

Minutes of Investment Committee meeting held on

Thursday 20 July 2017, 9.00 – 10.30,
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 (by 'phone) [i]
Dominique Kleyn (DK)	Lay member, Central London CCG (by 'phone) [i]
Michael Morton (MM)	Lay member, Central London CCG (by 'phone) [i]
Clare Parker (CP)	Chief Operating Officer (left at 10.00am)
Dr Neville Pursell (NP)	Chair, Central London CCG (left at 10.15am)
Dr Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG
Dr Nicola Burbidge (NB)	Chair, Hounslow CCG
Dr Mohini Parmar (MP)	Chair, Ealing CCG
<u>[i] = Independent Member</u>	
Non-members in attendance	
Dr James Cavanagh (JC)	GP member, Hammersmith & Fulham CCG
Dr Andrew Steeden (AS)	GP member, West London CCG
Tessa Sandall (TS)	Managing Director, Ealing CCG (item 5)
Neha Unadkat (NU)	Deputy Managing Director, Ealing CCG (item 5)
Sue Jeffers (SJ)	Director of Primary Care Development
Jules Martin (JM)	Managing Director, Central London CCG (left at 10.15am)
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"> Keith Edmunds 	
2.	Declaration of interests	
2.1	As GP providers, declarations of interest were made by: <p>Dr Tim Spicer, Dr Nicola Burbidge, Dr Neville Pursell, Dr Mohini Parmar and</p>	

	Dr James Cavanagh in relation to their GP Practices. There were no further declarations other than those already on the published register of each CCG.	
3.	Minutes of meeting on 29 June 2017	
3.1	Approval of the minutes was deferred to the meeting on 3 August 2017.	
4.	Matters arising and Action Log	
4.1	Discussion of the matters arising and action log was deferred to the meeting on 3 August 2017.	
5.	Ealing CCG – Ealing Primary Care Standard	
5.1	<p>The item was introduced and it was stated that the Primary Care Standard was a wraparound contract which would be funded using three streams to include; core funding streams already allocated to primary care, delegated and additional headroom from primary care and additional core allocations. The Committee was asked to:</p> <ul style="list-style-type: none"> • Note the outcome of the Primary Care Commissioning Committee's consideration of the whole case on the 19th July which will be reported to the Committee on the 20th July; • Approve on-going/renewal of funding relating OOH, Paediatric Phlebotomy, LIS, Dementia (£7.2M annually 18/19 – 20/21); • Approve investment of £923k 18/19-20/21 new funding from core funding is affordable based on conservative savings case; • Confirm the approach taken to manage Conflicts of Interest was proper and robust; • Note the view of the non-conflicted F&P members; and • Inform the Governing Body of the decisions of the Investment Committee for ratification by the Governing Body. 	
5.2	As well as increasing patient access, this underpinned delivery of the STP and SCF and addressed the issue of primary care services being historically underfunded. Across 2016/17, GP practices in ECCG had over performed on the commissioned OOH services.	
5.3	The costing of the standard had been calculated using the Out of Hospital services model or Local Incentive Scheme where OOH was not available as both had previously been passed as approved by the Investment Committee. Additionally, regarding the use of the headroom element, the Committee were given assurance that use of the headroom funds had recently been approved by the Primary Care Commissioning Committee (PCCC).	
5.4	Extensive engagement had been undertaken which included Healthwatch conducting a survey of local residents as well as extensive engagement with Ealing membership. There was also an independent review panel set up to review who the most capable provider of the new services was and to confirm additionality to core contract. Regarding governance and non-conflicted decision making at both the finance and performance and primary care commissioning Committees, conflicted GPs had left the room when the decision was taken.	
5.5	Questions were invited from Investment Committee members in relation to the item and positive feedback was given regarding the paper content as well as its	

	<p>presentation. Clarity was requested in relation to primary care contracting and how the service delivery would be determined; TS responded that each of the 76 practices would provide this through a standard NHS contract with the ability to sub-contract.</p>	
5.6	<p>Opportunities had been taken to gauge interest thus far in relation to take up of the Standard amongst GP members; however, the process required funding approvals to be formalised as soon as possible in order to discuss in further detail. Of the Ealing practices, 42% were either single or dual GP practices. Feedback had so far indicated that 60% would sign up to the standard, with 20% would require support.</p>	
5.7	<p>In relation to a consistent service for all patients regardless of their practice contract type (APMS, PMS, GMS), the Standard would be offered to all GP providers for maximum coverage. Where a practice chooses not to deliver the changes to the existing OOH services, there was a responsibility as commissioners to ensure the service was provided for those patients and the contractual arrangements allow for the missing services to be sub-contracted to another provider. Clearly, the GP Federation could have a supporting role to this end if the outcome of the provider maturity assessment suggests they have the ambition to support primary care in Ealing.</p>	
5.8	<p>Complications with gaining information for the set-up of KPIs would not prove to be too onerous as much of the infrastructure had already been set up, with further SystemOne support required to make changes to the dashboards and enable further unwanted variations to be affected. Also, conversations would be held with practices to support this as it was developed.</p>	
5.9	<p>In order to mitigate the risk of different models of care being delivered causing fragmentation, organisational development within each GP provider should be put in place, to minimise the consequence of needs being unmet. Also, practices cannot choose to deliver some of the standards and not others. Practices would be signing up for the whole contract.</p>	
5.10	<p>In response to a query regarding the level of change and encouraging practices as providers to deliver the standard, the Committee were informed many of the services were already being delivered so this was not that much of a jump.</p>	
5.11	<p>In response to a query regarding the PMS review, it was noted that these standards would form the basis of the PMS review Commissioning Intentions. It was noted that all CCGs were creating their own PMS commissioning intentions.</p>	
5.12	<p>Regarding the workforce requirements required to deliver the Standard, the Committee were informed that, although it would be clinical staff which would be required, this would not necessarily be a GP role.</p>	
5.13	<p>Concerns were raised around sustainability of the targets once achieved and how there needed to be a continual driving force for delivery; however, the aspiration to see a change in delivery of care across practices should support sustainability. It was agreed, by taking the all or nothing approach this would hopefully assist with the acknowledgment for change.</p>	
5.14	<p>In order to make certain all CCGs were aware of the changes made, clinical leads had been involved from across CWHHE.</p>	
5.15		

<p>5.16</p>	<p>The Committee:</p> <ul style="list-style-type: none"> • agreed that the Business Case was comprehensive, clear and well-constructed; • noted the PCC’s scrutiny and decision to approve; • approved the on-going use of the £7.2m funding for OOHS, Paediatric, Phlebotomy, LIS and dementia through to end 2020/21; and • approved the (recurrent) investment of £923k from core funding into the Ealing Standard through to end 2020/21. • agreed that the conflicts of interest had been managed robustly throughout the decision-making processes; • noted the comments and assurances of the non-conflicted members of Ealing’s Finance and Performance Committee regarding the business case and its affordability; <p>In its approvals, the Committee flagged as essential:</p> <ul style="list-style-type: none"> • the need for significant provider development activity and that such would need to focus on moving them all towards goal-based contracts; • that all residents will be able to access to all services; and • the Mobilisation Steering Group’s close scrutiny of Practices’ delivery against the 75% up-front payments. The inclusion of lay partners on the steering group was required. 	
<p>6.</p>	<p>Any Other Business</p>	
<p>6.1</p>	<p>There was no other business.</p>	