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Gateway reference: 02776

Commissioning Strategy Directorate  
NHS England  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

E-mail: [england.co-commissioning@nhs.net](mailto:england.co-commissioning@nhs.net)

18 December 2014

To Local Authority CEOs and Health and Wellbeing Board Chairs  
cc. CCG Clinical Leads

**RE: Update on primary care co-commissioning**

**A. Background and context**

NHS England recently invited clinical commissioning groups (CCGs) to take on an increased role in the commissioning of primary care services. The intention is to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

On 10 November 2014, we published [Next steps towards primary care co-commissioning](#). This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation. The approach has been developed by the joint CCG and NHS England primary care co-commissioning programme oversight group, which includes two local authority representatives: Ged Curran (Chief Executive, Merton Council) and Merran McRae (Chief Executive, Calderdale Council). The group is co-chaired by Dr Amanda Doyle, Co-chair of NHS Clinical Commissioners and Chief Clinical Officer of NHS Blackpool CCG, and Ian Dodge, National Director: Commissioning Strategy, NHS England.

We want to encourage Health and Wellbeing Boards to have a conversation with their local commissioners of primary care, both CCGs and NHS England - and we have made the same recommendation to NHS commissioners. The

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effectiveness of co-commissioning arrangements will be reliant upon the development of strong local relationships and effective approaches to collaborative working.

In this context, CCGs have an obligation to consult with each relevant Health and Wellbeing Board in preparing or revising their commissioning plan, as set out in annex A.

#### **B. Invitation to participate in joint and delegated commissioning committees**

In both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee.

Where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee.

Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

If you have any queries or would like to find out more about the primary care co-commissioning programme, please email: [england.co-commissioning@nhs.net](mailto:england.co-commissioning@nhs.net)

With best wishes,



**Ian Dodge**  
National Director: Commissioning Strategy  
NHS England



**Dr Amanda Doyle**  
Chief Clinical Officer  
NHS Blackpool CCG

**Annex A: CCG statutory requirements in relation to CCG commissioning plans and Health and Wellbeing Boards**

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012):

- CCGs must give each relevant Health and Wellbeing Board a draft of the plan and consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy published by it, which relates to the period that the plan relates to (section 14Z13(4)).
- Where a Health and Wellbeing Board is consulted, it must give the CCG its opinion on whether the plan takes proper account of each relevant joint health and wellbeing strategy.
- CCGs must include a statement of the final opinion of each relevant Health and Wellbeing Board consulted in relation to the commissioning plan in the final plan as published (section 14Z13(8)).
- Where a significant revision is made to an existing commissioning plan, CCGs must consult with the Health and Wellbeing Board as per section 14Z13, before finalising the revised plan (section 14Z12). They must also give a copy of the document to each relevant Health and Wellbeing Board.

