NHS
Haringey
Clinical Commissioning Group

Minutes
Meeting of the Haringey Clinical Commissioning Group
Investment Committee
Monday 25 January 2016, 14:30-16:30
River Park House, Room 7, Level 4

Present:

Catherine Herman	CH	Governing Body Lay Member and Chair of the Investment Committee Haringey CCG
David Maloney	DM	Chief Finance Officer, Haringey CCG
Dr David Masters	DMs	GP Governing Body Member, Haringey CCG
Sarah Timms	ST	Governing Body Nurse Member, Haringey CCG
In attendance:		
Peter Richards	PR	Patient Representative
Lesley Walmsley	LW	Patient Representative
Jill Shattock	JS	Director of Commissioning, Haringey CCG
Shelley Shenker	SS	Assistant Director of MH Commissioning, Haringey CCG
Preet Tiheam	PT	Minutes

1.	**INTRODUCTION**	Action
1.1	**Apologies for Absence**	
1,1.1	Sarah Price, Susie Secher and Dr Ammara Hughes	
1.2	**Declarations of Interest**	
1.2.1	There were no declarations of interest declared by the members.	
1.3	**Chair's Introduction and Opening Remarks**	
1.3.1	Catherine Herman welcomed all present.	
1.3	**Minutes of the Previous Meeting**	
1.3.1	The minutes of the previous meeting were recorded as accurate.	
1.4	**Action Log**	
1.4.1	Action 21/07/15- 02: The communication produced for the public with regards to the Federations development and purpose would need to be viewed by the Governing Body members. The committee asked whether the communication can be located and shared with the members of the Governing Body. All other actions on the action plan are complete.	

1.4.2	**Action 25/01-01:** To obtain the communication regarding the development and of purpose of the Federations and to ensure that this is then shared with the Governing Body members.	**CW**
2.	**Business Case**	
2.1	**2016/17 CCG Financial Overview**	
2.1.1	The committee was provided with a financial overview for the CCG for 2016/17. It was explained that the planning for 16/17 budgets are still in progress and therefore it would be difficult to agree on investments for 16/17. The committee was also asked to note that the annual discussions between the CCG and their providers had not yet taken place, which means that the CCG is currently unaware of how much extra budget would be required.	
2.1.2	It was therefore recognised that the committee would not be able to formally agree on the proceeding of the investments presented at the meeting. However, the committee would make a decision to agree in principle. It is also to be considered that in future the management of the meetings is arranged in accordance with whether a decision can be made in the meeting.	
2.2	**Mental Health Investments 2015/16 and 2016/17**	
2.2.1	The committee was asked to note two proposals. These were non-recurrent investments for 2015/16 and proposals for investments in 16/17 which are not yet quantified. The Haringey CCG Senior Management Team (SMT) meeting on 6 January 2016 agreed the non-recurrent investments for 2015/16, taking into account sustainability and risks set out in the paper. The new/formalised national standards for mental health services were explained and the committee was informed that the providers have been asked to provide evidence if the new standards cannot be met within the existing resources. This business case will then be presented to the Investment Committee.	
2.2.2	The members challenged the idea of investing into digital services and questioned whether this service is what patients would prefer. SS advised that digital therapy is currently available and widely used. One to one digital therapies are funded by the CCG but there is a peer support element of service which is currently funded by Public Health. If this service was discontinued this could affect patient choice and the options for access to support that are available.	
2.2.3	The committee agreed to endorse the agreement made by Haringey CCG SMT for the non-recurrent investments to the end of March 2016. The committee also noted the new mental health national standards and requested that if necessary a business case is presented to the members if additional funding is required by providers to meet these.	
2.2.4	**Action 25/01-02: Shelley Shenker to present the business cases from providers requiring funding if they are unable to meet the new national standards of the mental health services with existing resources.**	**SS**
2.3	**Haringey CCG Prioritisation Framework – Psychiatric Liaison**	

2.3.1	It was acknowledged that the Rapid Assessment, Intervention and Discharge Model (RAID), has previously been presented to the Investment Committee. There were some changes since the last paper which were explained to the committee. NHSE has now set out the national standard of providing 24/7 psychiatric liaison in emergency departments which will be implemented by April 2017. By April 2020, the service should be provided in all departments. In addition to the quality reasons for the CCGs investing in RAID there is also national evidence that shows that such services are also cost- effective. This is based on a randomised controlled study in Birmingham.	
2.3.2	It was noted that psychiatric liaison services are currently commissioned equally by Haringey and Enfield CCG at NMUH. Haringey CCG also makes a financial contribution to Whittington Health, a service which also sees Haringey patients. In addition to the paper making a case for continuing existing investment of £645k, the paper also makes a request for extra investments of an additional £250k per CCG that would aid RAID compliance and performance with regards to response times and remove the use of additional winter monies each year, subject to a further business case.	
2.3.3	Camden and Islington CCGs are constructing a "self funding" business case for the service at Whittington Health provided by Camden and Islington Foundation Trust (CIFT). If successful this negotiation would benefit Haringey CCG. The committee members felt that it was unclear as to what the benefits of the current contribution made to the Whittington are for Haringey patients. The members were told that the contribution made to Whittington Health funds Haringey activity at the service. Unlike at NMUH, where BEH are funded directly, the CIFT service is provided under a subcontract arrangement. It was agreed by all that the strategic goal should be that investment for psychiatric liaison sits with the acute Trust to incentive them to provide good quality of care and service to people with mental health needs in line with their core responsibilities.	
2.3.4	It was noted that the mental health response team provides a 24 hour service in accident and emergency. It was confirmed that they are based on site. Additional staff for the service has been funded by the winter monies since November 2015 to increase winter responsiveness However, the compliance with the response time target in NMUH is 75% against a target of 95% and this is impacting on 4 hour breaches. It was questioned whether the accuracy of coding in accident and emergency has been considered and whether ongoing issues with coding patients who present with a MH condition need to be discussed at the CQRG meetings. The committee was assured that coding at NMUH has improved and the issue with coding is raised at all meetings, such as the contract review meetings and CQRGs.	
2.3.5	The Investment Committee agreed in principle to support the proposal to continue funding the liaison psychiatry service at NMUH at current levels of investment. It was asked to note that the agreement has been made on the basis that Enfield CCG will continue to contribute to the investment of the service. It was noted that at present Enfield are committed to continuing to fund at current levels. The committee agreed that the service at the Whittington should be further discussed with Islington CCG as lead commissioner.	

	Action 25/01 - 03: Shelley Shenker to work with acute leads to take forward negotiations with the Whittington and NMUH in relation to their funding contributions to the services. **Action 25/01 - 04:** Shelley Shenker to discuss with the RAID lead at NMUH whether there is a robust case for investment to improve performance and feedback to Investment Committee in March. **Action 25/01 - 05:** Shelley Shenker to liaise with Enfield commissioners and feedback to Investment Committee if they have different proposals for the service.	**SS** **SS** **SS**
2.4	**Haringey CCG Prioritisation Framework - Welfare Hubs**	
2.4.1	It was noted that the Haringey Welfare Hubs has been previously presented to the committee when approved for one year's investment in 15/16. The committee was asked to comment on and approve the continued non-recurrent investment for 16/17 and 17/18 in order to allow the full evaluation to be concluded. The committee discussed and raised questions as to the future of services such as the welfare hub offer in consideration of the enablement approach to mental health care and how the model aligns with Haringey Council's Information and Advice service.	
2.4.2	The committee was informed that the academic review of the service is due to be completed at the end of 2016. It was acknowledged that the service provided is to help patients deal with stress and could prevent the worsening of mental health issues and improve management of long term conditions. The members discussed how GPs who deal with patients that suffer from stress and anxiety related to debt and money benefit from being co-located with advice s services as they are more likely to refer and this reduces unnecessary demands on their time.	
2.4.3	The cost of premises was also raised and the members felt that the rental prices would need to be taken into consideration as this could have an implication on the overall finance budget for 2016/17.	
2.4.4	The committee challenged whether an investment into the welfare hub correlates to the priorities of the CCG. It was also felt and agreed that this service has a direct link to health prevention and that a discussion should be held with Public Health and council colleagues	
2.4.5	The chair noted that the committee is unable to support the proposal as it stands as a priority and that commissioners should discuss with Local Authority commissioners whether some or all of the activity could be absorbed within the generic advice service that has just been procured by the council.	
	Action 25/01 - 06: Shelley Shenker to have discussions with the Local Authority about transferring some or all of the activity to the generic service pending the outcome of the evaluation and feedback to Investment Committee in March 16 to inform a decision on 16/17 funding.	**SS**
2.5	**Haringey CCG Prioritisation Framework – Alcohol Counselling Service and Alcohol - At Risk Patients**	

2.5.1	The Haringey alcohol primary care alcohol services for high risk drinkers receiving brief interventions from a nurse and patients with severe mental health problem and mental health problems seeing a counsellor. It was noted that patients seeing a counsellor were receiving therapies provided by the IAPT service and panel members requested that the transfer of this activity to IAPT be considered.		
2.5.2	There is a strong link between alcohol misuse, mental ill health and low life expectancy. Evidence shows that patients make great use of primary care services through GP appointments, and acute services through alcohol-related admissions and A&E presentations. From the outcomes achieved in 2014/15 93% of patients that were treated by the counselling service achieved a clinical reduction in depression. The service has also shown a positive impact on enabling patients to stop or reduce alcohol use.		
2.5.3	It was suggested that the data showing GP referral rates should be based on per 1000 patients in order to understand take up across the patch and take up from more deprived areas.		
2.5.4	It was noted that funding for the alcohol hubs for at risk patients has been reduced by 40% in 2015/16. The service has maintained presence across the borough through 2 main hubs with referrals from over 28 practices.		
2.5.5	**Action 25/01 - 07:** Shelley Shenker to discuss with the relevant officers and service leads a possible transfer of the counselling activity to the IAPT service and feedback to March Investment Committee for a decision on 16/17 funding.		**SS**
3.	**Any other business**		
3.1	The committee asked whether SMT could make recommendations and to locally agree the proposals for investments in order for the investment committee to formally approve. The meeting in February 2016 will depend on whether the investments have been locally approved by SMT.		
3.2	The Primary Care bids will be presented at the next meeting and the committee noted that for this discussion a GP representative is to be available at the meeting.		
6.	**DATE OF NEXT AND FUTURE MEETINGS**		
6.1	22 March 2016, Room 7, Level 4	3-5pm	
	26 April 2016 Room 7, Level 4	2-4pm	