GOVERNING BODY MEETING

Title of paper: Governance Arrangements for Primary Care Commissioning

Date of meeting: 29 March 2017

Presented by: Ranil Perera  
Title: GP Executive for Primary Care  
& email contact: ranil.perera@nhs.net

Prepared by: Irene Grayson  
Title: AD for Membership Engagement and Communication  
& email contact: irene.grayson1@nhs.net

Corporate Objective addressed by this paper (please select one or more with an X):

1. To commission sustainable high quality services to meet the health needs of the population of Greenwich and reduce health inequalities.  
2. To ensure the CCG financial position recovers to meet all statutory financial duties.  
3. To continue to ensure that the CCG is a clinically driven organisation.  
4. To ensure diverse patient and public voices are fully considered.  

Purpose of the report: To brief the Governing Body and request approval of the responsibilities and governance arrangements being put in place to enable the CCG to become a fully delegated primary care commissioner with effect from 1 April 2017.

Issues arising: A number of governance documents require Governing Body approval/endorsement prior to 1 April 2017. These are:

- Terms of Reference for the Greenwich Primary Care Commissioning Committee. This committee will replace the Primary Care Joint Committee with effect from 1 April 2017.
- Amendments to the CCG Constitution to reflect the local governance arrangements that needs to be in place for delegated commissioning. These amendments have been consulted on with the membership. An update on the outcome will be provided at the Governing Body meeting.
- MOU between NHSE and Lead CCG (Southwark) on behalf on SEL CCGs – reflecting the local hosting arrangements of NHSE staff and CCG responsibilities for delegated functions – to note further guidance is awaited regarding Section 7 and 12.
- MOU between Lead CCG (Southwark) and the SEL CCGS – reflecting how the SEL
CCGs will work together to support the successful implementation new primary care commissioning arrangements.

- **Summary of actions, if any, following this meeting:**

On receipt of approval of the above, the CCG will be able to move into its new working arrangements, in line with the MOUs above, and set up the Primary Care Commissioning Committee.

**Previous committee involvement:**
*(insert details of any other committees that have considered this matter)*

SE London CBC Delivery Board (Primary Care Executive Forum)  
SEL London Primary Care Finance Leads Forum  
Greenwich Executive and Governing Body  

**Recommendations to the Governing Body:**

1. It is recommended that the Governing Body approve the documents accompanying this paper so that the CCG can implement the required processes as delegated commissioners of primary care services with effect from 1 April 2017.
2. Authorise the Chief Officer to sign the MOU between NHSE and Lead CCG (Southwark) on receipt of the outstanding guidance referred to above.

**(Please provide details below where Yes is indicated )**

| Impact on Governing Body Assurance Framework (x) | Yes | x | No | N/A |
| Impact on Environment (x) | Yes | x | No | N/A |
| Legal Implications (x) | Yes | x | No | N/A |
| Resource and or financial implications (x) | Yes | x | No | N/A |
| Equality impact assessment (x) | Yes | No | N/A | x |
| Privacy impact assessment (x) | Yes | No | N/A | x |
| Impact on current NHS Outcomes Framework areas (x) | Yes | x | No | N/A |
| Patient and Public Involvement (x) | Yes | x | No | N/A |
| Communications and Engagement (x) | Yes | x | No | N/A |
| Impact on CCG Constitution (x) | Yes | x | No | N/A |

The CCG, as delegated commissioners of primary care services, will have a remit to influence and deliver transformational changes in primary care which will support the CCG’s priorities in delivering value for money and care closer to home. This will impact on the CCG’s operating framework across those areas identified above.
Attachments:

(i) Draft Primary Care Commissioning Committee Terms of Reference – Appendix 1
(ii) Proposed changes to Membership Constitution – Appendix 2
(iii) MOU between NHSE and Lead CCG (Southwark) – Appendix 3
(iv) MOU between Lead CCG (Southwark) and 6 SEL CCGs - Appendix 4
GOVERNANCE ARRANGEMENTS FOR PRIMARY CARE COMMISSIONING

1  Background

On February 14th 2017 NHS Greenwich CCG received confirmation that it had received approval to become a Level 3 delegated primary care commissioners with NHS England. The benefits of becoming a level 3 Commissioner is that this will support our work to deliver community based care, supporting the development of Local Care Networks and integrated out-of-hospital services based around the needs of local Greenwich populations. It will also help us to help, support and develop General Practice services in Greenwich to the benefit of local people.

2  Primary Care Commissioning Committee

As part of our delegation the CCG will be setting up a Greenwich local Primary Care Commissioning Committee (PCCC) which will replace the South East London Primary Care Joint Committee. The PCCC will be required to meet at least 4 times per year, will be a committee of the Governing Body and will have a Part 1 (held in public) and Part 2 (held in confidence). The draft terms of reference of the PCCC is attached as Appendix 1 and will require endorsement by the Governing Body. The intention is to hold this Committee after Part 1 of the Governing Body Meeting as and when required. The PCCC will have a formal delegated role to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes the following:-

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Personal Medical Services (APMS) contracts including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and terminating a contract).
- Newly designed enhanced services (Local Enhanced Services and Direct Enhanced Services).
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF), if agreed.
- Decision making on whether to establish new GP practices in an area.
- Approving practice mergers.
- Making decisions on discretionary payment (eg, returner/retainer schemes).

To do this we will carry out the following activities:-

- Plan, including needs assessment, primary medical care services to fit in with wider CCG plans e.g. our plans for Local Care Networks, our estates and IT strategy and plans for developments in Greenwich e.g. Kidbrooke.
- Undertake reviews of primary medical care services.
- Co-ordinate a common approach to the commissioning of primary care services both in Greenwich and working across SE London.
• Manage the budget for commissioning of primary medical care services. The current value of the budget is circa £374,000.00.
• Develop and implement integrated commissioning across acute, community and social care services, in line with our developing plan for Community Based Care.
• Develop and work towards improving the quality of commissioned primary medical services.
• Develop local incentives schemes (as an alternative to QOF) to adapt the primary medical care “service offer” to the needs of local patients.
• Develop and support “vulnerable GP practices” to ensure the continuity of services to the local population and build on our resilience planning in primary care.
• Develop and implement primary care commissioning intentions which address inequalities within the registered and non-registered population e.g. access for our homeless population.
• Plan and develop the primary care workforce with the support of the Greenwich Community Education Provider Network and the initiatives through the GP Forward View and Health Education England.
• Develop and implement primary care commissioning intentions to deliver the operational plans of the CCG and SEL strategic plans set out in the STP i.e. Community Based Care.
• Develop and implement primary care commissioning intentions to strengthen population-wide prevention, promote self-care and improve access to healthy lifestyle services, working in conjunction with Royal Borough of Greenwich.
• Develop and commission a wider range of community based services which provide episodic care to the local population e.g. diabetic care, anticoagulation services etc.
• Work collaboratively with the other CCGs in SEL and the NHS England (London South) Team to support new ways of working with the SEL primary care team.

3 Membership Constitution

In order to ensure that the membership constitution reflects the required changes in governance arrangements for Level 3 primary care commissioning, a number of minor changes have been proposed which are consistent with changes being made to the constitutions of all 6 CCGs in South East London. This follows on from the previous changes agreed when the CCG entered into Level 2 co-commissioning arrangements.

The proposed changes were sent out to the Membership on 10 March 2017 with a request for the membership to vote on the changes by 28 March 2017. A verbal update on the outcome will be given at the Governing Body meeting on 29 March 2017 and the Governing Body will be asked to approve these changes prior to their submission to NHS England for formal ratification. A summary of the changes are attached as Appendix 2.
4 Memorandum of Understanding (MOU)

The Delegation Agreement was approved at the Governing Body on 22 February 2017, subject to the wording of Schedule 7 – Local Arrangements. The proposed wording is set out below:

“NHS England (London) has, and will continue to geographically assign (locally known as “embedded”) staff to support CCGs, within the STP footprint (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark). These staff will provide CCG with the resource to carry out the commissioning and contract management of their delegated primary medical services, in accordance with this delegation agreement. The arrangements for this assigned model will be set out in a memorandum of understanding between NHS England and the CCGs, the performance of which will be overseen by a London-wide board comprising representatives of NHS England (London Region) and each of the five STP lead CCGs (Central London, Islington, Newham, Southwark and Wandsworth) through which the assignment model is being delivered.”

The local arrangements are those that are outlined in the 2 MOUs attached as Appendix 3 & 4, and therefore require Governing Body approval in order to complete the approval of the Delegation Agreement.

The two MOUs, which cover the period 1 April 2017 to 31 March 2019, outline the management relationship and the delegated functions in line with the Delegation Agreement, between:

- NHSE and the Lead CCG (Southwark) on behalf of the 6 CCGs in SEL The MOU states the relationship and responsibilities between Southwark and NHSE relating to the 15 NHSE staff that will be supporting the 6 CCGs in SEL and associated costs. (Appendix 3). Please note that guidance is still awaited on two areas within this MOU: Section 7: Hosting Arrangement and Responsibilities and Section 12: Mutual Commitments and Obligations.
- Lead CCG (Southwark) and the 6 SEL CCGS. The MOU sets out the Lead CCG responsibilities in relation to cost, equitable resource and management capacity for each CCG. (Appendix 4)

The MOUs have been drawn up with input from the SEL Primary Care Executive Group and Finance Leads and co-ordinated by Southwark CCG with NHS England.
5 Implementation

A copy of the NHSE Operating Model – Co Commissioning of primary care – has been circulated for comment across SEL CCGs. This document is being updated to reflect delegated functions.

A workshop is being co-ordinated in early April 2017 by Southwark CCG, for primary care teams across the 6 CCGs to meet with the 15 NHSE staff being delegated to CCGs. In addition, Southwark CCG is trying to co-ordinate a finance workshop for Bexley and Greenwich CCGs, who have expressed an interest for this to take place.

An additional 8b post (Primary Care Delivery Manager) has been recruited to in Greenwich and a consultation exercise is underway to enable changes to the current Primary Care team structure to strengthen its capability and capacity.

6 Recommendations

The Governing Body are asked to:

- Endorse the terms of Reference for the Greenwich Primary Care Commissioning Committee.
- Approve amendments to the CCG Constitution to reflect the local governance arrangements that needs to be in place for delegated commissioning.
- Approve the MOU between NHSE and Lead CCG (Southwark) on behalf on SEL CCGs reflecting the local hosting arrangements of NHSE staff and CCG responsibilities for delegated functions
- Approve the MOU between Lead CCG (Southwark) and the SEL CCGS – reflecting how the SEL CCGs will work together to support the successful implementation new primary care commissioning arrangements.

7 Next Steps

Subject to the above recommendations being approved and NHSE approving the proposed changes to the Constitution NHS Greenwich CCG will become a Level 3 delegated co commissioner from 1st April 2017.

SEL with prepare a common set of messages for CCGs to communicate to general practice to ensure there is consistent understanding of the changes from 1 April 2017. A work plan is being developed which will include the communications plan. This will be widely shared and discussed with our membership, partners and the public and patients and will set out how we will deliver national plans such as the GP 5 year forward view and Sustainable and Transformation plans such as community based care building on our plans for local care networks.

Irene Grayson
AD for Membership Engagement and Communication
March 2017
NHS Greenwich CCG
Primary Care
Commissioning Committee Draft Terms of Reference

1 April 2017
Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG’s preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. 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 these Terms of Reference to NHS Greenwich CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Greenwich CCG 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 as set out in NHS Greenwich CCG’s Constitution and Scheme of Delegation.

4. It is a committee comprising representatives of the following organisations:
   - NHS Greenwich CCG;
   - In attendance:
     - Greenwich Council representative of the Health and Wellbeing Board;
     - Greenwich Local Medical Committee;
     - Greenwich Healthwatch;
     - South East London CCGs Primary Care Contracts Team.

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions 
(including terms as to payment) as may be agreed between the NHS England 
Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England 
for the exercise of any of its functions. However, the CCG acknowledges that in 
exercising its functions (including those delegated to it), it must comply with the 
statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);
   b) Duty to promote the NHS Constitution (section 14P);
   c) Duty to exercise its functions effectively, efficiently and economically 
      (section 14Q);
   d) Duty as to improvement in quality of services (section 14R);
   e) Duty in relation to quality of primary medical services (section 14S);
   f) Duties as to reducing inequalities (section 14T);
   g) Duty to promote the involvement of each patient (section 14U);
   h) Duty as to patient choice (section 14V);
   i) Duty as to promoting integration (section 14Z1);
   j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions 
from NHS England, exercise those in accordance with the relevant provisions 
of section 13 of the NHS Act
   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the CCG Governing Body in 
accordance with Schedule 1A of the “NHS Act”.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the membership of the committee to make collective decisions on the review, planning and procurement of primary care services in Greenwich, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Greenwich CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote primary care commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract);

- Enhanced Services and 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).
16. The CCG will also carry out other activities as detailed in Schedule 1 of the Delegation Agreement between NHS Greenwich CCG and NHS England.

Geographical Coverage
17. The Committee will comprise of decisions in respect of the GP registered population of NHS Greenwich CCG.

Membership
18. The Committee shall consist of:

Members with voting rights
- 3 * Lay Members
- CCG Chair
- 2 * Governing Body GP Members
- Registered Nurse or Secondary Care Specialist (single member)
- CCG Chief Officer
- CCG Chief Financial Officer
- Another CCG Director

Non-Voting Members
- Local Medical Committee Representative
- Healthwatch Representative
- Local Authority Representative of the Health and Wellbeing Board (Elected Member or Mandated Officer)
- Officers as required to undertake business of the committee

19. The Chair of the Committee shall be a Lay Member of NHS Greenwich CCG. This will not be the Lay Member responsible for Audit.

20. The Vice Chair of the Committee shall be a Lay Member of NHS Greenwich CCG. This will not be the Lay Member responsible for Audit.

Meetings and Voting
21. As a committee of the Governing Body, the Committee will operate in accordance with the CCG’s Standing Orders (in line with NHS England Standard Operating Procedures). This includes the capacity to manage urgent matters outside the normal arrangements.
22. The aim of the Committee will be to achieve consensus decision-making wherever possible. In the event a vote is required, each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary.

**Quorum**

23. The quorum shall be 50% of the non-GP voting members.

**Frequency of meetings**

24. The Committee will meet regularly at least 4 times per year. After 12 months the frequency will be reviewed.

25. Meetings of the Committee shall:
   a) be held in public, subject to the application of 25(b);

   b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time;

   c) the closed confidential part of the meeting (as provided for at 25(b) above) shall be referred to as Part 2 of the meeting and shall have a separate agenda and minutes;

   d) the Committee may invite the representatives of the local authority (Health and Wellbeing Board), Local Medical Committees and Healthwatch to Part 2 of any meeting where it considers it is appropriate for such representatives to attend all or part of Part 2 of the meeting.

26. The committee may meet in common with other CCGs in south east London (NHS CCG Bexley, NHS CCG Bromley, NHS CCG Greenwich, NHS CCG Lewisham and NHS CCG Southward – or any combination of these CCGs) when there is common business to transact.
27. Members of the Committee have a collective responsibility for the operation of the Committee. 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.

28. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties’ relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

30. Members of the Committee shall respect confidentiality in attending and undertaking the business of the committee.

31. The Committee will present an executive summary report and its minutes to the governing body of NHS Greenwich CCG and the London area team of NHS England following each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 28 above.

32. The CCG will also comply with any reporting requirements set out in its Constitution.

33. Terms of Reference will be reviewed on an annual basis.

**Accountability of the Committee**

34. The Committee will be accountable for the expenditure of the primary care budget delegated from NHS England to the CCG. Responsibility for authorising expenditure against this budget may be further delegated only as set out in the Operational Scheme of Delegation ratified by the Governing Body.

35. For the avoidance of doubt, in the event of any conflict between the terms of the CCG’s Operational Scheme of Delegation, the Committee’s Terms of Reference and the CCG’s Prime Financial Policies, the Operational Scheme of Delegation will prevail.
Decisions

36. The Committee will make decisions within the bounds of its remit.

37. The Committee will ensure that any conflicts of interest are dealt with in accordance with the CCG’s Constitution and Standards of Business Conduct Policies which for the avoidance of doubt may include members (voting or otherwise) being excluded from a decision and/or the discussions leading thereto.

38. The decisions of the Committee shall be binding on NHS Greenwich CCG and NHS England.

[Signature provisions]

“Signatures will be applied upon delegation”
Schedule 1 –Delegated Functions

a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
   i) decisions in relation to Enhanced Services;
   ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
   iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
   iv) decisions about ‘discretionary’ payments;
   v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) the approval of practice mergers;

c) planning primary medical care services in the Area, including carrying out needs assessments;

d) undertaking reviews of primary medical care services in the Area;

e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.
Delegated commissioning terms of reference

Schedule 2 - List of Members-to be added when confirmed

The Group shall comprise of the following:

Table 1

<table>
<thead>
<tr>
<th>Role</th>
<th>Organisation</th>
<th>Voting</th>
<th>Position in Primary Care Joint Commissioning Committee and Lead Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Governing Member Lay</td>
<td>CCG</td>
<td>Yes</td>
<td>Lay Member of Primary Care Commission</td>
</tr>
<tr>
<td>2. Governing Member Lay</td>
<td>CCG</td>
<td>Yes</td>
<td>Lay Member of Primary Care Commission</td>
</tr>
<tr>
<td>3. Governing Member Lay</td>
<td>CCG</td>
<td>Yes</td>
<td>Lay Member of Primary Care Commission</td>
</tr>
<tr>
<td>4. Governing (Clinical) Chair</td>
<td>CCG</td>
<td>Yes (Unless Conflicted)</td>
<td>Clinical Member of PC Commissioning Committee; Governing Body Chair</td>
</tr>
<tr>
<td>5. Chief Officer</td>
<td>CCG</td>
<td>Yes</td>
<td>Member of PC Commissioning Committee Accountable Officer</td>
</tr>
<tr>
<td>6. CCG Clinical Lead Primary Care</td>
<td>CCG</td>
<td>Yes (Unless Conflicted)</td>
<td>Clinical Member of PC Commissioning Committee; Governing Body Clinical Lead Primary Care</td>
</tr>
<tr>
<td>7. Director of Commissioning</td>
<td>CCG</td>
<td>Yes</td>
<td>Member of PC Commissioning Committee CCG Primary Care Director Lead</td>
</tr>
<tr>
<td>8. Director of Finance</td>
<td>CCG</td>
<td>Yes</td>
<td>Member of PC Commissioning Committee CCG Finance Director</td>
</tr>
<tr>
<td>9. Lay Member Governing Body Member</td>
<td>CCG</td>
<td>Yes</td>
<td>Nurse representative - Member of PC Commissioning Committee</td>
</tr>
<tr>
<td>10. Primary Care team lead</td>
<td>CCG</td>
<td>No</td>
<td>Observer</td>
</tr>
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</table>

Table 2

<table>
<thead>
<tr>
<th>Observers - Part 1 of meeting</th>
<th>Representing</th>
<th>Voting</th>
<th>Representing</th>
<th>Voting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public Health Director</td>
<td>Royal Borough of Greenwich</td>
<td>No</td>
<td>Stakeholder</td>
<td></td>
</tr>
<tr>
<td>2. Healthwatch Greenwich</td>
<td>Healthwatch</td>
<td>No</td>
<td>Patient Representative</td>
<td></td>
</tr>
<tr>
<td>3. Local Medical Committee</td>
<td>LMC</td>
<td>No</td>
<td>GP practice representative</td>
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Standing invitation:

<table>
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<tr>
<th>Standing invitation:</th>
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<tbody>
<tr>
<td>1. NHS England - Primary Care Lead</td>
<td>NHS England</td>
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</tbody>
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Amendments to CCG Constitution to take account of primary care co-commissioning

CCGs in south east London stated an intent to move to full delegation over time in our application for co-commissioning with NHS England in January 2015. As a result the changes that were made to constitutions at that point in time were permissive to enable movement to full delegation at a later point with minimal further change.

A review of the constitutions of south east London CCGs has been undertaken to identify changes that are required, which are set out below:

- **Model wording** – CCGs have all included the model wording from NHS England, with minor amendments to include the capability to use a committee in common approach as opposed to a joint committee
- **Scheme of delegation** – CCGs have all included primary care commissioning in their schemes of delegation, however in some cases this has been referenced as co-commissioning. Incorrect references will be changed simply to be ‘commissioning’
- **Identifying committee as committee of governing body** – Some CCGs have included references to the Primary Care Joint Committee with NHS England. All CCGs will reference the new committee, replacing the old reference as necessary – see below for common wording.

Proposed changes to constitutions are included in the table below.

<table>
<thead>
<tr>
<th>Ref/Para</th>
<th>Current Wording</th>
<th>Revised Wording</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Membership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1.1</td>
<td>Include Syndicate/Local Care Network affiliation; Remove: The Slade Surgery ESPA PMS Alderwood Surgery ESPA PMS The Mound Surgery Henley Cross PMS Shooters Hill APMS Dr Guram, Telemann Square Tewson Road PMS</td>
<td></td>
<td>Member practices have been removed due to closures and mergers – reflects list w.e.f 1 April 2017</td>
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<tr>
<td>5.2 General Duties – in discharging its functions the Group will:</td>
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<tr>
<td>5.2.1</td>
<td>Make arrangements to secure public involvement in the planning, development and consideration of (a) delegating responsibility to the Strategy &amp; Commissioning Committee;</td>
<td>(a) delegating responsibility to the Financial Recovery Board and QIPP Delivery &amp; Monitoring</td>
<td>Wording has changed to reflect CCG local governance committees</td>
</tr>
<tr>
<td>Ref/Para</td>
<td>Current Wording</td>
<td>Revised Wording</td>
<td>Explanation</td>
</tr>
<tr>
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<tr>
<td>proposals for changes and decisions affecting the operation of commissioning arrangements by:</td>
<td>(b) specifying policies that set out how the Governing Body and the Strategy &amp; Commissioning Committee are to exercise and report on such delegated responsibility</td>
<td>Board</td>
<td>that have been established and will manage these functions</td>
</tr>
<tr>
<td>(b) specifying policies that set out how the Committees are to exercise and report on such delegated responsibility</td>
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<td></td>
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</tr>
<tr>
<td>5.2.3 Act effectively, efficiently and economically by:</td>
<td>(a) delegating responsibility to the Governing Body, and/or the Strategy &amp; Commissioning Committee and/or the Finance, Performance and QIPP Committee as appropriate; (b) specifying policies that set out how the Governing Body and/or the Strategy &amp; Commissioning Committee and/or the Finance, Performance and QIPP Committee are to exercise and report on such delegated responsibility;</td>
<td>(a) delegating responsibility to the Governing Body, and/or the Financial Recovery Board and/or the Finance, Performance and QIPP Committee and/or the QIPP Delivery and Monitoring Group as appropriate (b) specifying policies that set out how the Governing Body and/or the Financial Recovery Board and/or the Finance, Performance and QIPP Committee and/or QIPP Delivery and Monitoring Group are to exercise and report on such delegated responsibility;</td>
<td>Wording has changed to reflect CCG local governance committees that have been established and will manage these functions</td>
</tr>
<tr>
<td>5.3 General Financial Duties – the Group will perform its functions so as to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.3.1 Ensure its expenditure does not exceed the aggregate of its allocations for the financial year by:</td>
<td>Add: (c) delegating responsibility to the Financial Recovery Board</td>
<td>CCG’s Financial Recovery Board will have a direct responsibility in this area</td>
<td></td>
</tr>
<tr>
<td>6.4 Committees of the Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4.1 The following committees have been established by the Group:</td>
<td>(h) The Primary Care Joint Commissioning Committee</td>
<td>(h) Primary Care Commissioning Committee</td>
<td>Primary Care Joint Committee becomes redundant after 1 April 2017. Responsibility transferred locally to CCG Primary Care</td>
</tr>
<tr>
<td>Ref/Para</td>
<td>Current Wording</td>
<td>Revised Wording</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>6.5 Collaborative Arrangements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6 The Governing Body</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6.6.2 | **Composition of the Governing Body** - the Governing Body shall not have less than thirteen (13) voting members, as set out below. A Chair and Vice Chair shall be elected from among their number. The Governing Body may invite such persons to attend meetings of the Governing Body as it deems appropriate and necessary for the purposes of obtaining advice and information about matters to be discussed at the meeting. (i) comprising the following voting members: d) two (2) lay members:  
- one to lead on audit, remuneration and conflict of interest matters,  
- one to lead on patient and public participation matters; | d) three (3) lay members:  
- one to lead on audit, remuneration and conflict of interest matters,  
- one to lead on patient and public participation matters;  
- one to lead on quality of commissioned services | The Primary Care Commissioning Committee (PCCC) to be chaired by a lay member of Gov. Body. The Vice Chair will also be a lay Member. Neither will be responsible for Audit. Therefore a 3rd Lay Member will be recruited. This will be consistent across the 6 SEL PCCCs |
| 6.6.3 | **Committees of the Governing Body** - the Governing Body has appointed the following committees and sub-committees:  
(a) Finance, Performance and QIPP Committee – the Finance, Performance and QIPP Committee is accountable to the Governing Body, which approves its terms of reference  
i) Function:  
provide assurance and advise the Governing Body on all matters relating | Add new (a)  
(a) The Financial Recovery Board is accountable to the Governing Body  
i) Function:  
Lead and drive the financial recovery of the CCG such that it can return to recurrent financial balance within the NHS accounting rules as quickly as possible consistent with patient safety | Addition of the Financial Recovery Board to strengthen governance and accountability to bring the CCG back into financial balance |
<table>
<thead>
<tr>
<th>Ref/Para</th>
<th>Current Wording</th>
<th>Revised Wording</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To finance, performance and QIPP and make recommendations to the Governing Body, specifically;</td>
<td>and quality. It will do this by ensuring that the QIPP Plan, Contracts, the Operational Plan and the capability and capacity of the CCG are all mutually consistent and are aligned to that recovery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o provide assurance to the Governing Body that affordable and appropriately prioritised budgets have been set;</td>
<td>(b) Finance, Performance and QIPP Committee – the Finance, Performance and QIPP Committee is accountable to the Governing Board which approves its terms of reference:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o monitor the use of reserves;</td>
<td>i) Function: etc……..</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o review finance and performance position including monitoring reports;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o advise on corrective actions;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o consider risk management arrangements;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o receive the Financial Risk Register;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o develop Governing Body reports;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o review progress against implementation plans;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o carry out risk assessments;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o ensure consistency of approach with other commissioners (BBG/Local Authority/NHSCB).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.6.3</td>
<td>Committees of the Governing Body - the Governing Body has appointed the following committees and sub-committees:</td>
<td>Add additional (f):</td>
<td>The appointment of the Primary Care Commissioning Committee is required to replace the Primary Care Joint Committee which was the joint decision making committee between the CCG and NHSE during level 2 co-commissioning</td>
</tr>
<tr>
<td></td>
<td>(f) Primary Care Commissioning Committee</td>
<td>(f) Primary Care Commissioning Committee</td>
<td></td>
</tr>
<tr>
<td>Ref/Para</td>
<td>Current Wording</td>
<td>Revised Wording</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>APPENDIX B – STANDING ORDERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.13</td>
<td>Table C.1 Appointment to the Governing Body</td>
<td>2 x Lay Member Associate Lay Member</td>
<td>3 x Lay Member Remove: Associate Lay Member 3rd lay member negates the requirement for an associate lay member</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPENDIX C – SCHEME OF RESERVATION AND DELEGATION</td>
<td></td>
<td></td>
<td>The Scheme of reservation and delegation is published on the CCG website alongside the CCG Constitution</td>
</tr>
</tbody>
</table>
Memorandum of Understanding for Primary Care Commissioning staffing arrangements in South East London from 1st April 2017

1. Introduction to the MOU

This Memorandum of Understanding (MOU) forms an agreement between NHS England (London) NHSE(L) the ‘employer’ and the ‘lead’ Clinical Commissioning Group (CCG) NHS Southwark CCG. NHS Southwark CCG will host NHS England primary care commissioning staff on behalf of the other five CCGs in the South East London STP footprint. The NHS England primary care commissioning staff will deliver primary care commissioning functions across the STP footprint. These functions are defined in Section 5.

This agreement is intended to cover the period between 1st April 2017 and 31st March 2019. It will be subject to review, with the scope for amendments agreed between the two parties. The agreement may be varied or terminated by mutual agreement, following a minimum of six months’ notice.

Since April 2013 NHS England London has organised its primary care commissioning capability around Strategic Planning Group footprints. These have now been superseded by STP (Sustainability and Transformation Plan) footprints. The STP Footprint model of Primary Care staffing is a broadly consistent way of executing delivery of Primary Care commissioning and contracting.

NHSE(L) staff will be geographically assigned (locally known as ‘embedded’) to the STP they support. This is consistent with the ‘assigned’ staffing model described in the Primary Care Delegation Agreement for 2017/18. In South East London, NHSE(L) staff will be contractually based at Skipton House but will work from agreed CCG locations on a day to day basis, as set-out in section 7. For London, this model will be adopted for CCGs that are co-commissioned, as well as CCGs that have assumed full delegation.

The South East London STP footprint covers the following CCGs:

- Lead CCG for Primary Care Commissioning: NHS Southwark CCG – Chief Officer, Andrew Bland
- NHS Bexley CCG – Chief Clinical Officer, Dr Nikki Kanani
- NHS Bromley CCG – Chief Officer, Angela Bhan
- NHS Greenwich CCG – Chief Officer, Joanne Murfitt
- NHS Lambeth CCG – Chief Officer, Andrew Eyres
- NHS Lewisham CCG – Chief Officer, Martin Wilkinson

2. Objectives of the MOU

The objectives of this MOU are to:

- Set out the common purpose between NHSE(L) and the lead CCGs
- Set out the duration of the relationship
- Set out the primary care functions to be retained by NHSE (L) and the functions where the responsibility is with the STP
- Describe the key principles of the relationship between NHSE (L) and the lead CCG NHS Southwark CCG in the STP footprint
- Set out the transition, employer and hosting arrangements between NHSE(L) and the lead CCG NHS Southwark CCG in the STP footprint (this will include line management arrangements)
- Set out the team scope and team roles and responsibilities
- Highlight the Governance arrangements
• Outline the funding arrangements
• Outline the IT arrangements
• Set out the mutual commitments and expectations of NHSE(L) and the lead CCG (on behalf of the other CCGs in the STP footprint)
• Outline how disputes and failures to perform shall be addressed

Associated Documents (Appendix 1)

• Local agreements for joint and integrated arrangements that have been agreed between the CCGs in the South East London STP
• Relevant delegation agreements between CCGs and NHS England (where applicable)
• London Co-Commissioning Operating Model
• NHS England (London) staff and budget alignment to STP schedule

3. Common Purpose

The common purpose between NHSE(L) and the lead CCG is to enable successful implementation of new primary care commissioning arrangements in South East London. This will facilitate better decisions around commissioning of services and the transaction of those decisions enabling a holistic approach to patient care delivery, as services will be commissioned with alignment of the two organisations and support the local needs of patients residing in each CCG.

A total of 15 posts from NHSE(L) will move into the South East London STP footprint and deliver the delegated functions in alignment with the CCGs. This approach:

• Supports place-based commissioning
• Allows a balance of perspectives and demands between CCGs and NHSE (L) to focus on delegated functions
• Encourages flexibility, alignment and joint learning
• Enables the development of closer and more integrated working
• Allows improved collaboration across functions
• Provides skills development across functions
• Promotes better understanding and achievement of STP plans
• Reduces bureaucracy through direct contact between CCGs and NHSE(L)


In addition to the Primary Care functions outlined in Section 5, which will be conducted by NHSE London Primary Care staff assigned to STP footprints, the following functions remain retained by NHS England:

Retained NHSE functions:
• Medical
• Nursing
• Business intelligence

Retained Primary Care Function:
• Dental, Ophthalmology and Pharmacy (DOPs)
• Assurance

5. Primary Care Functions undertaken by NHSE teams assigned to Lead CCGs

The NHSE Primary Care teams hosted by lead CCGs will discharge the CCG responsibilities outlined in Schedule 2 of the 2017/18 Delegation Agreement.
6. Key Principles: Relationship between NHSE (L) and the lead CCG

Primary care commissioning: NHS England is responsible for the direct commissioning of services outside the remit of clinical commissioning groups, namely retained medical primary care functions (as set out in Schedule 3 of the 2017/18 Delegation agreement, even where a CCG has not taken on full level 3 delegation), non-medical primary care, public health, offender health, military and veteran health and specialised services.

Geographically Assigned Organisational Model: Employment contracts for NHSE(L) employees and CCG employees will not change. Employees will be on different terms and conditions, depending on their respective organisations. Formal processes will be managed by the employing organisation, whilst day to day reporting of staff and operational line management will be the responsibility of lead CCGs.

Assigned Team: The NHSE(L) team will be hosted for day to day purposes within the STP Footprint and deliver the delegated functions in alignment with the CCGs. This will ensure the reduction of any duplication of work and supports effective use of Primary Care commissioning staff, which is recognised as a constrained resource.

7. Transfer, employer and hosting arrangements

As described in section 6, one of the key principles of the relationship between NHSE (L) and the lead CCGs is the ‘geographically assigned organisational model’. Specific arrangements and responsibilities of NHSE (L) and the lead CCG are listed below but it should be noted there will be a collaborative approach to arrangements and responsibilities through the ongoing formal and informal relationship between NHSE (L) and the lead CCGs (see section 9 – governance).

Employer arrangements and responsibilities

NHSE (L), as the employer, will have the following arrangements and responsibilities:

- Setting out the personnel, WTEs and band of staff that will be part of the assigned organisational model for each STP footprint
- Employment liabilities will remain the responsibility of NHSE(L) for the duration of the agreement
- Undertaking mandatory and developmental training of staff. Heads of Primary Care, and the STP Lead they report into, will review the mandatory training requirements of NHS England, and the lead CCG, and will ensure that training is completed once, and evidenced to meet the minimum requirements of both organisations
- Staff appraisal and development will be led by NHSE(L), but will be agreed in conjunction with the lead CCG
- Disciplinary matters will be led by NHSE(L), but will be informed by input from the lead CCG, as appropriate
- Recruitment, vacancies and promotions – NHSE(L) will lead, in collaboration with lead CCGs, who will be actively involved in agreeing actions in relation to this. Decisions will be agreed with CCGs within the STP
- Payroll and payment of pensions
- Writing and updating HR policies – including annual leave, sickness, performance and disciplinary polices
- Management of compliance with HR policies – but this will be informed by input from the lead CCG, as appropriate

Hosting arrangements and responsibilities

The lead CCG will have the following arrangements and responsibilities:

- Line management reporting – The Head of Primary Care will report into the Chief Officer of Southwark CCG, who will direct the day to day work of the Head of Primary Care. The Senior Finance Manager will report into the NHS Southwark CCG Chief Financial Officer, who will
direct the day to day work of the Senior Finance Manager

- Health and safety responsibilities and liabilities relating to NHSE(L) staff working remotely at CCG sites
- All other liabilities (with the exception of employment) will be borne by the lead CCG within the STP footprint [these liabilities need to be clearly listed; further guidance awaited]
- Ensuring there is appropriate and equitable resource and management capacity for each CCG in the STP footprint

8. Scope and roles of teams

The organogram below reflects the NHSE team to be assigned to South East London, and their reporting lines within the lead CCGs, which will be effective from 1st April 2017.

NHSE and STP footprints have agreed that the distribution of Primary Care staff across London needs to be revised, to be more equitable. NHSE London will work with each STP footprint to develop changes to staff structures and funding. These arrangements will be transitioned to after 1st April 2017. Whilst NHSE London will retain responsibility for recruitment to any new NHSE funded roles, it is anticipated that these will be recruited to in collaboration with the lead CCG.

9. Governance arrangements

There will be regular meetings of a London-wide Board, comprising the Director of Primary Care for London and each STP lead where the form of, and overall performance against, the MOU will be reviewed and any issues resolved. Reports may come to this meeting from either party to support the discussion and decision-making as appropriate, but this will not be unnecessarily onerous for either party.

Any unresolved issues can be escalated to the Deputy Regional Director for London, if required. Further communication can be agreed between NHSE (L) and the lead CCG if required.

NHSE(L) will invite STP nominated delegates (acting on behalf of fully delegated CCGs), and appropriate NHSE staff hosted by the lead CCG to the Primary Care Management Board. This will be to facilitate commissioning decisions that have a pan-London impact, or to assist with the
provision of information to support the assurance of Primary Care Medical Commissioning conducted by CCGs.

NHSE(L) will continue to communicate with, and call periodic meetings of NHSE staff hosted by the lead CCG, to facilitate the development and training of staff, and as a mechanism to disseminate leading practice and guidance.

10. Funding arrangements

The table below sets out responsibility for operational running costs associated with NHSE staff hosted by the lead CCG:

<table>
<thead>
<tr>
<th>Cost Element</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs (including pay, employers national insurance and superannuation)</td>
<td>NHS England</td>
</tr>
<tr>
<td>Staff training costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Potential redundancy costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Travel and expense costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Excess travel</td>
<td>NHS England</td>
</tr>
<tr>
<td>Physical moving costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Accommodation costs (including desk space, building passes)</td>
<td>NHS England</td>
</tr>
<tr>
<td>IT Costs – NHSE Systems and Equipment</td>
<td>NHS England</td>
</tr>
<tr>
<td>IT Costs – CCG Systems and Equipment</td>
<td>Lead CCG</td>
</tr>
<tr>
<td>Rent and Rates Backlog – provision of an interim team to resolve the backlog</td>
<td>NHS England</td>
</tr>
<tr>
<td>Primary Care Programme Costs, including:</td>
<td>All CCGs (to be funded from 1% headroom)</td>
</tr>
<tr>
<td>- Clinical waste managing agent</td>
<td>All CCGs</td>
</tr>
<tr>
<td>- Infection control service</td>
<td>All CCGs</td>
</tr>
<tr>
<td>- Vulnerable children and adults named GPs</td>
<td>All CCGs</td>
</tr>
<tr>
<td>Non-pay costs of payrun for commissioning payments and IG costs</td>
<td>All CCGs</td>
</tr>
<tr>
<td>Other non-pay costs</td>
<td>To be determined as appropriate</td>
</tr>
</tbody>
</table>

11. IT arrangements

NHSE staff accommodated at Skipton House, Elephant and Castle, will utilise NHSE computers and will access CCG systems and data via virtual private network, where necessary, to support collaborative working.

NHSE will provide wired and wireless network access and printing, scanning and photocopying facilities to facilitate the NHSE staff’s work.

12. Mutual commitments and obligations

[To be updated]

13. Conflicts of Interest and whistleblowing

In common with other committees of the governing bodies, the new Primary Care Commissioning Committees of South East London CCGs have the potential for conflict when considering some agenda items. In particular for the Primary Care Commissioning Committees, we anticipate that there will be occasions where the GP members of the committees are likely to be conflicted.

Our model for South East London resolves the related challenges in two ways:
Conflicts of Interest Policies and Operating Procedures

- CCGs have updated COI policies to be in line with the latest guidance from NHS England – changes at all CCGs will be ratified before commencement of delegated commissioning.
- Where necessary CCGs will have updated constitutions by 1 April 2017 and started recruitment to include at least three Lay Members.
- Each of the Primary Care Commissioning Committees will conduct its business according to common protocols, and will abide by the relevant and latest Single Operating Procedures established for London.
- Agendas for meetings will be developed by the CCG’s commissioning team together with the south east London Primary Care Contracting team.
- Agendas will be reviewed for potential conflicts of interest and to make arrangements for managing conflicts of interest. The conflicts of interest policy for each CCG will be enacted for each meeting and applied to all relevant business wherever it is undertaken.
- The Committee Chair will be briefed on the agenda, confirmed attendees and conflicts of interest.

Committee Structure and Voting Procedures

- Committee membership includes a balance of GPs and other clinicians, Lay Members and Executive Members as voting members.
- None of the above groups holds a majority on the committee.
- GP members (who we expect to be at greatest risk of conflict) are not included in the quorum.
- Quorum is therefore defined as at least 50% of the non-GP voting members (or four out of the three lay members, the CCG Chief Officer, the CCG Chief Financial Officer, another CCG Director and the Registered Nurse of Secondary Care Specialist on the committee). This also ensures that decisions can not be made exclusively by Lay or Executive Members.

Staff working across SEL should report any concerns they have in the first instance to their line manager. Upon transfer, SEL will make available our conflict of interest policies and guidance to NHSE staff. This includes making the team aware of the conflict of interest guardians within each of our CCGs and the lay members of our CCG governance committees.

SEL will also request that each of our conflict of interest guardians pro-actively reach out to staff members to enquire whether they have any concerns that need to be flagged.

All our CCGs have whistle blowing policies and we will make these available to the NHSE team joining as part of their induction.

14. Conflict resolution

In the event of any disagreement on operational delivery, decision making or resource allocation, resolution will be channelled through the regular meetings with NHSE (L) Director of Primary Care Commissioning and the STP Lead.

If this forum is unable to resolve any disputes, the matter will be escalated to the NHSE London Regional Director of Finance, or Regional Director for resolution.

Signed:
Anne Rainsberry, Regional Director, NHS England (London)

Signed:
Andrew Bland, Chief Officer, NHS Southwark CCG
Associated Documents

Intra CCG Memorandum of Understanding

National Delegation Agreement

London Co-Commissioning Operating Model
## Once for London Responsibilities

The following activities will be carried out on a Once for London basis. The table lists which STP will host the NHSE team with responsibility for each area:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
<th>STP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Specification</td>
<td>Input to Public Health initiative from a primary care commissioning perspective</td>
<td>NWL</td>
</tr>
<tr>
<td>Contract Management policies/ Standard Operating Framework</td>
<td>Task and Finish proposals to ensure consistency. One engagement with local committees</td>
<td>NWL</td>
</tr>
<tr>
<td>Infection Control Framework</td>
<td>Oversight of SLA with NEL CSU. Delivering infection control framework which gives assurance that primary care and dental practitioners are meeting required standards</td>
<td>SEL</td>
</tr>
<tr>
<td>Business Rates and Rent</td>
<td>Challenge session on business rates and rent; QIPP measure for practices</td>
<td>SWL</td>
</tr>
<tr>
<td>National contracts (e.g. Clinical Waste/ PCSE)</td>
<td>Clinical waste- reducing number of contracts to drive better value. PCSE- we are just stakeholder on a national contract</td>
<td>SWL</td>
</tr>
</tbody>
</table>
1. **Introduction to the MOU**

This Memorandum of Understanding (MOU) sets out how the Clinical Commissioning Groups (CCGs) in South East London will work together to support the successful implementation of new primary care commissioning arrangements. It confirms mutual commitments and responsibilities.

Southwark CCG will host NHS England primary care commissioning staff on behalf of the other CCGs in South East London.

The agreement is intended to cover the period between 1 April 2017 and 31 March 2019. The agreement may be varied or terminated by mutual agreement between the six parties, following a minimum of six months’ notice.

NHS England London has, since April 2013, organised its primary care commissioning capability around Strategic Planning Group footprints, which have now been superseded by Sustainability and Transformation Plan (STP) footprints. The STP Footprint London wide model is proposing a broadly consistent way of executing delivery both in terms of monitoring quality and undertaking quality improvement initiatives. It also establishes better reporting of the assurance responsibilities (which cover contract and performance monitoring) of NHSE(L). NHSE(L) staff will be geographically assigned (locally known as ‘embedded’) into South East London.

This MoU should be read alongside two documents (appendix 1 and 2):

**Appendix 1** - the Delegation Agreement between the CCGs in South East London, which sets out governance arrangements

**Appendix 2** - the Memorandum of Understanding between the employer, NHSE(L), and the lead CCG, Southwark CCG. The MOU includes:

- Which areas of primary care commissioning are delegated to CCGs and which are retained at a London level
- The responsibilities of the STP areas and of NHS England
- The size of the NHS England team which will be transferred across

2. **Key objectives of the MOU**

The key objectives of this MOU are to:

- Set out the common purpose between Southwark CCG who will host NHS England primary care commissioning staff on behalf of the other CCGs in South East London
- Set out the duration of the relationship
- Describe the key principles between the lead CCG, Southwark, and the other CCGs in South East London
- Set out the relationship between the parties
- Set out the roles and expectations of the lead CCG and the other CCGs in South East London
- Outline the funding arrangements
- Outline how disputes and failures to perform shall be addressed
3. **Common Purpose**

The common purpose between Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark CCGs is to enable successful implementation of new primary care commissioning arrangements in South East London. This will facilitate better decisions around commissioning of services and the transaction of those decisions, enabling an holistic approach to patient care delivery, with services being commissioned to support the local needs of patients residing in each CCG.

A total of 15 staff from NHSE(L) will move into the STP footprint of South East London and deliver the delegated functions in alignment with the six CCGs. This approach:

- Supports place-based commissioning
- Allows a balance of perspectives and demands between CCGs and NHSE(L) to focus on delegated functions
- Encourages flexibility, alignment and joint learning
- Enables the development of closer and more integrated working
- Allows improved collaboration across functions
- Provides skills development across functions
- Promotes better understanding and achievement of STP plans
- Reduces bureaucracy through direct contact between CCGs and NHSE(L)

NHSE(L) staff assigned to South East London CCGs will be based at Skipton House in Elephant and Castle.

4. **Key Principles**

**Primary care commissioning:** NHS England is responsible for the direct commissioning of services outside the remit of clinical commissioning groups, namely retained medical primary care functions (as set out in Schedule 3 of the 2017/18 Delegation Agreement), non-medical primary care, public health, offender health, military and veteran health and specialised services.

**Geographically Assigned Organisational Model:** Employment contracts for NHSE(L) employees and CCG employees will not change and mixed management and delivery teams will be utilised as appropriate. Employees will be on different terms and conditions, depending on their respective employers. Formal processes will be managed by the employing organisation, whilst day to day reporting of staff and operational line management will be the responsibility of the lead CCG. This has been noted in Schedule 7 of Delegation Agreements.

**Assigned Team:** The NHSE(L) team will be hosted for day to day purposes within South East London and deliver the delegated functions in alignment with the CCGs. This will avoid duplication of work and enable effective use of Primary Care commissioning staff, which is recognised as a constrained resource.

5. **Relationship between parties**

The lead CCG commits to:

- Ensuring there is appropriate and equitable resource and management capacity for each CCG

South East London CCGs recognise the importance of making a success of the new primary care commissioning arrangements. They therefore commit to:

- Providing hot desk space as required
- Providing access to agreed reports, information and data
- Providing access to their shared drives as required
Review and monitoring:
- Progress and quality assurance of these arrangements will be reviewed at regular meetings between the NHSE(L) Director of Primary Care Commissioning and the STP Lead

5. Funding

Southwark CCG will manage the 15 NHS England staff on behalf of the other CCGs. Costs incurred by Southwark as the lead CCG on behalf of all CCGs will be divided on an equal shares basis.

Responsibilities for costs incurred are listed in the table below:

<table>
<thead>
<tr>
<th>Cost Element</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff costs (including pay, employers national insurance and superannuation)</td>
<td>NHS England</td>
</tr>
<tr>
<td>Staff training costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Potential redundancy costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Travel and expense costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Excess travel</td>
<td>NHS England</td>
</tr>
<tr>
<td>Physical moving costs</td>
<td>NHS England</td>
</tr>
<tr>
<td>Accommodation costs (including desk space, building passes)</td>
<td>NHS England</td>
</tr>
<tr>
<td>IT Costs – NHSE Systems and Equipment</td>
<td>NHS England</td>
</tr>
<tr>
<td>IT Costs – CCG Systems and Equipment</td>
<td>Lead CCG</td>
</tr>
<tr>
<td>Rent and Rates Backlog – provision of an interim team to resolve the backlog</td>
<td>NHS England</td>
</tr>
<tr>
<td>Primary Care Programme Costs, including:</td>
<td>All CCGs (to be funded from 1% headroom)</td>
</tr>
<tr>
<td>- Clinical waste managing agent</td>
<td></td>
</tr>
<tr>
<td>- Infection control service</td>
<td></td>
</tr>
<tr>
<td>- Vulnerable children and adults named GPs</td>
<td></td>
</tr>
<tr>
<td>Non-pay costs of payrun for commissioning payments and IG costs</td>
<td>All CCGs</td>
</tr>
<tr>
<td>Other non-pay costs</td>
<td>To be determined as appropriate</td>
</tr>
</tbody>
</table>

6. Governance and conflict resolution

In the event of any disagreement on operational delivery, decision making or resource allocation, resolution will be channelled through the regular meetings with NHSE (L) Director of Primary Care Commissioning and the STP Lead.

If this forum is unable to resolve any disputes, the matter will be escalated to the NHSE London Regional Director of Primary Care Commissioning or Regional Director of Finance for resolution with the lead CCG.

The Primary Care Executive Board for SEL CCGs will be the forum for ongoing leadership of the NHSE(L) team assigned to South East London, including for resolving conflicts.

If a conflict between CCGs cannot be resolved within the Primary Care Executive Board, the dispute will be escalated and resolved by the Chief Officers of the relevant CCGs.

Signed:
Chief Officer, Lead CCG

Signed:
Chief Officer, CCG