

## Finance and Performance Committee

### DRAFT MINUTES

**Minutes of the meeting of the Finance and Performance Committee on 24 January 2018, Room 208 Endeavour House, Wrest Park, commencing at 9.00 and concluding at 10.45.**

#### Members Present

Roland Ginn	Lay Member – Finance & Performance (Chair)	<b>RG</b>
Sarah Thompson	Accountable Officer	<b>ST</b>
Saqhib Ali	Lay Member – Audit and Governance	<b>SA</b>
Dr Alvin Low	Clinical Chair	<b>AL</b>
Malcolm Miller	Deputy Chief Finance Officer	<b>MM</b>
Caroline Kurzeja	Director of Strategy and Transformation	<b>CK</b>
Dr William Hollington	GP – Locality Chair of Ivel Valley	<b>WH</b>
Dr Jonathan Kirkham	GP – Clinical Lead	<b>JK</b>

#### Others in attendance

Hayley Dixon	Assistant Board Secretary (Minutes)	<b>HD</b>
Tara Dear	Head of	<b>TD</b>
David McNeil	Head of Corporate Governance (Interim)	<b>DM</b>

#### Apologies for absence

Stephen Makin	Head of Finance, NHS England, Midland & East (Central Midlands)	<b>SM</b>
Jim Hayburn	Chief Finance Officer	<b>JH</b>
Matt Hollex	Head of Programme Management Office (PMO)	<b>MH</b>
Andrew Moore	Lead Turn-around Advisor	<b>AM</b>
Alan Streets	Turn-around and Contract Advisor	<b>AS</b>
Dr David Howard	GP – Locality Chair of Bedford	<b>DH</b>

No	Item
<b>1.0, 2.0</b>	<p><b>Welcome and Apologies</b></p> <p>Apologies for absence were noted as recorded above.</p> <p><b>The meeting was noted as QUORATE</b></p>
<b>3.0</b>	<p><b>Declarations of Interest</b></p> <p>it was confirmed that both would not participate in discussions of this item</p> <p>There were no further changes to declarations in relation to items on the agenda, or noted over and above these on the Conflicts of Interest register.</p>
<b>4.0</b>	<p><b>Minutes</b></p> <p>Minutes of the meeting held on 20 December 2017 were approved as an accurate record.</p> <p>RG gave compliments to HD and the Governance secretariat for consistent accurate minutes of the</p>

	<p>committee meetings.</p> <p>These minutes are to be presented at the next BCCG Governing Body Meeting in public – scheduled for 5 2018 once approved in the next committee meeting of the 25 February 2018.</p>
5.0	<p><b>Action Tracker</b></p> <p>The actions were discussed and logged with relevant updates with in the live action tracker.</p> <p>All closed actions will be archived and coded accurately for future reference.</p> <p>ST updated the committee on a recent Finance Escalation meeting that had taken place with NHSE and the letters as received following the financial performance discussions with Dr Paul Watson.</p> <p>ST gave the committee members an update in to the position of the Chief Finance Officer recruitment. The successful candidate to the recent interviews, has unfortunately declined the job offer, instead accepting a role closer to home. ST mentioned that NHSE are supporting the head hunting for this role. The members will be kept informed on this process going forward.</p>
6.0	<p><b>Integrated Performance Report – Month 09</b></p> <p>CK presented the new report format that was well received by the committee.</p> <p>The committee reviewed the report in detail.</p> <p>Attention was drawn to East and North Hertfordshire Trust 18 Weeks RTT/Diagnostics. The Trust have advised that they will not be able to recommence RTT and diagnostic performance reporting until February’s reports which are due in March 2018. East &amp; North Herts CCG continue to liaise with NHSI regarding this as the Trust are going through the formal process of suspending national reporting.</p> <p>The Trust have advised that backdated data for previous months for RTT and Diagnostics will not be loaded onto the national system. It was noted that the issues with RTT reporting means that the Trust are currently unable to confirm the position of patients who have breached 52 weeks however the Trust believe that the number of patients waiting over 52+ weeks is very small. There is a dedicated team who are working on the validation of the PTL.</p> <p>CK stated that the team are working closely with West Herts CCG to further discover the detail. CK noted that the quality aspect will be updated in the report as provided to Integrated Commissioning and Quality Committee (ICQC), and the Chair of this committee will give assurance to the Governing Body through the subcommittee report.</p> <p>The committee discussed EEAST of England Ambulance Service Trust (EEAST) and the new Ambulance Service Standards In November EEAST started reporting against the new Ambulance Response Programme (ARP) indicators as shown in the table above.</p> <p>A visit by the CCG Quality Team was undertaken on 4 January to observe the despatch process and the ECAT (Emergency Clinical Advice and Triage) Team. EEAST reported that they had experienced significant challenges over the Christmas/New Year Period due to the volume of demand across the system.</p> <p>The committee noted that the CEO of EAST will be invited to the next Governing Body meeting, Part 2, to discuss Update on response and the new categories for responses.</p> <p><b>The committee noted the performance report.</b></p>

7.0	<p><b>Contract Highlight Report – Month 08</b></p> <p>The highlight report summarised the Contract Highlights of the largest Acute and Non-Acute Contracts, on a monthly basis.</p> <p>The purpose of this report is to make the Finance and Performance Committee aware of current performance and any issues, providing an opportunity for the Committee to challenge Contractual Performance.</p> <p>The committee took the report as read with no further comments.</p> <p><b>The Finance and Performance Committee noted Contract Highlight Report</b></p>
8.0	<p><b>Integrated Finance and QIPP Report – Month 09</b></p> <p>MM drew the committee’s attention to the key messages within the paper, stating that NHSE has given the CCG a revised Control Total of a £7.2m deficit for 2017/18.</p> <p>The forecast outturn at 31st December (month 9) is a deficit of £7.5m against the revised target of a £7.2m deficit. This shows a deterioration of £0.3m from the forecast outturn at the end of November which was a deficit of £7.2k. The forecast position at the end of November included unidentified QIPP of £2,198k and the forecast position at the end of December included unidentified QIPP of £391k both against acute services.</p> <p>The month on month reduction of £1,807k in unidentified QIPP is due to back-ended QIPP being included in the position against the relevant expenditure headings.</p> <p>MM stated is important to remember that included in the overall result is the cost of nationally driven prescribing cost pressure which is outside of the control of the CCG. At 31 December the cost of these prescribing cost pressures (included in the £7.5m deficit) was £3.0m which means that the underlying deficit is £4.5m. Since the Financial Recovery Plan presented to the region on 11 October 2017 which was based on the month 5 forecast outturn, the underlying deficit has remained broadly the same.</p> <p>MM noted that the main risks are the over performance of Acute Contracts, landing £4.6m contract challenges included in the Acute forecast position, Mental Health expenditure, in particular Section 117, Prescribing (national cost pressures) and risk of delivery of QIPP.</p> <p>MM noted that the CCG is still forecasting to deliver a recurrent surplus, albeit a small one, and therefore is still compliant with the requirement to demonstrate ‘recurrent revenue balance’. Given the small surplus the situation needs to be closely monitored as the tolerance for any further deterioration is very limited.</p> <p>The committee reviewed the QIPP position noting that this remains stable at month 9, with only a small £27k adverse movement in month.</p> <p>RG alerted MM to an inconsistency in the paper when detailing the QIPP in forecast. The correct figure is 19,064 (noted at page 7), yet figure noted on page 1 was note updated, and detailed the FOT for QIPP delivery as 18,582. MM ensured this will be reviewed and aligned ensuring the figures will be added to the report are the most up to date position going forward.</p> <p>The committee discussed lines to take to the Governing Body meeting that will be held on the 25 January 2018.</p> <p><b>The Finance and Performance Committee noted the Finance report</b></p>
9.0	<p><b>Update on Financial Recovery Plan</b></p>

ST gave update on the recent financial escalation meeting and the assurance meeting with Dr Paul Watson. The presentation slides for these meetings were shared and reviewed by the committee for information.

NHS England has this week informed the CCG of a national decision to place Bedfordshire CCG in special measures due to the deterioration of our financial position for 2017/18.

Since September 2017, we have been working with NHS England as if we were in special measures - meeting for monthly escalation meetings. ST noted that the staff members have been updated detailing that we are monitoring the finances closely but at month 8, it is expected we will deliver a deficit of £7.2m at the end of our financial year.

As a result, it means that our application for delegated commissioning has been declined at this time. The team with Dr Paul Watson on Wednesday where we discussed this matter in further detail.

The meeting discussed 2017/18 and the deterioration of the FCOT over the past few months. The NEL admissions and A&E attendance was also reviewed.

Dr Watson confirmed that the next meeting will focus on three issues;

1. 2017/18 growth in NEL/A&E attenders and the action the Ccg will take to bring this under control.
2. The CCG'S Improvement Plan to which the plan will aid the discussion.
3. The financial Plan for 2018/19 which needs to include the following;
  - A Breakdown of the £325m contract envelope for the acute providers, the cash uplift involved compared to 17/18 FCOT and how this compares to the current 18/19 agreed contract values.
  - The activity assumptions for GP and other referrals and how this compares to the 17/18 FCOT and the current 18/18 contract.
  - How the team will manage the activity plan and the plan for negotiating the necessary contract variations
  - A breakdown of each budget line and what can be stripped out to support the bottom line.
  - A detailed realistic QIPP target for 18/19 and how this will be fully assured by April 2018.

**The committee noted the update**

**10.0 CHS Procurement Award – Briefing Paper**

The paper was presented by CK.

The procurement of a new community health service provider aims to transform community health services, which support the delivery of the BLMK STP Priorities, NHS England's CCG improvement and assessment framework, BCCG Out of Hospital Strategy and GP Forward View.

Following a robust procurement process, the Governing Body ratified the decision to award preferred provider status to East London Foundation Trust (ELFT).

The contract will be managed through the use of the NHS Standard Contract, an Outcomes Framework and an Incentive Model whereby up to 10% of the contract value will be payable against achievement of outcomes defined by the Commissioners. These will include reductions in non-elective admissions and delayed transfers of care.

	<p>Due Diligence report completed by Atlantic Customer Solutions confirms that there are no significant financial risks with regard to ELFT and their bid submission for this contract.</p> <p>The Committee were asked to approve contract signature with the preferred bidder, ELFT.</p> <p>RG stated that the committee will give the Governing Body assurance that the paper and contract has been scrutinised and is supported, with additional assurance from the due diligence review from Atlantic Customer Solutions.</p> <p>It was said that it was important that there were regular reviews of performance of the outcome measures at the Governing Body meetings going forward.</p> <p><b>The committee supported in principle the award of the contract, subject to any final due diligence by ELFT on the previous provider. The committee were happy to offer this recommendation to the Governing Body.</b></p>
11.0	<p><b>Delegated Authority for S106 Applications</b></p> <p><i>AL, WH and JK noted a potential conflict of Interest as practicing GPs in the s106 funding process.</i></p> <p>CK presented the report that advises the committee on the new governance structure for approving applications from general practices to utilise Section 106 funding held by the Local Authorities for premises improvements. This new structure was approved by the Joint Co-Commissioning Committee in November 2017.</p> <p>CK noted that Local Authorities are able to collect financial contributions from housing developers towards the local health infrastructure, in the form of Section 106 and CIL (Community Infrastructure Levy) funding. There is no Section 106 funding currently held in Bedford Borough, but this system is in place in Central Bedfordshire. Neither Local Authority currently holds any CIL funding designated for health.</p> <p><b>Action FP126: CK to liaise with the Local Authorities, to discuss S106 funding with an aim to align the process across Bedfordshire.</b></p> <p>General practices are able to apply to the Council to access this funding to support premises improvements. There is a governance process in place within the Council for signing off applications – including the requirement that the local health system confirms that the proposed scheme is supported.</p> <p>There has previously been no formal delegated approval structure in place within BCCG/NHS England. Therefore all applications needed to be approved by the Joint Primary Care Co-Commissioning Committee, regardless of the value of the application. Occasionally a rapid decision is required to facilitate urgent improvements to premises.</p> <p>CK noted the new arrangements and the agreed governance structure as established within Bedfordshire for approving Section 106 applications at appropriate levels, depending on the financial value as detailed in the paper.</p> <p>Whilst this structure is most relevant to Central Bedfordshire in the short-term, it is assumed that the same governance structure would apply for all Section 106 applications, regardless of the originating Local Authority.</p>

	<p>A summary of all applications received and the outcome will be provided to the Joint Primary Care Co-Commissioning Committee.</p> <p><b>The committee note the update.</b></p>
12.0	<p><b>NEPTS</b></p> <p>ST provided the committee with an update.</p> <p>The 2 year +1 contract was signed by EEAST and the CCG's on 22nd of December 2018 for an Indicative Contract Value of £8.5m. (£2.78m for BCCG)</p> <p>A Quality Incentive Scheme of up to 4% of the contract value being held and attached to KPI's has been agreed in principle. During the initial 5 months of the contract, this will be paid in full to aid mobilisation, with a sliding scale in reference to performance to follow for the remainder of the contract.</p> <p>The final contract has not yet been received by BCCG. It is due to be received on 8th January.</p> <p>LCCG requested a last minute addition to the contract (at additional cost) of a "Day Controller role" to be placed on site at the L&amp;D, rather than centrally in Chelmsford as per EEAST's current operational model. This has been agreed at an additional cost by EEAST. The impact of this for BCCG, is that BHT will be likely to also request an onsite controller.</p> <p>ST noted that the contract allows for Milton Keynes CCG to join the consortium in April.</p> <p>The contract service specification will be adopted by West Essex CCG, and whilst they have a separate contract, they are joining the consortium from 1st Jan 2018 and will manage their contract alongside the consortium. It was stated that Herts Valleys CCG are the lead CCG in the consortium.</p> <p>The contract start date is the 1st January 2018.</p> <p>The committee reviewed the financial implications in the contract. The CCG will be looking for EEAST to take on the subcontractors direct and so will just pay EEAST's costs at the cost per case rates agreed contractually. Moving to this position more swiftly would eradicate a maximum £195k of overspend bringing the full year overspend down to circa £426k as a best case.</p> <p>Any over performance on indicative activity volumes will increase this cost pressure.</p> <p>Due to additional winter pressures, it is unlikely that EEAST will be able to subsume all additional activity until the end of their mobilisation period which is currently indicated to be April/May 2018.</p> <p>A contract meeting will be held with EEAST in January 2018 to finalise any remaining contract items, and to begin to manage the operational contract in line with the agreed service specification.</p> <p>The key operational issues are being identified for each CCG, and these will be addressed via the lead CCG.</p> <p><b>The committee noted the update on Non-Emergency Patient Transport.</b></p>
13.0	<p><b>Circle MSK: Contract Extension</b></p> <p>TD was welcomed to the meeting. CK introduced the item noting that the paper is to provide an update on the service benefits to date and to seek Governing Body approval for a two year contract extension.</p> <p>Prior to commissioning Circle MSK, there were several MSK providers delivering separate components of the MSK pathway. Due to activity based data not being wholly available, accurately identifying an</p>

activity based value for money position is not possible.

The MSK programme budget is uplifted at a rate of 1.9% per year to accommodate for basic demographic growth and any additional growth is absorbed by Circle. Over the life of the contract, growth in referrals has increased at a considerably faster rate than growth in the Programme Budget. Circle has recorded an average growth of referrals into the system of 8% per year for the first three years of the contract.

Based on total MSK Programme Budget cost and assuming a conservative annual growth rate of 5%, the forecast financial benefit to the CCG is £4m at year 5, compared to the current and forecast cost of Circle MSK contract, inclusive of financial adjustments and profit-share. The year to date position (Year 1-4) indicates a total benefit of £1.9m.

The Circle MSK service and the Prime Contractor Model has provided positive benefits to Bedfordshire residents and Bedfordshire CCG, including:

- Improvement in outcome measures, specifically focused on behavioural change, clinical and service effectiveness
- Delivery of £1.9m financial benefits to date with a Y5 projection of £4m benefits, reducing the ongoing financial risk of increasing demand
- Improvement in data quality, enabling monitoring of service outcomes and identifying key areas for improvement
- Reduction in CCG resource requirements for contract management

The contract was procured on a flat five year period with no sighted contract extension. Following advice from Attain, in usual circumstances it would be recommended that re-procurement commences within the five year contract period, however on the basis of the following exceptional circumstances, Attain are advising that a two year extension would be warranted:

- Merger of our two main acute providers which are likely to bid for MSK, this would potentially disadvantage their bidding efforts
- Our Financial Recovery Plan and significant prioritisation of QIPP delivery – there is no expected financial benefit in service re-procurement, yet this would require significant CCG resource impacting on delivery of QIPP initiatives
- Movement to an Accountable Care System model from 1st April and single control total

The key risk relating to contract extension is challenge from Bedford Hospital due to ongoing tensions with Circle MSK regarding loss of activity and income.

CK stated that based on the benefits discussed, it is recommended that a contract extension of two years is agreed in order to maintain the existing service delivery and improvements, whilst allowing the CCG to focus on key strategic priorities. Finance & Performance Committee were asked to note the contents of the report and provide assurance of the recommendation to Governing Body to extend the Circle MSK Contract by two years to 31 March 2021. As per the scheme of delegation, a decision with a value of >£20m will require Governing Body approval.

Following feedback from Governing Body in May 2017 where the MSK evaluation was presented, the preference would be to extend the existing contract with an opportunity of pursuing further opportunities within the core contract.

TD noted that as the Accountable Care System begins to shape and establish, there is an opportunity to explore the MSK pathway across the system of three CCGs and three acute providers, ensuring the

	<p>best use of available resources.</p> <p>RG asked the team to explore opportunities across the STP, and identify if there is any possibility of contract review and sharing going forward. ST stated that Richard Carr could offer further update on the direction of travel within the STP.</p> <p>TD explained further, that a financial levy has been in place with Circle MSK for activity that has circumvented the MSK hub with a total cost of £609k (July 2016 – June 2017). There is an opportunity to strengthen the contractual position with Bedford Hospital et al by insisting that non-contracted MSK activity will not be directly funded by Bedfordshire CCG and thus insisting the providers enter into a sub-contract arrangement with Circle MSK.</p> <p>The latter is in place with Luton &amp; Dunstable Hospital which leads to any circumvented activity being redirected to Circle MSK for initial triage. Conversations are underway to review this position, led by the CCG Contracting Team.</p> <p><b>Action FP127: The committee requested an update to be shared as part of the committee action review in the next meeting, to detail the move to a levy arrangement.</b></p> <p><b>The committee noted the update.</b></p>
14.0	<p><b>Risk Registers</b></p> <p>The committee were asked to note and discuss the suite of risk registers (Finance, Contracts, IM&amp;T and Information Governance). The risk registers identified potential risks and assessed their impact on the ability of the CCG to meet its financial targets and objectives. They also detailed the actions that were being taken by the department to manage these risks efficiently and effectively.</p> <p>The committee noted the four presented risk registers of Finance, Contracts, IM&amp;T and Information Governance, and took these as read.</p> <p><b>The committee noted the Finance, Contracts, IM&amp;T and Information Governance Risk Registers.</b></p>
9.0	<p><b>Any other Business</b></p> <p>No items of other business were discussed</p>
10.0	<p><b>Date of Next Meeting</b></p> <p><b>24 January 2018 – 9.00-11.00 Room 208 Endeavour House, MK45 4HR</b></p>

Signed \_\_\_\_\_ (As a true record) \_\_\_\_\_ Dated \_\_\_\_\_

Roland Ginn  
 Chairman, Finance and Performance Committee

**Minutes 18 January 2018**  
**12.30-15.30**  
**Boardroom Warren Court, Chicksands**

**Present:**

Roland Ginn	<b>RG</b>	Lay Member Finance and Performance – <b>Chair</b>
Dominic Cox	<b>DC</b>	Locality Director (South), Central Midlands, NHS England
Dr David Howard	<b>DH</b>	Locality Chair – Bedford Locality, BCCG
Caroline Kurzeja	<b>CK</b>	Director of Strategy and Transformation, BCCG
Mel Gunstone	<b>MG</b>	Assistant Director of Nursing and Quality, BCCG
William Hollington	<b>WH</b>	Locality Chair – Ivel Valley Locality, BCCG
Nicky Wadely	<b>NW</b>	Assistant Director of Primary Care, BCCG
Susi Clarke	<b>SC</b>	Primary Care Strategic Development Lead
Peter Graves	<b>PG</b>	Chief Executive, Beds and Herts LMC
Julie Ogley	<b>JO</b>	Director of Social Care, Health and Housing - CBC
Ian Brown	<b>IB</b>	AD of Public Health
Caroline Goulding	<b>CG</b>	Contracts Manager Medical and Pharmacy, NHSE
Miriam Coffie	<b>MC</b>	Head of Quality - NHSE
Tony Medwell	<b>DP</b>	Locality Business Manager – Bedford Locality
Hayley Dixon	<b>HD</b>	Assistant Board Secretary

No	Item
1.0	<b>Welcome, Introductions &amp; Apologies:</b> Apologies were noted from Sarah Thompson, Jim Hayburn, Alison Borrett, Malcolm Miller, Diana Blackmun, Kate Walker, RG welcomed members to meeting.
2.0	<b>Declarations of Interest:</b> RG asked members of the JPCCC to disclose any changes in circumstance which may give rise to an actual or perceived conflict. The following declarations of interest were made; <b>DH declared an interest in Item 12.0, and left the meeting at this point.</b>
3.0	<b>Minutes</b> RG requested members of JPCCC review minutes from the previous meeting held on the 13 December 2017 The minutes were agreed as an accurate record of the meeting.
4.0	<b>Action Tracker and Matters Arising</b> The actions were discussed and logged with relevant updates within the live action tracker.

No	Item
	All closed actions will be archived and coded accurately for future reference.
5.0	<p><b>Risk Registers</b></p> <p><b>a) Co Commissioning Risk Register</b></p> <p>SC presented the register and report that was taken as read.</p> <p><b>b) Delegated Risk Register</b></p> <p>The committee paused the review of this register by the committee in light of the decision by NHSE to not award delegated commissioning.</p> <p><b>The committee noted the risk registers the Chair gave thanks SC and the Primary Care Team for the quality and attention given to the registers</b></p>
6.0	<p><b>GPFV Delivery - Update</b></p> <p>SC shared a paper to the committee detailing the GP Five Year Forward View Delivery Update.</p> <p>Extended access to primary care was discussed namely that the project plan has been developed and approved by NHSE. Detailed engagement is continuing with the patient survey been completed. SC stated that phased implementation will take place following the contract award.</p> <p>SC noted that the expressions of interests will give a state of readiness and identify the areas to focus on first. IB offered to share the Population Health analysis to understand health inequalities.</p> <p>SC updated the committee on Workforce; in Q4, recruitment to wave 3 Clinical Pharmacist Programme, Practice Manager Development and GPN/ Physician preceptorships are to be rolled out. It was noted that 75% of practices trained in workflow optimisation and active sign posting training to roll out during Q4.</p> <p>It was understood that Bedford University have removed a bursary which has led to a lower number of applicants. MC stated that the University has been awarded funding for Practice Nurses, due to the London weighting and pull the city has on new graduates, work has to be done in order to retain these graduates to the Bedfordshire Primary Care system.</p> <p>CK noted that International Recruitment has led to 21 interested practices across Bedfordshire, the next step is to look to how to retain and upskill this cohort. The committee noted the great work the Primary Care team are doing on recruitment and workforce development.</p> <p>Hub Development was discussed at length, noting that programmes with each Local Authority to establish hub facilities based around Primary Care Home Networks are being implemented. The strategic Outline Cases are now in development for the first two hubs. SC noted that applications for national capital funding is through to the next stage for two of the Bedfordshire hub schemes. Transitional solutions are being explored, SC mentioned the example of facility of same-day access scheme in Bedford town centre to be base at Gilbert Hitchcock House.</p> <p>The committee understood that the two Local Authorities are in different stages of the hub development. RG asked for an update from both Council representatives at a later meeting to detail progress.</p>

No	Item
	<p><b>Action JCC070: Update to be shared for both Central Bedfordshire Council and Bedford Borough Council in relation to delivery of Hubs. April/ May 2018.</b></p> <p><b>The committee noted the update</b></p>
7.0	<p><b>Assurance Review of Co Commissioning arrangements</b></p> <p>NW presented the paper for information that To provide an update in relation to the Assurance Review of the Co-commissioning Arrangements.</p> <p>The recommendations were discussed and noted as complete.</p> <p>NW noted that recommendation 4 is currently on hold due to the decision regarding to delegated commissioning.</p> <p><b>The committee noted the update</b></p>
8.0	<p><b>PMS Reinvestment Scheme for 2018/19</b></p> <p><i>The item was deferred until the February Committee meeting</i></p>
9.0	<p><b>STP Update</b></p> <p>NHS England has this week informed the CCG of a national decision to place Bedfordshire CCG in special measures due to the deterioration of the financial position for 2017/18.</p> <p>Since September 2017, the CCG has been working with NHS England as if placed in special measures - meeting for monthly escalation meetings. CK noted that the CCG are monitoring finances closely but at month 8, we are expecting to deliver a deficit of £7.2m at the end of our financial year.</p> <p>As a result, it means that our application for delegated commissioning has been declined at this time.</p> <p>The Accountable Officer and team have met with Dr Paul Watson on Wednesday 17 January where matter was discussed in more detail and we will update our Governing Body members at the Finance and Performance Committee on 25 January.</p> <p>It is therefore important to continue working as co- commissioners with NHSE and look at how to link with the STP under these joint arrangements.</p> <p>DC and CK confirmed an update at the next meeting to note progress.</p> <p><b>The paper was taken as read and noted the report.</b></p>
10.0	<p><b>NHS England GP services budget - M08</b></p> <p><i>The committee took the report as read and noted the update.</i></p>
11.0	<p><b>Gamlingay Surgery – Section 106 Investment TM and MG presented the report.</b></p> <p>CK presented the paper. CK stated that Gamlingay Surgery (branch to Potton Surgery) has applied for £66.5k Section 106 funding to enable them to carry out internal reconfiguration work to increase the capacity of their premises. The BCCG Estates and Premises Sub-Group have discussed this</p>





No	Item
	<div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div> <div style="background-color: black; height: 15px; width: 100%;"></div>
14.0	<p><b>Any other Business</b></p> <ul style="list-style-type: none"> <li>- CG noted that a paper to discuss the current standing with Great Denham is to be presented at the next committee meeting.</li> <li>- The committee discussed the frequency of the meetings, and suggested this is to be reviewed for March onwards. The meeting in February will remain to discuss the PMS paper, Clapham Road, and Great Denham.</li> </ul> <p><b>Action JCC 072: Committee to discuss frequency of meetings going forward</b></p> <p><b>No other items of business were discussed. The meeting closed at 15.15</b></p>

DRAFT