

**South West London Primary Care Joint Committee  
 Meeting in public**

Thursday 4<sup>th</sup> February 2016 18:00pm – 19:00pm,  
 Room 6.2/6.3, 120 The Broadway, Wimbledon, London, SW19 1RH

**MINUTES (draft)**

**Members in attendance**

<b>Name</b>	<b>Organisation</b>	<b>Designation</b>
Carol Varlaam	Wandsworth CCG	Lay Member (Committee Chair)
Graham Mackenzie	Wandsworth CCG	Chief Officer
Dr Nicola Jones	Wandsworth CCG	Chair
Adam Doyle	Merton CCG	Chief Officer
Dr Andrew Murray	Merton CCG	Chair
Peter Derrick	Merton CCG	Lay Member
Paula Swann	Croydon CCG	Chief Officer
Dr Tony Brzezicki	Croydon CCG	Chair
Tonia Michaelides	Kingston CCG	Chief Officer
Dr Naz Jivani	Kingston CCG	Chair
Dr Chris Elliott	Sutton CCG	Chief Officer
Dr Brendan Hudson	Sutton CCG	Chair
Kathryn Magson	Richmond CCG	Chief Officer
Dr Graham Lewis	Richmond CCG	Chair
Liz Wise	NHS England	Programme Director, Transforming Primary Care

**Attendees**

<b>Name</b>	<b>Organisation</b>	<b>Designation</b>
William Cunningham Davis	NHS England	Head of Primary Care South London
Nora Simon	NHS England	Assistant Head Primary Care Commissioning
Omid Gilanshah	NHS England	Assistant Head Primary Care Commissioning
Toyin Akinyemi	NHS England	Head of Finance, Primary Care Commissioning
Mike Sexton	Croydon CCG	Chief Finance Officer
Cllr Caroline Cooper-Marbiah	Merton CCG	Health and Wellbeing Board Representative
Jamie Gillespie	Wandsworth CCG	Healthwatch Representative
Adrian Attard (representing Pete Flavell)	Sutton CCG	Healthwatch Representative
John Anderson (representing Paul Pegden-Smith)	Richmond CCG	Healthwatch Representative
Dr Julius Parker	Surrey and Sussex LMCs	Representative
Steve Uttley	RSM	Associate Director

Jessica Kohler	Capsticks	Partner
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**SWL Collaborative Programme Team**

Name	Organisation	Designation
Joanne Devlin	SWL Collaborative	Interim AD Out of Hospital and Primary Care
Gurvinder Chana	SWL Collaborative	Governance Lead
Claire Wilson	SWL Collaborative	Senior Strategy Manager
Timothy Bennett	SWL Collaborative	Senior Strategy Manager

**Members of the public**

Name	Organisation	Designation
Kalsoom Bibi Qureshi		
Eileen Fairclough		

**Apologies**

Name	Organisation	Designation
Sally Brearley	Sutton CCG	Lay Member
Helen Pernelet	Croydon CCG	Lay Member
David Knowles	Kingston CCG	Lay Member
Bob Armitage	Richmond CCG	Lay Member
Pete Flavell	Sutton CCG	Healthwatch Representative
Steve Hardisty	Kingston CCG	Healthwatch Representative
Paul Pegden-Smith	Richmond CCG	Healthwatch Representative
Dave Curtis	Merton CCG	Healthwatch Representative
Cllr Ruth Dombey	Sutton CCG	Health and Wellbeing Board Representative
Cllr Christine Percival	Richmond CCG	Health & Wellbeing Board Representative
Cllr Julie Pickering	Kingston CCG	Health and Wellbeing Board Representative
Cllr Maggie Mansell	Croydon CCG	Health & Wellbeing Board Representative
Cllr Jim Maddan	Wandsworth CCG	Health & Wellbeing Board Representative
Charlie Ladyman	Croydon CCG	Healthwatch Representative
Richard Jeffery	NHS England	Director of Financial Management, London Region
Matthew Trainer	NHS England	Area Director South London
Dr Jane Fryer	NHS England	Medical Director South London
Hardev Virdee	Wandsworth CCG	Chief Finance Officer
Julie Freeman	London Wide LMC	Representative
Dr Amer Salim	Merton, Sutton & Wandsworth LMC	Representative
Dr Marek Jarzembowski	London wide LMCs	Representative

Item	Title	Action
1	<b>Declarations of Interest</b> – Carol Varlaam	
	No new declarations of interest were declared.	
2	<b>Welcome, Introductions and Apologies</b> – Carol Varlaam	
	The chair welcomed the attendees and noted the apologies.	
3	<b>Minutes of the Joint Committee meeting held on 12.11.2015</b> – Carol Varlaam	
	The minutes of the last meeting were APPROVED as an accurate record of the meeting.	
4	<b>Action log from meeting held on 12.11.2015</b> – Carol Varlaam	
	The action log was reviewed and all the actions from the minutes of 12 <sup>th</sup> November 2015 are now complete.	
5	<b>Matters arising not on the agenda</b> – Carol Varlaam	
	None	
6	<b>SWL Collaborative, Transforming Primary Care Delivery Plan Review</b> – Graham Mackenzie	
	<p>Graham Mackenzie introduced the paper and explained that the focus of the paper is around the strategic work around transforming primary care across South West London. He explained that following the Joint Committee meeting in November, the SWL Primary SPG met with Simon Weldon and colleagues from NHS England following a stocktake exercise to review SWL's progress in strategic planning and development for transforming primary care. In the course of this stocktake, there was strong recognition of the range of work underway in each of SWL's CCGs against the London specifications for General Practice. However at that stage, it was felt that SWL were not able to demonstrate or describe in sufficient detail an overall collaborative strategic approach for on-going progress for this programme of work across SWL.</p> <p>SWL SPG therefore agreed to undertake some further work, which has been done at local CCG level in the last 2-3 months with some support from colleagues in the Healthy London Partnership team.</p> <p>Graham explained that the paper represents the detail of the work and illustrates the quality around the work that is already in progress or is planned in SWL in the next 2-3 years; all of which is aimed to get SWL CCGs to a point in 2018/19 where we are fundamentally and consistently meeting the London Specifications in common across SWL.</p> <p>Nicola Jones provided some examples of some of the key areas of focus across SWL:</p> <ul style="list-style-type: none"> <li>• Access – choice of access options, including rapid access and patient online</li> <li>• Coordinate Care – development of MDT and MCP models</li> <li>• Proactive Care – co designing services and expert patient programmes</li> </ul> <p>Nicola highlighted that this piece of work has enabled shared learning and there is still some reflecting to do on the on going progress and monitoring of this plan. There are opportunities for CCGs to share best practice. It is important to understand what the baseline is to enable monitoring progress of this going forward.</p>	

	<p>She summarised that the next steps following the development of this plan is to look at the SWL Collaborative shared ambition for transformation and work together in finalising the CCG plans and agreeing a SWL Collaborative approach to track progress going forward.</p> <p>The Joint Committee NOTED the plan and AGREED the next steps.</p>	
7	<p><b>Delegated Commissioning</b> – Graham Mackenzie / Mike Sexton</p>	
	<ul style="list-style-type: none"> <li>• <b>Feedback on delegated commissioning</b></li> </ul> <p>It was noted that 5/6 CCGs have formally submitted their applications to take on delegation from 1<sup>st</sup> April 2016. Graham Mackenzie explained that there has been a significant amount of progress made since the submission of the applications. Each application has been through a process of moderation at regional level by the London team and also nationally by NHS England. Each of the of the five CCGs has received individual feedback on that moderation process, that has identified some areas of work to do to strengthen the arrangements prior to taking on the additional responsibilities. This feedback is summarised in paper 05. Some of the actions apply to all of the CCGs and some of them are more specific to individual CCGs based on the details in the applications submitted.</p> <p>Graham summarised that this paper is here for information to assure the Joint Committee that we are tracking the progress against the work required in the action plans across SWL ahead of 1<sup>st</sup> April 2016.</p> <p>The Joint Committee NOTED the paper.</p> <ul style="list-style-type: none"> <li>• <b>Financial and legal due diligence</b></li> </ul> <p>Mike introduced the legal and financial due diligence reports. He explained that this piece of work was commissioned in September 2015 and RSM and Capsticks were appointed to carry out the due diligence. Both RSM and Capsticks have worked very closely with NHS England and a comprehensive report has been produced of their findings and recommendations. He informed the Joint Committee that a draft action plan is being put together following the recommendations to follow up any actions and this will be brought to the next Joint Committee meeting in March 2016.</p> <p><b>Action: Draft action plan to be finalised and brought to next Joint Committee meeting</b></p> <p>Steve Uttley from RSM provided an brief overview of the Financial due diligence report:</p> <ul style="list-style-type: none"> <li>• Carried out this piece of work at a CCG level</li> <li>• Look at key financial risks around budgets, QIPP and accruals</li> <li>• Budgets – majority of the budgets were overspending, budgets had not been shared with GP practices and have been managed centrally</li> <li>• QIPP – large shortfall in delivering the 2015/16 target</li> <li>• Carried out GP surveys around contract monitoring</li> <li>• Put together some mitigations which will feed into the overall action plan</li> <li>• A number of recommendations have been proposed following this piece of work; financial reporting, accruals, contract management</li> </ul> <p>Naz Jivani expressed concerns and apprehension around the outcome of this work and the lack of clarity around the outstanding financial issues still not resolved with the practices. He said that it feels like there is still a lot of work that needs to be done and</p>	<p>Mike Sexton / Graham Mackenzie</p>

questioned whether the next steps are actually carried out by RSM or individual CCGs have to work to a granular level to assess each of the financial risks highlighted in the reports.

Mike Sexton said that some of these risks will be picked up as part of the draft action plan which is being put together by CCGs and NHS England. There will be some issues that will need to be progressed collectively across the six CCGs but there will also be some actions that are CCG specific which will need to be incorporated as part of the action plan.

Naz Jivani acknowledged Mike's comments, however explained that this needs to be signed off before the end of March by CCG Governing Bodies to be able to take on delegated commissioning on 1<sup>st</sup> April 2016.

Mike Sexton provided some assurance around one of the biggest risks identified across all six CCG's – budget setting. He explained that this piece of work is already underway by NHS England and the five SPG leads. He assured the Joint Committee that in terms of any significant legal challenges hidden or liabilities that SWL CCG's wouldn't be aware of; there is nothing that has come out of the due diligence piece of work that suggests there is a massive contractual issue. The types of issues that have been surfaced contractually are around DES's which in themselves carry a fine line risk.

Liz Wise explained that NHS England is working through the approach to the budget setting for next year. She explained that the allocation she has seen is a capitation allocation to each CCG for primary care.

Brendan Hudson, on behalf of Sutton CCG also expressed his concerns around the outcome of the financial due diligence work. He said that Sutton CCG has identified premises costs as one of the biggest risk and in particular the fact that the district value has not valued Sutton practices for five years. Sutton CCG is writing to NHS England asking to be indemnified against the risk of that amount being significant.

Jessica Kohler from Capsticks provided a brief summary of the work that was carried out supporting the legal due diligence piece of work:

- Capsticks did not review all contracts; in specifics Capsticks did not review any GMS contracts
- Looked mainly at generic PMS and APMS contracts for each area
- Looked at a legacy list provided by NHS England
- Looked at breach and CQC notices
- Provided a list of recommendations for CCGs and NHS England to consider individually or to work jointly around
- This joint committee will cease to exist once the delegation agreement has been signed
- Managing of conflicts of interests – delegated CCGs will need to have a robust process for managing conflicts

The Joint Committee NOTED and ACCEPTED the financial and legal due diligence executive summaries from RSM and Capsticks and NOTED NHS England's response regarding these reports.

- **Delegation agreement**

It was noted that all CCGs have received the delegation agreement and the submission date for this agreement is 26<sup>th</sup> February 2016.

- **Proposed operating model**

Graham Mackenzie presented a future working arrangements paper and highlighted three key areas of proposed operational arrangements under delegation:

- Governance
- Commissioning Support
- Strategy and Transformation

He explained that there is still some potential to continue to work together across SWL. The platform for governance for delegated commissioning is the local committee within each CCG. In this context, this joint committee will cease effect from 31<sup>st</sup> March 2016 on the assumption that all the CCGs except Croydon will proceed with delegation. Croydon CCG will continue in shadow form at level 2 delegation. There is still some scope for shared governance continuing across SWL – a proposal to set up an advisory panel. This panel will be a panel that meets adhoc to discuss common issues / themes across SWL, such as managing conflicts of interest. There is some potential for bringing together local experts; clinically and managerially to provide some local support to one another.

Brendan Hudson supported the creation of an adhoc advisory panel and highlighted that this is a time of transition, so it will be a great vehicle for CCGs to come together and discuss common problems and particularly legacy issues.

Naz Jivani and Adam Doyle also highly supported the created of an advisory panel and asked how this panel would be made up.

Graham Mackenzie agreed for a draft Terms of Reference to be brought to the next Joint Committee to proceed this work forward.

**Action: Draft ToR for Advisory Panel to be brought to the next Joint Committee meeting.**

Graham Mackenzie

In terms of commissioning support, as part of taking on the full responsibilities for level 3 delegated commissioning, each CCG will need to ensure that they have sufficient capacity and capability in their workforce to manage the range of contract, financial and performance management issues related to the commissioning of primary medical services.

Tonia Michaelides supported the approach to develop a shared commissioning support service and highlighted that it is important to keep the legacy continuing.

Graham summarised that overall delegation is an important enabler of strategy and transformation, therefore when ceasing the joint committee, it is important to ensure that some of the working groups supporting the joint committee currently (Capital and Estates Forum and Quality, Prevention and Innovation Working Group) are continued under different workstreams enabling and supporting the wider transformation strategy over time.

The Joint Committee CONSIDERED and CONFIRMED that subject to the formal

	<p>commencement of level 3 delegated commissioning by CCGs in SWL in 2016/17 (and for iii and iv subject to local CCG Governing Body discussions/decisions):</p> <ul style="list-style-type: none"> <li>i) the SWL Joint Committee for Primary Care will cease with effect from 31<sup>st</sup> March 2016;</li> <li>ii) an Advisory Panel will be established to support local delegated commissioning;</li> <li>iii) a primary care commissioning support team will be identified/established for SWL under the direction of the SWL CCGs. This is subject to further work on the location and operation of this team and the outcomes of the current workforce review across London;</li> <li>iv) the Primary Care Delivery Group will continue to lead collaborative work for the strategic transformation of primary care across SWL.</li> </ul>	
<p><b>8</b></p>	<p><b>Personal Medical Services – Liz Wise / William Cunningham Davis</b></p>	
	<p>Liz Wise updated the Joint Committee on the current progress to date on the PMS Review:</p> <ul style="list-style-type: none"> <li>- Slide deck sets out the background to the PMS review and agreements</li> <li>- It is a national requirement to do this, but it is also an enabler in transforming primary care, particularly delivering elements of the strategic commissioning framework</li> <li>- Significant piece of work</li> <li>- NHS England noted the challenging timescales and offered a three month extension</li> <li>- Have until the end of June 2016 to agree with practices the new PMS contracts</li> <li>- CCGs have been briefed on the London offer</li> <li>- The information in this slide deck is slightly out of date – progress has now been made on the agreement of the key performance indicators and the premium specification and the core</li> <li>- There is still some work to do on some of the detail and how individual contracts will work</li> <li>- Agreement has been sought from London wide and Surrey and Sussex LMCs</li> <li>- Next steps – NHS England to start working with CCGs to start drawing out CCGs commissioning intentions for PMS</li> </ul> <p>The Joint Committee NOTED and ACCEPTED the progress on the PMS Review and NOTED the requirement to review PMS contracts by March 2016 and to offer and to consult by June 2016.</p>	
<p><b>9</b></p>	<p><b>Finance Report Month 9 – Toyin Akinyemi</b></p>	
	<p>Toyin Akinyemi presented the month 9 financial position for SWL:</p> <ul style="list-style-type: none"> <li>- The financial position for SWL Primary Medical Services showing an overspend of £1,286k against issued budgets</li> <li>- The overspend is largely due to under achieved planned QIPP</li> <li>- Medical services are showing an overspend of £1,286k (0.8%) of which £1,988k is attributable to QIPP under-delivery offset by a non-recurrent release of 2014/15 accruals (£968k) across South West London.</li> <li>- Annual budgets are allocated net of £2.7m QIPP savings across South West London, but including the contingency allowance (£899k) which has been allocated to budgets.</li> <li>- There has been a year on year growth of 0.5% in South West London’s weighted population from April 2014 to April 2015. The capitation report shows a growth of <b>0.8%</b> year to 1<sup>st</sup> October 2015</li> <li>- The total planned QIPP for Primary Care across London Region is £12.7m of</li> </ul>	

	<p>which £2.7m relates to SW London. There is likely to be significant under-delivery on the savings required on Medical services as a considerable proportion of the savings remains unsupported by schemes.</p> <ul style="list-style-type: none"> <li>- The total planned QIPP for Primary Care across London Region is £12.7m of which £2.7m relates to SW London. There is likely to be significant under-delivery on the savings required on Medical services as a considerable proportion of the savings remains unsupported by schemes.</li> <li>- Based on month 9 results the Medical services budget is forecast to be <b>£1.5m (0.8%)</b> overspent due to the QIPP position.</li> </ul> <p>The Joint Committee NOTED the contents of the finance month 9 report and NOTED the current position of QIPP.</p>	
<b>ITEMS FOR NOTING / INFORMATION</b>		
<b>10</b>	<b>Report back from Joint Committee Working Groups</b>	
	<ul style="list-style-type: none"> <li>• <b>Finance and Contracting Working Group (Mike Sexton)</b> NOTED</li> <li>• <b>Capital and Estates Forum (Hardev Virdee)</b> NOTED</li> <li>• <b>Quality, Prevention and Innovation Working Group (Dr Nicola Jones)</b> NOTED</li> </ul>	
<b>11</b>	<b>Contractual Changes – action log (to NOTE) – NHS England</b>	
	NOTED	
<b>12</b>	<b>Open Space / Questions from the public – Members of the public</b>	
	None	
<b>13</b>	<b>Any Other Business - All</b>	
	None	
	The meeting closed at 19:00pm	

**Date and Venue of next meetings**

10<sup>th</sup> March 2016  
17:00pm – 19:00pm Room 6.2/6.3, 120 The Broadway, Wimbledon, SW19 1RH