Minutes of Investment Committee meeting held on

Thursday 28 September 2017, 11.30 – 12.00,
Room 5.4, 15 Marylebone Road

Members in attendance

Philip Young (PY)	Lay member for Audit & Governance, CWHHE CCGs (Chair) [i]
Dominique Kleyn (DK)	Lay member, Central London CCG (by 'phone) [i]
Michael Morton (MM)	Lay member, Central London CCG [i]
Simon Tucker (ST)	Lay member, West London CCG (by 'phone) [i]
Dr Fiona Butler (FB)	Chair, West London CCG [non-voting]
Dr Tim Spicer (TSp)	Chair, H&F CCG [non-voting]
Dr Neville Purssell (NP)	Chair, Central London CCG [non-voting]
Dr Vijay Taylor (VJ)	GP Member, Ealing CCG (by 'phone) [non-voting]
	[i] = Independent Member
Non-members in attendance	
Dr James Cavanagh (JC)	GP member, Hammersmith & Fulham CCG
Jules Martin (JM)	Managing Director, CL CCG
Helen Poole (HP)	Deputy Managing Director, Hammersmith & Fulham CCG
Mary Clegg (MC)	Managing Director, Hounslow CCG
Holly Manktelow (HM)	Central London CCG
Chris Neil (CN)	Deputy MD, CL CCG
Simon Hope (SH)	Deputy MD, West London CCG
Tess Sandall (TS)	MD, Ealing CCG
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: • Trevor Woolley; • Nick Martin; and • Clare Parker.	
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 20 April 2017, 29 June 2017 and 20 July 2017**	
3.1	The above minutes were agreed as an accurate record of each meeting.	
4.	**Matters arising and Action Log**	
4.1	Discussion of the matters arising and action log was deferred to the meeting on 26 October 2017.	
5.	**Hammersmith & Fulham CCG wraparound contract**	
5.1	Helen Poole presented the paper and asked the IC to: • approve the CCG's intention to consolidate non-core primary care funding streams to support the commissioning of a single Enhanced Primary Care contract offer in 2018/19; • approve the CCG's intention to award the Enhanced Primary Care Contract to Hammersmith and Fulham GP Federation and GP Practices as the most capable providers for these services ; • approve the CCG's intention to issue a Contract Award Notification for the 2018/19 Enhanced Primary Care contract; • note the timeline and process for developing the 2018/19 Enhanced Primary Care Contract offer and associated Business Case; and • note the Governance arrangements in place to robustly manage conflicts of interest	
5.2	With HP's confirmation that the long-standing superannuation of GPs issue had been resolved, the Committee **agreed** and **noted** the above. However, those agreements were **subject to** the CCG's Finance and Performance Committee **approval** of a value for money case that sets out clear a return on investment.	
6.	**Central London CCG wraparound contract**	
6.1	Chris O'Neill introduced the proposals, flagging that the Committee was being asked to: • **approve** the recommended commissioning approach and offer for 2018/19; • **approve** the CCG's intention to award the 18/19 contract to at-scale networks of GP practices (such as Primary Care Homes) or Central London Healthcare GP Federation (with sub-contracting arrangements to GP practices); • **note** the timeline and process for developing the Primary Care Contract offer for 2018/19; and • **note** the governance steps that will be taken to progress development of 18/19 arrangements ensuring that the CCG is managing conflicts of interest robustly.	
6.2	CN confirmed that the proposed two year contract had an option to extend for a further two and was within the existing financial envelopes for the services covered. CN also confirmed that the CCG's Finance and Performance had, on 27 September, signed of the business and value for money case (as at 5.2 above) and page 7 of the paper set out the anticipated costs of not implemented the proposal.	

6.3	Following discussion of the above, the Committee **approved and noted** (as at 6.1) the proposals.	
7.	**Any Other Business**	
7.1	The Committees noted formally, for the minutes, the decision taken in correspondence on 3 August regarding West London CCG's **Screen and Treat** proposal;	
7.2	The Committee noted the decision of the Managing Director of West London CCG to extend the contract with **Half-Penny Steps Walk in centre**.	
7.3	**WL CCG Out of Hospital services contract**: Simon Hope introduced the paper, which sought the Committee's approve to the CCG's proposal to directly award the 2018/19 Out of Hospital contract to West London GP Federation and GP Practices under a Tri-partite agreement.	
7.4	**Subject to** the CCG's Finance and Activity Committee's **approval** of a value for money case that sets out clear a return on investment, the Committee **approved** the proposal.	
	END	

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
	[i] = Independent Member

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Minutes of Investment Committee meeting held on

Thursday 26 October 2017, 11.30 – 12.00,
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]
Michael Morton (MM)	Lay member, Central London CCG [i]
Nick Martin (NM)	Lay member, Hammersmith & Fulham CCG [i]

Non-members in attendance

Dr Andrew Steeden (AS)	Chair of finance & performance committee, West London CCG
Dr James Cavanagh (JC)	GP member, Hammersmith & Fulham CCG
Mary Clegg (MC)	Managing Director, Hounslow CCG
Sue Jeffers (SJ)	Director of primary care development
Simon Carney (SC)	Head of Corporate Governance, CWHHE CCGs (Secretary)
Cathy Bowyer (CB)	Corporate Governance Officer (minutes)

[i] = Independent Member

	Business items	Action
1.	**Welcome / apologies**	
	Apologies were received from: • Dr Tim Spicer - Chair, Hammersmith & Fulham CCG • Simon Tucker - Lay member, West London CCG • Keith Edmunds – Chief Finance Officer, CWHHE CCG's	
2.	**Declaration of interests**	
	There were no further declarations other than those already given. 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 28 September 2017**	
	The above minutes were agreed as an accurate record of the meeting.	
4.	**Matters arising and Action Log**	

	The committee agreed the items could not be closed until confirmation had been received from the Chief Finance Officer of the process followed.	
5.	**CA prostate services**	
5.1	The paper was introduced and the Committee was asked to endorse the approach and pricing structure across CWHHE once funding released from national cancer transformation fund; noting that the Collaboration board had agreed a start date in principle of January 2018. The Committee requested that the Business Case go to each CCG finance committee for sign off prior to this being set in place.	**SJ**
5.2	Funding for the first year would be through Cancer Transformation Funding; any ongoing costs would be funded by CCG, through reduction in Outpatient Follow Up. Each subsequent year would be included in the CCG baseline figures. In respect of the initial transformation funding, Dr Afsana Safa would confirm the process required and timeline of receipt of the monies.	**AS**
5.3	The specification was one agreed to be rolled out across London, by the vanguard NWL/SWL Prostate clinical board including all NWL Trusts as well as by London Clinical Board and London Cancer Commissioning Board; subject to local government processes. The service was for stable patients to be followed up in the community by primary care rather than in an acute setting. Currently, there was a backlog of 3000 patients, with 260 being referred each year.	
5.4	The Committee heard that Hillingdon CCG had commissioned the service separately, and had added a welcome appointment, as well as a wider assessment of co-morbidities into the specification.	**SJ**
5.5	The clinical consensus was that it was the correct thing to do, but the challenge was reaching the targets. The aim was to increase the discharge rates from acute services, providing assurance to consultants that there was a contractual framework to ensure a consistency of care once discharged into the primary care system.	
5.6	Moreover, as some practices were already providing this service, there was a query as to why this was now being picked up as new and payment being offered. It was requested that work be carried out to understand how common this position was across the CWHHE primary care providers. Also, the question was raised of whether the vanguard had previously encountered the matter of the service already being provided through primary care practices as above, with any problems or challenges being addressed at that point. Sue Jeffers would lead on producing this information.	**SJ / AS**
5.7	A discussion regarding providing reassurance to consultants of pathway and care outside of the acute service ensued. Clinical risk within primary care was raised, stating that standardising the system around GP practice call and recall processes would provide a safety mechanism for confident delivery, as well as holding a capitated budget with list of services with expected outcomes.	
5.8	**Subject to** confirmation/explanation of; 1. of the timeline for receipt of year one funding; 2. that CCG finance committees have approved the business case; 3. of the number of practices already providing this service; 4. of any lessons learnt by the vanguard; and 5. why Hillingdon CCG differed to NWL CCG's with their commissioning of the	**SJ / AS** **113 - 117**

	service provision. the Committee was content to **endorse the approach** and pricing structure across CWHHE. Nb. It was requested that the answers to the above be circulated to the committee once received.	
6.	**Out of Hospital Services Core principles (to endorse) and update on future commissioning (to note)**	
	The Committee was asked to endorse agreement of core principles for out of hospital commissioning from general practice across CWHHE once the CCGs move to individual wrap around contracts for 18/19; and agree the on-going support for delivering out of hospital specifications and services across the NWL STP rather than at CCG level. Sue Jeffers gave a background into the wraparound contracts which were being created, incorporating the out of hospital services, PMS commissioning and LIS plans; with population coverage being of the core principles. Contracting had been done differently across the CCG's, with the core principles running through each, following Chair and MD oversight. CCG's would have the contracts in place and ready for implementation from April 2018. It was requested of the Committee that it continue to confirm and endorse the above mentioned CCG pathways in regard to wraparound contracts through to 2018/19. The principles to underline future primary care provision and contracting were yet to be agreed, but appeared in the document presented in draft as the following: Equity of provision - aim to deliver whole population coverage of services across all GP practices with clear outcomes; Contract management - To deliver high quality service provision through consistent and well-developed principles to contract management and sub-contracting (where applicable); Workforce development - Consistent approach to development of the OOHS workforce, the inclusion of robust guidance on training and competency requirements within service specifications and commissioning of training through the Community Education provider Networks (CEPNs); Primary care commissioning framework - A wraparound primary care contract flexible to incorporate other strategic primary care priorities and that the services meet the deliverables in the STP; Contracting mechanism - Single contracting mechanism- consistent framework across the 5 CCGs;	

	Patient engagement - Continuous patient engagement in the development and monitoring of services; Value for money - Each CCG will have a rationale for current and future investments into general practice which considers value for money; Costing Model - Each CCG will apply the same price for the same work using the agreed costing model; Specifications - Consistent approach to the development of service specification and associated performance indicators; Outcome framework - Adopt consistent outcome based commissioning approach to contracting for services; and Strategic vision - NWL alignment with primary care strategic objectives. Updates were available in relation to the CCG's achievement of each of the principles. It was recognised that each CCG should follow its own path, as a component part of the single control total, and working with the NWL capped expenditure process. It is essential for future commissioning to be based on needs and evidence in order to justify expenditure. Any contract modification would be undertaken according to prevalence. Healthcare commissioning was moving towards the landscape of an ACP holding a capitated budget and a suite of services; this was part of the transition. The idea of CCG's holding each other to account was mentioned; with the suggestion that there be an out of area entity or person to act as monitor for transparency. The Committee; • **endorsed** the core principles; and • **agreed** the on-going support of OOH services at STP level.	
7.	**Any Other Business**	
	There were no items raised for discussion.	