MINUTES

JOINT COMMISSIONING COMMITTEE

Tuesday 12th January 2016, 10:00 – 11:45

The Centre, Farnham Road, Slough

Attendees – Voting Membership

Name	Initials	Role
Clive Bowman	CB	JCC Chair, Windsor, Ascot and Maidenhead 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
Alex Tilley	AT	Head of Operations, Windsor, Ascot and Maidenhead CCG
Roger Battye	RB	Secretary, Healthwatch Windsor, Ascot and Maidenhead
Dr Judith Kinder	Dr JK	GP Director, Windsor, Ascot and Maidenhead CCG
Nicky Wadely	NW	Programme Manager Co Commissioning, NHS England South Central
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.	**Welcome and Introductions**	
	CB welcomed all attendees to the third Joint Commissioning Committee held in public for Windsor, Ascot and Maidenhead CCG and NHS England South Central; introductions were	

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	made as noted above. CB introduced James Earle from the CCG's Internal Audit Team who was in attendance and observing the meeting.	
2.	**Apologies and Declarations of Interest**	
	The following apologies were received: Cllr David Coppinger, Lead member for Adult Services and Health, Royal Borough of Windsor and Maidenhead Health & Wellbeing Board James Drury, Director of Finance, NHS England South Central ***Declarations of Interest:*** No declarations of interest were declared.	
3.	**Quoracy**	
	CB 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 Windsor, Ascot and Maidenhead CCG and therefore the Committee is quorate.	
4.	**Minutes of the last meeting (5th November 2015) and Matters Arising**	
	The Committee reviewed the minutes of the last meeting and the minutes were agreed and confirmed to be an accurate reflection of the meeting that was held on the 5th November 2015 and accepted. **Matters Arising not on the agenda:** Implementation plan – this will be covered in the briefing in Item 5 as part of the primary care strategy PMS Review update will be covered in Item 12	
5.	**Primary Care Updates**	
	Joint Operations Group (JOG) meeting – Quarterly Report JW provided the Committee with a brief update highlighting the following areas in the report: <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, and therefore a form will be issued to all members of this Committee. <u>Delegation of Authority</u> – the three CCG's working together have agreed that they would like to proceed and apply for delegated authority from the 1st April 2017. The Chair asked whether there are specific times within the year that we can apply? DE confirmed that the application for delegated authority is an annual process, papers and applications will be required around November 2016 and DE provided the Committee members with the assurance that NHS England South Central will work closely with the CCG in the summer in	

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	order to ensure that they are ready to apply for the delegated role. Commissioning Intentions – Following a wider conversation around obtaining approval outside of this meeting. It was noted that a number of items will require decisions / approval prior to the next Joint Commissioning Committee meeting in April. A brief conversation took place as to whether an extraordinary Joint Commissioning Committee would be required, DE confirmed that she will re-circulate the 'Draft Operating Model: Co-Commissioning of Primary Care' which outlines the process in order to make decisions outside of the quarterly meetings. Quality - 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). SB noted that the Quality team have worked hard, building on work undertaken by Area Team, working on portals, looking at patient experience reports and looking at a Primary Care Quality Improvement Group, in order to share learning and drive improvement across the three CCG's. SB noted that for the Quality Improvement meeting, 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. The Chair thanked and commended all for their hard work and the report was noted. **Actions:** **a) The 'Draft Operating Model: Co-Commissioning of Primary Care' to be circulated to members of the Committee** **b) A process to issue a proforma to patients groups prior to the Quality Improvement meetings will be put in place.** ***Three Primary Care Strategies & Commissioning Intentions – Presentation*** 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. 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. There are several projects where outcomes can be shared and positive actions initiated across the 3 CCG's Examples are workforce development and new roles, including the establishment of education hubs in partnership with Health Education England. Going forward there are 4 key areas where the CCGs could collectively achieve progress and report this to the committee. 1. Strengthen the patient voice & leadership in all practices	**EA** **SB**

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	2. Simplify the patient access pathway 3. Maximise new technologies 4. Develop and deliver a workforce strategy 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 Windsor, Ascot and Maidenhead CCG is small, however with the premium available the CCG would be looking at Commissioning services including Phlebotomy and Dressings. SB noted that for workforce and nursing development there is a joint project putting student nurses into primary care due to the greater opportunities available and to support Nurses. RB noted that he has been made aware of some concerns around the significant increase in workload and implications on resource, as the provision of care moves from the acute trust into primary care. SB confirmed that this is also a concern for the CCG and therefore work is underway to understand where the gaps are and filling those gaps. There will also be a standing invite to Healthwatch to attend the Primary Care Quality Improvement Group. 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. The feedback from this event can be fed back to the Joint Commissioning Committee in April. PS noted that following a conversation with the Paul Baumann, Finance Director at NHS England, and a meeting with Andrew Morris, Chief Executive Officer at Frimley Park Hospital NHS Foundation Trust he will co-ordinate a proposal to apply for national funding to set up an efficiency group to understand where the potential efficiencies are in Primary and Secondary Care. Following a wider conversation around timescales, PS confirmed he should be in a position to feed back at the next Joint Commissioning Committee meeting in April. **Action:** **a) JF to feedback following the workforce event in March at the next Joint Commissioning Committee in April.** **b) PS to provide an update to the next Joint Commissioning Committee in April regarding the proposal for national funding to establish an efficiency group.** **c) The JOG to establish a task and finish group with Healthwatch and patient representation to consider quality outcome measures for patient access.** The Chair thanked JW for the update and noted that there are large improvements taking place and work is maturing, which now moves onto the next item. ***Proposal for working in a federated way to deliver joint commissioning for primary medical care*** 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	**JF** **PS** **JOG**

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	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. 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. The Chair thanked JW for the overview of the paper and asked the Committee members to consider the rationale presented to them today and confirmed he would like to hear the views of the members. The Chair noted that there are clearly efficiency measures but his challenge to the members was is this approach effective? DE noted that she is aware of the concern around the loss of the 'local voice', but actually the internal 'Joint Operations Group' meetings that take place have a joint team from across the three CCG's, which is in place and working well. DE confirmed that she had absolute confidence that by combining the three Joint Commissioning Committee meetings they will be able to manage the agenda, where Joint Commissioning Committees have come together in other CCG's they have been received positively, and the local issues have all been addressed. The concern around keeping the three separate meetings would be the negative effect on the public purse. SB noted that further to the previous presentation around the themes, she recommended that it may be a benefit to undertake an Equality Impact Assessment, to identify the potential impact of the policies, services and functions on our patients and staff. PS noted that efficiency is important, the strategy discussions that take place across the three CCG's are very similar. Conversations may be richer when discussing boundary issues i.e. Slough Walk in Centre is on the agenda, whereby would the conversation be different if we had Slough representation at the meeting? We would have enough time to discuss the local issues. It is acknowledged that the duration of the meeting would be increased. Dr JK noted that it is very sensible to work together and would result in better engagement, however we do need to be mindful when making this decision is that the populations and the leadership of the three CCGs are very different, those issues have to be addressed and as a consequence by remaining in different rooms this approach prevents the differences from been addressed. AT confirmed from an operational sense, it will bring conversations together and local issues can still be addressed, therefore retaining the local drivers and enablers. Whatever the Committee decide at a strategic level, the implementation of these projects will be local. The three CCG's are all at different levels; Slough have had an event before Christmas, Bracknell and Ascot plans are unknown; and Windsor, Ascot and Maidenhead will be discussed later. There is a question around what is the future model of primary care? Local CCG's need to be able to be heard, there are positives associated with bringing the three Committees together, however the local focus needs to be retained. RB confirmed that Healthwatch WAM are confident that we understand what the local population needs are, but Healthwatch as an organisation will need to understand how and when to work together – it will be a journey.	

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	The Chair thanked all Committee members for their valued comments and confirmed that this is multi-layered, the efficiency savings associated with having a single Committee is a no brainer, however there is more work required around 'transparency' and 'governance'. The Chair continued, there will be essential impacts on the voluntary part and the lay part of the membership as we might move from three Lay representatives to one. More information is required around the Equality Impact Assessment. Is there a danger if you use the efficiency model, you'll go to the regional NHS England model? Voting levels need to be understood, including the voting arrangements at a local level and wider level. The potential for group-think in decision making would also need to be addressed by careful and transparent chairing. However, after highlighting those areas, the Chair confirmed that he supported it in principal. Concern was raised, around no Local Authority representation at this Committee and therefore their view cannot be considered. **The following actions were agreed:** **a) A meeting will be convened with the three Lay Chairs, PS and the Chair of Berkshire West Joint commissioning Committee to discuss in further detail.** — **JW** **b) SB and JW to develop the Equality Impact Assessment** — **SB/JW** **c) EA to issue an open invitation to the Lay Chairs to attend the Joint Operational Group** — **EA** **d) PS to understand the governance arrangements as to approval and whether this goes to the CCG Governing Body and / or GP Council Members** — **PS** **e) Consideration needs to be given to the role of the Joint Operations Group, in terms of decision making** — **JOG** ***Slough Walk In Centre*** JW provided an update to the Committee members to note progress and steps. The Slough Walk in Centre contract expired in December 2015, the contract was extended for 18 months and expires in June 2017. This extension period allows NHS England, Slough CCG and Windsor, Ascot and Maidenhead CCG to review the current service and consider how the service could be further developed in the future. This review is taking place for both the walk in patients and the registered population at the practice. An overview of the work / workshops that have taken place to date was provided to the Committee, noting that the next workshop is on the 26th January, whereby commissioners and patients will come together to consider and develop some of the options. NW confirmed that in addition it is really important to understand how and where the walk in centre fits into the wider CCG strategies this is quite a timely opportunity to understand the best future and model. Dr JK noted that as a good illustration following on from the previous conversation, as the clinician who was sent to the first meetings, the conversation was primarily focussed around the redevelopment of the Upton site. Dr JK raised concerns around the small percentage of WAM patients (13%) that access the walk in centre. Further conversations need to take place around the locations of such services. There is a danger that as Slough are further ahead with their strategies then there is a concern that the WAM voice will be missed.	

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	SB noted that regarding the patient experience, we need to ensure that the data is live, the data shown dates back to 2014 and is 100% positive. RB noted that the data in the report is looking at Qtr 1 2016/17, since then we have instigated seven day working so it would be interesting to know the number of patients from WAM now attending the Walk in Centre. NW confirmed that NHS England are looking at the data for Qtr 2 2016/17. It was noted that this will be an example whereby the Framework will be utilised in order for a decision to be made by this Committee, the next Joint Commissioning Committee will be after the procurement deadline.	
6.	**Primary Care Transformation – 'Our time for Change' programme**	
	AT presented the update to the Committee noting the following highlights: 1. Good news that WAM practices have secured a Primary Care Training Hub by collaborating with Health Education England. 2. Prime Ministers Challenge Fund is progressing – excellent news from NHS England that the CCG can use the underspend from 2015/16 in the next financial year 2016/17. 3. A workshop will be held on the 9th February for practices to attend, which will cover primary care co-commissioning, potential future models of primary care and further development of the strategy, after this event a full implementation plan will be developed. 4. Unfortunately Dr Carolyn Robertshaw has gone on sabbatical, therefore an advert has been released for a GP lead for the primary care work. AT also noted that of all of the Prime Ministers Challenge Fund schemes, everything that WAM have committed to providing has been delivered. The Chair thanked AT for her update and noted that this is really positive news for the CCG.	
7.	**Primary Care Finance**	
	CH presented the month 8 (November 2015) financial position to the Committee. Noting that the year to date position is a favourable variance of £18k, this is due to: • GP Enhanced Services is shown as a £64k favourable due to under activity in Extended Hours as 100% sign up was assumed for budget setting. • A £58k adverse on GP 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 should the trend continue. • GP Contract payments £23k adverse due to higher than planned list growth, although this isn't a significant worry as there is still one quarter to go. CH confirmed that it is still anticipated to be on plan at the end of the year.	

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	NF confirmed that for the new financial year, the funding allocation increase of 4.9% growth for primary care medical services SB asked regarding the extended hours provision, as not all practices have signed up to provide this service, do we have something in place to ensure that all patients have access to this service? AT replied that the current extended hours were available to all WAM patients. The Chair thanked CH for the update.	
8.	**Quality Report**	
	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 primary care commissioning. The aim is for a report that will then contain the information from both NHS England and the CCG. For the Friends and Family Test, there are still some practices who aren't reporting data, however NHS England South Central have knowledge from other areas that it takes about one year to embed processes. 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. The Chair thanked JF for the concise, clear report.	
9.	**Estates Update**	
	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. 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 principal 2015-19'. There were two schemes, in WAM: • Sheet Street Surgery whereby the due diligence has been completed and the building work is expected to commence soon with a view to complete in June 2016. • Clarence Medical Centre, where planning permission is awaited. We had hoped to have received the national guidance by now although it is expected imminently. 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 Transformation Fund but it is possible for this may slip.	

		Action
	The Chair thanked NF for his update.	
10.	**Locally Commissioned Services – Quarter 2 Report**	
	AT 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. 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. The Chair confirmed that following the clinical reviews on the specifications, the Committee is happy to support the roll over of the specifications. **Actions:** **EA to provide CH with the high level financial information for inclusion within the Primary Care Financial Report**	**EA**
11.	**NHS England Update**	
	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 & Guidance on Patient and Public Participation in Commissioning. The improvements in technology, including booking online appointments and access to records. 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. In terms of the flu campaign, nationally only half of patients in clinical risk groups have received the vaccination. This was 43.3% in WAM. Furthermore, still only 94.1% of practices were submitting data which will adversely affect results. 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. 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. The Chair thanked DE for the presentation. **Action:** **a) EA to circulate the link to the video with the minutes of this meeting.** **b) EA to arrange for the presentation to be published on the website**	**EA** **EA**

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12.	**PMS Review Update**	
	NW gave a brief update to the Committee following the November meeting, Windsor, Ascot and Maidenhead had two practices who were on a Personal Medical Services (PMS) contract. Following the review that took place in September both practices have now decided to revert to the General Medical Services (GMS) from the 1st April 2016. – 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. 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. The Chair thanked NW for the update and commended NHS England South Central and CCG colleagues for all of the hard work.	
13.	**Any Other Business**	
	No other business was received. The Chair thanked Committee members for their time and consideration. The meeting was closed at 11.51	
	Date of next meeting Tuesday 12th April 2016 13:30 – 16:30 Windsor Racecourse	

JOINT COMMISSIONING COMMITTEE | WINDSOR, ASCOT & MAIDENHEAD - ACTION LOG

Date of Meeting	Item No.	Agenda Item	Action	Responsible Member	Update	Due Date	Status
05-Nov-15	4	Primary Care Strategy & Prime Ministers Challenge Fund	An implementation plan for the key priorities noted above is to be brought to the January Joint Commissioning Committee meeting	Alex Tilley and Dr Carolyn Robertshaw	This is included under Item 5 on the agenda	12-Jan-16	Complete
			A further conversation was to take place outside of this meeting to determine the evaluation criteria for current projects – Healthwatch WAM are already developing an evaluation	Jan Fowler and Roger Battye	Further work being undertaken on patient feedback section of report	Ongoing	
05-Nov-15	5	Primary Care Finance	Eloise Armstrong to circulate the finance paper with the minutes of this meeting.	Eloise Armstrong	The finance paper was issued with the minutes of the meeting	31-Dec-15	Complete
05-Nov-15	7	Estates Strategy	The timescales for the Local Estates Forum will be published in the next week	Nigel Foster	This is included under Item 9 on the agenda, Estates Update	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	This is included under Item 9 on the agenda, Estates Update	12-Jan-16	Complete
05-Nov-15	8	PMS Review	The CCG's Commissioning Intentions will be brought to the next Joint Commissioning Committee meeting in January 2016.	Alex Tilley	This is included under Item 5 on the agenda	12-Jan-16	Complete
12-Jan-16	5a	Joint Operations Group (JOG) meeting - Quarterly Report	The 'Draft Operating Model: Co-Commissioning of Primary Care' To be circulated to members of the Committee	Debra Elliott		04-Mar-16	
			A process to issue a proforma to patients groups prior to the Quality Improvement 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	JF to feedback following the workforce event in March at the next Joint Commissioning Committee in April.	Jan Fowler		12-Apr-16	For action 12th April
			PS to provide an update to the next Joint Commissioning Committee in April regarding the proposal for national funding to establish an efficiency group	Paul Sly		12-Apr-16	For action 12th April
			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	A meeting will be convened with the three Lay Chairs, PS and the Chair of Berkshire West Joint commissioning Committee to discuss in further detail	Jacky Walters	A meeting has been arranged for Monday 25th January 2016	31-Jan-16	Complete

Date of Meeting	Item No.	Agenda Item	Action	Responsible Member	Update	Due Date	Status
			SB and JW to develop the Equality Impact Assessment	Sarah Bellars & Jacky Walters	Complete	28-Feb-16	Complete
			EA to issue an open invitation to the Lay Chairs to attend the Joint Operational Group	Eloise Armstrong	Invitation was issued.	22-Jan-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 Committes in Common for 12th April 2016. Then to Joint Governing bodies on 27th April then to NHS England.	28-Feb-16	Complete
			Consideration needs to be given to the role of the Joint Operations Group, in terms of decision making	Joint Operations Group	Need to approve JCC Terms of reference then consider impact for JOG	04-Mar-16	Consider on 12th April 2016
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.	31-Mar-16	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	29-Feb-16	Complete
			EA to arrange for the presentation to be published on the website	Eloise Armstrong	Presentation is included on the website	22-Jan-16	Complete