

JOINT COMMISSIONING COMMITTEE (PUBLIC)
MEETING TO BE HELD ON THURSDAY 14 DECEMBER 2017
WNCCG MEETING ROOMS, HERON HOUSE
14:15 – 15:00

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 14 September 2017</u>	Chair	Enclosure B	Approve
4.	<u>Action Tracker</u>	Chair	Enclosure C	Action
5.	<u>GP Services Month 7 Finance Report</u>	Mark Cartwright	Enclosure D	Note
6.	<u>Health Planning Update</u>	Jenni Northcote	Enclosure E	Note
7.	<u>Primary Care Services: Full Delegation Update</u>	Anna Nicholls / Jenni Northcote	Verbal	Note
8.	<u>Primary Care Update</u>	Jenni Northcote	Enclosure F	Note
9.	<u>Any Other Business</u>			

Future Meetings held in Public:

Date	Time	Venue
8 February 2018	13:45 to 14:30	WNCCG Meeting Rooms, Heron House

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.

*This page is intentionally left blank

**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.
Mark	Cartright	Senior Finance Manager (NHS England)	Nil							No action required
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 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.
Jo	Galloway	Chief Nursing Officer, Coventry and Rugby CCG and Warwickshire North CCG	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	Head of Finance (NHS England West Midlands)	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 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.
Gary	Lucking	Senior Contracts Manager (NHS England)	Nil							No Action required
Maria	Maltby	Deputy Director 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 Director of Nursing	Nil							No action required
Anna	Nichols	Deputy Head of Commissioning (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.

**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
				✓						
Graham	Nuttall	Lay Member for Primary Care	1. 50% Shareholder of Graham Nuttall Associates Ltd	✓				14/09/2015	Current	Further declaration to be made on any specific projects identified which will impact on the CCG.
			2. Trustee and Board Member at Bulkington Village Centre		✓			14/09/2015	Current	Withdrawal from any debate in which Bulkington Village Centre is being considered.
Derek	Pickard	Lay Member for Public and Patient Engagement	Member of the Labour Party			✓		1994	Current	Interest to be declared at meeting as appropriate.
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.
Deryth	Stevens	Chair	1. Partner at Dordon and Polesworth Group Practice	✓				2005	Current	Withdrawal from debate on commissioning a service that could be delivered by these organisations.
			2. Dordon and Polesworth Group Practice is a member of Primary Care Warwickshire Federation	✓					Current	
			3. A business partner at Dordon and Polesworth Group Practice has a financial interest in Linden Nursing Home Group				✓		Current	
			4. Husband is employed by Heart of England Foundation Trust				✓	2016	Current	
			5. Practice provides services to nursing home in CCG	✓				2015	Current	
Dave	Weston	GP, Warwickshire Local Medical Committee Joint Medical Secretary	1. Partner at Atherstone Surgery	✓					Current	Withdrawal from debate on commissioning a service that could be delivered by any of these organisations.
			2. Practice is a member of the Primary Care Warwickshire Federation	✓					Current	
			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	✓					Current	
David	Williams	Locality Director (NHS England)	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 14 SEPTEMBER 2017, ENDEAVOUR MEETING ROOM, HERON HOUSE
 13:30 TO 15:30

1.	<u>Present</u>	<u>Initials</u>
	<p>Voting Members Graham Nuttall, Lay Member – Primary Care (Chair) Anthony Chapman, Deputy Director of Finance, Primary Care Anna Nichols – Deputy Head Commissioning, NHS England Gary Lucking – Senior Contracts Manager, NHS England Mark Cartwright – Senior Finance Manager, NHS England</p> <p>Non-Voting Members Dr Arshad Khan, Elected Clinical Lead Dr Godwin Igodo, Elected Clinical Lead Jenni Northcote, Chief Strategy and Primary Care Officer, WNCCG & CRCCG Rebecca Bartholomew, Director of Nursing</p> <p>In Attendance: Deryth Stevens, GP and CCG Chair Imogen Staveley, Clinical Lead Maria Maltby, Deputy Director of Corporate Affairs Dr Dave Weston – GP and LMC Medical Secretary, WNCCG Angela Jordanou – Personal Assistant, WNCCG (Minutes)</p>	
	<u>Apologies</u>	
1.1	Clare Hollingworth, Chief Finance Officer	
2.	<u>Declarations of Interests</u>	
2.1	Members were reminded of the need to declare their interest in any items requiring a decision and to remove themselves from such decision making. The following declarations were made:	
2.2	DS declared an interest in item 8, Update on Individual GP Practice GMS Contractual Changes 2017/18, due to a contract request at her practice.	
2.3	DS, GI and AK declared an interest in item 15, GP Resilience Fund 2017/18 as all GP practices may benefit from the allocation of funds from the resilience fund.	
3.	<u>Minutes of Previous Meeting</u>	<u>Action</u>
3.1	<u>Minutes of meeting held 13 July 2017</u>	

3.1.1	The Committee agreed the minutes from the meeting held on 13 July 2017 as a true and accurate record of the meeting.	
4.	<u>Action Tracker</u>	
4.1	<p>Item 13: now deferred to November as not due yet. Rent review issue had been raised with Kerry Biggs – keep on the tracker as progressing.</p> <p>Item 17: is now completed.</p> <p>Item 18: is covered under main agenda, and completed.</p> <p>Item 19: JN to meet with AN and provide update for next meeting.</p>	JN/AN
5.	<u>Month 4 Finance Services Report</u>	
5.1	<p>MC presented a report outlining the 2017/18 Month 4 Forecast expenditure for GP Services for Warwickshire North CCG.</p> <p>MC confirmed that there was no significant change and the allocation remained at £22.8m. MC said £420k available. DS enquired if the contingency would be ring-fenced for primary care if made available. MC confirmed that it would be ring-fenced for primary care.</p> <p>The Committee noted the report.</p>	
6.	<u>Primary Care Update</u>	
6.1	<p>JN provided an update on Primary Care activity. Key highlights noted were:</p> <p>AGM – The CCG’s AGM was held on 20 July. GP Access was a discussion item. Further discussions to be held with the Patient Group and a specification will be developed for use of access funds.</p> <p>International Recruitment – Discussions had been held with the Federation and JN was reviewing the Birmingham model. A letter would be sent out to practices to ascertain appetite for a submission.</p> <p>Workforce – A strategy at STP level was being developed. A local strategy would also be developed.</p> <p>Primary Care Commissioning – Full Delegation – NHS England had advised that there would be opportunity for the CCG to apply for full delegation in December 2017. JN developing a timeline for engagement with practices. GPs on the Committee were asked to support with the conversation with practices.</p> <p>Estates – the estates portfolio data was currently being refreshed with Design Buro with additional data being added such as staffing, status of premises. This would be sent to practices for validation once complete.</p> <p>Primary Care Team – David Palmer had been recruited as the Head of Primary Care for</p>	

	<p>WNCCG and was due to start in November.</p> <p>The Committee noted the report.</p>	
7.	<u>Health Planning Update</u>	
7.1	JN assured the Committee that the CCG was applying for Section 106 in various planning areas.	
8.	<u>Update on Individual GP Practice GMS Contractual Changes 2017/18</u>	
8.1	<p>AN provided an update on new and completed contract changes. Key highlights noted were:</p> <p>Zero Tolerance - there were currently 9 patients in receipt of services through the Zero Tolerance Scheme. NHS England was currently managing ZT in North Warwickshire, and this would continue until the end of March 2018.</p> <p>Chapel End Surgery (M84624) – Addition of Dr Motala. This took Chapel End Surgery from a single-handed practice to a partnership.</p> <p>Dordon and Polesworth Surgery (M84007) – Removal of Dr Jacob as a partner.</p> <p>Arbury Medical Centre (M84003) – Addition of Dr Ahmad as a new partner</p> <p>The Committee noted the report.</p>	
9.	<u>Enhanced Services Signup 2017/18:</u>	
9.1	<p>AN provided the Committee with the updated Enhanced Services sign up figures. The Committee noted that Bulkington Surgery was not signed up to any services. AN to check and confirm.</p> <p>The Committee noted the report.</p>	AN
10.	<u>NHS England Minor Surgery Cap Appeals – Arbury Medical Centre</u>	
10.1	The Committee considered an application received from Arbury Medical Centre to increase the minor surgery cap. The Committee concluded that the request was reasonable and approved the request for increase of the cap.	
11.	<u>Capita Update – NHS England Briefing</u>	
11.1	The Committee received and noted a briefing received from NHS England outlining the mitigation actions initiated by NHS England to manage concerns related to this contract and resolve the associated issues which impact on General Practice providers.	
12.	<u>Commissioning Intentions 2018/19</u>	

12.1	<p>JN outlined the process undertaken to refresh the Commissioning Intentions for 2018/19.</p> <p>The Committee noted the report and that the Commissioning Intentions would be presented to the Governing Body.</p>	
13.	<p><u>Patient Assignment Process</u></p>	
13.1	<p>JN outlined the proposed new system for patient assignment when practices lists had been closed. JN advised that patients would be assigned to a practice on a rota system based on the practices with a boundary area that covers the address of the patient. JN added that if a practice is operating a closed list, formally approved by the Commissioner, then the assignment would need to be reviewed and agreed via an assessment panel.</p> <p>The Committee noted and endorsed the proposed new system.</p>	
14.	<p><u>Pharmaceutical Needs Assessment (PNA)</u></p>	
14.1	<p>JN outlined the process for the Pharmaceutical Needs Assessment and the Committee noted that the draft PNA was scheduled for consultation between 17 November 2017 and 5 February 2018. JN advised that a final draft would be produced by the end of February 2018.</p>	
15.	<p><u>GP Resilience Fund 2017/18</u></p>	
15.1	<p>JN advised the Committee that the CCG had been successful in drawing down £100k of resilience funding. Implementation of the funds would be discussed with the GP Forward View Group and updates provided to the Committee.</p>	
17.	<p><u>Any Other Business</u></p>	
17.1	<p>National GP Practice Wi-Fi Project – AC advised that the project was on track to deliver wi-fi to all GP practices by the national deadline of 31 December 2017.</p>	
	<p>DATE AND TIME OF NEXT PUBLIC MEETING:</p> <p>Thursday 12 October 2017, WNCCG Meeting Room 13:00 – 14:30</p>	

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	PUBLIC OR CLOSED MEETING
016	13/07/2017	7.	Primary Care Update: EC to follow up the lack of progress on the rent review with NHS England. Update 31/08/17: MC raised with Kerry Biggs (Premises Lead) who has liaised with relevant parties to discuss where in the system the hold ups are coming from.	Mark Cartwright	14/09/2017	In Progress	Update 23/11/17: The Practices with outstanding rent reviews need to decide if they either want to challenge the DV figure given to them or not, then if the challenge is unsuccessful they need to confirm whether or not they want to go to litigation. There is no hold up on the part on NHS England.	Public
019	13/07/2017	12.	Any Other Business: BD to provide detail to JN of what was being commissioned in relation to the Minor Illness Scheme, the Impact Analysis for GP practices and the Communications Plan. 29/08/17: Email sent to Brian Wallis, Pharmacy Lead (NHS England West Midlands) on 13/07/17 requesting to contact JN. Also sent follow up email on 19/07/17. Update 14/09/17: JN/AN to meet and provide update for next meeting.	Jenni Northcote / Anna Nicholls	14/12/2017	Complete	Update 27/11/17: Received and an agreement that there will be a scheme offered – need confirmation of date for go live and communications to practices.	Public
020	13/07/2017	12.	Any Other Business: MM/JN to confirm date/time of future JCC meetings. Update 31/08/17: September meeting has been agreed. MMt to confirm if future dates are affected.	Maria Maltby / Jenni Northcote	14/09/2017	Complete	Update 23/11/17: Virtual meetings take place on the same day as Governing Body. Actual meetings to take place on GB development dates. Schedule to be confirmed post April when CCG fully delegated.	Public
025	14/09/2017	9.	Enhanced Services Signup: AN to check sign up of Bulkington Surgery to Enhanced Services and let JN know.	Anna Nicholls	14/12/2017	Complete	Update 29/11/17: AN sent to JN.	Public
026	14/09/2017	13.	Patient Assignment Process: Proposed new system for patient assignment when practices lists had been closed to be brought up at the Members Engagement meeting in October.	Jenni Northcote	14/12/2017	Complete	Update 20/10/17: Patient Assignment Process discussed at the Members Council meeting on 19/10/17.	Public

*This page is intentionally left blank

Report To:	Joint Commissioning Committee
Report Title:	GP Services Month 7 Finance Report
Report From:	Mark Cartwright – Senior Finance Manager
Date:	14 th December 2017
Previously Considered by:	N/A

Action Required (*delete as appropriate*)

Decision:		Assurance:		Information:	✓	Confidential	
------------------	--	-------------------	--	---------------------	---	---------------------	--

Purpose of the Report:

To update the Joint Commissioning Committee on the 2017/18 Month 7 Forecast expenditure for GP Services for Warwickshire North CCG.

Key Points:

The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.82m. The month 7 outturn is £22.82m delivering a break even position.

In month 7 the following forecast positions have been reviewed:

- Global Sum forecasts are based on the October 2017 updated weighted list sizes.
- QOF Aspiration payment made to date.
- Enhanced Services now based on 2017/18 sign up confirmation and activity levels to date.
- Seniority review based on September 2017 actuals.
- Review of Locum Reimbursement applications.

At month 7 no drawdown on contingency was required, therefore the full £0.12m remains available for in year cost pressures.

The 1% Non-Recurrent Transformation Fund is available for the CCG to invest, it is noted that the CCG are to submit a revised investment plan for approval at the committee meeting.

Recommendation:

The Joint Commissioning Committee are asked to:

- **NOTE** the contents of this report and;
- **ESCALATE** plans for the investment of the 2017/18 1% Non-Recurrent Fund which equates to £0.23m.

Implications						
Objective(s) / Plans supported by this report:	To make best use of resources					
Conflicts of Interest:	None identified					
Financial:	Non-Recurrent Expenditure:	Not applicable				
	Recurrent Expenditure:	Not applicable				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No	✓	N/A
Performance:	Not applicable					
Quality and Safety:	Not applicable					
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No		N/A ✓
Patient and Public Engagement:	Not applicable					
Clinical Engagement:	Not applicable					
Risk and Assurance:	Not applicable					



**Warwickshire North CCG
2017/18 GP Services
Month 7 Finance Report**

Warwickshire North CCG GP Services Budget

Month 7 2017/18

Version number: 1

First published: 30.11.2017

Prepared by: Mark Cartwright, 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 2017/18 GP Services.....	4
2 Access to 2017/18 Primary Care Reserves.....	4
3 Conclusion.....	5
4 Recommendations	5

1 2017/18 GP Services

The allocation to fund GP Services relating to Warwickshire North CCG for 2017/18 is £22.82m. The month 7 outturn is £22.82m delivering a break even position.

The following planning metrics have been met within the 2017/18 opening position;

- 0.5% contingency set aside for in year cost pressures (£0.12m)
- 1% Non-Recurrent Transformation Fund set aside for investment (£0.23m)

There is no requirement for a surplus to be delivered against this budget.

The table below shows the breakdown of the month 7 in comparison to month 4;

	Month 4 FOT	Month 7 FOT	Variance
	£'000s	£'000s	£'000s
General Practice APMS	1,166	1,162	4
General Practice GMS	15,411	15,411	0
General Practice PMS	0	0	0
QOF	2,455	2,460	-5
Enhanced Services	736	748	-12
Dispensing/Prescribing Fees	677	677	-0
Premises Cost Reimbursements	1,426	1,429	-2
Other Premises	26	26	0
Other GP Services	574	559	15
PMS Premium			0
1% Non Recurrent Transformation Fund	229	229	0
0.5% Contingency	115	115	0
TOTAL	22,817	22,817	-0

In month 7 the following forecast positions have been reviewed;

- Global Sum forecasts are based on the October 2017 updated weighted list sizes.
- QOF Aspiration payments.
- Enhanced Services now based on 2017/18 sign up where confirmation has been received and activity levels year to date.
- Seniority review based on September 2017 actuals.
- Review of Locum Reimbursement applications.

The forecasts will continue to be reviewed on a quarterly basis in line with the changes to the NHAIS list sizes (i.e. January Q4). Changes to the forecast position will then be reported at the next available Committee meeting.

2 Access to 2017/18 Primary Care Reserves

The following planning metrics have been met within the 2017/18 opening position;

- 0.5% contingency set aside for in year cost pressures (£0.12m)
- 1% Non-Recurrent Transformation Fund set aside for investment (£0.23m)

The 0.5% contingency is available in full for in year cost pressures and this will be reviewed quarterly in line with the forecast updates. Should any of the contingency not be required later in the financial year it will be made available to the CCG to invest. At month 7 no drawdown on contingency was required, therefore the full £0.12m remains available for in year cost pressures.

The 1% Non-Recurrent Transformation Fund is available for the CCG to invest. The CCG are advised to finalise an investment plan and seek JCC agreement, and mobilise plans/schemes in line with this agreed investment schedule.

3 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.

4 Recommendations

The Committee is asked to:

- Note the contents of this report.
- Escalate plans for the investment of the 2017/18 1% Non-Recurrent Fund which equates to £0.23m.

Steve Perks
Head of Finance (Direct Commissioning/Primary Care Assurance)
NHS England West Midlands

*This page is intentionally left blank

Report To:	Joint Commissioning Committee
Report Title:	Health Planning Update
Report From:	Jenni Northcote – Chief Strategy and Primary Care Officer
Date:	14 th December 2017
Previously Considered by:	N/A

Action Required <i>(delete as appropriate)</i>							
Decision:		Assurance:	✓	Information:	✓	Confidential	

Purpose of the Report:
To provide an update on the primary care health and estates planning portfolio of work.
Key Points:
<ul style="list-style-type: none"> ➤ The estates utilisation profiling commissioned by WNCCG has been completed. The utilisation exercise was carried out by the Design Buro and profiles current and projected estate capacity requirements. The work now needs to be validated by the practices. ➤ The Local Estates Forum (LEF) met on the 7th of November and the Design Buro delivered a presentation on the process that had been undertaken to produce the estates utilisation profiling work. ➤ Arden Estate Partnerships has developed outline business case (OBC) proposals for three of the ETTF proposals in cohort 3, based on the advice of the Strategic Estates Advisor. A further one proposal needs to be completed. ➤ The CCG and WCC Public Health have liaised with Borough Planners on 6 planning applications including for North Nuneaton.
Recommendation:
<p>The Joint Commissioning Committee are asked to:</p> <ul style="list-style-type: none"> • NOTE the action taken to inform the development of a CCG estates utilisation / capacity and demand plan and; • NOTE the ongoing work around primary care estates planning.

Implications						
Objective(s) / Plans supported by this report:	Estates Strategy, GPFV plans, Primary Care Strategy					
Conflicts of Interest:	It will be important for members of the committee to declare conflicts of interest as the information that will be considered by the committee will inform CCG strategic action and investment priorities.					
Financial:	Non-Recurrent Expenditure:	We are currently scoping the financial implications. We are applying for 106 funds to support the priorities emerging from this work. 106 monies is non recurrent				
	Recurrent Expenditure:	We are currently scoping the financial implications. There will be both revenue and capital expenditure implications.				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes	✓	No		N/A
Performance:	Not applicable					
Quality and Safety:	Access to primary care is an important foundation for providing high quality safe health care provision for our local population.					
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No	✓	N/A
Patient and Public Engagement:	We are undertaking engagement with our local population on access to primary care; we have undertaken a review of existing feedback re primary care provision from our registered patients provided through the annual patient surveys. We are involving / liaising with patient participation groups and we have also undertaken discussions through our new Peoples Commission Groups.					
Clinical Engagement:	We will be validating the information within the Design Buro work with member practices and will be liaising with LMC colleagues. We will also use the opportunity of the CDG and internal discussions within the CCG to secure clinical engagement in considering the priorities and options					
Risk and Assurance:	The utilisation / capacity profiling, the refreshed estates strategy and GPFV primary care development plans will seek to ensure that risks associated with increased demand for general practice provision is addressed . We will work with NHSE and through ETTF and other capital programmes which may become available to ensure we optimise estate and will seek to ensure we consider the opportunities regarding digital technology to reduce impact on physical estates / capacity requirements.					

Health Planning Update – November 2017

Primary Care Estate Utilisation

The estates utilisation profiling commissioned by WNCCG has been completed. The utilisation exercise was carried out by the Design Buro, and profiles current and projected estate capacity requirements. The analysis looked at:

- Establishing baseline data for 2017;
- Projecting estate requirements to 2031 (in line with the Local Plan timeframes and housing numbers);
- Mapping the current and future estate pressures;
- Options to alleviate estate pressures;
- Scoping individual practices' development options;
- Producing an individual GP practice profile, highlighting room utilisation rates, clinical space requirements against demand projections, number of WTE GPs, premises ownership

In addition to the work undertaken by the design Buro the CCG has also undertaken some initial financial modelling to understand the potential revenue implications associated with projected estates requirements.

Next Steps:

- Validation of practice profiles
- Projections of demand increase associated with estimated patient registration associated with local development build rates.
- Further scoping of options to alleviate estates pressures, such as internal reconfiguration, premises extension, optimising premises utilisation – e.g. extended hours, new developments, relocation, co-location, use of digital technologies etc.
- Financial modelling of options / scenarios
- Mapping CCG estates pressures / priorities against provider / partner estates plans / priorities, scoping opportunities for an integrated response to system estates pressures.

Taking in to account the further work required and the confirmed internal governance route for this report, (Executive Team, and Clinical Development Group), prior to coming forward to the Committee; we anticipate that a full report on the primary care estate will be ready to come to the JCC in January at the earliest.

Local Estates Forum

At the LEF on the 7th of November the Design Buro delivered a presentation on the process that had been undertaken to produce the estates utilisation profiling work. Attendees at the LEF thought that it would be useful, once the work has gone through the internal governance route, to understand where there may be opportunities for shared space within the estate to offer other services from the same site.

As well as the above meeting focus, a roundtable of estates and planning updates were provided by LEF attendees and included: NHS England, NHS Property Services, Warwickshire County Council, Georg Elliot Hospital, University Hospital Coventry Warwickshire, Coventry City Council

Estates and Technology Transformation Fund (ETTF)

The CCG has successfully secured funding to develop a business case for each of the 4 schemes in ETTF cohort 3, as highlighted in the table below. We are now working with our allocated NHS Property Services Strategic Estates Advisor to progress development of these business cases.

SCHEME	CCG	PORTAL NUMBER LINKED TO	AMOUNT
Primary Care in Weddington	Warwickshire North	12029	£40,000.00
Primary Care in Rural North Warwickshire	Warwickshire North	12284	£40,000.00
Integrated community hub (Whitestone)	Warwickshire North	11742	£40,000.00
New health centre in Hartshill	Warwickshire North	11430	£125,000.00

Arden Estate Partnerships has developed outline business case (OBC) proposals for three of the ETTF proposals in cohort 3, based on the advice of the Strategic Estates Advisor. A further one proposal (for Hartshill) needs to be completed. The proposals need to be agreed by the CCG and then the OBC's can progress. Arden Estate Partnerships are available to begin the work in mid-December.

Planning Application Log

The CCG have begun compiling a log of planning applications to keep a record of what requests have / have not been made. Table 1 highlights the requests made since the last report in September.

As well as new requests which have been made, the CCG has been re-negotiating with planners at Nuneaton and Bedworth Borough Council (NBBC) on the S106 contributions for three applications related to the development in North Nuneaton, after taking advice from the local NHS Strategic Estates Advisor.

The CCG and Public Health are working with colleagues in South East Staffordshire and Seisdon Peninsula CCG (SES & SP CCG) to respond jointly to the outline planning proposal for 150 dwellings at Tamworth road, Polesworth.

The CCG continues to work with Public Health and Planning colleagues to refine the methodology for responding to planning applications, focusing on how we can effectively request funds which align to the future direction of travel for primary care and therefore do not solely focus on physical estate solutions. We are currently looking at the most effective way for making requests in relation to elderly peoples accommodation (e.g. retirement homes, residential homes, extra care etc.).

*This page is intentionally left blank

Report To:	Joint Commissioning Committee
Report Title:	Primary Care Update
Report From:	Jenni Northcote – Chief Strategy and Primary Care Officer
Date:	14 th December 2017
Previously Considered by:	N/A

Action Required <i>(delete as appropriate)</i>							
Decision:		Assurance:	✓	Information:	✓	Confidential	

Purpose of the Report:
To brief the Joint Commissioning Committee on the key primary care developments progressed this period.
Key Points:
The briefing outlines the key areas of engagement and development progressed with primary care this period.
Recommendation:
The Joint Commissioning Committee are asked to: <ul style="list-style-type: none"> • NOTE the update.

Implications						
Objective(s) / Plans supported by this report:	GPFV and Five Year Forward View, STP, Out of Hospital					
Conflicts of Interest:	None identified					
Financial:	Non-Recurrent Expenditure:	N/A				
	Recurrent Expenditure:	N/A				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No		N/A ✓
Performance:	Not applicable					
Quality and Safety:	Not applicable					
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No		N/A ✓
Patient and Public Engagement:	Patient engagement has continued through wider CCG engagement processes.					
Clinical Engagement:	Clinical engagement with local practices and representative bodies has continued as in this report					
Risk and Assurance:	Not applicable					

Primary Care Update to Joint Commissioning Committee

December 2017

Introduction:

This report provides an update on the primary care developments taken forward since the last meeting and is intended to provide the JCC with an over view of the specific work streams / business relating to primary care:

Finance update

During this period the key update on primary care finance relates to enhanced services. Payments for enhanced services continue to be paid upon submission from practices with a quarterly flex and freeze approach, allowing practices to submit any missed activity within the quarter.

Cluster development workshop

Work is on-going to support primary care working at scale, with a meeting with practices around cluster working arranged for Thursday 7th December 2017. This is to develop thinking and progress on cluster working in collaboration with practices, and a verbal update will be given at the meeting.

Online consultations

As part of the national General Practice Forward View programme, funding is being made available by NHS England to support the development and the rollout of systems needed for online consultations in primary care. National guidance specifies that this must include:

- Connection via web browser, mobile app or both, with any apps to be accessible to patients without payment; and
- Functionality to allow the patient to enter a query, symptoms or other information and for this to be transmitted securely to their registered GP practice.

National funding may also be used for the ability to hold consultations via videocall, provided that the above requirements are met.

Funding consists of £45 million nationally over three years, with CCGs required to apply to NHS England to secure local funding and encouraged to submit one application per STP. CCG applications are due at NHS England by Friday 8th

December and a verbal update on progress will be given at the Primary Care Committee meeting.

The timeframes involved have limited the scope for engagement with practices and other stakeholders, with the initial focus needing to be securing the funding that is available. Engagement has commenced with the Digital Transformation Board, practices, other CCGs and LMC leads and future development and engagement plans will be outlined in future reports to the Committee.

International recruitment

A joint bid was submitted by CCGs across the Coventry and Warwickshire to NHS England on 30th November 2017, in line with GPFV requirements and timeframes. This links to work being done as part of the GPFV Workforce strategy now being developed across the STP area.

Primary Care Planning and Estates

CCG leads are continuing to work closely with colleagues at Warwickshire County Council, neighbouring CCGs, NHS Property Services and Public Health to understand the housing developments that are being planned locally and the likely impact that those will have on demand for primary care.

A dedicated task and finish group has been set up to examine predicted needs, with the most recent meeting held on Tuesday 5th December 2017.

Resilience issues are catchment areas and practice lists

A number of CCG practices have indicated their desire to amend their catchment areas, due to a combination of workload pressures and local housing developments.

CCG staff are working collaboratively with NHS England and the practices concerned to understand the issues and pressures involved, and to ensure that patients in all areas are able to register with a GP practice. Decisions on any changes come under the remit of the Committee and it is anticipated that decision papers may follow in early January 2018.

Regular LMC Liaison meeting

Regular liaison meetings are being put in place with relevant leads at the Local Medical Committee (LMC), with a meeting scheduled for Wednesday 6th December 2017.

GPFV regular meeting

Regular meetings are continuing between CCG leads and local practice representatives regarding the various GPFV workstreams and the use of dedicated resilience funding.

Extended access

A detailed return was submitted to NHS England on 30th November 2017, as required as part of GPFV assurance of plans to secure access to extended primary care access in line with national GPFV requirements. Feedback is expected in due course and further updates will be provided in future reports to the Committee.