

CWHHE Clinical Commissioning Group Collaborative

Minutes of the Investment Committee meeting held on

Thursday 12 November 2015 12.05–13.30

Room 5.4, 15 Marylebone Road

(Approved on 18 February 2016)

Members in attendance

Philip Young (PY)	Lay Member for Audit & Governance CWHHE CCGs, Chair [i]
Dr Alan Hakim (AH)	Secondary Care Consultant, CWHH CCGs [i]
Dr John Riordan (JR)	Secondary Care Consultant, Ealing CCG [i]
Dr Tim Spicer (TSp)	Chair, Hammersmith & Fulham CCG
Dr Mohini Parmar (MP)	Chair, Ealing CCG (up to and including Item 6)
Dr Neville Purssell (NP)	Chair, Central London CCG
Keith Edmunds (KE)	Chief Finance Officer, CWHHE CCGs

[i] = Independent Member

Non-members in attendance

Matthew Bazeley (MB)	Managing Director, Central London CCG
Sue Jeffers (SJ)	Managing Director, Hounslow CCG
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Tessa Sandall (TSa)	Managing Director, Ealing CCG
Rosalyn King (RK)	Director of Health Outcomes, Central London CCG
Cynthia Mkandawire (CM)	Project Manager, Integrated Care, CL CCG (Item 8 only)
Simon Carney (SC)	Head of Corporate Governance, CWHHE CCGs, Secretary

	Business items	Action
1.	Welcome / apologies	
1.1	Apologies were received from Trevor Woolley, Fiona Butler, Clare Parker, Nicola Burbidge and Rohan Hewavisenti.	
1.2	The Chair recorded his continuing discomfort with the patchy attendance of independent members of the Committee which was caused, in part, by the general paucity of lay member representation on CWHHE Governing Bodies.	
1.3	Ben Westmancott reiterated the categorical imperative of declaring, for the record, all conflicts of interest, including those which could be perceived as such. Transparency was the most potent mechanism for protecting CCGs' probity and reputation therefor and the rule was that, if in doubt, declare it.	
1.4	The Committee discussed what the CCGs' response to <i>The Times'</i> challenge on conflicts of interest in the NHS and whether common lines to take should be developed and deployed. It agreed that restating the principle that GPs are at the heart of the decision-making processes and setting out an overview of the mechanisms used to manage the conflicts of interest that this principle unavoidably attracts. The Committee agreed that: <ul style="list-style-type: none"> consideration to what CCGs' evidenced lines to take should be with internal and external stakeholders; (the relevant) Registers of Interest should be a standing item at the head of each meeting; and Governing Body seminars should be used to develop any necessary protocols for handling the declaration and management of real and perceived interests 	Chair / BW

	arising.	
2.	Declaration of interests	
2.1	The following interests were reiterated for the record: <ul style="list-style-type: none"> • Mohini Parmar – GP provider (in relation to Item 7); and • Neville Pursell – GP provider (in relation to Item 8). 	
2.2	The Independent Members of the Committee agreed that, whilst recusal from discussion was unnecessary, MP and NP would not be eligible to vote on the matters against which their respective interests arose.	
3.	Minutes of previous meeting held on 15 October 2015	
3.1	The minutes of the meeting were approved as a true and accurate record.	
4.	Matters arising from the actions log	
4.1	The matters arising were noted as either in train or on the agenda for the current or, in the case of 8.3 and 8.4 of the previous minutes, were due to be tabled at the December meeting.	
5.	24-month pilot benzodiazepine detoxification programme	
5.1	Matthew Bazeley introduced the item, confirmed that the policy regulating pilots, as set out in the Managing Service Change guidance, had been applied. The funding source and its availability was, however, subject to confirmation. It was also clarified that the proposer – Dr Bakker – was the clinical lead for the service and that the Transformational Redesign Group (TRG) was the clinical commissioning lead.	
5.2	The Committee discussed in detail the underlying case that demonstrated the need for such a service. Rosalyn King confirmed that there was a gap in the service provision as the service commissioned from CNWL included access criteria that included diagnosed mental illness and two or more addictions. Further, the proposal before the Committee had, working with the public and mental health team, been through the service re-design process since 2013 which had generated a clear evidence base that there is a material gap in service provision for patients.	
5.3	RK further explained that the work identifying patients was undertaken proactively as the patients themselves would not necessarily self-identify their need. This meant that the service being incorporated into a care plan would leave a significant proportion of the patient need untreated.	
5.4	The Committee explored whether the service was for the CCG or the Local Authority to commission. It was not convinced of the case either way. If the latter, it agreed that this needed to be more clearly documented, in particular the fit with OOHS and the results of the ‘GP is the most capable provider’ test. The next stage would then to run a process to decide whom would be best suitable to deliver the service, preferably specifying outcomes to be delivered rather than on a ‘per patient’ basis.	RK
5.5	The Committee agreed therefore that the components of the service were required but whom it falls to to commission the service should be resolved and a formal selection process then undertaken. The Committee also agreed that, if the Local Authority was deemed to be the appropriate commissioner, the Committee’s further involvement was unnecessary.	

6.	Out Of Hospital Strategy (OOHS) - Extended Hours: scope and methodology of six-month review	
6.1	Due to the late tabling of the paper, this item was not taken at the meeting.	
7.	Ealing UCC Procurement – plan and timings for Investment Committee approvals in December 2015 / January 2016	
7.1	The Committee agreed that the sign off of the procurement process should be conducted in correspondence.	
7.2	<p>The Committee also discussed what the process would be should the procurement attract a bid from the Ealing GP Federation which, in turn, would create conflicts of interest for the GP members of the Governing Body and render it inquorate. The Committee agreed that, should that situation arise:</p> <ul style="list-style-type: none"> • the Ealing CCG Governing Body should formally delegate the decision to the Investment Committee; • in so doing, it should resolve that non-conflicted Ealing CCG Governing Body members would be members of the Investment Committee for that item; • due to the procurement timetable, an extraordinary Investment Committee should be scheduled for 14 January 2016 to take the item; and • a paper recommending the above approach should be tabled at the December meeting of Ealing CCG’s Governing Body. 	<p>SC</p> <p>SC</p>
8.	Transitional Arrangements for Locally Enhanced Services (In attendance: Cynthia Mkandawire)	
8.1	Matthew Bazeley introduced the item and apologised for its retrospective nature.	
8.2	<p>The Committee discussed the issues arising from the paper – notably what approaches were being taken by the other four CCGs. It noted that:</p> <ul style="list-style-type: none"> • the services listed in the paper were being rolled over; • others were likely to come forward from the other CCGs; and • all were being pulled together by 30 November under the umbrella of the Out of Hospital Strategy Programme Group. <p>The Committee formal review of any roll-overs was only required if the services were to be provided beyond 31 March 2016.</p>	
9.	Any other business	
9.1	There was no other business.	
10.	Date and time of future meetings	
	<ul style="list-style-type: none"> • 17 December 2015 – 12.05-13.30, Room 5.4, 15 MBR; and • 21 January 2016, 12.05-13.30, Room 5.4, 15 MBR. 	