

Part Two Minutes
Meeting of the Islington Clinical Commissioning Group
Governing Body
 9 November 2016
 Resource for London, 356 Holloway Road
 London, N7 6PA

Members Present:

Dr Jo Sauvage	Chair, Islington Clinical Commissioning Group
Sorrel Brookes	Lay Vice Chair
Dr Afsana Bhuiya	Central Locality GP Representative
Dr Katie Coleman	Vice Chair (Clinical)
Lucy de Groot	Lay Member
Deborah Snook	Practice Manager Representative
Ian Huckle	Practice Manager Representative
Dr Karen Sennett	South West Locality GP Representative
Dr Rathini Ratnavel	South East Locality GP Representative
Dr Rue Roy	North Locality GP Representative
Alison Blair	Chief Officer
Ahmet Koray	Chief Finance Officer
Paul Sinden	Director of Commissioning
Melanie Rogers	Director of Quality and Integrated Governance

Minutes:

Frazer Tams	Interim Corporate Affairs Manager
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	Introduction	
1.	North Central London Sustainability and Transformation Plan <i>The Governing Body referred to the papers circulated in advance of the meeting.</i>	
1.1	<p>Jo Sauvage provided some further context on the clinical case for change with it defining where we are now, what some of the variables in the system are and what tools there are to address this as well as highlighting the strategic areas that need to be addressed. The case for change is then aligned against the detailed financial analysis identifying where we are now and where we expect to be by 2020. This is then used to identify what we could be doing differently to achieve sustainability by 2020 and includes how we spend the money, how we commission services, how we can improve the system as a whole and the way contracting discussions are handled. This means a move away from the provider/commissioner conversation and more towards a system approach that leads to the control total positions being mentioned.</p> <p>Jo Sauvage emphasised there are clear opportunities to improve clinical care in areas such as:</p> <ul style="list-style-type: none"> • Consolidated Care; • Elected Pathways; • Care closer to home; • Urgent and Emergency Care 	

	<p>As well as consideration of key enablers such as:</p> <ul style="list-style-type: none"> • Workforce; • IT; and • Estates. <p>NHSE need to assure the October STP submission before the public can be engaged. At present the financial gap has still to be closed.</p> <p>Ahmet Koray confirmed the financial gap stands at £75m at present which is a significant challenge and NHSE assurance is unlikely until this is addressed.</p> <p>Alison Blair emphasised that although the financial gap over the five years needs to be resolved there is an immediate issue relating to next year's finances and how quickly plans develop to meet any gaps and minimise risk.</p> <p>Ahmet Koray added there is an issue over the alignment between what Islington CCG need in our plans and what is in the STP and this is not yet resolved. This is heightened by the different action plans being developed to address saving requirements even though the approach to QIPP had been agreed collectively.</p>	
1.2	<p>Afsana Bhuiya referred to the tight timeframe of 23rd December for operational plans and questioned why this was so short given the amount of issues to resolve. Jo Sauvage clarified that the reason the 23rd December deadline is quoted is due to the need to have two year contracts agreed by this date. Paul Sinden emphasised that in order to meet the timeline, the plans need to be kept at a high level. Rathini Ratnavel asked what will happen if we do not have an acceptable plan by this date.</p> <p>Jo Sauvage confirmed that the draft plan was submitted in October. The discussions taking place are focused around the bigger footprint and bringing CCGs, providers and social care together in a system to deliver place based care against a cash envelope. The STP will form the basis for the contracting round over the next two years.</p> <p>Katie Coleman referred to the £8bn Forward View money and the need to deliver a plan in order to release the money. Without an agreed plan there is likely to be no Forward View funding.</p> <p>Paul Sinden emphasised that the STP will tie providers into a set of activity assumptions that they would need to deliver which differs from the current PBR contracts.</p> <p>Ahmet Koray clarified that behind the high level plans there are a significant number of detailed workstreams. The underlying concern remains where the risk lies in respect of delivering these workstreams and ensuring the providers deliver the anticipated savings and who oversees this.</p> <p>Alison Blair confirmed that the Governing Body workshop planned in December will include an update on where we are with contracting.</p>	

Signed:.....**Date:**.....

Dr Jo Sauvage, Chair, Islington Clinical Commissioning Group