

JOINT COMMISSIONING COMMITTEE (PUBLIC)
MEETING TO BE HELD ON THURSDAY 11 MAY 2017
WNCCG MEETING ROOMS, HERON HOUSE
13:45 TO 14:30

AGENDA

No.	Item	Accountable Lead	Enclosure	Purpose
1.	<u>Present / Apologies</u>			
2.	<u>Declaration of Interests: Register</u>	Chair	Enclosure A	Declare
<p>Members are requested now to declare any interests (as defined within the Conflicts of Interest Policy) that are relevant to the matters about to be discussed. Discussion on business where an interest has been declared will be managed in accordance with Section 8.4 of the Constitution. Members are reminded that if in the course of the meeting's business an undeclared interest becomes relevant, they are to declare it.</p>				
3.	<u>Minutes of Public Meeting held on 9 March 2017</u>	Chair	Enclosure B	Approve
4.	<u>Action Tracker</u>	Chair	Enclosure C	Action
5.	<u>GP Services Month 12 Finance Report</u>	Emma Cox	Enclosure D	Note
6.	<u>Primary Care Update</u>	Jenni Northcote	Verbal	Note
7.	<u>HealthWatch Update</u>	tbc	Verbal	Note
8.	<u>Any Other Business</u>			

Future Meetings held in Public:

Date	Time	Venue
11-May-17	13:45 to 14:30	Heron House, Newdegate Street, Nuneaton
13-Jul-17		
14-Sep-17		
09-Nov-17		
11-Jan-18		
08-Mar-18		

Role	Number of Votes Held
NHS England – Total Votes 3	
Locality Director (or representative)	1
Head of Primary Care (or representative)	1
Contracts Manager (or representative)	1
Warwickshire North CCG – Total Votes – 3	
Lay Member for Audit and Governance	1
Lay Member	1
Chief Finance Officer (Executive) or Deputy	1
Director with responsibility for Primary Care Contracting (Executive)	0
GP who is a partner in a WNCCG Member Practice	0
CCG Primary Care Quality Lead (GP)	0
Observers – Total Votes – 0	
Healthwatch Representative	0
Health and Wellbeing Board Representative	0
LMC	0

The voting rights of each member are set out in the table above. NHS England and Warwickshire North CCG shall hold an equal number of votes. In the event of a vote the casting vote will be as follows:

- CCG members of the joint committee will have the casting vote on any decisions pertaining to one of their statutory functions.
- NHS England members of the joint committee will have a casting vote on any decisions pertaining to one of their statutory functions.

A quorum shall be 5 of the members of the Committee, including 1 Lay Member, 2 NHS England Representatives and 1 CCG Executive and 1 GP representative.

Declarations of Interest

*Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. **Where possible, any conflict of interest should be declared to the Chair of the meeting as soon as it is identified in advance of the meeting.** Where this is not possible, it is essential that at the beginning of the meeting a declaration is made if anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. An interest relevant to the business of the meeting should be declared whether or not the interest has previously been declared.*

Type of Interest	Description
<p>Financial Interests</p>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
<p>Non-Financial Professional Interests</p>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
<p>Non-Financial Personal Interests</p>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
<p>Indirect Interests</p>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.

**NHS Warwickshire North Clinical Commissioning Group
Register of Interests**

First Name	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice; CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest					Date of interest		Action taken to mitigate risk
				Financial	Non-Financial	Professional	Non-financial	Personal	Indirect		
Rebecca	Bartholomew	Director of Nursing	1. Member of Joint Executive Team of Warwickshire North CCG and Coventry and Rugby CCG (employed by Warwickshire North CCG)		✓				Apr-17	current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Anthony	Chapman	Assistant Director of Finance (Primary Care and Corporate)	1. Volunteer Fundraiser for WellChild. 2. Wife works for NHSE 3. Joint AD of Finance for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Warwickshire North CCG)			✓			Feb-17 Apr-17	Current Current	Withdrawal from debate on commissioning a service that could be delivered by this organisation. Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Martina	Ellery	Deputy Head of Primary Care (NHS England)	Nil								No action required
Andrea	Green	Chief Officer	1. Joint Chief Officer at Coventry and Rugby CCG and Warwickshire North CCG (employed by Warwickshire North CCG)	✓					Jul-16	current	No action required - organisations working under joint arrangements approved by NHS England.
Charmaine	Hawker	Assistant Head of Finance for Primary Care (NHS England)	Nil								No action required
Clare	Hollingworth	Chief Finance Officer	1. Joint Chief Finance Officer for Warwickshire North CCG and Coventry and Rugby CCG (employed by Coventry and Rugby CCG)		✓				Apr-17	current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Godwin	Igodo	Clinical Lead	1. GP at Camphill GP led Health Centre 2. Director at Ripples Healthcare	✓ ✓						Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Arshad	Khan	Clinical Lead	1. GP at Station Street Surgery 2. GP Torcross Medical Centre, Coventry 3. Locum at Recovery Partnership	✓ ✓ ✓	✓ ✓ ✓					Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
Chris	Lonsdale	Director of Finance	1. Joint Director of Finance for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Coventry and Rugby CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Maria	Maltby	Head of Corporate Affairs	1. Member of Joint Executive Team of Warwickshire North CCG and Coventry and Rugby CCG (employed by Warwickshire North CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Mary	Mansfield	Deputy Chief Quality Officer	Nil								No action required
Anna	Nichols	Senior Contract Manager (NHS England)	Nil								No action required
Jenni	Northcote	Chief Strategy and Primary Care Officer	1. Joint Chief Strategy and Primary Care Officer for Warwickshire North CCG and Coventry and Rugby CCG (Employed by Warwickshire North CCG)		✓				Apr-17	Current	Potential conflicts to be declared in meetings as appropriate. Chairs of Governing Body and its sub-Committees will take a lead in managing conflicts of interest in the Joint Executive Structure.
Graham	Nuttall	Lay Member for Primary Care	1. 50% Shareholder of Graham Nuttall Associates Ltd 2. Trustee and Board Member at Bulkington Village Centre	✓			✓		14/09/2015 14/09/2015	Current Current	Further declaration to be made on any specific projects identified which will impact on the CCG. Withdrawal from any debate in which Bulkington Village Centre is being considered.
Chris	Pycock	Secondary Care Doctor	1. Consultant (Locum Consultant Physician) for South Worcestershire Health and Care (Community) NHS Trust	✓					Dec-14	Current	Withdrawal from debate on commissioning a service that could be delivered by this organisation.

**NHS Warwickshire North Clinical Commissioning Group
Register of Interests**

First Name	Last Name	Current position(s) held in CCG, ie Governing Body member, Committee member, Member Practice; CCG employee or other	Declared Interest (Name of the organisation and nature of the business)	Type of Interest				Date of interest	Action taken to mitigate risk
Deryth	Stevens	Chair	1. Partner at Dordon and Polesworth Group Practice 2. Dordon and Polesworth Group Practice is a member of Primary Care Warwickshire Federation 3. A business partner at Dordon and Polesworth Group Practice has a financial interest in Linden Nursing Home Group	✓				Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
				✓				Current	
						✓		Current	
Dave	Weston	GP, Warwickshire Local Medical Committee Representative	1. Partner at Atherstone Surgery 2. Practice is a member of the Primary Care Warwickshire Federation 3. Joint Partner/Director of the Atherstone Research Group 4. Joint and equal ownership with other Partners in the practice of Atherstone in-practice pharmacy 5. A partner in the Atherstone Surgery has a special interest working for The Recovery Partnership	✓				Current	Withdrawal from debate on commissioning a service that could be delivered by any of these organisations.
				✓				Current	
				✓				Current	
				✓			✓	Current	
David	Williams	Locality Director (NHS England West Midlands)	Chairman of Revolving Doors Agency		✓			Current	Withdrawal from any debate in which the agency is being considered.

JOINT COMMISSIONING COMMITTEE (PUBLIC)
UNCONFIRMED MINUTES OF THE MEETING HELD ON
 THURSDAY 9 MARCH 2017, ENDEAVOUR MEETING ROOM, HERON HOUSE
 13:45 TO 14:30

1.	<u>Present</u>	<u>Initials</u>
1/1	Voting Members Graham Nuttall – Lay Member, WNCCG (Chair) Neil Hart – Lay Member, WNCCG Anthony Chapman – Deputy Chief Finance Officer, WNCCG (deputising for Chris Lonsdale) Anna Nicholls – Senior Contract Manager (Primary Care), NHS England Emma Cox – Senior Finance Manager, NHS England	GN NH AC AN EC
1/2	Non-Voting Members Jenni Northcote – Director of Partnership and Engagement, WNCCG Arshad Khan – Clinical Lead, WNCCG Godwin Igodo – Clinical Lead, WNCCG Deryth Stevens – Clinical Chair, WNCCG	JN AK GI DS
1/3	In Attendance Mary Mansfield – Deputy Chief Nurse, WNCCG Maria Maltby – Head of Corporate Affairs, WNCCG Ash Ryan – PA/Administrator, WNCCG (Minutes) Victoria Watts – Governance Officer Dave Weston – Warwickshire LMC	MMan MMal AR VW DWe
2.	<u>Apologies</u> HealthWatch Rebecca Bartholomew – Chief Quality Officer, WNCCG David Williams – Locality Director, NHS England Chris Lonsdale – Chief Finance Officer, WNCCG Charmaine Hawker Chris Bain	HW RB DWi CL CH CB
3.	<u>Declarations of Interests</u>	
3/1	Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making.	
3/2	The following declarations were made:	
3/3	Enc. E Update on GMS Contract Changes 2017/18 – Dr Arshad Khan, Dr Godwin Igodo, and Dr Deryth Stevens as GPs with GMS contracts. No action necessary as the information in the report was in the public domain.	
3/4	Enc. G General Practice Forward View Submission – Dr Arshad Khan, Dr Godwin Igodo, and Dr Deryth Stevens due to practices potentially benefitting from initiatives. No action necessary as all practices would have opportunity to benefit/participate.	

		<u>Action</u>
4.	<u>Minutes of Previous Meeting</u>	
4.1	<u>Minutes of meeting held 12th January 2017</u>	
4/1/1	The Committee agreed the minutes from the meeting held 12 th January 2017, subject to the following amendments.	
4/1/2	Dr Dave Weston's apologies to be recorded.	
4/1/3	The Chair noted that there was no quorum at the previous meeting and advised members that the minutes would be revised accordingly.	
5.	<u>Action Tracker</u>	
5/1	001 – JN & AC contingency utilisation. The plan was approved at a previous meeting. Remove from tracker.	
5/2	002 – MM & DW to discuss future member of JCC. At this stage membership will remain the same. Remove from tracker.	
5/3	004 – Remove Martina Ellery. Complete. Remove from tracker.	
5/4	005 – Compile practices with faxes. A list is started, but not all surgeries have responded. Dan Ibeziako is following up. MMan to bring in progress list for next time.	
6.	<u>Matters Arising</u>	
6/1	None.	
7.	<u>GP Services Month 10 Finance Report</u>	
7/1	EC presented the month 10 forecast position for GP Services for Warwickshire North CCG. Key highlights were:	
7/2	<ul style="list-style-type: none"> • A full forecast review has been carried out in month 10 which includes the following updates: 	
7/3	<ul style="list-style-type: none"> ○ Recalculation of Global Sum Payments, PMS and APMS Contract payments based on the January 2017 updated list sizes. This is the final list change for the financial year. 	
7/4	<ul style="list-style-type: none"> ○ Review of DES Forecasts based on activity to date. 	
7/5	<ul style="list-style-type: none"> ○ Review of Premises Forecasts based on payments to date. 	
7/6	<ul style="list-style-type: none"> ○ Review of Locum reimbursements (maternity/paternity etc) based on approved applications. 	

7/7	<ul style="list-style-type: none"> ○ Review of Seniority actual payments for quarters one to three. 	
7/8	<ul style="list-style-type: none"> ○ Review of QOF payments and inclusion of growth for year-end achievement £64k of the original 0.5% contingency is available for in year cost pressures, the CCG is asked to develop plans for contingency utilisation should it become available, this will be reviewed again in month 10. 	
7/9	<ul style="list-style-type: none"> ● At month 10, £64k of the contingency remains available, and the CCG have already submitted an investment plan to utilise this funding. The CCG is now asked to mobilise these plans to utilise the funding in this financial year. 	
7/10	<ul style="list-style-type: none"> ● The outcome of the GP Contract Negotiations has been confirmed and the report details the key changes. The Global Sum value for 2017/18 incorporating these changes is yet to be confirmed and this is expected in March 17. 	
7/11	<ul style="list-style-type: none"> ● NHS England Central Team has provided some indicative budgets on a CCG basis for 2017/18 and 2018/19, the report attached details the allocations for Warwickshire North CCG. 	
7/12	The Committee noted the report.	
8.	<u>Update on GMS Contract Changes 2017/18</u>	
8/1	AN provided an outline of the GMS contract changes for 2017/18.	
8/2	JN enquired about the GP Retention Scheme pilot as WNCCG had expressed interest but had not received any response to date any and asked how this was accessed. AN agreed to find out and advise JN.	
8/3	Action: AN to advise JN how GP Retention Scheme programme can be accessed.	AN
8/4	The Committee noted the report.	
9.	<u>Primary Care Update: September and October 2016</u>	
9/1	JN provided a briefing on the key primary care developments progressed during the period. Key highlights were:	
9/2	Syrian refugees. Practice feedback was that time for appointments is considerably extended, which was a strain on practices appointment capacity.	
9/3	Winter pressures: There had been a good take up of the scheme. JN thanked practices for their involvement.	
9/4	IT: The CCG submitted Business as Usual Project Initiation Documents (PIDs) to NHS England for Primary Care Capital in 2017/18. The outcome of the process was awaited.	
9/5	Estates: The CCG is actively working with public health planners and the local estates forum to develop a framework for identifying the impact of new housing developments on primary care / health, in order to request appropriate infrastructure investment to support resilience of general practice impacted by new housing developments through Section 106 (s106) monies	

9/6	<p>Local Estates Forum – Specialist business case support: The CCG has requested funds for technical business case development support through NHSE but to date has not received any indication of whether funding will be made available or the time scale for a decision. CCG urgently require a position on this in order to take forward next steps re key development sites.</p> <p>Practice Merger: This was progressing well there has been a project team overseeing the process and good engagement with the PPG and joint working between NHSE, CCG, Two practices and PCC. There are critical milestones to achieve in the next period including clinical system merger and HR process.</p> <p>The Committee noted the report.</p>	
9/7		
9/8		
9/9		
10.	<u>General Practice Forward View Submission</u>	
10/1	<p>JN advised that the CCG submitted the GPFV on the 24 February and was awaiting feedback.</p> <p>JN added that the GPFV group were meeting again on 15 March 2017 and would work on the next submission which was due in March. Items will be fed back through the Members Engagement and JCC meetings.</p> <p>The Committee noted the report.</p>	
10/2		
10/3		
11.	<u>Any Other Business</u>	
11/1	There was no additional business.	
12.	<u>Date and Time of Next Public Meeting</u>	
12/1	The next public meeting shall be held on Thursday 11 May 2017 from 13:45 – 14:30 in the Endeavour Meeting Room at Heron House, Nuneaton.	

ENC C: ACTION SCHEDULE - WARWICKSHIRE NORTH CCG JOINT COMMISSIONING COMMITTEE

ACTION REF	MEETING DATE	AGENDA ITEM	ACTION	RESPONSIBLE OFFICER	COMPLETION DATE	CURRENT STATUS (Select from drop down box)	UPDATE
6	09/03/2017	42802	GMS Contract Changes: AN to advise JN how GP Retention Scheme programme can be accessed.	Anna Nichols	11/05/2017		Update at meeting

*This page is intentionally left blank

Report To:	Joint Commissioning Committee
Report Title:	GP Services Month 12 Finance Report
Report From:	Emma Cox (NHS England)
Date:	11 May 2017
Previously considered by:	N/A

Purpose of the report:
 To update the Joint Commissioning Committee on the 2016/17 Month 12 Forecast expenditure for GP Services for Warwickshire North CCG.

- Key Points:**
- The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.83m. The month 12 outturn is £21.61m delivering a surplus of £0.22m. This is due to the release of the 1% non-recurrent transformation fund in accordance with national policy which has remained uncommitted during the year.
 - A full review has taken place at month 12, taking into consideration spend to date as well as outstanding payments relating to 2016/17 services, which are due to be made in 2017/18.
 - The 1% Non-Recurrent Transformation Fund has been released in month 12 in line with national guidance to deliver a surplus of £0.22m against the CCGs GP Services budget.
 - This surplus is non-recurrent and the CCG will be able to invest the 2017/18 1% non-recurrent fund in full.
 - All of the 2016/17 0.5% contingency has been fully utilised in year.
 - NHS England are currently working through the opening 2017/18 GP Services forecast for Warwickshire North CCG and this will be reported at the next meeting.

- Recommendations:**
- The Committee is asked to:
- **NOTE** the contents of this report and;
 - **CONSIDER** plans for the investment of the 2017/18 1% Non-Recurrent Fund.

WNCCG Objectives (delete "✓" as appropriate):

To improve health, health outcomes and reduce inequalities	To make the best use of resources	✓
To lead the way to safety and quality through commissioning	To build a health system fit for our population by 2020	
Quality, risk and assurance issues	None identified	
Equality and diversity issues	None identified	
Legal and regulatory issues	None identified	
Patient Engagement Issues	None identified	



**Warwickshire North CCG
2016/17 GP Services
Month 12 Finance
Report**

Warwickshire North CCG GP Services Budget

Month 12 2016/17

Version number: 1

First published: 24.04.2017

Prepared by: Emma Cox, NHS England West Midlands

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

Contents

Contents	3
1 2016/17 GP Services.....	4
2 Access to 2016/17 Primary Care Reserves.....	4
3 2017/18 GP Services.....	5
4 Conclusion.....	5
5 Recommendations	5

1 2016/17 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2016/17 is £21.83m. The month 12 outturn is £21.61m delivering a surplus of £0.22m. This is due to the release of the 1% non-recurrent transformation fund in accordance with national policy, which has remained uncommitted during the year.

The table below shows the outturn for month 12;

	£'000s	£'000s	£'000s
General Practice APMS	1,099	1,098	1
General Practice GMS	14,287	14,272	15
General Practice PMS	0	0	0
QOF	2,459	2,474	-15
Enhanced Services	1,157	1,180	-23
Dispensing/Prescribing Fees	580	664	-84
Premises Cost Reimbursements	1,411	1,402	9
Other Premises	42	42	0
Other GP Services	516	483	33
PMS Premium	0	0	0
1% Non Recurrent Transformation Fund	218	0	218
0.5% Contingency	64	0	64
TOTAL	21,834	21,616	218

A full review has taken place at month 12, taking into consideration spend to date as well as outstanding payments relating to 2016/17 services, which are due to be made in 2017/18. This includes;

- 2016/17 QOF Achievement
- Quarter four claims for Minor Surgery and Extended Hours DES'
- Avoiding Unplanned Admissions Component three
- Outstanding Locum (Maternity/Paternity and Sickness) claims
- Dispensing and Prescribing fees for February and March 2017

2 Access to 2016/17 Primary Care Reserves

The 1% Non-Recurrent Transformation Fund has been released in month 12 in line with national guidance to deliver a surplus of £0.22m against the CCGs GP Services budget.

This surplus is non-recurrent and the CCG will be able to invest the 2017/18 1% non-recurrent fund in full.

All of the 2016/17 0.5% contingency has been fully utilised in year.

3 2017/18 GP Services

NHS England are currently working through the opening 2017/18 GP Services forecast for Warwickshire North CCG and this will be reported at the next meeting.

4 Conclusion

NHS England West Midlands will continue to monitor the financial position of the GP Services budget allocated to the CCG in 2017/18 and will report any adverse variance accordingly on a quarterly basis; including the use of reserves and contingency funding.

5 Recommendations

The Committee is asked to:

- Note the contents of this report.
- Consider plans for the investment of the 2017/18 1% Non-Recurrent Fund which equates to £237k.

Charmaine Hawker
Head of Finance (Direct Commissioning/Primary Care Assurance)
NHS England West Midlands