

**JOINT QUALITY, PATIENT SAFETY AND RISK AND FINANCE AND
PERFORMANCE COMMITTEE MEETING**

Tuesday 24th October 2017

St Paul's Church, Hammersmith, London W6 9PJ

Governing Body Members Present:		
Vanessa Andreae	Vice Chair and Practice Nurse member, H&F Clinical Commissioning Group (Chair)	VA
James Cavanagh	Vice Chair and GP member, H&F Clinical Commissioning Group	JCa
Janet Cree	Managing Director, H&F Clinical Commissioning Group	JC
Tony Willis	GP member, H&F Clinical Commissioning Group	TW
Paul Skinner	GP member, H&F Clinical Commissioning Group	PS
Sena Shah	Practice Manager member, H&F Clinical Commissioning Group	SS
Trish Longdon	Lay member, H&F Clinical Commissioning Group	TL
Nick Martin	Lay member, H&F Clinical Commissioning Group	NM
Jane Wilmot	Lay member, H&F Clinical Commissioning Group	JaW
Amy Wilson	GP member, H&F Clinical Commissioning Group	AW
Pritpal Ruprai	GP member, H&F Clinical Commissioning Group	PR
Pippa Street	Deputy Director of Quality, Nursing and Patient Safety, CWHHE	PS

Officers in attendance:		
Liam Edwards	Assistant Director for Quality Improvement and Clinical Assurance, H&F Clinical Commissioning Group	LE
Susan Roostan	Deputy Managing Director, H&F Clinical Commissioning Group	SRo
Shelley Martin	Head of Finance, H&F Clinical Commissioning Group	SM
Olivia Clymer	Chief Executive Officer, Healthwatch CWL	OC
Margaret Kelly	Business Support Manager, H&F Clinical Commissioning Group (minutes)	MK

Apologies:	
Andy Petros	Secondary Care Consultant
Mark Jarvis	Head of Governance and Engagement

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies	
1.1	VA welcomed everyone to the meeting.	
2.	Conflicts of Interest	
2.1	The general conflict of GPs as commissioners and providers was noted. No additional conflicts were declared.	

3.	Minutes of the last meeting	
	The committee approved the minutes of the last meeting.	
4.	Matters Arising/Action Log	
4.1	The outstanding actions were reviewed and discussed.	
5.	QIPP month 6 report – 2017/18	
5.1	<p>SRO presented the month 6 QIPP Report. She informed the committee that year to date the CCG has delivered net savings of £3,846k, an adverse variance of 28% and gap of £1,503k on the revised plan. She added that this includes £1,155k of savings delivered on a non-recurrent basis. SRO said the CCG was forecast to deliver 13.4 million for the year and 69% delivery, with a gap of £5,979k.</p> <p>SRO reported that the CCGs local plans are close to breakeven with performance supported by underspends in various budgets being reported as QIPP delivery, therefore need to deliver more activity.</p> <p>She informed the committee of the planned detailed work around the Community Independence Service (CIS) working processes, due to commence once the contract was renewed for 2018/19, but currently the service was reporting zero savings.</p> <p>SRO said that the planned care schemes are collectively reporting over delivery of £29k against the net QIPP target; due to less than planned level of investment required in community services, and supported by less than planned level of activity shift out of secondary care, therefore show a gross savings gap of £199k. SRO noted that primary care prescribing spend would be challenging to break even this year given the additional cost pressures and price increase and the cross charge from other CCGs.</p> <p>SRO highlighted a variance of £1,958k from the QIPP gap in the provider contracts, for which the CCG have not yet identified new schemes. SRO noted that the CCG has yet to see delivery of schemes such as the Financial Recovery Plan (FRP), the Capital Expenditure Programme (CEP) and STP schemes as these were forecast from month 7, therefore would not see the impact until the back end of the year.</p> <p>SRO highlighted that a lot of the savings are covered non-recurrently and through the use of balance sheet reserves. SRO emphasised the considerable gap and work to be undertaken with the CCGs local schemes to increase delivery and improve the year-end position. She added that the CCG are also focusing on new schemes for 2018/19, given that the CCGs QIPP gap for next year would be significantly larger than currently anticipated. SRO stated that it would need to maximise delivery of all new schemes to ensure it delivers against them in 2018/19.</p> <p>SRO stated that the QIPP Delivery Group (QDG) continues to meet and at today's session with Stephen Potter, there was a particular focus on Imperial data and the acute providers across North West London (NWL). She added that a sub-group was being established to analyse the data in detail to determine the areas that the CCG should target and plan for in 18/19, and to hold up front discussions with Imperial and the other NWL providers around such plans.</p>	

PR commented on CIS and the lack of savings currently being delivered and how a difference would be attained by altering the contract. SRO explained that Central London CCG (CL CCG) was the lead commissioner for the CIS contract. She explained that CL CCG had asked the provider to look at how it could deliver the service differently by adopting a partnership approach. SRO said that CL CCG were due to report back imminently, which will allow a commissioner discussion to be held to discuss the service going forward. She added that the contract was up for renewal towards the end of July 2018, therefore would need to debate whether to extend the contract and work with the current provider to make the systems changes and hold a commissioner discussion to test the plans put forward.

PR asked what parameters the CIS service was judged against and was the lead commissioner monitoring their performance using any other KPI's. JaW questioned why the provider was not achieving the KPI's. SRO explained that the provider had other KPI's associated with the contract. She clarified that it was not solely about non-elective savings and that other KPI's were being monitored monthly such as waiting times and access. SRO explained that the CIS service was busy with more throughput and lots of good work happening. She added that the service was focussed on discharge rather than reduction in NEL admissions. SRO explained that the whole system was not completely joined up with bedded intermediate care services sitting outside and issues being reported between the various providers that work across CIS. JC commented on the underline growth in non-elective admissions, and the impact and not realising the overall non-elective savings needed across the overall activity for non-electives.

TW questioned what the service was being paid for and if it related to activity or outcomes. JC explained that it was an activity-based contract with KPI's.

NM commented on the charts for the year to date and forecast performance and zero percentages and queried why they were shown as green. He added that given the number of non-recurrent reserves being utilised to improve this year's position by approximately 30%, not available next year it would leave the CCG in a difficult position going into 18/19. He raised concern that a lot of the collaborative work currently underway should have started in April 17, and said there needs to be a strategic plan and overview of QIPP as the gaps going forward into 18/19 are going to be significant. SRO explained that the strategic piece of work was carried out by Kingsgate on behalf of H&F and CL CCGs, with a broader piece of work carried out across the wider CCGs. She added that it was for the CCG to implement the strategies and plan for next year's QIPP delivery. SRO said that internally the CCG had started the planning process with work underway for areas such as S75, BCF and with procurements. She indicated that these schemes should generate recurrent savings, but acknowledge that the CCG would need to implement the schemes before the end of the year, to allow for the full year affect in 18/19.

MK

AW said there was only so far you could go to achieve efficiencies before you get to a position of making difficult commissioning decisions. SRO responded that some of this work was being deliberated for next year across areas such as Individual Funding Request (IFR) type processes and Planned Procedures with Threshold (PPWT), which could result in strategic changes to the NWL policies. SRO said by doing this work across a bigger scale would deliver greater opportunities and reduce the variation across CCGs in NW London.

JaW asked what happens to the CCGs £6m QIPP gap. VA clarified that the gap would be added to next year's QIPP and carried forward into 18/19.

TL sought assurance on the CCGs local QIPP gap and asked if the gap was greater than the £6m. SRo responded that the CCG has taken quite a prudent position on risks and had a level of confidence around the savings that could be delivered.

TL mentioned the NWL element of QIPP and asked what level of assurance the CCG had from NWL around its QIPP delivery. SM explained that based on the CCGs current risk and opportunities assessment, that the CCG had placed a high level of risk against QIPP not yet up and running, that the CCG had forecast to achieve before year-end. SRo explained that taking into account all QIPP, including the NWL element, that the total QIPP was £13.44m. SM noted that the QIPP forecast was based on the work that Kingsgate did on each of the schemes. TL asked how realistic the CCG was in delivering the £6m QIPP gap and what needs to happen between now and the end of the year. SRo explained that the CCG was currently forecasting delivery of the £6m QIPP gap based on the risk assessments carried out on each scheme. SRo added that the CCG would continue to monitor the local FRP schemes and other systems and processes in place for assurance through the QDG. SM stated that QIPP was built into the CCG position at month 6 and this was being managed through the release of contingencies, efficiency benefits and balance sheet gains to offset the shortfall. SM said that the net risk at month 6 was £1.2m for H&FCCG and £13m across the collaborative, but the CCG was forecast to achieve the control total. SM explained that a lot of QIPP was non-recurrent and back ended QIPP was not yet delivered, which the CCG anticipated would be delivered before year end.

TL asked if the whole control total would be met across CWHHE. JC responded that the Chief Financial Officer would be best placed to respond from a collaborative level but said at the governing body seminar it looked at the additional controls and processes in place across CWHHE and NWL. JC added that following November's Joint Finance Steering Group, it would have a better understanding and more up to date position of the overall position and the likelihood of meeting the year-end control total. JC said as a result of the CCG not delivering on the transformational element it would make it more difficult for the CCG in 18/19. JC reported that through the QDG it was looking to maximise delivery on the local QIPP programmes, which the CCG had more control over, and it anticipates that back ended QIPP such as prescribing wisely, which will be built into the position later in the year, would be delivered across the sector.

JC said that the purpose of the QDG was to work out where the CCG was currently with the QIPP programme, and to determine any shortfall and where to shift focus, in order to accelerate delivery. She added that it planned to present an updated position to either the members meeting or governing body, so members were clear about the position.

JC stated that strategic conversations would be held to talk about the 18/19 position with a focus on 2/3 big win areas, to deliver the level of transformation required across NWL, for instance the outpatient programme and where this was going.

JC explained that the CCG would need to build on the networks and get them working in a more effective way. To improve the processes within GP practices and have a uniform single point of access and reduce variation, also to work more collaboratively to ensure as a CCG it maximises what was already happening. AW asked for an update on dates and timelines and enquired what was already in place. JC clarified that the network reconfiguration process and revised network was underway with comms to go out to GP practices on Thursday, to be shared with the committee.

JC

	<p>AW mentioned that the dementia service had four linked workers and was looking to have a link worker attached to each network including a nurse. JC acknowledged the geographical co-alignment which was a positive step forward.</p> <p>The committee noted the month 6 QIPP report.</p>	
6.	Any Other Business	
6.1	<p><u>Future meetings and Joint QIPP discussions</u></p> <p>VA said that when the committee discusses the QIPP report quarterly, it should also discuss the Integrated Performance and Quality Report, therefore suggested extending these joint meetings to allow both items to be discussed.</p>	
<p>Date of next meeting: Tuesday 28th November, 2.00 - 3.00 pm, St Paul's Church, Hammersmith</p>		