


Agenda Item 03

Report to (Board/Sub-Committee):	<b>Joint Co-Commissioning Committee</b>
Date of Meeting:	<b>26th January 2017</b>
Subject:	<b>Virtual Decision Log for the period November 2016 to January 2017</b>
Presented by:	<b>Julie Wilson</b>




**STATUS OF THE REPORT**

For Ratification

<b>PURPOSE OF REPORT:</b>	<p>To present the log of Virtual Decisions taken between November and December 2016.</p> <p><b>Number 1: 2016/17 PMS Reinvestment Underspend Proposal</b></p> <ul style="list-style-type: none"> <li>- <b>Approved by 4 members ( 1 not eligible to vote) 2 non responses</b></li> </ul> <p><b>Number 2: Supporting Service Sustainability in Primary Care</b></p> <ul style="list-style-type: none"> <li>- <b>Approved by 7 members</b></li> </ul> <p>Attachments Below FYI</p>
<b>Recommendations:</b>	The Committee ratify the virtual decisions.
<b>Sub Committee Process and Assurance:</b>	N/A
<b>Implications:</b>	
<b>Risk Assurance Framework Implications:</b>	N/A
<b>Legal Implications:</b>	N/A

<b>Equality Impact Assessment implications:</b>	<p><i>Is An Equality Impact Analysis / Assessment is not required for this report. No</i></p> <p>If Yes:  <i>An Equality Impact Analysis / Assessment has been completed in accordance with CCG policy.</i></p> <ul style="list-style-type: none"> <li>• <i>There are no actions arising from the analysis / assessment</i></li> </ul>
<b>Finance Implications:</b>	<p>Paper 1: The PMS reinvestment funds will be fully utilised for 2016/17.</p> <p>Paper 2: There could be financial implications if services are supported non-recurrently – this would be funded through CCG non-recurrent transformation allocation.</p>
<b>Quality Implications:</b>	<p>Paper 1: The use of the residual PMS reinvestment funds will support movement of general practice towards ‘at scale’ arrangements and the longer term sustainability and quality of enhanced services.</p> <p>Paper 2: The use of any non-recurrent money to provide interim support to services would provide stability in existing services while a medium/longer term solution is developed.</p>
<b>Procurement Decisions/Implications (Care Contracting Committee):</b>	<p>None</p>
<b>Engagement Implications:</b>	<p>The GP Development Group was engaged in the discussion regarding the use of residual PMS reinvestment monies.</p>
<b>Conflicts of Interest</b>	<p>Conflicts were noted and those who had a conflict of Interest did not see the papers or take part in a vote.</p>
<b>Strategic Objectives</b> <i>Short summary as to how the report links to the CCG’s strategic objectives</i>	<p><i>1. Sustainable Services</i>  Paper 1: The use of the residual PMS reinvestment funds will support movement of general practice towards ‘at scale’ arrangements and the longer term sustainability and quality of enhanced services.</p> <p>Paper 2: The use of any non-recurrent money to provide interim support to services would provide stability in existing services while a medium/longer term solution is developed.</p> <p><i>2. Empowering People</i></p> <p><i>3. Supporting Communities</i></p> <p><i>4. Delivering a fit for purpose organisation</i></p>
<b>NHS Constitution:</b>	 NELCCG Constitution.doc

	<p><i>Does the report and its recommendations comply with the requirements of the NHS constitution? Yes</i></p> <p><i>If No, please summarise key issues</i></p>
<p><b>Report exempt from Public Disclosure</b></p>	<p>No</p>

<p><b>Appendices / attachments</b></p>	<div style="text-align: center;">    </div> <p>2016_12_08 - PMS Reinvestment Scheme Specification Supporting Service St Underspend Proposal Releasing Capacity fc</p>
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