

Health and Wellbeing Board

28 January 2015



Primary Care Co-commissioning

Report of Nicola Bailey, Chief Operating Officer, North Durham and Durham Dales, Easington and Sedgfield Clinical Commissioning Group

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on North Durham and Durham Dales, Easington and Sedgfield and Darlington Clinical Commissioning Group's joint application for Primary Care Co-commissioning.
2. A presentation on Primary Care Co-commissioning will be given at the Health and Wellbeing Board meeting on 28th January 2015.

Background

3. In June 2014, a briefing note was circulated to members of the Health and Wellbeing Board which outlined that North Durham, Durham Dales, Easington and Sedgfield and Darlington Clinical Commissioning Group's wished to submit a joint expression of interest for Primary Care Co-commissioning.
4. There are three levels of Primary Care Co-commissioning:
 - Level 1 - greater Clinical Commissioning Group (CCG) involvement in influencing commissioning decisions made by NHS England area teams;
 - Level 2 - joint commissioning arrangements, whereby CCGs and area teams make decisions together, potentially supported by pooled funding arrangements;
 - Level 3 - delegated commissioning arrangements, whereby CCGs carry out defined functions on behalf of NHS England and area teams hold CCGs to account for how effectively they carry out these functions.
5. An expression of interest for Level 3 primary care co-commissioning was submitted in June 2014, and CCG's were asked to submit a formal application, which was submitted on 9th January 2015.

Recommendations

6. The Health and Wellbeing Board is recommended to:

- Receive a presentation on primary care co-commissioning at the Health and Wellbeing Board meeting on 28th January 2015.

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Background paper:

- [NHSE primary care co-commissioning guidance](#) (next steps)

Appendix 1: Implications

Finance

If the CCG are granted delegated authority then the associated budget will transfer to the CCG.

Staffing

The staffing resource available as part of NHS England local teams will still be available for CCGs to utilise. CCGs will work with the local NHS England team to understand how this will work in practice.

Risk

The enhanced role associated with co-commissioning will carry a degree of risk in terms of finance, staffing capacity and capability and managing relationships with primary care. The CCGs have assessed these risks and have ensured robust governance arrangements are in place to manage these. Overall however the CCGs feel that the benefits of co-commissioning far outweigh any perceived risks.

Equality and Diversity / Public Sector Equality Duty

No implications at this stage.

Accommodation

No implications at this stage.

Crime and Disorder

No implications at this stage.

Human Rights

No implications at this stage.

Consultation

There is a legal requirement for CCGs to have arrangements in place for managing conflicts of interest. Section 14O of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) sets out minimum requirements regarding conflicts of interest which need to be adhered to.

Procurement

No implications at this stage.

Disability Issues

No implications at this stage.

Legal Implications

Legally, NHS England retains the residual liability for the performance of primary medical care commissioning.