


MEETING DATE:	8 October 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.14	
AUTHOR:	Allison Cooke	
JOB TITLE:	Chief Officer	
DEPARTMENT:	CCG	

**JOINT COMMISSIONING COMMITTEE MINUTES
11 JUNE 2015**

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The Joint Commissioning Committee approved the minutes on 13 August 2015.
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Public

1. PURPOSE OF THE REPORT:					
The Joint Commissioning Committee minutes dated 11 June 2015 are attached for the CCG Governing Body to receive and note, for information only.					
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:					
Continue to improve the quality of services	X				
Reduce unwarranted variations in services	X				
Deliver the best outcomes for every patient	X				
Improve patient experience	X				
Reduce the inequalities gap in North Lincolnshire	X				
3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP					
The Joint Commissioning Committee minutes provide assurance to the CCG Governing Body that the committee is carrying out its function.					
4. IMPACT ON RISK ASSURANCE FRAMEWORK:					
<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>		Yes		No	X
Yes		No	X		

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes		No	X
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7. RESOURCE IMPLICATIONS:

Yes		No	X
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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10. RECOMMENDATIONS:

The CCG Governing Body is asked to: -

- Receive and note

JOINT COMMISSIONING COMMITTEE

MEETING:	Second Meeting in Public of the Joint Commissioning Committee
MEETING DATE:	Thursday 11 June 2015
VENUE:	Board Room, Health Place, Brigg
TIME:	13:30

PRESENT:		
NAME	TITLE	SERVICE/AGENCY
Ian Reekie (<i>IR</i>)	Chair/CCG Lay Member, Patient & Public Involvement	NHS North Lincolnshire CCG
Dr Andrew Lee (<i>AL</i>)	CCG Member/General Practitioner <i>Not in attendance for Items 6.1, 6.2 and 9.0</i>	NHS North Lincolnshire CCG
Allison Cooke (<i>AC</i>)	Chief Officer	NHS North Lincolnshire CCG
Therese Paskell (<i>TP</i>)	Chief Finance Officer & Business Support	NHS North Lincolnshire CCG
Caroline Briggs (<i>CB</i>)	Director of Commissioning	NHS North Lincolnshire CCG
Catherine Wylie (<i>CW</i>)	Director of Risk & Quality Assurance/ Nurse Member	NHS North Lincolnshire CCG
Paul Evans (<i>PE</i>)	CCG Lay Member, Governance	NHS North Lincolnshire CCG
Professor John Mayberry (<i>JM</i>)	Secondary Care Doctor	NHS North Lincolnshire CCG
Frances Cunning (<i>FC</i>)	Director of Public Health	North Lincolnshire Council
Zena Robertson (<i>ZR</i>)	Deputy Director of Nursing	NHS England – North (Yorkshire and the Humber)
Julia Pollock (<i>JuP</i>)	Chair	Healthwatch North Lincolnshire
IN ATTENDANCE:		
Clare Smith (<i>CS</i>)	PA (<i>Note Taker</i>)	NHS North Lincolnshire CCG
John Pougher (<i>JoP</i>)	Assistant Senior Officer, Quality & Assurance <i>In attendance for all items</i>	NHS North Lincolnshire CCG
Julie Killingbeck (<i>JK</i>)	Relationship Manager <i>In attendance for Item 9.0 only</i>	NHS North Lincolnshire CCG

APOLOGIES:		
NAME	TITLE	SERVICE/AGENCY
Dr Margaret Sanderson (<i>MS</i>)	CCG Chair/General Practitioner	NHS North Lincolnshire CCG
Mark Janvier (<i>MJ</i>)	Head of Operations and Delivery	NHS England – North (Yorkshire and the Humber)

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
1.0 WELCOME, ANNOUNCEMENTS, APOLOGIES AND QUORACY		
IR welcomed all attendees to the second meeting 'in public' of the Joint Commissioning Committee. It was noted that the meeting was a meeting in public, and not a public meeting, therefore there was no public question time as part of the agenda. It was highlighted	Decision: Noted	Chair

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD						
<p>that any questions could be raised at the CCG Governing Body meeting, as part of public question time, at 14:00.</p> <p>JuP and AL were welcomed to their first Joint Commissioning Committee meeting. Apologies were noted, as detailed above. It was noted that the meeting was quorate to proceed.</p>								
2.0 DECLARATION OF INTERESTS								
<p>IR invited those with any Declarations of Interest, not previously declared, to make them known to the meeting.</p> <table border="1" data-bbox="193 573 935 842"> <thead> <tr> <th data-bbox="193 573 440 624">Joint Commissioning Committee Member</th> <th data-bbox="440 573 935 624">Declaration of Interests</th> </tr> </thead> <tbody> <tr> <td data-bbox="193 624 440 734">Julia Pollock</td> <td data-bbox="440 624 935 734"> <ul style="list-style-type: none"> Trust Associate Member for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), sitting as a Lay Member on Mental Health Panels </td> </tr> <tr> <td data-bbox="193 734 440 842">Dr Andrew Lee</td> <td data-bbox="440 734 935 842"> <ul style="list-style-type: none"> GP Partner of West Common Lane Teaching Practice (Practice has a contract with NHS England) Member of North Lincolnshire GP Federation </td> </tr> </tbody> </table> <p>AL declared an interest specifically in relation to Items 6.1 (Personal Medical Services (PMS) Review), 6.2 (Primary Care Update) and 9.0 (Elderly Care Fund), as a GP Partner of West Common Lane Teaching Practice, one of the local PMS providers, and as a provider of elderly care. It was agreed that AL would leave the room for the discussions.</p> <p>It was queried whether AL should leave the room, as the meeting was in public, and the meeting paperwork was in the public domain. It was confirmed that national guidance was being followed.</p>	Joint Commissioning Committee Member	Declaration of Interests	Julia Pollock	<ul style="list-style-type: none"> Trust Associate Member for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), sitting as a Lay Member on Mental Health Panels 	Dr Andrew Lee	<ul style="list-style-type: none"> GP Partner of West Common Lane Teaching Practice (Practice has a contract with NHS England) Member of North Lincolnshire GP Federation 	<p>Decision: Noted</p>	<p>Chair</p>
Joint Commissioning Committee Member	Declaration of Interests							
Julia Pollock	<ul style="list-style-type: none"> Trust Associate Member for Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), sitting as a Lay Member on Mental Health Panels 							
Dr Andrew Lee	<ul style="list-style-type: none"> GP Partner of West Common Lane Teaching Practice (Practice has a contract with NHS England) Member of North Lincolnshire GP Federation 							
3.0 MINUTES OF THE MEETING HELD ON 9 APRIL 2015								
<p>The minutes were accepted as an accurate record of the meeting.</p>	<p>Decision: Noted</p>	<p>Chair</p>						
4.0 MATTERS ARISING (NOT COVERED ON THE AGENDA)								
<p>It was noted that the actions highlighted on 9 April 2015 had been completed, and were picked up via the agenda.</p>	<p>Decision: Noted</p>	<p>Chair</p>						
5.0 FINANCE REPORT: OUTTURN 2014/2015 AND ANNUAL BUDGETS 2015/2016								
<p>TP presented Item 5.0 and the report was taken as 'read'. The paper provided information relating to:</p> <ul style="list-style-type: none"> The outturn for primary care in 2014/2015 The base budgets for primary care in 2015/2016 Key points relating to primary care budgets in 2015/2016 <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Appendix 1 detailed all primary care actual expenditure in 2014/2015 and budgeted expenditure for 2015/2016, which had been summarised into the main funding source categories, by funding organisation. The information is the same information which has been made available to those CCGs operating under delegated co-commissioning powers Appendix 2 detailed the definition and key features of each funding category, which would assist with the committee's understanding of the potential for funding flexibilities and cost pressures which may need to be considered during 2015/2016, and future financial years General context (<i>pages 3 and 4</i>) Current risks and opportunities (<i>pages 4 and 5</i>) 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> Reviewed and noted the report 	<p>CFO&BS</p>						

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> Monitoring information for financial budgets in 2015/2016 will be supplied by NHS England at a summarised level on a quarterly basis, and will cover the year to date position and forecast outturn Information in relation to specific GP practices is deemed by NHS England to be 'private and confidential', and will not therefore be made available as part of the finance reports presented in the public domain 		
6.0 PERSONAL MEDICAL SERVICES (PMS) PREMIUM – WITHDRAWAL SCHEDULE 6.1 PMS REVIEW 6.2 PRIMARY CARE UPDATE		
<p>6.1: PMS Review</p> <p>AL declared an interest in relation to Item 6.1 (Personal Medical Services (PMS) Review), as a GP Partner of West Common Lane Teaching Practice, one of the local PMS practices. It was agreed that AL would leave the room for the discussion. AL left the room for Item 6.1.</p> <p>ZR presented Item 6.1 and the report was taken as 'read'. The report provided committee members with a briefing on the Personal Medical Services (PMS) contracts review that was undertaken by NHS England in conjunction with the CCG. The paper set out the rationale for the review, raised awareness of the issues that had arisen, set out the financial profile for the resources that would be available for re-investment and provided a view on the information received from the practices.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Process to Date (<i>pages 5 and 6</i>) <ul style="list-style-type: none"> Prior to the national review process being finalised, discussions had been on-going with West Common Lane Teaching Practice, one of the local PMS practices, which had been given approval to merge with Dr Balasanthiran's practice. It was agreed by NHS England (Yorkshire & Humber) that due to the workload of reviewing patients on Dr Balasanthiran's list, and the urgency of conducting those reviews, that exceptional circumstance applied. It was therefore agreed that no adjustment would be made to the premium within the newly merged practice for a period of 2 years from 1 April 2015. However, 100% of the premium will be removed from the contract baseline of the practice from the 1 April 2017. The pace of change process will see 75% of the premium paid back in the financial year 2017/2018, 50% in 2018/2019 and 25% in 2019/2020. Consequently the CCG will not have the full amount of resource to re-invest until the financial year commencing 1 April 2020 Local Impact (<i>page 7</i>) <ul style="list-style-type: none"> It was noted that contract variations in respect of PMS premium withdrawal had been agreed with the West Town Surgery in Barton which is the only other PMS practice in North Lincolnshire 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> Noted the content of the report Recognised the requirement to approve CCG re-investment plans for the premium monies and monitor its spend 	DDoN

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD														
<ul style="list-style-type: none"> • Summary (page 7) <ul style="list-style-type: none"> ○ As a result of the PMS review the following amounts will be available to the CCG to commission primary medical services <table border="1" data-bbox="384 443 935 680"> <thead> <tr> <th>Financial Year</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>2015/2016</td> <td>£3,512</td> </tr> <tr> <td>2016/2017</td> <td>£7,025</td> </tr> <tr> <td>2017/2018</td> <td>£39,917</td> </tr> <tr> <td>2018/2019</td> <td>£72,808</td> </tr> <tr> <td>2019/2020</td> <td>£102,188</td> </tr> <tr> <td>2020/2021</td> <td>£131,567</td> </tr> </tbody> </table>	Financial Year	Amount	2015/2016	£3,512	2016/2017	£7,025	2017/2018	£39,917	2018/2019	£72,808	2019/2020	£102,188	2020/2021	£131,567		
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<p>6.2: Primary Care Update</p> <p>AL declared an interest in relation to Item 6.2 (Primary Care Update), as a GP Partner of West Common Lane Teaching Practice, one of the local PMS practices. It was agreed that AL would leave the room for the discussion. AL left the room for Item 6.2.</p> <p>ZR presented Item 6.2 and the report was taken as 'read'. The report updated the committee on outstanding matters pertaining to primary medical care within North Lincolnshire, and presented two items for a decision to be made.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • Practice Boundary Changes <ul style="list-style-type: none"> ○ NHS England had received one request for a practice to change its contractual boundary. Trent View Medical Practice closed their branch in Manby Road, Scunthorpe, in September 2014. The patients were informed that they could relocate to the Skippingdale branch (3 miles away) or register with an alternative practice; at least 7 practices cover this area ○ The practice had requested to change its boundary to exclude the area following the closure of the Manby Road surgery. This would not affect patients already registered with the practice, and new patients would still have a choice of 7 other practices that cover this area. In accordance with the NHS England policy, consultation with neighbouring practices had taken place, and no comments were received. The LMC has supported the request. ○ Recommendation: <i>The Joint Commissioning Committee was asked to:</i> <ul style="list-style-type: none"> ▪ <i>Consider the request from Trent View Medical Practice to change its practice boundary</i> ▪ <i>Approve the recommendation to allow the changes to be made to the practice's contract</i> 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Considered the request from Trent View Medical Practice to change the practice boundary • Approved the recommendation to allow the changes to be made to the practice's contract 	DDoN														

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
<ul style="list-style-type: none"> • Request for support funding to address patient safety concerns <ul style="list-style-type: none"> ○ Following the merger between West Common Lane Teaching Practice and Dr Balasanthiran's practice, NHS England has received a request for additional support to the sum of £6,034.49 ○ On reviewing a sample of Dr Balasanthiran's patient records post-merger quality concerns emerged. As a result the practice recognised the need to take immediate action to ensure patient safety. The practice therefore submitted a business case aimed at completing patient record reviews at an accelerated pace ○ Recommendation: <i>The Joint Commissioning Committee were asked to:</i> <ul style="list-style-type: none"> ▪ <i>Consider the request from West Common Lane Teaching Practice for additional funding of £6,034.49</i> ▪ <i>Approve the recommendation to allocate the funding to the practice (NHS England to fund)</i> • Budget Report This had been included for information at this stage in the financial year. Moving forward, a contextual narrative will be provided to inform the Committee of any cost pressures or variances from budget 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Considered the request from West Common Lane Teaching Practice for additional funding of £6,034.49 • Approved the recommendation to allocate the funding to the practice (NHS England to fund) 	
7.0 PERSONAL MEDICAL SERVICES (PMS) PREMIUM – 2015/16 REINVESTMENT		
<p>CB presented Item 7.0 and the report was taken as 'read'. The paper set out a proposal for use of PMS premium for re-investment.</p> <p>North Lincolnshire CCG currently has two PMS contracted GP practices. The PMS premium funding is being withdrawn from these practices over a four year period commencing in April 2015 for Practice 1 and April 2017 for Practice 2. Due to the pace at which PMS premium funding is withdrawn, the level of funding available for the CCG to re-invest in primary care services during 2015/2016 is £3,512.</p> <p>The CCG proposes that the PMS premium released in 2015/2016 is utilised to offer all North Lincolnshire practices Gold Standard Framework training, to improve the quality of care for people at end of life. This national training programme has demonstrated significant improvements in patient and carer experience of end of life, through improved processes and care.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was queried whether the Local Medical Committee (LMC) had been consulted with regard to the reinvestment plans <ul style="list-style-type: none"> ○ It was confirmed that the LMC had not been consulted to date. AC undertook to discuss with Dr Russell Walshaw, the LMC Chief Executive. 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Approved the recommendation to re-invest PMS premium funding in provision of Gold Standard Framework end of life training for all practices during 2015/2016 	DoC

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD
8.0 QUALITY/PERFORMANCE REPORT 8.1 PRIMARY CARE PERFORMANCE DASHBOARD 8.2 PRIMARY CARE QUALITY REPORTING AND ASSURANCE FRAMEWORK		
<p>8.1: Primary Care Performance Dashboard</p> <p>CW presented Item 8.1 and the report was taken as 'read'. It was proposed that the Primary Care Performance Dashboard would provide, subject to on-going development and feedback, a key element of a dedicated performance reporting and assurance framework for primary care.</p> <p>The Dashboard was populated with General Practice high level indicators which form part of the Primary Medical Services Assurance Framework. The Performance data used had been taken from the Primary Care Web Tool available on NHS England's Primary Care website.</p> <p>The Dashboard used actual Practice data, but the data had been anonymised for the purpose of the report. Indicators had been grouped into five NHS Outcome Framework domains, and where a practice outlier exists from the national average this would be highlighted.</p> <p>GP Practice development plans are produced, supported by the CCG and NHS England using the underlying Indicators within the dashboard.</p>	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> Agreed in principle the format of the Primary Care Performance Dashboard 	DoR&QA
<p>8.2: Primary Care Quality Reporting and Assurance Framework</p> <p>CW presented Item 8.2 and the report was taken as 'read'. It was proposed that the table (once populated) would provide, subject to on-going development and feedback, a key element of a dedicated quality reporting and assurance framework for primary care. As part of the framework the report would sit alongside a programme of quality assurance reviews of general practices. The format of these reviews would be developed in conjunction with practices and NHS England. They would be designed to be supportive of practices in improving service quality and helping them meet a wide range of challenging quality and compliance requirements. The quality report would augment a primary care performance report.</p> <p>The report would be enhanced with information collated from a wide range of sources and be modified to reflect any work undertaken in conjunction with or by NHS England.</p> <p>North Lincolnshire CCG Quality Group would be responsible for identifying, mapping and evaluating data flows which will support the Joint Commissioning Committee's role in respect of quality improvement.</p> <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> Performance of Patient Participation Groups (PPG) <ul style="list-style-type: none"> It was queried how the CCG would measure the performance of PPGs. It was suggested that this could be incorporated as part of the review visits in practices It was agreed that the review visits should be seen as 'supportive' 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> Considered the table within the report, and commented upon its content in relation to providing a basis for a quality reporting framework 	DoR&QA

SUMMARY OF DISCUSSION	DECISION/ACTION (including timescale for completion or update)	LEAD												
<ul style="list-style-type: none"> • Friends and Family (F&F) Test <ul style="list-style-type: none"> ○ The F&F Test was discussed. It was noted that the first F&F report had not yet been received • Access to Primary Care Data <ul style="list-style-type: none"> ○ Access to primary care data by the CCG was discussed. It was agreed that the CCG did need to be able to access core data in relation to quality ○ At the moment, the CCG only has access to the Primary Care Web Tool • WebV Tool <ul style="list-style-type: none"> ○ Flags areas of concern regarding practices, enabling the CCG to offer early help where required 														
9.0 ELDERLY CARE FUND (ECF)														
<p>AL declared an interest in relation to Item 9.0 (Elderly Care Fund), as a GP Partner of West Common Lane Teaching Practice, and provider of elderly care. It was agreed that AL would leave the room for the discussion. AL left the room for Item 9.0.</p> <p>CB and JK presented Item 9.0 and the report was taken as 'read'. The paper highlighted the aims and objectives of the final enhanced service specification for the ECF, following meetings between with CCG and LMC and the Council of Members.</p> <p>The paper also provided an up-date on the scoping exercise for the proposed North Lincolnshire community-based, comprehensive geriatric service (to include falls prevention).</p> <p>The Joint Commissioning Committee was asked to:</p> <ul style="list-style-type: none"> • Approve the ECF enhanced service specification to be offered out to practices with immediate effect • Approve further work to finalise the service specification for a comprehensive community based geriatric service and consideration of the best way to achieve deliverability of the proposed service model and outcomes. <p>Specific areas highlighted/discussed:</p> <ul style="list-style-type: none"> • It was queried whether the CCG was confident that outcome measures were quantified and measurable <ul style="list-style-type: none"> ○ Discussion took place regarding patient satisfaction surveys 	<p>Decision: The Joint Commissioning Committee:</p> <ul style="list-style-type: none"> • Approved the Elderly Care Fund (ECF) enhanced service specification, to be offered out to practices with immediate effect • Approved further work to finalise the service specification for a comprehensive community based geriatric service and considered the best way to achieve deliverability of the proposed service model and outcomes 	DoC RM												
10.0 ANY OTHER BUSINESS <i>Urgent Items by Prior Notice</i>														
Nothing discussed.	Decision: Noted	Chair												
11.0 DATE AND TIME OF NEXT PUBLIC MEETING														
<table border="1" data-bbox="193 1816 935 1928"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Venue</th> </tr> </thead> <tbody> <tr> <td>Thursday 13 August 2015</td> <td>13:00</td> <td>Board Room, Health Place, Brigg</td> </tr> <tr> <td>Thursday 8 October 2015</td> <td>13:00</td> <td>Board Room, Health Place, Brigg</td> </tr> <tr> <td>Thursday 10 December 2015</td> <td>13:00</td> <td>Board Room, Health Place, Brigg</td> </tr> </tbody> </table>	Date	Time	Venue	Thursday 13 August 2015	13:00	Board Room, Health Place, Brigg	Thursday 8 October 2015	13:00	Board Room, Health Place, Brigg	Thursday 10 December 2015	13:00	Board Room, Health Place, Brigg	Decision: Noted	Chair
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