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Minutes of Investment Committee meeting held on

Thursday 29 June 2017, 11.30 – 1.30,
 Room 5.4, 15 Marylebone Road

Members in attendance

Philip Young (PY)	Lay member for Audit & Governance, CWHHE CCGs (Chair) [i]
Trevor Woolley (TW)	Lay member, Hounslow CCG [i]
Dominique Kleyn (DK)	Lay member, Central London CCG (by 'phone) [i]
Nick Martin (NM)	Lay member, Hammersmith & Fulham CCG [i]
Michael Morton (MM)	Lay member, Central London CCG [i]
Simon Tucker (ST)	Lay member, West London CCG (by 'phone) [i]
Dr Nicola Burbidge (NB)	Chair, Hounslow CCG
Dr Neville Pursell (NP)	Chair, Central London CCG
Dr Mohini Parmar (MP)	Chair, Ealing CCG (by 'phone)
<u>[i] = Independent Member</u>	
Non-members in attendance	
Dr James Cavanagh (JC)	GP member, Hammersmith & Fulham CCG
Helen Poole (HP)	Deputy Managing Director, Hammersmith & Fulham CCG (item 8)
Vanessa Andreae (VA)	Vice Chair, Hammersmith & Fulham CCG (item 9)
Dr Amy Wilson (AW)	GP Governing Body member, Hammersmith & Fulham CCG (item 9)
Mary Clegg (MC)	Managing Director, Hounslow CCG
Philippa Mardon (PM)	Deputy Managing Director, Central London CCG
Cynthia Mkandawire (CM)	Primary Care Programme Manager, Central London CCG (items 7 & 10)
Ashfaq Khan (AK)	Lead pharmacist, Central London CCG (item 11)
Katrina Mindel (KM)	Primary Care Lead, West London CCG
Breac Macleod (BM)	Head of Finance, West London CCG
Neha Unadkat (NU)	Deputy Managing Director, Ealing CCG (by 'phone)
Catherine Williams (CW)	Primary Care Lead, Ealing CCG (item 6)
Sue Jeffers (SJ)	Director of Primary Care Development
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Simon Carney (SC)	Head of Corporate Governance, CWHHE CCGs (Secretary)
Cathy Bowyer (CB)	Corporate Governance Officer (minutes)

	Business items	Action
1.	Welcome / apologies	
	Apologies were received from: <ul style="list-style-type: none"> • Clare Parker • Alan Hakim 	
2.	Declaration of interests	
2.1	There were no declarations other than those already declared previously. The inherent interests of GPs present as providers were noted. It was confirmed that clinicians with an interest in a particular item would not be part of the decision on that item; however, would be permitted to contribute to the discussion.	
3.	Minutes of meeting on 18 May 2017	
3.1	The minutes were agreed as an accurate record of the meeting.	
4.	Matters arising and Action Log	
4.1	The Chair introduced the meeting with an overview of the growing urgency to settle the governance and oversight mechanisms of financial decision-making relating to Primary Care. Whilst the CCGs' Primary Care Committees are established, there remained uncertainty regarding: <ul style="list-style-type: none"> • how the CCGs collectively apply sector-wide controls alongside their individual ones; • how the CCGs hold each other to account before the application of NWL risk share arrangements; • how equity for practices and patients is managed across NWL; • achieving consistent approach to achieving non-conflicted affordability assurances both in individual CCGs and across them; • how deficits in Primary Care / risks arising from rent and rates reviews (and other potential liabilities inherited from Level 3 delegation); • whether the capped expenditure process applies to all new investments, including CCGs' '£3 per head' proposals; and • the process for confirming affordability of any new expenditure both within an individual CCG and in the context of the shared financial control total. 	
4.2	It was noted that, through the Capped Expenditure Process (CEP), new investment would be subject to additional scrutiny and finer detail on this was being sought from NHSE.	
4.3	Developing a mechanism for ensuring affordability both locally and across the STP was becoming pressing; a CCG finance committee was not an acceptable place for this to be approved due to potential conflicts and, even when the terms of reference allow it to both manage conflicts and remain quorate, it would be hard-pressed to take the wider view. A suitably-authorized CWHHE joint finance working group would be a step forward with the end goal needing to be something that could perform the scrutiny etc on behalf of all eight Governing Bodies.	
4.4	The committee discussed the outcome of the debate between LMC and NHSE regarding the level of funding to support sustainability and general practice over the next two years; further clarity was imperative vis-à-vis which 'funding pot' this should be taken from.	
4.5	Outstanding actions:	

	Act.0023 - In respect of the action relating to CIS, PM agreed to obtain an update for presentation to the committee at the earliest opportunity.	
	GPFV Provider Development Programme (transformational support) 2017/18:	
5.	West London CCG's '£3 per head' proposals;	
5.1	KM presented the paper, adding that clear guidance had been received from NHSE to improve access to services.	KE/KM0089
5.2	As a result of this, ten high impact actions (HIA's) had been defined. Subsequently, lengthy conversations with West London CCG GPs had been held along with engagement opportunities to discuss the £3 per head (ph) funding. Following this period, it was proposed that the £3 ph be split equally across 2017/18 and 18/19.	
5.3	BM confirmed that the funding had been approved by the non-conflicted members of the West London Finance and Activity Committee to be drawn from the CCG's core allocation. An element of the proposal reflected new investment. As flagged in 4.1 (above), additional scrutiny to ensure compliance with CEP was required.	
5.4	The Committee: <ul style="list-style-type: none"> - was content that conflicts of interest had been managed; and - agreed the allocation in principle, but delegated the decision for formal agreement to the Chair following confirmation from the Chief Finance Officer that the expenditure is both: <ul style="list-style-type: none"> o affordable; and o permitted in the context of the Capped Expenditure Process. 	
6.	Ealing CCG's '£3 per head' proposals	
6.1	CW of Ealing CCG presented the paper, mentioning that the investment of £3 per head was closely aligned to primary care delivery plans.	CW/NU0090
6.2	A different split was proposed to that of West London; the split would be £1 per head in 2017/18 and £2 per head in 2018/19. The funding would be used to resource external support for practices who would be invited to apply, and actively encouraged to collaborate as a network, locality or federation. Practices would be able to design an action plan template to articulate the plans, which would need to address the: <ul style="list-style-type: none"> - rationale for the area of focus; - proposed scale of work (practice / network / locality / federation / other); - timeline for development and delivery (by month); and - expected outcomes and benefits. - Proposed method to measure impact of changes 	
6.3	The proposals represented additional funding being allocated to primary care (ie not drawn from the LIS); contract costs would be shared between headroom and core funding allocations.	
6.4	It was requested that Ealing CCG provide assurance and measurement of the impact the funding provided, however this reporting burden would need to be commensurate for the level of investment and not over burdensome.	
6.5	The committee:	

	<ul style="list-style-type: none"> - was content that conflicts of interest had been managed; and - agreed the allocation in principle, but delegated the decision for formal agreement to the Chair following confirmation from the Chief Finance Officer that the expenditure is both: <ul style="list-style-type: none"> o affordable; and o permitted in the context of the Capped Expenditure Process. 	KE/NU0093
7.	Central London CCG's '£3 per head' proposals	
7.1	CM presented the paper and asked the committee to note that provider development funding would be aligned to the direction of travel set out in the CCG's draft primary care strategy, which itself was out for consultation with member practices. The aim was that, once the primary care strategy was agreed, the CCG would provide a 'menu' of the funded services available for practices to provide. Engagement with CCG members indicated support of that approach.	
7.2	CM confirmed that the funding was not aligned to the LIS but additional, drawn from the core CCG budget. The split of £1 per head in 2017/18 and £2 per hour in 2018/19 had been factored into the CCG's budget.	
7.3	<p>The Committee:</p> <ul style="list-style-type: none"> - was content that conflicts of interest had been managed; and - agreed the allocation in principle, but delegated the decision for formal agreement to the Chair following confirmation from the Chief Finance Officer that the expenditure is both: <ul style="list-style-type: none"> o affordable; and o permitted in the context of the Capped Expenditure Process. 	KE/HM0094
8.	Hammersmith & Fulham CCG's '£3 per head' proposals	
8.1	Helen Poole presented the proposal and it was noted the allocations would be from practice resilience funds; an Expression Of Interest would be required to access this funding stream.	
8.2	As with West London CCG, the proposal was for £3 per head to be split equally across 2017/18 and 2018/19	
8.3	<p>The Committee:</p> <ul style="list-style-type: none"> - reviewed and agreed the H&F CCG GPFV investment for 2017/18 and confirmed that conflicts of Interest had been managed; and - noted that approval had already been given at the H&F CCG Primary Care Commissioning Committee in public 13 June 2017. 	
9.	Hammersmith & Fulham CCG 2017/18 Local Improvement Scheme	
9.1	Upon presentation of the paper by VA and AW, the committee were asked to approve the content of the outstanding elements of the scheme and budget allocation for 2017/18, commencing from 1st July 2017.	
9.2	The members present were happy to approve the plan and stated that it was comprehensive and legible; furthermore, it was pointed out the layout and model presented would be a good template for LISs across CCGs.	
9.3	The committee approved the Hammersmith & Fulham CCG 2017/18 Local Incentive Scheme.	

10.	Central London CCG PMS review	
10.1	CM introduced the PMS review for Central London CCG. This had previously been agreed by non-conflicted members of the Central London CCG Finance and Performance committee and was being presented at this committee for endorsement of the review process and the financial strategy for investment in PMS commissioning intentions across the practices.	
10.2	Concerns were raised in relation to: <ul style="list-style-type: none"> obtaining statistically-valid information given the small size of some of the practices; this being a new investment (the committee were told that the rate return of was two-to-three years); and how transition funding fitted into the strategy, although the committee agreed with the principles of the proposal. 	
10.3	Regarding finances and in view of the previous discussion held (para. 4.1), the committee was also concerned as to: <ul style="list-style-type: none"> whether the expenditure was subject to the CEP; and whether all CCG chairs were at ease regarding affordability and the £800k spend, due to the current overall financial position and potential impact on risk share. 	
10.4	The committee requested that Keith Edmunds liaise with Elke Taylor as Head of Finance in Central London CCG to agree the above points; with the formal endorsement delegated to the Chair and Chief Operating Officer.	KE/ET0095
11.	Central London CCG Prescribing Incentive Scheme (PIS) 2017/18	
11.1	AK introduced the PIS, which consists of four quality indicators. These were also replicated in similar prescribing incentive schemes in Hammersmith & Fulham CCG, West London CCG and Hounslow CCG, and focused on: <ol style="list-style-type: none"> reducing kidney injury; reduce inappropriate antibiotic prescribing for urinary tract infections (UTIs); appropriate antibiotic prescribing; and reducing harm from non-steroidal anti-inflammatory drugs (NSAID) prescribing. 	
11.2	The committee was informed that the maximum investment of £223,377 had been approved by Elke Taylor, as well as practices being incentivised to working towards achieving the CCGs' £1.79 million prescribing QIPP.	
11.3	The committee approved the Central London CCG Prescribing Incentive Scheme.	
12.	Any Other Business	
12.1	Hounslow CCG's '£3 per head' proposals For completeness and in the absence of a paper, it was noted that Hounslow CCG had used LIS funding which had already been approved through this committee, to provide the allocation of £1.50 per head over two years.	
12.2	Following presentation of the GPFV Provider Development Programme (transformational support) 2017/18 proposals and resulting discussions, the	



12.3	<p>committee observed that three of the five CCG's proposals were classified as new investments.</p> <p>It was recognised that each CCG would be starting from very unequal positions; not only financial but also patient demand; varying levels of investment would be required to reach the position desired by 2021. It was also recognised that there was a challenge to develop a monitoring framework to assess whether commissioning by outcomes would be achieving the equitable position.</p>	
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