

Minutes
Meeting of the Haringey Clinical Commissioning Group Audit Committee

14 March 2016 at 10.00am

Meeting Room 7, Level 4, River Park House

Present:

Adam Sharples	AS	Governing Body Lay Member and Chair of the Audit Committee, Haringey CCG
Catherine Herman	CH	Governing Body Lay Member and Deputy Chair of the Audit Committee, Haringey CCG
Dr Peter Christian	PC	GP Governing Body Member, Haringey CCG
Karen Trew	KT	Lay Member, Enfield CCG
In attendance:		
Steve Beeho	SB	Head of Integrated Governance, Haringey CCG
Gemma Higginson	GH	Principal Consultant and LCFS, RSM Risk Assurance Services LLP
Steve Lucas	SL	Senior Manager, KPMG LLP
Chris Rising	CR	Internal Audit Manager, RSM Risk Assurance Services LLP
David Maloney	DM	Chief Finance Officer, Haringey CCG
Jennie Williams	JW	Executive Nurse and Head of Integrated Governance, Haringey CCG
Linda Roast	LR	Minutes

1.	INTRODUCTION	Action
1.1	Apologies for Absence	
1.1.1	Apologies were received from Clive Makombera and Fleur Nieboer.	
1.2	Declarations of Interest	
1.2.1	There were no declarations of interest.	
1.3	Chair's Introduction and Opening Remarks	
1.3.1	Adam Sharples welcomed all present.	
1.4	Minutes of the Previous Meeting	
1.4.1	It was explained that "WELC CCGs" in section 2.2.4 was an abbreviation for Waltham Forest, East London and City CCGs and that this would be included in full. Subject to this amendment the Committee agreed the minutes of the meeting held on 18 January 2016 as an accurate record.	
1.5	Matters Arising and Action Log	

1.5.1	<u>Action 18/01/16 – 01:</u> Steve Beeho advised that all CCGs in NCL were currently using the Boardpad application and, as now well established, it was intended to continue to use this system. Adam Sharples encouraged the negotiation of a cheaper price given the bargaining strength of an NCL wide contract. Steve Beeho confirmed that negotiations would be taken forward but noted that the contracts in place covered different periods of time.	
1.5.2	<u>Action 18/01/16 – 02:</u> Steve Beeho advised that a schedule of presentations on the work of Governing Body Committees was being prepared for forthcoming Governing Body seminar sessions. The presentations would be on an annual basis, starting with the Audit Committee. Catherine Herman cautioned that seminar time was limited and it was agreed that these presentations should be concise. David Maloney noted that a recent presentation on conflicts of interest had been very informative.	
1.5.3	<u>Action 18/01/16 – 03:</u> Steve Beeho advised that an April date for the Audit Committee workshop session was due to be confirmed. Adam Sharples emphasised the need to prepare in advance to ensure the time available was used to best effect.	
1.5.4	ACTION 14/03/16 – 01 To prepare an agenda for the Audit Committee workshop session.	SB
1.5.5	<u>Action 18/01/16 – 04:</u> Completed.	
1.5.6	<u>Action 18/01/16 – 05:</u> It was noted that a questionnaire had been issued to members of the Assurance Group regarding the Group's effectiveness. David Maloney advised that the result of responses would be reviewed at the Audit Committee's next meeting.	
1.5.7	ACTION 22/03/16 – 02 To feed back the results of the review of Assurance Group effectiveness at the next regular Audit Committee meeting in July.	DM
1.5.8	<u>Action 18/01/16 – 06:</u> The three recommendations arising from the IA review of Continuing Health Care (WELC CCGs) undertaken as part of the NCL CSU Quality Assurance Plan were noted. In response to Karen Trew, Chris Rising confirmed that the review had followed a similar format to that of IA assignments undertaken as part of IA Plans for CCGs. Review of these recommendations in respect to Haringey CCG would inform any action required. It was agreed Shelley Shenker would be asked to undertake this review and provide a report for the Quality Committee.	
1.5.9	ACTION 14/03/16 -03 Shelley Shenker to review and report to the Quality Committee on the local position, and any action required, in respect to the recommendations arising from IA review of Continuing Health Care (WELC CCGs) undertaken as part of the NCL CSU Quality Assurance Plan.	SS
1.5.10	<u>Action 18/01/16 – 07:</u> David Maloney advised that NCL CFOs met on a monthly basis and it had been arranged for Clive Makombera to attend the April meeting to discuss IA planning across the five CCGs. Adam Sharples noted that this was a late stage for such discussion but David Maloney and Chris Rising provided assurance that there had already been work to align common areas of work. In response to Karen Trew, Chris Rising confirmed that duplication would be avoided wherever possible and, joint review or alignment of the timing of reviews would ensure greater consistency.	
1.5.11	<u>Actions 18/01/16 - 08 and 09:</u> Completed.	

1.5.12	It was noted that various versions of CCG contract lists had been previously presented to the Committee. In response to a request from Adam Sharples, David Maloney agreed to provide a fully comprehensive list with all associated details of costs and expiry dates.	
1.5.13	ACTION 14/03/16 – 04 To provide a fully comprehensive list of CCG contracts with all associated details of costs and expiry dates.	DM
2.	Internal Audit	
2.1	Internal Audit Progress Report	
2.1.1	Chris Rising presented a paper outlining progress against the CCG's Internal Audit Plan for 2015/2016 and the results of work to date. An update on the follow up of recommendations was included. One high priority recommendation arising from the 2015/2016 Contract Monitoring - CSU (Joint) review remained on-going and Appendix B of the report included full details. Section 2 of the report noted a final report on Conflicts of Interest, issued since the Committee's last meeting. This had received an Amber/Green assurance opinion with no significant issues identified. Four medium and one low priority recommendation were detailed in the report. The remaining areas of planned review were listed in section 3 of the report, with three reviews currently underway and scheduled for completion by the end of March. Questions and comments were invited.	
2.1.2	In relation to the Conflicts of Interest review, Catherine Herman noted that the CCG's Investment Committee included one external GP member and one Haringey GP member. The Haringey GP member was able to contribute knowledge and advice from a local perspective and any issues of conflict were managed as necessary. She queried whether this was an appropriate approach or whether other models applied, such as in Enfield, were preferable. Karen Trew noted that the Governing Body in Enfield enabled quorum without GPs and hence a different structure applied. Chris Rising confirmed that Haringey's Investment Committee model appeared practical and acceptable. Karen Trew asked whether IA had identified any examples of good practice in relation to registers of CCG procurement decisions and contracts. Chris Rising agreed to share details that could be helpful for local development. In response to Adam Sharples, David Maloney confirmed that he was content with the recommendations made.	
2.1.3	ACTION 14/03/16 – 05 To provide examples of good practice in relation to CCG registers of procurement decisions and contracts.	CR
2.1.4	The Committee NOTED the Internal Audit Progress Report.	
2.2	NEL CSU Quality Assurance Progress Report	

2.2.1	<p>Chris Rising presented an NEL CSU Quality Assurance Plan Progress Report and noted that two final reports of relevance to the CCG had been issued since the last meeting. These related to Procurement and Provider Quality Management, both with opinions of Amber/Green assurance. There had been two medium priority recommendations resulting from the Procurement review. The CCG would need to work with the CSU on the issue highlighted regarding the level of purchases made without a Purchase Order (PO) in place. The review of the CSU Contracts Register had also identified a number of unsigned contracts, particularly regarding Continuing Health Care (CHC) contracts.</p> <p>There had been two medium and two low priority recommendations resulting from the Provider Quality Management review. The medium priority recommendations related to overdue Serious Incident reports and a lack of explanation in reporting failure against KPIs. A review of Co-Commissioning had not applied to NCL CCGs.</p> <p>Questions and comments were invited.</p>	
2.2.2	<p>David Maloney reported that there had been improvement regarding ensuring Purchase Orders. This had been discussed by the Assurance Group and RSM were to provide examples of good practice in ensuring tighter controls elsewhere, one such example being Camden CCG. Adam Sharples noted that standard procedures should stipulate that no payments could be made without a PO and the CSU should be instructed to strictly adhere to this. Chris Rising agreed that this should be the case. David Maloney advised that this applied for Haringey with the exception of an apparent problem concerning CHC contracts. He asked whether Camden used POs in this respect and Chris Rising agreed to confirm this following completion of the follow up work in relation to this recommendation. Local improvement would also be monitored.</p>	
2.2.3	<p>ACTION 14/03/16 – 06 To report on the position regarding adherence to the use of Purchase Orders at the next meeting of the Audit Committee.</p>	CR/DM
2.2.4	<p>Catherine Herman suggested that the review of Provider Quality Management gave a misleading impression of the position regarding NMUH given the context of numerous performance and quality concerns and poor FFT scores. Jennie Williams agreed that low assurance on NMUH was reflected in all national surveys and had been one of the triggers for the Risk Summit process applied. Adam Sharples noted his concern that IA appeared to be reporting differently and Catherine Herman agreed that this could also make it appear that the action being taken by the CCG, as lead commissioner, was unnecessarily rigorous. Jennie Williams added that the CSU did not lead on SI reporting and the review did not represent full understanding of the issues involved. The recommendation related to assessment against benchmarking and trend analysis also needed to reflect that work would be focussed on gaps and variation between providers for the coming year. Karen Trew noted that not reporting reasons for failure to achieve KPIs was a serious issue. There were performance concerns with other providers in NCL as well as NMUH and the CSU should be looking at the reasons for variance and more information was essential.</p> <p>Chris Rising agreed to discuss the scope of the review and the issues raised in discussion today with Clive Makombera. He acknowledged the Committee's formal request for a report in response to these issues at the next meeting.</p>	
2.2.5	<p>ACTION 14/03/16 – 07 To report back to the Committee in response to issues raised regarding the conclusions of the IA review of Provider Quality Management undertaken as part of the NEL CSU Quality Assurance Plan.</p>	CM

2.2.6	<p>Catherine Herman referred to the work on Co-Commissioning undertaken in other CCGs and whether similar work was now planned for NCL. The need for quality and value for money applied to all and the advice to CCGs regarding these governance arrangements needed to be consistent. Karen Trew noted that the review had been undertaken at a late point in the year and also queried why there had not been a single review across all CCGs. Chris Rising advised that arrangements differed slightly across CCGs but agreed that all needed assurance of these arrangements and also assurance of consistency. It was agreed there should be review of the recommendations made and action required of the CSU. It was discussed whether this should be discussed by the Co-Commissioning Committee in the first instance but Catherine Herman advised that the next meeting would not be until May. It was also noted that IA normally reported directly to the Audit Committee and the Co-Commissioning Committee had a functional, rather than assurance role. The NCL governance structure did not currently include an Audit Committee equivalent and it was acknowledged that reporting to five separate Audit Committees could result in different conclusions and recommendations. The relationship of individual CCGs to an overarching structure needed consideration and clarity, including the ultimate position should individual Governing Bodies disagree with decisions of the Co-Commissioning Committee.</p> <p>It was agreed that this work could be reflected by expanding the review of NCL governance arrangements included in the IA Plan for 2016/2017. This approach would be discussed at Clive Makombera's forthcoming meeting with NCL CFOs.</p>	
2.2.7	ACTION 22/03/16 – 08 To discuss with NCL CFOs regarding expanding the review of NCL governance arrangements included in the IA Plan for 2016/2017.	CM
2.2.8	Adam Sharples queried whether the planned agreement of a joint contract with the CSU for all 5 NCL CCGs was likely to be achieved for 1 April. David Maloney advised that Sarah Price was leading on these negotiations and he would obtain an update for the Committee.	
2.2.9	ACTION 14/03/16 – 09 To provide an update on the agreement of a joint contract with the CSU for all 5 NCL CCGs.	DM/SP
2.2.10	Karen Trew observed that follow up of some recommendations indicated they had been "superseded". She queried whether there could be confidence that any action required had been addressed. Chris Rising advised that this was usually explained by changes that meant the recommendations were no longer relevant. He provided assurance that it would have been confirmed that no further action was required.	
2.2.11	David Maloney noted that a considerable amount of work was still required before year end. Chris Rising provided assurance of good progress in comparison to the previous year and confirmed his confidence that work would be completed to plan.	
2.2.12	The Committee NOTED the report of progress on the delivery of the Quality Assurance Plan at NEL CSU for 2015/2016.	
2.3	Head of Internal Audit Opinion	

2.3.1	<p>Chris Rising presented the draft internal audit opinion for 2015/2016 which was based on work undertaken as at 8 March 2016. The conclusion reached was that the CCG had an adequate and effective framework for risk management, governance and internal control. There had been no red or amber/red rated reports in year. Section 1.6 of the report listed the assignments yet to be completed, the findings of which would be taken into account when drafting the final end of year Head of Internal Audit Opinion.</p> <p>Questions and comments were invited.</p>	
2.3.2	<p>David Maloney noted that six reports were yet to be completed. He asked whether any concerns had emerged that could impact on the final rating. Chris Rising advised that he was not aware of any such issues but he would seek a view from Clive Makombera. Catherine Herman asked whether the Co-Commissioning report could have potential impact for all five CCGs. Chris Rising advised that this was unlikely to be of such significance to change the current overall opinion, which he confirmed was currently the optimum. As a worse scenario the findings of this review could necessitate a caveat, which would then apply across all five CCGs.</p>	
2.3.3	<p>Steve Lucas noted that the wording of the opinion in the cover sheet appeared to differ to that included in the document. Chris Rising apologised for this and confirmed the correct wording was as set out in section 1.1 of the document.</p>	
2.3.4	<p>The Committee NOTED the draft Head of Internal Opinion as at 8 March 2016.</p>	
2.4	<p>Draft Internal Audit Plan 2016/2017</p>	
2.4.1	<p>Chris Rising explained that the document presented to the Committee outlined the Internal Audit Plan for 2016/2017 along with the Internal Audit Strategy for 2016-2019. The Plan had been discussed with CCG Executives. The Committee was asked to consider - whether sufficient assurances were included within the annual plan in order to effectively monitor the organisation's risk profile; that the Internal Audit Strategy (Appendix B) covered the key risks as recognised by the Committee; and that appropriate areas had been selected for coverage in the coming year.</p> <p>Key audit areas, linked to strategic objectives, were set out in section 2.2 of the report and work on Primary Care Co-Commissioning and the NCL Transformation and Service Plan would be undertaken jointly across the five NCL CCGs. The NMUH contract would be a key focus in the review of Commissioning Contract Management. As previously requested by the Committee, further review relating to the BCF would focus on performance and effectiveness.</p> <p>Questions and comments were invited.</p>	

2.4.2	<p>Catherine Herman noted that a decision on delegated commissioning would be a key issue in the next few months and the Internal Audit Plan should include flexibility in this respect. Karen Trew noted that alternative work would need to be identified in the event that delegation was not agreed. Catherine Herman suggested the review of NCL Strategic Transformation Plan could need to be expanded and also scheduled to commence earlier in the year. Karen Trew emphasised that governance in relation to decision making should be the prime aspect of this review and David Maloney noted that these details would be required as part of the submission. Catherine Herman noted that clarity on the position in the event of a lack of consensus should be a priority for consideration. Chris Rising agreed to expand the scope of this review and to review the IA Plan to reflect the points raised by the Committee.</p> <p>In view of the need to approve the final version of the IA Plan prior to the next Audit Committee meeting (in May), it was agreed to delegate approval via Chair's Action.</p>	
2.4.3	The Committee AGREED to delegate approval of the Internal Audit Plan 2016/2017 via Chair's Action.	
3.	External Audit	
3.1	External Audit Progress Report	
3.1.1	<p>Steve Lucas presented a brief report providing details of external audit work completed and further work planned prior to the next meeting of the Committee. He explained that the interim audit visit was now underway and, in this first year as the CCG's external auditors, there had been more detailed work in relation to the review of processes. He confirmed that work had progressed smoothly and there were no issues to raise at this stage. Prior to the next meeting the focus would be on completing work required to prepare a draft audit opinion and VFM conclusion. The report also included a technical update in relation to various policy announcements from NHSE, DoH and other bodies.</p> <p>Questions and comments were invited.</p>	
3.1.2	Karen Trew asked whether there had been anything to learn from the month 9 close down in comparison to the previous year. David Maloney advised that there had been very close work with the CSU team, good progress had been made and he was not aware of any adverse issues.	
3.1.3	The Committee NOTED the External Audit Progress Report.	
3.1	Local Counter Fraud Specialist (LCFS) Progress Report	
3.1.1	<p>Gemma Higginson presented a report on progress against the Local Counter Fraud Workplan 2015/2016. The report summarised key activities undertaken since the Committee's last meeting in November 2015.</p> <p>Section 1 of the report outlined key findings and described the delivery of a bespoke fraud awareness training session for the Governing Body. It also noted the release of a RSM report "Fraud in the NHS: A year on" providing benchmarking of reactive referrals received during 2014/2015. The report was included as a separate agenda item for the information of the Committee and Gemma Higginson drew attention to the 17% increase in reported frauds which it was felt was largely due to increased awareness.</p> <p>Section 2 of the LCFS report listed areas of pro-active work plus emerging fraud risks and any actions to be taken. Gemma Higginson confirmed that all work had been completed and there were currently no on-going cases of reactive work.</p>	

3.1.2	The Committee NOTED the report of work undertaken by the Local Counter Fraud Team during 2015/2016	
3.2	LCFS Workplan 2016/2017	
3.2.1	Gemma Higginson presented a draft LCFS Workplan for 2016/2017 for approval by the Committee. She reported that details of the proposed workplan and the “heatmap” evaluation had been discussed with the CCG’s Executive team. The NHS Protect Standards for Commissioners in 2016/2017 had not yet been issued and the workplan would be updated as required on their receipt. Reflecting the discussion of the Internal Audit Plan, the task related to Co-Commissioning would be dependent on the decisions reached. The scope of this work would be agreed with the Chief Finance Officer prior to commencement. Questions and comments were invited.	
3.2.2	Jennie Williams noted that the report on “Fraud in the NHS: A year on” highlighted the increase in reported cases but did not include the outcomes of investigation. Gemma Higginson advised that this data was available and there had been a number of prosecutions.	
3.2.3	Adam Sharples noted the increased incidence of cyber/email fraud and the need for care regarding potential links to the Purchase Order issue previously discussed. Karen Trew queried whether staff were sufficiently aware of these risks. Jennie Williams confirmed that there was awareness and any concerns were reported to the IT department. The CSU also circulated information of warnings. It was confirmed that although the overall time allocation for LCFS support would be the same as for the previous year, there would be a focus on more targeted work regarding awareness of fraud.	
3.2.4	Karen Trew noted that the role of NHS Protect was due to change and queried any associated change to the role of LCFS services in future. Gemma Higginson advised that there was little detail available at this stage. It was likely that NHS Protect would become a purely regulatory body focussed on standards and benchmarking. She agreed to ensure the Committee was advised of any implications at the earliest opportunity.	
3.2.5	Catherine Herman suggested that Co-Commissioning did not present a significant risk as regards fraud but it was agreed, as discussed, that the scope of this exercise would be subject to further discussion. David Maloney added that the PMS Review would introduce another aspect of primary care commissioning for the CCG.	
3.2.6	The Committee APPROVED the LCFS workplan for 2016/2017 subject to the points raised in discussion.	
3.3	RMS Benchmarking Report “Fraud in the NHS: A year on”	
3.3.1	The Committee NOTED the report for information.	
4.	CCG Items	
4.1	Strategic Risk Report	

4.1.1	<p>Jennie Williams presented the updated Risk Register and advised that all risks had been reviewed by individual risk owners and collectively by the Senior Management Team. Risks were also regularly reviewed by the relevant Committees of the Governing Body.</p> <p>Changes to the Risk Register had been highlighted for ease of reference. The Committee was asked to note that although the scores for Risks 10 and 32 had not increased since the previous month, these scores had been increased in February and were therefore higher than reported at the last Audit Committee meeting in January. It was noted that there was significant detail to support the action being taken in respect to concerns regarding NMUH performance.</p> <p>It was recommended to close Risk 12 in that was being appropriately managed as “business as usual”.</p> <p>Jennie William reported that a Quality Summit was to be held in the next few weeks following the recent CQC inspection at BEH MHT. Risk 26 would be subsequently reviewed and updated.</p> <p>Questions and comments were invited.</p>	
4.1.2	<p>Catherine Herman queried whether the Risk Register sufficiently reflected the risks associated with Co-Commissioning and primary care commissioning as discussed with both the Internal Auditors and LCFS at today’s meeting. Dr Peter Christian also emphasised the risk in relation to the sustainability of primary care services. He referred to the closure of Practices due to retirement and the low numbers of new entrants to General Practice plus the potential implications of the PMS review and GP contracts. Catherine Herman added that there were also wider issues of workforce sustainability and capacity in respect to nursing staff and commissioning staff. Jennie Williams agreed to articulate commissioning risk in relation to the sustainability of services and also risk associated with NCL Co-Commissioning and associated governance issues. This would then be subject to discussion with the SMT for inclusion in the Risk Register. David Maloney emphasised that there should be care to clearly differentiate between these two issues.</p>	
4.1.3	<p>In response to Karen Trew, David Maloney acknowledged that financial risk in 2016/2017 was not included in the Risk Register. He noted that in nearing year end the level of financial risk for 2015/2016 had reduced. Work was now underway on budget setting for 2016/2017 and risk for the coming financial year would be reflected in the Risk Register.</p>	
4.1.4	<p>Chris Rising suggested that the inherent risk scores for Risk 10 and Risk 32 could need review as they appeared to show that scores increased with controls. Karen Trew noted her understanding that inherent scores remained static but, although acknowledging this was usually the case, Steve Beeho advised that guidance did allow adjustment.</p> <p>Adam Sharples noted that Risk 33 was missing from the heatmap.</p>	
4.1.5	<p>The Committee agreed to RECOMMEND the Strategic Risk Report to the Governing Body subject to future amendment to reflect the points raised in discussion with the Committee and this would be highlighted in the covering report to the Governing Body.</p>	
4.2	<p>Audit Committee Workplan 2016/2017</p>	

4.2.1	David Maloney presented a workplan setting out the agenda items for Audit Committee meetings during 2016/2017. The key change from the previous year was the reduction in the number of meetings overall. The scheduling of these meetings had been discussed and agreed with the External Auditors. Questions and comments were invited.	
4.2.2	Adam Sharples noted that the workplan was clear and provided assurance that all business could be covered within the four meetings per year. He suggested that it would be helpful to list the headings in the same order as they appeared on the agenda for meetings. David Maloney invited views on whether two hours per meeting would remain sufficient. It was agreed to continue on this basis and to ensure the time available was managed to best effect.	
4.2.3	Karen Trew observed that approval of the Annual Accounts was included but not the Annual Report, for which the Committee now had delegated powers to approve. Steve Beeho confirmed that this reference should include both the Annual Accounts and Annual Report and would be corrected. It was also discussed that the draft Annual Accounts and Annual Report were not included on the workplan (point 3). It was agreed drafts would be circulated to members and this would be noted on the plan.	
4.2.4	The Committee APPROVED the Audit Committee workplan for 2016/2017 subject to the amendments and formatting discussed.	
4.3	Annual Accounts 2015/2016 - Progress	
4.3.1	David Maloney presented a briefing on key issues for the production of the CCG's Annual Accounts for 2015/2016, progress to date and the plans in place to ensure a smooth process. The draft Annual Accounts and Annual Report would be submitted on 22 April and final versions on 27 May. As for last year, the production of the Annual Accounts was being led by the CSU and previous experience was helpful in informing this year's process. As reported the external auditors' interim visit was currently underway and no issues had arisen from this work. David Maloney confirmed that he was in close and constant communication with the external audit team. The year end processes were proceeding to timetable and the CCG and CSU teams would continue to monitor the timely completion of all necessary tasks.	
4.3.2	The Committee NOTED progress to date and members commended the clear briefing provided.	
4.4	Gifts and Hospitality Register	
4.4.1	Jennie Williams explained that the Gifts and Hospitality Register was presented to the Committee today for six monthly review, in accordance with the Committee's agreed workplan.	

4.4.2	<p>Karen Trew asked whether details of any refusals of gifts or hospitality were recorded. Jennie Williams advised that this was not the case but she was often asked by staff for advice and this had included advising against acceptance. The CCG's Gifts and Hospitality Policy provided guidance for awareness of the issues involved.</p> <p>Adam Sharples queried whether there could be confidence that all Governing Body members understood their responsibilities in this respect. Jennie Williams confirmed that there had been discussion with the Governing Body and no declarations had been made to date. Gillian Higginson noted that the key area for GPs could be hospitality and promotional gifts offered by pharmaceutical companies but it was acknowledged that this was much less widespread than in the past.</p>	
4.4.3	The Committee NOTED the Gifts and Hospitality Register.	
5.	For Information	
5.1	Report of Waivers	
5.1.1	<p>Shelley Shenker presented details of contract waivers to procurement approved since the November meeting of the Audit Committee. These related to the extension of a number of services, provided by the voluntary sector, for a period of twelve months (1 April 2016 to 31 March 2017). The extensions were requested in view of the proposal to pool these budgets with the Local Authority in 2016/2017. Pooling would allow the joint procurement of updated services to better deliver outcomes, meet needs and ensure value for money. The services commissioned would be targeted interventions to prevent higher cost care. The extensions for one year would ensure there was no gap in provision while procurement was completed. The current contracts were low cost and any tendering on the basis of like-for-like provision was unlikely to yield savings. The CCG's SMT had reviewed and supported the approach taken.</p> <p>Shelley Shenker advised that two of the services were funded on a non-recurrent basis and so extension would also require approval from the Investment Committee. An error was also noted in that the contract of £38,000 value showed the supplier as The Stroke Association which should correctly read as Age UK.</p>	
5.1.2	<p>Adam Sharples agreed that the proposal appeared to be a sensible way forward. However, he noted concern that the decision was so late in the contract period that it offered little choice. He also observed that some of the contracts had not featured on the list of CCG contracts previously provided. This emphasised that a comprehensive list was essential in order to be aware of forthcoming renewal dates.</p> <p>Jennie Williams queried plans for engagement with service providers and users. Shelley Shenker confirmed that a programme of engagement would be taken forward and this would be funded via a current underspend.</p>	
5.1.3	The Committee NOTED the waiver report.	
6.	Any Other Business	
6.1	<p>It was agreed that the next meeting would be on 19 May (Karen Trew gave her apologies). It was agreed Steve Beeho would circulate dates for the remainder of Committee meetings in 2016/2017.</p> <p>David Maloney highlighted that 19 May was one week before the final submission of the Annual Accounts and therefore allowed little contingency time in the event of any further work required. Steve Lucas confirmed that any issues still being worked upon by external audit would be highlighted and that Chair's Action could be agreed if necessary to report further on any of these areas.</p>	

6.2	ACTION 14/03/16 – 10 To circulate dates of Audit Committee meetings for 2016/2017.	SB
6.3	There were no other items of business.	
7.	Review of the Effectiveness of the Meeting	
7.1	Adam Sharples thanked members for their contributions to today's discussions and invited comments on the effectiveness of the meeting. It was agreed that papers for the meeting had been provided on a timely basis, the meeting had been well attended, timing had been managed effectively and the meeting had efficiently addressed all items of business. It was also agreed that there had been a good degree of challenge and questioning of detail which provided assurance of appropriate scrutiny.	
8.	DATE OF NEXT MEETING	
8.1	Thursday 19 May 2016 (11.00am -1.00pm)	