

# Wolverhampton CCG Primary Care Contract Management - Task and Finish Group

## Terms of Reference

### 1. Introduction

The Task and Finish Group has been up and running for approximately 12 months. On 12<sup>th</sup> May 2017, a deep dive meeting took place to review progress of the group. The summary points from this are as follows:

Two out of three key deliverables have been achieved. These are;

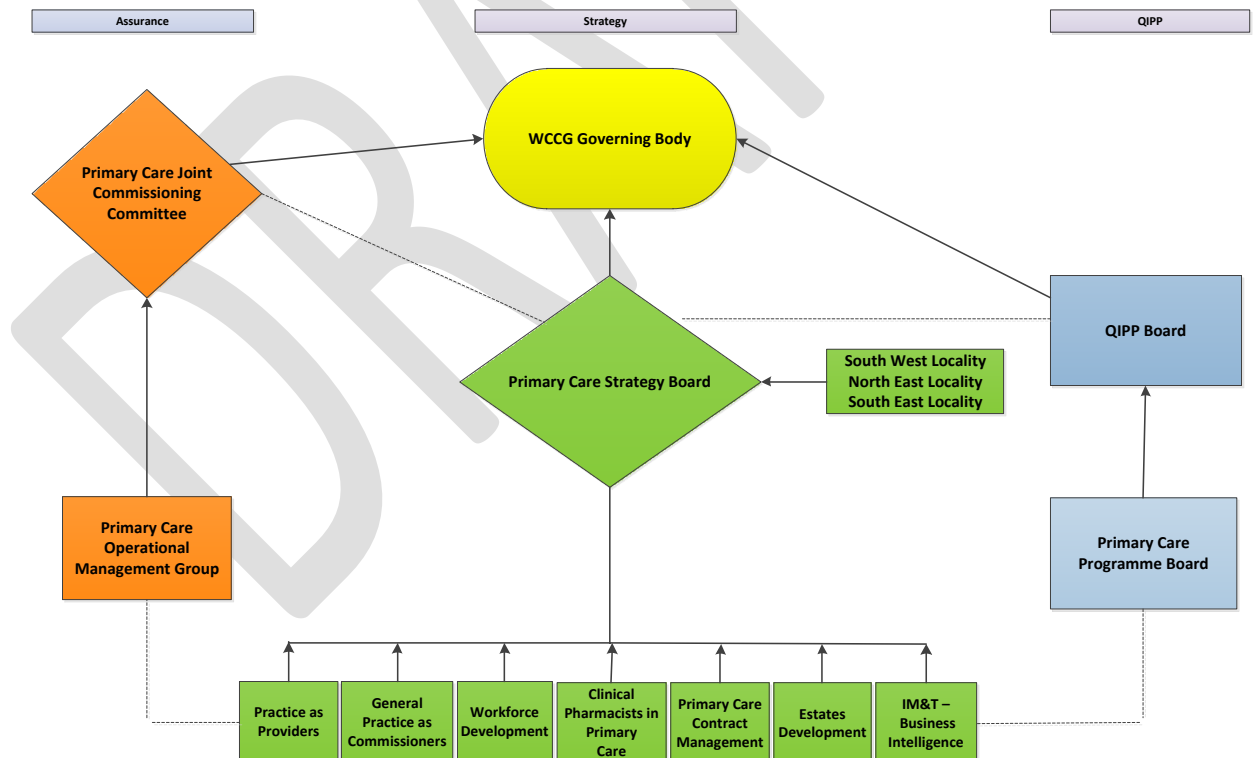
- *Collaborative Working between NHSE, CCG and Public Health*
- *Progression to Fully Delegated Commissioning*

The third area of delivery for the group is the development of the New Models of Care. The Task and Finish Group will be one of the key mechanisms to support implementation and delivery of virtual Alliance Incentive-based Contract spanning secondary and primary care.

It was agreed this needed to become the main focus for the next 12 months and the Terms of Reference and programme of work need to be amended accordingly.

This version of the terms of reference aims to reflect the revisions referenced above.

#### Task and Finish Group Structure:



## 2. Membership

Head of Contracting and Procurement (Chair)  
Head of Primary Care  
Primary Care Contracts Manager  
GP Representative(s)  
Local Authority Representative (Commissioning Manager for Public Health)  
Finance Representative (specific rep to be confirmed)

\*This was a recommendation from the Deep Dive meeting given the focus on the Virtual MCP contract and the need to ensure appropriate links between contracting and finance.

Other people will be co-opted as required, for example the CCG's Corporate Operations Manager for advice on Governance issues, the Director of Strategy and Transformation for advice on strategic direction and the Equality and Diversity Lead.

## 3. Meeting administration

- 3.1 The Chair, with the support of their Admin support, will be responsible for ensuring circulation of the agenda and papers of the Task & Finish Group at least three working days before the meeting.
- 3.2 Circulation of the minutes/ action notes will be completed by the chair/ admin support within five working days of the meeting to all members.
- 3.3 The action log will be maintained, monitored and chased by the Business and Performance Primary Care PMO Administrator and they will send reminders to all the T&F Group members prompting updates at least three working days before the meeting.
- 3.4 Following the meetings, the Chair will provide a highlight report based on key discussion points/ actions, to the Business and Performance Primary Care PMO Administrator within 3 working days, for presentation at the next Primary Care Strategy Committee.

## 4. Quoracy

- 4.1 There should be a minimum of 4 people in attendance (including the chair) for the meeting to be quorate. A representative from each organisation should be present as far as possible. Members should nominate a deputy to attend in their absence.

## 5. Frequency of meetings

- 5.1 The meetings will be held monthly

## 6. Remit, duties and responsibilities

- 6.1 Key objective - oversight and development of a New Model of Care (in line with the Five Year Forward View) with the aim of achieving effective contract management to ensure high quality of service provision.

- 6.2 Context

- There is a strong push from NHSE to establish a MCP/ PACS approach and find a workable local solution
- The solution must not lead to de-stabilisation of local providers, in particular RWT
- There is a strong consensus amongst local GPs to retain their GMS contracts and the majority of GPs do not wish to vertically integrate
- There is a lack of clarity over community services commissioned from RWT
- A joint executive meeting between the CCG and RWT took place in May, at which future contracting models formed the basis of the agenda. There was agreement reached in principle to put in place a virtual alliance contract.

#### 6.1.1 *Implementation of a Virtual Alliance Contract*

- Ensure collaborative working approach across the Health Economy
- Review and appraise national guidance on MCP/ PACS contracting models
- Learn from other areas who have implemented change in this area, for example Bolton CCG implemented a radically different outcomes based contract with their local acute trust which moved them away from PbR.
- Agree scope of services to be included in the virtual contract
- Agree different incentive categories ie activity reduction, cost reduction, risk/ gain share, fixed income and which service groups should be allocated to each.
- Clearly identify the contracting mechanisms to be used.
- Identify risks on an ongoing basis
- Implement virtual contract by 1 April 2018.

#### 6.1.2 *Development of New Models of Care.*

- Recognise new and emerging models of care (eg VI/ PCH) and the need for appropriate contracting approaches for these.
- Ensure clearly defined contract review arrangements are consistent with the CCG's wider contract review programme (collaborative model)

### **7. Reporting**

- 7.1 The Task & Finish Group will report to the Primary Care Strategy Committee. Documentation to be completed and presented to the Committee includes monthly progress assurance updates via the workbooks, implementation chart and control documents/ exception reports.
- 7.2 Workstream leads will need to ensure they alert each other if implications for another workstream are identified (which will be reflected in the highlight report).

### **8. Review of Terms of Reference**

- 8.1 These terms of reference will be reviewed by the T&F group and Primary Care Strategy Committee annually to ensure the group is achieving its objectives and to ensure that key changes are being incorporated as required.

### **9. TOR agreed at:**