

WOLVERHAMPTON CCG

PRIMARY CARE COMMISSIONING COMMITTEE
3 JULY 2018

TITLE OF REPORT:	Governance Arrangements for Primary Care
AUTHOR(s) OF REPORT:	Peter McKenzie – Corporate Operations Manager
MANAGEMENT LEAD:	Corporate Operations Manager
PURPOSE OF REPORT:	To ask the Committee to endorse a proposal to clarify the governance arrangements for Primary Care strategic management and development. This proposal involves this committee taking responsibility for monitoring the implementation and development of the Primary Care strategy on behalf of the Governing Body
ACTION REQUIRED:	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Assurance
PUBLIC OR PRIVATE:	This Report is intended for the public domain
KEY POINTS:	<ul style="list-style-type: none"> • Currently the governance arrangements for Primary Care give the Governing Body responsibility for development of the overall Primary Care strategy and this Committee responsibility for exercising the delegated powers in respect of Primary Medical services contracts from NHS England • These arrangements were established to ensure that there were robust lines of accountability as the CCG developed its Primary Care agenda through full delegation but have increasingly led to duplication of work as involvement in Primary Care has matured. • It is proposed that, to clarify these arrangements, this committee is given delegated authority to develop and monitor the implementation of, the CCG's Primary Care Strategy.
RECOMMENDATION:	That the Committee endorse the proposal to delegate responsibility for developing and monitoring the implementation of the CCG's Primary Care Strategy to it on behalf of the Governing Body.
LINK TO BOARD ASSURANCE FRAMEWORK AIMS & OBJECTIVES:	
1. Improving the quality and	<u>Ensure on-going safety and performance in the system</u>



safety of the services we commission	The Committee will continue to use quality monitoring information to support its decision making role.
2. Reducing Health Inequalities in Wolverhampton	<u>Improve and develop primary care in Wolverhampton</u> The Committee will be empowered to continue to play an active role in the development of Primary Care across Wolverhampton both strategically and operationally.
3. System effectiveness delivered within our financial envelope	<u>Continue to meet our Statutory Duties and responsibilities</u> The Committee will continue to exercise the powers delegated to the CCG by NHS England. Its membership will continue to reflect the requirements of statutory guidance for managing conflicts of interest in relation to Primary Care Commissioning.

1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCG has had delegated responsibility from NHS England for managing Primary Medical Services contracts since January 2016. This responsibility was exercised initially through a Joint Commissioning Committee and, since 2017, through the Primary Care Commissioning Committee.
- 1.2. The CCG has a Primary Care Strategy, approved by the Governing Body in March 2016. The implementation of this strategy is managed on a programme basis, progress with which is reported to the Governing Body which retains responsibility for managing and developing the strategy.
- 1.3. These arrangements have provided a clear distinction between the strategic and operational decision making associated with Primary Care and have worked well as the CCG has developed its approach to delivering the delegated powers from NHS England. However, as work has progressed with the implementation of the Primary Care Strategy, it has become clear that continuing with these arrangements may lead to duplication and confusion about governance arrangements.

2. PRIMARY CARE COMMISSIONING COMMITTEE – ROLE AND FUNCTION

- 2.1. The Primary Care Commissioning Committee and its predecessor Joint Commissioning Committee were established by the CCG in response to NHS England's national move towards Co-commissioning of Primary Care with CCGs. NHS England has delegated a number of functions in relation to the commissioning of Primary Medical services to the CCG which, in order to meet requirements around the management of conflicts of interest, must be exercised by the Primary Committee.



- 2.2. The functions exercised by the committee on behalf of NHS England are set out in its Terms of Reference include:
- Management of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Implementing Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
 - Designing local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

The committee also maintains an overview of the CCG’s coordinating activities in relation to the delegated functions. This includes monitoring the CCG’s integrated approach to contract and quality management. The CCG has not formally delegated any CCG responsibilities to the Committee.

- 2.3. The terms of reference for the Committee set out that it will be accountable to the Governing Body for conducting its business in line with the CCG’s Primary Care strategy. In order to meet this requirement, the committee has received regular updates on the implementation of the strategy once they have been considered by the Governing Body. Whilst this has supported the committee in maintaining an understanding and overview of the strategy, the information considered can sometimes be out of date and the committee does not have an opportunity to influence the work on the strategy.

- 2.4. Since the CCG became fully delegated in April 2017, the committee and the CCG’s management team have worked to ensure that the CCG has been able to effectively deliver its delegated responsibilities. The focus on the operational decision making at the committee has supported this process however, as the committee and CCG have matured into these responsibilities, it is worth considering whether there would be benefits of it taking a more strategic approach.

3. PRIMARY CARE STRATEGY – SUPPORT ARRANGEMENTS

- 3.1. The arrangements for monitoring and managing the delivery of the Primary Care strategy have evolved over the two years since it was written. Initially, to drive the significant level of change a Primary Care Strategy ‘committee’ was established to monitor the achievement of the outcomes in the strategy, which have been operationalised through a series of task and finish groups. As the work of the task and finish groups has progressed, the management of the programme of work has been flexed to review progress through a milestone review board, which reports into the Governing Body.



3.2. The direct reporting line into the Governing Body has been particularly helpful in the initial stages of the implementation of the primary care strategy. The Governing Body was involved in establishing the programme structure and agreeing milestones. However, as the work moves towards 'business as usual' the limited time available at Governing Body meetings means that it is not always possible to hold a detailed discussion and address any issues. As part of the move to business as usual, delegating some of the responsibility for oversight of the strategy to this committee, which could build time for discussion into its agenda, would bring this programme into line with the other committees across the CCG. The committee would be responsible for providing the Governing Body with assurance that progress with the strategy and the other work associated with the development of Primary Care was progressing in line with agreed targets, escalating issues to the Governing Body as appropriate.

4. PROPOSED NEW ARRANGEMENTS AND NEXT STEPS

4.1. It is proposed that this committee's Terms of Reference are revised so that responsibility for managing and developing the Primary Care Strategy are delegated to it on behalf of the Governing Body. It is important to note that the Governing Body would retain overall ownership of the strategy and responsibility for signing it off whilst this committee would be responsible for providing assurance that delivery was on track and managing any work to refresh or revise the strategy.

4.2. In addition to bringing the governance arrangements for Primary Care into line with the CCG's other committees, this approach has a number of other significant potential benefits as follows:-

- **Greater focus on Primary Care Strategic Development** – Currently the reporting lines for the Primary Care Strategy mean that there is the potential for work to be either duplicated or not discussed in appropriate detail. Having a single line for detailed discussion that can link the strategic and operational agenda will enhance the assurance provided to the Governing Body that strategic outcomes will be delivered.
- **Risk Management** – Following the introduction of the CCG's new risk management arrangements the Committee has maintained an overview of the risks under its purview. Up until now this has involved the management of risks associated with the CCG's delegated powers and GP contracts. Risks associated with the implementation of the Primary Care strategy are managed through the programme management arrangements and escalated directly to the Governing Body if appropriate. In practice, there is some crossover between risks in these areas and allowing this committee to act as the prime escalation point for risks associated with primary care will help to ensure that those risks are managed effectively.
- **Conflict of Interest Management** – In line with NHS England guidance on the management of conflicts of interest, this committee has non-voting clinical attendees and a lay and Executive majority. This ensures that potential conflicts of interest in relation to GP contracts are managed effectively, however these conflicts of interest also exist in relation to the strategic development of Primary



Care. Bringing the detailed work on the strategy to this committee, rather than the Governing Body will help to manage these potential conflicts.

- 4.3. The figures in Appendix 1 illustrate the current and proposed arrangements for functional responsibilities of Primary Care Strategy delivery and development and delegated commissioning. The diagrams also recognise some of the CCG's commissioning in Primary Care settings (particularly in relation to new services) will continue to be delivered through the Commissioning committee. Appendix 2 is a revised version of the committee's terms of reference, reflecting the additional responsibilities and a change of name to 'Primary Care Committee'.

5. CLINICAL VIEW

- 5.1. Not Applicable.

6. PATIENT AND PUBLIC VIEW

- 6.1. Not applicable.

7. KEY RISKS AND MITIGATIONS

- 7.1. There are no specific risks associated with this report. As highlighted above, the proposed arrangements will help to support the management of risks associated with Primary Care.

8. IMPACT ASSESSMENT

Financial and Resource Implications

- 8.1. There are no financial implications arising from this report.

Quality and Safety Implications

- 8.2. There are no Quality and Safety implications arising from this report. The committee will continue to maintain its overview of quality management in Primary Care to support delivery of its delegated powers from NHS England.

Equality Implications

- 8.3. There are no equality implications arising from this report.

Legal and Policy Implications

- 8.4. A version of this report is also being considered by the Governing Body, with a view to including the proposed changes to the Committee's Terms of Reference in an application to vary the CCG's constitution.



Other Implications

8.5. There are no other implications associated with this report.

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Job Title Corporate Operations Manager
Date: June 2018

ATTACHED:

Appendix 1 – Proposed Functional responsibilities
Appendix 2 – Proposed Revised Terms of Reference.

REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	Report Author	26/06/18
Other Implications (Medicines management, estates, HR, IM&T etc.)	N/a	
Any relevant data requirements discussed with CSU Business Intelligence	N/a	
Signed off by Report Owner (Must be completed)	P McKenzie	26/06/18

