which is best described as Co-commissioning of primary care
 - Model two – Joint commissioning of primary care
 - Model three – Delegated commissioning of primary care
- 2.3 Across GM a number of principles were agreed that Trafford ensured we had taken into account when considering the options
 - Subsidiary
 - Planning of primary care services should be done as locally as possible
 - Improving quality of primary care

2.4 Options appraisal

See table below

Models	Governance	Infrastructure	Finances	Opportunity
Model 1	Changes required to constitution	Minimal changes required	Low risk. LAT continue with responsibility	This model is very similar to the current working arrangements. It requires some time to ensure local solutions are considered and may not always be the priority within the wider GM economy
Model 2	New governance and constitution changes required	Additional staff required at CCG level – closer working with LAT core team	LAT continue to be responsible; will give time to make a full assessment of risk on moving to model 3	This option allows the CCG to develop capacity and skill while still having joint arrangements in place with the LAT. We can continue to pursue our five year strategy in integration and moving more care into primary care. Disadvantages are that it lacks the level of autonomy that is given in model 3
Model 3	New governance and constitution changes required	Far greater infrastructure required – gaps in skills set	High risk. The CCG would have delegated authority for the budget – not in a position to complete due diligence in the time frame	Autonomy to make decisions and manage funds in the best way for the local population

- 2.5 The CCG held a number of internal workshops to consider the best model for Trafford at this point in time. The teams all felt that the best model to aim for in April 2015 was model 2 – joint commissioning.
- 2.6 The Council members met in December 2014 where a workshop was held for the members to consider which model if any they wished to support.
- 2.7 The members unanimously agreed they wanted to support model two joint commissioning but then with a move to delegated commissioning (model three within a year).

3.0 CURRENT SITUATION

- 3.1 In December 2014 further guidance was issued in relation to conflicts of interest and co-commissioning. **This is attached at appendix 4**
- 3.2 The CCG considered this guidance and have responded by developing a potential structure which will complement the existing structures but ensure transparency of decision making. **This is attached at appendix 5**

4.0 RECOMMENDATIONS

The CCG is keen to develop co-commissioning arrangements with the Local Area Team and see the opportunities in being able to commission primary care at local level. The CCG is however cautious in taking on full delegated power in year one as we feel we would want to embed the governance in, ensure we can recruit the right skill mix to support the work and also understand better the financial impact

We therefore are looking to submit a request in January 2015 to go ahead with joint commissioning – we would ask the members of the HWBB to support this.

The Health & Wellbeing Board is also asked to nominate a representative to attend the Trafford CCG Primary Care Co-Commissioning Committee. This representative will be able to play an active role in discussions but will not form part of the committee and will have no voting rights.