



North Yorkshire County Council Health and Wellbeing Board

Wednesday, 16 July 2014

Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care

1.0 Purpose of report

- 1.1 The purpose of this report is to bring to the Board's attention developments surrounding CCGs Co-commissioning Primary Care

- 2.0 Amanda Bloor will be in attendance and able to provide information on the current situation.

3.0 Recommendation

- 3.1 That the Board notes the work taking place on CCGs Co-commissioning primary care and offers comment on the work undertaken to date and planned for the future

Amanda Bloor
Chief Officer, NHS Harrogate and Rural District CCG

16 July 2014

Background Documents: None

The following paper is attached:

Appendix 1 – Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care



Briefing Paper for North Yorkshire Health and Wellbeing Board on CCGs Co-commissioning Primary Care

Background

Simon Stevens the Chief Executive of NHE England announced on 1 May 2014 a new option for CCGs to co-commission primary care in partnership with NHS England.

CCGs nationally were encouraged to discuss this with their member practices and Area Teams to determine the level of interest locally.

The process to date has been for CCGs to submit of an expression of interest to NHS England on 20 June 2014 setting out CCG intentions.

Expressions of interest were required to describe how the proposals for co-commissioning would fit with CCG five-year strategic plans and, in particular, how they will help:

- achieve greater integration of health and care services, in particular more cohesive systems of out-of-hospital care that bring together general practice, community health services, mental health services and social care to provide more joined-up services and improve outcomes;
- raise standards of quality (clinical effectiveness, patient experience and patient safety) within general practice services, reduce unwarranted variations in quality, and, where appropriate, provide targeted improvement support for practices;
- enhance patient and public involvement in developing services, for instance through asset-based community development;
- tackle health inequalities, in particular by improving quality of primary care in more deprived areas and for groups such as people with mental health problems or learning disabilities.

They also covered scope, governance, timescales, and monitoring and evaluation.

Local position

All North Yorkshire CCGs submitted an expression of interest in co-commissioning primary care. Feedback from all our engagement with our public highlights a desire to see less fragmentation in the system. Co-commissioning will enable CCGs to target primary care intervention in specific areas to, for example, reduce health inequalities or issues of access. We know that patients place trust and value in primary care across North Yorkshire and the ability of CCGs to engage further in the commissioning of these services will lead to greater integration of services and deliver services centred around the patient locally.

Next steps

Work is taking place across the area team footprint level to determine high level principles and next steps. There are two significant national enablers that are required to move the agenda forward and it is understood from colleagues at the Area Team that these are being developed:

- A national conflict of interest framework
- Primary care fair shares budgets at CCG level

These are expected, but will not delay the work progressing locally.

It is expected that there will be progress in this financial year of the transfer of commissioning responsibilities, although these will be subject to the national enablers above and any required change in statute to enable transfer of responsibilities.