

**NORTH EAST LINCOLNSHIRE JOINT CO-COMMISSIONING COMMITTEE**

**NOTES OF THE MEETING HELD ON 1ST SEPTEMBER 2015 AT 13.00**

**TRAINING ROOM 1, CENTRE4, 17a WOOTTON ROAD, GRIMSBY, DN33 1HE**

**PRESENT:**

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| Mark Webb  Cathy Kennedy | Chairman of NELCCG  Deputy Chief Executive/CFO, NELCCG |
| Cllr Jane Hyldon King | Portfolio Holder for Health / Deputy Leader of the Council |
| Dr Thomas Maliyil | GP lead for Primary Care, NELCCG |
| Geoff Day | Head of Co-Commissioning Localities, NHS England |
| Zena Robertson | Director of Nursing, NHS England |
| Dr Derek Hopper | GP Chair of CoM, NELCCG |
| Christine Wallis | Primary Care Triangle Lay Member |

**IN ATTENDANCE:**

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| Julie Wilson | Assistant Director Programme Delivery & Primary Care |
| Helen Askham | PA to Executive Office, Note taker |
| Debbee Walker | Service Lead, NEL CCG |
| Paul Glazebrook | Health watch Representative |
| Russell Walshaw | LMC Representative |

**APOLOGIES:**

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| Steve Pintus | Director of Public Health, NELC |

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|  | **ITEM** | **ACTIONS** |
| **1)** | **APOLOGIES**  Apologies were noted as above |  |
| **2)** | **MINUTES OF THE LAST MEETING & ACTION SUMMARY SHEET**  The Minutes of the Meeting held on 23rd July 2015 were agreed as an accurate record and the updated action summary sheet was noted.  Geoff Day updated the Committee that the Contract Variation for Dr Jethwa had now been signed off.  The Committee were informed that the contract with Ashwood Surgery had been terminated; the previous meeting noted the CQC Report regarding the practice due to concerns regarding patient safety. Interim arrangements have been put in place for patients. |  |
| **3)** | **DECLARATION OF INTEREST**  Dr Thomas Maliyil declared an interest for agenda item 5 due to his role as a GP at a practice in the area, and in item 6 due to his role in Core Care Links.  Dr Derek Hopper declared an interest for agenda item 5, due to his role as a GP at a practice in the area. |  |
| **4)** | **CONSIDERATION OF FULL DELEGATION OF GP PRIMARY CARE COMMISSIONING**  A paper was presented to the Committee to provide background information regarding the CCG’s decision to move to fully delegated commissioning of general practice services. The Committees role was to discuss the paper and make a recommendation to the Council of Members and Partnership Board.  The potential benefits and risks were outlined in the paper which the Committee discussed. The benefits being a flexibility to use resources as decided by the CCG, and greater internal decision making ability.  The potential risks discussed were a concern over unpredictability of areas that the CCG would be responsible for funding e.g. Premises costs, legal costs. Staffing resources from the existing NHS England resource are unclear, and the impact of a significant shift of work will impact on both senior and less senior staff. The CCG recognise that although there will be more flexibility on funding, the CCG are still bound by operational policies on where funding is allocated by NHS England.  The NHS representative noted that there was no pressure to move to fully delegated, and it is a journey which the CCG can take place at a later date. NHS England could continue to deal with contract management until the CCG have the capacity to take that on as well as the current responsibilities delegated within co-commissioning arrangements.  The Chair thanked Julie for a well-produced paper, which carefully presented the benefits and risks. The Chair thanked the Committee for an informed discussion.  The Chair summarised the discussions as noting that this option gives the CCG a real opportunity, but not our last opportunity. The Committee recognised that the CCG will need undertake this move in the future, but as there was no significant advantage - and some significant risks - in taking full delegation at 1 April 2016, then the view was that the CCG should move to fully delegated at 1 April 2017.  The Chair asked for a development of an action plan to ensure the CCG have systems and capacity in place for a move to fully delegated at 1 April 2017, along with considerations regarding management of Conflicts of Interests for Practices in those future arrangements.  **The Committee recommended that NEL CCG remain at Level 2, but that work is undertaken for preparation to a move to Level 3 at 1 April 2017.** | JH |
| **5)** | **REVIEW OF CCG ENHANCED SERVICES**  **FUTURE COMMISSIONING OF SERVICES TO ENSURE TAILORED CARE FOR VULNERABLE AND OLDER PEOPLE (OVER 75’S)**  A paper was presented to the committee regarding strategy, implementation, delivery outcomes and proposal for future funding of the ensuring tailored care for vulnerable and older people (over 75’s) commissioned services within Primary Care.  The CCG took the decision to invest funding in General practice by offering £5 per head of practice population for a fixed period of 12 months. The aim of the service being to transform the care of patients aged 75 or older, to aid in remaining independent, feel supported, reduce avoidable admissions and attendances at A&E.  An audit has taken place of the outcomes achieved by the schemes in line with quality and delivery measures determined for the initiative. Based on those outcomes, the papers includes recommendations to realign funding to other services which are detailed within the paper.  Discussions took place querying if the practices had been given sufficient time to deliver and evaluate the schemes. It was important to note that the contracts were sent out at the end of last year, with very clear guidance on what had to be returned, reporting on measures to validate the scheme. As many practices did not report data, the scheme has not been able to demonstrate delivery the benefits expected, and the CCG does not have the funding to continue the schemes without confidence that the schemes are reaching out to vulnerable patients.  Concerns were expressed regarding the duplicating of projects in place which may have created confusion in the practices, in getting the scheme off the ground but it was noted that clear cpontracts and requirements had been issued at the point in time that the projects had been approved.  The paper asked that the Committee agree to re-align funding to an alternative scheme, which consolidates a number of schemes currently running, in order to provide a strategic, coherent service. Practices will be advised to continue, and will be given a suitable notice period to cease this service.  **The Committee agree to cease the funding of the specific Practice level services, and agree in principle to re-align funding to support to care and nursing home services, the specification for which will be on the agenda for the October Joint Co-Commissioing Committee.** |  |
| **6)** | **AMENDMENT TO WALK-IN SERVICES AT QUAYSIDE PRACTICE**  A paper was prepared to provide the Committee with an update regarding contractual changes to the Quayside walk in service.  The CCG are seeking to extend the current contractual arrangements to 31st March 2016, subject to the provider being able to propose suitable amendments to the services and costs for that period.  The Committee were updated on discussions about NEL Docks Collaborative; other 7 day pilots; the SPA; and the on-going arrangements for urgent care to be agreed. As the current GP Out of Hours service is due to end 31st March 2016, all of these elements of service need to be considered and reviewed at the same time.  If it is not possible to agree suitable alternative arrangements until March, the committee discussed the potential risks to patients if these services were no longer available, and the potential knock on effect into core hours practice delivery.  The Committee discussed that the practice had not developed its patient list in the way it was encouraged to, although the Committee were reassured that there is no issue with the quality of the walk in service.  **The Committee agreed to extend the contractual arrangements subject to the required amendments to service and cost, and delegated authority to the CCG Chief Financial Officer to take the decision regarding the acceptability of the proposed amendments.** |  |
| **7)** | **SUPPORTING SUSTAINABILITY OF GENERAL PRACTICE**  A DRAFT paper was presented to the Board. The Committee are asked to comment prior to a final version being agreed. | **ALL** |
| **8)** | **Date & Time of next meeting**  **29th October 2015 14.00 – 16.00, Training Room 1 Centre 4**  **28th January 2016 14.00 – 16.00, Training Room 1 Centre 4** |  |