

# MINUTES

## JOINT COMMISSIONING COMMITTEE

Tuesday 12<sup>th</sup> January 2016, 12:30 – 14:10

The Centre, Farnham Road, Slough

### Attendees – Voting Membership

Name	Initials	Role
Sally Kemp	SK	JCC Chair, Bracknell & Ascot CCG Governing Body Lay Member for Governance
Paul Sly	PS	Interim Chief Officer, Berkshire East CCG's
Debra Elliott	DE	Director of Commissioning, NHS England South Central
Jan Fowler	JF	Director of Quality & Nursing, NHS England South Central

### Attendees – Wider Membership

Name	Initials	Role
Nigel Foster	NF	Chief Finance Officer, Berkshire East CCG Federation
Colin Hobbs	CH	Assistant Head of Finance, NHS England South Central
Mark Sanders	MS	Project Manager, Healthwatch Bracknell Forest
Dr Jackie McGlynn	Dr JMG	GP Director, Bracknell & Ascot CCG
Nicky Wadely	NW	Programme Manager Co Commissioning, NHS England South Central
Karen Maskell	KM	Lay Representative, Bracknell & Ascot CCG
Jacky Walters	JW	Co-Commissioning Lead, Berkshire East CCG Federation
Sarah Bellars	SB	Governing Body Executive Nurse, Berkshire East CCG Federation
Eloise Armstrong	EA	Senior Consultant (Primary Care), South, Central & West Commissioning Support Unit (minutes)

		Action
1.	<b>Welcome and Introductions</b>	
	SK welcomed all attendees to the third Joint Commissioning Committee held in public for Bracknell & Ascot CCG and NHS England South Central; introductions were made as noted above.  SK introduced James Earle from the CCG's Internal Audit Team who was in attendance and observing the meeting.	

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<b>2.</b>	<b>Apologies and Declarations of Interest</b>	
	<p>The following apologies were received:</p> <p>Cllr Dale Birch, Executive Member for Adult Services, Health and Housing, Bracknell Forest Council</p> <p>Cllr David Coppinger, Lead member for Adult Services and Health, Royal Borough of Windsor and Maidenhead Health &amp; Wellbeing Board</p> <p>James Drury, Director of Finance, NHS England South Central</p> <p><b>Declarations of Interest:</b></p> <p>No declarations of interest were declared.</p>	
<b>3.</b>	<b>Quoracy</b>	
	SK confirmed that four voting members were present on the Committee should a vote be required; two members from NHS England South Central and two members from Bracknell and Ascot CCG and therefore the Committee is quorate.	
<b>4.</b>	<b>Minutes of the last meeting (5<sup>th</sup> November 2015) and Matters Arising</b>	
	<p>The Committee reviewed the minutes of the last meeting: In terms of accuracy, the following amendments were required:</p> <p>Page 1 – Dr Jackie McGlynn, GP Director, Bracknell &amp; Ascot CCG to be added to the apologies.</p> <p>Once the above amendment has been made, the minutes were agreed and confirmed to be an accurate reflection of the meeting that was held on the 5<sup>th</sup> November 2015.</p> <p>KM noted that there are still a lot of ‘NHS acronyms’ in the papers that are disseminated and published on the website. It was requested whether a glossary could be added to the website and circulated with the papers identifying what the ‘NHS acronyms’ mean?</p> <p>KM requested that going forward the minutes include an ‘action by date’.</p> <p>KM also requested that on a number of the coversheets, ‘not applicable’ is frequently used, therefore could the reason why something is ‘not applicable’ be stated in order to provide assurance to the Committee members.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>a) a glossary of acronyms would be published and circulated with the papers</li> <li>b) coversheets to include the reason why something is ‘not applicable’</li> <li>c) An action log with due by dates will be circulated with the minutes.</li> </ul> <p><b>Matters Arising not on the agenda:</b></p> <p>Item 3 – The Terms of Reference for this Committee have been updated and revised in accordance with the comments noted at the last meeting. The Terms of Reference were circulated following the last meeting and subsequently approved. EA to publish on the</p>	<p>EA</p> <p>ALL</p> <p>EA</p>

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	<p>website now they have been ratified.</p> <p>Item 4 – Quality:</p> <ul style="list-style-type: none"> <li>• JF confirmed that she hadn't met with MS but they have had a conversation, the outcomes of this will be brought to a future meeting.</li> <li>• Regarding the attendance of Patient Participation Groups (PPGs) at meetings when a practice is put into special measures, JF confirmed that PPG are now encouraged to attend the Quality Oversight meetings.</li> <li>• Practice patient populations have been added to the Quality Report containing the CQC ratings</li> <li>• JW confirmed the Joint Operations Group (JOG) considered the request to have Local Authority and Healthwatch in attendance at the meeting. Going forward there is an open invitation to Lay Chairs and there are a number of sub groups, known as 'task and finish groups' that will need to be set up that will have Local Authority and Healthwatch / patient representation. The Committee will receive a quarterly report from the Joint Operations Group, the first one of which is on the agenda today and the minutes from the Joint Operations Group will be circulated to the Joint Commissioning Committee membership.</li> </ul> <p><b>Action:</b></p> <p><b>EA to publish the Terms of Reference for the Committee on the public website.</b></p> <p><b>EA to send out and open invitation to the Lay Chairs for attendance at the Joint Operations Group</b></p>	<p></p> <p>EA</p> <p>EA</p>
5.	<p><b>Primary Care Updates</b></p>	
	<p><b><i>Joint Operations Group (JOG) meeting – Quarterly Report</i></b></p> <p>JW provided the Committee with a brief update highlighting the following areas in the report:</p> <p><u>Conflicts of Interest and Decision Making</u> – following the documentation that was issued at the beginning of this process (Summer 2015), the 'Declarations of Interest' documentation needs to be updated, therefore a form will be issued to all members of this Committee.</p> <p><u>Delegation of Authority</u> – the CCG has agreed that they would like to move forward with this and therefore will be applying for delegated authority from the 1<sup>st</sup> April 2017. DE provided the Committee members with the assurance that NHS England South Central will work closely with the CCG in the summer in order to ensure that they are ready to apply for the delegated role, applications for 'delegated authority' will be required by November 2016.</p> <p><u>Quality</u> - a Quality Improvement meeting is to be set up in 2016, the first meeting is expected to take place in February. This group will be looking at the quality issues that have been identified in General Practice across the three CCG's (Bracknell and Ascot; Slough; Windsor, Ascot and Maidenhead) and as such we would actively seek engagement from Healthwatch colleagues.</p> <p>The Chair thanked JW for her informative presentation and questions from the Committee</p>	

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	<p>were invited:</p> <p><i>Under the section in the paper on 'priorities for the JOG over the next 12 months' – can it be clear in the paper what the JOG is i.e. Joint Operations Group.</i></p> <p><i>Who receives the minutes of the Joint Operations Group?</i></p> <p>JW noted that now the Committee members had received the first quarterly report from the Joint Operations Group to put the process into context, the minutes from the last two meetings will be circulated to Committee members.</p> <p><i>How will Patient Participation Groups be engaged in the Quality Improvement meeting.</i></p> <p>SB noted that due to the complexities of having all patient participation groups across the three CCGs in a room, a proforma will be issued prior to the meeting, asking for their comments and views, these will then be collated and it will be an opportunity to ensure learning is shared across the three CCG's</p> <p><b>Action:</b></p> <p><b>A process to issue a proforma to patients groups prior to the Primary Care Quality Improvement Group meetings will be put in place.</b></p> <p><b><i>Three Primary Care Strategies &amp; Commissioning Intentions – Presentation</i></b></p> <p>JW gave a presentation to the Committee, highlighting where the three CCG's have projects in common whilst still maintaining the local thinking. These areas include developing the seven day working models; providing more support to patients with long term conditions and encouraging self-management; The presentation is circulated to members with these minutes.</p> <p>Patients and public are very engaged with their local CCG's and their insights and ideas have been listened to in order to co-develop the primary care transformation plans.</p> <p>There are several projects where outcomes can be shared and positive actions initiated across the 3 CCG's</p> <p>Examples are workforce development and new roles, including the establishment of education hubs in partnership with Health Education England.</p> <p>Going forward there are 4 key areas where the CCGs could collectively achieve progress and report this to the committee.</p> <ol style="list-style-type: none"> <li>1. Strengthen the patient voice &amp; leadership in all practices</li> <li>2. Simplify the patient access pathway</li> <li>3. Maximise new technologies</li> <li>4. Develop and deliver a workforce strategy</li> </ol> <p>The Joint Operational Group (JOG) is proposing as a priority that a 'Task and Finish Group is established to begin work on item 2 above as the Health Watch has already undertaken some valuable work in this area.is developed so we can demonstrate clear learning / deliverables – want to establish quite quickly.</p> <p>Funding for some of the primary care Commissioning Intentions is derived from the additional premium received by those practices who have a Personal Medical Service (PMS) Contracts. , The reinvestment of this premium for Bracknell and Ascot CCG minimal,</p>	<p>SB</p>

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	<p>however with the premium available the CCG would be looking at Commissioning services including Phlebotomy and unpicking the 'bundle' that practices in Bracknell receive – the bundle is a payment paid to practices for a number of services.</p> <p>In Windsor Ascot and Maidenhead CCG, the commissioning intentions are to focus on dressings as well as phlebotomy.</p> <p>For Slough CCG, the Commissioning Intentions are different due to the high level of Personal Medical Service (PMS) premium that could be available, this is primarily because there was a significantly larger number of practices who were signed up to this type of contract. The Personal Medical Service Review is explained further under item 12 on the agenda.</p> <p>The Chair thanked JW for her informative presentation and questions from the Committee were invited:</p> <p>Following a brief conversation as to whether the presentation should be presented to the Patient Assembly in Bracknell, MS confirmed that due to the tight agenda this could be difficult. JW said that the slides are available to share.</p> <p>JF confirmed that in relation to workforce, there is an event in March whereby the Clinical Chairs and Directors of Nursing are coming together to look at what workforce may look like in the future. It is an opportunity whereby NHS England can share local and national learning and how it can be taken forward.</p> <p><b>Action:</b></p> <p><b>The JOG to establish a task and finish group with Healthwatch and patient representation to consider quality outcome measures for patient access.</b></p> <p><i>Proposal for working in a federated way to deliver joint commissioning for primary medical care</i></p> <p>JW presented the paper to the Committee members noting that the Committee is asked to consider the recommendation that the three CCGs combine their Joint Commissioning Committee meetings, operating as one committee in common. If consideration was given to this proposal then the Terms of Reference for this Committee would be revised and incorporated into the three CCG constitutions and consideration would be given to the Terms of Reference for the Joint Operations Group that convenes monthly.</p> <p>JW noted that the paper aims to indicate why consolidating these meetings could be a positive idea. As an example, today (12 January) there will be three of these meetings, with the same agenda (with the exception of one item) and several of the same people in attendance. By combining the three meetings we acknowledge that the duration of the meeting will increase, however the repetition will be reduced and by having a single meeting the benefits could arise from sharing learning and wider debate.</p> <p>The Chair thanked JW for the overview of the paper and welcomed comments / questions from the Committee members.</p> <p>MS noted that he would like some time to speak to patients for their consideration. It was noted that at the first Joint Commissioning Committee there were in the region of 11 patients in attendance. He expressed concern as to whether this approach was reverting back to the Primary Care Trust days and confirmed that he believed there should be three separate meetings in three separate localities, which would give local people the</p>	<p>JOG</p>



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6.	<b>Primary Care Transformation – ‘Better Futures for All’ programme</b>	
	<p>Dr JMG gave a brief overview to the Committee members of the Better Futures for All programme, noting that the programme runs from May 2015 – November 2016 and the total value of the programme is £2.5m, all of which has been funded from CCG underspend.</p> <p>The three main workstreams in the programme are:</p> <p><i>Primary Care Workforce</i></p> <p>Includes the development of advanced community nurses, who combine the skills of practice nurses and district nurses to provide Long Term Condition assessments and care in the home and care home setting. Two nurses have been trained to deliver enhanced community nursing and they started their first community visits last week.</p> <p>Also included is the appointment of a GP Fellow, who is being coached in commissioning skills. A GP Fellow has been appointed and he is currently working on mental health commissioning projects.</p> <p><i>Extended Hours Primary Care</i></p> <p>Additional planned primary care services in the evenings and on Saturdays, this service commenced on the 1<sup>st</sup> December 2015 and will run until November 2016. This includes some innovative services, including Healthchecks incorporating near patient testing and INR self-monitoring. INR is thinning the blood for various health conditions.</p> <p><i>Enhanced Patient Support:</i></p> <p>A range of projects aimed at engaging with easily overlooked patient groups and supporting self-care. These include the HealthMakers self-management course, health street team and group consultations. Over 60 Bracknell and Ascot residents have completed the supported self-management course, and ten facilitators have also been trained to run these courses going forward. All participants have reported improved self-management, and plans are being developed to implement a clinical evaluation of project outcomes.</p> <p>The Chair thanked Dr JMG for the very positive update.</p>	
7.	<b>Primary Care Finance</b>	
	<p>CH presented the month 8 (November 2015) financial position to the Committee. Noting that the year to date position is an adverse variance of £23k, this is due to:</p> <ul style="list-style-type: none"> <li>• Minor Surgery activity is slightly above plan for this time of year therefore showing as a £33k adverse</li> <li>• A £47k adverse on PCO admin, this is due to the increase the number of GP’s who are on maternity leave and therefore the Locum payments are in excess of the plan, although there is a central pot of reserves that can be accessed to cover this adverse.</li> <li>• Favourable variance on GP Contracts of £23k, this hasn’t been accessed by all practices but there is still one quarter to go.</li> </ul>	

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	<ul style="list-style-type: none"> <li>GP Premises £35k favourable due to back log of rent reviews, NHS Property Services have been commissioned to address this.</li> </ul> <p>CH confirmed that it is still anticipated to be on plan at the end of the year.</p> <p>NF confirmed that for the new financial year there is a funding allocation increase of 5% growth for primary care medical services</p> <p>The Chair thanked CH for the update and requested any questions from the Committee.</p> <p><i>KM noted that finance is an area that still requires a bit more clarity for the public to understand</i></p> <p>CH noted that the Committee received a paper at the last meeting to explain the finances for primary care medical services, however if further detail was required then he would work with KM to develop this.</p>	
<b>8.</b>	<b>Quality Report</b>	
	<p>JF presented the paper to the committee highlighting that the report contains the quality metrics that NHS England South Central hold, a lot of work is currently ongoing to further develop quality dashboards, in terms of linking this to the journey that CCGs are on in going towards delegated, as a conclusion the report will then contain the information from both NHS England and the CCG.</p> <p>SB confirmed that this is the outcome of the work that the CCG have been undertaking with the Area Team since the start of the CCG's.</p> <p>MS noted that Healthwatch have started next round of GP reviews – the first report has now been published on its website, second report will come out tomorrow and the remaining reports will be circulated next week.</p> <p>The Chair thanked JF for the concise, clear report.</p>	
<b>9.</b>	<b>Estates Update</b>	
	<p>NF noted that the first draft of the high level Estates Strategy has just been received. This version is more of a stock take as to what we have and where. The detailed estates strategy will be completed in the summer of 2016. Further conversations with the local authority and stakeholders are taking place, to both explain the purpose and scope of the proposed estates forums and implementation will take place by the end of January / early February.</p> <p>The Primary Care Transformation Fund is a mechanism for funding individual developments in primary care, during the course of last year a number of practices put forward a number of schemes that were either 'approved for 2015/16' and therefore planning permission has been granted or 'approved in principle 2015-19'. These projects were predominantly around creating additional clinical space in practices, with the exception of Binfield which was a more complex piece of work.</p> <p>We had hoped to have received the guidance by now although it is expected imminently, the process for 2016-17 goes beyond estates. There will be further work that will take place then to ensure we understand that all of the bids are in line with the primary care strategies. At the moment we think the timescale is end of Feb for Primary Care</p>	

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	<p>Transformation Fund but it is possible for this may slip. The Chair thanked NF for his update and asked for any questions from the Committee.</p> <p>KM informed the Committee that this is an area that a lot of the public are interested in, looking at the milestones, particularly around step 3, whereby practices are trying to improve their estate, it's not clear as to where practices are involving patient groups, i.e. the development of the patient groups and the developments of the active patient groups.</p> <p>DE responded by confirming that when the development plans come through, it is a requirement that practices submit an Outline Business Case (OBC) and a full Business Case (BC) that articulates the conversations practices have had with their practice patient groups, particularly if mergers or relocations are taking place.</p> <p><i>Dr JMG stated that regarding the timelines for this work and the proposed planning - do they accommodate and consider the huge population growth that is about to happen in the area?</i></p> <p>NF confirmed that the overall message is to look beyond one year, where we see the population pressures coming through its where we can say actually we've got a significant change here, this assurance would be required as a CCG and would be discussed in the estates forum.</p> <p><i>Conscious of where funding allocations may cross boundaries will there be an opportunity to take this into account i.e. where funding may potentially go to one CCG but the impact of the population growth would affect another CCG?</i></p> <p>NF confirmed that conversations are taking place within the Local Authority, to understand how many dwellings are going to be built on the boundary – primary issue is to ensure that those patients who fall on the boundary have their needs met.</p> <p>DE confirmed that there are three themes to the estate bids that are received: admin space; extensions for new builds and also future estate.</p>	
<p><b>10.</b></p>	<p><b>Locally Commissioned Services – Quarter 2 Report</b></p>	
	<p>JW presented the paper to the Committee noting that the paper is for information and to ask the Committee to agree that the locally commissioned services are rolled over to next year subject to a clinical review which will be undertaken by the medicines management team within the CCG.</p> <p>The Chair confirmed that it would be useful to see the activity split by CCG on the paper and requested any additional questions from the Committee.</p> <p><i>KM noted she is concerned around the level of patient involvement in these specifications</i></p> <p>JW confirmed that when reviewing the specifications, due to the nature and audience of the specifications, the reviews need to be undertaken by clinical experts. However, if the location of these services were to be changed then the patient views would certainly be obtained and included.</p> <p>CH confirmed that it would be useful to include in the next meeting the high level financials associated with the Locally Commissioned Services in the Primary Care Finance Report.</p> <p>The Chair confirmed that subject to the clinical reviews on the specifications, the</p>	

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	<p>Committee is happy to support the rollover of the specifications.</p> <p><b>Actions:</b></p> <p><b>EA to provide CH with the high level financial information for inclusion within the Primary Care Financial Report</b></p>	EA
<b>11.</b>	<b>NHS England Update</b>	
	<p>DE gave a brief presentation to the Committee, highlighting a number of areas including the expansion of the national scheme for pharmacists in GP practices, which has received a very positive response. NHS England will share the learning as evidence has shown that this does work for those people who are commuting and can't get into general practice. NHS England has published its new Patient and Public Participation Policy and Statement of Arrangements &amp; Guidance on Patient and Public Participation in Commissioning. The improvements in technology, including booking online appointments and access to records.</p> <p>There are a number of free weekly webinars to support practices in the implementation of the online services, which is on top of the good work Bracknell and Ascot have done – the presentation covers what is happening nationally . 'Stay Well this Winter campaign', here is a focus on social media this year to get the message out, including facebook and twitter and 'vlogger' activity is very popular.</p> <p>In terms of the flu campaign, nationally only half of patients in clinical risk groups have received the vaccination although in Bracknell &amp; Ascot CCG 100% of practices are responding, the vaccination for children aged 2,3 and 4 years is new. We are just now receiving information that flu is now starting to spread.</p> <p>There is a video on the website, which is very short, entertaining and informative, the link of which will be circulated with the minutes of this meeting.</p> <p>The Chair thanked DE for the presentation.</p> <p><b>Action:</b></p> <p><b>EA to circulate the link to the video with the minutes of this meeting.</b></p> <p><b>EA to arrange for the presentation to be published on the website</b></p>	EA EA
<b>12.</b>	<b>PMS Review Update</b>	
	<p>NW gave a brief update to the Committee following the November meeting, Bracknell and Ascot had one practice who was on a Personal Medical Services (PMS) contract. Following the review that took place in September the practice has now decided to revert to the General Medical Services (GMS) contract with a transitional arrangement to be put in place in terms of payment – the money from the Personal Medical Services funding will be reinvested back into primary care within the CCG, the allocation of this money within the CCG was highlighted previously in the meeting when discussing the commissioning intentions.</p> <p>A number of decisions will be required to be made outside of this meeting, therefore the decision making process as outlined in the NHSE Operating Model for the Co-commissioning of Primary Care which will be circulated to members of the Committee.</p>	

		Action
	The Chair thanked NW for the update and commended NHS England South Central and CCG colleagues for all of the hard work.	
<b>13.</b>	<b>Any Other Business</b>	
	No other business was received. The meeting was closed at 2.30pm	
	<b>Date of next meeting</b>  Tuesday 12 <sup>th</sup> April 2016 13:30 – 14:30 Windsor Racecourse	

DRAFT

**JOINT COMMISSIONING COMMITTEE | BRACKNELL & ASCOT - ACTION LOG**

Date of Meeting	Item No.	Agenda Item	Action	Responsible Member	Update	Due Date	Status
05-Nov-15	3	Terms of Reference	EA will circulate the updated Terms of Reference to the Committee members for final adoption and publish on the website.	Eloise Armstrong	Terms of Reference were issued to Committee members on Monday 21st December 2015	12-Jan-16	Complete
05-Nov-15	4	Quality Report	It was agreed that JF and MS to establish how Healthwatch could contribute to the Quality Report	Jan Fowler & Mark Sanders	Further work being undertaken on patient feedback section of report	Ongoing	
			JF to obtain clarification as to whether the PPG could be present at the meetings when a practice is put in special measures by CQC	Jan Fowler	PPG membership is now encouraged to attend the Quality Oversight meetings	12-Jan-16	Complete
			Practice patient populations are to be added to the report containing the CQC ratings	Jan Fowler	Complete	12-Jan-16	Complete
			Consideration for Local Authority and Healthwatch representation to be present at the Joint Operations Group	Jacky Walters	Considered at Joint Operations Group for open invitation to go to Lay member chairs. Healthwatch & LA would be engaged in several task & finish groups. JOG will provide quarterly update to JCC. First one today. Today discussing a review of the JCC and JOG set up at item 5b which may effect modelling too.	12-Jan-16	Complete
			For the next Joint Commissioning Committee meeting in January the following reports will be presented: a) <i>The 'Better Futures For All' programme report</i> b) <i>Themes from Primary Care Strategies across East Berkshire</i> c) <i>Update report from the Joint Operations Group</i>	All	The 'Better Futures For All' programme report is covered under Item 6 on the Agenda and the Primary Care Strategies and update report from the Joint Operations Group is covered under Item 5 of the Agenda.	12-Jan-16	Complete
05-Nov-15	5	Estates Strategy	NF to obtain clarity as to whether the CCG Estates Forums commenced in October	Nigel Foster	An Estates Update is included under Item 9 on the Agenda	12-Jan-16	Complete
			A paper will be brought to the Joint Commissioning Committee for further discussion in terms of the PCTF and the CCG's requirements	Nigel Foster	An Estates Update is included under Item 9 on the Agenda	12-Jan-16	Complete

05-Nov-15	6	PMS Review	The CCG's Commissioning Intentions will be brought to the next Joint Commissioning Committee meeting in January 2016	Alex Tilley	This is incorporated under Item 5 on the Agenda	12-Jan-16	Complete
12-Jan-16	4	Minutes of the last meeting	A glossary of acronyms would be published and circulated with the papers	Eloise Armstrong		Apr-16	
			Coversheets to include the reason 'why' something is 'Not Applicable'	All		Ongoing	
			An action log with due by dates will be circulated with the minutes	Eloise Armstrong	An 'action by' date has been incorporated onto the action log and will be issued with the minutes of the meeting.	Ongoing	Complete
12-Jan-16	4	Matters Arising	EA to publish the Terms of Reference for the Committee on the public website.	Eloise Armstrong	The Terms of Reference have been published on the website	31-Jan-16	Complete
			EA to send out and open invitation to the Lay Chairs for attendance at the Joint Operations Group	Eloise Armstrong	Lay Chairs were invited to attend the forthcoming Joint Operation Group meetings	31-Jan-16	Complete
12-Jan-16	5a	Joint Operations Group (JOG) meeting – Quarterly Report	A process to issue a proforma to patients groups prior to the Primary Care Quality Improvement Group meetings will be put in place.	Sarah Bellars	Under development. One meeting held to develop Terms of Reference so far.	28-Feb-16	
12-Jan-16	5b	Three Primary Care Strategies & Commissioning Intentions – Presentation	The JOG to establish a task and finish group with Healthwatch and patient representation to consider quality outcome measures for patient access.	Joint Operations Group	To begin by reflecting on information already available to draft outcome measures and link to item 7 on JCC agenda April	31-Mar-16	
12-Jan-16	5c	Proposal for working in a federated way to deliver joint commissioning for primary medical care	There needs to be more assurance around the process for this to go ahead, JW and PS to meet with the Lay Chairs and Patient involvement in the new few weeks	Jacky Walters	A meeting has been arranged for Monday 25th January 2016	31-Jan-16	Complete
			SB and JW to develop the Equality Impact Assessment	Sarah Bellars & Jacky Walters	Complete	28-Feb-16	Complete
			PS to understand the governance arrangements as to approval and whether this goes to the CCG Governing Body and / or GP Council Members	Paul Sly	Already discussed at member and OLT meetings in Feb. Progressed to Joint Committees in Common for 12th April 2016. Then to Joint Governing bodies on 27th April then to NHS England.	28-Feb-16	Complete
12-Jan-16	10	Locally Commissioned Services – Quarter 2 Report	EA to provide CH with the high level financial information for inclusion within the Primary Care Financial Report	Eloise Armstrong	The current claims from practices are indicative values, final values will be available following the end of year audit process with practices and will therefore be available for the July meeting.	Ongoing	Jul-16
12-Jan-16	11	NHS England Update	EA to circulate the link to the video with the minutes of this meeting	Eloise Armstrong	Complete	28-Feb-16	Complete
			EA to arrange for the presentation to be published on the website	Eloise Armstrong	The presentation has been published on the website	31-Jan-16	Complete