As approved on 23 November 2017

Minutes of extraordinary meeting of the CWHHE Investment Committee held on

Thursday 28 September 2017, 12.00 – 1.00pm,
Room 5.4, 15 Marylebone Road

Members in attendance

Philip Young (PY)	Lay member for Audit & Governance, CWHHE CCGs [i]
Michael Morton (MM)	Lay member, Central London CCG [i]
Simon Tucker (ST)	Lay member, West London CCG (by 'phone) [i]
Carmel Cahill (CC)	Lay member, Ealing CCG [i]
Dr Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG (non-voting)
Dr Fiona Butler (FB)	Chair, West London CCG (non-voting)
Dr Neville Purssell (NP)	Chair, Central London CCG (non-voting)
Clare Parker (CP)	Chief Officer, CWHHE CCG's (by 'phone)
Keith Edmunds (KE)	Chief Finance Officer, CWHHE CCGs

[i] = Independent Member

Dr James Cavanagh (JC) , GP member, Hammersmith & Fulham CCG
Dr Vijay Tailor (VT) , Vice Chair, Ealing CCG
Dr Mona Vaidya (MV), Vice Chair, Central London CCG
Lizzy Bovill (LB), Programme Director, CWHHE CCG's
Janet Cree (JC), Managing Director, Hammersmith & Fulham CCG
Mary Clegg (MC), Managing Director, Hounslow CCG
Tessa Sandall (TSa), Managing Director, Ealing CCG
David Brownlow (DB), Shared Business Services
Alice Donovan-Hart (ADH), Shared Business Services
Sam Shah (SS), Clinical director of 111 services, NHS England
Simon Carney (SC), Head of Corporate Governance, CWHHE CCGs (Secretary)
Cathy Bowyer (CB), Corporate Governance Officer (minutes)

This meeting was held in common with Brent, Harrow and Hillingdon Procurement Panels. All individuals in attendance are set out are at Appendix 1.

	Business items	Action
1.	**Welcome / apologies**	
	Apologies were received from: • Nick Martin • Trevor Woolley	

2.	**Declaration of interests**	
2.1	There were no declarations other than those already declared previously. In line with normal policy and practice, the interests of the General Practitioners were noted and their votes withdrawn accordingly.	
3.	**NWL IUC Service Direct Award and Procurement**	
3.1	Amendment to cover paper: Option A – 'peruse' should be 'pursue'.	
3.2	Lizzy Bovill introduced the item and the background to the procurement	
3.3	Key to the case for the service was the improved use of the primary care workforce it offered and its connectivity of systems – eg the new IUC service would link clinicians to patients where required through 111. Additionally, there would be links to those who provided Out Of Hospital (OOH) services; noting that there were currently over 200 OOH contracts across NWL which were not all being fully utilised.	
3.4	Through links with the wider STP footprint, telemedicine in care homes would be supported; also the case anticipated that LAS attendances would be reduced through patients being redirected appropriately to other services. The clinical pathways would not, however change, just the care setting – eg the GP would work from an urgent treatment centre rather than a call centre. The service would continue through existing providers with currently no QIPP included, although discussions would be opened to include this as part of future commissioning.	
3.5	The direct award approach carried risks of legal challenge and these would be mitigated by the actions set out in the paper, based on openness and engagement with the market. Should the publication of the VEAT or Contract Award Notice attract a complaint from a provider there were options to influence whether that provider would bring a formal challenge and, if they were to, options for the CCGs to change tack (ie not award the contract).	
3.6	Sam Shah, Clinical director of 111 services, NHS England, added that overall the proposal was a good model. Learning had been incorporated from other parts of the system in London apropos the challenge of balancing costs and service deliverability.	
3.7	The direct award of this service was to opted out practices, whereas opted in practices would continue to hold the contract after the 1 April 2018. Whilst this would lead to some potential duplication of payments, it was accepted that the level of such would be consistent with that already experienced in the system.	
3.8	The Committee enquired whether the patients would receive the same levels of service across areas, for example, whether opted in GP's would differ to those who had opted out. Assurance was offered as above in that all patients would follow the same pathways, regardless of which practice they belonged to; the only difference would be how the service was funded. Negotiations in favour of indemnities for GPs and pharmacists were on-going and had not yet been finalised.	
3.9	A draft Equality Impact Assessment had been prepared and was broadly based on previous versions; five public events had taken place and the work to mitigate any highlighted concerns remained. The consensus had been obtained and the	

	challenge was to ensure it happened. **It was agreed** that two of the members, including Committee Chair, would be required to agree that the EIA was robust and formally approve the same.	**LB / Chair + TW 112**
3.10	Assumptions had been made as no assurance had been provided from NHSE regarding opted out practices going into 2018/19 and whether the funding would be allocated to CCGs. It was, therefore, important not to rely on such assumptions; the recommendation was to continue with running the pilot and see the benefits in context. As commissioners, there was a requirement to recoup the money to reallocate to practices that were providing services and also there was a need to ensure the opted in practices were financially billed for any use of the service provision.	
3.11	Risks were discussed and one of the most significant was the potential for contestability following a direct award; this needed to be mitigated as much as possible through suitably sized and advertised market events, noting it was not ideal to have a large market event.	
3.12	Although there had been a direct award agreed, the two providers concerned were expected to discuss and present a viable financial model. The two year timeframe was an opportunity to decide the scope of the bigger picture regarding volumes and demand management in A&E's; as well as the Accountable Care Partnership model.	
3.13	In summary, the Committee **noted** that the IUC Board's terms of reference and the process of the appointment of a lead commissioner needed to take proper account Hillingdon CCG's governance requirements and that Hillingdon's procurement panel required clarification of the contract structure and terms including financial amounts, payment mechanisms and break clauses.	
3.15	**Subject to**: • the Committee Chair and one other member's approval of a robust Equality Impact Assessment of the service specification; and • any indemnity provisions for the lead commissioner(s) and / or financial requirement above and beyond the CCG's existing expenditure baseline being approved by the relevant Finance Committee(s); the Committee **agreed**: a) a two year direct award pilot to the incumbent providers of NHS 111 and GP Out of Hours services, to deliver an Integrated Urgent Care service across the STP footprint of North West London; b) the continued implementation of the legal mitigations set out in Section 9 of the attached paper; c) that work should continue with incumbent suppliers to develop an IUC model for NWL, to the minimum IUC 2017 specifications and to continue to draft the Alliance agreement that would be in place between them to be signed by end of December 2017; d) that an MoU should be established between the eight CCGs so it is clear to all parties that costs, liabilities and workload of any potential challenges will be shared regardless of whom is 'lead commissioner'; and e) agreed that market events should take place throughout 2018 with a view to producing a robust a business case at the end of 18/19 to support a full procurement and mobilisation in 2019/20.	
4.	**Any Other Business**	

4.1	There was no other business.	

Appendix 1 – Members of Brent, Harrow and Hillingdon's Procurement Panels

Non-members in attendance	
Lindsay Wishart (LW)	Lay member, Brent CCG [i] (Chair)
Mukesh Panchal (MPa)	Associate Lay member for BHH CCGs [i]
Trevor Begg (TB)	Lay member, Hillingdon CCG [i]
Richard Smith (RS)	Lay member, Harrow CCG [i]
Dr John Riordan (JR)	Secondary Care Doctor, Hillingdon CCG [i]
Dr Sandy Gupta (SG)	Secondary Care Doctor, Harrow CCG (by 'phone) [i]
Sheik Auladin (SA)	Chief Operating Officer, Brent CCG (by 'phone)
Caroline Morison (CM)	Chief Operating Officer, Hillingdon CCG
Alex Stiles (AS)	Deputy Chief Finance Officer, Brent CCG
Donna Cox (DC)	Complaints & Governance Manager, Brent CCG
Adam Mackintosh (AM)	Head of Unscheduled Care, Harrow CCG
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