

**Oxfordshire Clinical Commissioning Group
Board**

Date of Meeting: 26 May 2016	Paper No: 16/45c
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Title of Presentation: Annual Report of the Joint Committee for the Commissioning of Primary Care

Is this paper for (delete as appropriate)	Discussion		Decision		Information	<input checked="" type="checkbox"/>
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Purpose and Executive Summary (if paper longer than 3 pages):

The Board is asked to review the annual report of the Joint Committee for the Commissioning of Primary Care 2015/16. The report summarises the key activities undertaken by the Committee as part of co-commissioning of primary care arrangements during 2015/16, in order to discharge its duties under its approved terms of reference.

From 1st April 2016, in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated primary care commissioning as specified in Schedule 2 to Oxfordshire CCG. As a result the Joint Committee for the Commissioning of Primary Care will be replaced by the OCCG Primary Care Commissioning Committee

Financial Implications of Paper:

None

Action Required:

For Information

NHS Outcomes Framework Domains Supported (please delete tick as appropriate)	
	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them

from Avoidable harm

Equality Analysis completed (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

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Annual Report from the Joint Committee for the Commissioning of Primary Care 2015/16

As a formal sub-committee of the Oxfordshire Clinical Commissioning Group Board (Board) and in accordance with best practice, the Joint Committee for Commissioning of Primary Care (Joint Committee) presents an Annual Report to the Board.

This report was considered at the first meeting of the Primary Care Commissioning Committee so as to conclude the Joint Committee, which was responsible for co-commissioning and is now submitted to the Board to provide assurance that the Joint Committee has been operating effectively and in accordance with its terms of reference.

OCCG will have delegated commissioning responsibilities from 1st April 2016 and in accordance with guidance, the Joint Committee will be replaced by the Oxfordshire Primary Care Commissioning Committee. Delegated commissioning offers the opportunity for OCCG to assume full responsibility for the commissioning of general practice services, bringing together funding streams from NHSE and OCCG.

Introduction

The Joint Committee was set up as part of the Oxfordshire Commissioning Board to ensure that the duties under co-commissioning were met.

In 2015, the Board agreed the need for more extensive joining up of the commissioning system and establishment of a “Commissioning Board”. The Commissioning Board fulfilled the functions of the Joint Committee between OCCG and NHS England for the purposes of joint commissioning relating to primary care medical services. This annual report only deals with the primary care commissioning responsibilities of the Commissioning Board, which is the component that is a sub committee part of the OCCG Board.

Overview

The Joint Committee is a formal sub-committee of the Board, with a defined Terms of Reference. The Terms of Reference were produced in March 2015 and ratified by the Board at their meeting on 26th March 2015. These were produced in line with guidance issued by NHS England. They are attached as Appendix A and section 5 of the terms of reference are directly relevant to the Joint Committee to which this report relates.

Membership and Meetings

This Joint Committee held its first meeting in June 2015. There were 5 meetings in the period covered by this report, of which all were quorate.

The membership of the Joint Committee has been as follows:

Member	Title	Attendance
Duncan Smith	Lay Member, OCCG Chair	5
Roger Dickinson	Lay Vice Chair, OCCG	5
David Smith	Chief Executive, OCCG	4
Diane Hedges	Director of Delivery & Localities	4
Rachel Pearce (or Deputy)	Director of Commissioning Operations, NHS England South (South Central)	4
Joe McManners	Clinical Chair OCCG	4
Paul Park	Locality Clinical Director, OCCG	4
John Jackson (or Deputy)	Director of Adult Social Services, Oxfordshire County Council	4
Jonathan McWilliam	Director of Public Health, Oxfordshire County Council and Health and Well Being Board Representative	3
Jim Leivers (or Deputy)	Director of Children's Services, Oxfordshire County Council	0
Rachel Coney (or Deputy)	HealthWatch Representative	4

The terms of reference were modified in October 2015 to include an invite to a representative from LMC.

Duties within the Terms of Reference

The Joint Committee shall carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England [and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the committee].

The work of the Joint Committee in discharging its duties was as follows:

Duty 1 - 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)

It has not been necessary for the Joint Committee to take contractual action or remove a contract during 2015/16. The Joint Committee maintained oversight on the quality and performance of GP practices through a regular report received from NHS England.

The Joint Committee was fully sighted on the PMS review which was undertaken during 2015/16 in line with national guidance and received regular updates on the status of progress. As a result of the PMS review, only one Oxfordshire GP practice will remain with a PMS contract from 1st April 2016.

The Joint Committee has approved the re procurement of an APMS contract for Deer Park Medical Centre and agreed the extension to the contract for Banbury Health Centre, so that the urgent care/same day services available for the population of Banbury can be reviewed.

Duty 2 - Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”).

As a result of the PMS review undertaken during 2015/16, the Joint Committee approved the reinvestment of PMS premium into a locally commissioned service for enhanced diabetes care. The aim of this service is to provide funding for longer GP and nurse appointments which will enable clinicians to focus on improving health outcomes for patients with diabetes.

Oxfordshire Federations were successful in bidding for £4.9M of funding from the Prime Ministers Challenge Fund (PMCF). The Joint Committee has taken an interest in the implementation and evaluation of these pilots and agreed the contracting methodologies to be used.

Duty 3 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF).

As this Joint Committee was established after the start of the financial year, it has not overseen the design of any local incentives schemes. The 2015/16 Primary Care Local Investment Scheme and the Prescribing Incentive Scheme were approved by the Finance Committee at its meeting in March 2015.

Duty 4 - Decision making on whether to establish new GP practices in an area.

The Joint Committee has reviewed the care closer to strategy and approved the development of a primary care strand. This identifies that primary care is the foundation of moving care closer to home and that is not sustainable in its current form. Currently consideration is happening at locality level to develop local solutions so that models of care can be transformed.

The Joint Committee has maintained an overview of the large population growth due in Oxfordshire especially that expected in Didcot and Bicester. The Joint Committee approved the establishment of a new practice in Didcot to provide primary medical services to the population in the new housing areas. This is now being considered as part of the Science Vale Project Board. Bicester has recently been awarded Bicester Healthy New Town status and practice capacity to absorb some of the population growth in Bicester is currently being collated.

Duty 5• Approving practice mergers.

The Joint Committee delegated the role of approving practice mergers to the Oxfordshire Primary Care Commissioning Operational Group (OPCCOG). Between

1st April 2015 and 31st March 2016 2 practice mergers were approved and are listed below.

As of 31st March 2016, Oxfordshire has 76 GP practices.

Duty 6 - Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

The Joint Committee received no applications for discretionary payments.

The Joint Committee received regular budget reports for both the elements commissioned by NHS England and those commissioned by the CCG.

Conclusion

The Joint Committee has provided a forum for NHS England and OCCG to co-commission primary care. From 1st April 2016, in accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to Oxfordshire CCG.

OCCG has thus established the OCCG Primary Care Commissioning Committee (“Committee”). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

Julie Dandridge

v2 8 April 2016

Appendix A

Attached Terms of Reference for Sub-Committee.

Oxfordshire Commissioning Board (incorporating Joint Committee for the Commissioning of Primary Care) Terms of Reference

1. Purpose

The Commissioning Board is established by agreement between Oxfordshire Clinical Commissioning Group (OCCG), Oxfordshire County Council (OCC) and NHS England (NHSE). The development of the Commissioning Board (the Board) is a starting point in developing closer working relationships and is designed to fit within existing governance structures of individual organisations.

The Board has two purposes:

- 1) Specific NHS decision making functions about the development of primary care through joint commissioning arrangements between OCCG and NHS England,
- 2) Joint NHS/ OCC advisory functions about the general direction and alignment of service commissioning across Oxfordshire so that the NHS, OCC and Health and Wellbeing Board can take a consistent and efficient approach.

These two functions require different governance processes, while benefiting from the overlapping membership, a two part meeting is proposed, and the governance of each is set out separately below.

2. Financial Context

The commissioning budgets for Oxfordshire residents are held by the three statutory organisations - OCCG, OCC and NHSE. The total spend of £1.233bn made up (all figures to be updated to 2015/16):

	£'000s All tbc	Source
NHS budgets:		
• OCCG resource allocation	645.5	CCG M6 finance report
• NHSE budgets for all primary care services ¹	121.7	NHSE South (South Central)
• NHSE budgets for public health, community dental, section 256	39.0	NHSE South (South Central)
• NHSE budget for specialised commissioning	166.7	NHSE South (Wessex)

Total NHS	972.9	
OCCG budgets:		
• Adult social care	186.4	OCC
• Children's social care	47.4	OCC
• Public Health	26.4	OCC
Total OCC	260.2	
Grand Total	1,233.1	

¹Only the spend for primary medical services falls under the remit of the joint committee.

3. Secretariat

The OCCG Business Manager will provide secretarial support to the Committee including preparation and distribution of papers, the taking of minutes and facilitating agendas. The Business Manager will be responsible for supporting the Chair in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents as appropriate.

A record of actions and decisions will be issued to the Committee within seven working days. The minutes/notes of the meeting, will be recorded in two parts; one relating to primary care decision making and one relating to co-ordination of commissioning. The minutes/notes as agreed by the Committee Chair, will be issued to attendees of the Committee at the latest within 15 working days of each Committee meeting.

The minutes and decisions of the primary care joint committee will be presented to Oxfordshire Clinical Commissioning Group Governing Body.

4. Frequency and Notice of Meetings

The Committee will meet bi-monthly. Papers will be issued five working days before each meeting

5. Arrangements when functioning as a joint committee

5.1 Authority and reporting

When fulfilling the functions of a joint committee between NHS England and Oxfordshire CCG with the purpose of jointly commissioning primary medical services for the people of Oxfordshire the Joint Committee is established in accordance with Oxfordshire Clinical Commissioning Group's constitution and will make decisions within the bounds of its remit. The decisions of the Joint Committee shall be binding on NHS England and Oxfordshire CCG and will be published by both organisations.

Public reporting and meetings in public will be through Oxfordshire Clinical Commissioning Group:

- o Reports will be received at the OCCG Governing Body via the Chief Executive report.

- o All decisions relating to joint commissioning of primary care will be ratified at the public meeting of the Governing Body

5.2 Membership

Voting Members

- Lay Member, OCCG (Chair)
- Lay Vice Chair, OCCG
- Chief Executive, OCCG (SRO)
- Director of Delivery and Localities, OCCG
- Director of Commissioning Operations, NHS England South (South Central)

In attendance

- Clinical Chair, OCCG
- Locality Clinical Director, OCCG
- Director of Adult Social Services, Oxfordshire County Council
- Director of Public Health, Oxfordshire County Council and Health and Well Being Board representative
- Director of Children's Services, Oxfordshire County Council

Conflict of Interest will be managed in line with OCCG'S Policy which includes conflicted individuals absenting themselves from discussion if necessary.

Standing invitation to

- HealthWatch Representative

5.3 Quoracy and Voting

The quorum shall be a minimum of 3 members to include one Lay member, one CCG officer and a representative from NHS England.

To ensure that OCCG and NHSE have equal voting rights the OCCG members have one vote each and the NHSE member has a number of votes equalling the number of CCG members present up to a maximum of four votes each per organisation.

NHS England has a casting vote for any functions within NHS England's statutory obligations.

OCCG members have a casting vote on any of the CCG's statutory functions that are included within the scope of the joint committee's responsibilities.

Members of the joint committee, with agreement from the Chair, may send a designated deputy if they cannot attend in person. The designated deputy must have the authority to act on behalf of the organisation they are representing.

5.4 Remit and Responsibilities

5.4.1 The joint committee shall carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHS England

[and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the committee].

5.4.2 This includes the following activities:

- 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).
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”).
- Design of 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).

5.5 Sub-structure

The joint committee may establish working groups as required; these will be properly constituted with terms of reference signed off by the Committee.

6 Arrangements for Coordination of Service Commissioning (Commissioning Board)

6.1 Authority and Reporting

The Commissioning Board has been established to give advice on the coordination of commissioning and to give advice to the appropriate governance mechanisms of the constituent organisations. It will advise on all commissioned health and social services from the constituent organisations. This advice will not be binding but it will have the benefit of multiagency consensus.

Members of the Commissioning Board will take proposals into their internal or joint organisational governance structures as necessary.

6.2 Membership

- Chief Executive, OCCG (Chair)
- Clinical Chair, OCCG
- Locality Clinical Director, OCCG
- Director of Delivery and Localities, OCCG
- Director of Adult Social Services, Oxfordshire County Council
- Director of Public Health, Oxfordshire County Council
- Director of Children’s Services, Oxfordshire County Council

- Director of Commissioning Operations, NHS England South (South Central)

A representative from NHS England South (Wessex) with the lead for Specialised Commissioning, Provider representatives and other interest groups may be invited to attend for specific items.

Members of the Commissioning Board have a collective responsibility for the operation of the Board. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

Members of the Commissioning Board, with agreement from the Chair of the Commissioning Board, may send a designated deputy if they cannot attend in person. The designated deputy must have the authority to act on behalf of the organisation they are representing.

6.3 Sub-structure

The Commissioning Board may establish working groups as required; these will be properly constituted with terms of reference signed off by the Board.

V1.0 March 2015

Terms of Reference to be reviewed September 2015