

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY, 12 APRIL 2016 AT 11:45hrs
AT SOUTHGATE HOUSE, DEVIZES**

Present:

Dr Peter Jenkins	PJ	Chair, CCG GP Chair
Peter Lucas	PL	Vice Chair, Lay Member
Deborah Fielding	DF	Accountable Officer
Simon Truelove	STr	Chief Financial Officer
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Steve Perkins	SP	Deputy Chief Financial Officer
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Dr Toby Davies	TD	GP Chair, Sarum
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Pete Tilley	PT	Senior Finance Manager
Alex Goddard (<i>for item 07</i>)	AG	Deputy Head of Medicines Management
Nadine Fox (<i>for item 07</i>)	NF	Head of Medicines Management
Diana Hargreaves (<i>minutes</i>)	DJH	Board Administrator

Apologies:

David Noyes	DJN	Director of Planning, Performance and Corporate Services
Mark Harris	MH	Director of Acute Commissioning/Group Director, Sarum

Item Number	Item	Action
FIN/16/04/01	Welcome and apologies for absence PL welcomed everybody to the meeting, noting the apologies above.	
FIN/16/04/02	Declarations of Interest Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of Wiltshire CCG. There were none declared.	

<p>FIN/16/04/03</p>	<p>Previous Minutes – 09 February 2016</p> <p>The minutes were agreed as an accurate record.</p> <p>Matters Arising: None.</p> <p>Action Tracker: FIN/16/02/04 This will be picked up in the Planned Care Board meeting this pm. COMPLETE. FIN/16/02/04 DF updated the Members on the inaugural meeting of the Sustainability and Transformation Plan Board (STPB) chaired by James Scott (JS). It had been decided to have a clinical lead from each of the CCGs on the Board and RS-H had been elected to represent Wiltshire. JS would be responsible for the submission of the STP to NHSE this Friday, 15 April, summarising the quality gap, the finance gap and the health gap. There are currently long lists for each of these and a conference call has been planned to agree to a shorter list.</p> <p>The key issues are:</p> <ul style="list-style-type: none"> • Money • Workforce • Urgent and emergency care • Elective care • Organisational Futures • Mental Health • Public Health <p>JS has asked for some resource from each of the CCGs to assist him with putting the plan together. A specification for a small permanent project team has been written for recruiting as secondments and Members felt it would be inappropriate for the team to be based at the RUH.</p> <p>There will be a further submission in June with a detailed action plan showing how the CCGs intend to manage the issues: although at this point it is not known who will be assessing the submissions.</p> <p>DF said that the implementation of the STP was evolving quickly and the plan offered both an opportunity and a challenge, adding that external facilitation would be advantageous. COMPLETE.</p>	
<p>FIN/16/04/04</p>	<p>2015/16 Year End Position</p> <p>SP presented the paper outlining the interim 2015/16 year end position, adding that the final details of the position were being completed and, whilst the overall finished position would be subject to audit review, no material change to the position was expected.</p> <p>The interim position showed the CCG was currently delivering a £5.3m surplus at the end of 2015/16 but further adjustments would increase this to £5.5m (in line with the original plan), an improvement of c£2.2m on the anticipated position, which was a positive outcome. DF thanked the staff for the significant effort to achieve this position and suggested writing out to all the GPs to congratulate them for their part in assisting with stemming the rise in demand.</p>	<p>DF</p>

	<p>Members commented:</p> <ul style="list-style-type: none"> • It would be important to ensure that NHS England understood that the achievement of the surplus was down to the efforts of the CCG, at further assurance meetings • SB questioned whether the change in the position is at the expense of other areas – Mental Health, Primary Care, Community Care and Secondary Care will be spending more money in hospitals. SP responded to SB’s concerns saying that the movements in the areas highlighted were due to lower than anticipated costs, identified at month 5, rather than a planned reduction of expenditure in those areas. SP agreed that what is required is a strong commissioning model to reduce the utilisation of secondary care • There are issues with the Mental Health provider that are currently being addressed • Should the CCG find itself in a similar financial position next year as last, it would be prudent to inform NHS England sooner rather than later, as was the case this year, in order to have time to manage the recovery <p>STr said that the challenge back to the CCG was that we should never have been in the position to have to deliver a Financial Recovery Plan, rather that it should have been business as usual: and that it was important to learn from this.</p>	
<p>FIN/16/04/05</p>	<p>Projects Update</p> <ul style="list-style-type: none"> • QIPP Although there was only one scheme indicating delivery against defined targets evidenced in the QIPP report, it was recognised that there was much effort being applied by many staff across the organisation. <p>DF asked RH to co-ordinate production of project milestones by lead directors for schemes related to QIPP delivery, to be brought to the June meeting.</p>	<p>RH</p>
<p>FIN/16/04/06</p>	<p>Status on the Delivery of the Constitutional Targets and key activity and access indicators</p> <p>STr presented the report updating the Committee on the current performance at February 2016 and detailing the headlines (p6).</p> <p>DF was concerned that, although the CCG was containing activity and successfully developing out of hospital activity, the trend in the acutes through the year showed deterioration in the targets. It would be important to tackle the quality failure effectively and take greater responsibility and more of a leadership role, utilising the STP as a vehicle to support this.</p> <p><i>TW left the meeting at 13:10hrs.</i></p> <p>PJ said that there were good clinician to clinician discussions happening in BaNES, which needed to be replicated in the other two</p>	

	<p>acutes. Although these discussions did not necessarily result in making any change, it gave useful intelligence about activity on the ground.</p>	
FIN/16/04/07	<p>Prescribing Incentive Scheme</p> <p>AG introduced the paper setting out a proposal to set prescribing budgets for GP practices, in conjunction with a prescribing incentive scheme, as part of the Primary Care Offer. Although the proposal had been agreed in principle by the Governing Body, the Committee was asked to formally approve the elements of the Medicines Management budget, including the prescribing incentive scheme.</p> <p>Practices will have regular monthly packs throughout the year showing progress: this information is currently sent through to practices via the Medicines Management website, which is a bolt-on to the internet. Practices would favour the information coming through a website, such as Fourteenfish.</p> <p>NF informed the Committee that the CCG would not pay Incentive Scheme monies for savings made by windfall savings i.e. patent expiry of a substantial drug.</p> <p>Monies for feeds, continence, stoma and dressings would be taken out of the Incentive Scheme budget and held centrally and a Wiltshire-wide programme of works would be developed to contain the budget for these areas. NF confirmed work was also underway to link continence expenditure in prescribing budgets with continence services procured through the community equipment service, which TW leads on.</p> <p>AG was encouraged by practices already working on plans for implementation of the Incentive Scheme. Repeat prescription protocols would be embedded into the Gateway. High cost drugs groups had been set up with each of the acutes.</p> <p>STr drew Members' attention to p5, saying that growth levels have decreased which was a positive message to take to the practices.</p> <p>AG would be monitoring the progress of the scheme, and the number of practices signed up to the Gateway, on a monthly basis and would bring an update to the September Finance and Performance Committee meeting.</p> <p>The Committee received the report and agreed:</p> <ul style="list-style-type: none"> i) The balanced budget for Medicines Management ii) To separate the prescribing budget into those areas held centrally by the CCG, and those that are directly within the control of the GP practices iii) The implementation of the Primary Care Incentive Scheme as part of the Primary Care Offer from April 2016 	AG
FIN/16/04/08	<p>Update on 2016/17 Planning and Contracting</p> <p>To bring this agenda item into the Planned Care Board meeting this afternoon.</p>	
FIN/16/04/09	Any Other Business	

	There was no further business discussed and the meeting closed at 13:40hrs.	
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ITEMS FOR INFORMATION - The following papers are for information only and will not be discussed at the meeting. Printed copies can be made available to members. Should you have any questions regarding any of the papers, please contact the author.

Dates of Finance and Performance Committee Meetings 2016/17 11:45 – 13:15

14 June 2016

9 August 2016

11 October 2016

13 December 2016

14 February 2017