

**WOLVERHAMPTON CCG**

**GOVERNING BODY**  
**8 NOVEMBER 2016**

Agenda item 14

<b>Title of Report:</b>	<b>Summary – Primary Care Joint Commissioning Committee 4 October 2016</b>
<b>Report of:</b>	Pat Roberts, Primary Care Joint Commissioning Committee Chair
<b>Contact:</b>	Pat Roberts, Primary Care Joint Commissioning Committee Chair Jane Worton, Primary Care Liaison 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 on 4 October 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 4 October 2016. This report provides a summary of the issues discussed and the decisions made at those meetings.

## **2. PRIMARY CARE UPDATES**

The Committee received the following update reports:-

### **2.1 NHS England**

The Committee were updated on the NHS England GP Resilience Programme which has replaced the Vulnerable Practice Programme and is part of the 83 national projects which are being captured in the GP 5 Year Forward View. Local teams have been asked to confirm practice selections by 18 October 2016 and it was noted that this included practices that have self-referred as well as ones identified by CCGs.

### **2.2 Wolverhampton CCG**

An update was provided on the new models of care and it was noted that there are currently 5 groups with 90% of practices aligned to Primary Care Home / Vertical Integration models. Discussion took place around the Vertical Integration evaluation process which is in the early stages and the key performance indicators which are being developed.

### **2.3 Primary Care Programme Board**

The Committee were informed that the interpreting procurement review of bidders is currently in progress with a new contract commencing in December 2016.

### **2.4 Primary Care Operations Management Group (PCOMG)**

An overview of the key areas covered at the PCOMG Meeting was provided. Discussion took place around the level of patient engagement which is required when a practice is merging / closing.

## **3. OTHER ISSUES CONSIDERED**

### **3.1 Workforce Strategy Update**

The Committee were provided with an update on the primary care workforce analysis and the draft Strategy which is currently being consulted on with members of the Workforce Task and Finish Group. Discussion also took place around the inclusion of the Wolverhampton vertical integration practices and how their data should be represented.



3.2 Social Prescribing  
A proposal of Social Prescribing to be delivered as a 12 month pilot was presented to the Committee which would be delivered during the pilot by Wolverhampton Voluntary Sector Council.

3.3 The Committee met in private session to discuss the service level agreement and specification for the Zero Tolerance Scheme and future proposals.

#### **4. CLINICAL VIEW**

4.1. Not applicable.

#### **5. PATIENT AND PUBLIC VIEW**

5.1. Not applicable.

#### **6. RISKS AND IMPLICATIONS**

6.1. None arising from this update.

#### **7. RECOMMENDATIONS**

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

**Name** Pat Roberts  
**Job Title** Lay Member for Public and Patient Involvement, Committee Chair  
**Date:** 18 October 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>18/10/16</b>

