The Governing Body is asked to:

Note the report from the Chair in the areas of Primary Care co-commissioning, October’s elections and Chair’s actions in the past two months.

1. Primary Care Co-commissioning

This update contains:

a) A reminder of the context of primary care co-commissioning
b) A description of joint co-commissioning
c) A description of the structure of co-commissioning for Central London CCG
d) A summary of the work done with NHS England over the summer to finalise the co-commissioning governance arrangements
e) A forward look to the September meeting of the co-commissioning joint committee

a) The context of primary care co-commissioning

Prior to the Health and Social Care Act (2012), all health services in our borough – including primary care – were commissioned by Westminster Primary Care Trust. The Act then split commissioning responsibilities between two new organisations, Central London CCG and NHS England, in the following way:
This caused some problems for the CCG because it meant that the commissioning of primary care was no longer integrated with decisions about other health services – at a time when, due to our drive to move more services out of hospitals and into the community, GP services were becoming more important than ever.

Additionally, NHS England has felt that it could not always reflect local nuances in its commissioning decisions.

Primary care co-commissioning seeks to overcome this problem by sharing decision-making about primary care medical services (GP services) between the CCG and NHS England:

Co-commissioning is currently limited to GP services but might in future be extended to other aspects of primary care, such as optometry and pharmacy services.

The CCG has embraced co-commissioning as a means of exerting more influence over the development of GP services in the borough and thereby by putting GPs at the heart of delivering and co-ordinating services for the whole population.

b) Joint co-commissioning

NHS England offered three levels of co-commissioning from which CCGs could choose:

- greater involvement – closer contact with NHS England about commissioning decisions but no formal changes to governance structures;
- joint co-commissioning – see below; and
- delegated co-commissioning – where the CCG takes full responsibility for taking decisions about primary care medical services, along with budgets.
The eight CCGs of North West London opted for joint co-commissioning through membership votes in March 2015. What this entails is shown here:

**Greater involvement**

- primary care medical services only – for the time being
- commissioning decisions are taken by the CCG and NHS England through a joint committee
- **IN**: commissioning new services, designing new local incentive schemes; estates; establishing, merging, and closing practices; practice contract and performance management (according to an agreement with LMC)
- **OUT**: all functions relating to individual GP performance management (medical performers’ lists for GPs, appraisal, revalidation)
- **OUT**: the terms of GMS contracts and any nationally determined elements of PMS and APMS contracts will continue to be set out
- **OUT**: contracts remain held by NHS England

**Joint co-commissioning**

**Delegated co-commissioning**

c) The structure of co-commissioning for Central London CCG

Central London CCG has formed a joint committee with NHS England to take decisions about primary care medical services. It has a mix of lay, clinical, and executive representation:

<table>
<thead>
<tr>
<th>Central London CCG</th>
<th>NHS England</th>
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<tbody>
<tr>
<td>Chair – Dr Ruth O’Hare</td>
<td>Director of Primary Care Commissioning (L) – David Sturgeon</td>
</tr>
<tr>
<td>Chief Officer – Clare Parker</td>
<td>Director of Commissioning &amp; Operations (NWL) – Jo Ohlson</td>
</tr>
<tr>
<td>Deputy CFO – Helen Troalen</td>
<td>Medical Director (NWL) – Dr David Finch</td>
</tr>
<tr>
<td>Secondary care doctor – Dr Alan Hakim</td>
<td>Assistant Medical Director (L) – Dr Mark Spencer</td>
</tr>
<tr>
<td>Nurse member – Jonathan Webster</td>
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<tr>
<td>Lay member – Michael Morton</td>
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<tr>
<td>Lay member – Philip Young</td>
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</tbody>
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As a safeguard against potential conflicts of interests, the joint committee has a lay/executive majority and is chaired by Michael Morton as a lay member. The workings of the joint committee adhere to the CCG’s conflict of interest policy, an update to which was approved by the CCG governing body following the council of members’ vote in favour of joint co-commissioning.

Voting rights on the joint committee are weighted so that each organisation accounts for fifty per cent
of voting power.

To secure co-ordination across North West London, and consistency where helpful, this joint committee meets in common with the joint committees of the other seven North West London CCGs:

As the diagram shows, non-voting advisors from Healthwatch, Health and Wellbeing Boards, and Londonwide LMCs join the meeting.

Due to overlapping membership between the joint committees, there is a total of 32 voting members.

The final tier of co-commissioning governance is the sub-group, which will meet separately within the CCG. This is also formed jointly with NHS England and will have a lay chair, a lay/executive majority, and adhere to the CCG’s conflict of interest policy. The update in the final section of this update describes the work being done to establish this sub-group.

d) Finalising the co-commissioning governance arrangements

Over July and August the primary care transformation team has worked closely with both NHS England and the CCGs (chairs, chief officers, governance leads) to finalise the governance arrangements for co-commissioning, at both CCG- and NWL-level. This has included:

- ongoing input into NHS England’s London-wide co-commissioning operating model; and
- the design of the co-commissioning sub-groups that will sit within the CCGs and support the work of the joint committees.

Discussions on the latter have covered primarily the remit and membership of the sub-groups, as well as their relationship with the joint committees. Final proposals will be presented to the joint committees in September, along with the final version of the operating model and the standard operating procedures currently used by the NHS England primary care contracting team.

e) The September meeting of the co-commissioning joint committees

The agenda for the September meeting of the co-commissioning joint committees is now being devised with NHS England. Items included to-date include:

- The development of primary care within NWL’s whole systems programme;
- The PMS review;
- Decisions taken by NHS England since April 2015;
- Co-commissioning agenda forward look; and
- Co-commissioning governance endorsements and approvals.

2. Chair’s action on Local Enhanced Services

As agreed in the July 8 Governing Body, and given the limited timescales for assurance of the GP Federation for Central London CCG (Central London Healthcare CIC), the process
was undertaken in two phases with endorsement by by the Finance and Performance Committee.

- On July 22, rollover for existing Local Enhanced Services and Central London Healthcare (CLH) to take over the Out Of Hospital services highlighted for 1st August 2015.
- On August 29, approval of service commencement on 1st September 2015.

The team complied with the requirements set out by the Body in so far apers with recommendation were circulated to the full Governing Body (including lay members) for comments. Teleconferences in parallel for the Finance and Performance Committee and the Governing Body took place to facilitate this action given the reduced timelines.

We wish to thank the Primary Care and Governance teams for their efforts.

3. Nominations and elections for GP member of the CLCCG Governing Body

Engagement event

As you will be aware, nominations for the GP representatives of our Governing Body are underway. As part of the nomination and election process we hosted an informal event for any GP members who may be considering standing in the election. At the event, existing Governing Body GPs shared their experience and answered questions about the role. Matthew Bazeley and other members of the CCG senior management were also present.

This is a gentle reminder that GPs wishing to stand for election for one of seven vacant GP lead member positions will need to complete the application forms and submit a CV by noon, 16 September 2015 to Electoral Reform Services, who are managing the election process to ensure fairness and transparency.

Details of the voting methodology for member practices is provided by ERS are included in the addendum at the end of this document.

Quality & Safety/ Patient Engagement/ Impact on patient services:

Areas of impact are flagged, as appropriate, in the body of the report.

Finance, resources and QIPP

Areas of impact are flagged, as appropriate, in the body of the report.

Equality / Human Rights / Privacy impact analysis

Areas of impact are flagged, as appropriate, in the body of the report.
Risk | Mitigating actions
--- | ---
As above. | 

Governance and reporting
(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

<table>
<thead>
<tr>
<th>Committee name</th>
<th>Date discussed</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Name</td>
<td>DD/MM/YYYY</td>
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Addendum
Voting methodology

Following requests from our practices regarding the voting mechanisms for the elections, Electoral Reform Services has confirmed a multi-X method will be used, using a ‘First Past the Post’ accountability method. This is commonly utilised in Local and General elections. Candidates are elected by receiving the most votes.

In this specific scenario member practices will be asked to place an ‘X’ next to their preferred choices. Each practice is entitled to 1 vote and will receive 1 voting paper that they will be able to indicate 7 candidates they would prefer to be elected. This is done by voters placing up to 7 X’s on the voting paper. It is worth noting the entire 7 X’s are counted as a single vote i.e. if a voter only votes for 1 candidate then they have only used 1/7th of their vote.

Barnaby Ho (Barnaby.Ho@electoralreform.co.uk) from ERS will be happy to provide further clarification as necessary.