

WOLVERHAMPTON CCG

GOVERNING BODY
9 MARCH 2016

Agenda item 14

Title of Report:	Summary – Primary Care Joint Commissioning Committee 2 February 2016
Report of:	Pat Roberts, JCC Chair
Contact:	Pat Roberts, JCC Chair Peter McKenzie, Corporate Operations Manager
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	To provide the Governing Body with an update from the meeting of the Primary Care Joint Commissioning Committee meeting on 2 February 2016
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	To ensure the operations of the CCG align with, support and augment transformational change in the way services are delivered, via the Better Care Fund and co-commissioning of primary care services, to further the preventative and public health agenda and opportunities for early intervention and proactive care through greater integration.
Relevance to Board Assurance Framework (BAF):	Outline which Domain(s) the report is relevant to and why – See Notes for further information
<ul style="list-style-type: none"> • Domain 5: Delegated Functions 	This report provides an update on the work of the Joint Commissioning Committee, through which the CCG exercises delegated functions for commissioning Primary Medical Services



1. BACKGROUND AND CURRENT SITUATION

- 1.1. The Primary Care Joint Commissioning Committee met on 2 February 2016. This report provides a summary of the issues discussed and the decisions made.

2. TERMS OF REFERENCE

- 2.1. The Committee received and noted the final terms of reference for the Committee and Primary Care Operations Management Group. It was also noted that the amended committee terms of reference will be incorporated into the CCG constitution at the next available opportunity.

3. PRIMARY CARE STRATEGY AND IMPLEMENTATION PLAN

- 3.1. The Committee were updated on the CCG's Primary Care Strategy that was approved at a Members meeting on 20 January. This included details of work to ensure the CCG has an appropriate management structure to support the implementation of the strategy.
- 3.2. Details were also given on progress with the development of new models of primary care across Wolverhampton. This includes a pilot project to develop a 'Primary Care Home' model and work between Royal Wolverhampton Hospital and some GP practices to discuss vertical integration.

4. FINANCIAL PLANNING UPDATE

- 4.1. The Committee received a verbal update from Charmaine Hawker (NHS England) on financial planning for 2016. This included details of allocations for GP services for 2016/17 and the Committee noted that 4.14% growth has been allocated for Wolverhampton, recognising that the CCG area is 6% below target for GP services.
- 4.2. Financial plans are being developed for 2016/17 in line with the national operational planning process. This will ensure that Primary Care services will be delivered within the overall envelope of NHS England's business rules. It was noted that, due to the deadlines associated with the planning process, assumptions had been made around the level of inflation to be applied through GP contract negotiations. Other in-year costs, including the impact of infrastructure fund costs will also need to be considered.

5. OTHER ITEMS DISCUSSED

- 5.1. Brief updates were provided by NHS England and the CCG on on-going and upcoming work. The Committee noted that discussions continued to support the development of the CCG's Memorandum of Understanding with NHS England for the operation of the Primary Care Hub. The hub would provide transactional support for delivery of the committee's responsibilities across a range of services.



- 5.2. Following discussions at the previous meeting, details were circulated around 'Pharmacy First'. The Committee also noted that Karen Helliwell was due to leave her post with NHS England and wished her well in her new role.
- 5.3. The Committee also met in private session to discuss issues around the procurement of a new GP practice for Showell Park and agreed 'caretaking' arrangements to cover the period should there be a gap between the end of the existing contract and the mobilisation of a new one. Agreement was also given to the addition of a scheme relating to Primary Care Workforce analysis to the CCG's Primary Care Investment Plan.

6. CLINICAL VIEW

- 6.1. Not applicable.

7. PATIENT AND PUBLIC VIEW

- 7.1. Not applicable.

8. RISKS AND IMPLICATIONS

- 8.1. The Committee noted that the Primary Care Workforce analysis would have financial implications for the CCG beyond the period covered by the Investment plan.

9. RECOMMENDATIONS

That the Governing Body Note the Report

Name Pat Roberts
Job Title Lay Member for Public and Patient Involvement, Committee Chair
Date: February 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	N/a	
Public/ Patient View	N/a	
Finance Implications discussed with Finance Team	N/a	
Quality Implications discussed with Quality and Risk Team	N/a	
Medicines Management Implications discussed with Medicines Management team	N/a	
Equality Implications discussed with CSU Equality and Inclusion Service	N/a	
Information Governance implications discussed with IG Support Officer	N/a	
Legal/ Policy implications discussed with Corporate Operations Manager	N/a	
Signed off by Report Owner (Must be completed)	Pat Roberts	23/02/2016

