

# Isle of Wight Health and Wellbeing Board

## 1. Overview

- 1.1 Title of Paper: **HEALTH AND WELLBEING BOARD REPRESENTATION AT THE CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMITTEE**
- 1.2 Distribution: **FOR GENERAL PUBLICATION**
- 1.3 Date of Board: **30 JUNE 2016**
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## 2. Summary

- 2.1 A member of the Health and Wellbeing Board has the right to be in attendance at the CCG Primary Care Committee. This is a committee which meets in public.
- 2.2 The Primary Care Committee's remit is to oversee the commissioning and contracting of primary medical care across the Island. It makes decisions and seeks assurance in exercising functions delegated from NHS England including:
- Commissioning of primary care services and incentive schemes
  - The establishment, closure and merger of GP practices
  - Planning and reviews of services and needs assessments
  - Decisions about managing poorly performing practices
  - Exercise of Premises Costs Directions (i.e. rent reimbursements and grants)
  - Discretionary payments (i.e. maternity and sickness payments for GPs)

## 3. Decisions, recommendations and any options

- 3.1 The Board is asked to:
- determine whether the Health and Wellbeing Board wishes to take up its right of attendance at the Primary Care Committee.

- If so, whether it wishes to delegate a specific individual to attend on its behalf; or wishes to delegate an individual on a case by case basis.

## **4. Considerations and Implications**

### **4.1 Legal**

4.1.1 The Delegation agreement is a legal arrangement between NHS England and the CCG which has been put in place from 1 April 2016. The agreement was drafted by the NHS England legal team nationally and is the same across England.

4.1.2 The CCG is now legally responsible for the administration of the commissioning and contracting of primary medical care on the Island. There are no legal obligations placed on any other organisation within the health and care economy.

4.1.3 The agreement formally delegates responsibility to the Primary Care Committee and does not allow further delegation of responsibility to other committees to take place. This makes the Primary Care Committee sovereign in relation to issues regarding primary medical care for the Island.

### **4.2 Finance**

4.2.1 The CCG has received a delegated budget of c £18m to enable it to administer primary medical care. This has been reviewed by the CCG finance team and includes sufficient money to cover contractual requirements and to provide the nationally agreed investment in primary care in 2016/17.

4.1.2 The CCG has received no money to support the additional administration costs associated with managing primary care and has reviewed its existing infrastructure to absorb the additional workload.

### **4.3 Performance information and benchmarking**

4.3.1 As part of the delegation agreement, the CCG has taken responsibility for continuous quality improvement of primary care and now has access to additional data sets at practice level. This may overcome some of the difficulties in accessing local data sets to support the JSNA that we have experienced in recent years.

### **4.4 Equalities and Diversity**

4.4.1 The delegation agreement contains a specific requirement for the CCG to act to reduce health inequalities in relation to primary medical care services. This will be actioned through the CCG normal processes in relation to Equality Impact Assessments.

#### **4.5 Future Proofing / Exit strategy**

4.5.1 While there is no published process in place, the CCG may request that NHS England take back responsibility for the delegated functions should the CCG be unable to continue to exercise them effectively. However, the direction of travel seems to delegate more primary care powers to CCGs in future years and national workstreams looking at other primary care contractor groups (pharmacists, opticians and dentists) is underway.

#### **4.6 Impact on partners**

4.6.1 Bringing Primary medical care commissioning decisions onto the Island allows the Health and Care System to work more effectively towards place-based commissioning and the “one island £” as described by the My Life a Full Life Programme.

4.6.2 While this in itself does not have significant impact on partners in the short term, it will change the way in which local strategy can be realised and places more discretion in the hands of local decision makers.

#### **4.7 Key Performance Indicators**

4.7.1 The CCG will be monitored through the CCG Assurance Framework in relation to the management of primary care. These are currently being developed into a performance report which will be shared with the committee.

### **5 Supporting documents and information**

- [APPENDIX](#) - Clinical Commissioning Group Primary Care Committee Terms of Reference

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