

Voluntary and Community Stakeholder Reference Group Draft Minutes of 22 January 2016 meeting			
Date and time:	22 January 2016 2015 Time: 10:00am-11:30am		
Venue:	Committee Room, Holbrook House		
Organiser:	Zoe Hodgson, Communications and Engagement Assistant		
Attendees:	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Laura Andrews, Patient and Public Engagement Manager</p> <p>Litsa Worrall, PPG Elected representative</p> <p>Christine Whetstone, Chair, Over 50s Forum</p> <p>Karen Grimes, DIAS Manager, Enfield Disability Action</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Fiona Jones, GP Liaison Manager/Service Manager, Enfield Carers Centre</p> <p>Paula Jeffery, CEO, Enfield Voluntary Action</p> <p>Chandra Bhatia, Chief Executive, Enfield Racial Equality Council</p> <p>Judith Mulligan, Chief Executive Officer, Enfield Parents & Children</p> <p>Dr Ben Jabuni, Chief Executive Officer, Mind in Enfield</p> <p>Resim Clear, Our Voice</p> </td> </tr> </table>	<p>Gail Hawksworth, Head of Communications and Engagement, Enfield CCG (Chair)</p> <p>Laura Andrews, Patient and Public Engagement Manager</p> <p>Litsa Worrall, PPG Elected representative</p> <p>Christine Whetstone, Chair, Over 50s Forum</p> <p>Karen Grimes, DIAS Manager, Enfield Disability Action</p>	<p>Fiona Jones, GP Liaison Manager/Service Manager, Enfield Carers Centre</p> <p>Paula Jeffery, CEO, Enfield Voluntary Action</p> <p>Chandra Bhatia, Chief Executive, Enfield Racial Equality Council</p> <p>Judith Mulligan, Chief Executive Officer, Enfield Parents & Children</p> <p>Dr Ben Jabuni, Chief Executive Officer, Mind in Enfield</p> <p>Resim Clear, Our Voice</p>
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Attendees:	Bernhard Crede, Contracts Manager, North and East London Commissioning Support	Peter Lathlean, Primary Care Development Manager
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1.0	<p>Apologies and Declarations of Interest: Apologies received were noted.</p> <p>Christine Whetstone, Chair of the Over 50s Forum was welcomed as the new representative to replace Monty Meth who had stepped down. It was noted that Monty had played a key role in advocating for the set-up of the Voluntary and Community Stakeholder Reference Group. Members thanked him for all contribution to this important new forum.</p> <p>No conflicts of interest were declared.</p>	Action
2.0	<p>Minutes of last meeting, action log and matters arising: The minutes of the last meeting were approved subject to the amendment to the spelling Bevin Betton's name. There were no matters arising.</p> <p>It was noted that actions 1 and 4 on the action log were completed. GH to chase the responses to actions 2- summary of Commissioning Intentions and action 4 – personal budgets.</p>	GH
3.0	<p>NHS Contracting Process Bernhard Crede, Contracts Manager, from North and East London Commissioning Support Unit (NEL CSU) gave a presentation on the NHS Contract and how contracts were monitored. A copy of the contract can be found at:</p> <p>The NHS contract was a standard one that was used for all providers apart from core primary care, so this was the main contract that the CCG uses with providers. It includes standard specifications such as population needs, outcomes, scope, service standards, quality and finance.</p> <p>The contract was managed against these indicators. If targets were missed, then a remedial action plan was agreed with the provider. If the provider failed to deliver the action plan, then this would be escalated and could result in a financial penalty for the provider.</p>	

The NHS operates on a “lead commissioner” model. Where more than one organisations contracts with a provider, then one commissioner takes overall responsibility for the contract management, for example, Enfield CCG is lead commissioner for Barnet, Enfield and Haringey Mental Health Trust. The lead commissioner leads on the contract, as well as any negotiations. However, the CCG was not in a position to make a final decision without consulting the other CCGs.

In terms of performance, activity was carefully monitored in line with the contract, depending on the type of contract e.g. cap and collar where activity was fixed or payment by results. If a contract was over performing, then that would impact on the commissioners’ finances. A discussion would take place with the provider about how activity could be reduced. A block contract where activity was limited was the most direct way to manage performance.

There was a description in the contract of what happens if the provider does not meet quality and other key performance indicators (such as national standards on cancer waiting times, A&E targets etc.) and a financial penalty can be imposed.

CQUINS (commissioning for quality and improvement) are incentive payments for the provider to improve quality. These are in addition to the overall contract value. These are measured by the commissioner and a payment is made if the provider has delivered, for example in the case of North Middlesex University Hospital, CQUINS are worth an additional 2.5% of their contract value.

Members asked a number of questions including:

- The Governing Body’s legal status in regards to contracts and if there is an issue.
- Answer: The lead commissioner model was referred to as the way of addressing any issues.
- How were the quality payments assessed.
- Answer: It was essentially part of the general contract management process and was a standing item during regular meetings with the Trust. Patient feedback was also measured.

Bernard was thanked for his useful presentation, which will be made available on the CCG’s website on the voluntary and community stakeholder reference webpage.

LA

4.0	<p>How will the views of individuals with Autism be taken into account- Members agree to discuss this item at the next meeting in April and to ask Peppa Aubyn to attend.</p>	GH
5.0	<p>Primary Care Co-commissioning</p> <p>Peter Lathlean, Primary Care Development Manager, Enfield CCG said that Enfield CCG had taken on co-commissioning powers with NHS England at model 2 level – the same as the other CCGs in North Central London. (NCL). This meant that from October 2015, NHS England and Enfield CCG had to take joint decisions on primary care planning and development, but only in relation to GP practices.</p> <p>NCL had established a Joint Committee for Primary Care which meets in public. Details can be found on the Enfield CCG website:</p> <p>It has a remit of:</p> <ul style="list-style-type: none"> – Oversight of GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, sharing contract monitoring information); – Development of newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”); – Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF); – Informing decision making on whether to establish new GP practices in an area; – Informing decision making on approving of practice mergers, retirements, resignations etc.; and – Ratifying of decisions made by the NHS England Central Contracting Team with regards to ‘discretionary’ payment (e.g., returner/retainer schemes). <ul style="list-style-type: none"> • Enfield CCG is also developing a patient offer in relation to Transforming Primary Care in London (A Strategic Commissioning Framework) <p>Members asked a number of questions including :</p> <ul style="list-style-type: none"> • GPs conflicts of interest in relation to primary care commissioning. • Answer: Enfield CCG has robust governance processes around asking for regular declarations of interest. Enfield 	

	<p>CCG has set up a procurement committee to enable primary care commissioning, the membership of which does not include any GPs nor any CCG officers or Governing Body members with a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG.</p> <ul style="list-style-type: none"> • Can GPs benefit personally from primary care services? • The drive on improving access was driven nationally by NHS Everyday - the seven day working directive, rather than locally and the procurement committee was able to independently assess and award any contracts without the involvement of local GPs. • GP Primary Care Access Pilot update required • Answer: GH suggested that Deborah McBeal, Deputy Chief Officer and lead on Primary Care would be asked to attend. 	GH
<p>6.0</p>	<p>Any other Business: Members discussed the development of the website page for the Voluntary and Community Stakeholder Reference Group.</p> <p>Action: It was agreed that agendas, presentations and approved minutes would be shared on this webpage.</p> <p>It was also agreed that the members of the group would be listed on this webpage with a link back to their organisations' website so any related voluntary or community groups can contact them.</p>	GH
<p>7.0</p>	<p>Date of next meeting: Tuesday 12 April 2016, 10-11:30am, Committee Room, Holbrook House</p>	