Item No: 5.2

Paper: 21

NHS
Guildford and Waverley
Clinical Commissioning Group

FINAL MINUTES

Name of meeting	**Commissioning, Finance and Performance Committee**	
Date and time	20 September 2016, 1.00-3.30pm	
Venue	Boardroom, Dominion House, Woodbridge Road, Guildford, Surrey	
Chairman	Dr. Darren Watts (DW)	Vice Chair (Clinical)/GP Member
Members	Phelim Brady (PB)	Lay Member Patient & Public Engagement (Deputy Chair)
	Stephen Park	Lay Member for Finance, Audit and Corporate Governance
	Dr. Ann Hennell (AH)	GP Member
	Karen McDowell (KMc)	Chief Finance Officer / Deputy Chief Officer
	Jonathan Inglesfield (JI)	Medical Director - Commissioning
	Dr. Sian Jones (SJ)	GP Member
	Dr. Justine Hall (JH)	GP Member
In Attendance	Vicki Taylor (VT)	Deputy Chief Finance Officer
	Niki Baier (NB)	Director of Contracts
	David Howell (DH)	Head of Information, Performance & GPIT
	Leah Moss (LM)	Deputy Director, Clinical Commissioning
	Dr. David Eyre-Brook (DEB)	GWCCG Chair
	Julie George (JG)	Consultant in Public Health
	Steve Leivers (SL)	Joint Turnaround Director RSCH & GWCCG
	Sam Stevens (SS) – Note Taker	PA to Chair and Chief Executive
Apologies Members	Dominic Wright (DWr)	Chief Officer
	Vicky Stobbart (VS)	Executive Nurse, Director of Quality and Safeguarding
Apologies in Attendance	Anna Vigurs (AV)	Senior Quality and Performance Analyst

NB: Those present at this meeting should be aware that their names will be listed in the notes of the meeting which may be released to members of the public on request under Freedom of Information requirements.

	DISCUSSION AND NEW ACTIONS	BY WHOM	DEADLINE
1.	**Welcome and apologies from Members** Apologies received as above. **Quoracy** As the required quorum was met, the Chair declared the meeting open. **Declarations of Interest** The Chair reviewed the subset of the register of interests pertaining to the membership and sought additional declarations from the membership and those in attendance in relation to the agenda. Steve Leivers advised that he is the Joint Turnaround Director for the Royal Surrey County Hospital (RSCH) and Guildford and Waverley CCG (GWCCG), the Committee agreed that this should be recorded as a Declaration of Interest. **ACTION: KC to update register.** Justine Hall advised that she is now a GP at Dapdune Surgery and not Woodbridge Hill. **ACTION: KC to update register.** **Minutes from the 21st June and 19th July 2016 Meeting** JI advised that his apologies were missing from the June and July minutes. Both the June and July minutes we agreed as an accurate record subject to the addition of JI's apologies. **Action Log** Updated provided on the action log.	**KC** **KC**	**18/10/16** **18/10/16**
2.	**Performance Report Month 4** DH presented the Month 4 Performance Report advising that the data is up to July 2016. The overall position has improved with the majority of areas remaining fairly static. DH highlighted following areas: **52 Week Breach** There has been 1 breach relating to a cardiology patient at the Royal Brompton. The Trust is undertaking a route cause analysis which will be shared with the CCG. Feedback to date is that the breach is due to the patient requesting multiple extensions. **Care Programme Approach** The performance for Quarter 1 was 81.8% (below the 95% national standard); the CCG has raised this via the lead commissioner, North East Hampshire & Farnham CCG, for assurance around the reasons for the sub-optimal performance and the actions being put in place to mitigate against this. A response has not yet been received. KMc advised the Committee that GWCCG will become the lead commissioner from the 1st October 2016; NB has a call scheduled with the lead provider on the 21st September to progress		

	this in terms of contracts. **A&E** Continue to see the same patterns as in previous months. There has been a significant amount of work undertaken around A&E: • Awaiting ECIST recommendations; • The A&E Delivery Board has superseded SRG. The Board will have more of a planning focus with a number of sub-groups feeding in which will focus on the key issues. **GP Out of Hours Pilot** DH advised that a significant amount of work has been undertaken in terms of In Reach activities; preliminary results are good. In response to a question from JI, NB confirmed that there will not be a charge for triage, this was agreed by Ross Dunworth at the August Improving Value Board. A discussion took place around the 0-4 year old pilot. LM advised that, contrary to previous data, this cohort of patients' nolonger appear to be causing a pressure and therefore there hasn't been the uptake in the pilot. DW stated that the school holidays may have had some impact and that there is potential for activity to increase now that the school holidays are over. **ACTION: LM suggested that a meeting is held to review the pilot in order to make a decision around whether the CCG should continue to fund the pilot.** DW stated that if the pilot is not delivering then funding should be withdrawn but questioned whether there is enough data post school holidays to inform the decision. **ACTION: DH to look at the unvalidated data and feedback to LM prior to the review meeting.** LM stated that consideration needs to be given to how to manage parental expectations and whether educational awareness is needed in terms of appropriate clinical setting. **ACTION: LM to discuss with the Children's Team.** *Ann Hennell joined the meeting.* **Cancer Performance** DH advised that Guildford and Waverley CCG population is now green across all cancer measures. 62 days from urgent GP referrals for RSCH remains a challenge. There are a number of referrals received from originating NHS Trust to RSCH, as a tertiary centre, which are often post 42 days which significantly reduces the ability of the RSCH to turnaround within the 62 days. This issue is being monitored as part of the fortnightly RAP call. LM advised that there is a Cancer Wait Performance Group which is Chaired by Dominic Wright and attended by all providers from	**LM** **DH** **LM**	**18/10/16** **18/10/16** **18/10/16**

	the St. Luke's Cancer Alliance. There have been discussions around the adoption of the South West Breach Allocation Policy which has been reviewed by the Quality Leads from each CCG and approved. The policy is due to be implemented shortly and is expected help to improve the RSCH position. **Ambulance Handover** Ambulance handovers have been challenging in recent months, there is now a hospital handover nurse in place which is helping to improving the flow. **Quality Premium** DH explained that the Quality Premium is a three tier process and flagged that the CCG will not receive the Quality Premium if in a deficit position at year end. KMc clarified that the CCG is reporting a deficit position year to date but a breakeven position at year end. In response to a question from DW, SJ advised that CKD is being discussed with practices as part of the practice visits. **The Committee noted the Performance Report.** *David Howell left the meeting.*		
3	**Financial Report Month 5** VT presented the Month 5 Finance Report. The CCG is reporting a year-to-date deficit at Month 5 of £978k against a plan of breakeven. The pressures are driven by acute over performance, slippage on service transformation programme, an increase in Children's Continuing Care costs as a result in growth activity across the surrey wide collaborative and a number of other non-recurrent pressures. The pressures are partially mitigated by use of the contingency and reserves and a number of other budget underspend areas being released into the year-to-date position. Despite the year-to-date deficit, the CCG is on plan to deliver breakeven at year-end in line with the financial plan due to a number of significant actions in place to address the pressures. The actions include implementation of a joint recovery plan with the RSCH aided by a Turnaround Director working across both organisations and a number of audit and deep dives reviews of key over performing areas. VT highlighted that there are a number of risks not included in the financial position, the most significant being the growth in Adult CHC costs, these are in addition to the FNC risks flagged last month. These remain unmitigated risks. In response to a question from SP in relation to corporate running costs, VT explained that the position accounts for the receipt of the estimated Quality Premium payment in relation to 2015/16		

	performance within the forecast for the year. This was not budgeted for and so is a benefit to the CCG position in 15/16. KMc explained that in the last financial year, the budget had been set for the Quality Premium on the assumption that it would be received as part of the budget setting. VT drew the Committee's attention to the considerable risk as the CCG progresses through the year with all resources committed. **The Committee noted the financial position at Month 5.**		
4.	**Service Transformation Report Month 5** VT presented the Month 5 Service Transformation Report explaining that the total net saving target for the 2016/17 Service Transformation Programme is £12.8m. The target at Month 5 is £3.9m with reported performance of £2.5m resulting in an adverse variance of £1.4m. This represents 63% delivery on the year-to date basis which is extrapolated to a full year forecast of £10.7m (84%) resulting in a shortfall of £2.1m against plan. There is a significant assumption around QIPP delivery for the remainder of the year to achieve this position. The CCG is working on a joint recovery plan with the RSCH and have jointly identified a number of focus areas to help support both organisations in the delivery of financial targets. The CCG continues to scope pipeline schemes for implementation and working collaboratively across Surrey with the joint QIPP group. In terms of the QIPP schemes LM stated that there is a need for an evaluation in terms of levels of confidence in schemes against deliverables. A recovery plan needs to be put in place for the schemes that are underway but under performing against plan to get them back on track. The CCG must now identify the schemes which will not deliver and put in place alternatives to mitigate the risks. In response to a question from DW, LM confirmed that each scheme is RAG rated to give an overall position. A conversation took place around the Community Gynae service, AH asked how this fits with the RSCH Advice & Guidance Gynae service and whether a review of Community Gynae has been undertaken. JH responded that a review is on the agenda. KMc asked for it to be noted that although there has been a significant amount of slippage this is not a reflection on the amount of work and engagement being done to implement schemes – joint working is essential to the success of delivering against schemes and this is being picked up at pace with the joint work currently being undertaken with the RSCH. A discussion took place around Advice and Guidance in terms of feedback from practices and blockages in the system. LM advised that negativity from practices appears to be mainly around the clunkiness of the I.T. system and suggested looking at a smoother		

	system (e.g.Kinesis system used by Wandsworth). SL stated that if there are blockages in the system then the most effective way to unblock issues would be to bring together GPs and Consultants in forums to discuss the issues. DW summarised that a review of Advice and Guidance would be beneficial in determining how it is working, what the issues are and how they can be resolved. There was agreement that Advice and Guidance is important clinically as well as there being financial savings. *David Eyre-Brook joined the meeting.* **The Committee noted the Service Transformation Plan.**		
5.	**Procurement Board Update Minutes from Previous Meeting** *Phelim Brady joined the meeting.* NB presented the Procurement Board update advising that there are currently five live procurements and a further 2 which have moved to mobilisation phase (Adult Community Health and Dermatology). Four out of the five procurement are RAG rated green, the Commissioning Support Service is currently RAG rated red following a bidder engagement event which identified a lack of bidders for the service. The current process has been terminated based on bidder feedback; specifications are being reviewed for the I.T. element and will be re-issued as a single lot. Other services will be reviewed as part of the STP work. In terms of the procurements in mobilisation phase, Dermatology has been converted to contract signature with a service commencement date of 1st October 2016. Initial discussions have taken place and an outline timeframe has been agreed for Adult Community Health Services. SP noted that internal audit reports have been undertaken on a number of the procurements and substantial assurance has been received in terms of the process and managing risk. **The Committee noted the procurement update.** The Committee received and noted the August Procurement Board Minutes.		
6.	**Contract Management Update** NB presented the Contract Management update. All contract values have now been agreed, with St. George's Hospital Trust accepting the CCGs proposal. The contracts team are working with associates to ensure that all documentation is signed. All CCG hosted contracts have been signed. In terms of contract management, the focus remains on the Royal		

	Surrey County Hospital with regard to the significant increases in the level of Non-Elective activity, particularly in relation to the ambulatory care pathway. There has also been a marked increase since June in the level of activity recorded with complications. In terms of the ambulatory care pathway a formal data query has been raised with the Trust with regards to the cohorts of activity that has been undertaken and a response is awaited. In response to a question from SL, NB advised that the total overperformance for the Trust at month 5 is £3.5m; this does include a number of challenges. SL advised that the Trusts KPI report an overperformance of £350k which is a significant difference. KMc stated that the plans submitted to NHSE and NHSI did not triangulate due to the difference in assumptions relating to QIPP delivery, resulting in a difference of circ. £4m. NB stated that the £3.5m reflects Guildford and Waverley overperformance whilst the £350k reflects the overall Trust position which includes all CCGs, some of who are seeing significant underperformance. **ACTION: SL and NB to discuss further outside of this meeting.**	**NB**	**18/10/16**
	ACTION: NB and SL to work through QIPP plan outside of this meeting and review the Ambulatory Care pathway with Sandy Spencer (Interim Emergency Floor Turnaround Director at RSCH). In response to a query raised by DW in respect of patients being recorded as multiple attendances in the reporting sent to general practice, and whether these were resulting in multiple charges to the CCG, NB responded that practices are seeing raw data which is then feed into SLAM to produce one overall cost for all the attendances. A discussion took place around the maternity tariff with SL advising this results in significant income to the Trust. NB advised that whilst not having actual figures present the value seemed much higher than the values within the contract. **ACTION: NB stated that the maternity tariff is a national tariff but will review the cost against number of deliveries.** NB advised that the new CAMHS contract went live on the 1st April. Improvements are being made in relating to reporting from SystemOne. Concerns have been raised in relation to the proxy reports in terms of the reports not giving the assurance that performance is being delivered in line with key performance indicator targets. This is being managed through the contract meetings. **The Committee notes the contract management update.** *Niki Baier and Steve Lievers left the meeting.*	**NB** **NB** **NB**	**18/10/16** **18/10/16** **18/10/16**

7.	**Update on Joint Service Needs Assessment (JSNA) and Annual Public Health Report** JG presented the Joint Service Needs Assessment and highlighted the following points: • Currently in the progress of undertaking a complete refresh of JSNA to make more user-friendly and embed within existing partnership working arrangements. A Strategic Group has been developed with representation from CCGs, District and Boroughs. This iteration of the JSNA is seeing greater support from CCGs. • A soft launch of chapters is being done as they become available since the full JSNA will not be available until December which doesn't align with the work being undertaken in relation to commissioning intentions. • JG gave a reminder that the JSNA is not only health intelligence product which can inform commissioning, there are also local health profiles – 2015 current iteration at CCG level. • Work has also been done around prevalence projections for Long Term Conditions. AH referred to the next steps at the bottom of page 2 and the offer to hold a workshop for on the revised JSNA once it completed. The Committee felt that this would be useful to aid commissioners in understand the health needs of the local population. It was suggested that the workshop could be held as part of a Governing Body Seminar. **ACTION: JG to liaise with Elaine Newton to arrange this.** LM expressed concern that as the need to focus on sustainability and transformation increases there is potential for the public health agenda to become side-lined. It is important identify time to engage the public health work. **Annual Public Health Report** JG presented the Annual Public Health Report bringing the Committees attention to the independent report of Director of Public Health which this year has focussed on Children and Young People and in particular inequalities in outcomes. The implication of findings will be discussed on Children and Young People Partnership Board to consider taking forward Surrey wide service implications. JG highlighted some the local implications for GWCCG: • young parents and inequalities in maternity services; • local special care baby units to achieve breast feeding friendly status; • increase in childhood immunisation & childhood obesity both in prevention plan. A discussion took place around breast feeding and the messages being portrayed in terms of the importance and benefits of breast	**JG**	**18/10/16**

	feeding. **ACTION: JH to discuss with Health Visitors and feedback to JG.** **The Committee noted the Surrey Joint Strategic Needs Assessment and the Annual Public Health Report.**	**JH**	**18/10/16**
8.	**Prevention Plan 2016/17 – 2020/21** JG presented the Prevention Plan which has been jointly developed by the CCG, Public Health and Adult Social Care (ASC). JG asked the Committee to note that there was an issue with version control and there is a set of actions relating to the Adult Social Care programme of accommodation with care and support with the area of prevention of acute events, which includes a set of agreed actions between the CCG and ASC to keep well older adults in their own homes which is missing from this version. This will be reinstated in the version which goes to the Governing Body. JG stated that the value in having a prevention plan which incorporates actions which may be managed in other workstreams is to brings joint oversight and therefore highlight where we can work together to align and deliver programme areas. The objective has been to align actions with STP priority workstreams whilst providing specific local actions. 5 Priority areas have been identified: • Early detection and control of Long Term Conditions • Reducing smoking and alcohol consumption • Healthy weight, physical activity and diet • Mental health including social isolation and socially excluded groups • Primary prevention to reduce acute events. JG proposed that progress is reported back to this Committee on a twice yearly basis, although progress will be monitored monthly through other fora. LM stated that it would be helpful to identify one person who will lead and take overall responsibility for delivering the plan. **ACTION: LM to discuss with Katie Thomas.** In response to a question from DEB regarding recent report into the safety of e-cigarettes, JG responded that she is planning on bringing the Tobacco Control Strategy, which is currently out to consultation, to the October CFP meeting. This strategy will look to define the position around e-cigarettes as a health economy. There is conflicting opinion in terms of health benefits due to the limited evidence of long term effects. LM suggested that a clinical discussion is deferred to the Clinical Forum following this meeting. JG asked that the Committee approve the Prevention Plan. SP was of the opinion that it would be difficult for the Committee to approve the plan without significant assurance around the resource	**LM**	**18/10/16**

	implications. **The Committee noted the Prevention Plan and concept but requested that the plan is brought back to CFP with further information around timelines, resource implications and who will be accountable for delivery.**	**JG**	
9.	**Commissioning Intentions & Operational Planning** LM provided verbal update regarding the relationship between CCG planning and STP. High level data has been received from NHSE in relation to the operational planning timescales. There is a requirement to submit a two-year operational plan this year, the joint planning guidance for 2017/18 and 2018/19 is due to be issued this month. Planning priorities will align to the nine 'must dos' set out in this year's guidance. There will be technical guidance around the application of Quality Premium, CQUIN and Standard Contract which will be published shortly with BCF guidance issued towards the end of October. LM advised that the first submission of the draft two-year operational plan will be on the 24 November with the final submission expected on the 23 December 2016. At this point in time, in terms of the individual CCG commissioning intentions, the commissioning leads are currently including their specifics to the draft intentions. Focus will be on further implementation of proactive care, the mobilisation of the community contract and achievement around the access standards. **ACTION: LM proposed to circulate the Commissioning Intentions to this Committee for comment by the 26th September.** KMc updated on the STP element of the operational planning advising that there is a separate planning group which is picking up the STP workstream areas. It has been agreed that CCGs will progress their own commissioning and contracting intentions, looking at the consistency in agreeing the Heartlands acute contracts and the workstreams for the STP will have a standardised narrative which will feed into the work being done locally. **ACTION: Draft of the Operational Plan to brought to CFP in October.** **The Committee noted the verbal update in relation to the Operational Planning and Commissioning Intentions.**	**LM** **LM**	**26/09/16** **18/10/16**
10.	**Better Care Fund Update** LM provided a verbal update on the process being undertaken to determine the scope of the integration across BCF. A deep dive review is being undertaken to establish which of the initiatives are not contributing towards reduction in non-elective admissions and delayed transfers of care. KMc noted that schemes that are Surreywide would need to go through the Better Care Board for		

	approval. LM detailed the following milestones: • Requirement to produce a whole system integration plan for 2017 (STP) • Establish the local joint vision in place to move towards the expectation of integrated health and social care services by 2020 and the role of the 16/17 BCF in that context LM advised that the CCG spends £11.7m on BCF, it has been agreed that, bar the elements that are around the protection of adults social care and our core community health contract, which equates to £7.3m, notice will be served on the remaining £4.4m. Funding will continue for the next six months but evidence must be provided to demonstrate the impact of initiatives in terms of reducing admissions and discharge delays **ACTION: LM to liaise with Brian Mayers regarding the issue of the notice letter to providers** LM advised that she has a meeting scheduled with community providers to discuss the community equipment service in terms of managing the risk share. **The Committee noted the update.**	**LM**	**18/10/16**
11.	**Citizens Advice Bureau Business Case** DW noted that this paper was exceedingly large, LM responded that the funding for this pilot has been secured from the Big Lottery Fund and therefore required in depth documentation. LM described the proposal set out in the business case that aims to support patient wellbeing, through provision of timely accurate advice and guidance to patients in a primary care setting across Guildford and Waverley. The benefits are system wide and therefore the business case should be presented to the BCF Local Joint Commissioning Group as an integrated commissioning proposal. A discussion took place around whether there is enough data to evaluate the impact on non-elective admissions, A&E attendances and prescribing costs. PB stated that this pilot has been received by members of the public and patient engagement group in a positive way. **The Committee agreed a Level 1 recommendation for approval to the BCF Local Joint Commissioning Group.**		
12.	**Section 117 Mental Health Aftercare Partnership Policy** This paper was taken after item 8. Christopher Bould, Senior Specialist Mental Health Commissioner,		

	North East Hampshire & Farnham CCG (NEHF) joined the meeting to present the Section 117 Mental Health Aftercare Partnership Policy explaining that the statutory responsibility for Section 117 lies with Social Care and Health. This policy applies to the agreed working arrangements between Surrey County Council and the 6 Surrey CCGs and has been updated taking into account the changes in commissioning structures and policies such as the NHS Responsible Commissioner guidance and The Care Act. The purposed of aftercare services is to allow people to return to their home or other accommodation in the community and to minimize the chance of their needing to return to hospital as an inpatient in the future. In response to a question from SP, CB explained that the current expenditure is managed via three organisations, Surrey County Council for social care led packages, NEHF CCG for the functional mental health hosted Section 117 packages and Surrey Downs CCG for the organic mental health and learning disability hosted packages. In bringing the two health expenditures together and comparing with Surrey County Council the variance is very small and provides evidence that a 50:50 arrangement will have no material financial impact to the CCG or local authority. LM asked what the levels of discharge from Section 117 arrangements are for individuals, CB responded that currently this is minimal; however, the new policy specifically indicates that at each CPA everyone eligible for Section 117 will be considered. In terms of risk share arrangement, LM questioned whether the CCGs would receive efficiencies if it achieved significant reductions the application of Section 3 of the Mental Health Act, which would in turn reduce the demand on Section 117. KMc stated that historically any benefits from a collaborative arrangement would be shared equally. LM stated that the policy will be inaccurate from the 1st October 2016 due to the change in host commissioner and suggested that the CCG reviews the policy in more detail and provide feedback prior to Committee approval. In response to a question from KMc, CB confirmed that the policy has been approved by the CHC Programme Board, North East Hampshire & Farnham CCG and Surrey Downs CCG. North West Surrey CCG has also approved the policy with the proviso of more robust accountability measures. The Committee agreed that a review of policy detail was required before approval could be given. **ACTION: CB to forward the question and answer from the other CCGs to LM. LM to take this forward and provide feedback.** *Christopher Bould left the meeting.*	**CB/LM**	**18/10/16**

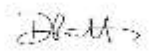
13.	**Perinatal Mental Health Briefing Paper** This paper was withdrawn prior to the meeting due to a need for further information.		
14.	**Dementia Intensive Support Service Roll Out & Performance** Dr Katy Lee (KL) joined the meeting and gave an overview of the Dementia Intensive Support Service. The support service was launched in January 2016 with an aim to meet the needs of people with dementia who have complex presentations. The service has been funded through the closure of Albert Ward (continuing healthcare) and offers psychosocial interventions for those living at home and those in residential/nursing home settings. In response to a question from DW regarding difficulties with referrals, KL responded that the service is currently at 85% capacity in term of planned recruitment, with 13 staff covering the population of Surrey and North East Hampshire targeting the Albert Ward population. KL acknowledged that there is a perception that it can difficult to refer to the service due to the tight referral criteria. For those individuals that don't quite meet the criteria threshold, the service offers consultations. DW referred to the table on page 4 of the report stating that the referral numbers for Guildford and Waverley appear to be significantly less than other areas. KL responded that the figures in the report reflect a six month period during which the service was still working towards full capacity in terms of resource. It is anticipated that figures over a 12 month period will better reflect referral numbers. KT stated that Guildford and Waverley area have a good model of specific in-reach nurses within CMHT, whereas other areas do not have a dedicated in-reach professionals. Therefore, this may be having an impact on the number of referrals being made. LM explained that a recent experience of a Surreywide block contract has seen inequalities in service provison across the areas/regions and stated that she would like to understand what the service specification criteria is and what the expected activity level is for Guildford and Waverley. **ACTION: LM asked KL to provide the percentage prevelance of people who have a crisis where the placement breaks down.** *Dr Katy Lee left the meeting.*		
15.	**Medicines Optimisation Group Meeting Minutes** The Committee noted the June and July 2016 minutes. LM referred to the local prescribing scheme proposal which is due to be brought to CFP in October and asked whether there is a process for escalating business cases virtually so as to maximise any potential savings in-year. DW noted the comment and stated that his only concern would be whether virtual approval would allow for appropriate discussion. DW advised that the local prescribing scheme proposes a start		

	date of April 2017, during a conversation with Rachel Mackay (RMc) earlier today; DW requested that an appendum is produced to show how the scheme might work in-year. It was agreed that this could be taken to EMT and then circulated to Committee members for virtual approval. **ACTION: DW to liaise with RMc.**	**DW**	**23/09/16**
16.	**QDAG Minutes and Terms of Reference** The Committee noted the June, July and August 2016 minutes. The Committee noted the Terms of Reference.		
17.	**QIPP Risk** There continues to be challenges regarding recovery against the planned QIPP initiatives. The CCG are undertaking a M5 deep dive against a number of the projects with a schedule of QIPP deep dives schedule across the remainder of the year. The CCG continue to seek pipeline QIPP schemes to mitigate levels of risk associated with failure to achieve delivery. Appointment of a joint turnaround director across the CCG and RSCH will provide a level of additional challenge and scrutiny for the QIPP programme plans over the next few months. **ACTION: LM proposed to bring a full paper on QIPP to CFP in October.**	**LM**	**18/10/16**
18.	**IAPT Procurement** This was taken after item 11. LM presented the 'route to market' which recommended that there is a restricted competitive tender process used, due to the quantity of providers in the market place. The procurement process will commence in October 2016 with the aim to select a preferred provider who will mobilise the single provider model for IAPT locally, with a 'go live' date of 1st October 2017. Market engagement will commence in the autumn with an anticipated ITT publication early in 2017. With regards to the impact of the STP Mental Health mandate planning LM asked the Committee to consider whether this should affect the decision to procure a single provider for the local Guildford and Waverley population. LM advised that for the first month the CCG has achieved 13% on trajectory and is seeing an improving trajectory in terms of access. A discussion took place around the current service, JI and AH expressed concern with the current service being fragmented. In light of the imminent transition of mental health services, the Committee agreed to defer the decision to procure a single provider for a period of 4 months. **ACTION: LM to bring a further paper to the January CFP meeting.**	**LM**	**January 2017**
19.	**AOB** **Review of Papers**		

	SP commented on the late circulation of the September papers. KMc responded that this was due to limited admin capacity and key members of staff having to prioritise tasks; this is an area that needs addressing internally. With regards to papers submitted to the Committee, SP stated that the Executive Summary need to be more concise, clearly stating the purpose of the paper and the action the committee are being asked to undertake; this is particularly relevant to papers which are written externally. In response to this, DEB suggested that an internal briefing is provided to the committee to support external papers. **ACTION: LM to follow this up.** **Structure of Agenda** Following a suggestion from SP, it was agreed that the structure of the Committee agenda would be amended to allow for papers requiring approval to be taken at the beginning of the meeting thereby allowing sufficient time for discussion.	**LM** **KC**	**18/10/16** **18/10/16**

Date of next meeting:
18th October 2016 – 1.00-3.30pm

Signed and agreed by Darren Watts, Chair:



Minutes agreed for publication by Karen McDowell, Chief Finance Officer: