

**WOLVERHAMPTON CCG**

**GOVERNING BODY**  
**10 May 2016**

**Agenda item 16**

<b>Title of Report:</b>	<b>Summary – Primary Care Joint Commissioning Committee 5 April 2016</b>
<b>Report of:</b>	Pat Roberts, JCC Chair
<b>Contact:</b>	Pat Roberts, JCC Chair Peter McKenzie, Corporate Operations Manager
<b>(add board/ committee) Action Required:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>Purpose of Report:</b>	To provide the Governing Body with an update from the meeting of the Primary Care Joint Commissioning Committee meeting on 5 April 2016
<b>Public or Private:</b>	This Report is intended for the public domain
<b>Relevance to CCG Priority:</b>	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.
<b>Relevance to Board Assurance Framework (BAF):</b>	Outline which Domain(s) the report is relevant to and why – See <a href="#">Notes</a> for further information
<ul style="list-style-type: none"> <li>• <b>Domain 5:</b> Delegated Functions</li> </ul>	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 5 April 2016. This report provides a summary of the issues discussed and the decisions made.

## 2. NEW MODELS OF CARE

- 2.1. The committee were given an overview of work to develop new models of primary care being developed across Wolverhampton, including the Primary Care Home and Vertical Integration. As previously reported to the Governing Body, these models are at an early stage of development and will be subject to further discussion as issues emerge.
- 2.2. Members of the committee highlighted the importance of ensuring that the governance arrangements for new models of care are clear and asked to remain sighted on the quality and finance implications of this work as it emerged. Queries were also raised around the management of conflicts of interest and plans for patient engagement as models emerge.
- 2.3. The committee also met in private session to discuss the Vertical Integration pilot project in more detail. This included raising queries around the sub-contracting arrangements and the committee were updated on work with the practices involved and Royal Wolverhampton Trust to resolve issues.

## 3. PRIMARY CARE UPDATES

- 3.1. The Committee received the following update reports:-
- **Primary Care Operations Management Group** – This report detailed the approval of Medicines Management Policy templates that would be used to support practices and work to investigate issues relating to child registration and linkages between GPs and Child Information Systems.
  - **NHS England** – An update on finance were given and it was noted that Primary Care services remained on target to deliver a breakeven position. Work continued to ensure that reserves were fully utilised in year in line with approved plans and 2016/17 budgets were being developed in line with national guidelines. A budget schedule will be presented to the Committee's May meeting.
  - **Wolverhampton CCG** – Details were given of work to support the delivery of the Primary Care strategy, including repurposing of GP Locality meetings and an evaluation of the Practice Support Visit programme. Work was also underway to roll out Local Incentive Schemes relating to asthma and Chronic Obstructive Pulmonary Disease. The Primary Care Delivery Board had also agreed to take specialist advice relating to the re-procurement of interpreting services.



#### 4. OTHER ISSUES CONSIDERED

- 4.1. An update was requested on expressions of interest for the Primary Care Transformation Fund. It was noted that national guidance was still awaited and the committee discussed this further during an update on the development of the CCG's estates strategy considered during the private session.
- 4.2. The committee welcomed Sarah Gaytten and Jenny Spencer to their first meeting as patient representatives. Sarah and Jenny both have active involvement with general practice across Wolverhampton and the committee looks forward to their contribution as they move forward in their new roles.

#### 5. CLINICAL VIEW

- 5.1. Not applicable.

#### 6. PATIENT AND PUBLIC VIEW

- 6.1. Not applicable.

#### 7. RISKS AND IMPLICATIONS

- 7.1. None arising from this update.

#### 8. RECOMMENDATIONS

##### That the Governing Body Note the Report

**Name** Pat Roberts  
**Job Title** Lay Member for Public and Patient Involvement, Committee Chair  
**Date:** April 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.**

	<b>Details/ Name</b>	<b>Date</b>
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	
<b>Signed off by Report Owner (Must be completed)</b>	<b>Pat Roberts</b>	<b>25/04/2016</b>

