

Minutes
Meeting of the Haringey Clinical Commissioning Group Investment Committee
8 March 2018 at 11.30am
Room 3, Level 8, River Park House

Present:

Catherine Herman	CH	Governing Body Lay Member and Chair of the Investment Committee, Haringey CCG
Sarah Timms	ST	Governing Body Nurse Member, Haringey CCG
Dr Dominic Roberts	DR	External GP Member
In attendance:		
Clare Henderson	CH	Director of Commissioning, Haringey and Islington CCGs
Victoria Schofield	VS	Head of Primary Care Quality and Development, Haringey CCG
Lesley Walmsley	LW	Patient Representative
Dan Windross	DW	Primary and Urgent Care Manager, Islington CCG
Linda Roast	LR	Minutes

1.	INTRODUCTION	Action
1.1	Apologies for Absence	
1.1.1	Apologies were received from Tony Hoolaghan.	
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	Catherine Herman welcomed all present.	
1.4	Minutes of the Previous Meeting	
1.4.1	The Committee agreed the minutes of the meeting held on 25 August 2017 as an accurate record.	
1.5	Matters Arising/Action Log	
1.5.1	There were no matters arising or actions to report.	
2.	Care Closer to Home Networks (CHINS) Investment Plans – 2018/2019	

2.1.	<p>Dan Windross presented details of the proposed investment plans for CHINS in 2018/2019. He explained that a non-conflicted group of the Governing Body, with delegated authority, had given provisional approval of 2018/2019 funding for CHINS subject to review at a February/March “Gateway” point. The reviews would provide an opportunity to refresh plans and incorporate additional detail of planned expenditure.</p> <p>The detailed reports of these reviews had been subject to discussion by the Primary Care Transformation Group (PCTG) and were now presented to the Investment Committee. The Committee was asked to approve the proposed use of the Transformation Budget for 2018/2019 subject to final approval by the Governing Body.</p>	
2.2	<p>The first table in the covering summary set out costs for a standardised infrastructure and individual services. The CHIN services for each area were detailed in the report. Central would provide assessment and treatment for moderately frail adults plus GP gyms; East would provide services for newly diagnosed and poorly controlled diabetics; and West would provide a Care Home MDT plus a virtual ward to support earlier discharge (WH). The second table in the summary provided a breakdown of the total £2.2m of funding which, in addition to these service and infrastructure costs, included proposed funding for QIST, Practice Based Pharmacists, contingency and practice engagement costs.</p> <p>Each CHIN had presented its plans to a CCG panel for discussion and services in the East and Central areas were now operational.</p> <p>A full update of QIST work was provided in the appendices to the report. Dan Windross highlighted that the QIST service provided by the Federation was on track to deliver against all of its KPI by the deadlines specified.</p> <p>The final section of the summary outlined governance arrangements. A re-developed Integrated Community Adults Group would focus on CHINS from an enabler perspective and provide the main forum for engagement. Dan Windross explained that the CHINS were not budget holding organisations and financial flow would be between the CCG and the Federation. The existing Federation Assurance Group would undertake financial monitoring and, as a sub-group of the PCTG, papers would be available to the PCTG for scrutiny. Reporting would include quarterly updates on delivery.</p> <p>Catherine Herman noted that this funding was part of STP investment and as such dependent on the QIPP savings agreed with acute providers. Other STP schemes also required investment and, as had been discussed with the PCTG, availability of the total £2.2m of funding for CHINS was yet to be finally confirmed.</p> <p>Questions and comments were invited.</p>	
2.3	<p>Catherine Herman advised that, unlike last year when contracts with the acute trusts had been agreed in December, this year’s negotiations were still on-going. In response to Sarah Timms, she noted that confirmation of funding should be possible within the next couple of weeks.</p>	

2.4	<p>Sarah Timms commended the summary and accompanying reports as very clearly presented. Dr Dominic Roberts noted that the level of investment was significant but he agreed that the development of CHINS appropriately reflected current priorities and would further evolve.</p> <p>Catherine Herman reported that there had been very full discussion by the PCTG and, as a priority of the NCL STP, financial investment to support the development of CHINS should similarly be prioritised.</p>	
2.5	<p>The Committee APPROVED in principle support for the proposed use of the Transformation Budget for 2018/2019 subject to confirmation of the budget available and final approval by the Governing Body.</p>	
3.	General Practice Financial Allocation Plans	
3.1	<p>Victoria Schofield presented details of primary care investments proposed in 2018/2019 against the assumption of the availability of £1.66m headroom. It was proposed to retain the current Locally Commissioned Services (LCS) for Long Term Conditions and Child Asthma with some changes and to also retain the LCS for Prostate Cancer which was unchanged. Additionally, it was proposed to initiate an LCS for Chronic Kidney Disease (CKD) and an LCS for Methotrexate Management, both of which were operating in other NCL CCGs and therefore supported a consistent approach. The Clinical Advice and Navigation (CAN) service was mandatory across NCL and a Local Incentive Scheme (LIS) for the first year was designed to incentive use and support the engagement of Practices. The final area of investment was for peer review. This reflected the recommendations of the GP Forward View for CCGs to encourage Practices to undertake peer review to support better referral management.</p> <p>The Committee was asked to approve the investments proposed, subject to final agreement by the Governing Body.</p> <p>Questions and comments were invited.</p>	
3.2	<p>Dr Dominic Roberts commended the proposals and noted that allocations had been similarly discussed at Islington CCG yesterday. The LCS for Methotrexate Management was likely to be expanded to include other drugs in future and ICCG has applied for a Darzi Fellow to support medicines safety. He noted for CAN that there had been some concerns regarding the potential for double payment. Victoria Schofield noted that she was more familiar with the original specification for use via Kinesis, rather than via ERS which was now agreed preferable. However, she advised that if advice received concluded recommendation for referral, there should be no cost for the advice as in effect this equated to what would be initial consideration of a referral. She also reported that there would be one charge per response even if this entailed more than one email. Dr Dominic Roberts cautioned that CAN could start to be used routinely in preference to discussion with fellow Practice members or other colleagues. Also, some Consultant advice was currently provided without charge. However, he acknowledged that these factors should be balanced by reduced referrals and Dan Windross also noted the benefits of a more streamlined and auditable referral system. Victoria Schofield added that audits would include feedback on individual examples as well as overall uptake and would be used to inform care pathways and identify training requirements. Once underway there would be work to review and further develop the service.</p>	

3.3	In response to Dr Dominic Roberts, Victoria Schofield confirmed that the per patient funding basis for peer review applied to patient lists. In response to Dr Dominic Roberts, Catherine Herman advised that funding for the primary care investments proposed was available and ring-fenced.	
3.4	The Committee APPROVED the proposed primary care investments for 2018/2019, subject to final approval by the Governing Body.	
4.	ANY OTHER BUSINESS	
4.1	There were no other items of business.	
5.	DATE OF NEXT MEETING	
5.1	To be confirmed	