

**Operating Model for Delegated Primary Care Commissioning
in South West London – January 2016**

1. Introduction

This paper presents proposed arrangements for the development and implementation of an operating model for delegated commissioning of primary medical services across south west London (SWL).

The proposals focus on areas of commissioning work where there is a potential benefit in working collaboratively across the six Clinical Commissioning Groups (CCGs) in south west London. The paper does not seek to prescribe local operating arrangements at individual CCG level.

The main proposals described in this paper have previously been discussed in various collaborative groups as CCGs prepared to submit applications for level 3 delegated commissioning in late 2015. This paper aims to draw together the key proposals for collaborative working and to secure the support of the six CCGs to commence implementation of the new arrangements in the period leading up-to 1st April 2016.

The paper assumes that each of the five CCGs (Kingston, Richmond, Merton, Sutton and Wandsworth) that have applied for delegated commission will complete this process and commence operations at level 3 with effect from 1st April 2016. In the event that one or more of these CCGs does not complete the move to level 3, alternative operational arrangements will need to be considered.

Whilst Croydon CCG has not applied for delegated commissioning for 2016/17, it is envisaged that wherever possible they will seek to 'shadow' the arrangements set out in this paper and play a full role in the collaborative processes described, whilst formally continuing to operate as level 2 in a joint commissioning arrangement with NHS England (NHSE).

The content of this paper has been prepared in the context of NHS England's *Operating Model for Co-Commissioning of Primary Care Services* document which provides a blueprint for joint working processes between NHS England and CCGs.

This paper focuses on three main areas of operational arrangements:

- Governance
- Commissioning Support
- Strategy and Transformation

The proposed operating model is summarised as a diagram at Appendix 1.

2. Governance

The foundation of operational arrangements for delegated commissioning is the creation of primary care commissioning committees within each CCG. Each of the five CCGs that have applied for level 3 delegation have set out their local proposed arrangements to establish an appropriate committee and other local working arrangements as part of their application to NHS England.

These committees will assume full responsibility for the decision making, tasks and functions formally delegated to the CCG under the terms of the Delegation Agreement with NHS England.

It is envisaged that Croydon CCG will similarly establish a local committee, albeit as a joint commissioning committee operating at level 2 with the full engagement of NHS England.

As a consequence of the creation of local committees, it is the intention to formally stand-down the existing Joint Committee for primary care commissioning that has supported operational arrangements appropriate for level 2 joint commissioning across south west London. It is therefore proposed that the Joint Committee will cease with effect from 31st March 2016.

The 3 working groups that currently report to the Joint Committee will be reassigned. The primary care estates review will be included within the wider Strategic Planning Group (SPG) Estates working group; the Finance & Contracts and Quality, Prevention and Innovation working groups will become sub-groups of the Primary Care Delivery Group (see section 4 below).

Whilst all formal duties and responsibilities will be delegated to local committees in future, it is acknowledged that there would be benefit in retaining some scope to continue to work together on a collaborative basis across south west London in areas of common interest. For example, it has been suggested that there would be merit in working together to create an Advisory Panel to support colleagues in individual CCGs who may be dealing with some challenging or contentious local commissioning issues (e.g. involving a complex contract or performance issue with a local practice; or a potential conflict of interest). The Advisory Panel would comprise of a peer group of clinical and managerial leaders who could act as a point of reference to consider and advise on any issues that an individual CCG wished to bring forward. The Advisory Panel could make recommendations as to a proposed course of action but the final decision would remain the responsibility of the relevant local CCG committee. There would not be a set schedule of meetings for this Panel, it would only meet as needed to address issues which may arise.

The Joint Committee are asked to consider and confirm if they wish an Advisory Panel to be established to support delegated commissioning in 2016/17.

3. Commissioning Support

As part of taking on the full responsibilities for level 3 delegated commissioning, each CCG will need to ensure that they have sufficient capacity and capability in their workforce to manage the range of contract, financial and performance management issues related to the commissioning of primary medical services.

The existing staff team for the management of primary care contracts and associated issues is currently employed by NHS England and operates as a single team across London. The structure of this team and potential future operational options are currently under review as a joint exercise between NHSE London and the Strategic Planning Groups (SPG). Central to the review is the consideration of how a workforce of limited numbers can best be deployed to ensure robust contract management processes are in place whilst also addressing the fact that different areas of

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth CCGs and NHS England

London will be operating at various levels of joint or delegated commissioning for the foreseeable future. This review is expected to be completed by late February.

The Delegation Agreement sets out three potential staffing models for current NHSE commissioning support staff to support delegated commissioning by CCGs:

- Assignment
- Secondment
- Direct Employment

In principle, any of these models could be applied, in the short or longer term, to enable delivery of an appropriate primary care commissioning support service in south west London.

The CCGs in south west London have previously indicated an interest to jointly operate a single commissioning support team who would manage the transactional processes associated with primary care commissioning. Under this proposal, a primary care commissioning support team would be hosted (on an assigned, seconded or directly employed basis – as above) by one of the partner CCGs and/or an alternative host organisation identified. It is proposed that a joint management group, comprised of representatives of each of the partner CCGs, could be considered as a mechanism to oversee the governance and performance of the commissioning support team but this would need to be further worked through as the staff and roles in that team are more firmly confirmed. The core workforce would be drawn from the current team employed by NHSE London on a 'fair shares' basis for south west London. We understand that based on the current NHSE team, this is likely to equate to approximately 11 or 12 whole time equivalent staff.

Any such proposal is however subject to the outcomes of the London wide workforce review currently in progress. Clearly other options for future workforce arrangements may emerge through that review. If, for example, there are strong arguments for the retention of a pan London commissioning team to be hosted by NHSE, it is suggested that as a minimum, the CCGs should require there to be an identifiable team dedicated for primary care commissioning in south west London, managed and accountable for delivery to the 5 CCGs that have formally taken on level 3 delegated commissioning and also supporting Croydon CCG (per the 'shadowing' arrangements referred to at the start of this paper).

In any event, the timing of the pan London workforce review makes it unlikely that decisions on a way forward and the mobilisation of any changes required will be completed by 1st April 2016. The five CCGs taking forward full delegation, as well as Croydon CCG, should therefore anticipate that commissioning support will continue to be made available by NHSE on an 'as is' basis for the first few months of 2016/17 financial year.

One of the perceived benefits of delegated commissioning is the opportunity to strengthen local engagement with general practices, build stronger links between the transformation of primary care programmes and contracting, and develop enhanced place based commissioning. In this context, it is envisaged that each CCG will require local capacity to support contract and relationship management with local practices, acting as a bridge between local services and the SWL joint commissioning support team. The design and capacity of local primary care commissioning teams is clearly a matter for local determination in each CCG but is noted here as an important element of the overall operating model for delegated commissioning.

The Joint Committee is asked to consider and confirm that the approach described to develop a shared commissioning support service is appropriate as part of the future operating model in south west London and should be taken into account in the ongoing London workforce review.

4. Primary Care Strategy & Transformation

Whilst this paper primarily concerns the future operating model required to address the requirements of delegated commissioning, it is important not to lose sight of the overall programme of transformation of primary care and the shared strategic work programmes across CCGs in south west London.

Through south west London Collaborative Commissioning (SWLCC) we have well established programme management arrangements for primary care transformation, focused around the Primary Care Delivery Group. The group has lead responsibility for planning the delivery of the London specifications for primary care across south west London and will prepare the primary care elements of the SWL Sustainability & Transformation Plan. The group includes representatives of the six CCGs and NHSE and is expected to continue under the future arrangements proposed.

The Primary Care Delivery Group may also appoint sub-groups to lead on areas of specific work of common interest. For example, two of existing sub-groups formed as part of the Joint Committee – Finance & Contracts working group; Quality, Prevention & Innovation working group – will continue, reporting to the Delivery Group in future.

The Joint Committee is asked to endorse the continuation of the Primary Care Delivery Group for the collaborative planning and delivery of Primary Care transformation in SWL.

5. Summary

This paper has proposed arrangements for the future operating model for level 3 delegated commissioning of primary medical services across south west London and that Croydon CCG will have 'shadow' arrangements.

The Joint Committee is requested to consider and confirm that subject to the formal commencement of level 3 delegated commissioning by CCGs in SWL in 2016/17 (and for iii and iv subject to local CCG Governing Body discussions/decisions):

- i) the SWL Joint Committee for Primary Care will cease with effect from 31st March 2016;
- ii) an Advisory Panel will be established to support local delegated commissioning;
- iii) a primary care commissioning support team will be identified/established for SWL under the direction of the SWL CCGs. This is subject to further work on the location and operation of this team and the outcomes of the current workforce review across London;
- iv) the Primary Care Delivery Group will continue to lead collaborative work for the strategic transformation of primary care across SWL.

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South West London Collaborative Commissioning

Appendix 1

Operating model for Delegated Commissioning in SWL

