Healthy Future

NHS
Hammersmith and Fulham
Clinical Commissioning Group

Finance and Performance Committee Meeting

Tuesday 22nd August 2017, 3.00 – 5.30 pm
St Paul's Church, Hammersmith

Governing Body		
Tony Willis	GP and Governing Body member (Chair)	TW
James Cavanagh	GP and Governing Body member	JCa
Janet Cree	Managing Director, H&F Clinical Commissioning Group	JC
Carl Goulton	Finance Improvement Director, Finance Team (CWHHE) – (deputising for the CFO, CWHHE)	CG
Trish Longdon	Lay member, H&F Clinical Commissioning Group	TL

Officers in attendance:		
Shelley Martin	Head of Finance, H&F Clinical Commissioning Group	SM
Sue Roostan	Deputy Managing Director, H&F Clinical Commissioning Group	SRo
Nicola O'Connor	Contract Finance Manager (Imperial) H&F Clinical Commissioning Group	NoC
Adam Foster	Project Support Officer, Mental Health and Planned Care, H&F Clinical Commissioning Group	AF
Jessica Simpson	Project Manager, Mental Health and Planned Care, H&F Clinical Commissioning Group	JS
Helen Lipinski	Project Manager for Planned Care and Mental Health, H&F Clinical Commissioning Group	HL
Wendy Lofthouse	Mental Health Commissioning Manager, H&F Clinical Commissioning Group	WL
Janice James	Deputy Director System Wide Transformation, Strategy & Service Transformation Team	JJ
Salma Mohamed	Financial Analyst, Strategy & Service Transformation Team	SMo
Margaret Kelly	Business Support Manager, H&F Clinical Commissioning Group	MK

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1.	**Apologies**	
1.1	Apologies were received from Paul Skinner, Keith Edmunds, Nick Martin, Helen Poole and Sharon Robson.	
2.	**Minutes of the Previous Meeting**	
2.1	The minutes of the previous meeting were approved as an accurate record of the meeting.	
3.	**Conflict of Interest**	
3.1	The previously acknowledged potential conflicts of GPs as commissioners and providers were noted.	
4.	**Matters Arising/Action Log**	
4.1	The outstanding actions were reviewed and discussed. Please refer to the actions table for updates.	
5.	**Limes Dementia Service**	
5.1	HL and WL introduced the Limes Dementia Service paper. The committee were informed that Limes was a 20 bedded service within West London Mental Health Trust (WLMHT) for older people with cognitive impairments and complex mental health needs, in particular for people with Behavioural and Psychological Symptoms of	

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	Dementia (BPSD) and/or people with functional mental health problems with challenging and/or aggressive behaviour. WL stated that Hammersmith and Fulham CCG (HFCCG) currently commission three beds which are part of the block contract with WLMHT, however following a review exercise it identified that one patient was the responsibility of Harrow CCG, and another patient was ready to be discharged with an alternative and more appropriate placement found within an existing block contract. WL indicated that as a result, the CCG only require one of the beds. WL said based on feedback from CLCH it highlighted no current demand for the Limes service, either by patients awaiting a placement or by those placed outside the borough therefore; once the two beds have been vacated there will be no H&F patient to take their place. WL reported that Ealing CCG wanted to adopt a flexible approach towards purchasing future beds. She said the plan was for Limes beds to be block booked by Ealing, Hounslow and H&FCCG, with beds purchased as needed. SM questioned at what stage of agreement H&FCCG were with WLMHT. WL clarified that WLMHT were awaiting the CCGs decision and outcome of today's discussion but H&F were in dialogue with Hounslow and Ealing around the proposed future commissioning model for Limes. SM asked if Ealing and Hounslow CCGs are able to commit additional funds towards the beds. WL responded that Ealing CCG require the beds and have identified patients that are due to go in with negotiations on-going around the number of beds required and costs. TL informed the committee that the Head of Finance at Ealing had stated that Ealing CCG had no plans to commission additional beds. SR said that the main issues were around criteria and the number of designated male/female beds. TW questioned why H&F requires fewer beds and how it plans to address any future demand for Limes beds. WL explained that historically, for the majority of patients, once admitted to Limes it was a "home for life", however the current clinical model being implemented was a medium term rehabilitation unit, for those patients not managed effectively in other environments mainly due to exhibiting aggressive or other behavioural problems associated with their dementia. WL said that members of staff work intensively with these patients with the aim of stabilising them to the point that they can be managed in a care home environment at which time they can be discharged, which should take place within approximately two years. WL said it was difficult to determine future but have the opportunity to spot purchase additional beds at Limes if needed, in the future, but this was dependant on availability. SRo explained that other care home placement options could be considered for patients with challenging behaviour. SS asked how it planned to negotiate the spot purchase Limes beds. WL clarified that it would depend on the cost of the Ealing block purchase and the number of beds available but the price should be comparable, nonetheless other options/choices were available for the CCG to consider. SM explained that because of the historic arrangements the price paid by HFCCG for these beds had differed. The committee: • **Approved** the reduction in expenditure in the Limes Dementia Service (a reduction of two out of the three block contract beds) from 408K to 136K • **Supported** the reduction of two Limes Dementia Service beds **Supported** the plan for the Limes beds to be block booked by Ealing, Hounslow and HFCCG in a flexible way meaning that beds can be purchased as needed	

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	• **Approved and recommended** to September's governing body for ratification, to prioritise the reinvestment of £109K of this released recurrent fund into the perinatal mental health service	
6.	**Perinatal Mental Health Business Case**	
6.1	AF and JS introduced the Perinatal Mental Health (PNMH) Business Case. JS explained that at May's governing body it approved the extension of the service to the end of the 2017/18 financial year as funding had already been allocated to the service but would return for final sign off at September's meeting once further detail was obtained on the recurrent funds which governing body members said was a priority. She reiterated that recurrent funding had been identified through the realignment of the West London Mental Health Trust (WLMHT) block contract, by decreasing expenditure into the Limes dementia service by reducing the number of beds from three to one. JS said that the recommendation from the F&P committee would be presented to September's Governing Body for approval with the outcome to be communicated with WLMHT. SRo said as commissioners it was tasked to find recurrent funds through the realignment of the Limes dementia service and if funds are not approved it would need to look at decommissioning the service. TL acknowledged the great work being delivered by the service. She commented on the CCGs likely financial net risk at month 4 of £4.5m; the current QIPP gap and risk of further deteriorations in the financial position over the coming months and next year. TL asked whether as a CCG it should prioritise the reinvestment of £109K recurrently into the PNMH service from 2018/19; from the recurrent funds of £272k released through the Limes dementia service. She questioned whether this money should be retained given the CCGs lack of funding and the other priority areas being considered and whether funding requests should be deliberated collectively. VA responded that the mental health commissioners were mandated by the governing body to identify funds through the realignment of the WLMHT contract, and if funds were secured that PNMH should be prioritised. JC concurred that the decision taken at May's governing body meeting was that the CCG should be tasked to find money to continue to fund the PNMH service recurrently from 2018/19 and to take a paper back to the September governing body meeting for approval. She added that of the £272K recurrent funds identified within the 2018/19 WLMHT contract, by reducing the number of blocked booked Limes beds from three to one, that £109K would be used to fund PNMH recurrently from 2018/19. JS explained that the PNMH service was a clear priority nationally and was reflected locally in the Sustainability and Transformation Plans (STP). She added that an action in the STP for 2016/17 was to implement community pathways for PNMH across NWL, and if the service were not funded from 2018/19 onwards, there would be a massive gap and inequitable service delivery across the STP footprint, as CNWL would continue to provide a service for the other 5 NWL CCGs. Furthermore, JS explained that as part of the collective prioritisation process carried out at a governing body seminar that the PNMH service was considered one of the key priority areas. SRo explained that the aim was not to remove the money released from the Limes dementia service from the WLMHT block contract, as it would prove very difficult to do so, but instead redirect £109k of the recurrent funds to PNMH to continue the service from 2018/19. She mentioned the monies allocated towards the mental health investment standard and the five year forward view investment requirements and the challenging situation faced by the CCG to invest in mental health. SRo said it could contemplate decommissioning PNMH, but reiterated that this decision would be against the national direction of travel, leaving H&F as an outlier and the only CCG out of the 8	

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	NWL CCGs without a service. CG commented on the opportunities to decommission services but as a CCG would need to consider in the first instance all priority areas for investment and the list of potential services to decommission. SM noted that the mental health investment standard was measured on spend with adult services currently over spending based on outturn and forecast outturn. WL indicated that of the £272K recurrent funds released within the 2018/19 WLMHT contract, by reducing the number of Limes beds from three to one, that some of this money could be utilised towards the purchase of future spot placements if required. SM said that decisions around the realignment and use of funds within the WLMHT contract would be subject to negotiation between the CCC and the Trust. WL responded that discussions would need to take place between both parties around the realignment of funds; which carried an element of risk, and would need to be included as a caveat following the decision taken today. TL said assurance should be sought from Clare Parker; Chief Officer, prior to the governing body that it was appropriate to use £109k of the recurrent monies to continue the PNMH service from 2018/19, given the CCGs financial position and current QIPP gap. The committee agreed it was appropriate to use part of these funds to continue the PNMH service as it is only a proportion of the total sum identified, and agreed that removing funds from a block contract was notoriously difficult. The committee: **Recommended** to September's governing body that it recurrently funds the Perinatal Mental Health Service (PNMHS) at an additional recurrent cost to H&F CCG of £109,450.28, with a caveat that contract negotiations are held between the CCG as commissioner and the provider to agree the detail around how the money was reinvested	
7.	**Strategy and Transformation**	
7.1	<u>S&T Budget - 2017/18</u> JJ presented the S&T budget for 2017/18 along with her colleague Salma Mohamed, Financial Analyst. JJ explained that the collaboration board had recommended a contribution of 1% of revenue resource limit from each CCG, with the exception of Harrow CCG. She informed the committee that the S&T budget has been set at £15m to date this financial year, however, would like to reduce the budget to £12m to be supported by a detailed 'bottom up' costing. The key elements of the budget are as follows:- **£m** / **Applications of funds** / **£m** CCG contributions at 1% of RRL: 25.2 / Strategy & Transformation team: 15.0 NHSE (to be confirmed): 6.0 / Provider support: 11.2 HEE (to be confirmed): 1.0 / Primary care smoothing: 2.1 Balancing items (see notes) / Contingency £1m / £1m towards CEP: 2.0 Balancing items: 1.9 Subtotal: 32.2 / Subtotal: 32.2 TL questioned what was happening with Harrow CCG, given that the CCG were not required to contribute towards the NWL Financial Strategy due to their current financial	

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	position. She also raised concern about primary care smoothing and Hammersmith and Fulham CCGs (HFCCG) contribution with less money available locally to invest in primary care compared with the other CCGs, which may result in inadequate service delivery across the patch. Furthermore, TL commented on the SOC1 business case, the huge deficit in HFCCG, the large amount of money being allocated to Ealing CCG and lack of response to the issues raised by HFCCG. JC responded that the Chief Financial Officer had set out the current process for Harrow CCG but would need to ensure that the outcomes form part of future Joint Finance Committee discussions, to provide progress on the actions and to ensure transparency of process and understanding with Harrow CCG held to account to deliver these actions. She added that at September's Joint Finance Committee, Harrow CCG would be asked to present these actions and explain how it planned to improve their financial position. TL commented on primary care smoothing and queried whether it was capped and subject to assurance from Harrow CCG. She added that Harrow CCG would need to be held to account around the governance structure and S&T would need to talk through the Harrow position at September's governing body. JC said that the governance process for primary care smoothing was clear and CCGs were required to ensure that the deficit was met through the overall system arrangements and managed within the context of the NWL Financial Strategy. JC commented on the money identified for primary are smoothing and the budget risk of £0.8m, and said in terms of managing the process that the Chief Financial Officer planned to keep the overall budget at £2.1m instead of asking CCGs for an additional £0.5m therefore agreed to manage any risk against budget from residual monies from primary care smoothing. TL said if Ealing and West London CCGs had agreed to this approach, it should have gone through the Central London CCG governance process. JC clarified that this was a separate issue. She asked members of the committee if they were happy to recommend 1% of the CCGs revenue resource limit for approval to September's governing body, with a caveat that it goes through the appropriate governance processes (Central London CCG as host CCG for S&T) for any expenditure and reconciliation of expenditure. TL mentioned H&FCCGs financial position, the limited funding to invest in primary care and the requirement for H&F to support other CCGs that are in a better position financially. JC acknowledged the disparity of funding across the patch with H&F underfunded for primary care but noted that the CCG was over capitated, which differs for Central London and West London CCGs. She added that H&F are part of the NWL Financial Strategy, recognise that this was the first year of primary care but want to see what could be done to manage the CCGs position going forward and to ensure accountability and transparency of process around Harrow CCG. TW asked for an update on funding towards the SOC hub developments. JC clarified that part of the money utilised towards the hub development would come from the £2.1m with £.8m towards primary care smoothing and the reminder to be used towards SOC developments. SM explained that initially CCGs were asked to contribute 1.5% of their revenue resource limit, with 0.5% of this sum potentially required to fund development of the detailed business cases, however, as recommended by the collaboration board a contribution of 1% of the CCGs revenue resource limit was now required, with the exception of Harrow CCG, who are in deficit. JCa commented on the funding across NWL and trying to obtain a clear perspective of the money per head of spend and having an equitable position to include deprivation, which was currently unclear.	

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	TL mentioned that H&F were required to phase in the SCF standards (Standards for the Collaboration Framework); but other CCGs were not required to do so, and questioned why the arrangements could not be reciprocated for H&F. JC said that the CCG requires further information on the Harrow position. She added that the actions they need to take forward should provide the additional detail but there needs to be transparency and accountability around the delivery of these actions. JC said that H&F wants to be cited on next year's plans for the provision of primary care smoothing. TL suggested approving primary care smoothing this year, which was inequitable. However, for next year if West London and Central London CCGs receive PMS money back that H&F should not be expected to continue to smooth. The committee: **Recommended** the S&T budget for FY17/18, a contribution equivalent of 1% of the CCG's revenue resource limit (£2.65m), to September Governing Body for approval, with the following caveats; • that it goes through the appropriate governance processes (Central London CCG as host CCG for S&T) for any expenditure and reconciliation of expenditure, • there was no agreement to the originally proposed 0.5% (although it is acknowledged in the cover sheet that this is not now being sought the sentence highlighted in blue still holds out the possibility that CCGs will be asked for more in year. The F&P did not agree to this) • for a plan to be developed to ensure primary care smoothing was not a recurrent position for Hammersmith and Fulham CCG, • for the outcome of the Harrow CCG position to be shared with Keith Edmunds, Chief Officer, and discussed at a future joint finance committee in order that there is transparency of process, progress and understanding	
7.2	<u>Months 1- 3 budget update</u> JJ introduced the months1-3 budget update. She informed members that the team are currently revisiting the operational budget in order to ensure that S&T can deliver its transformation business plan objectives for NWL in the most cost effective way possible to optimise the value for money return upon CCG investment. TL said for H&F the FR plan was important and the sooner it was established the better. The committee noted that S&T are working closely with colleagues with weekly meetings held to discuss progress and to obtain assurance on the Financial Recovery Plan (FRP) schemes with a particular focus on the development of the S&T plans. JJ said that a variety of schemes have already been scoped with further schemes developed at HRG level. JJ reported that the S&T QIPP target currently stands at £12m for 17/18 based on project return on investment. CG noted the modest return for this year with the majority of schemes managed through the appointment of Kingsgate using project management staff with consultants from S&T providing a supporting role in addition to delivery. JJ stated that in terms of assurance going forward that S&T were producing a QIPP tracker; which was rag rated, for all cross cutting schemes and would share a copy at the next meeting. JC requested an update on the externally funded programmes and on Mental Health IAPT and the £120k investment with further details to be provided on any investment required to support the delivery of increased access, as per the new targets set out in Mental Health Five Year Forward View. JC indicated that H&F would not be in a position to support any increased funding required this financial year. SRo said that	**JJ** **JJ**

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	H&F are keen to know what the IAPT budget would look like early on as it may affect certain targets that the CCG are measured against. The committee: • **Noted** the months1-3 budget update	
7.3	Quarter 1 update report JJ provided a brief synopsis of the report. TL sought further clarification on the workforce-enabling scheme. JJ clarified that the report includes workforce information across all eight STP schemes and was linked to the five delivery areas with different types of training currently underway. She added that it provides an insight into some of the funding and new models of care commissioned for outcomes that the system currently benefits from, working across commissioners and providers to ensure delivery. JJ stated that page seven highlights the work they are currently doing such as the change academy with eight successful applicants trained and the national "Making Every Contact Count" (MECC) programme, currently being rolled out. JJ explained that part A of the report offers a CCG perspective for each initiative and different delivery areas within the STP portfolio in which an individual CCG is involved and the opportunities for other CCGs and sharing of information across the system. JJ stated that part B at the end of the report shows the workforce element for each delivery area. TL requested patient information on "you said we did". The committee **noted** the Q1 report.	**JJ**
8.	**Finance and Activity - 2017/18**	
8.1	Month 4 Finance Report – 2017/18 SM introduced the report. She explained that at month 4, the CCG was reporting on plan both year-to-date (YTD) and against the forecast outturn, but was relying heavily on high level mitigations of £2.4m at month 4 and £7.1m for the full year, in order to achieve the control total. She explained that this significantly reduces the available CCG mitigations to address any further deterioration to the position. SM highlighted that the acute contracts were over performing by £2.1m YTD and 4.8%, partially offset this by releasing uncommitted acute reserves to give a year to date overspend of £1.9m. She noted that the other significant variances from plan were in mental health with adult placement costs above budget and the Q1 and forecast overspend for learning disabilities on the Section 75. SM said that the CCG position at month 4, showed a likely net risk of £4.5m largely driven by the QIPP target in 17/18, which aligns with the QIPP assessment reported to NHS England. SM explained that in terms of QIPP delivery, at month 4 the CCG was reporting delivery of net savings of £2.55m (72% delivery), which takes into account mitigated schemes identified in year. She added that on a full year basis the CCG was forecast to deliver QIPP savings of £14.72m against the plan of £19.42m (76% delivery). SM explained that from month 6 onwards there would be a significant increase in the target SM discussed the risks and opportunities and said at month 4 the CCG was reporting a net risk of £4.5m, a similar position to what was reported at month 3. She added that the risks are largely due to deterioration in the position over the remaining months in acute and the primary care position, along with the failure to deliver sufficient back ended QIPP. She noted a high level of QIPP forecast to be delivered later in the year.	

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	SM mentioned the opportunity of £1.3m and small amount of balance sheet monies, but noted a slippage in primary care investment and the further work required to achieve the bottom line. She commented on the high level of risk, the worsening in the acute position and low level of QIPP delivery to offset the risks. TL asked how big the QIPP gap was and how much the CCG anticipated would be achieved. SM clarified that YTD QIPP delivery was £2.5m and the CCG was forecast to deliver £14.72 with £4.7m adrift against the QIPP plan of £19.42m. SM explained that the CCG continues to report on plan using contingency funds and balance sheet items with any non-delivery seen as a deficit. SM said there were still some areas on the balance sheet to be worked through and finalised that could be used to support the position. JC stated that the CCC were looking at the in-year opportunities and noted the list the opportunities in the Kingsgate report, but were small items. She added that the contract reviews were feeding into the process and had come back with opportunities from the review work. The committee **noted** the month 4 finance update.	
8.2	<u>Imperial Contract Performance and trend analysis - month 3 2017/18</u> NoC presented the month 3 Imperial report. She informed the committee that the H&F closedowns for 2016/17 had generated benefits of £623k. NoC said at month 3, the CCG had a mitigated variance of £1.7m, however following applied mitigations this had reduced to £1.33m, and showed an in month adverse variance of £599k. NoC noted an in month change to plan due to the realignment of the S&T QIPP schemes, which improved the year to date (YTD) position by £100k, and an adverse movement closer to £700. NoC said the YTD adverse mitigated variance includes favourable variance against Critical Care of £271k and high cost drugs and devices of £57k, but these favourable variances cannot be relied upon going forward to mitigate over performing due to the volatile nature of spend in these areas. NoC reported non-electives (NEL) as a big area of over performance with a £367k variance in month and QIPP of £520k YTD. She added that the position excluding QIPP showed a favourable variance of £138k at month 3. NoC said that NEL stroke was one of the main areas of over performance with pressure of £800k across the 8 CCGs and £300k relating to H&F, but are querying the high activity levels with the Trust. NoC noted that the outcome of a recent analysis assumes there was a case mix issue. JC stated that concerning Referral to Treatment (RTT) that due to a backlog issue it was difficult to determine the current position. NoC said in analysing the data RTT was ahead of plan therefore pressure should begin to ease over the coming months. She added that work was on going with the Trust to obtain an accurate position. NoC said following an analysis of the impact of Grenfell and London Bridge incidents; it has highlighted no material impact on the position. NoC said that due to the flood at the Patterson Wing, the planned activity for July will be lower. NoC stated that the month 3 forecast out-turn variance was £4.31m adverse against plan, but that it was too early to give an accurate assessment of the likely forecast out-turn, given that only three months of data was available.	

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	NoC reported that YTD planned care was over performing by £366k, predominately due to volume, with activity 9% above plan, causing a significant pressure to the position, driven by outpatient first, day case and electives. She added that the notable pressure specialists are cardiology and colorectal surgery. NoC noted a QIPP adjustment of £1.634m for back ended QIPP was reflected in the forecast outturn position. She noted that £1m QIPP had been removed from the position, and included an adjustment from flex to freeze. JC noted a QIPP variance of £1.3m and said the CCG had assumed that £1m QIPP would be delivered, however if it failed to be delivered the £1m will be added to the £1.3m QIPP. NoC mentioned the activity and cost slide excluding QIPP, which presented a favourable forecast of £450k below plan, but there was a big reliance on QIPP delivery to deliver on plan. JC said that the CCG and Imperial would need to deliver on demand management with further work required. JC commented on the CIS assumptions, which has little impact on NEL admissions therefore further work was required to review the case mix. SM stated that by POD primary care and critical care were underspend with critical care also showing an underspend at Chelsea and Westminster (C&W). SM asked how the underspend of £271k in critical care translates to forecast outturn given that care was planned and would assume varying activity levels by month. NoC said work was underway with Imperial to look at critical care and explained that if a patient was in the hospital for a period of 11 months that the cost would not be provided until discharge. She added that the CCG are currently looking at activity on a bed day basis to allow more accurate figures to be provided. She added that activity levels for critical care and maternity were down across the eight CCGs. The committee **noted** the Imperial month 3 performance and trend analysis report for 2017/18 and brief overview of the month 3 position	
8.3	<u>HMRC Investigation - current position</u> SM introduced the current position around the HMRC Investigation. She noted that the paper was taken to the committee for noting and lists the provisions made. The Committee **noted the update** on current HMRC enquiries and investigations, and any actions arising to ensure CCGs are compliant.	
9.	**QIPP 2017/18 - Month 4 Performance Report plus QIPP Delivery Group minutes and actions**	
9.1	SRo introduced the month 4 QIPP report, QIPP Delivery Group minutes and actions. The committee noted that based on year to date performance that the CCG had delivered net savings of £2,549k compared to the revised plan of £3,553k which showed and a shortfall of £1,005k (72% delivery). However, taking into account the release of budget underspends of £796k, it highlighted a gap of £1,800k. SRo said in terms of forecast performance, the CCG had forecast the delivery of net savings of £14,722k (76% delivery) against the QIPP plan of £19,428k, a gap of £4,706k. However, it includes mitigations of £3,576k and if excluded, the gap would increase to £8,282k. SRo informed the committee that the CCG were looking at other schemes and QIPP opportunities to deliver in year and the bigger plans for 2018/19. She added that the CCG continues to hold QDG (QIPP Delivery Group) meetings fortnightly, focusing on NEL admissions with Toby Hyde alongside Primary Care and Planned Care leading on this piece of work. She added that it requires a different way of working focusing on a more comprehensive programme with links into CIS and community nursing.	

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	TL asked if there was anything further that the committee could do to support QIPP delivery and if sufficient resources were in place. JC said that the governing body at a recent seminar had discussed the important role that clinical leads can play; acknowledged that the level of scrutiny and challenge was supportive but as a CCG would need to ask the right questions, hold difficult conversations and focus on the right areas in order to move forward. JC stated that the committee would be made aware of any additional resources required; but the CCG should be able to find resources through invest to save, the redirection of teams and moving staff around to focus on other areas. JC said that it was important for committees' to function effectively and F&P was part of this process in terms of rigorous challenge. SS mentioned the CCGs Engagement Committee and asked what engagement other CCGs were doing that shows service improvements and the messages communicated to the public. JC mentioned the level of engagement locally in developing the CCGs Comms and Engagement Strategy and its important role it delivering the changes, also the role of the Patient Reference Group (PRG) and testing services and the work around choosing wisely, which was delivered better in H&F but acknowledged that other CCGs might be communicating public messages better and can reflect on the learning from other CCGs to take forward. The committee **noted** the month 4 QIPP performance report plus QIPP Delivery Group minutes and actions	
10.	**Any Other Business**	
10.1	<u>H&F Non-Elective Admissions Programme</u> JC provided a brief summary of the paper. The committee were informed that the document was presented at the Primary Care Commissioning Committee (PCCC) on the 13th June 2017, where it approved an initial investment request up to March 2018 to develop a primary care response as part of the first phase in the non-elective (NEL) programme, to be funded as follows: • £100k from the GP Forward View monies for back-office transformation (already agreed at F&P on 25th July 2017) • £39,125 from the Primary Care Investment Monies (3% of overall fund) The committee **noted** the paper on the H&F Non-Elective Admissions Programme.	
Date of next meeting: Tuesday 26th September, 3.00 - 5.30 pm, St Paul's Church, Hammersmith		